

# Montana Stock Albuterol in Schools Guide



DEPARTMENT OF  
**PUBLIC HEALTH &  
HUMAN SERVICES**

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## Introduction

The Montana State Legislature passed House Bill 600 (HB 600) during the 2025 legislative session. This amended and reenacted §§ [20-5-420](#), Sections 1-4 of the *Montana Code Annotated*, allowing public or nonpublic schools to maintain a supply of stock albuterol, including single-use disposable holding chambers, if necessary, to be administered by a school nurse or other authorized personnel to **any student or nonstudent**, as needed, for respiratory distress, effective July 1, 2025.

The new legislation means that Montana schools are allowed, but not required, to possess and administer stock albuterol. The stock albuterol supply may be used on any student or non-student experiencing respiratory distress, whether there is a known diagnosis of asthma or not. The new legislation is not intended to replace the responsibility of a child's parent or guardian providing their child's rescue medication to the school if there is a known diagnosis of asthma, although the stock albuterol can be used in instances where the inhaler can't be located or was left at home, if the inhaler is empty or is expired, or when use of the stock albuterol would expedite the process of albuterol administration in an emergent situation.

These guidelines have been developed as a tool for stock albuterol implementation in schools in Montana, with the goals of helping to keep students in class and preventing negative and tragic health outcomes for students and non-students who experience respiratory distress.

## What is Stock Albuterol and Why Should Schools Carry It?

**Albuterol** is a fast-acting bronchodilator approved by the United States Food and Drug Administration for the treatment of respiratory distress. It is commonly used to relieve symptoms such as wheezing, shortness of breath, and chest tightness caused by asthma or other airway constriction. Albuterol works by relaxing the smooth muscles around the airways, making it easier to breathe.

**Stock albuterol** refers to a supply of quick-relief asthma medication (albuterol inhalers) that a school maintains for general use, rather than being prescribed to or brought in by a specific individual. Within the context of Montana's stock albuterol law (HB 600) an inhaler includes a spacer or holding chamber that attaches to a metered dose inhaler to improve the delivery of medication. Under Montana's HB 600, schools are authorized to obtain, store, and administer stock albuterol inhalers for students or non-students who are experiencing respiratory distress consistent with asthma when they are on school grounds or attending a school-sponsored event.

In the 2023 Youth Risk Behavior Survey, approximately 15% of Montana high school students reported having been told by a doctor that they have asthma. Because Montana children spend an average of 179 days (over 1,000 hours) in school annually, it is imperative that schools are prepared to respond to the needs of students living with asthma.

School-age children spend a majority of their day in school. National guidelines recommend that all children with asthma have access to quick-relief medications. The use of a stock albuterol supply promotes access to life-saving medication to treat students and staff who experience asthma attacks in the school setting or at school-sponsored functions. The primary goals of maintaining and using a stock albuterol supply are to reduce the number of 911 calls and associated emergency medical services (EMS) transports, and to minimize 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. As of 2020, one in four Montana children with asthma reported having to miss at least one or more days of school because of asthma in the past year. Research has demonstrated that school-based interventions to help children manage asthma are effective in reducing 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, until the passage of HB 600, no such failsafe measure existed 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. The average charge for an asthma-related hospital stay is \$15,769. Data from stock albuterol programs in other states have shown significant health care cost savings.

## What to Know Before You Begin

The legislation adopted by the 2025 Montana Legislature allows school nurses or trained authorized personnel to, in good faith, administer undesignated stock albuterol to any student or non-student experiencing respiratory distress during school hours or at a school-sponsored event.

A school that voluntarily possesses and makes available stock albuterol pursuant to MCA 20-5-420 shall:

- Develop a protocol related to the training of school employees, the maintenance and storage location(s) of the stock albuterol, and the immediate and long-term follow-up to the administration of the medication, including determining when to make a 911 emergency call.
- Inform parents or guardians about the potential use of stock albuterol in a respiratory distress emergency and make the protocol available on request.
- Document the use of stock albuterol following an event and [report](#) this use to the Montana Department of Public Health and Human Services (DPHHS) within three days.
- Submit an annual [report](#) to the Montana DPHHS summarizing the use of stock albuterol during each school year.
- Ensure that authorized personnel complete an annual asthma education program approved by the Montana Department of Public Health and Human Services.
- Keep the stock albuterol in a secure and easily accessible location.
  - Albuterol must be stored according to the manufacturer's recommendations, in a secure location that is clearly marked, and accessible in an emergency.

## Obtaining Stock Albuterol for School Use

Each school or district is responsible for obtaining albuterol and the associated administration supplies.

The legislation allows a licensed pharmacist to dispense stock albuterol medication and spacers to schools with a provider (physician, advanced practice registered nurse, or physician assistant) prescription. The legislation also acknowledges that a school may enter into an agreement with a manufacturer of bronchodilators or spacers, a third-party supplier of bronchodilator or spacers, or a health care office to obtain bronchodilators or spacers at no charge, at market price, or at a reduced price. A school district may accept gifts, grants, or donations to purchase bronchodilators or spacers for emergency use.

The following requirements must be met when obtaining a stock supply of albuterol:

- The stock albuterol must be prescribed by a physician, advanced practice registered nurse, or physician assistant.
- The school must be designated as the patient and each prescription for stock albuterol must be filled by a licensed pharmacy.

**Note:** *Some pharmacies may be unaware of the stock albuterol legislation. You may need to provide them with information about the new law. Also, some pharmacies may have policies that prevent them filling prescriptions for non-individuals/organizations.*

Spacers or valved holding chambers help ensure more effective delivery of albuterol by holding the medication in place after it is released from the inhaler, allowing the user to inhale it more easily and fully—even if they have difficulty coordinating their breathing while dispensing the aerosolized medication. Disposable spacers are recommended. Disposable spacers can be obtained online without a prescription, and they are available through a pharmacy with a prescription from a provider.

## School Process for Implementation

Schools that elect to implement stock albuterol are required to develop policies, procedures, and protocols for the use of emergency undesignated stock albuterol in their school(s). Each school should determine the number of staff that need to be trained, frequency of training, training options, and evaluation or competency measures.

## Policy and Procedure Recommendations for Schools

Items to consider for school policy and procedures:

- Annual training component requirements
- Training plan and checklist for school personnel completion
- Procedures for obtaining an order of stock albuterol
- Documentation of personnel trained to administer albuterol per local school policy
- Policy for local school response to a student or non-student experiencing respiratory distress based on:
  - availability of staff and resources; and
  - need for follow-up care, including Emergency Medical Services (EMS) transport, contacting health care providers/parents/guardians, and safe return to the classroom, work, or other previous activity
- Consideration of additional equipment needed such as albuterol metered dose inhaler, spacers/valved holding chamber
- Procurement and replacement of undesignated stock albuterol
- Procedures for proper cleaning of devices
- Protocol for communication with parents/guardians about the potential use of stock albuterol in emergency respiratory distress situations

- Documentation of students with asthma and related support policies
  - Students who have a diagnosis of asthma should provide the school with an Asthma Action Plan written and authorized by their health care provider, and with parental consent.
  - Schools may store albuterol belonging to students should a student and/or parent/guardian prefer this option. Students are also allowed to self-carry their asthma medication and administer it to themselves if they are comfortable doing so and have proper self-carry authorization forms on file.
  - Community resources to assist families of students with a diagnosis of asthma.
  - Address barriers and identify resources needed to optimize the management of asthma in the school setting. This may include clean indoor air quality policies and wildfire smoke preparedness/response policies. Resources available at [schoolhealth.mt.gov](http://schoolhealth.mt.gov) and [airquality.mt.gov](http://airquality.mt.gov).

## Required Training of School Personnel

Montana Code Annotated § [20-5-420](#), requires that authorized personnel complete an annual asthma education program to administer undesignated stock albuterol to any student or non-student believed in good faith to need such medication.

- The program must be approved by the Montana Department of Public Health and Human Services. The Department will review the outline of the training to ensure that all required components are included.
- The training must include the following information:
  - Causes of respiratory distress,
  - Recognition of signs and symptoms of respiratory distress,
  - Indications for the administration of albuterol,
  - Administration techniques, and
  - The need for immediate access to a certified emergency responder
- Schools can send proposed training outlines to [schoolhealth@mt.gov](mailto:schoolhealth@mt.gov), or use an existing approved training.

## Online Training Modules

Training of authorized school personnel in the administration of albuterol should be conducted on an annual basis. The Montana Department of Public Health and Human Services developed the *Creating Asthma Friendly Schools* online training for school health staff on asthma in the school setting. This is an approved option for the required training.

The course is housed on the Montana Office of Public Instruction Teacher Learning Hub website. To access the course visit OPI's [Teacher Learning Hub](#). Once you create an account or log in, search for "Creating Asthma Friendly Schools" and enroll in the course. Once you are enrolled you will be able to complete the course.

# Medication Administration and Storage Guidelines

## Stock Albuterol Storage

The undesignated stock albuterol medication should be stored according to the manufacturer's recommendations. Storage should occur in a secure location with the medication clearly marked and accessible to all authorized and trained personnel during school hours and potentially during school-sponsored events. Consideration should be made to clearly differentiate the medication from personal supplies through labeling and separate storage to decrease the risk of the wrong inhaler accidentally being used.

Prior to using an undesignated stock albuterol supply, the following should occur:

- Clearly designate the school nurse or authorized personnel who have completed the required training as responsible for the storage, maintenance, control, and administration of the school's undesignated stock albuterol supply and spacers. Spacers should be stored in the same location as the stock albuterol.
- Secure the stock albuterol supply in a designated spot.
  - During regular school hours, the undesignated stock albuterol supply should remain unlocked in the designated spot.
  - Outside of regular school hours, the medication should be locked in a secure location.
  - If the school makes stock albuterol available during school-sponsored events outside of regular school hours, the school policy should indicate this and include instructions on where the medication should be stored during these events and the authorized personnel who should have access to the medication. An example could be allowing authorized and trained coaches and athletic trainers to store and administer stock albuterol during a school-sponsored sporting event or other activity.
- Monitor the expiration date of the product and number of doses left in the device. Most albuterol inhalers have built-in dose counters.
- Develop a procedure for inventory management, including obtaining additional medication and supplies, as needed. Document this procedure to ensure sustainability regardless of staff turnover.

Considerations in determining an accessible, secure location for stock albuterol storage may include:

- General safety and compliance standards for storage of medication
- Size of the school building
- Age and developmental stage of the students
- Availability of a full-time school nurse in the school building
- Availability of communication devices between school personnel who are inside the building or outside on school grounds and the school nurse
- School nurse response time from the health office to the classroom
- Accessibility to additional school personnel for help



## Stock Albuterol Administration

Undesignated stock albuterol medication should be used when an individual is experiencing respiratory distress and a prescribed personal short-acting bronchodilator (albuterol) inhaler and spacer are not available or easily accessible, or when an individual who does not have a confirmed asthma diagnosis is experiencing respiratory distress.

Stock albuterol may be administered by trained and authorized staff in the following situations of respiratory distress:

- If a student or non-student **has** a confirmed asthma diagnosis but **does not have** their prescribed medication available or easily accessible:
  - Administer the stock albuterol with the assistance of a spacer.
  - If available, use the individual's asthma action plan as a guide for how many doses the student or non-student may need and monitor the individual in accordance with the action plan instructions and school emergency protocols.
  - If the individual's respiratory distress is nonresponsive to use of the albuterol, or general condition is worsening, activate emergency medical services.
  - Document the use of stock albuterol medication in school medication logs and report the use to DPHHS within three days using the [DPHHS single use stock albuterol reporting platform](#).
- If a student or non-student **does not have** a confirmed asthma diagnosis:
  - Administer undesignated stock albuterol with the assistance of a spacer.
  - Monitor the individual in accordance with school emergency protocols.
  - If the individual's respiratory distress is nonresponsive to use of the albuterol, or general condition is worsening, activate emergency medical services.
  - Document the use of stock albuterol medication in school medication logs and report the use to DPHHS within three days using the [DPHHS summary annual stock albuterol reporting platform](#).

Detailed guidance on how to administer stock albuterol can be found in a subsequent section of this guidance document. Further demonstrations and examples are included in the Creating Asthma Friendly Schools training housed on the OPI Teacher Learning platform and should be incorporated into any other training offered to non-school nurse staff seeking authorization to administer stock albuterol.

## Cleaning of Devices

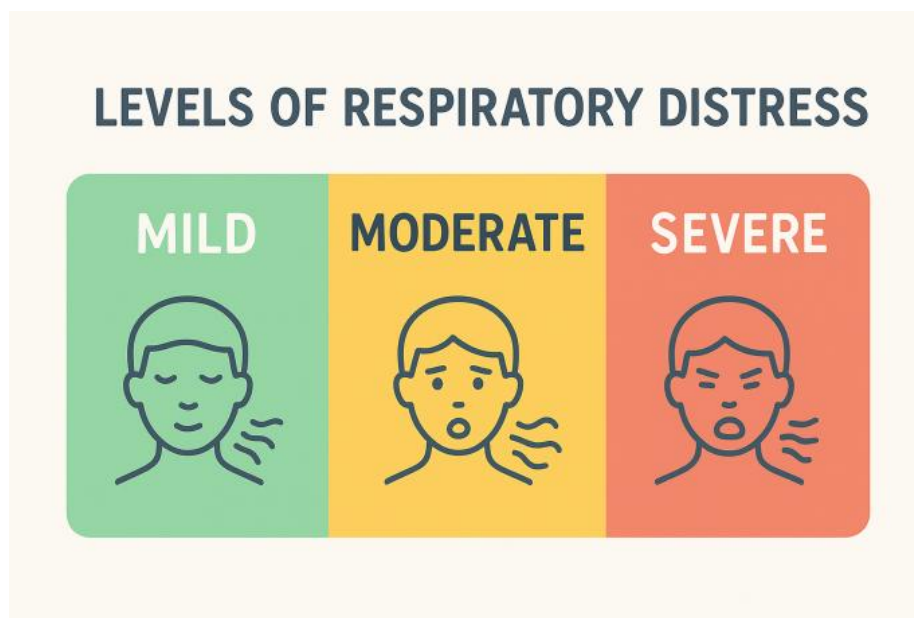
General cleaning principles apply to all inhalers in order to keep them in good working order. If not cleaned properly, equipment such as an inhaler or mouthpiece can harbor bacteria or viruses and lead to increased risk of communicable disease transmission for users.

Clean devices and all equipment after use following the manufacturer recommendations. If the albuterol inhaler will be used for multiple individuals, thoroughly clean with an approved cleaner following the manufacturer recommendations. Allow the inhaler to completely dry before re-use or restocking of the inhaler.

It is not recommended that spacers/holding chambers be used for multiple individuals. Single-use disposable spacers are recommended. If a non-disposable spacer is used, clean the spacer according to manufacturer's recommendation.

## Treatment Considerations

Respiratory distress can be the sudden appearance of signs and symptoms of difficulty breathing and may be categorized into "Mild to Moderate" or "Severe." Evaluation of the person's level of distress is based on the signs and symptoms present and occurring upon presentation. Trained school personnel should begin the plan of care based on the symptoms the student or non-student is experiencing.



## Example Standard Procedures and Protocols for Emergency Use

Adopted from Virginia Department of Education Guidelines

Disclaimer: Schools are responsible for developing their own emergency protocols and procedures in accordance with the requirements of [MCA 37.111.825](#).

### ***MILD to MODERATE Respiratory Distress Symptoms and Example Response Protocol***

**Mild to Moderate** symptoms of respiratory distress may include one or more of the following:

- Struggling to breathe
- Whistling in the chest
- Persistent coughing, chest pain, wheezing, chest tightness
- Noisy breathing
- Shallow breathing
- Decreased breath sounds
- Breathing hard or fast and/or shortness of breath

Determine if the student or non-student is experiencing respiratory distress based on the signs and symptoms present.

- Never leave an individual suffering respiratory distress alone.
- Have the individual sit in a chair, or on the ground, and restrict physical activity.
- Summon for help, notify the school nurse, school administrator, and parent/guardian, if applicable. Follow your school protocol.
- If a school nurse is present, the nurse should obtain and document vital signs (pulse, respiratory rate, blood pressure, pulse oximetry); repeat every five minutes or as needed.
- Administer albuterol per school or district protocol:
  - Administer **four puffs** of albuterol with valved holding chamber, 15 -30 seconds between puffs.
  - If symptoms improve and the individual has no tightness in chest, shortness of breath, and can walk and talk easily, continue to monitor.
    - Keep the individual in the health office until breathing returns to normal and the parent or guardian has been contacted.
    - Refer the individual to a health care provider for follow up care.
  - **If there is no improvement in symptoms in 10-15 minutes.**
    - Repeat **four puffs** of albuterol with a valved holding chamber, 15 - 30 seconds between puffs.
    - **Call 911 and follow the actions for Severe Respiratory Distress.**

## **SEVERE** Respiratory Distress Symptoms and Example Response Protocol

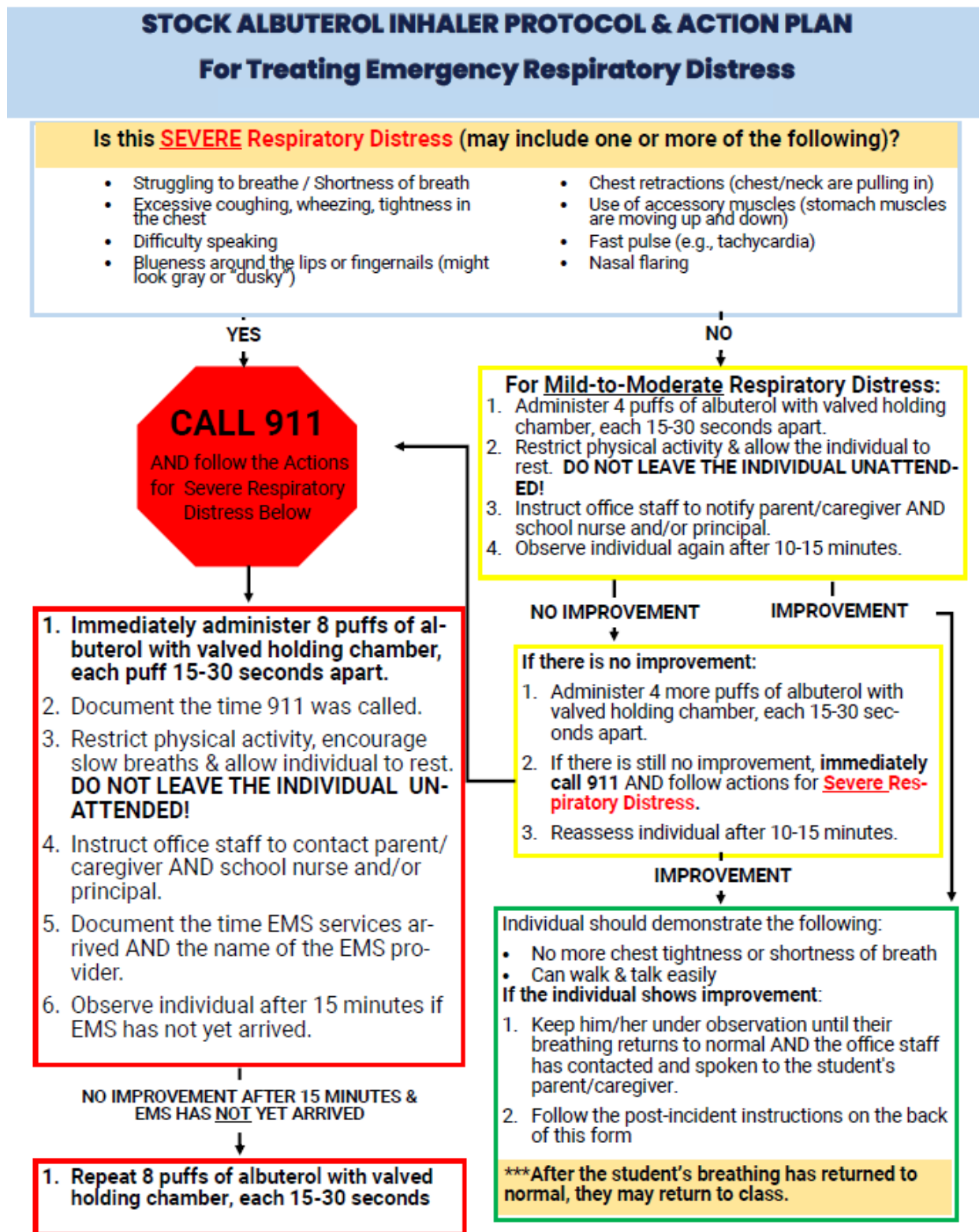
Symptoms of **severe respiratory distress** may include one or more of the following:

- Struggling to breathe and/or shortness of breath and/or hunched over (tripod breathing)
- Coughing, wheezing, tightness in the chest
- Difficulty speaking (one word or short sentences)
- Blueness around the lips or fingernails (may look gray or “dusky”)
- Chest retractions (chest/neck are pulling in)
- Use of accessory muscles to breathe (stomach muscles are moving up and down)
- Fast pulse (tachycardia)
- Agitation
- Nasal flaring

### **\*\*\* Call 911 Immediately**

- Never leave an individual suffering respiratory distress alone.
- Have the individual sit in a chair, or on the ground, and restrict physical activity. Encourage slow breaths.
- Summon for help, notify parent/guardian and school administration, and follow your school protocol.
- If available, a registered nurse/licensed practical nurse should obtain and continue to monitor vital signs (pulse, respiratory rate, blood pressure, pulse oximetry) every five minutes or as needed.
- Administer albuterol per school or district protocol:
  - Administer **eight puffs** of albuterol with a valved holding chamber, each 15-30 seconds apart between puffs.
  - If there is no improvement in symptoms: repeat eight more puffs of albuterol with a valved holding chamber, each 15-30 seconds apart between puffs.
  - If an individual becomes unresponsive, check for pulse and initiate CPR with rescue breathing.
  - Monitor the individual continuously. If a school nurse is present, the nurse should obtain and document vital signs (pulse, respiratory rate, blood pressure, pulse oximetry); repeat every five minutes or as needed.
  - Continue to monitor the individual until EMS arrives.

## Stock Albuterol Emergency Protocol and Action Plan



## Recommended Post Event Procedures

- School health staff should document respiratory distress, intervention, and follow up care with the individual and parent or guardian, as appropriate, following administration of undesignated stock albuterol.
- The use of emergency undesignated stock albuterol may indicate that the individual has poorly controlled asthma, putting them at higher risk for future exacerbations. The Montana DPHHS recommends that any individual who requires the use of undesignated stock albuterol for respiratory distress should be referred to their health care provider for follow up medical care.
- Schools should assist families with any additional support services needed to effectively manage an individual's asthma.
- Document use of undesignated stock albuterol and notify supervisor of school health services or appropriate staff as designated by your school or district.
  - Complete the required [single-use](#) and [annual summary](#) reporting using the reporting platform developed by the Montana DPHHS (no login or accounts needed). See the reporting section for more information.
  - Data will help measure the extent of stock albuterol implementation in schools throughout the state.
- Restock, reorder, or replace supplies and medication as needed.
  - Expired or empty stock albuterol should be disposed of following the manufacturer's guidelines

## Required Reporting to DPHHS

By law, schools must report individual uses of stock albuterol to Montana DPHHS within three days of use. In addition, an annual [report](#) summarizing the use of stock albuterol during the school year must be submitted to Montana DPHHS. A reporting platform has been developed by Montana DPHHS. Reporting information will be kept to a minimum and no personally identifiable information will be collected.

An annual report includes the number of times stock albuterol was used during the school year and a summary of outcomes, including the number of times individuals returned to class, work, or other previous activity, were sent home, or required emergency medical service transport to the emergency department.

## Liability

Liability protection for schools and employees is addressed in the amended *Montana Code Annotated*, § [41-1-405](#), and states that:

*"In accordance with the provisions of 27-1-714, a school district or nonpublic school and its employees and agents are not liable as a result of an injury arising from the administration of stock albuterol to a student or nonstudent unless an act or omission is a result of gross negligence, willful or wanton misconduct, or an intentional tort."*

Additionally, *"This section may not be interpreted to relieve a student's parent or guardian of providing a student's medication or create an expectation that a school will have stock albuterol available."*

Liability protection for health care professionals rendering emergency care is addressed in the *Montana Code Annotated*, § [41-1-405](#), and states that:

*"(1) A health professional may render or attempt to render emergency service or first aid, medical, surgical, dental, or psychiatric treatment, without compensation, to any injured person or any person regardless of age who is in need of immediate health care when, in good faith and with a reasonable belief supported by fact, the professional believes that the giving of aid is the only alternative to probable death or irreparable physical damage."*

# Appendix A: Legislation Full Text

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69th Legislature 2025

HB 600



AN ACT GENERALLY REVISING LAWS REGARDING EMERGENCY ADMINISTRATION OF MEDICATION BY AN EMPLOYEE OR AGENT OF A PUBLIC OR NONPUBLIC SCHOOL; ALLOWING A SCHOOL TO MAINTAIN A SUPPLY OF STOCK ALBUTEROL; PROVIDING FOR THE EMERGENCY USE OF STOCK ALBUTEROL IN A SCHOOL SETTING; PROVIDING DEFINITIONS; AMENDING SECTION 20-5-420, MCA; AND PROVIDING AN EFFECTIVE DATE."

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

**Section 1.** Section 20-5-420, MCA, is amended to read:

**"20-5-420. Self-administration or possession of asthma, severe allergy, or anaphylaxis**

**medication -- definitions.** (1) As used in 20-5-421, [section 2], and this section, the following definitions apply:

(a) "Anaphylaxis" means a systemic allergic reaction that can be fatal in a short time period and is also known as anaphylactic shock.

(b) "Asthma" means a chronic disorder or condition of the lungs that requires lifetime, ongoing medical intervention.

(c) "Authorized personnel" means an employee or agent identified by a school who is approved by the school administrator to administer a stock medication in a school setting or at a related activity pursuant to 20-5-421, [section 2], or 20-5-426.

~~(e)~~(d) "Medication" means a medicine, including inhaled bronchodilators, inhaled corticosteroids, and autoinjectable epinephrine, prescribed by a licensed physician as defined in 37-3-102, a physician assistant who has been authorized to prescribe medications as provided in 37-20-404, or an advanced practice registered nurse with prescriptive authority as provided in 37-8-202(1)(h).

(e) "Respiratory distress" means a person's inability to breathe adequately, including the perceived or actual presence of associated symptoms such as coughing, wheezing, or shortness of breath.



~~(d)~~(f) "Self-administration" means a pupil's discretionary use of the medication prescribed for the pupil.

~~(e)~~(g) "Severe allergies" means a life-threatening hypersensitivity to a specific substance such as food, pollen, or dust.

(h) "Stock albuterol" means quick-relief asthma medication that is approved by the United States food and drug administration for the treatment of respiratory distress. The term includes albuterol medication delivered through a metered dose inhaler or dry-powder inhaler that includes a spacer or holding chamber that attaches to a metered dose inhaler to improve the delivery of medication.

(2) A school, whether public or nonpublic, shall permit the possession or self-administration of medication, as prescribed, by a pupil with asthma, severe allergies, or anaphylaxis if the parents or guardians of the pupil provide to the school:

(a) written authorization, acknowledging and agreeing to the liability provisions in subsection (4), for the possession or self-administration of medication as prescribed;

(b) a written statement from the pupil's physician, physician assistant, or advanced practice registered nurse containing the following information:

(i) the name and purpose of the medication;

(ii) the prescribed dosage; and

(iii) the time or times at which or the special circumstances under which the medication is to be administered as prescribed;

(c) documentation that the pupil has demonstrated to the health care practitioner and the school nurse, if available, the skill level necessary to self-administer the asthma, severe allergy, or anaphylaxis medication as prescribed; and

(d) documentation that the pupil's physician, physician assistant, or advanced practice registered nurse has formulated a written treatment plan for managing asthma, severe allergies, or anaphylaxis episodes of the pupil and for medication use, as prescribed, by the pupil during school hours.

(3) The information provided by the parents or guardians must be kept on file in the office of the school nurse or, in the absence of a school nurse, the school's administrator.

(4) The school district or nonpublic school and its employees and agents are not liable as a result

of any injury arising from the self-administration of medication by the pupil unless an act or omission is the result of gross negligence, willful and wanton conduct, or an intentional tort. The parents or guardians of the pupil must be given a written notice and sign a statement acknowledging that the school district or nonpublic school may not incur liability as a result of any injury arising from the self-administration of medication by the pupil and that the parents or guardians shall indemnify and hold harmless the school district or nonpublic school and its employees and agents against any claims, except a claim based on an act or omission that is the result of gross negligence, willful or wanton misconduct, or an intentional tort.

(5) The permission for self-administration of asthma, severe allergy, or anaphylaxis medication is effective for the school year for which it is granted and must be renewed each subsequent school year or, if the medication expires or the dosage, frequency of administration, or other conditions change, upon fulfillment of the requirements of this section.

(6) If the requirements of this section are fulfilled, a pupil with asthma, severe allergies, or anaphylaxis may possess and use the pupil's medication as prescribed:

- (a) while in school;
- (b) while at a school-sponsored activity;
- (c) while under the supervision of school personnel;
- (d) before or after normal school activities, such as while in before-school or after-school care on school-operated property; or
- (e) while in transit to or from school or school-sponsored activities.

(7) If provided by the parent, an individual who has executed a caretaker relative educational authorization affidavit pursuant to 20-5-503, an individual who has executed a caretaker relative medical authorization affidavit pursuant to 40-6-502, or a guardian and in accordance with documents provided by the pupil's physician, physician assistant, or advanced practice registered nurse, asthma, severe allergy, or anaphylaxis medication may be kept by the pupil and backup medication must be kept at a pupil's school in a predetermined location or locations to which the pupil has access in the event of an asthma, severe allergy, or anaphylaxis emergency.

(8) Immediately after using epinephrine during school hours, a student shall report to the school nurse or other adult at the school who shall provide followup care, including making a 9-1-1 emergency call.

(9) Youth correctional facilities are exempt from this section and shall adopt policies related to access and use of asthma, severe allergy, or anaphylaxis medications."

**Section 2. Emergency use of stock albuterol in school setting -- limit on liability -- reporting.** A public or nonpublic school may maintain a supply of stock albuterol, including single-use disposable holding chambers if necessary, to be administered by a school nurse or other authorized personnel to a student or nonstudent as needed for respiratory distress. A school that intends to obtain an order for emergency use of stock albuterol in a school setting or at related activities shall adhere to the following requirements:

(1) A school that keeps stock albuterol on site shall develop a protocol related to the training of school employees, the maintenance and location of the stock albuterol, and the immediate and long-term followup to the administration of the medication, including determining when to make a 9-1-1 emergency call.

(2) The stock albuterol must be prescribed by a physician, advanced practice registered nurse, or physician assistant. The school must be designated as the patient and each prescription for stock albuterol must be filled by a licensed pharmacy.

(3) A licensed pharmacist may dispense stock albuterol medication and spacers to schools in accordance with this section.

(4) A school may enter into an agreement with a manufacturer of bronchodilators or spacers, a third-party supplier of bronchodilator or spacers, or a health care office to obtain bronchodilators or spacers at no charge, at market price, or at a reduced price. A school district may accept gifts, grants, or donations to purchase bronchodilators or spacers for emergency use.

(5) Authorized personnel shall complete an annual asthma education program approved by the department of public health and human services. The training must include causes of respiratory distress, recognition of signs and symptoms of respiratory distress, indications for the administration of albuterol, administration techniques, and the need for immediate access to a certified emergency responder.

(6) The stock albuterol must be kept in a secure and easily accessible location.

(7) A school nurse or other authorized personnel may, in good faith, administer the stock albuterol to any student or nonstudent who is experiencing respiratory distress based on the protocol developed by the school.

(8) If a school keeps stock albuterol on site that has been prescribed to the school, the school shall inform parents or guardians about the potential use of stock albuterol in a respiratory distress emergency. The school shall make the protocol available on request.

(9) In accordance with the provisions of 27-1-714, a school district or nonpublic school and its employees and agents are not liable as a result of an injury arising from the administration of stock albuterol to a student or nonstudent unless an act or omission is a result of gross negligence, willful or wanton misconduct, or an intentional tort.

(10) This section may not be interpreted to relieve a student's parent or guardian of providing a student's medication or create an expectation that a school will have stock albuterol available.

(11) A school that voluntarily possesses and makes available stock albuterol pursuant to this section shall:

(a) document the use of stock albuterol following an event and report this use to the department of public health and human services within 3 days. The reporting format and required details must be determined by the department.

(b) submit an annual report to the department of public health and human services summarizing the use of stock albuterol during each school year. The reporting format and required details must be determined by the department.

**Section 3. Codification instruction.** [Section 2] is intended to be codified as an integral part of Title 20, chapter 5, part 4, and the provisions of Title 20, chapter 5, part 4, apply to [section 2].

**Section 4. Effective date.** [This act] is effective July 1, 2025.

- END -

I hereby certify that the within bill,  
HB 600, originated in the House.

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Chief Clerk of the House

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Speaker of the House

Signed this \_\_\_\_\_ day  
of \_\_\_\_\_, 2025.

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President of the Senate

Signed this \_\_\_\_\_ day  
of \_\_\_\_\_, 2025.

HOUSE BILL NO. 600

INTRODUCED BY M. CUNNINGHAM, S. GIST, J. ETCHART, S. HOWELL, E. STAFMAN, S. DEMAROIS, V.  
MOORE

AN ACT GENERALLY REVISING LAWS REGARDING EMERGENCY ADMINISTRATION OF MEDICATION BY AN EMPLOYEE OR AGENT OF A PUBLIC OR NONPUBLIC SCHOOL; ALLOWING A SCHOOL TO MAINTAIN A SUPPLY OF STOCK ALBUTEROL; PROVIDING FOR THE EMERGENCY USE OF STOCK ALBUTEROL IN A SCHOOL SETTING; PROVIDING DEFINITIONS; AMENDING SECTION 20-5-420, MCA; AND PROVIDING AN EFFECTIVE DATE.”

## Appendix B: Glossary of Terms

**Asthma:** Asthma is a chronic disorder or condition of the lungs that requires lifetime, ongoing medical intervention.

**Asthma Action Plan:** An Asthma Action Plan (AAP) is a written, personalized guide developed with a doctor to help manage and control asthma. It outlines how to take medications, avoid triggers, and manage asthma symptoms, including what to do during an asthma attack. It's a crucial tool for individuals with asthma to maintain their health and well-being.

**Authorized personnel:** An authorized personnel is an employee or agent identified by a school who is approved by the school administrator to administer a stock medication in a school setting or at a related activity pursuant to 20-5-421, [section 2], or 20-5-426.

**Bronchodilator:** A bronchodilator is a medication, such as albuterol, that is approved by the United States Food and Drug Administration for the treatment of respiratory distress.

**EMS:** Emergency Medical Services (EMS) means an out-of-hospital treatment service or interfacility emergency medical transportation provided by an ambulance or non-transporting medical unit.

**Inhaler:** An inhaler is a device that delivers bronchodilator medication to alleviate symptoms of respiratory distress.

**Medication:** A medication means a medicine, including inhaled bronchodilators, inhaled corticosteroids, and auto injectable epinephrine, prescribed by a licensed physician as defined in 37-3-102, a physician assistant who has been authorized to prescribe medications as provided in 37-20-404, or an advanced practice registered nurse with prescriptive authority as provided in 37-8-202(1)(h).

**Respiratory distress:** Respiratory distress means a person's inability to breathe adequately, including the perceived or actual presence of associated symptoms such as coughing, wheezing, or shortness of breath.

**Self-administration:** Self-administration means a student's discretionary use of the medication prescribed for the student.

**Order:** A legal order issued by a physician, advanced practice registered nurse, or physician assistant who is authorized to prescribe medications and medical equipment for patients. *\*Order and prescription are used interchangeably throughout this document.*

**Stock albuterol:** Stock albuterol means quick-relief asthma medication that is approved by the United States Food and Drug Administration for the treatment of respiratory distress. The term includes albuterol medication delivered through a metered dose inhaler or dry-powder inhaler that includes a spacer or holding chamber that attaches to a metered dose inhaler to improve the delivery of medication.

**Valved holding chamber:** A type of spacer that includes a one-way valve; the spacer is connected to the metered dose inhaler and facilitates the delivery of the bronchodilator medication to the airways. *\*Chamber and spacer are used interchangeably throughout this document.*



## Appendix C: Example Implementation Resources/Toolkits

### [American Lung Association - Stock Asthma Medication Toolkit](#)

This Guide from the American Lung Association includes:

1. Implementation Checklist
2. Trained School Staff Tracking Form
3. Standing Medical Order and Prescription Templates
4. Data Elements for Documentation and Reporting
5. Emergency Stock Quick-Relief Asthma Medication Usage Event Log Template
6. Parent/Guardian Communication (English and Spanish)

### [Stock Inhaler Toolkit for Schools](#)

This guide from the American Academy of Allergy, Asthma & Immunology was developed in conjunction with the National Association of School Nurses and the American Lung Association. The guide includes:

1. Sample district policies
2. Parent/Guardian/Stakeholder Communication
3. Educational information on asthma and implementation of stock albuterol

## Appendix D: Communication Tools

### Administrator - Parent Guardian Notification Letter

Date: [Month Day, Year]

Dear Parents and Guardians,

We are pleased to share some important news regarding student health and safety at [School Name]. In May 2025, the Montana Legislature enacted House Bill 600 (HB 600), which authorizes schools to maintain and administer stock albuterol inhalers during respiratory emergencies—including asthma exacerbations—when a personal inhaler is not available.

### What HB 600 Allows and Requires

- Schools may stock albuterol inhalers and spacers, prescribed by a physician, physician assistant, or APRN, with the school designated as the “patient.”
- Authorized school personnel must be trained annually in recognizing respiratory distress, appropriate administration techniques, and emergency response protocols.
- Schools must inform parents or guardians that stock albuterol may be used in a respiratory emergency, and the school’s protocol must be made available upon request.
- If stock albuterol is administered, the event will be reported to Montana DPHHS within three days, and an annual usage summary will also be submitted.

### Why This Matters for Our School

Respiratory distress can strike unexpectedly—whether in students with known asthma, undiagnosed symptoms, or forgotten medication. By carrying stock albuterol, we add an extra layer of protection to help ensure every child receives prompt care when every second counts.

### What You Can Expect

- This letter is to inform you that {school name} has elected to voluntarily participate in the stock albuterol program to keep students and staff safe.
- We remain committed to notifying you immediately whenever stock albuterol is used for your child, consistent with our emergency health protocols.
- Your child’s personal asthma medication should still be provided and kept at school, if needed, as stock albuterol is not a replacement but a stopgap safety measure.

We believe this initiative strengthens our ability to respond swiftly and safely to respiratory emergencies. If you’d like to review our stock albuterol protocol or discuss how this will be implemented, please contact [School Nurse Name] or [Administrator Name].

Warm regards,

[Principal’s Name], Principal  
[School Name]

## Administrator – Medical Provider Letter

Dear Health Care Provider,

We are reaching out to request your support in helping our school implement a standing order for stock albuterol, in accordance with new legislation passed by the 2025 Montana State Legislature. This law allows schools to stock and administer albuterol in response to respiratory distress emergencies, such as asthma exacerbations.

This initiative, modeled after the state's existing stock epinephrine framework, is designed to improve emergency readiness and provide timely, potentially life-saving treatment for students who may be experiencing acute breathing difficulties, especially when a personal inhaler is not immediately available.

### Key Provisions of the Law:

- **Eligible Prescribers:** Physicians, APRNs, and PAs may prescribe stock albuterol to schools.
- **Designation of the Patient:** The school is named as the patient on the prescription.
- **Dispensing Requirements:** Prescriptions must be filled by a licensed pharmacy and may include compatible spacers for administration.
- **Usage:** Stock albuterol may be administered by trained school staff in emergency situations.

We are requesting your assistance in providing a standing order that would authorize our school to obtain and administer stock albuterol under these conditions. Our staff will ensure:

- Proper training and annual certification of personnel who may administer the medication.
- Secure storage and regular monitoring of medication supply and expiration dates.
- Documentation of any incidents where stock albuterol is used, followed by appropriate parent/guardian notification and follow-up.

We are committed to working closely with you to implement this program safely and effectively. If you are able to support us by issuing a standing order, or if you have questions or require additional information, please contact us at [insert phone number and/or email].

Thank you for your continued partnership in promoting student health and safety.

Sincerely,

[Principal's Name]

Principal, [School Name]

[Contact Info]

[School Nurse's Name]

School Nurse, [School Name]

[Contact Info]

## Standing Order for Undesignated Stock Albuterol (1 of 2)

Date Issued: \_\_\_\_\_

This order authorizes school nurses and authorized school staff within (school/school district) who have completed a training program in accordance with the law, and according to established school policies and procedures, to possess and administer undesignated stock of albuterol to any student, staff, or visitor experiencing respiratory distress while in the school or at a school-sponsored event as authorized in MCA 20-5-4.

This order is in effect through \_\_\_\_(date)\_\_\_\_.

The school should maintain a copy of the standing order, a list of authorized and trained personnel, and policy procedures. An algorithm for undesignated stock albuterol use is available in the Stock Albuterol in Schools Guide.

### Administration of Albuterol (Inhalation Route) Mild to Moderate Respiratory Distress

- Never leave the child unattended.
- Give four (4) puffs of albuterol with a valved holding chamber, each 15 - 30 seconds apart.
- If available, Registered Nurse or Licensed Practical Nurse to obtain vital signs (pulse, respiratory rate, blood pressure, pulse oximetry); repeat every 5 minutes or as needed.
- If there is no improvement in symptoms within 10-15 minutes, repeat an additional four (4) puffs of albuterol with a valved holding chamber, each puff 15 - 30 seconds apart.
- If there is no improvement, call 911.
- Proceed to emergency protocol for Severe Respiratory Distress.

### Severe Respiratory Distress Emergency Protocol

- Call 911 immediately.
- Never leave the child unattended.
- Summon for help, notify parent, and school administration (follow your school division protocol).
- Immediately give eight (8) puffs of albuterol metered dose inhaler (MDI) with a valved holding chamber, each puff 15 - 30 seconds apart.
- If no improvement, may give albuterol MDI doses with valved holding chamber, each puff 15 - 30 seconds apart until EMS personnel arrive.
- If student becomes unresponsive check for pulse and initiate CPR with rescue breathing. If available, school nurse should obtain vital signs (pulse, respiratory rate, blood pressure, pulse oximetry); repeat every 5 minutes or as necessary.
- Continue to monitor the student until EMS arrives.

Prescriber:

**This order must be renewed annually at the beginning of each school year.**

## Standing Order for Undesignated Stock Albuterol (2 of 2)

### STANDING ORDER ISSUED TO

Name of School District (If applicable):

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Name of School:

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School Street Address:

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City, State, Zip Code:

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### STANDING ORDER:

Any employee of a public or private school district or school who is trained in the recognition of respiratory distress and the administration of albuterol inhalers may administer or assist in the administration of a short-acting bronchodilator inhaler (e.g., albuterol inhaler) to a student, staff, or visitor whom the employee believes in good faith to be exhibiting symptoms of respiratory distress while at school or at a school-sponsored activity. The employee must have completed training meeting the requirements in Montana House Bill 600.

### ASSESSMENT:

Signs of respiratory distress include any of the following symptoms, or combination thereof: struggling to breathe, coughing, wheezing, noisy breathing, decreased breath sounds, whistling in the chest, chest pain, chest tightness, shallow breathing, breathing hard or fast, shortness of breath, nasal flaring, difficulty speaking, blueness around the lips or fingernails, chest retractions, and/or use of accessory muscles. Trained employees will assess the individual's symptoms of respiratory distress and respond according to the school's policies.

Effective Date (Month/Day/Year):

Renewal Date (Month/Day/Year) / One year from effective date:

Physician Signature:

Physician Name (Please Print):

Physician Phone Number:

Physician License Number:

## Appendix E: Additional Resources

### Local Support

- Montana Asthma Control Program- [Asthma.mt.gov](http://Asthma.mt.gov)  
The Montana Asthma Home Visiting Program (MAP) is a free 12-month education program for people with uncontrolled asthma. There are no income or insurance requirements to participate in the program. Participants report fewer ED visits and hospitalizations, fewer missed school and work days, and overall better asthma control. The MAP has provided asthma education and care coordination to over 900 Montanans since 2011. To refer an individual or self-refer, visit [asthma.mt.gov](http://asthma.mt.gov) and look for the program referral icon.
- Creating Asthma Friendly Schools (CAFS)  
[opi.mt.gov/Educators/Teaching-Learning/Professional-Learning/Educators-Professional-Learning](http://opi.mt.gov/Educators/Teaching-Learning/Professional-Learning/Educators-Professional-Learning)  
The Creating Asthma Friendly Schools online training, offered through the Montana Office of Public Instruction, helps school staff recognize and respond to asthma episodes. The course also includes strategies for reducing potential asthma triggers and helping students to manage their asthma before an emergency occurs.

### Additional Training/Educational Resources

- ALA Device Administration Videos  
[lung.org/lung-health-diseases/lung-disease-lookup/asthma/treatment/devices](http://lung.org/lung-health-diseases/lung-disease-lookup/asthma/treatment/devices)
- ALA Asthma Basics Course  
[lung.training/courses/asthma\\_basics.html](http://lung.training/courses/asthma_basics.html)
- Coaches Clipboard Training (Minnesota)  
[health.state.mn.us/diseases/asthma/communities/training.html](http://health.state.mn.us/diseases/asthma/communities/training.html)

### Common Spacer/Valved Holding Chambers Options

Spacers and valved holding chamber are very similar devices; both are plastic tubes that attach to your metered-dose inhaler and are recommended for adults and children. When used, a spacer creates "space" between your mouth and the medicine. A valved holding chamber is a type of spacer that includes a one-way valve at the mouthpiece. It traps and holds your medicine, which gives you time to take a slow, deep breath. This allows you to breathe in all of the medicine. The one-way valve stops you from accidentally exhaling into the tube. Many valved holding chambers are lined on the inside with an anti-static coating which helps keep the medicine from sticking to the sides of the chamber.

There are several types of spacers and valved holding chambers to choose from. Together, you and your health care provider can decide if a spacer or valved holding

chamber is right for you and which type will best meet your needs. Spacers can be purchased from several online retailers, as well as large in-person retailers. A prescription is not required to purchase a spacer. Below are examples of common spacers and where they can be purchased.

- Aero Chambers
  - [www.natlallergy.com/](http://www.natlallergy.com/)
  - [www.trudellmed.com/](http://www.trudellmed.com/)
- LiteAire® is a disposable dual valved-holding chamber. It has been used commonly in school health offices in the absence of a personal valved-holding chamber and as part of the Arizona Stock Inhaler for Schools Program. For more information about LiteAire® visit, [thayermedical.com/products/liteaire/](http://thayermedical.com/products/liteaire/).

## Appendix F: Sources

*Emergency Response for Life-threatening Conditions in Schools: Asthma.* (2024, April)  
Retrieved from Utah Department of Health & Human Services: [Emergency Response for Life-threatening Conditions in Schools: Asthma](#)

*Guidelines for Managing Asthma in Virginia Schools.* (2020, August). Retrieved from  
Virginia Department of Education: [Guidelines for Use of Undesignated Stock Albuterol in Schools](#)

*Stock Inhaler Toolkit* (2023, August) Retrieved from American Academy of Allergy,  
Asthma & Immunology: [Stock Inhaler Toolkit](#)

*Stock Asthma Medication: Implementation Guidance for Schools Toolkit.* (2017, October)  
Retrieved American Lung Association: [Stock Asthma Medication: Implementation Guidance for Schools Toolkit](#)

*Toolkit for the Emergency Administration of Albuterol in the School Setting for Respiratory Distress.* (2017, October). Retrieved from Arizona Asthma Coalition, Asthma & Airway Disease Research Center, University of Arizona, Version 1: [Toolkit for the Emergency Administration of Albuterol in the School Setting for Respiratory Distress](#)

Contact [schoolhealth@mt.gov](mailto:schoolhealth@mt.gov) for information related to this guide.