



**2023 SESSION
POSITION PAPER**

BILL: HB 266 – Public and Nonpublic Schools – Bronchodilator Availability and Use - Policies

COMMITTEE: Senate Education, Energy, and the Environment Committee

POSITION: Letter of Support As Amended (in House)

BILL ANALYSIS: HB 266 would require each county board of education and authorizing non-public schools, before the 2024-2025 school year, to establish a policy for public schools in its jurisdiction to authorize a school nurse and other school personnel designated by the school nurse, to administer a bronchodilator to a student who is experiencing asthma, reactive airway disease, or asthma-related symptoms; require the State Department of Education and Maryland Department of Health to jointly update school health service guidelines for management of students with asthma; and other related activities that pertain to ‘other school personnel designated by school nurse’.

POSITION RATIONALE: The Maryland Association of County Health Officers (MACHO) supports the intent of HB 266 to improve student access to potentially life-saving medication and supports HB 266 *as amended by the House*. Prior to the amendments, MACHO expressed concern about the impact of unfunded mandates on local agencies, additional administrative burdens on already overtaxed school nurses, and scope of practice issues that are further compounded by the critical nursing shortage in Maryland. Except for solving the workforce shortage, MACHO’s remaining concerns have been eased by the amendments made and approved by the House.

MACHO is supportive of the State Department of Education (MSDE) and the Maryland Department of Health (MDH) jointly updating the current State school health service guidelines for the management of students with asthma on or before the next school year, providing guidance to school nurses and other school personnel on distinguishing between asthma or reactive airway disease and anaphylaxis, and county boards of education and Baltimore City’s Board of School Commissioners working to adopt and implement guidelines in accordance with the State guidelines before the next school year. MACHO notes that the August 1 deadline for the state agencies to roll out updated guidelines could be a challenge for school districts that start as early as August 17 (Frederick). This may not allow all school districts to review, adopt, train, communicate and implement the guidelines in time, unless the school districts are involved in the development process of those guidelines earlier in the process.

The development of policies to address the administration of a bronchodilator to cases where a student has been prescribed a bronchodilator by an authorized, licensed health care provider, storage of bronchodilators, and procedures for designation of other school personnel by the school nurse to respond to a student experiencing asthma, reactive airway disease, or asthma-related symptoms in an emergency setting, addresses scope of practice issues MACHO had identified in the original bill. Health Officers objected to allowing non-clinical school personnel to perform clinical assessments and deliver treatment for a student in respiratory distress and supported reliance on school nurses who are already trained to recognize signs of early respiratory distress and to respond with appropriate emergency interventions. Management of asthma is complex, often requiring the prescription of daily prevention medication and teaching on proper medication usage techniques, which requires resources and expertise not available from school health personnel.

MACHO remains concerned about the school nurse shortage, access to pediatric primary care and access to pediatric primary care in school-based settings. For these reasons, the Maryland Association of County Health Officers *Support HB 266 As Amended by the House*. For more information, please contact Ruth Maiorana, MACHO Executive Director at rmaiora1@jhu.edu or 410-937-1433.