AMERICAN LUNG ASSOCIATION.

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Submitted electronically via HP2030@hhs.gov

Honorable Alex Azar
Secretary
Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Re: Proposed Healthy People 2030 Objectives

Dear Secretary Azar:

The American Lung Association appreciates the opportunity to provide comment and feedback to the Department of Health and Human Services on the proposed Healthy People 2030 Objectives.

The American Lung Association is the oldest voluntary health organization in the United States. For more than 110 years, the Lung Association has been working to save lives by improving lung health and preventing lung disease through education, advocacy and research. The Lung Association works on behalf of the 35.7 million Americans living with lung diseases including lung cancer, asthma and COPD as well as those at risk for them.

The Healthy People Objectives set the country's public health priorities for the next decade. It is important that the Healthy People 2030 Objectives represent to the full extent, the public health priorities of the United States. This is especially true in regard to lung health.

Environmental Health

Revise Objective EH-2030-1: Clarify unhealthy air days. The Lung Association supports the inclusion of outdoor air quality as a measure in the Healthy People 2030 core objectives; however, the Lung Association recommends that HHS provide clearer information about how Objective EH-2030-1 would be defined. The public, the media and others use the term "unhealthy air days," which frequently—but not always—means the days when the Air Quality Index exceeds 100. When the Lung Association uses the term in our annual "State of the Air" report, we provide a detailed explanation of how those days are determined. The HP 2020 objectives used language that more clearly defined the term: "Reduce the number of

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days the Air Quality Index(AQI) exceeds 100, weighted by population and AQI." While the draft version of EH -2030-1 cites the same sources as the HP 2020 (Air Quality System (AQS) EPA"), the language fails to explain how that determination would be made.

Restore two radon objectives. The Lung Association strongly recommends that HHS restore the HP 2020 objectives for the tracking of progress on reducing radon, the second-leading cause of lung cancer, in homes. Radon-induced lung cancer kills 21,000 Americans each year and is estimated to be at dangerous levels in one in 15 homes in the U.S. (EPA, 2003). Radon has long been identified as a serious environmental health threat (NRC, 1999; HHS, 2005). Since the Healthy People 2020 objectives were adopted, HHS and CDC have become partners in the National Radon Action Plan, along with the Lung Association, EPA, HUD and several non-governmental organizations (NRAP, 2015). The Plan identifies priority strategies to get more homes to have radon testing and mitigation and for new homes to follow radon-resistant new construction techniques.

The strategic targets of that Plan provide a basis to restore the objectives from the HP 2020 below as core objectives in the HP 2030. As in the HP 2020 targets, HHS has available data sources for comparison. The data sources could provide acceptable baseline data (since 2015) to EPA.

Recommended objective	Data source
EH 2030-16 – Increase the proportion of homes with an operating radon mitigation system for persons living in homes at risk for radon exposure	Radon Vent Fan Manufacturers
EH 2030-17--Increase the proportion of new single-family homes (SFH) constructed with radon-reducing features, especially in high-radon-potential areas.	National Builder Practices Survey, National Association of Home Builders Research Center (NAHB Research Center)

The midcourse progress report tracked improvements in both objectives, but not completion. We note that both data sources have provided information to EPA in the past. [1,2,3]

Cancer

Support: Reduce lung cancer death rate. Defeating lung cancer is the number one strategic imperative of the American Lung Association. Lung cancer is the leading cause of cancer deaths in the United States, and 148,945 individuals died from lung cancer in 2016.[4] The average five-year survival rate for lung cancer is only 18.6 percent, among the lowest for all types of cancer.[5] Clearly, much work remains to be done to reduce the morbidity and mortality of this disease. The Lung

Association commends the Committee for including objectives related to lung cancer in Healthy People 2030, including reducing the lung cancer death rate (C-2030-02).

Support: Increase lung cancer screening. A primary means of reducing lung cancer mortality involves screening members of the high-risk population using low-dose computed tomography (LDCT), which received a 'B' grade from the U.S. Preventive Services Task Force in December 2013.[6] LDCT screening among those at high risk for lung cancer can reduce the lung cancer death rate by up to 20 percent.[7] While Medicare and most private insurance plans cover lung cancer screening, standard Medicaid programs are not required to cover this procedure, which is particularly alarming as the Medicaid population uses tobacco (a leading risk factor for lung cancer) at more than twice the rate of individuals with private insurance.[8] Recent research has shown that utilization of lung cancer screening for individuals at high risk based on the USPSTF criteria is very low and the number of adults who are inappropriately screened for lung cancer actually exceeds the number screened according to the USPSTF guidelines.[9] To accelerate progress in the appropriate utilization of lung cancer screening, the Lung Association strongly supports the objective to increase the proportion of adults who receive a lung cancer screening based on the most recent guidelines (C-2030-03) in Healthy People 2030.

Respiratory Health

Asthma is a serious health issue for our nation. Over 25 million Americans have asthma, including over 6 million children.[10] The healthcare costs associated with asthma exceed $50 billion annually, and asthma was responsible for 12.1 million asthma attacks in 2017, 1.7 million emergency department visits in 2015 and 1.3 million hospital outpatient visits in 2010.[11] The Lung Association therefore strongly supports the asthma objectives included in Healthy People 2030, including reducing emergency department visits for children with asthma under five years and for persons with asthma over 5 years (RD-2030-02 and RD 2030-03); reducing asthma attacks among persons with current asthma (RD-2030-06); and reducing hospitalizations for asthma among children under age 5 years, children and adults aged 5 to 64 years, and adults aged 65 years and older (RD-2030-D01, RD-2030-D02 and RD-2030-D03).

Revise: Reduce asthma deaths among the U.S. population (RD-2030-01). The Lung Association commends the Committee for the inclusion of RD-2030-01 to track asthma deaths in the U.S. population as part of the Healthy People 2030 goals. Tragically, while most deaths caused by asthma can be prevented, 3,518 individuals died from asthma in 2016, demonstrating that there are still significant challenges to helping individuals manage their asthma effectively.[12] Healthy People 2020 included three age brackets for this measure – individuals under age 35, ages 35 to 64, and over age 65. The Healthy People 2020 Mid-Course Review found that mortality rate related to asthma had decreased among those over age 65 but increased for the other two age groups.[13] The Lung Association is concerned that consolidating these measures could allow progress among one or more age groups to obscure losses or stagnation among others. The Lung Association therefore urges the Committee to retain the three age brackets for this critical Healthy People 2030 core objective.

Restore: Increase the proportion of persons with current asthma who receive appropriate asthma care according to National Asthma Education and Prevention Program (NAEPP) guidelines (RD—2020-7). Asthma can be managed effectively through care based on the National Heart, Lung and Blood Institute's National Asthma Education and Prevention Program (NAEPP) Guidelines for the Diagnosis and Management of Asthma.[14] The NAEPP Guidelines provide important evidence-based recommendations on the best ways to treat asthma, including assessment and monitoring of asthma patients, asthma self-management education, access and adherence to asthma medications and control of environmental exposures that affect asthma.

Improving access to care based on these guidelines will be essential to making progress on the other asthma-related objectives proposed for inclusion in Healthy People 2030, such as reducing asthma attacks, emergency department visits, hospitalizations and deaths related to asthma. CDC has also recognized the importance of increasing the utilization of care based on the NAEPP guidelines by including this in its 6|18 initiative, which facilitates collaboration between healthcare providers, insurers, public health professionals and other stakeholders to address common and costly health conditions with proven interventions.[15]

Much more progress still needs to be made to improve the proportion of individuals who receive care based on the NAEPP guidelines. The Healthy People 2020 mid-course review found mixed progress on these measures.[16] Additionally, while nearly half of all children with asthma in the United States receive coverage through Medicaid or the Children's Health Insurance Program (CHIP), research has shown that Medicaid coverage of the treatments and services recommended by the NAEPP guidelines is inconsistent across states.[17] The Lung Association strongly recommends that the Committee include the proportion of persons with current asthma who receive appropriate asthma care according to the National Asthma Education and Prevention Program (NAEPP) guidelines as part of Healthy People 2030.

Restore: Reduce the proportion of persons with asthma who miss school or work days (RD-2020-5). Asthma is responsible for 13.8 million missed school days, 10.1 million missed days of work per year,[18] and millions more days of missed work by caretakers. This lost productivity costs more than $3 billion per year.[19] Missed school and work days are signs of underlying problems with individuals' asthma control and are therefore important indicators of progress in helping both children and adults to manage their asthma effectively. The Lung Association urges the Committee to restore RD-2020-5.1, reduce the proportion of children aged 5 to 17 years with asthma who miss school days, and RD-2020-5.2, reduce the proportion of adults aged 18 to 64 years with asthma who miss work days, as part of the Healthy People 2030 objectives.

Restore: Increase the number of States, Territories, and the District of Columbia with a comprehensive asthma surveillance system for tracking asthma cases, illness, and disability at the State level (RD-2020-8). Complete, up-to-date information on asthma in every state and territory is essential to track the burden of asthma throughout the United States. Healthy People 2020 defines a comprehensive asthma surveillance system as a system that received funding through the National Asthma Control Program (NACP) or the Environmental Public Health

Tracking Program, or that implemented the asthma call-back survey. According to the Healthy People 2020 Mid-Course Review, the number of states with a comprehensive asthma surveillance system declined from 43 in 2009 to 38 in 2015, demonstrating that this measure still needs monitoring.[20] Furthermore, these systems will be important to help track the Healthy People 2030 objectives related to asthma attacks, emergency department visits, hospitalizations and deaths. The Lung Association requests that the Committee continue to include an objective related to the number of comprehensive asthma surveillance systems as part of Healthy People 2030.

Finally, the Lung Association commends the Committee for the inclusion of objectives related to COPD in Healthy People 2030. An estimated 15.3 million Americans are living with COPD,[21] and COPD is the fourth leading cause of death in the United States.[22] There are significant geographic disparities with COPD, as the prevalence, hospitalizations and deaths related to COPD are higher for individuals living in rural areas than in urban ones.[23] The Lung Association strongly supports the objectives related to reducing deaths from COPD among adults (RD-2030-04), reducing emergency department visits for COPD (RD-2030-5) and reducing hospitalizations for COPD (RD-2030-D04) in Healthy People 2030.

Tobacco Use

Smoking is the leading cause of preventable death and disease in the United States causing close to half a million deaths per year.[24] The Healthy People 2020 Objectives set bold goals to reduce illness, death and disease from tobacco use and secondhand smoke. Unfortunately, the proposed Healthy People 2030 Objectives regarding Tobacco Use fall short of what is needed to end the epidemic caused by tobacco use.

The Centers for Disease Control and Prevention (CDC) has identified a comprehensive, evidenced based approach to reducing tobacco use and the subsequent tobacco- caused death and disease. The Lung Association strongly believes the Healthy People 2030 Objectives should measure all aspects of this approach.

Restore: Increase comprehensive Medicaid insurance coverage of evidence-based treatment for nicotine dependency in States and the District of Columbia (TU-2020-8). The American Lung Association urges HHS to restore TU-2020-8, "Increase comprehensive Medicaid insurance coverage of evidence-based treatment for nicotine dependency in States and the District of Columbia." This objective measures the coverage of tobacco treatments for Medicaid enrollees, as defined by the U.S. Department of Health and Human Services Clinical Practice Guideline: Treating Tobacco Use and Dependence- 2008 Update. Improving coverage will help smokers enrolled in Medicaid quit. This makes sense in terms of saving lives and money.

Medicaid enrollees smoke at rates over twice as high as those enrolled in private insurance and result in high costs for Medicaid. For example, a recent study found that almost $400 million of Mississippi's Medicaid expenditure was attributed to tobacco in both 2016 and 2017. By increasing coverage of tobacco cessation treatments and helping Medicaid enrollees quit, states and the federal government can save lives and money.

According to the Healthy People 2020 Midcourse Review, TU-8 was not fully recognized, in fact only nine of 51 states had achieved the recommended coverage. There is still much more work to be done. The American Lung Association strongly urges that TU-8 "Increase comprehensive Medicaid insurance coverage of evidence-based treatment for nicotine dependency in States and the District of Columbia" be restored as a Healthy People 2030 Objective.

Restore and Revise: Reduce the initiation of the use of cigarettes by children and adolescents aged 12 to 17 years (TU-2020-3.3) and Reduce the initiation of the use of cigarettes by adults aged 18 to 25 (TU -2020- 3.6). The American Lung Association recognizes the goal of consolidating objectives where appropriate, however merging Objectives TU-2020-3.3 and TU-2020-3.6 would result in an objective far less meaningful than the prior objectives. The proposed age band would be individuals aged 12 – 25. This large age range has the potential to obscure data and trends on youth vs. young adult tobacco use, as the objective would cover too wide of a range.

Research shows that youth who use alternative tobacco products including e-cigarettes are at a greater risk of initiating cigarette use.[25] Recent released data from the National Youth Tobacco Survey show current e-cigarette use among high school students has increased 78 percent from 2017 to 2018.[26] It will be imperative to monitor both youth and young adult cigarette initiation over the next decade in light of the increased risk from the increased use of alternative tobacco products.

The Lung Association strongly urges HHS to restore TU-2020-3.3 and TU-2020-3.6 as separate objectives. Maintaining two objectives will allow for meaningful measures that accurately describes how many teenagers and young adults are initiating cigarette smoking. The combined measure will be significantly less likely to provide useful and meaningful information.

Restore and consolidate: Eliminate State laws that preempt stronger local tobacco control laws on smoke-free indoor air (TU-2020-16.1); Eliminate State laws that preempt stronger local tobacco control laws on advertising (TU-2020-16.2); Eliminate State laws that preempt stronger local tobacco control laws on youth access (TU-2020-16.3); and Eliminate State laws that preempt stronger local tobacco control laws on licensure (TU-2020-16.4). The American Lung Association urges HHS to restore the Healthy People 2020 Objectives regarding pre-emption as part of the Healthy People 2030 Objectives. Recognizing HHS's efforts to reduce the number of objectives, the Lung Association urges the Administration to consolidate the four measures on preemption into one measure. The American Lung Association has stated in its public policy principles that, "the ability of any government entity to enact tobacco control legislation is a cornerstone of an effective tobacco control policy. There is no trade-off worth the price of preempting a state or community's right to pass tobacco legislation."[27]

States should have the right to protect their residents' health, by passing and implementing key tobacco control laws, including smokefree indoor air, youth access and licensure. According to the Healthy People 2020 Midcourse Review,[28] no progress has been made on any of these four

objectives. The Lung Association believes that these objectives should continue to be included as part of Healthy People 2030. By restoring and consolidating these four objectives, the Administration will continue to prioritize local control and recognize that local leaders know what is best for their communities in terms of protecting their residents from tobacco-related death and disease.

Restore: Increase the Federal and State tax on cigarettes (TU-2020-17.1); and Increase the Federal and State tax on smokeless tobacco products (TU-2020-17.2). Tobacco taxes are extremely effective in helping reduce the number of people who use tobacco. For every 10 percent increase in the price of cigarettes the consumption of cigarettes among adults decreases by 4 percent and consumption among youth decreases by 7 percent.[29]

The proposed objective for Healthy People 2030 regarding tobacco taxes is: "Increase the national average tax on cigarettes (TU-2030-18)." The proposed objective is wholly inadequate to realize the benefits associated with increased prices of tobacco products. Small increases in tobacco taxes, typically defined as less than 50 cents, have little measurable impact on the number of tobacco users who quit.[30] It is crucial that tobacco tax increases be substantial enough to have a positive impact on the number of people who quit and the number of kids who start. The Healthy People 2020 Objectives recognize the need for high enough tax increases to create the positive public health impact that is needed.

The Healthy People 2020 Objectives also recognize the importance of tobacco taxes being equalized among tobacco products. Addiction to nicotine is a very intense addiction. Raising taxes on cigarettes while not raising taxes on other tobacco products, including smokeless, can have the unintended consequence of people switching from cigarettes to other tobacco products. The Lung Association believes tobacco taxes should be high and equal among all tobacco products. This is especially true as part of a youth prevention strategy. Kids and teens are particularly sensitive to the price of tobacco products. Increasing tobacco taxes on all tobacco products is a key strategy to discourage kids and teenagers from using and initiating tobacco products.

The Lung Association strongly encourages HHS to restore TU-2020-17.1 and TU-2020-17.2 as Healthy People 2030 Objectives. There is still work to be done on these objectives and it is vital that the objectives of Healthy People 2030 and the public health community include raising tobacco taxes on all tobacco products and making sure the increase is substantial enough to impact use.

If the number of objectives regarding tobacco taxes must be combined into one objective, the Lung Association recommends that it be: Increase the Federal and State tax on all tobacco products, including cigarettes, smokeless and other tobacco products. The data source for the objective would be: State Tobacco Activities Tracking and Evaluation System (STATE), CDC, NCCDPHP, OSH.

Support: Increase the number of states, the District of Columbia, and territories that establish 21 years as the minimum age for purchasing tobacco products (TU-2030-20). In March of 2015, the National Academies of Medicine (then the Institute of Medicine) released a report showing that increasing the age for individuals to purchase tobacco to 21 would decrease tobacco initiation by 25 percent among 15 -17 year-olds and by 15 percent among 18-20 year-olds. Additionally, the report found that by raising the age of sale to 21, almost a quarter of a million people born between 2000 and 2019 would not die from tobacco, including 50,000 deaths from lung cancer, the leading cancer killer in this country.[31]

The American Lung Association strongly supports the inclusion of TU-2030-20 in the Healthy People 2030 Objectives. This is a common-sense objective that has the potential to save hundreds of thousands of lives.

Conclusion

The Healthy People 2030 Objectives set the course for public health over the next the decade. The set of objectives need to be robust and inclusive of all the public health threats that the United States faces. As currently written, Healthy People 2030 is missing important objectives that are urgently needed to set the next decade's agenda for public health. For people with lung disease or at risk of developing lung disease, the Healthy People 2030 Objectives do not go far enough.

The American Lung Association strongly encourages the U.S. Department of Health and Human Services to revise the Healthy People 2030 Objectives as outlined above. Thank you for the opportunity to submit comments on this important issue.

Sincerely,

Harold P. Wimmer
National President and CEO

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