



**Board of Education of Howard County
Testimony Submitted to the Maryland Senate,
Education, Energy, and the Environment Committee
March 22, 2023**

**Board of Education
of Howard County**

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**HB0266: UNFAVORABLE
Public and Nonpublic Schools - Bronchodilator Availability and Use – Policies**

The Board of Education of Howard County (the Board) opposes **HB0266 Public and Nonpublic Schools - Bronchodilator Availability and Use - Policies** as a mandate on local school system policy.

As originally introduced in the House, HB0266 required county boards to establish a policy for schools to authorize school nurses or other personnel to administer a bronchodilator, if available, to a student who is determined to have asthma, is experiencing asthma-related symptoms or in respiratory distress regardless of whether the student has been diagnosed or has a prescription (unless they are a prekindergarten student). The policy must include training for nurses and school personnel on recognizing signs and symptoms, procedures for emergency administration, authorization for school nurses to obtain and store at schools, and a requirement for each public school to develop and implement a method for notifying parents of the policy at the start of each school year. Schools may accept donated bronchodilators from licensed pharmacies or manufacturers or obtain grants. Staff using the equipment in good faith cannot be held personally liable for any act or omission. Schools must notify parents of each use, make a record of the incident, and submit a report to the Maryland State Department of Education (MSDE) on the number of uses.

The most concerning provisions for the health and safety of students under the care of local school systems were the provisions of HB0266 that called for administration of a bronchodilator regardless of prescription. Howard County Public School System (HCPSS) Health Services staff indicates medication should only be administered with a physician order, especially for a steroid like a bronchodilator to someone that is “perceived” to be in distress. In schools where a health assistant is utilized, there would be a concern with conducting assessments, which include evaluation of breathing in the case of respiratory distress. Going beyond these health service positions as called for under the bill to staff who have taken training but are not health professionals would compound this concern. HCPSS health provisions already direct staff to administer epinephrine in the case of asthma-related complications and to further call 911. The removal of this section by the House before passage moves this bill in a more favorable direction.

Although in a better posture, the bill as presented to the Senate still contains a mandate on local school system policy and is an unfunded mandate. While the

amended bill calls for the limited administration of a bronchodilator to cases where a student has a prescription, the required policy including provisions for the school nurse to obtain and store bronchodilators to be used in an emergency situation implies they will be available for use at all schools. Maintaining these in all HCPSS schools would be costly as they are not interchangeable for multiple users and expire within one year.

As a legislative platform the Board supports local decision making in the development of policy that accounts for best practices, available resources, and public input, rather than legislative mandates as encompassed in HB0266. HCPSS currently works with parents and health care providers to determine case-by-case needs for student use of a prescribed bronchodilator, and trains staff members working with students with a prescription for asthma on signs and symptoms of respiratory distress for that student's individualized care and emergency management.

For these reasons, we urge a UNFAVORABLE report of HB0266 from this Committee.