BOB ONDER

MISSOURI'S 3RD DISTRICT

Allergy & Asthma Patient Protection Act

Some insurers are:

- Refusing to cover the buildup phase of immunotherapy
- Imposing arbitrary allergy shot limits far below clinical standards
- Limiting the amount of allergy & asthma testing that can be done in one visit
- Refusing to cover allergy shots that contain diluent – which is all of them

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These policies have no clinical justification. They are purely administrative barriers that shift costs onto patients and providers.

If this continues:

- Patients will lose access to a century-old, sometimes curative, affordable therapy
- Care will shift to urgent care and emergency departments, increasing costs
- Patients will be pushed toward far more expensive biologic drugs
- Families will face more time off work, more visits, and delayed diagnoses
- Rural and underserved communities may lose their only allergy provider

This legislation would:

- Require insurers to cover allergen immunotherapy preparation consistent clinical practice
- Require insurers to cover clinically indicated allergy and asthma testing
- Prohibit insurer practices that create artificial barriers to care, including unnecessary repeat visits

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Allergy & Asthma Patient Protection Act

- **Requires health plans to cover allergen immunotherapy preparation consistent with existing clinical standards.**

- **Prohibits insurer practices that undermine access, specifically:**
  - Diluent-based reimbursement reductions
  - Denial of the buildup phase
  - Arbitrary unit or volume limits
  - Restricting billing to a single date of service
  - Denials based on the number of vials or allergens required for safe preparation

- **Requires coverage of clinically indicated allergy and asthma diagnostic testing.**

- **Prohibits insurer practices that undermine access, specifically:**
  - Arbitrary caps on the number of allergens tested
  - Denying same-day testing and forcing patients to return for additional visits
  - Documentation or "interpretation" denials inconsistent with clinical standards
  - Denials based on ordering both skin and serum testing when clinically appropriate
  - Utilization-management barriers that conflict with clinical standards