

SMOKING-ATTRIBUTABLE COSTS

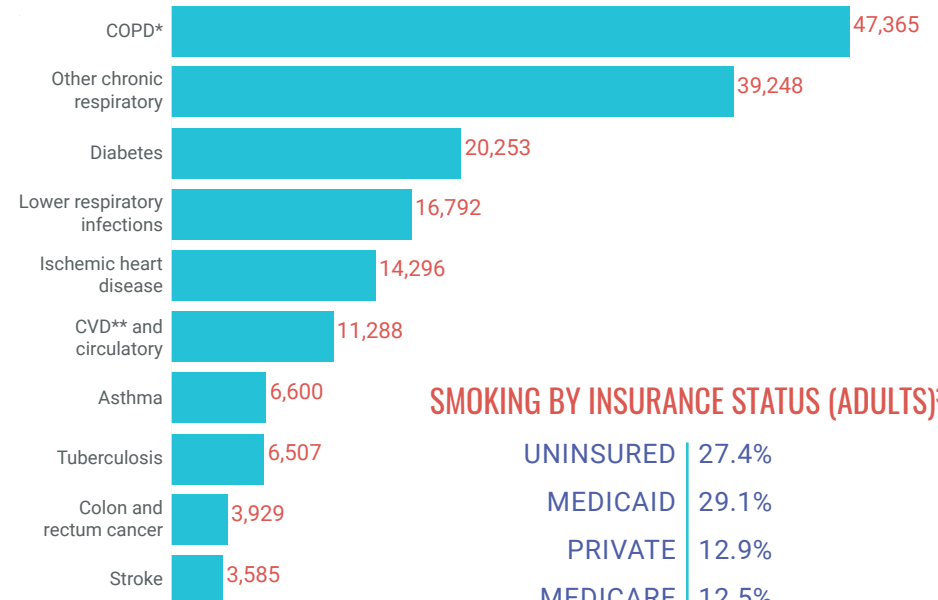
Medicaid

- The Arkansas Tax Reform and Relief Task Force examined tax policy changes in 2018, among which were increases in the tobacco excise tax.
- A report provided to the task force noted that the Campaign for Tobacco-Free Kids has estimated smoking-related costs to Medicaid at \$293.1 million annually.
 - That estimate uses 1998 Medicaid expenditures obtained from the Centers for Medicare and Medicaid Services (CMS), inflated to 2009 dollars, and does not account for the 2014 expansion of Medicaid coverage to more than 250,000 adult Arkansans.
- Using the Arkansas All-Payer Claims Database, the Arkansas Center for Health Improvement developed a new estimate of \$795 million in smoking-attributable spending in Medicaid for individuals ages 30–65.¹
 - This estimate does not account for smoking-attributable costs associated with pregnancy-related conditions, pre-term delivery, neonatal care, or childhood conditions triggered by smoking.
 - Medicaid spending far exceeds the anticipated revenue at either the current or proposed tobacco excise tax rates. Sales tax revenue estimates from tobacco products were not available at the time of this publication.

SMOKING-ATTRIBUTABLE SPENDING

\$795 Million

TOP 10 | NUMBER OF MEDICAID ENROLLEES WITH CONDITION²



SMOKING BY INSURANCE STATUS (ADULTS)³

UNINSURED	27.4%
MEDICAID	29.1%
PRIVATE	12.9%
MEDICARE	12.5%

¹Individuals ages 30–65 with a smoking-attributable condition were identified (includes traditional and expansion Medicaid populations in fiscal year 2015).

²Enrollees may have more than one condition but were only attributed to the condition with the highest smoking-attributable risk.

³Xu, X., et al., Annual healthcare spending attributable to cigarette smoking: an update. American Journal of Preventive Medicine. 2015. 48(3): pp. 326–333.

*Chronic obstructive pulmonary disease

**Cardiovascular disease



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