MISSOURI HOUSE OF REPRESENTATIVES

WITNESS APPEARANCE FORM

BILL NUMBER: **HB 2194**	DATE: **1/29/2026**
COMMITTEE: **Health and Mental Health**	

TESTIFYING: ☑ IN SUPPORT OF ☐ IN OPPOSITION TO ☐ FOR INFORMATIONAL PURPOSES

WITNESS NAME

INDIVIDUAL:

WITNESS NAME: **ARNIE C. DIENOFF-STATE PUBLIC ADVOCATE**	PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:	TITLE:	
ADDRESS:		
CITY:	STATE:	ZIP:

EMAIL:	ATTENDANCE: **In-Person**	SUBMIT DATE: **1/29/2026 10:09 PM**

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

I am in Support of this Bill. This NEEDS to be accomplished this year to allow students to carry this much needed medicine.

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WITNESS NAME

REGISTERED LOBBYIST:

WITNESS NAME: **GARRETT WEBB**		PHONE NUMBER: **219-229-1104**	
REPRESENTING: **MISSOURI CHAPTER OF THE AMERICAN ACADEMY OF PEDIATRICS**		TITLE: **REGISTERED LOBBYIST**	
ADDRESS: **PO BOX 1219**			
CITY: **JEFFERSON CITY**		STATE: **MO**	ZIP: **65102**
EMAIL: **webb@coestrategies.com**	ATTENDANCE: **In-Person**	SUBMIT DATE: **1/29/2026 8:13 AM**	

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The Missouri Chapter of the American Academy of Pediatrics, representing 1,100 physicians, trainees, and pediatric-provider members throughout the state strongly support this legislation.

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WITNESS NAME

REGISTERED LOBBYIST:

WITNESS NAME: **JACOB SCOTT**		PHONE NUMBER:	
REPRESENTING: **MISSOURI STATE MEDICAL ASSOCIATION**		TITLE: **LOBBYIST**	
ADDRESS: **113 MADISON ST**			
CITY: **JEFFERSON CITY**		STATE: **MO**	ZIP: **65102**
EMAIL: **jscott@msma.org**	ATTENDANCE: **Written**	SUBMIT DATE: **1/29/2026 7:51 AM**	

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WITNESS NAME

REGISTERED LOBBYIST:

WITNESS NAME: **KYNA IMAN**		PHONE NUMBER: **314-651-1185**	
REPRESENTING: **MISSOURI NURSES ASSOCIATION**		TITLE:	
ADDRESS: **P.O. BOX 1483**			
CITY: **JEFFERSON CITY**		STATE: **MO**	ZIP: **65102**
EMAIL:	ATTENDANCE:	SUBMIT DATE: **1/29/2026 12:00 AM**	

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WITNESS NAME

BUSINESS/ORGANIZATION:

WITNESS NAME: **LINDA NEUMANN**		PHONE NUMBER: **314-303-4556**	
BUSINESS/ORGANIZATION NAME: **"MO ASSOCIATION OF SCHOOL NURSES"**		TITLE: **MO ASSOCIATION OF SCHOOL NURSES, PAST PRESIDENT**	
ADDRESS: **164 LUCERNE PLACE DR**			
CITY: **BALLWIN**		STATE: **MO**	ZIP: **63011**
EMAIL: **neumann.linda60@gmail.com**	ATTENDANCE: **In-Person**	SUBMIT DATE: **1/28/2026 3:30 PM**	

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The Missouri Association of School Nurses supports HB 2194

Food Allergies are a life-threatening problem. Those who have food allergies that are IgE mediated require epinephrine to reverse the reaction and save their life. "Allergic reactions happen when a person's immune system reacts abnormally to a substance that normally does not cause symptoms. Anaphylaxis is a severe, life-threatening allergic reaction that typically involves multiple parts of the body and is considered a medical emergency."

Currently MO has over *29,000 public school students who have life threatening allergies. Anyone who has administered an epinephrine auto-injector knows how traumatizing it can be for children/youth. The new epinephrine nasal spray offers a less invasive alternative to adults and children aged 4 years and older who weigh 33 lbs. or greater, who are experiencing a life-threatening allergic reaction.

We support HB 1826 & HB 2560 which would add single-use epinephrine nasal spray to provisions of statute that permits the possession and self-administration of the medication to treat a student's chronic health condition, such as asthma or anaphylaxis.

FDA press release... https://www.fda.gov/news-events/press-announcements/fda-approves-first-nasal-spray-treatment-anaphylaxis?os=ios%3Fno_journeys&ref=app

On August 9, 2024, the U.S. Food and Drug Administration approved neffy® (epinephrine nasal spray) for the emergency treatment of allergic reactions (Type I), including those that are life-threatening (anaphylaxis), in adult and pediatric patients who weigh at least 30 kilograms (about 66 pounds). On March 5, 2025, https://ir.ars-pharma.com/node/10011/pdf the U.S. Food and Drug Administration (FDA) approved neffy® 1 mg (epinephrine nasal spray) for the treatment of Type I Allergic Reactions, including anaphylaxis, in children who are aged 4 years and older and weigh 15 to < 30 kilograms (33 to < 66 lb.).

According to Kelly Stone, MD, PhD, Associate Director of the Division of Pulmonology, Allergy and Critical Care in the FDA's Center for Drug Evaluation and Research, "Anaphylaxis is life-threatening and some people, particularly children, may delay or avoid treatment due to fear of injections, the availability of epinephrine nasal spray may reduce barriers to rapid treatment of anaphylaxis. As a result, (epinephrine nasal spray) provides an important treatment option and addresses an unmet need".

August 9, 2024 - News release from the Academy of Pediatrics - The FDA has approved a nasal spray to treat anaphylaxis - https://publications.aap.org/aapnews/news/29632/FDA-approves-first-nasal-spray-to-treat?autologincheck=redirected

According to J. Andrew Bird, M.D., FAAP, chair of the AAP Section on Allergy and Immunology, called

the approval “excellent news for our patients. Administration of epinephrine soon after the onset of anaphylaxis is important to prevent its progression, and oftentimes patients are hesitant to give themselves an injection”. Having an alternate route of administration will decrease hesitancy and improve the likelihood that patients experiencing anaphylaxis will receive life-saving epinephrine. We are also supportive of other delivery options of epinephrine, such as sublingual, once they have received FDA approval.

*** Reference: Totals do not reflect 57 districts that did not respond to the survey. 501 out of 558 public school districts reported data to MDHSS. The enrollment in these districts was 874,395, representing 96 percent of all students enrolled in public schools (893,012) in the 2024-2025 school year.**

Linda Neumann, RN
MO Association of School Nurses, Past President

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WITNESS NAME

INDIVIDUAL:

WITNESS NAME: **SARAH BERRY**		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE: **Written**	SUBMIT DATE: **1/27/2026 1:34 PM**	

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House Bill 2194 should be opposed because it restructures emergency medical authority, liability standards, and consent requirements in a way that is internally inconsistent, legally risky, and operationally unclear—particularly when applied to minors.

While the stated purpose of the bill is to expand access to epinephrine delivery devices, the statutory framework it creates does not simply authorize lifesaving intervention; it fragments responsibility across schools, emergency responders, private entities, and laypersons while simultaneously expanding immunity and narrowing accountability.

That combination warrants caution.

First, HB 2194 repeatedly broadens immunity from civil liability while lowering the threshold for administration authority. Immunity is extended to authorized entities, employees, agents, prescribing physicians, and trainers, with liability excluded absent willful or wanton misconduct.

This represents a significant shift away from ordinary negligence standards without a corresponding increase in statutory safeguards, oversight mechanisms, or uniform training requirements.

Second, the bill creates conflicting consent standards for minors. In certain settings, administration of epinephrine to a person under eighteen is prohibited without parental consent if a parent is present, while in other sections emergency administration is permitted based on belief of imminent danger.

This ambiguity places responders and school personnel in a legally precarious position, forcing split-second medical decisions under unclear statutory directives—precisely the scenario in which liability disputes arise.

Third, HB 2194 delegates substantial rulemaking authority to executive agencies while declaring large portions of the statute non-severable. This construction heightens constitutional risk. If any portion of the delegated authority is later held invalid, entire sections of the law—and the emergency response systems built around them—could be rendered void, disrupting continuity of care.

Fourth, the bill creates a dedicated fund, exempts it from reversion, and authorizes broad distribution of medical devices without embedding clear legislative oversight or reporting requirements tied to outcomes, usage data, or fiscal accountability.

This raises concerns under basic principles of legislative stewardship of public funds.

Finally, while emergency medical intervention is an area where clarity saves lives, HB 2194 introduces complexity. It spans schools, emergency medical services, law enforcement, fire districts, private entities, and minors, yet relies on fragmented standards rather than a unified, clearly prioritized chain of authority.

Expanding access to epinephrine is a legitimate public health goal. Expanding immunity, dispersing responsibility, and obscuring consent standards without precise statutory alignment is not.

Public health legislation should reduce hesitation in emergencies—not create legal uncertainty after the fact.

For these reasons, HB 2194 should not advance in its current form.

Emergency statutes function best when authority, accountability, and consent are aligned. HB 2194 separates them.

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WITNESS NAME

INDIVIDUAL:

WITNESS NAME: **MARY CREMER**		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: **1/29/2026 12:00 AM**	

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