



State of Connecticut
HOUSE OF REPRESENTATIVES
STATE CAPITOL
HARTFORD, CONNECTICUT 06106-1591

REPRESENTATIVE KEVIN RYAN

ONE HUNDRED THIRTY NINTH ASSEMBLY DISTRICT

LEGISLATIVE OFFICE BUILDING
ROOM 4000
HARTFORD, CT 06106-1591

HOME: 860-848-0790
CAPITOL: 860-240-8585
TOLL FREE: 1-800-842-8267
E-MAIL: Kevin.Ryan@cga.ct.gov

DEPUTY SPEAKER

MEMBER
APPROPRIATIONS COMMITTEE
ENVIRONMENT COMMITTEE
JOINT COMMITTEE ON LEGISLATIVE MANAGEMENT
PUBLIC HEALTH COMMITTEE

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Senator Stillman, Representative Fleischman, and members of the Education Committee, thank you for the opportunity to submit testimony to your committee.

I am writing in support of **HB 5521**, An Act Concerning the Storage and Administration of Epinephrine at Public Schools and Public Institutions of Higher Education.

Food allergies, which can sometimes lead to a life-threatening allergic reaction, or anaphylaxis, are a large and growing public health problem in the United States and in Connecticut.^{1,3} Experts have estimated that 1 out of 13 children in the U.S. has a food allergy, a considerably higher number than previously believe.² And food allergy is only one of a number of allergies that can result in a life threatening anaphylaxis.

Connecticut addresses this serious issue currently by allowing previously diagnosed children with anaphylaxis to receive life-saving medication administered through an epinephrine auto-injector by a school nurse or other trained school personnel. HB 5521 would expand current law by allowing nurses and trained school personal to administer an epinephrine auto-injector to a previously undiagnosed student.

Since 2011, 26 states have passed school access legislation similar to HB 5521.

Although there is limited data on anaphylaxis, what we do know is very concerning:

- A Massachusetts Department of Public Health survey of schools found that 24% of anaphylactic reactions occurred in individuals who were not known to be at risk of life-threatening allergies.^{4,11}
- Nearly 6 million or 8% of children in the U.S. have food allergies (~ one in 13).²
- The Centers for Disease Control and Prevention report that food allergies result in more than 300,000 ambulatory-care visits a year among children under the age of 18.⁹
- Food allergens account for 30% of fatal cases of anaphylaxis.⁷
- Anaphylaxis results in approximately 1,500 deaths annually.^{8,10}

Over the past three years, there have been a number of anaphylaxis-related tragedies around the country in schools and public places. Deaths in Illinois (in 2011), Georgia and Virginia (in 2012), California, Texas and New York (in 2013) resulted in significant attention to the issue and much discussion on how to best address it in schools and elsewhere.

At least 36 states now allow (or require) schools to stock and administer epinephrine auto-injectors. Last year, the American Red Cross launched a training program on anaphylaxis and administration of epinephrine auto-injectors, and the U.S. Centers for Disease Control and Prevention issued voluntary guidelines for managing food allergies in schools.

In 2010, the National Institute of Allergy and Infectious Diseases (NIAID), a division of the National Institutes of Health (NIH), introduced the "Guidelines for the Diagnosis and Management of Food Allergy in the United States." These guidelines state that epinephrine is the first-line treatment for anaphylaxis.⁵ Epinephrine works to relieve the life-threatening symptoms of anaphylaxis, giving affected individuals more time to seek additional emergency medical treatment.⁶

The more rapidly anaphylaxis develops, the more likely the reaction is to be severe and potentially life-threatening. It is critical to have prompt recognition of signs and symptoms of anaphylaxis and to be prepared with an epinephrine auto-injector close at hand.¹² This is why it is so important that Connecticut schools stock epinephrine auto-injectors and train school personnel to recognize anaphylaxis and to administer epinephrine auto-injectors. Our schools need to be better prepared to help our students in the event of an anaphylactic emergency.

Thank you for your time and your consideration today. I urge this committee to support HB 5521 and continue to show leadership on this important issue.

Sincerely,



Kevin Ryan

Deputy Speaker, 139th District

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