



SENATE REPUBLICAN POLICY COMMITTEE HEARING PSEA COMMENTS ON PREVENTING CHILDHOOD FOOD ALLERGIES

On behalf of the Pennsylvania State Education Association (PSEA), which represents 177,000 educators and support professionals across the Commonwealth, we write in support of Senate Bill 978, legislation that takes a practical, evidence-based approach to preventing childhood food allergies through early intervention.

Food allergies are a daily operational and safety issue for schools which require school-wide awareness and preparedness. School nurses manage food allergy action plans, monitor students at risk for anaphylaxis, train staff in emergency response, coordinate with families, and respond to medical emergencies that can be life-threatening. Under Pennsylvania law, school entities are required to ensure that designated school employees receive training to recognize the signs and symptoms of anaphylaxis and to respond appropriately, including the administration of epinephrine. These requirements reflect the seriousness of food allergies in school settings and the level of responsibility placed on school staff. For classroom teachers and support staff, allergy management also requires constant vigilance. Staff must monitor food in classrooms, during celebrations, and in cafeterias; adjust lesson activities; and supervise students closely to prevent exposure.

Food allergies affect approximately [one in 20 school-aged children](#), meaning nearly every classroom includes a student at risk. Research shows that symptoms of anaphylaxis are most likely to develop in the classroom, followed by cafeterias and playgrounds where teachers and school staff supervise large groups of students. Up to one-quarter of anaphylactic reactions at school occur in students with previously undiagnosed allergies, and with chronic understaffing of certified school nurses, there is not always a health professional available to assess and properly respond to these emergencies. Playgrounds and school buses also carry risks beyond food exposure. Bee stings and other environmental triggers can result in sudden, severe reactions requiring rapid epinephrine administration. While protecting student safety is always the top priority, these realities illustrate how deeply allergy management affects daily school operations.

As the number of students with food allergies continues to rise, so does the burden on schools to manage those risks in real time. SB 978 seeks to address the problem earlier and more effectively—before children even enter the school system—by requiring health insurance coverage, at no additional cost, for early peanut or egg allergen introduction dietary supplements when prescribed by a health care practitioner. This policy aligns with national medical guidance and reflects growing consensus that early allergen introduction is a cost-effective way to reduce the prevalence and severity of food allergies.

From a school perspective, fewer children developing severe food allergies means fewer emergency responses during the school day, fewer staff requiring medical response training for high-risk students, and reduced strain on already limited school nursing resources. While schools will always play a role in managing student health needs, prevention reduces risk for students and improves the overall learning environment for everyone.



PSEA supports SB 978 because it recognizes that schools are often the front line of managing chronic health conditions—but they should not be the starting point. Preventing food allergies early strengthens student safety, supports school nurses and school staff, and reflects a common-sense approach to public health.

We appreciate the Committee’s consideration and respectfully urge support for SB 978.

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