American Lung Association.

July 15, 2026

The Honorable Robert F. Kennedy, Jr.
Secretary
U.S. Department of Health & Human Services
200 Independence Avenue, S.W.
Washington, DC 20201

The Honorable Mehmet Oz
Administrator
Centers for Medicare and Medicaid Services
U.S. Department of Health & Human Services
7500 Security Boulevard
Baltimore, MD 21244

Re: Request for Information; Comprehensive Review of the Essential Health Benefits Framework and Typical Employer Plan Standard (CMS–9874–NC)

Dear Secretary Kennedy and Administrator Oz:

Thank you for the opportunity to provide comments in response to the Department of Health and Human Services' (HHS) Request for Information (RFI) on the essential health benefits (EHB) requirements of the Affordable Care Act (ACA).

The American Lung Association is the oldest voluntary public health association in the United States, representing the more than 34 million individuals living with lung disease. The Lung Association is the leading organization working to save lives by improving lung health and preventing lung disease through research, education and advocacy. The Lung Association strongly supports policies that protect and expand access to quality, affordable healthcare coverage.

The ACA's EHB standards are vital protections that ensure patients with and at risk for lung disease can access the comprehensive care they need. The standards have expanded access to critical preventive services, including lung cancer screening and tobacco cessation treatment, prescription medications, habilitative and rehabilitative services such as pulmonary rehabilitation, and many other important treatments and services that support individuals living with chronic and serious respiratory health conditions.

In addition to the comments submitted jointly with other patient advocacy organizations, the Lung Association offers the following recommendations regarding the EHB framework and the importance of ensuring that patients have access to comprehensive, high-quality, evidence-based care. As HHS considers potential updates to EHB standards, we urge HHS to ensure that

any changes strengthen patient protections and address longstanding gaps in coverage and oversight.

Updating EHB Standards

1. ***Establish a regular, evidence-based process for reviewing and updating EHB standards.***

As the RFI notes, the ACA requires HHS to periodically review EHB requirements to assess whether enrollees are facing difficulties accessing care and whether updates are needed. A regularly scheduled review and update process would help identify gaps in coverage, incorporate stakeholder input and ensure that advances in medical science are reflected in benefit standards. The rapid development of precision medicine, new therapies and improved approaches to management of diseases like lung cancer demonstrate why EHB standards cannot remain static.

Since EHB protections became effective more than a decade ago, it is our understanding that the statutory review process has not yet been fully implemented. The Lung Association appreciates that this RFI represents an opportunity to begin that important assessment; however, given the scope of issues raised, HHS should proceed carefully and should not make significant changes to the EHB framework without first conducting a comprehensive review of how the current system is functioning for states, plans, providers, and most importantly the patients these protections were designed to serve. Future opportunities for public input should also provide sufficient time for meaningful engagement.

2. ***Improve oversight and enforcement of existing EHB standards.***

Stronger transparency, oversight and enforcement of EHB standards are needed to ensure patients can access existing coverage requirements. In 2023, the Lung Association commissioned a review of EHB-benchmark plans and silver plans offered through ACA marketplaces in five states to evaluate whether patients with COPD and lung cancer had access to necessary treatments and services. The resulting report, *Access to Care for COPD and Lung Cancer Patients under Current Essential Health Benefit Standards*, identified significant challenges, including a lack of transparency in plan documents.[1] For example, pulmonary rehabilitation is a guideline-supported intervention that improves symptoms, exercise capacity and quality of life for individuals with chronic obstructive pulmonary disease (COPD) and other lung diseases. However, the review found that only about half of EHB-benchmark plan documents referenced pulmonary rehabilitation, and the information provided regarding visit limits and other coverage restrictions varied widely. The Lung Association would support requiring greater consistency and detail in the information states submit for their EHB-benchmark plans to better understand and compare coverage. Importantly, these changes

should not be a prerequisite for addressing many of the known gaps in the current EHB standards.

One clear gap involves tobacco cessation. The Lung Association's 2023 review found substantial gaps in the coverage of tobacco cessation treatment, especially in terms of coverage of counseling. Tobacco cessation is a critical preventive service for individuals with and at risk for lung disease. Plans subject to EHB requirements are required to cover tobacco cessation interventions for non-pregnant adults, including both pharmacotherapy and behavioral treatments that have received an "A" grade from the United States Preventive Services Task Force. These requirements were further clarified through 2014 sub-regulatory guidance issued by HHS, the Department of Labor and the Department of the Treasury. However, the 2023 review found that many benchmark plans and marketplace silver plans were not consistently covering tobacco cessation treatment as required under current EHB standards. In 2020, the Lung Association conducted a separate review of current EHB-benchmark plan documents that found that tobacco cessation treatments are not consistently covered without cost-sharing in marketplace plans, which are all subject to EHB requirements.[2]

The Lung Association's 2023 review also found that many plans failed to provide sufficient information for consumers to understand available coverage. For example, the United States Preventive Services Task Force (USPSTF) recommends annual lung cancer screening for individuals at high risk of lung cancer based on their age and smoking history. The review found that Louisiana's benchmark plan did not provide sufficient detail to determine whether lung cancer screenings were covered. The benchmark plan coverage document lists other cancer screenings but does not specifically list lung cancer screening. Pennsylvania's benchmark plan also did not specify lung cancer screening, and there is no reference to the USPSTF guidelines. These gaps demonstrate the need for stronger enforcement of preventive service requirements.

Furthermore, the current EHB framework provides limited information regarding what chronic disease management services must include and which conditions qualify. For example, the Lung Association's 2020 review found that disease management services for COPD were referenced in only five states' EHB-benchmark plan documents.

Overall, the lack of transparency and gaps in access to key treatments and services across plans makes it more difficult for patients shopping for coverage to know with any certainty what is covered and to choose the optimal plan for their health needs. Ultimately, when plans do not cover these treatments and services, patients will either be forced to choose between paying more to access the care that they need or delaying recommended treatments and services, often resulting in more costly care in the future and poorer health outcomes.

Patient Affordability

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Cuts to critical healthcare programs in H.R. 1, the recent expiration of enhanced premium tax credits and changes in the 2026 and 2027 Notice of Benefit and Payment Parameters have increased costs for patients and created additional barriers to coverage. The Lung Association recognizes the importance of affordability in ensuring patients and families can access and maintain healthcare coverage. Within the EHB framework, HHS can help address these affordability challenges by identifying gaps in covered benefits and ensuring that benefit packages better meet patients' healthcare needs.

The Lung Association also emphasizes that improving affordability should not come at the expense of patients' access to essential healthcare services. Affordability extends beyond monthly premiums. It also includes deductibles, cost-sharing obligations, out-of-pocket expenses and the costs patients face when medically necessary services are excluded from coverage. Narrowing the scope of EHB does not lower the overall cost of healthcare; it shifts those costs to patients, disproportionately affecting individuals with chronic and preexisting conditions like lung disease who depend on comprehensive coverage to manage their health.

Under federal law, removing a benefit from the EHB package has significant consequences. Services that are no longer considered essential may become subject to annual and lifetime dollar limits, cost-sharing for those services may no longer be limited by the federal annual out-of-pocket maximum, and patients may be responsible for the full cost of excluded services. Any update to the EHB framework should therefore focus on ensuring that benefits reflect current scientific and medical advancement and patients' needs, rather than reducing access to essential care.

Conclusion

Thank you for the opportunity to provide these comments. We look forward to working with HHS to advance access to quality, affordable healthcare for patients.

Sincerely,

American Lung Association

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[1] American Lung Association, Access to Care for COPD and Lung Cancer Patients under Current Essential Health Benefit Standards. September 2023. Available at: https://www.lung.org/getmedia/d187d0b3-3b73-41e8-9d12 2aa27877b56f/EHB-Report-FINAL.pdf/.

[2] American Lung Association. Tobacco Cessation Coverage in State Exchanges – 2020. July 2020. Accessed at: https://www.lung.org/getmedia/fb9cdabf-7062-4e49-b86b-74754ab642eb/Exchange-Data-Report_FINAL_1.