

**The Florida Senate**  
**BILL ANALYSIS AND FISCAL IMPACT STATEMENT**

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

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Prepared By: The Professional Staff of the Appropriations Committee on Pre-K - 12 Education

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BILL: CS/CS/SB 1514

INTRODUCER: Appropriations Committee on Pre-K - 12 Education; Education Pre-K - 12 Committee;  
and Senator Smith and others

SUBJECT: Anaphylaxis in Public Schools

DATE: April 17, 2025

REVISED: \_\_\_\_\_

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Jahnke	Bouck	ED	<b>Fav/CS</b>
2.	Gray	Elwell	AED	<b>Fav/CS</b>
3.			RC	

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**Please see Section IX. for Additional Information:**

COMMITTEE SUBSTITUTE - Substantial Changes

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**I. Summary:**

CS/CS/SB 1514 adds requirements to ensure schools that serve students in kindergarten through grade eight are equipped with the necessary plans and training to effectively respond to allergic reactions and anaphylaxis, particularly for students who require emergency interventions such as epinephrine. Specifically, the bill:

- Requires district school boards and charter school governing boards to ensure that a student's emergency action plan is in effect and accessible at all times when the student is on campus.
- Requires school personnel and contracted personnel to be provided training on preventing and responding to allergic reactions, including anaphylaxis.
- Specifies that the required training must include the administration of an FDA-approved epinephrine delivery device.
- Authorizes the State Board of Education, in consultation with the Department of Health, to adopt rules, including the identification of an approved training curriculum for the required training.

The bill has an indeterminate fiscal impact for school districts. **See Section V., Fiscal Impact Statement.**

The bill is effective July 1, 2025.

## II. Present Situation:

### Anaphylaxis

Anaphylaxis is a severe, life-threatening allergic reaction that can occur rapidly and can be fatal if not treated immediately. The condition is typically triggered by allergens such as foods, insect stings, medications, and latex. According to the American Academy of Family Physicians, anaphylaxis affects approximately one in 20 people at some point in their lives.<sup>1</sup>

Anaphylaxis involves a range of symptoms affecting multiple systems in the body. These can include one or more of the following:

- Hives or itching (of any body part);
- Flushed or pale skin, dizziness;
- Vomiting, diarrhea, or stomach cramps;
- Swelling (of any body part);
- Red, watery eyes, runny nose;
- Fainting or loss of consciousness;
- Wheezing, coughing, difficulty breathing, shortness of breath;
- Throat tightness or closing, difficulty swallowing, change of voice;
- A sense of doom;
- Change in mental status; and
- Itchy or scratchy lips, tongue, mouth or throat.<sup>2</sup>

Life-threatening allergies in students present significant challenges in schools. According to the Florida Department of Health's 2022-2023 Annual School Health Services Report, approximately 76,000 students in Florida have life-threatening allergies. Additionally, 112,680 students diagnosed with asthma may also experience severe allergic reactions if exposed to allergens.<sup>3</sup> For these students, the immediate administration of epinephrine through an auto-injector syringe may be life-saving.<sup>4</sup>

### Epinephrine in Schools

Students who have experienced or are at risk for life-threatening allergic reactions may carry and self-administer epinephrine auto-injectors at school, during school-sponsored activities, or while traveling to and from these activities with proper parental and physician authorization. The State Board of Education, in collaboration with the Department of Health, must establish rules

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<sup>1</sup> American Academy of Family Physicians, *Anaphylaxis: Guidelines From the Joint Task Force on Allergy-Immunology Practice Parameters*, <https://www.aafp.org/pubs/afp/issues/2024/1100/practice-guidelines-anaphylaxis.html> (last visited Mar. 27, 2025).

<sup>2</sup> Florida Department of Education, *Students with Life-Threatening Allergies* (2017), available at <https://sss.usf.edu/resources/format/pdf/LifeThreateningAllergiesFinal.pdf>, at 4 (last visited Mar. 27, 2025).

<sup>3</sup> Florida Department of Health, *2022-2023 Annual School Health Services Report*, at 1 (2024), available at <https://www.floridahealth.gov/programs-and-services/childrens-health/school-health/documents/2022-2023-school-health-data-summaries.pdf> (last visited Mar. 31, 2025).

<sup>4</sup> Florida Department of Education, *Students with Life-Threatening Allergies*, at 3 (2017), available at <https://sss.usf.edu/resources/format/pdf/LifeThreateningAllergiesFinal.pdf> (last visited Mar. 31, 2025).

ensuring the safe use of epinephrine auto-injectors, including protections against misuse or abuse.

Schools may also maintain a supply of epinephrine auto-injectors secured in a designated location, accessible to trained school personnel or authorized students. Schools must adopt a physician-developed protocol for the administration of these auto-injectors by school personnel who are trained to recognize an anaphylactic reaction and to administer an epinephrine auto-injection during emergencies. School districts, employees, agents, and the physician who provides the protocol are protected from liability related to injuries from administration, provided the trained personnel follow the protocol in response to a suspected anaphylactic reaction. School personnel and volunteers involved in administering epinephrine to students during an emergency are protected from liability, provided they adhere to established guidelines and procedures.<sup>5</sup>

Schools must establish clear protocols for effectively managing allergic reactions, including procedures for administering epinephrine either by trained school personnel or by authorized students themselves. Protocols require an annual Individual Health Care Plan (IHCP) developed by the school nurse in collaboration with the student, parents or guardians, healthcare provider, and school personnel. This plan must include an Emergency Action Plan (EAP) specifying immediate contact with emergency services (911) during an anaphylaxis event and detailing actions if the student cannot self-administer epinephrine.<sup>6</sup>

Schools are required to develop written policies, procedures, and protocols to manage health emergencies, including maintaining updated emergency information cards for each student, listing key health details and contacts. Schools must ensure emergency supplies and equipment are clearly identified and accessible, with locations and lists of staff certified in first aid and cardiopulmonary resuscitation (CPR) visibly posted in high-risk areas. Additionally, schools must have at least two staff members (excluding health room personnel) certified in first aid and CPR. The school nurse, in collaboration with school administration, assists in training staff to provide care during emergencies and ensures first aid supplies and emergency equipment are adequately stocked and maintained.<sup>7</sup>

### **Administration of Medication and Medical Services by District School Personnel**

District school personnel may assist students with the administration of prescription medication at school, provided certain conditions are met, including:

- Providing training to designated school personnel by a registered nurse, licensed practical nurse, advanced practice registered nurse, physician, or physician assistant.
- Adopting formal policies and procedures to guide medication administration by school personnel.
- Obtaining written permission from the student's parent or guardian, clearly stating the necessity of medication administration during school hours or school-sponsored events.

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<sup>5</sup> Section 1002.20(3), F.S.

<sup>6</sup> Rule 6A-6.0251, F.A.C.

<sup>7</sup> Rule 64F-6.004, F.A.C.

- Receiving, counting, and securely storing medication in its original container, accessible only to authorized personnel.<sup>8</sup>

Nonmedical district personnel may also perform specific health-related services following the successful completion of child-specific training and periodic monitoring by medical professionals.<sup>9</sup> However, nonmedical district personnel are prohibited from performing invasive medical procedures such as sterile catheterization, nasogastric tube feeding, and tracheostomy care requiring deep suctioning.<sup>10</sup>

District school personnel administering medication in compliance with established policies and procedures are protected from liability for civil damages, provided they act reasonably and prudently under similar circumstances.<sup>11</sup>

Schools must establish emergency procedures specifically designed for life-threatening emergencies as part of a school health services plan developed jointly with the county health department and local school health advisory committee.<sup>12</sup>

### **III. Effect of Proposed Changes:**

This bill amends s. 1002.20, F.S., to require district school boards and charter school governing boards to ensure that each student in kindergarten through grade 8 who has an emergency action plan for anaphylaxis is in effect and accessible at all times when the student is on campus, including during extracurricular activities, athletics, school dances, and contracted before-and-after-school programs at the school.

District school boards and charter school governing boards are required to ensure that each school that serves students in kindergarten through grade eight provide training to an adequate number of school personnel and contracted personnel in preventing and responding to allergic reactions, including anaphylaxis. The bill specifies that the required training must include recognizing the signs of an anaphylactic reaction and administering an FDA-approved epinephrine delivery device that has a pre-measured, appropriate weight-based dose. The bill also requires the State Board of Education, in consultation with the Department of Health, to adopt rules for implementation, including the identification of an approved training curriculum for the required training by October 1, 2025.

The bill is effective July 1, 2025.

### **IV. Constitutional Issues:**

#### **A. Municipality/County Mandates Restrictions:**

None.

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<sup>8</sup> Section 1006.062(1), F.S.

<sup>9</sup> Section 1006.062(4), F.S.

<sup>10</sup> Section 1006.062(3), F.S.

<sup>11</sup> Section 1006.062(2), F.S.

<sup>12</sup> Section 1006.062(6), F.S. and Section 381.0056(4), F.S.

**B. Public Records/Open Meetings Issues:**

None.

**C. Trust Funds Restrictions:**

None.

**D. State Tax or Fee Increases:**

None.

**E. Other Constitutional Issues:**

None.

**V. Fiscal Impact Statement:****A. Tax/Fee Issues:**

None.

**B. Private Sector Impact:**

None.

**C. Government Sector Impact:**

This bill does not have a fiscal impact on state revenues or expenditures. The district school board and charter school governing board must provide training for school personnel and contracted personnel. The cost associated with this training is indeterminate, but likely insignificant.

**VI. Technical Deficiencies:**

None.

**VII. Related Issues:**

None.

**VIII. Statutes Affected:**

This bill substantially amends section 1002.20 of the Florida Statutes.

**IX. Additional Information:****A. Committee Substitute – Statement of Substantial Changes:**

(Summarizing differences between the Committee Substitute and the prior version of the bill.)

**CS/CS by Appropriations Committee on Pre-K - 12 Education on April 15, 2025:**

The committee substitute maintains provisions from the bill and makes the following modifications:

- Places the anaphylaxis policy in s. 1002.20, F.S., a section that specifically addresses student and parental rights related to health and medical care.
- Expands applicability to charter school governing boards.
- Clarifies the training is required for an adequate number of school personnel and contracted personnel.
- Specifies that the training must include administering an FDA-approved epinephrine delivery device that has a pre-measured, appropriate weight-based dose.
- Clarifies that the emergency action plan for anaphylaxis must be in effect and accessible at all times when the student is on school grounds.
- Specifies that the State Board of Education must consult with the Department of Health in adopting rules, and requires such rules by October 1, 2025.
- Removes the requirement for a trained individual to be physically present on school grounds at all times.
- Removes epinephrine nasal sprays from the training requirement.

**CS by Education Pre-K - 12 on March 25, 2025:**

The committee substitute adds the requirement for at least one member of school personnel who has been trained in preventing and responding to an allergic reaction, including anaphylaxis, to be on school grounds to execute a student's emergency action plan.

**B. Amendments:**

None.