

## The American Lung Association's Comments on NCQA proposed changes to existing HEDIS measures for Measure Year 2027

*On March 13, 2026, the American Lung Association submitted the following comments in response to NCQA's invitation to comment on NCQA proposed changes to existing HEDIS measures*

The American Lung Association **supports** the proposed changes to the existing HEDIS measure, Adult Immunization Status (AIS-E)

The American Lung Association supports the proposed changes to the HEDIS measure, Adult Immunization Status (AIS-E). The proposed changes include stratifying the data collection for pneumococcal vaccination for people ages 50 - 64 and then ages 65 and over.

In October of 2024, the pneumococcal vaccination recommendations were updated to expand the age range for eligible adults to include all adults over 50. Pneumococcal vaccination remains recommended for adults 19-49 with a risk condition. Previously pneumococcal vaccination was recommended for all adults over 65 and any adult aged 19-64 that had at least one risk condition. Data show that adults aged 50-64 with at least one risk condition had low vaccine coverage – only 37%.

In 2024, more than 40,000 people died from pneumonia in the United States. Pneumococcal pneumonia, the most common type of bacterial pneumonia, has been estimated to result in 225,000 adult hospitalizations each year. Pneumococcal vaccination can help prevent pneumonia infection, hospitalization and death from pneumonia. Collecting vaccine rates as part of the HEDIS measure for 2027 will provide more detailed information that can help improve vaccine uptake. Stratifying the data into ages 50-64 and 65 and over is a sensible modification that will allow for better tracking of vaccine status and targeted vaccination messaging to the specific populations.

The American Lung association supports these proposed changes as we believe they will provide information to increase pneumococcal vaccination rates for adults ages 50 and up. This will decrease pneumococcal disease incidence and mortality.

The American Lung Association **supports** the proposed changes to the existing HEDIS measure, Pharmacotherapy Management of COPD Exacerbation (PCE)

The American Lung Association supports the proposed changes to the HEDIS measure, Pharmacotherapy Management of COPD Exacerbation (PCE).

Chronic obstructive pulmonary disease (COPD) is a chronic, progressive lung disease that causes air flow limitation and breathing issues. There is no cure for COPD, but steps can be taken to help reduce the progression of disease. Treatments, including pharmacotherapy, enable patients to manage their disease. COPD medications can improve patients' symptoms, reduce frequency and severity of flare ups or exacerbations, and help patients stay more active. These treatments are not one size fits all – the goal is for patients to take the right medication at the right time with the right technique to achieve optimal health outcomes.

The proposed changes to the HEDIS measure aligns with the Global Initiative for Chronic Obstructive Lung Disease (GOLD) treatment standard regarding pharmacotherapy. The Lung Association supports this.

Specifically, the Lung Association believes that excluding members with asthma is appropriate as treating someone diagnosed with asthma and COPD with only LABA/LAMA (long-acting  $\beta_2$ -agonist /long-acting muscarinic antagonist) only can increase the risk of death by asthma attack. We support the inclusion of urgent care and ambulatory care visits with COPD exacerbation in the denominator calculation. One flareup puts a patient at risk for another. Stopping flare-ups at the clinic can lead to better patient outcomes.

Lastly, the Lung Association supports the revised medications list. Following this medication regimen will help patients with COPD maintain their health.

The Lung Association strongly supports the proposed changes to the HEDIS measure, Pharmacotherapy Management of COPD Exacerbation (PCE).