Chairwoman De Lauro, Ranking Member Cole, and Members of the Subcommittee, the American Academy of Allergy, Asthma, & Immunology (AAAAI) thanks you for the opportunity to submit written testimony on the U.S. Department of Health and Human Services (HHS) fiscal year (FY) 2022 appropriations bill. AAAAI respectfully requests the subcommittee to include a $6.1 million increase in funding for the Consortium on Food Allergy Research (CoFAR) which is within the National Institute of Allergy and Infectious Disease (NIAID) at the National Institutes of Health (NIH). In addition, we request report language reflecting the importance of NIH engaging in trans-NIH research on food allergies. Also, the AAAAI supports funding of $100 million for the National Healthcare Safety Network which enables the Centers for Disease Control and Prevention (CDC) to target prevention of healthcare acquired and antimicrobial resistant infections and improve antibiotic prescribing.

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 and related healthcare
professionals – all with a special interest in the research and treatment of patients with allergic and immunological diseases.

**Food Allergies**

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.

The Consortium on Food Allergy Research – CoFAR – was established by the National Institutes of Health (NIH) within the National Institute of Allergy and Infectious Disease (NIAID) in 2005. Over the following 16 years, CoFAR discovered genes associated with an increased risk for peanut allergy and has also identified the most promising potential treatments for egg and peanut immunotherapy, among many other accomplishments. Breakthroughs like these, scaled across other major food allergies, can significantly improve the quality of life for tens of millions of Americans. Its annual $6.1 million budget is a relatively small portion within NIH’s almost $40 billion budget, yet CoFAR has been able to achieve massive strides in the study of food allergy prevention and treatment.

AAAAI enthusiastically supports an increase in funding for CoFAR of $6.1 million, annually, bringing its yearly budget up to $12.2 million. With its relatively low current level of funding, CoFAR has been able to accomplish breakthroughs in the under-researched field of food allergies.
It is crucial that we continue investing at proportional levels given the scale of this condition which impacts 10.8 percent of the U.S. population.

AAAAI also requests that the Subcommittee’s report accompanying the FY22 Labor/HHS appropriation reflects the importance of trans-NIH research on food allergies. AAAAI strongly supports the following NIAID report language submitted by Representatives Ro Khanna, Anthony Gonzalez, and others that acknowledges the groundbreaking work of CoFAR and encourages robust investment to expand its research breadth and network.

**Food Allergies.**— The Committee recognizes the serious issue of food allergies which affect approximately eight percent of children and ten percent of adults in the U.S. The Committee commends the ongoing work of NIAID in supporting a total of 17 clinical sites for this critical research, including seven sites as part of the Consortium of Food Allergy Research (CoFAR). The Committee includes $12,200,000, an increase of $6,100,000, for CoFAR to expand its clinical research network to add new centers of excellence in food allergy clinical care and to select such centers from those with a proven expertise in food allergy research.

In addition to AAAAI, the CoFAR funding request and report language are supported by the American College of Allergy, Asthma & Immunology; Allergy & Asthma Network; Asthma and Allergy Foundation of America; Food Allergy & Anaphylaxis Connection Team; Food Allergy Research and Education; and International FPIES Association.
Antimicrobial Resistance (AMR) and Penicillin Allergy

The growing threat of antimicrobial resistance, combined with the dwindling pipeline of novel antibiotic research, requires policies that prevent inappropriate use of antibiotics. One of the primary ways to combat this threat begins with penicillin – the most commonly reported drug allergy. According to the CDC, approximately 10 percent of the U.S. population report being allergic to penicillin, yet 9 out of 10 patients reporting a penicillin allergy are not truly allergic when formally evaluated, such that fewer than one percent of the population is truly allergic to penicillin. More recently, the CDC cited the importance of correctly identifying if patients are penicillin-allergic in decreasing the unnecessary use of broad-spectrum antibiotics in its 2018 update of Antibiotic Use in the United States: Progress and Opportunities. The AAAAI strongly supports more widespread and routine use of penicillin allergy evaluation for patients with a self-reported history of allergy to penicillin. Evaluation can accurately identify patients who, despite reporting a history of penicillin allergy, can safely receive penicillin.

The AAAAI supports funding of $100 million for the National Healthcare Safety Network which enables CDC to target prevention of healthcare acquired and antimicrobial resistant infections and improve antibiotic prescribing. The Antibiotic Resistance Solutions Initiative will benefit from significant new resources to achieve the goals outlined in the National Action Plan for Combating Antibiotic-Resistant Bacteria, including strengthening antibiotic stewardship to promote best practices for prescribing antibiotics such as penicillin.
AAAAI also wishes to express its appreciation to the subcommittee for the inclusion of language regarding the importance of penicillin allergy testing in the FY20 appropriations bill. The discovery of penicillin opened the door to medical innovation allowing surgeries to be performed, organs to be transplanted, as well as combat wounds and burn victims to be treated. AAAAI encourages more widespread and routine penicillin allergy evaluation for patients with a history of allergy to penicillin or another beta-lactam drug (e.g., ampicillin or amoxicillin). Penicillin allergy evaluation can accurately identify patients who, despite reporting a history of penicillin allergy, can safely receive penicillin. On behalf of the patients we serve, thank you for your leadership in giving penicillin allergy testing the attention it deserves.

Thank you for your consideration of these FY22 appropriations requests. Please contact Sheila Heitzig, JD, MNM, CAE, AAAAI Director of Practice and Policy, at (414) 272-6071 or sheitzig@aaaai.org if you have any questions or would like additional information.