MISSOURI HOUSE OF REPRESENTATIVES

WITNESS APPEARANCE FORM

BILL NUMBER: **HB 2349**	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: **Written**	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**	

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

The Missouri Association of School Nurses supports HB 2349.
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 1:42 PM**	

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

House Bill 2349 should be opposed.

This bill is not an isolated policy proposal.

It is part of a repeating legislative pattern: the same framework reintroduced under different bill numbers, with the same structural defects left unresolved.

The repetition does not strengthen the policy—it highlights that those defects are being ignored.

HB 2349 materially expands who may administer epinephrine and dramatically broadens civil immunity, while failing—again—to impose clear, uniform, enforceable standards that would justify that immunity. The result is not improved emergency response; it is expanded discretion with reduced accountability.

First, the bill weakens negligence standards across multiple actors—authorized entities, employees, agents, trainers, and prescribing physicians—without mandating uniform statewide minimums for training, certification, storage controls, reporting, or post-incident review. Immunity is expanded first; safeguards are left optional or deferred to rulemaking. That inversion is legally unsound.

Second, the bill continues to contain internally conflicting directives regarding minors and parental consent. The statute simultaneously restricts administration when a parent is present and authorizes administration based on "good faith" assessments when a parent is absent, without providing a clear hierarchy or operational standard. In emergency medicine, ambiguity is not theoretical—it is delay, hesitation, and liability exposure.

Third, HB 2349 relies heavily on delegated rulemaking while embedding nonseverability language. That combination does not protect implementation; it destabilizes it. If any portion of the delegated authority is later invalidated, frontline responders and institutions are left operating under legal uncertainty created by the Legislature itself.

Fourth, the creation of a dedicated fund without mandatory statutory reporting, outcome tracking, or legislative oversight reflects a recurring flaw in this session's bills: money and authority are expanded while transparency is treated as optional. Emergency medical policy funded with public dollars requires built-in accountability, not post hoc assurances.

Finally, this bill exemplifies a broader legislative habit that Missouri voters are increasingly aware of:

recycling substantively identical bills without fixing known problems, then labeling the repetition as progress.

It is not.

Missouri can support rapid access to epinephrine and maintain clear standards, coherent consent rules, and meaningful accountability. HB 2349 chooses not to do that.

The Legislature should stop reintroducing the same flawed framework and start correcting it.

For these reasons, HB 2349 should not advance.

Reintroducing the same bill under a new number does not cure its defects; it merely documents that they were known and left unaddressed.

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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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