

October 2, 2024

The Honorable Jason Smith
Chairman
Committee on Ways and Means
Washington, DC 20515

The Honorable Richard Neal
Ranking Member
Committee on Ways and Means
Washington, DC 20515

The Honorable Vern Buchanan
Chairman
Subcommittee on Health for Ways and
Means
Washington, DC 20515

The Honorable Lloyd Doggett
Ranking Member
Subcommittee on Health for Ways and
Means
Washington, DC 20515

Dear Chairman Smith, Chairman Buchanan, Ranking Member Neal and Ranking Member Doggett:

Thank you for the opportunity to provide comments in response to the Ways and Means Health Subcommittee Hearing on Investing in a Health America: Chronic Disease Prevention and Treatment.

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.

Preventing, reducing and managing the chronic disease is imperative to addressing the nation's growing health needs. Chronic diseases represent seven of the 10 leading causes of death¹ and are leading drivers of the nation's \$4.3 trillion in annual healthcare costs.² Six in ten individuals in the U.S. live with at least one chronic disease, like asthma and chronic obstructive pulmonary disorder (COPD)³ and nearly half of all U.S. residents ages 55 or older have two or more chronic health conditions.⁴ The burden of chronic disease is growing faster than our ability to ease it, putting an increasing strain on the healthcare system, healthcare costs, productivity, educational outcomes, military readiness, and well-being.

Despite the rising prevalence of chronic diseases, most chronic diseases can be prevented with supportive, evidence-based public health programs. Public health programs focused on prevention are lifesaving and cost effective: a 2017 systematic review of the return on investment of public health interventions in high-income countries found a median return of 14 to 1.⁵ Yet, the burden of chronic disease is growing faster than our ability to ease it, putting an increasing strain on the healthcare system, healthcare costs, productivity, educational outcomes, military readiness, and well-being. For this reason, the Lung Association urges Congress to focus on prevention efforts as we move forward.

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120 Years

Efforts to improve the nation's health status and ultimately reduce healthcare spending must prioritize robust prevention efforts outside of clinical settings at the community level. A 2012 Institute of Medicine (now the National Academy of Medicine) report stated clearly that prevention of disease is the "most efficient and effective" way of achieving community health:

"Although some clinical care interventions can help to prevent a disease process in an individual, they cannot be used efficiently throughout a population to address pressing community health challenges. Those challenges, such as growing rates of obesity and diabetes, increase health care costs, diminish American productivity and competitiveness, and probably limit the opportunities available to the next generation of Americans because of increasingly poor health. Taking action early and at the level of population, long before diabetes is diagnosed in one obese person, or chronic bronchitis is diagnosed in one smoker, is the most efficient and effective route to disease prevention."⁶

Good underlying health is a critical component to preventing severe infection and death from communicable diseases. The nation's lack of consistent and adequate funding for the prevention of chronic diseases and conditions has made our nation more vulnerable to severe illness and death from both chronic disease and infectious disease given how inextricably linked that these are. It also jeopardizes people's economic and personal well-being and is not sustainable for individuals, families, communities, employers and policymakers. Members of this Committee have the unique ability to change this paradigm by focusing on prevention. Prioritization of programs that help people quit using tobacco; promote asthma control; support prevention and treatment of lung and other chronic diseases, including COPD and lung cancer are vital. This will ultimately pay dividends, resulting in lower healthcare costs, better security and readiness, and a healthier nation. For these reasons, the Lung Association urges Congress to focus on and invest in chronic disease prevention efforts as we move forward.

One example of one of the nation's most successful – both in terms of impact and cost efficiency – efforts in preventing and managing chronic disease is its work on tobacco through the Office on Smoking and Health (OSH) and its "Tips from Former Smokers" campaign. This media campaign has proven to be highly effective in aiding individuals to quit smoking. From 2012 to 2018, CDC estimates that more than 16.4 million people who smoke attempted to quit and approximately one million quit for good because of the Tips campaign.⁷ During that timeframe, the Tips campaign also helped prevent an estimated 129,000 early deaths and helped save an estimated \$7.3 billion in smoking-related healthcare costs.

This Committee additionally has a unique opportunity to improve access to supplemental oxygen by supporting the Supplemental Oxygen Access Reform (SOAR) Act (HR 7829). Supplemental oxygen is a critical treatment for approximately 1.5 million individuals in the U.S. who have advanced lung disease, heart disease or may be awaiting a transplant. Despite supplemental oxygen's crucial role in maintaining patient health and quality of life, many Medicare beneficiaries are homebound due to not having access to the appropriate modality of oxygen as prescribed by their providers, especially individuals who require higher levels of oxygen. For years, portable oxygen, especially portable liquid oxygen for those individuals who require higher levels, has not been available for people who work outside the home, attend school events with their kids, travel, or attend doctor's visits. This restricted access to appropriate supplemental oxygen means that individuals are at high risk for worsening health, avoidable emergency room visits and hospitalizations.

The Soar Act seeks to tackle the challenges associated with accessing supplemental oxygen by making supplemental oxygen patient-centric, moving away from “home” oxygen to “supplemental” oxygen. This legislation would remove all oxygen services and equipment from the competitive bidding reimbursement system and create a new reimbursement system for this benefit based on current payment rates so that people can access the appropriate modality of oxygen. Additionally, the SOAR Act would also ensure patients have access to respiratory therapist services through their oxygen supplier. It would also establish national standardized documentation requirements that rely upon a template rather than prescriber medical records to support claims for supplemental oxygen suppliers to ensure predictable and adequate reimbursement and to protect against fraud and abuse.

The Lung Association urges the Committee to support the SOAR Act and secure its passage by the end of this year. Supplemental oxygen is a lifeline for so many people – decreasing mortality, reducing shortness of breath and increasing exercise capacity. This legislation will ensure that millions of people in the U.S. with chronic diseases can have the freedom to live healthier, fuller lives untethered to their homes.

Thank you for the opportunity to provide comments.

Sincerely,



Harold P. Wimmer
National President and CEO

¹ Centers for Disease Control and Prevention. Leading causes of death. *Mortality in the United States*, 2019.

² Buttorff C, Ruder T, Bauman M. *Multiple Chronic Conditions in the United States*. Santa Monica, CA: Rand Corp.; 2017 and National Health Expenditure Data: Historical. Center for Medicare & Medicaid Services. December 15, 2021.

³ Centers for Disease Control and Prevention. Living with a chronic condition. May 15, 2024. Available at:

<https://www.cdc.gov/chronic-disease/living-with/index.html#:~:text=Chronic%20conditions%20like%20high%20blood,feel%20well%20and%20avoid%20complications>.

⁴ Centers for Disease Control and Prevention. “Percentage of U.S. Adults 55 and over with Chronic Conditions.” National Center for Health Statistics. Updated November 6, 2015. https://www.cdc.gov/nchs/health_policy/adult_chronic_conditions.htm

⁵ Masters R, Anwar E, Collins B, Cookson R, Capewell S. Return on investment of public health interventions: a systematic review. *J Epidemiol Community Health* 71 (8):827-34, 2017.

⁶ Committee on Public Health Strategies to Improve Health; Institute of Medicine. *For the Public's Health: Investing in a Healthier Future*. Washington (DC): National Academies Press (US); 2012 Apr 10. 2, Reforming Public Health and Its Financing. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK201015/>