The FASTER Act: The Critical First Step to Ending the Food Allergy Epidemic

Food allergies have reached epidemic levels.

- 32 million Americans affected
- 6 million children
- 50% Prevalence of childhood food allergies increased 50 percent over the past two decades

Food allergies are overburdening our healthcare system.

- Every three minutes, a reaction results in an emergency room visit
- Annually, 200,000 people require emergency medical care for reactions
- Procedures to treat anaphylaxis increased 380% between 2007 and 2016

Without a cure, or even treatments, food allergies create enormous stress for patients—and our healthcare system.

- With no treatments, patients’ only options are avoidance and epinephrine. Even trace amounts of allergens can cause a reaction, and just a single mistake can cause severe illness or even death.

NIH spends only $62 million each year—just 19 cents per person—on food allergy research.

The FASTER Act lays the critical groundwork for jumpstarting the research we need to find treatments and a cure. It’s based on recommendations from a November 2016 panel convened by the National Academies of Sciences, Engineering and Medicine. The bill:

- Requires the federal government to gather comprehensive information about who has food allergies, what food allergies they have, and what types occur most often
  - Since an existing data collection vehicle will be used, there is a minimal cost impact
  - Research will be more effectively managed if all stakeholders have a common set of food allergy facts
- Requires NIH to estimate the current toll on America’s economy due to food allergy-related care and exposure
- Updates allergen labeling laws to include sesame. It would also require updated labeling for new allergens as scientific evidence emerges.
  - This brings the U.S. closer to the European Union’s labeling standards
  - Food trends create allergy trends. This change allows us to more quickly react to new threats.

Food allergies have reached epidemic levels. The FASTER Act (H.R. 2117) is the first step to ending it. Please co-sponsor this bill.

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