



American Lung Association Testimony House Bill 266  
Education, Energy and the Environment  
March 22, 2023  
Favorable with Amendments

Chair Feldman, Vice-Chair Kagan and Members of the Committee:

Thank you for the opportunity to provide comments on House Bill 266, Bronchodilator Rescue Inhaler Law sponsored by Delegate Boyce. The American Lung Association strongly supported this bill **as originally drafted** as it would have allowed 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 as originally drafted has the potential to save lives and keep kids safe in schools. However, significant amendments were made to the bill during the House Early Childhood Subcommittee hearing which stakeholders like the American Lung Association were not invited to participate in. Unfortunately, the amendments drastically change the bill, and we are requesting additional amendments to ensure that Maryland is not putting children in danger.

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.

During the House Early Childhood Subcommittee, the bill was amended to instruct Maryland Department of Health and Maryland Department of Education to update the Maryland State school health service guidelines for the management of students with asthma. We are concerned that this process is not transparent and there are no requirements for pediatric asthma specialists such as Pediatric Pulmonologists to be involved in updating these guidelines. Throughout many of the conversations the opponents of the bill had much discussion around the use of EpiPen as the first line of treatment for children who are in respiratory distress but do not have documented asthma. As many of the volunteer clinical pediatric asthma experts have discussed the use of EpiPen is not the standard of care for the treatment of asthma and can be dangerous if administered to a child unnecessarily. We are very concerned that EpiPen as a treatment for undiagnosed children in schools will be included in the guidelines and **request that the bill be amended to include language to ensure pediatric asthma specialists such as a Pediatric Pulmonologist is involved in the guideline development to ensure the standards of care are met and followed appropriately.**

Secondly, the bill was also amended to only allow stock asthma medications to be used for children with documented asthma. We are concerned by this change, as it makes the bill essentially ineffective and states like Texas who have similar laws in place are right now in process of changing their law to broaden it to include children who are in respiratory distress, not requiring any documentation of asthma. Children who are diagnosed or documented in the school environment are children who have their paperwork signed by their physician on record with the school. In many communities, the ability to obtain the paperwork from the physician can be a significant barrier. Restricting the law to children who can obtain the appropriate paperwork is exacerbating the equity divide, and failing to protect Maryland's most vulnerable children, the children the bill was originally intended help. **We would encourage the committee to amend the bill back to include all children with respiratory distress in the case of an emergency** and not just children with a diagnosis or paperwork on file with the school. The rescue asthma medication would be housed in the same section of the statute that allow schools to stock and administer both EpiPen and Narcan, both also rescue medications and neither require a diagnosis to be used in an emergency situation.

We understand there has been a lot of discussion around distinguishing between respiratory distress and anaphylaxis however, this can be addressed through education and the American Lung Association, our stakeholders and volunteers are happy to partner to help address this concern. Pediatric Asthma Specialists teach their child patients, caregivers and families each and every day to tell the difference between respiratory distress and anaphylaxis and there are some clear clinical indicators that can be used to help easily tell the difference between the two reactions.

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 **only supports this bill with the requested amendments outlined in our comments** and we encourage the committee to amend the bill before it moves forward.

Sincerely,



Aleks Casper  
Director of Advocacy, Maryland  
202-719-2810  
[aleks.casper@lung.org](mailto:aleks.casper@lung.org)