

2016 SPOTLIGHT ARTICLE I

Stocking Asthma Rescue Medications: The Time Has Come

Chronic disease among school-aged children is a major national public health concern. Asthma is the single most common chronic condition among children in the U.S., impacting one in 11 children (almost seven million children).¹ Many school-aged children with asthma and allergies have inadequate health insurance,² live in medically underserved communities, and have limited access to health care practitioners.^{3,4,5} Therefore, schools are a vital point of entry to receiving needed health care services. Even where children have access to the care they need to manage their conditions, evidence-based practices require effective school-based policies and protocols to ensure that asthma is well managed, and that allergic reaction is treated in a timely and appropriate manner.^{6,7}

Educators and school staff are accountable for ensuring that all students living with chronic illness have access to the services they need so that they can remain in the classroom ready to learn, rather than be sent home or to the hospital for emergency medical treatment. Proactively addressing chronic disease within schools is especially important given the impact poorly managed chronic disease has on educational achievement. Students with chronic conditions are at an increased risk of emotional or behavioral problems,⁸ having to repeat a grade in school, and being placed in special education.⁹ Poorly controlled asthma has

1 Asthma's Impact on the Nation: Data from the CDC National Asthma Control Program. Centers for Disease Control and Prevention. 2015. Available at:

http://www.cdc.gov/asthma/impacts_nation/AsthmaFactSheet.pdf. (accessed on 9/23/16)

2 Martinez ME and Cohen RA. Health Insurance Coverage: Early Release of Estimates From the National Health Interview Survey, January–September 2012. Centers for Disease Control and Prevention. March 2013. Available at: <http://www.cdc.gov/nchs/data/nhis/earlyrelease/Insur201303.pdf>. (accessed on 9/23/16)

3 National Association of Community Health Centers. Access Denied: A Look into America's Medically Disenfranchised. Washington, DC; 2007. Available at: <http://www.graham-center.org/content/dam/rgc/documents/publications-reports/monographs-books/Access%20Denied.pdf>. (accessed on 9/23/16)

4 State Health Access Data Assistance Center, University of Minnesota. A needed lifeline: chronically ill children and public health insurance coverage. Robert Wood Johnson Foundation. August 2008.

5 Health United States, 2012. Centers for Disease Control and Prevention: National Center for Health Statistics. DHHS Publication Number: 2013-1232. 2013. Available at: <http://www.cdc.gov/nchs/data/hs/hs12.pdf>. (accessed on 9/23/16)

6 National Asthma Education and Prevention Program (NAEPP) Managing Asthma: A Guide for Schools. US Department of Health and Human Services: National Heart, Lung and Blood Institute and US Department of Education: Office of Safe and Drug-Free Schools. July 2003. Available at: <https://www.nhlbi.nih.gov/about/org/naepp>. (accessed on 9/23/16)

7 Id.

8 Grant R & Brito A. Chronic Illness and School Performance: A Literature Review Focusing on Asthma and Mental Health Conditions. Children's Health Fund. June 2010. Available at: <http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.459.792&rep=rep1&type=pdf>. (accessed on 9/23/16)

9 Basch Charles. Asthma and the Achievement Gap Among Urban Minority Youth. Journal of School Health. 2011;81(10):606-613.

negative consequences on cognition, connectedness with school, and learning,¹⁰ and pediatric asthma is one of the leading causes of school absenteeism, accounting for 14.4 million lost school days in 2011.^{11 12} Recent policy efforts such as the Every Student Succeeds Act (ESSA) will begin to address this challenge by allowing school districts to use federal education block grants to develop and implement school asthma management plans and requiring schools with high numbers of low-income students to report “chronic absenteeism” on school report cards.¹³

In recent years, virtually every state has adopted policies and procedures to allow public schools to obtain and administer stock epinephrine. However, lagging behind is the ability for schools to obtain and administer their own supplies of asthma rescue medications, like albuterol. All fifty states allow a student to self-carry albuterol at school. This was not, however, always the situation. The passage of the federal Asthmatic School-children’s Treatment and Health Management Act of 2004 gave states an incentive to pass laws allowing students to self-carry their asthma medications by giving such states preferential treatment when applying for an asthma-related federal grant.¹⁴ Shortly after the passage of that law, every state passed laws to allow students to self-carry their medication.

Similarly, President Obama signed the School Access to Emergency Epinephrine Act¹⁵ into law in November of 2013. This led to the passage of state laws allowing schools to stock epinephrine for those with allergies. Now, students and others at school have access to life-saving emergency medication in the event of an allergic reaction, even for those who have not been previously diagnosed with an allergy.

Currently, Congress is considering offering a similar incentive to states that would allow a school to maintain a supply of albuterol. In March 2016, Representatives Phil Roe (R-TN) and Steny Hoyer (D-MD) introduced the School-Based Asthma Management Programs Act.¹⁶ This legislation would encourage states to improve asthma care in schools by giving preference for federal grants to states that adopt certain asthma management programs and policies. One of those policies is the stocking of asthma rescue medications for use when a child’s own medication is not readily available.

10 Centers for Disease Control and Prevention: National Center for Health Statistics, National Hospital Discharge Survey, 1995-2010. Analysis by the American Lung Association Research and Health Education Division.

Available at: <http://www.lung.org/lung-disease/asthma/resources/facts-and-figures/asthma-children-fact-sheet.html>. (accessed on 9/23/16)

11 Id.

12 Barnett SB, Nurmagambetov TA. Costs of Asthma in the United States: 2002-2007. *Journal of Allergy and Clinical Immunology*, 2011; 127(1):145-52.

13 US Department of Education. Every Student Succeeds Act. <http://www.ed.gov/essa> (accessed on 9/23/16)

14 H.R. 2023. <https://www.gpo.gov/fdsys/pkg/BILLS-108hr2023eh/pdf/BILLS-108hr2023eh.pdf> (accessed on 9/23/16)

15 42 U.S.C. §280g(d)(1)(F)

16 H.R. 4662 (2016)

At this time, ten states (Colorado, Georgia, Missouri, Nebraska, New Hampshire, New Jersey, New Mexico, New York, Ohio and West Virginia) have laws or policies that allow for the stocking of albuterol. If the School-Based Asthma Management Programs Act passes, it is hoped that other states will quickly pass laws allowing schools to stock albuterol, just as such incentives worked with the creating laws for self-carry and epinephrine stocking.

It is important for schools to be allowed to provide stock albuterol because there have been problems in the implementation of many state self-carry laws. For example, most state laws require written authorization from parents or guardians for students to be able to carry their asthma medications.¹⁷ A student should not be denied access to life-saving medication due to an uncooperative parent who either refuses or forgets to sign the appropriate school form.¹⁸

In addition, many states require a student to demonstrate that he is able to self-carry. This requires a personal assessment by a school nurse or other qualified staff member. This takes precious time and resources. Many schools do not have the staff nor the time necessary to perform these evaluations.¹⁹

Lastly, students who self-carry have the responsibility to bring their medication to school and to classes. This can be a daunting task for children who may not have the maturity to understand fully the need for their medication.^{20 21} In addition, some states have penalties or impose disciplinary action for students who misuse the carry policy, with some states even revoking a child's right to self-carry which can have devastating results.^{22 23} For example, in January 2016, a Garland, Texas school suspended an honor roll student because she loaned her asthma inhaler to a friend who was wheezing and gasping for breath. The school also suspended her friend because she used the inhaler. Asthma policies should be designed to save lives and should not discourage students from helping their classmates in an emergency situation.²⁴

17 See, e.g., Louisiana Sec 17:436.1; Ohio Rev. Code 3313.716.

18 New York Department of Health. Asthma and the School Environment in New York State.2008. http://www.health.ny.gov/diseases/asthma/docs/asthma_in_schools.pdf (accessed on 9/23/16)

19 Id.

20 Montana Asthma Control Program. Asthma Among High School Students. 2011 <https://dphhs.mt.gov/Portals/85/publichealth/documents/Asthma/SurveillancereportJanMar2011.pdf> (accessed on 9/23/16)

21 Jones S and Wheeler L. Asthma Inhalers in Schools: Rights of Students with Asthma to a Free Appropriate Education. American Journal of Public Health. July 2004. 94(7):1102-1108. <http://ajph.aphapublications.org/doi/full/10.2105/AJPH.94.7.1102> (accessed on 9/23/16)

22 See, e.g., <https://community.aafa.org/blog/texas-schools-suspend-students-after-saving-classmates-from-asthma-attacks> (accessed on 9/23/16)

23 See <http://www.lung.org/assets/documents/asthma/improving-access-to-asthma.pdf> for a comprehensive discussion of these realities. (accessed on 9/23/16)

24 Id.

Luckily, states can use the regulations they already have in place for epinephrine stocking as a model for asthma medicine stocking laws. Some of the key issues that need to be addressed in each state's laws going forward are identical to those in the epinephrine stocking laws, specifically: 1) where will the medicine be kept, 2) who will have access to it, 3) who will have permission to administer it, 4) will training be needed, 5) will staff be immune from personal liability in the administration of the medicine, and 6) will a record be created when the medicine is used.

Of the states that currently allow albuterol stocking in school, only one, New Jersey, requires that every public and non-public school has a nebulizer for asthma emergencies. Some of the states, such as Colorado and New Hampshire, require permission from a parent and/or an asthma treatment plan to be on file in order for the school to administer the stock albuterol. New York's State Board of Education permits schools to stock albuterol in its guidelines²⁵ and also requires parental permission and a treatment plan. Georgia has a comprehensive law that allows for albuterol stocking as it addresses all of the key issues and does not require parental permission.²⁶

Key Issues When Creating Albuterol Stocking Laws



Allowing students to self-carry their asthma rescue medicine is an important part of asthma management at school. However, lives and health can be improved by allowing schools to also maintain and use their own supply of asthma rescue medicine. AAFA hopes that the government will follow its lead with the epinephrine stocking legislation and expand incentives for albuterol stocking laws. The time has come to ensure consistent and reliable access to asthma medication for all students.

25 New York State Education Department.School Health Services. <http://www.p12.nysed.gov/sss/school-health/schoolhealthservices/> (accessed on 9/23/16)

26 Georgia Code Section 20-2-776.3.