American Lung Association.

January 8, 2021

The Honorable Alex Azar
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, SW

Re: Kentucky Department of Medicaid Services 1115 SUD Demonstration Proposed Amendment Continuity of Care for Incarcerated Members

Dear Secretary Azar:

The American Lung Association appreciates the opportunity to submit comments on Kentucky's proposed 1115 Amendment, Continuity of Care for Incarcerated Members.

The American Lung Association is the oldest, voluntary public health organization in the United States and is committed to eliminating tobacco use and tobacco-related disease. Tobacco use is the leading cause of preventable death and disease in the United States, responsible for the deaths of 480,000 Americans annually.[1] An additional 16 million Americans live with a disease caused by tobacco.[2]

The proposed waiver amendment would provide Substance Abuse Treatment (SUD), including treatment for opioid use disorder (OUD) to eligible individuals in Kentucky during their last 30 days of incarceration. In its proposal, Kentucky states that it is one of the most hard-hit states by the Opioid epidemic. This proposed policy change can help more people get access to the help they need. However, the Lung Association would encourage CMS to work with Kentucky to ensure that tobacco cessation treatment is also available to the eligible members alongside SUD treatment.

Research suggests that cigarette smoking may be a predictor of risk for opioid misuse.[3] While smoking rates have decreased over the past decade and are at historically low levels, people with SUDs continue to smoke at high rates.[4] In 2009, one study found that over half of individuals with SUDs smoked cigarettes.[5] Two small studies indicated the prevalence of cigarette smoking can be high in SUD populations. These studies, while limited in scope, found the smoking prevalence to be as high as 95% in those with an OUD and 83% in OUD patients being treated with methadone.[6,7,8,] Another study found that patients who both smoke and have behavioral health disorders will die earlier, due to a smoking related illness, than their counterparts who have a behavioral health disorder and do not smoke.[9] Multiple studies have suggested that smoking is associated with OUDs.[10,11,12]

Providing tobacco cessation treatment along with SUD treatment can help individuals both recover from their addiction to tobacco as well as other substances. It is important that this is happening both in the initial 30 days and then subsequently upon the individual's release from incarceration. One study found that just under half of clients in treatment programs for SUDs who also smoked reported a past year quit attempt.[13] Further research has found that individuals being treated with methadone maintenance have a high interest in smoking cessation, but a below average quit ratio.[14, 15] This suggests persons with SUDS, including those with OUD, might benefit from specialized tobacco cessation treatment.

Unfortunately, there is a gap in implementation of tobacco cessation interventions in substance use treatment facilities. The 2016 National Survey of Substance Abuse Treatment Services found that among substance use treatment facilities in the U.S., tobacco cessation interventions were not universal. In Kentucky, only 26.9% of SUD treatment facilities offer smoking cessation counseling and only 13.9% and 9.1% offer nicotine replacement therapy and non-nicotine FDA-approved cessation medications respectively.[16, 17] These treatments should be consistently offered with SUD treatment. By including tobacco cessation treatments in this amendment, Kentucky can better serve its Medicaid population and help members of the justice-involved population overcome all addictions.

Thank you for the opportunity to provide comment.

Sincerely,

Deborah P. Brown
Chief Mission Officer

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