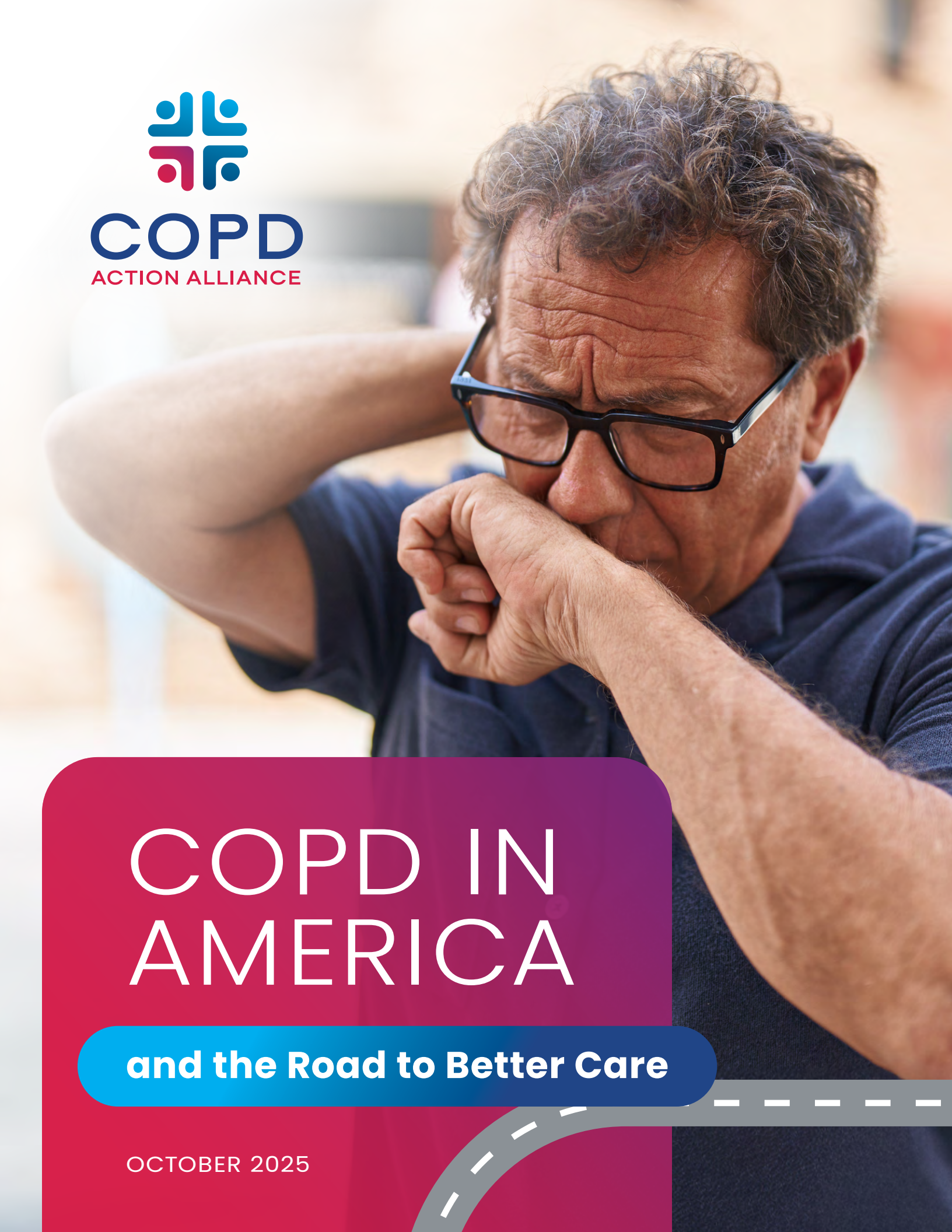
COPD
ACTION ALLIANCE



COPD IN AMERICA

and the Road to Better Care

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INTRODUCTION

Chronic obstructive pulmonary disease, or COPD, is a progressive lung disease that causes inflammation in the airways and makes breathing increasingly difficult. Thirty million Americans suffer from COPD, affecting one in eight Americans over the age of 45.[1] It is the third leading cause of death globally and ranks sixth in the United States[2], claiming more than 130,000 American lives each year.[3] Emphysema and chronic bronchitis are the two most common forms of COPD.

While there is no cure yet, COPD is highly treatable, especially when caught early. Treatments can range from inhalers to pulmonary rehabilitation and even surgery. New biomedical technologies, referred to as biologics, are being used to develop breakthrough COPD treatments, and one such treatment has already received FDA approval.[4]

However, the most powerful weapon against COPD is awareness. One-half of COPD patients remain undiagnosed and without proper medical treatment. Vulnerable populations — especially veterans and rural residents — often aren't aware that they are potentially at an increased risk. Even policymakers need additional educational resources to fully understand the scope and costs of the disease.

The COPD Action Alliance and its nearly 30 member organizations are publishing this report to fill these information gaps, by educating policymakers, patients, care providers and advocates, and to lay out strategies to help the COPD community get the care they deserve.

THE BASICS OF COPD

With 30 million Americans afflicted with COPD, it is one of the most common, deadly and expensive chronic diseases in the United States. COPD-related medical costs topped $31 billion in 2019 and have only risen since.[5] By 2029, COPD costs are estimated to reach $60.5 billion, according to a study from the CHEST Journal.[6] On a patient level, COPD patients can expect medical costs over $4,000 per year.

Many factors significantly increase an individual's predisposition to developing COPD. Even though one-quarter of all COPD patients have never smoked, smokers are about 10 times more likely to contract COPD in their lifetimes.[7]

Other populations with a high incidence of COPD include military veterans, firefighters and rural residents. Many in these at-risk groups often face greater occupational exposure to harsh chemicals and pollutants. Women have a 35% higher prevalence rate than men, possibly due to smaller airways that are more vulnerable to inflammation.[8] Additionally, alpha-1 antitrypsin deficiency, a genetic condition that can cause lung damage including a chronic cough, can lead to COPD in men and women.

COPD TREATMENTS

There are many different treatment options available for COPD patients, including prescription and surgical treatments, depending on their personalized needs. The earlier COPD is diagnosed, the more treatment options are available and the better the patient's quality of life.

A health care provider will collaborate with patients to decide the best treatments for them. Treatments include:

Smoking cessation
is the first step for smokers.

Inhalers and bronchodilators
deliver both quick relief and long-term treatment of symptoms to open the airways and facilitate breathing.

Anti-inflammatories
like corticosteroids are taken as pills or delivered via inhalers or nebulizers.

Biologic treatments
are therapies derived from living cells that treat certain forms of COPD. The Food and Drug Administration approved the first COPD biologic in 2024, and a second has since entered the market.[9]

In-home supplemental oxygen
is delivered through a nasal cannula.

Pulmonary rehabilitation
is the multidisciplinary practice that redevelops patients' lung and breathing capacity through exercises, education and airway-clearing techniques. Pulmonary rehabilitation was specially cited by the NHLBI tracking report as a valuable, underutilized tool in the fight against COPD.

Surgical treatment options
clear airways, remove damaged lung tissue or even transplant whole lungs for patients with severe COPD symptoms.

The life-sciences research pipeline is expected to yield many breakthrough COPD treatments in the coming years. Thousands of COPD patients have participated in clinical trials testing new treatment options, and such studies continue across the country.[10]

PERCEPTIONS OF COPD AND HEALTH CARE

Unfortunately, there can be obstacles to receiving COPD treatment. Due to the stigma associated with COPD and smoking, some patients are not as forthcoming with their symptoms.

A 2018 report by the National Institutes of Health's National Heart, Lung, and Blood Institute tracked data from physicians who treat COPD around the country.[11] One point the report makes clear is the obstacles doctors face when trying to diagnose COPD.

Though this data tells a concerning story, it can also help identify the very challenges the COPD community and policymakers should prioritize going forward:

- Public awareness of COPD, including prevalence among non-smokers
- The value of early diagnosis
- Treatment options like pulmonary rehabilitation

According to physicians:

49%
of COPD patients do not fully report their symptoms.

41%
are more focused on other symptoms and health conditions.

39%
are unlikely to adhere to COPD treatment even if they are diagnosed.

38%
are not forthcoming about their smoking history.

NATIONAL COPD ACTION PLAN

In 2018, the National Institutes for Health, or NIH, published the COPD National Action Plan, a forward-looking "blueprint for a multi-faceted, unified fight against the disease", at the request of Congress.[12] The report drew on information from patients, health care providers, medical researchers and advocacy organizations, intending to chart a path forward for the entire COPD community.

In the plan, NIH set five goals for COPD stakeholders:

1. Empower individuals with COPD, families and caregivers to recognize and reduce the burden of COPD.
2. Improve the prevention, diagnosis, treatment and management of COPD by improving the quality of care delivered throughout the health care system.
3. Collect, analyze, report and disseminate COPD-related public health data to drive change and track progress.
4. Sustain and increase medical research to better understand the prevention, diagnosis and management of COPD.
5. Translate national policy, educational and program recommendations into actionable policies and programs.

Years after its publication, the 2018 NIH National COPD Action Plan is still not fully implemented. The disease burden, lack of diagnostic care, underfunded research and the absence of strong federal guidelines are all holding patients back. As a general, data-gathering project, the NIH report never set specific funding benchmarks, leaving that job to Congress.

To make long-term strategic policymaking effective for the COPD community, federal policymakers need to prioritize early detection, patient care, access to treatment and the burdens this disease imposes on the health care system.

CHALLENGES AND BARRIERS

Alongside COPD's inherent challenges, like knowledge gaps, delayed diagnoses and the progressive lethality of the disease, stakeholders combating COPD must also contend with several barriers to better pulmonary wellness.

Treatment Access Issues

Americans with COPD face onerous burdens to quality care.

Practices like prior authorization — which force time-strapped clinicians to personally appeal to insurance companies for permission to prescribe certain medications — are common and delay patient care.

Many insurers impose step therapy on patients, forcing them to "fail first" with older, insurer-preferred medications before covering the treatments their clinicians prescribe.

Other patients find the drugs they need uncovered by their insurance companies altogether — a problem sure to metastasize in coming years as more breakthrough, high-tech therapies like biologics come to market.

All of the above obstacles are even harder to overcome in rural America, where patients are at greater risk and where pharmacies, clinics and specialists are often scarce. COPD is just one more reason for greater access to telehealth services.

In 2025, the COPD Action Alliance surveyed 250 people diagnosed with COPD or who suspected they had the condition. Nearly one-third said they faced barriers to getting needed medication, treatments or medical supplies. These challenges can be even more daunting for rural patients where limited health care infrastructure heightens access problems.

Global Comparisons

Around the globe, almost 400 million people live with COPD, and 3 million people die from the disease every year.[13]

As the world's leader in medical and biopharmaceutical research, the United States should be leading the world in the fight against COPD. Unfortunately, that is not the case. The 2024 Global State of COPD Report, prepared by the international advocacy coalition Speak Up for COPD, excluded analysis of the U.S. due to insufficient data.[14]

Another essential publication, the Copenhagen Institute for Future Studies' COPD Index, found that of 34 countries surveyed across 40 indicators, only 16 had national COPD strategies in place.[15] The United States was not one of these countries. The good news is, these reports highlight the nations that are getting COPD care right — those prioritizing patients, access to care and policy solutions. The U.S. can learn from global leaders like Australia and the United Kingdom and from nations still finding their footing on COPD as well.

Building on that momentum, the World Health Organization adopted the Lung Health Resolution in May 2025 to address chronic respiratory diseases, including COPD. The resolution elevated COPD as a global health priority, but more action is needed to turn commitments into progress.

With the disease's growth in the U.S. every year, now is the time for Americans to start planning and acting to meet this national and global challenge.

Research and Data Gaps

For such a prevalent and deadly disease, COPD remains underfunded in the nation's medical research laboratories. One study by the American Thoracic Society found that of the seven most underfunded diseases — relative to their societal burden — three were lung diseases, including COPD.[16]

As noted by the NIH, building out America's COPD research infrastructure must be part of any comprehensive National Action Plan. Focuses of future research might include COPD prevention, diagnostics — especially concerning at-risk populations — and improving long-term care outcomes.

Stigma and Public Perception

COPD's association with smoking has created a social stigma around the disease that undermines patient care at almost every point in the health care system. It might explain why COPD, like other lung conditions, lags in research funding behind other chronic diseases and leading causes of death. It certainly discourages many patients from seeking treatment, leading to delayed diagnoses and more severe symptoms. It could also play a role in policymakers' reluctance to prioritize COPD in public health campaigns and investments.

Sense of Urgency

Perhaps the most dangerous obstacle to COPD patient care is the one looming on the horizon. Because of the explosive growth of COPD cases in the developing world, the total number of COPD patients is projected to reach 600 million by 2050.[17] U.S. cases are expected to rise and costs to skyrocket to $60 billion in the next five years.[18] The long-term burdens COPD is placing on health care systems at home and abroad call out for immediate action. The sooner policymakers recognize COPD as a public health crisis, the more lives and money their work can save.

CALL TO ACTION

Prioritizing COPD policies presents significant but solvable challenges. Policymakers can support the COPD advocacy community and the 30 million people living with COPD through:

Awareness and engagement:
Support increased funding for COPD research and education and reduce barriers to innovative treatments and care.

Legislative opportunities:
Evaluate and advance policies that align with the COPD National Action Plan.

Accountability:
Ensure standardized metrics to evaluate the impact of national and local COPD initiatives.

CONCLUSION

COPD is an urgent and growing public health challenge in the United States — a leading cause of death and costing the economy tens of billions of dollars. Policymakers, health care providers and advocacy organizations across the COPD community must meet this challenge with clear determination and coordinated action. With the priorities outlined here, stakeholders can finally make COPD the national health priority it *should* be.

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