

Testimony from Beth Heller, a parent of a child with severe food allergies, in support of House Bill 462.

Chair Brenner, Vice Chair Blessing, Ranking Member Ingram, and all members of the Senate Education Committee: Thank you for the opportunity to speak with you regarding House Bill 462. I'd like to share a bit of my story. My son, Isaac, is a senior at Marysville Early College High School, where he is a multisport varsity athlete and an honors student. To an outside observer, he looks like a very accomplished and successful eighteen year old. His road has been far from easy. He started to scratch at his face when he was six weeks old. What we thought was normal infant acne rapidly became head-to-toe eczema. After several months of misery and multiple trips to the family physician, Isaac was diagnosed with food allergies. He had allergy testing and was prescribed an EpiPen autoinjector before he turned one. He had his first anaphylactic reaction at the age of fifteen months, to a food we thought was safe. My husband did not use the autoinjector, but instead, sped to our local ER. Even though he had been trained, using a needle on our toddler led to indecision on his part. The ER counseled him that he should have used the EpiPen in this instance. On Thanksgiving Day, 2014, Isaac had another anaphylactic reaction. It was the first time I had to use his autoinjector. Using the emergency medication delivered by a needle on my child, while he was in distress, was scary, but I knew it was necessary. Over the years, epinephrine has saved my child, more than once.

Now that Isaac is a teenager, I am no longer carrying his medication for him. As a male, carrying an autoinjector is difficult. His pockets are often not deep enough to fit the autoinjector, car keys, and phone. He does not have the convenience of carrying a purse like his female counterparts. We have discussed the importance of carrying the epinephrine with him at all times. In typical teenager fashion, it gets left in the car, dropped in the yard while running around with friends, or left behind on a nearby bench. After conversations with his family doctor and allergist this summer, the intranasal epinephrine was prescribed for him. It is smaller and not as temperature sensitive as the autoinjectors. The expiration date is longer, which makes it more cost effective for us. Since being prescribed the intranasal device, he has been diligent about carrying it with him. Isaac believes it is the best fit for his lifestyle, and I support him in his decision.

At the beginning of this school year, Isaac's doctor filled out his self-carry medication forms, just like every other year. Imagine our surprise when the school nurse informed us that Isaac would not be allowed to self-carry his epinephrine, a medication we have been prescribed for sixteen years, due to the wording on the form. Because his medication is not delivered by an autoinjector, he is not allowed to carry it himself. It must be stored in the nurse's office. Epinephrine is an emergency medication. Minutes count in an allergic reaction. Any delay in the delivery of this medication could be devastating.

Please approve House Bill 462, to add the intranasal delivery of epinephrine to the self carry form for schools. Parents, along with their doctor's recommendations, should be allowed to have the choice of how a lifesaving medication is delivered to their child.

Thank you for your time and consideration,

Beth Heller