



Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Acting Secretary

February 8, 2023

The Honorable Vanessa E. Atterbeary  
Chair, Ways and Means Committee  
Room 131 House Office Building  
Annapolis, MD 21401-1991

**RE: HB 266 Public and Nonpublic Schools - Bronchodilator and Epinephrine Availability and Use – Policies – Letter of Information**

Dear Chair Atterbeary and Committee Members:

The Maryland Department of Health (MDH) respectfully submits this letter of information for House Bill (HB) 266 - Public and Nonpublic Schools - Bronchodilator and Epinephrine Availability and Use - Policies. HB 266 will require each county board of education and authorize nonpublic schools in the State to establish a policy to obtain, administer, and train school nurses and other school personnel to administer bronchodilators (e.g., albuterol) in emergency situations to a student who is determined to have asthma, is experiencing asthma-related symptoms, or is perceived to be in respiratory distress by a school nurse or any other school personnel. HB 266 will also require the Maryland State Department of Education (MSDE), in consultation with MDH and others, to identify or develop training for certain school personnel to identify symptoms of asthma and respiratory distress in students, identify students with anaphylaxis, and distinguish between anaphylaxis and asthma or respiratory distress.

Asthma is prevalent among school-aged children in Maryland, and it is important that students with asthma have access to bronchodilators in school for treatment of asthma-related symptoms. A stock bronchodilator program, as established through this bill, will allow a school to store albuterol that can be administered to a student with asthma who is experiencing asthma-related symptoms, including respiratory distress, but does not have their own bronchodilator. It therefore has the potential to prevent emergency department visits, hospitalization, and death from asthma.

The bill will also authorize school nurses and other non-licensed school personnel to administer a bronchodilator to a student in respiratory distress who does not have a diagnosis of asthma. Respiratory distress can be a symptom of anaphylaxis which is a severe, potentially life-threatening allergic reaction. School nurses and other designated school personnel are trained to administer auto-injectable epinephrine to a student who is determined to be or perceived to be in anaphylaxis. When a student without a diagnosis of asthma is in respiratory distress, it is safest for trained school personnel to administer auto-injectable epinephrine, not a bronchodilator, as delays in treating anaphylaxis can be life-threatening. Respiratory distress from undiagnosed asthma would also respond to auto-injectable epinephrine.

The bill does require training of school nurses and other designated school personnel to distinguish between anaphylaxis and asthma or respiratory distress. However, in a student without a diagnosis of asthma, distinguishing between anaphylaxis and respiratory distress from another cause requires a level of clinical assessment that is not appropriate for school personnel who are not registered school nurses (RNs), even with the required training.

HB 266 will place additional burdens on the many responsibilities that school nurses and other school health staff already have. School nurses and health staff will be required to record each use of a bronchodilator at a public school on a new standardized form and notify the parent of each use of a bronchodilator. According to data from the 2021-22 School Health Services survey, almost 57,000 public school children had a known diagnosis of asthma.<sup>1</sup> Students with asthma may need to use bronchodilators multiple times a day if they are experiencing symptoms. Recording each incident on a standardized form and notifying parents each time will create an undue administrative burden on school health personnel and take time away from addressing other student health needs.

HB 266 also mandates nonpublic schools to develop policies that authorize “school nurses and volunteers designated by a school nurse” to receive training to administer emergency medications (auto-injectable epinephrine and bronchodilators) to students; therefore, nonpublic schools without school nurses will be unable to designate any personnel. This is more restrictive than the language in the current Md. Code Ann., Educ. § 7-426.3 for auto-injectable epinephrine, in which nonpublic schools may establish policies that authorize “school personnel” to administer auto-injectable epinephrine to a student who is determined to be or perceived to be in anaphylaxis. While it is critical that nonpublic schools have appropriate clinical staff to oversee training and implementation of these policies, some nonpublic schools may have a physician consultant who could serve in this capacity.

Further, the bill requires MDH to collaborate with MSDE to develop new professional development training for school nurses and other personnel, update existing school health services guidelines on anaphylaxis and asthma, monitor implementation of the guidelines in all jurisdictions, and provide technical assistance to local school health services programs. Meeting these requirements will have a fiscal and operational impact on MDH, and will necessitate the recruitment of staff to execute these mandates.

If you would like further information please contact Megan Peters, Acting Director of Governmental Affairs at [megan.peters@maryland.gov](mailto:megan.peters@maryland.gov) or (410) 260-3190.

Sincerely,



Laura Herrera Scott, M.D., M.P.H.  
Acting Secretary

1. 2021-2022 School Health Services Survey, Maryland State Department of Education and Maryland Department of Health