

STATE OF HAWAII
DEPARTMENT OF HEALTH
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Testimony in SUPPORT of SB0531
RELATING TO EDUCATION

SENATOR MICHELLE KIDANI, CHAIR
SENATE COMMITTEE ON EDUCATION

Hearing Date: January 31, 2025 @ 3 pm

Room Number: 229

1 **Fiscal Implications:** None

2 **Department Position:** The Department of Health supports this measure offering comments.

3 **Department Testimony:** The Communicable Disease and Public Health Nursing Division
4 (CDPHND) provides the following testimony on behalf of the Department.

5 This bill will allow for students that do not have access to a bronchodilator during the school
6 day through an emergency action plan or approval to self-carry medication to be able to receive
7 the medication when an emergency arises. The other updates in the measure will aid in the
8 ability for students to safely and timely receive prescribed and approved medications,
9 improving their overall health and ability to remain in school. The Department will work
10 collaboratively with the Hawaii Department of Education and community partners to
11 implement this bill once enacted.

12 **Offered Amendments:** None

13 Thank you for the opportunity to testify on this measure.

14



**Testimony Presented Before the
Senate Committee on Education
Friday, January 31, 2025 at 3:00 PM
Conference Room 229 & Videoconference
By
Laura Reichhardt, APRN, AGPCNP-BC
Director, Hawai'i State Center for Nursing
University of Hawai'i at Mānoa**

TESTIMONY IN STRONG SUPPORT with Amendments on S.B. 531

Chair Kidani, Vice Chair Kim, and members of the committee:

Thank you for hearing this measure. This measure aims to authorize schools to maintain a supply of bronchodilators to be administered under certain conditions, authorizes employees to administer the bronchodilator for emergency situations, and creates a process that enables prescriptions for a bronchodilator to be written to schools. In addition, this measure clarifies the statutes related to medication administration in schools. The Hawai'i State Center for Nursing (HSCN) is in strong support of this measure.

HSCN has a longstanding initiative to address barriers to Advanced Practice Registered Nurse (APRN) care as a mechanism to improve access to high quality health care services. In 2022, HSCN started an interprofessional effort to review the Hawai'i Revised Statutes for laws that inform healthcare access that are outside of healthcare professionals' scope of practice laws (primarily in Title 25). The committee found that nearly half of the HRS had language that limited all qualified providers from engaging in certain healthcare activities as described in those statutes. This measure is a good example of including all eligible healthcare providers that may contribute to the process. The outcome is that local healthcare provided, whether it be the associated Hawai'i Keiki school APRN, or other provider can engage in the prescribing of this medication to the school. In review of this measure, HSCN found one instance where the provider inclusive language could be added. Recommended language is highlighted, below:

Page 6, Line 11:

(4) Any employee or agent who volunteers to administer the medication shall receive instruction in the proper administration of epinephrine, glucagon, or inhalers by a licensed physician, physician assistant, registered nurse, or advanced practice registered nurse, or other qualified licensed healthcare professional.

Further, it improves the clarity of the process both for emergency administration of medication by volunteer and self-administration of medication by a student. This will increase access to appropriate health interventions for emergencies and management of known health conditions for children while at school. This is a strong health policy intervention that improves access to appropriate and safe health care in the community.

The Hawai'i State Center for Nursing commends the legislature for introducing this measure and for your commitment to the health and safety of children in our state. Thank you for the opportunity to testify in support of this measure, with amendments.

The mission of the Hawai'i State Center is to engage in nursing workforce research, promote best practices and disseminate knowledge, cultivate a diverse and well-prepared workforce, support healthy work environments, champion lifelong learning, and strategically plan for sound nursing workforce policy.



DATE: 29 Jan 2025

TO: Chair Michelle N. Kidani
Vice-Chair Donna Mercado Kim
COMMITTEE ON EDUCATION

FROM: Leocadia Conlon, PhD MPH, PA-C
Legislative Liaison

RE: SB531 RELATING TO EDUCATION

Hearing Date/time: Friday, January 31, 2025 – 3:00 pm
Place: Conference Room 229

Dear Chair Kidani and Vice-Chair Mercado Kim,

Thank you for the opportunity to provide testimony on SB531, RELATING TO EDUCATION

The Hawai'i Academy of Physician Assistants (HAPA) STRONGLY SUPPORTS SB531. HAPA is the Hawai'i state chapter of The American Academy of PAs.

HAPA supports SB531 which makes it possible for schools in Hawai'i to provide more immediate access to medication for students with asthma or suffering from respiratory distress. Asthma can be a deadly disease if flare-ups are not treated immediately. Stocking albuterol in schools has the potential to save lives and keep kids safe in schools.

Physicians Assistants (PAs) are state-licensed, nationally certified medical providers, who receive rigorous medical training modeled on medical school curriculum. PAs play a critical role on healthcare delivery teams, and along with their physician and APRN counterparts, help ensure the delivery of high-quality healthcare. PAs are found in every clinical setting and in every medical specialty and are authorized by the Affordable Care Act (ACA), along with physicians and APRNs, to serve as primary care providers (PCP) for their patients. As PAs we treat several children with asthma and other chronic illnesses. We understand first-hand the importance of having immediate access to medications that have been proven safe, effective, and life saving for children with asthma.

Asthma impacts millions of lives and has a tremendous impact on our nation's healthcare system and economy. In the U.S., over 25 million Americans, including 5.1 million children have asthma.ⁱ In Hawai'i, 9.4% of children have asthma, which is higher than the national average.ⁱⁱ That's over 30,000 children, which can be made worse by our unique local environmental factors, such as cockroaches, VOG, and the various allergy triggers.



Because asthma attacks can occur anytime and often without warning, children with asthma 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.

Unfortunately, when children do not have asthma medication, which can occur for a variety of reasons such as forgetting it or not being able to afford it, 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 cost 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 use a single inhaler 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 that school staff other than Keiki nurses are trained in the signs and symptoms of asthma and when it is appropriate to administer the rescue medications. Unfortunately, in Hawai'i there is not a keiki school nurse present in every school. However, because of the safety of the medication used and the life-threatening implications of an asthma attack, it is imperative that we train other staff to assess, access, and administer the required medication that would potentially save a student's life.

This bill is a strong first step for our schools to adopt policies already adopted in over 20 other states across the nation. I urge you to please pass Senate Bill 531. Thank you for the opportunity to provide testimony on this important education and child health issue.

ⁱ CDC. 2019 National Health Interview Survey.

ⁱⁱ CDC. 2020 Behavioral Risk Factor Surveillance System.

Hawai'i Association of Professional Nurses (HAPN)



To: The Honorable Senator Michelle N. Kidani, Chair of the Senate Committee on Education

From: Hawai'i Association of Professional Nurses (HAPN)

Subject: SB531 – Relating to Education

Hearing: January 31, 2025, 3:00 p.m.

Aloha Senator Kidani, Chair; Senator Kim, Vice Chair; and Committee Members,

On behalf of the Hawai'i Association of Professional Nurses (HAPN), we appreciate this opportunity to express our support for SB531, which authorizes schools to maintain a stock supply of bronchodilators and allows trained personnel to administer emergency medications under specific conditions. Additionally, this bill updates prescription drug labeling requirements to include relevant information for schools when applicable.

Asthma is a prevalent chronic condition affecting Hawaii's keiki, and timely access to bronchodilators can be life-saving. SB531 is a critical measure that enhances student health and safety through its comprehensive approach:

1. **Stock Supply of Bronchodilators:** Authorizing schools to maintain a stock supply of bronchodilators ensures immediate access to these life-saving medications during asthma emergencies, especially for students who may not have their prescribed inhalers available.
2. **Authorized Administration of Emergency Medication:** SB531 allows trained school employees, health assistants, and authorized personnel to administer bronchodilators and other emergency medications under defined protocols, ensuring swift and effective response to medical emergencies.
3. **Enhanced Safety Protocols:** The bill requires clear protocols developed in collaboration with the Department of Education and Department of Health. These protocols include proper storage, training requirements, emergency response procedures, and follow-up care to ensure student safety.
4. **Updates to Prescription Drug Labeling Requirements:** Amending prescription drug labeling requirements to include school-specific information ensures legal compliance and clarity when medications are prescribed for institutional use.

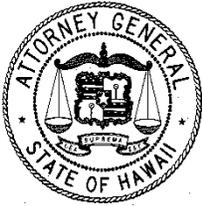
SB531 empowers schools to respond effectively to asthma and other medical emergencies, fostering a safer and healthier learning environment for all students. It strengthens the partnership between healthcare providers, educators, and families, ensuring that safety measures are transparent and well-implemented.

HAPN's mission is to be the voice of APRNs in Hawaii, advocating for increased access to healthcare and the recognition of APRNs' scope of practice. Our commitment to improving the physical and mental health of our communities drives us to support initiatives like SB531, which prioritizes student health and safety.

Thank you for the opportunity to provide testimony in strong support of SB531. We commend your leadership in prioritizing the well-being of Hawaii's keiki and look forward to supporting the passage of this essential legislation.

Respectfully,

Dr. Jeremy Creekmore, APRN
HAPN President



**TESTIMONY OF
THE DEPARTMENT OF THE ATTORNEY GENERAL
KA 'OIHANA O KA LOIO KUHINA
THIRTY-THIRD LEGISLATURE, 2025**

ON THE FOLLOWING MEASURE:
S.B. NO. 531, RELATING TO EDUCATION.

BEFORE THE:
SENATE COMMITTEE ON EDUCATION

DATE: Friday, January 31, 2025 **TIME:** 3:00 p.m.

LOCATION: State Capitol, Room 229

TESTIFIER(S): Anne E. Lopez, Attorney General, or
Anne T. Horiuchi or Randall M. Wat, Deputy Attorneys General

Chair Kidani and Members of the Committee:

The Department of the Attorney General (Department) provides the following comments.

This bill: (1) establishes provisions for the storage and maintenance of a stock supply of bronchodilators at schools; (2) requires the Department of Education (DOE) to establish a protocol for the storage, usage, and administration of bronchodilators; (3) establishes provisions regarding the administration of certain medications by a volunteer at schools; and (4) clarifies labeling requirements for bronchodilator prescriptions issued to schools for a stock supply of bronchodilators. The bill also provides immunity to those acting in accordance with the requirements of the new law, except in cases of gross negligence.

The bill provides that the proposed sections 302A-A and 302A-B, Hawaii Revised Statutes, would apply to a "school" as defined in sections 302A-A(d) and 302A-B(i), respectively. Page 4, lines 1-4 (section 302A-A(d)); page 12, lines 17-20 (section 302A-B(i).) Those subsections define "school" as "any day care center, child care facility, headstart program, preschool, kindergarten, or elementary or secondary school, public or private, including any special school for children in the State."

The DOE does not have jurisdiction over many of the entities included in this bill's definition of "school" – for example, day care centers and private schools. Consequently, the DOE would have difficulty developing and implementing the protocol

required under section 302A-A(b) (page 1, lines 9-11) for these entities. To ensure effective implementation, the Department suggests that the development and implementation of the protocol be assigned to another agency more suited for this responsibility.

Thank you for the opportunity to provide comments on this bill.



STATE OF HAWAII
DEPARTMENT OF EDUCATION
KA 'OIHANA HO'ONA'AUAO
P.O. BOX 2360
HONOLULU, HAWAII 96804

Date: 01/31/2025

Time: 03:00 PM

Location: CR 229 & Videoconference

Committee: Senate Education

Department: Education

Person Testifying: Keith T. Hayashi, Superintendent of Education

Bill Title: SB 0531 RELATING TO EDUCATION.

Purpose of Bill: Establishes provisions for the storage and maintenance of a stock supply of bronchodilators at schools. Requires the Department of Education to establish a protocol for the storage, usage, and administration of bronchodilators. Establishes provisions regarding the administration of certain medications by a volunteer at Department of Education schools. Clarifies labeling requirements for bronchodilator prescriptions issued to the Department of Education for a stock supply of bronchodilators.

Department's Position:

The Hawaii State Department of Education (Department) respectfully provides comments on SB 531.

The Department supports the intent of SB 531, which authorizes schools to obtain and maintain stock bronchodilators and permits school employees or agents who have completed appropriate training to administer the stock bronchodilators to a student potentially experiencing asthma exacerbations or asthma attacks.

The Department recognizes the substantial impact of asthma on student health and well-being, including its contribution to increased school absences and potential academic challenges. The Department is aligned with the measure's goal to mitigate these disparities by enhancing access to emergency medication, particularly for students experiencing asthma attacks during school hours. Therefore, should the measure move forward, the Department respectfully requests the following list of amendments to better align with its intent to improve access to medication in schools.

First, to ensure the bill clearly authorizes the act of administering medications, the following amendments are recommended:

Page 4, line 9: “assistants, who volunteer may ~~may volunteer~~ to administer”

Page 4, line 15: “health assistants, who volunteer may ~~may volunteer~~ to administer:”

Second, to ensure that provisions for stock bronchodilators are not hindered by requirements intended for medications prescribed for specific students, the following amendments are recommended:

Page 4, line 13: “accordance with subsections (c) and (d), as applicable.”

Page 10, lines 6-7: “(g) ~~Notwithstanding~~ Except in the case of stock bronchodilators and the provisions of subsection (d), in the case of stock bronchodilators.”

Third, to maintain current limitations under Hawaii Revised Statutes § 302A-1164, which allows only public schools to have volunteers assist with insulin administration, the following amendment is recommended:

Page 4, line 14: “(b) Employees and agents of a public school, including”

Fourth, to ensure all medications referenced in the bill are duly authorized for a volunteer to administer, the following amendment is recommended:

Page 6, line 8: “administration of epinephrine, glucagon, seizure rescue medication, or inhalers”

Finally, to provide clarification that laypersons can legally administer bronchodilators without implying professional medical or nursing duties, the following amendment is recommended:

Page 7, Line 15: add new item “(4) The administration of stock bronchodilator by authorized employees or agents pursuant to this section shall not require or imply any diagnosis, or be interpreted as the practice of medicine, nursing or other licensed professional activity.”

These amendments will help ensure the bill achieves its intended goal of improving access to medication while maintaining appropriate safeguards. The Department remains committed to working collaboratively with the Department of Health and other stakeholders to protect student health while supporting equity in student achievement.

Thank you for the opportunity to provide testimony on this measure.

SB-531

Submitted on: 1/29/2025 10:42:27 PM

Testimony for EDU on 1/31/2025 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Sharon Offley	Individual	Support	Written Testimony Only

Comments:

I, Sharon Offley APRN respectfully ask the Committee to pass this measure through your committee. I thank your committee for its commitment to the people of Hawai'i and ensuring access to high-quality health care by supporting local healthcare education and training initiatives. Programs that support preceptorships in health in Hawaii benefit our community state wide.

**Testimony Presented Before the
Senate Committee on Education
Friday, January 31, 2025, at 3:00 PM
Conference Room 229 & Videoconference
By
BJ Bartleson, MS, RN, NEA-BC, FAONL
Health Policy RN Consultant**

TESTIMONY IN STRONG SUPPORT on S.B. 531

Chair Kidani, Vice Chair Kim, and members of the committee:

As a Hawai'i Health Policy Nurse Leader, I appreciate the opportunity to express strong support for this bill related to student health and the availability of a stock supply of bronchodilators and emergency medications to be administered under certain conditions within schools. The bill will also authorize employees to administer the bronchodilator under certain conditions and create a process that enables prescriptions for bronchodilators to be written in schools. In addition, the bill clarifies the statutes related to medication administration in schools.

HB 903 provides the appropriate oversight and infrastructure to ensure safe, quick-relief emergency medications for school children, minimizing morbidity and mortality that could occur without rapid access to treatment. Stocking bronchodilators and albuterol in schools is a safe, practical, and potentially life-saving option for children with asthma, whether diagnosed or undiagnosed. This legislation is imperative for aiding the safe adoption and implementation of school-stock bronchodilators and other emergency medications.

Asthma affects approximately 10% of school-aged children in the United States and 15 % of children in Hawaii, making this bill imperative to ensuring rapid access to life-saving treatment where children spend most of their daytime hours in school. Children with asthma may experience a sudden, unexpected, life-threatening exacerbation at any time. These evidence-based asthma and emergency care treatment guidelines will ensure that all Hawai'i's school children can access quick relief and life-saving medications.

In addition, the Hawai'i State Center for Nursing (HSCN) has worked arduously to untangle provider statutory limitations and include eligible healthcare providers in the process of medication administration and treatment, whether through the associated Hawai'i Keiki school APRN or another provider who can now prescribe specific medications to the schools. Therefore, this bill is timely so accessible providers can prescribe and oversee safe, adequate emergency medication availability and treatment in schools.

Over 15 states have passed such legislation on stock inhalers, and one state reports that 84% of respiratory events treated with a stock inhaler resulted in the child returning to class. Evidence shows that quick-relief medications are effective for respiratory distress and safe for children, demonstrating that school access improves outcomes and secure health care in our community.¹

As a health policy nurse leader, I commend the legislature for introducing this measure and for your commitment to the health and safety of children in our state. Thank you for the opportunity to testify in support of this measure.

¹Volerman A, Lowe AA, Pappalardo AA, Anderson CMC, Blake KV, Bryant-Stephens T, Carr T, Carter H, Cicutto L, Gerald JK, Miller T, Moore NS, Phan H, Sadreameli SC, Tanner A, Winders TA, Gerald LB. Ensuring Access to Albuterol in Schools: From Policy to Implementation. An Official ATS/AANMA/ALA/NASN Policy Statement. *Am J Respir Crit Care Med.* 2021 Sep 1;204(5):508-522. doi: 10.1164/rccm.202106-1550ST. PMID: 34499024; PMCID: PMC8491259.

Ms. BJ Bartleson, MS, RN, NEA-BC, FAONL
Health Policy Consultant, BJB LLC
Empowering Nurses Through Advocacy
bartlesonbj@gmail.com



UNIVERSITY OF HAWAII SYSTEM

‘ŌNAEHANA KULANUI O HAWAII

Legislative Testimony

Hō'ike Mana'o I Mua O Ka 'Aha'ōlelo

Testimony Presented Before the
Senate Committee on Education
Friday, January 31, 2025 at 3:00pm

By

T. Samuel Shomaker, Dean
Lee Buenconsejo-Lum, Associate Dean For Academic Affairs
John A. Burns School of Medicine

And

Clementina D. Ceria-Ulep, PhD, RN, Dean and Professor
UH School of Nursing and Dental Hygiene (SONDH)

And

Michael Bruno, Provost
University of Hawai'i at Mānoa

SB 531 – RELATING TO EDUCATION

Chair Kidani, Vice Chair Kim and Members of the Committee:

Thank you for the opportunity to provide testimony in SUPPORT of SB 531 which authorizes the Department of Education (DOE) to stock bronchodilators for emergency use during respiratory distress. The bill further authorizes DOE employees to volunteer to administer bronchodilators.

Provided the proper training and procedures are in place, this measure would allow for improved care and, ultimately, improved learning for asthmatic children. Asthma is more common in certain populations, including Native Hawaiians and Filipinos. Asthma prevalence is also higher in certain communities - many of these communities are also challenged with lower educational attainment (for a large variety of social determinants).

Having albuterol accessible in the schools, as part of a comprehensive asthma management plan done in conjunction with their health care provider, will help keep children affected by asthma in school. Ideally, the communication protocols should include communication back to the primary care provider that a child needed a rescue inhaler. The parental notification regarding the emergency use of a bronchodilator may include a statement encouraging the parent to notify the child's primary care provider, to ensure timely evaluation and any adjustment to the child's asthma action plan and/or therapy.

The UH Mānoa SONDH is a long-time contributor to school health initiatives with partnership of the DOE. Starting in 2014, The UH Mānoa SONDH launched with DOE the Hawai'i Keiki - Healthy and Ready to Learn (HK) program. This program placed

advanced practice registered nurses into the schools and complexes with the greatest health disparities. In the 10 years since its inception, HK now services all 258 DOE public schools and has 58 DOE public school-based clinics and 9 charter school-based clinics. In Academic Year 2023-2024, HK nurses and staff completed over 75,000 visits in public schools and 6,700 visits in charter schools. HK nurses and staff see and care for the children enrolled in the public and charter education systems. This bill addresses an important need that will greatly improve the health and wellbeing of children across the islands. HK has worked collaboratively with the DOE and American Lung Association - Hawai'i to ensure that the design is safe and appropriate for a school health setting. In addition to the nursing we provide in our school-based clinics, HK engages in health education and training to students and DOE and charter school staff. HK welcomes the opportunity to apply our skills as nurses to provide proper training and oversight so that those volunteering feel comfortable with the task and potentially can save a student's life.

Today, children with a known health condition and completed administrative processing are able to have medications at school to support chronic health conditions. This includes children with asthma who use a bronchodilator (sometimes referred to as a rescue inhaler or albuterol inhaler) to open their airways when they are feeling unwell. However, children with no known respiratory conditions or children without their medication at school may experience shortness of breath or trouble breathing. In these cases, the best immediate treatment is a bronchodilator. However, this drug today requires a per person prescription, and access to the medication immediately. The measure proposed today offers a life-saving solution, particularly for those schools without a school-based health clinic on campus. If a school has access to a stock inhaler, the inhaler may be used to immediately address a child's ability to breathe while other actions are put into play: call the school nurse, call the parents or guardians, call emergency services, etc.

The bronchodilator drug is easy to use. Parents, and even children with little teaching are able to administer this drug effectively. This drug is fast acting. Often, this drug can stop shortness of breath adequately to prevent escalation - including needing to go to the emergency room - which keeps a child safe, healthy and ready to learn. To underscore that the administration of the medication is appropriate for a volunteer to administer, we respectfully recommend the following amendment:

At Page 7, Line 16: add a new item “(4) The administration of stock bronchodilator by authorized employees or agents pursuant to this section shall not require or imply any diagnosis, or be interpreted as the practice of medicine, nursing or other licensed professional activity”.

We have also reviewed and fully support the amendments recommended by the Department of Education (DOE) and appreciate the collaboration between the DOE, the Hawai'i Center for Nursing and the Hawai'i Keiki Program.

Thank you for the opportunity to provide testimony on this bill.

SB-531

Submitted on: 1/29/2025 12:04:00 PM

Testimony for EDU on 1/31/2025 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Philip Verhoef	Individual	Support	Written Testimony Only

Comments:

Chair Kidani, Vice Chair Kim, and Members of the Committee:

Thank you for the opportunity to provide comments on House Bill 903, which makes it possible for schools in Hawai'i to provide more immediate access to medication for students with asthma or suffering from respiratory distress. Asthma can be a deadly disease if flare-ups are not treated immediately. Stocking albuterol in schools has the potential to save lives and keep kids safe in schools.

As a pediatric ICU physician here in Hawaii, I have cared for patients who did not have timely access to albuterol in the midst of an asthma attack. The results can be, in a word, devastating. Albuterol is a life-saving medication and is easy to administer, inexpensive, and has a proven safety record. Unfortunately, when children do not have asthma medication, which can occur for a variety of reasons such as forgetting it or not being able to afford it, 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 cost 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.

It is critical that school staff other than Keiki nurses are trained in the signs and symptoms of asthma and when it is appropriate to administer the rescue medications. Unfortunately, in Hawai'i there is not a keiki school nurse present in every school. However, because of the safety of the medication used and the life-threatening implications of an asthma attack, it is imperative that we train other staff to assess, access, and administer the required medication that would potentially save a student's life. This bill is a strong first step for our schools to adopt policies already adopted in 15 other states across the nation. I urge you to please pass House Bill 903.

Sincerely,

Philip A. Verhoef, MD, PhD

Lynn B. Gerald, PhD, MSPH
Assistant Vice Chancellor for Population Health
Research Professor of Medicine
University of Illinois Chicago
(520)429-0991 (cell)

House Testimony for Senate Bill 531 Relating to Student Health Friday January 31, 2025

Thank-you for the opportunity to present this written testimony. I am Dr. Lynn Gerald, Assistant Vice Chancellor for Population Health, and Research Professor of Medicine at the University of Illinois Chicago. I am a national expert in stock albuterol policy guidelines and implementation of stock albuterol programs. My 30-year career has focused on working with schools to help them improve the health of children with asthma and I have maintained continuous funding from the National Institutes of Health to study school-based asthma programs such as stock inhaler programs.

I was the senior author and Chair of the national stock albuterol policy guidelines (*American Journal of Respiratory and Critical Care Medicine*, 2021) and the primary advocate for the stock inhaler law which was passed in Arizona in 2017. I have also advised groups from many other states who have either passed or are working on passing or updating their legislation including Illinois, Texas, Utah, California, Maryland, Florida, and many others. The reason I have been actively involved in this area is that the passage of stock inhaler laws and implementation of such programs has been the most impactful intervention for children with asthma that I have seen in my 30 years of working with schools.

I am here to provide my strong support for this bill that would provide stock albuterol in schools for children who experience respiratory distress. More than 1 in 10 children in the US have asthma. Each year, more than half of them will experience a sudden attack that makes it difficult for them to breathe. These attacks will lead to 750,000 emergency department visits and 200,000 hospitalizations. Unfortunately, about 200 children will die following such an attack.

Because attacks can occur without warning and can occur anytime, anywhere, children with asthma 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. Despite the need for this medication, my research indicates that 80% of children with asthma do not have it at school (*Journal of Pediatric Allergy, Asthma, and Immunology*, 2012 & *Annals of the American Thoracic Society* 2012). This problem affects all children: rich or poor, private-schooled, public-schooled, urban or rural. There are many reasons why they might not have medication: they forgot it; they couldn't afford it; they unexpectedly ran out; it might have expired.

When children do not have medication, 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 attack often worsens. In such cases, the school must call 911. Doing so is likely to lead to an ambulance transport and emergency department visit or hospitalization. Such events take children out of the classroom for days at a time and further impede their learning. These adverse events are, in many cases, avoidable with a simple low cost solution: stock inhalers. Schools can purchase a single inhaler containing a short-acting bronchodilator that can be used for anyone who experiences the sudden onset of cough, shortness-of-breath, and chest tightness that signals an asthma attack.

My research indicates that stock inhaler programs can reduce 9-1-1 calls for respiratory distress by 20% and EMS transports by 40% (*Annals of the American Thoracic Society* 2016). Furthermore, my research in Arizona, Illinois and Missouri has indicated that about 80% of children are able to return to class after administration of stock albuterol (*Journal of Allergy, Asthma, and Immunology*, 2021). This research also indicated that 84% of students were able to return to class after administration of the stock inhaler. Therefore, this medication allows children to return to their learning environment. If the stock inhaler was not available, schools would have to

call a parent to bring medication or call 9-1-1. This delay in treatment can cause respiratory distress to worsen.

As Chair of the national guidelines statement on ensuring access to albuterol in schools (*American Journal of Respiratory and Critical Care Medicine*, 2021), I urge you to follow these guidelines in crafting your legislation. These guidelines were created and approved by the American Thoracic Society (a 15,000 member pulmonary physician organization), the National Association of School Nurses, the American Lung Association, and the Allergy and Asthma Network. They were also endorsed by the Pediatric Pharmacy Association. One of the important components of legislation is that it is critical that school staff other than Keiki nurses are trained in the signs and symptoms of asthma and when it is appropriate to administer the rescue medications. Unfortunately, in Hawai'i (as in many states) there is not a keiki school nurse present in every school. However, because of the safety of the medication used and the life-threatening implications of an asthma attack, it is imperative that we train other staff to assess, access, and administer the required medication that would potentially save a student's life.

I urge you to support the proposed stock inhaler legislation that allows any trained school staff to administer albuterol as this would be in-line with national guidelines and would provide a safe, inexpensive solution for an important health challenge faced by children and the schools that educate them.

1. Volerman, Anna, Ashley A. Lowe, Andrea A. Pappalardo, Charmayne M.C, Anderson, Kathryn V. Blake, Tyra Bryant-Stephens, Thomas Carr, Heather Carter, Lisa Cicutto, Joe K. Gerald, Jamila Jefferson, Tina Miller, Nuala S. Moore, Hanna Phan, S. Christy Sadreameli, Andrea Tanner, Tonya A. Winders, & **Lynn B. Gerald** on behalf of the American Thoracic Society Behavioral Science and Health Services Research, Pediatrics and Nursing Assemblies with Co-Sponsorship from the Allergy and Asthma Network, the American Lung Association and the National Association of School Nurses and Endorsement by the Pediatric Pharmacy Association. Ensuring Access to Albuterol in Schools - From Policy to Implementation: An Official American Thoracic Society Policy Statement. *American Journal of Respiratory and Critical Care Medicine*. (2021) 204(5): 508-522. <https://doi.org/10.1164/rccm.202106-1550ST>
2. Gerald, Joe K., Nancy Stroupe*, Leslie A. McClure, Lani Wheeler, & **Lynn B. Gerald**. (2012). "Availability of Asthma Quick Relief Medication in Five Alabama School Systems." *Journal of Pediatric Asthma, Allergy, and Immunology*. 25(1):11-16. <https://pubmed.ncbi.nlm.nih.gov/22454787/>
3. **Lynn B. Gerald**, Aimee Snyder, Jody Disney, Joe K Gerald, Allison Thomas, Graciela Wilcox, & Mark Brown. (2016). "Implementation and Evaluation of a Stock Albuterol Program for Students with Asthma." *Annals of the American Thoracic Society*. 13(2): 295. <https://pubmed.ncbi.nlm.nih.gov/26848605/>
4. Lowe, Ashley A, Joe K. Gerald, Conrad J. Clemens, Debra A. Stern, & **Lynn B. Gerald**. Managing Respiratory Emergencies at School: A County-Wide Stock Inhaler Program. *Journal of Allergy and Clinical Immunology* (2021) Feb 10:S0091-6749(21)00175-5. PMID: 33581200 <https://doi.org/10.1016/j.jaci.2021.01.028>

SB-531

Submitted on: 1/29/2025 10:56:32 AM

Testimony for EDU on 1/31/2025 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Michael Olderr	Individual	Support	Written Testimony Only

Comments:

I support this bill. It accommodates children with health issues and prepares faculty members for the worst-case scenario. This could save a life, so I approve, and I hope you do as well.

TO: Senate Committee on Education
Senator Michelle N. Kidani, Chair
Senator Donna Mercado Kim, Vice Chair

DATE: Friday, January 31, 2025
TIME: 3:00 PM
PLACE: Via Videoconference
Conference Room 229

TESTIMONY IN SUPPORT OF SB 531, RELATING TO EDUCATION

Dear Chair Kidani, Vice Chair Kim, and Members of the Committee,

My name is Dr. Cynthia J. Goto, and I am writing to express my support for Senate Bill 531, relating to education. This bill will allow schools in Hawaii to provide more immediate access to medications for students with asthma or suffering from respiratory distress.

Asthma is one of the most common chronic childhood diseases in Hawaii. In Hawaii, 21,411 children have asthma¹, and this bill has the potential to save lives and keep kids safe at school.

According to the Centers for Disease Control and Prevention (CDC), on average, in a classroom of 30 children, about 3 are likely to have asthma. Low-income populations, Native Hawaiians, and children living near traffic intersections experience more emergency department visits, hospitalizations, and deaths due to asthma than the general population.

Because asthma attacks can occur anytime and often without warning, children with asthma 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.

Unfortunately, when children do not have asthma medication, which can occur for a variety of reasons such as forgetting it or not being able to afford it, 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 cost 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 use a single inhaler 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.

Please support Senate Bill 531 to ensure that our children with asthma have access to safe and effective medication which could potentially save a student's life.

Thank you for the opportunity to testify.

Cynthia J. Goto, M.D.

¹ CDC. 2019 National Health Interview Survey.

To: Senator Michelle Kidani, Chair
Senator Donna Mercado Kim, Vice Chair
Senate Committee on Education

From: Chevelle Davis, MPH - Director of Early Childhood & Health Policy
Hawai'i Children's Action Network Speaks!

Subject: Measure S.B. No. 531 – Relating to Education

Hearing: Friday, January 31, 2025, at 3:00 PM, Conference Room 229

POSITION: Support

Aloha e Chair Kidani, Vice Chair Kim, and Members of the Committee,

Mahalo for the opportunity to provide testimony **supporting S.B. No. 531**, which allows schools in Hawai'i to stock life-saving medication for students with asthma or respiratory distress.

Asthma is a significant concern for children in Hawai'i, and it is made worse by unique factors like cockroaches, VOG, and allergens. Without immediate treatment, asthma attacks can escalate, endangering lives and leading to costly emergency care.

Stocking medication or bronchodilators in schools offers a simple, affordable solution. This medication is safe, easy to administer, and critical for reversing airway blockages during an attack. Without it, children without their medication – whether due to forgetfulness or affordability – leave schools reliant on emergency services, risking delays that could have severe consequences.

Equipping schools with stock inhalers and training staff to recognize and respond to asthma symptoms ensures timely care, especially as not all schools have nurses. Similar policies in 15 other states have proven effective.

Mahalo for the opportunity to provide testimony on **S.B. No. 531**, which is vital to protecting our keiki's health and safety in schools.

COMMITTEE ON EDUCATION
Senator Michelle N. Kidani, Chair
Senator Donna Mercado Kim, Vice Chair

Friday, January 31, 2025, 3:00PM – Conference Room 229

Testimony in Support of Senate Bill 531 Relating to Asthma with Suggested Amendment

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 in Hawaii and across the nation 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.

The American Lung Association strongly supports Senate Bill 531, relating to student health. The bill would authorize the department of education to stock bronchodilators for emergency use during respiratory distress and authorize department employees to volunteer to administer bronchodilators.

Furthermore, the Lung Association supports the State Department of Education suggested amendments to ensure the bill achieves its intended goal of improving access to medication while maintaining appropriate safeguards.

Asthma is a serious public health concern in Hawai‘i. In 2022, 9.4% of Hawai‘i children were estimated to have asthma compared to less than 7% of children in the U.S. as a whole.¹ In Hawai‘i, disparities in asthma prevalence are seen in race/ethnicity and region, with Native Hawaiians being disproportionately affected by asthma and experiencing the greatest burden. Native Hawaiians have the highest asthma prevalence at 28.3% compared to Caucasians (17.1%), Chinese (16.4%), Filipino (20.5%), Japanese (17.7%), or other races/ethnicities (19.8%).² Areas with high asthma prevalence include Hawai‘i and Maui counties and the Nānākuli/Wai‘anae sub-county areas on O‘ahu. Asthma disparities can be further exacerbated by geographic isolation, lack of transportation to and from doctor’s appointments, lower socioeconomic status, and limited access to healthcare specialists and subspecialists.

Absenteeism due to poorly controlled asthma may negatively affect educational outcomes and limit students with asthma’s ability to fully participate in school activities, and when children miss school, a parent or guardian often misses work to care for them. Addressing asthma effectively requires a coordinated effort among school staff, home/family members, and the primary care physician to improve health outcomes for children with asthma.

Because asthma attacks can occur anytime and often without warning, children with asthma 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.

¹ Behavioral Risk Factor Surveillance Survey, 2011-2022. Analysis by the American Lung Association Epidemiology and Statistics Unit using SPSS software.

² Uchima O, Taira DA, Ahn HJ, Choi SY, Okihiro M, Sentell T. Disparities in Potentially Preventable Emergency Department Visits for Children with Asthma among Asian Americans, Pacific Islanders, and Whites in Hawai‘i. International Journal of Environmental Research and Public Health. 2021

While there is a system in place to help children who have diagnosed asthma by allowing children to bring their own asthma inhalers and either keep them at school or carry with them, unfortunately we cannot expect that all children with asthma will have their inhalers on them. When children do not have asthma medication, which can occur for a variety of reasons such as forgetting it or not being able to afford it, 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.

Studies have demonstrated the effectiveness of school-based stock inhaler programs in mitigating respiratory emergencies. Research published in the *Annals of the American Thoracic Society* indicates that these programs can lead to a 20% reduction in 9-1-1 calls and a 40% decrease in Emergency Medical Services (EMS) transports for respiratory distress.³

Furthermore, research conducted in Arizona, Illinois, and Missouri (*Journal of Allergy, Asthma, and Immunology*, 2021) has shown that approximately 80% of children experiencing an asthma attack can return to class after receiving albuterol from a school-based stock inhaler. This research also highlights that 84% of students were able to resume their academic activities following the administration of the stock inhaler.⁴

Therefore, the availability of a stock inhaler enables a swift response to asthma emergencies, allowing children to remain in their learning environment. In the absence of a stock inhaler, schools would be required to contact a parent to bring the child's medication or to call 9-1-1. This delay in treatment can significantly exacerbate respiratory distress.

Currently, Keiki Nurses are able to carry stock albuterol and administer to children. However, there are not enough keiki nurses to be available in every school. Even if they were in every school, it's impossible for them to keep watch on every sports practice, marching band practice, or PE class where children may more likely experience respiratory distress. Because of the safety of the medication used and the life-threatening implications of an asthma attack, we believe 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 531 also provides important liability protection for the prescriber, the school and the person who administers the medication in good faith. As mentioned before the medication used for treatment of asthma attacks is safe and effective. In addition, as part of a research project in the Sunnyside Unified School District in Tucson, Arizona that evaluated a stock asthma inhaler project there, 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.

SB 531 represents a simple and low-cost solution to a problem that could save both lives and money. In total, [24 states](#) have passed legislation or have administrative guidelines in place allowing schools to

³ Lynn B. Gerald, Aimee Snyder, Jody Disney, Joe K Gerald, Allison Thomas, Graciela Wilcox, & Mark Brown. (2016). "Implementation and Evaluation of a Stock Albuterol Program for Students with Asthma." *Annals of the American Thoracic Society*. 13(2): 295. <https://pubmed.ncbi.nlm.nih.gov/26848605/>

⁴ Gerald, Joe K., Nancy Stroupe*, Leslie A. McClure, Lani Wheeler, & Lynn B. Gerald. (2012). "Availability of Asthma Quick Relief Medication in Five Alabama School Systems." *Journal of Pediatric Asthma, Allergy, and Immunology*. 25(1):11-16.

stock asthma medications. However, there are key provisions that should be included in this legislation to ensure it will be as effective as possible. These include:

- Making sure the legislation applies to all public and nonpublic schools.
- Applying the legislation to both students who have been diagnosed with asthma and students suffering from respiratory distress that may not have been diagnosed yet.
- 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.

The Lung Association strongly supports SB 531 with the suggested amendment and encourages swift action to move the bill out of committee.

With gratitude,

Pedro Haro
Executive Director
American Lung Association in Hawai'i
pedro.haro@lung.org

LATE

TESTIMONY OF EVAN OUE ON BEHALF OF THE HAWAII ASSOCIATION FOR JUSTICE (HAJ) WITH COMMENTS ON SB 531

Date: Friday, January 31, 2025

Time: 3:00 p.m.

My name is Evan Oue and I am presenting this testimony on behalf of the Hawaii Association for Justice (HAJ) with **COMMENTS** on SB 531, Relating to Education. While HAJ appreciates the intent of the measure, we have **serious concerns with SB 531** in its current form as it grants immunity from any civil damages arising from administration of a bronchodilator in an emergency situation by a school employee or agent.

Specifically, section 302A-B (h) states "Any school or person, including the health professionals providing training to volunteers subject to this section, the prescribing physician, physician assistant, advanced practice registered nurse, or other practitioner with prescriptive authority, and the pharmacist or pharmacy dispensing the prescription, who acts in accordance with the requirements of this section shall be immune from any civil or criminal liability arising from these acts, except where the person's conduct would constitute gross negligence, wilful and wanton misconduct, or intentional misconduct."

HAJ understands the need for requiring schools to have an employee trained to administer a bronchodilator to ensure student safety. However, designated school employees, agents or trained physicians should not be granted complete immunity from civil liability for administration of seizure medication. The standard of care for our vulnerable students should be upheld. When a school employee is rendering aid, the applicable standard would be similar to Hawai'i's good Samaritan statutes which provides for immunity "unless the person's acts constitute gross negligence or wanton acts or omissions." HRS § 663-1.6.

Further, “any person who in good faith renders emergency care, without remuneration or expectation of remuneration, at the scene of an accident or emergency to a victim of the accident or emergency shall not be liable for any civil damages resulting from the person's acts or omissions, **except for such damages as may result from the person's gross negligence or wanton acts or omissions.**” HRS. § 663-1.5.

Therefore, at the very least school employees who render aid under this bill should be immune from liability unless their acts constitute gross negligence or wanton acts. Furthermore, schools owe their students a duty of reasonable care in ensuring each student’s safety. *See Doe Parents No. 1 v. State, Dep’t of Educ.* Courts have held that the DOE shares a “special relationship”—*i.e.*, a quasi-parental or *in loco parentis* custodial relationship—with its students, which obligates the DOE to exert reasonable care in ensuring each student's safety and welfare, as would a reasonably prudent parent.

In other words, the DOE owes its students the duty to take whatever precautions are reasonable to prevent harms that it anticipates, or reasonably should anticipate. Schools owe their students a duty of reasonable care in ensuring each student’s safety, this should include when rendering aid. Exempting public schools from all liability in connection with administering a bronchodilator is not in line with Hawai’i Supreme Court precedent nor Hawai’i’s current Good Samaritan law.

HAI respectfully requests that subsection (h) on page 11, lines 3-12 be deleted to remove the civil liability limitations for school employees and prescribing positions to preserve the rights of our students.

Alternatively, amending the measure to reflect the Good Samaritan statute as follows: “**Any person who acts in accordance with the requirements of this section shall not be liable in civil damages unless the person's acts constitute gross negligence or wanton acts or omissions, or unless**

the person receives or expects to receive remuneration. Nothing contained in this subsection shall alter existing law with respect to tort liability of a physician licensed to practice under the laws of this State committed in the ordinary course of the physician's practice.”

Thank you for allowing us to testify regarding this measure. Please feel free to contact us should you have any questions or desire additional information.