

October 20, 2022

The Honorable Chiquita Brooks-LaSure  
Administrator  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard  
Baltimore, Maryland 21244  
Attention: CMS-2440-P

**Re: Mandatory Medicaid and Children's Health Insurance Program (CHIP) Core Set Reporting (CMS-2440-P)**

Dear Administrator Brooks-LaSure:

The American Lung Association appreciates the opportunity to submit comments on Centers for Medicare and Medicaid Services' (CMS) proposed rule for Mandatory Medicaid and Children's Health Insurance Program (CHIP) Core Set Reporting.

The American Lung Association is the oldest voluntary public health association in the United States, currently representing the more than 34 million Americans living with lung diseases, including more than 4 million children with asthma. 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 American Lung Association is committed to ensuring that Medicaid and CHIP provide quality and affordable healthcare coverage. Quality measures can help to identify gaps in access to care and health disparities impacting beneficiaries, allowing programs to determine areas for improvement and ultimately improve patients' health. The Lung Association supports the mandatory reporting of the quality measures included in the proposed rule and offers the following comments:

**Mandatory Reporting**

The Lung Association supports mandatory reporting of the Child Core Set and the behavioral health measures in Adult Core Set, as required by law, beginning in the reporting year 2024. Quality measures can be important incentives for improvements that benefit patients' health. For example, data on a home asthma intervention's impact on the Asthma Medication Ratio (AMR) can be helpful in building a case for Medicaid coverage of this service.<sup>1</sup> Similarly, the Medical Assistance with Smoking and Tobacco Use Cessation (MSC-AD) encourages healthcare providers to advise patients to quit and provide treatment. While this is a best practice, a 2020 Surgeon General's report on Smoking Cessation found that only 4 out of 9 smokers reported receiving advice to quit and more than two thirds of smokers that made a quit attempt in the past year did not use an evidence-based treatment.<sup>2</sup> Additionally, by requiring all states to report on the same quality measures, Medicaid and CHIP will be able to use more standardized data to track access to care and make policy decisions that affect individuals who have lung disease or smoke. The Lung Association is therefore pleased that reporting of the AMR will be

mandatory through the Child Core Set and the MSC-AD will be mandatory through the behavioral health measures in the Adult Core Set.

The Lung Association supports the new reporting requirements. It is important that the reporting requirements be phased in in a timely manner. The regulatory language gives the Secretary the ability to delay mandatory state reporting. Because of the impact that these measures can have on program and policy change, we recommend that any phase-in period last no longer than three years. Medicaid and CHIP patients will benefit from these changes when implemented with urgency.

### **Data Stratification**

The burden of lung disease and tobacco use highlights health inequities among patients and the continued need for data collection. For example, Black Americans are 36% more likely to have asthma than white Americans.<sup>3</sup> Similar disparities can be seen in the smoking population, where about 27 of every 100 non-Hispanic American Indian/Alaska Native adults smoke (as opposed to 13 of every 100 non-Hispanic white adults) and nearly 20 of every 100 adults with a disability smoke (as opposed to 12 of every 100 adults without a disability).<sup>4</sup> Medicaid enrollees also smoke at an average rate of 22.7%,<sup>5</sup> compared to the national average of 12.5%.<sup>6</sup> The stratification of reported quality measures across race, ethnicity, sex, age, disability, rural/urban status, and other factors as proposed by this rule is crucial to identifying health disparities in Medicaid and CHIP. We support the proposed phase-in timeline to stratifying data points, as well as the Secretary choosing which measures will be stratified to keep consistency across states.

Given the importance of data stratification, the Lung Association urges CMS to stratify data by health plan. Many states have several managed care plans that can vary significantly from other plans in the same program, as well as those in other states. We encourage CMS to include health plans in data stratification to increase accountability and better identify and address issues with access to care.

Thank you for the opportunity to provide comments.

Sincerely,



Harold Wimmer  
President and CEO

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<sup>1</sup> <https://www.lung.org/getmedia/0694a7ae-815f-4407-886d-39dc717671df/advancing-guidelines-based.pdf.pdf>

<sup>2</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>3</sup> "Asthma Trends and Burden." American Lung Association. Located at: [Asthma Trends and Burden | American Lung Association](#)

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<sup>4</sup> Current Cigarette Smoking Among Adults. Centers for Disease Control and Prevention, March 2022. Available at: [Current Cigarette Smoking Among Adults in the United States | CDC](#)

<sup>5</sup> Cornelius ME, Loretan CG, Wang TW, Jamal A, Homa DM. Tobacco Product Use Among Adults — United States, 2020. MMWR Morb Mortal Wkly Rep 2022;71:397–405. DOI: <http://dx.doi.org/10.15585/mmwr.mm7111a1>

<sup>6</sup> Glantz SA. Estimation of 1-Year Changes in Medicaid Expenditures Associated With Reducing Cigarette Smoking Prevalence by 1%. JAMA Netw Open. 2019;2(4):e192307. doi:10.1001/jamanetworkopen.2019.2307