

Testimony To: Senate Committee on Education

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

Date: Wednesday, May 14, 2025

The Department of Health has submitted a mark-up of H. 209 as passed by the House for consideration by the Senate Committee on Education.

These recommended revisions to Vermont’s stock epinephrine-in-schools statute are the result of thoughtful collaboration between the Vermont Department of Health, Agency of Education (AOE), the Office of Professional Regulation (OPR)/Board of Nursing, and the Vermont State School Nurses Association (VSSNA). All groups have reviewed and expressed support for the recommended language provided to the Committee. The intent is to clarify roles, increase flexibility for schools, ensure safety, and modernize the law to reflect current best practices.

The recommended revisions are described in detail below:

◇ *Section (a): Updated Definitions*

(a)(1) – Designated Personnel

- Clarifies that school employees, agents, or volunteers may serve as designated personnel *if* they complete required training and are either:
 - Authorized by a school administrator, or
 - Delegated to by a school nurse (when available).
- This dual pathway ensures that schools with or without a nurse can safely respond to anaphylaxis using a structure that protects students and aligns with State Board training requirements and provider orders.
- The VSSNA raised important concerns about ensuring staff in schools without nurses are appropriately trained. The Vermont Department of Health will collaborate with state partners to ensure training resources are available and that existing policies are updated. This can be accomplished without any changes to language in the bill.



- Training should be guided by national best practices and resources, supplemented by input from Vermont-based experts in allergy management, to ensure it is evidence-based and responsive to local needs.

(a)(2) – Epinephrine Definition Expanded and Unified

- Recommend adopting a single, updated definition of “epinephrine” that:
 - Includes both current delivery methods: auto-injectors and intranasal epinephrine.
 - Allows for the future inclusion of other FDA-approved, premeasured, single-dose formats.
 - Excludes open vials or any forms not suitable for lay administration, to ensure safety in emergency use.
- Recommend replacing the separate definitions of “epinephrine auto-injector” and “intranasal epinephrine” in the draft of H. 209 (as passed by the House) with the unified “epinephrine” definition.
- Recommend simplifying language throughout the bill by:
 - Substituting any instance of “epinephrine auto-injector or intranasal epinephrine” with the unified term “epinephrine.”
- This recommended revision:
 - Streamlines the bill language.
 - Enhances flexibility as epinephrine technology evolves.
 - Makes the bill more future-proof and easier to implement.

(a)(6) – Associate School Nurse Added

- Includes **associate school nurses** in the school nurse definition to reflect the full range of nursing endorsements recognized by AOE.

◇ Section (b): Standing Orders and Prescribing

(b)(1) – Clarified Prescriber Authority

- Removes the requirement for the prescriber to consult with the school nurse.
- This aligns with OPR guidance that the issuance of standing orders and protocols is fully within a provider’s scope of practice and not within the RN scope to co-authorize.

(b)(1)(A) – “Recognizing” an Allergic Reaction

- Replaces the word “assessing” with “recognizing” to ensure the language does not imply that there are clinical assessment duties for non-licensed personnel.
- Language now aligns with scope-appropriate roles.



◇ *Section (d): Administration and Delegation*

(d) – Clarified Delegation Pathways

- Removes the phrase “who in turn may authorize” to reflect that the administrator has the ability to authorize designated personnel to give epinephrine in certain circumstances as outlined in (d)(1)-(3).
- Clarifies that designated personnel must be “appropriately trained” to give epinephrine in the outlined circumstances. As discussed above, the Vermont Department of Health will collaborate with state partners to ensure training resources are available and that existing policies are updated.

(d)(3) – “School Nurse” Clarification

- Replaced “nurse” with “school nurse” to align with the defined term and maintain clarity about who is acting under the protocol.

◇ *Section (e): Legal Protection*

- Explicitly includes school nurses in the list of individuals protected from civil or criminal liability, recognizing their distinct role and responsibilities.

◇ *Section (f): Allergy Management Policies*

(f)(3) – Inclusive of All Schools

- Updates language to allow schools without a nurse to still implement individualized allergy management plans.
- Still includes school nurses where present, ensuring no loss of support for schools that have nursing staff, while also creating access for underserved schools.

