



**2023 SESSION  
POSITION PAPER**

**BILL:** HB 266 – Public and Nonpublic Schools – Bronchodilator and Epinephrine Availability and Use - Policies  
**COMMITTEE:** House Ways & Means Committee  
**POSITION:** Letter of Concern  
**BILL ANALYSIS:** HB 266 would require each county board of education and authorizing nonpublic schools to establish a policy to obtain, administer and train school nurses and other school personnel to administer in emergency situations, bronchodilators to a student who is determined to have asthma, is experiencing asthma-related symptoms, or is perceived to be in respiratory stress; require the State Department of Education to develop training for school personnel on this issue; and other related activities.

**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. However, MACHO is concerned about the impact of unfunded mandates on local agencies, additional administrative burdens on already overtaxed school nurses, and scope of practice issues.

Tens of thousands of students with asthma are enrolled in MD schools. The tracking and submission of incident reports each time a bronchodilator is administered to students would impose a significant administrative burden on school health personnel and serves no clear objective for students with an established diagnosis of asthma. There is already a critical school nursing shortage in Maryland. Every minute spent on the thousands of reports that would be required, would take nurses away from providing healthcare services to other students in need. *MACHO suggests removal of the requirement to report incidents of bronchodilator usage to the MSDE.*

HB 266 allows non-medical personnel to make clinical judgments in potentially life-threatening situations. MACHO cautions against minimizing the need for healthcare expertise that can only be gained through proper medical training. It would be inappropriate for nonclinical school personnel to be expected, after minimal training, to perform clinical assessments and then determine the need and method of treatment, particularly in an emergency scenario, for a student presenting with respiratory distress. This is particularly inappropriate for children who do not already carry an asthma diagnosis or have not been clinically assessed for asthma by a medical provider. Symptoms like those seen in asthma exacerbations may in fact be indicators of other conditions for which treatment with a bronchodilator would be inappropriate; in these conditions, the child needs to be assessed by a medical provider and treatment with a bronchodilator may delay more appropriate clinical evaluation and intervention. *MACHO therefore suggests removal of the requirement to train designated personnel on how to recognize the symptoms of asthma and respiratory distress.* As licensed healthcare providers, school nurses are already trained to recognize early respiratory distress signs and symptoms and to respond with appropriate emergency interventions; training other school personnel on this topic will impose a significant demand of time on school health nurses. Instead of relying on less experienced proxies, efforts should be made to correct the school nurse shortage and improve access to pediatric primary care and in school-based settings.

Lastly, MACHO is concerned about providing treatment access to students who have not received medical care for their chronic asthma symptoms. As a chronic disease, asthma is a diagnosis that requires regular assessment and follow-up by medical providers and should not be diagnosed or managed in the school health office setting. 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.

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Instead of creating the expectation that asthma may be managed in the school health office setting, children with asthma symptoms need to be directed to medical providers for this chronic care. *We urge the committee to consider other more effective policies to ensure students have access to the asthma evaluation and medications they need.*

For these reasons, the Maryland Association of County Health Officers urges the committee to consider these concerns for HB 266. For more information, please contact Ruth Maiorana, MACHO Executive Director at [rmaiora1@jhu.edu](mailto:rmaiora1@jhu.edu) or 410-937-1433. *This communication reflects the position of MACHO.*

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