



March 10, 2026

Senator Melissa A. Murray, Chair
Senate Health and Human Services Committee
State House
82 Smith Street
Providence, RI 02903

RE: Letter of Support for S 2855

Dear Chair Murray and members of the Senate Health and Human Services Committee,

On behalf of the Asthma and Allergy Foundation of America (AAFA), I am writing to express AAFA's strong support for S 2855, Relating to Education – Health and Safety of Pupils. AAFA is the leading patient organization for people with asthma and allergies, and the oldest asthma and allergy patient organization in the world. Kids with Food Allergies, a division of AAFA, offers tools, education, and community to families and children living with food allergies across the country.

S2855 would strengthen emergency preparedness in Rhode Island schools by requiring schools to maintain stock supplies of undesignated epinephrine and FDA-approved asthma rescue inhalers with valved holding chambers that trained school personnel may administer during emergencies. The bill also ensures that students with diagnosed asthma or severe allergies may carry and self-administer prescribed medications.

Support for Undesignated Epinephrine

About 5.8 percent of children and adolescents have food allergies in the U.S., which is the equivalent at least one student in every Rhode Island classroom.^{1,2} Exposure to an allergen can cause severe reactions, including anaphylaxis and, in rare cases, death.

¹ Zablotsky, B., Black, L.I., & Akinbami, L.J. (2023). *NCHS Data Brief, no 459: Diagnosed allergic conditions in children aged 0–17 years: United States, 2021*. National Center for Health Statistics. <https://dx.doi.org/10.15620/cdc:123250>

² *National Teacher and Principal Survey, 2017–2018*. National Center for Education Statistics. https://nces.ed.gov/surveys/ntps/tables/ntps1718_ftable06_t1s.asp.



Because there is no cure for food allergies, awareness and preparedness are key for protecting health and saving lives.

Epinephrine is the only treatment for anaphylaxis. Rhode Island currently allows school districts to stock epinephrine auto-injectors for use by school nurses or trained personnel to provide emergency medical aid to students or staff believed to be suffering from an anaphylactic reaction. This is a good policy, but it was enacted at a time when epinephrine was only available in devices that use needles.

There have been and will continue to be innovations in the delivery of epinephrine. The FDA will play its role in determining the safety and efficacy of these systems, but once approved, Rhode Island school districts should have the option of determining which delivery systems to provide for use in schools. S 2855 builds on existing Rhode Island law by requiring schools to stock nasal epinephrine or epinephrine auto-injectors. AAFA supports the expanded epinephrine delivery mechanisms outlined in this bill, but encourage legislators to amend S 2855 to require stocking of **any FDA-approved** form of epinephrine. Currently, 11 states allow stocking of any form of FDA-approved epinephrine, and Rhode Island would join the 4 states that require it, provided that S 2855 passes.

Support for Undesignated Asthma Rescue Inhalers

Asthma is the most common chronic disease in children and top reason for missed school days. Each year, more than half of all children with asthma experience an asthma attack, a sudden worsening of symptoms that can lead to a life-threatening emergency if not treated promptly and appropriately.³ Asthma rescue medication provides quick relief for people with asthma. It is an inhaled medication that treats asthma attacks by relaxing and opening the airways. It is vital that asthma quick-relief medication be available to treat asthma episodes in the school setting.

While every state permits students to self-carry asthma rescue medication,⁴ children do not always have this medication prescribed or immediately available, and self-carrying is not appropriate for all children, particularly the very young. The CDC

³ Mayo Clinic. (n.d.). *Asthma*. Mayo Clinic. <https://www.mayoclinic.org/diseases-conditions/asthma/symptoms-causes/syc-20369653>

⁴ Asthma and Allergy Foundation of America. (2025). *2025 State Honor Roll report*. AAFA. <https://aafa.org/wp-content/uploads/2025/01/aafa-2025-state-honor-roll-report.pdf>



therefore recommends that schools maintain stock medication to address asthma attacks promptly.⁵

Fortunately, states are starting to take this important step. According to our [2025 State Honor Roll Report](#), 27 states have laws or guidelines that permit schools to stock emergency asthma medication.⁶ The positive experience of these states demonstrates that emergency stocking of asthma medication accrues significant benefits to students and their parents. A majority of students who received emergency asthma medication were able to return to class instead of leaving school, resulting in better educational outcomes and reducing the risk of lost wages for parents.⁷ S 2855 in Rhode Island strengthens existing laws: promoting public health, increasing academic outcomes, and reducing healthcare costs.

One preventable death of a young child is one too many. The requirements for schools put forth in S 2855 are evidence-based and will reduce risk for children across the state. What's more, it will provide peace of mind to all of the families managing food allergies and asthma in Rhode Island.

Sincerely,

Kenneth Mendez
President and Chief Executive Officer
Asthma and Allergy Foundation of America

⁵ CDC, "Strategies for Addressing Asthma in Schools." Available at www.cdc.gov/asthma/pdfs/strategies_for_addressing_asthma_in_schools_508.pdf

⁶ Meets the condition "Allows and/or requires asthma quick-relief medicine stocking and authority to administer in schools." See: Asthma and Allergy Foundation of America. (2025). *2025 State Honor Roll report*. AAFA. <https://aafa.org/wp-content/uploads/2025/01/aafa-2025-state-honor-roll-report.pdf>

⁷ Krieger J, et al. (2016). State-wide Legislation Positively Impacts Attendance for Students with Asthma. *Annals of Allergy, Asthma & Immunology*, 117(5): S57.