



July 10, 2020

The Honorable Lisa Blunt Rochester
 United States House of Representatives
 Washington, DC 20515

Dear Representative Blunt Rochester:

We write in strong support of H.R. 7286, the Quit Because of COVID-19 Act, legislation that will ensure that all Medicaid and Children’s Health Insurance Program (CHIP) enrollees have access to the full array of evidence-based tobacco cessation treatments at this critical time. COVID-19 is disproportionately impacting communities of color and other vulnerable populations, and a growing body of evidence suggests that tobacco users are at increased risk of severe complications from COVID-19. Smoking rates are particularly high among people enrolled in Medicaid. Helping tobacco users to quit should be a critical component of the nation’s efforts to combat this deadly pandemic.

Tobacco use is a key driver of poor health outcomes and health costs for Medicaid. Medicaid enrollees smoke at more than twice the rate of adults with private health insurance, which increases their risk of cancer, heart disease, COPD, diabetes, and other tobacco-caused diseases. In addition to harming health, high rates of tobacco use also lead to higher health care costs. Smoking-related diseases account for approximately \$39 billion in annual Medicaid costs.

With the COVID-19 pandemic currently confronting our nation, there has never been a more important time to help tobacco users to quit. Smoking weakens the immune system and increases the risk of respiratory infections. Many of the underlying health conditions that place individuals at greater risk for severe complications from COVID-19 are often caused by tobacco use. There is also growing evidence that e-cigarette use can harm lung health.

Most tobacco users want to quit, and Medicaid and CHIP enrollees who use tobacco products should have access to treatments that give them the best chance to quit successfully. That is especially true during a pandemic of an infectious disease that primarily attacks the lungs. But while all states provide some level of tobacco cessation coverage for Medicaid enrollees, many state Medicaid programs do not cover all evidence-based tobacco cessation treatments and include barriers, like cost sharing and prior authorization requirements, to accessing coverage. In 2018, only 15 states covered all 7 FDA-approved tobacco cessation medications as well as group and individual cessation counseling, and only two of these states covered all treatments without barriers to access.

Your bill addresses these gaps in coverage by extending comprehensive tobacco cessation coverage to all Medicaid and CHIP beneficiaries. It would also reduce barriers to accessing this coverage by eliminating cost sharing and prior authorization requirements and would provide enhanced federal funding to cover the full cost of state outreach campaigns to educate providers and Medicaid and CHIP beneficiaries about the benefit.

Expanding coverage of tobacco cessation treatments can pay dividends in terms of improved health and lower 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 recipients decreased from 38 percent to 28 percent over a two-and-a-half year period. 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.

Quitting is one of the most important actions tobacco users can take to improve their health, and Medicaid and CHIP should assist enrollees who want to quit. We applaud you for introducing legislation that would ensure that all Medicaid and CHIP enrollees have barrier-free coverage of evidence-based tobacco cessation treatments for the duration of the COVID-19 public health emergency and the two years that follow. We appreciate your leadership on this issue and look forward to working with you to advance this legislation.

Sincerely,

AASA, The School Superintendents Association
Action on Smoking & Health (ASH)
African American Tobacco Control Leadership Council
Allergy & Asthma Network
American Academy of Nursing
American Academy of Oral and Maxillofacial Pathology
American Academy of Oral and Maxillofacial Radiology
American Academy of Pediatrics
American Association for Cancer Research
American Association for Respiratory Care
American Cancer Society Cancer Action Network

American College Health Association
American College of Chest Physicians (CHEST)
American College of Physicians
American College of Preventive Medicine
American Dental Association
American Heart Association
American Lung Association
American Psychological Association
American Public Health Association
American Society of Addiction Medicine
Americans for Nonsmokers' Rights
Asian Pacific Partners for Empowerment, Advocacy (APPEAL)
Association for Clinical Oncology
Association of Black Cardiologists
Association of Schools and Programs of Public Health
Association of State and Territorial Health Officials (ASTHO)
Asthma and Allergy Foundation of America
Campaign for Tobacco-Free Kids
ClearWay Minnesota
Community Anti-Drug Coalitions of America (CADCA)
Eta Sigma Gamma – National Health Education Honorary
First Focus on Campaign for Children
NAACP
National African American Tobacco Prevention Network
National Association of Pediatric Nurse Practitioners
National Association of School Nurses
National Association of Secondary School Principals
National Association of Social Workers
National Black Nurses Association
National Education Association
National Hispanic Medical Association
National Network of Public Health Institutes
North American Quitline Consortium
Oncology Nursing Society
Parents Against Vaping e-cigarettes (PAVe)
Public Health Solutions
Society for Cardiovascular Angiography and Interventions
Society for Research on Nicotine & Tobacco
The Society of State Leaders of Health and Physical Education
The Society of Thoracic Surgeons