

September 25, 2024

The Honorable Larry Bucshon, MD
2313 Rayburn House Office Building
Washington, DC 20515

The Honorable Ami Bera, MD
172 Cannon House Office Building
Washington, DC 20515

The Honorable Morgan Griffith
2202 Rayburn House Office Building
Washington, DC 20515

The Honorable Scott Peters
1201 Longworth House Office Building
Washington, DC 20515

The Honorable Greg Murphy, MD
407 Cannon House Office Building
Washington, DC 20515

The Honorable Kim Schrier, MD
1110 Longworth House Office Building
Washington, DC 20515

The Honorable Mike Kelly
1707 Longworth House Office Building
Washington, DC 20515

The Honorable Suzan DelBene
2330 Rayburn House Office Building
Washington, DC 20515

The Honorable Mariannette Miller-Meeks, MD
1034 Longworth House Office Building
Washington, DC 20515

The Honorable Lauren Underwood
1410 Longworth House Office Building
Washington, DC 20515

Re: Support for H.R. 9778, the *Penicillin Allergy Verification and Evaluation (PAVE) Act*

Dear Representatives Bucshon, Bera, Griffith, Peters, Murphy, Schrier, Kelly, DelBene, Miller-Meeks, and Underwood:

The undersigned patient and provider organizations write in support of the *Penicillin Allergy Verification and Evaluation (PAVE) Act (H.R. 9778)*, which would require that penicillin allergy verification and evaluation be included in the “Welcome to Medicare” preventive visit and annual wellness visits.

Millions of patients believe they are allergic to penicillin, but evidence shows that more than 90% of patients who have a [self-reported penicillin allergy](#) in their electronic medical record can [safely](#) take penicillin after [verification testing](#) and evaluation. A [2023 study](#) of adults 65 and older with a penicillin allergy found that 97% were disproved after verification testing.

The mislabeling of penicillin allergies has led to unnecessarily avoiding these treatments which remain first-line therapies for many infections and thus contributing to the rise of drug-resistant bacteria and compromised patient care. By proper evaluation, verification, and removal of a penicillin allergy, when appropriate, the effectiveness of other antibiotics can be safeguarded to preserve their ability to treat infections and to ensure the best possible outcomes for patients.

Removing a penicillin allergy label from the patient’s electronic medical record is a relatively easy, low cost and an important public health intervention that can improve patient outcomes, reduce healthcare costs, and advance the fight against antimicrobial resistance. Correctly identifying and addressing inaccurate reports of penicillin allergy is crucial for older adults, who face heightened vulnerability to severe infections and adverse drug reactions. The *PAVE Act* seeks to improve antibiotic stewardship and combat antimicrobial resistance by identifying and de-labeling Medicare patients who have been previously inaccurately labeled with a penicillin allergy by adding “penicillin allergy verification and evaluation” as part of Medicare’s Initial Preventative Physical Exam and Annual Wellness Visit.

Thank you for your leadership on antibiotic stewardship. Please do not hesitate to contact any of the undersigned organizations, should you have questions or require additional information.

Sincerely,

American Academy of Allergy, Asthma & Immunology (AAAAI)
American Academy of Otolaryngic Allergy (AAOA)
American Academy of Otolaryngology-Head and Neck Surgery (AAO-HNS)
American College of Allergy, Asthma & Immunology (ACAAI)
American College of Physicians (ACP)
American Gastroenterological Association (AGA)
American Geriatrics Society (AGS)
Allergy and Asthma Network (AAN)
American Medical Association (AMA)
Asthma and Allergy Foundation of America (AAFA)
Food Allergy & Anaphylaxis Connection Team (FAACT)
Food Allergy Research & Education (FARE)
Infectious Diseases Society of America (IDSA)
International Food Protein Induced Enterocolitis Syndrome Association (I-FPIES)
The Mast Cell Disease Society, Inc. (TMS)
Peggy Lillis Foundation (PLF)