

SCHOOL-BASED ALLERGIES AND ASTHMA MANAGEMENT
PROGRAM ACT

SEPTEMBER 22, 2020.—Committed to the Committee of the Whole House on the
State of the Union and ordered to be printed

Mr. PALLONE, from the Committee on Energy and Commerce,
submitted the following

R E P O R T

[To accompany H.R. 2468]

The Committee on Energy and Commerce, to whom was referred the bill (H.R. 2468) to amend the Public Health Service Act to increase the preference given, in awarding certain allergies and asthma-related grants, to States that require certain public schools to have allergies and asthma management programs, and for other purposes, having considered the same, reports favorably thereon with an amendment and recommends that the bill as amended do pass.

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The amendment is as follows:

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the “School-Based Allergies and Asthma Management Program Act”.

SEC. 2. ADDITIONAL PREFERENCE TO CERTAIN STATES THAT REQUIRE CERTAIN PUBLIC SCHOOLS TO HAVE ALLERGIES AND ASTHMA MANAGEMENT PROGRAMS.

Section 399L(d) of the Public Health Service Act (42 U.S.C. 280g(d)) is amended—

(1) in paragraph (1)(F)—

(A) by redesignating clauses (i), (ii), and (iii) as subclauses (I), (II), and (III), respectively, and moving each of such subclauses (as so redesignated) 2 ems to the right;

(B) by striking “EPINEPHRINE.—In determining” and inserting “EPINEPHRINE OR SCHOOL COMPREHENSIVE ALLERGIES AND ASTHMA MANAGEMENT PROGRAM.—

“(i) IN GENERAL.—In determining”;

(C) by striking “in the State—” and inserting “in the State satisfy the criteria described in clause (ii) or clause (iii).

“(ii) CRITERIA FOR SCHOOL PERSONNEL ADMINISTRATION OF EPINEPHRINE.—For purposes of clause (i), the criteria described in this clause, with respect to each public elementary school and secondary school in the State, are that each such school—”; and

(D) by adding at the end the following new clause:

“(iii) CRITERIA FOR SCHOOL COMPREHENSIVE ALLERGIES AND ASTHMA MANAGEMENT PROGRAM.—For purposes of clause (i), the criteria described in this clause, with respect to each public elementary school and secondary school in the State, are that each such school—

“(I) has in place a plan for having on the premises of the school during all operating hours of the school a school nurse or one or more other individuals who are designated by the principal (or other appropriate administrative staff) of the school to direct and apply the program described in subclause (II) on a voluntary basis outside their scope of employment; and

“(II) has in place, under the direction of a school nurse or other individual designated under subclause (I), a comprehensive school-based allergies and asthma management program that includes—

“(aa) a method to identify all students of such school with a diagnosis of allergies and asthma;

“(bb) an individual student allergies and asthma action plan for each student of such school with a diagnosis of allergies and asthma;

“(cc) allergies and asthma education for school staff who are directly responsible for students who have been identified as having allergies or asthma, such as education regarding basics, management, trigger management, and comprehensive emergency responses with respect to allergies and asthma;

“(dd) efforts to reduce the presence of environmental triggers of allergies and asthma; and

“(ee) a system to support students with a diagnosis of allergies or asthma through coordination with family members of such students, primary care providers of such students, primary asthma or allergy care providers of such students, and others as necessary.”; and

(2) in paragraph (3)(E)—

(A) in the matter preceding clause (i), by inserting “, such as the school nurse” after “individual”; and

(B) in clause (i), by inserting “school nurse or” before “principal”.

I. PURPOSE AND SUMMARY

H.R. 2468, the “School-Based Allergies and Asthma Management Program Act”, was introduced on May 2, 2019, by Representatives Steny H. Hoyer (D–MD) and David P. Roe (R–TN). H.R. 2468 amends the Public Health Service Act to add an additional preference for grants to those States that have additional access to certain healthcare professionals and programs. To be eligible for this preference, States would have to require: (1) a school nurse or other trained personnel on school premises during school operating

hours; (2) a school-based allergies and asthma program, including a method to identify all students in the school with a diagnosis of allergies and asthma; (3) an individual student allergies and asthma action plan for each student with a diagnosis of allergies and asthma; (4) an education program for staff about allergies and asthma; (5) protocols in place to reduce environmental triggers of allergies and asthma; and (6) a coordinated support system for students.

II. BACKGROUND AND NEED FOR LEGISLATION

Established in 1999, the Centers for Disease Control and Prevention's (CDC) National Asthma Control Program (NACP) was created to provide aid to the millions of Americans with asthma or other anaphylaxis-related illnesses, such as allergies.¹ The program has improved asthma treatment, management, and control in the U.S. by reducing the number of deaths, hospitalizations, emergency department visits, school days or workdays missed, and limitations on activity due to asthma and allergies.²

Today, the CDC provides financial assistance to health departments in 24 States and Puerto Rico to ensure the availability of and access to guidelines-based medical management and pharmacotherapy for those with asthma, as well as offers funding to State programs and national organizations, promoting asthma quality measures, and informing policymakers about the burden of asthma.³

More than eight percent of children in the United States under the age of 18 live with asthma.⁴ For these children and children with respiratory issues caused by asthma, access to appropriate treatment and trained personnel can mean the difference between life and death in emergency situations. In 2004, Congress authorized Children's Asthma Treatment Grants to expand access to medical care for children who live in areas with a high prevalence of asthma. Support from these grants helps to educate parents, children, and health providers on asthma treatment and symptom prevention, and decreases preventable trips to the emergency room.⁵ The law included a preference in awarding grants to States that allow students to self-administer epinephrine in schools under certain circumstances. In 2013, Congress amended the law to award an additional preference to States that allow trained personnel in schools to administer epinephrine.⁶

Asthma and allergies are still, however, a leading cause of school absenteeism for the more than six million American children suffering from these illnesses.⁷ As 25 percent of first-time anaphylactic reactions occur at school, it is critical that students experiencing an anaphylactic reaction have immediate access to

¹Centers for Disease Control and Prevention, *CDC's National Asthma Control Program* (www.cdc.gov/asthma/nacp.htm) (accessed Sep. 21, 2020).

²See note 1.

³*Id.*

⁴Centers for Disease Control and Prevention, *Most Recent National Asthma Data* (2019) (www.cdc.gov/asthma/most_recent_national_asthma_data.htm).

⁵P.L. 108-377.

⁶P.L. 113-48.

⁷Hatice S. Zahran, MD et al., *Vital Signs: Asthma in Children—United States, 2001–2016*, Centers for Disease Control and Prevention (Feb. 6, 2018) (www.cdc.gov/mmwr/volumes/67/wr/mm6705e1.htm?s_cid=mm6705e1_w#).

emergency stock epinephrine at school.⁸ Further, research suggests that the majority of fatal food allergy reactions are triggered by food consumed outside one's home.⁹

In response, H.R. 2468 expands upon the current Children's Asthma Treatment Grant Program to include additional funding prioritization for States with comprehensive plans in place for school-based allergies and asthma management programs at all of the elementary and secondary schools, in addition to plans that maintain a school nurse or other trained personnel on the premises of those schools during all operating hours. According to the American Academy of Allergy, Asthma & Immunology, the most important strategy for ensuring children living with asthma and allergies can be safe in school is ensuring schools are implementing comprehensive management plans, including preparing school personnel to assist children experiencing an attack.¹⁰ H.R. 2468 supports schools in the development of allergies and asthma management plans. This type of preparation and management in schools not only will improve child health but will also ensure students are able to focus on learning.

III. COMMITTEE HEARINGS

For the purposes of section 103(i) of H. Res. 6 of the 116th Congress, the following hearing was used to develop or consider H.R. 2468.

The Subcommittee on Health held a legislative hearing on January 8, 2020, entitled "Legislation to Improve Americans' Health Care Coverage and Outcomes" to consider H.R. 2468, the "School-Based Allergies and Asthma Act". The Subcommittee received testimony from the following witnesses:

Panel I:

- Lee Beers, M.D., President-Elect, American Academy of Pediatrics
- Kenneth Mendez, President and Chief Executive Officer, Asthma and Allergy Foundation of America
- Stephanie Zarecky, Mother of Scarlett Pauley, Ambassador Program and Public Relations Manager, SUDC Foundation

Panel II:

- Matthew Cooper, M.D., Director, Kidney and Pancreas Transplantation, Medical Director, Transplant QAPI, Medstar Georgetown Transplant Institute, Professor of Surgery, Georgetown University School of Medicine
- Kevin Koser, Patient Advocate
- Fred Riccardi, President Medicare Rights Center IV.

⁸Food Allergy & Anaphylaxis Connection Team, *Education: For School Personnel* (www.foodallergyawareness.org/education/for-school-personnel/for-school-personnel/) (accessed on Sep. 21, 2020).

⁹Food Allergy Research & Education, *Food Allergy Facts and Statistics for the U.S.* (2020) (www.foodallergy.org/resources/facts-and-statistics).

¹⁰American Academy of Allergy, Asthma & Immunology, *School Tools: Allergy & Asthma Resources For Families, Clinicians And School Nurses* (www.aaaai.org/conditions-and-treatments/school-tools) (accessed Sep. 21, 2020).

COMMITTEE CONSIDERATION

Representatives Hoyer (D–MD) and Roe (R–TN) introduced H.R. 2468, the “School-Based Allergies and Asthma Management Program Act”, on May 2, 2019, and the bill was referred to the Committee on Energy and Commerce. The bill was then referred to the Subcommittee on Health on May 3, 2019. A legislative hearing was held on the bill on January 8, 2020.

On March 11, 2020, the Subcommittee on Health met in open markup session, pursuant to notice, to consider H.R. 2468. During consideration of the bill, an amendment in the nature of a substitute offered by Ms. Eshoo of California was agreed to by a voice vote. The Subcommittee on Health then agreed to a motion by Ms. Eshoo, Chairwoman of the subcommittee, to forward favorably H.R. 2468, amended, to the full Committee on Energy and Commerce by a voice vote.

On July 15, 2020, the full Committee met in virtual open markup session, pursuant to notice, to consider a committee print of the bill H.R. 2468, as amended by the Subcommittee on Health on March 11, 2020. There were no amendments offered to the committee print of H.R. 2468. Upon conclusion of consideration of the bill, the full Committee agreed to a motion on final passage by Mr. Pallone, Chairman of the committee, to order H.R. 2468 reported favorably to the House, as amended, by a voice vote, a quorum being present.

V. COMMITTEE VOTES

Clause 3(b) of rule XIII of the Rules of the House of Representatives requires the Committee to list each record vote on the motion to report legislation and amendments thereto. The Committee advises that there were no record votes taken on H.R. 2468, including the motion for final passage of the bill.

VI. OVERSIGHT FINDINGS

Pursuant to clause 3(c)(1) of rule XIII and clause 2(b)(1) of rule X of the Rules of the House of Representatives, the oversight findings and recommendations of the Committee are reflected in the descriptive portion of the report.

VII. NEW BUDGET AUTHORITY, ENTITLEMENT AUTHORITY, AND TAX EXPENDITURES

Pursuant to 3(c)(2) of rule XIII of the Rules of the House of Representatives, the Committee adopts as its own the estimate of new budget authority, entitlement authority, or tax expenditures or revenues contained in the cost estimate prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974.

The Committee has requested but not received from the Director of the Congressional Budget Office a statement as to whether this bill contains any new budget authority, spending authority, credit authority, or an increase or decrease in revenues or tax expenditures.

VIII. FEDERAL MANDATES STATEMENT

The Committee adopts as its own the estimate of Federal mandates prepared by the Director of the Congressional Budget Office pursuant to section 423 of the Unfunded Mandates Reform Act.

IX. STATEMENT OF GENERAL PERFORMANCE GOALS AND OBJECTIVES

Pursuant to clause 3(c)(4) of rule XIII, the general performance goal or objective of this legislation is to improve outcomes for youth with allergies and asthma by increasing the preference given, in awarding certain allergies and asthma-related grants, to States that require certain public schools to have allergies and asthma management programs and trained personnel on school grounds during all operating hours.

X. DUPLICATION OF FEDERAL PROGRAMS

Pursuant to clause 3(c)(5) of rule XIII, no provision of H.R. 2468 is known to be duplicative of another Federal program, including any program that was included in a report to Congress pursuant to section 21 of Public Law 111–139 or the most recent Catalog of Federal Domestic Assistance.

XI. COMMITTEE COST ESTIMATE

Pursuant to clause 3(d)(1) of rule XIII, the Committee adopts as its own the cost estimate prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974.

XII. EARMARKS, LIMITED TAX BENEFITS, AND LIMITED TARIFF BENEFITS

Pursuant to clause 9(e), 9(f), and 9(g) of rule XXI, the Committee finds that H.R. 2468 contains no earmarks, limited tax benefits, or limited tariff benefits.

XIII. ADVISORY COMMITTEE STATEMENT

No advisory committee within the meaning of section 5(b) of the Federal Advisory Committee Act was created by this legislation.

XIV. APPLICABILITY TO LEGISLATIVE BRANCH

The Committee finds that the legislation does not relate to the terms and conditions of employment or access to public services or accommodations within the meaning of section 102(b)(3) of the Congressional Accountability Act.

XV. SECTION-BY-SECTION ANALYSIS OF THE LEGISLATION

Section 1. Short title

Section 1 designates that the short title may be cited as the “School-Based Allergies and Asthma Management Program Act”.

Sec. 2. Additional preference to certain States that require certain public schools to have allergies and asthma management programs

Section 2 amends section 399(L)(d) of the Public Health Service Act to direct the Secretary to provide an additional preference for States that certify each public elementary and secondary school in the State has a plan for having a school nurse or other trained personnel on the premises of the school during operating hours to direct and apply a comprehensive school-based allergies and asthma management program on a voluntary basis. The comprehensive school-based allergies and asthma management program in place under the direction of a school nurse in each school must include a method to identify all students in the school with an allergy or asthma diagnosis; an individualized action plan for each student with such a diagnosis; allergies and asthma education for certain staff responsible for students with allergies and asthma; efforts to reduce the presence of environmental triggers of allergies and asthma; and a system to support students with these diagnoses through coordination with families, primary care providers, and others as necessary.

Section 2 also amends the program to include school nurses in the definition of “trained personnel” within an elementary or secondary school, as well as including a school nurse as an authority in designating who may administer epinephrine on a voluntary basis outside their scope of employment.

XVI. CHANGES IN EXISTING LAW MADE BY THE BILL, AS REPORTED

In compliance with clause 3(e) of rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in italics, and existing law in which no change is proposed is shown in roman):

PUBLIC HEALTH SERVICE ACT

* * * * *

TITLE III—GENERAL POWERS AND DUTIES OF PUBLIC HEALTH SERVICE

* * * * *

PART P—ADDITIONAL PROGRAMS

SEC. 399L. CHILDREN'S ASTHMA TREATMENT GRANTS PROGRAM.

(a) **AUTHORITY TO MAKE GRANTS.—**

(1) **IN GENERAL.**—In addition to any other payments made under this Act or title V of the Social Security Act, the Secretary shall award grants to eligible entities to carry out the following purposes:

(A) To provide access to quality medical care for children who live in areas that have a high prevalence of asthma and who lack access to medical care.

(B) To provide on-site education to parents, children, health care providers, and medical teams to recognize the signs and symptoms of asthma, and to train them in the use of medications to treat asthma and prevent its exacerbations.

(C) To decrease preventable trips to the emergency room by making medication available to individuals who have not previously had access to treatment or education in the management of asthma.

(D) To provide other services, such as smoking cessation programs, home modification, and other direct and support services that ameliorate conditions that exacerbate or induce asthma.

(2) CERTAIN PROJECTS.—In making grants under paragraph (1), the Secretary may make grants designed to develop and expand the following projects:

(A) Projects to provide comprehensive asthma services to children in accordance with the guidelines of the National Asthma Education and Prevention Program (through the National Heart, Lung and Blood Institute), including access to care and treatment for asthma in a community-based setting.

(B) Projects to fully equip mobile health care clinics that provide preventive asthma care including diagnosis, physical examinations, pharmacological therapy, skin testing, peak flow meter testing, and other asthma-related health care services.

(C) Projects to conduct validated asthma management education programs for patients with asthma and their families, including patient education regarding asthma management, family education on asthma management, and the distribution of materials, including displays and videos, to reinforce concepts presented by medical teams.

(2) AWARD OF GRANTS.—

(A) APPLICATION.—

(i) IN GENERAL.—An eligible entity shall submit an application to the Secretary for a grant under this section in such form and manner as the Secretary may require.

(ii) REQUIRED INFORMATION.—An application submitted under this subparagraph shall include a plan for the use of funds awarded under the grant and such other information as the Secretary may require.

(B) REQUIREMENT.—In awarding grants under this section, the Secretary shall give preference to eligible entities that demonstrate that the activities to be carried out under this section shall be in localities within areas of known or suspected high prevalence of childhood asthma or high asthma-related mortality or high rate of hospitalization or emergency room visits for asthma (relative to the average asthma prevalence rates and associated mortality rates in the United States). Acceptable data sets to demonstrate a high prevalence of childhood asthma or high asthma-related mortality may include data from Federal, State, or local vital statistics, claims data under title

XIX or XXI of the Social Security Act, other public health statistics or surveys, or other data that the Secretary, in consultation with the Director of the Centers for Disease Control and Prevention, deems appropriate.

(3) DEFINITION OF ELIGIBLE ENTITY.—For purposes of this section, the term “eligible entity” means a public or nonprofit private entity (including a State or political subdivision of a State), or a consortium of any of such entities.

(b) COORDINATION WITH OTHER CHILDREN’S PROGRAMS.—An eligible entity shall identify in the plan submitted as part of an application for a grant under this section how the entity will coordinate operations and activities under the grant with—

(1) other programs operated in the State that serve children with asthma, including any such programs operated under title V, XIX, or XXI of the Social Security Act; and

(2) one or more of the following—

(A) the child welfare and foster care and adoption assistance programs under parts B and E of title IV of such Act;

(B) the head start program established under the Head Start Act (42 U.S.C. 9831 et seq.);

(C) the program of assistance under the special supplemental nutrition program for women, infants and children (WIC) under section 17 of the Child Nutrition Act of 1966 (42 U.S.C. 1786);

(D) local public and private elementary or secondary schools; or

(E) public housing agencies, as defined in section 3 of the United States Housing Act of 1937 (42 U.S.C. 1437a).

(c) EVALUATION.—An eligible entity that receives a grant under this section shall submit to the Secretary an evaluation of the operations and activities carried out under the grant that includes—

(1) a description of the health status outcomes of children assisted under the grant;

(2) an assessment of the utilization of asthma-related health care services as a result of activities carried out under the grant;

(3) the collection, analysis, and reporting of asthma data according to guidelines prescribed by the Director of the Centers for Disease Control and Prevention; and

(4) such other information as the Secretary may require.

(d) PREFERENCE FOR STATES THAT ALLOW STUDENTS TO SELF-ADMINISTER MEDICATION TO TREAT ASTHMA AND ANAPHYLAXIS.—

(1) PREFERENCE.—The Secretary, in making any grant under this section or any other grant that is asthma-related (as determined by the Secretary) to a State, shall give preference to any State that satisfies the following:

(A) IN GENERAL.—The State must require that each public elementary school and secondary school in that State will grant to any student in the school an authorization for the self-administration of medication to treat that student’s asthma or anaphylaxis, if—

(i) a health care practitioner prescribed the medication for use by the student during school hours and instructed the student in the correct and responsible use of the medication;

(ii) the student has demonstrated to the health care practitioner (or such practitioner's designee) and the school nurse (if available) the skill level necessary to use the medication and any device that is necessary to administer such medication as prescribed;

(iii) the health care practitioner formulates a written treatment plan for managing asthma or anaphylaxis episodes of the student and for medication use by the student during school hours; and

(iv) the student's parent or guardian has completed and submitted to the school any written documentation required by the school, including the treatment plan formulated under clause (iii) and other documents related to liability.

(B) SCOPE.—An authorization granted under subparagraph (A) must allow the student involved to possess and use his or her medication—

(i) while in school;

(ii) while at a school-sponsored activity, such as a sporting event; and

(iii) in transit to or from school or school-sponsored activities.

(C) DURATION OF AUTHORIZATION.—An authorization granted under subparagraph (A)—

(i) must be effective only for the same school and school year for which it is granted; and

(ii) must be renewed by the parent or guardian each subsequent school year in accordance with this subsection.

(D) BACKUP MEDICATION.—The State must require that backup medication, if provided by a student's parent or guardian, be kept at a student's school in a location to which the student has immediate access in the event of an asthma or anaphylaxis emergency.

(E) MAINTENANCE OF INFORMATION.—The State must require that information described in subparagraphs (A)(iii) and (A)(iv) be kept on file at the student's school in a location easily accessible in the event of an asthma or anaphylaxis emergency.

(F) SCHOOL PERSONNEL ADMINISTRATION OF [EPINEPHRINE.—] [In determining] EPINEPHRINE OR SCHOOL COMPREHENSIVE ALLERGIES AND ASTHMA MANAGEMENT PROGRAM.—

(i) *IN GENERAL.*—*In determining* the preference (if any) to be given to a State under this subsection, the Secretary shall give additional preference to a State that provides to the Secretary the certification described in subparagraph (G) and that requires that each public elementary school and secondary school [in the State—] *in the State satisfy the criteria described in clause (ii) or clause (iii).*

(ii) *CRITERIA FOR SCHOOL PERSONNEL ADMINISTRATION OF EPINEPHRINE.*—*For purposes of clause (i), the criteria described in this clause, with respect to each*

public elementary school and secondary school in the State, are that each such school—

[(i)] *(I)* permits trained personnel of the school to administer epinephrine to any student of the school reasonably believed to be having an anaphylactic reaction;

[(ii)] *(II)* maintains a supply of epinephrine in a secure location that is easily accessible to trained personnel of the school for the purpose of administration to any student of the school reasonably believed to be having an anaphylactic reaction; and

[(iii)] *(III)* has in place a plan for having on the premises of the school during all operating hours of the school one or more individuals who are trained personnel of the school.

(iii) CRITERIA FOR SCHOOL COMPREHENSIVE ALLERGIES AND ASTHMA MANAGEMENT PROGRAM.—For purposes of clause (i), the criteria described in this clause, with respect to each public elementary school and secondary school in the State, are that each such school—

(I) has in place a plan for having on the premises of the school during all operating hours of the school a school nurse or one or more other individuals who are designated by the principal (or other appropriate administrative staff) of the school to direct and apply the program described in subclause (II) on a voluntary basis outside their scope of employment; and

(II) has in place, under the direction of a school nurse or other individual designated under subclause (I), a comprehensive school-based allergies and asthma management program that includes—

(aa) a method to identify all students of such school with a diagnosis of allergies and asthma;

(bb) an individual student allergies and asthma action plan for each student of such school with a diagnosis of allergies and asthma;

(cc) allergies and asthma education for school staff who are directly responsible for students who have been identified as having allergies or asthma, such as education regarding basics, management, trigger management, and comprehensive emergency responses with respect to allergies and asthma;

(dd) efforts to reduce the presence of environmental triggers of allergies and asthma; and

(ee) a system to support students with a diagnosis of allergies or asthma through coordination with family members of such students, primary care providers of such students, primary asthma or allergy care providers of such students, and others as necessary.

(G) CIVIL LIABILITY PROTECTION LAW.—The certification required in subparagraph (F) shall be a certification made by the State attorney general that the State has reviewed any applicable civil liability protection law to determine the application of such law with regard to elementary and secondary school trained personnel who may administer epinephrine to a student reasonably believed to be having an anaphylactic reaction and has concluded that such law provides adequate civil liability protection applicable to such trained personnel. For purposes of the previous sentence, the term “civil liability protection law” means a State law offering legal protection to individuals who give aid on a voluntary basis in an emergency to an individual who is ill, in peril, or otherwise incapacitated.

(2) RULE OF CONSTRUCTION.—Nothing in this subsection creates a cause of action or in any other way increases or diminishes the liability of any person under any other law.

(3) DEFINITIONS.—For purposes of this subsection:

(A) The terms “elementary school” and “secondary school” have the meaning given to those terms in section 8101 of the Elementary and Secondary Education Act of 1965.

(B) The term “health care practitioner” means a person authorized under law to prescribe drugs subject to section 503(b) of the Federal Food, Drug, and Cosmetic Act.

(C) The term “medication” means a drug as that term is defined in section 201 of the Federal Food, Drug, and Cosmetic Act and includes inhaled bronchodilators and auto-injectable epinephrine.

(D) The term “self-administration” means a student’s discretionary use of his or her prescribed asthma or anaphylaxis medication, pursuant to a prescription or written direction from a health care practitioner.

(E) The term “trained personnel” means, with respect to an elementary or secondary school, an individual, *such as the school nurse*—

(i) who has been designated by the *school nurse or principal* (or other appropriate administrative staff) of the school to administer epinephrine on a voluntary basis outside their scope of employment;

(ii) who has received training in the administration of epinephrine; and

(iii) whose training in the administration of epinephrine meets appropriate medical standards and has been documented by appropriate administrative staff of the school.

(e) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 2001 through 2005.

* * * * *