

**Comments of Jacqueline Link—As Prepared for Delivery**  
**National Manager, Health Policy**  
**American Lung Association**  
**For**  
**Annual Review of the Medicaid and CHIP Child and Adult Core Sets of Quality**  
**Measures - *Measure Suggested for Addition: Follow-Up After Acute and Urgent Care***  
***Visits for Asthma***  
**February 3, 2026**

Hi, I'm Jacqueline Link, and I am a Health Policy Manager with the American Lung Association. Thank you for the opportunity to provide input today on the proposed asthma quality measure. I'm here to urge you to vote for the addition of "Follow-Up After Acute and Urgent Care Visits for Asthma" in the Adult and Child Core Sets.

Quality measures are important for tracking asthma management and understanding treatment effectiveness. Asthma affects more than 26 million people in the United States, including 4.5 million children. Poorly managed asthma leads to nearly 2 million emergency department visits each year in the U.S. and accounted for over 94,000 hospitalizations in 2020.

The American Lung Association supports the proposed "Follow-Up After Acute Care Visits for Asthma" added to the adult and child core sets. This measure will encourage a stronger role for primary care in asthma management and provide a greater incentive for health plans to ensure that patients are receiving follow-up care from a medical home. The emergence of Single Maintenance and Reliever Therapy (SMART) has posed challenges to calculating the Asthma Medication Ratio (AMR). We are disappointed that the retirement of the AMR in the 2027 Core Set means that there will be a gap in tracking asthma management. It is critical that this new measure be implemented for 2028.

This is especially important for Medicaid programs, as the burden of asthma disproportionately affects people enrolled in Medicaid. Asthma rates are consistently higher among those enrolled in Medicaid at 12.4% than those in private insurance, at 7.2%, and 43% of all Medicaid enrollees are children.

The Lung Association strongly encourages the committee to vote to add this asthma measure to the Child and Adult Core Sets. Thank you for your time today.

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**National Manager, Health Policy**  
**American Lung Association**  
**For**  
**Annual Review of the Medicaid and CHIP Child and Adult Core Sets of Quality**  
**Measures - *Measure Suggested for Addition: Tobacco Use Screening and***  
***Cessation Intervention***  
**February 3, 2026**

Hi, I'm Jacqueline Link, and I am a Health Policy Manager with the American Lung Association. Thank you for the opportunity to speak with you. I'm here today to ask you to vote to include "Tobacco Use Screening and Cessation Intervention (TSC-E)" in the Adult and Child Core Sets.

The Centers for Medicare and Medicaid Services announced on December 30, 2025 that the "Medical Assistance with Smoking and Tobacco Use Cessation (MSC-AD)" was being retired in the 2027 Adult Core Set. While we are very encouraged to see the new measure, "Tobacco Use Screening and Cessation Intervention (TSC-E)", being considered for the 2028 Core Set, we are disappointed there will not be data on tobacco use and cessation collected from health plans in 2027. The data will help identify gaps in screening and treatment. Once those gaps are identified, they can be addressed.

Tobacco use is the leading cause of preventable death and disease in the United States. The 2020 Surgeon General's Report on Smoking Cessation found that quitting smoking is beneficial at any age and improves health outcomes. Data show that most people who smoke want to quit (67.7%), but only a fraction actually quit (8.8%). Including "Tobacco Use Screening and Cessation Intervention (TSC-E)" in the Core Set will encourage plans and providers to ask about tobacco use and provide cessation treatment to individuals who use tobacco.

This is especially important for Medicaid programs. Medicaid enrollees smoke at a very high rate – while the overall smoking rate is 11.5%, nationally Medicaid enrollees smoke at rate of 21.5%. While some data show that smoking rates in some state Medicaid programs are as high as 50%. Not surprisingly, smoking related illness accounts for approximately \$39 billion annually in the Medicaid program. Helping Medicaid smokers quit makes sense – it will save lives and money.

The “Tobacco Use Screening and Cessation Intervention (TSC-E)” measures the percentage of individuals, aged 12 and up, screened for tobacco use and then of those who use tobacco, those who receive treatment. Because this measure captures information on children 12 and up, the Lung Association believes it should be included in both the Child and Adult Core Sets.

The data collected from the “Tobacco Use Screening and Cessation Intervention (TSC-E)” measure is important. The measure encourages smoking cessation and identifies gaps in patients getting screened and getting treatment. The Lung Association strongly encourages the committee to vote to include this tobacco cessation measure as part of the Child and Adult Core sets.

Thank you.