

**SIGN ON LETTER URGING CONGRESS TO PROTECT CHILDREN WITH ASTHMA IN UPCOMING POLICY
DEBATES ON MEDICAID, CHIP AND THE ACA**



**Childhood Asthma
Leadership Coalition**

February 21, 2017

The Honorable Mitch McConnell
Majority Leader
U.S. Senate
Washington, DC 20510

The Honorable Chuck Schumer
Minority Leader
U.S. Senate
Washington, DC 20510

The Honorable Paul Ryan
Speaker
U.S. House of Representatives
Washington, DC 20515

The Honorable Nancy Pelosi
Minority Leader
U.S. House of Representatives
Washington, DC 20515

Dear Majority Leader McConnell, Speaker Ryan, Minority Leader Schumer, and Minority Leader Pelosi:

We are writing 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, to urge you to keep the unique needs of children with chronic health conditions in mind as you consider legislation affecting the future of Medicaid, the Children's Health Insurance Program (CHIP) and the Affordable Care Act (ACA). More than one-third of children in America rely on Medicaid and CHIP for their health coverage, including a significant proportion of children with chronic and special health care needs. As Congress considers changes to the nation's health care systems, we urge you to adopt a "do no harm" standard for children. In this changing healthcare landscape, children must be held harmless from cuts in funding, benefits, or services.

As you are aware, asthma is the single most common chronic condition among children, affecting approximately 6.2 million children in the United States.^{i,ii} In addition, pediatric asthma is costly to society: researchers estimate that ***asthma costs the U.S. healthcare system \$56 billion annually*** in both direct healthcare expenditures (emergency department visits and hospitalizations) and indirect costs from lost productivity (missed school days and missed work by caretakers).ⁱⁱⁱ It is the third leading cause of hospitalization among children under the age of 15 and accounts for 13.8 million lost school days and 10.1 million days of missed work by caretakers.^{iv,v}

Unlike many other chronic conditions, there is good news when it comes to asthma prevention. Decades of research have yielded tremendous results, providing evidence-based strategies that are shown to be enormously effective in preventing the onset of asthma symptoms. One of the most important lessons we have learned over the years is that when children with asthma have a reliable source of coverage, they are able to receive the care they need to prevent the onset of asthma symptoms and better manage their disease. This is a win-win situation for children and families as well as our health care system.

Because low-income and minority children bear the greatest burden of the disease, Medicaid is a critical source of coverage for children with asthma. In some states, more than half of all children with asthma rely on Medicaid for their health coverage.^{vi,vii} One in three children with asthma lives in poverty, and the rate of asthma is significantly higher among African-American and Puerto Rican children.^{viii} The poorest

children, with family incomes below 100% of the federal poverty line, have an asthma prevalence of 10.6%, compared to just 7.2% asthma prevalence among higher income children.^{ix} Inner city children also have higher rates of asthma, with up to a 25% prevalence rate.^x

As leading stakeholders representing organizations interested improving health outcomes for children with asthma, we urge you to protect the coverage systems that children with asthma rely on. As you consider legislation that will affect the future of children's health coverage, we ask that you adhere to the two following principles:

Protect Coverage Systems that are Working Well for Children with Asthma

Over the past 50 years, it has been clearly demonstrated that there are strong economic reasons to preserve and protect children's coverage. The return on investment is high. Children with health coverage are more likely to attend school, graduate from high school, go to college, and become healthier adults, with higher taxable earnings than uninsured children. Identifying and treating conditions early, before they become expensive long-term liabilities, is effective.

While high quality coverage is important for all children, for children with long-term, chronic, life-threatening illnesses, coverage is truly a lifeline. For a child with asthma, coverage means the difference between being able to afford preventive care and medications to manage their disease and live a healthy, active life, or facing poor health, frequent hospitalizations, missed school days, and even death. Almost half of all children with asthma in the US rely on Medicaid and CHIP for their coverage.^{xi} For these children, structural changes to Medicaid and CHIP have the potential to upend the high quality, comprehensive, affordable care they rely on. We urge you to oppose changes to these programs that would result in reductions in coverage, higher out-of-pocket costs, or fewer benefits or services for children with asthma.

Ensure that ACA Repeal Is Accompanied by a Full and Immediate Replacement.

A repeal of the ACA without an immediate replacement will lead to significant disruptions to the health insurance market and place higher burdens on families. For children, an ACA repeal would allow insurers to return to the practice of denying coverage for pre-existing conditions, like asthma. It also would eliminate the ACA provision that allows states to provide Medicaid reimbursement for community-based services, which could hinder access to community health workers and asthma educators. ACA repeal would also jeopardize the future of CHIP because it would end the state requirement to maintain current CHIP eligibility and benefit standards and rescind enhanced CHIP funding for states that was expanded under the ACA.

Our coalition stands united in calling on Congress to prioritize the needs of children by protecting their coverage in any efforts to repeal the ACA or make structural changes to Medicaid and CHIP. Any attempt to repeal the ACA without immediately enacting a replacement that leaves no child worse off threatens the health of our nation's most vulnerable children.

Under your leadership, Congress must reaffirm its commitment to ensuring a stable health care system and build on the gains that have been won for children and families, without interruption, and without losing ground.

In closing, we underscore that our organizations have long supported a broad range of federal policy efforts to protect and improve health coverage for children with chronic illness and other special needs. Medicaid, CHIP, and the ACA have played key roles in helping our nation reach a 95 percent coverage rate for children. This positive trend must continue. Our nation's coverage systems must remain strong for children, especially those with serious illnesses. We welcome the opportunity to work with you in the coming weeks and months as you develop policies that affect children with asthma.

Sincerely,

Allergy & Asthma Network
American College of Allergy, Asthma and Immunology
Association of Asthma Educators
Asthma and Allergy Foundation of America
Asthma Regional Council of New England
Bridge Atlanta Medical Center
First Focus
Green & Healthy Homes Initiative
Health Resources in Action
Healthy Schools Campaign
Healthy Schools Network
Nemours Children's Health System
Not One More Life
Regional Asthma Management and Prevention
School-Based Health Alliance

ⁱ Centers for Disease Control and Prevention. National Current Asthma Prevalence (2015). 2015 National Health Interview Survey (NHIS) Data, Table C-1b. Available at:

https://ftp.cdc.gov/pub/Health_Statistics/NCHS/NHIS/SHS/2015_SHS_Table_C-1.pdf.

ⁱⁱ Child and Adolescent Health Measurement Initiative; The Data Resource Center for Child and Adolescent Health. (2012). National Survey of Children's Health. Portland, OR: Child and Adolescent Health Measurement Initiative; The Data Resource Center for Child and Adolescent Health. Available at:

<http://childhealthdata.org/browse/survey/results?q=2473&r=1&g=448>.

ⁱⁱⁱ Centers for Disease Control and Prevention: National Center for Health Statistics, National Health Interview Survey Raw Data, 2009. *Analysis by the American Lung Association Research and Program Services Division*. Available at: <http://www.lung.org/lung-disease/asthma/resources/facts-and-figures/asthma-in-adults.html#1>. Accessed: January 4, 2013.

^{iv} Centers for Disease Control and Prevention: National Center for Health Statistics, National Hospital Discharge Survey, 1995-2010. *Analysis by the American Lung Association Research and Health Education Division*. Available at:

<http://www.lung.org/lung-health-and-diseases/lung-disease-lookup/asthma/learn-about-asthma/asthma-children-facts-sheet.html?referrer=https://www.google.com/>.

^v Centers for Disease Control and Prevention: National Center for Health Statistics, National Health Interview Survey Raw Data, 2013. *Analysis by the American Lung Association Research and Program Services Division*. Available at:

<http://www.lung.org/lung-health-and-diseases/lung-disease-lookup/asthma/learn-about-asthma/asthma-adults-facts-sheet.html>. Accessed: January 4, 2013.

^{vi} Medicaid's Impact in Mississippi: Helping People with Serious Health Care Needs. Families USA. September 2011. Available at: <http://www.lung.org/assets/documents/publications/medicaid/mississippi.pdf>.

^{vii} Medicaid's Impact in Arkansas: Helping People with Serious Health Care Needs. Families USA. September 2011. Available at: <http://www.lung.org/assets/documents/publications/medicaid/arkansas-medicare.pdf>

^{viii} Centers for Disease Control and Prevention. National Current Asthma Prevalence (2014). 2014 National Health Interview Survey (NHIS) Data, Table 3-1 and Table 4-1. Available at:

https://www.cdc.gov/asthma/most_recent_data.htm.

^{ix} Centers for Disease Control and Prevention. National Current Asthma Prevalence ((2015). 2015 National Health Interview Survey (NHIS) Data, Table C-1b. Available at:

https://ftp.cdc.gov/pub/Health_Statistics/NCHS/NHIS/SHS/2015_SHS_Table_C-1.pdf.

^x Webber, M.P., Carpiniello, K.E, Oruwariye, T., Appel, D.K..Prevalence of Asthma and Asthma-Like Symptoms in Inner-City Emelentary Schoolchildren, 2002.

^{xi} Asthma Stats: Health Coverage Among Children. Centers for Disease Control and Prevention. Available at:

https://www.cdc.gov/asthma/asthma_stats/documents/asthmastats_healthcare_coverage_children_aged_0-17_years_with_charts_2_f..508.pdf.