



Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Robert R. Neall, Secretary

February 19, 2020

The Honorable Anne R. Kaiser, Chair
House Ways and Means Committee
Room 131, House Office Building
Annapolis, MD 21401-1991

RE: HB 773 – “Public and Nonpublic Schools – Bronchodilator Availability and Use – Policy (Bronchodilator Rescue Inhaler Law)” – Letter of Information

Dear Chair Kaiser and Committee Members:

The Maryland Department of Health (the “Department”) submits this letter of information for HB 773 – Public and Nonpublic Schools – Bronchodilator Availability and Use – Policy (Bronchodilator Rescue Inhaler Law). This bill would amend Maryland statute regarding auto-injectable epinephrine for anaphylaxis by adding a requirement that school boards also develop policies regarding rescue inhaler medications for children with asthma or asthma symptoms. The bill would also authorize schools to obtain asthma rescue inhaler medication and require reporting for the use of bronchodilators.

During the 2017-2018 school year, over 87,000 Maryland public school students were reported to have a diagnosis of asthma.¹ Management of asthma in the school setting requires planning for routine and emergency medication administration, development of an individualized health care plan and emergency care plan, and training of school personnel. Education Article §7-401 requires MDH and MSDE to develop standards and guidelines for school health services and to provide assistance to local education agencies on the implementation of the guidelines. This includes processes to manage students with asthma.

MSDE and MDH have a well-developed process for development and implementation of school health services guidelines that includes subject matter experts, school nurses and stakeholders including families. The guidelines consider emerging science and best practice in disease management. Further, Education Article §7-426 requires the development of emergency care guidelines for students with special needs including procedures for the emergency administration of medication, parental or caregiver responsibilities, school responsibilities, and training for teachers, coaches, transportation personnel, and other appropriate school personnel. The Department has also developed an Asthma Action Plan template for health care providers to provide schools with the needed authorizations for medication administration in schools.

¹ School Health Services Annual Survey, 2018

Additionally, MDH has worked with local school health services programs to provide training to school health care personnel regarding asthma treatment and prevention and worked closely with the State Department of Education to promote knowledge and awareness of asthma treatment within schools as stated in the state school asthma management guidelines.² The Department has worked with the State Department of Education in prior years to develop a robust policy governing the use of bronchodilator medication for asthma.

Current school health services medication administration guidelines are governed by the Maryland Nurse Practice Act and within the Nurse Practice Act³ and the corresponding COMAR regulations.⁴ Since medication administration is an act of nursing, a registered nurse can train or delegate medication administration to non-medical school staff. Under current statutes, schools can train and delegate care for students with asthma to non-medical school personnel. Delegation is currently authorized for routine medication administration and training is authorized for administration of emergency medications for situations where no health services staff are present (e.g., school bus, field trip) including purchasing and stocking inhalers for general use, provided that the schools have an authorized prescriber to order and monitor the implementation of the stock inhaler policy. To date, limited fiscal resources to purchase inhalers has been one obstacle to such policies.

The Department notes that while the framework to carry out the provisions called for in the proposed legislation already exist, additional study of this issue would require staff time and expenses not included in the Department's budget. Given the current process to develop stock inhaler policies and guidelines, a new workgroup is not needed.

Current MDH staffing would need to be increased to complete the new guidelines and policies by the effective date. A clinically trained staff person is needed at a cost of approximately \$100,000.

I hope this information is useful. If you would like to discuss this further, please contact Director of Governmental Affairs Webster Ye at (410) 260-3190 or webster.ye@maryland.gov.

Sincerely,



Robert R. Neall
Secretary

²<http://marylandpublicschools.org/about/Documents/DSFSS/SSSP/SHS/SHSGuidelines/AsthmaGuidelines02272013.pdf>

³ Annotated Code of Maryland, Health Occupations Article, Title 8
http://mgaleg.maryland.gov/2020RS/Statute_Web/gho/8-101.pdf

⁴ COMAR 10.27.09 http://www.dsd.state.md.us/COMAR/SubtitleSearch.aspx?search=10.27.09.*