



MONTANA

STOCK ALBUTEROL IN K-12 SCHOOLS

MONTANA DATA

Asthma

Asthma affects approximately **7% of school aged children**.^[1]

1 in 5 high schoolers reported having been diagnosed with asthma in their lifetime.^[2]

15% of high schoolers reported having asthma in 2023.^[2]

1 in 4 children with asthma reported having to miss at least one or more days of school because of asthma in the past year.^[3]

Allergies & Anaphylaxis

Stock epinephrine was passed into law in 2013.

MCA 20-5-421: Emergency use of epinephrine in school setting. A school, whether public or nonpublic, may maintain a stock supply of autoinjectable epinephrine to be administered by a school nurse or other authorized personnel to any student or nonstudent as needed for actual or perceived anaphylaxis.

73% of Montana high schools and **71%** of Montana middle schools carry stock epinephrine.^[5]

WHY STOCK ALBUTEROL IN SCHOOLS IS NEEDED

School-aged children spend a majority of their day in school. National guidelines recommend that all children with asthma have access to quick-relief medications. Stock albuterol promotes access to life-saving medication to treat students and staff who experience asthma attacks in the school setting or at school sponsored functions. Stock albuterol aims to reduce the number of 911 calls, emergency medical services (EMS) transports, and missed school days as a result of asthma attacks by better equipping schools to handle respiratory emergencies.

Reduces Absenteeism

For school-age children, asthma is one of the leading causes of school absenteeism and is linked to lower academic performance. Research has demonstrated that school-based interventions to help children manage asthma are effective to reduce absenteeism.

Makes Schools Safer

Limited access to asthma rescue medication remains an important safety issue for schools and for the children they serve. In 2013, Montana acted to protect children who have severe allergies by authorizing schools to stock undesignated epinephrine auto-injectors; however, no such failsafe measure exists for children with asthma. Albuterol has a broad therapeutic index and high safety profile. Consequently, complications are rare, and trained school staff should be able to confidently administer medication without fear of harming a child.

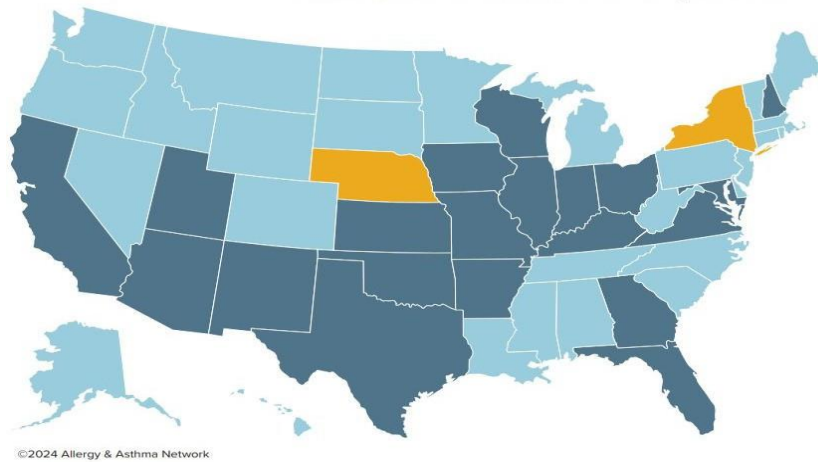
Reduces Health Care Cost

Asthma treated in the Emergency Department (ED) is costly for families and the health care system. The typical charge for a single ED visit for asthma, not including EMS transport, is \$2,346.^[6] The average charge for an asthma-related hospital stay is \$15,769.^[7] Data from stock albuterol programs in other states has shown significant health care cost savings.

MONTANA

STOCK ALBUTEROL IN K-12 SCHOOLS

EVIDENCE FROM OTHER STATES



Currently, 23 states have laws or guidelines permitting schools to stock emergency supplies of albuterol inhalers and administer to students experiencing an asthma attack.



ARIZONA

Increasing access to stock albuterol in schools in Arizona led to a **20% decrease in 911 calls** and a **40% decrease in hospital transports**.^[8]

ILLINOIS

2,171 eligible schools enrolled in the RESCUE Illinois Schools Program. Out of 655 uses of emergency albuterol, **76% of students returned to class, 22% went home, and only 1.7% were transported to the emergency department**.^[9]

MISSOURI

During the 2013-2014 school year, stock asthma rescue medication was administered 3,194 times in 217 schools, with **92% of students returning to class** after administration of asthma rescue medication.^[10]

TEXAS

818 uses of an asthma medication in a school were reported in the 2022-2023 school year. **74.3% of students receiving medication returned to class. Only 2% went to the ED**.^[11]

References

1. CDC. Asthma data, statistics, and surveillance: 2021. Available from: https://www.cdc.gov/asthma/most_recent_national_asthma_data.htm
2. Montana Office of Public Instruction (OPI). Youth Risk Behavior Survey Full Report. 2023.
3. Montana Department of Public Health and Human Services (MT DPHHS) and Centers for Disease Control and Prevention (CDC). Adult ACBS. 2020
4. Montana Department of Public Health and Human Services. Montana Asthma Control Program. Montana Home Visiting Program (MAP). 2010-2023
5. Montana Office of Public Instruction (OPI). School Health Profiles Full Report. 2022.
6. Montana ED Discharge Data. Office of Epidemiology and Scientific Support, Montana Department of Public Health and Human Services. 2022
7. Montana Hospital Discharge Data System. Office of Epidemiology and Scientific Support, Public Health and Safety Division. Montana DPHHS. 2022
8. McCaughey, R. A., McCarthy, A. M., Maughan, E., Hein, M., Perkhounkova, Y., & Kelly, M. W. (2020). Emergency medication access and administration in schools: A focus on epinephrine, albuterol inhalers, and glucagon. *The Journal of School Nursing*, 38(4), 326–335. <https://doi.org/10.1177/1059840520934185>
9. RESCUE ILLINOIS SCHOOLS: 2023-2024 REPORT. Retrieved from: <https://www.isbe.net/Documents/Year-One-RESCUE-Report.pdf>
10. Krieger J, et al. (2016). State-wide Legislation Positively Impacts Attendance for Students with Asthma. *Annals of Allergy, Asthma & Immunology*, 117(5): S57.
11. Administered Unassigned Asthma Medication in Schools Report. 2023. Texas Health and Human Services. [https://www.dshs.texas.gov/sites/default/files/schoolhealth/pdf/2022-23%20Asthma%20Medication%20in%20Texas%20Schools%20Report_%20\(FINAL\).pdf](https://www.dshs.texas.gov/sites/default/files/schoolhealth/pdf/2022-23%20Asthma%20Medication%20in%20Texas%20Schools%20Report_%20(FINAL).pdf)