Support the Quit Because of COVID-19 Act: Help Tobacco Users Quit and Lower Their Risk for Severe Complications from the Coronavirus

The Quit Because of COVID-19 Act would help people lower their risk for developing severe COVID-19 outcomes by expanding access to tobacco cessation treatments. The Quit Because of COVID-19 Act, introduced by Rep. Lisa Blunt Rochester (D-DE) and Rep. Brian Fitzpatrick (R-PA) and Senator Tom Carper (D-DE) and Senator Susan Collins (R-ME), would ensure that all individuals enrolled in Medicaid and the Children's Health Insurance Program (CHIP) have access to the full array of evidence-based tobacco cessation treatments. The bills (H.R. 2125/S. 2622) would extend tobacco cessation treatments currently required for pregnant women in Medicaid – all seven FDA-approved cessation medications and individual, group, and phone-based cessation counseling – to all Medicaid and CHIP enrollees. To remove barriers to accessing these treatments, cost-sharing and prior authorization requirements would not be permitted and states would receive support to conduct outreach to health care providers and Medicaid and CHIP enrollees about this coverage. During the COVID-19 public health emergency and the two years that follow, the federal government would cover 100 percent of the cost of the cessation treatment and outreach campaign.

COVID-19 provides an urgent new reason to help tobacco users who want to quit. In addition to long-established health risks that make tobacco use the leading preventable cause of death in the U.S., COVID-19 now poses a serious new risk for tobacco users. According to the Centers for Disease Control and Prevention, smokers are at increased risk of severe complications from COVID-19.[1] Smoking weakens the immune system and increases the risk of respiratory infections.[2] Smoking is also a major cause of many of the underlying health conditions that place individuals at greater risk for severe complications from COVID-19, such as heart disease, COPD, and diabetes.[3] There is also growing evidence that e-cigarette use can harm lung health.[4] Because lung function begins to improve soon after quitting, helping more tobacco users to quit could reduce the number of people at risk for poor health outcomes from COVID-19 as well as reduce their long-term risk of cancer, heart disease, respiratory disease, and other tobacco-caused diseases.[5]

Tobacco use is a key driver of poor health outcomes and health costs for Medicaid. Medicaid is the primary source for health care coverage for low-income individuals and families, many of whom have higher-than-average health care needs and would not otherwise be able to access care.[6] The need for tobacco cessation treatments is particularly great for people enrolled in Medicaid since individuals with lower incomes are often the targets of tobacco industry marketing, have fewer resources for tobacco cessation treatment, and often experience financial and other stressors that can lead to continued tobacco use.[7] Medicaid enrollees smoke at more than twice the rate of adults with private health insurance (24.9% compared to 10.7%), which places them at higher risk for cancer, heart disease, COPD, diabetes and many other diseases.[8] In addition to causing enormous harm to health, tobacco use is also responsible for approximately $68 billion in annual Medicaid costs.[9]

Comprehensive, barrier-free tobacco cessation coverage can give tobacco users the best chance to quit successfully. Tobacco use almost always begins during adolescence and is highly addictive.[10] Nearly 70 percent of adult smokers want to quit, and about half try to quit in any given year, but only about one-third use evidence-based tobacco cessation treatments when making a quit attempt.[11] Gaps in coverage, cost-sharing requirements, and other barriers to accessing treatments may present particular challenges for lower-income individuals enrolled in Medicaid. One study found that only about 10 percent of Medicaid enrollees who smoke received tobacco cessation medications in 2013.[12]

Medicaid and CHIP enrollees should have equal access to effective tobacco cessation treatments. Tobacco cessation coverage currently required for most Medicaid enrollees is less comprehensive than what is required for individuals with higher incomes who have private health insurance coverage. While all state Medicaid programs provide some level of tobacco cessation coverage, many do

not cover all evidence-based tobacco cessation treatments and include barriers to accessing coverage, such as cost sharing and prior authorization requirements.[13] In 2018:

- only 15 states covered all seven FDA-approved tobacco cessation medications as well as group and individual cessation counseling, and only two of these states (Kentucky and Missouri) covered all treatments without barriers to access;
- Only 28 states did not require copayments for any tobacco cessation treatments; and
- 35 states had prior authorization requirements for tobacco cessation treatments, which require physicians to obtain approval for a treatment before it is covered.

Expanding coverage of tobacco cessation treatments has proven effective at improving health and lowering health care costs. After Massachusetts expanded its Medicaid tobacco cessation coverage and conducted a campaign to educate Medicaid enrollees and providers about the enhanced coverage, smoking rates among Medicaid enrollees decreased from 38 percent to 28 percent over a two-and-a-half-year period.[14] Every dollar the state invested in its Medicaid tobacco cessation benefit and awareness campaign resulted in $3.12 in health care savings from reduced hospitalizations for cardiovascular conditions.[15]

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