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Agency of Human Services

Testimony To: Senate Committee on Education

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

Date: April 10, 2025

Thank you for the opportunity to provide testimony on proposed bill H.209.

To provide some background: the purpose of 16 VSA § 1388 is to ensure that a stock supply of epinephrine is available and accessible to schools during an anaphylactic emergency.

Since the passage of the original law in 2013, new and more affordable forms of epinephrine administration have become available- specifically, epinephrine that can be administered intranasally. H.209 amends the current law to include intranasal epinephrine as an allowable form schools may stock and administer during anaphylactic emergencies.

Under 16 VSA § 1388, schools currently cannot access this newer, often less expensive, form of epinephrine. H.209 addresses this issue.

The intended outcome of this bill is to reduce barriers to timely treatment of anaphylaxis so that all Vermont schools, regardless of size or location, have access to this life-saving medication. All parties involved agree there should be no barriers to accessing and administering epinephrine in schools during life threatening emergencies.

The Department of Health fully supports improving emergency responses to anaphylaxis in schools by expanding access to epinephrine in its safe and available forms. This is a critical public health issue — one where timely access can mean the difference between life and death.

Unfortunately, some of the language added by the House raises concerns, as it works against the main objectives of the bill: ensuring that all schools have ready access to life-saving emergency medications. The added language is unclear and may unintentionally





restrict access in under-resourced schools or those without school nurses. This is an equity concern—and a student safety concern.

As currently written, the bill limits the ability of non-nursing staff to administer this life-saving medication. The Department supports policies that allow school staff to administer epinephrine during anaphylactic emergencies. Our goal with H.209 is to enhance access, not limit it.

We want to be clear that we deeply value school nurses. They are essential members of school communities and play a vital role in the health and safety of students. At the same time, it is important to recognize that not all schools have the staffing levels or resources to rely on a school nurse.

To that end, the Department recommends the following modifications to the bill:

- Broaden the language to allow for all current and future epinephrine formulations. We recommend using the term *single-use epinephrine delivery system approved by the federal Food and Drug Administration* rather than specifying “auto-injector” or “intranasal.” This ensures flexibility as new options become available.
- Clarify the role of the school administrator as the representative of the school that holds the prescription, ensuring their authority to authorize trained personnel — without implying delegation of a nursing task.
- Adjust language regarding school nurse involvement to avoid inadvertently limiting access to epinephrine in schools without a nurse, while still affirming the importance of maintaining appropriate training requirements for authorized school staff and supporting nurses’ leadership where available.

These recommendations — aside from the broadened epinephrine language— reflect a return to the original language as introduced in H. 209.

Research consistently shows that rapid administration of epinephrine is critical during anaphylaxis. Allowing multiple trained individuals to administer it ensures timely treatment. Our proposed modifications align with best national practices and existing laws in many other states, which permit school personnel to administer epinephrine.

Epinephrine administration in schools is supported by several national organizations, including the American Academy of Pediatrics, the Allergy and Asthma Network, the National Association of School Nurses, and the American Academy of Allergy, Asthma, and Immunology.





These proposed amendments promote equity by ensuring that all students — regardless of their school's size, geographic location, or staffing levels — have access to timely, life-saving treatment during an anaphylactic emergency.

In summary, the Department of Health is strongly supportive of the policy objectives of H. 209. However, the amendments made in the House may have unintended consequences that reduce the stocking and administration of epinephrine in schools without school nurses.

The Department is currently working outside of committee with the Vermont State School Nurses' Association to address their questions and concerns raised in the House. We believe there is a path forward that both honors the role of school nurses *and* removes unnecessary barriers to access.

Thank you again for your time and commitment to student health and safety. I'm happy to answer any questions.

Respectfully Submitted,

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