



Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Acting Secretary

February 5, 2021

The Honorable Anne R. Kaiser
Chair, Ways and Means Committee
Room 131 House Office Building
Annapolis, MD 21401-1991

RE: House Bill 609 – Public and Nonpublic Schools - Bronchodilator Availability and Use - Policy (Bronchodilator Rescue Inhaler Law) – Letter of Information

Dear Chair Kaiser and Committee Members:

The Maryland Department of Health (MDH) respectfully submits this letter of information for House Bill (HB) 609 – Public and Nonpublic Schools - Bronchodilator Availability and Use - Policy (Bronchodilator Rescue Inhaler Law).

HB 609, if enacted, would amend Maryland statute regarding auto-injectable epinephrine for anaphylaxis by adding a requirement that school boards also develop policies regarding bronchodilator rescue inhaler medications for children with asthma or asthma symptoms. This bill would also authorize schools to obtain asthma rescue inhaler medication and require reporting for the use of bronchodilators.

During the 2017-2018 school year, there were over 87,000 Maryland public school students with a diagnosis of asthma.¹ Management of asthma in the school setting requires planning for routine and emergency medication administration, development of an individualized health care plan and emergency care plan, and training of school personnel. Education Article §7-401 requires MDH and the Maryland State Department of Education (MSDE) to develop standards and guidelines for school health services and to provide assistance to local education agencies on the implementation of the guidelines. These guidelines include processes to manage students with asthma.

MDH and the MSDE have a well-developed process for creating and implementing school health services guidelines that includes subject matter experts, school nurses and stakeholders including families. Further, Education Article §7-426 requires the development of emergency care guidelines for students with special needs including procedures for the emergency administration of medication, school responsibilities, and training for appropriate school personnel. MDH has also developed an Asthma Action Plan template for health care providers to provide schools with the needed authorizations for medication administration in schools. Additionally, MDH has provided training to school health care personnel regarding asthma treatment and prevention and worked closely with the MSDE to promote knowledge and awareness of asthma treatment within

¹ School Health Services Annual Survey, 2018

schools, as stated in the state school asthma management guidelines.² MDH has worked with MSDE in prior years to develop a robust policy governing the use of bronchodilator medication for asthma.

Current school health services medication administration guidelines are governed by the Maryland Nurse Practice Act³ and the corresponding COMAR regulations.⁴ Since medication administration is an act of Nursing, a case manager delegating nurse (CMDN or school nurse) may delegate medication administration to certified nursing assistants/ certified medication technicians (CNA/CMT) to administer routine medications. Additionally, under current statutes, schools (e.g., CMDN) are authorized to designate and train non-medical school personnel to administer emergency medications for situations where no health services staff are present (e.g., school bus, field trip). The CMDN is the lead for the school health services in a school and the role of the CMDN is delineated in the Maryland Nurse Practice Act. Therefore, the CMDN (i.e., the school nurse, registered nurse case manager, delegating nurse named on page 2, lines 16-20) should not be considered a designated school personnel as defined in the bill. MDH recommends changing the definition of a designated school personnel to remove the school nurse, registered nurse case manager, delegating nurse to make clear the role of the CMDN.

Current school guidelines and Maryland statute does not preclude schools from purchasing and stocking inhalers for general use, provided that the schools have an authorized prescriber to order and monitor the implementation of the stock inhaler policy. To date, limited fiscal resources to purchase inhalers has been one obstacle to such policies.

MDH notes that while the framework to carry out the provisions called for in the proposed legislation already exist, additional study of this issue would require staff time and expenses not included in MDH's budget. Current staffing at MDH would need to be increased to complete the new guidelines and policies by the effective date. A clinically trained staff person would be needed at a cost of approximately \$100,000.

I hope this information is useful. If you would like to discuss this further, please do not hesitate to contact me at webster.ye@maryland.gov / (410) 260-3190 or Heather Shek, Deputy Director of Governmental Affairs at heather.shek@maryland.gov and at the same phone number.

Sincerely,



Webster Ye
Assistant Secretary

²<http://marylandpublicschools.org/about/Documents/DSFSS/SSSP/SHS/SHSGuidelines/AsthmaGuidelines02272013.pdf>

³ Annotated Code of Maryland, Health Occupations Article, Title 8
http://mgaleg.maryland.gov/2020RS/Statute_Web/gho/8-101.pdf

⁴ COMAR 10.27.09 <http://www.dsd.state.md.us/COMAR/SubtitleSearch.aspx?search=10.27.09>.