

Written Testimony for House Bill 0609
“Public and Nonpublic Schools – Bronchodilator Availability and Use – Policy
(Bronchodilator Rescue Inhaler Law).”

Prepared by: Elaine M. Papp RN MSN COHN-S(R), CM(R) FAAOHN

Thank you for the opportunity to provide written testimony on this bill. My Name is Elaine M. Papp. I am a Master’s prepared Registered Nurse. I retired from my full-time job in 2015. In 2017, through a contracting agency, I began working as a school health nurse in Baltimore City Schools, two to three days per week. Following an unfortunate event, I began advocating to place stock albuterol inhalers for asthma in all Maryland schools as emergency medication. I will share the circumstances that led to my advocacy and provide additional background, statistics, and other details about the program from my perspective as an advocate and a nurse.

CIRCUMSTANCES LEADING TO MY ADVOCACY FOR PLACING EMERGENCY ASTHMA INHALERS IN ALL MARYLAND SCHOOLS

In 2018, I saved a student’s life, but lost my job! I was working as a school nurse in 2018, at Vivien T. Thompson Medical Arts Academy, a Baltimore City High School. A student with exercise-induced asthma experienced a serious asthma flare. She had an inhaler at school, but it was locked in the gym teacher’s desk and the gym teacher was not in the building. Although 911 was called, they were very delayed in responding. I assessed the situation quickly, as I have been trained to do. I didn’t know the student. I didn’t have medication for her. And, I had no doctor’s order for an inhaler for her in the school health clinic.

While the principal, teachers and other staff tried valiantly to find the keys to the gym teacher’s office and desk, the student lost consciousness. I, without any medication to administer, watched the student as she gasped for air at a rate of 70 breaths per minute and her heart raced at 124 beats per minute. I believed that the student would have a maximum of 15 minutes of life to live after losing consciousness, if untreated. I knew this was quickly becoming a life or death situation, and as a school nurse, I had to act. The ambulance had not yet arrived, and waiting for it could have cost this student her life. I requested that the principal find me any student’s rescue inhaler with albuterol sulfate. That is the thing with albuterol inhalers—they are a standard dose and they are the first line therapy for emergency relief of bronchospasm. Using another student’s albuterol for this student was the best choice in the situation. Thus, I gave the unconscious student another’s albuterol inhaler.

Within a few minutes of administering the albuterol, her respiratory rate lessened, and her heart rate came down. Her mother arrived, and I told her what I had done. She was grateful. Soon, the student regained consciousness. By the time the ambulance arrived, the student was sitting in a chair, talking to her mother. The paramedic said, “I guess it was more important for the dispatcher to get a cup of coffee than to tell us where we needed to go.”

I saved the student’s life but lost my job. I made a choice. I broke the rules to save the student’s life. The rules:

- 1) Never give a student another’s medication.
- 2) Never give a medication if you do not have doctor’s orders in the student health file.

I recognized the problem was the system. So, I began a quest to get emergency use stock inhalers placed in all schools in Maryland.

OTHER ORGANIZATIONS WHO SUPPORT PLACING ASTHMA INHALERS IN ALL MARYLAND SCHOOLS AS AN EMERGENCY MEDICATION

I began this grassroots effort as a political novice with an informal, ad hoc group of advocates. I began working with a pediatric pulmonologist from Johns Hopkins University (JHU), a pediatrician from JHU, and an emergency pharmacist from JHU. We obtained support from the Allergy Asthma Network and the American Lung Association. We also worked with a school-age asthma researcher from the University of Arizona. Over the past two years we have enlisted the support of MedChi, as well as the Maryland branch of the American Association of Pediatrics.

OUR RATIONALE

As Dr. Ben Wormser at Johns Hopkins states, “We do not have a test that can predict if a child will have asthma. A child is diagnosed with asthma based on their physical exam and any history of asthma symptoms or asthma attacks. This means that they need to have already had symptoms to be diagnosed. Since children spend the majority of their awake time at school, it is very likely that this first asthma attack will occur during the school day. We need to make sure our schools are ready to treat them when this occurs.”

Our advocates are dedicated to the idea of helping students, families, school personnel and school health staff cope with asthma emergencies in school to:

- reduce number of lost days from school,
- reduce number of 911 calls,
- reduce the number of hospitalizations and the length of hospital stay by providing effective and efficient emergency care at the moment of an asthma flare.

We believe that instituting a stock albuterol inhaler program in schools will lead to better health outcomes for school age children and adolescents who suffer from asthma flares in school. In addition, we believe that the reductions listed above will lead to reduction in costs to the school system, the EMS system, families, and the schools.

STATISTICS

In the US the lifetime prevalence of childhood asthma is **9.4%**. ***In Maryland it is 16.4%*** (lifetime asthma prevalence in 2010 - approximately 216,000 children). In Baltimore, the rate of asthma in school-age children is approximately **20%, with pockets of the city higher than 20%**.

At the time of the event, there were over 400 students enrolled at Vivien T Thompson. Thus, if 20% of the students had asthma, I should have had a minimum of 80 doctor’s orders on file in the health unit. I had none. Yet, I often saw students with inhalers in the school hallways. I contacted students and gave them forms to complete and return. I called parents and asked them to bring in doctor’s orders. I did not receive any doctor’s orders.

THE PROBLEM AS I SEE IT

I am a registered nurse. I had access to Maryland’s guidelines on how to manage asthma in school age children. I had expertise in recognizing asthma emergencies and treating them. However, without albuterol to use in an asthma emergency, I was handicapped.

I am not the only nurse that has experienced this, though I may be one of the few who has reported it. I base this on the results of a study conducted in Pima County, Arizona where school health nurses were asked, anonymously, if they had ever given one student another's inhaler. Many said, "yes." However, they stated that they had not reported it. When asked, "why," they replied, "fear of losing my job."

School health nurses are placed in a position of responsibility without authority. I had no way to enforce the requirement to bring in a doctor's order. I was the only health care professional on site. But I had no emergency medications to administer for asthma exacerbations. I had an EpiPen for allergic reactions. I had Narcan for opiate overdoses. Yet, I did not have a medication to administer for the most common life-threatening illness among Maryland's children.

I strongly advocate for passage of this bill HB 0609 to remedy this problem. Please give nurses and others in the school system a way to cope with a serious life-threatening emergency.

TRAINING NON-MEDICAL SCHOOL PERSONNEL TO ADMINISTER ASTHMA EMERGENCY INHALERS

In 2020, the Maryland School Health Nurse Association expressed concern about training non-medical personnel to administer asthma rescue inhalers. However, when I worked as a school nurse, it was routine to train a teacher or a coach to use an albuterol inhaler, if a student with asthma was going on a field trip or to a sporting event off campus. In fact, the [Maryland State School Health Services Guideline for Management of Students with Asthma](#), has specific procedures for training non-medical personnel in administering rescue inhalers when the student is on a field trip. Thus, the concept of non-medical school personnel being trained to administer and, then, possibly, administering a rescue inhaler in an emergency situation, is not new. In the case of HB 0609, this training would be extended to designated staff. It would focus on recognizing respiratory distress in a child and administering albuterol while calling emergency medical personnel and avoiding adverse outcomes, including worsening asthma and even death. As you will hear from other advocates, albuterol is essential to treat asthma, yet, is a very safe medication to administer with only few and minor side effects.

We have proposed updating the existing EpiPen legislation, as others have in many states that have successfully passed stock albuterol legislation, because the two drugs are so similar: they are both used in life-threatening emergency situations, simple to administer, safe and effective.

COST CONCERNS

As we are all aware, the COVID-19 pandemic has wreaked havoc with budgets. Some have expressed concern about the cost of this program. But, we expect the cost to be minimal for the following reasons.

- 1) Each school needs only one inhaler per school year. Small inhalers hold 60 puffs or 30 doses (2 puffs per doses). Thus, 30 students could be treated per year with one albuterol sulfate inhaler. Inhalers have a shelf life of one year.
- 2) Disposable spacers with one-way valves can be attached to the emergency inhaler for each use and then discarded. The one-way valve prevents the inhaler from being contaminated. The inhaler can be safely and effectively used another time. In fact, many hospitals carry "universal inhalers" in their pharmacy department for unexpected asthma flares.
- 3) Forms for reporting the use of the inhaler and programs to train for non-medical school personnel in the emergency use of asthma inhalers in a one-time start-up cost. Similar resources exist in other states and have been shared with us.

- 4) Total cost of supplies per year: \$60.00 per school
- Average cost of an albuterol inhaler is \$40.00.
 - The cost of a package of 25 disposable spacers is \$18.95.
 - I suspect that bulk ordering through the school purchasing plan may reduce the cost per package.

I intend to offer oral testimony as well as this written testimony. I am available for questions. I encourage you to vote yes on HB 0609. Thank you for your consideration.

Elaine M. Papp, RN MSN COHN-S(R), CM(R) FAAOHN