

Statement of the American Academy of Allergy, Asthma & Immunology (AAAAI)

**Prepared for the House Appropriations Subcommittee on
Agriculture, Rural Development, and Food and Drug Administration**

FY 2024 Public Witness Hearing – April 10, 2023

Chairman Harris, Ranking Member Bishop, and members of the Subcommittee, thank you for the opportunity to submit written testimony on the U.S. Department of Agriculture (USDA) and Food and Drug Administration (FDA) fiscal year 2024 (FY24) appropriations. The American Academy of Allergy, Asthma & Immunology (AAAAI) respectfully requests the Subcommittee include provisions in the bill related to peanut and sesame allergies. **The Academy requests that the Subcommittee include report language recommending the USDA Food and Nutrition Services (FNS) reconsider its proposed rule, [Special Supplemental Nutrition Program for Women, Infants, and Children \(WIC\): Revisions in the WIC Food Packages \(FNS-2022-0007\)](#), to revise the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) food packages to include early introduction of peanut to prevent future allergy. In addition, the Academy requests that the Subcommittee include bill language to ensure a precautionary sesame allergen labeling policy and prevent mislabeling that may harm consumers.**

Established in 1943, AAAAI is a professional organization with more than 7,000 members in the United States, Canada, and 72 other countries. This membership includes board certified allergist/immunologists, other medical specialists, allied health practitioners and related healthcare professionals – all with a special interest in the research and treatment of patients with allergic and immunological diseases.

Peanut Allergy

Food allergies affect 32 million Americans, including 6 million children. Each year, more than 200,000 Americans require emergency medical care for allergic reactions to food – equivalent to one trip to the emergency room every three minutes. Peanut allergy affects approximately 2% of U.S. children and is a lifelong condition for most. Unfortunately, in the United States, food allergies disproportionately affect Black children compared to White or Asian children. Analysis of the Learning Early About Peanut Allergy (LEAP) and Enquiring About Tolerance (EAT) study cohorts also showed that the process of allergic sensitization likely begins earlier in these children. In addition, the burden of navigating our social safety net with food allergy can be challenging. Children with food allergies in the lowest income stratum spend 2.5 times more on emergency department and hospitalization costs, partially due to limited access to allergen-free foods.

The deliberate early introduction of peanut in the first year of life has a significant protective benefit, reducing the relative risk of developing peanut allergy by approximately 80 percent. This prompted the development of guidance from the National Institutes of Allergy and Infectious Diseases, published in 2017, recommending deliberate introduction of peanut as early as 4-6 months of life for infants with risk factors for developing peanut allergy, and around 6 months for all other infants. This guidance was co-endorsed by multiple professional allergy societies around the world. In 2019, the American Academy of Pediatrics and in 2020 the USDA updated their guidance to actively endorse deliberate early introduction of peanut. In 2021, the AAAAI, the American College of Allergy Asthma and Immunology, and the Canadian Society of Allergy and Clinical Immunology released an updated joint guideline recommending early introduction of peanut to all infants, given strong, significant benefit in terms of preventing peanut

allergy. USDA Dietary Guidelines published in 2021 similarly indicated early peanut introduction in the first year of life.

Given this background, AAAAI supports that the inclusion of peanut-containing foods in the 0-1-year age WIC package can protect millions of children from developing peanut allergy. According to 2019 data, 43% of US infants were eligible for WIC, with 98% of the eligible population participating, which translates to nearly 1.5 million infants who are without potential access to peanut-containing products, given this is not part of the current infant WIC package. This creates a serious risk for delayed peanut introduction in infants reliant on WIC, due to lack of health equity in access to affordable peanut-containing items. Food insecurity is a growing problem for low-income and racial/ethnic minorities. Families who are currently enrolled with WIC and who have food allergic children have testified regarding the significant burden of trying to safely obtain food for their child. This adds additional time and financial constraints for families who are reliant on not only WIC, but other federal assistance programs. Such families would be significantly benefitted by including peanut containing foods for infants into the upcoming food package.

In addition, children with food allergies in the lowest income stratum in the United States spend 2.5 times more on emergency department and hospitalization costs, partially due to limited access to allergen-free foods. Expanding access to early introduction to prevent peanut allergy can save lives, and in the process significantly reduce healthcare expenditures by mitigating the need for emergency interventions and treatment. The WIC program is uniquely positioned to support families with early introduction of peanuts through education and food benefits to advance health equity. In recent public comments, the AAAAI has implored FNS to re-evaluate the opportunity cost of not providing peanut-containing foods in the 0-1 year package. Moving forward with the

program changes as proposed has the potential to worsen food allergy healthcare disparities and deprive millions of children of the benefits of protection against peanut allergy.

As such, the AAAAI strongly supports the following report language for the agency to reconsider regulations to include early introduction of peanut in WIC packages to prevent future allergy.

Peanut Allergy Prevention— *Peanut allergy affects approximately 2% of US children and is a lifelong condition for most disproportionately affecting Black children compared to White or Asian children. The committee recognizes the perspective of a number of Allergy/Immunology experts that early peanut introduction in the first year of life has a protective benefit, reducing the risk of development peanut allergy by approximately 80 percent. As the USDA Food and Nutrition Service (FNS) works to revise regulations governing WIC food packages to align with the current USDA/HHS Dietary Guidelines for Americans, 2020-2025 and reflect recommendations made by the National Academics of Sciences, Engineering and Medicine, the committee recommends the agency reconsider its decision to not include peanut-containing foods in the 0-1 year age WIC packages. Instead, the committee encourages the FNS to add peanut butter to the package for infants 6 months and older, and ensure that it is available to all caregivers; provide education and training for staff and parents on current early introduction guidelines and best practices; address misconceptions and other barriers—including concerns about choking, allergic reactions and the impact of introducing complementary foods on breastfeeding—to make adoption of feeding infants peanut-containing foods easy and safe.*

Sesame Allergy

In April 2021, the *Food Allergy Safety, Treatment, Education, and Research (FASTER) Act* was signed into law (Public Law No. 117-11) adding sesame to the list of major food allergens subject to certain Food and Drug Administration (FDA) regulations and labeling requirements. While this was a major victory for Americans living with food allergies, some manufacturers have recently started adding sesame to their products without proper disclosure to consumers. AAAAI respectfully requests that the Subcommittee include language, also submitted to by Reps. Khanna and others, to:

- Require the FDA to re-clarify that sesame may not be added to ingredient lists when it is not in fact an ingredient;
- Require the FDA to convene allergy experts and prevention control experts to identify a solution to sesame mislabeling that prioritizes consumer health, safety, and consumer choice; and
- Require the FDA to identify and implement a precautionary allergen labeling policy that is mandatory, consistent, and evidence-based, centering the informational and health needs of consumers.

Thank you for your consideration of these requests.