

March 25, 2026

Representative Carol Hagan McEntee
Chair
House Judiciary Committee
Rhode Island General Assembly

c/o Clerk Roberta DiMezza
HouseJudiciary@rilegislature.gov

Support for H7743: Close the gap in emergency response

Dear Representative McEntee and Members of the Committee,

I am Jim Pontarelli from Narragansett writing to support H7743.

I was formerly President of RDW Group, a regional communications firm based here in Providence. I led the firm's public health practice and contributed to dozens of evidence-based public health interventions for the Rhode Island Department of Health and in other states. I was also strategic counsel to the Yale School of Public Health for several years. I am a licensed clinical social worker, trained at Butler Hospital and licensed by the State of Rhode Island.

Today, I support H7743 as a grandfather trying to make the world safe for my grandsons. We have two boys – a toddler and a preschooler – both with life-threatening food allergies. Both have experienced anaphylactic shock requiring immediate doses of epinephrine and hospitalization.

For the past year I have been consulting with FARE (Food Allergy Research & Education), the leading nonprofit that supports those impacted by food allergy through advocacy, research, and education. More recently, I have been working with Representative Cotter on this legislation.

When it comes to food allergies, **Rhode Island ranks among the highest in incidence with almost 14% of the population and growing.** There are almost 20,000 children in Rhode Island with a severe food allergy – two in every classroom on average.

Why is this H7743 imperative?

1. This legislation **simply expands police officers' existing tools and training** for life saving which already includes naloxone and AEDs. The new epinephrine nasal spray is the same style delivery device that police currently carry for Narcan.
2. Anaphylaxis is a **systemic reaction that can become fatal in minutes.** The most common triggers for anaphylaxis are medications, food allergies, insect stings, and latex allergies among others. Anaphylaxis causes 45,000 – 50,000 emergency department visits annually. Based on national emergency-department incidence rates and Rhode Island's population, an estimate of treated anaphylaxis incidents is ~80-170 cases annually.
3. A chart review at Rhode Island Hospital over a ~6-year period identified 384 ED visits for food-induced anaphylaxis in children (about ~64 per year) in that hospital alone. ([Study](#))
4. Epinephrine remains the only emergency treatment that can stop an anaphylactic reaction. It must be administered immediately once the symptoms of anaphylaxis are recognized.

5. While EMS employees, vehicles, and stations all carry epinephrine autoinjectors, **police offices are more likely to respond to a scene first. Police can protect citizens from anaphylactic shock while waiting for EMS. Saving time can save lives**, and mandating police officers to carry epinephrine delivery devices will greatly reduce the complications and fatalities from anaphylaxis.
6. Police officers **currently carry Automated External Defibrillators (AED) and Naloxone. Epinephrine delivery devices should be considered basic lifesaving equipment** that will extend first responder capabilities and tools. Likewise, police officers already receive periodic lifesaving training. Enhancing training on the recognition of anaphylaxis and the use of epinephrine delivery devices will save lives.
7. New epinephrine delivery devices such as nasal spray are **needle-free, portable, do not expire for two years, and can tolerate heat**. Nasal spray epinephrine uses the same delivery device as Narcan.
8. Many **allergies are unknown-by the individual** or someone around them, and anaphylaxis can set in quickly depending on the severity of the allergy. Many fatal reactions occur in individuals with no known allergy history. The time spent waiting for EMS to arrive can mean the difference between full recovery and death.

Emergency access to epinephrine has become a national legislative priority – federal, state, and local – in schools, public places, workplaces, and among law enforcement. State and local governments are increasingly adopting “stock epinephrine” laws for schools, police, and other entities to improve and enhance emergency access to epinephrine.

- “Gio’s Law” H.R. 4019 is pending in the U.S. House. This law, if enacted, will create \$25 million fund for police stock epinephrine. *Supported by the National Association of Police Organizations.
 - Based on Gio’s Law, Westchester County, New York has passed a law requiring police to be trained to carry epinephrine auto-injectors. This means patrol vehicles under that jurisdiction must have epinephrine available for use in suspected anaphylaxis emergencies.
 - Suffolk County, New York has a local law that directs police departments to ensure patrol vehicles are equipped with epinephrine.
- The Franklin, MA Police department has independently and voluntarily equipped patrol cars with adult and child EpiPens and train officers to administer them. During the first year of implementation the department saved seven lives due to early intervention.
- Several states (including Rhode Island and Wisconsin) have legislation that requires police to carry epinephrine and receive training.
- Other states (e.g., New Jersey) have advanced legislation to *allow and encourage* law enforcement to stock epinephrine in vehicles.

Recommended enhancement to H7743

I recommend consideration of a number of clarifications and enhancements to the proposed legislation:

1. Broad all references to “auto injector” to “epinephrine delivery device.” New and pending FDA approved delivery devices such as the neffy nasal spray make this legislation more practical for law enforcement.

2. Specify that this law applies to police vehicles in service and on-duty. This would limit the limit cost to police departments. Other jurisdictions (e.g. Franklin, MA) have successfully operationalized this policy.
3. Include specific language for training – such as that included in the federal “Gio’s Law” – to best prepare police officers and protect the public. This training is available today in Rhode Island.

This model language is:

All police officers shall be trained to carry and administer epinephrine. The training shall comply with any applicable Federal and State laws and regulations regarding the administration of epinephrine and shall include, but not be limited to, training on:

- a. how to recognize the signs and symptoms of severe allergic reactions, including anaphylaxis;
- b. recommended administration for adults and children;
- c. standards and procedures for the storage and administration of epinephrine delivery devices; and
- d. emergency follow-up procedures.

4. Include liability protection as Rhode Island law specifies for schools. Police officers need to be protected from liability when acting in good faith.

On behalf of all the individuals and families in Rhode Island that live with the life-limiting anxiety and real possibility of life-threatening anaphylaxis every day, thank you for your time and attention to this policy.

Sincerely,

James Pontarelli

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