



June 13, 2019

The Honorable Anna Eshoo
Chair
Energy and Commerce
Health Subcommittee
2125 Rayburn House Office Building
Washington, DC 20515

The Honorable Michael Burgess
Ranking member
Energy and commerce
Health Subcommittee
2125 Rayburn House Office Building
Washington, DC 20515

Dear Chairwoman Eshoo and Ranking Member Burgess:

On behalf of the American College of Allergy, Asthma & Immunology and the undersigned patient and consumer organizations, we are writing to express our serious concerns about H.R. 2009, the Removing Barriers to Allergy Diagnostic Testing Act of 2019.

We are concerned that H.R. 2009, if enacted, will lead to the indiscriminate use of allergy blood testing as a screening test and rather than its appropriate use as a confirmatory test. The inappropriate use of blood testing as a screening test will result in the misdiagnosis and mislabeling of people with food and/or inhalant allergies. Such false diagnoses would be harmful to patients, result in unnecessary care and lifestyle restrictions and increase healthcare spending on unnecessary treatments.

We do not question the medical equivalence of blood testing and percutaneous testing as confirmatory tests for food and inhalant allergies. Many Allergists use blood testing as a

confirmatory test, particularly for patients who do not wish to have percutaneous skin testing. The key word is “confirmatory” tests. Testing alone is not the appropriate standard of care for the accurate diagnosis and subsequent treatment of food and inhalant allergies. This is true whether the test is a skin test or a blood test.

Unfortunately, due to the nature of blood testing, we are concerned that health professionals will simply add allergy testing to the panel of screening tests they had already planned to order. For some clinicians and patients, the attitude with blood testing appears to be “because we already have your blood we might as well test you for a broad range of potential problems, including allergies.” The use of blood testing as a patient screening tool may make sense with regard to some medical conditions, but not allergy diagnosis.

Although not the intention of the sponsors of H.R. 2009, the likelihood that a blood test will be used for screening purposes is, we believe, a real possibility. Blood testing as an indicator of allergic disease could generate a large number of clinically irrelevant positive results to food and/or inhalant allergens.

There are two key steps in the practice of allergy diagnosis: the medical history and allergy test selection. When it comes to allergic diseases, an individual’s medical history is as important and, in many cases, more important than the results of an allergy skin and/or blood test. Medical history is the critical connection between allergy test results and allergic disease itself.

If H.R. 2009 is enacted, we are concerned that allergy blood tests will be ordered indiscriminately as a screening tool and not ordered based on the patient’s symptoms, environmental and occupational exposures, food history, and age. It is paramount that all allergy test results whether skin or blood must be confirmatory and interpreted in the context of the patient’s medical history.

Your consideration of these concerns is appreciated. We would be happy to discuss this further if you need any additional information or have questions about the use and relative effectiveness of percutaneous skin testing and allergy blood testing.

Sincerely,

Todd A. Mahr, MD – President
American College of Allergy,
Asthma and Immunology

Stephen A. Imbeau, MD - Chair
Advocacy Council of ACAAI

Kenneth Mendez – President and CEO
Asthma and Allergy Foundation of America

Tonya Winders – President and CEO
Asthma Allergy Network

Eleanor Garrow-Holding – President and CEO
Food Allergy & Anaphylaxis Connection Team

Lisa Gable – Chief Executive Officer
Food Allergy and Research Education