

Since March 2020, state Medicaid programs have provided continuous eligibility for individuals enrolled in Medicaid and CHIP as a condition of increased federal funding for their Medicaid programs. Legislation passed in December 2022 created a process and timeline for state Medicaid programs to review all Medicaid enrollees' eligibility and determine if they can remain enrolled in the program. The first states started this "unwinding process" in March 2023 and started disenrolling people on April 1, 2023. More states will continue this process of redeterminations and disenrollments in the coming months. Some of the disenrolled will be eligible for employer-sponsored healthcare coverage or will be able to purchase coverage on the exchange. However, many will become uninsured.

Uninsured Americans smoke at a rate double that of adults with private insurance.¹ Additionally, people experiencing serious psychological distress smoke at a rate of 28.1%, far higher than those who aren't experiencing serious psychological distress (10.9%). At a time when Americans are facing a mental health crisis on top of a continued opioid epidemic, abruptly taking insurance away from millions will lead to dire consequences for not only those individuals but for entire communities as well.

Medicaid spends about \$40 billion on health care for smoking related diseases annually² and research shows that smoking cessation reduces substantial financial burden that smoking places on individuals, health care systems, and society.³ While coverage varies by state, all state Medicaid programs cover at least some FDA-approved smoking cessation medications. Most Medicaid enrollees have little or no cost-sharing (i.e., to pay out-of-pocket cost to receive the beneficial treatment). Tobacco use continues to be the leading cause of preventable death in America and this coverage is the bare minimum need to fight a major threat to public health.

As an example, in 2018, the State of Ohio found that one-third of those who became eligible for coverage via the Medicaid expansion who had quit smoking in the previous two years said that Medicaid helped them quit.⁴ Smoking is not easy to quit and healthcare coverage is an important tool to realizing the outcomes. While the physical health risks of smoking are well known, such as increased risk of oral and lung cancer, smoking's effect on the mental health of individuals is also cause for concern. Research shows that smoking increases the risk of developing anxiety as well as depression.⁵ Smoking can also interfere with the effectiveness of certain mental health medications, such as mood stabilizers and antidepressants. Conversely, quitting smoking alone has shown significant increases in individual's overall mental health.⁶

Secondhand smoke can also affect the mental health of those experiencing it. Studies on the effects of secondhand smoke have found that those consistently exposed to smoking develop depressive and

¹ Cornelius ME, Loretan CG, Jamal A, et al. Tobacco Product Use Among Adults – United States, 2021. *MMWR Morb Mortal Wkly Rep* 2023;72:475–483. DOI: <http://dx.doi.org/10.15585/mmwr.mm7218a1>

² 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

³ U.S. Department of Health and Human Services. *Smoking Cessation. A Report of the Surgeon General*. Atlanta, GA: U.S. 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, 2020

⁴ <https://medicaid.ohio.gov/static/Resources/Reports/Annual/Group-VIII-Final-Report.pdf>

⁵ Prochaska JJ, Das S, Young-Wolff KC. Smoking, Mental Illness, and Public Health. *Annu Rev Public Health*. 2017;38:165-185. doi:10.1146/annurev-publhealth-031816-044618

⁶ Taylor GM, Lindson N, Farley A, et al. Smoking cessation for improving mental health. *Cochrane Database Syst Rev*. 2021;3(3):CD013522. Published 2021 Mar 9. doi:10.1002/14651858.CD013522.pub2

anxious symptoms at a significantly higher rate than those not exposed.⁷ Moreover, those close to individuals who smoke often experience anxiety and concern for their loved ones who are smoking, given the dangers of smoking.

There are opportunities for states to limit the number of people getting disenrolled from Medicaid and losing access to healthcare, including quit-smoking treatment. States can take the full 14 months to complete the redeterminations, which will limit the number of people erroneously removed from coverage, use the ex-parte redeterminations, and help those who have been disenrolled find coverage, such as in the exchange. Losing healthcare can be stressful – states can help limit that stress.

This call to action is endorsed by the following organizations:

- American Psychiatric Nurses Association (APNA)
- American Society of Addiction Medicine (ASAM)
- National Association of Social Workers (NASW)
- North American Quitline Consortium (NAQC)
- Smoking Cessation Leadership Center (SCLC)

⁷ Bandiera FC, Arheart KL, Caban-Martinez AJ, et al. Secondhand smoke exposure and depressive symptoms [published correction appears in *Psychosom Med*. 2010 Apr;72(3):331]. *Psychosom Med*. 2010;72(1):68-72. doi:10.1097/PSY.0b013e3181c6c8b5