United States Senate

WASHINGTON, DC 20510

September 18, 2026

Dear [CEO Name],

We are writing to request information about the composition of the emergency medical kit (EMK) carried aboard your aircraft, including the availability of epinephrine via accessible delivery methods, in light of the recent Trump Administration rulemaking regarding EMK contents.

EMKs are supposed to enable initial treatment of a passenger experiencing moderate to severe injuries or illnesses until the aircraft can land and the passenger can be transferred to emergency medical personnel. Without proper medications that can easily be administered on board, medical emergencies happening while 35,000 feet in the air could turn deadly.

For example, in 2019, an 18-year-old traveling home to Chicago after completing her freshman year at college had an in-flight anaphylactic reaction to a salad containing tree nuts. According to her account, the flight crew was unsure if epinephrine was in the EMK and none of the crewmembers knew how to administer the medication. Fortunately, she had her own epinephrine auto-injector and was able to administer the medication in the bathroom of the plane. However, she was only carrying a single dose, raising her level of risk because, if her single dose failed to keep her airways open, she could not access additional lifesaving medication on the flight.

Even if an aircraft's EMK contains a vial of epinephrine, the lack of an easily self-administered delivery system, such as an auto-injector, could make providing the medication dangerous for a layperson or even challenging for a trained medical doctor. This type of harrowing scenario occurred that same year, in 2019, when a prominent New York-based physician was forced to make split-second calculations to draw from a vial a safe, diluted fraction of the available cardiac arrest formulation of epinephrine to save the life of a young man having a severe allergic reaction.

Having multiple doses of epinephrine on every aircraft, in delivery methods that can be easily self-administered by individuals without medical training, is more urgent than ever due to the on-flight presence of food items containing unlabeled allergens, a steady increase in the number of children with food allergies, the increased prevalence of a tick-borne illness that could create life-threatening allergies and the very real possibility that more than one passenger may require epinephrine during a single flight.

In 2019, after hearing from our constituents and learning that the airlines had successfully sought a Federal Aviation Administration (FAA) exemption from the requirement to stock EMKs with epinephrine, we sent a letter to the airline carriers demanding that they reverse course and include epinephrine auto-injectors in EMKs. Seven years later, the FAA has yet to require epinephrine in forms that can be easily self-administered, and air carriers continue to operate under the same exemptions. This will not fly.

In the FAA Reauthorization Act of 2024, we secured language that directed the FAA to assemble a panel of experts to make recommendations on EMKs and issue a proposed rule. The FAA Onboard Medical Kits Working Group included aerospace medicine experts and physicians, physiologists, psychologists, human factors specialists, cabin safety professionals and researchers. This working group submitted its report, dated May 1, 2025, to the FAA. The report stated:

> *"The items proposed … are intended to provide initial stabilizing Basic Life Support (BLS) care for immediately life-threatening conditions such as cardiac arrest, airway emergencies, major hemorrhage,* ***and anaphylaxis*** *(emphasis added), as well as to facilitate provision of limited basic first-aid interventions for minor injuries and illnesses that are known to occur in-flight."*

Epinephrine is the first-line treatment for anaphylaxis. Importantly, the proposed EMK content list in the report includes both "pre-measured auto-delivery device" or "vial-drawn kit." Yet, more than one year later, the Trump administration publicly defied the recommendations in this report developed by the expert working group the FAA itself commissioned. Through rulemaking, the Trump Administration is seeking to downgrade the EMK content list, from a binding requirement to mere optional guidance.

On August 5, 2026, the FAA issued a Notice of Proposed Rulemaking (NPRM) titled "Improving Emergency Medical Kit Efficacy and Flexibility in Commercial Airline Operations," which would make drastic changes to how the FAA determines the composition of EMKs. Specifically, this new proposed rule would allow operators to determine what components should be included in EMKs, so long as the EMK is "practical and sufficient" to address nine conditions, including anaphylaxis. The proposed rule would also eliminate the exemption process, which was created due to challenges in stocking EMKs due to drug shortages and allow airlines to substitute drugs, "without requesting an FAA exemption." While we recognize that drug shortages may make it difficult to meet existing standards, there is no alternative to epinephrine to treat anaphylaxis.

The FAA currently requires an EMK to contain two epinephrine 1:1,000, single dose ampule or equivalent. Under the proposed rule, the operator will be able to make the decision about whether to include epinephrine:

> *"…FAA recommends sufficient resources for anaphylaxis (sudden/acute severe allergic reaction), which may include the following signs and symptoms: hives; swelling of the mouth, throat, or tongue; difficulty breathing, rapid or weak pulse, dizziness; stomach pain; nausea or vomiting; or loss of consciousness. Treatment options* ***could*** *(emphasis added) include medication such as epinephrine."*

Air carriers typically carry epinephrine vials on flights which then need to be correctly dosed, drawn and administered to a passenger experiencing anaphylaxis. If a passenger is experiencing anaphylaxis, they could have mere seconds until they are unable to breathe. Without Food and Drug Administration (FDA)-approved epinephrine delivery methods designed to be easily self-administered, passengers rely on the chance that there will be a good Samaritan on the flight who

is a trained medical professional, or a flight attendant, in consultation with a medical professional on the ground, to quickly measure an appropriate dose of epinephrine using a vial and syringe. This is both risky and unnecessary.

The Trump Administration's proposed rule will reduce public safety and trust when flying by increasing ambiguity, subjectivity and opacity of EMK components. There have already been reports of incomplete, outdated and unusable EMKs, with some physician passengers being forced to crowdsource medication from passengers. Further, airlines are not required to publicly or centrally report the real-time inventory and exact contents of their EMKs and have continued to operate under exemptions granted by the FAA for years. EMK suppliers and airlines can track when an EMK is opened and needs restocking, but only in instances where the kit was used. There is no means of systematically tracking incidents of allergic reactions or anaphylaxis, especially when passengers use their own epinephrine.

The proposed rule argues that increased flexibility is needed to keep up with advances in medicine, but without appropriate reporting and tracking, the Trump administration is significantly increasing the risk of major inconsistencies in EMKs from flight to flight. Predictability, consistency and transparency are all necessary to ensure passengers' safety, particularly in cases of anaphylaxis, when minutes, or even seconds, matter.

Recent high-profile incidents underscore the gravity of this issue. In January 2026, a Virgin Australia passenger on a regional flight experienced a severe anaphylactic reaction requiring two successive doses of epinephrine—first from their own epinephrine auto-injector, then from another passenger—because no airline-supplied epinephrine was available aboard the aircraft. Fortunately, this individual survived, but such cases should serve as dire warnings of the fatal risks posed by the absence of standardized epinephrine in EMKs, and a reminder of the critical importance of aircraft EMKs containing delivery methods that allow for self-administration of epinephrine.

To ensure the safety of all airline passengers, we must guarantee that U.S.-based airlines include FDA-approved epinephrine delivery methods designed for self-administration on every flight.

To better understand your current practices and alignment with proposed FAA standards, as well as the rationale behind your chosen epinephrine delivery methods and relevant data collection practices, please provide answers to the following questions by Friday, September 25, 2026:

1) What is the delivery method for the epinephrine that your airline currently carries (*e.g.,* vial-drawn kit, auto-injector, nasal spray, etc.)?
    a. If your airline has transitioned from vial-and-syringe epinephrine to auto-injectors, nasal spray or other FDA-approved delivery methods, what factors prompted this change?
    b. If not, what barriers prevent your airline from carrying FDA-approved delivery methods for self-administered epinephrine?
2) Does your airline carry more than one delivery method for epinephrine?

3) How many units of epinephrine vials, auto-injectors or nasal spray are included in your EMKs?
4) Does your airline collect data on in-flight anaphylactic events, including those where passengers used their own epinephrine?
5) Has your airline filed a waiver(s) or sought an exemption(s) from FAA requirements for carrying epinephrine? If so, please provide documentation of the exemption(s) and reason(s) for the request, and whether and when the issue was resolved such that no exemption was necessary.
6) Has your airline filed a waiver(s) or sought an exemption(s) from FAA requirements for carrying other medications or components of EMKs? If so, please provide documentation of the exemption(s) and reason(s) for the request, and when the issue was resolved such that no exemption was necessary.
7) Should EMK requirements shift from a prescriptive list of components to operator-determined components, how would your airline make sure EMKs are consistent, reliable and up to date on all its flights?
    a. How would your airline define and measure if each EMK is "practical and sufficient" and remains so flight after flight? Who would be responsible for making such determinations and ensuring consistency and reliability?
    b. What recourse or actions would be available to passengers, should the EMKs be insufficient to treat a medical condition or event during flight? Who would determine if the EMK, in fact, was not "sufficient"?

Thank you for your attention to this crucial matter. We look forward to reviewing your response.

Sincerely,

Tammy Duckworth
United States Senator

Charles E. Schumer
United States Senator