Responses to Additional Questions for the Record by Kenneth Mendez
President and CEO
Asthma and Allergy Foundation of America
February 27, 2020

Subcommittee on Health
Hearing on
"Legislation to Improve Americans' Health Care Coverage and Outcomes"
January 8, 2019

The Honorable Lisa Blunt Rochester (D-DE)

1. H.R. 2468, the School-Based Allergies and Asthma Management Program, would create a preference within the CDC's National Asthma Control grant program for states that meet a specific set of standards. What are the benefits of taking the AAFA's Honor Roll findings into account when the grant preference standards are being developed?

AAFA's State Honor Roll report tracks state requirements related to asthma and allergy in schools. Our original standards were developed in consultation with a team of experts to reflect key steps that are reasonable for states to protect school-aged children. Over the years, we have seen some remarkable gains. In 2013, only eight states were on AAFA's State Honor Roll, having met at least 18 of our 23 standards; today, 15 states are on the State Honor Roll, and many others have added requirements. We produce the State Honor Roll report to measure and incentivize progress in state policies, and we believe it has made a difference.

H.R. 2468 establishes certain criteria for school asthma and allergy control programs in order for states to qualify for a preference in National Asthma Control Funding. We understand that CDC would likely flesh out the specific parameters of these requirements. Many of the standards in AAFA's State Honor Roll report provide a guide to meet some of the requirements in H.R. 2468. We hope that AAFA's past work in this area can serve as a helpful resource for CDC and states in this process.

2. Despite the progress you've seen in the number of states making the honor roll over the past few years, your testimony mentioned that there are still gaps that should be addressed. What are some of those gaps?

There is indeed still significant room for improvement in many states' approaches to asthma and allergy in schools. For example:

- **Only 27 states require schools to have emergency protocols for asthma.**
- **Only 36 states require emergency protocols for anaphylaxis.**

- **Only 24 states require schools to maintain allergy and asthma incidence reports.**
- **Only 12 states require schools to have indoor air quality management plans.**
- **Only eight states set a minimum nurse-to-student ratio for schools, despite the central role school nurses play in helping manage and respond to asthma and allergy in schools.**

These gaps concern us, but we believe that the many states that have led the way on these and other indicators have laid the groundwork for other states to follow.

The Honorable Michael C. Burgess (R-TX)

1. Can you share how you measure a state's progress in addressing either asthma and allergies within its populations, and what challenges states are facing in implementing plans to address this growing epidemic?

AAFA measures a state's progress in addressing either asthma or allergies within its populations in a variety of ways. For example, AAFA publishes the Asthma Capitals report each year to raise awareness about the nationwide impacts of asthma and to help people who live in Asthma Capitals recognize, prevent and manage asthma symptoms. AAFA's Asthma Capitals™ 2019 Report analyzes data from across the continental United States and ranks the 100 largest cities where it is challenging to live with asthma. The report ranks cities by the most critical of health outcomes – asthma prevalence, emergency department visits due to asthma attacks and asthma mortality. The report also identifies risk factors that influence health outcomes.

The ranking is based on analysis of data from the 100 most populated Metropolitan Statistical Areas (MSAs) in the contiguous 48 states. The three individual factors analyzed for the 2019 rankings are: estimated asthma prevalence; crude death rate from asthma; and emergency department visits due to asthma. For each factor, AAFA used the most recently available calendar year(s) data. Weights are applied to each factor; factors are not weighted equally. Total scores are calculated as a composite of all three factors, and cities are ranked from highest total score (city rank #1) to lowest total score (city rank #100).

Another way that AAFA measures a state's progress in addressing either asthma or allergies within its populations is through our annual State Honor Roll report of Asthma and Allergy Policies in Schools report. AAFA's 2019 State Honor Roll of Asthma and Allergy Policies for Schools ranks the states with the best public policies for people with asthma, food allergies, anaphylaxis and related allergic diseases in U.S. elementary, middle and high schools. The report checks to see how every state compares against 23 key measures that affect people with asthma and allergies in schools. States make the honor roll when they meet 18 of 23 core policies.

In addition to our analysis and reports, AAFA works with volunteers and stakeholders across the country to track state laws and policies and to provide valuable assistance to state and local governments implementing asthma and allergy policies. AAFA's four

regional chapters work with volunteers, health care providers, and local government and leaders to track and report on states' progress in addressing asthma and allergies.

Despite this work, many states face challenges implementing plans and policies that address asthma and allergies. Ten people per day lose their life to asthma. Although older adults are at the highest risk of fatality, asthma disproportionately affects children from low-income families. Some of the top risk factors for asthma that may impact a state's success in effectively addressing asthma in their state include poverty, lack of health insurance for state residents, poor air quality and anti-smoking laws, to name a few.

To address the challenges faced by states trying to address the growing burden of asthma, states should:

- **Track asthma rates and the effectiveness of control measures so continuous improvements can be made in prevention efforts**
- **Improve asthma care through policies and funding that promote and support:**
    - **Free asthma screening programs**
    - **Influenza (flu) and pneumonia vaccination for people with asthma**
    - **Preexisting conditions coverage protections**
    - **Medicaid and Medicare expansion to cover poor, uninsured people**
    - **Affordable drugs and copayments**
    - **Asthma education and intervention programs**
    - **Asthma management plans in schools**
    - **Nurses in every school**
    - **Promote improvements in indoor air quality for people with asthma through measures such as smoke-free air laws and policies, healthy schools and workplaces, home improvements and remediation for low income housing**
- **Support policies that reduce air pollution and improve outdoor air quality**
- **Implement tobacco prevention programs and vaping/e-cig interventions for teens and children**
- **Support and fund primary, secondary and tertiary asthma prevention research**
- **Include people with asthma in all levels of planning for asthma-related interventions and**

- **Oppose step therapy for drug coverage that does not have adequate patient protections and may force patients to take a drug that is not designed to treat their specific health circumstances, negatively impacting care.**

Finally, while certainly not the only way to address broader systemic challenges, increased funding for the CDC's National Asthma Control Program (NACP) could go a long way toward helping states address some of the challenges they face with asthma. NACP awards competitive grants to states for efforts aimed at reducing the number of asthma deaths, hospitalizations, and visits to the emergency room; reducing the number of missed school and workdays; and helping people with asthma be active without limitation. AAFA believes strongly that this grant program provides valuable support and expertise to states and that the program should receive expanded funding and be expanded to all fifty states.

In addition to asthma, states face significant challenges addressing the burden of allergies. An allergy could result from something you eat, inhale into your lungs, inject into your body or touch. For example, nearly 32 million people are affected by food allergies in the United States alone. Between 2005 and 2014, there was a nearly 200 percent increase in food allergy-related emergency department visits among children 5-17 years old. Having asthma also puts a child with food allergies at higher risk of fatal outcomes. Additionally, indoor environmental exposure to allergens, such as dust mites and mold, is a common trigger of asthma symptoms in children. These allergens are common in schools. To address these challenges, states should:

- **Continue efforts to require stocking of both epinephrine auto-injectors and quick-relief asthma medication in schools.**

- **Make sure schools are equipped to obtain the medicine and know how to use it. Increase the number of school nurses.**

- **Remove barriers to putting these laws into practice, whether that means more funding, awareness or training.**

- **Refresh or develop programs to improve air quality, both for indoor air pollution and outdoor air pollution in the school environment.**

- **Encourage innovation and partnerships between government and private companies (public-private partnerships)**

- **Ensure that their school's policies are in line with federal and state laws that protect all who live with food and other allergies.**

a. Would legislation such as H.R. 2468, the School-Based Allergies and Asthma Management Program Act address these problems without additional federal costs?

Yes. H.R. 2468 would create an incentive for states through an existing competitive grant program, the National Asthma Control Program (NACP). The bill would not authorize any additional funds, but would simply instruct CDC to create a preference within the NACP program for states that meet certain criteria related to asthma and allergy in schools.

It is also important to note that many free resources are available to assist states, districts and schools in establishing school-based allergy and asthma programs. For example, the American Academy of Allergy, Asthma and Immunology has developed the School-Based Asthma Management Program (SAMPRO™), a comprehensive toolkit that addresses asthma management, staff education, school environment, and other components of a school-based response to asthma.[1]

The Honorable Gus M. Bilirakis (R-FL)

The Department of Education and the Department of Health and Human Services have recommended that schools have comprehensive asthma management programs; however, many schools do not have such programs in place.

1. How does the School-Based Allergies and Asthma Management Program Act encourage states to implement these programs so that schools are better equipped to help students with asthma manage their disease?

The School-Based Allergies and Asthma Management Program Act (H.R. 2468) would encourage states to implement comprehensive asthma programs by creating a preference within the National Asthma Control Program, or NACP. The NACP is an existing CDC program that funds a broad range of state asthma activities. The NACP is a competitive grant program, and the bill instructs the CDC to develop a preference for states that meet certain criteria, including having "a comprehensive school-based allergies and asthma program that includes—

"(I) a method to identify all students of such school with a diagnosis of allergies and asthma;

"(II) an individual student allergies and asthma action plan for each student of such school with a diagnosis of allergies and asthma;

"(III) allergies and asthma education for school staff who are directly responsible for students who have been identified as having allergies or asthma, such as education regarding basics, management, trigger management, and comprehensive emergency responses with respect to allergies and asthma;

[1] AAAI, "School-Based Asthma Management Program (SAMPRO™)." Available at https://www.aaaai.org/conditions-and-treatments/school-tools/SAMPRO

"(IV) efforts to reduce the presence of environmental triggers of allergies and asthma; and

"(V) a system to support students with a diagnosis of allergies or asthma through coordination with family members of such students, primary care providers of such students, and others as necessary."

To receive a preference in applications for NACP funding, states would have to meet these components, and require schools to have a nurse or other personnel trained to administer asthma and allergy medication onsite during operating hours.

AAFA believes that these elements are crucial components of a comprehensive school response to asthma. We do strongly support increased appropriations to the NACP, to provide funding not only for school-based asthma activities, but for all of the crucial asthma control work taking place at the state level.