Testimony from Jennifer L. DelaHostria, parent advocate and educator, in support of House Bill 462. October 13, 2025.

My name is Jennifer DelaHostria, and I am writing in support of the proposed amendments to HB 462 concerning student use of a nasal epinephrine delivery device. As both a parent of children with life-threatening food allergies and an educator responsible for the safety and well-being of students across our school district, I am offering this testimony in strong support of legislation that would allow students to self-carry their prescribed epinephrine auto-injectors or *approved anaphylaxis medications* while at school.

As an educator, I've seen firsthand how quickly medical emergencies can escalate in a school setting, and how critical it is for students to have immediate access to life-saving medication. Our schools strive to be safe spaces for all students, but when a student's survival depends on rapid access to medication, we must remove unnecessary barriers. One of those barriers is the current limitation of the bill to self-carry auto-injectors only.

As it stands, the bill is limited to "epinephrine auto-injectors," which creates an unnecessary and outdated restriction. This definition excludes newly approved, clinically validated devices that deliver epinephrine in alternative, but equally effective, methods — such as the intranasal epinephrine spray (i.e., Neffy), which was approved by the FDA in 2024.

Intranasal epinephrine represents a major advancement in anaphylaxis care, especially for children and adolescents. It provides a needle-free, fast-acting, and user-friendly alternative to auto-injectors. For many families, it is less traumatic, more accessible, and more likely to be used correctly during a high-stress medical emergency. Restricting students to one delivery mechanism — especially when alternatives are available and approved — runs counter to medical progress. Families should be empowered to choose the epinephrine product that best meets their child's medical and emotional needs, in consultation with their healthcare provider.

As a parent, I know how stressful and frightening it is for a child to manage a needle-based device during an allergic reaction. I also know that students are more likely to carry and use a device that feels safe and manageable. By amending the bill to include *all* approved epinephrine delivery systems — including intranasal — we ensure that students are not denied access to the very tool that may save their life, simply because it doesn't come in a traditional format.

I respectfully urge you to support the proposed amendment to HB 462 and include all FDA-approved epinephrine delivery devices as a self-carry option. This change will align the bill with current medical standards, give families critical flexibility, and help protect the lives of students with life-threatening allergies. Our schools must be equipped to respond to anaphylaxis without delay; and that begins with ensuring students can carry the emergency medication that works best for them.

Thank you for your time and for your commitment to student health and safety.