

March 7, 2016

The Honorable Phil Roe United States House of Representatives 407 Cannon House Office Bldg. Washington, DC 20515 The Honorable Steny Hoyer United States House of Representatives 1705 Longworth House Office Bldg. Washington, DC 20515

RE: Support for HR 4662

Dear Representatives Roe and Hoyer:

On behalf of the Asthma and Allergy Foundation of America (AAFA), and the over 6 million children in the United States with asthma, I wish to thank you for introducing the *School-Based Asthma Management Programs Act* (HR 4662). Founded in 1953, AAFA (<u>www.aafa.org</u> and <u>www.kidswithfoodallergies.org</u>) is the leading patient organization for people with asthma and allergies, and the oldest asthma and allergy patient group in the world. AAFA is dedicated to improving the quality of life for people with asthma and allergies and provides practical information, community-based services and support through a national network of chapters and support groups. AAFA provides health education, organizes state and national advocacy efforts, and funds research to find better treatments and cures.

Asthma remains a significant public health problem in the United States. In 2013, asthma affected 9.3% of children, and is the most common chronic condition among children¹. It is also the third leading cause of hospitalization among children and is one of the leading causes for school absenteeism, accounting for a yearly loss of 10.5 million school days. Asthma costs \$56 billion annually in healthcare and indirect costs, and claims the lives of 3,600 Americans each year².

The issue of childhood asthma is one that schools must be prepared to address. Asthma can be controlled through proper management activities, including medical treatment and environmental trigger modifications. Children with well-managed asthma can live normal and active lives. However, managing childhood asthma is an effort that requires coordination by health care professionals, school administrations, and families and caregivers.

As you know, the School Access to Emergency Epinephrine Act, enacted in 2014, established a preference for the allocation of existing federal grants to those states that maintain an emergency supply of epinephrine if the states permit trained personnel of the school to administer epinephrine, and if the states develop a plan for ensuring trained personnel are available to administer epinephrine during all hours of the school day. Since the passage and implementation of the School Access to Emergency Epinephrine Act, numerous states now require schools to stock epinephrine. We are optimistic that the School-Based Asthma Management Programs Act (HR 4662) will result similar state-level progress.

HR 4662 will add additional provisions to the criteria for federal asthma grant preference, incentivizing states to stock asthma-related rescue medications for use when a child's own medication is not readily available, and to implement School-Based Asthma Management

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Programs. These programs will facilitate ways for schools to identify all students within a school diagnosed with asthma; obtain asthma action plans for each of these students; provide asthma education for school staff; implement asthma medication and emergency policies; reduce environmental triggers; and work with family members and primary care providers to improve systems for student care and support.

AAFA is pleased that many of the program elements detailed in this bill address the policy standards we assess each year in our annual State Honor Roll Report (<u>www.statehonorroll.org</u>), which examines best practices by state for students with asthma and allergies in our nation's schools. By ensuring that schools are adequately equipped with the resources and knowledge to care for children with this chronic condition, we can improve both children's health and capacity to excel in the classroom.

We appreciate your leadership in introducing HR 4662. We believe that this legislation has the potential to improve the lives of children with asthma in schools, and are proud to support this important children's health measure. Please feel free to contact me at <u>csennett@aafa.org</u> or to contact Meryl Bloomrosen, AAFA's Senior Vice President of Policy, Advocacy, and Research at <u>mbloomrosen@aafa.org</u>, if we can provide any additional information. We would be pleased to meet with you and your staff on this important public health measure.

Sincerely,

Cary Smith

Cary Sennett, MD, PhD President and CEO Asthma and Allergy Foundation of America

¹ Centers for Disease Control and Prevention. Asthma surveillance data. Available at: <u>http://www.cdc.gov/asthma/asthmadata.htm</u>. Published 2014. Accessed March 4, 2016. ² Centers for Disease Control and Prevention. National Surveillance of Asthma: United States, 2001-2010. Available at: <u>http://www.cdc.gov/nchs/data/series/sr_03/sr03_035.pdf</u> Published 2012. Accessed March 4, 2016.

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