

Smoking Cessation Treatment Needed for HUSKY Members

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Smoking is the leading cause of preventable mortality and disease in the US today.¹ According to the Campaign for Tobacco Free Kids, Connecticut's annual health care cost directly caused by smoking was \$1.63 billion in 2006.² Of that total, \$430 million was charged to Connecticut's Medicaid program, for health services to the elderly, persons with disabilities, and individuals on HUSKY.

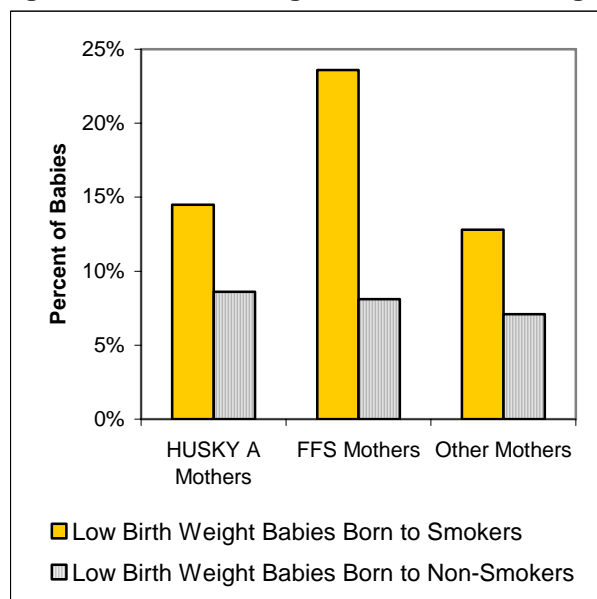
In 2004, the Connecticut General Assembly enacted legislation calling for the treatment of tobacco dependence in Medicaid (Section 19, Public Act 04-02). Connecticut's Department of Social Services recently estimated that the cost of providing smoking cessation treatment for the entire Medicaid population would range between \$3.8 and \$9.5 million.³ Despite its clear cost effectiveness, Section 19 of Public Act 04-02 remains unfunded.

The health consequences of smoking are severe. Smoking causes lung cancer and heart disease. Among women, it is the major cause of cancer of the oropharynx and bladder and increases the risk for cervical cancer, liver cancer, and colorectal cancer. Women who smoke during pregnancy are at risk for pregnancy complications, including preterm birth, low birthweight infants, stillbirth, and infant death. Exposure to environmental tobacco smoke (secondhand smoking) during childhood and adolescence is associated with increased risk for chronic bronchitis, wheezing, and the development of asthma.⁴

In Connecticut, pregnant women on Medicaid (HUSKY A and fee-for-service) - were more likely to smoke than all other pregnant mothers giving birth in 2005.⁵ Among Medicaid mothers, 15.5% of HUSKY A mothers and 6.5% of fee-for-service mothers smoked, compared to 2.7% of all other mothers who smoked. Consequently, their babies were more likely

to suffer from pregnancy complications, such as low birthweight (Figure 1).⁶

Fig 1. Effect of Smoking on Babies' Birth Weight



Connecticut lags behind the rest of the nation in providing smoking cessation programs for its Medicaid population. In 2001, the Centers for Medicare and Medicaid Services recommended that every Medicaid program provide smoking cessation treatment as a covered benefit.⁷ By 2006, Connecticut was among only five states whose Medicaid program did not cover *any* tobacco-dependence treatment recommendations.⁸

The demand for smoking cessation programs is high. In July 2007, the Connecticut Department of Public Health began offering all smokers up to two free months of nicotine patches or gum through the state's toll free Quitline. Operating with a one year budget of \$1.9 million, the hotline ran out of supplies after two months due to high demand.⁹ Funding for the Quitline comes from the multimillion dollar tobacco settlement agreement.

Revenues, such as the tobacco settlement funds, could be more wisely allocated towards smoking cessation and prevention. According to a recent annual report by the Campaign for Tobacco Free Kids, Connecticut is the only state in the nation that did not appropriate any tobacco settlement money to smoking prevention and cessation programs in fiscal year 2008. Connecticut ranks *last* among all states for utilizing tobacco settlement money for smoking prevention and cessation programs.¹⁰

Recommendations

- The Connecticut General Assembly should appropriate funding in accordance with Section 19 of Public Act 02-4 that requires Medicaid plans, including HUSKY, to provide smoking cessation treatment as a covered benefit.
- New HUSKY A contracts with managed care plans should specify that managed care plans are responsible for providing effective treatments for tobacco dependence, including both medication (nicotine replacement therapy, antidepressants) and counseling (individual and group) for members when medically necessary.

¹National Center for Health Statistics. Health, United States, 2005 Chartbook on trends in the health of Americans. Hyattsville, MD: Department of Health and Human Services, 2005.

² Campaign for Tobacco Free Kids. The Toll of Tobacco in Connecticut. www.tobaccofreekids.org. (accessed 12/18/07).

³ CT Department of Social Services. "Plan for Treating Tobacco Use and Dependence," report to Human Service and Appropriation Committees (March 2006).

⁴ McQuaid EL, Walders N, Borrelli B. Environmental tobacco smoke exposure in pediatric asthma: overview and recommendations for practice. *Clinical Pediatrics*, 2003; 42: 775-787.

⁵ Lee, Mary Alice. Births to Mothers with Medicaid Coverage: Smoking During Pregnancy, 2005. www.ctkidslink.org.

⁶ There are a disproportionate number of foreign born, possibly undocumented mothers, enrolled in Fee-For-Service Medicaid. These women are not eligible for pre-natal care services (available to HUSKY A participants) and may be entering the healthcare system late in their pregnancy. This puts their babies at higher risk for health complications. For more information, see M. Lee "Ensuring Health Care Coverage for All Pregnant Women and Their Babies," (February 2007): www.ctkidslink.org.

⁷ Centers for Medicare and Medicaid Services. Dear State Medicaid Director (letter). Baltimore, MD: CMS, January 5, 2001.

⁸ Centers for Disease Control. "State Medicaid Coverage for Tobacco-Dependence Treatments—United States, 2006," *Morbidity and Mortality Weekly Review* (February 8, 2008).

⁹ Associated Press. "State's Quitline Blown Away by High Demand." *New Haven Register*: October 30, 2007.

¹⁰ Campaign for Tobacco Free Kids. FY 2008 Rankings of State Funding for Tobacco Prevention. www.tobaccofreekids.org. (accessed 12/17/07).