TO: The Honorable Sheila A. Hixson, Chairman
Members, House Ways & Means Committee
The Honorable LeRoy Myers, Jr.

FROM: Joseph A. Schwartz, III
Pamela Metz Kasemeyer
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DATE: February 23, 2012


The Maryland State Medical Society (MedChi), which represents over 7,600 Maryland physicians and their patients, supports House Bill 497.

House Bill 497 requires each local system to have a policy for the provision of auto-injectable epinephrine by the school nurse and other school personnel to a student who is determined to be or perceived to be in anaphylaxis due to an allergic reaction, regardless of whether the student has been identified as having an anaphylactic allergy or has a prescription for epinephrine as prescribed by an authorized licensed health care practitioner.

Food and other allergies are common among children and it is extraordinarily difficult for a school to comprehensively protect all children from exposure to substances that may trigger an allergic reaction. Further, sometimes allergies have been undiagnosed and a reaction for the first time may occur at school. House Bill 497 will assure that schools have the appropriate policies and tools to intervene in cases where anaphylaxis is identified or suspected but a student does not have their own prescription of epinephrine. Prompt administration is essential in the response to anaphylaxis. Failure to respond can result in death as was the case recently in a school in Virginia. Ensuring that schools have the tools to appropriately respond will increase the safety of our children and avoid unnecessary tragedies.

House Bill 497 provides necessary safeguards to ensure this initiative can be
appropriately implemented. It requires the policy be developed by the school systems
including requirements for training of school personnel on how to recognize the symptoms of anaphylaxis; procedures for the emergency administration of auto-injectable epinephrine; and the proper follow-up emergency procedures.

Roughly half of Maryland school systems now have this policy in place. For the benefit of all Maryland children, all systems should be required to follow their lead. MedChi urges a favorable report on House Bill 497.

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