



June 24, 2019

Dear Representative:

On behalf of the Childhood Asthma Leadership Coalition (CALC), a multi-sector coalition of asthma stakeholders dedicated to raising awareness and improving public policies to reduce the burden of childhood asthma, we are writing to urge you to join the bipartisan Congressional Allergy and Asthma Caucus. The Congressional Allergy and Asthma Caucus is a group of House Members who are dedicated to increasing awareness of the health and economic concerns associated with asthma and severe allergies, as well as advancing research to improve the lives of adults and children living with these conditions.

Asthma is the most common chronic condition among children in the United States, affecting over 6 million children across every Congressional district in the nation, with higher rates of prevalence in communities of color and low-income populations.¹

Asthma **not only has an impact on a child's health status** – the cost of the disease is also significant. Researchers estimate that the cost burden of childhood asthma is \$5.92 billion annually in direct healthcare expenditures alone.² It is the third leading cause of hospitalization among children under the age of 18, and is associated with increased emergency department visits.^{3, 4} Asthma is also one of the leading causes of school absenteeism, and in 2013, children with asthma reported missing 13.8 million days of school.⁵

Rates of childhood asthma are higher among children from low-income families and children of color. Compared to non-Hispanic, white children, African-American children are twice as likely to have asthma and Puerto Rican children are 82 percent more likely.⁶ In 2018, nearly one-quarter of children with asthma lived below the federal poverty level (FPL), which for a family of four meant a household income below \$25,100. Roughly, 60 percent live in households whose family income is below 250 percent FPL (\$62,750 for a family of four).⁷

Unlike many other chronic conditions, there is good news when it comes to asthma treatment. Decades of research have yielded tremendous results, providing evidence-based strategies that are effective in reducing asthma symptoms and helping families of asthmatic children manage their disease. While there is no cure for asthma, much can be done to ensure that children with asthma remain healthy and active.

As you think about your legislative priorities for this Congress, we hope you will consider promoting policies to address the needs of children with asthma, including:

- Ensuring the availability of stable and continuous health insurance for children with asthma;
- Supporting legislation to help reduce asthma triggers in homes and communities;
- Creating opportunities for asthma research to develop new and effective treatments;
- Supporting legislation that addresses asthma inequities by income and race.

Please contact Sahil Chaudhary in Representative **Eliot Engel's office** (S.Chaudhary@mail.house.gov) or Mark Ratner in Representative Fred Upton's office (Mark.Ratner@mail.house.gov) to learn more about this Caucus or to join.

We thank you in advance for your consideration and look forward to working with you to reduce the incidence of childhood asthma.

Sincerely,

The Childhood Asthma Leadership Coalition

Allergy & Asthma Network
American College of Allergy, Asthma & Immunology
American Lung Association
Association of Asthma Educators
Asthma and Allergy Foundation of America
Children's National Health System
Families USA
First Focus Campaign for Children
Green & Healthy Homes Initiative
Health Resources in Action/Asthma Regional Council of New England
Healthy Schools Network
National Association of School Nurses
National Center for Healthy Housing
Not One More Life
Regional Asthma Management and Prevention (RAMP)
School-Based Health Alliance
Trust for America's Health

¹ National Center for Health Statistics. National Health Interview Survey, 2017: Table C-1b. Frequencies (in thousands) of ever having asthma and still having asthma for children under age 18 years, by selected characteristics: United States, 2017. Available at:

https://ftp.cdc.gov/pub/Health_Statistics/NCHS/NHIS/SHS/2017_SHS_Table_C-1.pdf.

² Perry, Richard, et al. The Economic Burden of Pediatric Asthma in the United States: Literature Review of Current Evidence. *Pharmacoeconomics*. Feb 2019; 37(2): 155-167. DOI: 10.1007/s40273-018-0726-2.

³ Witt, Whitney P., Weiss, Audrey J., and Anne Elixhauser. Overview of Hospital Stays for Children in the United States, 2012. HCUP Statistical Brief #187. Agency for Healthcare Research and Quality. December 2014. Available at: <https://www.hcup-us.ahrq.gov/reports/statbriefs/sb187-Hospital-Stays-Children-2012.pdf>.

⁴ Sullivan, Patrick W., et al. The national burden of poorly controlled asthma, school absence and parental work loss among school-aged children in the United States. *Journal of Asthma*. 2018; 55(6). Available at: <https://www.tandfonline.com/doi/abs/10.1080/02770903.2017.1350972>.

⁵ National Center for Environmental Health, Asthma Stats: Asthma-related Missed School Days among Children aged 5–17 Years. 2013. Available at: https://www.cdc.gov/asthma/asthma_stats/AstStatChild_Missed_School_Days.pdf.

⁶ Families USA. (2019, January). African American Health Disparities Compared to Non-Hispanic Whites. Available at: <https://familiesusa.org/product/african-american-healthdisparities-compared-to-non-hispanic-whites>; Families USA. (2018, September). Latino Health Inequities Compared to NonHispanic Whites. Available at: <https://familiesusa.org/product/latino-health-inequities-compared-non-hispanic-whites>.

⁷ Centers for Disease Control and Prevention. (2016). Current Asthma Population Estimates — in thousands by Age, United States: National Health Interview Survey, 2016. Available at: <https://www.cdc.gov/asthma/nhis/2016/table3-1.htm>.