

February 29, 2024

The Honorable Chiquita Brooks-LaSure  
Administrator  
Centers for Medicare and Medicaid Services  
U.S. Department of Health and Human Services  
200 Independence Avenue SW  
Washington, DC 20201

**Re: Advance Notice of Methodological Changes for Calendar Year (CY) 2025 for Medicare Advantage (MA) Capitation Rates and Part C and Part D Payment Policies (CMS-2024-0006-0001)**

Dear Administrator Brooks-LaSure:

Thank you for the opportunity to submit comments on the proposed rule regarding the Notice of Methodological Changes for Calendar Year (CY) 2025 for Medicare Advantage (MA) Capitation Rates and Part C and Part D Payment Policies.

The American Lung Association is the oldest voluntary public health association in the United States, representing the more than 34 million individuals living with lung disease. The Lung Association is the leading organization working to save lives by improving lung health and preventing lung disease through research, education and advocacy.

Lung cancer screening is lifesaving. Lung cancer is the leading cancer killer in the United States, with a 25% five-year survival rate.<sup>1</sup> Early detection through screening with low-dose CT scans can decrease lung cancer mortality.<sup>2,3</sup> If lung cancer is caught before it spreads, the five-year survival rate increases to 63%.<sup>4</sup> However, lung cancer screening rates remain low, with less than five percent of those at high risk receiving screening in 2021.<sup>5</sup>

Screening for tobacco use, and providing cessation treatment for those who do use tobacco, is also vital in reducing cancer mortality. About 130,000 lung cancer deaths each year are caused by smoking.<sup>6</sup> Quitting smoking is beneficial at any age, and many cite a doctor's advice as a contributing factor to quitting.<sup>7</sup> Evidence-based cessation strategies are effective at helping people quit for good and decrease the risk of developing lung cancer.<sup>8</sup> Despite this, screening rates are insufficient and variable. Between 40-70% of patients receive a tobacco use screen.<sup>9</sup>

Measures to assess for annual lung cancer and tobacco use screenings and follow-up using electronic clinical data systems would incentivize health plans, providers and other stakeholders to discuss tobacco use and screening with their patients and recommend the appropriate next steps. This would reduce the risk of developing lung cancer, increase early detection of lung cancer, and improve survival rates. Once these measures are finalized, the Lung Association urges the Centers for Medicare and Medicaid Services to quickly review these measures and consider incorporating them into the Star Ratings measures. This will help to reduce the burden of tobacco use and lung cancer for people enrolled in Medicare Advantage plans.

Thank you for the opportunity to submit comments.

Sincerely,



Harold P. Wimmer  
President and CEO

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<sup>1</sup> U.S. National Institutes of Health, National Cancer Institute: SEER Cancer Statistics Review, 1975-2020.

<sup>2</sup> De Koning HJ et al. [Benefits and Harms of CT Lung Cancer Screening Strategies. A Comparative Modeling Study for the U.S. Preventive Services Task Force.](#) *Annals of Internal Medicine*, 2014;160(5):311-20.

<sup>3</sup> The National Lung Cancer Screening Trial Team. [Reduced Lung-Cancer Mortality with Low-Dose Computed Tomographic Screening.](#) *New England Journal of Medicine*, August 2011; 365(5):395-409.

<sup>4</sup> U.S. National Institutes of Health, National Cancer Institute: SEER Cancer Statistics Review, 1975-2020.

<sup>5</sup> "State of Lung Cancer Key Findings." *American Lung Association*, 3 Nov. 2023,

<https://www.lung.org/research/state-of-lung-cancer/key-findings>. Accessed 26 Feb. 2024.

<sup>6</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>7</sup> Fiore MC, Jaén CR, Baker TB, et al. *Treating Tobacco Use and Dependence: 2008 Update*. Clinical Practice Guideline. Rockville, MD: U.S. Department of Health and Human Services. Public Health Service. May 2008.

<sup>8</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>9</sup> Siddiqi AD, Britton M, Chen TA, Carter BJ, Wang C, Martinez Leal I, Rogova A, Kyburz B, Williams T, Patel M, Reitzel LR. Tobacco Screening Practices and Perceived Barriers to Offering Tobacco Cessation Services among Texas Health Care Centers Providing Behavioral Health Treatment. *Int J Environ Res Public Health*. 2022 Aug 5;19(15):9647. doi: 10.3390/ijerph19159647. PMID: 35955001; PMCID: PMC9367734.