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Partnership in Action: Stocking Asthma Rescue

Medication in Illinois Schools

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Lungchicago.org



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Learning Objectives

1. Discuss the role and process of stakeholder engagement in health policymaking
2. Understand Public Act 100-0726 (Stock Asthma Rescue Medication in Schools)
3. Recognize next steps in implementation of Public Act 100-0726 (Stock Asthma Rescue Medication in Schools)

Respiratory Health Association's mission is to prevent lung disease, promote clean air, and help people live better through education, research, and *policy change*.

Legal Council for Health Justice conducts education, outreach, and **advocacy** to address discrimination, disadvantage, and disparities in health, wealth, and well-being across the lifespan of vulnerable populations.

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The Seriousness of Pediatric Asthma

Oswego Student Dies After Asthma Attack

9-Year-Old Dies After Suffering Asthma Attack

Popular schoolgirl, 13, dies after a fatal asthma attack during PE class just days from her 14th birthday

Grade 5 student died from asthma attack in V... taking two...
Student dies after asthma attack

Boy of 11 dies of asthma attack at school after teacher was 'too busy to call him an ambulance'

Girl, 13, dies after severe asthma attack at school
14-Year-Old Schoolboy Dies After Suffering a Severe Asthma Attack While in Detention in School
14-Year-Old Schoolboy Dies After Suffering a Severe Asthma Attack While in Detention in School

Girls Asthma Death Shocks Classmates

8-Year-Old Boy Dies After Asthma Attack

Tributes to 'quiet and thoughtful' boy of 13 who died following asthma attack at school

Parents, schoolchildren in shock as boy dies after asthma turn

14-Year-Old Teen Dies After Apparent Asthma Attack

'Asthmatic' teenager dies after collapsing on school sports

Family heartbroken as schoolboy collapses and dies from asthma attack aged just 14

14-Year-Old Teen Dies After Apparent Asthma Attack
14-Year-Old Teen Dies After Apparent Asthma Attack

Snap Shot: Asthma in U.S.

- Asthma affects 18 million adults and nearly 6.2 million children.¹
- 1 in 2 children with asthma had 1+ asthma attacks in 2016.²
- Asthma is responsible for nearly 10 deaths a day (3,615 total in 2015).³
- Asthma takes a large economic toll: \$81.9 billion in total costs in 2013.⁴

1. Centers for Disease Control and Prevention. (2015). Asthma. Retrieved from <https://www.cdc.gov/nchs/fastats/asthma.htm>.

2. Centers for Disease Control and Prevention. (2018). Vital Signs: Asthma in Children. Retrieved from <https://www.cdc.gov/vitalsigns/childhood-asthma/index.html>.

3. United States Environmental Protection Agency. (2017). Asthma Facts. Retrieved from https://www.epa.gov/sites/production/files/2017-08/documents/2017_asthma_fact_sheet.pdf.

4. Nurmagambetov, T., Kuwahara, R., & Garbe, P. (2018). The Economic Burden of Asthma in the United States, 2008-2013. *Annals of the American Thoracic Society*, 15(3), 348-356. doi:10.1513/annalsats.201703-249oc.

Snap Shot: Asthma in Illinois

- 330,000+ children have been reported as having asthma.⁵
- Asthma is a leading cause of school absenteeism: 313,710 missed school days.⁶
- Only 1 in 4 children with asthma have their disease controlled.⁷
- Black children with asthma visit the ED 5.5x more than white children.⁸

5. Centers for Disease Control and Prevention. (2015). Child Asthma Data: Lifetime Asthma. Retrieved from <https://www.cdc.gov/asthma/brfss/2015/child/tableL1.htm>.

6. Nurmagambetov T, et al. (2017). State-level medical and absenteeism cost of asthma in the United States. *Journal of Asthma*, 54(4): 357-370.

7. Centers for Disease Control and Prevention. (2012). CDC and ICHS BRFSS Asthma Call-back Survey, 2007-2010 adults; 2007-2009 children. Retrieved March 01, 2018, from <http://dph.illinois.gov/sites/default/files/publications/idphasthmainfographic.pdf>

8. Illinois Department of Public Health Office of Women's Health and Family Services. (2016). Illinois Childhood Asthma Surveillance Report, 2011-2014.

Illinois School-based Medication Policies

2001

P.A.92-0402: Developed Section 22-30 of the School Code to address self-administration of asthma medication

2010

P.A.96-1460: Changed aspects of the written authorization and prescription information required

2014

P.A.98-0795: Guidance on Undesignated Epinephrine Auto-injector

2006

P.A.94-0792: Amended Section 22-30 of the School Code to address self-administration of epinephrine auto-injectors

2011

P.A.97-0361: Self-Carry and Self-Administration of Asthma and Allergy Medications

2016

P.A.99-0843: Asthma Emergency Response Protocol

Are Existing Policies Enough?

Unclear how many students in Illinois carry asthma medication in school.

Some research shows fewer than 20% of students with asthma had access to asthma emergency medication in school.⁹

Multiple barriers can impede students' access to asthma emergency medication in school including¹⁰:

- a lack of medical care;
- forgetting or losing the inhaler; and,
- having the inhaler run out.

9. Gerald JK, et al. (2012). Availability of Asthma Quick Relief Medication in Five Alabama School. Pediatric

10. Ibid. note 9.

Novel Solution: Stock Asthma Rescue Medication in Schools

- Authorize school districts to maintain a stock of asthma rescue medication and enable trained staff members to administer the medication in the event of an asthma emergency.
- Ten states currently have a stock asthma rescue medication in schools policy: Arizona¹¹; Georgia¹²; Indiana¹³; Missouri¹⁴; Nebraska¹⁵; New Hampshire¹⁶; New Jersey¹⁷; New Mexico¹⁸; New York¹⁹; and Ohio²⁰.

Stakeholder Engagement: The Power of Partners

Convened an advisory group of school and health experts to discuss the fit and feasibility of this policy in Illinois



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Stakeholder Engagement: The Power of Partners cont.

Our Advisory Group discussed:

- Gaps in asthma management in Illinois schools
- Lessons learned from other Illinois school-based medication policies
- Key policy considerations
- Getting stakeholders to neutral (!)

Stakeholder Engagement: The Power of Partners cont.

- Developed and published an *Issue Brief* that highlights findings and recommendations
- Proposed a bill (SB3015) that reflected advisory group recommendations
- Developed a bill factsheet and secured organizational support
- Testified during Senate and House Committee Hearings



How We Did It: Passing SB 3015

March 2018: SB 3015 is introduced to Senate Education Committee

April 2018: SB 3015 passes Senate unanimously (!)

May 2018: SB 3015 passes House unanimously (!)

April 2018: RHA and health care provider partners testify to the Senate Education Committee in support of SB 3015; SB3015 passes out of committee

May 2018: LCHJ testify to the House Elementary and Secondary Education Committee in support of SB3015; SB 3015 passes out of committee

August 2018: Governor signs Public Act 100-0726: Stock Asthma Rescue Medication in Schools

How We Did It: Passing SB 3015 cont.

- **Amendment 1:**

- Within 24 hours after the administration of an undesignated asthma medication, a school district, public school, charter school, or nonpublic school must follow up with the ~~health care provider of record and~~ school or district nurse.
- Remove the ~~immediate effective~~ date of the bill.

- **Amendment 2:**

- After additional stakeholder feedback we modified some of the language and did a “gut and replace”.
- The modifications were not significant and added some helpful clarification, but were spread across the bill so it was easier to do a gut and replace.

- **Amendment 3:**

- Within 24 hours after the administration of an undesignated asthma medication, a school district, public school, charter school, or nonpublic school must follow up with the school nurse, if available, and may, with the consent of the child's parent or guardian, notify the child's health care provider of record, as determined under this Section, of its use.

PA 100-0726: What's in the Law?

(e-15) A school nurse or trained personnel may administer undesignated asthma medication to any person whom the school nurse or trained personnel in good faith believes to be experiencing respiratory distress (i) while in school, (ii) while at a school-sponsored activity, (iii) while under the supervision of school personnel, or (iv) before or after normal school activities, including before-school or after-school care on school-operated property. A school nurse or trained personnel may carry undesignated asthma medication on his or her person while in school or at a school-sponsored activity

(f) The school district, public school, charter school, or nonpublic school may maintain a supply of asthma medication in any secure location that is accessible before, during, or after school where a person is most at risk, including, but not limited to, a classroom or the nurse's office. A physician, a physician assistant who has prescriptive authority under Section 7.5 of the Physician Assistant Practice Act of 1987, or an advanced practice registered nurse who has prescriptive authority under Section 65-40 of the Nurse Practice Act may prescribe undesignated asthma medication in the name of the school district, public school, charter school, or nonpublic school to be maintained for use when necessary. Any supply of undesignated asthma medication must be maintained in accordance with the manufacturer's instructions.

PA 100-0726: What's in the Law?

(g) Prior to the administration of undesignated asthma medication, **trained personnel must submit to the school's administration proof of completion of a training curriculum** to recognize and respond to respiratory distress, which must meet the requirements of subsection (h-10) of this Section. **Training must be completed annually**, and the school district, public school, charter school, or nonpublic school **must maintain records relating to the training curriculum and the trained personnel**.

(h-10) A training curriculum to recognize and respond to respiratory distress, including the administration of undesignated asthma medication, may be conducted online or in person. The training must include, but is not limited to: **(1) how to recognize symptoms of respiratory distress and how to distinguish respiratory distress from anaphylaxis; (2) how to respond to an emergency involving respiratory distress; (3) asthma medication dosage and administration; (4) the importance of calling 911 or, if 911 is not available, other local emergency medical services; (5) a test demonstrating competency of the knowledge required to recognize respiratory distress and administer asthma medication; and (6) other criteria as determined in rules adopted under this Section.**

PA 100-0726: What's in the Law?

(f-10) Within 24 hours after the administration of undesignated asthma medication, a school district, public school, charter school, or nonpublic school **must notify the student's parent or guardian or emergency contact**, if known, and the **physician, physician assistant, or advanced practice registered nurse who provided the standing protocol and a prescription for the undesignated asthma medication of its use**. The district or school **must follow up with the school nurse**, if available, and **may, with the consent of the child's parent or guardian, notify the child's health care provider of record**, as determined under this Section, of its use.

(i-10) Within 3 days after the administration of undesignated asthma medication by a school nurse, trained personnel, or a student at a school or school-sponsored activity, the **school must report to the State Board of Education**, on a form and in a manner prescribed by the State Board of Education, the following information: **(1) the age and type of person receiving the asthma medication (student, staff, or visitor); (2) any previously known diagnosis of asthma for the person; (3) the trigger that precipitated respiratory distress, if identifiable; (4) the location of where the symptoms developed; (5) the number of doses administered; (6) the type of person administering the asthma medication (school nurse, trained personnel, or student); (7) the outcome of the asthma medication administration; and (8) any other information required by the State Board.**

What's Next

- Support Illinois school districts with policy implementation:
 - Convene an advisory group of school and health experts
 - Assess best practices and resources from other states
 - Explore financing options for asthma medication
 - Create a toolkit and other resources to ensure successful implementation

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