

Allergy Asthma Day on Capitol Hill 2018
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Allergy & Asthma Network, Vienna, Virginia

INTRODUCTION:

Allergy & Asthma Network (“Network”) is the nation’s leading voice and patient advocate for more than 50 million Americans with allergies and 22 million with asthma. For 32 years, the Network has worked to end needless death and suffering due to asthma, allergies and related conditions through outreach, education, advocacy and research.

Asthma remains one of the most serious chronic diseases and costly health issues (\$80 billion annually in direct and indirect healthcare costs) in the United States. Approximately 3,600 Americans die each year due to asthma. The disease has greater impact on vulnerable populations, including children and older adults as well as those living with other diseases. Of the millions of Americans living with allergies to the environment, food, insect venom, medications and latex, there are 15+ million at risk for a severe allergic reaction, or anaphylaxis. There are approximately 700 deaths annually due to anaphylaxis, and children and adolescents are among those most at risk.

Together with over 100 patients, families, healthcare professionals and industry partners, the Network seeks to ensure that federal and state laws, policies, regulations and resources support our role in achieving optimal health outcomes for people with asthma and allergies. The following poster provides details on the 110 Hill visits and the key advocacy issues for our 21st annual Allergy & Asthma Day Capitol Hill 2018.

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AGENDA:

7:00 – 8:30 am – Breakfast Briefing

**Kimpton Hotel Palomar
National Room – 2nd Floor**

2121 P St NW, Washington, DC

Prepare for Congressional visits and review policy priorities.

9:00 am – 5:00 pm – Capitol Hill Visits

Meet with members of Congress and staff individually or in a group. *Meetings will be scheduled based on attendee's congressional district when registering unless prior arrangements made.*

12 – 1:00 pm – Congressional Lunch Briefing

Rayburn House Office Building, Room 2168

75 C Street SW, Washington, DC

Hear from Congressional Asthma & Allergy Caucus leaders, patients and families, patient advocates and industry leaders on key issues addressing asthma and allergy. ***Free lunch will be provided***

Speakers include:

Tonya Winders, President and CEO of Allergy & Asthma Network

Bradley Chipps, MD, President of the American College of Allergy, Asthma & Immunology (ACAAI)

- Topic: The State of Asthma and Allergy in the United States

Randall Brown, MD, Center for Chronic Disease Management, University of Michigan

- Topic: Addressing Disparities in Allergy and Asthma

Bruce Bender, PhD, National Jewish Health, Denver

- Topic: Asthma in the Native American Population

5:30 – 7:30 pm – Networking Reception

Kimpton Hotel Palomar DC

National Room – 2nd Floor

Meet with fellow advocates, healthcare professionals and industry leaders in an informal gathering.

ADVOCACY ISSUES:

ACCESS TO CARE

Maintain adequate coverage for individuals who rely on Medicaid.

H.R. 2285, Implementation of School-Based Health Management Programs.

H.R. 2077, Transparent process for medications subject to step therapy.

H.R. 4, Access to safe and effective medications in aircraft emergency medical kits.

Use of telemedicine technologies to provide respiratory care services.

AFFORDABLE MEDICATIONS AND TREATMENTS

Reduction of prescription drug costs for patients particularly those with chronic or life-threatening conditions.

Provide a separate HCPCS billing code and reimbursement in Medicare Part B for each biosimilar biologic product.

ASTHMA AND ALLERGY FEDERAL FUNDING

Continue funding in FY2019 for the CDC's National Asthma Control Program at \$30 million.

Continue funding in FY2019 for EPA's research, education and outreach initiatives that address indoor and outdoor environmental factors that trigger asthma in communities and schools.

Continue funding in FY2019 for NIH research programs (NHLBI's National Asthma Education and Prevention Program and NIAID) for allergy, asthma and related conditions.

HEALTH EQUITY

Development of health equity interventions to support better health outcomes for patients in areas including:

- o Environment (indoor and outdoor)
- o Housing
- o Transportation
- o Education
- o Language and Culture

PRODUCT LABELING

H.R. 5425, Updates food packaging requirements and adds sesame on ingredient labels of processed foods.

Require manufacturers to list potential food allergen cross-contact on food package labels.

USP PHARMACEUTICAL COMPOUNDING: STERILE PREPARATION GUIDELINES – CHAPTER 797

Maintain the current USP allergy exception for allergen extracts which requires mixing to be done with aseptic technique, but without the environmental and other controls required for more dangerous compounding drugs.

ADVOCACY ISSUE SUMMARY: ACCESS to Care

Access to affordable, high-quality healthcare and safe and effective medications is important for all Americans, especially for those with chronic, life-threatening illnesses (e.g., asthma and severe allergies). Preventive care and medical treatment options are essential to helping patients live a full life.

MEDICAID

Medicaid is the largest health insurance program in the U.S., covering more than 62 million Americans, including millions of the poorest individuals and families in the nation. Medicaid also serves as a critical source of coverage for minority children. In some states, more than half of all children with asthma rely on Medicaid for their health coverage. One in three children with asthma lives in poverty, and the rate of asthma is significantly higher among African-American and Puerto Rican children – leading to dramatic health disparities for our most vulnerable citizens.

DISEASE MANAGEMENT

Despite the availability of various treatments and disease management guidelines, there are patients with uncontrolled asthma, which can impact their quality of life. The development of asthma management plans in coordination with the patient, physician, caregiver and school personnel (if applicable) can lead to reduced risk of asthma episodes and improved health outcomes.

SCHOOL-BASED RESPIRATORY HEALTH MANAGEMENT ACT (H.R. 2285) increases grant preference to states which implement comprehensive school-based reversible lower airway disorders (e.g., asthma) and allergy management programs that include student action plans,

and education and training for school staff to administer medications in an emergency. This bill would better equip schools to help students manage their disease.

Note: The Asthmatic Schoolchildren's Treatment and Health Management Act signed into law in 2004 led to legislation in all 50 states ensuring schoolchildren with asthma had the right to self-carry and administer their quick-relief inhaler at school. Schools across the country are also stocking emergency supplies of inhalers for students who forget their inhaler or use one so infrequently they do not have it at school. Implementing management plans and ensuring school staff members are prepared are the best defenses in assisting children with asthma.

MEDICATION ACCESS

Step therapy is a practice health insurance plans use to manage the cost of medications. These insurance policies require the least expensive drug to be prescribed to a patient first, rather than the medicine originally prescribed by the doctor. This practice can result in serious negative consequences for consumers and the public health system. By limiting the medication options, both doctors and patients are forced to compromise their treatment decisions in a way that is dangerous, time consuming and more expensive in the long-term.

RESTORING THE PATIENT'S VOICE ACT (H.R. 2077) provides a clear and transparent process to seek exceptions and approvals for medications subject to step therapy review by health insurance plans and establishes a reasonable and clear timeframe for overriding decisions. Currently, only a handful of airline carriers stock epinephrine auto-injectors on board their flights. Airlines should carry no fewer than two packs of epinephrine auto-injectors as treatment for anaphylaxis and provide crewmember training, so they know how to recognize an allergic reaction and administer an epinephrine auto-injector.

FEDERAL AVIATION ADMINISTRATION (FAA) REAUTHORIZATION (H.R. 4) in the House of Representatives includes language for the FAA Administrator to evaluate and revise regulations regarding aircraft emergency medical kits to meet the emergency medical needs of children. The Senate bill (S.1405) does not include this language.

TELEMEDICINE

For Americans living with asthma, allergies and related conditions, telemedicine would be an effective way to provide disease education and improved disease management. This is particularly true in rural areas, where visiting a physician's office could require traveling lengthy distances. All Americans living with chronic respiratory illness can experience improved health outcomes using modern technologies such as telemedicine as a complement to existing healthcare resources. This provides a valuable – and cost-effective – way for people to get necessary treatment.

CONCLUSION:

- Maintaining adequate coverage for individuals who rely on Medicaid.
- H.R. 2285, Implementation of School-Based Health Management Programs.
- H.R. 2077, Transparent process for medications subject to step therapy.
- H.R. 4, Access to safe and effective medications in aircraft emergency medical kits.
- Use of telemedicine technologies to provide respiratory care services.
- Reduction of prescription drug costs for patients particularly those with chronic or life-threatening conditions.

- Provision of a HCPCS billing code and reimbursement in Medicare Part B for each biosimilar biologic product.
- Continued funding in FY2019 for the CDC's National Asthma Control Program at \$30 million.
- Continued funding in FY2019 for EPA's research, education and outreach initiatives that address indoor and outdoor environmental factors that trigger asthma in communities and schools.
- Continued funding in FY2019 for NIH research programs (NHLBI's National Asthma Education and Prevention Program and NIAID) for allergy, asthma and related conditions.
- Development of health equity interventions to support better health outcomes for patients in areas including environment, housing and transportation.

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