



June 9, 2026

Chairman Nnamdi O. Chukwuocha
House Committee on Health and Human Development
411 Legislative Avenue
Dover, DE 19901

RE: Letter of Support for HB.466

Dear Chairman Chukwuocha and members of the House Committee on Health and Human Development,

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 HB.466, relating to the application of nasal 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 Delaware 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. Delaware currently allows institutions of higher education to stock epinephrine auto-injectors for use by 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 in devices that use needles.

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.



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, Delaware universities should have the option of determining which delivery systems to provide for use on campus. Currently, 11 states allow stocking of any form of FDA-approved epinephrine in K-12 schools, 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 Delaware's K-12 schools earned an Honorable Mention in the 2025 report, and are required to stock emergency medication, which includes any FDA-approved form of epinephrine.

The report underscores the critical importance of modernizing emergency stock medication policies to create safer learning environments for people 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. HB.466 is key to modernizing emergency preparedness in institutions of higher education.

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

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.