



June 1, 2026

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

The Honorable Mehmet Oz, MD  
Administrator Centers for Medicare and Medicaid Services  
U.S. Department of Health and Human Services  
200 Independence Avenue SW  
Washington, DC 20201

**Re: Medicare Program; FY 2027 Inpatient Psychiatric Facilities Prospective Payment System-Rate Update (CMS-1847-P)**

Dear Secretary Kennedy and Administrator Oz:

The American Lung Association appreciates the opportunity to submit comments on the FY 2027 Inpatient Psychiatric Facilities Prospective Payment System-Rate Update. The American Lung Association asked that TOB- 3/3a (Tobacco Use Treatments Provided or Offered at Discharge) not be removed without adding the Tobacco Use Screening and Cessation Intervention (TSC-E) measure to the reporting requirements for the FY 2027 Inpatient Psychiatric Facilities Prospective Payment System.

The American Lung Association is the oldest, voluntary public health organization in the United States. One of our four strategic imperatives is to create a tobacco-free future, and tobacco cessation is vital to that effort. Tobacco use is the leading cause of preventable death and disease in the United States, responsible for the deaths of 492,000 Americans annually.<sup>1</sup> An additional 16 million Americans live with a disease cause by tobacco.<sup>2</sup>

In 2020, then-Surgeon General Jerome Adams released *Smoking Cessation: A Report of the Surgeon General*.<sup>3</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, *The Health Benefits of Smoking Cessation*. Data show that across demographics, including age, insurance status and education level, most people who smoke want to quit.<sup>4</sup> If healthcare providers across the country consistently advised people who smoke quit, it could have a substantial impact on improving health.

Unfortunately, the Surgeon General’s Report on smoking cessation also found that four out of nine adults who smoke cigarettes who saw a healthcare professional in the past year did not receive advice to quit smoking. It determined that “the prevalence of smoking is increasingly concentrated in the United States in populations that may face barriers to quitting. These include persons with behavioral health conditions, including mental health conditions or substance use disorders.”<sup>5</sup> This disparity is also evident in surveillance data. Individuals with serious psychological distress smoke at a higher rate (21.8%) than those without serious psychological distress (10.9%).<sup>6</sup>

The Lung Association believes these data underscore the importance of tobacco cessation interventions focused on individuals with behavioral health conditions. Providers advising their patients to quit and providing evidence-based treatment can help reduce the rate of tobacco use in the United States, specifically for priority populations including patients with behavioral health conditions. Unfortunately, by removing TOB 3/3a and not replacing it, the proposed FY 2027 Inpatient Psychiatric Facilities Prospective Payment System and Quality Reporting Updates would not promote this goal of reducing the rate of tobacco use.

The Centers for Medicare and Medicaid Services (CMS) proposes removing measure TOB- 3/3a (Tobacco Use Treatments Provided or Offered at Discharge) from reporting requirements. This would leave no tobacco cessation measures left in the FY 2027 Inpatient Psychiatric Facilities Prospective Payment System. CMS asserts that the reporting on the measure has been stable over time and that this measure is not changing provider behavior and creates unnecessary paperwork.

CMS previously deprioritized tobacco cessation by removing TOB 1 (Tobacco Use Screening Measure)<sup>7</sup> and TOB 2/2a (Tobacco Use Brief Intervention Provided or Offered and Tobacco Use Brief Intervention)<sup>8</sup> in previous rulemakings in FY2018 and FY2024, respectively. However, the data show major room for improvement in providing or offering tobacco cessation interventions for the behavioral health population; only 53.1% of mental health treatment facilities and 69.9% of substance abuse treatment facilities offered tobacco cessation counseling to their patients, and between 30% – 40% of these facilities provided cessation medications.<sup>9</sup>

In the proposed rule, CMS acknowledges the problem of tobacco use and addiction in psychiatric hospitals and solicits comments on ways to address it, including whether a new metric could be included in the proposed Inpatient Psychiatric Facility Patient Assessment Instrument (IPF-PAI). The measure that should be included to address tobacco use in the FY2027 Inpatient Psychiatric Facilities Prospective Payment System to replace the TOB measures is the Tobacco Use Screening and Cessation Intervention (TSC-E) measure.<sup>10</sup> This measure is endorsed by the National Committee for Quality Assurance (NCQA) and is used in other quality measure reporting. The measure is collected via electronic health records and thus could not be included in the IPF-PAI; however, CMS could and should still adopt it as part of facilities' reporting requirements.

People with behavioral health conditions who smoke die, on average, 15 years earlier than their counterparts with behavioral health conditions who do not smoke.<sup>11</sup> More can and should be done to help this patient population quit tobacco use for good. Unfortunately, data show that mental health professionals are less likely to discuss quitting tobacco due to misperceptions about patients' willingness to quit.<sup>12</sup> A strong quality measure around tobacco use treatment, like the TOB measures or TSC-E, can encourage providers to provide tobacco cessation interventions and treatment, leading to more patients quitting.

The American Lung Association calls for CMS to include TSC-E in the FY2027 Inpatient Psychiatric Facilities Prospective Payment System. Removing TOB 3/3a without replacing it with TSC-E will not improve the health or health outcomes of the population that uses psychiatric facilities. Tobacco use is the leading cause of death and disease in the United States and can exacerbate comorbid conditions. Helping tobacco users quit will save both lives and money.

Sincerely,



Harold Wimmer  
President and CEO

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<sup>1</sup> U.S. Department of Health and Human Services. Eliminating Tobacco-Related Disease and Death: Addressing Disparities—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, 2024.

<sup>2</sup> 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.

<sup>3</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>4</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>5</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. (p.16)

<sup>6</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>7</sup> [ala-comments-hhs-re-medicare-psychiatric-ipps.pdf.pdf](#)

<sup>8</sup> [Comments-FY2024-Inpatient-Psychiatric-Facilities-Prospective-Payment-System-Rate-Update.pdf](#)

<sup>9</sup> VanFrank B, Pasalic E, Oliver B, et al. Tobacco-Related Clinical Services and Tobacco-Free Policies in Behavioral Health Treatment Facilities — United States, 2023. MMWR Morb Mortal Wkly Rep 2025;74:245-251. DOI: <http://dx.doi.org/10.15585/mmwr.mm7414a3>

<sup>10</sup> [Tobacco Use Screening and Cessation Intervention \(TSC-E\) - NCQA](#)

<sup>11</sup> Tam J, Warner KE, Meza R. Smoking and the reduced life expectancy of individuals with serious mental illness. American Journal of Preventive Medicine. 2016; 51(6):958–966.

<sup>12</sup> Brown, CH, Medoff D, Dickerson FB, Fang LJ, Lucksted A, Goldberg RW, et al. Factors Influencing Implementation of Smoking Cessation Treatment Within Community Mental Health Centers. J Dual Diagn. 2015;11(2): 145-50. DOI: 10.1080/15504263.2015.1025025