I want to thank Chairwoman DeLauro, Ranking Member Cole and the distinguished members of this subcommittee for today’s opportunity to submit my testimony in support of language and funding priorities in your Fiscal Year 2020 (FY20) appropriations bill. I ask unanimous consent to submit extended testimony for the hearing record.

First, please allow me to express my appreciation for your many years of public service and dedication to raising the standard of living for our nation’s families and improving conditions in our workplaces. Your bipartisan leadership is an example for the rest of the House, and I am honored to appear before you today.

I would also like to express my appreciation for the $5.5 billion in funding awarded to the National Institute of Allergy and Infectious Disease (NIAID) within the National Institute of Health (NIH) this year. This subcommittee’s bipartisan commitment to continued increased funding for the NIH over the past four years is one of the best investments of public funds.

As you know, NIAID drives the vital research necessary to fight innumerable conditions and diseases suffered by millions of Americans every day. Additionally, this foundational research is instrumental in almost every medical breakthrough and is crucial to our continued leadership in the science and medicine around the world.

Key to NIAID’s mission is the study of allergies – specifically, food allergies. This is why I am testifying today. Food allergies afflict 32 million Americans and their loved ones, including six million children. That is 10.8 percent of the country battling daily with the constant, sometimes mortal, dangers caused by food allergies.

Food allergies do not consist of only sensitivity to certain kinds of food. These can be life-threatening. In fact, 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.

Data provided by the Centers for Disease Control & Prevention (CDC) indicates the prevalence of food allergies in children increased by 80 percent between 1997-99 and 2015-2017, with peanut and tree nut allergies in children appearing to have more than tripled from 1997 to 2008. Despite this rapid acceleration of occurrence, FDA-approved treatment for food allergies is not yet available to our nation’s 32 million patients. Without prevention and treatment, that number will only continue to rise.
In 2005, NIH established the Consortium on Food Allergy Research – CoFAR – within NIAID. 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. CoFAR’s four-year egg treatment actually allowed participants to safely reintroduce egg into their diet after years of abstention. Egg is one of the most common food allergies, and often appears in early childhood, carrying a high risk of severe reaction. Breakthroughs like this treatment, scaled across other major food allergies, can significantly improve the quality of life for tens of millions of Americans.

In 2017, NIH announced its intention to award CoFAR $42.7 million over seven years so that it may continue evaluating new approaches to treat food allergies. 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.

Accordingly, I have two requests for the subcommittee today: First, I respectfully request language that I have submitted be added to the subcommittee’s report accompanying the final bill acknowledging the groundbreaking work of CoFAR and encouraging robust investment to expand its research breadth and network.

Second, I respectfully request an increase in funding for CoFAR 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 afflicting 32 million Americans, six million of which are children.

Madam Chair DeLauro, Ranking Member Cole, thank you, again, for the opportunity to testify before this subcommittee today. I welcome any questions you might have.