AfPA’s Respiratory Therapy Access Working Group held its annual meeting January 26, 2019 in Washington, DC. The group includes allergists, immunologists, respiratory therapists and other health care providers who advocate for policies that ensure patient access to treatment for respiratory conditions such as asthma, COPD and pulmonary fibrosis. This fourth annual meeting welcomed 21 attendees, including physicians, a physician assistant, respiratory therapists and representatives from leading patient advocacy organizations.

Discussion focused on a range of access issues.

**NON-MEDICAL SWITCHING**

Members discussed the challenges posed by health plan formularies that are constantly changing based on health insurers’ financial interests, jeopardizing patients’ access to the therapies they need. Members agreed that the effects of switching weren’t always immediate or financially apparent to health insurers, even though they could inflict harm for patients.

**STEP THERAPY**

Members discussed frustration with fail first, especially where inappropriate therapies are required as prerequisites to therapies that are better suited for the patient. One respiratory therapist described insurers demanding that children with asthma first try and fail on inhalers that aren’t appropriate for their age or, in some cases, on therapies that haven’t been FDA-approved for child use.

**RESPIRATORY THERAPISTS & TELEHEALTH**

Misuse of inhalers or respiratory equipment can handicap patients attempting to manage their disease. Inability to access respiratory therapists once again emerged as an issue for members, while members acknowledged telehealth as a valuable way to expand access to respiratory care.

**LIQUID OXYGEN**

The lack of CMS coverage for liquid oxygen came up in course of the meeting, with members describing the significant access challenges that patients face as a result of this policy gap.

**INSTITUTE FOR CLINICAL & ECONOMIC REVIEW**

Members responded to a presentation on ICER’s methodology and impact on respiratory care access, including a discussion of ICER’s 2018 analysis of biologics’ cost-effectiveness for asthma treatment.

**PUNISHMENT FOR PERFORMANCE**

One member recalled how health plans have punished patients for doing “too well” on a given therapy. Patients who respond well no longer meet health plan criteria, meaning they lose access to the very medicine that’s allowing them to thrive.

**NEXT STEPS**

Moving forward, AfPA’s Respiratory Therapy Access Working Group will use 2019 to pursue advocacy initiatives and collaborate on education materials related to access challenges outlined by members.