
Detailed Fiscal Analysis

Provisions of the Bill

The bill would permit public or chartered nonpublic school students to use an inhaler to self-administer asthma medication with the written approval of the parent/caretaker and physician. Specifically, the bill makes such possession of an asthma inhaler a right and removes any cause of action against a public school district, its board of education or employees, or against any chartered nonpublic school or community school and its directors, officers, governing authority, or employees. Under the provisions of the bill, immunity is provided if a school employee either permits or refuses to permit a student to use an asthma inhaler due to the good faith belief as to whether proper authorization for its use either did or did not exist. Although existing law is believed to provide school districts, community schools, and their employees with immunity from tort liability in the performance of governmental functions through the political subdivision sovereign immunity law, the bill extends immunity to chartered nonpublic schools with respect to student use of asthma inhalers.

Fiscal Effects of the Bill

Assuming that the belief that political subdivision sovereign immunity for public school districts (including community schools) from tort liability is correct, LBO estimates that the bill could generate a potential decrease in county and school district expenditures. Specifically, by providing immunity to public school districts, board members, and employees, the bill might reduce litigation involving issues addressed in the bill. Additionally, since the bill extends immunity to chartered nonpublic schools, which do currently not possess it, the filing of a small number of civil cases might not occur. Since the number of cases involving either public or nonpublic schools is believed to be small, the impact of the bill in terms of reduced expenditures should be negligible and tied to decreased defense costs for school districts and adjudication costs for counties.

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