

FAVORABLE WITH AMENDMENTS

House Bill 86

**Public and Nonpublic Schools – Auto-Injectable Epinephrine and Bronchodilators
– Use, Availability, Training, and Policies**

House Ways and Means Committee

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Lauren Lamb

Government Relations

The Maryland State Education Association supports House Bill 86 with amendments to return it to the amended form of House Bill 266 (2023) that was passed by the House in the 2023 legislative session. As introduced, this bill would require each county board of education and authorize nonpublic schools to update their policies to require school nurses and school personnel to complete certain training before they are authorized to administer auto-injectable epinephrine to certain students and to establish a policy to obtain, administer, and train school personnel to administer bronchodilators to certain students; and requiring the State Department of Education to develop training for school personnel in identification of respiratory distress in students.

MSEA represents 75,000 educators and school employees who work in Maryland's public schools, teaching and preparing our almost 900,000 students so they can pursue their dreams. MSEA also represents 39 local affiliates in every county across the state of Maryland, and our parent affiliate is the 3-million-member National Education Association (NEA).

This legislation seeks to adjust procedures related to the administration of emergency medicines and treatments in schools, including epinephrine and bronchodilators. While we share the goal of keeping all children safe and healthy in school, we must raise our concerns about the consequences of asking non-clinicians such as teachers to make rapid determinations about the appropriate treatment for a student in medical distress. Nurses and other clinical staff are essential to our schools because their specialized medical training allows them to assist students in situations where non-clinical personnel are not equipped to provide treatment.

As written, this bill proposes that non-clinical school personnel could be trained to differentiate between anaphylaxis and asthma or respiratory distress, and from there determine the appropriate treatment. This approach increases health risks for students, places an inordinate burden on nonclinical school personnel, and is not an

appropriate remedy for emergent health situations. Just as teachers train for years in their certification areas, clinical personnel have highly specialized expertise that cannot be replicated in an hours-long training.

Last year, a version of this bill was amended to instead establish that students should only be treated with a bronchodilator if it has been prescribed to them. The updated language would better reflect clinical best practice and remedy the issue of non-clinician school personnel diagnosing the source of a student's medical distress. All students and staff should be safe and healthy at school, and the policies required by the amended version of this bill would help protect students from the dangerous effects of asthma, anaphylaxis, and respiratory distress.

We urge the committee to issue a favorable report on an amended version of House Bill 86 that is consistent with the version of House Bill 266 (2023) passed by the House in the 2023 legislative session.