

# The Importance of Quality and Affordable Healthcare for People with Asthma

Asthma is a chronic, or life-long lung disease that makes it harder to move air in and out of your lungs. Asthma can be serious—even life threatening if not managed properly. Asthma is a disease that cannot be cured, but can be managed effectively by avoiding or limiting exposure to allergens and irritants and using asthma medications.

Asthma impacts millions of lives and also has a tremendous impact on our nation's healthcare system and economy. Nearly twenty-five million Americans, including over 6 million children have asthma.<sup>1</sup> Of these, over 11.5 million people with asthma have had an asthma attack, including 2.9 million children and 8.6 million adults.<sup>2</sup> Asthma is responsible for \$50.1 billion annually in healthcare costs, 13.8 million missed school days, 10.1 million missed days of work and costs \$5.9 billion in lost productivity.<sup>3,4</sup>

Because asthma is a chronic disease, ongoing access to quality and affordable healthcare is vital to people with asthma. To effectively control the disease, medications and other treatments and services are needed – in some instances on a daily basis. However, barriers to the coverage recommended or prescribed by healthcare providers can also restrict access to lifesaving medications and treatments for people with asthma. Such barriers may include:

- **Prior Authorization:** where your doctor has to get approval from the insurance company before prescribing medications or a patient receives a service;
- **Stepped Therapy:** where a patient is required to try and fail certain medication(s) before they are allowed to try prescribed medications that might be better suited for their condition;
- **Co-Payments:** a fee patients are charged for medications or seeing a doctor;
- **Age Limitations:** where coverage is only available to people who are above or below a certain age – regardless of whether FDA has approved the treatment for use;
- **Quantity Limits:** where the number of treatments or services are limited in amount in a given time – despite the patient's medical need;

In addition, lack of consistency in coverage across Medicaid plans in states and lack of transparency of covered benefits in those plans are a problem in virtually all states. Lack of consistency can make it harder for both providers and Medicaid enrollees to know if the treatments that are recommended will be covered.

Coverage in Medicaid for guidelines-based asthma treatments is especially important. Adults in Medicaid are almost twice as likely to have asthma as those with private health insurances and for those aged 18-44, Medicaid was the primary payer for asthma-related hospital stays.<sup>6</sup> Children with asthma are also more likely to have coverage

through Medicaid and the Children’s Health Insurance Program than children without asthma (47.6% vs. 36.1%).<sup>7</sup>

The American Lung Association’s [Asthma Care Coverage Project](#) determines the extent of state Medicaid coverage and barriers to coverage for guidelines-based asthma care across all 50 states, the District of Columbia and Puerto Rico. This is a crucial tool in helping to understand and improve healthcare coverage for asthma patients. Information for 23 states is currently available and the Lung Association expects to have this information available for all 50 states by July 1, 2017. More information on this project can be found at [www.lung.org/asthma-care-coverage](http://www.lung.org/asthma-care-coverage).

Changes to our nation’s healthcare system in general, and specifically to state Medicaid programs, are being considered in Congress. Such changes could put people with asthma at risk for higher costs and make healthcare coverage more difficult to obtain for asthma patients.

People living with asthma can help protect their healthcare coverage by sharing their personal stories about why it is so important to them in managing their disease. The Lung Association has created a convenient website page where asthma patients and others can do just that, [www.lung.org/healthcare-stories](http://www.lung.org/healthcare-stories). These stories will be vital to share with lawmakers and other stakeholders as any changes to healthcare coverage are considered.

---

<sup>1</sup> CDC. 2015 National Health Interview Survey. (Accessed 3-6-2017)

[http://www.cdc.gov/asthma/most\\_recent\\_data.htm](http://www.cdc.gov/asthma/most_recent_data.htm)

<sup>2</sup> Ibid.

<sup>3</sup> Barnett SB, Nurmagambetov TA. Costs of asthma in the United States: 2002-2007. *Journal of Allergy and Clinical Immunology*, 2011; 127(1):145-52.

<sup>4</sup> Centers for Disease Control and Prevention. National Center for Health Statistics. National Health Interview Survey, 2013. Analysis performed by the American Lung Association Epidemiology and Statistics Unit using SPSS software.

<sup>5</sup> Kaiser Family Foundation. Kaiser Commission on Key Facts: The Role of Medicaid for People with Respiratory Disease. November 2012.

<sup>6</sup> Barrett ML (ML Barrett, Inc), Wier LM (Truven Health Analytics), and Washington R (AHRQ). Trends in Pediatric and Adult Hospital Stays for Asthma, 2000–2010. HCUP Statistical Brief #169. January 2014. Agency for Healthcare Research and Quality, Rockville, MD.

<sup>7</sup> National Survey of Children’s Health, 2011-2012:

[https://www.cdc.gov/asthma/asthma\\_stats/documents/asthmastats\\_healthcare\\_coverage\\_children\\_aged\\_0-17\\_years\\_with\\_charts\\_2\\_f...508.pdf](https://www.cdc.gov/asthma/asthma_stats/documents/asthmastats_healthcare_coverage_children_aged_0-17_years_with_charts_2_f...508.pdf)