CHAPTER 50

(HB 353)

AN ACT relating to access to asthma medications in schools.

Be it enacted by the General Assembly of the Commonwealth of Kentucky:

SECTION 1. A NEW SECTION OF KRS CHAPTER 158 IS CREATED TO READ AS FOLLOWS:

The General Assembly of the Commonwealth of Kentucky finds that:

- (1) Asthma is the seventh-most prevalent chronic health condition in the United States and is the leading serious chronic illness of children;
- (2) Asthma is the third-ranking cause of hospitalization among children under age fifteen (15) and accounts for almost one (1) in six (6) of all pediatric emergency room visits;
- (3) Approximately two hundred fifty thousand (250,000) Kentuckians suffer from asthma, including over sixty thousand (60,000) children;
- (4) Nationally more than five thousand four hundred (5,400) individuals die from asthma each year;
- (5) Asthma is the number-one cause of school absences attributed to chronic conditions;
- (6) Asthma is manageable with treatment and medications;
- (7) Physicians and other health care practitioners instruct children with asthma in the proper use of asthma medications; and
- (8) Sections 1 to 4 of this Act shall be construed to provide unobstructed access to asthma medications for elementary and secondary school students with asthma.

SECTION 2. A NEW SECTION OF KRS CHAPTER 158 IS CREATED TO READ AS FOLLOWS:

As used in Sections 1 to 4 of this Act:

- (1) "Medications" means all medicines individually prescribed by a health care practitioner for the student that pertain to his or her asthma;
- (2) "Health care practitioner" means a physician or other health care provider who has prescriptive authority; and
- (3) "Self-administration" means the student's use of his or her prescribed asthma medications, pursuant to prescription or written direction from the health care practitioner.
- SECTION 3. A NEW SECTION OF KRS CHAPTER 158 IS CREATED TO READ AS FOLLOWS:
- (1) The board of each local public school district and the governing body of each private and parochial school or school district shall permit the self-administration of medications by a student with asthma if the student's parent or guardian:
 - (a) Provides written authorization for self-administration to the school; and

- (b) Provides a written statement from the student's health care practitioner that the student has asthma and has been instructed in self-administration of asthma medications. The statement shall also contain the following information:
 - 1. The name and purpose of the medications;
 - 2. The prescribed dosage;
 - 3. The time or times the medications are to be regularly administered and under what additional special circumstances the medications are to be administered; and
 - 4. The length of time for which the medications are prescribed.
- (2) The statements required in subsection (1) of this section shall be kept on file in the office of the school nurse or school administrator.
- (3) The school district or the governing body of each private and parochial school or school district shall inform the parent or guardian of the student that the school and its employees and agents shall incur no liability as a result of any injury sustained by the student from the self-administration of asthma medications. The parent or guardian of the student shall sign a statement acknowledging that the school shall incur no liability and the parent or guardian shall indemnify and hold harmless the school and its employees against any claims relating to the self-administration of asthma medications. Nothing in this subsection shall be construed to relieve liability of the school or its employees for negligence.
- (4) The permission for self-administration of medications shall be effective for the school year in which it is granted and shall be renewed each following school year upon fulfilling the requirements of subsections (1) to (3) of this section.

SECTION 4. A NEW SECTION OF KRS CHAPTER 158 IS CREATED TO READ AS FOLLOWS:

Upon fulfilling the requirements of Section 3 of this Act, a student with asthma may possess and use asthma medications when at school, at a school-sponsored activity, under the supervision of school personnel, or before and after normal school activities while on school properties including school-sponsored child care or after-school programs.

Approved March 15, 2002