



**2022 SESSION
POSITION PAPER**

- BILL:** HB 384 - Public and Nonpublic Schools – Bronchodilator and Epinephrine Availability and Use – Policies
- COMMITTEE:** Senate – Education, Health and Environment Committee
- POSITION:** Letter of Support With Amendments
- BILL ANALYSIS:** House Bill 384 requires each local board of education to establish a policy for public schools to authorize the school nurse and other school personnel (including personnel with no medical training) to administer a bronchodilator to a student who is experiencing asthma-related symptoms or perceived to be in respiratory distress. The bill also requires the policy to include paid professional development training, developed by MSDE for school nurses and other personnel on how to recognize the symptoms of asthma, respiratory distress, and anaphylaxis. The bill requires that a student’s parents be notified of the administration of a bronchodilator and records be kept and reported to MSDE.

POSITION RATIONALE: The Maryland Association of County Health Officers (MACHO) offers support for overall goals of HB 384 while respectfully requesting the bill be amended. MACHO supports the intent of the bill to improve student access to potentially life-saving medication such as bronchodilator rescue inhalers and auto-injectable epinephrine. More than half of MACHO’s members run local health departments who are responsible for hiring and overseeing the nurses that work in the school systems in their jurisdictions.

As currently amended, the bill poses *unfunded* mandates on local agencies and additional administrative burdens on already overtaxed school nurses. MACHO requests amendments to the bill to **remove the requirements to:**

- Train ancillary school personnel on how to recognize the symptoms of asthma and respiratory distress, which will place a significant demand on the time of school health nurses, taking them away from other student health needs.
 - Strike Page 3, Line 4 starting with “AND” through line 7.
 - Strike Page 6, Line 35 starting with “AND” through Page 7, Line 2.
- Allow personnel other than health professionals to administer a bronchodilator.
 - Strike Page 6, Lines 10-14.
 - Strike Page 6, Line 17 “AND OTHER SCHOOL PERSONNEL”.
 - Amend Page 6, Line 21: Strike “OR” and replace with “AND”.
 - Strike Page 7, Line 11 “OR DESIGNATED VOLUNTEER”.
 - Strike Page 7, Line 23 “OR DESIGNATED VOLUNTEER”.

- Notify students’ parents and legal guardians of the use of a bronchodilator and report to the Department the number of incidents of bronchodilator use at the school or related events, unless the treatment is administered to a student for whom asthma had not been previously diagnosed.
 - Add to Page 8, Line 7 after “BRONCHODILATOR”: “FOR A STUDENT NOT PREVIOUSLY DIAGNOSED WITH ASTHMA”

The above changes should be mirrored in Section 7–426.7.

- MACHO also requests that the effective date of the bill be moved to July 1, 2023 to a later date, to give schools and school health nurses enough time to implement the training required by the bill and secure bronchodilators and auto-injectable epinephrine, as available.

Across the State, there are tens of thousands of students with asthma enrolled in our schools. The tracking and submission of incident reports each time a bronchodilator is administered to students would be 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 these thousands of reports take nurses away from providing healthcare services to other students in need.

MACHO has concerns that the bill allows non-medical personnel to make clinical judgments in potentially life-threatening situations. Expecting non-medical volunteers to distinguish anaphylaxis from severe asthma based on course material with no clinical training has the potential to result in improper treatment and dangerous side effects such as cardiac arrhythmias. *We caution against minimizing the need for healthcare expertise that can only be gained through proper medical training. This is a potential slippery slope.* **Efforts should be made to correct the shortage of school nurses and not to rely on poorly qualified proxies.**

Finally, MACHO raises concerns that one possible intent of the bill is to provide treatment access to students who have not received medical care for their chronic asthma symptoms. Management of asthma is complex and requires resources and expertise not available from school health personnel. *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, MACHO urges the Committee to adopt the above amendments and issue a favorable report on House Bill 384. For more information, please contact Ruth Maiorana, Executive Director, MACHO, at rmaiora1@jhu.edu or 410-937-1433. *This communication reflects the position of MACHO.*