

June 12, 2017

The Honorable Mitch McConnell Majority Leader United States Senate Washington, DC 20510 The Honorable Chuck Schumer Minority Leader United States Senate Washington, DC 20510

Dear Leader McConnell and Minority Leader Schumer,

As President of the American Association for Respiratory Care (AARC), I am writing to express our concerns about efforts underway in the Senate to develop new health care legislation that could result in limiting patients' access to affordable and effective health care. The AARC is a national professional organization with a membership of over 47,000 respiratory therapists who treat patients with acute and chronic respiratory diseases such as Chronic Obstructive Pulmonary Disease (COPD) and asthma and whose organizational activities impact over 170,000 practicing respiratory therapists across the country.

## **Patients with Chronic Respiratory Disease are Prevalent and Costly**

Health care legislation moving forward should avoid increasing the number of uninsured Americans. Chronic Obstructive Pulmonary Disease (COPD) is among the most prevalent chronic conditions in adults 18 and older and is the third leading cause of death in the US according to the Centers for Disease Prevention and Control. Among children 17 years and younger, asthma and allergies and chronic respiratory diseases other than asthma are the top two most prevalent conditions.<sup>2</sup>

Overall, health care spending for COPD and asthma are among the 10 most costly health conditions, accounting for \$75 billion in expenditures in 2011.<sup>3</sup> One of the ways to combat costly acute interventions and prevent hospital readmissions and unnecessary emergency department visits is to improve the medical home by having respiratory therapists teach self-management skills to patients by helping them recognize the symptoms and triggers of their chronic respiratory disease which can lead to reduced exacerbations and lower costs. This could be done in lower cost environments such as in their home or other vehicles such as telehealth.

Further, the number of individuals suffering from multiple chronic conditions including those with chronic respiratory disease is among the highest in the nation. As of 2012, about half of all adults—117 million people—had one or more chronic health conditions<sup>4</sup> and the prevalence increases with age. In 2010, 35% of health care spending was for 8.7% of individuals with five or more chronic conditions.<sup>5</sup> For Medicare beneficiaries alone, 57% with COPD have 5 or more chronic conditions while 56% of those with asthma have 5 or more chronic conditions.<sup>6</sup> Respiratory patients today cannot afford to lose their healthcare coverage

## **Patient Benefits Should be Maintained**

The AARC opposes any legislation that weakens the Essential Health Benefits (EHBs) provision. Patients with chronic respiratory disease require access to specialized expert care, such as the care provided by respiratory therapists, to manage their condition and lead productive lives. Future legislation needs to include coverage of respiratory therapists in lower cost environments such as the clinic, medical home or other vehicles such as telehealth. This coverage will not only improve the quality of care and life, but reduce the expense associated with

these expensive diseases. The EHBs are an especially important policy since it ensures access to a comprehensive health care plan that covers a broad set of services. It is imperative patients continue to have access to this basic set of life sustaining services and that those with pre-existing conditions are not compromised by policies that allow states and plans to opt out of such coverage or choose services that are less robust.

## **Health Care should be Affordable**

The AARC cannot support any policy that will make health insurance less affordable for people who need it most, especially those who suffer from chronic respiratory disease. Any legislation permitting states to allow plans to set premiums based on health status is unacceptable as patients with chronic lung disease often have limited earning potential. The end result will be a dramatic increase in premiums which will have a devastating effect on our patient population. The AARC respectively requests the Senate ensure any changes to health insurance policies are adequate and affordable for patients with chronic respiratory disease, particularly for those with pre-existing conditions.

## **Healthy Decisions and Preventative Health Care**

The AARC supports preventative policy or legislation that incorporates preventative medicine such as routine newborn screening, wellness visits, smoking cessation, disease management and pulmonary rehabilitation. Any legislation supporting preventative strategies that either detects disease earlier so that treatments can be more effective or other interventions proven to reduce health care expense such as emergency room visit or hospitalization is strongly supported and highly recommended.

On behalf of the AARC, thank you for your consideration. If you have any questions, please contact Anne Marie Hummel, Associate Executive Director for Advocacy and Government Affairs at <a href="mailto:anneh@aarc.org">anneh@aarc.org</a> or 703-492-9764.

Sincerely,

Brian K. Wolsh

Brian K. Walsh, PhD, RRT-NPS, RRT-ACCS, AE-C, RPFT, FAARC President

Cc: Members of the United States Senate

<sup>&</sup>lt;sup>1</sup> Multiple Chronic Conditions Chartbook 2010 Medical Expenditure Panel Survey Data, Agency for Healthcare Research and Quality. <a href="https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/prevention-chronic-care/decision/mcc/mccchartbook.pdf">https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/prevention-chronic-care/decision/mcc/mccchartbook.pdf</a>. Accessed June 5, 2017.

<sup>2</sup> Ihic

<sup>&</sup>lt;sup>3</sup> Wall Street Journal, February 24, 2014. How Health-Care Spending Got So High. Data source: Agency for Healthcare Research and Quality.

<sup>&</sup>lt;sup>4</sup> Chronic Disease Prevention and Health Promotion. Chronic Diseases: The Leading Caues of Death and Disability in the United States. <a href="https://www.cdc.gov/chronicdisease/overview/index.htm">https://www.cdc.gov/chronicdisease/overview/index.htm</a>. Accessed June 5, 2017.

<sup>&</sup>lt;sup>5</sup> Multiple Chronic Conditions Chartbook 2010 Medical Expenditure Panel Survey Data, Agency for Healthcare Research and Quality. <a href="https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/prevention-chronic-care/decision/mcc/mccchartbook.pdf">https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/prevention-chronic-care/decision/mcc/mccchartbook.pdf</a>. Accessed June 5, 2017.

<sup>&</sup>lt;sup>6</sup> Medicare Chronic Conditions Dashboard. <a href="https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reorts/Chronic-Conditions/CCDashboard.html">https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reorts/Chronic-Conditions/CCDashboard.html</a>. Accessed June 5, 2017