

Written Testimony for House Bill 0609

“Public and Nonpublic Schools – Bronchodilator Availability and Use – Policy (Bronchodilator Rescue Inhaler Law).”

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Thank you for the opportunity to provide written testimony on this bill. My name is Lisa Hutchins. I am a board certified pediatric pharmacist working as the pediatric emergency medicine clinical pharmacy specialist at the Johns Hopkins Hospital Children’s Center. I have been working in the pediatric emergency department for four and a half years following completion of two years of pharmacy residency.

I am advocating for the placement of bronchodilators in all schools in Maryland as emergency medication, similar to epinephrine autoinjectors and naloxone, for the simple reason that they are life-saving in asthma emergencies. When an asthma attack occurs, time is of the essence to prevent it from becoming a life-threatening event. Bronchodilators must be administered as soon as the event is recognized to have the best chance of preventing significant morbidity and mortality, including need for a hospital stay, missed school days, or permanent damage to the lungs, heart and brain among other significant effects.

The current restrictions for bronchodilator administration to school children by school nurses is cumbersome and severely limits the ability of school nurses and other school personnel to treat asthma exacerbations. Below are reasons the current restrictions could cause significant morbidity or mortality.

Need for a doctor’s order:

- Children without a diagnosis of wheezing/asthma will not yet have a doctor’s order but could experience their first significant event in a school setting
- Some families are unaware of this requirement and may not appropriately send the order to the school, or may not realize it needs to be sent every year, so some children with a diagnosis of wheezing/asthma may not have up to date doctor’s orders in school

Need for child’s own inhaler to administer:

- As above, children without a prior diagnosis of wheeze will not have a prescription inhaler to bring in
- Insurance may only cover one inhaler at a time for a patient, forcing the family to choose to have one at home or one at school, so one may not be at school at all times
- When insurance does cover two inhalers, copay charges could still limit a family’s ability to have two
- In children who have not needed their rescue inhaler for long periods of time, the family may become less diligent in refilling a prescription and ensuring an in-date inhaler is in school at all times, leaving the child vulnerable if an exacerbation happens at school

The medication we are requesting to have in schools is albuterol. Albuterol is an extremely safe and effective medication to use in respiratory emergencies. Albuterol works by relaxing the smooth muscles in the lungs that constrict in an asthma exacerbation (bronchoconstriction). If a child is not actually experiencing a bronchoconstriction event, the administration of albuterol would not be expected to cause any harm. The most common side effects of albuterol include an increase in heart rate, tremor/nervousness, and excitement. These side effects are not life threatening and generally well tolerated when they do occur. On the other hand, an asthma exacerbation is potentially life threatening, so the benefits of having access to administer albuterol quickly far outweigh any risks.

For these reasons, and the others outlined by several other people offering written and oral testimony, I am fully in support of stocking albuterol inhalers in schools for emergency use for any child experiencing a respiratory emergency event.

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