



# PRE-BUDGET SUBMISSION

2024

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# 2024 BUDGET ASK

ASTHMA SOCIETY OF IRELAND

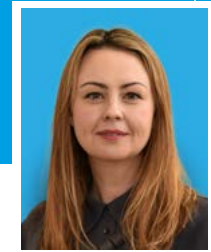


ACCESS TO MEDICATION	DEPARTMENT / AGENCY
<p><b>1. Universal Subsidisation of Asthma Medications</b></p> <ul style="list-style-type: none"> <li>Increase affordability of Maintenance and Reliever Therapy (MART) – with specific focus on access to combination inhalers – through the universal subsidisation of asthma medication.</li> <li>Reduce the Drugs Payment Scheme threshold by €8 per month to €72 at a cost of <b>€13.5 million</b>.</li> <li>Abolish all prescription charges for medical card holders in Budget 2024 at a cost of <b>€60 million</b>.</li> </ul> <p><b>2. Increase affordability of severe asthma medication</b></p> <ul style="list-style-type: none"> <li>Expand national fund for biologic medication for severe asthma to include Anti-IgE and Anti-IL-4/IL-13 biologic treatment.</li> </ul>	<ul style="list-style-type: none"> <li><b>DOF</b></li> <li><b>DOH/HSE</b></li> <li><b>DSP</b></li> <li><b>DPER</b></li> </ul>
INCREASE CAPACITY IN OUR HEALTHCARE SYSTEM	DEPARTMENT / AGENCY
<p><b>3. Extend Current Asthma Management Programme to all people with Asthma</b></p> <ul style="list-style-type: none"> <li>Expand Cycle of Care for under 8s to all people under the age of 18 with or without a GP visit card.</li> <li>Expand access to the Chronic Disease Management Programme to all adults aged 18+ without a GP Visit or GMS Card.</li> <li>Increase capacity at primary healthcare level to deal with additional demand.</li> </ul>	<ul style="list-style-type: none"> <li><b>DOF</b></li> <li><b>DOH/HSE</b></li> <li><b>DSP</b></li> </ul>
<p><b>4. Increase Capacity in our Healthcare System: Recruit Respiratory Specialists</b></p> <ul style="list-style-type: none"> <li>Increase the number of Advanced Nurse Practitioners WTE posts in 2024 by 112 at a cost of <b>€9,773,008</b>.</li> <li>Allocate funding to increase recruitment of respiratory physiologists.</li> </ul>	<ul style="list-style-type: none"> <li><b>DOF</b></li> <li><b>DOH/HSE</b></li> <li><b>DSP</b></li> </ul>
SUPPORT ASTHMA FRIENDLY COMMUNITIES	DEPARTMENT / AGENCY
<p><b>5. Remove Asthma Triggers from our Air and Homes</b></p> <ul style="list-style-type: none"> <li>Recalibrate Motor Tax to promote resource energy efficient vehicles and escalate year by year and increase Vehicle Registration Tax percentage rates for all category A vehicles (EU category M1) bands, except the least-polluting band.</li> <li>Increase Carbon Tax by €7.50 in Budget 2024 for an estimated additional VAT exclusive yield of €117 million in 2023 and €152 million in 2024.</li> <li>Allocate €22,000,000 within the current Warmer Homes Scheme towards the retrofitting of 1,000 homes for people with asthma.</li> <li>Invest in the electricity grid so that can transmit and distribute 100% clean renewable energy.</li> </ul>	<ul style="list-style-type: none"> <li><b>DOF</b></li> <li><b>DOH/HSE</b></li> <li><b>DECC</b></li> <li><b>DOT</b></li> <li><b>DPER</b></li> </ul>
<p><b>6. Disincentivise smoking and e-cigarettes through taxation</b></p> <ul style="list-style-type: none"> <li>Increase cost of cigarettes at 50c per pack for an estimated yield of €44.9 million.</li> <li>Introduce taxation measures on all nicotine and tobacco inhaling products.</li> </ul>	<ul style="list-style-type: none"> <li><b>DOF</b></li> <li><b>DOH/HSE</b></li> <li><b>DPER</b></li> </ul>
ENSURE SUSTAINABLE FUTURE FOR PATIENT SUPPORT GROUPS	DEPARTMENT / AGENCY
<p><b>7. Restore pay parity within the Community and Voluntary Sector</b></p> <ul style="list-style-type: none"> <li>Address the current pay deficit of 10-12% for staff in these organisations to deliver pay equivalence between Section 39/56/10 organisations and their counterparts in state agencies.</li> <li>Include state-funded charities in public-service pay talks and other relevant fora such as the Workplace Relations Commission to prevent future re-emergence of pay disparities.</li> <li>Include administrative costs in public service contracts.</li> <li>Introduce multi-annual funding to allow for service planning and development.</li> <li>We call on Government in Budget 2024 to guarantee the Asthma Society's ongoing sustainability while we seek to increase our private unrestricted income streams.</li> </ul>	<ul style="list-style-type: none"> <li><b>DOF</b></li> <li><b>DOH/HSE</b></li> <li><b>DPER</b></li> <li><b>DRCD</b></li> </ul>

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# FOREWARD



A chara,

The Asthma Society's vision is that everyone with asthma in Ireland lives a full life, symptom-free. We know that, in a healthy environment and with the right treatment, care, and supports, this is achievable. There are more than 380,000 people in Ireland with asthma now; we have one of the highest prevalence rates in the world. Despite this, it is a disease that remains chronically underestimated and under resourced.

While recent advances in medication – such as high-tech treatments for severe asthma, and combination inhalers – and service delivery – through the delivery of the Enhanced Care in the Community Programme – are to be welcomed, the disease remains uncontrolled in an estimated 60 per cent of the patient population.

In Ireland, someone visits the Emergency Department due to asthma every four minutes, and we have one of the highest hospitalisation rates for asthma in the EU. Every five days, a family in Ireland loses a loved one due to asthma. More tragically still, the vast majority of those deaths are preventable. Imagine the devastation of knowing your loved one needn't have died from a disease that is generally quite straightforward to manage.

Urgent steps need to be taken to eradicate all preventable asthma deaths in Ireland. Indeed, it is vital that people with asthma are supported to participate fully in all aspects of Irish society. Every year, children with asthma miss on average five school days and adults with asthma miss on average seven working days due to their condition. Whether learning, working, playing sport, connecting with others or volunteering in their community, people should not be deterred by their asthma from living full lives. When the basics of asthma care are done well, there are long lasting benefits to the person and wider society.

**As we face into this evermore challenging cost-of-living crisis, with a healthcare system progressively straining to meet demands, and the increased risks of viral infection and climate change to public health, people with asthma are arguably amongst the most vulnerable in our society. It has never been more crucial to invest in protecting them.**

**As a priority, the Asthma Society is calling on Minister for Health Stephen Donnelly to make a substantive move towards universal subsidisation of asthma medication in this year's Budget by making combination inhalers free to people with asthma.**

People with asthma consistently report some of the lowest levels (approximately 30 per cent) of medication adherence of conditions requiring regular medication. Better knowledge of the disease, more frequent reviews by a medical professional, and better understanding of medications are all proven to enhance adherence rates. However, it is the substantial cost of their regular asthma medications – just one combination inhaler costing anything up to €80 per month – that has always been at the forefront of our engagements with our members, especially because asthma tends to run in families.

A 2023 Asthma Society survey of 1,294 people with asthma in Ireland revealed the concerning decisions people with asthma and their loved ones have been forced to make during the cost-of-living crisis. Despite 96% of those surveyed being prescribed asthma medications, 45% have had to forego them in the prior three months due to financial constraints.

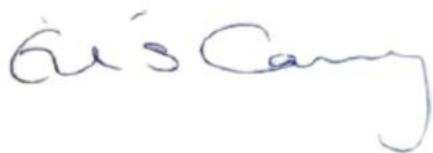
Asthma is estimated to cost the State €72 million annually due to hospitalisations, GP visits, and practice nurse consultations. Increased use of combination inhalers, as recommended by national and international best practices, not only increases the quality of life for people with asthma, but it reduces the cost of asthma on the State.

**It is time for this government to demonstrate its commitment to the health and safety of the nearly 400,000 people with asthma in Ireland, and their families.**

The Asthma Society exist so that people with asthma – and their loved ones – can breathe easier. We are the national organisation representing people with asthma across Ireland, and we place their health and quality of life at the centre of everything we do. The need for and value of the Asthma Society's work has never been more evident. For 50 years, we have worked tirelessly to ensure that people with asthma have access to reliable, evidenced-based information on managing their condition. Our Medical Advisory Group, made up of some of the top respiratory experts in the country and led by our Medical Director Professor Marcus Butler, provides clinical governance across all aspects of our work. Our values align with the Sláintecare key principle of the right care, at the right time, in the right place: we provide free high-quality asthma education, advice, and supports through our health promotion campaigns and our HSE-funded Adviceline and WhatsApp messaging service, delivered by a team of expert nurses and a physiotherapist. The Society also relies on Statutory funding to meet the ever-expanding needs of the asthma population, while achieving financial resilience and sustainability through diversified income streams. As a non-profit organisation, we require predictable, unrestricted grants and donations to fund our life-transforming work.

Thank you for taking the time to consider our 2024 Budget recommendations. I urge you to prioritise the needs of people with asthma and, indeed the Asthma Society as their representative organisation, in Budget 2024, and in so doing reduce the economic burden of asthma on those who live with the disease, their loved ones, and on the State.

Le meas,



**Eilís Ní Chaithnía**

## WHAT IS ASTHMA?

Asthma is an inflammatory disease of varying severity that affects the airways – the small tubes that carry the air in and out of the lungs. People with asthma have airways that are extra sensitive to substances (or triggers), which irritate them.

When the airways come into contact with an asthma trigger, the muscles around the walls of the airways tighten so that the airways become narrower. The lining of the airways swell and produce sticky mucus. As the airways narrow, it becomes difficult for the air to move in and out. That is why people with asthma wheeze and find breathing difficult. Common triggers include cold and flu, cigarette smoke, exercise, man-made air pollutants and allergic responses to pollen, furry or feathery animals or house-dust mites. Whilst there is no cure, asthma can be controlled by avoiding triggers and by the use of 'reliever' and 'controller' medication.

When a person's asthma is not properly managed, they are in danger of having an asthma attack. An asthma attack is a serious medical emergency, which could be fatal.

## THE ASTHMA SOCIETY OF IRELAND

The Asthma Society of Ireland is the voice of over 380,000 people with asthma in Ireland. Our vision is that everyone with asthma in Ireland lives a full life, symptom-free. Our mission is to stop asthma deaths in Ireland.

- 1. We champion change** by advocating to prevent asthma deaths.
- 2. We communicate about asthma** to ensure it is taken seriously as a health challenge.
- 3. We support with services** for all people with asthma, empowering them to control the condition and providing health promotion programmes which deliver impactful asthma interventions.
- 4. We learn together and collaborate** with healthcare, research and education professionals and always with patients to improve our understanding of how asthma works and how to combat it.
- 5. We build our capacity** to deliver for patients by growing and diversifying our funding streams, by innovating and by being best-in-class as a charity.

A core and critical element of the Asthma Society's service provision function is our nurse-led HSE. A funded Asthma Adviceline, a free call-back service for people with asthma and their loved ones with asthma nurses. Through our services we deliver accessible education about disease management that reduces a person's risk of exacerbation and unscheduled and emergency hospital visits.

If you are worried about your asthma or COPD and would like to speak to one of our asthma/COPD nurse specialists, please contact our Adviceline for a free phone consultation 1 850 44 54 64 (Asthma)/ 1 850 83 21 46 (COPD). We also offer a WhatsApp messaging service on 086 059 0132, which allows patients with asthma, and their families and carers, to message an asthma/COPD nurse about all aspects of their disease management.



## INTRODUCTION

Asthma is a costly illness to both the person and the State. The Asthma Society's 2024 Pre-Budget Submission recommends measures that will reduce these costs.

The Asthma Society of Ireland conducted a survey of 1,294 men and women living with asthma in Ireland as part of Asthma Awareness Week 2023. Results of the survey revealed the stark realities of the impact of the cost of living crisis for those living with asthma in Ireland:

- **96%** of those surveyed have been prescribed asthma medications. Despite that, **45%** of asthma patients have had to forego asthma medications for themselves, or their children, due to financial constraints.
- **48%** of households with asthma have been in arrears on mortgage or rental payments; utility bills; hire purchase installments or other loan payments in the past 12 months.
- **76%** reported that their own or their child's daily activity was limited or severely limited by the disease.
- **25%** of survey participants described their asthma as bad or very bad.

Our *Easing the Economic Burden of Asthma*<sup>1</sup> report found that asthma is estimated to cost the State **€472 million per year**. The cost of hospitalisations, emergency department visits and GP consultations accounted for 57% of total **direct costs (€270 million)**. Research from the Asthma Society found that asthma patients require an estimated **2.4 million GP** and **625,000 Practice Nurse consultations** for asthma. There was also a significant burden in the hospital setting with an estimated **421,000** and **133,000 Specialist and Emergency Department visits** respectively, along with almost **8,000 hospital admissions**. **Indirect costs** accounted for 43% of the total cost of asthma (**€202 million**). This included the cost of absenteeism and premature mortality from asthma.

Since the publication of this report, the cost of asthma is likely to have increased within the context of the cost of living crisis, the Covid-19 pandemic, and additional resulting strain on our healthcare system. Between 2017<sup>2</sup> and 2019, the number of people with asthma hospitalized increased by 18% or 1,386 people.<sup>3</sup> The 2020 dip can be attributed to disruptions to healthcare caused by the Covid-19 pandemic where people with asthma in need of medical help avoided going to the hospital for fear of contracting the viral lung infection.<sup>4</sup>

Without timely, affordable and equitable access to medication and care, people with asthma are at a higher risk of an asthma attack and a premature asthma related death. Targeted investment will radically reduce the long-term direct and indirect costs of asthma. When the basics of asthma care are done well, there are long lasting benefits to the person and the wider health system.

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<sup>1</sup> The Asthma Society of Ireland, (2019) *Easing the Economic Burden of Asthma*

<sup>2</sup> Data used within the Easing the Economic Burden of Asthma report

<sup>3</sup> Healthcare Pricing Office, *Activity Acute Public Hospitals*

<sup>4</sup> Irish Examiner, *People with asthma avoiding hospitals due to Covid-19 fear*

## ECONOMIC CONTEXT

The Asthma Society's 2024 Pre-Budget Submission comes in the context of a healthcare and economic system recovering from the impacts of the Covid-19 pandemic and unprecedented levels of inflation. Asthma does not exist in isolation. People with asthma experience the same stresses associated with rising mortgages rates, record levels of rent, increased cost of living, plus the added burden of managing a costly chronic disease. Results from the most recent Survey of Income and Living Conditions (SILC)<sup>5</sup> publication shows that people who are unable to work due to long-standing health problems are at a high risk of poverty and social exclusion. Despite representing 4.6% of the population, people who are unable to work due to long-standing health problems make up:

- 12.4% of the at risk of poverty population.
- 11.6% of those experiencing enforced deprivation.
- And an unsettling 17.1% of those experiencing consistent poverty.

Along with the increased financial burden of medication and health care, ill-health further compounds the risk of poverty through absenteeism and a risk of unemployment. Our Easing the Economic Burden of Asthma report found that on average, people miss **five days of school** and **seven work days** every year due to their asthma. Absenteeism has an immediate and long-term impact on reduced learnings and earnings. Absenteeism in elementary level education can result in an overall poorer educational performance and has long-term effect on earning potential within the labour market later in life.<sup>6</sup> Uncontrolled asthma impacts productivity and performance in the workplace, with research showing an overall work productivity loss of 36% due to asthma (from both time off and productivity whilst at work). When asked how asthma made research participants feel at work, tiredness, weakness and mental strain were particularly common challenges, with some describing concerns about the perception of colleagues and feelings of inferiority.<sup>7</sup>

Direct and indirect asthma costs are not inevitable and can be reduced. The Budget 2024 surplus presents an extraordinary opportunity for government to invest in long-term, sustainable measures that would ensure timely, equitable, and affordable access to medication and care that benefits the person, the State, our economy, and our healthcare system.

The Asthma Society's 2024 Pre-Budget Submission is calling for investment that will increase adherence to medication, improve diagnosis of patients, reduce asthma exacerbations, and eradicate asthma related deaths.

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<sup>5</sup> CSO, (2023). *Survey on Income and Living Conditions* (SILC) 2022

<sup>6</sup> Cattán, S. et al., (2023), *The Long-Term Effects of Student Absence: Evidence from Sweden*

<sup>7</sup> Gruffydd-Jones, K. (2019), *Asthma impacts on workplace productivity in employed patients who are symptomatic despite background therapy: a multinational survey*



# COST OF ASTHMA FACTSHEET

**2.4m**

The number of asthma GP consultations annually.

**€1,242**

The annual average cost of asthma per patient.

**1 in 5** 

Proportion of children who experience asthma at some stage in their life.

**1 in 10**

Proportion of children who currently have asthma.

**1 in 13**

Proportion of people in Ireland currently have asthma.

**66%**

Percentage of asthma deaths that are preventable.

**five**

Average number of school days missed every year due to asthma.



## ASTHMA IN IRELAND

**2<sup>nd</sup>**

Ireland had the second highest rate of asthma hospital discharges in Western Europe in 2016.

**seven**

Average number of work days missed every year due to asthma.

**890,000**

The number of people in Ireland who experience asthma at some stage of their life.

**14** 

Compared to 14 other European countries: Ireland had the highest death rate from asthma in 2015.

**Four** **minutes** 

How often someone in Ireland visits an Emergency Department with asthma.

**one every 6 days**

The frequency that people are dying as a result of their asthma.

**40,593**

The number of children registered under the Asthma Cycle of Care programme.

**€472 million**

The amount asthma costs the state per annum.

**8,000**

The number of asthma admissions to hospital every year.

## UNIVERSAL SUBSIDISATION OF ASTHMA MEDICATION

### **BUDGET ASK: €58.5 million – €63.5 million**

- Increase affordability of Maintenance and Reliever Therapy (MART) – with specific focus on access to combination inhalers – through the universal subsidisation of asthma medication.
- Reduce the Drugs Payment Scheme threshold by €8 per month to €72 at a cost of €13.5 million.<sup>8</sup>
- Abolish all prescription charges for medical card holders in Budget 2024 at a cost of €60 million.<sup>9</sup>

**CONTEXT:** Asthma cannot be cured, but with appropriate medication and treatment, symptoms and exacerbations can be effectively controlled. When asthma is controlled, recurrence of symptoms should be occasional and severe exacerbations should be rare. When someone cannot afford their medication, they often go without. Results from a survey conducted as part of Asthma Awareness Week 2023 found that people with asthma experience financial strain which can impact medication adherence:

- **65%** of households with asthma experienced difficulties making ends meet.
- In the last twelve months **48%** of households with asthma have been in arrears on mortgage or rental payments; utility bills; hire purchase installments or other loan payments.
- **96%** of those surveyed had been prescribed asthma medications. Despite that, **45%** of have had to forego asthma medications for themselves, or their child, due to financial constraints.

No one should forgo life-saving medication due to cost barriers. We need a universal subsidisation of asthma medication which would sit best within the Long-Term Illness (LTI) Scheme.

The Asthma Society is concerned about a low uptake of Maintenance and Reliever Therapy (MART) in asthma treatment. And, as a result, on single-medicine reliever inhalers (usually blue) and oral corticosteroids to treat acute exacerbations. Combination inhalers are the preferred MART treatment option for asthma patients as recommended by national<sup>10</sup> and international<sup>11</sup> best practice. MART can also be achieved through the use of two separate inhalers: a low-dose steroid inhaler plus a separate reliever inhaler as needed. While this is better than prescribing reliever inhaler medication alone, in patients with mild asthma adherence to regular low-dose steroid inhaler is poor, resulting in reliever-only treatment.<sup>12</sup> Misuse of medication and overuse of single-medicine reliever inhalers is strongly linked with asthma related deaths. Research conducted by the Asthma Society<sup>13</sup> found that 3 in 10 people with asthma use more than 12 reliever inhalers a year, putting them at risk of an asthma-related death. 7 in 10 are using more than three reliever inhalers a year, putting them at risk of an asthma attack (or some form of asthma exacerbation).

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<sup>8</sup> Parliamentary question Ref: PQ [29361/23]

<sup>9</sup> Parliamentary question Ref: PQ [17048/23]

<sup>10</sup> ICGP, (2020) *Asthma - Diagnosis, Assessment and Management in General Practice Quick Reference Guide*

<sup>11</sup> GINA, (2022) *Global Strategy for Asthma Management and Prevention*

<sup>12</sup> ICGP, (2020) *Asthma - Diagnosis, Assessment and Management in General Practice Quick Reference Guide*

<sup>13</sup> Asthma Society of Ireland, *Asthma Safety Care Campaign*

A combination low-dose inhaler containing both corticosteroid and formoterol used when required is the preferred treatment option and is cost effective for the State due to reduced exacerbations and improved quality of life for people with asthma. In the UK, as-needed corticosteroid/formoterol was associated with a £292.99 cost saving and quality adjusted life year (QALY) gains of 0.001 versus inhaled corticosteroid and a separate reliever inhaler.<sup>14</sup> Similar research conducted in Canada found that as-needed corticosteroid/formoterol as the dominant treatment option in a base-case analysis, provided incremental cost savings of \$9,882 per patient and QALY gains of 0.002 versus low-dose maintenance corticosteroid plus as-needed reliever over a 50-year time horizon.<sup>15</sup>

Combination inhalers are expensive, costing up to €80 in Ireland. Crucially, the use of this medication more sparingly (in other words, only when needed for relief) by a patient still results in ~75% lower rates of asthma attacks than the use of an inexpensive single medicine reliever. Price cannot be a barrier to cost-effective, life-saving treatment. For years the Asthma Society has been calling for the recognition of asthma under the LTI scheme. There are no plans to expand on the 16 illnesses covered since the 1970s.<sup>16</sup> Under the current review, we call for the incremental introduction of asthma medication under the scheme, with an initial focus on combination inhalers recommended by national and international guidelines on best practice and treatment. At a minimum, the preferred initial combination medication to subsidise would be all available versions of inhaled corticosteroid/formoterol.

In addition, Budget 2024 needs to make prescription medication more affordable. We welcomed the decreased threshold for the DPS in 2022 to €80 per month, but further action is needed. The 2017 Sláintecare report from the Committee on the Future of Healthcare<sup>17</sup> recommended reducing the DPS threshold to €72 with specific reference to single people and lone parent households with chronic diseases. The Asthma Society recommends that Budget 2024 reduces the threshold by €8 per month to €72 for all households at a cost of €13.5 million. Along with this, the Government needs to commit to an ongoing reduction in the DPS threshold. We also call on the Government to abolish all prescription charges for medical card holders in Budget 2024 at a cost of €60 million per annum. These small measures could be the difference between someone accessing lifesaving medication or not.

### **IMPACT OF THIS BUDGETARY ASK:**

- Support **Healthy Ireland** goals to increase proportion of people who are healthy at all stages of life and reduce health inequalities.
- Improving access to medications by removing a cost barrier increases adherence, reduces asthma exacerbations, thus increasing quality of life.
- Reduction of asthma related deaths.
- Forward Sláintecare and Programme for Government shared vision of universal healthcare.

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<sup>14</sup> FitzGerald, J Mark et al, (2020), *The cost-effectiveness of as-needed budesonide/formoterol versus low-dose inhaled corticosteroid maintenance therapy in patients with mild asthma in the UK*

<sup>15</sup> Mohsen Sadatsafavi, M. et al, (2021), *The cost-effectiveness of as-needed budesonide-formoterol versus low-dose inhaled corticosteroid maintenance therapy in patients with mild asthma in Canada*

<sup>16</sup> Parliamentary question Ref: PQ [30579/23]

<sup>17</sup> Houses of the Oireachtas (2017) *Committee on the Future of Healthcare – Sláintecare Report*

# EXPAND NATIONAL FUND FOR BIOLOGIC MEDICATION FOR SEVERE ASTHMA TO INCLUDE ANTI-IgE AND ANTI-IL-4/IL-13 BIOLOGIC TREATMENT

## BUDGET ASK:

- Expand national fund for biologic medication for severe asthma to ensure every person who would benefit from this life changing treatment has equitable access to it in a timely way.

**CONTEXT:** Unlike many western European countries, Ireland does not have a severe asthma register. It is estimated that 3% to 10% (11,400 – 38,000) of asthma patients have severe asthma. Severe asthma is often associated with co-morbidity and can place a large physical, mental, emotional, social and economic burden on patients.<sup>18</sup> Severe uncontrolled asthma has been estimated to account for 60% of all asthma costs<sup>19</sup> due to healthcare costs including medications, physician and specialist visits, hospitalisations, and the cost of OCS side effects associated with severe asthma patients.<sup>20</sup> Patients with severe asthma can often experience a challenging and curtailing burden of symptoms including frequent shortness of breath, wheeze, chest tightness and cough, in addition to common side-effects from steroids such as osteoporotic hip fractures and cataracts. These symptoms severely interfere with day-to-day living, good quality sleep and being physically active. People with severe asthma often experience frightening or unpredictable exacerbations (also called attacks or severe flare-ups) which may impact their confidence and quality of life.<sup>21</sup>

Biologic agents can be a key component and life-changing treatment for severe asthma patients. Depending on the inflammatory phenotype, different targeted biologic therapy is needed for treatment:

- Anti-IgE (omalizumab).
- Anti-IL5 (benralizumab, mepolizumab, reslizumab).
- Anti-IL4/IL13 (dupilumab).

Positive and welcome progress has been made in recent years to make Anti-IL5 more accessible. In 2023, caps have been removed from hospital budgets on the numbers of patients who can access the drug and in 2022, clinical protocols were updated to allow patients accessing anti-IL5 treatment to self-administer at home following appropriate training and three successful hospital administrations.<sup>22</sup>

For some patients, Anti-IL5 is not an appropriate treatment and a patient may require Anti-IgE biologic or Anti-IL4/IL13 therapy specifically. These alternative biologic medicines are not necessary for everyone, but for those who require them, they are life-changing. Successful treatment can mean the difference between completely debilitating symptoms and leading a happy, healthy life due to reductions in asthma exacerbations, overuse of OCS, and unscheduled GP and healthcare visits.<sup>23</sup>

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<sup>18</sup> GINA, (2022) *Global Strategy for Asthma Management and Prevention*

<sup>19</sup> Sadatsafavi M, et al., (2010) *Direct health care costs associated with asthma in British Columbia*

<sup>20</sup> Adverse effects of long-term OCS include obesity, diabetes, hypertension and adrenal suppression; psychological depression and anxiety are particularly concerning for patients. Short term OCS use is associated with sleep disturbance, and increased risk of infection, fracture and thromboembolism

<sup>21</sup> GINA, (2022) *Global Strategy for Asthma Management and Prevention*

<sup>22</sup> HSE, *Clinical protocols for benralizumab, mepolizumab, reslizumab treatment*

<sup>23</sup> Bousquet, J. et al., (2021) *Real-World Effectiveness of Omalizumab in Severe Allergic Asthma: A Meta-Analysis of Observational Studies*

At present, Anti-IgE and Anti-IL4/IL13 biologics are not covered under the national fund for biologics. Cost cannot be a barrier to hospitals or patients with severe asthma who need these drugs specifically to be able to live their life symptom-free. In Budget 2024, the Asthma Society recommends the State in conjunction with the HSE include Anti-IgE biologic medicines and Anti-IL4/IL13 biologic medicines through the Acute Hospitals Drug Management Programme (AHDMP).

### **IMPACT OF THIS BUDGETARY ASK:**

- Reduce and eradicate asthma related deaths in Ireland.
- Ensure people with severe asthma have timely and equitable access to the medication that will work best for them and they are able to achieve the outcomes that are important to them.
- Remove cost barriers to life saving medication for people with severe asthma in Ireland so that they can experience a high quality of life.
- Reduce the economic burden of asthma on the Irish health system and Irish State by keeping people well in their communities.
- Tackle health inequalities for people with asthma by ensuring that medication is accessible and affordable.

# EXTEND CURRENT ASTHMA MANAGEMENT PROGRAMME TO ALL PEOPLE WITH ASTHMA

## BUDGET ASK:

- Expand Cycle of Care for under 8s to all children under the age of 18.
- Expand access to the Chronic Disease Management Programme to all adults aged 18+.
- Increase capacity at primary healthcare level to deal with additional demand.

## CONTEXT:

Cycle of Care for Under 8s: Currently, for children aged between two and seven, there is an established asthma 'Cycle of Care' for child patients with an asthma diagnosis. Under this cycle of care, a Medical Practitioner can establish and maintain a patient register and reminder system for their child patients with a confirmed diagnosis of asthma, allowing them to conduct regular reviews and consultations to support with asthma management.<sup>24</sup> We welcomed the expansion of this valuable service provided under a GP visit card to include 6 and 7 year-olds in August 2023.<sup>25</sup> The GP visit card does not include medication costs or hospital charges, but provides affordable access to primary healthcare that can help children to manage their asthma, prevent attacks and ensure they are taking their medication correctly.

Chronic Disease Management Programme: Through timely intervention, information, medication, and supportive care, we can minimize the effect of chronic disease on a person's life. The Chronic Disease Management (CDM) Programme<sup>26</sup> supports primary healthcare providers identify and manage GMS (i.e. medical card holders) and GP visit card patients over the age of 18 at risk of chronic disease or who have been diagnosed with specified chronic diseases, including asthma. This programme has successfully managed chronic disease in the community, particularly during the Covid-19 pandemic. According to a recent HSE review of the CDM programme, 27,194 patients with asthma were supported through a CDM between January 2020 and 2022. 96% of these were not attending hospital for the ongoing management of their chronic condition, which was now fully managed routinely in primary care.<sup>27</sup>

Gaps in Care: Children under the age of 8 and adults aged 18+ with a medical or GP visit card have access to structured management programmes for asthma care. Young people aged 8-17 – regardless of a GP or medical card – do not have access to a structured asthma management programme. Along with this, all people with asthma without a medical or GP visit card go without access. Budget 2024 is an opportunity to fill these gaps to ensure all people have access to structured care for their asthma.

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<sup>24</sup> HSE (2014) *Form of Agreement with Registered Medical Practitioners for Provision of Services to Children under 6 years old pursuant to the Health (General Practitioner Service) Act 2014 (Under 6 year olds)*

<sup>25</sup> Citizen's Information (accessed July 2023) *GP visit cards for children*

<sup>26</sup> HSE, *Chronic Disease Management Programme*

<sup>27</sup> HSE, *The Second Report of the Structured Chronic Disease Management Treatment Programme in General Practice*



Increased capacity at Primary Care Level: Making healthcare more affordable means more people will be able to access it. This can put additional pressure on GPs and primary healthcare professionals to meet demand. We need a long-term planning and investment in primary healthcare settings to ensure people with asthma get the care they need to manage their condition. We support plans outlined in the HSE's recently published Organisational Reform Implementation Plan to facilitate unprecedented expansion in healthcare capacity including 21,000 extra healthcare professionals, 1,000 extra hospital beds, new Primary Care Centers, new operating theatres, critical care beds, community beds, diagnostics and more. Budget 2024 is an opportunity to kick off this ambitious plan through investment that supports for primary healthcare settings to employ additional GP, practice nurses, and support and administrative staff.

### **IMPACT OF THIS BUDGETARY ASK:**

- Asthma related deaths are reduced.
- People with asthma are supported and empowered to manage their condition, stay well in their community and avoid preventable hospital admissions.
- Reduce the economic burden of asthma on the Irish health system and Irish State by keeping people well in their communities.
- Remove cost barriers accessing primary care for people with asthma in Ireland.
- Support vision and aims of the newly published HSE, Health Region Implementation Plan to deliver timely access to safe, high-quality, integrated care through person-centered, health and social care services that are informed by the regional needs of the people and communities.<sup>28</sup>

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<sup>28</sup> HSE, *Health Region Implementation Plan*

## INCREASE CAPACITY IN OUR HEALTHCARE SYSTEM: RECRUIT RESPIRATORY SPECIALISTS

### BUDGET ASK:

- Increase the number of Advanced Nurse Practitioners WTE posts in 2024 by 112 at a cost of **€9,773,008**.<sup>29</sup>
- Allocate funding to increase recruitment of respiratory physiologists.

**CONTEXT:** A recent Sláintecare report found that waiting lists experienced a net reduction of 22,000 people (4.1%) to c.690,000 in 2022; the first annual reduction since 2015.<sup>30</sup> Additional capacity is needed to systemically address the extreme pressure on our healthcare system. As we move towards universal healthcare, we must ensure there is a skilled, dedicated workforce in place to deal with demand.

Advanced Nurse Practitioners: Advanced Nurse Practitioners (ANPs) are highly valuable healthcare professionals who work independently as part of a multidisciplinary team. They can manage a caseload, prescribe and treat within their scope of practice. ANPs have a positive impact on patient satisfaction, waiting times, control of chronic disease, and cost-effectiveness, particularly when directly compared to medical practitioner-led care and usual care practices (including primary, secondary and specialist care settings involving both adult and pediatric populations).<sup>31</sup> It is positive that the target number of nurses and midwives practicing at an advanced level across the health service has been increased from 2% to 3% of the workforce over the next two/three years. Currently, there are 951 WTE Advanced nurse and midwife practitioners in the workforce with an additional 37 due to take up posts in September 2023, giving a total of 988 (c.2.3% of the workforce).<sup>32</sup> In Budget 2024, the Asthma Society call on Government to increase the number of qualified ANPs to 1,100 (increase of 112 WTE positions) specifically for Chronic Disease Management roles to bring the Department closer to its 3% target.

Respiratory Physiologists and Timely Access to Diagnosis: Objective measures of lung function – such as Peak Flow and /or spirometry tests – are necessary for an accurate asthma diagnosis. It is the role of a respiratory physiologist to investigate respiratory disorders through various diagnostic tools and methodologies. Unfortunately, they are in short supply. In 2022, the Irish Lung Health Alliance conducted a survey of pulmonary function laboratories across Ireland. 19 laboratories responded out of a total of 33 invited to participate. Key findings of the survey uncovered some worrying trends.

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<sup>29</sup> Cost based on 112 new posts with an average cost of €87,259 per post which includes a salary cost of €73,872 (based on the mid-point of the scale as at 1 October, 2021 plus 11.05% for employers PRSI), a 10% for non-pay overhead with a figure of €81,259, plus education costs required for registration as a Registered Advanced Nurse or Midwife Practitioner at €6,000 per year for MSc Advanced Practice.

Parliamentary question Ref: PQ [56557/22]

<sup>30</sup> Government of Ireland, *Sláintecare Progress Report 2022*

<sup>31</sup> Htay, M., Whitehead, D., (2021) *The effectiveness of the role of advanced nurse practitioners compared to physician-led or usual care: A systematic review*

<sup>32</sup> Based on 42,657 WTE in the nursing and midwifery workforce, Parliamentary question Ref: PQ [56557/22]

**Vacancies:** two-thirds (68%) of the laboratories who responded had vacancies for respiratory physiologists, with the majority of these having multiple vacancies.

**Pulmonary function tests:** nine laboratories noted their waiting list was now 18 months or more, with four of these indicating a waiting period of three years or more.

**Breathing challenge tests:** seven laboratories now have a waiting list of a year or more for this test which diagnoses asthma. Any delay in offering this key diagnostic tool has implications for patient treatment and would be a significant cause of concern.

**Workload:** almost 85% of laboratories (16 of 19 laboratories) who responded noted that their workload had increased since before COVID. Five laboratories indicated their workload had increased by 25%, five laboratories by 50%, and two laboratories by 100%.

Respiratory physiologists are listed within the Critical Skills Occupations List, showing the drastic shortage in respect of qualifications, experience or skills required for the proper functioning of the economy and the healthcare system.<sup>33</sup> We urgently need to put in place additional training places for respiratory physiologists so that we can not only start to reduce the numbers on waiting lists but also plan for a growing population which is going to create even bigger pressures on our services.

### **IMPACT OF THIS BUDGETARY ASK:**

- Timely access to diagnosis and specialized healthcare professionals increase success of treatment and improves health and wellbeing of people with asthma.
- Reduced pressure on healthcare system and waiting lists through increased capacity.
- People with asthma are supported and empowered to manage their condition, stay well in their community and avoid preventable hospital admissions.
- Reduce the economic burden of asthma on the Irish health system and Irish State by keeping people well in their communities.

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<sup>33</sup> Department of Enterprise, Trade and Employment, *Critical Skills Occupations List*

# REMOVE ASTHMA TRIGGERS FROM OUR AIR AND HOMES

## BUDGET ASK:

- Transport: Recalibrate Motor Tax to promote resource energy efficient vehicles and escalate year by year and increase Vehicle Registration Tax percentage rates for all category A vehicles (EU category M1) bands, except the least-polluting band.<sup>34</sup>
- Smoky Fuels: Increase Carbon Tax by **€7.50** in Budget 2024 for an estimated additional VAT exclusive yield of **€117 million** in 2023 and **€152 million** in 2024.<sup>35</sup>
- Warmer Homes Scheme: Allocate **€22,000,000** within the Warmer Homes Scheme towards the retrofitting of 1,000 homes for people with asthma.<sup>36</sup>
- Electricity Grid: Invest in the electricity grid so that can transmit and distribute 100% clean renewable energy.

**CONTEXT:** Identifying and avoiding asthma triggers is key to good asthma management. It can be impossible and very limiting to avoid environmental triggers such as air pollution or smoke. While we welcome the publication of the clean air strategy, high ambition is still needed as there are no 'safe' levels of air pollution.

Transport: A 2019 global study reviewing the occurrence of asthma in children caused by traffic pollution in 194 countries identified that 1,700 new cases of the disease in Ireland a year caused by pollutants emitted from vehicles.<sup>37</sup> Ireland has among the highest transport emissions per capita in the EU-27.<sup>38</sup> Nitrogen oxides (NOx) from traffic aggravates asthma even in low levels. <sup>39</sup> Recent changes have been made to the VRT NOx surcharge applied to diesel vehicles that produce higher levels of emissions.<sup>40</sup> Further reductions in the use of high-emission vehicles are needed. The Asthma Society support calls within the Climate Change Advisory Council report to recalibrate Motor Tax to promote resource and energy efficient vehicles and escalate year by year and increase Vehicle Registration Tax percentage rates for all category A vehicles (EU category M1) bands, except the least-polluting band.

Reduce reliance on solid fuels: Particulate matter (PM 10 ) and fine particulate matter (PM 2.5 ) pollution is extremely harmful on our health. Residential solid fuel combustion is the dominant source of PM 2.5 pollution in Ireland.<sup>41</sup> We can reduce emissions by shifting away from coal and peat towards cleaner home heating and fuels choices. The Finance Act 2020 legislated for annual increases in the rate of carbon tax to 2030. The Asthma Society recommends an increase of €7.50 per tonne of CO2 emitted, bringing the overall amount charged per tonne of CO2 emitted to €56. This would increase the cost of a 40kg bag of coal by 90c and a 12.50 kg bale of peat by 20c. The estimated additional VAT exclusive yield from a €7.50 increase in the carbon charge is €117 million in 2023 and €152 million in 2024.

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<sup>34</sup> Climate Change Advisory Council, *Annual Review 2023*

<sup>35</sup> Department of Finance, *Climate Action and Tax, Tax Strategy Group – 23/07, July 2023*

<sup>36</sup> 1,000 homes at an average cost of €22,000 per home. Parliamentary question Ref: PQ [10882/23]

<sup>37</sup> Asthma Society of Ireland, (2022) *Submission to the Department of the Environment, Climate and Communications Consultation on the Clean Air Strategy for Ireland*

<sup>38</sup> Department of Finance, *Climate Action and Tax, Tax Strategy Group – 23/07, July 2023*

<sup>39</sup> Global burden of asthma among children. *Int J Tuberc Lung Dis.* 2014; 18: 1269-1278

<sup>40</sup> Department of Finance, *Climate Action and Tax, Tax Strategy Group – 23/07, July 2023*

<sup>41</sup> EPA, *Air Quality in Ireland 2020*

Allocate additional carbon tax receipts towards retrofitting for people with asthma: A just transition is necessary to reduce reliance on solid fuels in the home. Unsuitable housing conditions increase the risk of an asthma attack and an asthma related death. According to the WHO:<sup>42</sup>

- 15% of new childhood asthma in Europe can be attributed to indoor dampness, representing over 69,000 potentially avoidable DALYs and 103 potentially avoidable deaths every year.
- Cold indoor temperatures is associated with increased asthma symptoms. For children with asthma, every 1°C increase in room temperature below the threshold of 9°C was associated with a small but significant increase in lung function.

Household air pollution caused by open fires or inefficient stoves fueled by kerosene, biomass (e.g. wood) and coal was responsible for c.3.2 million deaths in 2020, including 237,000 children under 5.<sup>43</sup> Retrofitting reduces reliance on solid fuel burning. The Warmth and Wellbeing Scheme provided free retrofits for people in receipt of social welfare with chronic respiratory conditions. Initial reports from the pilot found that participants needed fewer GP and hospital visits, fewer prescriptions for antibiotics, and experienced increased engagement with support services in the community.<sup>44</sup> The Warmer Homes Scheme is now in place which no longer considers chronic respiratory conditions. In light of the effect of poor quality housing on health– and the need for a Just Transition away from solid fuels – the Asthma Society calls on the Minister for Environment, Climate and Communications to allocate €22,000,000 in Budget 2024 generated from an increase in Carbon Tax towards the Warmer Homes Scheme to retrofit 1,000 homes for people with asthma.

Electricity Grid: Reducing reliance on fossil fuels, increased retrofitting of homes, and reductions in NO<sub>2</sub> emissions are hinged on a functioning energy grid. In 2021, Ireland produced 400,000 tonnes of additional Carbon emissions and spent over €230 million of tax payers money on fossil fuels because the grid was unable to handle the available renewable energy from wind and solar farms.<sup>45</sup> This resulted in lost energy necessary for reducing our bills and the impact of emissions on our health. Investment is needed in Budget 2024 for a stronger grid that would be able to run on 100% of renewable energy.

### **BENEFITS:**

- Support Ambitions Actions within the Clean Air Strategy to reduce national emission levels and achieve improved ambient air quality.
- Cheaper to run homes which helps to alleviate energy poverty.
- Improved health and wellbeing, particularly for the young and elderly, through improved internal dwelling temperatures and air quality.
- Achieve Healthy Ireland goal to protect the public from threats to health and wellbeing.

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<sup>42</sup> WHO, [2018] *Housing and health guidelines*

<sup>43</sup> WHO, [2022] *Household air pollution*

<sup>44</sup> Parliamentary question Ref: PQ [52050/21]

<sup>45</sup> [BuildOurGrid.ie](https://www.buildourgrid.ie)

# DISINCENTIVISE SMOKING AND E-CIGARETTES THROUGH TAXATION

## **BUDGET ASK:**

- Increase cost of cigarettes at 50c per pack for an estimated yield of **€44.9 million**.
- Introduce taxation measures on all nicotine and tobacco inhaling products, including vapes and e-cigarettes

**CONTEXT:** Cigarette smoke is a common trigger for asthma and is associated with more severe asthma symptoms, an accelerated decline in lung function, and can even cause asthma to develop.<sup>46</sup> 18% of the population are smokers,<sup>47</sup> but positive steps have been taken to reduce smoking prevalence over time through cost barriers (taxation), legislation restricting advertising and sale, and behavioral change through education and awareness. The Asthma Society is advocating for the same approach in relation to e-cigarettes, vapes, and all nicotine and tobacco inhaling products.

Research shows that e-cigarette use and passive exposure to their aerosols negatively impact respiratory health among adolescents<sup>48</sup> and are shown to be an asthma trigger.<sup>49</sup> 6% of the population use e-cigarettes; an increase of 2% in one year. Usage of e-cigarettes is highest among those aged under 25, with 11% of this age group currently using them.<sup>50</sup> According to the WHO, there is insufficient evidence to conclude that heated tobacco products (HTPs)<sup>51</sup> are less harmful than conventional cigarettes. There are concerns that while they may expose users to lower levels of some toxicants than conventional cigarettes, they also expose users to higher levels of other toxicants. It is not clear how this toxicological profile translates into short- and long-term health effects. As such, the WHO recommends that:

- Marketing of HTPs should not be permitted unless there is conclusive evidence that compared to conventional cigarettes, the product reduces exposure to harmful and potentially harmful components and reduces health risks.
- Tax HTPs similarly to other tobacco products, in line with the recommendations of the Conference of the Parties to the WHO Framework Convention on Tobacco Control (WHO FCTC) in its decision FCTC/COP8(22).<sup>52</sup>

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<sup>46</sup> Thompson S. C. et. Al. (2004). *Asthma and cigarette smoking*

<sup>47</sup> *Healthy Ireland Survey 2022*

<sup>48</sup> Alnajem, A. et al., (2020) *Use of electronic cigarettes and secondhand exposure to their aerosols are associated with asthma symptoms among adolescents: a cross-sectional study*

<sup>49</sup> Li, X. et al., (2022) *Association Between E-Cigarettes and Asthma in Adolescents: A Systematic Review and Meta-Analysis*

<sup>50</sup> *Healthy Ireland Survey 2022*

<sup>51</sup> Heated tobacco products (HTPs) are tobacco products that produce an emission containing nicotine and other chemicals, which is then inhaled by users. This includes vapes, e-cigarettes and similar products.

<sup>52</sup> Conference of the Parties to the WHO Framework Convention on Tobacco Control. Eighth session. Geneva, Switzerland, 1–6 October 2018. Decision. FCTC/COP8(22). *Novel and emerging tobacco products*



The growing use of e-cigarettes is a concern for the Asthma Society. We welcome the introduction of regulatory measures such as the recent Public Health (Tobacco Products and Nicotine Inhaling Products) Bill.<sup>53</sup> However, more is needed to disincentivise use. In line with WHO recommendations, the Asthma Society recommends that taxation measures are introduced in Budget 2024 on all nicotine and tobacco inhaling products. For maximum impact, information and awareness campaigns on the potential risk to health are needed to drive behavioural change, particularly for young people.

### **IMPACTS OF THIS BUDGETARY ASK:**

- Support Programme for Government ambition to reduce smoking prevalence in the population to 5% by 2024.
- Reduce health impacts and premature deaths associated with smoking.
- Reduced pressure on our healthcare system.
- Reduced risk of asthma attacks and exacerbations due to reduced exposure to triggers from cigarette and e-cigarette smoke.
- Improved climate and environmental outcomes due to reduced e-cigarette disposal and waste.<sup>54</sup>

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<sup>53</sup> *Public Health (Tobacco Products and Nicotine Inhaling Products) Bill*

<sup>54</sup> Pourchez, J., et al., (2022), *From smoking to vaping: a new environmental threat?*

## RESTORE PAY PARITY WITHIN THE COMMUNITY AND VOLUNTARY SECTOR

### **BUDGET ASK:**

- Address the current pay deficit of 10-12% for staff in these organisations to deliver pay equivalence between Section 39/56/10 organisations and their counterparts in state agencies.
- Include state-funded charities in public-service pay talks and other relevant fora such as the Workplace Relations Commission to prevent future re-emergence of pay disparities.
- Include administrative costs in public service contracts.
- Introduce multi-annual funding to allow for service planning and development.

**CONTEXT:** The Asthma Society of Ireland endorses and supports calls from the Wheel in their 2024 Pre-Budget Submission, A Budget for Civil Society. Like many organisations within the Community and Voluntary Sector, the Asthma Society is partially-funded by Government bodies, such as the HSE, who have essentially contracted us to provide services on behalf of the State.

The Asthma Society of Ireland has been working tirelessly to support the 380,000 people in Ireland with asthma with a mission to stop asthma deaths in Ireland. In the first six months of this year alone, the Asthma Society Adviceline provided 2,051 phone appointments with our expert nurses to deliver free support and guidance about their disease. An additional 244 patients were supported through our WhatsApp messaging service, which provides for confidential text-based consultations with a respiratory specialist nurse who provides tailored support, advice and digital resources directly to the service user's device.

The work of the Asthma Society reflects and aligns itself with the Sláintecare ethos of right care, right place, and at the right time – at low or no cost. We work to keep people as well as possible in their homes. Our services enable and empower patients to manage their asthma and COPD.

We heavily rely on generous fundraising events and projects funded by corporates. Statutory core funding in 2022 comprised 12% of the funding and annual expenditure within the Asthma Society. Given the relatively low level of guaranteed statutory core funding, the Asthma Society is constantly striving to achieve the financial stability. Multi-annual funding – as outlined by the Joint Committee on Social Protection, Community and Rural Development and the Islands Pre-Budget Submission 55 – is critical to achieve the financial stability which will allow it to fully implement a medium to long term strategy.

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<sup>55</sup> Joint Committee on Social Protection, Community and Rural Development and the Islands Report, (2023) *Pre – Budget submission to the Department of Rural and Community Development*

Fund the Asthma Society of Ireland: The Asthma Society of Ireland is a relatively small non-profit with a dedicated team. We work tirelessly to support the healthcare system and deliver services on behalf of the State through free primary care available to more than 380,000 people in Ireland with asthma. We rely heavily on generous fundraising events and projects funded by corporates. As mentioned, statutory 2022 core funding comprised 12% of the funding received by the Asthma Society. As a non-profit organisation, we require predictable, unrestricted grants and donations to fund our life-transforming work. The Society also relies on Statutory funding to meet the ever-expanding needs of the asthma population, while achieving financial resilience and sustainability through diversified income streams. We call on Government in Budget 2024 to guarantee the Asthma Society's ongoing sustainability while we seek to increase our private unrestricted income streams. With sufficient funding, the Asthma Society can – without barriers – support in the provision of base line primary care for the 380,000 people in Ireland with asthma through our vital services.

### **IMPACT OF THIS BUDGETARY ASK:**

- Multi-annual, secure funding streams with additional costs covered (such as administrative costs) would ensure that the Asthma Society can support in the provision of base line primary care for the 380,000 people in Ireland with asthma through our vital services.
- Retention of trained staff and skilled advice line respiratory nurses for the provision of services and advocacy and a reduction in staff turnover.



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Asthma & COPD Beating Breathlessness

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