



March 6, 2023

Honorable Xavier Becerra
Secretary
Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

RE: Advance Notice of Methodological Changes for Calendar Year (CY) 2024 for Medicare Advantage (MA) Capitation Rates and Part C and Part D Payment Policies (CMS-2023-0010)

Dear Secretary Becerra:

The American Lung Association appreciates the opportunity to submit comments regarding the Advance Notice of Methodological Changes for Calendar Year (CY) 2024 for Medicare Advantage (MA) Capitation Rates and Part C and Part D Payment Policies. The American Lung Association submits our comments to encourage CMS to include NQF 0028 in the Medicare Advantage Prevention and Wellness measures of the Universal Foundation.

The American Lung Association is the oldest, voluntary public health organization in the United States and is committed to eliminating tobacco use and tobacco-related disease. Tobacco use is the leading cause of preventable death and disease in the United States, responsible for the death of 480,000 Americans annually.¹ An additional 16 million Americans live with a disease caused by tobacco.²

Medicare is the federal healthcare program for people over 65. While enrollees pay into the program with taxes, premiums, co-pays and deductibles, it is one of the United States' largest expenditures. Data show 10.2% of Medicare enrollees smoke, putting them at risk of high-cost, smoking-related disease.³ A growing proportion of Medicare enrollees are in Medicare Managed Care plans, also known as Medicare Advantage. In 2022, 48% of Medicare beneficiaries were in Medicare Advantage plans.⁴ Individuals enrolled in Medicare Advantage are disproportionately people with lower incomes, dual-enrolled in Medicaid and with less education than those in traditional Medicare – factors which are associated with a higher risk for tobacco use.⁵

Smoking tobacco contributes to diseases like diabetes and cancer, which CMS states the Universal Foundation of quality measures aims to address: people who smoke have a 30-40% higher risk of developing diabetes and are 15-30 times more likely to develop lung cancer.^{6,7} Tobacco use can increase the risk of cancer in many other organs too.⁸

In January 2020, then Surgeon General Jerome Adams released *Smoking Cessation: A Report of the Surgeon General*.⁹ One of the major conclusions of this report was that "quitting smoking is beneficial at any age," repeating a conclusion reached 30 years previously in the 1990 Surgeon General's report. Data show that across demographics, including age, insurance status and education level, most smokers want to quit.¹⁰ This recommendation, if put into practice by

providers across the country, could have a substantial impact on helping smokers quit and improving health.

Quitting tobacco takes several attempts, and many cite a doctor's advice as a contributing factor.¹¹ Despite this, only half of people who smoke receive medical advice to quit.¹² Quality measures can increase provider screening and advice to quit smoking.

The Centers for Medicare and Medicaid Services (CMS) oversee the National Quality Strategy and Medicare Value-Based Care Strategy programs which measure the quality of care for federal programs and private payers. On February 1, 2023 CMS released an Advanced Notice of Proposed Rulemaking on the Medicare Advantage Star Rating quality measures.¹³ These proposed changes would include creating a Universal Foundation of quality measures which can be incorporated across programs. This is a minimum set of quality measures that programs will use as a basis for measuring the quality of care in Medicare Advantage plans. This is valuable because, according to CMS, measuring the quality of health care processes and systems is used for health care quality improvement.¹⁴ Quality measures help us measure and compare performance between providers and health care systems, with the goals of improving effectiveness, safety, and equity of provided health care. These measures incentivize providers and health systems through reimbursement based on quality of care.¹⁵

The proposed Universal Foundation of quality measures does not include quality measure NQF 0028 – Tobacco Use: Screening and Cessation Intervention.¹⁶ The Lung Association strongly recommends that it be added in the final version.

By adding measure NQF 0028 to the Universal Foundation of quality measures, clinicians will be incentivized to screen for tobacco use and help patients who smoke quit. Including NQF 0028 will improve health for Medicare Advantage enrollees and reduce overall healthcare costs.

Tobacco use is the leading cause of preventable death and disease in the United States and contributes to costly diseases, including lung cancer and COPD. Encouraging people enrolled in Medicare Advantage to quit through implementing quality measures that address tobacco use will improve health outcomes and reduce health care costs.

Thank you for the opportunity to submit comments.

Sincerely,



Harold Wimmer
National President and CEO

¹ U.S. Department of Health and Human Services. The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014.

² Centers for Disease Control and Prevention. COVID-19: People with Certain Medical Conditions. May 13, 2021. Accessed at: <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>

³ Cornelius ME, Loretan CG, Wang TW, Jamal A, Homa DM. Tobacco Product Use Among Adults — United States, 2020. *MMWR Morb Mortal Wkly Rep* 2022;71:397–405. DOI: <http://dx.doi.org/10.15585/mmwr.mm7111a1>

⁴ Freed, Meredith, and Jeanie F. Biniek et al. “Medicare Advantage in 2022: Enrollment Update and Key Trends.” *Kaiser Family Foundation*, 25 Aug. 2022, <https://www.kff.org/medicare/issue-brief/medicare-advantage-in-2022-enrollment-update-and-key-trends/>. Accessed 24 Feb. 2023.

⁵ “Medicare Beneficiary Enrollment Trends and Demographic Characteristics.” *Assistant Secretary for Planning and Evaluation*, 2 Mar. 2022, <https://aspe.hhs.gov/sites/default/files/documents/f81aafba0b331c71c6e8bc66512e25d/medicare-beneficiary-enrollment-ib.pdf>. Accessed 24 Feb. 2023.

⁶ “Smoking and Diabetes.” *Centers for Disease Control and Prevention*, 5 May 2022, <https://www.cdc.gov/tobacco/campaign/tips/diseases/diabetes.html>. Accessed 24 Feb. 2023.

⁷ “What Are the Risk Factors for Lung Cancer.” *Centers for Disease Control and Prevention*, 25 Oct. 2022, https://www.cdc.gov/cancer/lung/basic_info/risk_factors.htm#:~:text=Tobacco%20smoke%20is%20a%20toxic,people%20who%20do%20not%20smoke. Accessed 24 Feb. 2023.

⁸ “Tobacco and Cancer.” *Centers for Disease Control and Prevention*, 3 Nov. 2021, <https://www.cdc.gov/cancer/tobacco/index.htm>. Accessed 24 Feb. 2023.

⁹ U.S. Department of Health and Human Services. Smoking Cessation. A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2020.

¹⁰ Babb S, Malarcher A, Schauer G, Asman K, Jamal A. Quitting Smoking Among Adults — United States, 2000–2015. *MMWR Morb Mortal Wkly Rep* 2017;65:1457–1464. DOI: <http://dx.doi.org/10.15585/mmwr.mm6552a1>

¹¹ “Tobacco Cessation Quality Measures.” *American Lung Association*, https://www.lung.org/getmedia/b8afd920-1bf3-4f8c-a510-ae331893b904/FY22-Tobacco-Cessation_Quality-Measures-Chart_V2.pdf. Accessed 24 Feb. 2023.

¹² Babb S, Malarcher A, Schauer G, Asman K, Jamal A. Quitting Smoking Among Adults — United States, 2000–2015. *MMWR Morb Mortal Wkly Rep* 2017;65:1457–1464. DOI: <http://dx.doi.org/10.15585/mmwr.mm6552a1>

¹³ “2024 Advance Notice.” *Centers for Medicare and Medicaid Services*, 17 Feb. 2023, <https://www.regulations.gov/document/CMS-2023-0010-0002>. Accessed 24 Feb. 2023.

¹⁴ “Quality Measures.” *Centers for Medicare and Medicaid Services*, 14 Apr. 2022, <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures#:~:text=Quality%20measures%20are%20tools%20that,quality%20goals%20for%20health%20care>. Accessed 24 Feb. 2023.

¹⁵ “Quality Measures and Tobacco Cessation.” *American Lung Association*, <https://www.lung.org/getmedia/324dc825-4782-4fc2-a971-3e6d1e14f9c8/Quality-Measures-TobaccoCessation.pdf?uh=bf1c42e1a7be67bd8f7a3399f61acb8f955cd48eba654bd551f0d5ceddbdd120>. Accessed 24 Feb. 2023.

¹⁶ “Tobacco Cessation Quality Measures.” *American Lung Association*, https://www.lung.org/getmedia/b8afd920-1bf3-4f8c-a510-ae331893b904/FY22-Tobacco-Cessation_Quality-Measures-Chart_V2.pdf. Accessed 24 Feb. 2023.