

Roberta DiMezza

From: georgina Cornago Cipriano <loveforgiovanni@yahoo.com>
Sent: Saturday, May 2, 2026 12:00 AM
To: House Judiciary Committee
Cc: Rep. Cotter, Megan L.; Rep. McEntee, Carol Hagan; Rep. Knight, Jason; jim.pontarelli@gmail.com
Subject: H7743 – Support & Suggested Enhancements (Gio's Law Alignment)
Attachments: H7743_Proposed_Language.pdf; H7743_One_Pager.pdf; letter of support H7743 pdf (1).pdf

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Thank you for your leadership on H7743 and for advancing this important public safety legislation.

I am writing in support of the bill and to share a few suggested enhancements based on the proven Gio's Law framework implemented in New York. Rhode Island has a unique opportunity to become the first state outside of New York to adopt or formally recognize this life-saving model. Attached please find:

- Letter of support
- Suggested language edits for consideration
- One-page overview with key data points

These recommendations are based on real-world implementation experience where similar policies have already resulted in life-saving outcomes.

I would be grateful for your consideration and am happy to be a resource in any way as the bill moves forward.

With appreciation,
Georgina Cornago
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Proposed Enhancements to H7743 (Gio's Law Alignment)

Replace vague language with:

"Anaphylaxis is a rapid, systemic reaction that can become fatal within minutes. Delays increase risk of death."

Add:

"There is no reliable way to predict severity of an allergic reaction."

Add Gio's Law recognition:

"This legislation builds upon the framework known as Gio's Law..."

Replace terminology:

"epinephrine auto-injector" with "epinephrine devices".

H7743 – Strengthening Emergency Response to Anaphylaxis

Epinephrine is the only medication that reverses anaphylaxis.

Police are often first on scene.

1 in 10 adults and 1 in 13 children have food allergies.

~25% of reactions occur with no known allergy.

Triggers include food, insect stings, medications, unknown allergens, and Alpha-gal.

Gio's Law implemented in NY has already saved lives.

Rhode Island can be the first state outside NY to adopt or recognize Gio's Law.



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May 1, 2026

Representative Cotter and Honorable Sponsors of H7743.

I hope this message finds you well. I am writing to express my strong support for H7743 and to thank you for your leadership in advancing legislation that addresses a critical gap in emergency response for anaphylaxis.

My name is Georgina Cornago, Founder and Executive Director of the Love for Giovanni Foundation. My work is driven by the loss of my 14-year-old son, Giovanni, to anaphylaxis—an outcome that could have been prevented with immediate access to epinephrine. H7743 represents an important and necessary step forward. Equipping police officers—who are often first on scene—with epinephrine and the training to administer it will save lives.

With that shared goal in mind, I respectfully ask that you consider strengthening H7743 by aligning it with the established framework known as Gio's Law, or by formally recognizing within the bill that it is modeled after Gio's Law, named in honor of Giovanni Cipriano. Gio's Law, enacted in New York and successfully implemented across multiple jurisdictions—including Westchester County, Suffolk County, and the Village of Lynbrook—has already resulted in documented life-saving interventions shortly after adoption. Rhode Island now has the opportunity to become the first state outside of New York to adopt or formally recognize this model, helping to establish a consistent national standard for anaphylaxis response.

In addition, I respectfully suggest a few clarifications to strengthen both the accuracy and impact of the bill language:

1. Clarify unpredictability of anaphylaxis severity

While the bill notes that anaphylaxis can occur quickly, it is important to emphasize that there is no reliable way to predict the severity of an allergic reaction. Even individuals with a history of mild reactions can suddenly experience life-threatening anaphylaxis. This unpredictability is precisely why immediate access to epinephrine is essential.

2. Strengthen medical accuracy around timing and risk rather than framing risk as “the longer a person’s throat is closed,” which can be medically imprecise, the emphasis should be on this critical point:

Delays in administering epinephrine significantly increase the risk of severe outcomes and death.

3. Reinforce key public health facts

The following data points may help strengthen the bill's findings and rationale:

- Approximately 25% of anaphylactic reactions occur in individuals with no known allergy
- Anaphylaxis can be triggered by food, insect stings, medications, latex, and unknown allergens
- Alpha-gal syndrome, a mammalian allergy caused by Lone Star tick bites, is rapidly increasing
- In the United States, approximately 1 in 10 adults and 1 in 13 children are living with food allergies
- Anaphylaxis can progress rapidly and unpredictably, making immediate access to epinephrine critical



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4. Consider broader terminology for future readiness

Using the term “epinephrine devices” rather than “epinephrine auto-injectors” allows the legislation to remain adaptable as new delivery methods—such as nasal epinephrine—become more widely available.

At its core, this legislation addresses a simple but urgent reality: when someone is experiencing anaphylaxis, the outcome often depends on whether epinephrine is available in time.

I am deeply grateful for your commitment to public safety and would welcome the opportunity to support this effort in any way, including sharing implementation strategies and training frameworks that have been successfully used in New York.

Thank you again for your leadership and consideration.

With appreciation,

Georgina Cornago
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