

CAPITOL FACTS & FIGURES

● ● ● HEALTH

Quitting Tobacco: Save Lives, Save Money in Medicaid and State Employee Plans

Quitting tobacco use has well-known benefits to individuals, including lowering the risk of chronic diseases such as lung and other cancers, heart disease and chronic obstructive pulmonary disease. Quitting can add more than 10 years to someone's life, and former smokers' children have lower risk of asthma attacks and related emergency room visits.¹

The potential benefits to state governments are also significant. State Medicaid programs pay an average of \$607 million per year in tobacco-related health care costs,² funds that could be spent elsewhere if more people quit using tobacco. Employees who quit using tobacco take fewer sick days³ and have lower health care costs.⁴ For every dollar states spend on smoking cessation, returns to the state average \$1.26 in avoided productivity losses, direct medical expenditures and premature deaths.⁵ The American Lung Association estimated the potential cost and return on investment for tobacco cessation treatment in the states. Those figures are available from <http://www.lungusa.org/stop-smoking/tobacco-control-advocacy/reports-resources/cessation-economic-benefits>.

Effective help for tobacco users

Most smokers want to quit⁶ and many have tried to quit,⁷ but few succeed⁸ due to a lack of support. The U.S. Public Health Service now recommends seven medications and three types of counseling that are available to help tobacco users quit.⁹ Access to these treatments makes it more likely that tobacco users will quit. Providing a comprehensive tobacco cessation benefit in all state Medicaid plans and state employee health benefits can save lives and money.

The recommended comprehensive tobacco cessation benefit includes coverage for:

- Nicotine replacement therapies available without a prescription in the gum, patch or lozenge forms, and by prescription in the inhaler and nasal spray forms;
- Prescription medications include bupropion (Zyban) and varenicline (Chantix); and
- Individual counseling, group counseling and phone counseling by trained clinicians.

Since every patient trying to quit tobacco responds differently to each type of cessation treatment, they often



must try more than one in order to quit successfully. Evidence shows that having a variety of cessation treatment options available to a patient increases success at making quitting permanent.

Phone counseling is now available in every state through the 1-800-QUIT-NOW national network of quit lines, and it is recommended for every patient. Each state operates its own quit line program, and the programs are funded through a combination of sources including state, federal and tobacco settlement funds. Each of the recommendations for medications and counseling are based on scientific evidence. Although each treatment works on its own, smokers have an even higher chance of quitting if their treatment includes both medications and counseling. Through counseling sessions, smokers are taught to recognize high-risk situations and to develop coping strategies to avoid smoking again.

Research also demonstrates that limiting access to these treatments, making it harder for tobacco users to get cessation treatment or to try different treatments, actually reduces the number of people who try to quit. Comprehensive tobacco cessation benefits should avoid limits such as:

- co-pays or annual limits on the number, cost or duration of cessation treatments; and
- requirements for prior authorization, trying one medication before another or counseling along with medications.

Limiting coverage of tobacco cessation to certain types of Medicaid recipients or state employees, such as pregnant women or members of fee-for-service plans, also restricts potential benefits to the state. To provide broad coverage for quitting tobacco, state contracts with managed care plans (often HMOs) for Medicaid or state employees should require a comprehensive cessation benefit and a mechanism for monitoring its success.

Communication programs can encourage Medicaid recipients and state employees to use tobacco cessation benefits once they are available. State Medicaid and state employee benefit offices can provide information about available cessation treatments and programs. Managed care plans can promote benefits to participating clinicians through newsletters and continuing education programs. In order to make it easy for tobacco users to find information about coverage and understand how to use it, states can provide complete, easy-to-understand descriptions on their Medicaid and state employees' health websites and promote benefits in newsletters and targeted e-mails. Finally, states can inform tobacco users about in-state quit line resources that offer phone counseling, and the quit lines can help users access their cessation benefits and refer them to covered programs and medications.

Smoke-free government workplaces also support employees who are trying to quit — by removing triggers for cravings and the temptation to smoke at work. Non-smoking employees are also protected in smoke-free workplaces.

State comprehensive coverage for quitting tobacco

Six state Medicaid programs¹⁰ and five state employee benefit programs¹¹ offer comprehensive benefits for tobacco cessation.

For more information on comprehensive benefits and potential barriers, see the American Lung Association's report, "Helping Smokers Quit: State Ces-

sation Coverage."¹² For information on each state's cessation coverage benefits and potential barriers, see the State Cessation Coverage Database at <http://www.lungusa2.org/cessation2/>.

Health reform changes to tobacco cessation coverage

The 2010 Patient Protection and Affordable Care Act modifies state Medicaid coverage of tobacco cessation treatments:

- All pregnant women have a comprehensive cessation benefit as of Oct. 1, 2010.
- Tobacco cessation medications may no longer be excluded from coverage.
- States that offer coverage without cost-sharing of the preventive services recommended by the U.S. Preventive Services Task Force (which includes tobacco cessation) will receive a 1 percent increase in their federal Medicaid match rate (FMAP) for those services starting in 2014.

Other provisions require that state employee benefit plans cover all preventive services recommended by the U.S. Preventive Services Task Force, including tobacco cessation services in the future.



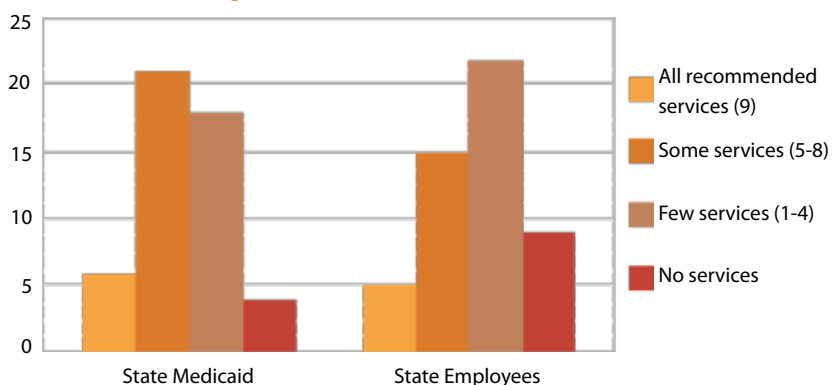
Ann Kelly, CSG Associate Director of Health Policy
akelly@csge.org

This publication is based on the cited publications and analysis prepared by the Partnership for Prevention and the American Lung Association.

References:

- ¹ Centers for Disease Control and Prevention. "Annual Smoking-Attributable Mortality, Years of Potential Life Lost, and Economic Costs—United States, 1995–1999." *Morbidity and Mortality Weekly Report*. Vol. 51, No. 14. April 12, 2002: 300–303. Available from <http://www.cdc.gov/mmwr/PDF/wk/mm5114.pdf>.
- ² Centers for Disease Control and Prevention. "Sustaining State Programs for Tobacco Control: Data Highlights 2006." Available from http://www.cdc.gov/tobacco/data_statistics/state_data/data_highlights/2006/pdfs/DataHighlights06rev.pdf.
- ³ Ibid.
- ⁴ Gallup. Tobacco and Smoking. July 8–11, 2010 results. Available from <http://www.gallup.com/poll/1717/Tobacco-Smoking.aspx>.
- ⁵ American Lung Association. "Smoking Cessation: The United States Facts." Available from <http://www.lungusa.org/stop-smoking/tobacco-control-advocacy/reports-resources/cessation-economic-benefits/states/united-states.html>.
- ⁶ Gallup.
- ⁷ National Center for Health Statistics, Centers for Disease Control and Prevention. National Health Interview Survey, 2007. Analysis by the American Lung Association, Research and Program Services Division using SPSS and SUDAAN software.
- ⁸ Fiore, Michael, Carolos Jaén, Timothy Baker, et al. "Treating Tobacco Use and Dependence: 2008 Update." *Clinical Practice Guideline*. Rockville, MD: U.S. Department of Health and Human Services. Public Health Service. May 2008. Available from <http://www.ncbi.nlm.nih.gov/bookshelf/br.fcgi?book=hsahcpr&part=A28163>.
- ⁹ Ibid.
- ¹⁰ Partnership for Prevention and American Lung Association. "Save Lives and Money: Help People on Medicaid Quit Tobacco." July 2010. Available from http://actiontoquit.org/uploads/documents/Save_Lives_and_Money_Medicaid_2010.pdf.
- ¹¹ Partnership for Prevention and American Lung Association. "Save Lives and Money: Help State Employees Quit Tobacco." 2010. Available from <http://www.prevent.org/data/files/topics/save%20lives%20and%20money%20-%20help%20state%20employees%20quit%20tobacco.pdf>.
- ¹² American Lung Association. "Helping Smokers Quit: State Cessation Coverage." February 2009. Available from <http://www.lungusa.org/assets/documents/publications/other-reports/smoking-cessation-report-2009.pdf>.

States Covering Tobacco Cessation Services^{10,11}



Tobacco Cessation Coverage and Smokefree Workplaces

State	Coverage for Recommended Tobacco Cessation Treatments in State Benefit Plans		Statewide Smokefree Workplaces, Restaurants and Bars ³
	Medicaid ¹	State Employee Health Plan ²	
Alabama	Δ	++	No
Alaska	++	+	No
Arizona	++	++	Yes
Arkansas	++	++	No
California	+	++	Partial
Colorado	+	+	Partial
Connecticut	Δ	++	Partial
Delaware	++	+	Yes
District of Columbia	+	+	Yes
Florida	+	Δ	Partial
Georgia	Δ	+	No
Hawaii	+	+	Yes
Idaho	++	+	Partial
Illinois	++	+++	Yes
Indiana	+++	+	No
Iowa	++	Δ	Yes
Kansas	+	+	Yes
Kentucky	*	++	No
Louisiana	++	Δ	Partial
Maine	++	+++	Yes
Maryland	+	Δ	Yes
Massachusetts	+++	+	Yes
Michigan	+	+	Yes
Minnesota	+++	++	Yes
Mississippi	++	+	No
Missouri	*	+	No
Montana	++	Δ	Yes
Nebraska	++	Δ	Yes
Nevada	+++	+++	Partial
New Hampshire	++	+	Partial
New Jersey	+	Δ	Yes
New Mexico	+	+++	Partial
New York	++	+	Yes
North Carolina	++	++	Partial
North Dakota	++	+++	Partial
Ohio	++	+	Yes
Oklahoma	++	+	No
Oregon	+++	+	Yes
Pennsylvania	+++	+	Partial
Rhode Island	+	++	Yes
South Carolina	+	++	No
South Dakota	+	Δ	No
Tennessee	Δ	++	No
Texas	+	Δ	No
Utah	+	+	Yes
Vermont	++	++	Yes
Virginia	+	++	No
Washington	+	+	Yes
West Virginia	+	++	Yes
Wisconsin	++	++	Yes
Wyoming	++	+	No

Key

+++ Coverage for recommended services (9)

++ Some services (5-8)

+ Few services (1-4)

Δ No services

Statewide smoke free workplaces:

Yes

Partial

No

*Kentucky and Missouri enacted legislation, but details of coverage will be determined when laws are implemented.

¹ Partnership for Prevention and American Lung Association. "Save Lives and Money: Help People on Medicaid Quit Tobacco." July 2010. Available from http://actiontoquit.org/uploads/documents/Save_Lives_and_Money_Medicaid_2010.pdf.

² Partnership for Prevention and American Lung Association. "Save Lives and Money: Help State Employees Quit Tobacco." 2010. Available from <http://www.prevent.org/data/files/topics/save%20lives%20and%20money%20-%20help%20state%20employees%20quit%20tobacco.pdf>.

³ Americans Non-Smokers' Rights Foundation. "United States 100% Smokefree Air Laws". July 5, 2010. Available from <http://www.no-smoke.org/pdf/100Map.pdf>.