



Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

**2024 SESSION
IN-PERSON TESTIMONY WRITTEN SUPPLEMENT**

BILL NO.: SB 180
COMMITTEE: Education, Energy, and the Environment
POSITION: Support with Amendments

TITLE: Public and Nonpublic Schools - Auto-Injectable Epinephrine and Bronchodilators - Use, Availability, Training, and Policies - Letter of Support with Amendments

BILL ANALYSIS: Senate Bill (SB) 180 requires county boards of education to update their policies to require school nurses and personnel to complete training to administer auto-injectable epinephrine and to train school personnel to administer bronchodilators to students. The bill also requires the Maryland State Department of Education to develop training for school personnel in identifying respiratory distress in students.

POSITION AND RATIONALE:

The Maryland Department of Health (MDH) supports the intent of this bill to create a stock bronchodilator program in Maryland schools to improve access to potentially life-saving medication for students with asthma. However, MDH respectfully recommends amendments to the bill as written in order to better ensure the safety of Maryland students and decrease the administrative burden on school nurses.

The bill as currently written authorizes unlicensed school personnel to make clinical decisions about whether to administer a bronchodilator or epinephrine to a student in a potentially life-threatening situation. The bill also requires training of unlicensed school personnel to distinguish between anaphylaxis and asthma in order to determine whether a student with respiratory distress without a previous diagnosis should receive a bronchodilator or epinephrine. Even with training, making this distinction requires a level of clinical assessment that is not appropriate for unlicensed school personnel. Additionally, allowing unlicensed school personnel to determine which medication to administer could result in the initial administration of a bronchodilator to a student with anaphylaxis, putting that student at significant risk due to a potential delay in the correct intervention.

Currently, the bill as drafted does not require a student with respiratory symptoms to have a diagnosis of asthma or a prescription in order to receive treatment with a stock bronchodilator. The bill allows for the ongoing administration of a bronchodilator to a student who may be suspected of having asthma, but has not been evaluated by a licensed healthcare provider, who can make a diagnosis and determine appropriate treatment. Other medical conditions can have symptoms similar to those seen in asthma and

delaying appropriate medical evaluation and intervention could have adverse consequences for a student's health. Further, even in a student with asthma, ongoing treatment without a prescription for a bronchodilator is out of the scope of practice of school nurses, is inappropriate clinical practice, and may also be unsafe for students. Maryland's other stock medication statutes (auto-injectable epinephrine and naloxone) are for administration in emergency situations only. As a result, MDH recommends removal of the requirements for training school personnel and designated volunteers to distinguish between asthma and anaphylaxis or respiratory distress. Further, MDH recommends amending the language to authorize only school nurses and school personnel designated by the school nurse to administer a stock bronchodilator only to students experiencing asthma, asthma-related symptoms, or reactive airway disease (another term for asthma-like symptoms) when the school has evidence of the student being prescribed a bronchodilator.

The bill as currently written also requires that school nurses and other health staff record each use of a bronchodilator on a new standardized form and notify the parent of each use of a bronchodilator. According to data from the 2022-23 School Health Services survey, almost 69,000 public school children had a known diagnosis of asthma. Students with asthma may need to use bronchodilators multiple times a day if they are experiencing symptoms. Recording each incident on a standardized form and notifying parents each time will create an undue administrative burden on school health personnel and take time away from addressing other student health needs. There is already a critical shortage of school nurses in Maryland. MDH recommends amending the language to require reporting only when a stock bronchodilator is used in Maryland schools, similar to the reporting requirements for administration of stock epinephrine and naloxone.

MDH is currently working on proposed amendment language and will share it with the committee as soon as it is available.

If you have any further questions, please contact Sarah Case-Herron, Director, Office of Governmental Affairs at sarah.case-herron@maryland.gov.

Sincerely,

A handwritten signature in blue ink, appearing to read "Laura Herrera Scott".

Laura Herrera Scott, M.D., M.P.H.
Secretary