Lower Healthcare Costs & Antibiotic Stewardship: *Penicillin Allergy Verification and Evaluation Act (H.R. 5736)*

REQUEST: The American Academy of Allergy, Asthma & Immunology (AAAAI) requests that you cosponsor and advance the ***Penicillin Allergy Verification and Evaluation Act*** **(H.R. 5736).** The bipartisan bill, introduced by Representatives Morgan Griffith (R-VA), Ami Bera, MD (D-CA), Mariannette Miller-Meeks, MD (R-IA), Kim Schrier, MD (D-WA), Suzan DelBene (D-WA), Robert Onder, MD (R-MO), and Jake Auchincloss (D-MA), would require that penicillin allergy verification and evaluation be included in the "Welcome to Medicare" preventive visit and annual wellness visits.

BACKGROUND: Millions of patients believe they are allergic to penicillin, but evidence shows that more than 90% of patients who have a self-reported penicillin allergy in their electronic medical record can safely take penicillin after verification testing and evaluation. Removing the penicillin allergy label from the patient's electronic medical record is a relatively easy, low cost and important public health intervention that can improve patient outcomes, reduce healthcare costs, and advance the fight against antimicrobial resistance (AMR).

Correctly identifying and addressing inaccurate reports of penicillin allergy is crucial for older adults, who face heightened vulnerability to severe infections and adverse drug reactions. A 2023 study of adults 65 and older with a reported penicillin allergy found that 97% were disproved after verification testing.

An AAAAI position statement on penicillin allergy evaluation notes that: *penicillin allergy evaluation accurately identifies the approximately 9 of 10 patients who, despite reporting a history of "penicillin allergy", can receive penicillin without allergic reaction. Efforts to delabel can and should be performed by all clinicians, not limited to those from Allergy and Immunology. The AAAAI encourages widespread and routine penicillin allergy evaluations, which are integral for successful antibiotic stewardship.*

BILL SUMMARY: To improve antibiotic stewardship and combat AMR, the legislation seeks to identify and de-label Medicare patients who have been previously inaccurately labeled with a penicillin allergy. The legislation adds "penicillin allergy verification and evaluation" as part of Medicare's Initial Preventive Physical Exam (IPPE) and Annual Wellness Visit (AWV). IPPEs are covered for new Medicare Part B enrollees within the first 12 months and AWVs are covered annually.

The bill defines "penicillin allergy verification and evaluation" as:

- identification of individuals reporting a history of penicillin allergy;
- consideration of whether the reported reaction history is consistent with an allergy/ hypersensitivity reaction or can be re-evaluated;
- provision of information on the adverse individual and public health impact of a penicillin allergy label; and
- referral to an allergy/immunology specialist, as appropriate.

PATIENT TESTIMONIALS: The following are follow up messages received by an allergist who invited patients to send a note back to the practice following the testing.

> *"After a lifetime of being told that I was allergic to penicillin (I had a reaction when I was a young child), I decided to have myself tested for the allergy at the age of 69. I knew testing if I tested negative, would open myself up to other antibiotic options as I got older. I was pleasantly surprised by the fact that I tested negative for a penicillin allergy! I am hoping that my two brothers will test*

themselves since as children into adulthood they too were told they were allergic to penicillin due to the fact that I had the reaction. So glad that I tested!" - Karen K.
"For as long as I can remember, I've told every doctor, dentist, and pharmacist the same thing: I'm allergic to penicillin. It was something my mother told me, and it just followed me through life. Earlier this year, I listened to a Freakonomics podcast called "Are You Really Allergic to Penicillin?" It mentioned that many people who were labeled allergic in the 1960s and 70s were misdiagnosed … After the tests both came back negative, I am not allergic to penicillin. The irony is that only a few weeks earlier, I had been hospitalized with sepsis from a bacterial infection. Because of the allergy label, the doctors had to avoid penicillin and use broader antibiotics instead. I couldn't help but think how different that treatment might have been if I had known the truth sooner. This experience completely changed how I think about medical assumptions. One outdated note in a chart can follow you for a lifetime, but one simple test can change everything. If you have carried that "penicillin allergy" label since childhood, don't just accept it. Get tested. You might find out, like I did, that you are not allergic after all." - Steven F.

"My primary care physician recommended I take an antibiotic allergy test to determine if I continue to be allergic to penicillin antibiotics, which I had reacted to decades ago. I witnessed my elderly mother, who also had a history of penicillin allergy, face limited treatment options in her senior years. I wanted to avoid this if possible. I took a simple and painless test to reveal if I was still reacting to penicillin. I was pleased to learn that I now have no allergic reaction to penicillin. Dr. K was able to de-label my outdated allergies on my charts. This will allow improved options for treatment and medications in my future. I am thankful for this testing which will inevitably improve my quality of life." - Tomi C.

SUPPORTING ORGANIZATIONS: American Academy of Allergy, Asthma & Immunology; Asthma and Allergy Foundation of America; American Medical Association; Allergy & Asthma Network; American Academy of Emergency Medicine; American Academy of Otolaryngic Allergy; American Academy of Otolaryngology-Head and Neck Surgery; American College of Allergy, Asthma & Immunology; American College of Physicians; American Gastroenterological Association; American Geriatrics Society; Campaign Urging Research for Eosinophilic Diseases; Food Allergy & Anaphylaxis Connection Team; Food Allergy Research & Education; Infectious Diseases Society of America; Food Protein-Induced Enterocolitis Syndrome; The Mast Cell Disease Society; and the Peggy Lillis Foundation.

ADDITIONAL RESOURCES: The AAAAI has compiled the following resources related to the importance of more penicillin allergy testing:

- Visit the AAAAI Penicillin Allergy Center to access materials for both patients and clinicians, including videos describing the process of penicillin allergy testing.
- Listen to AAAAI's podcast from the Conversations from the World of Allergies series about the importance of proactively delabeling patients with reported penicillin allergy.
- Watch this important message about penicillin allergy testing in children, for whom removal of a false label can improve a lifetime of outcomes: Penicillin Allergy Testing for Kids: Why and How.

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