

April 14, 2025

The Honorable Gary VanDeaver
Chair
House Public Health Committee
PO Box 2910
E1.304
Austin, TX 78768

The Honorable Liz Campos
Vice Chair
House Public Health Committee
PO Box 2910
Room E2.422
Austin, TX 78768

Dear Chair VanDeaver and Vice Chair Campos,

On behalf of the Asthma and Allergy Foundation of America (AAFA), we write to express our support for the intent of HB 2283, which would expand access to epinephrine delivery devices for emergency use by certain entities, and to offer a suggested amendment. Ensuring timely access to life-saving epinephrine is critical to protecting individuals who experience severe allergic reactions, particularly in school and community settings.

Approximately 5.8 percent of children and adolescents in the United States — the equivalent of at least one student in every Texas classroom — have food allergies. Exposure to an allergen can cause severe allergic reactions, including anaphylaxis and, in rare cases, death. Because there is no cure for food allergies, preparedness and immediate access to epinephrine are essential to saving lives.

Epinephrine is the only treatment for anaphylaxis. Texas currently allows schools to stock epinephrine auto-injectors for use by school nurses or trained personnel to provide emergency medical aid to students or staff believed to be suffering from an anaphylactic reaction.

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, Texas schools districts should have the option of determining which delivery systems to provide for use in schools.

We applaud that HB 2283 intends to broaden access to epinephrine delivery devices in schools, defining "epinephrine delivery device" to include auto-injectors and nasal sprays. While these are important options today, AAFA recommends that the



definition be broadened further to allow for the adoption of future FDA-approved epinephrine delivery methods, such as sublingual film, as they become available.

We suggest the following update to the definition of "epinephrine delivery device:"

"Epinephrine delivery system" means any a premeasured, weight-based dose of epinephrine approved by the United States Food and Drug Administration that delivers epinephrine intended for use to treat anaphylaxis, including: (A) an epinephrine auto-injector; and (B) an epinephrine nasal spray.

This flexibility would ensure that Texas remains responsive to medical advancements and that individuals at risk of anaphylaxis have access to the most effective and appropriate treatments.

We appreciate your leadership in working to improve anaphylaxis preparedness across Texas and look forward to working with your committee to strengthen this important legislation.

Sincerely,

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