



Committee: House Ways and Means Committee

Bill: House Bill 384 – Public and Nonpublic Schools – Bronchodilator Availability and Use - Policy

Hearing Date: February 10, 2022

Position: Support with Amendments

The Maryland Nurses Association (MNA) will support *House Bill 384 – Public and Nonpublic Schools – Bronchodilator Availability and Use – Policy* if the Committee adopts that we have offered in this testimony.

MNA supports the underlying intent of the bill to increase schools’ readiness to address the needs of students with asthma. According to the Centers for Disease Control and Prevention, 7% of children under the age of 18 years of age have asthma, and Maryland’s prevalence rate is 9%.¹ We support a focus in implementing school-health guidelines on asthma. We are strong supporters of the bill’s goals to:

- Ensure schools have stock bronchodilators for students who have left their bronchodilators at home.
- Support school nurses’ efforts to identify other school personnel who are competent to administer or support a student in self-administering a bronchodilator in an emergency if the student has been diagnosed with asthma and their provider has issued a written authorization for the use of a bronchodilator.

As drafted, the bill raises two primary concerns which we have addressed in our proposed amendments:

- In the bill as drafted, the school administrators would determine which non-clinicians could administer bronchodilators in an emergency. For most emergency medication, the protocol is for school nurses to work with non-clinical school personnel to ensure they are competent to administer medication in an emergency. This protocol, as delineated in the laws and regulations governing nurses, is to protect the health of students.
- In the bill as drafted, stock bronchodilators would be administered by school nurses and non-clinicians to students in respiratory distress even if they had not been diagnosed with asthma and did not have a prescription for a bronchodilator. This protocol raises serious safety concerns. For students in respiratory distress and without an asthma diagnosis, the protocol is for the use of auto-injectable epinephrine (“epi pen”) as the student could be having an allergic reaction. The use of a bronchodilator could temporarily mask the student’s symptoms, but the student could be at great risk of anaphylactic shock.

We think these concerns could be addressed by the amendments attached to our testimony and still preserve the most important components of the bill. If we can provide any further information, please contact Robyn Elliott at relliott@policypartners.net or (443) 926-3443.

Amendment 1: Ensuring School Nurses Approve All Non-Clinicians to Administer Bronchodilators:

On page 2 in line 8 after “YEAR,”, strike in “REGISTERED NURSE CASE MANAGERS, DELEGATING NURSES” and insert after “ADMINISTRATORS” in line 9, insert “TO WHOM THE SCHOOL NURSE HAS AUTHORIZED TO ADMINISTER A BRONCHODILATOR UNDER THE REQUIREMENTS OF TITLE 8 OF THE HEALTH OCCUPATIONS ARTICLE AND CONSISTENT WITH THE SCHOOL SYSTEM’S POLICIES AND PROCEDURES”

On page 2 in line 12 insert after “PERSONNEL”, “IF THERE IS WRITTEN AUTHORIZATION FROM THE STUDENT’S PARENT OR GUARDIAN AS WELL AS THE STUDENT’S PRIMARY CARE PROVIDER FOR THE USE OF A PRESCRIBED BRONCHODILATOR TO TREAT A DIAGNOSIS OF ASTHMA”

On page 32 in line 33 after “BRONCHODILATOR”, insert “CONSISTENT WITH THE REQUIREMENTS OF TITLE 8 OF THE HEALTH OCCUPATIONS ARTICLE AND THE SCHOOL SYSTEM’S POLICIES AND PROCEDURES.”

Explanation: This change aligns the bill with existing legal requirements for school nurses to determine the competency of no clinicians in administering medication to ensure the health and safety of students. It also aligns the bill with existing policies that the use of a prescribed medication in school must be authorized by both the student's parent/guardian and the student's primary care provider.

Amendment 2: Preserve existing safety protocols

On page 2, strike beginning with “, REGARDLESS” in line 15 down through “PRACTITIONER” in line 26.

Explanation: If a student does not have an asthma diagnosis and a prescription for a bronchodilator, then the existing safety protocol is to administer auto-injectable epinephrine and call 911. A bronchodilator could just mask the symptoms of anaphylactic shock, and if so, the student would be at risk for much worse health consequences.

Amendment 3: Non-Public Schools

All the amendments made to the public school provisions should be applied to the non-public schools to be consistent.
