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Chairman Mathews, Vice-Chair Stewart, Ranking Member Liston and members of the Public Health Policy Committee, thank you for the opportunity to give sponsor testimony on SB 234, which creates a Food Allergy Awareness Month in Ohio.

This bill is very simple, but its impact could be life saving. I have a personal story. When I was a mother with 3 young kids, I had no experience or knowledge about food allergies. But one of my children would develop strange rashes at an early age. When I took her to the doctor, I was told that she was too young for an allergy test, but told to give her Benadryl and put her in an oatmeal bath to see if the rash goes away, and it did. We didn't know what the cause could be, but she kept getting these rashes. When she was 3 years old, she was eating butter pecan ice cream. She started vomiting. I had no idea that vomiting was a sign of a food allergy. About a month later, it was Halloween, and this child has a sweet tooth – she was so excited for the candy! As we were trick or treating, she was eating candy along the way. About 4 houses in, she said she didn't feel well and wanted to go home. I told her "that's what happens when you eat too much candy". A few months went by, and I was grocery shopping with my 3 kids. My daughter grabs a brownie sample with walnuts off the table, takes a bite and starts vomiting. My daughter seemed to be gasping for air, and she had hives up and down her arms. Now she was old enough for an allergy test, and we discovered she is severely allergic to tree nuts, and she had the most severe reactions on the scale. I learned as much as I could about this allergy, I learned that the more exposures, the more severe the reactions can get. From that point on we carried an EpiPen everywhere.

Although she carried that EpiPen for 17 years at that point without using it, when she was 21 years old, while at a destination wedding, she bought a pastry while heading to the airport and asked if there were nuts. She was told no, but went into immediate anaphylaxis after taking a bite – it was made with Nutella. She had a choice to go to a hospital or get on an international flight. She took Benadryl, Zyrtec, and after she could no longer speak from the exposure, for the first time used her EpiPen. She got on the flight. Then last fall, while eating at a restaurant, she told the waiter she has a severe tree nut allergy, and the waiter wrote it down on the pad. At the end of the meal, he brought cookies to the table. She ate one and immediately went into anaphylaxis – they were almond cookies. This time, the EpiPen didn't work, and she was rushed to the hospital and placed on IVs for hours. We have no idea what will happen if there's another exposure.

Then I heard this story on the news about a doctor who ate at a restaurant in Florida. The food contained an undisclosed allergen. Her EpiPen didn't work. She died from Anaphylaxis. We need to do what we can to educate the public, to educate restaurants, schools and teachers and also families. The purpose of this bill is to draw attention to a severe and life threatening condition that far too many people face. We can do better to make sure people are safe, that people know what to look for, and to make sure people are aware of the severe risks associated with these allergies.

Chairman Mathews, thank you again for allowing me to give sponsor testimony on Senate Bill 234 today. I am happy to answer any questions members of the committee may have at this time.