



American Lung Association Testimony Senate Bill 180
Ways and Means Committee
March 18, 2024
Support

Chair Atterbeary, Vice-Chair Wilkins and Members of the Committee:

Thank you for the opportunity to provide comments on Senate Bill 180, Public and Nonpublic Schools – Auto-Injectable Epinephrine and Bronchodilators – Use, Availability, Training and Polices sponsored by Senator Fry Hester. The American Lung Association **strongly supports** this bill as amended as it will allow schools in Maryland to provide more immediate access to medications for students with asthma or suffering from respiratory distress. Asthma can be a deadly disease if flare-ups are not treated immediately, this bill has the potential to save lives and keep kids safe in schools.

The American Lung Association is the leading organization working to save lives by improving lung health and preventing lung disease, through research, education and advocacy. The work of the American Lung Association is focused on four strategic imperatives: to defeat lung cancer; to improve the air we breathe; to reduce the burden of lung disease on individuals and their families; and to eliminate tobacco use and tobacco-related diseases.

Asthma impacts millions of lives and has a tremendous impact on our nation’s healthcare system and economy. In the U.S., close to 25 million Americans, including 5.5 million children have asthma. In Maryland, approximately [93,000](#) children have asthma. Asthma is also responsible for more than \$50 billion annually in healthcare costs and causes 7.9 million missed school days and 10.1 million missed days of work nationwide.

Because asthma attacks can occur at any time and often without warning, children with asthma should always have access to medication that can quickly reverse the blockages in their lungs. This life-saving medication, called a short-acting bronchodilator, is easy to administer, inexpensive, and very safe.

Unfortunately, when children do not have asthma medication, which can occur for a variety of reasons such as forgetting it or not being able to afford it, schools have few options. A parent may not be immediately accessible or close enough to respond promptly. Even if they can, there is a delay during which the asthma attack often gets worse. In such cases, the school must call 911. Doing so is likely to lead to an ambulance transport costing \$500 or more and an emergency department visit costing thousands more. Such events also take children out of the classroom for days at a time and further impede their learning.

These adverse events are largely avoidable with a simple low-cost solution: stock medication or inhalers. Schools can purchase a single inhaler containing a short-acting bronchodilator along with inexpensive disposable spacers that can be used for **anyone** who experiences the sudden onset of cough, shortness-of-breath, and chest tightness that signals an asthma attack.

It is critical as outlined in the proposed legislation that school staff other than school nurses are trained in the signs and symptoms of asthma and when it is appropriate to administer the rescue medications. In Maryland there is not a school nurse present in every school building and while we recognize that is a significant need, we believe that because of **the safety of the medication used and the life-threatening implications of an asthma attack it is imperative that we train other staff to assess, access and administer the required medication** that would potentially save a student's life.

SB 180 also provides the important liability protections for the prescriber, the school and the person who administers the medication in good faith. As we mentioned the medication used for treatment of asthma attacks is safe and effective. As part of a research project in the Sunnyside Unified School District in Tucson, Arizona that evaluated the stock inhaler project, researchers found that school nurses were afraid that giving the medication could potentially expose them to liability, so it is imperative that the liability protections as outlined in the bill remain.

SB 180 is critically important as it allows schools to maintain a stock supply of asthma medication for student use when medication is otherwise unavailable. It represents a simple and low-cost solution to a problem that could save both lives and money. In total, [18 states](#) have passed legislation or have administrative guidelines in place allowing schools to stock asthma medications. Two additional states are poised to pass best practice legislation in their respective 2024 sessions. However, there are key provisions that should be included in this legislation to ensure it will as effective as possible which are included in SB 180. These include:

- Making sure the legislation applies to all public and nonpublic schools.
- Applying the legislation to both students who have been diagnosed **with asthma and students suffering from respiratory distress** that may not have been diagnosed yet as many kids with asthma are not diagnosed until after their first attack.
- Ensuring that school staff other than school health officials are required to be properly trained in the proper use and administration of the stock asthma medication.
- Making certain that all school staff, officials, or health care providers involved in administration or prescribing of stock asthma medication receive liability protection except in cases of willful or gross negligence.

The Lung Association thanks the Maryland General Assembly for their continued commitment to the health and wellbeing of the residents of Maryland and the desire to protect Maryland students. The Lung Association ***strongly supports*** Senate Bill 180 as amended and encourages swift action and favorable report to move the bill out of committee and passage by the General Assembly to protect students in schools across Maryland.

Sincerely,

A handwritten signature in black ink that reads "Aleks Casper". The signature is written in a cursive, flowing style.

Aleks Casper
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