MISSOURI HOUSE OF REPRESENTATIVES

WITNESS APPEARANCE FORM

BILL NUMBER: **HB 2490**	DATE: **2/5/2026**
COMMITTEE: **Health and Mental Health**	

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

WITNESS NAME

INDIVIDUAL:

WITNESS NAME: **AMANDA KEARNS**		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: **2/5/2026 12:00 AM**	

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

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WITNESS NAME

INDIVIDUAL:

WITNESS NAME: **ARNIE "HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCATE**	PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:	TITLE:	
ADDRESS:		
CITY:	STATE:	ZIP:

EMAIL:	ATTENDANCE: **In-Person**	SUBMIT DATE: **2/5/2026 11:41 PM**

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I am in Support of this Bill, that is Bipartisan and makes common-sense by protecting children in Child-Care Facilities by allowing Epinephrine Pens in the Facility.

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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: **2/4/2026 8:58 AM**

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HB 2490 repeats and codifies the same core legal defects previously identified in similar epinephrine legislation: conflicted emergency consent requirements, improper legislative control of medical judgment, excessive civil immunity, and statutory vagueness in a life-safety context.

While framed as child protection, the bill increases legal risk and delays emergency care rather than improving outcomes.

CORE LEGAL DEFECTS

1. Emergency Consent Conflict
HB 2490 conditions epinephrine administration to minors on verbal parental consent if present, with a narrow "imminent danger" exception.

Missouri law already recognizes implied consent in medical emergencies where delay threatens life or serious bodily harm. Introducing a consent prerequisite invites hesitation, second-guessing, and delay during anaphylaxis—an outcome directly contrary to public safety.

2. Legislative Intrusion into Medical Judgment

The bill authorizes lay administration of epinephrine, prescribes training standards, mandates EMS activation, and regulates emergency response—then declares such actions "not the practice of medicine."

A statutory disclaimer cannot override the reality that epinephrine administration is a medical intervention requiring judgment under pressure.

This constitutes improper legislative interference with professional medical regulation.

3. Overbroad Civil Immunity

HB 2490 grants sweeping immunity to authorized entities, employees, physicians, trainers, and administrators, barring liability for ordinary negligence and limiting accountability to "willful or wanton" conduct.

This sharply curtails remedies for injured children and families without providing an adequate

substitute protection, shifting risk away from decision-makers and onto minors.

4. Regulatory Fragmentation and Conflict

The bill layers new allergy-policy mandates onto existing DHSS, DESE, child-care licensing, and disability-accommodation frameworks while asserting it does not supersede other law.

This creates overlapping authority, inconsistent compliance obligations, and enforcement confusion rather than clarity.

5. Cross-Bill Pattern Concern

HB 2490 mirrors language, structure, and immunity expansion found in other allergy-response bills introduced this session, reflecting a systematic effort to broaden civil immunity while lowering emergency-care standards.

This pattern should concern the General Assembly.

CONSTITUTIONAL ISSUES

HB 2490 raises substantial concerns under:

Article I, §14 (Open Courts / Right to Remedy) — excessive immunity without adequate substitute remedies;

Article III, §40 (Special Laws) — selective liability protection favoring specific actors;
Substantive Due Process — vague emergency standards that fail to provide clear notice.

HB 2490 is not merely redundant—it is dangerous in application.

Missouri law already permits emergency medical intervention under implied consent.

This bill introduces hesitation, shields misconduct, and fragments oversight in a life-or-death context.

HB 2490 should not advance as written.

FOOTNOTES:
Mo. Const. art. I, §14; art. III, §40; Missouri implied-consent and emergency-aid doctrine recognizing authority to provide life-saving care without prior consent when delay poses serious risk.