



## Quitting Time: Comprehensive Coverage of Tobacco Cessation Services in Private and Public Health Insurance

### OVERVIEW

Tobacco use continues to be one of the leading causes of preventable disease and death in the United States claiming approximately 480,000 lives prematurely every year.<sup>1</sup> Smokers are nearly 3 times more likely to die from premature cardiovascular related deaths compared to those who never smoked, with the risk higher among those who began smoking in childhood.<sup>2</sup> Smoking not only takes the lives of those who use tobacco, but also those who are exposed to secondhand smoke.<sup>3</sup> Smokeless tobacco has been linked to greater incidence of heart disease and stroke.<sup>4</sup> E-cigarette remains popular, especially among youth and adolescents. Recent research has demonstrated that the use of e-cigarettes or vape products have similar odds of developing cardiovascular disease, stroke, and metabolic dysfunction as cigarettes,<sup>5</sup> and have been linked severe lung injury, and even death.<sup>6</sup>

Smoking costs the U.S. economy more than \$300 billion per year, including productivity losses of \$156 billion and direct medical expenditures of nearly \$176 billion.<sup>6</sup> Tobacco control efforts by the American Heart Association and other public health partners have contributed to a decline in U.S. cigarette consumption over the years. However, despite this progress, cigarette use remains the most used tobacco product among adults with approximately 11.5% of adults are current smokers.<sup>7</sup> Approximately 13.1% of men and 10.1% of women in the U.S. still smoke. Furthermore, the rate of combustible tobacco product use (e.g., cigarettes, cigars, pipes, hookahs, etc.) in adults is more than three times that of e-cigarette use.<sup>7</sup> An estimated 58 million people are still exposed to secondhand smoke due to cigarettes, including 14 million children aged 3-11 years old.<sup>8</sup> Additionally, the popularity of e-cigarettes and other vape products has resulted in tobacco-product use among youth. In 2023, an estimated 1.56 million high school students and 550,000 middle school students reported the current use of e-cigarettes.<sup>9</sup> While youth e-cigarette use has continued to decrease since 2019, e-cigarettes remain the most common current-use and ever-used tobacco product for youth in the U.S. Furthermore, adults aged 18-24 have the highest rate of current e-cigarette use (11.0%) compared to other age groups and those aged 18-44 are more likely to be dual users of cigarettes and e-cigarettes compared to those older than 44.<sup>10</sup>

To help save these lives, the Association advocates for comprehensive coverage of tobacco cessation services in public and private health insurance programs that includes medications and counseling.

### SUCCESS OF TREATMENT PROGRAMS



In general, tobacco cessation treatment remains highly cost-effective, even though it is very difficult for people to quit this deadly, addictive habit.<sup>11,12</sup> There is a strong relationship between the length of time patients have in behavior counseling sessions, the amount of time they are able to spend with their health care providers and successful treatment outcomes.<sup>13</sup> Comprehensive, barrier-free cessation programs covered by insurance companies lead to increased uptake in treatment and success in quitting. FDA-approved medications and behavioral counseling are cost-effective and are successful cessation strategies, especially when used in combination. Smoking cessation by the age of 40 may reduce mortality by 90%, while stopping smoking by the age of 60 could reduce mortality risk by 40%.<sup>1</sup>

Although e-cigarettes have been advertised as tobacco cessation products by the tobacco industry, no e-cigarette has been approved by the FDA for this purpose. Available and FDA-approved forms of nicotine replacement therapy (nicotine gum, transdermal patch, nasal spray, inhaler, and lozenges) increase the rate of quitting by 50% to 60%.<sup>14</sup> Three out of five U.S. adults attempt to quit smoking, but less than one-third of smokers use cessation medications approved by the FDA or behavioral counseling to assist in quitting.<sup>2</sup>

### ECONOMIC AND HEALTH BENEFITS TO QUITTING

## FACT SHEET: Tobacco Cessation Coverage

In July 2006, the Massachusetts health care reform law mandated tobacco cessation coverage for the Massachusetts Medicaid population.

- Upon implementation of the benefit, MassHealth subscribers were allowed two 90-day courses per year of FDA-approved medications for smoking cessation, including over-the-counter medications like nicotine replacement therapy, and up to 16 individual or group counseling sessions. Within the first two years of implementation, over 70,000 Massachusetts Medicaid recipients used the benefit, and the smoking rate declined from 38% to 28%.<sup>15</sup> Surveys conducted in 2008 and 2014 suggest the trends in decreasing smoking rates have continued; the prevalence of respondents who reported smoking “every/some days” decreased by 15.5%, and those who reported smoking more than 10 cigarettes a day decreased by 16.7% between 2008 and 2014.<sup>16</sup> There was also a decline in the utilization of other costly healthcare services (38% decrease in hospitalizations for heart attacks, 17% drop in emergency room and clinic visits due to asthma, and a 17% drop in claims for adverse maternal birth complications, including pre-term labor).<sup>15</sup>
- Additional research with the program showed that the comprehensive coverage led to reduced hospitalizations for heart attacks and a net savings of \$10.5 million, or a \$3.07 return on investment for every dollar spent.<sup>17</sup> Savings will likely continue to increase as time goes on and the impact of quitting in this population increases.

Other research on the economic benefits of quitting smoking includes:

- Medicaid enrollees have nearly double the smoking rates of those with private insurance, and Medicaid spends approximately \$39 billion annually to treat smoking-related diseases.<sup>18</sup>
- The yearly federal/state tax burden from smoking-caused government spending is estimated to be \$925 per household.<sup>19</sup>
- Cigarette smoking accounts for approximately 7.6-8.7% of healthcare expenditures.<sup>6</sup>

## WHERE WE ARE NOW

In January 2014, a provision of the Affordable Care Act (ACA) was implemented that prevents state Medicaid programs participating in the Medicaid drug rebate program from excluding any of the seven FDA-approved cessation medications from coverage. States have a tremendous opportunity to save even more lives by covering tobacco cessation treatments and removing barriers to treatment such as copayments and prior authorization requirements. Only 34.5% of Medicaid enrollees who attempted to quit used evidence-based counseling or medications, or both.<sup>20</sup> Currently, 41 states including the District of Columbia, cover all seven FDA-approved cessation medications, while only 14 states provide comprehensive coverage (individual counseling, group counseling, and all FDA approved medications).<sup>21</sup>

ACA also requires private insurers offering non-grandfathered group or individual health insurance plans to cover preventive services rated as A (“strongly recommended”) & B (“recommended”) by the U.S. Preventive Services Task Force without cost sharing. Tobacco cessation services fall into this category since they are strongly recommended and have shown evidence-based outcomes. Comprehensive tobacco cessation services should be offered in all public and private health care plans.

## American Heart Association Action Plan

The American Heart Association advocates for:

- Private and public health insurers to cover comprehensive smoking cessation services for all current tobacco users, including both counseling and pharmacotherapy without cost sharing.

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## FACT SHEET: Tobacco Cessation Coverage

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