

Statement of Kari Keaton
Senate Education, Health, and Environmental Affairs Committee
April 5, 2022
Position: **UNFAVORABLE HB 384**

Dear Chair Pinsky and members of the Education, Health, and Environmental Affairs Committee:

I live in Rockville, Maryland, and I am a parent of two sons with asthma and life threatening (anaphylactic) food allergies. I am here to voice opposition to House Bill 384 as it is written. My sons are now 29 and 24 years-old, so they are long past their days in Montgomery County Public Schools. I stay in touch with these issues because for the past 23 years I have been the facilitator for the Metro DC Food Allergy Support Group. Our members deal with multiple atopic conditions in addition to food allergies, including many with asthma.

I have two major concerns about stocking bronchodilators in schools to be used for children with or without diagnosed asthma. My first concern is that diagnosing respiratory distress in a child is often not easy. One of my son's first anaphylactic reactions to peanuts began with respiratory distress (no hives or swelling right away). If I had chosen to use a bronchodilator instead of epinephrine, the anaphylactic reaction might not have subsided so quickly. I could have used a bronchodilator and waited to see if it worked, but delaying the administration of epinephrine can have very serious, potentially fatal consequences.

Because both of my sons also have asthma, there are times that the bronchodilator is necessary, and all they need to use to alleviate their asthma symptoms. However, I have always told them that in case their bronchodilator inhaler doesn't seem to alleviate their symptoms, they should not hesitate to use their epinephrine. Epinephrine will also act as a powerful bronchodilator.

My second concern with stock bronchodilators is that the administration of an inhaler is not always easy (especially with a child that has never used an inhaler). It is critical that the medication is inhaled deeply to get into the lungs--that is why for very young children or anyone being treated in a hospital with a bronchodilator, nebulizers are used--the medication is aerosolized and breathed in through a mask covering the nose and mouth. I understand the bill calls for spacers to be used and while they are helpful, I still feel a child who has never used an inhaler, and is possibly very stressed by their breathing difficulties might not get the full benefit of the bronchodilator.

I believe that the Maryland State Department of Education and the Maryland Department of Health should collaborate on updating the guidelines for treating asthma in schools and address the potential of adding stock bronchodilators as part of a comprehensive review of the asthma treatment protocols. I am hopeful that you will not pass on this bill with a favorable report.