



# Health Resources in Action

Advancing Public Health and Medical Research

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Office of Consumer Information and Insurance Oversight  
Department of Health and Human Services  
Attention: OCIIO-9992-IFC  
P.O. Box 8016, Baltimore, MD 21244-1850  
<http://www.regulations.gov>

September 17, 2010

Re: Interim Final Rules for Group Health Plans and Health Insurance Issuers Relating to Coverage of Preventive Services Under the Patient Protection and Affordable Care Act; File code - OCIIO-9992-IFC

To Whom It May Concern:

Health Resources in Action (HRiA) and the Asthma Regional Council of New England (ARC), along with the individuals and institutions signed below, respectfully submit the following comments regarding the interim final rules for group health plans and health insurance issuers relating to Coverage of Preventive Services under the Patient Protection and Affordable Care Act. Specifically, we are writing to voice our dismay and concern that asthma is not on the list of preventive services with waived deductible, co-payment or co-insurance. We urge you to include comprehensive asthma management (as defined below) be included in any “essential benefits package” that is defined in subsequent rulemaking for the following reasons

**1. Asthma has nearly doubled in the U.S. over the last few decades, with approximately 9.4% of children and 7.3% of adults with current asthma.** Asthma compromises the health and quality of life, and places a heavy financial burden on those with the disease, as well as an enormous strain on the health care system. Data from a New England report (2006) demonstrates that:

- Asthma symptoms in approximately two-thirds of adults and children are considered to be “not well” or “very poorly” controlled, as defined by best practices in the National Asthma Education and Prevention Program (NAEPP) EPR-3, “Guidelines for the Diagnosis and Management of Asthma;”<sup>1</sup>
- Twenty percent of adults with current asthma reported that it limited their usual daily activities to a moderate or great extent. The impact is greater among low income adults;<sup>2</sup>
- People of color have higher hospitalization rates than non-Hispanic whites;<sup>3</sup>
- Fourteen percent of adults with asthma reported not filling their medications due to financial considerations.<sup>4</sup>

**2. Asthma is one of the most costly chronic diseases and one that covers the lifespan.** Proper asthma management has the potential to save at least 25% of total asthma costs -- or close to \$5 billion nation-wide annually -- by controlling symptoms, which in turn reduces usage of urgent care health services. Among pediatric hospitalizations that could be prevented, asthma is responsible for the highest costs<sup>5</sup>. Furthermore, comprehensive asthma management has the potential to reduce “indirect” costs associated with absenteeism and presenteeism (low productivity) at work and at school.<sup>6,7,8</sup>

**3. There are national guidelines for best practices in comprehensive asthma management.** NAEPP outlines four vital components of effective asthma management: 1) use of objective measures of lung function to assess disease severity and control.; 2) comprehensive pharmacologic therapy to reverse and prevent airway inflammation and constriction, and to manage asthma exacerbations; 3) patient education that fosters a

partnership among the patient, family, and clinicians; and 4) environmental control measures to avoid or eliminate asthma triggers that contribute to asthma onset and severity.<sup>9</sup>

**4. There is a robust evidence base showing improvements in health of people with asthma when offered proper asthma management, and cost-effectiveness or return-on-investment.** There is a wealth of evidence showing the importance of regularly assessing lung function and taking proper medications to keep asthma under control and to enable people with asthma to lead healthy active lives.<sup>10</sup> Increased expenditures on pharmaceuticals have accompanied reductions in expenditures associated with unscheduled or emergency health care utilization, reflecting more consistent and appropriate use of medications to prevent and treat asthma attacks.<sup>11</sup>

There is also an increasingly robust evidence base shows widespread improvements in the health of people with asthma when primary and specialist care are supplemented by non-clinical interventions tailored to the individual. Published reviews by the NAEPP (2007) and the CDC's Task Force on Community Preventive Services (2008), along with evidence from innovative asthma management programs around the country show that these interventions—including in-depth asthma education, home environmental assessments, and mitigation of exposures that trigger asthma—can markedly improve patients' quality of life, and often decrease urgent medical encounters at a reasonable cost. When these interventions are targeted to high-risk patients, they may result in net cost savings to health payers who invest in them, as well as significant savings to other systems by diminishing or eliminating missed work and school days due to uncontrolled asthma. More specifically, the CDC found that “the combination of minor to moderate environmental remediation with an educational component provides good value for the money invested based on improvements in symptom-free days, savings from averted costs of asthma care, and improvement in productivity”<sup>12</sup> with evidence of:

- Return on Investment ranging from \$5.30 to \$14.00 for every dollar invested;
- Cost-effectiveness, as measured by costs per symptom-free day gained ranging from \$12.00 to \$57.00 (lower if indirect costs were included).<sup>13</sup>

Because there have been few studies on adults, the CDC Task Force limited its conclusions to children and adolescents, although some research has shown improvements in adults resulting from home-based environmental interventions.<sup>14,15</sup> Other benefits include reductions in health disparities, as well as improvements in quality of life and in co-morbidities such as depression, anxiety and obesity.

- *Importance of Asthma Education:* Asthma is a complicated disease. Many patients require multiple prescriptions as well as equipment to administer medications that keep their asthma under control and mitigate symptoms during an asthma attack. People with asthma must make their own decisions about when to use long-term control and quick relief medications, based on their symptoms and lung function. They must also take steps to reduce their exposure to environmental triggers that exacerbate their disease. Because of these complexities, people with asthma need proactive education and follow-up, typically via multiple sessions involving demonstration, practice, and reinforcement of information and proper techniques. Written Asthma Action Plans, with multiple copies for the school or workplace, should be provided and reviewed with the patient. In dozens of studies, asthma education sessions delivered in the clinic, home or workplace have helped patients overcome key factors in poorly managed asthma, including low expectations for controlling their disease, confusion over using different kinds of medications, and misuse of medical equipment.<sup>16</sup>
- *Importance of Home-Based Environmental Interventions:* A distinguishing characteristic of asthma is the importance of environmental exposures in exacerbating symptoms and, in some cases, contributing to the initial onset of the disease. Reducing exposure to environmental triggers can often make the difference between living productively with asthma and being severely impeded by symptoms. A variety of environmental factors associated with asthma are commonly found in homes of people from all socio-economic backgrounds, but sub-standard home environments—typically occupied by low-income people—are particularly problematic. Typically, dust mites, cockroaches, mold, as well as dog and cat dander are the environmental allergens of most concern.<sup>34</sup> Specific irritants also can exacerbate

symptoms, including environmental tobacco smoke, cleaning chemicals, scents and fragrances, as well as nitrogen oxide from home heating appliances.<sup>17</sup>

**5. There is a critical gap and opportunity for making improvements in asthma care.** Many patients do not receive proactive assessments of their lung function and symptoms, and do not access or use medications properly. Relatively few patients have access to the two remaining components of asthma best practices: patient education and control of environmental triggers. High out-of-pocket costs are important barriers for many patients in consistently obtaining the medications and services they need.

HRiA is a nonprofit organization dedicated to promoting public health and advancing medical research, in partnership with federal and state government agencies, academic and research institutions, nonprofits, and communities throughout the country. ARC is a coalition of nearly 75 public agencies, private organizations and researchers across New England working to tackle environmental and clinical aspects of pediatric and adult asthma; ARC is a program of HriA.

ARC and the Lowell Center for Sustainable Production at the University of Massachusetts Lowell, have produced several business cases and white papers which cite research and on-the-ground models which demonstrate that comprehensive programs to manage asthma are either cost-effective or offer a return-on-investment, and provide guidance about how to classify patients and target interventions appropriately according to risk-level. The most relevant, *“Investing in Best Practices for Asthma: A Business Case”* (see link and list of other reports below footnotes), cites research and on-the-ground models demonstrating that comprehensive asthma management programs are either cost-effective or offer a return-on-investment. It also provides guidance about how to classify patients and target interventions appropriately according to risk-level. Finally, it demonstrates that comprehensive asthma management can help people with asthma live healthy active lives, unimpeded by persistent breathing difficulties, trips to the emergency department or hospital, and missed school and workdays. Given this information, we must ask: how can we afford not to give people with asthma access to programs shown to improve quality of life and control costs?

Again, the undersigned respectfully urge you to include asthma on the list of preventive services with waived deductible, co-pay or co-insurance under provisions in the Affordable Care Act. If you have questions, please contact Stacey Chacker, Director of Environmental Health at HRiA and the ARC at [schacker@hria.org](mailto:schacker@hria.org) or 617-279-2240 ext. 536. Thank you for your consideration.

Sincerely,

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- <sup>1</sup> Asthma Regional Council. *Living with Asthma in New England: Results from the 2006 BRFSS and Call-Back Survey*. 2010.
- <sup>2</sup> Ibid.
- <sup>3</sup> Ibid.
- <sup>4</sup> Ibid.
- <sup>5</sup> Agency for Healthcare Research and Quality, Healthcare Cost and Utilization Project. *Statistical Brief #72*. April 2009. Available at: [www.hcup-us.ahrq.gov/reports/statbriefs/sb72.jsp](http://www.hcup-us.ahrq.gov/reports/statbriefs/sb72.jsp). Accessed April 22, 2010.
- <sup>6</sup> Goetzel RZ, et al. "Health, Absence, Disability, and Presenteeism Cost Estimates of Certain Physical and Mental Health Conditions Affecting U.S. Employers," *Journal of Occupational and Environmental Medicine*. 2004;46:398-412.
- <sup>7</sup> U.S. Department of Health and Human Services, National Heart, Lung and Blood Institute, National Asthma Education and Prevention Program. Expert Panel Report 3: *Guidelines for the Diagnosis and Management of Asthma*, 2007.
- <sup>8</sup> Hoppin P, et al. *Asthma: A Business Case for Employers and Health Care Purchasers*. Lowell Center for Sustainable Production and Asthma Regional Council of New England. February 2010. Available at: [www.sustainableproduction.org](http://www.sustainableproduction.org). Accessed: March 24, 2010.
- <sup>9</sup> U.S. Department of Health and Human Services, National Heart, Lung and Blood Institute, National Asthma Education and Prevention Program, *Supra* note 7.
- <sup>10</sup> Asthma Regional Council. *Supra* note 1.
- <sup>11</sup> Brugge, D, et al. "Economic Benefits of Including Environmental Issues as a Component of Asthma Care: a Managed Care Perspective," *Disease Management and Health Outcomes*. 2004; 12(4):259-272.
- <sup>12</sup> Nurmagambetov T, et al. *Economic Evaluation of Home-Based Environmental Interventions to Reduce Asthma Morbidity*. December 2, 2009. Webinar sponsored by EPA's Communities in Action for Asthma Friendly Environments, "Economic Evaluation of Home-based Environmental Interventions." Available at: [http://www.asthmacommunitynetwork.org/webinars/PresentationFiles/Final\\_Economics\\_of\\_home\\_based\\_CDC\\_Dec\\_3\\_2009.pdf](http://www.asthmacommunitynetwork.org/webinars/PresentationFiles/Final_Economics_of_home_based_CDC_Dec_3_2009.pdf). Accessed: December 21, 2009.
- <sup>13</sup> Ibid..
- <sup>14</sup> Jowers JR, et al. "Disease Management Program Improves Asthma Outcomes," *The American Journal of Managed Care*. 2000;6(5):585-592.
- <sup>15</sup> Nurmagambetov T, et al. *Supra* note 12.
- <sup>16</sup> U.S. Department of Health and Human Services, National Heart, Lung and Blood Institute, National Asthma Education and Prevention Program, *Supra* note 7.
- <sup>17</sup> Brett M, et al. *The Role of Pest Control in Effective Asthma Management: A Business Case*. Boston Public Health Commission (Produced by the Asthma Regional Council of New England). 2009.

Other sources:

- a) Investing in Best Practices for Asthma: A Business Case August 2010 Update. ARC and University of Massachusetts/Lowell  
<http://asthmaregionalcouncil.org/uploads/Asthma%20Management/Investing%20in%20Best%20Practices%20fo%20Asthma-A%20Business%20Case%20%20August%202010%20Update.pdf>
- b) "Asthma: A Business Case for Employers and Health Care Purchasers" and its companion "Insurance Coverage for Asthma, A Value and Quality Checklist for Purchasers of Health Care".  
[http://asthmaregionalcouncil.org/uploads/documents/hria\\_asthma\\_report.pdf](http://asthmaregionalcouncil.org/uploads/documents/hria_asthma_report.pdf)  
[http://asthmaregionalcouncil.org/uploads/Asthma%20Management/Insurance\\_Check\\_Sheet\\_Employers\\_2010.pdf](http://asthmaregionalcouncil.org/uploads/Asthma%20Management/Insurance_Check_Sheet_Employers_2010.pdf)
- c) Employers Bolster Medication Adherence Initiatives  
<http://www.workforce.com/section/02/feature/27/27/68/index.html>