American Lung Association Testimony Senate Bill 127

Senate Standing Committee on Education

February 9, 2021

Support

Chairman Wise and Members of the Committee:

Thank you for the opportunity to provide comments on Senate Bill 127, an act relating to student health and safety sponsored by Chairman Wise. The American Lung Association supports this bill as it will allow schools in Kentucky to provide more immediate access to medications for students with asthma. Asthma can be a deadly disease if flare-ups are not treated immediately, so this bill has the potential to save lives and keep students safe in schools.

The American Lung Association is the leading organization working to save lives by improving lung health and preventing lung disease, through research, education and advocacy. The work of the American Lung Association is focused on four strategic imperatives: to defeat lung cancer; to improve the air we breathe; to reduce the burden of lung disease on individuals and their families; and, to eliminate tobacco use and tobacco-related diseases.

Asthma impacts millions of lives and has a tremendous impact on our nation’s healthcare system and economy. In the U.S., close to 25 million Americans, including 6.1 million children have asthma. In Kentucky, 57,000 children have asthma. Asthma is also responsible for more than $50 billion annually in healthcare costs and causes 7.9 million missed school days and 10.1 million missed days of work nationwide.

Because asthma attacks can occur anytime and often without warning, children with asthma and children who are experiencing respiratory distress should always have access to medication that can quickly reverse the blockages in their lungs. This life-saving medication, called a short-acting bronchodilator, is easy to administer, inexpensive, and very safe. Properly administered in the school setting with the use of disposable spacers for each student, there is little to no danger of spreading disease.

Unfortunately, when children do not have asthma medication, which can occur for a variety of reasons such as forgetting it, not being able to afford it, or not having yet been diagnosed schools have few options. A parent may not be immediately accessible or close enough to respond promptly. Even if they can, there is a delay during which the asthma attack often gets worse. In such cases, the school must call 911. Doing so is likely to lead to an ambulance transport costing $500 or more and an emergency department visit costing thousands more.

Such events also take children out of the classroom for days at a time and further impede their learning.

These adverse events are largely avoidable with a simple low-cost solution: stock medication or inhalers. Schools can purchase or secure donations of single inhalers containing a short-acting bronchodilator along with inexpensive disposable spacers that can be used for anyone who experiences the sudden onset of cough, shortness-of-breath, and chest tightness that signals an asthma attack.

It is critical as outlined in the proposed legislation that school staff other than school nurses are trained in the signs and symptoms of asthma and when it is appropriate to administer the rescue medications. In Kentucky, there is not a school nurse present in every school building, thus it is imperative that we train other staff to assess, access and administer the required medication that would potentially save a student’s life.

SB 127 also provides the important liability protections for the prescriber, the school and the person who administers the medication in good faith. As we mentioned the medication used for treatment of asthma attacks is safe and effective. As part of a research project in the Sunnyside Unified School District in Tucson, Arizona that evaluated the stock inhaler project, researchers found that school nurses were afraid that giving the medication could potentially expose them to liability, so it is imperative that the liability protections as outlined in the bill remain.

That is why SB 127 is so important as it allows schools to maintain a stock supply of asthma medication for student use when medication is otherwise unavailable. It represents a simple and low-cost – or no-cost, if donated – solution to a problem that could save both lives and money. In total, [14 states](https://www.lung.org/lung-health-and-diseases/lung-disease-lookup/asthma/living-with-asthma/creating-asthma-friendly-environments/asthma-medication-in-schools.html) have passed legislation or have administrative guidelines in place allowing schools to stock asthma medications.

Key provisions that should always be addressed in legislation, and which are addressed in SB 127, to ensure optimal effectiveness include:

* Ensuring that school staff other than school health officials are required to be properly trained in the proper use and administration of the stock asthma medication.
* Making certain that all school staff, officials, or health care providers involved in administration or prescribing of stock asthma medication receive liability protection except in cases of willful or gross negligence.

Likewise, it is critical that the legislation applies to both students who have been diagnosed with asthma and students suffering from respiratory distressthat may not have been diagnosed yet as some kids with asthma are not diagnosed until after their first attack.

On behalf of the American Lung Association in Kentucky, thank you Mr. Chairman and members of the committee for this opportunity and for your interest in protecting the health and well- being of Kentucky students. The Lung Association supports Senate Bill 127 and encourages swift action and favorable report out of committee to help ensure passage during this short legislative session of the General Assembly.

Sincerely,

Shannon Baker, Director, Advocacy

American Lung Association in Kentucky