

Department of Legislative Services  
Maryland General Assembly  
2018 Session

FISCAL AND POLICY NOTE  
Enrolled - Revised

House Bill 622  
Ways and Means

(Delegate Patterson, *et al.*)

Education, Health, and Environmental Affairs

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Public Schools – Students With Sickle Cell Disease – Guidelines

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This bill requires, by December 1, 2018, the Maryland State Department of Education (MSDE) and the Maryland Department of Health (MDH) to (1) establish guidelines for public schools regarding the administration of health care services to students with sickle cell disease that include specified items; (2) provide technical assistance to schools to implement the guidelines and instruct school personnel at the local level regarding the guidelines; (3) in consultation with specified entities, establish a plan for all public school health services programs in the State to provide sickle cell disease management services for students; and (4) report on the implementation of the bill. **The bill takes effect July 1, 2018.**

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Fiscal Summary

**State Effect:** The bill can be implemented using existing resources as discussed below. Revenues are not affected.

**Local Effect:** Due to the relative rarity of sickle cell disease, it is assumed that local school system expenditures increase minimally and can be absorbed with existing resources.

**Small Business Effect:** None.

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## Analysis

### Bill Summary:

#### *Guidelines*

The guidelines must include:

- procedures for educating clinical and nonclinical school personnel and individuals who work with students who are participating in school-related activities about symptoms of distress related to sickle cell disease;
- protocols to ensure students with sickle cell disease receive care as determined by orders from the student's provider and the school nurse's assessment during school and school-sponsored after-school activities; and
- any other issue pertaining to the administration of health care services to students with sickle cell disease.

The purpose of the plan for all public school health services programs is to provide sickle cell disease management services through implementation of policies and programs so students with sickle cell disease can (1) remain safe in school; (2) be supported for optimal academic achievement; and (3) fully participate in all aspects of school programming, including after-school activities and other school-sponsored events.

**Current Law:** With the assistance of the local health department, each local board of education must provide adequate school health services, instruction in health education, and a healthful school environment. MSDE and MDH must jointly develop public standards and guidelines for school health programs and offer assistance to the local boards of education and local health departments in their implementation.

MSDE and MDH must jointly establish guidelines for public schools regarding emergency medical care for students with special health needs. The guidelines must include procedures for the emergency administration of medication and the proper follow-up emergency procedures; a description of parental or caregiver responsibilities; a description of school responsibilities; a description of student responsibilities that are age and condition appropriate; and any other issue that is relevant to the emergency medical care of students with special health needs. MSDE and MDH must provide technical assistance to schools to implement the guidelines established, train school personnel at the local level, and develop a process to monitor the implementation of the guidelines.

In accordance with the Maryland Nurse Practice Act, and the regulations adopted under the Act, a nurse *may* delegate the responsibility to perform a nursing task to an unlicensed

individual, a certified nursing assistant, or a medication technician. However, the delegating nurse retains the accountability for the nursing task. A nursing task delegated by the nurse must be (1) within the area of responsibility of the nurse delegating the act; (2) such that, in the judgment of the nurse, it can be properly and safely performed without jeopardizing the client welfare; and (3) a task that a reasonable and prudent nurse would find is within the scope of sound nursing judgment.

According to the Code of Maryland Regulations (COMAR) (13A.05.05.08), a local board of education, in conjunction with the local health department, must formulate written policies ensuring the provision of school health services to students with special health needs. A student with special health needs that may require particular attention during the school day must have a statement of those health needs and a nursing care plan for emergency and routine care prepared by the designated school health services professional. The designated school health services professional must make appropriate school personnel aware of the students in the school who have special health needs that may require intervention during the school day. The principal, in consultation with the designated school health services professional, must identify school personnel who must receive in-service training in providing the recommended services for students with special health needs. A local board of education, in conjunction with the local health department, must formulate written policies regarding storage and administration of medication during school hours and during school-sponsored activities.

### *504 Plans*

Under [Section 504 of the federal Rehabilitation Act of 1973](#), an organization that receives federal money, including public and many private schools, may not discriminate against a person on the basis of a disability. Section 504 requires schools to make a “reasonable accommodation” for students with disabilities to allow them to participate in school and school-related activities.

Section 504 plans can be created to help students with disabilities receive accommodations that are not covered by their individualized education program (IEP). Or students with disabilities who do not need an IEP may still receive accommodations through a Section 504 plan.

For example, a student who has diabetes may have a Section 504 plan that includes a schedule for getting medication. A student who uses a wheelchair may have a Section 504 plan that provides for special transportation during field trips.

## *Diabetes Management Plans*

Chapter 277 of 2016 required MSDE and MDH to establish guidelines for public schools regarding the administration of health care services to students with diabetes and provide specified technical assistance to schools to implement the guidelines.

### **Background:**

#### *Sickle Cell Anemia*

Sickle cell anemia is a severe hereditary form of anemia in which a mutated form of hemoglobin distorts the red blood cells into a crescent shape at low oxygen levels. The sickle cells die early, which causes a constant shortage of red blood cells. When the cells travel through small blood vessels, they get stuck and clog the blood flow. This can cause pain and other serious problems such as infection, acute chest syndrome, and stroke.

[According to the U.S. Centers for Disease Control and Prevention \(CDC\)](#), sickle cell anemia affects approximately 100,000 Americans. Sickle cell anemia is particularly common among those whose ancestors came from sub-Saharan Africa, and the disease occurs among about 1 of every 365 Black or African American births.

In Maryland, all newborn babies are screened for sickle cell disease. Maryland has the lowest death rate in the United States among children with sickle cell disease.

Symptoms and complications are different for each person and can range from mild to severe. Treatment options are different for each person depending on the symptoms. CDC recommends that people with sickle cell disease should drink 8 to 10 glasses of water every day and eat healthy food. They should also not get too hot, too cold, or too tired, especially during physical activity.

#### *School Health Services Programs*

In Maryland, school health services programs are mandated and are the responsibility of the local boards of education with assistance from the local health departments. A variety of school health service delivery models have been developed to assure the health needs of children are met in the school setting.

MSDE and MDH have already established the [School Health Services Guidelines/Practice Issues Committee](#) that is responsible for developing these guidelines for local school systems regarding emergency medical care for students with special health needs, including sickle cell disease. The committee includes staff from both agencies and representatives from school health programs across the State. The committee seeks input

from external stakeholders, which may include experts from the field, advocates, and parents. MSDE advises that the existing process for the development of public standards and guidelines allows for collaboration with individuals who have expertise, special skill, or knowledge related to specific topic areas such as sickle cell disease. External stakeholders with content expertise are invited to participate in the process of development of the guidelines and public standards.

**State Expenditures:** As discussed above, State law currently requires MSDE and MDH to establish guidelines and provide technical assistance for local school systems regarding emergency medical care for students with special health needs, which includes individuals with sickle cell disease. In addition, sickle cell disease is relatively rare. Thus, it is assumed that MSDE and MDH can implement the bill using existing resources.

**Local Expenditures:** As the guidelines have not yet been developed, it is unknown exactly what will be required of local school systems. However, as training and technical assistance is required to be provided by MSDE and MDH, it is assumed that local school system costs are minimal for training. Other local school system costs may include providing trained coverage for students with sickle cell disease; however, due to the relative rarity of sickle cell disease, these costs are assumed to be minimal overall and can be absorbed with existing resources.

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### **Additional Information**

**Prior Introductions:** None.

**Cross File:** Although designated as a cross file, SB 161 (Senator Nathan-Pulliam, *et al.* - Education, Health, and Environmental Affairs) is not identical.

**Information Source(s):** Maryland State Department of Education; Maryland Association of Boards of Education; Maryland Department of Health; U.S. Centers for Disease Control and Prevention; Department of Legislative Services

**Fiscal Note History:**      First Reader - January 31, 2018  
mag/rhh                      Third Reader - March 22, 2018  
                                         Revised - Amendment(s) - March 22, 2018  
                                         Enrolled - April 26, 2018  
                                         Revised - Amendment(s) - April 26, 2018

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