

In support of House Bill 226 (HB226), Public and Nonpublic school – bronchodilator and epinephrine availability and use – policies.

To Chair Atterbeary, Vice-chair Wilkins, and members of the Ways and Means Committee:

I write to you in **support of HB226**, which I believe should be passed.

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 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.

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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