The state of COPD in the US

- **16 million–26 million** people affected, diagnosed and undiagnosed, with higher prevalence in women[1-3‡*§]
- **Fifth leading cause of death**[4§]
- **Affects nearly 6%** of rural residents vs. 3% in urban areas[5§]
- **$31.3 billion**[6] estimated annual cost in 2019; expected to rise to $60.5 billion by 2029[6]
- **Nearly 1.8 million** acute inpatient hospitalizations in 2021; highest numbers reported in Florida and California[7**]
- **Around 20%** of COPD-related hospitalizations resulted in readmission within 30 days[7]

‡2018 data *2021 data §2023 data
**among insured people with COPD

COPD is a highly debilitating and often fatal lung disease[8]

Chronic obstructive pulmonary disease (COPD), which includes emphysema and chronic bronchitis, deteriorates people's lung function – restricting airflow, making it increasingly difficult to breathe and potentially affecting every facet of a person's life.[8] The severity of the disease increases as it progresses; people with COPD can experience flare-ups (exacerbations) that, when severe, require emergency hospital admission.[8] People with COPD are also at increased risk of heart disease, as airflow obstruction and systemic inflammation linked to COPD can impair cardiac function.[8] However, appropriate care can improve lung health and quality of life.[8]

Challenges

Identifying it early

Misdiagnosis and underdiagnosis, driven by low uptake of spirometry and low awareness of the condition, contribute to delayed recognition of COPD and late implementation of guideline-directed medical therapy (GDMT), driving disease progression, preventable flare-ups and high readmission rates.[9-13]

Facilitating access to care

People living with COPD in rural areas experience poorer health outcomes due to limited availability of quality care driven by shortages of pulmonologists, pulmonary rehabilitation and tobacco cessation support services.[13-16]

Protecting population health

Insurance regulations, such as prior authorization and step therapy, can act as barriers to accessing care, and contribute to disparities in outcomes. High out-of-pocket costs can force difficult decisions related to medication adherence.[13 17]

"Despite COPD being among the top five cause of death, it's not a top priority; research funding falls behind 150 other diseases."

– Dr David M Mannino, Chief Medical Officer, COPD Foundation

Living with COPD: Karen's story

"I began experiencing COPD symptoms in 1991 but was not diagnosed for another ten years, by which time my lung function was only at 32%. I completed 36 sessions of pulmonary rehabilitation, but the travel distance prevents me from continuing with maintenance sessions. I wish that everyone with COPD had the same supportive care team I do, and that no one living with COPD faced barriers to best-practice care because of financial or geographic challenges."

Speak Up for COPD is supported by a coalition of partners across the non-profit sector and pharmaceutical industry to establish COPD as a public health priority. Funding is provided by pharmaceutical industry partners. All partners contributed to this document.

How is COPD being prioritized on the health agenda?

Policies and plans

Implementation status: **Poor**

A COPD National Action Plan was developed in 2018, but there is no congressional funding, and implementation relies on individual states.[13 18] COPD is part of the Hospital Readmissions Reduction Program and a high-priority public health issue, although readmission rates have not dropped since its introduction.[19 20]

Clinical guidelines

Implementation status: **Moderate**

Clinical guidelines from the American Thoracic Society, American Lung Association, and US Department of Veterans Affairs generally align to the Global Initiative for Chronic Obstructive Lung Disease, but material inconsistencies introduce ambiguity, leading to suboptimal care.[8 21-23]

Data collection

Overall status: **Good**

The Centers for Disease Control and Prevention monitors COPD-related hospitalizations, emergency room visits and mortality.[24]

Examples of innovative care

An integrated healthcare provider network in Florida addressed high COPD readmissions.[25] Nurses provide post-discharge follow-up and education while pharmacists can prescribe GDMT and ensure affordability. The program increased GDMT on discharge from 26% to 100% and reduced COPD readmissions from 61% to 33%.

Community pharmacists in Texas deliver medication therapy management to patients with high-risk asthma or COPD enrolled in Medicaid.[26] Consultations focus on medication review for complex drug therapy, treatment underuse and patient education, with pharmacists able to successfully resolve 78% of identified issues.

Policymakers must take action to:

establish a standardized COPD care pathway and quality standard in primary care and post-hospital discharge; it should outline diagnostic confirmation, automatic specialist referral triggers and mandatory follow-up to ensure quality and access to care in every state

reduce inequalities in rural areas by investing in essential COPD care and infrastructure, strengthening primary care training and care coordination

align federal and state policies to ensure consistent coverage of GDMT for people with COPD, including reducing insurers' prior authorization and step therapy requirements.

Contributors

We are grateful to the following individuals, whose valuable insights shaped the development of this country profile: **Prof. Meilan Han**, University of Michigan; **Dr David M. Mannino**, COPD Foundation; **Karen Deitemeyer,** a person living with COPD.

References

1. Centers for Disease Control and Prevention. *Chronic Disease Indicators: COPD.* [Updated 03/06/24]. Available from: https://www.cdc.gov/cdi/indicator-definitions/chronic-obstructive-pulmonary-disease.html#toc [Accessed 01/05/26]
2. Institute for Health Metrics and Evaluation. *GBD Results: COPD prevalence US.* Available from: https://vizhub.healthdata.org/gbd-results/ [Accessed 01/05/26]
3. Mamary AJ, Stewart JI, Kinney GL, *et al.* 2018. Race and Gender Disparities are Evident in COPD Underdiagnoses Across all Severities of Measured Airflow Obstruction. *Chronic Obstr Pulm Dis* 5(3): 177-84
4. Centers for Disease Control and Prevention. 2025. *Chronic obstructive pulmonary disease in adults age 18 and older: United States, 2023.* Atlanta: CDC
5. Centers for Disease Control and Prevention. *QuickStats: Age-Adjusted Percentage of Adults Aged ≥18 Years with Diagnosed Chronic Obstructive Pulmonary Disease, by Urbanization Level — United States, 2023.* [Updated 21/11/24]. Available from: https://stacks.cdc.gov/view/cdc/168877 [Accessed 01/05/26]
6. Mannino DM, Roberts MH, Mapel DW, *et al.* 2024. National and Local Direct Medical Cost Burden of COPD in the United States From 2016 to 2019 and Projections Through 2029. *Chest* 165(5): 1093-106
7. Bazell C, Alston M, Feigler N, *et al.* 2025. Variation in Prevalence and Burden of Chronic Obstructive Pulmonary Disease by State and Insurance Type in the United States. *Chronic Obstr Pulm Dis* 12(2): 158-74
8. Global Initiative for Chronic Obstructive Lung Disease. 2026. *Global strategy for prevention, diagnosis and management of COPD: 2026 report.* GOLD
9. Anzueto A, Rogers S, Donato B, *et al.* 2024. Treatment patterns in patients with newly diagnosed COPD in the USA. *BMC Pulm Med* 24(1): 395
10. Jacobs DM, Noyes K, Zhao J, *et al.* 2018. Early Hospital Readmissions after an Acute Exacerbation of Chronic Obstructive Pulmonary Disease in the Nationwide Readmissions Database. *Ann Am Thorac Soc* 15(7): 837-45
11. Kerr M, Tarabichi Y, Evans A, *et al.* 2023. Patterns of care in the management of high-risk COPD in the US (2011-2019): an observational study for the CONQUEST quality improvement program. *Lancet Reg Health Am* 24: 100546
12. Sethi S, Wan ES, Tejwani V, *et al.* 2025. Burden of Exacerbations in Patients Newly Initiating an Inhaled Regimen for COPD: A Claims Analysis. *Int J Chron Obstruct Pulmon Dis* 20: 1829-42
13. COPD Action Alliance. 2025. *COPD in America and the Road to Better Care.* Washington, DC: COPDAA
14. Baldomero AK, Melzer AC, Kunisaki KM, *et al.* 2025. Geographic Disparities by Rural-Urban Status and Drive Time to Care in Tobacco Treatment for COPD. *JAMA Netw Open* 8(8): e2528898
15. Mosher CL, Belman M, Garvey C, *et al.* 2023. Pulmonary Rehabilitation in Chronic Obstructive Pulmonary Disease: Medicine's Best-kept Secret That Could Save Medicare a Billion Dollars a Year. *Ann Am Thorac Soc* 20(10): 1397-99
16. Centers for Medicare & Medicaid Services. 2024. *Rural-Urban Disparities in Health Care in Medicare.* Santa Monica, CA, USA: Communications RHC
17. Wen X, Qiu H, Yu B, *et al.* 2024. Cost-related medication nonadherence in adults with COPD in the United States 2013-2020. *BMC Publ Health* 24(1): 864
18. National Institutes for Health. 2018. *COPD National Action Plan.* Bethesda: NIH
19. Office of Disease Prevention and Health Promotion. *Reduce hospitalization for COPD–RD-DO4.* Available from: https://odphp.health.gov/healthypeople/objectives-and-data/browse-objectives/respiratory-disease/reduce-hospitalizations-copd-rd-d04 [Accessed 01/05/26]
20. Rojas JC, Chokkara S, Zhu M, *et al.* 2023. Care Quality for Patients with Chronic Obstructive Pulmonary Disease in the Readmission Penalty Era. *Am J Respir Crit Care Med* 207(1): 29-37
21. American Thoracic Society. 2025. *ATS Official Documents, COPD.* Available from: https://www.thoracic.org/statements/copd.php [Accessed 01/05/26]
22. American Lung Association. 2025. *COPD Health Professionals & Educators.* [Updated 27/01/26]. Available from: https://www.lung.org/lung-health-diseases/lung-disease-lookup/copd/for-health-professionals [Accessed 01/05/26]
23. Department of Veterans Affairs & Department of Defense. 2021. *VA/DoD clincial practice guideline for the management of chronic obstructive pulmonary disease.* Washington, DC
24. Centers for Disease Control and Prevention. *Environmental Public Health Tracking: Chronic Obstructive Pulmonary Disease.* Available from: https://www.cdc.gov/environmental-health-tracking/php/data-research/copd.html [Accessed 01/05/26]
25. Diaz AM, Smith LM, Peterson AN, *et al.* 2025. Impact of Pharmacist Inhaler Prescribing at Discharge for Chronic Obstructive Pulmonary Disease on Readmission Rates. *Chronic Obstr Pulm Dis* 12(1): 43-51
26. Nduaguba S, Barner JC, Makhinova T, *et al.* 2022. Medication Therapy Management for Texas MediCAID Patients With Asthma and Chronic Obstructive Pulmonary Disease-A Pilot Study. *J Pharm Pract* 35(4): 528-35

Please cite this document as: Ul-Hasan S, Whicher CH, Wait S. 2026. *The state of COPD in the US.* London: The Health Policy Partnership