



## 2023 POLICY PRIORITIES

Allergy & Asthma Network (“Network”) has developed a set of policy priorities to direct our advocacy work which includes:

- Improve Access to Medical Care and Treatment
- Asthma and Allergy Program Funding
- Reduce Health Risks for Allergy and Asthma Emergencies
- Mitigate Environmental Health Hazards
- Improve Health Equity

Advancing these priorities brings the Network closer to fulfilling its mission to end needless death and suffering due to asthma, allergies and related conditions. As part of that mission, the Network is dedicated to ensuring the needs and interests of patients and their families are reflected in all major legislative and regulatory decisions made in Washington, D.C. and in the states.

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### I. Improve Access to Medical Care and Treatment

Access to safe, effective and affordable medical care and treatment is vital for patients as they face unaffordable out-of-pocket expenses (e.g., deductibles and coinsurance) and utilization management tools (e.g., prior authorization and step therapy) that impact how and when they can access healthcare services and medicines. These challenges are putting Americans at risk for poorer health outcomes and deepening inequities especially for those with chronic and life-threatening conditions such as asthma and severe allergies. These barriers have led to patients not filling a doctor’s prescription, reducing their dosage to make a supply last longer, buying medicines from foreign countries, or substituting alternative therapies. Stable treatments are necessary for patients with chronic conditions and access to medications is critical.



Access to high-quality, affordable healthcare and insurance coverage is essential to achieve the most successful health outcomes for patients. This includes adequate coverage for patients who rely on government programs including Medicare and Medicaid. Access to innovative therapies and technologies (e.g., biologic medications, immunotherapy, telehealth, remote patient monitoring) are important to address specific medical needs and improve patients’ lives.

Approximately 15% of Americans living with compromised immune systems and lung health, who have had COVID, are still suffering with long COVID symptoms months later. These individuals face debilitating, life-changing effects that have not been studied and in some cases, are unable to access health services.

#### The Network supports:

- Access to safe, effective and affordable treatments and medications when people need them.
- Adequate coverage for individuals who rely on Medicare and Medicaid.
- Access to innovative therapies and technology for targeted treatment and personal choice.
- Safe, effective and more expeditious approval process by the U.S. Food and Drug Administration for new medical treatments.
- Expand long COVID research and greater access to needed services.

## II. Asthma and Allergy Program Funding

Federal health programs that support disease awareness, management and research are essential to improve the healthcare quality and safety for all Americans, particularly those who live with chronic conditions. Federal funding is necessary to support asthma and allergy research, education and outreach initiatives at the U.S. Department of Health and Human Services (HHS), U.S. Department of Housing and Urban Development (HUD), U.S. Environmental Protection Agency (EPA), and the U.S. Department of Defense (DOD).



### The Network supports:

- Continued federal funding for health programs that support individuals living with allergies, asthma and related conditions.

## III. Reduce Health Risks for Allergy and Asthma Emergencies

Despite the availability of various treatments and disease management guidelines, people with uncontrolled asthma or life-threatening allergies may face a reduced quality of life.

There are 26 million Americans living with asthma including 6 million children. Asthma remains one of the most serious chronic diseases costing the U.S. healthcare system \$80 billion annually in direct healthcare expenditures (emergency department visits and hospitalizations) and indirect costs from lost productivity (missed school days and workdays).

Approximately 4,145 Americans die each year from asthma. Standardized Asthma and Anaphylaxis Action Plans and access to medication in an emergency would help schools better prepare and manage a child's health, while also ensuring the child is able to remain in the classroom and focus on learning. As the number of students with chronic medical needs continues to increase, it is vital they have regular access to a school nurse.



There are 32 million Americans living with severe allergies from food, insect venom, medication and latex who are at risk for anaphylaxis (a severe, life-threatening allergic reaction). One in every 13 children is at risk due to food allergies alone. The first-line treatment for anaphylaxis is epinephrine yet approximately 1,500 American die each year. Immediate access to this lifesaving medication is critical at daycares, schools, businesses, organizations and on airplanes. Greater investments in research and innovative therapies are needed to address specific medical needs and improve patients' lives. For those people living with severe food allergies, a standard, easy-to-use, front-of-package nutrition labeling system would help people identify potential allergens. This would also reduce consumer confusion and the need to contact the manufacturer to determine if a food is safe.

### The Network supports:

- Improvements to healthcare delivery system that will reduce asthma or allergy hospitalizations and deaths.
- Greater investments in research to understand, treat, and ultimately cure food allergies and related conditions.
- Food nutrition labeling system that is easy-to-read with potential allergens identified.
- Stock albuterol and epinephrine in schools.
- Standardized Asthma and Anaphylaxis Action Plans in schools to manage a child's health.
- Regular access to a school nurse by students when needed.
- Access to epinephrine in public places, including restaurants, aircraft, children camps and daycare centers.

## IV. Mitigate Environmental Health Hazards

People who have asthma and other respiratory illnesses are vulnerable to environmental contaminants from air pollution (indoor and outdoor) and the adverse health effects of climate change. Solutions to reduce environmental hazards must involve public health to protect our most vulnerable populations including communities of color, the elderly, children, the sick and underserved.



Ground-level ozone and particulate matter (e.g., dust, dirt, soot or smoke) and living and/or working within proximity to major sources of harmful air pollution (e.g., major roadways, solid waste landfills) can trigger asthma symptoms. Indoor pollutants and environmental hazards, such as mold, dust mites, cockroaches and mice, cigarette smoke, and living in substandard housing, can also trigger asthma symptoms.

The increase of carbon pollution and other greenhouse gases is impacting the climate, resulting in rising temperatures. This has caused changes in flowering time and pollen development, a rise in wildfire severity, droughts, heavy rain events and floods – all putting respiratory health at risk.

**The Network supports:**

- Reduction in environmental hazards to support lung health.
- Enhance understanding of environmental and health-related issues in local communities.
- Regular air quality testing in all public school classrooms, and support for school improvements.

**V. Improving Health Equity**

Development of health equity interventions are needed to support better health outcomes for all patients. According to the U.S. Centers for Disease Control and Prevention (CDC), health equity is when everyone has “a fair and just opportunity to attain their highest level of health.” Health disparities (e.g., access to care, poverty, environmental hazards, education inequities, language and cultural differences) cross ethnic and socioeconomic groups and impact individual health and well-being.



Asthma and allergy rates are higher in poor urban areas and more common in African-American and Hispanic children, according to CDC’s National Center for Health Statistics. Proven intervention strategies (e.g., programs, services and policies) are needed to develop successful health equity interventions. Health disparities occur as the result of a patient’s increased exposure to indoor and outdoor environmental allergens and irritants that trigger asthma symptoms. Living in substandard housing conditions such as pest infestation, lead paint, faulty plumbing and mold, and overcrowding can lead to health problems such as asthma. And living near major sources of harmful air pollution (e.g., major roadways, landfills) can trigger asthma symptoms.

Poverty can affect access to preventive medications and healthcare. Limited or lack of transportation results in patients rescheduling or missing their medical appointments, delaying their care, and forgoing or delaying medication use. As a result, those patients do not manage their medical conditions properly, leading to poorer health outcomes. Language and cultural differences can be a barrier and education inequities can lead to a lack of basic knowledge and understanding of the disease, impacting patient adherence to treatment plans and use of prescribed medications.

**The Network supports:**

- Improving access to health care services (general and specialized care), including telehealth services for improved disease management among more vulnerable and underrepresented populations.
- Increase health care workforce diversity and cultural competency.
- Expand asthma tracking and surveillance to all states.
- Expand in-home allergen education, monitoring and reduction programs.
- Increase health literacy and language tools and training in asthma and allergies.
- Provide transportation access for needed healthcare services.
- Mitigate environmental health hazards.