



**BACKING EVERY BREATH,**

**BUILDING BETTER CARE**

**PRE-BUDGET SUBMISSION 2026**





# CONTENTS

Executive summary: 2026 budget asks .....	2
Foreword .....	4
About asthma and about us: .....	6
What is asthma? .....	6
The need .....	6
About the Asthma Society of Ireland .....	7
How we work .....	7
Introduction: The economic burden of asthma .....	8
Financial strain on households .....	8
Impact on daily life and work .....	9
The high cost of severe asthma .....	9
Systemic gaps and cost drivers .....	10
Asthma mortality rates .....	11
Burden of asthma .....	12
1. Universally subsidise asthma medication .....	14
2. Optimise severe asthma care .....	17
3. Increase capacity in our healthcare system by recruiting respiratory specialists .....	20
4. Expand access to vaccinations to protect vulnerable patients .....	23
5. Disincentivise smoking and e-cigarette use .....	26
6. Support asthma-friendly homes and environments .....	28

## 2026 BUDGET ASKS

Our vision is that everyone in Ireland lives a full life, symptom-free.

1



### UNIVERSALLY SUBSIDISE INHALED ASTHMA MEDICATIONS

- Introduce universal subsidisation of asthma medication and related devices on a phased basis: **€14 million**
- Publish a full review of the Long-Term Illness Scheme
- Reduce the Drugs Payment Scheme threshold to €72 per month: **€15.5 million**
- Abolish medical card prescription charges: **€69 million**

2



### OPTIMISE SEVERE ASTHMA CARE

- Establish a Severe Asthma Registry: **€500,000**
- Implement Phase 1 of the FoRT proof-of-concept pilot study: **€135,700**
- Expedite reimbursement of Tezepelumab for severe asthma patients
- Continue to invest in biologic therapies for severe asthma

3



### INCREASE CAPACITY IN OUR HEALTHCARE SYSTEM

- Ensure that every severe asthma clinic has a qualified Advanced Nurse Practitioner
- Ringfence funding to re-open and fill Respiratory Physiologist positions
- Establish a CORU register for Physiologists: **€750,000**

#### DEPARTMENT/AGENCY

- Dept. of Finance
- Dept. of Health
- Health Service Executive
- Dept. of Social Protection
- Dept. of Public Expenditure, Infrastructure, Public Service Reform and Digitalisation

- Dept. of Finance
- Dept. of Health
- Health Service Executive

- Dept. of Finance
- Dept. of Health
- Health Service Executive
- CORU



4



#### EXPAND ACCESS TO VACCINATIONS TO PROTECT VULNERABLE PATIENTS

- + Offer the enhanced flu vaccine to people over 65 years (**€3.8 million**), with a focus on those with chronic lung diseases
- + Introduce an RSV immunisation pathfinder programme for older adults with chronic lung diseases
- + Align pneumococcal vaccine access with the seasonal flu programme

5



#### DISINCENTIVISE SMOKING AND E-CIGARETTE USE

- + Increase the cost of cigarettes by 50c per pack: **€35 million yield**
- + Commence the E-liquid Products Tax (EPT): **€17 million yield**
- + Increase annual funding for smoking cessation services by **€29.05 million**

6



#### SUPPORT ASTHMA-FRIENDLY HOMES AND ENVIRONMENTS

- + Increase Carbon Tax: **€143 million yield**
- + Conduct an analysis of the distributional effects of Carbon Taxation policies
- + Fund a targeted communications campaign for people with chronic lung diseases and retrofit 1,000 additional homes under the Warmer Homes Scheme: **€29.5 million**
- + Re-commit to the 2:1 ratio of capital investment on public transport

#### DEPARTMENT/AGENCY

- Dept. of Finance
- Dept. of Health
- Health Service Executive
- Dept. of Social Protection

- Dept. of Finance
- Dept. of Health
- Health Service Executive
- Dept. of Public Expenditure, Infrastructure, Public Service Reform and Digitalisation

- Dept. of Finance
- Dept. of Health
- Health Service Executive
- Dept. of Public Expenditure, Infrastructure, Public Service Reform and Digitalisation
- Dept. of Climate, Energy and the Environment
- Dept. of Housing, Local Government and Heritage



## FOREWORD



**Eilís Ní Chaithnía**  
CEO, Asthma Society of Ireland

Asthma is Ireland's most common chronic respiratory disease, affecting 450,000 people today and a projected 900,000 over the course of their lives. For some, asthma is manageable. For others, it is life-limiting. Tragically, in some cases, it is fatal.

In 2022, 87 people in Ireland died from asthma – a 36% increase on the average for the previous three years – giving us the second highest asthma mortality rate in the EU. Provisional figures for 2023 and 2024 (86 and 94, respectively) suggest this may not be an anomaly. Meanwhile, Ireland has consistently higher hospitalisation rates for asthma than the EU average, and one in two people with asthma show signs that the disease is not well controlled. This is not because the disease is uniquely severe in Ireland – it is because the response to it has, as yet, been inadequate.

This is a pivotal moment. The first Budget of a new Government offers an opportunity to make meaningful, measurable progress toward a more equitable and sustainable health system. By targeting investment in areas of proven impact, the State can improve the quality of life for people with asthma, reduce pressure on overstretched services, and support broader goals around prevention, integration, and innovation in care.

“ Clinical guidelines indicate that for most patients, asthma can be effectively managed in the community with the right knowledge, treatment and care. ”

The Asthma Society of Ireland's Pre-Budget Submission sets out practical, evidence-based priorities for Budget 2026:

- ✚ **Make asthma medication affordable**, starting with inhaled corticosteroids and combination inhalers, by phasing in universal subsidisation;
- ✚ **Expand and strengthen asthma care capacity**, including investment in diagnostics, staffing, and a national Severe Asthma Registry;
- ✚ **Invest in prevention and public health**, including enhanced vaccination access and smoking and vaping cessation programmes;
- ✚ **Support asthma-friendly homes and environments** through targeted retrofits, improved air quality, and investment in public transport.

These are not new challenges – but with the right focus and political will, they are solvable. Clinical guidelines are clear: with the right treatment, education, and support, asthma can be effectively managed in the community. Yet every day, people are forced to make impossible choices between medication and basic needs. In our most recent survey of people with asthma or their parents, 24% of respondents had gone without prescribed asthma medication due to cost. This is not sustainable for patients, families, or the health system.

The Asthma Society of Ireland plays a critical role in addressing these challenges. Through our nurse-led helpline, WhatsApp support service, webinars, and evidence-based education resources, we support thousands of people each year to better understand and manage their condition. These services are nationally recognised, clinically trusted, and funded by the HSE.

To ensure these supports remain effective and sustainable, I am also urging the Minister for Health to **maintain, at a minimum, current levels of HSE funding to the Asthma Society**, and to consider placing our contract on a **multiannual footing**. This would align with the Government's stated commitment to outcome-driven partnerships and strategic commissioning, and would allow for longer-term planning, service innovation, and measurable impact delivery. A multiannual model would also recognise the true cost of service provision, including essential operational supports such as governance, infrastructure, and communications.

For more than 50 years, the Asthma Society has been a trusted national voice for people with asthma and their families. We remain committed to working collaboratively with those we represent, the Government, the HSE, and the wider health community to ensure that asthma is no longer a barrier to living well in Ireland.

The actions outlined in this submission are realistic, cost-effective, and aligned with the ambitions of Sláintecare as well as the wider Programme for Government. With strategic investment and cross-departmental leadership, Budget 2026 can deliver real change for people with asthma, and real value for the State.

Le meas,



**Eilís Ní Chaithnía**

## ABOUT ASTHMA AND ABOUT US



### OUR MISSION

Our mission is to stop asthma deaths in Ireland.



### OUR VISION

Our vision is that everyone in Ireland lives a full life, symptom-free.



### OUR IMPACT

Of the people who have used our services:

- + 95% reported improved confidence in managing their condition
- + 77% did or will discuss their Asthma Action Plan with their GP
- + 53% reported reduction in unplanned GP visits
- + 100% would recommend these services

### WHAT IS ASTHMA?

Asthma is a common and potentially serious chronic disease of the lungs characterised by persistent inflammation of the airways. The two key defining features of asthma are a history of variable respiratory symptoms such as wheezing, shortness of breath, chest tightness and/or coughing, and variable expiratory airflow limitation.

In people with asthma, the airways are hypersensitive to viral infections and airborne irritants, which can act as “triggers” and provoke symptom flare-ups. During a flare-up, the airway lining swells, sticky mucus is produced, the surrounding muscles tighten, and airflow becomes restricted – trapping air in the lungs. This makes breathing difficult and often results in the wheezing sound synonymous with asthma.

Common asthma triggers include respiratory infections, cigarette smoke, exercise, air pollution (both natural and man-made), and allergens such as pollen, animal dander, and dust mites.

Although asthma cannot be cured, it can be effectively treated to control symptoms and minimise the risk of flare-ups (exacerbations). When well controlled, the patient can expect to experience few or no asthma symptoms. However, when uncontrolled or untreated, asthma can seriously disrupt daily life and, in some cases, be fatal.

### THE NEED

Ireland has one of the highest rates of asthma in the world. According to the HSE, around 450,000 people have doctor-diagnosed asthma in Ireland.<sup>1</sup> It is estimated that around 900,000 people will develop it at some stage in their lives.<sup>2</sup>

<sup>1</sup> HSE [National Clinical Programme Respiratory End to End Model of Care for Asthma, Part 1 Adult Asthma](#)

<sup>2</sup> The Asthma Society of Ireland, (2019), [Easing the Economic Burden of Asthma](#)



Between 3% and 10% of the asthma population has severe asthma, a diagnosis “reserved for patients with asthma in whom alternative diagnoses have been excluded; comorbidities have been treated; trigger factors have been removed and adherence to treatment has been checked, but still have poor asthma control, or frequent severe attacks, despite the prescription of high-dose inhaled treatment, or can only maintain adequate control when taking systemic steroids”<sup>3</sup> or biologics.

### ABOUT THE ASTHMA SOCIETY OF IRELAND

Operating for over 50 years as a not-for-profit patient organisation, our vision is that everyone with asthma in Ireland can live a full life, symptom-free.

At a time when asthma deaths are largely preventable, it is simply unacceptable that mortality rates are on the rise. Working with patients, their families, the healthcare community and a network of corporate and civil society partners, we know that change is not only possible, but achievable.

As the environmental and socio-economic drivers of asthma are increasing the risk of developing the condition, healthcare costs are rising, and inequality deepens, the time for action is now.

### HOW WE WORK

We aim to achieve our mission through advice, education, advocacy, and research.

We are leaders, conveners, and community-builders. We aim to put people with asthma (and their carers) at the forefront of all our activities. Through this patient-centred approach, we strive to be the national representative of the 450,000 people with asthma in Ireland, amplifying their needs and interests with policy and change makers at all levels.



3 HSE [National Clinical Programme Respiratory End to End Model of Care for Asthma, Part 1 Adult Asthma](#)

## INTRODUCTION:

## THE ECONOMIC BURDEN OF ASTHMA

Budget 2026 – the first Budget of this new government – is a pivotal moment to demonstrate leadership in respiratory health. It is a chance to make meaningful, measurable progress by investing in policies that reduce the burden of asthma and improve health and quality of life outcomes for the 450,000 people in Ireland living with this chronic disease.

Asthma imposes a significant cost on individuals, households, and the State. The Asthma Society of Ireland's 2026 Pre-Budget Submission sets out targeted, cost-effective measures designed to address these impacts – financial and clinical – while improving the quality of life for people with asthma.

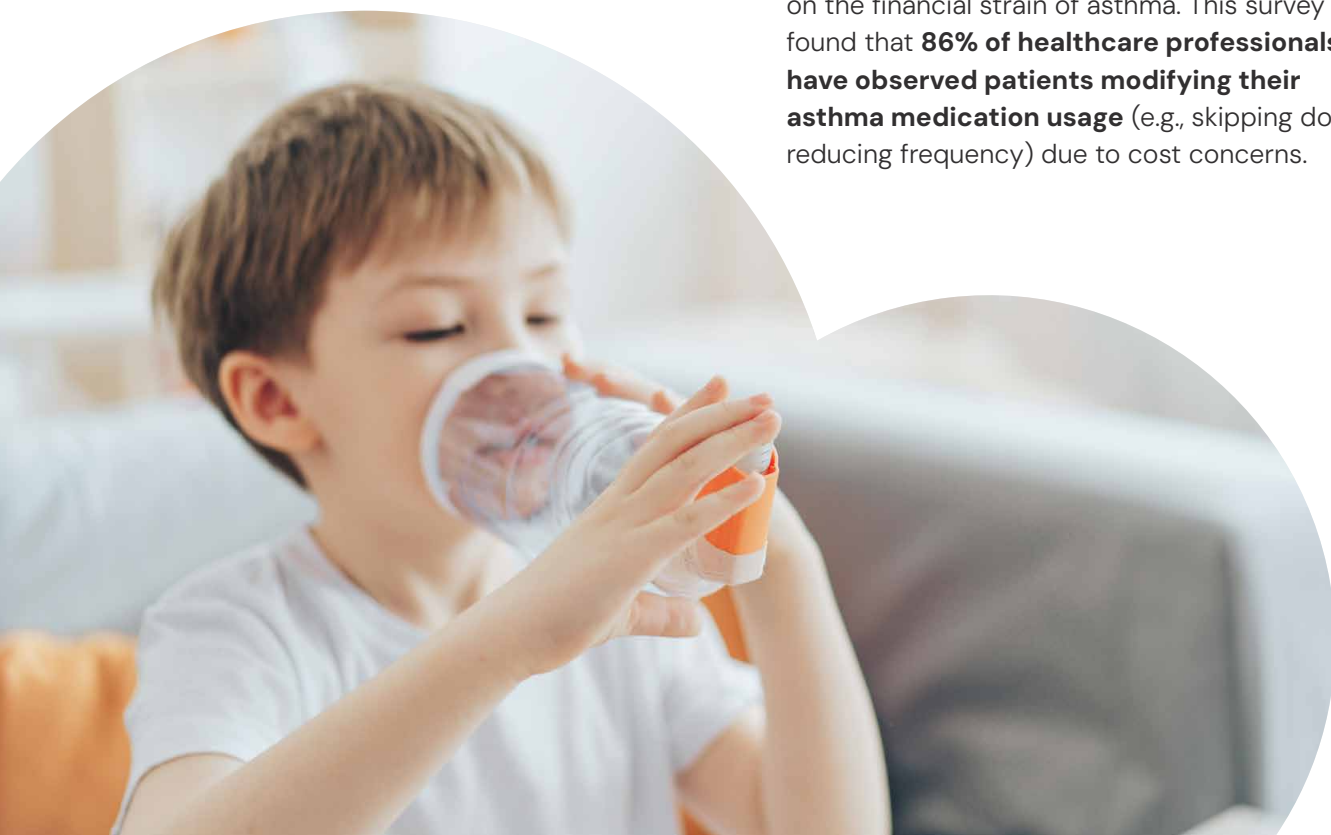
In April 2025, we surveyed 627 asthma patients (or their parents) to gauge current income and living conditions and to ascertain their asthma-related priorities for this budget. The findings reveal the stark realities of the economic and health burdens associated with asthma – and the urgent need for action.

### FINANCIAL STRAIN ON HOUSEHOLDS

The findings from our survey highlight stark economic realities facing people living with asthma:

- ✚ **56%** of respondents reported difficulty making ends meet.
- ✚ **25%** had fallen into arrears on essential bills (e.g. rent, utilities, or loan payments) in the past year.
- ✚ **14%** had gone without heating; 15% were unable to afford new clothing; 12% could not afford two pairs of suitable shoes.

This financial strain affects patients' ability to manage their disease. **24%** of respondents reported **forgoing their or their child's asthma medication in the previous three months** due to financial constraints – a finding that echoes longstanding concerns about affordability and adherence in asthma care. The Asthma Society conducted a parallel survey with over 100 healthcare professionals to understand their view on the financial strain of asthma. This survey found that **86% of healthcare professionals have observed patients modifying their asthma medication usage** (e.g., skipping doses, reducing frequency) due to cost concerns.



## IMPACT ON DAILY LIFE AND WORK

Asthma significantly limits participation in daily activities, work, and education. Our survey found that:

- + **54%** of respondents rated their or their child's asthma as fair, bad, or very bad,
- + **69%** said asthma limited or severely limited their daily activity.

Our 2019 *Easing the Economic Burden of Asthma report*<sup>4</sup> found that asthma directly leads to, on average:

- + **5 missed school days annually** and
- + **7 missed workdays annually**

Absenteeism has immediate and long-term impacts on reduced learnings and earnings. Missing out on primary level education can have lifelong detrimental consequences on educational outcomes and earning potential.<sup>5</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). Common challenges cited by people with asthma in the workplace include fatigue, cognitive strain, and concerns about stigma or perceptions of underperformance by colleagues<sup>6</sup> – factors that may compound existing health-related challenges.

## THE HIGH COST OF SEVERE ASTHMA

While only **3–10%** of people with asthma are classified as having severe asthma, this group accounts for more than **half of all asthma-related healthcare costs**.<sup>7</sup> Our 2024 *Towards Optimal Severe Asthma Care* report revealed that:

- + **19%** of severe asthma patients reported difficulty maintaining full-time employment.
- + **12%** visited their GP or specialist more than once a month.
- + **56%** had attended an emergency department at least once in the previous 12 months.

These findings highlight the disproportionate health and financial burden that severe asthma places on patients and the system, and the importance of targeted, high-impact investment in services for this group.

4 The Asthma Society of Ireland, (2019) [Easing the Economic Burden of Asthma](#)

5 Cattani, S. et al., (2023), [The Long-Term Effects of Student Absence: Evidence from Sweden](#)

6 Gruffydd-Jones, K., (2019), [Asthma impacts on workplace productivity in employed patients who are symptomatic despite background therapy: a multinational survey](#)

7 Sadatsafavi M., et. al., (2010), [Direct health care costs associated with asthma in British Columbia](#)

## SYSTEMIC GAPS AND COST DRIVERS

Even though asthma can be effectively controlled (i.e. where symptoms are minimal or absent with proper treatment), hospitalisation rates for asthma in Ireland consistently exceed the EU average.<sup>8</sup>

A 2024 survey conducted by the Asthma Society of Ireland, which mirrored the clinically recognised Asthma Control Test, gathered responses from 1,205 people, comprising both people with asthma or their parents. A significant proportion reported symptoms indicative of poor asthma control:

- ✚ **51%** had experienced an asthma attack in the previous 12 months.
- ✚ **24%** had experienced an asthma attack in the previous month.
- ✚ **24%** had used their reliever inhaler at least every day in the previous 12 months.
- ✚ **43%** had required steroid tablets at least twice in the previous 12 months.
- ✚ **74%** reported disrupted sleep due to symptoms.

Potential long-term effects of uncontrolled asthma include reduced lung function, airway remodelling, increased risk of respiratory infections, Gastroesophageal Reflux Disease, and obesity. It can also pose risks to cardiovascular and mental health.

Medication adherence among chronic disease patients has been frequently identified as an area of critical concern. In Ireland, **adherence is estimated at about 30%.**<sup>9</sup> The HSE National Clinical Programme Respiratory (NCPR) lists certain contributory factors, including “worries about side effects, cost of medications and a lack of education about the mode of action of these medications”<sup>10</sup> (i.e. inhaler technique).

Diagnosis of asthma remains an ongoing issue which can affect medication adherence and proper care. According to the NCPR, approximately **30% of patients in primary care diagnosed with asthma have not been objectively proven to have asthma.**<sup>11</sup> The HSE reports that fewer than 1 in 10 patients enrolled in the Chronic Disease Management Programme have undergone spirometry – a common lung function test that helps diagnose and monitor lung conditions like asthma.<sup>12</sup> Patient distrust in the diagnosis or treatment can result in low and inconsistent adherence, particularly if the treatment is effective and symptoms decrease. Equally, prevalence, treatment efficacy, and systems performance data can all be compromised by ambiguous diagnoses.<sup>13</sup>

Systemic gaps contribute to poor asthma control which, in turn, leads to greater healthcare utilisation, avoidable emergency visits, and poorer long-term outcomes. This is a costly cycle. In 2021, asthma cost Irish society **€1.2 billion**<sup>14</sup> and resulted in the loss of **14,115 years of healthy life.**<sup>15</sup>

8 OECD, (2023), Ireland: [Country Health Profile 2023](#)

9 GINA, (2021), [Global Strategy for Asthma Management and Prevention](#)

10 HSE National Clinical Programme Respiratory [End to End Model of Care for Asthma, Part 1 Adult Asthma](#)

11 HSE [National Clinical Programme Respiratory End to End Model of Care for Asthma, Part 1 Adult Asthma](#)

12 as of 2023. HSE, [The Third Report of the Structured Chronic Disease Management Treatment Programme in General Practice](#).

13 Berger, L., et. al., (2013), [Treatment decisions under ambiguity](#)

14 Societal cost calculated as DALYs x GDP per capita as referenced within International Respiratory Coalition, Lung Fact online resource: [Countries – International Respiratory Coalition](#)

15 International Respiratory Coalition, Lung Fact online resource: [Countries – International Respiratory Coalition](#)



### ASTHMA MORTALITY RATES

Asthma is not only a costly disease – it can be a fatal one. In 2022, **87 people** in Ireland died from asthma – a **36% increase** on the average for the previous three years.<sup>16</sup> Provisional CSO data suggests that this trend has continued, with **86 deaths registered in 2023** and **94 in 2024**.

These deaths are not inevitable. The UK's *National Review of Asthma Deaths* found that **over two-thirds** of asthma deaths involved **potentially avoidable factors**.<sup>17</sup> While Ireland has not yet conducted a comparable national review, many of the same system-level failures are likely at play.

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

The Asthma Society of Ireland's 2026 Pre-Budget Submission calls for targeted investment that will increase adherence to medication, improve diagnosis of patients, reduce asthma exacerbations, and eradicate asthma related deaths.



<sup>16</sup> CSO, [VSA29 – Deaths Occurring](#), Accessed on: 01/07/2025.

<sup>17</sup> Royal College of Physicians, (2014), [Why asthma still kills The National Review of Asthma Deaths \(NRAD\)](#)



## BURDEN OF ASTHMA



### WHO IS AFFECTED?

Ireland has one of the highest asthma rates in the world.

#### **450,000 PEOPLE**

currently have asthma in Ireland.

#### **1 IN 10 CHILDREN**

currently have asthma.

#### **ASTHMA IS THE MOST COMMON**

chronic lung condition in Ireland.

#### **86,048 PATIENTS**

enrolled in the Chronic Disease Management Programme (CDMP) for asthma as of 2023.



### HEALTHCARE AND DAILY LIFE

#### **4,116 HOSPITAL ADMISSIONS**

in 2024 due to asthma complications.

#### **ASTHMA HOSPITALISATION RATES**

consistently exceed the EU average.

#### **ONLY 9.2% OF PATIENTS**

with asthma diagnosis under CDMP have had spirometry.

#### **5 SCHOOL DAYS MISSED**

per person on average each year due to asthma.

#### **7 WORK DAYS MISSED**

per person on average each year due to asthma.



## ASTHMA'S DEADLY TOLL

### **MOST ASTHMA DEATHS**

are considered preventable with proper care and management.

### **87 ASTHMA DEATHS**

occurred in 2022 in Ireland.

### **14,115 YEARS OF HEALTHY LIFE LOST**

due to asthma in Ireland in 2021.

### **SECOND HIGHEST ASTHMA MORTALITY RATE**

among 27 EU countries in 2022.



## ASTHMA'S FINANCIAL BURDEN

### **€1.2 BILLION**

cost of asthma to society in 2021.



# 1. UNIVERSALLY SUBSIDISE ASTHMA MEDICATION

## BUDGET ASK

- + Introduce universal subsidisation of asthma medication and related devices on a phased basis, with an initial focus on combination inhalers at a cost of **€14 million**.<sup>18</sup>
- + Conduct and publish a full review of the Long-Term Illness Scheme and commit to a timeline of implementation for an updated scheme inclusive of asthma.
- + Reduce the Drugs Payment Scheme threshold by €8 per month to €72 at a cost of **€15.5 million**<sup>19</sup> and commit to annual decreases.
- + Abolish all prescription charges for medical card holders at a cost of **€69 million**.<sup>20</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. Yet, rates of hospitalisation due to asthma are consistently higher in Ireland than its EU counterparts. Low medication adherence levels in Ireland (estimated at 30% among asthma patients by the HSE)<sup>21</sup> is a critical contributing factor. While the reasons for low adherence are complex, it is widely accepted among respiratory specialists and by the HSE that the cost of medication acts as a barrier to adherence.

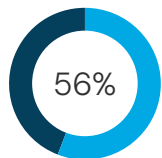
<sup>18</sup> As referenced within the Labour Party's 2025 Alternative Budget, available at: <https://labour.ie/wp-content/uploads/2021/10/Labour-Alternative-Budget-2025.pdf>

<sup>19</sup> Parliamentary question Ref: [PQ \[29494/25\]](#)

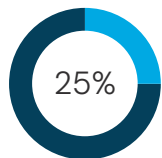
<sup>20</sup> Parliamentary question Ref: [PQ \[29493/25\]](#)

<sup>21</sup> HSE [National Clinical Programme Respiratory End to End Model of Care for Asthma, Part 1 Adult Asthma](#)

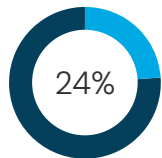
The EU survey on Income and Living Conditions (SILC) figures demonstrate the disproportionate impact of long-term illness on household income levels and living conditions. A survey conducted by the Asthma Society, aimed at collecting equivalent data on the asthma patient population, found that people with asthma experience financial strain which can impact medication adherence:



**56%** of respondents said that they experienced a range of difficulty in making ends meet.



**25%** had gone into arrears on mortgage or rental payments, utility bills, hire purchase or other loan payments over the previous 12 months.



**24%** had foregone their or their child's asthma medication in the previous three months due to financial constraints.

Patients routinely report to the Asthma Society that the cost of medications and related devices is a preclusive factor in their adherence to treatments. No one should forego prescribed medication due to cost barriers. We need a universal subsidisation of asthma medication.

Maintenance and Reliever Therapy (MART) is an asthma treatment approach using a single combination inhaler for both daily maintenance and quick relief of symptoms. This approach utilises an inhaler containing both a corticosteroid (to reduce airway inflammation) and a long-acting bronchodilator (which opens the airways, offering relief from symptoms). Combination inhalers are the preferred MART treatment option for asthma patients as recommended by national<sup>22</sup> and international<sup>23</sup> clinical guidelines. Unfortunately, this type of inhaler is costly for the patient.

Increased use of combination low-dose inhalers can be cost effective for the State due to reduced exacerbations and healthcare utilisation, as well as improved quality of life for people with asthma. In the UK, as-needed combination inhalers were associated with an annual £292.99 cost saving versus inhaled corticosteroid and a separate reliever inhaler.<sup>24</sup> Similar research conducted in Canada found combination inhalers as the dominant treatment option in a base-case analysis provided incremental cost savings of \$9,882 per patient versus low-dose maintenance corticosteroid plus as-needed reliever over a 50-year time horizon.<sup>25</sup>

Results from our survey found that 96% of people with asthma stated that the Government should act in the Budget to reduce the financial burden of asthma on households, with three in five (61%) calling for full subsidisation of asthma medications. The Asthma Society urges the Minister to introduce universal subsidisation of asthma medications and related devices on a phased basis by prioritising combination inhalers in Budget 2026.

While it is acknowledged that expansion of the Long-Term Illness (LTI) Scheme is unlikely in the short term – particularly given that no new conditions have been added to the list of 16 covered illnesses since the 1970s<sup>26</sup> – Ministerial leadership is now required to address longstanding issues of equity and access. A 2022 spending review conducted by the Department of Public Expenditure and Reform recommends that issues of equity and fairness within the LTI scheme be addressed.<sup>27</sup> Considering this, we urge the Minister for Health to commission and publish a comprehensive cost-benefit analysis – applying a robust health economics lens – to assess the long-term direct and indirect costs to the State of universally subsidising medications and related devices for the treatment of chronic conditions.

22 ICGP, (2020), [Asthma – Diagnosis, Assessment and Management in General Practice Quick Reference Guide](#)

23 GINA, (2024), [Global Strategy for Asthma Management and Prevention](#)

24 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](#)

25 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](#)

26 Parliamentary question Ref: PQ [29496/25]

27 Dept of Public Expenditure and Reform, (2022), [Spending Review 2022 Review of the Long Term Illness Scheme](#)

This analysis should include a specific examination of the case for including asthma in any future subsidisation framework, recognising its prevalence, associated economic burden, and preventable impact on quality of life, health and mortality outcomes.

To further reduce the burden of the cost of asthma medication, Budget 2026 needs to make prescription medication more affordable. We welcomed the decreased threshold for the Drug Payment Scheme (DPS) in 2022 to €80 per month, but it is disappointing that there have been no further reductions. A 2017 Sláintecare report recommended reducing the DPS threshold to €72 with specific reference to single people and lone parent households with chronic diseases.<sup>28</sup> The Asthma Society recommends that Budget 2026 reduce the threshold by €8 per month to €72 for all households and commits to annual reductions in the threshold. We also call on the Government to abolish all prescription charges for medical card holders. These small measures could be the difference between someone accessing lifesaving medication or not.

#### IMPACT OF THIS ASK

- ⊕ Increased adherence to medication, reduced asthma exacerbations, and increased quality of life.
- ⊕ Reduction of asthma-related deaths.
- ⊕ Advancement of Sláintecare's vision of universal healthcare.
- ⊕ Fulfilment of the Programme for Government commitment to "cut healthcare costs for patients" and "consider further reductions in the Drugs Payment Scheme".

28 Houses of the Oireachtas, (2017), [Committee on the Future of Healthcare – Sláintecare Report](#)





## 2. OPTIMISE SEVERE ASTHMA CARE

### BUDGET ASK

- + Allocate multiannual funding for the establishment and maintenance of a Severe Asthma Registry at an estimated annual cost of **€500,000**.<sup>29</sup>
- + Implement Phase 1 of the Future of Registries Taskforce (FoRT) proof-of-concept pilot study for a new patient-centred registry infrastructure for Ireland at a cost of **€135,700**.
- + Expedite the HSE Managed Access Protocol and Health Technology Assessment necessary for the reimbursement of the severe asthma biologic treatment, Tezepelumab, for patients with eosinophil (EOS) levels >300 and 150–300, respectively.
- + Maintain and scale up investment in biologic therapies to ensure that all patients with severe asthma who need them can access them without delay.

### CONTEXT

Although severe asthma is relatively rare, it deserves particular attention because it accounts for a substantial proportion of total asthma morbidity, mortality, and cost.<sup>30</sup> Up to 10% (45,000) of asthma patients have severe asthma and it is estimated to account for 60% of all asthma expenditure.<sup>31</sup> This is due to high-tech medications, physician and specialist visits, hospitalisations arising from the disease itself, and comorbidities. Certain comorbidities common in asthma patients are caused by repeated exacerbations and from the side effects of maintenance oral corticosteroid therapy typically used in severe asthma treatment.<sup>32</sup> It is internationally recognised that severe asthma places a large physical, mental, emotional, social, and financial burden on patients.<sup>33</sup> The Asthma Society of Ireland's 2024 *Towards Optimal Severe Asthma Care* report uncovered the downstream impact of severe asthma on patient's well-being and quality of life:

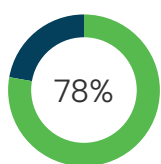
29 Asthma Society of Ireland, (2024), [Towards Optimal Severe Asthma Care](#)

30 Cushen, B., et. al., (2023), [Adult Severe Asthma Registries: A Global and Growing Inventory](#)

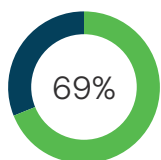
31 Sadatsafavi M., et. al., (2010), [Direct health care costs associated with asthma in British Columbia](#)

32 Adverse effects of long-term oral steroids 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.

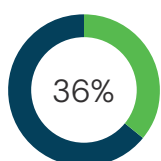
33 GINA, (2024), [Global Strategy for Asthma Management and Prevention](#)



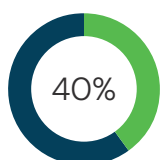
Co-morbidity is common, with nearly 4 in 5 (78%) severe asthma patients surveyed saying they have been diagnosed with another condition or multiple other conditions.



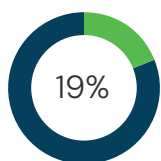
7 in 10 (69%) reported that severe asthma affected their ability to physically exercise.



1 in 3 (36%) said severe asthma impacts their social life.



40% expressed that asthma affects their ability to undertake daily tasks.



19% said it affected their ability to hold down full-time employment.

These burdens could be relieved through targeted investment from the State.

### ESTABLISH A SEVERE ASTHMA REGISTRY

Unlike many western European countries, Ireland does not have a severe asthma registry. Recommendations arising from our *Optimal Severe Asthma Care* report underlined the need for statutory funding to support the establishment and maintenance of such a registry in Ireland. Patient registry data is proven to support accurate reporting for health service planning and management, which improves the treatment and care of patients.<sup>34</sup> Patient registries offer significant cost benefits through improved healthcare research, real-world data generation, and ultimately, better patient care. An allocation of €500,000 in Budget 2026 – along with a commitment for ring-fenced multi-annual funding – would ensure the establishment and

maintenance of a severe asthma registry in Ireland.

In addition, the Asthma Society calls for funding to support the proof-of-concept pilot study proposed by the Future of Registries Taskforce (FoRT) for a new patient-centred registry infrastructure for Ireland.<sup>35</sup> Ireland needs a unified approach to sustain patient registries and to ensure the readiness of registries to comply with European Health Data Space Regulation (EHDS) in terms of the secondary use of data.

Implementation of this proposal will enhance patient care, streamline healthcare processes, support healthcare research, and positively impact the economy.

### BIOLOGIC MEDICATION

Another core recommendation arising from our severe asthma report was that the Minister for Health maintain and scale up investment in biologic therapies to ensure that all patients with severe asthma who need them can access them without delay. Biologics are life-changing for severe asthma patients. Successful treatment means the difference between debilitating symptoms and leading a happy, healthy life due to reductions in asthma exacerbations, overuse of oral corticosteroids, and unscheduled GP and healthcare visits.<sup>36</sup>

The Asthma Society commends the Minister for Health's resolution to maintain the progressive increase in investment in biologic therapies over recent years to ensure access for patients. In 2024, 1,011 people received biologics for severe asthma.<sup>37</sup> As patient numbers continue to rise, investment levels should be increased accordingly to meet demand and uphold equitable access.

An individual's phenotype will determine the biologic therapy prescribed for treatment. For some severe asthma patients – due to their inflammatory phenotype – currently available biologics (Anti-IL5, Anti-IgE, and Anti-IL4/IL13 therapies) are not effective and they will need treatment with Tezepelumab (IgG2). Tezepelumab

34 HRCI/ NISR /CFRI, (2023), [Unlocking the Potential of Patient Registries: A Guide for Success](#)

35 Future of Registries Taskforce, (2025), [Sustaining Patient Registries in Ireland](#)

36 Bousquet, J. et al., (2021), [Real-World Effectiveness of Omalizumab in Severe Allergic Asthma: A Meta-Analysis of Observational Studies](#)

37 Parliamentary question Ref: [PQ \[29978/25\]](#)

is not necessary for everyone, but for those who require it, it is life changing. Tezepelumab is available in Ireland, but the reimbursement process is not yet complete leaving this treatment out of reach for patients for whom all other available therapies have failed.

Reimbursement is subject to the development of a HSE Managed Access Protocol (MAP) for patients with EOS level greater than 300. Separately, for patients with EOS level 150–300 a Health Technology Assessment (HTA) has been commissioned and is ongoing with the NCPE. The Asthma Society calls for the expedited completion of the MAP and HTA necessary for the reimbursement of Tezepelumab for patients with EOS levels >300 and 150–300 respectively.

#### IMPACT OF THIS ASK

- + An improvement in severe asthma patients' health and quality of life outcomes.
- + A reduction of the cost burden of severe asthma on the State.
- + An assurance that people with severe asthma have timely and equitable access to medication that will work best for them.
- + Fulfilment of the Programme for Government's commitment to ensure "patients have access to new innovative medicines and treatments as quickly as possible".
- + Legal obligations made within the Health Act 2013 are met via a compliant reimbursement system.



### 3. INCREASE CAPACITY IN OUR HEALTHCARE SYSTEM BY RECRUITING RESPIRATORY SPECIALISTS

#### BUDGET ASK

- ⊕ Ensure that every severe asthma clinic has a minimum of one fully qualified Advanced Nurse Practitioner (ANP) in post.
- ⊕ Ringfence funding to re-open and fill previously unfilled Respiratory Physiologist posts.
- ⊕ Establish a CORU register for Physiologists at a cost of €750,000.

#### CONTEXT

Improving capacity in our healthcare system is a key commitment for this Government. ESRI research predicts that the number of inpatient beds in public acute hospitals will need to

increase by at least 40% by 2040.<sup>38</sup> Improved diagnostics and treatment of asthma patients will reduce pressure on the healthcare system by helping people stay well in their communities. This – combined with targeted staffing investment – is required to meet future demand and address the consequences of past underinvestment.

#### ADVANCED NURSE PRACTITIONERS

Advanced Nurse Practitioners (ANPs) transform care for people living with severe asthma. They are educated to Master's level or above and are trained to diagnose and manage complex conditions; prescribe medications; interpret diagnostic tests; and perform advanced procedures relevant to their specialty. They are qualified to manage patient caseloads, enabling consultants to focus on complex and high-risk patients and freeing up waiting lists. Delegating

<sup>38</sup> ESRI, (2025), [Projections of national demand and bed capacity requirements for public acute hospitals in Ireland, 2023–2040: Based on the Hippocrates model](#)



appropriate clinical responsibilities to ANPs can be a cost-effective solution to growing demand.

Research shows that ANPs in Ireland enhance healthcare outcomes through expertise, coordination, and patient-centred approaches, emphasising their critical role in healthcare delivery and system improvements.<sup>39</sup> The Asthma Society has consistently advocated for additional ANP posts, and we welcome recent progress towards this policy goal. *The Nursing and Midwifery Board State of the Register 2024 Report* shows a total of 968 registered ANPs (701 of whom are practicing) in 2023;<sup>40</sup> an increase from 657 registered (517 practicing) in 2021.<sup>41</sup>

Specialised consultant-led clinics deliver excellent care for severe asthma patients by highly experienced multidisciplinary teams. These clinics continue to drive significant advances in disease management. Each clinic is currently resourced with a Clinical Nurse Specialist (CNS), who plays a pivotal role in these services, bringing specialist skills and leadership within their scope of practice. Ensuring that an ANP is in post in all severe asthma clinics would augment and enhance this existing skillset. It would enable more equitable and streamlined access throughout the country, support efficiency in severe asthma service nationwide, and build a critical mass of ANPs.

To achieve this, we are recommending ring-fenced funding in Budget 2026 to support the structured training, development and recruitment of ANPs within severe asthma clinics. This investment would help address the current gap in advanced nurse practice coverage in some severe asthma clinics and ensure that every clinic can offer patients timely access to the highest level of nurse-led expertise.

## RESPIRATORY PHYSIOLOGISTS

Objective measures of lung function – such as peak flow, spirometry with reversibility, and

fractional exhaled nitric oxide and bronchial provocation 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. Until recently, supply of Respiratory Physiologists had been an ongoing challenge due to a lack of training courses. However, new undergraduate degrees in Clinical Measurement Physiology across numerous universities mean we can expect a welcome influx of newly qualified graduates to the workforce. This is a promising first step in addressing the critical shortage of Respiratory Physiologists, and something the Asthma Society has advocated for in previous pre-budget submissions. However, an influx of graduates into the healthcare system can also cause problems if not properly planned and integrated with existing services.

A 2022 study conducted by the Irish Lung Health Alliance, of which the Asthma Society is a member, found that two thirds of pulmonary function laboratories across Ireland had vacancies for Respiratory Physiologists, with the majority having multiple vacancies.<sup>42</sup> Due to the terms of the HSE's Pay and Numbers Strategy, however, unfilled Respiratory Physiologist posts have been lost. The Asthma Society calls on the HSE to reopen previously unfilled Respiratory Physiologists posts (including opening new posts where required) and provide ringfenced funding to fill them as adequately qualified candidates become available. This will ensure the best use of the Physiologist workforce and HSE resources for delivering better patient outcomes.

The rapid expansion of Physiologists must come with careful consideration to patient protection and professional standards, which is currently under the remit of the Irish Institute of Clinical Measurement Physiology (IICMP), which works in a self-regulatory capacity. An influx of newly qualified graduates creates the need to add the role of a Physiologist – including Respiratory

39 Doody, O., et. al., (2025), [Identifying the landscape and contribution of advanced nurse practitioners in supporting healthcare provision in Ireland in the 21st century: An integrative review](#)

40 Nursing and Midwifery Board of Ireland, [State of the Register 2024](#)

41 Nursing and Midwifery Board of Ireland, [State of the Register 2022](#)

42 Irish Lung Health Coalition, (2022), [Lung Health Coalition Calls on Health Service to Urgently Combat Delays in Breathing Test Diagnostics](#)



Physiologists – to the CORU register.<sup>43</sup> CORU currently regulates 13 professions with five more soon to be added. The Asthma Society calls for dedicated funding in Budget 2026 to support the statutory regulation of Physiologists under CORU. Regulation is essential to safeguard public health by ensuring consistent professional standards, accountability, and patient safety within this specialised workforce. We recommend an allocation of €750,000 to cover the initial costs associated with establishing a Physiologists Registration Board that builds on the work of the IICMP in developing and maintaining education standards, codes of conduct, and registration infrastructure. This investment will enable a formal register that will enhance public trust and improve workforce planning.

#### IMPACT OF THIS ASK

- ✚ Improved health and wellbeing of asthma patients and increased success of treatment through timely access to diagnosis and specialised healthcare professionals.
- ✚ People with asthma are supported and empowered to manage their condition, stay well in their community, and avoid preventable hospital admissions.
- ✚ Fulfilment of the Programme for Government's commitment to ensure adequate and safe staffing across our health service, to 'increase the number of Advanced Nurse Practitioners', and 'to address immediate staffing shortages'.
- ✚ Advancement of the Programme for Government and Sláintecare's commitment to reduce waiting times for patients.

43 The role of CORU is to protect the public by promoting high standards of professional conduct, education, training and competence through statutory registration of health and social care professionals.



## 4. EXPAND ACCESS TO VACCINATIONS TO PROTECT VULNERABLE PATIENTS

### BUDGET ASK

- + Offer the enhanced flu vaccine to people over 65 years at a cost of **€3.8 million**<sup>44</sup> with a focus on older persons with chronic lung diseases such as asthma.
- + Introduce an RSV immunisation pathfinder programme for older adults (≥60 years) with chronic lung diseases.
- + Align pneumococcal vaccine access with the seasonal flu programme by funding GP and pharmacy administration fees for all at-risk groups.

### CONTEXT

Ensuring equitable and cost-free access to vaccinations for people with asthma is a public health priority that delivers both clinical impact and economic value.

People with asthma are at higher risk of serious complications from certain vaccine-preventable diseases (such as influenza, respiratory syncytial virus (RSV) or pneumococcal disease) due to the underlying inflammation of their respiratory system, which is why vaccines are so important.<sup>45</sup>

Viral infections are the most common triggers of asthma exacerbations in both children and adults,<sup>46</sup> with research estimating that viruses play a role in 30% to 80% of asthma exacerbations.<sup>47</sup>

44 Parliamentary question Ref: [PQ \[30210/25\]](#)

45 Sharma, S., et. al., (2022), [Vulnerability for Respiratory Infections in Asthma Patients: A Systematic Review](#)

46 Bakakos, A., et. al., (2023), [Epidemiology and Immunopathogenesis of Virus Associated Asthma Exacerbations](#)

47 Bueving, H., (2007), What Is the Role of Virus Vaccination in Patients with Asthma?

Vaccinations have been proven to prevent acute asthma exacerbations that lead to emergency visits and/or hospitalisations.<sup>48</sup> Enhancing access to vaccinations for people with asthma represents a smart, preventative investment in both patient health and system efficiency.

### ENHANCED FLU VACCINE

People with chronic lung diseases such as asthma are at higher risk of developing severe complications from the flu, including hospitalisation and pneumonia, with children and older people particularly vulnerable. The flu vaccination has been proven to mitigate disease severity, reduce hospitalisation rates, and disrupt viral transmission.<sup>49</sup> The National Immunisation Advisory Committee (NIAC) has recommended an enhanced flu vaccine for those aged 65 years and older for preventing cases of flu or flu-related hospitalisation in this age group. The Health Information and Quality Authority (HIQA) estimate that switching to an adjuvanted flu vaccine for this age group would likely be the best use of resources as it would reduce the burden of flu and reduce costs by reducing resultant hospitalisations.<sup>50</sup> Despite its proven benefits – particularly for those with chronic lung diseases – the Department of Health has delayed the introduction of enhanced flu vaccination until cost effectiveness is more favourable.<sup>51</sup> An older persons' quality of life and their heightened health vulnerabilities, however, warrant greater regard and enhanced protections. We are therefore recommending the introduction of the adjuvanted flu vaccine for older people with chronic lung diseases, including asthma, to prevent high-risk infections and associated complications in Budget 2026.

### RSV VACCINE

Respiratory Syncytial Virus (RSV) is a common, seasonal virus that can affect the lungs and respiratory system. The risk from RSV infection is low for the general population but high for infants under six months, older adults, and individuals with specific comorbidities including asthma.<sup>52</sup> NIAC recommends RSV immunisation for infants, at-risk children and adults ≥60yrs.<sup>53</sup>

The Asthma Society welcomes the extended RSV Immunisation Pathfinder Programme for infants, which drastically reduced infections, serious illness, and hospitalisations. Between September and December 2024:<sup>54</sup>

- + 41 cases of infants with RSV were reported to the HSE compared to 656 cases in the same period in 2023.
- + 24 infants were hospitalised compared to 413 cases in the same period in 2023.
- + 5 needed treatment in ICU for RSV infection compared with 64 in the same period in 2023.

HIQA is currently assessing the RSV vaccine for the immunisation of infants and older adults.<sup>55</sup> In the 2024/2025 RSV season, there were 724 hospitalisations of over 65s, and a total of 44 RSV deaths; 43 of these 44 deaths were people were over the age of 65.<sup>56</sup> According to HIQA, the incidence of RSV is likely to be underestimated due to under-recognition, undertesting, and potentially low sensitivity of standard diagnostic testing among adults.<sup>57</sup>

RSV immunisation of older persons with chronic lung diseases such as asthma is specifically recommended by international best practice.<sup>58</sup> Two licensed RSV vaccines for older adults are available via private prescription in Ireland. NIAC

48 Vasileiou, E., et. al., (2017), [Effectiveness of Influenza Vaccines in Asthma: A Systematic Review and Meta-Analysis](#)

49 Schaffner, W., et. al., (2018), [The Dangers of Influenza and Benefits of Vaccination in Adults With Chronic Health Conditions](#)

50 HIQA, (2024), [Health technology assessment of use of an enhanced inactivated influenza vaccine for those aged 65 years and older in the HSE Seasonal Influenza Vaccination Programme](#)

51 Parliamentary question Ref: [PQ \[16874/25\]](#)

52 ECDC, (2022), [Intensified circulation of respiratory syncytial virus \(RSV\) and associated hospital burden in the EU/EEA](#).

53 NIAC, (2023), [Recommendations for Passive Immunisation and Vaccination Against Respiratory Syncytial Virus in Infants, Children and Older Adults](#)

54 HSE, (2024), [New HSE RSV immunisation programme significantly reduces infections, serious illness and hospitalisations in babies](#)

55 HIQA News Updates, 28 January 2025, [HIQA commences assessment of RSV immunisation for the 2026-2027 season and beyond](#)

56 HPSC, [Integrated Respiratory Virus Bulletin, Ireland](#). Week 20 2025. Report prepared on 22/05/2025

57 HIQA, (2024), [Respiratory Syncytial Virus July 2024](#)

58 GINA, (2024), [Global Strategy for Asthma Management and Prevention](#)

highlighted the proven efficacy of both vaccines in reducing symptomatic RSV lower respiratory tract infections (LRTI) and the prevention of lower respiratory tract disease (LRTD) caused by RSV.<sup>59</sup> Reducing the burden of disease caused by RSV for older adults would ease the strain on our healthcare system, particularly in the winter months.

Given the proven success of the immunisation for infants – and the confirmation of a 2.0 Pathfinder Programme for 25/26 – the Asthma Society calls for funding in Budget 2026 that will ensure the introduction of the vaccine in 26/27 for infants and the introduction of a Pathfinder Programme for older adults.

### PNEUMOCOCCAL VACCINE

Pneumococcal disease is a bacterial infection caused by streptococcus pneumoniae. Over the years, streptococcus pneumoniae has become resistant to many medications making treatment much more difficult. Prevention of the disease through vaccination is now more important than ever.<sup>60</sup>

Invasive pneumococcal disease (IPD) – referring to more severe and invasive pneumococcal infections such as bacteraemia, sepsis and meningitis – poses a serious health risk to people in at-risk groups such as those with chronic diseases, including respiratory diseases like asthma.<sup>61</sup> A large proportion of IPD is vaccine preventable. Whilst pneumococcal conjugate vaccine (PCV13) is given to all babies as part of the routine childhood immunisation schedule – with a resultant reduction of burden of notified confirmed cases of IPD reported in those under 5 years – barriers to accessing the pneumococcal polysaccharide vaccination (PPV23) recommended in older groups persist.<sup>62</sup>

Medical Card or GP Visit Card holders in recommended or at-risk groups are eligible for free pneumococcal polysaccharide vaccination via their GP only, whilst others incur GP consultation administration fees to access it. The vaccination is only available on paid basis through the pharmacy. These out-of-pocket costs can discourage uptake.

We are calling for the pneumococcal polysaccharide vaccine to be fully integrated into Ireland's HSE seasonal vaccination programme with funding to cover GP and pharmacy administration fees for all clinically-eligible patients where a valid PPSN is the requirement to obtain free of charge, in line with that for flu and COVID-19 vaccinations. This would ensure equitable access to a vital preventive intervention and reduce preventable illness and healthcare costs while improving outcomes for older people and those living with asthma.

### IMPACT OF THIS ASK

- + Reduced burden and pressure on the healthcare system through targeted access to primary prevention strategies.
- + Improved quality of life for people with asthma and a reduction in RSV deaths.
- + Fulfilment of the Programme for Government's commitment to "expand the RSV immunisation programme".

59 NIAC, (2023), [Recommendations for Passive Immunisation and Vaccination Against Respiratory Syncytial Virus in Infants, Children and Older Adults](#)

60 HSE. Pneumococcal Disease. HSE website. (Accessed 09/07/2025). Available at: <https://www.hse.ie/eng/health/immunisation/hcpinfo/othervaccines/pneumo/>

61 ECDC website, [Factsheet for health professionals about pneumococcal disease](#). Accessed on 16/07/2025

62 HIQA, (2018), [Chapter 16 Pneumococcal Infection](#)





## 5. DISINCENTIVISE SMOKING AND E-CIGARETTE USE

### BUDGET ASK

- ⊕ Increase the cost of cigarettes at 50c per pack for an estimated yield of **€35 million**.<sup>63</sup>
- ⊕ Commence the E-liquid Products Tax (EPT) of 50c per millilitre of e-liquid for e-cigarettes for an estimated yield of **€17 million**<sup>64</sup> and commit to annual increases in subsequent budgets.
- ⊕ Increase funding for smoking cessation services by **€29.05 million** so that a total of **€50 million** is available annually.

### CONTEXT

Tobacco consumption remains the leading cause of preventable mortality in the EU, resulting in nearly 500,000 deaths in 2021.<sup>65</sup> 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.<sup>66</sup> According to the 2024 *Healthy Ireland Survey*, 17% of the population are smokers but smoking rates remain highest among to 25–34 age group at 20%. 8% of the population currently uses e-cigarettes, double the figure recorded three years prior in 2021.<sup>67</sup> The growing use of e-cigarettes is of grave concern to the Asthma Society. Young people are most affected, with 20% of men and 15% of women aged 15–24 using e-cigarettes. Research shows that sustained e-cigarette use is associated with the

63 Revenue Ready Reckoner. (Accessed 01/07/2025). Available at: <https://www.revenue.ie/en/corporate/documents/statistics/ready-reckoner.pdf>

64 Parliamentary question Ref: [PQ \[7251/25\]](#)

65 OECD, *Health at a Glance: Europe 2024*

66 Thompson S. C. et. al., (2004), *Asthma and Cigarette Smoking*

67 *Healthy Ireland Survey 2024*



development of chronic lung diseases such as asthma, bronchiolitis, and COPD.<sup>68</sup>

Positive steps have been taken to reduce smoking prevalence through cost barriers (taxation), legislation restricting advertising and sale, and behavioural change (education and awareness). The Asthma Society warmly welcomes the introduction of measures such as the Public Health (Tobacco) (Amendment) Act 2024, which takes us a step closer towards a tobacco-free Ireland. We are advocating for the same approach to e-cigarettes, vapes, and all nicotine and tobacco inhaling products. We were pleased to see the publication of legislation for EPT enacted in Finance Act 2024, but we need to see the commencement of the tax before the year's end.

Along with taxation measures, the Asthma Society calls for investment in tobacco cessation services that will save lives, protect health and, ultimately, save the Government money. The WHO has consistently recognised smoking cessation as one of the most cost-effective public health interventions. According to a 2021 WHO investment case, interventions like free Nicotine Replacement Therapy, brief counselling, and quit lines cost as little as \$0.21 to \$0.72 per person per year in low-income settings and ~\$1.68 in middle-to high-income settings, and deliver a return of \$3.60 for every \$1 invested over the lifetime of the population.<sup>69</sup> In England in 2019, NICE estimated that every £1 spent on cessation saved £10 in future health care costs, signifying a 10:1 benefit-to-cost ratio.<sup>70</sup> In 2024, Ireland invested a total of €20,957,267 on smoking cessation services, which included:<sup>71</sup>

- + Smoking cessation medications provided to clients accessing stop smoking services (either via the Primary Care Reimbursement Scheme or the new HSE free stop smoking medicines scheme).

- + Frontline HSE intensive smoking cessation services (staff costs, IT patient management system costs).
- + The National Quitline and mass media (QUIT) campaign.

An additional ring-fenced investment of €29.05 million in Budget 2026 would bring the level of funding for tobacco cessation services to €50 million annually. This life-saving investment in public health would drastically reduce tobacco use and improve the health and wellbeing of people with asthma across Ireland.

#### IMPACT OF THIS ASK

- + Fulfilment of the Programme for Government's commitment to "introduce wide ranging restrictions on vaping".
- + Reduction in the health impacts and premature deaths associated with smoking.
- + Reduction in the pressure placed on our healthcare system as a result of smoking/vaping.
- + Reduction in the risk of asthma attacks and exacerbations due to reduced exposure to triggers from cigarette and e-cigarette smoke.
- + Improved environmental outcomes due to a reduction e-cigarette waste.

68 Horgan, M.; Cox, D.W., (2025), [What a paediatric pulmonologist needs to know about vaping](#)

69 WHO, (2021), [It's time to invest in cessation](#)

70 NICE tobacco return on investment tool, as referenced within [www.gov.uk](http://www.gov.uk)

71 Parliamentary question Ref: [PQ \[28962/25\]](#)



## 6. SUPPORT ASTHMA-FRIENDLY HOMES AND ENVIRONMENTS

### BUDGET ASK

- + Increase Carbon Tax by €7.50 for an estimated full-year yield of **€143 million**<sup>72</sup> and reserve this revenue to invest and accelerate the national retrofitting scheme to tackle air pollution and energy poverty.
- + Conduct and make public an analysis of the distributional effects of carbon taxation policies across and within income levels with a view to designing more equitable compensation mechanisms.
- + Allocate an additional **€29.5 million** from increased Carbon Tax revenue to the Warmer Homes Scheme. This includes **€500,000** for a targeted communications campaign for people with chronic lung diseases and **€29 million** to retrofit 1,000 homes.<sup>73</sup>
- + Re-commit to the 2:1 ratio of capital investment on public transport implemented by the last government.

### CONTEXT

Identifying and limiting exposure to asthma triggers is key to good asthma management. However, it is often outside a patient's control to avoid environmental triggers such as air pollution or unsuitable living conditions. State interventions are necessary to mitigate against these public health risks, with regulatory and funding strategies proving effective, if inadequate to ameliorate the immense environmental challenges.

### REDUCE RELIANCE ON SOLID FUELS

Particulate matter (PM10) and specifically fine particulate matter (PM2.5) pollution is extremely harmful to our health. These particles are carried deep into the lungs where they cause systemic inflammation and a worsening of heart and lung diseases, including asthma.<sup>74</sup> According to the Environmental Protection Agency (EPA), PM2.5 is responsible for 1,300 premature deaths in Ireland annually. Sources of PM2.5 include the burning of solid fuels, such as coal, peat, and wood to heat our homes.<sup>75</sup> Using cleaner fuels to heat our homes and disincentivising the use of coal and peat will improve the quality of air we breathe. The Finance Act 2020 legislated for annual increases in the rate of carbon tax to 2030. The Asthma

<sup>72</sup> Parliamentary question Ref: [PQ \[30050/25\]](#)

<sup>73</sup> Parliamentary question Ref: [PQ \[30048/25\]](#)

<sup>74</sup> HPSC, [Health Effects of Air Pollution](#)

<sup>75</sup> EPA, [Air Quality in Ireland Report 2023](#)

Society recommends an increase of €7.50 per tonne of CO<sub>2</sub> emitted in Budget 2026 and for this revenue to be reserved to invest in and accelerate the national retrofitting scheme to tackle air pollution and energy poverty.

## JUST TRANSITION AND USE OF CARBON TAXES

Carbon pricing or taxation has been endorsed by many as an important tool in combatting climate change by reducing carbon emissions in the most cost-effective manner, while inducing minimal distortions in other markets. Returning carbon tax revenues to lower-income households reverses its regressive effect, and the net policy effect is progressive. ESRI research shows that carbon taxes are an effective means of reducing both CO<sub>2</sub> emissions and income inequality when the tax revenue is properly allocated and targeted to protect vulnerable households.<sup>76</sup> With a view to designing more equitable compensation mechanisms, the Asthma Society proposes that the Government to conduct and make public an analysis of the distributional effects of carbon taxation policies across and within income levels and identify measures to optimise an equitable and just transition to cleaner energy consumption and a climate-neutral economy.

## WARMER HOMES SCHEME

77% of healthcare professionals who responded to our survey observed a correlation between substandard housing conditions and asthma exacerbations in their asthma patients. Unsuitable housing conditions increase the risk of an asthma attack and an asthma-related death. According to the WHO.<sup>77</sup>

- ✚ 15% of new childhood asthma cases in Europe can be attributed to indoor dampness, representing over 69,000 potentially avoidable disability-adjusted life years (DALYs) and 103 potentially avoidable deaths every year.

- ✚ Cold indoor temperatures are 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.
- ✚ Globally, household air pollution caused by open fires or inefficient stoves fuelled by kerosene, biomass (e.g. wood), and coal was responsible for c.3.2 million deaths in 2020, including 237,000 children under five.<sup>78</sup>

A 2023 report from Healthy Homes Ireland found that people living with mould are more likely to suffer from respiratory illnesses, infections, allergies or asthma.<sup>79</sup> Mould can emit spores, cells, fragments and volatile organic compounds (VOCs) into the air which can trigger asthma attacks and cause coughing, wheezing, and breathlessness.

A 2024 analysis of respiratory health in a Dublin South Inner City General Practice showed that the odds of having asthma were up to 2.4 times higher among residents of Oliver Bond House (one of Ireland's largest local authority housing estates) than among others in the practice population.<sup>80</sup> 82.8% of residents who responded to the study's survey identified mould and damp, 73.7% identified drafts or poor insulation in the building complex, and 45% reported that a medical practitioner had advised that housing conditions (damp, mould or sewage problems) contributed to poor health.

Retrofitting tackles energy poverty, reduces reliance on solid fuel burning, enhances ventilation and tackles issues such as cold indoor temperatures, damp, and mould. This form of social intervention is recommended across many sectors by key stakeholders such as Friends of the Earth,<sup>81</sup> the National Economic & Social Council,<sup>82</sup> Threshold,<sup>83</sup> and many more.

76 ESRI, (2019), [Carbon taxation in Ireland: Distributional effects of revenue recycling policies](#)

77 WHO, (2018), [Housing and health guidelines](#)

78 WHO, (2022), [Household air pollution](#)

79 Health Homes Ireland, (2023), [Towards Healthier Greener Homes](#)

80 Creane, D., et. al., (2024), [The Robert Emmet Community Development Project and Oliver Bond House case study within Optimizing Data to Integrate Health and Social Care in Dublin 8](#)

81 Friends of the Earth, (2024), [Bridging the Gap Between Energy Poverty and Energy Renovation](#)

82 NES, (2025), [Energy Transition as an Opportunity to Eliminate Energy Poverty](#)

83 See Threshold 2026 Pre-Budget Submission



The Warmth and Wellbeing Pilot Scheme was established in 2016 as a joint energy, social, and health policy initiative led by the Department of Climate, Energy and the Environment with the Department of Health, the Sustainable Energy Authority of Ireland (SEAI) and the HSE. The Scheme provided free, extensive energy upgrades for people with chronic respiratory conditions who were at risk of energy poverty. A government-commissioned evaluation of this scheme, published last year, found improvements in physical health, mental health, and social impacts after home energy efficiency intervention. Participants experienced improved respiratory symptoms and reduced impact of symptoms on daily activities. They also needed fewer GP and hospital visits, as well as fewer prescriptions for antibiotics.<sup>84</sup>

Yet the Warmer Homes Scheme, introduced since completion of the pilot scheme, does not include respiratory conditions as a criterion for eligibility. Last year saw record spending of almost €230 million under the scheme, with 7,743 upgrades provided to low-income households – a 31% increase on 2023.<sup>85</sup> Given the health impacts of poor-quality housing, the Asthma Society recommends allocating €29.5 million from increased Carbon Tax revenue to the Warmer Homes Scheme in Budget 2026. This includes €500,000 for a targeted communications campaign to increase uptake among social welfare recipients with chronic lung diseases, and €29 million to retrofit an additional 1,000 homes in 2026 within this vulnerable group.

## PUBLIC TRANSPORT BUDGET

Traffic pollution is a primary source of harmful air pollutants and is responsible for significant contributions to emissions of nitrogen oxides (NO<sub>x</sub>) and particulate matter (PM). Research shows that traffic-related air pollution during pregnancy and early childhood is associated with an increased risk of asthma development among children and adolescents.<sup>86</sup> Investment in public transport is an investment in public health that

reduces the number of cars on our road and promotes use of cleaner modes of transport.

The Programme for Government contains a lengthy section on transport and a significant number of worthy commitments on public transport. However, it is lacking commitments in terms of the amount of additional funding that will be committed to, or timelines by which the public transport commitments will be met. The Asthma Society urges the Government to re-commit to the 2:1 ratio of capital investment on public transport implemented by the previous government in Budget 2026.

### IMPACT OF THIS ASK

- Advance commitments in the National Clean Air Strategy to reduce national emission levels and achieve improved ambient air quality.
- A reduction in energy poverty through cheaper-to-run homes.
- Improved health and wellbeing, particularly for those with respiratory conditions, through improved internal dwelling temperatures and air quality.
- Fulfilment of the Programme for Government's commitment to "continue with the planned carbon tax increases, aligning with recommendations from the Climate Change Advisory Council and scientific experts" and to "continue to use carbon tax revenues to fund [...] retrofitting".
- Fulfilment of the Programme for Government's commitment to "revise and improve the provision of grants and financing models for homeowners who wish to retrofit".

84 Milner, J., et. al., (2024), [Evaluation of the 'Warmth and Wellbeing' scheme on health and wellbeing](#)

85 Parliamentary question Ref: [PQ \[30049/25\]](#)

86 Bettiol, A., et. al., (2021), [The first 1000 days of life: traffic-related air pollution and development of wheezing and asthma in childhood. A systematic review of birth cohort studies](#)







# ASTHMA SOCIETY OF IRELAND

## **Asthma Society of Ireland**

Suite 218/219, The Capel Building, Mary's Abbey, Dublin 7, D07 CR23

T 01 817 8886

E [reception@asthmasociety.ie](mailto:reception@asthmasociety.ie)

**[www.asthma.ie](http://www.asthma.ie)**

Companies Registration Office (CRO) Number: 57125

Registered Charity Number (RCN): 20010270

Charity Number (CHY): 6100

Free Asthma Adviceline: 1800 44 54 64

WhatsApp Messaging Service: 086 059 0132

Our thanks to our generous funders AstraZeneca and GSK, who have made our Severe Asthma project possible but had no influence over its design, delivery or content. This Pre-Budget Submission is part of that project.