

Quit Because of COVID-19 Act

Tobacco use is the leading preventable cause of death in the U.S., and people with lower incomes suffer disproportionately from tobacco caused disease and preventable death. Medicaid enrollees smoke at more than twice the rate of adults with private health insurance (24.9% compared to 10.7%).

The Quit Because of COVID-19 Act, introduced by Senator Carper (D-DE) and Senator Collins (R-ME), would help people enrolled in Medicaid and the Children's Health Insurance Program to quit by enhancing access to evidence-based tobacco cessation treatments.

Helping more people to quit will reduce tobacco-caused diseases such as cancer, heart disease, and respiratory disease. In addition, smokers are at increased risk of severe complications from COVID-19, which provides an urgent new reason to help them to quit.

What the Quit Because of COVID-19 Act Would Do

The Quit Because of COVID-19 Act builds on current requirements that state Medicaid programs cover evidence-based tobacco cessation treatments with no cost-sharing for pregnant women. Specifically, the bill would:

- Require state Medicaid and CHIP programs to cover evidence-based tobacco cessation treatments – seven FDA-approved tobacco cessation medications as well as individual, group, and phone-based counseling – with no cost-sharing for all enrollees;
- Prohibit use of prior authorization requirements for tobacco cessation treatments in Medicaid and CHIP programs;
- Require state outreach campaigns to educate health care providers and Medicaid and CHIP enrollees about the tobacco cessation coverage; and
- Provide 100% federal reimbursement of the cost of the tobacco cessation coverage and outreach campaign for the duration of the COVID-19 public health emergency plus an additional two years.

Why the Quit Because of COVID-19 Act is Needed

- Tobacco use is disproportionately high among people with lower incomes, which increases their risk of tobacco-caused disease. Medicaid enrollees smoke at more than twice the rate of adults with private health insurance (24.9% compared to 10.7%).
- Treating tobacco-caused disease is expensive. About \$68 billion in Medicaid spending each year is attributable to tobacco use.
- Most adult smokers (nearly 70%) want to quit. But quitting is difficult because nicotine is a highly addictive substance.

- Use of evidence-based tobacco cessation treatments improves a tobacco user's chances of quitting successfully. But these treatments are under-utilized. Less than one-third of adult smokers use tobacco cessation medications or counseling when trying to quit.
- While all state Medicaid programs provide some level of coverage for tobacco cessation treatments, many do not cover all evidence-based cessation treatments and include barriers to accessing coverage. Only 15 states cover all evidence-based tobacco cessation treatments.
- Coverage of tobacco cessation is a good investment. When Massachusetts expanded the tobacco cessation treatments covered by its Medicaid program and educated Medicaid enrollees and providers about the coverage, it achieved \$3 in health care savings for every dollar it spent.