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The Honorable Jon Tester
Chair
Subcommittee on Defense
U.S. Senate Committee on Appropriations
Washington, DC 20510

The Honorable Richard Shelby
Ranking Member
Subcommittee on Defense
U.S. Senate Committee on Appropriations
Washington, DC 20510

Dear Chairman Tester and Ranking Member Shelby,

As you consider the Fiscal Year 2023 (FY23) Department of Defense (DoD) Appropriations bill, We respectfully request continued inclusion of food allergies on the list of conditions eligible for research under the Peer Reviewed Medical Research Program (PRMRP). The PRMRP is an invaluable program within DoD, offering creative, long-term insights into significant medical issues like food allergies that affect members of the U.S. Armed Forces and their families and do not always receive the private-sector investments they require.

A recent study published in the *Journal of the American Medical Association Network Open* found a far higher prevalence of food allergies among American adults than previously revealed: about 10.8 percent – or 26 million adults – reported having a convincing food allergy. According to Food Allergy and Research Education (FARE), another 5.9 million children under the age of 18 suffer from at least one food allergy. That is one in 13 children or roughly two in every classroom. The Centers for Disease Control and Prevention (CDC) reports the prevalence of food allergies in children increased by 50 percent between 1997 and 2011. Between 1997 and 2008, the prevalence of peanut or tree nut allergy appears to have more than tripled in U.S. children.

Allergic reactions to food can have deadly consequences when left untreated. About 40 percent of children with food allergies have experienced a severe reaction, such as anaphylaxis. Each year, more than 200,000 Americans require emergency medical care for allergic reactions to food. That is equivalent to one trip to the emergency room every three minutes.

Recent epidemiological studies supported by the National Institutes of Health have found that food allergies disproportionately burden low income communities of color, particularly Black Americans. In fact, the prevalence of food allergies has risen most rapidly among Black Americans in recent decades, far more than rates rose for White Americans. Compared to White Americans, Black Americans also report 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. National data also indicate that food allergies are more prevalent among Hispanic Americans compared to White Americans. This is especially relevant here given the military's disproportionate minority composition.

As the number of food allergy emergencies increase, TRICARE faces the rising cost of care for military families suffering from food allergies. According to DoD, TRICARE provides coverage

to almost 9.4 million beneficiaries around the world, almost four million of which are family members of service personnel. Assuming the prevalence of food allergies in the military population is similar to that of the general public, we can estimate that 400,000 or more TRICARE beneficiaries grapple with food allergies.

Further, the diagnosis of a food allergy adversely affects an individual's ability to join or remain in the military. Although individuals with food allergies may apply for military service, each service branch has its own regulations to assess the applicant's food allergy history. The Army recently reported struggles with recruitment, with more than two-thirds of young adults failing to qualify for military service due to poor physical fitness or other issues. Readiness is vital to our national security, so it is crucial we support research on treating and curing this condition to minimize the proportion of the public that may be discouraged or disqualified from service due to food allergies.

Food allergies were re-added to the DoD PRMRP in FY20 after a four-year hiatus from the program. Sustained support is crucial in order to give the research community the time and awareness to prepare and submit proposals to the competitive grant program. Consistent investment in food allergy research through the PRMRP has the potential to make serious strides towards understanding the causes of, and developing treatments for, this widespread and under-researched condition. The sharp increase in prevalence over the past two decades is a concerning trend that needs further investigation.

We respectfully ask your support in maintaining food allergies as eligible for research funding through the PRMRP. Food allergy research has the potential to benefit military service members and their families, and to vastly improve the state of food allergy research in this country for all who are, or who will be, diagnosed with this condition.

Thank you for your attention and consideration of this request. We look forward to working with you to support the health of our nation's brave servicemembers and their families.

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United States Senate
WASHINGTON, DC 20510

[[DATE]]

The Honorable Patty Murray
Chair
Subcommittee on Labor-HHS-Education
Senate Appropriations Committee
Washington, DC 20510

The Honorable Roy Blunt
Ranking Member
Subcommittee on Labor-HHS-Education
Senate Appropriations Committee
Washington, DC 20510

Dear Chair Murray and Ranking Member Blunt,

We write to thank you for your leadership in championing investment in food allergy research at the National Institutes of Health (NIH). As you consider the Fiscal Year 2023 (FY23) Labor, Health and Human Services, and Education, and Related Agencies (LHHS) Appropriations bill, We respectfully request you support robust funding for the Consortium of Food Allergy Research (CoFAR) within the National Institutes of Allergy and Infectious Disease (NIAID) at the level of \$15.2 million in FY23 – an increase of \$6.1 million in order to reflect the increasing rate of food allergies in America. Additionally, We request report language reflecting the broad importance of the NIH engaging in trans-NIH research on food allergies.

A study published in the *Journal of the American Medical Association (JAMA) Network Open* found a far higher prevalence of food allergies among American adults than previously revealed: about 10.8 percent – or 26 million – reported having a convincing food allergy. According to Food Allergy and Research Education (FARE), another 5.9 million children under the age of 18 also suffer from food allergies. That is one in 13 children or roughly two in every classroom. The Centers for Disease Control & Prevention (CDC) reports the prevalence of food allergies in children increased by 50 percent between 1997 and 2011. Between 1997 and 2008, the prevalence of peanut or tree nut allergy appears to have more than tripled in children in the U.S.

Allergic reactions to food can have deadly consequences when left untreated. About 40 percent of children with food allergies have experienced a severe reaction, such as anaphylaxis. Each year, more than 200,000 Americans require emergency medical care for allergic reactions to food. That is equivalent to one trip to the emergency room every three minutes.

Importantly, recent epidemiological studies supported by the National Institutes of Health have found that food allergies disproportionately burden low income communities of color, particularly Black Americans. In fact, the prevalence of food allergies has risen most rapidly among Black Americans in recent decades, far more than rates rose for White Americans. Compared to White Americans, Black Americans also report 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. National data also indicate that food allergies are

more prevalent among Hispanic Americans compared to White Americans. This is especially relevant here given the military's disproportionate minority composition.

In 2005, NIH established CoFAR within NIAID to address a concerning and sustained rise in food allergy prevalence. Since then, CoFAR has identified genes associated with an increased risk for peanut allergy and has also identified the most promising routes, doses and durations of egg and peanut immunotherapy for further study, among many other accomplishments. In 2017, NIH announced an intention to award CoFAR \$42.7 million over seven years (\$6.1 million, annually) so that it may continue evaluating new approaches to treat food allergy.

Already, CoFAR has made important advances, such as the demonstrated success of the [four-year egg oral immunotherapy \(eOIT\)](#) treatment, which allowed certain participants to safely reintroduce egg into their diet after years of abstinence. As one of the most common food allergies which often appears in early childhood, egg allergy carries the risk of severe reaction and can negatively affect the quality of life for children and adults with the allergy. Breakthroughs like the eOIT treatment, scaled across other major food allergies, can significantly improve the quality of life for tens of millions of Americans.

We therefore respectfully request a \$6.1 million increase of CoFAR's budget in FY23 and for the following statement to be appended as Report Language to the FY23 bill appropriating funding for the Departments of Labor, Health and Human Services, and Education, and Related Agencies:

***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 \$15,200,000, 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.*

Continued investment in food allergy research through CoFAR and NIAID has the potential to make serious strides towards understanding the causes of, and developing treatments for, this widespread and under-researched condition. The sharp increase in prevalence over the past two decades is a disturbing trend that needs further investigation and the requisite resources to properly address what is at risk of becoming a public health crisis.

Thank you for your attention to my concerns, and we look forward to working with you to invest in research that will lead to effective treatments and ultimately, a cure, for life-altering food allergies.

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