

BY U.S. SENATOR SHERROD BROWN

Last week, I traveled to schools around the state to hear from students, nurses, parents, and health professionals about what severe allergic reactions can mean when they occur unexpectedly in a classroom, playground, or sports field. These severe allergic reactions – known as anaphylaxis – can occur within minutes of exposure to any allergen. The most common allergens that cause anaphylactic shock are food, insect stings, and medications.

It's estimated that one in every 13 children in the U.S. has a food allergy. That's about two students in every classroom. Having a food allergy means that if these children come into contact with food that triggers an allergy – whether it's from the school cafeteria, a birthday party in the classroom, or even another student's food – it can create a potentially deadly situation.

Allergic reactions to food send Americans to the emergency department once every three minutes – that's over 200,000 ER visits per year.

A medication called epinephrine – commonly provided through an EpiPen – is the first line of defense to treat the reaction. EpiPens administer medication that quickly stops the severe symptoms of allergic reactions – like swelling that impairs breathing or dangerously low blood pressure.

Many kids with an allergy have an EpiPen at home and at school, just in case. But a quarter of anaphylaxis cases at schools involve kids with undiagnosed allergies.

At a school in Youngstown, Theresa Murphy of Cortland, a nurse and mother of a nine-year-old son with severe food allergies, reminded me that we prepare for fire drills, and yet we're unprepared for equally unexpected cases of anaphylaxis. We should be doing everything we

can to prepare for the unforeseen.

That's why the School Access to Emergency Epinephrine Act, which I cosponsored and President Obama signed into law earlier this month, is so important.

This commonsense, bipartisan law gives funding priority for asthma control programs to states that ensure that ALL schools maintain a supply of EpiPens for students with undiagnosed allergies and as a backup for the kids suffering from known allergies.

This bill also encourages states to allow school personnel to receive training on how to use the EpiPen in case of an emergency – a potentially life-saving action, especially in rural areas where quick access to medical care may be a problem. But, only states that ensure that ALL schools have a supply of EpiPens and training for their use are eligible for the priority federal funding for this bill. Thirty states already have laws or guidelines in place that allow schools to maintain a supply of epinephrine.

A long-standing law in Ohio only allows schools to keep an EpiPen for students with a known allergy and a prescription written specifically for them. And it has been illegal to use an EpiPen on a student without a prescription.

The Ohio House recently passed legislation that would allow schools to keep undesignated EpiPens on hand for students who have an undiagnosed allergy. This is a step in the right direction, but it doesn't go far enough.

Further action by the Ohio House is necessary to ensure that all Ohio schools have an emergency supply of EpiPens, thereby enabling Ohio to qualify for priority federal funding. We should take every precaution to protect our kids from unforeseen emergencies.

It's critical that the Statehouse take action to expand this legislation, and that Governor Kasich signs it into law.

