

Chairwoman Schmidt, Vice Chair Deeter, and Ranking Member Somani, and members of the House Health Committee. Thank you for the opportunity to present my testimony in support of House Bill 462.

My name is Aubrey Marbaugh. I am a Registered Nurse and work as a District Health Consultant for Marysville Schools, in Marysville, Ohio. In my current role, I spend a significant amount of time reviewing laws to ensure our district is compliant with those that apply to schools. Currently, Ohio law, specifically ORC 3313.718, states that students may self-carry and use epinephrine autoinjectors for treatment of anaphylaxis. Autoinjectors contain a needle to inject the medication intramuscularly. A new epinephrine delivery method using a nasal spray device was approved by the FDA in August of 2024, which may be a preferred option for some students. House Bill 462 will provide an additional self-carry delivery method for students who may require treatment with epinephrine.

Throughout my 12 year career with the school district, I have met with several parents bringing their students with severe allergies to school for the first time. These parents are often afraid to leave their students in someone else's care, fearing both the increased risk of exposure to allergens and the potential need for treatment. Until a student reaches an age where they are competent and capable of self-administering their epinephrine, they are not able to self-carry that medication. Providing a less invasive treatment option may reduce the age at which self-carrying and self-administering is achievable. This would also allow for faster access to their treatment when time is of the essence.

Although students who self-carry epinephrine can usually self-administer the injection, there may be times when symptoms become so severe that they are unable to administer it independently, requiring a staff member to administer their emergency medication. Our nurses spend time each school year training all of our district staff on how to administer an epinephrine autoinjection in a situation where the student can not self-administer or when a nurse is not available, but many staff are still anxious about giving an injection, which can cause a delay in administering the medication. An intranasal device is much less intimidating for staff to understand and to administer.

With the continuing rise in severe allergy cases in the U.S., I believe this update to the law will be beneficial to affected students for years to come. As a nurse in the schools, I do not want to be the person informing a student that they have to carry an injection instead of a nasal spray because the self-carry law does not include the nasal spray. These students already have so many restrictions placed on them due to their allergies. I implore you to reduce any unnecessary limitations on their self-carry treatment options by supporting House Bill 462. I would be happy to answer any questions you have for me.