

Honorable Pat Roberts  
109 Hart Senate Office Building  
Washington, DC 20510-1605  
RE: **S. 1752 Freedom to Breathe Act of 2011**

Honorable Jim DeMint  
167 Russell Senate office Building  
Washington, DC 20510  
RE: **OTC Epinephrine Inhalers**

Dear Senator Roberts and Senator DeMint:

Thank you for your interest and concern for those living with asthma. The Association of Asthma Educators is writing this letter in opposition to **S. 1752 Freedom to Breathe Act of 2011 and the amendment regarding OTC Epinephrine Inhalers**. Both would allow continued access to an over the counter inhaler, Primatene Mist, that was developed more than 50 years ago and is no longer recommended for use by people with asthma.

The primary purpose of the Association of Asthma Educators (AAE) is to promote asthma education as an integral comprehensive asthma program, to raise the competence of health care professionals who educate individuals and families affected by asthma, and to raise the standard of care and quality of asthma education delivered to those with asthma. To that end, the AAE recognizes that asthma education should reflect the recommendations of the national guidelines and serve to meet the needs of the target population.

For over 20 years the National Guidelines for the Diagnosis and Treatment of Asthma, developed by the National Institute of Health and updated 3 times based on scientific evidence for diagnosis and treatment of asthma, do not support the use of epinephrine inhalers in the treatment of asthma. Almost 20 years ago the GINA, the Global Initiative for Asthma was launched as a collaboration of the National Institutes for Health and the World Health Organization to reduce the prevalence of asthma, its morbidity and mortality worldwide also bases its recommendations on evidence based criteria which does not include the use of the OTC epinephrine inhaler.

The Association of Asthma Educators, a national organization whose members are health educators from many disciplines kindly requests that you reference the following Special Report, Safety of Over-The-Counter Inhalers: Report of the Council of Scientific Affairs Chest 2000; 118:522-526 which states, "Of greater concern is the possibility that patients with mild to moderate persistent asthma may rely on OTC bronchodilators and avoid seeking medical care, which may ultimately lead to disease progression and increased morbidity. Many deaths from asthma are believed to be caused by inadequate or delayed treatment, and therefore are potentially preventable." In addition it declares, "The continuing availability of OTC drugs is a step in the wrong direction, sending the wrong message that asthma is not a serious disease that needs close attention."

We would not treat other diseases with 50 year old standards why then should we continue to do so with asthma given the multitude of current evidence-based criteria in the NIH guideline-level of care.

We concur with Allergy and Asthma Network Mothers of Asthmatics, the Alpha 1 Foundation/COPD Foundation, the Association of Respiratory Care, and the American Latex Allergy Foundation and their statement “The Freedom to Breathe Act 2011 does nothing to address and solve the problem of patients’ access to NIH guideline-level care, but rather grants special favors to a manufacturer – the only one to benefit from the Freedom to Breathe Act 2011.”

Thank you for your consideration of this statement of opposition to the passage of the Freedom to Breathe 2011 legislation.

Sincerely,

The Association of Asthma Educators  
Board of Directors