

January 25, 2024

Written Testimony to House Health and Human Services Committee

Honorable Chair, Representative Rep. Brenda Landwehr

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Support [House Bill 2547](#)—Authorizing schools to maintain certain emergency medication kits and to administer such medication in emergency situations.

Hearing: Tuesday, January 30, 2024, 1:30 PM Room 112-N

Honorable Chairman Landwehr and Committee Members,

Thank you for the opportunity to provide written testimony regarding HB2547 –Authorizing schools to maintain certain emergency medication kits and to administer such medication in emergency situations. **As an elementary school nurse in a Johnson County school district, I support this bill.**

According to data collected by the [Centers for Disease Control \(CDC\)](#), food allergies affect about 8% of school aged children. That is approximately 2 students per classroom. Some food allergies can cause anaphylaxis which is a life-threatening reaction to an allergen, and having quick access to epinephrine is necessary to prevent death. The district I work in has had stock EpiPens on hand as long as I have worked there, but we are one of the largest districts in the state with resources to obtain them with a doctor and pharmacist oversight. Some rural districts in Kansas have not been able to stock EpiPens due the barrier of pharmacists not being willing to serve as a school’s consulting pharmacist because they fear there is a liability risk. Prior to the 2019 draft of a similar bill, the Kansas School Nurse Association looked at the other state laws for having stock epinephrine in schools and found that only Kansas had “consulting pharmacist” in statutory language. Rural districts are also much farther from emergency medical services and anaphylaxis is often deadly without immediate access to epinephrine. Not all parents provide the school with an EpiPen for their child with known history of food allergies causing anaphylaxis due to a lack of resources themselves, and sometimes the first time a child ever has an anaphylactic reaction is at school. This bill cleans up language in the existing statues for epinephrine kits, and limits the liability for pharmacists, prescribing providers, and school staff when a stock EpiPen is used on a student for a suspected anaphylactic reaction. In my district EpiPens are utilized every year to treat anaphylactic reactions, often it is an EpiPen provided for that student by the parents, but many times it is the stock EpiPens that we have in each building that saves a life. All schools in Kansas should be able to provide stock EpiPens to save lives.

My main reason for supporting this bill though is the addition of stock albuterol inhalers and spacers for respiratory distress. [The Asthma and Allergy Foundation of America](#) supports having stock albuterol in all schools. Currently 18 states, including our bordering states of Missouri, Nebraska and

Oklahoma allow schools to stock albuterol inhalers and spacers for emergency use for student in respiratory distress. Asthma can be fatal when quick access to a rescue inhaler is not available. I have had several instances when a stock inhaler could have prevented complications for my students. My first year as a school nurse I had a first grade student with no listed history of asthma in her records. She came to me from recess very short of breath, wheezing and coughing. Since she had no history of asthma, she did not have an inhaler at school. When I called her parent, they reported she did have a history of asthma but they did not currently have an inhaler for her. She was not improving with rest, and only because the parent lived right across the street and my school is only 5 min from the nearest hospital, did I not call 911. If her parent had not been able to get there and take her immediately to the ER, I would have had to call 911. She was then prescribed a new inhaler and one was left at school for her for future use. I also had a student last year who frequently had no inhaler provided at school despite his history of poorly controlled asthma. His parents did not have resources to have an inhaler for school and one for home use, so they often forgot to send one to school. He had an asthma attack at the end of the day right before leaving to walk home and had no inhaler with him that day. His parent was able to come quickly and took him the ER that is less than 5 min away and he ended up getting admitted to the hospital overnight. If my school was in a rural area of the state or even in a part of town that is not so close to a hospital both of these instances would have resulted in a 911 call, and if EMS could not get there quickly, the student's life would be in danger. School nurses need the tools to be able to act quickly to prevent deteriorating respiratory symptoms that could lead to death. Our district has several calls made to 911 each year for students having asthma attacks with no rescue inhaler for the student on hand. When my student's present with the first signs of an asthma attack and have an inhaler on hand, they almost always have resolution of symptoms and are able to return to class. If they frequently need to use their inhaler, we notify the parent and let them know a visit to their healthcare provider is in order to determine how best to get their asthma under control. That would not change with stock inhalers. If a student needed the stock inhaler one time, the parent would be notified that they need to see their healthcare provider and get an inhaler for that student prescribed to be left at school for that student.

I urge you to vote yes to pass HB 2547 out of committee and on to a floor vote in the full Kansas House of Representatives.

Lyndsay Cochran RN, BSN