
TESTIMONY

Testimony To: Senate Committee on Education

Respectfully Submitted by: Courtney O'Brien, Interim Operations Director,
Agency of Education

Subject: H. 209 - An act relating to intranasal epinephrine in schools

Date: April 10, 2025

Background

Thank you for the opportunity to provide testimony on proposed bill H.209. The Agency Operations team, in support of other school health and safety initiatives, regularly partners with the Department of Health to support and respond to concerns raised by school nurses and representatives from the VT School Nurse Association. In alignment with other proposals related to school health and safety, the AOE and VDH support the inclusion of expanded access to epinephrine and encourage that these changes move forward in a way that is not overly specific and does not inadvertently limit school and district ability to store this life-saving medication.

It is important to note that this bill is not introducing new provisions to allow emergency epinephrine in schools. The existing provisions of 16 V.S.A. § 1388 allow for school administrators to accept and manage emergency stock epinephrine auto-injectors, and to authorize qualified personnel to administer epinephrine in emergency situations. To account for the availability of other approved forms of epinephrine, including intranasal delivery, language updates are needed to allow schools to accept and manage available emergency epinephrine stock.

Through our review of this bill and preparation for our testimony, AOE and VDH have recognized that there is a need for a much larger conversation about school nurse responsibilities, resources, and prioritization. We commit to continuing this conversation with all invested parties, but recommend that discussions around H.209 remain focused on the very specific, concise goal of expanding access to emergency stock epinephrine in schools.

Potential Implementation Challenges

The Agency of Education and Vermont Department of Health support improving emergency response to anaphylaxis in schools by expanding available forms of epinephrine and ensuring staff have the authority to administer it when needed.



While school nurses play a vital role in schools and communities, we are concerned that the bill's proposed school nurse-specific language could create perceived and actual barriers to stocking and administering epinephrine, particularly in schools without full-time nurses. Budgetary challenges have historically impacted many districts' ability to guarantee a full-time school nurse in all schools. In addition, the State Board's Education Quality Standards, Rule Series 2000, requires that "Each school shall engage the services of a person licensed as a School Nurse or Associate School Nurse. There shall be no more than 500 students per school nurse. Schools with fewer than 500 students shall employ a nurse on a pro-rata basis" (Rule Series 2000, Section 2121.2.1 Staffing Requirements). Districts must be able to consider other viable solutions that meet budget realities while retaining the ability to deliver critical services. Safe epinephrine administration does not require a school nurse to be safety administered – it does require appropriate training and certification. The proposed language changes appear to create a direct requirement for all schools to have a school nurse to access and administer epinephrine stock under this statute. Restricting access in this way could delay life-saving treatment, increase liability concerns for schools, and create inequities for students in under-resourced or rural schools. Ensuring broad access to epinephrine promotes equity across all schools, regardless of size or staffing.

Instead, we recommend that H.209 prioritize the expanded access to intranasal epinephrine and retain the existing accountability for district Administrators to direct and manage any received stock. Qualified personnel must still be identified and designated for epinephrine distribution in schools, in accordance with the existing language.

This policy aligns with national best practices and existing laws in many states, allowing school personnel to administer epinephrine. Research supports the need for rapid administration, and permitting multiple trained individuals ensures timely treatment. Epinephrine use in schools is supported by major medical organizations, including the American Academy of Allergy Asthma and Immunology, Allergy and Asthma Network, American Academy of Pediatrics, and National Association of School Nurses.

This policy promotes equity by ensuring all students—regardless of school size, staffing, or location—have access to timely, life-saving treatment in an anaphylactic emergency.

There are minimal direct costs to schools, as they may be able to receive free intranasal epinephrine through the ["neffyinschools" program](#). Intranasal epinephrine may also be easier for the general public to administer compared to intramuscular auto-injectors.

Expanding access to epinephrine removes barriers to implementation, increases student and staff safety, supports students with disabilities and chronic conditions, and streamlines implementation across schools.

Recommended Changes

- **Broadening the language** to include all current and future epinephrine formulations, ensuring ongoing accessibility.
- **Clarifying the role of the school administrator** as the representative holding the prescription, ensuring their authority to authorize trained personnel without implying delegation of a nursing task.
- **Removing the school nurse-specific language** to prevent perceived or real barriers to obtaining and administering stock epinephrine, while maintaining training requirements for all authorized personnel.

These changes ensure that schools without designated school nurses can still maintain stock epinephrine programs without concerns about staffing or budget constraints. Overly specific language about school nurses could lead to unnecessary delays, confusion about authority, and potential gaps in emergency preparedness, ultimately putting student safety at risk.