American Academy of
Allergy Asthma & Immunology

June 10, 2026

Mehmet Oz, MD, MBA
Administrator
Centers for Medicare & Medicaid Services
200 Independence Avenue, SW
Washington, DC 20201

Thomas Keane, MD, MBA
National Coordinator for Health Information Technology
Office of the National Coordinator for Health Information Technology
330 C Street SW
Washington, DC 20201

Re: Advancing Penicillin Allergy Delabeling Through the Annual Wellness Visit and Health Technology Modernization Efforts

Dear Administrator Oz and National Coordinator Keane:

Established in 1943, the American Academy of Allergy, Asthma & Immunology (AAAAI) is a professional organization with more than 6,700 members in the United States, Canada and 72 other countries. This membership includes allergist/immunologists (A/I), other medical specialists, allied health and related healthcare professionals with a special interest in the research and treatment of patients with allergic and immunologic diseases. ***Today, we write to provide recommendations regarding opportunities to improve preventive care, interoperability, and health technology infrastructure through better integration of penicillin allergy verification and delabeling into Medicare and federal health IT initiatives.***

Although approximately 10 percent of the U.S. population reports a penicillin allergy, evidence consistently demonstrates that more than 90 percent of these individuals are not truly allergic. Inaccurate penicillin allergy labels persist indefinitely in electronic health records (EHRs) without reassessment, contributing to inappropriate antibiotic prescribing, higher healthcare costs, increased antimicrobial resistance, avoidable adverse events, and worse patient outcomes. The AAAAI believes there is a significant opportunity for CMS and ONC to address this longstanding public health challenge through both preventive care policy and modernization of health information technology infrastructure.

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Updating the Annual Wellness Visit to Support Penicillin Allergy Delabeling

AAAAI urges CMS to use its existing statutory authority to incorporate penicillin allergy verification and evaluation into the Annual Wellness Visit (AWV), either as an optional component of the visit or through establishment of a separate add-on code. The Medicare AWV presents an important opportunity to improve patient safety, antibiotic stewardship, and preventive care by incorporating penicillin allergy verification and evaluation into routine beneficiary assessments. Older adults are at heightened risk of serious infections, hospitalization, adverse drug events, and complications associated with broad-spectrum antibiotic use. However, there is currently no standardized pathway within Medicare preventive services to encourage reassessment of reported penicillin allergies, despite the substantial evidence demonstrating widespread mislabeling.

We recently urged CMS, through comments on the CY 2026 Medicare Physician Fee Schedule proposed rule, to add penicillin allergy verification and evaluation as either an optional component of the AWV or through a separate add-on code to support this clinically important service. We noted that adding penicillin allergy verification and evaluation to the AWV would represent a low-cost, high-impact intervention aligned with CMS' broader goals related to prevention, chronic disease management, patient safety, antimicrobial stewardship, and reducing avoidable healthcare spending. Importantly, it would also help ensure that Medicare beneficiaries have access to clinically appropriate antibiotic therapies while reducing unnecessary use of broad-spectrum alternatives that may contribute to antimicrobial resistance and poorer outcomes.

Our request followed longstanding support for bipartisan legislation, H.R. 5736, the *Penicillin Allergy Verification and Evaluation Act*, which would establish penicillin allergy delabeling as part of the introductory and annual wellness visits under Medicare.

Modernizing EHR Infrastructure to Support Clinically Actionable Allergy Documentation

AAAAI urges CMS and ONC to continue advancing modernization of EHR allergy documentation and interoperability standards to support more clinically meaningful allergy assessment and penicillin allergy delabeling workflows. Specifically, CMS and ONC should ensure that certified EHR technology supports structured, interoperable, and clinically actionable documentation of allergy histories, reassessment outcomes, testing results, allergy criticality, and allergy status updates across care settings.

Current EHR allergy modules frequently rely on static labels, inconsistent terminology, and free-text documentation that fail to distinguish between true IgE-mediated allergy, low-risk historical reactions, intolerances, side effects, or resolved allergies. These limitations impair clinical decision-making, contribute to alert fatigue, and create barriers to appropriate reassessment of allergy histories over time. AAAAI has consistently raised these concerns in prior correspondence to ONC and CMS, including our comments on the Health Technology Ecosystem Request for Information, the HTI-5 proposed rule, and our comments supporting inclusion of Allergy Intolerance Criticality as a standardized data field within the United States Core Data for Interoperability (USCDI), where we urged that the element be designated as "Must Support" to ensure meaningful implementation across certified EHR technology. Across these efforts, AAAAI has consistently emphasized that penicillin allergy delabeling should be recognized as an important functional objective of modern health IT infrastructure and interoperability standards.

As we have previously noted, standardized, coded, interoperable allergy data is foundational to advancing clinically actionable allergy documentation, scalable penicillin allergy delabeling workflows, improved clinical decision support, and longitudinal allergy reconciliation across care settings. Without stronger interoperability standards and more structured allergy documentation frameworks, inaccurate allergy labels will continue to persist and undermine patient safety, antibiotic stewardship, and preventive care efforts.

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We appreciate your consideration of these important issues to A/I physicians and their patients. Should you have any questions, please contact Sheila Heitzig, Director of Practice and Policy, at sheitzig@aaaai.org or (414) 272-6071.

Sincerely,

Carla M. Davis, MD, FAAAAI
President, American Academy of Allergy, Asthma & Immunology