



## Quitting Time: Comprehensive Coverage of Tobacco Cessation Services in Private and Public Health Insurance

### OVERVIEW

Cigarette smoking continues to be the leading cause of preventable disease and death in the United States claiming approximately 443,000 lives prematurely every year.<sup>1</sup> Smoking not only takes the lives of those who use tobacco, but also those who are exposed to secondhand smoke. Smokeless tobacco has been linked to greater incidence of fatal heart attacks and strokes.<sup>2</sup> The bottom line is that no tobacco product is safe to use.

Smoking costs the U.S. economy approximately \$300 billion each year, including \$133 to 176 billion for direct medical costs and \$151 billion for lost productivity related to premature death.<sup>3</sup> Tobacco control efforts by the American Heart Association and our public health partners have contributed to a significant decline in U.S. cigarette consumption, however, 16.7% of men and 13.6% of women in the U.S. still smoke.<sup>4</sup> Outcomes of our efforts have stalled in recent years, especially for people living below the poverty line and for those with low educational attainment.<sup>1</sup> E-cigarette use is on the rise in epidemic proportions in youth and adolescents.<sup>4</sup> Smokeless tobacco use is on the rise, is highest in young men between the ages of 18 and 24, and is especially prominent in the southeastern U.S.<sup>5</sup> Eighty-eight million nonsmokers are still exposed to secondhand smoke, especially in the home where children are disproportionately affected.<sup>6</sup>

To help save these lives, AHA advocates for comprehensive coverage of tobacco cessation services in public and private health insurance programs that includes medications and counseling.

### SUCCESS OF TREATMENT PROGRAMS

In general, tobacco cessation treatment remains highly cost-effective, even though it is very difficult for people to quit this deadly, addictive habit.<sup>7</sup> There is a strong relationship between the length of time patients have in behavior counseling sessions, the amount of time they are able to spend with their health care providers and successful treatment outcomes.<sup>8</sup>

Available forms of nicotine replacement therapy (gum, transdermal patch, nasal spray, inhaler, and lozenges) increase quit rates by 50-100% compared with not using any of these products at all; however, fewer than one in five smokers making a quit attempt take advantage of these therapies.<sup>9</sup> For many smokers, cost is a barrier.<sup>9</sup>



### ECONOMIC AND HEALTH BENEFITS TO QUITTING

In July 2006, the Massachusetts health care reform law mandated tobacco cessation coverage for the Massachusetts Medicaid population.

- Upon implementation of the benefit, MassHealth subscribers were allowed two 90-day courses per year of FDA-approved medications for smoking cessation, including over-the-counter medications like nicotine replacement therapy, and up to 16 individual or group counseling sessions. Within the first two years of implementation, over 70,000 Massachusetts Medicaid recipients used the benefit, and the smoking rate declined from 38% to 28%.<sup>10</sup> There was also a decline in the utilization of other costly healthcare services (38% decrease in hospitalizations for heart attacks, 17% drop in emergency room and clinic visits due to asthma, and a 17% drop in claims for adverse maternal birth complications, including pre-term labor).<sup>10</sup>
- Additional research with the program showed that the comprehensive coverage led to reduced hospitalizations for heart attacks and a net savings of \$10.5 million, or a \$3.07 return on investment for every dollar spent.<sup>11</sup> Savings will likely continue to increase as time goes on and the impact of quitting in this population increases.

## FACT SHEET: Tobacco Cessation Coverage

Other research on the economic benefits of quitting smoking includes:

- Medicaid enrollees have nearly double the smoking rates of the general population, and smoking-related medical costs are considered responsible for 11% of Medicaid costs.<sup>12</sup>
- A recent study showed that while the retail price of a pack of cigarettes in the US is on average \$5.51, the combined medical costs and productivity losses attributable to each pack of cigarettes sold are approximately \$18.05 per pack of cigarettes. The ratio of benefits to cost varies from \$0.86 to \$2.52 saved per dollar spent on smoking cessation programs, depending upon the type of intervention.<sup>13</sup>
- The health benefit of cessation and relapse therapy during pregnancy is even more apparent, minimizing low birth weight, placental abruption, sudden infant death syndrome, and other illnesses and life-threatening conditions for mother and child.<sup>14</sup>
- Quitting tobacco also leads to increased productivity at work, less disability and chronic disease, and less medical expenditures.<sup>15</sup>

## WHERE WE ARE NOW

In March 2010, the U.S. Congress passed the Affordable Care Act (ACA) which required state Medicaid programs to cover comprehensive tobacco cessation treatments with no cost sharing for pregnant women. This provision went into effect on October 1, 2010. However, a 2015 study by the American Lung Association revealed that 32 states that have expanded Medicaid since the Affordable Care Act imposed one or more barriers on at least one cessation treatment for at least some enrollees.<sup>16</sup> States have a tremendous opportunity to save even more lives by applying comprehensive tobacco cessation treatments to all smokers in Medicaid with no barriers to access. Nationwide, 36.6% of people in Medicaid smoke, compared to 22.6% of the general population.<sup>17</sup>

ACA also requires private insurers offering non-grandfathered group or individual health insurance plans to cover preventive services rated as A ("strongly recommended") & B ("recommended") by the U.S. Preventive Service Task Force without cost sharing. Tobacco cessation services fall into this category since they are highly recommended and have shown evidence-based outcomes. Comprehensive tobacco cessation services should be offered in all public and private health care plans.

## AHA Action Plan

To help achieve the tobacco endgame and save lives, the American Heart Association advocates for private and public health insurers to cover comprehensive cessation services for all current tobacco users including both counseling and pharmacotherapy without cost sharing or other barriers such as prior authorization or stepped therapy.

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