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BILL:	**House Bill 117**
TITLE:	**Public Schools – Airway Clearing Device Availability and Use – Policy (Bowen Levy Airway Clearing Device Act)**
HEARING DATE:	**January 29, 2026**
POSITION:	**OPPOSE**
COMMITTEE:	**Ways & Means**
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The Maryland Association of Boards of Education (MABE), representing all the state's local boards of education, respectfully submits this testimony opposing House Bill 117, Public Schools – Airway Clearing Device Availability and Use – Policy (Bowen Levy Airway Clearing Device Act).

MABE shares the General Assembly's unwavering commitment to student safety and recognizes the tragic circumstances that gave rise to this legislation. We appreciate the intent of House Bill 117 to ensure that school staff are equipped to respond effectively during choking emergencies. Protecting students always is paramount, and local boards of education take that responsibility seriously.

However, while well-intentioned, HB 117 raises significant safety, operational, and fiscal concerns that warrant careful consideration before establishing a statewide mandate requiring the purchase and authorizing use of airway clearing devices in every public school. MABE's position is also consistent with its continuing resolution on Student Health and Fitness: MABE supports efforts to promote students' health while opposing the unfunded mandate of additional health-related services or requirements on local school systems.

Bill Overview

House Bill 117 would require local boards of education to obtain at least one airway clearing device per school, authorizing school nurses and other trained personnel to use the devices in emergency situations, and require the Maryland State Department of Education to create and distribute a form for reporting each incident that involving the use of such a device.

Student Safety & FDA Guidance on Airway Clearing Devices

When medical emergencies arise, school personnel should be trained and prepared to follow established, evidence-based emergency response protocols. Airway clearing devices are designed to remove choking obstructions through a suction mechanism and are intended to be used only as a secondary intervention, after first-line interventions (the Heimlich maneuver) have failed.

The U.S. Food and Drug Administration (FDA) has issued a safety communication encouraging the public to follow established choking rescue protocols and raising concerns about airway clearing devices. Most notably:

- **No over-the-counter airway clearing devices are authorized for marketing by the FDA.**[1]
- The FDA has issued Warning Letters to two of the largest manufacturers in this market for failure to comply with FDA authorization requirements: Dechoker, LLC (May 2021)[2] and LifeVac, LLC (September 2025).[3]
- The FDA has issued Import Alerts[4] identifying multiple anti-choking devices manufactured in China and Israel that are not authorized for distribution in the United States.
- According to *Forbes*,[5] Amazon removed the Dechoker device from its platform after growing pressure and scrutiny over the safety of the product and its lack of FDA authorization; and federal regulators also moved to seize millions of dollars in revenue generated from the sale of the device, citing violations of federal medical device laws.

The FDA cautions that reliance on these devices may delay proven first-line interventions, create confusion for responders in emergency situations, and present unknown risks due to the absence of FDA authorization or clearance.[1]

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[1] *See U.S. Food and Drug Admin., Update: FDA Encourages the Public to Follow Established Choking Rescue Protocols (FDA Safety Communication), https://www.fda.gov/medical-devices/safety-communications/update-fda-encourages-public-follow-established-choking-rescue-protocols-fda-safety-communication (last visited Jan. 25, 2026)*

[2] https://www.fda.gov/inspections-compliance-enforcement-and-criminal-investigations/warning-letters/dechoker-llc-614629-05102021

[3] https://www.fda.gov/inspections-compliance-enforcement-and-criminal-investigations/warning-letters/lifevac-llc-713455-09182025

[4] https://www.accessdata.fda.gov/cms_ia/importalert_244.html

[5] https://www.forbes.com/sites/thomasbrewster/2025/10/15/couple-made-millions-on-amazon-selling-banned-dechoker-medical-device-fda-says/

Lastly, a University of California – Davis medical study from 2023, testing LifeVac and DeChoker, concluded that, except for a single success in removing saltine crackers, "all trials were entirely unsuccessful in relieving foreign body aspiration. Additionally, both devices may cause significant pressure and injury to the oral cavity in a clinical setting."[6]

Mandating the purchase and use of such devices in schools therefore raises serious concerns about student safety, particularly in high-stress, time-sensitive emergency situations.

Administrative and Fiscal Concerns

Beyond safety considerations, a statewide mandate to purchase and deploy airway clearing devices presents substantial practical and fiscal challenges for local school systems, including:

- Ongoing costs to purchase, replace, and maintain devices with ideally infrequent use;
- Training costs for school nurses and other designated personnel;
- Risks of improper or delayed use during emergencies; and
- Logistical challenges ensuring device access during meal times (particularly as students may eat in different spaces throughout a school) and extra-curricular activities.

Conclusion

Local boards of education remain deeply committed to student health and safety and continue to prioritize training staff in established emergency response protocols. While MABE appreciates the intent behind House Bill 117 and the desire to prevent future tragedies, we believe the bill creates unresolved safety, implementation, and fiscal concerns.

For these reasons, MABE respectfully opposes House Bill 117.

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[6] *See* Apoorva Ramaswamy et al., The Efficacy of Two Commercially Available Devices for Airway Foreign Body Relief: A Cadaver Study, 8 *Laryngoscope Investigative Otolaryngology* 708 (2023), https://pmc.ncbi.nlm.nih.gov/articles/PMC10278115/pdf/LIO2-8-708.pdf