

January 17, 2025

The Honorable Chiquita Brooks-LaSure  
Administrator  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
7500 Security Blvd  
Baltimore, MD 21244

**RE: Medicare and Medicaid Programs; Contract Year 2026 Policy and Technical Changes to the Medicare Advantage Program, Medicare Prescription Drug Benefit Program, Medicare Cost Plan Program, and Programs of All-Inclusive Care for the Elderly**

Dear Administrator Brooks-LaSure:

Thank you for the opportunity to provide comments on the proposed rule regarding Medicare policy for contract year 2026.

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.

**Vaccine Cost-Sharing**

The Lung Association strongly supports cost-free coverage of respiratory vaccinations and appreciates the provisions to implement cost-free coverage of recommended vaccinations for seniors in the Medicare Part D program included in the proposed rule. In 2023, this policy helped more than 10 million seniors receive a recommended vaccine free of charge, saving enrollees more than \$400 million.<sup>1</sup> Increasing access to and uptake of vaccinations are vital to both improving public health and protecting people with lung disease who are often at higher risk for severe illness from vaccine-preventable respiratory diseases.

**Medicare Prescription Payment Plan**

Approximately 25% of seniors report difficulty affording their medications and three in ten adults have not taken their medication as prescribed due to costs.<sup>2</sup> The Lung Association strongly supported the out-of-pocket (OOP) cap in Medicare Part D and related policies to spread patients' prescription drug costs over the year included in the Inflation Reduction Act. If implemented well, the Medicare Prescription Payment Plan (MPPP) will be a huge step forward in improving the affordability of medications for seniors in Medicare Part D, especially for people with lung disease who often rely on multiple medications to manage their conditions.

In this proposed rule, CMS requests comment on the approach to identifying patients likely to benefit from the MPPP both prior to and during the plan year. The Lung Association supports the requirement that Part D sponsors conduct outreach to enrollees likely to benefit from the MPPP based on their OOP costs in the previous plan year, and for 2025, this included patients who reached the \$2,000 threshold by September of the previous plan year. However, many patients will not realize that they will benefit from the MPPP until faced with high OOP at the

pharmacy. For 2025, CMS set the threshold for when pharmacists must notify patients about the MPPP at \$600 for a single prescription. The Lung Association continues to believe that this threshold is too high and that the notification threshold should take into account the total cost of all prescriptions a patient collects at the pharmacy that day and their OOP costs to date. We encourage CMS to reconsider this approach and adopt a broader threshold for determining which patients will likely benefit from enrollment and must receive additional information about the MPPP.

The proposed rule includes an automatic renewal process under which, after their initial enrollment, patients will continue to participate in the MPPP if they are also staying in the same Part D plan unless they affirmatively opt out. The Lung Association supports this renewal approach. This approach will ease the administrative burden on people with lung disease.

CMS also requests comment on requiring Part D plans to provide an option for people to enroll in the MPPP in real time for the 2026 plan year. The Lung Association continues to believe that point of sale enrollment is an essential feature of successful MPPP implementation. While CMS argues that point of sale enrollment is not feasible at this time, a real time enrollment option where people can immediately enroll over the phone or web would greatly benefit patients. Without such options, some patients unable to afford a prescription will simply not fill it, jeopardizing management of their health condition and putting them at greater risk for emergency room visits and other negative health outcomes. The Lung Association urges CMS to finalize real time enrollment requirements for 2026.

As MPPP implementation continues, a robust education and awareness strategy will help patients and other stakeholders understand the OOP cap and their ability to spread payments out over a calendar. Additionally, strong monitoring and oversight will also be important during this period of significant change for Medicare Part D. As we have noted in previous comments, CMS must closely track outreach and enrollment efforts to monitor uptake of the program, including collecting and releasing data on the demographics of enrollees, and identify any barriers to enrollment, as well as closely monitor the impact of the MPPP and other parts of the Part D redesign to address potential unintended consequences for patients.<sup>3</sup>

### **Non-exhaustive List of OTC Items for Permissible Primarily Health-related Supplemental Benefits**

Tobacco use is the leading cause of preventable death in the United States. Data show, over eight percent of people on Medicare smoke and over 60% of them want to quit.<sup>4,5</sup> In 2020, then Surgeon General Jerome Adams released *Smoking Cessation: A Report of the Surgeon General*.<sup>6</sup> 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 people who smoke, want to quit.<sup>7</sup> The Food and Drug Administration (FDA) has approved seven medications to help patients quit smoking. These include three over-the-counter nicotine replacement therapies (gum, patch and lozenge). The Lung Association strongly encourages CMS to include NRT in the non-exhaustive list of OTC items for permissible primarily health-related supplemental benefits. This change would help more people who smoke quit, reduce tobacco-cause morbidity and mortality.

## Conclusion

Thank you for the opportunity to provide these comments. We look forward to continuing to partner with you on the implementation of these critical policies to improve lung health.

Sincerely,



Harold P. Wimmer  
President and CEO

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<sup>1</sup> [HHS Releases New Data Showing Over 10 million People with Medicare Received a Free Vaccine Because of the President's Inflation Reduction Act | CMS](#)

<sup>2</sup> KFF, Public Opinion on Prescription Drugs and Their Prices. Updated October 2024. Available at: <https://www.kff.org/health-costs/poll-finding/public-opinion-on-prescription-drugs-and-their-prices/>.

<sup>3</sup> American Lung Association Comments on MPPP Part 1 Guidance, September 19, 2023. Available at: <https://www.lung.org/getmedia/50c0f560-442a-466c-9f12-13bbbd2da5f3/American-Lung-Association-MPPP-Guidance-Comments.pdf>; American Lung Association Comments on MPPP Part 2 Guidance, March 15, 2024. Available at: <https://www.lung.org/getmedia/2f9ad85b-00bc-4084-bb05-77ebfcdefe7d/American-Lung-Association-MPPP-Guidance-Comments-Part-2-FINAL.pdf>.

<sup>4</sup> Cornelius ME, Loretan CG, Jamal A, et al. Tobacco Product Use Among Adults – United States, 2021. MMWR Morb Mortal Wkly Rep 2023;72:475–483. DOI: <http://dx.doi.org/10.15585/mmwr.mm7218a1>

<sup>5</sup> VanFrank B, Malarcher A, Cornelius ME, Schechter A, Jamal A, Tynan M. Adult Smoking Cessation — United States, 2022. MMWR Morb Mortal Wkly Rep 2024;73:633–641. DOI: <http://dx.doi.org/10.15585/mmwr.mm7329a1>

<sup>6</sup> 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.

<sup>7</sup> 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>