AMERICAN LUNG ASSOCIATION.

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John R. Graham
Acting Assistant Secretary and
Principal Deputy Assistant Secretary for Planning and Evaluation
Strategic Planning Team
Department of Health and Human Services
200 Independence Ave. S.W.
Room 415F
Washington, D.C. 20201

VIA ELECTRONIC MAIL – HHSPlan@hhs.gov

Re: HHS Draft Strategic Plan, FY2018-2022

Dear Mr. Graham:

The American Lung Association appreciates the opportunity to provide comments on the Department of Health and Human Services (HHS) draft Strategic Plan, FY2018-2022. We encourage HHS to amend the strategic plan to include a focus on prevention, access to quality and affordable healthcare and improving public health.

As the leading organization working to save lives by improving lung health and preventing lung disease, the American Lung Association is the voice of the 32.2 million Americans who live with lung disease. The Lung Association tracks patient access to treatment for tobacco cessation and asthma guidelines-based care, is on the forefront of analyzing how policies impact patient care and work to ensure lung disease patients have access to the treatment they need.

Strategic Plan – Actionable Goals

The Lung Association is concerned that the strategic plan lacks actionable performance goals with clearly defined objectives. Without this important information, it is difficult to discern how the broad statements in the strategic plan will be achieved and what specific strategies will be implemented to achieve them. The Lung Association encourages HHS to develop and include specific performance goals for the strategies developed.

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Focus on Prevention

The American Lung Association values prevention as a key strategy for health. From cancer screenings to immunizations to tobacco cessation, preventive medicine is key to reduce death and disease. The Lung Association appreciates the strategy on line 141, "Promote preventive care to reduce future medical costs." We encourage HHS to include full implementation and enforcement of the Preventive Services requirement in the Affordable Care Act (ACA) as part of this important strategy.

Tobacco is the leading cause of preventable death and disease in this country, responsible for almost half a million deaths a year. Reducing the smoking rate and preventing kids from starting to smoke is a strategy that will save both lives and money. The Lung Association commends HHS for including the strategy to "reduce tobacco-related death and disease." In order to fully achieve these reductions, we recommend the following edits:

Lines 528-532 (Objective 2.1)

- Reduce the negative health effects of tobacco use, by implementing a comprehensive*, sustained and evidence-based tobacco control effort* ~~*approach*~~ which includes discouraging people from starting to use tobacco products, encouraging tobacco users to quit, educating parents on the ~~*potential*~~ harm to their children if the parents smoke and on *promoting* the availability of smoking cessation programs, and reducing ~~*the harm caused by*~~ tobacco use

Lines 533-534 (Objective 2.1)

- Reduce underage access to tobacco products by ensuring tobacco is not sold to individuals younger than *the legal age of sale* ~~*age 18*~~ *and fully implement youth prevention programs, including compliance checks for retailers*

Objective 2.2 is "Prevent, treat, and control communicable diseases and chronic conditions." As was mentioned previously, fully implementing and enforcing the Preventive Services provision in the ACA will help achieve this goal. As such, the Lung Association recommends the following edit:

Lines 602-603 (Objective 2.2)

- Increase access to a core set of clinical preventive services including immunizations and screenings, *as defined by the Preventive Services provision and the United States Preventive Services Task Force (USPSTF) and the Advisory Committee on Immunization Practices (ACIP),* especially for underserved populations

Quality and Affordable Healthcare

The American Lung Association works to ensure all people have access to quality and affordable healthcare, including preventive care and appropriate specialty care for all consistent with national guidelines. In March, the Lung Association and other leading health organizations released a set of principles (see Appendix) to evaluate new healthcare plans- healthcare must be affordable, accessible, and adequate and understandable. The Lung Association encourages HHS to use this lens when developing strategies and goals for patient care.

Patients with asthma, COPD, lung cancer and other diseases have high health needs and as a result require health plans that have a robust benefit, including the Essential Health Benefits (EHB). Insuring patients have access to these benefits, regardless of what healthcare plan they have is incredible important for patients with lung disease, in need of treatment. We appreciate objective 1.1, "Promote affordable health care, while balancing spending on premiums, deductibles, and out-of-pocket costs," however we encourage HHS to keep the focus on the patient and making sure all patients have access to the care they need.

Many patients use government programs to access healthcare coverage. For example, almost half of the six million children who have asthma receive their healthcare from Medicaid or CHIP. We would encourage HHS to make the following edits:

Line 167-168 (Objective 1.1)

- Increase education and awareness of coverage options such as Medicaid, *Children's Health Insurance Program (CHIP),* Medicare Fee-For-Service, Medicare Advantage, Prescription Drug Plans, and integrated care options

Line 178 (Objective 1.1)

- Streamline eligibility and enrollment processes for Medicare, Medicaid, *CHIP* and other community supports so that all populations…

While the Lung Association appreciates the HHS's commitment to reducing the cost of healthcare, patient protections must be included in all efforts to reduce costs. To achieve that outcome, we propose the following edits:

Line 174 (Objective 1.1)

- Strengthen coverage options to *improve quality and* reduce consumer costs

Lines 174-175 (Objective 1.1)

- Implement policies that increase the mix of younger and healthier consumers purchasing *robust* plans *covering the Essential Health Benefits* through the individual market

Lines 176 -177 (Objective 1.1)

- Pursue policies that foster lower premiums by reducing the rate of healthcare cost growth, and decrease average individual health insurance market rate increases*, while ensuring strong patient protections as outlined in the Affordable Care Act*

Line 332 – 334 (Objective 1.3)

- Support consumer choice and transparency by promoting the availability of a range of individual health insurance plans and other health care payment options, including faith-based options *that cover all required services and do not discriminate,* with different benefit and cost-sharing structures

Lines 1334 -1335 (Objective 4.3)

- Foster and capitalize on advances in personalized medicine to prevent and improve care for unmet medical needs *for all patients*

Fostering Public Health

As the oldest voluntary public health organization in the United States, the American Lung Association recognizes the important role HHS has in promoting and fostering public health. From the Centers for Disease Control and Prevention's (CDC) role in collecting surveillance data and working on population level interventions to improve health to the Centers for Medicare and Medicaid Services' (CMS) role in providing low-income healthcare services, HHS plays a key role in public health. The American Lung Association appreciates the inclusion of public health strategies in the Strategic Plan.

The American Lung Association encourages HHS to add to and enhance the language around public health and collecting surveillance data. We suggest the following edits:

Lines 708- 709 (Objective 2.3)

- Promote the health and independence of older adults with or at risk for behavioral health conditions (i.e., mental illness, substance use disorders, suicide) through improved collaboration with federal and non-federal stakeholders *and through increasing access to and availability of home and community-based long term supports and services that provide full support to allow individuals to live and fully participate integrated settings.*

Line 768 (Objective 2.4)

- Develop and implement data-driven approaches that prioritize resources and technical support for under-prepared geographical regions and communities to maximize preparedness across the nation *and that collect data on race, ethnicity, language, sex, gender identity, sexual orientation, and disability status so that tools, communications and responses can be appropriately targeted*

The American Lung Association recognizes the importance of culturally competence when communicating information to populations. To truly be able to achieve public health, it is important to work to reduce disparities. For example, the population that is uninsured smokes at rate almost three times as high as those with private insurance. Similarly, people with a GED smoke at rates over 40 percent, while those have a college degree smoke at a rate less than 10 percent.[1] To reduce tobacco use, reducing tobacco use among these populations is key. It is important to make sure information is communicated in a way that will be understood in priority populations. This is also true when

[1]Jamal A, King BA, Neff LJ, Whitmill J, Babb SD, Graffunder CM. Current Cigarette Smoking Among Adults — United States, 2005–2015. MMWR Morb Mortal Wkly Rep 2016;65:1205–1211. DOI: http://dx.doi.org/10.15585/mmwr.mm6544a2

communicating and collaborating with State, Local, Tribal and Territorial partners. The Lung Association suggests the following edits:

Lines 381-393 (Objective 1.3)

- Test *culturally competent* patient-centered models of care, including patient-centered medical home recognition and care integration, and support the adoption and evolution of such models that reduce expenditures ~~*and*~~ *only if they* improve quality of care

- Support research to provide evidence on how to ensure *culturally competent* access to affordable, physical, oral, vision, behavioral, and mental health insurance coverage for children and adults

- Provide *culturally competent* resources and tools to providers and plans to encourage implementation of *culturally competent* activities and strategies to help improve healthcare access

Lines 795-803 (Objective 2.4)

- Provide accurate, *culturally competent,* and timely public health communication and media support to stakeholders and leadership, including deployed HHS leaders and teams

- Work with partners to develop, exercise, update and maintain *culturally competent* risk communication, response, and recovery plans

The American Lung Association appreciates the opportunity to provide comment on the HHS Strategic Plan for 2018-2022. It is vital that the agency keeps patients at the center of all their activities. Access to quality and affordable healthcare, including preventive services, is important for all patients. But, we understand health is more than the absence of disease. Patients with chronic conditions rely on patient protections to access healthcare and live meaningful lives. The Lung Association looks forward to working with HHS to develop policies that promote health, include prioritizing prevention and improving access to quality and affordable healthcare.

Sincerely,

Harold P. Wimmer
National President and CEO

Appendix

Consensus Healthcare Reform Principles

Today, millions of individuals, including many with preexisting health conditions, can obtain affordable health care coverage. Any changes to current law should preserve coverage for these individuals, extend coverage to those who remain uninsured, and lower costs and improve quality for all.

In addition, any reform measure must support a health care system that provides affordable, accessible and adequate health care coverage and preserves the coverage provided to millions through Medicare and Medicaid. The basic elements of meaningful coverage are described below.

Health Insurance Must be Affordable – Affordable plans ensure patients are able to access needed care in a timely manner from an experienced provider without undue financial burden. Affordable coverage includes reasonable premiums and cost sharing (such as deductibles, copays and coinsurance) and limits on out-of-pocket expenses. Adequate financial assistance must be available for low-income Americans and individuals with preexisting conditions should not be subject to increased premium costs based on their disease or health status.

Health Insurance Must be Accessible – All people, regardless of employment status or geographic location, should be able to gain coverage without waiting periods through adequate open and special enrollment periods. Patient protections in current law should be retained, including prohibitions on preexisting condition exclusions, annual and lifetime limits, insurance policy rescissions, gender pricing and excessive premiums for older adults. Children should be allowed to remain on their parents' health plans until age 26 and coverage through Medicare and Medicaid should not be jeopardized through excessive cost-shifting, funding cuts, or per capita caps or block granting.

Health Insurance Must be Adequate and Understandable – All plans should be required to cover a full range of needed health benefits with a comprehensive and stable network of providers and plan features. Guaranteed access to and prioritization of preventive services without cost-sharing should be preserved. Information regarding costs and coverage must be available, transparent, and understandable to the consumer prior to purchasing the plan.