Asthma and Allergy Foundation of America

June 24, 2026

Senate President Pro Tempore Kim L. Ward,
292 Main Capitol
Senate Box 203039
Harrisburg, PA 17120-3039

RE: Letter of Support for HB.928

Dear President Pro Tempore Ward and members of the Senate,

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.928, An Act amending Title 35 (Health and Safety) of the Pennsylvania Consolidated Statutes, in epinephrine auto-injector entities, further providing for definitions and for epinephrine auto-injectors for authorized entities; and making an editorial change. 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 Pennsylvania 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. Pennsylvania currently allows authorized entities to stock epinephrine auto-injectors for use by trained personnel to provide emergency medical aid to individuals believed to be suffering from an

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[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_fltable06_t1s.asp.

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, authorized entities should have the option of determining which delivery systems to stock in case of emergencies.

In Pennsylvania, HB.928 would also establish important allowances for day-care facilities. Facilities would be able to maintain a stock supply of epinephrine on site and designate personnel to administer epinephrine in emergency circumstances. The bill also requires day-care center employees to complete training on recognizing the 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 Pennsylvania 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 child is one too many. This allowance for authorized entities is evidence-based and will reduce risk for individuals across the state. What's more, it will provide peace of mind to all of the families managing food allergies in Pennsylvania.

Sincerely,

Kenneth Mendez

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