Testimony from Andrew T. Dang, MD, FAAAAI, Medical Director and Allergist/Immunologist at Premier Allergy and Asthma, October 10th, 2025. In support of House Bill 462.

To Chair Schmidt, Vice Chair Deeter, Ranking Member Somani, and all members of the House Health Committee,

I am writing in support of HB 462 which seeks to allow intranasal epinephrine for the treatment of anaphylaxis to be carried and used at schools and school-sponsored activities.

Anaphylaxis is a systemic allergic reaction that can be life-threatening. Many triggers for anaphylaxis exist, including food allergens, stinging insect venoms, and drug allergies (such as penicillin allergy). Epinephrine is the first line treatment for anaphylaxis, as it can stop anaphylaxis and prevent severe outcomes, such as death. Epinephrine autoinjectors are a medication prescribed to patients that can be stored, carried, and used in schools and at school activities to treat anaphylaxis. The autoinjectors are administered intramuscular into the lateral thigh as needed for anaphylaxis. Given that the treatment is an injection, and many patients have a fear of needles and injections, there is always the possibility of delay or hesitation in using an autoinjector to treat anaphylaxis, that could lead to poorer outcomes.

An epinephrine nasal spray (brand name: Neffy) containing a single dose of 2 mg that is sprayed into one nostril to treat anaphylaxis, was approved by the FDA in 2024 for use in children and adults weighing greater than or equal to 30 kg. A 1 mg epinephrine nasal spray was approved by the FDA in 2025 for use in children 15 to less than 30 kg. The epinephrine nasal spray was approved based on studies that found the intranasal dose resulted in equivalent levels of epinephrine in the blood as those obtained with epinephrine autoinjectors. The epinephrine nasal spray therefore represents an alternative to an epinephrine autoinjector, for the treatment of anaphylaxis. Such an alternative could be beneficial in a situation where there is delay or hesitation in using an epinephrine autoinjector due to a fear of needles.

The law currently allows epinephrine autoinjectors to be carried and used in schools for the treatment of anaphylaxis, however intranasal epinephrine is currently not allowed to be carried and used in the same way. Approval of HB 462 would allow another useful tool for the treatment of anaphylaxis to be available for use in schools and school activities. Thank you for considering my testimony.