

From: <GGoldstein@aol.com>
To: <health@house.state.ks.us>
Date: Tue, Jan 27, 2004 7:20 AM
Subject: House Bill No. 2478

To whom it may concern:

I am writing this letter in support of the above bill. I am in the private practice of Pediatric (and adult) Allergy and Asthma and have been since 1981. Since I have been in practice the incidence of these diseases has more than doubled on our population. They are now the number one chronic health conditions of our children.

Asthma affects approximately 15% of children and is characterized by often sudden onset of coughing, wheezing and difficulty breathing. There may be a variety of triggers to these attacks including exercise, cold air and exposure to environmental irritants. The necessary treatment is rapid access to an inhaled bronchodilator such as albuterol (Proventil or Ventolin). I believe that most children, after a period of education and training, by the time they are in third grade, are able to be responsible for their own medications and should be allowed to keep their rescue inhaler with them. This should be decided on an individual basis by the parents and physician for each child. Too often we find that the child is struggling to breathe and the rescue medication is quite a distance away or even locked in a cabinet and unavailable to the child.

While asthma can be severe and even life threatening if not adequately treated, anaphylaxis, while not as common, is an even more dangerous, life endangering allergy attack. It requires immediate treatment with epinephrine. Children who die of anaphylaxis usually do so because of delay in receiving their epinephrine. The most common cause is food allergy, especially peanut allergy. This affects about 3% of children and even with excellent teaching and vigilance, accidental ingestions are almost inevitable sooner or later. Peanut products are ubiquitous. Most children in sixth grade or higher are very capable of being responsible for their epinephrine auto-injectors, and are able to self administer them. Therefore, since these devices are very safe, since they are life saving when administered in a timely fashion and since most children can use and care for them, I believe that on a case by case basis, with the physician and parents consent and within the guidelines of the bill, that children in this age group should have the option of being allowed to carry their epinephrine injector.

If further information is needed or you would like to discuss this further please do not hesitate to contact me.

Sincerely
Gerald L. Goldstein, M.D.
Kansas City Allergy and Asthma Assoc.
8675 College Blvd. Suite 200
Overland Park, KS 66210
Tel: 913 491 5501 ext. 120

CC: <jkeller@kslung.org>