

Ohio Chapter

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Testimony of Kyle Isaacs, DO

Ohio Chapter, American Academy of Pediatrics

Proponent – HB 462

Chairman Brenner, Vice Chair Blessing, Ranking Member Ingram, and members of the Senate Education Committee, thank you for having me today. My name is Kyle Isaacs, and I am a second-year categorical pediatrics resident at Nationwide Children's Hospital in Columbus, Ohio. I am here today on behalf of the nearly 3,000 members of the Ohio Chapter of the American Academy of Pediatrics to offer support for House Bill 462.

When I was first attending elementary school, I distinctly remember seeing signs on the outside of the building that read “Peanut/Allergen Free Zone”. At the time, I had no idea the gravity of what those signs truly meant. Now, as a pediatrician, I can empathize with the fear and anxiety parents of children with food allergies face each day as they send their children to school, not knowing whether they may accidentally be exposed to their allergen and face a serious medical emergency.

Often, I meet with patients who face life-threatening allergies secondary to anaphylaxis reactions. We define anaphylaxis as a systemic allergic reaction that occurs rapidly and involves multiple organ systems, most commonly the skin, respiratory, cardiovascular, and gastrointestinal systems. The first line and only definitive treatment is rapid administration of epinephrine, and at times, multiple doses of epinephrine are required. We most commonly think of epinephrine as being given through autoinjectors. Recently, however, advances in the field of allergy medicine have allowed for alternative forms of epinephrine to be developed. Even now, new ways to deliver this life-saving medication are being developed, tested, and undergoing FDA approval.

Intra-nasal epinephrine, for example, was approved by the FDA in August 2024 and carries the same advantages in its treatment for anaphylaxis: it is simple to use, effective, and allows for quick delivery of life-saving medicine. Importantly, Ohio schools have already been allowing for both epinephrine autoinjectors and other intra-nasal medications to be carried on school premises, including intra-nasal Naloxone and abortive seizure medications.

The science of allergy medicine has advanced. It is important for Ohio law to advance alongside it to protect students. HB 462 simply updates existing law that allows Ohio schools to stock epinephrine autoinjectors for emergencies to include epinephrine delivery devices. I hope the committee will quickly advance this life-saving measure. Thank you for your time and I would be happy to answer any questions.