



December 20, 2022

The Honorable Richard Neal  
Chairman  
Committee on Ways and Means  
U.S. House of Representatives  
1102 Longworth House Office Building  
Washington, D.C. 20515

On behalf of the American Academy of Family Physicians (AAFP), representing more than 127,600 family physicians and medical students across the country, I write in response to your [inquiry](#) regarding our work to address the impacts of the health care industry on climate and, specifically, the environmental impact of pressurized metered dose inhalers (pMDIs) while ensuring those who need inhalers have safe and effective treatments.

The AAFP has long recognized the environment's impact on health. Environmental factors have short- and long-term impacts on health and the well-being of individuals and communities. As America's most versatile medical specialists, family physicians diagnose and treat a multitude of diseases that result from the impact of climate change and poor environmental conditions. In recognition of the serious adverse health consequences resulting from pollution, greenhouse gas (GHG) emissions, and ozone layer depletion, we have [recommended](#) strong action on all public and private levels to reduce pollution of our land, atmosphere, and water to mitigate the effects of climate change and improve environmental health. In 2019, we [joined](#) more than 100 health care organizations in declaring climate change a public health emergency.

The AAFP is committed to assisting family physicians recognize and understand the impact of the environment on patient and population health. Furthermore, we continue to provide our members information to assist them in improving the health of patients who may be impacted by poor environmental conditions. This includes providing continuing medical education (CME) and other educational opportunities for family physicians interested in better understanding the health impacts of climate change. The AAFP also [acknowledges](#) that vulnerable populations such as children, older adults, and people living in resource-poor regions are disproportionately affected by climate change and its impact on health. There is also significant overlap in these populations and those who experience the greatest barriers to accessing safe, affordable health care services and treatment.

As your letter notes, it is critically important that all patients who need inhalers have safe and effective treatments. The need for safe, effective, accessible, and *affordable* health care is one of the [guiding principles](#) of the AAFP's advocacy.

The AAFP applauded the historic provisions included in the Inflation Reduction Act this year to establish new tools to address high-cost drugs and associated out-of-pocket costs for drugs like high-cost inhalers for Medicare beneficiaries. However, we believe that greater federal efforts must be undertaken to improve the affordability of health insurance coverage and [comprehensive health care services](#), including treatments for asthma and chronic obstructive pulmonary disease (COPD) and

## STRONG MEDICINE FOR AMERICA

**President**  
Tochi Iroku-Malize, MD  
*Islip, NY*

**President-elect**  
Steven Furr, MD  
*Jackson, AL*

**Board Chair**  
Sterling Ransone, MD  
*Deltaville, VA*

**Directors**  
Jennifer Brull, MD, *Plainville, KS*  
Mary Campagnolo, MD, *Bordentown, NJ*  
Todd Shaffer, MD, *Lee's Summit, MO*  
Gail Guerrero-Tucker, MD, *Thatcher, AZ*  
Sarah Nosal, MD, *New York, NY*  
Karen Smith, MD, *Raeford, NC*

Teresa Lovins, MD, *Columbus, IN*  
Kisha Davis, MD, MPH, *North Potomac, MD*  
Jay Lee, MD, MPH, *Costa Mesa, CA*  
Rupal Bhingradia, MD (New Physician Member), *Jersey City, NJ*  
Chase Mussard, MD (Resident Member), *Portland, OR*  
Richard Easterling (Student Member), *Madison, MS*

**Speaker**  
Russell Kohl, MD  
*Stilwell, KS*

**Vice Speaker**  
Daron Gersch, MD  
*Avon, MN*

**Executive Vice President**  
R. Shawn Martin  
*Leawood, KS*

particularly for uninsured or privately insured individuals before physicians can sincerely prioritize interventions to address the environmental impacts of any one specific treatment.

As acknowledged in your letter, environmentally friendly alternatives, such as dry powder inhalers (DPIs) as compared to pMDIs are usually more expensive and, as a result, out-of-reach financially for many patients. Your letter also acknowledges that the prevalence of asthma is greater among Black Americans, Puerto Ricans, and families whose income is 250 percent or below the federal poverty line. Several of these demographic populations are also more likely to be [uninsured or underinsured](#). The uninsured rate for nonelderly Black Americans is 10.9 percent, 19 percent for Hispanics, and 21.2 percent for American Indian/Alaska Natives, compared to only 7.2 percent for their White peers.<sup>i</sup>

We would also be remiss not to acknowledge the estimated 18 million Americans who are expected to lose Medicaid coverage if the public health emergency (PHE) ends in April 2023<sup>ii</sup>, making it more difficult for them to access affordable treatment for their health conditions.

Asthma and COPD are chronic conditions, and the costs associated with managing them add up quickly for patients. Being uninsured, underinsured, or low-income severely limits an individual's access to certain treatments, particularly those which require higher out-of-pocket costs.<sup>iii</sup> In addition to out-of-pocket costs for inhalers, many individuals face cost barriers to seeing their primary care physician in order to receive an initial diagnosis, a prescription, or ongoing chronic disease management. This, unfortunately, creates another cycle where individuals are unable to follow treatment adherence to properly manage their asthma or COPD and in turn their condition becomes more exacerbated.

**Therefore, family physicians are most immediately focused on addressing the impact that insurance disruptions or loss of coverage altogether will likely have on their patients' health outcomes and access to care, particularly for those who may already be struggling to cover the costs of cheaper treatment and therapies.**

The AAFP [recently joined](#) other stakeholders in calling for the Administration to declare our current COVID, RSV, and influenza surge a public health emergency to better equip physicians and hospitals with the resources and flexibilities needed to care for the overwhelming number of patients. The Food and Drug Administration (FDA) has also reported ongoing drug shortages around the country, including albuterol, due to supply chain issues and the surge of respiratory infections.<sup>iv</sup> This means individuals experiencing asthma or COPD exacerbations due to viral infection may be struggling to locate much-needed inhalers. In the midst of this ongoing public health crisis, physicians are most concerned with trying to connect their patients to any appropriate, safe, and readily available treatments or therapies.

Previous federal action to address the environmental impacts of certain inhalers, without accompanying efforts to improve the affordability of environmentally friendly alternatives, negatively impacted patients' access to treatment. In 2008, the Food and Drug Administration (FDA) banned ozone-depleting inhalers, eliminating the use of inhalers with chlorofluorocarbon in them and reducing the number of albuterol inhalers patients could use. Studies have since shown that this led to a significant increase in out-of-pocket costs and declines in albuterol inhaler utilization for privately insured individuals.<sup>v</sup> Health conditions may also further limit use of DPIs for some, as patients need sufficient respiratory force to inhale the powder from DPIs; this can be a barrier to use for elderly COPD patients or others with insufficient lung capacity, for example.

In reality, pMDIs are currently the most accessible and affordable option for many patients. Until additional actions are taken to noticeably decrease the costs patients are seeing every day when they

pick up their inhalers, this will likely remain the case. **We ask the Committee to consider the infeasibility of prioritizing a meaningful shift to environmentally friendly treatments at a moment when those who need inhalers most are experiencing exacerbated conditions, drug shortages, and continued cost barriers.**

We know that family physicians are committed to reducing health care emissions by prioritizing preventive care and utilizing resources judiciously. But ultimately, it is beyond the scope of physicians and patients themselves to effectively and meaningfully address the larger environmental impacts of pDMLs. Instead, we urge the Committee to engage with other appropriate stakeholders responsible for the development and widespread reliance on the currently more affordable pDMLs.

**Congress may wish to prioritize efforts that would incentivize manufacturers to develop more environmentally friendly alternatives. Additionally, Congress may wish to prioritize requiring payers to provide greater insurance coverage of powder inhalers and limit out-of-pocket costs for more individuals.**

Thank you again for your outreach on this issue. The AAFP looks forward to continuing to work with you and the Committee to protect the health of patients and their families. Should you have any additional questions, please contact Erica Cischke, Director of Legislative and Regulatory Affairs at [ecischke@aafp.org](mailto:ecischke@aafp.org).

Sincerely,



Sterling N. Ransone, Jr., MD, FFAFP  
Board Chair, American Academy of Family Physicians

---

<sup>i</sup> Kaiser Family Foundation, “Uninsured Rates for the Nonelderly by Race/Ethnicity,” Accessed December 13, 2022. <https://www.kff.org/uninsured/state-indicator/nonelderly-uninsured-rate-by-raceethnicity/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>

<sup>ii</sup> Buettgens, Matthew, and Andrew Green. *The Impact of the COVID-19 Public Health Emergency Expiration on All Types of Health Coverage*. The Urban Institute, December 5, 2022.

<sup>iii</sup> American Academy of Family Physicians, “Poverty and Health - The Family Medicine Perspective (Position Paper),” Updated April 2021. Accessed December 13, 2022. <https://www.aafp.org/about/policies/all/poverty-health.html>

<sup>iv</sup> U.S. Food and Drug Administration, “Current and Resolved Drug Shortages and Discontinuations Reported to FDA,” Accessed December 13, 2022. <https://www.accessdata.fda.gov/scripts/drugshortages/default.cfm>

<sup>v</sup> Jena, Anupam B., et al. “The Impact of the US Food and Drug Administration Chlorofluorocarbon Ban on Out-of-Pocket Costs and Use of Albuterol Inhalers among Individuals with Asthma.” *JAMA Internal Medicine*, vol. 175, no. 7, July 2015, pp. 1171–79, <https://doi.org/10.1001/jamainternmed.2015.1665>.