



July 21, 2016

Commissioner Stephen Miller
Department for Medicaid Services
275 E. Main Street
Frankfort, KY 40621

Email: kyhealth@ky.gov

RE: Kentucky HEALTH §1115 Demonstration Waiver

Dear Commissioner Miller,

On behalf of the Asthma and Allergy Foundation of America (AAFA, www.aafa.org), I am pleased to submit comments in response to the above referenced request for comments and to express our opposition to the proposed elimination of funding for allergy testing. AAFA, a not-for-profit organization founded in 1953, is the leading patient organization for people with asthma and allergies, and the oldest asthma and allergy patient group in the world. AAFA is dedicated to improving the quality of life for people with asthma and allergic diseases through education, advocacy and research.

Allergy testing, first introduced in the Kentucky State Plan Amendment 13-014, and funded effective January 1, 2014, provides for allergy testing, shots and allergy treatment for all Medicaid recipients, when medically necessary. More than 60 million Americans suffer from asthma and allergic diseases. Our constituents tell us that their lives depend on timely access to and ongoing availability of diagnostic tests and procedures, such as allergy tests. AAFA is greatly concerned about the effect that the proposed changes will have on patient access to diagnosis, care and treatment for asthma and allergic diseases.

Data indicates that allergy testing is essential to optimize patient health outcomes¹, and over time, creates cost-savings. Nationwide, the most common respiratory allergy, allergic rhinitis, represents the 5th leading chronic disease overall, and the 3rd leading chronic disease among children under age 18.² In addition, this condition often precedes the development of other highly prevalent and costly related conditions, such as asthma.³

Federal agencies such as the Centers for Disease Control and Prevention (CDC)⁴ and the National Institutes of Health (NIH)^{5 6} provide guidances and resources that document the evidence base for allergy testing of people with possible asthma and allergies. Furthermore, the Agency for Health Care Research and Quality (AHRQ) provides summaries of clinical practice guides for allergen immunotherapy.⁷

A legislative initiative in Texas explored the rationale for and feasibility of providing blood-based allergy testing for Medicaid patients with persistent asthma to develop an appropriate treatment strategy that would minimize exposure to allergy-induced asthma attacks. There



was sufficient clinical support for providing blood based allergy testing for this, and other allergy patient populations.⁸

Each year in the U.S., allergic rhinitis accounts for 13.4 million physician office visits, 3.5 million lost workdays, 3.2 million missed school days,⁹ and \$6.5 billion dollars in allergy medications for temporary symptomatic relief.¹⁰ An average of 1 out of every 10 school-aged children has asthma. Asthma is the leading chronic disease in children.¹¹ Among children ages 5 to 17, asthma is one of the top causes of missed school days. In 2013, it accounted for more than 13.8 million missed school days.¹² Asthma causes almost 2 million emergency room visits each year.¹³

Allergy testing is not only essential to achieve optimal health outcomes, it reduces expenditures over time. For example, a 10 year analysis of Florida Medicaid claims, from 1997-2007 found that, over an 18-month period, children with allergic rhinitis who received SIT incurred 33% lower per-patient health care costs than children with allergic rhinitis who did not receive SIT. Cost savings amounted to \$1,600 per patient.¹⁴

Allergen immunotherapy cannot be provided without allergy skin testing. Therefore, under the proposal, improved health outcomes and financial savings will be lost and result in increased costs for this population. Finally, for people who are allergic to stinging insects, allergy testing and allergen immunotherapy is a lifesaving treatment. Your proposed change puts these patients at risk.

AAFA appreciates the opportunity to provide comments on the Kentucky HEALTH §1115 Demonstration Waiver, and express our strong opposition to the proposed elimination of funding for allergy testing. Please do not hesitate to contact me at Csennett@aafa.org or Meryl Bloomrosen, AAFA's Senior Vice President for Policy, Advocacy and Research at mbloomrosen@aafa.org for further information.

Regards,

Cary Sennett, MD, PhD
President and CEO

¹ <http://www.mlo-online.com/improving-patient-outcomes-state-of-the-art-allergy-and-autoimmune-diagnostic-testing.php>

² National Academy on an Aging Society. Chronic Conditions. A Challenge for the 21st Century. Washington, D.C.: National Academy on an Aging Society, November 1999

³ Nathan RA. The burden of allergic rhinitis. Allergy Asthma Proc 2007; 28:3-9.



⁴ https://www.cdc.gov/asthma/pdfs/aa_fact_sheet.pdf

⁵ National Asthma Education and Prevention Program: Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma (July 2007 update):

<http://www.nhlbi.nih.gov/guidelines/asthma/index.htm>

⁶ <https://www.niaid.nih.gov/topics/foodallergy/clinical/Pages/default.aspx>

⁷ <https://www.guideline.gov/summaries/summary/37691?>

⁸ <http://www.hhsc.state.tx.us/reports/2014/SB1542-Blood-Based-Allergy-Testing.pdf>

⁹ Schappert SM, Rechtsteiner EA. Ambulatory medical care utilization estimates for 2007. Vital Health Stat 13 2011:1-38

¹⁰ Soni A. Allergic rhinitis: Trends in use and expenditures, 2000 to 2005. Statistical Brief.

¹¹ CDC. National Surveillance of Asthma: United States, 2001-2010.

http://www.cdc.gov/nchs/data/series/sr_03/sr03_035.pdf.

¹² Centers for Disease Control. Asthma. <http://www.cdc.gov/asthma/default.htm>.

¹³ United States Environmental Protection Agency. Asthma Facts. March

2013. http://www.epa.gov/asthma/pdfs/asthma_fact_sheet_en.pdf.

¹⁴ Donahue JG, Greindeder DK, Connor-Lacke L, Canning CF, Platt R. Utilization and cost of immunotherapy for allergic asthma and rhinitis. Ann Allergy Asthma Immunol 1999; 82:339-47.