



Rhode Island Pharmacists Association

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[submitted electronically via: HouseEducation@rilegislature.gov]

The Honorable Chair McNamara - House Education Committee
State House
82 Smith Street
Providence, RI 02903
RE: (H7896 - Cotter) – EDUCATION -- HEALTH AND SAFETY OF PUPILS

Dear Chair McNamara and Education Committee,

We write in strong support of **H7896** and companion **S2855** which would ensure that schools are prepared to respond when a student experiences a life-threatening asthma episode, severe hypoglycemia, or anaphylaxis. This bill is a practical, evidence-based public health measure.

It recognizes a simple reality: in schools, emergencies do not wait for a parent, prescriber, or even a school nurse to arrive. When breathing stops, blood glucose drops to a dangerous level, or anaphylaxis begins, the difference between recovery and tragedy is often a trained adult with the right medication in hand. National guidance supports exactly this approach.

The Centers for Disease Control and Prevention recommends that schools ensure staff can recognize emergencies and have access to glucagon kits and training for diabetes emergencies, and it emphasizes that early recognition and treatment of anaphylaxis can prevent serious harm or death.^{1,2}

The need is substantial. Asthma remains one of the most common chronic diseases of childhood; 6.5% of U.S. children currently have asthma, and asthma accounts for approximately 1.4 million emergency department visits annually. Food allergies affect an estimated 1 in 13 children, or about two students in every classroom, and CDC notes that anaphylaxis can be sudden, severe, and fatal. Diabetes also requires school-day emergency readiness; CDC specifically advises that if a student has a low-blood-sugar emergency, school staff should have a glucagon emergency kit and know how to use it. These are not rare or theoretical risks. They are foreseeable school health events that require immediate action.^{3,4,5}

This legislation is also aligned with best practice in school health policy. A 2022 national review in the *Journal of School Nursing* concluded that emergency medication access in schools is an important and growing concern and that further development of policies and procedures is needed for epinephrine, albuterol, and glucagon administration in school settings.⁶

More recently, a 2021 multi-organization policy statement supporting stock albuterol in schools reported that in one state, 84% of respiratory events treated with a stock inhaler resulted in the child returning to class, underscoring both the

¹ <https://www.cdc.gov/school-health-conditions/food-allergies/index.html>

² <https://www.cdc.gov/school-health-conditions/chronic/diabetes.html>

³ <https://www.cdc.gov/nchs/fastats/asthma.htm>

⁴ <https://www.cdc.gov/school-health-conditions/food-allergies/index.html>

⁵ <https://www.cdc.gov/school-health-conditions/chronic/diabetes.html>

⁶ McCaughey RA, McCarthy AM, Maughan E, Hein M, Perkhounkova Y, Kelly MW. Emergency Medication Access and Administration in Schools: A Focus on Epinephrine, Albuterol Inhalers, and Glucagon. *The Journal of School Nursing*. 2022;38(4):326-335. doi:[10.1177/1059840520934185](https://doi.org/10.1177/1059840520934185)

feasibility and practical benefit of prompt access to treatment. The American Academy of Pediatrics likewise recommends training and supervision systems for school personnel involved in medication administration.^{7,8}

Rhode Island has already acknowledged this principle in law. Current state law requires schools to have anaphylaxis policies and permits trained school personnel, including bus drivers and monitors, to administer epinephrine in emergencies.

Rhode Island also allows properly trained, voluntary school staff to assist with emergency glucagon administration when authorized and when a school nurse is not immediately available. The Rhode Island Department of Health further instructs schools to train appropriate staff to administer glucagon in case the nurse is unavailable. In other words, Rhode Island has already accepted the core policy premise: trained non-nurse personnel can and should help save a child's life in a school emergency. This bill builds on that sound foundation by creating a more complete and coherent approach across three common, high-risk conditions—asthma, diabetes, and anaphylaxis.

It equips schools with standard emergency medications and trains designated personnel to use them appropriately, consistent with protocols, care plans, and clinical oversight. It promotes safety, equity, and continuity of learning by reducing avoidable 911 calls, preventable deterioration, and missed class time. Most importantly, it gives children the protection they deserve wherever they are during the school day, including classrooms, cafeterias, playgrounds, buses, athletics, and field trips.

National Efforts

The Allergy and Asthma Network advocate for state laws to improve the health and quality of life for people with asthma, allergies and related conditions. <https://advocacy.allergyasthmanetwork.org/state-laws/>

- A number of states across the country have passed laws or guidelines that permit schools to stock rescue inhalers with a prescription and administer it to a student believed to be in respiratory distress and standardize asthma action plans.
- This type of preparation and management in schools will not only improve a child's health, but will also ensure students are able to focus on learning.
- **Currently 24 states** including the District of Columbia have laws or guidelines that permit schools to stock rescue inhalers with a prescription and administer it to a student believed to be in respiratory distress. (*e.g., Arizona, Arkansas, California, District of Columbia, Florida, Georgia, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Missouri, Nebraska, New Hampshire, New Mexico, New York, Ohio, Oklahoma, Texas, Utah, Virginia and Wisconsin*)
- At the federal level, the "School-Based Allergies and Asthma Management Program Act" became law in January 2021 to encourage more schools around the country to have proper training and implement comprehensive [school-based asthma and allergy management programs \(SAMPRO\)](#) by increasing federal grant preferences to states.

Thank you to sponsors, Representative Cotter and Senator Lauria for introducing this legislation, and we look forward to working with other stakeholders who may have interest in providing feedback on the bill or its implementation.

Chris Federico PharmD, BCACP, CDOE
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⁷ Voleman A, Lowe AA, Pappalardo AA, et al. Ensuring Access to Albuterol in Schools: From Policy to Implementation. An Official ATS/AANMA/ALA/NASN Policy Statement. *American Journal of Respiratory and Critical Care Medicine*. 2021;204(5):508-522. doi:[10.1164/rccm.202106-1550ST](https://doi.org/10.1164/rccm.202106-1550ST)

⁸ Miotto MB, Balchan B, Combe L, COUNCIL ON SCHOOL HEALTH, NATIONAL ASSOCIATION OF SCHOOL NURSES. Safe Administration of Medication in School: Policy Statement. *Pediatrics*. 2024;153(6):e2024066839. doi:[10.1542/peds.2024-066839](https://doi.org/10.1542/peds.2024-066839)