

Tobacco Use Disparities in People Enrolled in Medicare Fee-For-Service

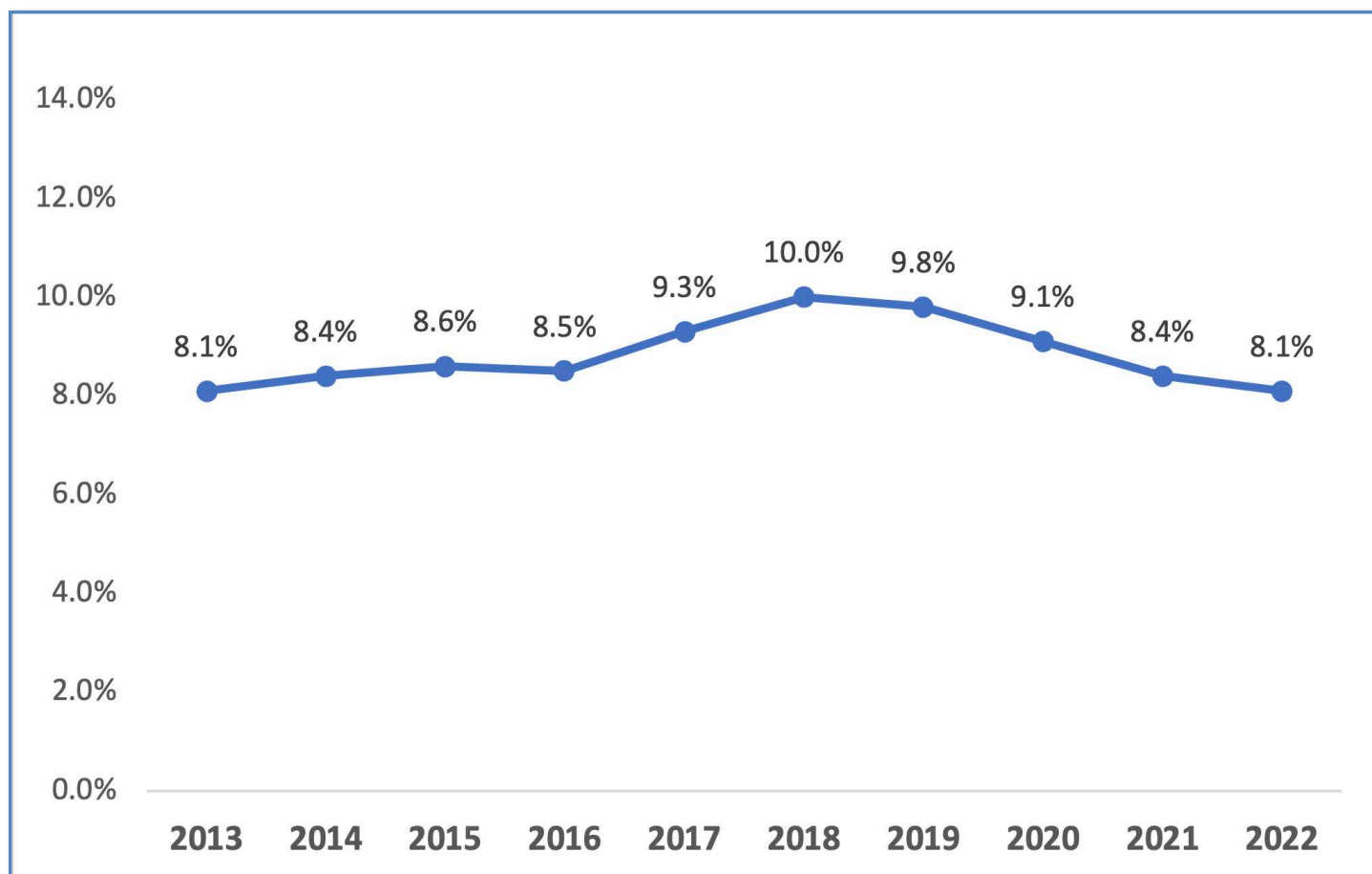


Tobacco use is the leading cause of preventable disease, disability, and death in the United States. Smoking causes cancer, heart disease, stroke, lung diseases, diabetes, and chronic obstructive pulmonary disease (COPD), and also increases risk for tuberculosis, certain eye diseases, and problems of the immune system, including rheumatoid arthritis.

It harms nearly every organ of the body. Quitting smoking lowers the risk for early death and of developing smoking-related diseases. According to the Centers for Disease Control and Prevention (CDC), smoking causes more than 480,000 deaths each year.¹ In 2021, an estimated 46 million U.S. adults (18.7%) reported currently using any commercial tobacco product.²

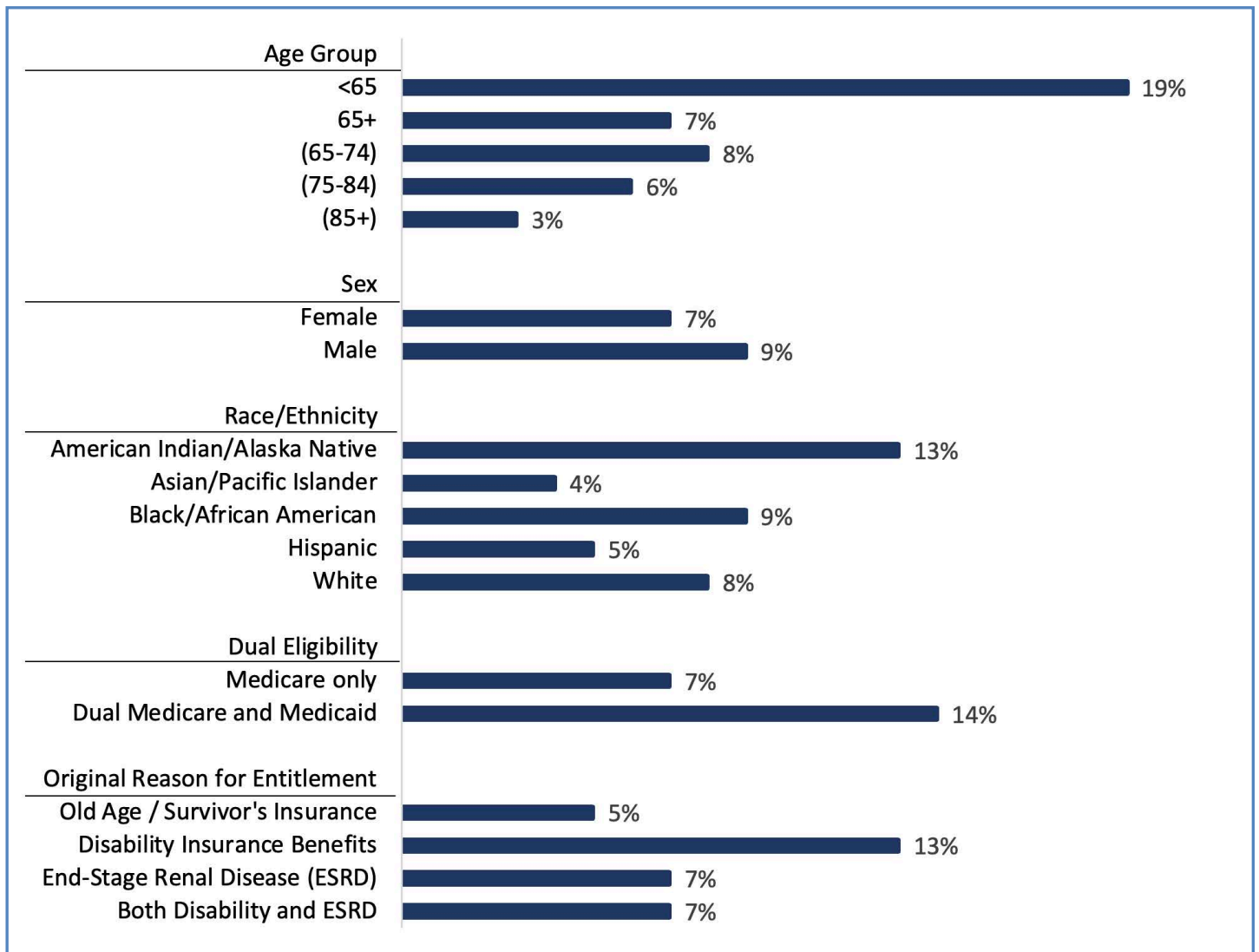
The Centers for Medicare & Medicaid Services' (CMS's) claims data indicate that 8.1% of people enrolled in Medicare fee-for-service (FFS) had claims with a tobacco use in 2022, and the prevalence rate started decreasing from 2019 as shown in Figure 1.³ [The Mapping Medicare Disparities \(MMD\) Tool](#) developed by CMS presents that the prevalence rate of tobacco use among people enrolled in Medicare FFS varied by age group, race and ethnicity, Medicare and Medicaid dual eligibility, original reason for entitlement, and geographic areas (Figure 2 – 5).⁴

Figure 1. Prevalence Rate of Tobacco Use among People Enrolled in Medicare FFS by Year, 2013-2022



As shown in Figure 2, the prevalence rate of tobacco use was higher among people enrolled in Medicare FFS who are aged <65 (19%) compared to the aged 65+ (7%). The age standardized prevalence rate was higher among American Indian/Alaska Native (13%) and Black/African American (9%) enrollees than White (8%), Hispanic (5%) and Asian/Pacific Islander (4%) enrollees, and it was higher among Medicare and Medicaid dually eligible enrollees (14%) compared to the Medicare only (7%) enrollees and those whose original reason for entitlement was Disability Insurance Benefits (13%) than Old Age / Survivor's Insurance (5%). Also, the rate of tobacco use higher among males (9%) than females (7%) enrolled in FFS in 2022.

Figure 2. Prevalence rate of Tobacco Use among People Enrolled in Medicare FFS by Enrollee Characteristics, 2022



Note: Prevalence rates for sex, race and ethnicity, dual Medicare and Medicaid eligibility, and original reason for entitlement were age standardized rate.

Figure 3 and 4 shows the prevalence rate of tobacco use differed by state/territory and county. West Virginia (14%), Kentucky (12%), Michigan and Oklahoma (11%) had the highest tobacco use rate, and Virgin Islands (2%), Puerto Rico (2%) and American Samoa (3%) had the lowest rate. Also, the prevalence rates among each racial and ethnic group differed by geographic areas as shown in Figure 5. See the [MMD Tool](#) for details.

Figure 3. Tobacco Use Prevalence among People Enrolled in Medicare FFS by State/Territory, 2022

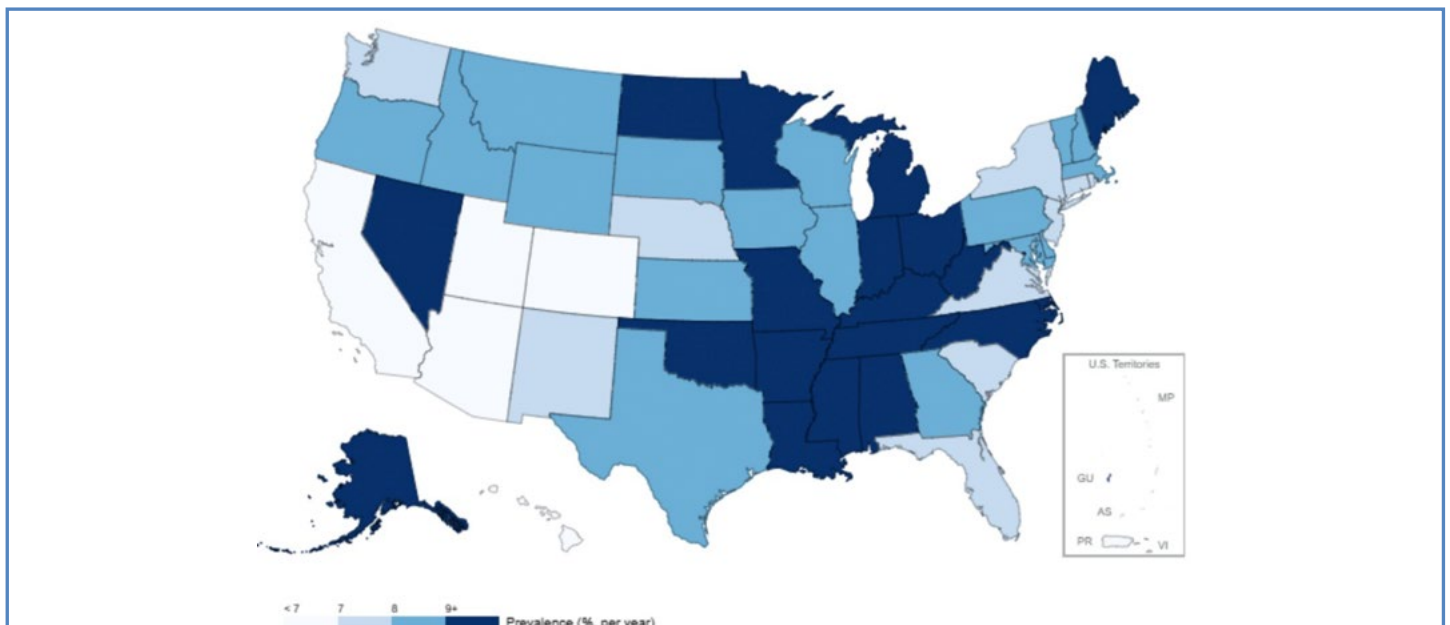


Figure 4. Tobacco Use Prevalence among People Enrolled in Medicare FFS by County, 2022

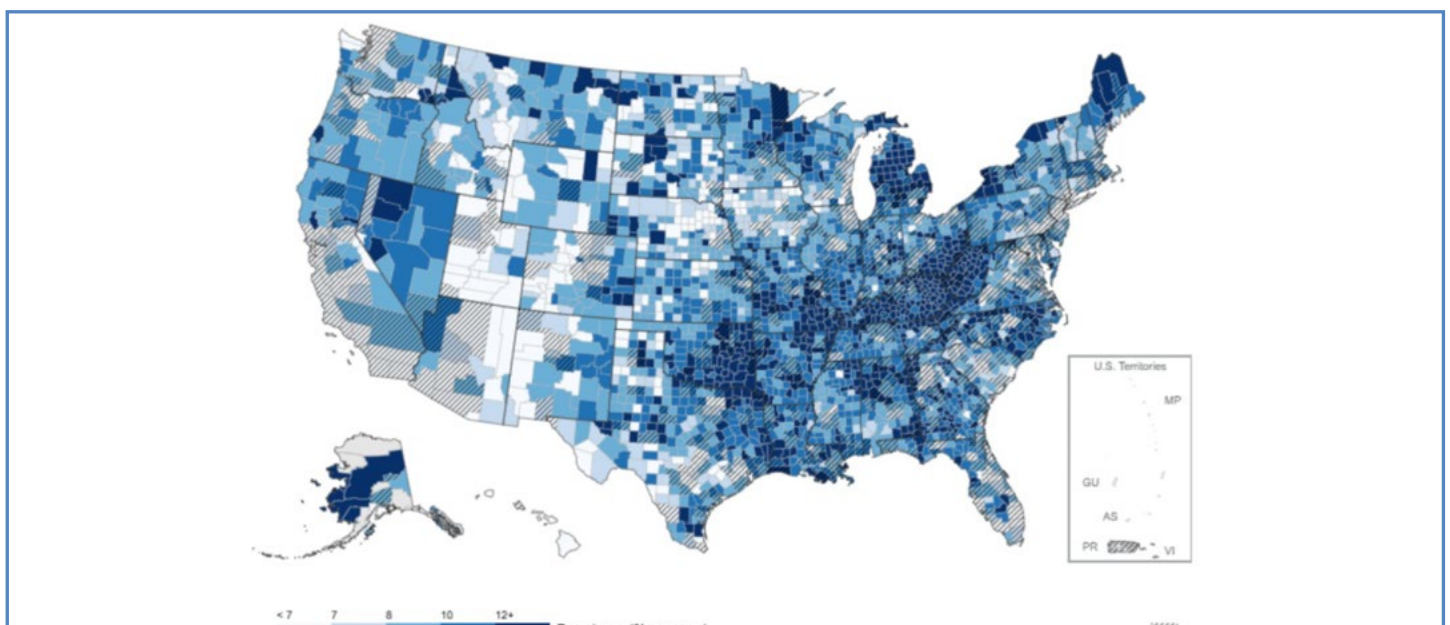
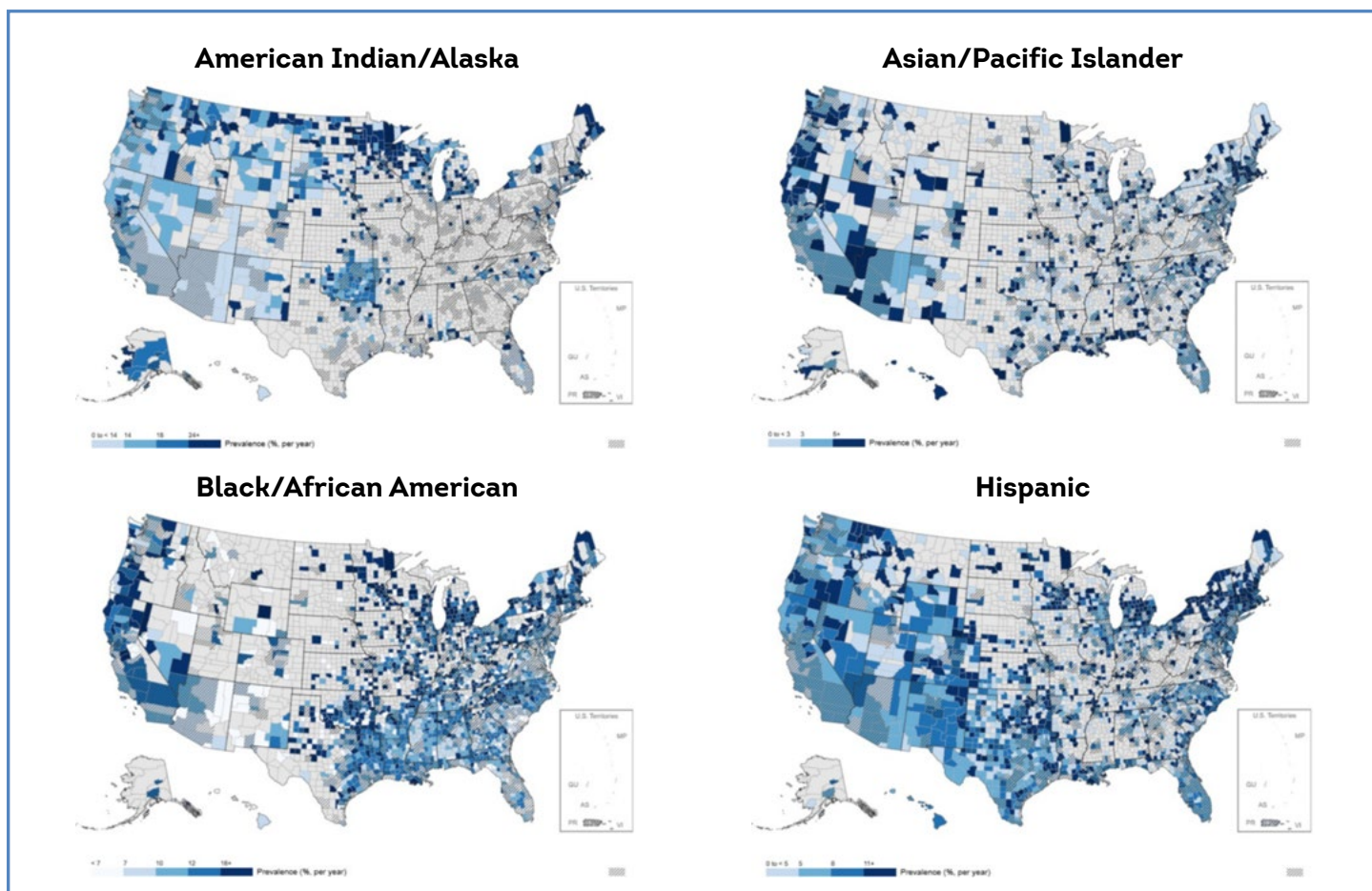


Figure 5. Prevalence of Tobacco Use among Minority Race/Ethnicity Group Enrolled in Medicare FFS, by County, 2022



Medicare covers annual wellness visit and other Preventive & Screening Services that help people enrolled in Medicare stay healthy, and covers up to 8 smoking and tobacco-use cessation counseling sessions in a 12-month period. In 2022, 41% of the people enrolled in Medicare FFS had annual “Wellness” visit, and only 1% had counseling to prevent tobacco use.⁴ CDC’s Office on Smoking and Health (OSH) created the National and State Tobacco Control Program (NTCP) to reduce tobacco-related diseases and deaths through community and mass-media interventions.⁵

Enrollee Resources

- Centers for Disease Control and Prevention: How to Quit?
- Tobacco Treatment Guide: For Patients and Their Families
- AAFP: Quit Smoking Guide
- Your Medicare Coverage: Counseling to prevent tobacco use & tobacco-caused disease
- Centers for Disease Control and Prevention: Tips from Former Smokers | For Specific Groups
- Indian Health Service: Tobacco Prevention

Provider Resources

- CMS-Medicare Learning Network: Medicare Preventive Services
- Helping Smokers Quit - A Guide for Clinicians
- AHRQ: Treating Tobacco Use and Dependence
- Tobacco Smoking Cessation in Adults, Including Pregnant Persons: Interventions
- AAFP: Help Your Patients Quit Tobacco Now
- Tobacco Education Resource Library

References/Sources

1. Centers for Disease Control and Prevention. Smoking and Tobacco Use
<https://www.cdc.gov/tobacco/about/index.html>
2. 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>
3. Medicare beneficiary prevalence for other chronic or disabling conditions using fee-for-service (FFS) claims, 2013–2022. Chronic Conditions Data Warehouse. 2024.
<https://www2.ccwdata.org/web/guest/medicare-tables-reports>
4. Centers for Medicare & Medicaid Services. Mapping Medicare Disparities Tool.
<https://data.cms.gov/tools/mapping-medicare-disparities-by-population>
5. Centers for Disease Control and Prevention. Tobacco Control Programs.
<https://www.cdc.gov/tobacco/php/tobacco-control-programs>

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