



June 7, 2021

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

**Re: Medicare Program; FY 2022 Inpatient Psychiatric Facilities Prospective Payment System and Quality Reporting Updates for Fiscal Year Beginning October 1, 2021 (CMS-1750-P)**

Dear Secretary Becerra:

The American Lung Association appreciates the opportunity to submit comments regarding the Medicare FY2022 Inpatient Psychiatric Facilities Prospective Payment System and Quality Reporting Updates for Fiscal Year Beginning October 1, 2021.

The American Lung Association is the oldest, voluntary public health organization in the United States and is committed to eliminating tobacco use and tobacco-related disease. Tobacco use is the leading cause of preventable death and disease in the United States, responsible for the deaths of 480,000 Americans annually.<sup>1</sup> An additional 16 million Americans live with a disease cause by tobacco.<sup>2</sup> Smokers are also at a higher risk of severe disease from the virus that causes COVID-19.<sup>3</sup>

In January 2020, then Surgeon General Jerome Adams released *Smoking Cessation: A Report of the Surgeon General*.<sup>4</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. Data show that across demographics, including age, insurance status and education level, most smokers want to quit.<sup>5</sup> This recommendation, if put into practice by providers across the country, could have a substantial impact on helping smokers quit and improving health.

Unfortunately, the Surgeon General’s Report on Smoking Cessation also found that four out of nine adult cigarette smokers who saw a healthcare professional in the past year did not receive advice to quit smoking. The Surgeon General’s report also found 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>6</sup> This disparity is also evident in annual surveillance data. Individuals with serious psychological distress smoke at higher rate (31.6%) than those without serious psychological distress (13.0%).<sup>7</sup>

Providers advising their patients to quit and providing evidence-based treatment can help reduce the rate of tobacco use in the United States and specifically for priority populations, including patients with behavioral health conditions. The Lung Association believes these data underscore the importance of tobacco cessation interventions focused on individuals with these conditions. Unfortunately, the proposed *FY 2022 Inpatient Psychiatric Facilities Prospective Payment System and Quality Reporting Updates* would not promote this goal.

The Centers for Medicare and Medicaid Services (CMS) proposes removing measure TOB-2/2a (Tobacco Use Brief Intervention Provided or Offered and Tobacco Use Brief Intervention) from reporting requirements. The logic for its removal is that brief tobacco use interventions are being provided or offered nearly ubiquitously. As a result, CMS asserts that this measure is not needed to change provider behavior and creates unnecessary paperwork, a point the Lung Association fundamentally disagrees. Indeed, the data show providers are not providing or offering tobacco cessation interventions for the behavioral health population; only 37.6% of behavioral health treatment facilities and 47.4% of substance abuse treatment facilities offered tobacco cessation counseling to their patients and approximately a quarter of these facilities provided cessation medications.<sup>8</sup>

People with behavioral health conditions that smoke die, on average, 15 years earlier than their counterparts with behavioral health conditions that do not smoke.<sup>9</sup> More can and should be done to help these individuals quit. Providers advising patients to quit is an important intervention that can help save lives. Now is not the time to drop TOB-2/2a; in fact, the exact opposite must occur. More providers should be utilizing this intervention and helping their patients who smoke, end their addiction.

We appreciate that CMS has proposed to keep TOB 3/3a (Tobacco Use Treatment Provided or Offered at Discharge and Tobacco Use Treatment at Discharge) and we encourage that it is included in the final rule. However, CMS should not finalize the proposal to remove TOB 2/2a, as the data does not suggest that it is warranted. Additionally, the Lung Association encourages CMS to include TOB 1 (Tobacco Use Screening) into the FY2022 final rule. This measure was removed in FY2019. The American Lung Association believes CMS was premature in its action and we urge CMS to add it back in.

Tobacco use is the leading cause of death and disease in the United States and can exacerbate comorbid conditions. Helping all tobacco users quit improves health outcomes and reduces overall healthcare costs.

Thank you for the opportunity to submit comments.

Sincerely,

A handwritten signature in black ink that reads "Harold Wimmer". The signature is written in a cursive, flowing style.

Harold P. Wimmer  
National President and CEO

---

<sup>1</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>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> Centers for Disease Control and Prevention. COVID-19: People with Certain Medical Conditions. May 13, 2021. Accessed at: <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>

<sup>4</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>5</sup> Babb S, Malarcher A, Schauer G, Asman K, Jamal A. Quitting Smoking Among Adults — United States, 2000–2015. *MMWR Morb Mortal Wkly Rep* 2017;65:1457–1464. DOI: <http://dx.doi.org/10.15585/mmwr.mm6552a1>

<sup>6</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>7</sup> Creamer MR, Wang TW, Babb S, et al. Tobacco Product Use and Cessation Indicators Among Adults — United States, 2018. *MMWR Morb Mortal Wkly Rep* 2019;68:1013–1019. DOI: <http://dx.doi.org/10.15585/mmwr.mm6845a2external>

<sup>8</sup> Marynak K, VanFrank B, Tetlow S, et al. Tobacco Cessation Interventions and Smoke-Free Policies in Mental Health and Substance Abuse Treatment Facilities — United States, 2016. *MMWR Morb Mortal Wkly Rep* 2018;67:519–523. DOI: <http://dx.doi.org/10.15585/mmwr.mm6718a3>

<sup>9</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.