December 3, 2019

Dear Representative Koppelman,

On behalf of the Asthma and Allergy Foundation of America (AAFA) and the more than 32 million Americans living with life-threatening food allergies, I am writing to express AAFA’s strong support for Docket #07-41A-12, 2019 Illinois HB 3435; Docket #07-41A-13, 2019 New York SB 218; and Docket #07-41A-29, 2015 New Jersey A 304. These laws concern the regulation and coverage of epinephrine autoinjectors for children 18 and younger, anaphylactic policies for childcare services, and emergency administration of epinephrine to students for anaphylaxis, respectively.

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 coping with food allergies across the country.

Food allergies are affecting a growing number of American children and adults. Between four and six percent of all children in the U.S. have food allergies. Exposure to the allergen can cause severe reactions, including anaphylaxis and, in rare cases, death. 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 and is only available with a prescription. Children who have severe food allergies need epinephrine with them at all times to promptly treat anaphylaxis. Docket #07-41A-12, 2019 Illinois HB 3435, is a critical piece of legislation for Illinois children with food allergies for making epinephrine more accessible.

In children, the prevalence of food allergies is highest for ages 3-5. Yet, most states’ requirements for schools to have anaphylactic policies currently only apply to K-12 settings. Docket #07-41A-13, 2019 New York SB 218, also known as Elijah’s law for 3-year old Elijah Silvera who passed away in 2017 after having a severe allergic reaction to a known allergy at his preschool facility, applies important allergy requirements to all child day care providers. This legislation aims at preventing another tragedy like Elijah's and requires providers to take concrete steps to manage food allergies for the children in their care, including developing emergency protocols, communication plans for discussing food allergies with children, and plans for preventing exposure.

Even with the proper anaphylactic policies in place, tragedies can occur. Up to 25% of severe allergic reactions that occur on school campuses happen to people who are experiencing their very first anaphylaxis reaction. Since these people (children, staff and visitors) have not been previously diagnosed with allergies, they may not have their own epinephrine auto-injectors on hand. While all states have passed legislation to allow schools to stock undesignated epinephrine as a part of their emergency medical
kits, only thirteen states require epinephrine stocking. The added protection legislation like Docket #07-41A-29, 2015 New Jersey A 304, provides by allowing specified staff to treat someone suffering anaphylaxis, even for their very first allergic reaction, is life-saving.

One preventable death of a child is one too many. These pieces of legislation are evidence-based and will reduce reactions and risk for children and provide peace of mind to families managing food allergies if replicated in other states.

Thank you very much for your time and consideration. We are grateful for your concern for the safety of children and families managing food allergies.

Sincerely,

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

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1 See www.StateHonorRoll.org for the 2019 State Honor Roll™ of Asthma and Allergy Policies for Schools. This report ranks the states with the best public policies for people with asthma, food allergies, anaphylaxis and related allergic diseases in U.S. elementary, middle and high schools.