



# Modernizing Epinephrine Stocking Laws: An Advocacy Toolkit



Asthma and Allergy  
Foundation of America



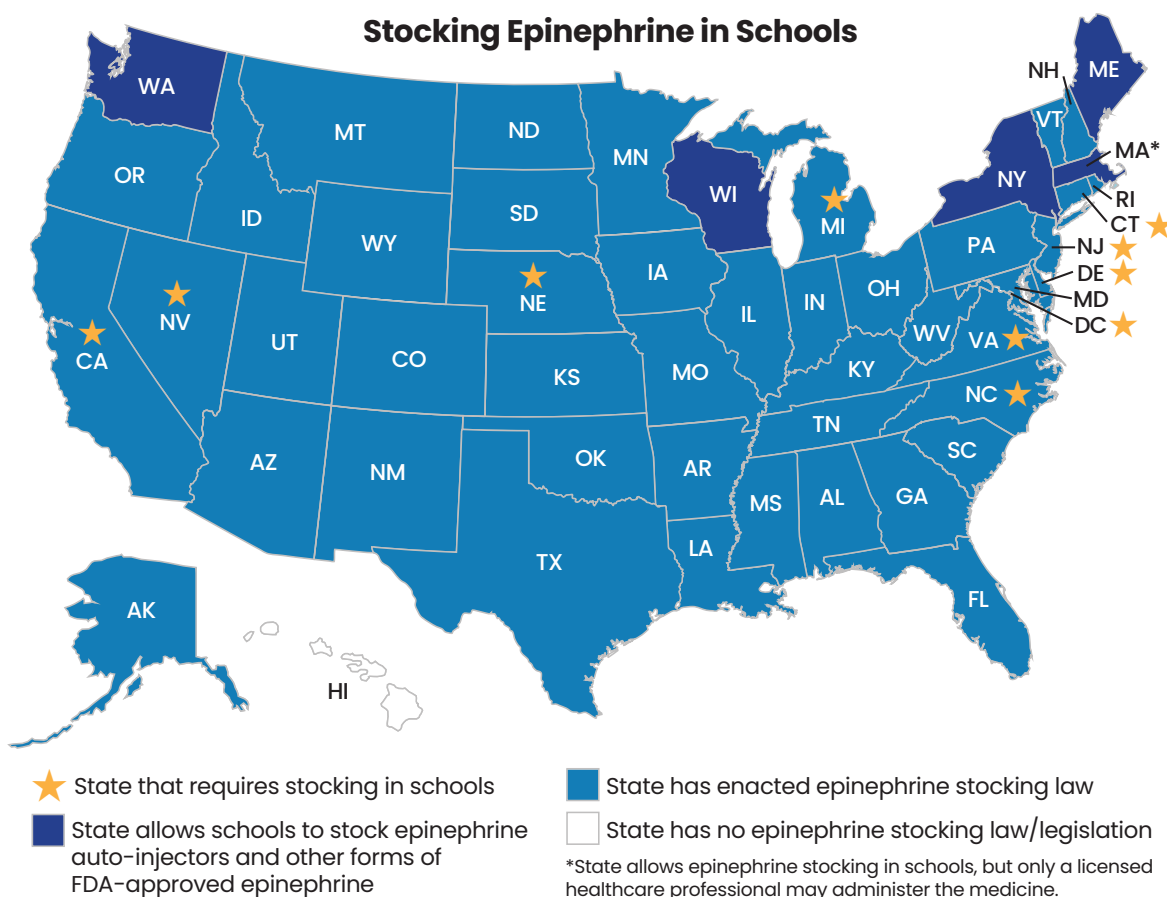
Kids with Food Allergies

# Introduction

Emergencies can happen anytime and schools must be prepared to respond quickly to life-threatening allergic reactions. Foods, drugs, latex, and stinging and biting insects are some of the most common causes of anaphylaxis, a severe allergic reaction. In fact, about 1 in 17 children in the U.S. have food allergies.<sup>1</sup>

Anaphylaxis can be life-threatening. Epinephrine is the only first-line treatment for anaphylaxis. That's why it's critical for schools to have emergency supplies of epinephrine available for students and staff who may experience an unexpected allergic reaction.

The good news is that most states have passed laws allowing schools to stock epinephrine auto-injectors. However, the Asthma and Allergy Foundation of America's (AAFA) *2025 State Honor Roll of Asthma and Allergy Policies for Schools* ([statehonorroll.org](https://statehonorroll.org)) found gaps remain. Only 10 states require epinephrine stocking in schools, and only 5 allow access to other forms of epinephrine, such as nasal spray epinephrine.<sup>2</sup>



Current as of March 2025

1. Zablotsky, B., Black, L.I., & Akinbami, L.J. (2023). NCHS Data Brief, no 459: Diagnosed allergic conditions in children aged 0-17 years: United States, 2021. National Center for Health Statistics. <https://dx.doi.org/10.15620/cdc:123250>

2. California, Connecticut, Delaware, District of Columbia, Michigan, Nebraska, Nevada, New Jersey, North Carolina, and Virginia requires epinephrine stocking in schools. Maine, Massachusetts, New York, Washington, and Wisconsin allow schools to stock epinephrine auto-injectors and other forms form of FDA-approved epinephrine. None of the states that require epinephrine stocking allow all forms of FDA-approved epinephrine.

# Modernizing Epinephrine Stocking Laws

Emergency treatment options for anaphylaxis are rapidly advancing, but state laws on medication stocking have not kept pace. In 2024, the Food and Drug Administration (FDA) approved the first epinephrine nasal spray and is currently reviewing an epinephrine sublingual film, with further innovations expected in the future. Most state laws specify only epinephrine auto-injectors, limiting schools' ability to access different treatment types.

By broadening language to include all forms of epinephrine, states can ensure that schools are prepared for current and future medical innovations. Revising stocking laws to reflect medical advancements will help protect students during emergencies and ensure equitable access to all life-saving treatments. School districts should have the option of determining which delivery systems to provide for use in schools.

**A strong epinephrine stocking policy requires schools to stock any form of FDA-approved epinephrine, requires appropriate training for school personnel, addresses liability protections for those who administer the medication in good faith, and provides resources for schools to acquire the epinephrine.**

## Toolkit Contents

This Advocacy Toolkit will equip you with the tools and knowledge to advocate for stronger epinephrine stocking policies in your state. It includes:

- A guide on how to find and contact your state legislators
- Tips for communicating with lawmakers and their staff
- 4 sample letters to help you share your concerns and policy recommendations.

The 1st sample letter is for states allowing epinephrine stocking in schools, but with laws specifying epinephrine auto-injectors. The letter calls on lawmakers to not simply allow but instead require epinephrine stocking and to permit schools to stock any form of FDA-approved epinephrine.

The 2nd sample letter is for states requiring epinephrine stocking in schools, but with laws specifying epinephrine auto-injectors. The letter calls on lawmakers to permit schools to stock any FDA-approved form of epinephrine to meet the epinephrine stocking requirement.

The 3rd sample letter is for the 4 states that allow epinephrine stocking in schools and who already permit schools to stock epinephrine auto-injectors and other forms of FDA-approved epinephrine. The letter calls on lawmakers to require epinephrine stocking in schools.

The 4th sample letter is for Hawaii. Hawaii is the only state in the country with no epinephrine stocking policies. The letter calls on lawmakers to require epinephrine stocking and to permit schools to stock any form of FDA-approved epinephrine.

## Which letter to use based on your state\*

<b>Letter 1</b> State allows epinephrine stocking in schools, but specifies auto-injector	<b>Letter 2</b> State requires epinephrine stocking in schools, but specifies auto-injector	<b>Letter 3</b> State allows epinephrine stocking in schools, and permits epinephrine auto-injectors and other forms of FDA-approved epinephrine	<b>Letter 4</b> State has no epinephrine stocking policy for schools
Alabama Alaska Arizona Arkansas Colorado Florida Georgia Idaho Illinois Indiana Iowa, Kansas Kentucky Louisiana Maryland Minnesota Mississippi Missouri Montana New Hampshire New Mexico North Dakota Ohio Oklahoma Oregon Pennsylvania Rhode Island South Carolina South Dakota Tennessee Texas Utah Vermont West Virginia Wyoming	California Connecticut Delaware District of Columbia Michigan Nebraska Nevada New Jersey North Carolina Virginia	Maine Massachusetts New York Washington Wisconsin	Hawaii

\*Current as of March 2025

By using this toolkit, you can help ensure that every school is equipped to handle allergy emergencies. Stronger policies mean better protection for children with food allergies and other life-threatening allergic conditions. Together, we can make a difference.

For more information or to get involved, please contact [advocacy@aafa.org](mailto:advocacy@aafa.org).

# Contacting Your State Legislators

## Find Your Legislators (Lawmakers)

If you live in 1 of the 50 states, 2 U.S. senators and 1 U.S. representative represent you in the U.S. Congress. Additionally, legislators (state senators and representatives or assembly members) represent your local district in your state's government. You can find your senator and representative by going to [openstates.org/find\\_your\\_legislator](https://openstates.org/find_your_legislator) and entering your home address in the search bar. The results will include both your state and federal legislators. The state results will say either "upper" or "lower" chamber. Your state senator is a member of the upper chamber, and your state representative is a member of the lower chamber.

If you live in the District of Columbia or a U.S. territory, you can still use [openstates.org](https://openstates.org) to find your local representatives. You also have non-voting members of Congress at the federal level.

## Call Your Legislator

Calling elected officials is an extremely easy and effective way to raise important issues. First, you will want to introduce yourself and let the staff member know that you are a constituent (someone who lives in their district). Do not be surprised if they ask for your zip code. This is because constituent concerns are prioritized. You will then want to briefly raise your concern or request for your legislator using our communication tips on [page 7](#).

You may also ask to speak to the appropriate legislative assistant based on the topic. Here is a brief example: "Hi, my name is Jane Doe from Virginia, zip code 22202. As a mother of a child with food allergies, I am calling to encourage the senator to support legislation to require epinephrine stocking of any FDA-approved form of epinephrine in our schools."

## Write to Your Legislators

Writing to legislators is another advocacy tool available to you - whether by physical mail or by email. Again, you will want to identify yourself as a constituent and make your request for support clear and concise at the beginning of the letter or email. You should then provide any relevant background information and personal stories related to the request. We have provided sample letters based on your state's current policies on [pages 8-11](#).

## Request a Meeting with Legislators

The easiest way to request a meeting is by phone or email. Legislators all have public email addresses and/or contact forms on their websites. Using the tips above, contact your lawmaker's office and request a meeting. You may need to be flexible on timing but be persistent. You will most likely meet with a member of staff and not the lawmaker themselves.

## Addressing Legislators

When addressing legislators in writing or in conversation, refer to the chart below:

	State Senator	State Representative
Formal Address	The Honorable (Full Name) (Name of State Legislature Upper Chamber) (Address of State Legislature)	The Honorable (Full Name) (Name of State Legislature Lower Chamber) (Address of State Legislature)
Salutation	Dear Senator (Last Name)	Dear "Mr./Ms./Mrs." or "Representative" or "Assemblyman, Assemblywoman, Assemblymember" or "Delegate" (Last Name)
Conversation	Senator (Last Name)	"Mr./Ms./Mrs." or "Representative" or "Assemblyman, Assemblywoman, Assemblymember" or "Delegate" (Last Name)

	United States Senator	United States Representative
Formal Address	The Honorable (Full Name) United States Senate Washington, DC 20510	The Honorable (Full Name) United States House of Representatives Washington, DC 20515
Salutation	Dear Senator (Last Name)	Dear "Mr./Ms./Mrs." or "Representative" (Last Name)
Conversation	Senator (Last Name)	"Congressman, Congresswoman" or "Representative" (Last Name)

Note: The names of upper and lower chambers of state legislatures vary by state. Nebraska and the District of Columbia only have 1 chamber. You can find information on your state legislatures by clicking on your state at [congress.gov/state-legislature-websites](https://congress.gov/state-legislature-websites).

# Tips for Communicating with Legislators and Their Staff

Legislators serve many constituents and address a wide range of policy issues. Here are some important points to keep in mind when communicating with legislators.

## 1. Remember Legislators and Their Staff Are Human Beings

- Conversations should not be argumentative or confrontational.
- In advocacy, respectful relationships build the foundation for change.

## 2. Share Personal Stories

- Personal stories are extremely powerful and are often remembered.
- Keep stories very brief (under 2 minutes) and tied to legislation and policy issues.

## 3. Identify Yourself as a Constituent

- Let your legislator know that you live in their district and identify yourself as a constituent.
- Legislators are more likely to focus on issues pertaining to their district and constituents.

## 4. Increase Number of Communications

- Advocates should craft key messages and consider asking friends and family to help in contacting legislators on important issues.
- The more communications a legislator receives about an issue the more likely they will act.

## 5. Repeat Your Main Points

- The frequency legislators hear about an issue plays a role in whether they favor a cause.

## 6. Keep Materials Brief, Straightforward, and Simple

- When sharing printed materials with a legislator, try to keep it to a 1-page, bulleted fact sheet that reinforces the key points on the issue.
- Lengthy materials are often not read.

## 7. Clearly Communicate Your Ask

- Be specific on the action you want taken, such as support for a bill or policy. For example, you can say “I’m asking you to support bill number 123 because it will help improve health outcomes for people in our community.”
- Stay informed on where legislators stand on issues and actions they have taken.

## 8. Follow Up

- Thank legislators when they support the issue or take a public stance on it.

## 9. Share Media Coverage

- If a media story covers an issue you have previously raised with the legislator, share a copy of the article and remind them about the previous communication on the topic.

## 10. Take Notes

- Keep a record of your communications to maintain dialogues and foster relationships.

# Sample Letter 1: For States that Allow Epinephrine Auto-Injector Stocking

**[Date]**

Dear **[Legislator Title and Name]**,

As your constituent and an advocate for children’s health, I am writing to urge your support for strengthening policies that ensure schools are prepared to address life-threatening allergic reactions. The Asthma and Allergy Foundation of America’s (AAFA) *2025 State Honor Roll of Asthma and Allergy Policies for Schools* evaluates state policies that protect students managing asthma, food allergies, and related conditions in K-12 schools and highlights a gap in **[Your State Name]**’s epinephrine stocking requirements.

About 5.8 percent of children and adolescents have food allergies in the U.S., which is the equivalent at least one student in every **[Your State Name]** classroom.<sup>1,2</sup> Exposure to an allergen can cause severe reactions, including anaphylaxis and, in rare cases, death. Because there is no cure for food allergies, awareness and preparedness are key for protecting health and saving lives.

Epinephrine is the only treatment for anaphylaxis. Ensuring that schools are equipped with epinephrine is vital to responding quickly to life-threatening allergic reactions. Currently, **[Your State Name]** allows schools to stock epinephrine auto-injectors as a part of emergency preparedness efforts.

This is a good policy, but it was enacted at a time when epinephrine was only available through injection. There have been and will continue to be innovations in the delivery of epinephrine. In 2024, FDA approved the first epinephrine nasal spray and is currently reviewing an epinephrine sublingual film. The FDA will play its role in determining the safety and efficacy of these systems, but once approved, **[Your State Name]** schools districts should have the option of determining which delivery systems to provide for use in schools.

I urge you to champion an update to **[Your State Name]**’s policy to not only allow, but require schools to stock any FDA-approved epinephrine. Thank you for your attention to this critical issue. I would welcome the opportunity to discuss this further or provide additional resources.

Sincerely,

**[your name]**

**[your home address, optional]**

1. Zablotsky, B., Black, L.I., & Akinbami, L.J.(2023). NCHS Data Brief, no 459: Diagnosed allergic conditions in children aged 0-17 years: United States, 2021. National Center for Health Statistics. <https://dx.doi.org/10.15620/cdc:123250>

2. National Teacher and Principal Survey, 2017-2018. National Center for Education Statistics. [https://nces.ed.gov/surveys/ntps/tables/ntps1718\\_fitable06\\_t1s.asp](https://nces.ed.gov/surveys/ntps/tables/ntps1718_fitable06_t1s.asp).



# Sample Letter 2: For States that Require Epinephrine Auto-Injector Stocking

**[Date]**

Dear **[Legislator Title and Name]**,

As your constituent and an advocate for children’s health, I am writing to urge your support for strengthening policies that ensure schools are prepared to address life-threatening allergic reactions. The Asthma and Allergy Foundation of America’s (AAFA) *2025 State Honor Roll of Asthma and Allergy Policies for Schools* evaluates state policies that protect students managing asthma, food allergies, and related conditions in K-12 schools and highlights a gap in **[Your State Name]**’s epinephrine stocking requirements.

About 5.8 percent of children and adolescents have food allergies in the U.S., which is the equivalent at least one student in every **[Your State Name]** classroom.<sup>1,2</sup> Exposure to an allergen can cause severe reactions, including anaphylaxis and, in rare cases, death. Because there is no cure for food allergies, awareness and preparedness are key for protecting health and saving lives.

Epinephrine is the only treatment for anaphylaxis. Ensuring that schools are equipped with epinephrine is vital to responding quickly to life-threatening allergic reactions. Currently, **[Your State Name]** requires schools to stock epinephrine auto-injectors as a part of emergency preparedness efforts.

This is an excellent policy, but it was enacted at a time when epinephrine was only available through injection. There have been and will continue to be innovations in the delivery of epinephrine. In 2024, FDA approved the first epinephrine nasal spray and is currently reviewing an epinephrine sublingual film. The FDA will play its role in determining the safety and efficacy of these systems, but once approved, **[Your State Name]** schools districts should have the option of determining which delivery systems to provide for use in schools.

I urge you to champion an update to **[Your State Name]**’s epinephrine stocking requirement, allowing schools to stock any FDA-approved epinephrine. Thank you for your attention to this critical issue. I would welcome the opportunity to discuss this further or provide additional resources.

Sincerely,

**[your name]**

**[your home address, optional]**

1. Zablotsky, B., Black, L.I., & Akinbami, L.J.(2023). NCHS Data Brief, no 459: Diagnosed allergic conditions in children aged 0-17 years: United States, 2021. National Center for Health Statistics. <https://dx.doi.org/10.15620/cdc:123250>

2. National Teacher and Principal Survey, 2017-2018. National Center for Education Statistics. [https://nces.ed.gov/surveys/ntps/tables/ntps1718\\_fitable06\\_t1s.asp](https://nces.ed.gov/surveys/ntps/tables/ntps1718_fitable06_t1s.asp).

# Sample Letter 3: For States that Allow Schools to Stock Any Form of FDA-Approved Epinephrine

**[Date]**

Dear **[Legislator Title and Name]**,

As your constituent and an advocate for children’s health, I am writing to urge your support for strengthening policies that ensure schools are prepared to address life-threatening allergic reactions. The Asthma and Allergy Foundation of America’s (AAFA) *2025 State Honor Roll of Asthma and Allergy Policies for Schools* evaluates state policies that protect students managing asthma, food allergies, and related conditions in K-12 schools and highlights a gap in **[Your State Name]**’s epinephrine stocking requirements.

About 5.8 percent of children and adolescents have food allergies in the U.S., which is the equivalent at least one student in every **[Your State Name]** classroom.<sup>1,2</sup> Exposure to an allergen can cause severe reactions, including anaphylaxis and, in rare cases, death. Because there is no cure for food allergies, awareness and preparedness are key for protecting health and saving lives.

Epinephrine is the only treatment for anaphylaxis. Ensuring that schools are equipped with epinephrine is vital to responding quickly to life-threatening allergic reactions. Currently, **[Your State Name]** is one of the few states that allows schools to stock epinephrine auto-injectors and other forms of FDA-approved epinephrine, including newer delivery options like epinephrine nasal spray. While this flexibility is a positive step, there is no guarantee that schools are actually stocking epinephrine—leaving students at risk. Without a statewide requirement, schools may remain unprepared to handle allergic emergencies.

To truly protect students, **[Your State Name]** should require schools to stock epinephrine in all K-12 schools. This policy would ensure that school personnel are equipped to respond swiftly and effectively to anaphylactic emergencies.

I urge you to champion an update to **[Your State Name]**’s policy to mandate epinephrine stocking in schools. Thank you for your attention to this critical issue. I would welcome the opportunity to discuss this further or provide additional resources.

Sincerely,

**[your name]**

**[your home address, optional]**

1. Zablotsky, B., Black, L.I., & Akinbami, L.J. (2023). NCHS Data Brief, no 459: Diagnosed allergic conditions in children aged 0-17 years: United States, 2021. National Center for Health Statistics. <https://dx.doi.org/10.15620/cdc:123250>

2. National Teacher and Principal Survey, 2017-2018. National Center for Education Statistics. [https://nces.ed.gov/surveys/ntps/tables/ntps1718\\_fitable06\\_t1s.asp](https://nces.ed.gov/surveys/ntps/tables/ntps1718_fitable06_t1s.asp).

# Sample Letter 4: For Hawaii Which Has No Epinephrine Stocking Policy

**[Date]**

Dear **[Legislator Title and Name]**,

As your constituent and an advocate for children’s health, I am writing to urge your support for strengthening policies that ensure schools are prepared to address life-threatening allergic reactions. The Asthma and Allergy Foundation of America’s (AAFA) *2025 State Honor Roll of Asthma and Allergy Policies for Schools* evaluates state policies that protect students managing asthma, food allergies, and related conditions in K-12 schools and highlights a gap in Hawaii’s epinephrine stocking requirements.

About 5.8 percent of children and adolescents have food allergies in the U.S., which is the equivalent at least one student in every Hawaii classroom.<sup>1,2</sup> Exposure to an allergen can cause severe reactions, including anaphylaxis and, in rare cases, death. Because there is no cure for food allergies, awareness and preparedness are key for protecting health and saving lives.

Epinephrine is the only treatment for anaphylaxis. Ensuring that schools are equipped with epinephrine is vital to responding quickly to life-threatening allergic reactions. Currently, **Hawaii is the only state in the country with no epinephrine stocking allowance or requirement for schools.**

I urge you to champion legislation that requires schools to stock epinephrine and allows school to stock any form of FDA-approved epinephrine. This ensures that schools are equipped to respond to life-threatening allergic reactions now and in the future. The legislation should also require appropriate training for school personnel, address liability protections for those who administer the medication in good faith, and provide resources for schools to acquire the epinephrine.

Hawaii has an opportunity to join the rest of the country in taking this essential step to protect students from life-threatening allergic reactions. Thank you for your attention to this critical issue. I would welcome the opportunity to discuss this further or provide additional resources.

Sincerely,

**[your name]**

**[your home address, optional]**

1. Zablotsky, B., Black, L.I., & Akinbami, L.J.(2023). NCHS Data Brief, no 459: Diagnosed allergic conditions in children aged 0-17 years: United States, 2021. National Center for Health Statistics. <https://dx.doi.org/10.15620/cdc:123250>

2. National Teacher and Principal Survey, 2017-2018. National Center for Education Statistics. [https://nces.ed.gov/surveys/ntps/tables/ntps1718\\_fitable06\\_t1s.asp](https://nces.ed.gov/surveys/ntps/tables/ntps1718_fitable06_t1s.asp).



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