

# Rhode Island Chapter

INCORPORATED IN RHODE ISLAND

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



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## **RIAAP Testimony in Support of HB7617**

Dear Chairman McNamara and members of the committee,

My name is Dr. Victoria Quinn. I am a physician in our only Pediatric Emergency Department in Rhode Island and I treat anaphylaxis daily, if not multiple times a day. Because of my experience in treating anaphylaxis, **I am in support of HB7617**. I represent the Rhode Island Chapter of the American Academy of Pediatrics.

Unfortunately, most of the kids I see who come to the emergency room in anaphylaxis did not use their epinephrine auto-injector (for example, EpiPen-type devices) prior to arrival. Even kids and parents who are trained in how to use intramuscular epinephrine, or kids who come from schools where the school nurses are trained in it, don't! Which means by the time they get to me, their symptoms have continued to worsen, minute by minute, until sometimes they need multiple doses, a hospital admission for observation, or even a continuous infusion of epinephrine and an admission to the intensive care unit because their symptoms are so severe.

When I ask these parents and kids why they didn't self-administer their intramuscular epinephrine when they realized they were in anaphylaxis, the most common answer is that they were scared because it's a needle. They know their auto-injector could save their life, and yet they don't use it! They know that anaphylaxis is a true emergency, and that minutes matter, and yet they don't self-inject their epinephrine!

This is a big deal, and so our medical team in the ER, primary care pediatricians and allergists are constantly working to educate these kids and their families why it is so crucial to administer epinephrine as soon as they recognize anaphylaxis. However, the barriers to self-injection persist.

In light of this, intra-nasal epinephrine represents a monumental advancement in the treatment of anaphylaxis! Intra-nasal epinephrine has not only been shown to be equally effective in treating anaphylaxis when compared to intramuscular and FDA-approved, but it also offers several advantages - the elimination of needle-related phobias, simplified administration and potentially improved child and caregiver compliance.

This bill expands on existing laws regarding the treatment of anaphylaxis in

schools to allow *both* intramuscular and intranasal epinephrine formulations. In doing so, this will give kids who have allergies and anaphylactic reactions the best chance at favorable outcomes.

I urge you to also support HB7617 and help ensure that our schools are advancing alongside clinical practice for the treatment of anaphylaxis.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Victoria Quinn'. The signature is fluid and cursive, with a large initial 'V' and 'Q'.

Victoria Quinn, MD, FAAP