October 5, 2026

The Honorable Bryan Bedford
Administrator
Federal Aviation Administration
800 Independence Avenue, SW
Washington, DC 20591
Submitted via regulations.gov

Re: Request to Supplement Meeting Summary—Docket FAA-2026-9178, Improving Emergency Medical Kit Efficacy and Flexibility in Commercial Airline Operations

Dear Mr. Bedford,

Thank you for meeting with representatives of the Asthma and Allergy Foundation of America (AAFA) and No Nut Traveler on 8/11/26 to discuss the proposed rule addressing emergency medical kits aboard commercial aircraft.

We appreciate the opportunity to share the food allergy community's concerns and recommendations. However, the meeting summary entered into the docket does not adequately reflect the substance of our discussion. Important examples, concerns, and requested safeguards were omitted or insufficiently described.

We therefore respectfully request that this letter be entered into the docket as a supplemental account of the points presented by Jenna Riemenschneider of AAFA and Lianne Mandelbaum of No Nut Traveler, and associated with the FAA's existing meeting summary.

1. Protecting at-risk passengers must be central to modernization.
AAFA described the food allergy community's longstanding advocacy for stronger protections aboard commercial aircraft, including its work to secure Section 368 of the FAA Reauthorization Act of 2024. We emphasized the needs of passengers at risk of anaphylaxis, including infants and children, and the importance of emergency medical kits as protection for people who may experience their first allergic reaction during a flight.

An emergency preparedness system cannot assume that every passenger knows they are at risk or carries personal epinephrine. Nor can it assume that a physician with relevant expertise will be available onboard.

2. The final rule must expressly require epinephrine.
We raised concern about the proposal's statement that treatment for anaphylaxis "could include medication such as epinephrine." We asked whether epinephrine itself would be required under the proposed performance-based standard or whether operators could interpret that language as making it optional.
Our request was for an explicit, enforceable requirement that emergency medical kits contain epinephrine for treating anaphylaxis. Modernization should strengthen the certainty that lifesaving treatment is available.

3. "Modern" must include an enforceable standard for ease of administration and appropriate dosing.

We welcomed the FAA's objective of modernizing emergency medical kits but expressed concern that the proposal does not adequately define what modernization requires.
AAFA emphasized that FDA-approved, easy-to-use epinephrine delivery options exist for different patient populations. We urged the FAA to establish a minimum standard requiring delivery systems that can be administered promptly and reliably in an aircraft environment, with dosing appropriate for pediatric and adult patients.
We specifically requested that vial-and-syringe epinephrine alone not satisfy the final rule's modernization requirement. We also emphasized the need for sufficient medication when additional doses are required.

4. Passenger accounts illustrate foreseeable failures in prevention and emergency preparedness.

No Nut Traveler presented accounts collected from passengers, families, and responding medical professionals over more than a decade. These accounts illustrated several recurring vulnerabilities:

- **Incomplete allergen information and incorrect assurances about airline meals.** We described three reported reactions involving carrot-cashew hummus served on American Airlines within a matter of months, including a reaction in a 5-year-old whose mother reported being assured that the food was safe.
- **Unexpected anaphylaxis in passengers without a known allergy.** We discussed a passenger who experienced a severe reaction over the ocean and was subsequently diagnosed with alpha-gal syndrome. The responding physician, Dr. Mike Varshavski, reported finding only the cardiac concentration of epinephrine in the emergency medical kit.

- **Personal medication being unavailable or insufficient.** We discussed circumstances in which epinephrine was inadvertently placed in checked baggage, passengers did not have it with them, or additional doses were needed.
- **Physicians struggling with onboard supplies.** We described accounts involving unfamiliar delivery systems, concerns about concentration and dosing, and the need to improvise during an emergency.
- **Reliance on medication supplied by fellow passengers.** We discussed physicians walking aircraft aisles seeking epinephrine auto-injectors and other medication, including a case in which additional epinephrine was needed after the available onboard dose had been used.

These examples were presented to demonstrate why passenger preparedness and the chance presence of a medical volunteer cannot substitute for an adequately equipped aircraft emergency medical kit. Relying on another passenger's personal medication can also leave that passenger without the treatment they may need.

5. Flexibility must operate above a meaningful minimum safety standard.
We explained that airlines already have the ability to exceed existing minimum requirements by voluntarily stocking easy-to-use epinephrine. That flexibility has not produced consistent protection across carriers.

We therefore questioned whether greater operator discretion, without a clearly defined minimum, would achieve meaningful modernization. Our recommendation was that flexibility allow innovation and improvements above an enforceable safety baseline. Passengers should have a reliable minimum level of emergency preparedness regardless of which airline they fly.

6. The cost-benefit analysis must account for the benefits to the flying public.
We expressed concern that the proposal appeared to emphasize purchasing, maintenance, and administrative costs without adequately accounting for the consequences of an inadequately equipped aircraft.
We urged the FAA to consider the benefits of promptly available treatment, including the potential to prevent serious injury or death, as well as costs associated with diversions, emergency landings, emergency medical response, and hospitalization.
We also emphasized that emergency medical kits protect the entire flying public, including passengers with previously undiagnosed allergies.

7. Modernization requires documentation, oversight, and enforcement.
We asked how the FAA would determine what airlines actually carry and whether updated emergency medical kits have been placed into service.

We recommended that operators document their kit contents and demonstrate compliance with the modernization requirement. A performance-based standard must be supported by meaningful FAA oversight and enforcement so that modernization occurs aboard aircraft, as well as on paper.

8. Eliminating exemptions must not eliminate transparency.
We discussed concerns about the existing exemption process, including reports of appropriate epinephrine being unavailable during emergencies when no corresponding shortage had been identified.

We acknowledged that the process needs improvement. However, we emphasized that exemptions create a public record of what required medication is missing, why it is missing, and how long that situation may continue.

We raised concern that removing specific medication requirements while also eliminating the exemption process could reduce visibility into onboard medical preparedness. We requested that the FAA retain or establish a transparent, accessible mechanism for identifying unavailable medications or equipment and explaining how those gaps are addressed.

We also emphasized that anaphylaxis treatment requires epinephrine; other medications cannot serve as a substitute.

9. Emergency medical kit utilization alone cannot establish the frequency of in-flight allergic reactions.

We discussed the published Northwestern CFAAR survey of more than 4,700 food-allergic travelers, in which 8.5 percent reported experiencing an allergic reaction while flying. We highlighted the substantial reliance on passengers' own medication rather than aircraft emergency medical kits.

The point raised was that many allergic reactions do not result in an emergency medical kit being opened. Consequently, kit-utilization data alone cannot capture the full extent of in-flight allergic reactions or establish that current supplies are adequate.

Taken together, these points reflect the central message of our meeting: modernization must ensure that appropriate epinephrine is actually onboard, available in sufficient quantity, and supplied in a form that can be administered promptly and reliably when minutes matter.

We respectfully request that the FAA include this supplemental account in the public docket and consider these concerns and recommendations in developing the final rule. Thank you for your time and continued engagement on the safety of the flying public.

Sincerely,

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No Nut Traveler

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