

Testimony from Thomas A. Fleisher, MD, FAAAAI, Executive Vice President

American Academy of Allergy, Asthma & Immunology (AAAAI)

Before the House Committee on Appropriations

Subcommittee on Labor, Health and Human Services, Education and Related Agencies

“FY 2020 Public Witness Hearing & Testimony for the Record”

Tuesday, April 9, 2019

Chairwoman DeLauro, Ranking Member Cole, and members of the Subcommittee, thank you for the opportunity to testify on the U.S. Department of Health and Human Services (HHS) fiscal year (FY) 2020 appropriations bill. I am Dr. Tom Fleisher, Executive Vice President and former president of the American Academy of Allergy, Asthma & Immunology (AAAAI). On behalf of the AAAAI, I respectfully request 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 related to food allergy research and penicillin allergy.** 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 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. 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 the increase in funding for CoFAR as requested by Reps. Ro Khanna (D-CA) and Anthony Gonzalez (R-OH), specifically an increase 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 FY20 Labor/HHS appropriation reflects the importance of trans-NIH research on food allergies. AAAAI strongly supports the following NIAID report language submitted by Reps. Ro Khanna (D-CA) and Patrick

McHenry (R-NC) 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 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 urges NIH to support robust investment 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.*

Penicillin Allergy Testing

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. Penicillin is the most commonly reported drug allergy, yet 9 out of 10 patients reporting a penicillin allergy are not truly allergic when evaluated and fewer than one percent of the population are truly allergic to penicillin.

According to a January 2019 review of the evaluation and management of penicillin allergy published in the Journal of the American Medical Association (JAMA), the goals of antimicrobial stewardship are undermined when reported allergy to penicillin leads to the use of broad-spectrum antibiotics that increase the risk of antimicrobial resistance and adverse

events. Moderate-risk patients can be evaluated with penicillin skin testing, and correctly identifying those who are not allergic to penicillin is important because:

- Inaccurate diagnosis of penicillin allergy can adversely impact medical costs for both patients and health care systems: research shows that antibiotic costs for patients reporting penicillin allergies are up to 63 percent higher than for those who do not report being penicillin-allergic.
- Patients labeled penicillin-allergic may have a threefold increased risk of adverse drug events (ADE). In the hospital setting, history of penicillin allergy translates to about 10 percent more hospital days, 30 percent higher incidence of VRE infections, 23 percent higher incidence of *C difficile* infections, and 14 percent higher incidence of MRSA infections.
- Correctly identifying those who are not actually allergic can improve antibiotic prescribing and combat the risk of super-bugs by allowing patients access to safer, less toxic antibiotics. By some estimates, up to half of all hospitalized patients in the U.S. receive antibiotics, and up to half of antimicrobial use may be inappropriate. There is a causal relationship between inappropriate antimicrobial use and resistance; changes in antimicrobial use lead to parallel changes in the prevalence of resistance.

AAAAI encourages more widespread and routine performance of penicillin skin testing for patients with a history of allergy to penicillin or another beta-lactam drug (e.g, ampicillin or amoxicillin). Penicillin allergy testing can accurately identify the approximately 9 of 10 patients who, despite reporting a history of penicillin allergy, can safely receive penicillin.

Therefore, AAAAI urges the subcommittee to include the following report language urging the HHS Secretary to increase awareness of this public health problem.

Penicillin Allergy. -- *The Committee recognizes that about 10 percent of the U.S. population reports a history of penicillin allergy, yet studies show that approximately 90 percent or more of these patients are not allergic to penicillin and are able to take these antibiotics safely. To complement ongoing efforts to combat antimicrobial resistance, Congress believes it is prudent for the Secretary of Health and Human Services to educate the public and health care providers regarding the importance of penicillin allergy testing.*

Thank you for your consideration of these 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.