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Oppose

House Bill 384 – Public and Nonpublic Schools - Bronchodilator and Epinephrine Availability and Use - Policies

Education, Health, and Environmental Affairs Committee

April 4, 2022

The Maryland Assembly on School-Based Health Care (MASBHC) opposes House Bill 386 – *Public and Nonpublic Schools - Bronchodilator and Epinephrine Availability and Use - Policies*. This bill seeks to improve care for children with asthma, but as drafted, it could result in serious unintended consequences.

As introduced, this bill sought to allow school staff to administer stock bronchodilators to children who could not access their prescribed bronchodilator and to children in respiratory distress who had never received an asthma diagnosis. Although we agree that there may be ways for properly trained staff to administer stock bronchodilators when a prescribed bronchodilator is missing, we have serious concerns about non-clinicians providing bronchodilator to children with no diagnosis. We believe that allowing stock bronchodilators to be administered to children experiencing respiratory distress with no known cause increases the risk of delayed treatment for fatal anaphylactic shock. A bronchodilator will do nothing to treat anaphylaxis but can mask the symptoms. There are examples of children dying because an anaphylactic event was miss-identified as an asthma attackⁱ and the American Lung Association’s model stock bronchodilator policy does not recommend bronchodilators for children without an asthma diagnosis.ⁱⁱ

To attempt to address the concerns raised about administering bronchodilators to children without an asthma diagnosis, the House modified the state’s stock epinephrine statute to include a requirement that school staff be taught how to differentiate between anaphylaxis and asthma. Differentiating between anaphylaxis and asthma can be difficult for trained clinicians, and we do not feel it is fair to put this level of differential diagnosis on non-clinical school staff. When a student is experiencing respiratory distress of unknown cause, we believe that school staff should immediately contact 9-1-1, provide general first aid, and administer and EpiPen—if it appears the child is in anaphylactic shock and if trained to do so.

Although we have serious concerns about this bill, we agree with the proponents that there are many issues related to asthma health disparities and underdiagnosis. This is why we

have consistently supported efforts to improve access to student health services. We also recommend that the General Assembly request MSDE and MDH to update school health guidelines on asthma. MSDE and MDH have the ability to do much of what is included in this bill, and there may be other things that could be improved in how our schools support students with asthma.

Thank you for your consideration of our testimony, and we urge an unfavorable report, but encourage the General Assembly to request an update to the school health guidelines for asthma. If we can provide any further information, please contact Scott Tiffin at stiffin@policypartners.net or (443) 350-1325.

ⁱ <https://emj.bmj.com/content/ememed/19/5/415.full.pdf>

ⁱⁱ <https://www.lung.org/getmedia/96873d5c-3a30-4be6-9a3c-445a2dafdd7b/Model-Policy-On-Stock-Bronchodilators.pdf>