

March 24, 2026

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

### **Support for H7743: Close the gap in emergency response**

Dear Representative McEntee and members of the committee,

My name is Rachel Burnett. I reside in East Greenwich, Rhode Island. **I am writing to support H7743.**

I am a mother, wife, daughter, sister and friend of loved ones who have life threatening food allergies. I have witnessed family members who have experienced anaphylactic shock from poppy seeds, peanuts and tree nuts. All of these unfortunate incidents required immediate treatment of epinephrine and hospitalization.

Recognizing this need for a quick and effective treatment for anaphylactic shock and desperately wanting a better outcome for all individuals who have potentially fatal food allergies, I respectfully urge you to support H7743.

### **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 officers 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.

Sincerely,

Rachel Burnett

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