Written Testimony in Favor of HB0086
Submitted by Kate Connor, MD, MSPH
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My name is Kate Connor. I am a board-certified pediatrician, a school health provider and medical director in Baltimore City, and a member of the faculty in General Pediatrics at the Johns Hopkins University School of Medicine. The views expressed in this testimony are my own and do not necessarily represent the views of the Johns Hopkins University School of Medicine.

I am writing in favor of HB0086 which would permit schools to establish a policy to obtain, administer, and train school personnel to administer bronchodilators to certain students.

Asthma is one of the most common chronic diseases of childhood impacting up to 4 million U.S. children[1]. In 2021 asthma was the cause of more than 270,000 emergency department visits, nearly 30,000 hospitalizations, and 145 deaths in children and adolescents[1]. It is also a major driver of health inequity. Black children and children experiencing poverty are more than twice as likely to have asthma compared to white peers and those not experiencing poverty respectively[1]. Black children are nearly eight times as likely to die from asthma as their white counterparts[2]. Asthma is complex and many factors drive these inequities. **At a minimum, access to life-saving, quick-acting bronchodilators like albuterol is needed to prevent hospitalization and death from the disease.**

Children and adolescents spend the majority of their time in school. While there are provisions for children with asthma to receive albuterol at school if needed, a clinician order including their signature and a parent/guardian signature is required before the school nurse or other personnel can administer the medication. Even in an emergency, if the order is not signed or the inhaler is not in school, albuterol cannot be given. **There are many barriers to obtaining signed paperwork and medications in schools – from healthcare access to conflicting schedules, communication and language barriers and more. In a school with a high prevalence of asthma, these barriers leave a significant proportion of students at risk for bad outcomes.** I work in a school-based health center where nearly 40% of the school's students have asthma. At our SBHC, a clinician is always onsite. As a result, it is rare that we have to watch a child in respiratory distress get sicker without being able to intervene. In fact, in our first five years of operation we averted more than 300 emergency department visits for students with asthma by providing emergency medications through the SBHC. However, the majority of schools do not have SBHCs and many do not even have nurses. In order to make a true dent in asthma inequities, school health resources must be made available to all students and in the interim we must ensure that caring adults have the resources to save the life of a student experiencing respiratory distress due to asthma.

Bronchodilators are safe medications. They are regularly given to patients in respiratory distress by first responders and earlier administration can improve outcomes and save lives, even without a known diagnosis of asthma. **To prevent deepening disparities in asthma hospitalizations and deaths, stock albuterol should be able to be given to any student in respiratory distress who is believed in good faith to be having an asthma exacerbation, even without prior documentation of the diagnosis.**

1. Centers for Disease Control and Prevention. Most Recent National Asthma Data. Accessed from: https://www.cdc.gov/asthma/most_recent_national_asthma_data.htm. January 16, 2024.

2. U.S. Department of Health and Human Services, Office of Minority Health. Asthma and African Americans. Accessed from: https://minorityhealth.hhs.gov/asthma-and-african-americans. January 16, 2024.

Stock albuterol policies are separate from stock epinephrine policies and are specific to respiratory distress. Existence of a stock albuterol policy does not preclude the use of epinephrine when criteria of the stock epinephrine policy are met**. It is not medically appropriate to automatically give every student who requires albuterol for respiratory distress epinephrine as well.** It is acceptable to give both - in the very rare instance when a student is in extreme distress and both are medically needed as indicated by the policies. School personnel can be trained to identify respiratory distress and anaphylaxis in the same way that we train children and their families to make these distinctions at home every day.

I implore you to listen to the experts and the science and to vote in favor of SB0180 to allow schools to develop stock albuterol policies and keep their students safe.

Please do not hesitate to contact me with questions or for additional information.

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1. Centers for Disease Control and Prevention. Most Recent National Asthma Data. Accessed from: https://www.cdc.gov/asthma/most_recent_national_asthma_data.htm. January 16, 2024.

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