

In support of House Bill 266 (HB266), Public and Nonpublic school – bronchodilator and epinephrine availability and use – policies.

To members of the Education, Energy and the Environment Committee of the Maryland Senate:

I write to you in **support of HB266**, which I believe should be passed with amendments.

I am the primary pediatric asthma nurse at Johns Hopkins Hospital, where I work in the Division of Pediatric Pulmonology. In the past, I was a research nurse (also at Johns Hopkins) and coordinated an NIH-funded randomized clinical trial for Baltimore children with atopic asthma (allergies and asthma together). I have a bachelor's degree in biology from Davidson College in Davidson, North Carolina; a second bachelor's degree in nursing from Johns Hopkins; and a master's degree in Palliative Care from the University of Maryland School of Pharmacy. I'm currently getting a second master's degree, a master's in nursing, from Drexel University in Philadelphia, Pennsylvania. I live and work in Baltimore City and have school-age children of my own with atopic asthma and food allergies. I am well-versed in epinephrine and albuterol guidelines both on a professional level and on a personal level.

National and international asthma guidelines recommend **albuterol as first-line treatment**, not epinephrine IM. If a child is in respiratory distress, with or without a previous asthma diagnosis, school nurses should have access to albuterol. Epinephrine IM is not an appropriate alternative to albuterol when students experience difficulty breathing or shortness of breath. Children with respiratory distress, whether or not they are known to have a diagnosis of asthma, should be able to receive this safe, life-saving medication in school during emergencies.

The original version of HB266 makes good sense. At least 17 other states have taken similar measures, allowing rescue medications to be stocked in schools and administered for breathing emergencies. Unfortunately, the bill was amended and that severely limits its impact and efficacy. Please **further amend the bill to allow for administration of stock albuterol to children experiencing breathing emergencies, like cough, wheeze or shortness of breath, whether or not they have official documentation on file of an asthma diagnosis**. Asthma attacks can be life threatening. Quick access to safe and life-saving medication, like albuterol, is critical.

Thank you for your time and attention to this matter. I strongly believe that the passage of this bill is in the best interest of students in Maryland. Ensuring passage of HB226 will help save lives.

Please do not hesitate to contact me if you have questions or concerns about this letter. My email address is apowell3@jhmi.edu (and below).

Thank you,
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