Asthma and Allergy Foundation of America

May 12, 2026

Senator Gustavo Rivera, Chair
Senate Health Committee
State Capitol Building
172 State Street, Room 502-C
Albany, NY 12247

RE: Asthma and Allergy Foundation of America Support of S.3100-A

Dear Chairman Rivera and members of the Senate Health Committee,

On behalf of the Asthma and Allergy Foundation of America (AAFA), I am writing in support of S.3100-A, an act to amend the social services law and the insurance law, in relation to coverage for the treatment of asthma. AAFA is the leading patient organization for people with asthma and allergies, and the oldest asthma and allergy patient organization in the world. AAFA is dedicated to saving lives and reducing the burden of disease for people with asthma and allergies through support, advocacy, education, and research.

Asthma is a serious, chronic lung disease that affects millions of New Yorkers. There is no cure for asthma, but many people can live normal lives if their asthma is properly managed and controlled. Asthma is one of the most prevalent diseases in the United States, affecting almost 28 million Americans, including more than 1.8 million New Yorkers.[1] It is also very expensive, exacting a toll of more than $118 billion on the U.S. economy each year. According to our 2025 Asthma Capitals Report, two New York cities, Rochester and Albany, ranked in the top 10 most challenging cities to live with asthma.[2] This data is based on estimated asthma prevalence, emergency department visits due to asthma, and asthma-related fatalities.

People with asthma need access to affordable medications and devices. Currently, people with asthma can face large financial barriers to drugs that hinder optimal

[1] American Lung Association. (2025, June 20). *Asthma trends brief: Data tables*. https://www.lung.org/research/trends-in-lung-disease/asthma-trends-brief/data-tables/asthma-current-state
[2] Asthma and Allergy Foundation of America, (2025). 2025 Asthma Capitals. Retrieved from asthmacapitals.org.

treatment. For example, as detailed in AAFA's My Life with Asthma report, in a national survey regarding adult asthma, less than a quarter of respondents always used their asthma treatments as prescribed.[3] The top three reported reasons for not using treatments were related to cost: inability to afford treatment, treatment was too expensive, and lack of insurance coverage for the treatment. High out-of-pocket costs hinder adherence, threaten the health of patients, and exacerbate disparities in health status.

In addition, because of the complex web of factors affecting drug pricing, coverage, and access, patients can face unpredictable costs for essential medications like inhalers. Negotiated pricing structures, manufacturer decisions, insurance formularies, and pharmacy benefit manager (PBM) policies all shape whether patients can access affordable asthma treatments. By requiring insurance coverage and prohibiting cost-sharing for medically necessary asthma devices, including rescue and maintenance inhalers, S.3100-A takes a crucial step in ensuring that New Yorkers with asthma can better manage their condition. AAFA supports policies that ensure that affordable asthma medications are available to as many people as necessary to improve health outcomes and reduce unnecessary healthcare expenditures.

We appreciate your commitment to improving the lives of those affected by asthma in New York.

Sincerely,

Kenneth Mendez

Kenneth Mendez
President and Chief Executive Officer
Asthma and Allergy Foundation of America

[3] Asthma and Allergy Foundation of America, "My Life With Asthma: Survey Overview (2017). Available at https://aafa.org/asthma-allergy-research/our-research/my-life-with-asthma-report/