



**2024 SESSION  
POSITION PAPER**

**BILL:** SB 180 - Public and Nonpublic Schools – Auto-Injectable Epinephrine and Bronchodilators – Use, Availability, Training, and Policies

**COMMITTEE:** Senate – Education, Energy, and Environment Committee

**POSITION:** Letter of Support With Amendments

**BILL ANALYSIS:** Senate Bill 180 requires each local board of education to establish a policy for public schools to authorize the school nurse and other school personnel (including personnel with no medical training) to administer auto-injectable epinephrine to students perceived to be in anaphylaxis and bronchodilators to a student who is experiencing asthma-related symptoms or perceived to be in respiratory distress, regardless of whether the student has a diagnosis of asthma or has a prescription for a bronchodilator by an authorized licensed health care practitioner. The bill also requires the policy to include paid professional development training, developed by MSDE for school nurses and other personnel on how to recognize the symptoms of asthma, respiratory distress, and anaphylaxis. The bill requires that a student’s parents be notified of the administration of a bronchodilator and records be kept and reported to MSDE. The bill also authorizes each nonpublic school to establish a policy that meets the same requirements.

**POSITION RATIONALE:** The Maryland Association of County Health Officers (MACHO) offers support for the overall goals of SB 180 while respectfully requesting the bill be amended after discussions with both primary bill sponsors in the House and Senate. MACHO supports the intent of the bill to improve student access to potentially life-saving medication such as bronchodilator rescue inhalers and auto-injectable epinephrine. More than half (14) of MACHO’s member Health Officers run local health departments which operate the school health program in the school systems in their jurisdictions.

As currently written, the bill poses *unfunded* mandates on local agencies and additional administrative burdens on already overtaxed school nurses and other school health staff. MACHO requests amendments to the bill to:

- Remove requirement to notify students’ parents and legal guardians of the use of a bronchodilator and report to the Department the number of incidents of bronchodilator use at the school or related events, unless the treatment is administered to a student for whom asthma had not been previously diagnosed:
  - Add to Page 7, Line 32 after “BRONCHODILATOR”: “FOR A STUDENT NOT PREVIOUSLY DIAGNOSED WITH ASTHMA”
- Add liability protection for both prescribers of school bronchodilators and any pharmacist or pharmacy filling the prescription:
  - Add to Page 7, line 27 AFTER “CHILD IN DISTRESS”: “NOR ANY AUTHORIZED LICENSED PRESCRIBER PROVIDING THE STANDING PROTOCOL OR PRESCRIPTION OF A SCHOOL BRONCHODILATOR AND ANY PHARMACIST OR PHARMACY FILLING THE PRESCRIPTION ARE TO INCUR LIABILITY FOR THE PRESCRIPTION OR ADMINISTRATION OF STOCK BRONCHODILATORS TO STUDENTS WITH ASTHMA OR SUFFERING FROM RESPIRATORY DISTRESS,”

The above changes should be mirrored in Section 7–426.7.

- MACHO also requests that the effective date of the bill be moved from July 1, 2024, to a later date, to give schools and school health staff enough time to implement the trainings required by the bill and secure bronchodilators and auto-injectable epinephrine, as available.

Across the State, there are tens of thousands of students with asthma enrolled in our schools. The tracking and submittal of incident reports each time a bronchodilator is administered to students would be a significant administrative burden on school health personnel and serves no clear objective for students with an established diagnosis of asthma. There is already a critical shortage of school health staff in Maryland. Every minute spent on these thousands of reports takes nurses and other school health staff away from providing healthcare services to students in need.

Lastly, MACHO raises concerns of the intent of the bill to provide treatment access to students who have not received medical care, even a diagnosis, for their chronic asthma symptoms. Management of asthma is complex and requires resources and expertise not available or appropriate in a school health setting, including clinical testing and assessment, daily prevention medication, and teaching on proper medication usage techniques. It is important that the increased access to bronchodilators in schools resulting from this bill not unintentionally divert children away from the appropriate diagnosis and management of chronic asthma by healthcare providers. *MACHO remains very concerned about the school nurse shortage in the state, access to pediatric primary care, and access to pediatric primary care in school-based settings and urges the committee to consider comprehensive policies to ensure that students have access to the appropriate asthma evaluation and medications they need and the appropriate staffing to support these efforts.*

For these reasons, MACHO submits this Letter of Support With Amendments for the Committee's consideration on Senate Bill 180. For more information, please contact Ruth Maiorana, Executive Director, MACHO, at [rmaiora1@jhu.edu](mailto:rmaiora1@jhu.edu) or 410-937-1433. *This communication reflects the position of MACHO.*