Support Food Allergy Research

REQUEST

The American Academy of Allergy, Asthma & Immunology (AAAAI) urges your support of the following requests to prioritize food allergy research during the fiscal year 2021 (FY21) appropriations process:

- An increase of $6.1 million for the Consortium on Food Allergy Research (CoFAR) within the National Institute of Allergy and Infectious Disease (NIAID);
- Report language recognizing and urging expansion of CoFAR's research network;
- Maintaining food allergies on the list of conditions eligible for research under the Peer Reviewed Medical Research Program (PRMRP); and
- Increase funding for the Congressionally Directed Medical Research Programs (CDMRP) by 5 percent plus inflation.

STATUS

The AAAAI and other stakeholders sent letters in support of these requests to the House and Senate Appropriations Committee. In addition, the AAAAI submitted testimony to the Senate Labor/HHS Subcommittee.

SUMMARY

AAAAI strongly supports the following FY20 appropriations requests related to food allergy research:

Labor, Health and Human Services and Education, and Related Agencies (LHHS)—

AAAAI supports the following requests made by Reps. Ro Khanna (D-CA), Anthony Gonzalez (R-OH), Sen. Richard Blumenthal (D-CT), and others.

- **CoFAR Funding:** An increase of $6.1 million for the Consortium on Food Allergy Research (CoFAR) within the National Institute of Allergy and Infectious Disease (NIAID) which funds groundbreaking research that furthers the understanding and treatment of food allergies.
- **CoFAR Report Language:** AAAAI thanks the Appropriations Labor/HHS Subcommittee for including report language in FY20 and supports the following requested report language for FY21:

  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 United States. 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*

Defense

- **Peer Reviewed Medical Research Program (PRMRP):** AAAAI supports the request made by Reps. Ro Khanna (D-CA), Phil Roe (R-TN), Sen. Richard Blumenthal (D-CT), and others to **maintain food allergies as eligible for research funding under the PRMRP**. AAAAI appreciates that last year Congress renewed investment in food allergy research through the PRMRP. This investment has

the potential to make serious strides towards understanding the causes of, and developing treatments for, this widespread and under-researched condition.

- **Congressionally Directed Medical Research Programs (CDMRP):** Many of these programs are directly related to preparedness and response to global pandemics, while other equally important CDMRPs fund research to protect the men and women who serve in our Armed Forces, military families, veterans, and civilian populations from a wide range of medical conditions and health challenges, including food allergies. AAAAI and other stakeholders encourage you to increase funding for these critical programs by five percent plus inflation, to ensure that our country is prepared to meet current and future public health-related threats and challenges to our national security.

SUPPORT

The following organizations support the FY21 food allergy research funding requests: American Academy of Allergy, Asthma & Immunology; 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.

BACKGROUND

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 NIAID in 2005. Over the following 14 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. CoFar has been able to make significant strides in the study of food allergy prevention and treatment of food allergies with a relatively small annual budget of $6.1 million. Ensuring adequate investment in this under-researched field, which affects 10.8 percent of the U.S. population, would enable even more life-saving research.

The **Peer Reviewed Medical Research Program (PRMRP)** is a valuable program within the Department of Defense (DoD), offering creative, long-term insights into significant medical issues, like food allergies, that affect members of the armed services and their families and do not always receive the investments they require in the private sector. Enhanced DoD focus on food allergies is not a new idea. In FY09, the Congressionally Directed Medical Research Program (CDMRP) established the Genetic Studies of Food Allergy Research Program (GSFARP), with a $2.5 million appropriation "to provide support for scientifically meritorious genetic research focused on food allergies." In FY10, the appropriation was $1.875 million. Specific line item funding ended In FY11, but for FY12 and FY16, food allergies were eligible for research under the PRMRP. Congress reinstated eligibility for food allergies in FY20 to reflect the increasing rate of food allergies in Americans

CONTACT

For additional information or if you have any questions, please contact Sheila C. Heitzig, JD, MNM CAE, AAAAI's Director of Practice & Policy at 414-272-6071 or sheitzig@aaaai.org.

School-Based Allergies and Asthma Management Program Act (H.R. 2468)

REQUEST

The American Academy of Allergy, Asthma & Immunology (AAAAI) requests that Congress pass the bipartisan ***School-Based Allergies and Asthma Management Program Act*** **(H.R. 2468)** which would encourage schools receiving asthma-related grants to have a comprehensive school-based allergies and asthma management program. This legislation is even more important as the country works to have the necessary precautions in place to work toward a successful reopening. H.R. 2468 will help support students with asthma and allergies and their families to encourage consistent management of their conditions once they are able to return to school.

STATUS

The House Energy and Commerce Health Subcommittee included H.R. 2468 in the January 8, 2020 hearing titled "Legislation to Improve Americans' Health Care Coverage and Outcomes." The AAAAI submitted testimony in support of the bill. On March 11, the subcommittee favorably reported out the legislation.

ASTHMA AND COVID-19

AAAAI continues to inform asthmatic patients about what they need to know about COVID-19. Importantly we recommend that asthma patients continue their medications for optimal control of their asthma during this pandemic. Stopping a controller medication because of concerns of steroids in COVID-19 will put the person at risk for developing an asthma exacerbation which many times results in a trip to the emergency department or urgent care where the individual would risk increased exposure to COVID-19. H.R. 2468 encourages and supports States in making sure schools have in place comprehensive school-based allergies and asthma management program to support students. For these reasons, AAAAI has encouraged that this legislation be included in a COVID response package.

SUMMARY

The *School-Based Allergies and Asthma Management Program Act* (H.R. 2468) would amend the Public Health Service Act to revise the conditions under which the Department of Health and Human Services, in making asthma-related grants, gives preference to a state. Under the bill, preference would be given to states that require elementary and secondary schools to have at least one individual, such as a school nurse or other school staff, to direct and apply a comprehensive school-based allergies and asthma management program on a voluntary basis. Such program shall include a method to identify students with allergies and asthma, an action plan, and support system for each such student that coordinates with family members and health care providers. The two most important strategies for preparing schools in the event of an asthma incident are implementing management plans and ensuring school staff members are prepared to assist children experiencing an attack.

SUPPORT

The School-Based Allergies and Asthma Management Program Act is endorsed by the American Academy of Allergy, Asthma and Immunology; American College of Allergy, Asthma, and Immunology; Asthma and Allergy Foundation of America; Allergy and Asthma Network; and National Association of School Nurses.

BACKGROUND

Over six million American children have asthma, a disease that is one of the leading causes of school absenteeism. According to the National Asthma Education and Prevention Program, parents report that students miss 14 million days of school every year due to asthma. While asthma poses serious health and educational threats, with proper treatment and care, asthma can be controlled and does not have to negatively impact a student's access to education.

The Department of Education and the Department of Health and Human Services recommend that schools have comprehensive management plans in place to support children with asthma and ensure that their disorders are under control while at school. Unfortunately, most schools do not have such programs in place. An asthma action plan outlines what medications to take, and when and how to increase the doses or add more medication if needed. If a school doesn't have an asthma action plan for a child, there is little they can do for a child suffering an asthma attack. They cannot provide medication, even if they have it, without parental authorization. An asthma action plan, communication with the physician and the ability for a school nurse to administer a rescue inhaler can mean the difference between life and death.

In addition, it is important that schools have a similar action plan for students who have a history of a severe allergy to an environmental exposure (e.g. peanut, insect sting). This follows the same principle as outlined above: affording the school the opportunity to provide life-saving medication (e.g. epinephrine autoinjector) to a student who develops a severe allergic reaction while in school while also providing an approved management plan including critical contact information for both family members and medical professionals involved in the care of the student.

The AAAAI, in collaboration with other stakeholders, developed SAMPRO™, the School-based Asthma Management Program and provides a tool-kit at no cost to assist families and schools in maintaining this important health information. SAMPRO™ standardizes recommendations for school-based asthma and provides websites and resources useful for the care of children with asthma in the school setting.

CONTACT

For questions or to cosponsor H.R. 2468, please contact Antonia Hill with Majority Leader Hoyer (D-MD) at antonia.hill@mail.house.gov or 202-225-4131, or Liam MacDonald with Rep. Roe, M.D. (R-TN) at liam.macdonald@mail.house.gov or 202-225-6356.

Strengthening Access to Telehealth Beyond the COVID-19 Public Health Emergency

REQUEST

The American Academy of Allergy, Asthma & Immunology (AAAAI) requests that **Congress make permanent the new telehealth flexibilities provided by the Centers for Medicare and Medicaid Services (CMS) in response to the COVID-19 pandemic.**

STATUS

AAAAI has sought to clarify and ensure reimbursement for telehealth and other vital health care services during this pandemic so that practicing A/I physicians can continue to provide optimal patient care during these unprecedented times. On May 6, AAAAI sent a letter to Department of Health and Human Services (HHS) Secretary Azar urging him to work with federal partners to promulgate a rulemaking that would make permanent the virtual care and telehealth flexibilities to the extent permitted by statute. AAAAI further urged HHS to seek new authorities from Congress where current law limits HHS' authority to waive requirements after the end of the public health emergency. AAAAI also supports efforts to increase access to telemedicine service for patients with private insurance, as well as for Medicare and Medicaid patients.

SUMMARY

CMS has provided numerous virtual care and telehealth flexibilities through two COVID-19 Interim Final Rules with Comment (IFCs) and approved section 1135 waivers. The overall A/I practitioner and patient experience with virtual care and telehealth services has been very positive. AAAAI members report increased patient uptake of telehealth and virtual technology platforms that are helping them diagnose, treat, and manage the care of Medicare and Medicaid patients with allergies, asthma, and other respiratory and immunologic diseases.

AAAAI urges Congress to make permanent the following virtual care and telehealth flexibilities:

- Added services to the Medicare telehealth list;
- An array of non-public-facing audio and video technologies;
- Access for both new and established patients;
- Access to telehealth and virtual care services, regardless of location;
- Equitable coverage at payment rates for similar office and outpatient E/M visits;
- Elimination of site-of-service payment differentials;
- Removal of frequency limitations;
- Flexibility regarding documentation of the level of service;
- Facilitating the ability of physicians to practice across state lines; and
- Physician supervision of in-office clinical staff using communications technologies, when appropriate.

CONTACT

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