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The Honorable Robert F. Kennedy Jr.
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue SW
Washington, DC 20201

The Honorable Mehmet Oz, MD
Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
200 Independence Avenue SW
Washington, DC 20201

**Re: CMS-1847-P – FY 2027 Inpatient Psychiatric Facilities
Prospective Payment System and Quality Reporting Proposed
Rule**

Dear Secretary Kennedy and Administrator Oz:

On behalf of the American College of Chest Physicians (CHEST), we appreciate the opportunity to comment on the Fiscal Year (FY) 2027 Inpatient Psychiatric Facilities Prospective Payment System (IPF PPS) and Quality Reporting Program proposed rule. CHEST is deeply concerned by the proposal to remove the TOB-3/3a measures (Tobacco Use Treatment Provided or Offered at Discharge and Tobacco Use Treatment at Discharge) from the IPF Quality Reporting Program. We strongly recommend CMS preserve the TOB-3/3a measures which are vital to ensuring patients in the psychiatric inpatient setting are receiving evidence-based, cost-effective respiratory health care.

CHEST is a respiratory medical society representing more than 18,000 physicians, advanced practice providers, researchers, and allied health professionals dedicated to improving patient outcomes in pulmonary, critical care, and sleep medicine. Our members care for patients directly impacted by tobacco use and nicotine addiction every day, including individuals with serious mental illness and substance use disorders.

Tobacco treatment interventions are among the most cost-effective strategies in healthcare, delivering substantial gains in morbidity burden and life expectancy at relatively low cost. Hospitalization represents a window of opportunity, marked by a period of heightened awareness of smoking-related health risks and increased motivation to quit. Treating tobacco use during hospitalization has been shown to improve outcomes and reduce readmissions and costs. As such, CHEST is currently finalizing

an evidence-based guideline that outlines strategies for implementing smoking-cessation approaches in the inpatient setting. These strategies are anticipated to be most beneficial and cost-effective in populations such as patients with psychiatric conditions and substances use disorders, who have high smoking rates and at disproportionate risk of smoking-related harms.

The proposed removal of the TOB-3/3a measures directly contradicts with what is known to be evidence-based strategies for improving health outcomes and increasing cost-effectiveness. Removing TOB-3/3a without a replacement measure would result in the complete absence of tobacco cessation quality metrics within the IPF PPS Quality Reporting Program. This would remove an important incentive for health care professionals to address tobacco dependence during psychiatric hospitalization and discharge planning.

In 2015, CMS sought public comment regarding the development of TOB (Tobacco Treatment) measures as part of a Hospital Inpatient and Outpatient Process and Structural Measure Development and Maintenance project. In response to comments received in the process, CMS stated the value of these measures and that they "provide meaningful distinctions in the quality of care provided across hospitals. Because tobacco use cessation treatment (counseling and medication if indicated) is considered an essential step in the care process for patients, we believe that it is critical for patients, their families and caregivers, to have accurate available information on whether hospitals integrate this into their care processes." CHEST supports the assertion of CMS that transparency and data aid patients in making informed decisions regarding the comprehensiveness of the care they seek.

CHEST strongly urges CMS to rescind the proposal to remove TOB-3/3a and to continue collecting tobacco cessation intervention data within psychiatric inpatient settings to ensure accountability and ongoing quality improvement. The evidence base clearly supports implementation of smoking cessation efforts in the inpatient setting as does CMS' assessment of the value of these measures.

Thank you for your consideration of these comments and for your continued efforts to improve the quality of care for patients receiving psychiatric inpatient services.

Sincerely,

Neil Freedman, MD, FCCP
President

Robert Musacchio, PhD
Chief Executive Officer

References

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2. Mathematica Policy Research. *Tobacco Treatment Public Comment Summary Report: Hospital Inpatient and Outpatient Process and Structural Measure Development and Maintenance (Hospital-MDM)*. Submitted to the Centers for Medicare & Medicaid Services; December 18, 2015. Accessed from public comment report.
3. Williams JM, Steinberg ML, Griffiths KG, Cooperman N. Smokers with behavioral health comorbidity should be designated a tobacco use disparity group. *Am J Public Health*. 2013; 103(9):1549-1555. doi:10.2105/AJPH.2013.301232.