HOUSE BILL 86

ENROLLED BILL

Introduced by Delegates Boyce, Lehman, McCaskill, and Ruth

Read and Examined by Proofreaders:

_______________________________________________
Proofreader.

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Proofreader.

Sealed with the Great Seal and presented to the Governor, for his approval this 
_____ day of ____________ at ____________________ o'clock, ______M.

______________________________________________
Speaker.

CHAPTER ______

1 AN ACT concerning

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

4 FOR the purpose of requiring each county board of education and authorizing nonpublic
schools in the State to update their policies to require certain school nurses and other
school personnel to complete certain training before they are authorized to
administer auto-injectable epinephrine to a student who is determined to be, or is
perceived to be, in anaphylaxis; requiring the State Department of Education, in
consultation with certain groups the Maryland Department of Health certain groups,
to identify or develop training for certain school personnel to identify symptoms of
anaphylaxis, asthma, and respiratory distress in students; requiring each county
board the Maryland Department of Health, in consultation with county boards, and
authorizing nonpublic schools in the State to establish a policy to obtain, administer,
and train certain school nurses and other school personnel to administer in
emergency situations bronchodilators to a student who is determined to have

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.
[Brackets] indicate matter deleted from existing law.
Underlining indicates amendments to bill.
Strike-out indicates matter stricken from the bill by amendment or deleted from the law by
amendment.
Italics indicate opposite chamber/conference committee amendments.
asthma, is be, or is perceived to be, experiencing asthma-related symptoms, or is perceived to be in respiratory distress by a school nurse or any other certain designated school personnel; and generally relating to use and availability of auto-injectable epinephrine and bronchodilators in public and nonpublic schools in the State.

BY repealing and reenacting, with amendments, Article – Education
Section 7–426.2 and 7–426.3
Annotated Code of Maryland
(2022 Replacement Volume and 2023 Supplement)

BY adding to
Article – Education
Section 7–426.6 and 7–426.7
Annotated Code of Maryland
(2022 Replacement Volume and 2023 Supplement)

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Laws of Maryland read as follows:

Article – Education

7–426.2.

(a) (1) In this section the following words have the meanings indicated.

(2) “Anaphylaxis” means a sudden, severe, and potentially life-threatening allergic reaction that occurs when an individual is exposed to an allergen.

(3) “Auto-injectable epinephrine” means a portable, disposable drug delivery device that contains a premeasured single dose of epinephrine that is used to treat anaphylaxis in an emergency situation.

(b) Each county board shall establish a policy for public schools within its jurisdiction to authorize the school nurse and other school personnel to administer auto-injectable epinephrine, if available, to a student who is determined BY AN INDIVIDUAL WHO HAS UNDERGONE THE TRAINING PROVIDED UNDER SUBSECTION (C) OF THIS SECTION, IF AVAILABLE, to be or perceived to be in anaphylaxis, regardless of whether the student:

(4) Has been identified as having an anaphylactic allergy, as defined in § 7–426.1 of this subtitle, or
(2) Has [a prescription for] BEEN PRESCRIBED epinephrine [as
prescribed] by an authorized licensed health care practitioner under the Health
Occupations Article.

(3) The Department, in consultation with the Maryland
Department of Health, the American Lung Association, and the Asthma
and Allergy Foundation of America, shall identify or develop training
to:

(i) Identify the symptoms of asthma and respiratory
distress;

(ii) Identify the symptoms of anaphylaxis; and

(iii) Distinguish between anaphylaxis and asthma or
respiratory distress.

(2) The training identified or developed under paragraph
(1) of this subsection shall be provided to school nurses and voluntary
school personnel who are designated by a school nurse and, in the
clinical judgment of the school nurse, are appropriate recipients of
the training.

(3) The training provided under this subsection shall be a
paid professional development training.

(D) The policy established under subsection (b) of this section shall include:

(1) [Training for school personnel on how to recognize the symptoms of
anaphylaxis] The training identified or developed under subsection (C) of
this section;

(2) Procedures for the emergency administration of auto-injectable
epinephrine by a school nurse or designated volunteer;

(3) The proper follow-up emergency procedures;

(4) A provision authorizing a school nurse to obtain and store at a public
school auto-injectable epinephrine to be used in an emergency situation; and

(5) A requirement that each public school develop and implement a method
for notifying the parents or guardians of students of the school’s policy under this section
at the beginning of each school year.
An authorized licensed health care practitioner may provide auto-injectable epinephrine to a school nurse or designated volunteer for use in accordance with this section.

(2) Auto-injectable epinephrine used under this section must be from a licensed pharmacy or manufacturer.

(3) A county board or public school may accept donated auto-injectable epinephrine from a licensed pharmacy or manufacturer.

(4) A county board may apply for grants to obtain funding for the purchase of auto-injectable epinephrine from a licensed pharmacy or manufacturer.

Except for any willful or grossly negligent act, a school nurse or other school personnel who respond in good faith to the anaphylactic reaction of a child in accordance with this section may not be held personally liable for any act or omission in the course of responding to the reaction.

Each public school shall submit, on the form that the Department requires, a report to the Department on each incident at the school or at a related school event that required the use of auto-injectable epinephrine.

The Department shall develop and disseminate a standard form to report each incident requiring the use of auto-injectable epinephrine at a public school.

In this section the following words have the meanings indicated.

(2) “Anaphylaxis” means a sudden, severe, and potentially life-threatening allergic reaction that occurs when an individual is exposed to an allergen.

(3) “Auto-injectable epinephrine” means a portable, disposable drug delivery device that contains a premeasured single dose of epinephrine that is used to treat anaphylaxis in an emergency situation.

(4) “School personnel” means individuals who are employed by a nonpublic school, including part-time employees, teachers and substitute teachers employed by the school for at least 7 days each school year, a school nurse, registered nurse case manager, delegating nurse, and administrative staff.

Each nonpublic school in the State may establish a policy authorizing school personnel to administer auto-injectable epinephrine, if available, to a student who is determined by an individual who has undergone the training provided
UNDER § 7-426.2(C) OF THIS SUBTITLE, IF AVAILABLE, to be or perceived to be in
anaphylaxis, regardless of whether the student:

(1) Has been identified as having an anaphylactic allergy, as defined in §
7-426.1 of this subtitle; or

(2) Has [a prescription for] BEEN PRESCRIBED epinephrine [as
prescribed] by an authorized licensed health care practitioner under the Health
Occupations Article.

(e) The policy established under subsection (b) of this section shall include:

(1) Training for school personnel on how to recognize the signs and
symptoms of anaphylaxis by a licensed health care practitioner who is authorized to
administer auto-injectable epinephrine and who has been trained in an established
protocol on how to recognize the signs and symptoms of anaphylaxis. THE TRAINING
IDENTIFIED OR DEVELOPED UNDER § 7-426.2(C) OF THIS SUBTITLE FOR SCHOOL
NURSES AND VOLUNTARY SCHOOL PERSONNEL WHO ARE DESIGNATED BY A SCHOOL
NURSE AND, IN THE CLINICAL JUDGMENT OF THE SCHOOL NURSE, ARE
APPROPRIATE RECIPIENTS OF THE TRAINING;

(2) Procedures for the emergency administration of auto-injectable
epinephrine BY A SCHOOL NURSE OR DESIGNATED VOLUNTEER;

(3) The proper follow-up emergency procedures;

(4) A provision authorizing a school nurse or other licensed health care
practitioner to obtain and, school personnel to store, at a nonpublic school auto-injectable
epinephrine to be used in an emergency situation;

(5) A requirement that the nonpublic school develop and implement a
method for notifying the parents or guardians of students of the school’s policy under this
section at the beginning of each school year; and

(6) An ongoing process for oversight and monitoring by a licensed health
care practitioner of the implementation of the policy established under subsection (b) of this
section.

(D) (1) AN AUTHORIZED LICENSED HEALTH CARE PRACTITIONER MAY
PROVIDE AUTO-INJECTABLE EPINEPHRINE TO A SCHOOL NURSE OR DESIGNATED
VOLUNTEER FOR USE IN ACCORDANCE WITH THIS SECTION.

(2) AUTO-INJECTABLE EPINEPHRINE USED UNDER THIS SECTION
MUST BE FROM A LICENSED PHARMACY OR MANUFACTURER.
(3) A nonpublic school may accept donated auto-injectable epinephrine from a licensed pharmacy or manufacturer.

(4) A nonpublic school may apply for grants to obtain funding for the purchase of auto-injectable epinephrine from a licensed pharmacy or manufacturer.

(d) (E) Except for any willful or grossly negligent act, school personnel who respond in good faith to the anaphylactic reaction of a child in accordance with this section may not be held personally liable for any act or omission in the course of responding to the reaction.

7-426.6.

(A) (1) In this section the following words have the meanings indicated.

(2) “Asthma” means a chronic lung disease that inflames and narrows air passages, causing recurring periods of wheezing, chest tightness, shortness of breath, and coughing.

(3) “Bronchodilator” means medication that relaxes bronchial muscles, resulting in the expansion of bronchial air passages to provide fast treatment of asthma-related symptoms and symptoms of respiratory distress.

(4) (i) “School personnel” means individuals who are employed by a public school, including part-time employees, teachers and substitute teachers employed by the school for at least 7 days each school year, registered nurse case managers, delegating nurses, and administrative staff or, in the case of some school health staff, by a local health department.

(ii) “School personnel” includes part-time employees, teachers, substitute teachers employed by the school for at least 7 days each school year, registered nurse case managers, delegating nurses, and administrative staff.

(B) (1) Except as provided in paragraph (2) of this subsection, each county board the Maryland Department of Health, in consultation with county boards, shall establish a policy for public schools within its jurisdiction to authorize the school nurse and other designated school personnel to administer a bronchodilator to a student who is determined by an individual who has undergone the
TRAINING PROVIDED UNDER SUBSECTION (C) OF THIS SECTION TO HAVE ASTHMA, IS BE, OR IS PERCEIVED TO BE, EXPERIENCING ASTHMA–RELATED SYMPTOMS, OR IS PERCEIVED TO BE IN RESPIRATORY DISTRESS, REGARDLESS OF WHETHER THE STUDENT:

(I) HAS BEEN DIAGNOSED WITH ASTHMA OR REACTIVE AIRWAY DISEASE; OR

(II) HAS BEEN PRESCRIBED A BRONCHODILATOR BY AN AUTHORIZED LICENSED HEALTH CARE PRACTITIONER UNDER THE HEALTH OCCUPATIONS ARTICLE.

(2) NEITHER A SCHOOL NURSE NOR ANY OTHER DESIGNATED SCHOOL PERSONNEL MAY ADMINISTER A BRONCHODILATOR TO A PREKINDERGARTEN STUDENT UNLESS THE STUDENT HAS BEEN DIAGNOSED WITH ASTHMA OR A REACTIVE AIRWAY DISEASE AND HAS A PRESCRIPTION FOR A BRONCHODILATOR AS PRESCRIBED BY THE STUDENT’S HEALTH CARE PRACTITIONER.

(C) (1) THE DEPARTMENT, IN CONSULTATION WITH THE MARYLAND DEPARTMENT OF HEALTH, THE AMERICAN LUNG ASSOCIATION, AND THE ASTHMA AND ALLERGY FOUNDATION OF AMERICA, SHALL IDENTIFY OR DEVELOP TRAINING TO:

(I) IDENTIFY THE SYMPTOMS OF ASTHMA AND RESPIRATORY DISTRESS;

(II) IDENTIFY THE SYMPTOMS OF ANAPHYLAXIS; AND

(III) DISTINGUISH BETWEEN ANAPHYLAXIS AND ASTHMA OR RESPIRATORY DISTRESS.

(2) THE TRAINING IDENTIFIED OR DEVELOPED UNDER PARAGRAPH (1) OF THIS SUBSECTION SHALL BE PROVIDED TO SCHOOL NURSES AND VOLUNTARY SCHOOL PERSONNEL WHO ARE DESIGNATED BY A SCHOOL NURSE AND, IN THE
Clinical judgment of the school nurse, are appropriate recipients of the training.

3 The training provided under this subsection shall be a paid professional development training.

(d) The policy established under subsection (b) of this section shall include:

1 The training required under subsection (c) of this section;

2 Procedures for the emergency administration of a bronchodilator by a school nurse or designated volunteer school personnel;

3 Procedures for recognizing the need to administer a bronchodilator and for administering a bronchodilator based on the severity of the symptoms being experienced by a student;

3(4) The proper follow-up emergency procedures;

4(5) A provision authorizing a school nurse to obtain and store at a public school requiring that bronchodilators and modes of delivery, including inhalers with spacers, be stored in public schools to be used in an emergency situation; and

6 A provision authorizing a county board to obtain a standing order for the administration of bronchodilators; and

5(7) A requirement that each public school develop and implement a method for notifying the parents or guardians of students of the school’s policy under this section at the beginning of each school year.

(e) (1) An authorized licensed health care practitioner may provide bronchodilators to a school nurse or designated volunteer school personnel for use in accordance with this section.

2 Bronchodilators and modes of administration, including inhalers with spacers, used by a school nurse or any other designated school personnel must be from a licensed pharmacy or manufacturer.
(3) A COUNTY BOARD OR PUBLIC SCHOOL MAY ACCEPT DONATED BRONCHODILATORS AND MODES OF ADMINISTRATION, INCLUDING INHALERS WITH SPACERS, FROM A LICENSED PHARMACY OR MANUFACTURER.

(4) A COUNTY BOARD MAY APPLY FOR GRANTS TO OBTAIN FUNDING FOR THE PURCHASE OF BRONCHODILATORS AND MODES OF ADMINISTRATION, INCLUDING INHALERS WITH SPACERS.

(F) (1) EXCEPT FOR ANY WILLFUL OR GROSSLY NEGLIGENT ACT, A SCHOOL NURSE OR ANY OTHER SCHOOL PERSONNEL WHO RESPOND IN GOOD FAITH TO THE ASTHMA ATTACK OR RESPIRATORY DISTRESS OF A CHILD IN ACCORDANCE WITH THIS SECTION MAY NOT BE HELD PERSONALLY LIABLE FOR ANY ACT OR OMISSION IN THE COURSE OF RESPONDING TO THE CHILD IN DISTRESS.

(2) EXCEPT FOR ANY WILLFUL OR GROSSLY NEGLIGENT ACT, A HEALTH CARE PROVIDER WHO PRESCRIBES OR DISPENSES A BRONCHODILATOR USED TO TREAT A CHILD IN ACCORDANCE WITH PARAGRAPH (1) OF THIS SUBSECTION MAY NOT BE HELD PERSONALLY LIABLE FOR ANY ACT OR OMISSION THAT OCCURS IN THE COURSE OF RESPONDING TO THE CHILD IN DISTRESS.

(G) (1) (i) FOR EACH INCIDENT AT THE SCHOOL OR AT A RELATED SCHOOL EVENT THAT REQUIRES THE USE OF A BRONCHODILATOR STOCK BRONCHODILATOR IN ACCORDANCE WITH THIS SECTION, EACH PUBLIC SCHOOL SHALL:

1. NOTIFY THE STUDENT’S PARENT OR LEGAL GUARDIAN OF THE INCIDENT; AND

2. MAKE A RECORD OF THE INCIDENT, ON THE FORM THAT THE DEPARTMENT REQUIRES, AND FILE THE FORM IN THE STUDENT’S SCHOOL MEDICAL RECORD.

(ii) EACH PUBLIC SCHOOL SHALL SUBMIT TO THE DEPARTMENT A REPORT, ON THE FORM AND SCHEDULE REQUIRED BY THE DEPARTMENT, ON THE NUMBER OF INCIDENTS AT THE SCHOOL OR AT A RELATED SCHOOL EVENT THAT REQUIRED THE USE OF A BRONCHODILATOR STOCK BRONCHODILATOR IN ACCORDANCE WITH THIS SECTION.

(2) THE DEPARTMENT SHALL DEVELOP AND DISSEMINATE STANDARD FORMS TO RECORD EACH INCIDENT AND REPORT INCIDENTS REQUIRING THE USE OF A BRONCHODILATOR AT A PUBLIC SCHOOL.

7–426.7.
(A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS INDICATED.

(2) "ASTHMA" MEANS A CHRONIC LUNG DISEASE THAT INFLAMES AND NARROWS AIR PASSAGES, CAUSING RECURRING PERIODS OF WHEEZING, CHEST TIGHTNESS, SHORTNESS OF BREATH, AND COUGHING.

(3) "BRONCHODILATOR" MEANS MEDICATION THAT RELAXES BRONCHIAL MUSCLES, RESULTING IN THE EXPANSION OF BRONCHIAL AIR PASSAGES TO PROVIDE FAST TREATMENT OF ASTHMA-RELATED SYMPTOMS AND SYMPTOMS OF RESPIRATORY DISTRESS.

(4) "SCHOOL PERSONNEL" MEANS INDIVIDUALS WHO ARE EMPLOYED BY A NONPUBLIC SCHOOL, INCLUDING PART-TIME EMPLOYEES, TEACHERS AND SUBSTITUTE TEACHERS EMPLOYED BY THE SCHOOL FOR AT LEAST 7 DAYS EACH SCHOOL YEAR, REGISTERED NURSE CASE MANAGERS, DELEGATING NURSES, AND ADMINISTRATIVE STAFF.

(B) (1) EXCEPT AS PROVIDED IN PARAGRAPH (2) OF THIS SUBSECTION, EACH NONPUBLIC SCHOOL IN THE STATE MAY ESTABLISH A POLICY AUTHORIZING THE SCHOOL NURSE AND OTHER DESIGNATED SCHOOL PERSONNEL TO ADMINISTER A BRONCHODILATOR TO A STUDENT WHO IS DETERMINED BY AN INDIVIDUAL WHO HAS UNDERGONE THE TRAINING PROVIDED UNDER § 7–426.2(C) DEVELOPED UNDER § 7–426.6(C) OF THIS SUBTITLE TO HAVE ASTHMA, IS BE, OR IS PERCEIVED TO BE, EXPERIENCING ASTHMA-RELATED SYMPTOMS, SYMPTOMS OR IS PERCEIVED TO BE IN RESPIRATORY DISTRESS, REGARDLESS OF WHETHER THE STUDENT:

(I) HAS BEEN DIAGNOSED WITH ASTHMA OR REACTIVE AIRWAY DISEASE; OR

(II) HAS BEEN PRESCRIBED A BRONCHODILATOR BY AN AUTHORIZED LICENSED HEALTH CARE PRACTITIONER UNDER THE HEALTH OCCUPATIONS ARTICLE.

(2) A SCHOOL NURSE OR ANY OTHER DESIGNATED SCHOOL PERSONNEL MAY NOT ADMINISTER A BRONCHODILATOR TO A PREKINDERGARTEN STUDENT UNLESS THE STUDENT HAS BEEN DIAGNOSED WITH ASTHMA OR A REACTIVE AIRWAY DISEASE AND HAS A PRESCRIPTION FOR A BRONCHODILATOR AS PRESCRIBED BY THE STUDENT'S HEALTH CARE PRACTITIONER.

(C) THE POLICY ESTABLISHED UNDER SUBSECTION (B) OF THIS SECTION SHALL INCLUDE:
(1) The training identified or developed under § 7-426.2(c) § 7-426.6(c) of this subtitle for school nurses and voluntary school personnel who are designated by a school nurse and, in the clinical judgment of the school nurse, are appropriate recipients of the training;

(2) Procedures for the emergency administration of a bronchodilator by a school nurse or designated volunteer school personnel;

(3) Procedures for recognizing the need to administer a bronchodilator and for administering a bronchodilator based on the severity of the symptoms being experienced by a student;

(3) The proper follow-up emergency procedures;

(4) A provision authorizing a school nurse or any other licensed health care practitioner to obtain, and a school nurse or any other school personnel to store, at a nonpublic school for use in an emergency situation requiring that bronchodilators and modes of delivery, including inhalers with spacers, be stored in nonpublic schools to be used in an emergency situation;

(5) A requirement that the nonpublic school develop and implement a method for notifying the parents or guardians of students of the school’s policy under this section at the beginning of each school year; and

(7) A provision authorizing a nonpublic school to obtain a standing order for the administration of bronchodilators; and

(6) An ongoing process for oversight and monitoring by a licensed health care practitioner of the implementation of the policy established under subsection (b) of this section.

(d) (1) An authorized licensed health care practitioner may provide bronchodilators to a school nurse or designated volunteer for use in accordance with this section.

(2) Bronchodilators and modes of administration, including inhalers with spacers, used by a school nurse or any other designated school personnel must be from a licensed pharmacy or manufacturer.
A nonpublic school may accept donated bronchodilators and modes of administration, including inhalers with spacers, from a licensed pharmacy or manufacturer.

A nonpublic school may apply for grants to obtain funding for the purchase of bronchodilators and modes of administration, including inhalers with spacers.

Except for any willful or grossly negligent act, a school nurse or any other school personnel who respond in good faith to the asthma attack or respiratory distress of a child in accordance with this section may not be held personally liable for any act or omission in the course of responding to the child in distress.

Except for any willful or grossly negligent act, a health care provider who prescribes or dispenses a bronchodilator used to treat a child in accordance with paragraph (1) of this subsection may not be held personally liable for any act or omission that occurs in the course of responding to the child in distress.

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect July 1, 2024.

Approved:

Governor.

Speaker of the House of Delegates.

President of the Senate.