



January 10th, 2024

Representative Moses, Chair

Members of the Assembly Committee on Health, Aging, and Long Term Care

Testimony on 2023 Assembly Bill 914

Relating to: the supply and use of short-acting bronchodilators on school premises or at a school-sponsored event.

Thank you, Chairman Moses and other members of the committee, for hearing my testimony on Assembly Bill 914 today. Asthma is a life-long condition that needs to be constantly monitored and managed. According to the Wisconsin Department of Health Services, approximately 512,000 people in Wisconsin have asthma. For children specifically, one in twelve have been diagnosed. 41 percent of those children have uncontrolled asthma. Children have a 3x higher asthma emergency department visit rate than adults in this state; this is dangerous.

Kids spend a good portion of their day at schools; this bill permits schools to be equipped with life-saving medication in case of an emergency. AB 914 allows the governing body of a public, private, or tribal school to create an asthma management plan that must be approved by a physician, advanced nurse prescriber, or a physician assistant who may provide a prescription and standing order for short-acting bronchodilators or their components to the school. Schools would also be allowed to accept donations of these supplies.

The asthma management plan would allow the designated school personnel who received specific training to do any of the following: provide a short-acting bronchodilator to a student to self-administer, administer a prescription specific one to a student, or administer one to a student or other person believed to be in respiratory distress regardless if they have a specific description. This bill would also establish civil liability for the administration of the short-acting bronchodilator to those able to administer it and the professional that provides the standing prescription to the school.

While it is a parent's responsibility to make sure their child with asthma is properly stocked with the medicine needed to manage asthma, emergencies do happen. Inhalers could be left at home, or simply out of reach at school when an accident occurs. This allows schools to be prepared to help any student or school personnel that could be suffering from a respiratory episode. Thank you, and I will take any questions at this time.

Respectfully,

A handwritten signature in black ink, appearing to read "Jesse James".

Senator Jesse James

23rd Senate District

Sen.James@legis.wisconsin.gov



January 10, 2024

Assembly Committee on Health, Aging, and Long-Term Care

**Department of Public Instruction Testimony
2023 Assembly Bill 914**

Thank you to Chairman Moses and members of the committee for the opportunity to submit testimony in support of Assembly Bill 914 (AB 914).

Asthma is a leading cause of chronic illness and school absenteeism in children and adolescents. The Department of Public Instruction (DPI) does not have complete data for the number of students who have an asthma diagnosis on file with their school or the overall number of students who have asthma. Schools are not required to report health services to DPI, but 44% of public-school districts voluntarily reported to us that during the 2022/2023 school year, 4% of students have an asthma diagnosis on file with their school. National data reported by 24 states indicates 5% of students have an asthma diagnosis on file at school, while the U.S. Centers for Disease Control (CDC) estimates 10% of students nationwide have asthma.

Breathing emergencies are one of the many acute health situations school nurses and staff are called upon to respond to in the school setting. Wisconsin school nurses have long wanted to remove barriers for stocking bronchodilator inhalers in school for those students who do not have their prescribed inhaler. A myriad of reasons exist for why a student may not have their prescribed inhaler at school. Further, these breathing emergencies do not always occur in students previously diagnosed with asthma.

AB 914 removes administrative hurdles and makes it easier for schools to keep a supply of and to provide life-saving bronchodilator medication to students in respiratory distress. The bill addresses the need for approved protocols, medical orders for registered nurses and licensed practical nurses to follow so they are in compliance with the Nurse Practice Act, training in the recognition of when to use the medication and how to administer, along with addressing how schools might obtain inhalers-including the ability to accept donated inhalers. This legislation also addresses practitioners writing orders in the name of a school and pharmacies filling prescriptions in the name of a school rather than only individuals, thus removing yet one more barrier for schools to stock bronchodilator inhalers.

The bill authors sought the expertise of several organizations and school health experts in drafting AB 914. We would like to extend our gratitude to the bill authors, co-sponsors, and to the

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individuals and organizations who contributed their expertise to AB 914. DPI is pleased to support AB 914 as common-sense legislation to provide schools with the authority and protections to stock short acting bronchodilators to intervene in preventable harm and death due to respiratory distress.

If you have questions or would like additional information, please contact Kevyn Radcliffe, Legislative Liaison, at kevyn.radcliffe@dpi.wi.gov or (608) 264-6716.

TO: Assembly Committee on Health, Aging & Long-Term Care
FROM: Nicholas Antos, MD, FAAP, Pediatric Pulmonologist, Director, Cystic Fibrosis Center, Section of Pediatric Pulmonary & Sleep Medicine, Children's Wisconsin; Medical Director of the Southeast Wisconsin School Based Asthma Management Program, Wisconsin Asthma Coalition
DATE: Wednesday, January 10, 2024
RE: Support for AB 914 – The supply and use of short-acting bronchodilators on school premises or at a school-sponsored event

Chair Moses and members of the committee, thank you for the hearing this bill today. I am Dr. Nicholas Antos, a pediatric pulmonologist at Children's and cannot be with you today as I am in clinic seeing patients today, but wanted to provide written remarks on this important legislation. I am also the father of two children with asthma. I'm pleased to share Children's Wisconsin's (Children's) support for this bipartisan legislation. We want to thank the bill authors, Representative Snyder and Senator James, for their work on this proposal, as well as the members of this committee who have cosponsored it.

Children's is the region's only independent health care system dedicated solely to the health and well-being of kids. As such, we offer a wide array of programs and services inside our hospital and clinic walls and out in our communities. Between our hospitals in Milwaukee and Neenah, primary, specialty and urgent care clinics and community services offices across the state – we provide kids and their families with care and services they need to promote health, safety and well-being.

According to the Wisconsin Asthma Plan, in 2018, approximately 1 in 12 Wisconsin children had asthma, with children younger than 5 years old having the highest rates of emergency department visits and hospitalizations related to asthma. Systemic inequities have led to disparities in health outcomes among underresourced and marginalized communities. Hispanic and American Indian/Alaska Native patients visit emergency departments for asthma at a rate two times higher than White individuals and Black patients visit emergency departments for asthma at a rate six times higher than White individuals. Asthma is one of the most common reasons for preventable hospitalization and emergency department visits by children in Wisconsin. Asthma is also one of the leading reasons children are absent from school and their parents or caregivers miss work. Children with asthma can live healthy, active lives by learning about (and avoiding) their asthma triggers and using their long-term control and quick relief medicines as directed, however only 40% of children in Wisconsin have controlled asthma.

Children's provides several programs and services related to caring for children with asthma and their families. Along with pediatricians who help children manage their condition in the primary care setting, Children's also has allergy specialists and pulmonary specialists like myself, who provide treatment, education, and support resources for children diagnosed with asthma. Children's also has a multidisciplinary clinic for patients with severe asthma called Asthma Plus. Providers from many different specialties will help patients focus on education, identify short- and long-term health goals, develop an asthma action plan, understand when to contact a provider, and learn the importance of regular preventive, well care. This includes a dedicated care management team who outreaches to families to ensure they are able to follow their asthma management plans and offer support as needed.

Children's also has school nurses in ten Milwaukee Public Schools who support students and their families, including those with asthma to ensure they are healthy, safe and ready to learn. More than a quarter of the students they support have chronic health conditions that the nurses help manage and coordinate with parents, caregivers and medical teams. Children's also offers the Community Health Asthma Management Program (CHAMP) which assesses a child's home and social needs to reduce risks and triggers for their asthma. Chorus

Community Health Plans (CHHP), a subsidiary of Children's Wisconsin, provides BadgerCare Plus and

Kids deserve the best.

individual/family marketplace plans, also offers an Asthma Health Management program to support their members to provide education, self-management support and connection to resources.

Children's Health Alliance of Wisconsin (the Alliance), housed within Children's Wisconsin, facilitates the Wisconsin Asthma Coalition which aims to foster partnerships to improve asthma management, enhance quality of life, reduce disparities and prevent asthma-related deaths. The Alliance also offers walkthrough evaluations of classroom environments to identify asthma triggers and provide low or no-cost solutions to eliminate those triggers. They compile coupons and prescription assistance information to help patients and families find free or reduced-cost asthma medication. The Alliance also facilitates the Southeastern Wisconsin School-based Asthma Management Program (SE WI SAMPRO), for which I am the medical director, which focuses on school-based partnerships to support integrated care coordination amongst families, clinicians and school nurses.

AB 914 would allow schools to adopt a plan for the management of students who have asthma. Under the legislation, health care providers could provide prescriptions and standing orders for short-acting bronchodilators (also known as inhalers) to be used by trained school personnel to help those in respiratory distress. Importantly, any school who has a child with an asthma management plan will already have at least one staff trained in administering short-acting inhalers. Under this legislation, trained school personnel, including but not limited to school nurses, could help students to administer the inhaler for anyone in respiratory distress, regardless if they have prescription. Expanding the list of trained school personnel who can administer the inhalers, beyond school nurses, is also a benefit of this legislation as some schools have part time nurses or other trained school staff are nearer to the student. Since asthma attacks can happen quickly, without warning, it's essential to have short-acting inhalers to help ease their symptoms. Importantly, bronchodilators are most effective when given as early as possible after symptom onset.

Allowing schools to have prescriptions, standing orders and stock of rescue inhalers improves access to this critical medication. This would support students or school staff who either do not have access to an inhaler, have run out of medication or may not have been diagnosed with asthma. The side effects of distributing short-acting inhalers to children who have not been diagnosed with asthma or may not actually be having an asthma attack are very mild. Importantly there are no long term side effects of this medications and early usage can lower the risk of prolonged exacerbation, hospitalization, or death in asthma. In addition, for students who are diagnosed with asthma, we know there are many barriers to families accessing the medication they need: prescriptions can be costly or insurance may only cover one inhaler, for example. For children who self-carry their own inhaler in school, they may forget it at home or be away from it during the school day. Having ready access and staff trained to help them during an asthma attack will help promote care for kids when and where they need it most. AB 914 also offers schools options to source short-acting inhalers for their stock by enabling them to accept donated inhalers from philanthropic or manufacturer sources.

In the current state, if the child does have a diagnosis but it is unknown to the school and they don't have an existing order, school staff are unable to administer medication. Currently, when students have undiagnosed asthma, allergies or respiratory distress, school staff are similarly unable to administer short-acting inhalers. We believe this legislation may also reduce the burden on local emergency medical services (EMS) resources who are often called for asthma attacks in the event the student, with or without a prescription, doesn't have access to a short-acting inhaler. Managing the student's symptoms at school may not only help their health outcomes, it may help keep them in school and help parents avoid missing work.

I'd like to share an example from the Children's school nurse team about a scenario where this legislation may have been impactful. A student presented to the school nurse with a concern of asthma and was in respiratory distress. Based on their circumstances, no medication was available to provide relief at the time. 911 was called and the student was transported to Children's Emergency Department and Trauma Center for further assessment and treatment. The child ended up being admitted to Children's intensive care unit for severe asthma exacerbation and had a hospital stay of a few days to recover. While this child's situation is more extreme and

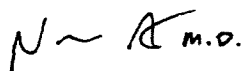
thankfully unusual, having access to and the ability to provide a fast-acting bronchodilator to the student may have prevented the cascading severity of the exacerbation and thereby reduced health care and EMS costs.

This effort aligns well with bipartisan federal legislation passed in 2021, the School-Based Allergies and Asthma Management Program Act, Public Law No: 116-292. The legislation promotes schools having trained personnel to administer asthma or allergy management programs to support action plans, support systems, and preparing to assist students experiencing an attack.

As the father of a child with asthma, I know the value of having these medications available. Although my children have their inhalers and forms at school, even I have forgotten to grab the inhaler on short trips or outings. There is a distinct fear that grips me, as a parent, when my child starts to cough and I realize I neglected to grab their inhaler. Knowing that in an emergency at school, for whatever reason, my children could have access to stocked albuterol is a relief to me. This is both as a father and a pulmonologist.

In closing, AB 914 would help support medication access and improved outcomes for students, or staff, who experience respiratory distress or asthma attacks in schools.

Thank you for the opportunity to share Children's Wisconsin's support for this legislation and we encourage your support. Please reach out to us if you have any questions.



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Children's Wisconsin (Children's) serves children and families in every county across the state. We have inpatient hospitals in Milwaukee and the Fox Valley. We care for every part of a child's health, from critical care at one of our hospitals, to routine checkups in our primary care clinics. Children's also provides specialty care, urgent care, emergency care, dental care, school health nurses, foster care and adoption services, family resource centers, child health advocacy, health education, family preservation and support, mental health services, pediatric medical research and the statewide poison hotline.

Testimony of Jeffrey H Lamont, MD on Assembly Bill 914

January 10, 2024

Chairman Moses and Members of the Committee:

I am very sorry that I cannot attend in person the Assembly hearing to be held Jan 10 regarding AB 914, concerning the ability of school districts to stock and administer short-acting bronchodilator medications. Where I able to attend, I would make the following points and assertions:

- 1). Asthma is a serious, frequently-occurring chronic respiratory disease, affecting over 8% of Wisconsin children;
- 2). Many children with asthma miss thousands of hours of class time every year, and are hampered in their ability to participate in recess activities, sports, and other "normal" physical activity;
- 3). Many instances of acute worsening of asthma (so-called "asthma attacks") occur in children in whom asthma has not yet been diagnosed, or who don't have a short-acting bronchodilator ("rescue") medication readily available. This may be because the medication has been forgotten, or misplaced. In these instances, a delay in treatment with a bronchodilator results in:
 - a). the child's asthma attack worsening, requiring that the child be seen urgently by their health care provider, or necessitating a 9-1-1 call, an ER evaluation and even hospitalization, possibly including the Pediatric ICU. At the same time, of course, the child is missing valuable instructional time in school;
 - b). the child's parent misses time from work to pick up the child and take them for urgent medical care;
 - c). the employer must deal with a disruption in work force

In summary, no one benefits or is unaffected by a child's having to leave school because of an asthma attack.

4). A major goal of health care, and certainly of pediatric health care, is PREVENTION, that is, to PREVENT an adverse event from occurring, or if such an event occurs, to PREVENT it from worsening. As the sayings go, "A stitch in time saves nine," and "The five most dangerous words are, 'Maybe it will go away.'"

5). To this end, in the case of asthma, the ability to promptly and definitively treat a child experiencing an asthma attack is essential. Rapidly-administered inhaled bronchodilator therapy can often make the difference between a child being able to return to class and that same child having to be taken urgently to their health care provider, or to the hospital;

6). Regarding an inhaled bronchodilator such as albuterol, its therapeutic effect is specific enough that it can be diagnostic as well as therapeutic—that is, if albuterol is administered to a child who is, say, coughing and short of breath but who has not been formally diagnosed as having asthma, and the child improves, that in and of itself suggests a diagnosis of asthma and is valuable information for the child’s health care provider;

7). Inhaled bronchodilator therapy has a very reassuring safety profile, and adverse side effects are extremely rare, even if it administered to a child or adult whose respiratory symptoms are NOT due to asthma.

8). In this regard, AB 914 would be echoing the sentiment behind legislation permitting the stocking and use of: epinephrine via auto-injector for a severe allergic reaction; glucagon for severe hypoglycemia (low blood sugar); and naloxone (Narcan) for opioid overdose. Each of these allows definitive, cost-effective treatment of a life-threatening medical emergency with minimal chance of an adverse side effect.

To conclude, I do feel that AB 914 will be of great benefit to the children of Wisconsin, and I encourage its being adopted.

From: [Kari Olsen](#)
To: [Rep.Moses](#); [Rep.Rozar](#)
Cc: [Behm, Maryiane](#)
Subject: Assembly Bill 914
Date: Tuesday, January 9, 2024 8:33:58 AM

Hello Representative Moses and Rozar - I wanted to reach out to you about Assembly Bill 914 (The supply and use of short-acting bronchodilators on school premises or at a school-sponsored event) that is coming before the Committee on Health, Aging and Long Term Care tomorrow.

I live in De Pere, Wisconsin and have a 5-year old daughter who has had severe asthma for nearly her entire life. She has been hospitalized twice and in the ER almost a dozen times. As a parent, sending her to daycare, 4-K and now Kindergarten has been terrifying because she could have an asthma attack at any moment and I have to trust that the staff will know what to do, have her medicine, and act in time.

I support this bill because it takes one more layer of complexity out of the situation. Now, with this bill, schools will have the medicine kids need and will know that they can act to help--without having to wait for an ambulance to arrive. My only suggestion is that it be expanded to also include daycare facilities too.

It's my responsibility as a parent to make sure my daughter is cared for and has the medicine she needs but this bill helps ensure that in an emergency, kids are safe. I support the bill and hope you encourage your colleagues to support it too.

Kari Olsen
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