RA 26-226

EDUCATION DEPARTMENT[281]

Regulatory Analysis

Notice of Intended Action to be published: 281—Chapter 14
"School Health Services"

Iowa Code section(s) or chapter(s) authorizing rulemaking: 256.7

State or federal law(s) implemented by the rulemaking: 2025 Iowa Acts, House Files 2670 and 2676

Public Hearing

A public hearing at which persons may present their views orally or in writing will be held as follows:

September 8, 2026 1 to 2 p.m.	Room B50 Grimes State Office Building meet.google.com/onj-hcyu-sze Or dial: (US) +1 470.705.3905 PIN: 891 715 855#

Public Comment

Any interested person may submit written or oral comments concerning this Regulatory Analysis, which must be received by the Department of Education no later than 4:30 p.m. on the date of the public hearing. Comments should be directed to:

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Des Moines, Iowa 50319
Phone: 515.281.8661
Email: thomas.a.mayes@iowa.gov

Purpose and Summary

This proposed rulemaking makes technical corrections required by 2025 Iowa Acts, House Files 2670 and 2676.

Analysis of Impact

1. **Persons affected by the proposed rulemaking:**

- **Classes of persons that will bear the costs of the proposed rulemaking:**

There are no known costs of this proposed rulemaking. No Fiscal Note was provided for the relevant portions of the underlying Iowa Acts.

- **Classes of persons that will benefit from the proposed rulemaking:**

Students, teachers, and parents will benefit from the clarity this proposed rulemaking would provide.

2. **Impact of the proposed rulemaking, economic or otherwise, including the nature and amount of all the different kinds of costs that would be incurred:**

- **Quantitative description of impact:**

There is no known quantitative impact.

- **Qualitative description of impact:**

The proposed rulemaking will align with underlying statutory requirements.

3. **Costs to the State:**

- **Implementation and enforcement costs borne by the agency or any other agency:**

Implementation costs are expected to be minimal and absorbed within existing agency resources.

- **Anticipated effect on State revenues:**

The proposed rulemaking is not anticipated to have a direct effect on State revenues.

4. **Comparison of the costs and benefits of the proposed rulemaking to the costs and benefits of inaction:**

The underlying legislation requires rulemaking.

5. **Determination whether less costly methods or less intrusive methods exist for achieving the purpose of the proposed rulemaking:**

The underlying legislation requires rulemaking.

6. **Alternative methods considered by the agency:**

- **Description of any alternative methods that were seriously considered by the agency:**

No other methods were seriously considered by the Department since the underlying legislation requires rulemaking.

- **Reasons why alternative methods were rejected in favor of the proposed rulemaking:**

Alternative methods were rejected. The underlying legislation requires rulemaking.

Small Business Impact

If the rulemaking will have a substantial impact on small business, include a discussion of whether it would be feasible and practicable to do any of the following to reduce the impact of the rulemaking on small business:

- Establish less stringent compliance or reporting requirements in the rulemaking for small business.
- Establish less stringent schedules or deadlines in the rulemaking for compliance or reporting requirements for small business.
- Consolidate or simplify the rulemaking's compliance or reporting requirements for small business.
- Establish performance standards to replace design or operational standards in the rulemaking for small business.
- Exempt small business from any or all requirements of the rulemaking.

If legal and feasible, how does the rulemaking use a method discussed above to reduce the substantial impact on small business?

The proposed rulemaking is not expected to have an impact on small business.

Text of Proposed Rulemaking

ITEM 1. Amend subrule 14.1(3) as follows:

14.1(3) A statement that authorized persons administering medication include licensed health personnel working under the auspices of the school, such as licensed registered nurses, physicians, physician associates, and persons to whom authorized practitioners have delegated the administration of prescription and nonprescription drugs (who have successfully completed a medication administration course). Individuals who have demonstrated competency in administering their own medications may self-administer their medication. Individuals may self-administer asthma or other airway constricting disease medication, use a bronchodilator canister or bronchodilator canister and spacer, or possess and have use of an epinephrine ~~auto-injector~~ delivery system with parent and physician (or physician associate) consent on file for each school year, without the necessity of

demonstrating competency to self-administer these medications. If a student misuses this privilege, it may be withdrawn. For purposes of this chapter, "self-administration" and "medication" mean the same as defined in Iowa Code section 280.16(1).

ITEM 2. Amend paragraph **14.1(7)"d"** as follows:

d. Medication name and purpose, including the use of a bronchodilator canister or a bronchodilator canister and spacer or the use of an epinephrine ~~auto-injector~~ delivery system.

ITEM 3. Amend rule 281—14.3(256) as follows:

281—14.3(256) School district and accredited nonpublic school stock epinephrine ~~auto-injector~~ delivery system, bronchodilator canister, or bronchodilator canister and spacer voluntary supply.

14.3(1) *Definitions.* For the purpose of this rule, the following definitions apply:

"Act" means 2015 Iowa Acts, Senate File 462, which amended Iowa Code section 280.16 and created Iowa Code section 280.16A.

"Bronchodilator" means the same as defined in Iowa Code section 280.16(1)*"a."*

"Bronchodilator canister" means the same as defined in Iowa Code section 280.16(1)*"b."*

"Department" means the department of education.

"Epinephrine ~~auto-injector~~ delivery system" means the same as defined in Iowa Code section 280.16(1)*"c."*

"Licensed health care professional" means the same as defined in Iowa Code section 280.16(1) *"d."*

"Medication administration course" means a course approved or provided by the department that includes safe storage of medication, handling of medication, general principles, procedural aspects, skills demonstration and documentation requirements of safe medication administration in schools.

"Medication error" means the failure to administer an epinephrine ~~auto-injector~~ delivery system to a student or individual by proper route, failure to administer the correct dosage, or failure to administer an epinephrine ~~auto-injector~~ delivery system, bronchodilator, or bronchodilator canister and spacer according to generally accepted standards of practice.

"Medication incident" means accidental injection of an epinephrine ~~auto-injector~~ delivery system into a digit of the authorized personnel administering the medication.

"Personnel authorized to administer epinephrine or a bronchodilator" means the same as defined in Iowa Code section 280.16A(1)*"e."*

"School building" means each attendance center within a school district or accredited nonpublic school where students or other individuals are present.

"School nurse" means the same as defined in Iowa Code section 280.16A(1)*"f."*

"Spacer" means the same as defined in Iowa Code section 280.16A(1)*"g."*

14.3(2) *Applicability.* This rule applies to and permits:

a. A licensed health care professional to prescribe a stock epinephrine ~~auto-injector~~ delivery system, a bronchodilator canister, or a bronchodilator canister and spacer in the name of a school district or accredited nonpublic school for use in accordance with the Act and this rule;

b. A pharmacist to dispense a stock supply pursuant to paragraph 14.3(2)*"a"*; and

c. A school district or accredited nonpublic school to acquire and maintain a stock supply pursuant to paragraphs 14.3(2)*"a"* and 14.3(2)*"b."*

14.3(3) *Prescription for stock epinephrine ~~auto-injectors~~ delivery systems, bronchodilator canisters, and bronchodilator canisters and spacers.* A school district or accredited nonpublic school may obtain a prescription for epinephrine ~~auto-injectors~~ delivery systems, bronchodilator canisters, and bronchodilator canisters and spacers from a licensed health care professional annually in the name of the school district or accredited nonpublic school for administration to a student or individual who may be experiencing an anaphylactic reaction or may need treatment for respiratory distress, asthma, or other airway constricting disease. The school district or accredited nonpublic school is to maintain the supply of such ~~auto-injectors~~ delivery systems, bronchodilator canisters, and

bronchodilator canisters and spacers according to manufacturer instructions. If a school district or accredited nonpublic school obtains a prescription pursuant to the Act and these rules for epinephrine ~~auto-injectors~~ delivery systems, the school district or accredited nonpublic school will stock a minimum of one pediatric dose and one adult dose for each school building. A school district or accredited nonpublic school may obtain a prescription for more than the minimum and may maintain a supply in other buildings.

14.3(4) *Authorized personnel and stock epinephrine ~~auto-injector~~ delivery system, bronchodilator canister, or bronchodilator canister and spacer administration.* A school nurse or personnel trained and authorized may provide or administer an epinephrine ~~auto-injector~~ delivery system, bronchodilator canister, or bronchodilator canister and spacer from a school supply to a student or individual in circumstances authorized by Iowa Code section 280.16.

a. Pursuant to Iowa Code section 280.23, authorized personnel will submit a signed statement to the school nurse stating that the authorized personnel agree to perform the service of administering a stock epinephrine ~~auto-injector~~ delivery system to a student or individual who may be experiencing an anaphylactic reaction or administering a bronchodilator canister or a bronchodilator canister and spacer to a student or individual experiencing respiratory distress, asthma, or other airway constricting disease.

b. Emergency medical services (911) will be contacted immediately after a stock epinephrine ~~auto-injector~~ delivery system is administered to a student or individual, and the school nurse or authorized personnel will remain with the student or individual until emergency medical services arrive. In the event of administration of a stock bronchodilator or bronchodilator canister and spacer to a student or individual, the school nurse will be contacted and will determine, based on professional judgment, the necessary care of a student or individual.

c. The administration of an epinephrine ~~auto-injector~~ delivery system, a bronchodilator, or a bronchodilator canister and spacer in accordance with this rule is not the practice of medicine.

14.3(5) *Stock epinephrine ~~auto-injector~~ delivery system, bronchodilator, or bronchodilator canister and spacer training.* School employees may obtain a signed certificate to become authorized personnel.

a. Training to obtain a signed certificate may be accomplished by:

(1) Successfully completing, every five years, the medication administration course provided by the department;

(2) Annually demonstrating to the school nurse a procedural return-skills check on medication administration;

(3) Annually completing an anaphylaxis, asthma, or airway constricting disease training program approved by the department;

(4) Demonstrating to the school nurse a procedural return-skills check on the use of an epinephrine ~~auto-injector~~ delivery system, bronchodilator canister, and bronchodilator canister and spacer using information from the training, using authorized prescriber instructions, and as directed by the prescription manufacturing label; and

(5) Providing to the school nurse a signed statement, pursuant to Iowa Code section 280.23, that the person agrees to perform one or more of the services described in this rule.

b. Training required after a medication error or medication incident. Authorized personnel or the school nurse directly involved with a medication error or medication incident involving the administration of stock epinephrine ~~auto-injectors~~ delivery systems, bronchodilators, or bronchodilator canisters and spacers are required to follow the medication error or medication incident protocol adopted by the board of directors of the school district or authorities in charge of the school district or accredited nonpublic school. To retain authorization to administer stock epinephrine ~~auto-injectors~~ delivery systems, bronchodilators, or bronchodilator canisters and spacers in the school setting, authorized personnel directly involved with a medication error or medication incident will be required to provide a procedural skills demonstration to the school nurse demonstrating competency

in the administration of stock epinephrine ~~auto-injectors~~ delivery systems, bronchodilators, or bronchodilator canisters and spacers.

14.3(6) *Procurement and maintenance of stock epinephrine ~~auto-injector~~ delivery system, bronchodilator, or bronchodilator canister and spacer supplies.* A school district or accredited nonpublic school may obtain a prescription to stock, possess, and maintain epinephrine ~~auto-injectors~~ delivery systems, bronchodilators, or bronchodilator canisters and spacers.

a. Stock epinephrine ~~auto-injectors~~ delivery systems, bronchodilator canisters, and bronchodilator canisters and spacers will be stored in a secure, easily accessible area for an emergency within the school building, or in addition to other locations as determined by the school district or accredited nonpublic school, and in accordance with the manufacturing label of the stock epinephrine ~~auto-injector~~ delivery system, bronchodilator canister, or bronchodilator canister and spacer.

b. A school district or school will designate an employee to routinely check stock epinephrine ~~auto-injectors~~ delivery systems, bronchodilator canisters, and bronchodilator canisters and spacers and document the following in a log monthly throughout the calendar year:

(1) The expiration date;

(2) Any visualized particles or color change, for epinephrine ~~auto-injectors~~ delivery systems; or

(3) Bronchodilator canister damage.

c. The school district or school will develop a protocol to replace as soon as reasonably possible any logged epinephrine ~~auto-injector~~ delivery system, bronchodilator canister, or bronchodilator canister and spacer that is used, is damaged, is close to expiration, or is discolored or has particles visible in the epinephrine ~~auto-injector~~ delivery system liquid.

14.3(7) *Disposal of used stock epinephrine ~~auto-injectors~~ delivery systems, bronchodilators, or bronchodilator canisters and spacers.* The school district or school that administers epinephrine ~~auto-injectors~~ delivery systems, bronchodilators, or bronchodilator canisters and spacers shall dispose of used cartridge injectors as infectious waste pursuant to the department's medication waste guidance and bronchodilators or bronchodilator canisters and spacers pursuant to the department's medication waste guidance. For purposes of this rule, a multiuse bronchodilator canister is considered "used" when it no longer contains sufficient active ingredient to be medically useful.

14.3(8) *Reporting.* A school district or school that obtains a prescription for stock medications under this rule will report to the department within 48 hours, using the reporting format approved by the department, each medication incident or error with the administration of a stock epinephrine injector, bronchodilator canister, or bronchodilator canister and spacer or administration of a stock epinephrine ~~auto-injector~~ delivery system.

14.3(9) *School district or accredited nonpublic school policy.* A school district or school may stock epinephrine ~~auto-injectors~~ delivery systems, bronchodilator canisters, or bronchodilator canisters and spacers. The board of directors in charge of the school district or authorities in charge of the accredited nonpublic school that stocks epinephrine ~~auto-injectors~~ delivery systems, bronchodilator canisters, or bronchodilator canisters and spacers shall establish a policy and procedure for the administration of a stock epinephrine ~~auto-injector~~ delivery system, bronchodilator canister, or bronchodilator canister and spacer, which is to comply with the minimum provisions of this rule.

14.3(10) *Rule of construction.* This rule will not be construed to require school districts or accredited nonpublic schools to maintain a stock of epinephrine ~~auto-injectors~~ delivery systems, bronchodilator canisters, or bronchodilator canisters and spacers. An election not to maintain such a stock is not to be considered to be negligence.

14.3(11) *Opioid antagonists.* A school district may obtain a valid prescription for an opioid antagonist and maintain a supply of opioid antagonists in a secure location at each location where a student may be present for use as provided in this rule. Any school district that does so is to comply with rules and procedures adopted by the department of health and human services.

ITEM 4. Amend rule 281—14.4(279) as follows:

281—14.4(279) Suicide prevention~~, identification of adverse childhood experiences, and strategies to mitigate toxic stress response~~. Iowa Code section 279.70 is incorporated by this reference.