



May 10, 2023

The Honorable Maria Cantwell
Chair
U.S. Senate Commerce, Science and
Transportation Committee
254 Russell Senate Building
Washington DC, 20510

The Honorable Senator Cruz
Ranking Member
U.S. Senate Commerce, Science and
Transportation Committee
512 Dirksen Senate Office Building
Washington DC, 20510

The Honorable Sam Graves
Chair
U.S. House of Representatives
Transportation and Infrastructure
Committee
2165 Rayburn House Office Building
Washington, DC 20515

The Honorable Rick Larsen
Ranking Member
U.S. House of Representatives
Transportation and Infrastructure
Committee
2165 Rayburn House Office Building
Washington, DC 20515

Dear Chair Cantwell, Chair Graves, Ranking Member Cruz, and Ranking Member Larsen:

I am writing to you today on behalf of the Asthma and Allergy Foundation of America (AAFA) to urge you to include a provision in the 2023 FAA Reauthorization bill that would require the Federal Aviation Administration (FAA) to review the contents of Emergency Medical Kits (EMK) on a regular basis. Our hope is that this review will result in an update to the type of epinephrine currently in EMKs that is not able to be administered easily in the event of an emergency for people with life-threatening anaphylaxis. The most common triggers for anaphylaxis are medicines, insect stings, and food. Anaphylaxis affects at least one in 50 people in the U.S. (the rate may be as high as one in 20)¹.

AAFA is the leading patient organization advocating for people with asthma and allergies, and the oldest asthma and allergy patient group in the world. Updated

¹ Wood, R. A., Camargo, C. A., Jr, Lieberman, P., Sampson, H. A., Schwartz, L. B., Zitt, M., Collins, C., Tringale, M., Wilkinson, M., Boyle, J., & Simons, F. E. (2014). Anaphylaxis in America: the prevalence and characteristics of anaphylaxis in the United States. *The Journal of allergy and clinical immunology*, 133(2), 461–467. <https://doi.org/10.1016/j.jaci.2013.08.016>



passenger safety requirements are needed to protect the health and lives of the millions of Americans with food and other allergies who travel on airplanes.

Severe food allergies are common. In the U.S., food allergies impact 16 million adults and 4 million children. From 2005 to 2014, the rate of emergency room visits for food-related anaphylaxis rose by 124%.² Food-related anaphylaxis has led to the deaths of adults and children, particularly when prompt treatment with epinephrine is not available.³

Airplanes are a fraught environment for people with allergies, particularly food allergies. Food residue can be present on all surfaces, and people are seated in close quarters with others who are eating. Common allergens such as nuts are frequently served and sold. As in all settings, the food that people with allergies eat may contain unlabeled or accidental allergens.

Exposure to an allergen can lead to anaphylaxis, a severe reaction that may be fatal without treatment. Prompt administration of epinephrine is the only available treatment for anaphylaxis. While many people with food allergies carry their own epinephrine auto-injectors, not all do, due to cost and other factors. Both children and adults can have new or undiagnosed allergies, and therefore may experience their first reaction without an epinephrine auto-injector on hand. Even a traveler carrying epinephrine auto-injectors may be unable to direct others to them if experiencing a medical emergency.

Onboard medical kits currently contain epinephrine, but it is typically present in a vial and must be withdrawn and administered by syringe with needle. A medical professional must therefore be onboard and willing to assist in an emergency. An epinephrine auto-injector, in contrast, is designed for lay use and can be easily and quickly administered by a flight attendant or another passenger as appropriate.

In fact, in 2019 the Aerospace Medical Association (AsMA) noted in its revised recommendations to FAA for medical kits for passenger aircraft that while a vial of epinephrine is typically available onboard, auto-injectors are preferable:

² Motosue et al., "Increasing Emergency Department Visits for Anaphylaxis, 2005–2014." [J Allergy Clin Immunol Pract.](#) 2017 Jan – Feb;5(1):171–175.

³ Bock et al., "Further fatalities caused by anaphylactic reactions to food, 2001–2006." *J Allergy Clin Immunol.* April 2007 Volume 119, Issue 4, Pages 1016–1018



When available and cost effective, auto-injectors are easier to use and can be used by cabin crew under order from ground medical advisor if there are no health professionals on board. The AAP endorsed this suggestion as well as suggested its availability in pediatric dosage.⁴

Epinephrine auto-injectors have been widely available since 1980. There are also needle-free epinephrine options under development, which may ease administration even further and speak to the need to review the contents of EMKs regularly.

The lack of easily administrable epinephrine, despite medical recommendations, is just one example of how the current contents of emergency medical kits are inadequate and must be reviewed on a regular basis to ensure passenger safety.

Thank you for your time and your attention to this important opportunity to protect passenger health and safety.

Sincerely,

A handwritten signature in black ink that reads 'Kenneth Mendez'. The signature is written in a cursive, flowing style.

Kenneth Mendez
President and Chief Executive Officer
Asthma and Allergy Foundation of America

⁴ Guidance Document Produced by: Aerospace Medical Association Air Transport Medicine Committee (2019). <https://www.asma.org/asma/media/AsMA/Travel-Publications/FAA-med-kit-Guidance-Document-June-2019.pdf>