MASSACHUSETTS
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PROJECT LEAD
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INITIATIVE GOAL
To ensure that all public and private health plans cover over-the-counter cessation medications, prescription cessation medications, and cessation counseling, both in person and via the quitline, as part of a standard insurance benefit plan.

INITIATIVE STATUS
Massachusetts has contracted with a consultant through June 30, 2012 to complete the assessment portion of this initiative.

PUBLIC-PRIVATE PARTNERSHIPS
Current initiative efforts include the following activities:

- Three private health plans pay for quarterly reports that include member utilization and referral data at a cost of $10,000 each annually.
- The Massachusetts Tobacco Cessation Program (MTCP) has teamed up with two trade unions (carpenters’ and painters’) on a pilot project. Five counseling sessions and eight weeks of nicotine replacement therapy (NRT) are provided to union members who call the quitline. This is a 50% costshare in which the employer (union) pays for screening, half of the NRT, shipping of the NRT, and evaluation calls. MTCP pays for all counseling sessions and the remaining half of the NRT. The MTCP is working with one private insurance company on a smaller pilot project. The insurance company offers five of their employer groups the same package of services currently being offered in the trade union pilot project. However, this pilot has been rather time consuming and poorly utilized.

PUBLIC-PUBLIC PARTNERSHIPS
Current initiative efforts include the following activities:

- Federal Financial Participation (FFP) for quitline services to Medicaid beneficiaries was just approved and MTCP is working on the expenditure paperwork to allow for reimbursement from June 2011 forward. The Medicaid insurance benefit for tobacco cessation has been very good for the past six years. Medicaid provides all FDA-approved pharmacotherapy including both over-the-counter and prescription medications and counseling, though quitline costs are not covered.
- Legislation has been filed requiring state employee benefit plans to mirror the state Medicaid benefit, however it is not clear whether this will make it through the legislature.

BACKGROUND INFORMATION
Massachusetts' tobacco prevalence: 14.1% (2010, BRFSS) or approximately 800,000 tobacco users.

Quitline service provider: JSI, Inc.

Quitline budget: $1.4 million annual budget has been stable since 2008; this provides funding for up to 900 callers per month.

Population served: all residents.

This project is made possible with funding from the Office on Smoking and Health, Centers for Disease Control and Prevention, U.S. Department of Health and Human Services.
Services provided: As an incentive to healthcare providers for referral, referred participants are offered five counseling calls and two weeks of NRT (patches). 90-95% of call volume is from healthcare referrals and the remainder of call volume is from self-referrals. Self-referrals are offered counseling and informational materials but not free NRT.

Quitline Utilization: 45% Medicaid; 12-15% Medicare (overlap possible with Medicaid); 5% other public-subsidized programs such as TriCare/CommCare; 33% private health plans (15% from one plan and others ranging from 5-7%); 8% report no insurance (though this is not possible under state health reform); 1% report “Do not Know”; and 2% refuse to report.

MAJOR PRIVATE INSURERS
Eight commercial plans.

PUBLIC INSURERS
Mass Health (Medicaid), Medicare, Group Insurance Commission (state employees) and Commonwealth Care (serves population with income slightly higher than Medicaid).

For additional information contact: Deb Osborne, Public-Private Partnership Manager, 800.398.5489 ext 705 or dosborne@naquitline.org
To access additional resources and tools, go to: http://www.naquitline.org/?page=PPP