



## *Summary: American Lung Association Annotated Bibliography of State Medicaid Tobacco Cessation Data*

### **Purpose**

Tobacco use, including smoking, is a serious public health threat causing close to half a million deaths per year. Medicaid enrollees smoke at a rate that is twice as high as those with private insurance (22.7% versus 9.2%).<sup>1</sup> This high smoking rate puts this population at an increased risk for smoking-related disease and contributes to more than 15% of Medicaid expenditures.<sup>2</sup> The *2020 Surgeon General Report on Smoking Cessation* found that comprehensive, barrier-free, insurance coverage for smoking cessation treatment that is widely promoted is cost-effective and leads to increased utilization and higher rates of successful quitting. However, less than 10% of Medicaid enrollees that smoke received a prescription for tobacco cessation medication.<sup>3</sup>

The Lung Association captures and publishes state Medicaid programs' tobacco cessation coverage data. This document provides an overview of how that data has been cited and referenced in research articles.

### **Scope**

The Lung Association reviewed and categorized articles that were found to cite and/or reference the Lung Association's state Medicaid cessation coverage data. As of August 2019, 72 articles were found to have cited or referenced the Lung Association's state Medicaid tobacco cessation data.

### **Findings**

Dozens of articles cite the Lung Association's Medicaid cessation coverage data.

- Fifteen articles explored the integration of smoking cessation in **health systems** and how health systems can support patients in their quit attempts.
- Twelve articles explore tobacco cessation coverage and the **disparities** faced by priority populations and interventions to reduce smoking in priority populations.
- Nine articles explore how **Medicaid Expansion** has impacted smoking cessation utilization.
- Eight articles explore the effects of **tobacco-related regulations and policies** and their impact on the utilization of smoking cessation treatment.
- Seven articles review the utilization of smoking cessation benefits and the **barriers to accessing those benefits**.
- Five articles investigate **smoking cessation behaviors** with several specifically assessing the impact of insurance coverage on a patient's intent to quit smoking and utilization of cessation treatment.
- Four articles examine the barriers to and utilization of smoking cessation treatment and intervention to support cessation in **pregnant women**.
- Three articles discuss the link between **smoking and cancer** and the effectiveness of cessation as a part of treatment.
- Three articles review smoking cessation and **financial incentives**, exploring the effects and outcomes of incentivizing smoking cessation treatment.



- Three articles highlight the benefits of **expanding** smoking cessation **treatment coverage for Medicaid enrollees**.
- Three studies in this category used Lung Association data to highlight the **health and financial benefits** of increasing **smoking cessation** treatments for Medicaid enrollees.
- Three studies discuss the integration of smoking cessation in adults with **mental illness or substance use disorder** and the benefits to patients.

### Conclusion

The state Medicaid tobacco cessation coverage data published by the Lung Association can be used to better understand the level of coverage provided in any given state and whether it is truly comprehensive. These data provide insight into what changes states can make to improve their Medicaid coverage, which will help people who smoke quit and save the state money.

As demonstrated above, these data have been used by many researchers to further assess the impact of state Medicaid programs coverage of tobacco cessation treatments and barriers to access those treatments. The additional journal articles show how to improve quit rates in the Medicaid population; and what is needed in addition to a barrier-free, comprehensive cessation benefit to encourage people to quit. The studies summarized can be built upon to further the field of tobacco cessation, especially as it relates to the Medicaid priority population.

*For more information, please see the full bibliography [here](#).*

July 2022

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<sup>1</sup> Cornelius ME, Loretan CG, Wang TW, Jamal A, Homa DM. Tobacco Product Use Among Adults — United States, 2020. *MMWR Morb Mortal Wkly Rep* 2022;71:397–405. DOI: <http://dx.doi.org/10.15585/mmwr.mm7111a1>

<sup>2</sup> US Department of Health and Human Services. *The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General*. Atlanta: US Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; 2014.

<sup>3</sup> Wang X, Babb S, Xu X, Ku L, Glover-Kudon R, Armour BS. Receipt of Cessation Treatments Among Medicaid Enrollees Trying to Quit Smoking. *Nicotine Tob Res.* 2021 May 24;23(6):1074-1078. doi: 10.1093/ntr/ntaa213. PMID: 33524992.