



March 16, 2026

Senator Tim Melson, Chair
Senate Committee on Healthcare
11 S Union Street
Suite 726
Montgomery, AL 36130

RE: Letter of Support for SB 351

Dear Chairperson Melson and members of the Senate Healthcare Committee,

On behalf of the Asthma and Allergy Foundation of America (AAFA) and the more than 20 million Americans living with life-threatening food allergies, I am writing to express AAFA's strong support for SB 351, Public health, authorized forms of single-dose epinephrine used by public schools and authorized entities expanded. 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 Alabama classroom.^{1,2} 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. Alabama 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

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.



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, Alabama 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.³ Alabama met 5 of 27 of AAFA's policy standards, and 1 of 6 extra credit indicators. Unfortunately, Alabama 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 351 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 Alabama.

Sincerely,

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

³ Asthma and Allergy Foundation of America, (2025). 2025 State Honor Roll™ Report. Retrieved from statehonorroll.org.