



March 11, 2015

Dear Senator/ Representative:

We are writing today to encourage your strong support for the National Asthma Control Program at the Centers for Disease Control and Prevention (CDC). **Specifically, we ask that your appropriations request for Fiscal Year 2016 include funding for CDC's National Asthma Control Program at \$30.596 million.**

As a result of funding cuts to the National Asthma Control Program in recent years, now only 23 states receive funding from the National Asthma Control Program – down from 34 states, the District of Columbia and Puerto Rico previously. This comes at a time when asthma continues to plague the public health of the United States. Funding the National Asthma Control Program at \$30.596 million will result in additional states receiving funding to combat asthma.

It is estimated that 25 million Americans have asthma, of whom 7 million are children, representing 10 percent of our nation's youth. Asthma is the third leading cause of hospitalizations for children under the age of 15 and is a leading cause of school absences due to a chronic disease. Asthma is responsible for \$50.1 billion annually in healthcare costs, 10.5 million missed school days; and 14.2 million missed days of work and costs \$5.9 billion in lost

productivity. While the number of people living with asthma has increased, research shows that people with asthma are better managing their disease. The number of people having asthma attacks decreased by 1.2 million from 2002 to 2010 and there were over 300,000 fewer hospitalizations due to asthma from 2003 to 2010. While asthma still claims the lives of 3,400 Americans each year, death rates have decreased 38 percent since the National Asthma Control Program's inception in 1999.

Prior to the creation of the National Asthma Control Program by Congress in 1999, there was a lack of surveillance, or data collection, about asthma. Since its creation, the National Asthma Control Program has worked to integrate and coordinate the public health response to asthma control. Now, there are national and state-specific surveillance systems in place, which allow officials to track and better understand asthma trends – ultimately enabling decision-makers to focus resources on strategies that work and populations that are most in need. There is also much better awareness and management of asthma in schools across the country, which is critical to keeping children safe in their schools, where they spend substantial amounts of time. However, because the number of individuals living with asthma in the U.S. continues to increase, more people need assistance in understanding and controlling their disease, which is among the many reasons to increase the funding of this vital program in Fiscal Year 2016.

Asthma is a complex, multifactorial disease that requires a comprehensive approach. Public health programs that reduce the burden of asthma must include surveillance, environmental measures to reduce exposure to indoor and outdoor air pollutants, awareness and self-management education and appropriate healthcare services. While our organizations recognize these difficult financial times, we also know that when it comes to asthma management, an investment made today will save money tomorrow.

Studies have repeatedly shown that investments in asthma programs improve patient outcomes and save money.

- A study published in the *American Journal of Managed Care* found that the **Connecticut** asthma “Easy Breathing” program had a potential \$3.58 per \$1.00 return on investment for Medicaid in years two and three of its asthma management program.
- In **Michigan**, the program works in coalition with nonprofits and other partners, including the Asthma Network of West Michigan (ANWM) to reduce healthcare costs and improve asthma outcomes. A collaboration between ANWM and Priority Health, the largest payer in west Michigan, has reduced emergency department visits for Priority Health members and Medicaid members by 44.4 percent and 24.4 percent respectively. Ultimately, Priority Health has found that for every \$1.00 it has invested in home asthma education visits, home environmental assessments and resources to reduce exposures to triggers in the environment, it has recouped \$2.10 in reduced costs due to uncontrolled asthma.
- A **California** study published in the *Journal of Asthma* found “expansion of coverage for pediatric asthma self-management education is not very costly, especially for children with uncontrolled asthma given the potential improvements in asthma outcomes.” Self-

management education through community-based programs is an important part of state asthma programs.

We again ask for your leadership in ensuring that CDC's National Asthma Control Program remain a robust program by including in **your appropriations request for fiscal year 2016 that funding for CDC's National Asthma Control Program be increased to a funding level of at least \$30.596 million.**

Thank you.

Sincerely,

American Lung Association
Asthma and Allergy Foundation of America
American Academy of Allergy, Asthma, & Immunology
American Association for Respiratory Care
American Thoracic Society
Association of Clinicians for the Underserved
Asthma Regional Council of New England
Children's National Health System
First Focus Campaign for Children
Green & Healthy Homes Initiative
Health Resources in Action
Healthy Schools Network
Merck Childhood Asthma Network, Inc
National Center for Healthy Housing
Regional Asthma Management & Prevention (RAMP)
School-Based Health Alliance
Trust for America's Health