TESTIMONY IN SUPPORT OF
LEGISLATION BEFORE THE COMMITTEE ON EDUCATION
MAY 20, 2021

The Massachusetts Medical Society wishes to be recorded in support of the following legislation relative to school age children with food allergies and the creation of a Task Force to study school start times.

**H.556 AND H.604, AN ACT RELATIVE TO EMERGENCY STOCK SUPPLY OF EPINEPHRINE IN SCHOOLS**

These identical bills would require every school to maintain a stock supply of non-patient specific epinephrine available to all students, including students with individualized health care plans prescribing epinephrine injections, to be administered in the event of an anaphylactic emergency. The Department of Public Health would be charged with promulgating regulations to implement this Act.

According to the Asthma and Allergy Foundation of America, approximately 15 million people in the United States suffer from food allergies, 6 million of whom are children. According to the Massachusetts Department of Public Health, in 2017, the most recent year for which data is available, 38,917 public school students have food allergies. These children spend much of their day in school, where they may be exposed to food allergens which can trigger a severe immune response, known as anaphylaxis. In 2017 324 students, staff and visitors experienced anaphylactic.

Food allergies are a growing, but not a new problem, prompting federal action in 2013, when President Obama signed the School Access to Emergency Epinephrine Act into law. This federal law encourages states to implement policies requiring schools to stock undesignated epinephrine auto-injectors for use in emergencies. States who develop such policies will be given additional preference for federal grants.

While this law sends a strong message from the federal government about the importance of being prepared to treat anaphylaxis, and while most school districts are already in compliance, passage of these bills will ensure equal compliance across the Commonwealth and that all students with life threatening food allergies are protected.

The MMS policy on this issue, passed in 2016 and reaffirmed in 2017, supports schools using their own emergency supply of epinephrine auto-injectors instead of requiring parents to purchase individually labeled epinephrine auto-injectors for each child and that each student and employee who has life-threatening allergies be required to provide their designated school with an individualized health care plan. H.556 is consistent with our policy and thus, is supported by the Society.

The following bill is consistent with this policy on school age children with food allergies and is also supported:

**S.299, AN ACT TO ESTABLISH FOOD ALLERGY PLANS**

This bill would require school districts, charter schools, non-public schools, private day or residential schools and collaborative schools with enrolled students with life threatening allergies to maintain Food Allergy Management and Prevention Plans. The plans would be updated at least biannually and applied to all school staff members. The bill further requires the plans to include the following information: methods
for identifying students with food allergies, daily management of food allergies, allergen reduction strategies, treatment of allergic reactions and training of staff on allergy management. The Department of Public Health would be charged with promulgating regulations to ensure implementation of the plans, model plans, resource lists and best practices, and the establishment of a program to combat food allergies and raise awareness of their prevalence.

Lastly, the MMS supports **H.600, RESOLVE AUTHORIZING A STUDY OF STARTING TIMES AND SCHEDULES.** This legislation would establish a Task Force to conduct a comprehensive study, including a review of the scientific findings relative to sleep needs of adolescents and the effect that middle school and secondary school day start times have on the health and academic performance of students; determine the number of districts in the commonwealth that have implemented later school day start times for middle schools and secondary schools and examine the health and academic performance of students; and identify resources and opportunities to assist districts in implementing later school day start times for middle schools and secondary schools, should the task force’s findings warrant such.

Again, the MMS has policy pointing to the value of such a study in Massachusetts. Many studies have shown that early start times may not be in sync with students’ circadian rhythms, which shift to later in the day as the students enter adolescence. As a result, some school districts have moved high school start times to later in the day with the goal of increasing students’ sleep, academic achievement, and health. The Society believes further exploration into this issue would be worthwhile.

All of the above referenced legislation has been reported out of the Committee on Education favorably in past sessions. The MMS thanks the Committee for scheduling an early hearing on H.556 and hopes they will once again be reported out favorably in a timely manner.