

Written Testimony in Favor of SB0180

Submitted by Kate Connor, MD, MSPH

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My name is Kate Connor. I am a board-certified pediatrician, a school health medical director in Baltimore City, and a member of the faculty in General Pediatrics at the Johns Hopkins University School of Medicine. The views expressed in this testimony are my own and do not necessarily represent the views of the Johns Hopkins University School of Medicine.

I am writing in favor of SB0180 which would permit schools to establish a policy to obtain, administer, and train school personnel to administer bronchodilators to certain students.

Asthma is one of the most common chronic diseases of childhood impacting up to 4 million U.S. children¹. In 2021 asthma was the cause of more than 270,000 emergency department visits, nearly 30,000 hospitalizations, and 145 deaths in children and adolescents¹. It is also a major driver of health inequity. Black children and children experiencing poverty are more than twice as likely to have asthma compared to white peers and those not experiencing poverty respectively¹. Black children are nearly eight times as likely to die from asthma as their white counterparts². Asthma is complex and many factors drive these inequities. At a minimum, access to life-saving, quick-acting bronchodilators like albuterol is needed to prevent hospitalization and death from the disease.

Children and adolescents spend the majority of their time in school. While there are provisions for children with asthma to receive albuterol at school if needed, a clinician order including their signature and a parent/guardian signature as well as a physical is required before the school nurse or other personnel can administer the medication. Even in an emergency, if the order is not signed or the inhaler is not in school, albuterol cannot be given. There are many barriers to obtaining signed paperwork and medications in schools – from healthcare access to conflicting schedules, communication and language barriers and more. In a school with a high prevalence of asthma (or risk of asthma), these barriers leave a significant proportion of students at risk for bad outcomes. I work in a school-based health center where nearly 40% of the school's students have asthma. At our SBHC, a clinician is always onsite. As a result, it is rare that we have to watch a child in respiratory distress get sicker without being able to intervene. In fact, in our first five years of operation we averted more than 300 emergency department visits for students with asthma by providing emergency medications through the SBHC. However, the majority of schools do not have SBHCs and many do not even have nurses. In order to make a true dent in asthma inequities, school health resources must be made available to all students and in the interim we must ensure that caring adults have the resources to save the life of a student experiencing respiratory distress due to asthma.

Bronchodilators are safe medications. They are regularly given to patients in respiratory distress by first responders and earlier administration can improve outcomes and save lives. I ask that you vote in favor of SB0180 to allow schools to develop stock albuterol policies and keep their students safe.

1. Centers for Disease Control and Prevention. Most Recent National Asthma Data. Accessed from: https://www.cdc.gov/asthma/most_recent_national_asthma_data.htm. January 16, 2024.
2. U.S. Department of Health and Human Services, Office of Minority Health. Asthma and African Americans. Accessed from: <https://minorityhealth.hhs.gov/asthma-and-african-americans>. January 16, 2024.