



STATEMENT OF THE CONNECTICUT SOCIETY FOR RESPIRATORY CARE
Before the PUBLIC HEALTH COMMITTEE
in support of SENATE BILL 755

February 6, 2009

Sen. Harris, Rep. Ritter and members of the committee:

The Connecticut Society for Respiratory Care represents licensed respiratory care practitioners in the state of Connecticut. We strongly support the passage of Senate Bill 755, *An Act Concerning the Use of Asthmatic Inhalers and Epinephrine Auto-Injectors While at School*.

Nationally, asthma is one of the most common chronic diseases and a leading cause of disability in children. Senate Bill 755 will permit students to possess and self-administer an asthmatic inhaler or automatic prefilled epinephrine injectors at all times while attending school. This will be allowed when a physician, physician assistant, advanced practice registered nurse and respiratory care practitioner make written certification after a comprehensive patient assessment. This practice will ensure prompt treatment of the child's asthma and protect the child against serious harm or death. Under current regulations, local school districts may require that such devices be maintained, stored, and administered by the school nurse or administration. This process can delay or prevent the student from responding immediately to an asthma attack, resulting in serious injury or even death.

Asthma in Connecticut 2008: A Surveillance Report, reported a 10.5% (86,000) incidence of asthma among children ages 0 – 17 years. The highest incidence occurred in school-aged children, ages 5 – 12 years (11.6%). This compares to 8.9% of children in the United States. Children have been identified as a priority for asthma intervention in Connecticut. The CT DPH Asthma Program and Connecticut Asthma Advisory Council are in the process of developing a revised statewide asthma plan to address asthma in Connecticut. The plan will focus on expanding asthma interventions. The addition of Senate Bill 755 will be of tremendous assistance in reducing hospitalizations and mortality in children with asthma that cannot receive emergent care in a timely manner. Prompt intervention can reduce hospitalizations and ED visits which are currently averaging at 18 visits per 10,000 and 85.9 visits per 10,000 respectively. This translates into a cost of nearly \$14 million dollars per year.

The Healthy People 2010 developed by the US Department of Health and Human Services has identified specific objectives for asthma. Among these are: Reduce asthma deaths, reduce pediatric hospitalizations and emergency room visits, and reduce the number of missed school days related to asthma. Connecticut still falls short of its target based on these objectives.

Asthma prevalence in Connecticut is on the rise. Although there is no known cure for asthma, it can be managed through proper medical treatment. With proper management and prompt access to medications during an acute episode, asthma patients should not have to seek emergency care or be admitted to the hospital because of their asthma. Allowing students to carry and administer these medications independently may prevent these consequences.

The Connecticut Society for Respiratory Care is prepared to assist you in any way to craft statutory language that all entities can accept.

Thank you for permitting me to testify on behalf of this bill. I will be happy to answer any questions you may have.

Respectfully submitted,

A handwritten signature in black ink that reads "Susan Albino, RRT, BSRT". The signature is written in a cursive style with a large initial "S".

Susan Albino, RRT, BSRT
CTSRC Delegate 2007-2012
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