

Department of Legislative Services
Maryland General Assembly
2021 Session

FISCAL AND POLICY NOTE
First Reader

House Bill 609
Ways and Means

(Delegate Boyce)

Public and Nonpublic Schools - Bronchodilator Availability and Use - Policy
(Bronchodilator Rescue Inhaler Law)

This bill requires each local board of education to establish a policy for public schools within its jurisdiction to authorize the school nurse and other “designated school personnel” to administer a bronchodilator, if available, to a student who is determined to have asthma, is experiencing asthma-related symptoms, or is perceived to be in respiratory distress, regardless of whether the student (1) has been diagnosed with asthma or reactive airway disease or (2) has a prescription for a bronchodilator from a licensed health care practitioner. However, a bronchodilator may not be administered to a prekindergarten student without a prescription, as specified. The policy must include other specified elements. Likewise, the bill *authorizes* each nonpublic school to establish a policy that meets the same requirements. **The bill takes effect July 1, 2021.**

Fiscal Summary

State Effect: The Maryland State Department of Education (MSDE) and the Maryland Department of Health (MDH) can jointly develop required forms and receive required incident reports using existing resources. Revenues are not affected.

Local Effect: Local school system expenditures increase minimally to develop policies and implement required training for designated school personnel. Assuming school nurses decide to make bronchodilators and modes of delivery available, annual school system and/or local health department expenditures increase. Revenues are not affected.

Small Business Effect: None. To the extent that nonpublic schools are small businesses, the bill authorizes, but does not require, the specified bronchodilator policy and related training and procedures.

Analysis

Bill Summary: “Designated school personnel” means individuals employed by a public school, including part-time employees, teachers, substitute teachers employed by the school at least seven days of each school year, a school nurse, registered nurse case manager, delegating nurse, and administrative staff.

The policy must also include training for designated school personnel on how to recognize the symptoms of asthma and respiratory distress; procedures for emergency administration of a bronchodilator; proper follow-up emergency procedures; and a provision authorizing a school nurse to obtain and store at a school bronchodilators and modes of delivery to be used in an emergency situation.

Each public school must submit, on a form required by MSDE and MDH, a report on the number of incidents at the school or at a related school event that required the use of auto-injectable epinephrine or a bronchodilator. In addition, a public school must notify the student’s parent or legal guardian of an incident requiring the use of auto-injectable epinephrine or a bronchodilator and make a record of the incident, on the form that MSDE and MDH require, and file the form in the student’s school medical record.

Except for any willful or grossly negligent act, a school nurse or other designated school personnel who respond in good faith to asthma attack or respiratory distress in accordance with the bill may not be held personally liable for any act or omission in the course of responding to the reaction.

Current Law: With the assistance of the local health department, each local board of education must provide adequate school health services; instruction in health education; and a healthful school environment. MSDE and MDH must jointly develop public standards and guidelines for school health programs and offer assistance to the local boards of education and local health departments in their implementation.

MSDE and MDH must jointly establish guidelines for public schools regarding emergency care for students with special health needs. The guidelines must include procedures for the emergency administration of medication and the proper follow-up emergency procedures; a description of parental or caregiver responsibilities; a description of school responsibilities; a description of student responsibilities that are age and condition appropriate; and any other issue that is relevant to the emergency medical care of students with special health needs. MSDE and MDH must provide technical assistance to schools to implement the guidelines established, train designated school personnel at the local level, and develop a process to monitor the implementation of the guidelines.

Auto-injectable Epinephrine

Each local board of education is required to establish a policy for public schools within its jurisdiction to authorize the school nurse and other school personnel to administer auto-injectable epinephrine, if available, to a student who is determined to be or perceived to be in anaphylaxis, regardless of whether the student (1) has been identified as having an anaphylactic allergy or (2) has a prescription for epinephrine from a licensed health care practitioner. The policy must also include training for school personnel on how to recognize the symptoms of anaphylaxis; procedures for the emergency administration of auto-injectable epinephrine; proper follow-up emergency procedures; and a provision authorizing a school nurse to obtain and store at a public school auto-injectable epinephrine to be used in an emergency situation.

Each public school must submit, on the form that MSDE requires, a report on each incident at the school or at a related school event that required the use of auto-injectable epinephrine. MSDE must develop and disseminate a standard form to report each incident requiring the use of auto-injectable epinephrine at a public school.

Local Expenditures: Local school system expenditures increase minimally to develop policies and implement the required training program for designated school personnel. Local school system expenditures may include hiring substitutes or providing teacher stipends to allow teachers to attend training; however, the training is not expected to be extensive as rescue inhalers can be administered with minimal training. Costs will be less to the extent training is already provided.

Assuming school nurses decide to make bronchodilator and spacers available, annual school and/or local health department expenditures increase. Local health departments provide school nurses in some jurisdictions.

It is unknown what price the local entities will pay for stock bronchodilators and modes of delivery, including spacers. According to Cost Helper, the cost to the general public for an albuterol rescue inhaler, which is one type of bronchodilator, is \$30 to \$60. Other bronchodilators and delivery systems, such as nebulizers, may cost more or less than that estimate. Nurses in local schools will need to decide what bronchodilators and delivery systems are most appropriate to stock. Baltimore City Public Schools estimates a cost of \$15,000 annually to ensure there are two bronchodilators per school. Montgomery County Public Schools estimates a cost of \$31,000 for medications and supplies.

Total costs will be higher if each school is required to have a stock supply of bronchodilators, which expires and must be replaced regularly. There may also be costs associated with the safe disposal of used and expired bronchodilators. To the extent local school systems currently have stock bronchodilators, costs are mitigated.

Additional Information

Prior Introductions: HB 773 of 2020 received a hearing in the House Ways and Means Committee, but no further action was taken.

Designated Cross File: None.

Information Source(s): Maryland Association of County Health Officers; Maryland State Department of Education; Maryland Department of Health; Baltimore City Public Schools; Montgomery County Public Schools; Department of Legislative Services

Fiscal Note History: First Reader - February 3, 2021
rh/jc

Analysis by: Michael E. Sousane

Direct Inquiries to:
(410) 946-5510
(301) 970-5510