

STATE OF MAINE

IN THE YEAR OF OUR LORD
TWO THOUSAND TWENTY-SIX

S.P. 839 - L.D. 2046

**An Act to Update Certain Duties Regarding Student Health Related to
Communicable and Infectious Disease**

Be it enacted by the People of the State of Maine as follows:

Sec. 1. 20-A MRSA §6301, as amended by PL 2017, c. 381, §§5 to 7 and corrected by RR 2017, c. 2, §3, is further amended to read:

§6301. ~~Student health~~ Communicable or infectious disease

The following provisions apply to a student ~~health~~ showing symptoms of a communicable or infectious disease.

1. ~~Duty of teacher~~ school personnel. ~~A teacher member of school personnel~~ who has reason to believe that a student is ~~a public health threat as a result of having a communicable disease of the skin, mouth or eyes~~ showing symptoms of a communicable or infectious disease reportable under Title 22, chapter 250, subchapter 3 or that pose a public health threat shall inform the superintendent building administrator.

1-A. Duty of building administrator. A building administrator informed by a member of school personnel that a student is showing symptoms of a communicable or infectious disease under subsection 1 shall consult with the school nurse. Upon recommendation from the school nurse, the building administrator shall inform the superintendent or superintendent's designee.

2. Duty of superintendent. A superintendent or a superintendent's designee informed by a teacher a building administrator under subsection 1 or 1-A may:

A. ~~Inform~~ Advise the student's parent: to furnish the student with the required home or medical treatment for the relief of the student's symptoms or disease reported under subsection 1;

(1) ~~To cleanse the clothing and body of the student; and~~

(2) ~~To furnish the student with the required home or medical treatment for the relief of the student's trouble so defined in subsection 1;~~

B. Exclude the student from the public schools until the student is no longer a public health threat;

C. Exclude the student from public school as soon as safe and proper transportation home is available; and

D. Consult with the school nurse.

3. Duty of parent. A parent informed by a superintendent or the superintendent's designee under subsection 2 shall promptly do what is reasonably necessary to ensure that the student is not a public health threat.

~~**4. Penalty.** Any parent who fails to comply with subsection 3 shall be fined not more than \$5 for the first offense or \$10 for subsequent offenses.~~

5-A. Notification. ~~The A~~ superintendent or the superintendent's designee informed by a building administrator under subsection 1-A shall cause notice of the communicable or infectious disease to be given to the Department of Health and Human Services, in accordance with the requirements of Title 22, chapters 250 and 251, and rules issued under those chapters.

6. Authority and duties of the Department of Health and Human Services. The Department of Health and Human Services has the authority and duties prescribed in Title 22, chapters 250 and 251 with respect to the control of notifiable diseases and conditions and communicable or infectious diseases.

Sec. 2. 20-A MRSA §6305, as amended by PL 2019, c. 560, §2, is further amended to read:

§6305. Epinephrine ~~autoinjectors~~ automated devices; guidelines; emergency administration

1. Definitions. As used in this section, unless the context otherwise indicates, the following terms have the following meanings.

A. "Collaborative practice agreement" means a written and signed agreement between a physician licensed in this State or a school health advisor under section 6402-A and a school nurse under section 6403-A that provides for the prescription of epinephrine ~~autoinjectors~~ automated devices by the physician or school health advisor and administration of epinephrine ~~autoinjectors~~ automated devices by a school nurse or designated school personnel to students, school personnel or visitor during school or a school-sponsored activity under emergency circumstances involving anaphylaxis.

B. "Designated school personnel" means those employees, agents or volunteers of a school administrative unit or an approved private school designated by a collaborative practice agreement between a physician licensed in this State or a school health advisor under section 6402-A and a school nurse under section 6403-A who have completed the training required by rule to provide or administer an epinephrine ~~autoinjector to a student~~ automated device.

C. "Epinephrine ~~autoinjector~~ automated device" means a single-use device used for the automatic ~~injection~~ administration of a premeasured dose of epinephrine into a human body ~~or another single-use epinephrine delivery system~~ approved by the federal Food and Drug Administration for public use.

D. "School" means a public or approved private school.

2. Collaborative practice agreement; adoption authorized. A school administrative unit or an approved private school may authorize adoption of a collaborative practice agreement for the purposes of stocking and administering epinephrine ~~autoinjectors~~ automated devices as provided under this section. The administration of an epinephrine ~~autoinjector~~ automated device in accordance with this section is not the practice of medicine.

3. Collaborative practice agreement; authority. A collaborative practice agreement permits a physician licensed in this State or school health advisor under section 6402-A to prescribe an epinephrine ~~autoinjector~~ automated device and direct a school nurse under section 6403-A to administer an epinephrine ~~autoinjector~~ automated device in good faith to any student experiencing anaphylaxis during school or a school-sponsored activity. Pursuant to a collaborative practice agreement, a physician licensed in this State or school health advisor under section 6402-A may authorize the school nurse under section 6403-A during school or a school-sponsored activity to designate other school personnel with training required by rule to administer an epinephrine ~~autoinjector~~ automated device if the school nurse is not present when a student experiences anaphylaxis.

4. Collaborative practice agreement; terms and provisions. A collaborative practice agreement must include the following information:

- A. Name and physical address of the school;
- B. Identification and signatures of the physician or school health advisor under section 6402-A and school nurse under section 6403-A who are parties to the collaborative practice agreement, the dates the agreement is signed by each party and the beginning and end dates of the period of time within which the agreement is in effect; and
- C. Any other information considered appropriate by the physician or school health advisor under section 6402-A and school nurse under section 6403-A.

5. Use of epinephrine ~~autoinjectors~~ automated devices without a collaborative practice agreement. The governing body of a school administrative unit or an approved private school may authorize a school nurse under section 6403-A to train and designate school personnel to administer an epinephrine ~~autoinjector~~ automated device to a student in accordance with a prescription specific to the student on file with the school nurse and in accordance with section 254, subsection 5. ~~The administration of an epinephrine autoinjector in accordance with this subsection is not the practice of medicine.~~

6. Manufacturer or supplier arrangement. A school administrative unit or an approved private school may enter into an arrangement with a manufacturer of epinephrine ~~autoinjectors~~ automated devices or a 3rd-party supplier of epinephrine ~~autoinjectors~~ automated devices to obtain epinephrine ~~autoinjectors~~ automated devices at fair market prices or reduced prices or for free.

7. Purchase from licensed pharmacies. A collaborative practice agreement under this section may provide that a school administrative unit or an approved private school may purchase epinephrine ~~autoinjectors~~ automated devices from a pharmacy licensed in this State.

8. Guidelines. By December 1, 2015 and as needed after that date, the department in consultation with the Department of Health and Human Services shall develop and make

available to all schools guidelines for the management of students with life-threatening allergies. The guidelines must include, but are not limited to:

- A. Guidelines regarding education and training for school personnel on the management of students with life-threatening allergies, including training related to the administration of an epinephrine ~~autoinjector~~ automated device;
- B. Procedures for responding to life-threatening allergic reactions;
- C. A process for the development of individualized health care and allergy action plans for students with known life-threatening allergies; and
- D. Protocols to prevent exposure to allergens.

9. Plan. By September 1, 2016 and as needed after that date, the governing body of a school administrative unit or an approved private school shall:

- A. Implement a protocol based on the guidelines developed pursuant to subsection 8 for the management of students with life-threatening allergies enrolled in the schools under its jurisdiction; and
- B. Make the protocol under paragraph A available on the governing body's publicly accessible website or the publicly accessible website of each school under the governing body's jurisdiction or, if those websites do not exist, make the protocol publicly available through other means as determined by the governing body.

The governing body of the school administrative unit or the approved private school shall annually attest to the department that the schools under its jurisdiction are implementing the protocol in accordance with the provisions of this subsection.

Sec. 3. 20-A MRSA §6401-B, sub-§3, as enacted by PL 2011, c. 380, Pt. DD, §3, is amended to read:

3. Staff development. Foster and promote staff development for school nurses by planning and providing orientation, educational offerings and networking with universities and other providers of continuing education to meet identified needs; ~~and~~

Sec. 4. 20-A MRSA §6401-B, sub-§4, as enacted by PL 2011, c. 380, Pt. DD, §3, is amended to read:

4. Standards. Gather and analyze data relevant to the school health care program and monitor standards to promote school nursing excellence and optimal health of school children; ~~and~~

Sec. 5. 20-A MRSA §6401-B, sub-§5 is enacted to read:

5. Guidance. Manage the development and dissemination of school health guidelines as they relate to the health and well-being of students and staff in schools.

Sec. 6. 20-A MRSA §6403-A, sub-§1, as enacted by PL 1985, c. 258, §4, is amended to read:

1. Duties. The school nurse shall supervise and coordinate the health services and health-related activities required by this Title in accordance with the most recent scope and standards of school nursing practices and follow all applicable rules adopted by the State Board of Nursing and laws under Title 32, chapter 31.

Sec. 7. 20-A MRSA §6403-A, sub-§5, as enacted by PL 1985, c. 258, §4, is amended to read:

5. Guidelines. The commissioner shall issue guidelines on the provision of school health services and health-related activities. Guidelines must be based on state and national standards and updated at least every 3 years.