
THIRD READING

Bill No: SB 283
Author: Ochoa Bogh (R)
Amended: 3/23/23
Vote: 21

SENATE EDUCATION COMMITTEE: 7-0, 3/22/23
AYES: Newman, Ochoa Bogh, Cortese, Glazer, McGuire, Smallwood-Cuevas,
Wilk

SENATE APPROPRIATIONS COMMITTEE: 7-0, 5/18/23
AYES: Portantino, Jones, Ashby, Bradford, Seyarto, Wahab, Wiener

SUBJECT: Pupil health: asthma management

SOURCE: Author

DIGEST: This bill requires local educational agencies (LEAs) to adopt comprehensive asthma management plans before the 2024-25 school year. The plans shall identify pupils with asthma, create individualized asthma plans for those pupils, and provide professional development for school staff.

ANALYSIS:

Existing law:

- 1) Authorizes a pupil who is required to take, during the regular schoolday, medication prescribed for the pupil by a physician or surgeon, to be assisted by the school nurse or other designated school personnel or may carry and self-administer inhaled asthma medication if the school district receives the appropriate written statement from the physician or surgeon detailing the name of the medication, method, amount, and time schedules by which the medication is to be taken and a written statement from the parent, foster parent, or guardian of the pupil requesting that the school district assist the pupil in the matters set forth in the statement of the physician or surgeon. (Education Code (EC) § 49423.1)

- 2) Specifies in order for a pupil to carry and self-administer prescription inhaled asthma medication, the school district shall obtain both a written statement from the physician or surgeon detailing the name of the medication, method, amount, and time schedules by which the medication is to be taken, and confirming that the pupil is able to self-administer inhaled asthma medication, and a written statement from the parent, foster parent, or guardian of the pupil consenting to the self-administration, providing a release for the school nurse or other designated school personnel to consult with the health care provider of the pupil regarding any questions that may arise with regard to the medication, and releasing the school district and school personnel from civil liability if the self-administering pupil suffers an adverse reaction by taking medication pursuant to this section. (EC § 49423.1)
- 3) Establishes the Office of School-Based Health at the California Department of Education (CDE) for the purpose of assisting LEAs regarding the current health-related programs under the purview of the CDE, and requires the scope of the office to include collaborating with the Department of Health Care Services (DHCS) and other departments in the provision of school-based health services, and assisting LEAs with information on, and participation in specified school-based health programs. (EC § 49419)
- 4) Requires the governing board of any school district to give diligent care to the health and physical development of pupils, and authorizes it to employ properly certified persons to conduct this work. (EC § 49400)

This bill:

- 1) Requires LEAs to adopt a comprehensive asthma management plan on or before the 2024-25 school year.
- 2) Specifies the comprehensive asthma management plan shall include, but is not limited to:
 - a) Identifying pupils with asthma.
 - b) Creating individualized asthma plans for those pupils with asthma.
 - c) Providing professional development for school staff that includes, but is not limited to, information about symptoms, common triggers of asthma, ways to reduce acute symptoms, and emergency response procedures.
- 3) Clarifies that an LEA may satisfy the requirement to adopt an asthma management plan if that plan meets all the requirements in 2).

- 4) Defines “local educational agency” as a school district, county office of education, or charter school.

Comments

- 1) *Need for the bill.* According to the author “On October 31, 2019, Adilene Carrasco suffered a severe asthma attack at her middle school. A trip with her science class to the school’s athletic field to celebrate Halloween quickly became serious as Adilene began having difficulties breathing. After alerting a nearby teacher, Adilene walked from the athletic field to her classroom several times without adult supervision. Only one fellow classmate accompanied her.

“When her condition worsened to the point she was unable to stand or speak, she had to be transported to the nurse’s office by golf cart. It was there that the school nurse started CPR. By the time paramedics transported her to the closest hospital, Adilene was unresponsive. Nine days later, on November 9, 2019, Adilene passed away. She was only 13 years old.

“Unfortunately, Adilene’s case is not unique. Asthma is the leading chronic illness among school-aged children and one of the most common causes of school absenteeism. In 2008, the California School Board Association (CSBA) issued Administrative Regulation (AR) 5141.23, a sample document intended to guide school districts in formulating asthma management policies. Since then, many school districts have adopted CSBA’s AR on asthma management, including – most recently – the school district which oversees the middle school Adilene attended. However, many school districts still lack a comprehensive asthma management plan despite CSBA’s recommendation almost 15 years ago.

“SB 283 would require LEAs to adopt a comprehensive asthma management plan similar to CSBA’s AR 5141.23 to ensure there are procedures in place to protect students with asthma. With asthma on the rise, it is imperative that school districts provide school staff with education and support services so they can quickly identify and assist students with asthma. SB 283 will provide reassurance to students with asthma and their parents during school hours and could possibly save lives.”

- 2) *Asthma In School Aged Children.* According to the California Asthma Dashboard, in 2019-2020, an estimated 12% of California children ages 1-17 had been diagnosed with asthma at some point in their lives, a decrease from 16% in 2005. While asthma does not result in hospitalization for most children,

there were 7,670 hospitalizations for asthma among children ages 0-17 statewide in 2019.

Asthma is one of the most common chronic diseases among children in the U.S. and a leading cause of pediatric hospitalization. It also is the top reason for missed school days, accounting for more than 5.2 million absences annually. Asthma rates vary by region, demographics, environment, physician diagnostic practices, and access to care. Although identifying the impact of independent risk factors for asthma is difficult, children of color and those from low-income families are disproportionately at high risk for severe symptoms, missed school days, and hospital visits.

By race and ethnicity, African Americans in California suffer the most severe disparities. Compared to non-Hispanic Whites, asthma prevalence among African Americans is 40% higher, rates of emergency department (ED) visits and hospitalizations are about 4 times higher, and death rates are about two times higher. California's American Indian\Alaska Native, Pacific Islander, and Filipino populations also are more adversely affected by asthma compared to non-Hispanic Whites.

3) *School-Based Health Centers*. According to the California School-Based Health Alliance, SBHCs are uniquely situated to bring healthcare professionals and educators together to address the multifaceted needs of children, youth, and families. Some SBHCs serve only students, while others benefit family members or the school community. SBHCs offer a range of health services, with the most common being primary medical services. Many SBHCs play an essential role in managing students' chronic illnesses, such as asthma and diabetes, and in responding to acute injuries or illnesses on campus. Some SBHCs in secondary schools offer reproductive health services, such as abstinence counseling, pregnancy prevention, and STD/HIV testing and treatment. Other services provided by SBHCs include dental care, mental health counseling, and youth development programs. Local school boards give final approval to the services provided by the SBHC. Standard services provided by SBHCs in California, and the percentage of SBHCs offering them, include:

- Medical services 85%;
- Mental health services 70%;
- Reproductive health 60%;
- Dental prevention 65%;
- Dental treatment 35%; and
- Youth engagement programs 51%

California SBHCs are funded through various sources that depend on their lead agencies, student populations, communities, and local resources. These funding sources include reimbursement from Medi-Cal and other third-party payers; local, state, and federal grants; private foundation or corporate grants; subsidies from their lead organizations; donations; and/or in-kind contributions from school districts and other partners.

In June 2021, the Legislature made an included unprecedented investments of \$4.4 billion in the California Child and Youth Behavioral Health Initiative, with a special focus on school-based services and supports.

- 4) *The Management Of Asthma In California Schools*. CDPH "Guidelines for the Management of Asthma in California Schools" and "Asthma Action Plan for Schools and Families" assist schools in effectively managing this chronic disease. The "Guidelines for the Management of Asthma in California Schools" were developed jointly by health professionals in the CDE and the California Asthma Public Health Initiative in statewide collaboration with asthma experts and stakeholders.

Further, the asthma program in the CDPH, California Breathing, works to improve the respiratory health of Californians and reduce asthma-related health disparities through education and environmental interventions where we live, work, learn, and play. Strategic Plan guides its work for Asthma in California, a document encompassing all aspects of asthma-related research, policy, and services.

FISCAL EFFECT: Appropriation: No Fiscal Com.: Yes Local: Yes

According to the Senate Appropriations Committee, by requiring LEAs to add new procedures to their school safety plans, this bill could result in a reimbursable state mandate. The extent of these costs is unknown, but based on the existing Comprehensive School Safety Plan I and II mandates, the Proposition 98 General Fund costs could be in the tens of thousands to low hundreds of thousands of dollars each year. A precise amount would ultimately depend on the scope of the activities that LEAs would need to comply. This could also create additional, unknown cost pressure on the K-12 Mandates Block Grant.

SUPPORT: (Verified 5/19/23)

Consumer Attorneys of California
Los Angeles County Office of Education
Regional Asthma Management and Prevention

OPPOSITION: (Verified 5/19/23)

None received

ARGUMENTS IN SUPPORT: According to the Los Angeles County of Education “Asthma is the leading chronic illness among school-aged children and one of the most common causes of school absenteeism. According to the Centers for Disease Control, it is likely that 1 in 10 students suffer from asthma. In the United States, asthma kills more than 300 children and young adults under 24 each year; although, according to Rutgers Medical School, the number may be much higher. This is because the official cause of death (e.g., acute respiratory failure) may not reflect an asthma-inciting event if the individual was already in cardiac arrest upon arrival at the emergency department. SB 283 would require LEAs to adopt a comprehensive asthma management plan similar to CSBA’s AR 5141.23 to ensure there are procedures in place to protect students with asthma.”

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