



April 7, 2026

Chair Bo Watson  
Senate Committee on Finance, Ways, and Means  
425 Rep. John Lewis Way N.  
Cordell Hull Building, Suite 706  
Nashville, Tennessee 37243

**RE: Letter of Support for SB 1716**

Dear Chairman Watson and members of the Senate Committee on Finance, Ways and Means,

On behalf of the Asthma and Allergy Foundation of America (AAFA) and the nearly 22 million Americans living with life-threatening food allergies, I am writing to express AAFA's strong support for SB 1716, Relative to epinephrine. 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.

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 Tennessee 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. Tennessee currently allows school districts 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

---

<sup>1</sup> 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>

<sup>2</sup> *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).



suffering from an anaphylactic reaction. This is a good policy, but it was enacted at a time when epinephrine was only available in devices that use needles.

There have been and will continue to be innovations in the delivery of epinephrine. The FDA will play its role in determining the safety and efficacy of these systems, but once approved, Tennessee school districts should have the option of determining which delivery systems to provide for use in schools. Currently, 11 states allow stocking of any form of FDA-approved epinephrine, and 4 states actually require it.

Last year, AAFA released our 2025 [State Honor Roll of Asthma and Allergy Policies for Schools](#) which identifies the states with the best public policies for people with asthma, food allergies, anaphylaxis and related allergic diseases in U.S. elementary, middle and high schools.<sup>3</sup> Tennessee met 12 of 27 of AAFA's policy standards, and 3 of 6 extra credit indicators. Unfortunately, Tennessee did not receive an Honorable Mention or make the Honor Roll in the 2025 report.

The report underscores the critical importance of modernizing emergency stock medication policies to create safer learning environments for children with food allergies and asthma. Specifically, the report highlights the need to ensure schools have access to all FDA-approved forms of epinephrine, such as epinephrine nasal spray. SB 1716 is key to modernizing emergency preparedness in schools.

One preventable death of a young child is one too many. This allowance for schools is evidence-based and will reduce risk for children across the state. What's more, it will provide peace of mind to all of the families managing food allergies in Tennessee.

Sincerely,

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

---

<sup>3</sup> Asthma and Allergy Foundation of America, (2025). 2025 State Honor Roll™ Report. Retrieved from [statehonorroll.org](http://statehonorroll.org).