

## The American Lung Association's Comments on proposed HEDIS® Measures changes for Measure Year 2026

*On March 13, 2025 the American Lung Association submitted the following comments in response to NCQA's invitation to comment on proposed HEDIS® Measures changes for Measure Year 2026.*

The American Lung Association **supports** the proposed new HEDIS® Measure, *Tobacco Use Screening and Intervention*:

Tobacco use is the leading cause of preventable death and disease in the United States. The 2020 Surgeon General's Report on Smoking Cessation found that quitting smoking is beneficial at any age and improves health outcomes. Data show that most people who smoke want to quit (67.7%), but only a fraction actually quit (8.8%). The proposed new HEDIS® measure, *Tobacco Use Screening and Intervention* will encourage health plans to help the people to quit using tobacco. The Lung Association supports the adoption of this measure as it will work to help more people in the United States quit tobacco.

The proposed measure includes collecting the rate of individuals screened for tobacco use and then of those who use tobacco, those who receive treatment. These two rates would be stratified by age: 12-17, 18-64 and 65+. We applaud this stratification. It can show the difference in tobacco use and cessation patterns between age groups. One modification to consider would be changing the initial age group from 11-17 to mirror the American Academy of Pediatrics recommendation.

NCQA requests comment on whether the "measure specifications, codes and value sets adequately capture tobacco use screening and cessation intervention?" The value sets are key to this measure and the Lung Association share the following comments on them.

The definition of tobacco use should include the use of all commercial tobacco and nicotine products, both in terms of screening and determining if an individual is a tobacco user. The one product to be missing from the list is nicotine pouches and we would encourage the list of tobacco products to be amended to include nicotine pouches. In the *Tobacco Use Cessation Pharmacotherapy Medication List*, should be defined as any FDA-approved medication for tobacco cessation. This would allow for the measure to grow as new cessation medication earn FDA approval. Lastly, for the *Tobacco Use Cessation Counseling Value Set*, the definition of counseling needs to be evidence-based, consistent with the *Treating Tobacco Use and Dependence Clinical Practice Guidelines 2008 Update*, the United States Preventive Services Task Force recommendation and the 2020 Surgeon General's Report on Smoking Cessation. Additionally, while important, a referral to a quitline cannot suffice as counseling. The health plan needs to confirm that cessation counseling has occurred, being consistent with the dispensing medications rather than writing a prescription. Similarly, counseling cannot be providing people with education materials, a counseling session must occur.

The American Lung Association **supports** the proposed new HEDIS® Measure, *Follow-Up Acute Care Visits for Asthma*:

The American Lung Association supports the proposed Follow-Up After Acute Care Visits for Asthma as a new HEDIS quality measure. This measure will encourage a stronger role for primary care in asthma management and provide a greater incentive for health plans to ensure that patients are receiving follow-up care from a medical home. The emergence of Single Maintenance and Reliever Therapy (SMART) has posed challenges to calculating the Asthma Medication Ratio (AMR). Given its proposed retirement, it is critical that this new measure be finalized, as quality measures are important for tracking asthma management. Asthma affects more than 26 million people in the United States, including 4.5 million children. Poorly managed asthma leads to nearly 2 million emergency department visits each year in the U.S. and accounted for over 94,000 hospitalizations in 2020.

The Lung Association appreciates the opportunity to provide feedback on the NCQA's questions regarding the proposed asthma measure. Individuals with a history of acute respiratory failure, cystic fibrosis, and emphysema should be excluded from this measure. NCQA also requests feedback on whether the measure should track follow-up after only emergency department visits or include other acute care, such as urgent care and hospitalizations. While we agree hospitalizations should be included, NCQA should exclude urgent care visits from this measure. Asthma is one of the most underdiagnosed and misdiagnosed chronic conditions. An urgent care visit may not be able to diagnose a chronic condition when addressing a patient's acute symptoms. Without evidence of a previous provider confirmed asthma diagnosis or complete medical history, the urgent care provider may not be able to correctly diagnose asthma.

The Lung Association agrees that 30 days is the most appropriate time frame for follow-up. This would make this measure consistent with other HEDIS® measures for respiratory conditions. Finally, follow-up should be required with providers (MD, NP, PA, DO) in a primary care setting. This measure should exclude specialty providers as this care may take longer for patients to coordinate.

The American Lung Association **supports** the proposed changes to the HEDIS® Measure, *Adult Immunization Status (Indicator)*:

The American Lung Association is the oldest voluntary public health association in the United States, representing the millions of individuals living with lung diseases. Individuals with chronic lung diseases like asthma, chronic obstructive pulmonary disease (COPD), interstitial lung disease and lung cancer are at increased risk for severe illness and complications from COVID-19. These complications can include pneumonia, Long COVID and hospitalization. Older adults are at the highest risk of severe illness with more than 80% of COVID-19 deaths occurring in people over age 65. Preliminary estimates from the 2024-25 respiratory viral season indicate that there have been at least 200,000 hospitalizations and 23,000 deaths from COVID-19. Widespread vaccination is essential to protect people in the United States from COVID-19. This includes people who are too young or too sick to be vaccinated themselves.

The Lung Association supports adding the COVID-19 vaccine to the HEDIS® Adult Immunization Status measure. Adding the COVID-19 vaccine to this measure will create a more complete picture of adult immunization status and protection from disease. The Lung Association supports stratifying the data by

age (19-64, 65+) and by race. The burden of disease is not felt evenly across ages and populations. It is important to stratify these data to better understand the outreach needed to impact underserved populations.

