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Written Testimony: SB0180F

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The Honorable Senator Kathryn A. (Katie) Fry Hester Energy, Education, and the Environment Committee Maryland Senate

Honorable Senator Hester and Committee members:

I am writing today to express support for SB0180F. This bill allows Maryland schools to improve the safety of those who experience respiratory distress at school by improving access to potentially lifesaving bronchodilators.

As a Public Health Professional and Assistant Professor in North Texas, I have recently cochaired an ad hoc committee that successfully worked to align Texas state policy with national recommendations. I am also the principal investigator for the Asthma 411 initiative in North Texas, a large-scale school asthma program that integrates stock bronchodilators and comprehensive best practices in school asthma services.

The model we use for stock-bronchodilators is Asthma 411, which was developed, implemented, and tested with support from the Centers for Disease Control between 2003-2008. From Asthma 411's inception, it included standing delegation orders for bronchodilators, with asthma education and support to link families to medical resources. The program was found to improve asthma outcomes, and between 2013-2015, Asthma 411 was adapted and piloted on two North Texas schools for two years. The program has continued to expand and today serves over **350 schools with over 250,000 enrolled students**.

The following outcomes support the efficacy and safety of stock bronchodilators:

- **80-85**% of students have safely returned to class following treatment with stock bronchodilators.
- 13-15% of students have been dismissed early to their families for same-day follow-up.
- <2% of students have required emergency medical services.
- 4,800 additional instructional hours are estimated to have been reclaimed for students receiving bronchodilators under the program in 2022-2023.
- There have been no reported adverse outcomes associated with the program.

The following outcomes are from the 2022-2023 school nurse and health staff survey. (N=259, response rate 73%).

The outcomes demonstrate the satisfaction of school nurses, health staff, and parents with the program.

• **99.6%:** overall satisfaction (79.2% very satisfied, 20.4% somewhat satisfied).

- 91.5%: program is manageable to implement (83.6% very manageable, 12.9% somewhat manageable).
- 99.3%: positive parent feedback (80.5% very positive, 18.9% somewhat positive).

In 2019, Texas passed legislation to strengthen liability protection associated with bronchodilators. Unfortunately, the legislation was accompanied by provisions that limited access to this potentially lifesaving medication.

School districts such as those participating in Asthma 411 reported substantial barriers to providing services, and there was limited new adoption of the stock bronchodilators across the state.

Efforts to remove these barriers were initiated for the 2021 Texas legislative session and were unsuccessful. Following that effort, an ad-hoc task force was formed to introduce amendments during the 2023 Texas legislation, focusing on the national recommendations published in 2021. This task force included the Texas School Nurse Organization, the American Lung Association, pediatric pulmonologists, and regional and academic stakeholders from across the state.

Texas legislation passed in 2023:

- *permits* school districts to designate trained personnel to administer albuterol for respiratory distress when a school nurse is unavailable.
- permits physicians and other authorized prescribers to write orders that align with best practice.
- allows immediate access to this safe and potentially lifesaving medication to anyone experiencing respiratory distress.
- allows access to unassigned albuterol at off-campus school events.

We celebrate the alignment of Texas legislation and best practices and are grateful for all who made this possible. At the same time, we recognize there were legal barriers to providing best practices to those who experience respiratory distress at school for **four years**.

I would strongly support the adoption of SB0180F to:

- improve the safety of students, faculty, and staff at school and during school events;
- reduce cost and educational disruption of unnecessary EMS calls;
- **keeps kids in school**, increasing student attendance and readiness to learn;
- reduces work absences among parents.

Please let me know if there is any information that I might provide that would be of assistance.

With thanks,

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