



February 6<sup>th</sup>, 2024

Senator Jagler, Chair  
Members of the Senate Committee on Education

**Testimony on 2023 Senate Bill 854**

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

Thank you, Chairman Jagler and other members of the committee, for hearing my testimony on Senate Bill 854 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. SB 854 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  
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**TO:** Senate Committee on Education  
**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:** Tuesday, February 6, 2024  
**RE:** Support for SB 954 – The supply and use of short-acting bronchodilators on school premises or at a school-sponsored event

Chair Jagler 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, 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, Senator James and Representative Snyder, 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 (CCHP), a subsidiary of Children's Wisconsin that offers BadgerCare Plus and

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.

SB 854 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

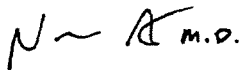
thankfully unusual, having access to and the ability to provide a fast-acting bronchodilator to the student may have prevented the cascading severity of the exacerbation and thereby reduced health care and EMS costs.

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, SB 854 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.*