American Lung Association.

November 4, 2021

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

RE: Draft Department of Health and Human Services Strategic Plan for Fiscal Years 2022 - 2026

Dear Secretary Becerra:

Thank you for the opportunity to submit comments on the Department of Health and Human Services (HHS) Strategic Plan for Fiscal Years 2022-2026.

The American Lung Association is the oldest voluntary public health association in the United States, representing the millions of individuals with or at risk of 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.

The Department's work impacts many of the Lung Association's policy priorities related to tobacco control, lung health, access to care, climate change and clean air. The Lung Association appreciates the concrete steps that the Department has already taken, through executive action and in collaboration with Congress, to improve lung health, and we look forward to partnering with HHS to advance additional work in all of these policy areas. As HHS moves forward with the FY 2022-2026 Strategic Plan, we provide the following comments:

Objective 1.1: Increase choice, affordability, and enrollment in high-quality healthcare coverage

Medicaid plays a critical role in providing robust coverage to low-income children, adults, seniors and people with disabilities. In one of his first executive orders on healthcare, President Biden directed HHS to re-examine "demonstrations and waivers under Medicaid and the ACA that may reduce coverage or undermine the programs, including work requirements."[1] The Lung Association appreciates the steps the Centers for Medicare and Medicaid Services (CMS) has already taken to withdraw work and community engagement guidance, as well as revoke approvals of work and community engagement requirements in many states. Additionally, we urge HHS to revoke or reject additional Section 1115 waivers that include barriers to care such as block grants, premiums and excessive cost sharing, limitations on benefits like Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services and non-emergency medication transportation (NEMT), and elimination of retroactive coverage. The Lung Association urges HHS to consider including a specific reference to ending demonstrations and waivers that reduce coverage and undermine the Medicaid program in the final strategic plan.

The second strategy under this objective focuses on "empowering consumers with choices for high quality coverage." The Lung Association agrees that choice for consumers is important, but we want to highlight the importance of those choices all being *high quality coverage*. The Lung Association has serious concerns about the growth of health plans that do not comply with the patient protections in the Affordable Care Act (ACA), including short-term plans, association health plans and healthcare sharing ministries. In many cases, these plans are marketed to consumers who do not fully understand what they are purchasing. We urge HHS to include a specific strategy around limiting non-ACA-compliant health plans in the final strategic plan.

The Lung Association appreciates the inclusion of language to "promote partnerships and collaborations with states to provide and monitor equitable and timely access to Medicaid and Children's Health Insurance Program (CHIP) providers and services." We have previously filed comments on rulemaking related to this issue[2,3] and look forward to providing feedback on future activity in this area. Additionally, we encourage you to broaden this strategy to also improve monitoring of network adequacy in ACA marketplace plans. The Lung Association was pleased that HHS announced its intention to restore federal network adequacy standards for plans offered through the federally facilitated marketplace and federal oversight of marketplace plan networks for the 2023 plan year, and we look forward to commenting on those forthcoming proposals. As part of these efforts, we urge you evaluate qualified health plan provider networks on their ability to provide culturally- and linguistically-competent care as well as care accessible to people with disabilities.[4]

The Lung Association strongly supports the focus on improving outreach and enrollment activities to connect consumers with quality and affordable coverage throughout the strategic plan. We appreciate the steps this Administration has already taken to extend the open enrollment period for ACA marketplace plans, increase funding for Navigator services and invest in other outreach and enrollment activities. Studies have shown the success of consumer assistance in getting people enrolled in coverage,[5] and as recently as 2019, a significant share of the population was unaware that the ACA provided subsidies for coverage and expanded Medicaid.[6] As you continue to build on these investments in the coming years, we urge you to prioritize investments that can reduce disparities in coverage. Thirty million U.S. residents lacked health insurance in 2020, and disparities among uninsured remain, with most non-white groups more likely to be uninsured than whites.[7] Of the 10.9 million people currently eligible for ACA marketplace coverage subsidies but unenrolled, 30% are Hispanic, 59% have a high school diploma or less, 42% are young adults, 16% live in rural areas, and 11% do not have internet access at home.[8]

Finally, another critical component of efforts to increase health coverage enrollment is promoting continuity of coverage in the Medicaid program. Continuous eligibility reduces gaps in coverage that prevent patients from accessing the care that the need. For example, research has shown that individuals with partial coverage during a year are more likely to delay care, receive less preventive care, refill prescriptions less often and have more emergency department visits.[9] The Lung Association and other leading patient organizations recently wrote to you to share our support for continuous eligibility and to urge you to work with states to encourage them to use section 1115 waivers to expand continuous eligibility in their Medicaid

programs.[10] Additionally, the Lung Association appreciates the updates that CMS made to its guidance to states regarding the resumption of routine state Medicaid operations at the end of the COVID-19 public health emergency, and we have reached out to states to share our recommendations for how to ensure patients who remain eligible for Medicaid coverage maintain their access to care.[11] We look forward to partnering with HHS to support states and the patients they serve during this critical time.

Objective 1.2: Reduce costs, improve quality to healthcare services, and ensure access to safe medical devices and drugs.

Throughout the draft strategic plan, the Lung Association is disappointed to see only sporadic and unfocused mentions of smoking and tobacco use. This is a notable departure from the previous HHS strategic plan for FY2018 to FY2022, which rightly had a significant discussion of the topic under strategic goal 2, objective 2.1.

Tobacco and exposure to secondhand smoke are the leading causes of preventable death and disease in this country, responsible for almost half a million deaths a year and over $300 billion in direct healthcare costs and lost productivity. Disparities in tobacco use remain across a variety of groups including race, ethnicity, behavioral health diagnosis, sexual orientation and more. Reducing tobacco use, preventing kids from starting to use tobacco products and reducing exposure to secondhand smoke is a strategy that will save both lives and money, in addition to reducing health disparities.

Turning specifically to objective 1.2, the second strategy under this objective includes "improve healthcare quality by defining and tracking progress on core clinical measures that target high-priority health conditions and services...." This strategy singles out conditions such as cancer and HIV screening. The Lung Association urges HHS to include tobacco cessation as a service on which to track progress in addition to the others mentioned. Tobacco use is not only the leading cause of preventable death and disease, but other chronic health conditions can also be caused and further exacerbated by continued tobacco use. Additionally, given that tobacco use is included in the Healthy People 2030 data-driven national objectives, the Lung Association believes the HHS strategic plan should also include it.

Objective 1.3: Expand equitable access to comprehensive, community-based, innovative, and culturally-competent healthcare services while addressing social determinants of health

The Lung Association strongly supports HHS' attention to health equity in this strategic plan. Supporting investments and policies that eliminate health disparities caused by systemic racism and building health equity across all policy areas are core priorities in the Lung Association's Public Policy Agenda.[12] All individuals should have a fair and just opportunity to be as healthy as possible, regardless of race or ethnicity, sex, gender identification, religion, national origin, age, income, sexual orientation or disability.

As part of the Administration's activities in this area, we urge you to prioritize new implementing regulations for Section 1557 of the ACA. This rule should codify Section 1557's applicability to discrimination on the basis of gender identity and sexual orientation as well as revisit many of

the other protections inappropriately stripped from the books by the prior Administration's rulemaking in this area. First, the rule must recognize the broad reach of the statute to a range of healthcare programs and activities previously covered under the 2016 rule but inexplicably excused from compliance by the prior Administration. Such a rule should also reinstate protections against discriminatory benefit designs, reinstate notice and language access requirements, strengthen protections for people with limited English proficiency (LEP) and ensure the government and private individuals have sufficient tools to address violations of Section 1557, including through a private right of action.

The second strategy under this objective focuses on "remov[ing] barriers to healthcare access to advance health equity and reduce disparities," which we strongly support. The Lung Association urges you to include language regarding the removal of barriers to care for immigrant populations as part of this strategy. This includes working with Congress to eliminate the five-year bar and other barriers to Medicaid and CHIP coverage for many immigrants, as well as partnering with the Department of Homeland Security to ensure that future revisions to public charge criteria do not deter immigrants and their family members from utilizing Medicaid and CHIP coverage.

This strategy also includes language regarding the importance of data collection in reducing barriers to care and disparities. This is particularly true with regard to asthma. Asthma prevalence rates are disproportionately high in racial and ethnic minority groups, especially among Black individuals and American Indians and Alaska Natives.[13] Non-Hispanic Black individuals are nearly three times more likely to die from asthma than white individuals.[14] The Centers for Disease Control and Prevention (CDC) National Asthma Control Program (NACP) tracks asthma prevalence, promotes asthma control and prevention and builds capacity in state asthma programs. Regularly collected, comprehensive data that can be compared across all 50 states and include asthma prevalence and key measures of asthma control (such as symptoms, medication use, self-management education and environmental factors) for both adults and children are critical to the work of the Lung Association and many other stakeholders working to help patients with asthma. Yet current funding for the NACP does not enable the program to support all 50 states, contributing to gaps in data collection. Additional support and funding for the NACP is needed to provide better surveillance and comprehensive, expanded strategies that address health disparities related to asthma.

Under the first strategy, HHS recommends promoting "linkages to treatment and interventions aimed at reducing exposure and excessive use of alcohol and other substances to achieve healthier outcomes, including optimal pregnancy outcomes." The Lung Association appreciates this recommendation and asks HHS to specifically add "tobacco-use" to that strategy, in addition to alcohol. Smoking cessation reduces the risk for many adverse health effects including COPD, lung cancer and asthma attacks caused by secondhand smoke exposure. Additionally, smoking during pregnancy can cause babies to be born too small, too early or with a lung disease. Quitting smoking is also linked to improved chances of optimal pregnancy outcomes.

The Lung Association also recommends adding a new bullet under the first strategy around expanding access to tobacco cessation treatment, including all seven Food and Drug

Administration (FDA)-approved medications and three types of counseling (individual, group and phone). Although cigarette smoking has declined significantly since the 1960s, smoking disparities continue to persist across a variety of categories including: socioeconomic status, geographic location, race, ethnicity, sexual orientation and more. Ensuring vulnerable communities have access to a comprehensive cessation benefit with no barriers will increase utilization, which in turn will lead to higher rates of successful quitting, and is cost-effective.

Objective 1.4: Drive the integration of behavioral health into the healthcare system to strengthen and expand access to mental health and substance use disorder treatment and recovery services for individual and families

The Lung Association appreciates HHS' objective to improve integration of behavioral health into the healthcare system. The Lung Association suggests incorporating tobacco use, and specifically smoking cessation, under this objective. This is especially important given that approximately 25% of adults in the U.S. have some form of mental illness or substance use disorder (SUD), and those with some form of mental illness or substance use disorder (SUD) account for 40% of cigarettes smoked by adults.[15,16] Additionally, smoking-related disease is the leading cause of death among individuals with SUDs.[17] Smokers with behavioral health conditions want to quit, can quit and can benefit from proven smoking cessation treatment. With tobacco use being the most common substance use disorder in the U.S., it is important for healthcare providers to always ask about smoking cessation when treating individuals with behavioral health conditions who are also addicted to nicotine. Research shows that tobacco dependence treatment does not interfere with patients' recovery from the abuse of other substances and is associated with better rates of abstinence from other substances.[18]

Objective 2.1 Improve Capabilities to Predict, Prevent, Prepare For, Respond To, and Recover from Emergencies, Disasters, and Threats Across the Nation and Globe

The Lung Association strongly supports robust, predictable and sustained investments in our nation's public health and its infrastructure. Back-to-back public health crises – EVALI and then SARS-CoV-2 – have demonstrated the true consequences of the lack of investment in both human and technological infrastructure through and at the CDC and in our nation's public health workforce.

The Lung Association strongly supports investments in state, tribal, local and territorial partners and communities to ensure a robust public health infrastructure and other strategies aimed at strengthening capacity for effective emergency and disaster readiness, response and recovery. However, preparing for future challenges can and must simultaneously occur while we make our nation healthier in general. The COVID-19 epidemic has demonstrated that chronic diseases and infectious diseases are inextricably linked. Good underlying health is the best way to prevent severe infection and death from communicable diseases. Therefore, any efforts to improve pandemic preparedness and prevent the spread of infectious disease must also include efforts to prevent chronic disease, address health disparities and, ultimately, improve underlying health and wellness for all. This must include significant investments in the CDC's National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), as well as in the climate change programs outlined below. Improving the nation's overall public health is

essential to our nation's ability to prevent chronic disease as well as the significant morbidity and mortality caused by infectious diseases.

Rapidly evolving technology demands that public health keep pace with advancements by continually upgrading data systems and ensuring cybersecurity. The COVID-19 pandemic and the EVALI outbreak have shown starkly that public health has fallen behind over the past decade because of eroding infrastructure in data science and information technology. HHS cannot allow the foundational investments to become obsolete — the nation must build upon the investments and provide adequate sustained resources for public health to develop, implement and maintain the data systems and technologies needed to train the next generation of data scientists. A robust, sustained commitment to transform today's public health surveillance will ultimately improve America's health and security.

It is imperative that any regulatory flexibilities permitted during a public health emergency be surgical and not create additional threats to the public health or lung health, such as granting additional flexibility to tobacco companies to delay compliance with regulations aimed at reducing tobacco use and protecting the public health from the leading cause of preventable death or to polluters to add further air quality burdens in communities near power plants, industry, ports and other sources of pollution.

Objective 2.3: Enhance promotion of healthy behaviors to reduce occurrence and disparities in preventable injury, illness, and death

The federal government engages in significant activities across several different agencies within HHS, including CDC and FDA, to prevent and reduce tobacco use in this country, but that fact is not reflected in the current draft of the HHS strategic plan. The Lung Association recommends adding back in a more focused strategy under the second strategy under this objective in regard to tobacco use, such as the language below.

> "Reduce the negative health effects of tobacco use and exposure to secondhand smoke by implementing a comprehensive approach that includes: regulating the manufacturing, marketing, and distribution of tobacco products; assisting states to implement proven tobacco-control programs; discouraging people from starting to use tobacco products; and reducing the harm caused by tobacco use by educating tobacco users on the availability of tobacco cessation treatments and service."

The Lung Association is pleased to see language under the first strategy concerning the development of targeted public awareness and education for youth and adults on tobacco use and tobacco-like products, and we encourage retention of this language. CDC and FDA have well-established media campaigns that have helped hundreds of thousands of adults quit tobacco for good and stopped hundreds of thousands of kids from starting to use tobacco that must be continued.

Under the third strategy, the Lung Association strongly recommends adding a bullet promoting the end of the sale of menthol cigarettes and flavored cigars. FDA has committed to moving forward with proposed rules on menthol no later than Spring 2022, and the rules have the

potential to address long-standing disparities in menthol cigarette use among Black individuals in the United States. Close to 85% of Black individuals who smoke use menthol cigarettes,[19] and a recent study estimated that menthol cigarettes were responsible for 1.5 million new smokers, 157,000 smoking-related premature deaths and 1.5 million life years lost among African Americans from 1980–2018.[20] Menthol cigarettes are also used at elevated levels among LGBTQ+ individuals, pregnant women and persons with lower income levels.[21]

Objective 2.4: Mitigate the impacts of environmental factors, including climate change, on health outcomes

Climate change is a health emergency, and the Lung Association deeply appreciates that mitigating and addressing its impacts is being given priority. CDC's Climate and Health program has been an instrumental tool in helping funded states and localities achieve some of the strategies that are part of this objective. States receiving grants under the Climate Ready States and Cities Initiative have created vulnerability indicators, response plans, community outreach programs and other tactics to help communities respond to the climate change impacts that they are most likely to experience. The Climate and Health Program can be a hub of expertise and information-sharing throughout HHS.

We also appreciate the attention to community engagement. While all communities will experience health consequences from climate change – if they have not already – each community has unique challenges. Engaging state and local governments, Tribal nations and community organizations is a necessary step to ensure that mitigation measures taken actually target what is needed and thereby increase the likelihood that they are followed.

In addition, we appreciate the Department's commitment to expanding data and modelling to understand environmental health impacts on underserved populations. We note that in too many communities, underinvestment includes inadequate monitoring to understand the full burden of the environmental hazards their residents face. We urge you to ensure that such communities are not left out of the Department's work to monitor and respond to environmental health threats. We also urge you to incorporate the cumulative impact of the suite of environmental harms that communities face into your data collection and resulting action.

Agencies across the federal government as well as Congress have made commitments to reducing emissions and preventing climate change from reaching the catastrophic levels outlined in the most recent report from the Intergovernmental Panel on Climate Change.[22] As decisionmakers in Congress and the Administration are drafting policy and regulations, support from HHS in the form of educational materials, research and best practices will help bolster the urgency and ensure that policies and regulations are the most health-protective that they can be.

Objective 3.2: Strengthen early childhood development and expand opportunities to help children and youth thrive equitably within their families and communities

The Lung Association appreciates the focus on "reducing exposure to environmental health risk factors… and their effects, such as asthma" under this objective. The Lung Association strongly believes that care for lung disease patients should follow the evidence-based guidelines,

including the National Asthma Education and Prevention Program (NAEPP) guidelines, and we have worked to improve access to the treatments and services recommended by these guidelines in state Medicaid programs. One of the core components of the NAEPP guidelines involves "environmental control measures to avoid or eliminate factors that precipitate asthma symptoms or exacerbations," and we look forward to partnering with HHS to continue to advance coverage of this and other components of the guidelines, especially in Medicaid.

Conclusion

The American Lung Association looks forward to working with HHS to advance many components of the final strategic plan for FY22-FY26. Thank you for the opportunity to submit comments.

Sincerely,

Harold P. Wimmer
National President and CEO

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