

STATEMENT OF FARE (Food Allergy Research & Education)
State of Pennsylvania
Senate Majority Policy Committee
February 12, 2026

Dear Chair and Members of the Senate Majority Policy Committee,

Thank you, Honorable Chair Dave Argall, Majority Chair of the Policy Committee, for the opportunity to submit testimony for the record regarding food allergy prevention that will support children across Pennsylvania. On behalf of our food allergy community, we appreciate the Committee's attention to this growing disease and your leadership in examining practical evidence-based policies that can better protect individuals with food allergy.

In this 2025-2026 Pennsylvania Legislative Session, Senator Camera Bartolotta (SD 46), introduced SB 978, that would require all health insurance plans subject to requirements under Pennsylvania law, including Medicaid, to provide coverage, at no cost when prescribed to infants, of at least 1 option of an early peanut introduction dietary supplement and at least 1 option of an early egg introduction dietary supplement. Similar legislation is active in the Pennsylvania House of Representatives, HB 672, championed by Representative Gina Curry (HD 164).

[FARE](#) (Food Allergy Research & Education), the leading nonprofit organization that supports those impacted by food allergy through advocacy, research, and education, strongly supports food allergy prevention legislation on behalf of the more than 33 million people in the U.S. with potentially life-threatening food allergy including the more than 1.3 million Pennsylvania residents with food allergy.

According to 2023 census data, Pennsylvania's food allergy population is larger than the combined populations of [Pittsburgh, Allentown, Reading city, Erie, Upper Darby, Scranton and Lower Merion](#), as more than 10% of the state's residents have a food allergy. Furthermore, of the 1.3 million residents with food allergy, more than 200,000 are children 18 and under.

Food allergy, which can cause life-threatening reactions, is on the rise—the [Centers for Disease Control and Prevention \(CDC\)](#) found that over the past 20 years, the rates of children with food allergy has grown by 50% and for children with a peanut or tree nut allergy, it has tripled. Food allergy and the risk of fatal [anaphylaxis](#) are growing at an even faster rate among [African-American, Latino, and Asian-American children](#). [The CDC has also found that food allergy impact nearly 8% of all children.](#)

While food allergy is on the rise nationally, a [2020 study](#) found that children on Medicaid were less than one-tenth as likely as children on private health insurance to be diagnosed with food allergy. This is especially troubling in Pennsylvania, as the Pennsylvania Partnerships for Children found in 2022 that [approximately 39% of the state's children are on Medicaid/CHIP.](#)

Food allergy has a profound economic impact, and often harms those who can least afford it, by costing the American economy more than [\\$24.5 billion per year](#)—with the average family, in 2013, spending

more than \$4,000 in costs for each food allergic child—equivalent to roughly \$34.5 billion and \$6,000 per child in 2025 dollars, after adjusting for inflation. For those with peanut allergy, which is generally a lifetime disease, a [2022 study](#) found that the average cost is about \$7,261 per individual per year from ages 1 to 18. There is also a tremendous health care cost involved as every 10 seconds a food allergy reaction sends a patient to the emergency room in the U.S.

The Rise of Early Introduction to Prevent Future Food Allergy

Following the historic [Learning Early About Peanut Allergy \(LEAP\)](#) study in 2015 that showed the early consumption of peanuts and peanut products by infants reduced the risk of developing peanut allergy by 87%, similar findings were replicated with egg by the [Enquiring About Tolerance \(EAT\)](#) study that was published in 2019.

Since these findings, numerous organizations and government bodies including the American Academy of Pediatrics (AAP), the American College of Allergy, Asthma, and Immunology (ACAAI), and the American Academy of Allergy, Asthma and Immunology (AAAAI) have endorsed the practice of the early introduction of peanut and egg in infants' diets to prevent food allergy.

Additionally, the [2025-2030 Dietary Guidelines for Americans](#) specifically recommend the early introduction of peanut in an appropriate infant-safe form. The guidelines further advise, "introduce potentially allergenic foods—including nut butters, eggs, shellfish, and wheat—alongside other complementary foods at approximately six months of age."

This legislation is critically needed to slow and reverse the rise of food allergy to peanut and egg early in life, which are two of the most prevalent food allergens requiring top nine labeling. We need legislation that fuses together established science and provides a policy path forward for the State of Pennsylvania to help free its infants and children, regardless of economic background, and their parents and caretakers from the challenges, costs, and pain of managing life-threatening food allergy.

When prevention of food allergy through early introduction is prioritized, the state could potentially save upwards of [\\$4,000-\\$7,000 per child impacted per year](#) based on estimates of the annual economic burden that food allergy places on families. But, more importantly, you would relieve the substantial psychosocial burden that individuals affected by food allergy face daily.

FARE appreciates your leadership and commitment to making food allergy a leading public health priority. We believe that by aligning policy with scientific evidence, we can achieve a world where food allergy rates are greatly lowered—and where the substantial financial and psychosocial burdens on individuals, families, and the healthcare system are profoundly alleviated.

Respectfully submitted,

Sung Poblete, PhD, RN
CEO, FARE (Food Allergy Research & Education)