

Date of Hearing: April 26, 2023

ASSEMBLY COMMITTEE ON EDUCATION  
Al Muratsuchi, Chair  
AB 1283 (Chen) – As Amended March 23, 2023

**SUBJECT:** Pupil health: emergency stock albuterol inhalers

**SUMMARY:** Authorizes a local educational agency (LEA) to make emergency stock albuterol inhalers available at school sites and authorizes school nurses or trained personnel who have volunteered to administer an albuterol inhaler to persons suffering from, or reasonably believed to be suffering from, respiratory distress. Specifically, **this bill:**

- 1) Requires the Superintendent of Public Instruction (SPI) to establish minimum standards of training for the administration of stock albuterol that includes:
  - a) Techniques for recognizing symptoms of respiratory distress;
  - b) Standards and procedures for the storage, restocking, and emergency use of albuterol inhalers;
  - c) Emergency followup procedures, including calling 911 and contacting, if possible, the pupil's parent and physician;
  - d) Recommendations on the necessity of instruction and certification in cardiopulmonary resuscitation (CPR); and
  - e) Written materials covering the above information.
- 2) Requires the SPI to review the minimum standards of training for the administration of stock albuterol inhalers every five years or sooner.
- 3) Requires the SPI to consult with organizations and providers with expertise in administering medication in a school environment including, but not limited to, such organizations the State Department of Public Health (CDPH), the Emergency Medical Services Authority, the American Academy of Allergy, Asthma and Immunology (AAAAI), the California School Nurses Organization (CSNO), the California Medical Association, the American Academy of Pediatrics (AAP), the California Society of Allergy, Asthma and Immunology, and the American College of Allergy, Asthma and Immunology.
- 4) Encourages and recommends there be a minimum of two trained school employees at each schoolsite.
- 5) Requires the training standards established by the SPI to be consistent with the most recent guidelines for medication administration issued by the California Department of Education (CDE).
- 6) Requires the school to retain the written training materials for reference.
- 7) Defines the following terms:

- a) “Albuterol” means a bronchodilator medication used to open the airways by relaxing the muscles around the bronchial tubes;
  - b) “Local educational agency” means a school district, county office of education (COE), or charter school.
  - c) “Authorizing physician and surgeon” may include a physician and surgeon employed by, or contracting with, an LEA, a medical director of the health department, or a local emergency medical services director;
  - d) “Inhaler” means a device for the delivery of prescribed asthma medication that is inhaled;
  - e) “Metered-dose inhaler (MDI)” means a pressurized sprayer that delivers a measured amount of a medication;
  - f) “Qualified supervisor of health” may include, but is not limited to, a school nurse;
  - g) “Respiratory distress” means the sudden appearance of signs and symptoms of difficulty breathing. Signs and symptoms of respiratory distress may include any one or more of the following: complaints of a tight chest or chest pain, wheezing or noisy breathing, persistent coughing, difficulty breathing, appears to be in distress, lips or fingernails turning blue, and shortness of breath;
  - h) “Stock albuterol inhaler” means albuterol medication in the form of an MDI that is ordered by a health care provider, that is not prescribed for a specific person, and may include a single-use disposable holding chamber; and
  - i) “Volunteer” or “trained personnel” means an employee who has volunteered to administer stock albuterol inhalers to a person who is, or reasonably believed to be, suffering from respiratory distress, has been designated by a school, and has received specified training.
- 8) Requires an LEA electing to utilize stock albuterol inhalers for emergency aid to distribute a notice at least once per school year to all staff that states the following information:
- a) A description of the volunteer request stating that the request is for volunteers to be trained to administer a stock albuterol inhaler to a person who is suffering, or reasonably believed to be suffering, from respiratory distress; and
  - b) A description of the training that the volunteer will receive.
- 9) Requires a qualified supervisor of health at an LEA choosing to utilize stock albuterol inhalers for emergency aid to obtain from an authorizing physician and surgeon a prescription for stock albuterol inhalers at each school. Requires the qualified supervisor of health to be responsible for stocking and restocking, if used, the stock albuterol inhalers.
- 10) Requires an administrator at the LEA to carry out the duties pertaining to utilizing and stocking albuterol inhalers if no qualified supervisor of health is employed at the LEA.

- 11) Authorizes a prescription of stock albuterol inhalers to be filled by local or mail order pharmacies or stock albuterol manufacturers.
- 12) Prohibits an authorizing physician and surgeon from being subject to professional review, liable in a civil action, or subject to criminal prosecution for the issuance of a prescription or order of stock albuterol inhalers, unless the physician and surgeon's issuance of the prescription or order constitutes gross negligence or willful or malicious conduct.
- 13) Authorizes a volunteer to administer a stock albuterol inhaler, if a school nurse is not available, to a person exhibiting potentially life-threatening symptoms of respiratory distress at school or a school activity when a physician is not immediately available. Requires the albuterol inhaler to be restocked as soon as reasonably possible, but no later than two weeks after use. Requires stock albuterol inhalers to be restocked before their expiration date.
- 14) Requires the volunteer to initiate emergency medical services or other appropriate medical follow up in accordance with the training materials.
- 15) Requires employees who volunteer to be trained in administering and stocking albuterol inhalers to be provided defense and indemnification by the LEA for any and all civil liability. Requires the information to be provided to the volunteer and kept in the volunteer's personnel file.
- 16) Authorizes a state agency, the CDE, or a public school to accept gifts, grants, and donations from any source for the support of the school, to include accepting of stock albuterol inhalers from a manufacturer or wholesaler.

**EXISTING LAW:**

- 1) Authorizes pupils to carry and self-administer inhaled asthma medication during the schoolday if specified materials in writing are submitted to the LEA. (Education Code (EC) 49423.1)
- 2) Requires school districts, COEs, and charter schools to provide emergency epinephrine auto-injectors to school nurses or trained personnel who have volunteered to provide emergency medical aid to persons suffering, or reasonably believed to be suffering, from an anaphylactic reaction.
- 3) Requires the SPI to review minimum standards of training every five years or sooner for the administration of epinephrine auto-injectors. (EC 49414)

**FISCAL EFFECT:** Unknown**COMMENTS:**

***Need for the bill.*** According to the author, "Asthma is a problem that effects many children who attend schools in the state. Schools should always be ready when an emergency falls up on a student. If a child has an Asthma attack, there should be someone on campus trained, stocked, and ready to assist. This is what AB 1283 aims to do. We want to make sure that our schools in California are well stocked and prepared to handle this type of emergency."

***What is respiratory distress?*** Respiratory distress occurs when a person is experiencing a restriction in oxygen and is struggling to breathe. According to the Johns Hopkins University School of Medicine, symptoms of respiratory distress may include one or a combination of the following:

- Increased breathing rate;
- Change in color around the mouth, skin, or fingernails. A bluish tone around the mouth or the skin appearing gray or blue may indicate the person is not getting enough oxygen;
- Wheezing, which can sound as if a whistling or musical sound with each breath, indicating that the air passages may be tighter or smaller;
- Grunting sounds that can be heard each time a person exhales;
- Retractions, when the chest appears to sink in just below the neck or under the breastbone with each breath and can also be seen under the rib cage or in the muscles between the ribs;
- Increased sweat on the head, but the skin feels cool or clammy; and
- Flaring of the nostrils.

A person experiencing respiratory distress works harder in order to breathe and may experience these symptoms. Various causes of respiratory distress include an infection, a blocked airway, and asthma. Uncontrolled asthma can lead to an asthma attack in which the airways become swollen and inflamed to a point where they contract, producing extra mucus causing the breathing or bronchial tubes to narrow. A person will experience coughing, wheezing, and trouble breathing. With prompt treatment, symptoms can improve, but a severe asthma attack, or a flare-up, which does not improve with quick treatment can become a life-threatening emergency.

***Asthma in school-aged children.*** Asthma is a chronic lung disease and the leading cause of absenteeism for students. It affects 10% of school-aged children nationwide and accounts for 5.2 million absences annually. CDPH reports that in 2019-2020 15.1% of people in the state had been diagnosed with asthma by a healthcare provider and 14.5% of children ages 5 through 17 had been diagnosed. While rare, the recorded asthma death rates per one million state residents from 2017 through 2019 were 1.1 for children ages 0-17 and 11.5 for adults 18 years of age and older.

Asthma often starts during childhood as children's immune systems are still developing. While the exact cause of asthma is unknown, certain factors combined can contribute to a child developing asthma including:

- Family history (parent or sibling having asthma);
- Exposure to things in the environment (allergens such as cigarette smoke or pollution); and
- Viral infections (which affect the lungs).

Asthma can also be triggered or set off by various elements such as:

- Indoor allergens (pet dander or dust mites);
- Outdoor allergens (mold or pollens);
- Physical activity;
- Infections (colds, influenza, or COVID-19);
- Poor air quality or very cold air; and
- Certain medications such as pain relievers.

***Management of symptoms and cost of treatment for asthma.*** While there is no cure for asthma, treatment meant to alleviate symptoms include quick relief and long-term treatments. Treatments range from taking pills, utilizing a nebulizer (a machine that turns liquid medicine into mist to be more easily inhaled), to using an inhaler (a handheld, portable device that delivers medication to the user's lungs).

Long-term medication for asthma is known as controller medication and is taken daily as an inhaled corticosteroid utilizing an inhaler. Taken consistently, corticosteroids decreases inflammation in the airways of the lungs and helps to prevent asthma flare-ups. The AAAAI states that corticosteroids are considered the most effective long-term medication for control and management of asthma.

Quick relief or “rescue medication” rapidly opens the airways of the lungs and relieves symptoms during an asthma flare-up. Bronchodilator medications such as long-acting beta-agonists (LABAs) can be combined with a corticosteroid in order to relax the muscles lining the airways that carry air to the lungs allowing the tubes to remain open and making breathing easier.

CDPH states that people with uncontrolled asthma may need to visit the emergency department (ED) in order to receive help with managing an asthma attack. More severe cases may require a person to be hospitalized. In 2019, there were 42.6 ED visits per 10,000 California residents. The rate for children 0-17 years of age in the state was 63.4 versus the rate of adults 18 years of age at 35.4. Black residents and Native Hawaiian Pacific Islander residents had higher rates of ED admittance at 153.2 and 107.4, respectively, while White and Asian residents' rates were 30.1 and 17.1 respectively. Additionally, in 2019, 55.5% of ED visits resulting from asthma for California residents were insured by Medi-Cal, the state's public health insurance program that provides health care services for low-income individuals including families with children, persons with disabilities, and foster care.

One study conducted, stated that the total annual per-person incremental medical cost of asthma for a pooled sample between 2008 and 2013 was \$3,266, which included \$1,830 for prescription medication and \$176 for emergency room visits. For children younger than 18 years of age, the average medical cost was \$1,737 (Nurmagambetov, 2018).

***Side effects of albuterol inhaled medication.*** This bill proposes to utilize stock albuterol inhalers to provide emergency medical aid to treat a person suffering from difficulty breathing caused by lung disease such as asthma. Albuterol is in the class of bronchodilator medications that works by relaxing and opening air passages to the lungs in order to make breathing easier through



**Recommended Committee Amendments.** Staff recommends that the bill be amended to include the following:

- 1) Require the CDE to post the standards of training on their website;
- 2) Require the training for nonmedical employee volunteers to be at no cost to the employee and to be during the volunteer's regular working hours; and
- 3) Other technical amendments.

**Arguments in support.** The California School Nurse's Organization writes, "Many of our students suffer from asthma, a chronic respiratory condition that can be life-threatening if not managed properly. When an asthma attack occurs, immediate treatment is necessary to prevent serious harm or even death. Unfortunately, in California, many schools do not have a school nurse on staff, and those that do may not have them on site at all times. As a result, if a student has an asthma attack while at school, they may not receive the timely care they need to manage the condition."

Allowing trained personnel, in addition to school nurses, to administer emergency albuterol to students could help to mitigate this problem. If a trained school staff member were able to administer this medication to a student in distress, it could help to alleviate their symptoms and prevent the situation from escalating. This could be particularly important in cases where the student does not have their own inhaler with them, or where their inhaler is not readily accessible. Further, we feel this bill strikes the appropriate balance when considering school safety policies by authorizing, not requiring, schools to utilize albuterol inhalers.

CSNO would like a credentialed school nurse to be on staff at every school in California. Unfortunately, due to a variety of circumstances, that is not a world in which we currently live. Allowing trained personnel to administer emergency albuterol to students could help to ensure that students with asthma receive the care they need in a timely manner. The health and safety of our students should always be one of California's top priorities. We feel the benefits of this policy change are significant and could save lives."

**Arguments in opposition.** The California Teachers Association writes, "CTA's internal organizational policy, written and adopted by locally elected members, states: CTA believes the health and safety needs of children are best met through the services of a credentialed school nurse and CTA believes California's schools, colleges and universities should employ sufficient learning support services staff including but not limited to school counselors, credentialed school nurses, librarians, credentialed teacher librarians, school social workers, and school psychologists to provide quality support programs and to ensure equal access for all students to achieve success. CTA does not believe non-medically trained school employee "volunteers" have the necessary medical knowledge and are sufficiently trained to protect the health and safety of students suffering medical emergencies."

**Related legislation.** AB 1386 (Low), Chapter 374, Statutes of 2016, authorizes LEAs to receive epinephrine auto-injectors (EAI) if the EAI is furnished exclusively for use at or in connection with an authorized entity.

AB 1748 (Mayes) Chapter 557, Statutes of 2016, authorizes school nurses and other trained personnel to use naloxone hydrochloride or another opioid antagonist to provide emergency medical aide to persons suffering, or reasonably believed to be suffering, from an opioid overdose.

AB 743 (Eduardo Garcia), Chapter 101, Statutes of 2019, requires a school district to accept the written statement from a physician who is contracted with a binational health plan for the purposes of authorizing a pupil to carry and self-administer inhaled asthma medication that the pupil is required to administer during the regular schoolday.

AB 2132 (Reyes), Chapter 832, Statutes of 2004, authorizes a pupil to carry and self-administer inhaled asthma medication during the schoolday if specified requirements are met.

**REGISTERED SUPPORT / OPPOSITION:**

**Support**

California School Nurses Organization  
3 individuals

**Opposition**

California Teachers Association

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