



April 8, 2026

Representative Theresa Wood, Chair  
House Committee on Human Services  
State House  
115 State St  
Montpelier, VT 05633-5301

**RE: Asthma and Allergy Foundation of America Letter of Support for H 574**

Dear Chairwoman Wood and members of the House Committee on Human Services,

On behalf of the Asthma and Allergy Foundation of America (AAFA) and the nearly 22 million people in the U.S. living with life-threatening food allergies, I am writing to express AAFA's strong support for H 574, An act relating to the use and maintenance of epinephrine at childcare facilities. AAFA is the leading patient organization for people with asthma and allergies, and the oldest asthma and allergy patient organization in the world. Kids with Food Allergies, a division of AAFA, offers tools, education, and community to families and children living with food allergies across the country.

Food allergies are affecting a growing number of children and adults in the U.S. About 5 percent of all children in the U.S. have food allergies, with infants and toddlers ages 0-4 having a higher rate than any other age group. Exposure to the allergen can cause severe reactions, including anaphylaxis and, in rare cases, death. Anaphylaxis is a severe allergic reaction that can be life-threatening if not treated quickly and properly with epinephrine. Epinephrine is the only treatment for anaphylaxis. Because there is no cure for food allergies, awareness and preparedness are key for protecting health and saving lives.

In Vermont, H 574 would establish important allowances for childcare providers. Providers would be able to maintain a stock supply of epinephrine at a childcare facility and designate personnel to administer epinephrine in emergency circumstances. The bill also requires medical professionals to issue protocols to providers who choose to stock epinephrine, including recognizing when someone is experiencing signs of anaphylaxis and how to administer epinephrine.



One of the biggest challenges for childcare settings is that infants and toddlers are mostly nonverbal. Infants cannot talk about their symptoms, so caregivers must be properly trained to notice and identify the signs of an allergic reaction. In fact, AAFA's research with leading food allergy experts found that signs and symptoms of anaphylaxis may present differently in infants and toddlers than in older children. Young children in Vermont who have severe food allergies always need access to epinephrine to promptly treat anaphylaxis and a trained adult who can administer it.

One preventable death of a young child is one too many. These allowances are evidence-based and will reduce reactions and risk for young children across the state. What's more, they will provide peace of mind to all the families managing food allergies in Vermont.

Thank you very much for your time and consideration. We are grateful for your concern for the safety of Vermont children and families managing food allergies.

Sincerely,

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