

Statement of Chris Ward

To the House Energy and Commerce Committee, Subcommittee on Energy and Power

July 18, 2012

I am Chris Ward, I live in Washington, DC, and I am a past Chairman of the volunteer Board of Directors of the Asthma and Allergy Foundation of America. I have had asthma all of my life. When I was a child, there were few choices for treating my asthma. I have been fortunate that more and better asthma treatments have come into use. I have also been fortunate to be under the care of an allergist since childhood when I was diagnosed. Now, there are a variety of safe, effective medications from which to choose to treat my asthma, and I am a grateful beneficiary.

Making epinephrine bronchodilators like Primatene Mist available over-the-counter may give patients a false sense of security if patients use this medication to achieve short term control when long term control is indicated. Asthma is a chronic disease and short term symptom relief may lull patients into a false sense of security and think they have no need to follow up with their physician.

Asthma patients need professionals who can recognize levels of asthma control and recommend the most appropriate, effective medication to achieve control. Left on their own with medication like epinephrine bronchodilators to rely on, patients can get into trouble.

Sound public policy should provide patients with opportunities to get appropriate treatment directed by skilled professionals. Having access to Primatene Mist over-the-counter can put

patients at risk if they delay getting an appropriate diagnosis and effective treatment to keep their asthma in control.

Some argue that in case of an asthma attack, patients need to be able to go to a retail drug store or supermarket to buy Primatene Mist over-the-counter. Should we recommend that someone having an asthma emergency go to a store to buy a device over calling 911 and going to an emergency room or hospital? If patients need unplanned refills, or replacement devices, they can contact their prescriber or get appropriate medications from the emergency room.

Another false assumption is that low income people need these medications because they are low cost. While the price of Primatene Mist may be lower than the total cost of or co-pay for more effective bronchodilators, the relief from these epinephrine devices does not last as long. Thus, the long term cost is actually higher.

Allowing over-the-counter access to this product may seem to erase the cost of visiting a prescriber. However, over-the-counter bronchodilators can promote self-diagnoses, which is particularly unsafe for the symptoms of asthma. With proper diagnoses and treatment, people can control their asthma symptoms, avoiding high-cost interventions like emergency department visits and hospitalizations. Cutting out care by qualified medical practitioners could be dangerous for the patient and costly to the healthcare system.

The decision to withdraw Primatene Mist from the US market was made years ago. Lifting the ban now will lead to confusion. There will be little opportunity to inform patients about the

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nature of this change and to urge them to seek care from a professional if they think they have asthma.

I know that asthma is a serious chronic condition, and I know what a difference effective treatment can make. I urge you, for all current and future asthma patients, to reject any attempt to re-release Primatene Mist to the US market as an over-the-counter product.

END



## THE ASTHMA AND ALLERGY FOUNDATION OF AMERICA

The Asthma and Allergy Foundation of America (AAFA), founded in 1953 by the two leading professional medical organizations in the United States devoted to the allergy/immunology specialty, is the oldest asthma and allergy patient group in the world. AAFA is an independent not-for-profit association dedicated to improving the quality of life for people with these chronic conditions through education, advocacy and research. To achieve its mission, AAFA conducts national campaigns, disseminates education programs and tools, articulates policy positions and works with state and regional AAFA chapters, Educational Support Groups, governments, coalitions, corporate sponsors, health professional groups and volunteers.