Rhode Island Chapter

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American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®

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3/10/2026

Testimony in opposition to SB2855

Chairwoman Murray and members of the committee,

I am writing to express my deep concerns about SB2855 and ask you to oppose this bill as it is written. As a pediatrician, pediatric diabetes specialist, and school physician consulting for 75 schools in Rhode Island, I feel that passing this bill as written would put into law confusing language which would have an adverse effect on a school's ability to care for children with serious allergic conditions. It would also place an unnecessary financial burden on schools and school districts by requiring them to obtain and store rescue medications that may or may not be needed by their students.

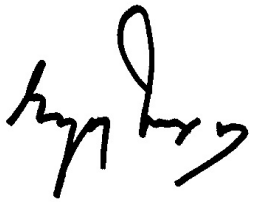
Specifically, much of the text stricken on page one of the bill erases any mention of allergic causes of anaphylaxis, and replaces it on page 2, line 11 with "asthma, a condition that may lead to bronchospasm, anaphylaxis, or both" and proceeds to designate epinephrine as a treatment for asthma (which it is not). Acute care for asthma in a school would consist of inhaled asthma medication alone, with more aggressive treatment requiring treatment by trained EMS personnel or in a hospital setting.

Treatment with epinephrine would be warranted for a severe allergic reaction (peanut allergy, bee sting, etc…) or for true signs of anaphylaxis (circulatory failure, shock) in a previously undiagnosed student. There is no role for the use of epinephrine in asthma care. Glucagon is an emergency treatment for hypoglycemia, and would only be warranted for use in a student who has been identified as having type 1 diabetes or another glucagon responsive form of hypoglycemia.

In regards to the requirement for schools to maintain stock items to include epinephrine, inhalers with spacers, and glucagon, I do not believe that these should be legally bound, and should be left to the schools to manage. As a school physician for the past 25 years, I have written hundreds of prescriptions for schools to maintain stock epinephrine, as this is the standard of care. Many of my schools also choose to stock asthma inhalers, although generally this is the responsibility of the families, as is glucagon.

While I do think that the intent of this bill is sound, it would need to be rewritten for it to have its full positive effect. I'm happy to work with its authors and sponsors to help achieve this end.

Sincerely,



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