



**Connecticut
Public Health
Association**

Promoting Public Health in Connecticut Since 1916

Connecticut Public Health Association

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Facts and Recommendations on Funding Smoking Cessation for Medicaid Participants

In order to reduce the prevalence of cancer, heart disease, and other smoking-related health problems, the Connecticut Public Health Association (CPHA) supports an initiative for state funding of Medicaid coverage for smoking cessation programs. More specifically, CPHA supports the approach of various other states that provide fully comprehensive smoking cessation in all settings, including the removal of barriers such as copayments, limitations in duration of treatment, prior authorization, and stepped-care therapy. CPHA recommends that when presented with **S.B. 220: *An Act Concerning the Elimination of Certain Department of Social Services Reporting Requirements***, the legislature act favorably on the bill in order to ensure that those individuals on Medicaid are provided with the same opportunities and resources to avoid the harmful effects of tobacco-related illness and death as those able to afford smoking cessation services.

Background

In the United States, there is an inverse relationship between income and smoking prevalence in which Medicaid recipients smoke at more than twice the rate of the general population. [1] Funding smoking cessation for Connecticut Medicaid beneficiaries would affect a large population of the state; in 2008 it was found that 15.9% of adults smoked, and approximately 37% of this population (37,800) were Medicaid beneficiaries. [1]

Smoking cessation programs have been demonstrated to be effective with Medicaid populations throughout the country. A recent Morbidity and Mortality Weekly Report from the Centers for Disease Control and Prevention (CDC) found that quitting rates increased when patients were given access to treatment, such as those made available through Medicaid programs. [2] ***Connecticut is now one of only seven states that does not cover treatment of any kind.*** [3]

The vast majority of states – 43 out of 50 – cover smoking cessation services because they are extremely cost-effective. The CDC designed a handbook for states which relied on evidence suggesting that “the cost savings from reduced tobacco use resulting from the implementation of moderately-priced, effective smoking cessation interventions would more than pay for these interventions within 3-4 years.” [4] Furthermore, the cost per year of life saved for smoking cessation programs is considerably higher than many preventative procedures. [5] In 2002, with health care costs considerably lower than they are currently, it was estimated that if the adult smoking rate were lowered even one percentage point from 19.9% to 18.9%, there would be a longer-term Medicaid savings in this country of \$30.6 million a year, or roughly \$1,000 per beneficiary every 5 years. [6,7] In 2008, associated health care costs for smoking in CT was \$2 billion in 2008, \$507 million of which is based on Medicaid. [1]

Recommendation

CPHA supports an initiative providing for state funding of Medicaid coverage for smoking cessation programs. Harms caused by smoking are proven to be preventable, and such prevention can be done so at no long-term cost to the state. CPHA urges the Connecticut legislature to act favorably on **S.B. 220** and allow Connecticut to be the next of the last remaining states to require that Medicaid cover fully comprehensive smoking cessation programs.

References

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- 2) U.S. Centers for Disease Control and Prevention, STATE MEDICAID COVERAGE FOR TOBACCO-DEPENDENCE TREATMENTS, 58 M.M.W.R. 1199 (2009).
- 3) Partnership for Prevention, A CALL FOR ACTION (ACCESS TO CESSATION TREATMENT FOR TOBACCO IN OUR NATION): AN ACTION PLAN TO ADDRESS THE LACK OF ACCESS TO TOBACCO-USE TREATMENT (2008), *available at* <http://www.actiontoquit.org>.
- 4) U.S. Centers for Disease Control and Prevention, BEST PRACTICES FOR COMPREHENSIVE TOBACCO CONTROL PROGRAMS (1999).
- 5) John D. Graham et al. Evaluating the Cost-Effectiveness of Clinical and Public Health Measures, 19 ANNUAL REV. PUB. HEALTH 125 (1998); Jerry Cromwell et al. Cost-Effectiveness of the Clinical Practice Recommendations in the AHCPR Guideline for Smoking Cessation, 278 J. AM. MED. ASSOC. 1759 (1997).
- 6) Eric Lindblom, National Center for Tobacco-Free Kids, STATE CESSATION-RELATED STATISTICS & POTENTIAL SAVINGS FROM REDUCING SMOKING BY ONE PERCENTAGE POINT (2002).
- 7) Matthew Barry, National Center for Tobacco-Free Kids, MEDICAID AND MEDICARE COSTS & SAVINGS FROM COVERING TOBACCO CESSATION 4 (2002).