Childhood Asthma Leadership Coalition

May 11, 2020

Dear Speaker Pelosi and Leaders McConnell, McCarthy, and Schumer:

The coronavirus (COVID-19) pandemic continues to spur unprecedented change across our society, affecting the health and wellness of children and families well beyond the disease itself. As Congress takes action to advance the next legislative package responding to the pandemic, we urge you not to overlook the needs of children during this time—and especially those with chronic health conditions like asthma.

The undersigned organizations represent members 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. With 5.5 million children affected, asthma is the single most-prevalent chronic disease among children in the United States and a leading cause of child hospitalizations.[1] Substantial gains have been made in recent years to reduce rates of asthma and to increase the number of children who have control over their condition. These gains have helped to reduce avoidable health expenditures and improved quality of life for many children and families. Protecting these advancements requires ensuring continued access to care and treatment for children with asthma.

At a time of unprecedented burden on our hospitals and health care system, as well as our families, it is important that emergency response efforts also bear in mind the value of improving and maintaining overall health and wellbeing. Addressing the needs of children with asthma can subsequently help to promote stability across systems by reducing hospital burdens, returning economic value for patients and payers, and enabling families to maintain some semblance of normalcy during this challenging time.

The Impact of COVID-19 on the Care and Treatment of Children with Asthma

Although COVID-19 poses the greatest danger to older adults, children have not been immune from the widespread impacts of this disease. Children with asthma are experiencing particularly stark consequences as drug shortages arise, barriers to care are erected, and families face uncertainty and high levels of stress. Congress has already taken important action to address emerging issues affecting the health and wellbeing of these children, and we strongly encourage further action to strengthen and sustain this support.

Albuterol – a drug used to improve airflow through the lungs – is the active ingredient in asthma inhalers and can be lifesaving during an asthma attack. Hospitals began using albuterol to treat the respiratory distress that is common among COVID-19 patients early in the pandemic. We understand that albuterol stocks may be running short in certain areas of the United States, posing a serious risk to people with asthma who rely on this medicine to control their symptoms.[2] We commend the House Asthma and Allergy Caucus for raising this issue to the

Food and Drug Administration (FDA), which approved the first-ever generic albuterol on April 8, 2020.[3,4] This new supply of albuterol will help ensure that children with asthma continue to have access to lifesaving medications. However, as children return to school in the fall with new prescriptions and schools stock up on emergency albuterol, it is likely that demand will surge again. It is important that the supply of albuterol is sufficient to meet that demand. Moving forward, we strongly encourage you and your colleagues to continue strengthening the drug supply chain, especially for those drugs like albuterol which are essential to the health and wellbeing of millions of Americans.

Children with Asthma Rely on Continuous Care

In addition to medication, children with asthma require regular care to help manage their disease. Telehealth technology has the potential to ensure that children with asthma continue to receive care and treatment during this crisis period. Telehealth has long been recognized as a valuable care delivery mechanism, especially among populations that lack access to in-person care.[5,6] During these visits, providers may conduct basic health screenings to assess a child's condition and provide ongoing education and support for families to properly manage symptoms.[7]

Unfortunately, as asthma disproportionately affects children from low-income families, many may lack access to the smartphones and/or consistent internet service that would enable them to engage in the video-based telehealth for which coverage is currently required. Allowing the use of funds to invest in telehealth infrastructure, including smartphones for patients, as well as expanding the definition of telehealth under Medicaid and Children's Health Insurance Program (CHIP) to include visits held via telephone could greatly expand access to care among lower-income communities. We strongly encourage you and your colleagues to build upon the telehealth provisions enacted in the Families First Act and CARES Act by allowing for greater flexibility in how providers may use telehealth funds. This will help ensure that all patients have access to necessary services from the safety of their homes.

Finally, at a time of great insecurity and anxiety, families do not need more uncertainty regarding their ability to access necessary health care for their child. Children from low-income families are disproportionately affected by asthma, as well as more likely to have health coverage through Medicaid or CHIP.[8,9] Although you and your colleagues included important provisions in previous legislation to discourage states from imposing barriers to health care enrollment, these protections are not necessarily extended to CHIP. We urge you and your colleagues to include provisions in its upcoming COVID-19 response package that create similar incentives for states to remove barriers to care in CHIP as were extended to Medicaid in the previous two packages. The barriers of particular concern include:

- Waiting periods – Newly enrolled families of children with CHIP may face waiting periods before being able to access care, which adds unnecessary confusion and could create dangerous barriers to lifesaving treatment.
- Coverage loss – Those with CHIP may be at risk of losing coverage part way through the year. States may ensure 12-month continuous coverage in CHIP but may impose certain exceptions or limit continuous coverage guarantees to a certain subgroup of beneficiaries; seven offer no guarantee at all.[10]
- Cost-sharing – States may impose premiums in CHIP up to the amount permitted under that state's Medicaid program for families earning under 150% of the federal poverty limit (FPL).[11] At a time of severe economic hardship, health care cost-sharing

can be particularly difficult for low-income earners and those who may have lost work or be working fewer hours.

The COVID-19 disease poses a direct threat to the health and wellbeing of adults and we strongly support the attention that has been paid to ensuring that those adults in need of care are able to access it. However, we urge you to remember the needs of children with chronic health conditions, like asthma. As we seek to lessen the pressure on our healthcare system, it is paramount that these children remain able to control their condition.

Schools Provide Essential Services Beyond Learning

When schools moved online, many students lost more than access to a classroom. Approximately 2,580 school-based health centers (SBHCs) serve millions of students in at least 48 states, the District of Columbia, and Puerto Rico.[12] Because SBHCs are typically established in underserved areas, their on-site health care professionals often serve as students' primary care providers. School nurses may also provide essential care by helping students take their medication on time, monitoring their symptoms, and educating them about proper disease management. This opportunity to receive care at low or no cost is particularly important for students with chronic health needs, such as asthma.[13] Yet when schools closed, so too did SBHCs and school nurses' offices. We urge you and your colleagues to consider passing legislation to facilitate the extension of school health services through telehealth or other home-based solutions; for example, by funding the investment in telehealth technology and training of school nurses to provide telehealth for students with chronic health needs.*

Furthermore, children with asthma may now be required to stay in a home that triggers their symptoms. Over 92% of homes contain sufficient levels of at least one allergen to cause asthma symptoms, and 46% of homes expose residents to three or more allergens. As much as 40% of the increased risk among non-white children may be attributable to housing conditions.[14] Low-income communities are being hit hardest by COVID-19, and we appreciate the attention that has already been paid to the need for stable and affordable housing. We urge you and your colleagues to expand this attention to housing. It is imperative for children with asthma that their family can remain in their home but that this home is safe and free from disease triggers. The loss of schools has highlighted an existing and persistent need to consider how to keep children with asthma healthy and safe at home.

The Need for Greater COVID-19 *Tracking Across Age Groups*

A recent CDC Morbidity and Mortality Weekly Report (MMWR) on children and COVID-19 clearly shows less tracking of details on kids than adults and also shows there is little follow through on after-effects post illness in children. According to the report, for the approximately 1.7% of known cases that were among children younger than age 18, "Data were available for a small proportion of patients on many important variables, including symptoms (9.4%), underlying conditions (13%), and hospitalization status (33%)."[15] This paucity of information is shocking in light of the importance of tracking and information collection in the early stages of

* Telehealth-only SBHCs operate in Georgia, Indiana, Maryland, Michigan, North Carolina, South Carolina, Tennessee, and Texas. These arrangements and the policies that support them may serve as models for other states to implement telehealth delivery of school-based health care. See: H. Love, et al., (2018) 2016-2017 National School-Base Health Care Census, School-Based Health Alliance, Available at: https://www.sbh4all.org/school-health-care/national-census-of-school-based-health-centers/

this pandemic. It is especially glaring given the potential for long-term health effects resulting from a serious infection. Some adults are reporting lingering after-effects on their central nervous and/or respiratory systems.[16,17] Whether children who contract COVID-19 are at risk for potentially lifelong health conditions is a question that cannot continue to be overlooked. We urge Congress to ensure that research is conducted regarding the short- and long-term impacts of COVID-19 on children under age 18 by fully funding NIH, CDC, and other relevant agencies.

Because young people may carry COVID-19 without expressing symptoms, testing and tracking among children is vital. As schools reopen, states and school districts must have in place testing, screening, and contact tracing specific to children in order to prevent schools becoming "hotbeds" in their communities. People of all ages may carry the disease and could easily spread it among families if the proper precautions are not taken. It will be impossible to avoid this issue without a full understanding of which children may be carrying or have developed immunity to the disease.

Preparing Schools to Reopen

Schools and daycares that have been sitting vacant and undermaintained will have gathered dust and other allergens for up to five months by the time schools reopen for the fall semester. Indoor dampness, dust, pests, and other fumes and allergens are known asthma triggers. Before schools open, it is essential to the goal of protecting children's health that the schools are properly prepared to reopen. Therefore, we urge you to appropriate $20 million to the U.S. Environmental Protection Agency (EPA) Indoor Environments Division to support school and daycare reopening efforts, and ensure that these facilities are thoroughly cleaned and disinfected, free of pests and mold, and have functioning, clean, and efficient ventilation systems.

In addition, Congress should fully fund Individuals with Disabilities Education Act (IDEA) to help special ed programs support the education of these students who were denied a free and public education during the quarantine, as these students and others often need one-on-one education that distance learning cannot provide.

Ongoing Need for Asthma Support

The need for continued attention to the diseases that affect millions of Americans daily has unfortunately not subsided. Earlier this year, several CALC members requested $34 million for the National Asthma Control Program (NACP) in Fiscal Year 2021.[18] The NACP currently supports 24 states in efforts to reduce the burden of asthma. Since its inception in 1999, the NACP has helped to reduce the burden of asthma by 45%. The Elijah E. Cummings Family Asthma Act (H.R. 5230), recently reintroduced in the House by Representatives Engel (D-NY), Upton (R-MI), Cox (D-CA), and King (R-NY), would authorize increased funding to expand the Centers for Disease Control and Prevention's (CDC) National Asthma Control Program to serve all 50 states, among other provisions. This additional funding would not only expand the program but sustain the efforts already underway as well as the progress that has been achieved.

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Thank you for your leadership during this challenging time. As you consider next steps to address the widespread impacts of the COVID-19 pandemic, we urge you to bear in mind the

needs of children with asthma and their families. Access to affordable and reliable healthcare is essential to controlling asthma symptoms, which can substantially help lower the burden on our hospitals and healthcare providers. Without schools, many children have lost a crucial provider of healthcare services and may now be required to stay at home among allergens that worsen their health and wellbeing. Finally, as states and cities begin to reopen, and particularly before schools reconvene, better information regarding the prevalence and impact of COVID-19 among children is essential to controlling the spread and preventing undue harm. We urge you to address these needs in upcoming legislation, and would be pleased to assist you and your staff as you consider these priorities.

Thank you,

Allergy and Asthma Network

American Lung Association

Association of Asthma Educators

Asthma and Allergy Foundation of America

Families USA

First Focus Campaign for Children

Green & Healthy Homes Initiative

Health Resources in Action

Healthy Schools Campaign

Healthy Schools Network

National Association of School Nurses

Regional Asthma Management and Prevention

Trust for America's Health

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