



March 11, 2019

The Honorable Melissa Hurtado
Senator, State of California
State Capitol, Room 2054
Sacramento, CA 95814

Re: Support for SB 207 and budget appropriation request -- Medi-Cal: Asthma Preventive Services

Dear Senator Hurtado:

The undersigned organizations write in support of Senate Bill 207, as well as an associated \$14.8 million budget appropriation request, which would include asthma preventive services as a covered benefit under the Medi-Cal program. Such services may be provided by qualified non-licensed professionals under the supervision of the licensed provider.

SB 207 and the budget appropriation will increase access for Medi-Cal beneficiaries to asthma education and home environmental asthma trigger assessments by enabling DHCS to cover these services provided by qualified professionals that fall outside of the state's clinical licensure system as long as the services have been initially recommended by a licensed practitioner. The bill will also increase resources to support minor-to-moderate remediation of environmental triggers, which includes low-cost but high impact approaches such as providing mattress and pillow allergen-impermeable covers, using trigger-capturing vacuums, and utilizing Integrated Pest Management.

Asthma is a significant public health problem and driver of health care costs. Over 5 million Californians have been diagnosed with asthmaⁱ -- about 1 in 7 state residents. Asthma is of particular concern for low-income Californians enrolled in Medi-Cal. Low-income populations, like the nearly two million Medi-Cal beneficiaries who have been diagnosed with asthma at some point in their lives,ⁱⁱ have higher asthma severity, poorer asthma control, and higher rates of asthma emergency department visits and hospitalizations.ⁱⁱⁱ

In 2010, Medi-Cal beneficiaries represented 50% of asthma hospitalizations and 42% of asthma emergency department visits, even though they represented only 30% of Californians.^{iv} Additionally, asthma is a growing problem for children enrolled in Medi-Cal. Kids in Medi-Cal are particularly affected as they have the highest prevalence of asthma related emergency department visits. In 2016, almost 90% of all pediatric asthma emergency department visits in California were children covered by Medi-Cal, up from less than 50% in 2012.^v

Ample research indicates asthma education and trigger remediation frequently provide a return on investment (ROI) due to decreased utilization of more costly health care services such as emergency department visits and hospitalizations. To take just two examples, one education program targeting high risk children demonstrated a ROI of \$11.22 for every \$1 spent,^{vi} while another program targeting children demonstrated a ROI of \$7.69-\$11.67 for every \$1 spent.^{vii}

Increasing access to asthma education and home environmental asthma trigger assessments will help fulfill California's Quadruple Aim of strengthening the quality of care, improving health outcomes, reducing health care costs and advancing health equity. For these reasons, the undersigned organizations support SB 207 and its associated \$14.8 million budget appropriation request. We thank you for your leadership on this important issue.

Sincerely,

California Pan Ethnic Health Network (co-sponsor)

Children Now (co-sponsor)

Regional Asthma Management and Prevention (co-sponsor)

Mi Familia Vota

Central California Asthma Collaborative

California School-Based Health Alliance

Green and Healthy Homes Initiative

Public Health Advocates

Asthma and Allergy Foundation of America

Children's Specialty Care Coalition

LifeLong Medical Care

California Children's Hospital Association

Vision y Compromiso

Inquilinos Unidos (United Tenants)

St. John's Well Child and Family Center

Imperial Valley Child Asthma Program

Northern California Allergy & Asthma Advocates

American Lung Association in California

CA4Health

National Center for Healthy Housing

Public Health Institute

Esperanza Community Housing Corporation

La Union Hace La Fuerza

Environmental Health Coalition

Central Valley Immigrant Integration Collaborative

BREATHE California of Los Angeles County

BREATHE California of the Bay Area

ⁱ Milet M. *Asthma Prevalence in California: A Surveillance Report*. Richmond, CA: California Department of Public Health, Environmental Health Investigations Branch, January 2017.

ⁱⁱ California Health Interview Survey data. 2015. UCLA Center for Health Policy Research. <http://ask.chis.ucla.edu/main/default.asp>. Accessed February 21, 2017.

ⁱⁱⁱ Milet M, Lutzker L, Flattery J. *Asthma in California: A Surveillance Report*. Richmond, CA: California Department of Public Health, Environmental Health Investigations Branch, May 2013.

^{iv} Calculated using data from Milet M, *ibid*, pp. 109, 121, 143.

^v California Health Interview Survey data. UCLA Center for Health Policy Research. <http://ask.chis.ucla.edu/main/default.asp>. Accessed October, 2018.

^{vi} Clark NM, et al. The Impact of Health Education on Frequency and Cost of Health Care Use by Low Income Children with Asthma, *Journal of Allergy and Clinical Immunology*. 1986; 78:108-115.

^{vii} Greineder DK, et al. A Randomized Controlled Trial of a Pediatric Asthma Outreach Program, *Journal of Allergy and Clinical Immunology*. 1999; 103:436-440.