

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

Prepared for the Subcommittee on

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

FY 2024 Public Witness Hearing – March 23, 2023

Chairman Aderholt, Ranking Member DeLauro, and members of the Subcommittee, thank you for the opportunity to submit written testimony on the U.S. Department of Health and Human Services (HHS) fiscal year 2024 (FY24) appropriations. **The American Academy of Allergy, Asthma & Immunology (AAAAI) respectfully requests the subcommittee to include \$18.2 million (an increase of \$6.1 million) 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.** In addition, AAAAI urges the subcommittee to include report language to encourage the CDC and/or other appropriate Federal agencies to support education and awareness related to the need for penicillin allergy evaluation in order to de-label non-allergic patients. **AAAAI also supports funding of \$100 million for the National Healthcare Safety Network and \$400 million for the Antibiotic Resistance Solutions Initiative** 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 practitioners 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 Diseases (NIAID) in 2005. Since then, CoFAR has discovered genes associated with an increased risk for peanut allergy and has also identified the most promising potential immunotherapy treatments for egg and peanut allergies, among many other accomplishments. Breakthroughs like these, scaled across other major food allergies, could significantly improve the quality of life for tens of millions of Americans. AAAAI wishes to express its appreciation to the subcommittee and Congress for the passage of the fiscal year (FY) 2023 spending bill, which provided an additional \$3 million for CoFAR, increasing its budget to \$12.1 million. While CoFAR’s annual budget remains a relatively small portion of NIH’s budget, it has been able to achieve major strides in the study of food allergy prevention and treatment.

AAAAI enthusiastically supports the \$6.1 million increase for CoFAR as requested by Reps. Ro Khanna, and nearly 30 additional bipartisan members, which would bring its yearly budget up to \$18.2 million. It is crucial that we continue investing in CoFAR in order to sustain the progress made by breakthrough research that is leading to effective solutions for the 8-10% of the U.S. population living with food allergies. Further, food allergies disproportionately impact low-income communities of color. Higher rates of food allergy, higher frequency of severe allergic reactions, higher rates of food allergy-related treatment in the emergency department, and higher rates of fatal food-induced anaphylaxis are reported in Black Americans. Similarly, data shows that food allergies are more prevalent among Hispanic Americans when compared to White Americans.

AAAAI strongly supports the following NIAID report language also submitted by Reps. Khanna 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 \$18,200,000, 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 the AAAAI, the CoFAR funding request and report language are supported by the Allergy & Asthma Network, American College of Allergy, Asthma and Immunology, Food Allergy Research and Education (FARE), and the Asthma and Allergy Foundation of America.

Antimicrobial Resistance (AMR) and Penicillin Allergy Evaluation

The growing threat of antimicrobial resistance, which 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% of the U.S. population self-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 1% of the population is truly allergic to penicillin**. In its [2018 Update of Antibiotic Use in the United States: Progress and Opportunities](#), the CDC cited the importance of correctly identifying if patients are penicillin-allergic in decreasing the unnecessary use of broad-spectrum antibiotics. 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. To this end, **the AAAAI urges the subcommittee to include language that encourages the CDC and/or other appropriate Federal agencies to undertake physician and patient directed education to heighten awareness**

of this important issue to increase penicillin allergy evaluation in order to de-label non-allergic patients.

To support CDC's work to target prevention of healthcare acquired and antimicrobial resistant infections and improve antibiotic prescribing, **the AAAAI supports funding of \$100 million for the National Healthcare Safety Network. We also support funding of \$400 million for the Antibiotic Resistance Solutions Initiative**, which would benefit from significant new resources to achieve the goals outlined in the *2020-2025 National Action Plan for Combating Antibiotic-Resistant Bacteria*, including strengthening antibiotic stewardship to promote best practices for prescribing antibiotics such as penicillin.

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.