

**Joseph R. Pitts**  
**Opening Statement**  
**Energy and Commerce Committee**

**Markup of H.R. 2094, School Access to Emergency Epinephrine Act; and  
H.R. 698, HIV Organ Policy Equity Act (HOPE Act)**

**July 16 and 17, 2013**

Thank you, Mr. Chairman.

Today, we are marking up two common sense, non-controversial health bills:

- H.R. 294, the School Access to Emergency Epinephrine Act, introduced by Dr. David Roe; and
- H.R. 698, the HIV Organ Policy Equity (HOPE) Act, introduced by Rep. Lois Capps.

The School Access to Emergency Epinephrine Act encourages states to adopt policies that increase access to epinephrine to protect students at risk of fatal food-induced anaphylaxis.

Under this bill, states would receive a preference for funding under the Children's Asthma Treatment Grants Program if they:

- Certify to the Department of Health and Human Services (HHS) that their civil liability protection laws provide adequate protection to school personnel who administer epinephrine; and
- Require their schools to maintain a supply of epinephrine in a secure location with trained personnel who can administer the drug.

Importantly, this bill is not a mandate that states or schools stock emergency epinephrine. It simply encourages them to do so.

Anaphylaxis is a life-threatening condition, usually triggered by a food allergy. Without prompt administration of epinephrine, death can occur in as little as 30 minutes.

Tragically, several children have died in the last few years from food allergy-induced anaphylaxis while at school. *Some of them had no previous history of food allergies.* Had epinephrine been on-site, the outcomes may have been different.

H.R. 2094 is supported by Food Allergy Research and Education (FARE), the American Academy of Allergy, Asthma, and Immunology; and the American Academy of Emergency Medicine.

Our second health bill, the HIV Organ Policy Equity Act or HOPE Act, would lift a ban dating back to 1988 on acquiring HIV-positive organs, so that HHS can conduct research on the safety and effectiveness of transplants between HIV-positive individuals.

As HIV treatments have advanced over the last 30 years, many HIV-positive individuals are living longer lives, but they are also more likely to experience conditions such as kidney and liver failure, which necessitate a transplant.

This bill provides a potential path to a separate organ donation pool for HIV-positive organs, hopefully increasing the overall number of organs available for transplantation.

The Senate has already passed similar legislation, S. 330, introduced by Sens. Boxer and Coburn, and H.R. 698 is supported by the American Society for Transplantation and the American Society of Transplant Surgeons, among others.

I would encourage my colleagues to support both the School Access to Emergency Epinephrine Act and the HOPE Act, and I yield back the balance of my time.