Written Testimony
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House Standing Committee on Health Policy
Michigan House of Representatives
September 23, 2014

Chairwoman Haines, and Members of the Committee thank you for allowing me to be here today:

My name is Theresa Anderson and I am here with my son Benjamin who was diagnosed with severe allergies to peanuts, eggs, and dairy when he was 18 months old. His first reaction occurred at just 5 weeks from half an ounce of a dairy based formula, as a new mom I had no idea what was happening, his entire body was covered in hives within minutes, thankfully this reaction did not advance into anaphylaxis. As a long-time member of the food service industry, an advocate for allergy awareness and as Ben's Mom, I appreciate the opportunity to speak to you today in support of House Bill 5668.

The proposed legislation before this committee seeks to allow authorized entities such as restaurants, recreation camps, youth sports leagues, amusement parks and sports arenas to obtain a prescription for and stock on the premises, auto-injectable epinephrine commonly referred to as an epi-pen. Epinephrine is the drug of choice for treatment of a severe allergic reaction and can rapidly reverse life-threatening effects of a reaction if administered promptly which is why it is so crucial it be made available at places where unexpected anaphylactic shock is most likely to occur. In order successfully treat anaphylactic reactions it is necessary to administer epinephrine within minutes of the reaction.

There are currently as many as 15 million people with known food allergies in the United States and the prevalence of food allergies and associated anaphylaxis appears to be on the rise. In 2008, the CDC reported an 18 percent increase in food allergy among children between 1997 and 2007 and a study released in 2013 by the Centers for Disease Control and Prevention show food allergies among children increased approximately 50% between 1997 and 2011.

Eating away from home can pose a significant risk to people affected by food allergies. Research suggests that close to half of fatal food allergy reactions are triggered by food consumed outside the home and to foods that were thought to be safe. Approximately

20-25% of epinephrine administrations in schools involve individuals whose allergy was unknown at the time of the reaction.

As a parent of a child with severe food allergies I live each day in fear Ben will be unintentionally exposed to one of his allergens and go into anaphylactic shock. Ben carries his epi-pen with him everywhere he goes as a precaution. But for those who are unaware they have a food allergy for example my sister, developed a shellfish allergy at age 34 after eating it her entire life or those requiring more than the dose they are carrying, having immediate access to epinephrine could mean the difference between life and death.

The story of Natalie Giorgi comes to mind, a 13 year old who lost her life while spending the last night at a family camp, she simply bit into a dessert that previously considered safe and had eaten previously this time it contained peanut butter. She had her epi-pen and it was administered however, additional doses were needed, but still they did not save her, perhaps it wasn't given in a timely manner, we will never know.

Approximately 30% of people who have an anaphylactic reaction will need more than one dose of epinephrine.

Sadly, there are hundreds of stories like these – mostly involving children. The legislation before the committee today will get us a step closer to reducing the food allergy fatalities that occur, 11 in this past year.

Again, thank you for allowing me to speak to you today.