



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 2560		DATE: 1/29/2026	
COMMITTEE: Health and Mental Health			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> 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: In-Person	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 2560.

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 1:57 PM	
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House Bill 2560 should be rejected.

At this point, the problem is no longer the content of a single bill.

The problem is the Legislature’s conduct.

HB 2560 is the fourth nearly identical bill introduced this session that expands authorization to administer epinephrine while systematically stripping accountability from the statute itself.

Repetition does not cure defects. It documents intent.

This bill continues a deliberate legislative pattern:

Expand immunity first, ask standards later—if ever.

HB 2560 grants sweeping civil immunity while refusing to define enforceable duties.

It shields entities, employees, agents, trainers, prescribers, and administrators from liability without codifying minimum statewide standards for:
 training content or duration,
 recertification intervals,
 storage and expiration controls,
 documentation and reporting requirements, or
 independent review of adverse incidents.

That is not emergency preparedness.

That is liability laundering.

The consent framework for minors remains dangerously unstable.

The bill restricts administration when a parent is present, authorizes it when a parent is absent, and relies on vague “good faith” determinations at the exact moment clarity is required.

In emergency medicine, statutory ambiguity does not create flexibility—it creates hesitation, delay, and

legal exposure for frontline responders.

A law that makes trained responders pause is a law that fails its stated purpose.

The General Assembly continues to legislate by delegation rather than responsibility.

Critical safeguards are punted to rulemaking, discretionary protocols, and undefined training approvals.

The Legislature cannot credibly claim to be protecting public health while declining to place the core safety architecture directly in statute.

That is not restraint. That is abdication.

Dedicated funds without mandatory statutory oversight are not fiscal stewardship.

HB 2560 authorizes spending without requiring transparent reporting on distribution, waste, expiration losses, training compliance, incident frequency, or outcomes.

Public funds are being committed without public metrics—again.

Most importantly, HB 2560 cannot be evaluated in isolation.

It exists alongside three companion bills introduced this session that replicate the same structural flaws. When the same deficiencies appear across multiple bills, they cease to be drafting oversights.

They become a legislative record of notice and choice.

The Legislature has now been warned—repeatedly—that it is expanding immunity without embedding standards, shifting risk onto the public while insulating itself from consequence.

Proceeding anyway does not demonstrate urgency. It demonstrates indifference to governance.

Missouri does not need four versions of the same incomplete statute.

It needs one law that does the job correctly.

The Legislature has been notified. What happens next will be deliberate.



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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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