## **SENATE . . . . . . . . . . . . . . . . No. 228**

## The Commonwealth of Massachusetts

PRESENTED BY:

Cynthia S. Creem

To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General Court assembled:

The undersigned legislators and/or citizens respectfully petition for the adoption of the accompanying bill:

An Act to establish food allergy plans.

PETITION OF:

NAME:DISTRICT/ADDRESS:Cynthia S. CreemFirst Middlesex and Norfolk

## **SENATE . . . . . . . . . . . . . . . No. 228**

By Ms. Creem, a petition (accompanied by bill, Senate, No. 228) of Cynthia S. Creem for legislation to establish food allergy plans. Education.

## The Commonwealth of Alassachusetts

In the One Hundred and Ninetieth General Court (2017-2018)

An Act to establish food allergy plans.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

- 1 SECTION 1: Chapter 71 of the General Laws, as appearing in the 2014 Official Edition,
- 2 is hereby amended by inserting the following new section:-
- 3 Section 37S:
- 4 (a) For the purposes of this section the following terms shall, unless the context clearly
- 5 requires otherwise, have the following meaning:-
- 6 "Approved private day or residential school", a school that accepts, through agreement
- 7 with a school committee, a child requiring special education pursuant to section 10 of chapter
- 8 71B.
- 9 "Charter school", commonwealth charter schools and Horace Mann charter schools
- established pursuant to section 89 of chapter 71.

- 11 "Collaborative school", a school operated by an educational collaborative established 12 pursuant to section 4E of chapter 40.
- 13 "Department", the department of elementary and secondary education.

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- 14 "Food Allergy", adverse health effect arising from a specific immune response that 15 occurs reproducibly on exposure to a given food
- 16 "Food Allergy Management and Prevention Plan", a comprehensive plan to manage and prevent food allergies in schools
  - "Individualized Health Care Plan", A plan based on information provided by the primary care provider or allergist, as well as the nurse's assessment, which includes: the student's name, method of identifying the student, specific offending allergens, warning signs of reactions and emergency treatment.
  - "School district", the school department of a city or town, a regional school district or a county agricultural school.
  - (b) (1) Each school district, charter school, approved private day or residential school and collaborative school shall develop, adhere to and update a Food Allergy Management and Prevention Plan ("Plan") to address food allergy safety and training. The plan shall apply to members of school staff, including, but not limited to, educators, administrators, school nurses, cafeteria workers, custodians, bus drivers, athletic coaches, advisors to an extracurricular activity, paraprofessionals, and substitute personnel. The plan shall be updated at least biennially.

(b)(2) Each plan shall include, but not be limited to: (i) protocols for identification of students with known food allergies, including medical documentation; (ii) policies for the daily management of food allergies for individual students; (iii) strategies and policies to reduce exposure to allergens for students with food allergies; (iv) clear procedures for treating allergic reactions for students with both known and unknown allergies; (v) policies for treating allergic reactions when a school nurse is available onsite and when no school nurse is available; (vi) strategies for treating allergic reactions during extracurricular activities or non-school hour events (vii) policies for school nurses to develop Individualized Health Care Plans (IHCP) for students with food allergies; (viii) professional development for school personnel and staff members on food allergies; and (ix) notification to parents and students of food allergy policies and practices.

(b)(3) The plan for a school district, charter school, approved private day or residential school and collaborative school shall include a provision for annual professional development to build the skills of all staff members, including, but not limited to, educators, administrators, school nurses, cafeteria workers, custodians, bus drivers, athletic coaches, advisors to extracurricular activities and paraprofessionals. The content of such professional development shall include but not be limited to: (i) training on reducing exposure to food allergens for students with allergies; (ii) techniques for food allergy management of students with food allergies; (iii) recognizing the symptoms of a severe allergic reaction; and, (iv) for appropriate staff, training and testing for competency in epinephrine administration. The department shall identify and offer information on alternative methods for fulfilling the professional development requirements of this section, at least 1 of these alternative methods shall be available at no cost to

school districts, charter schools, approved private day or residential schools and collaborative schools.

- (b)(4) The plan shall be posted on the website of each school district, charter school, non-public school, approved private day or residential school and collaborative school.
- (b)(5) Each school principal, or the person who holds a comparable position, in consultation with the school nurse, shall be responsible for the implementation and oversight of the plan at his school.
- (c) The department, in consultation with the department of public health and experts in the field of food allergies shall: (i) periodically update and share with school districts Managing Life-Threatening Allergies in Schools guidelines on food allergies; (ii) publish model plans for school districts to consider when creating their plans; and (iii) compile a list of food allergy resources, best practices and research that shall be made available to schools. The resources may include, but shall not be limited to, print, audio, video or digital media; subscription based online services; and on-site or technology-enabled professional development and training sessions. The department shall biennially update the model plan and the list of the resources, curricula, best practices and research and shall post them on its website.
- (d) Each school district, charter school, approved private day or residential school and collaborative school shall annually report food allergy data to the Department of Public Health School Health Services department. The data shall include, but not be limited to: (i) the number of students with food allergies in schools, broken down by type of allergy; (ii) the number and nature of food allergy incidents; and (iii) any other information required by School Health Services department. Said data shall be reported in the form and manner established by the

School Health Services department; provided, that the School Health Services shall minimize the costs and resources needed to comply with said reporting requirements; and provided further, that the School Health Services department may use existing data collection and reporting mechanisms to collect the information from school districts. The School Health Services department shall analyze the food allergy data and shall publish an annual report containing aggregate statewide information on the frequency and nature of food allergy incidents in schools. The annual report may be analyzed and published in consultation with any foundation or scientific organization, hospital or medical school, with an agency of the federal government, or nationally recognized nonprofit or educational organization or entity recognized for research or education in the field of food allergies. The School Health Services department shall file the annual report with the department and with the clerks of the senate and the house of representatives, who shall forward the same to the chairs of the joint committee on education, the joint committee on the public health and the house and senate committees on ways and means.

(e) The department shall waive the requirements of this section upon a showing by a school district that they have an existing food allergy management plan which substantially meets the requirements of this section. School districts seeking such a waiver must provide a detailed description of existing food allergy management plans.

SECTION 2. Chapter 111 of the General Laws, as appearing in the 2014 official Edition, is hereby amended by inserting the following new section:-

Section 236. The department of public health is hereby authorized and directed to establish a program to combat food allergies and raise awareness of the prevalence and danger of food allergies. Said program may be conducted in conjunction with any foundation or scientific

organization, hospital or medical school, with an agency of the federal government, or nationally recognized nonprofit or educational organization or entity recognized for research or education in the field of food allergies.

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SECTION 3. Section 54B of chapter 71 of the General Laws, as appearing in the 2014 Official Edition, is hereby amended by striking the third paragraph and inserting in place thereof the following:—

(a) Notwithstanding any general or special law or regulation to the contrary, subject to appropriation, each school shall maintain a stock supply of non-patient specific epinephrine to be administered in the event of an anaphylactic emergency, provided however, that no prescribing physicians shall be subject to liability in a civil or criminal action for issuance of such prescriptions. The department, in consultation with the department of public health, shall promulgate regulations requiring school districts to adopt and implement policies pursuant to this section. Such regulations shall require that stock epinephrine be stored in an easily accessible unlocked location; the number and type of epinephrine auto-injectors required based on school population; identification, training, and supervision requirements of at least two individuals per school who have been trained to recognize anaphylaxis, at least one of whom shall always be onsite, and in the appropriate use of an epinephrine auto-injector; that individuals authorized to administer epinephrine meet certain training requirements; and that the stock inventory be checked at regular intervals for expiration and replacement. A school nurse or other authorized individual who provides, administers, or assists in the administration of epinephrine to a student believed in good faith to be having an anaphylactic reaction shall not be liable for any civil damages for negligence in acts or omissions resulting from the rendering of such treatment. Whenever any employee of a school district is covered by the immunity granted herein, the

school district employing the individual shall not be liable for any civil damages for negligence in acts or omissions resulting from the rendering of such treatment.

(b) Notwithstanding any general or special law to the contrary, the department, in consultation with the with the department of public health, shall make all reasonable efforts to obtain federal funding or reimbursement for the implementation of this act. A school may develop a funding plan that is cost-neutral to the school budget through the use of grants, donations, fundraising and any other source. The department of elementary and secondary education, in consultation with the department of public health, shall prepare a list of grants and other funding sources that a school may access in order to purchase non-patient specific epinephrine and shall publish and maintain the list on the department's website.