ISSUE BRIEF
CHILDREN'S HEALTH COUNCIL

Covering Smoking Cessation Can Improve Family Health

February 2003

Connecticut spends over $336 million in Medicaid dollars to treat smoking-related illnesses each year,[1] and even a 25% reduction in smoking rates among Medicaid participants would reduce state costs by more than $2.5 million.[2] However, smoking cessation services are not a covered benefit in the state's Medicaid program, and only the two smallest HUSKY health plans (covering less than 25% of HUSKY members) have elected to cover these services. While the amount and scope of coverage varies, thirty-four states fund tobacco cessation services through their Medicaid program.[3]

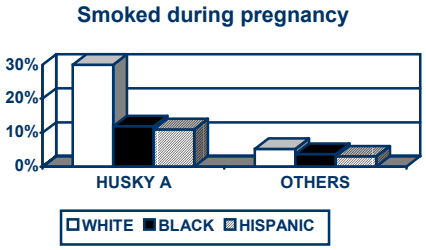
Since Medicaid paid for a quarter of all births in the state in 2000 and one quarter of all children are enrolled in HUSKY, the need for smoking cessation services is a significant public health issue. By covering smoking cessation medications and counseling for Medicaid participants, Connecticut can realize an enormous benefit in both fiscal savings and the improved health of its citizens.

Thirty-four states offer smoking cessation services through their Medicaid program

Medicaid participants more likely to smoke

National and state data indicate that smoking rates are higher among Medicaid participants than the general population.

- According to national data, 36% of Medicaid members smoke, compared to 23% of the general population.[4]
- In Connecticut, the Children's Health Council has found that women enrolled in HUSKY A who gave birth in 2000 were nearly four times as likely to smoke during pregnancy as women in the general population (19% vs. 5%). The percentage of Black and Hispanic women in HUSKY A who smoked during pregnancy was four times higher, and for White women six times higher, than the percentage of other women who smoked.



Smoking during pregnancy increases the possibility of low birthweight, preterm birth, sudden infant death syndrome, asthma, upper respiratory infections and pneumonia and bronchitis. Connecticut women who smoke during pregnancy were more likely than non-smokers to have a child with low birth weight (14% vs. 7%) and to have a premature birth (15% vs. 11%).

Pregnancy: an opportunity to improve family health

Counseling and therapeutic interventions considered most effective throughout pregnancy include individual face-to-face, group and telephone counseling. Almost 40% of pregnant women quit smoking at some time during their pregnancy.[5] This finding suggests pregnancy provides an opportunity to not only increase

[1] Campaign for Tobacco-Free Kids. "*State Cessation-Related Statistics & Potential Savings From Reducing Smoking by One Percentage Point.*" May 1, 2002.
[2] Campaign for Tobacco-Free Kids (see footnote 1).
[3] Campaign for Tobacco-Free Kids. "*Key Tobacco-Cessation Findings and Recommendations from the U. S. Public Health Services and the U.S. Preventive Services Task Force.*" November 7, 2001.
[4] Ibrahim, Jennifer, et al, "Coverage of Tobacco Dependence Treatments for Pregnant Women and for Children and Their Parents", *Amer. Journal of Public Health*, Dec. 2002, 92:12.
[5] American Legacy Foundation. "Fact Sheet on Women and Smoking."

cessation rates among pregnant women, but also to achieve higher rates of cessation among household members and to prevent children from becoming smokers.

Reducing household smoking

While the new data on pregnant women presents a compelling case for covering smoking cessation for these women, there is just as much of a need to offer these services to other Medicaid participants, including parents and youth themselves.

Parental smoking compromises the health of the entire family. Household smoking increases the risk of childhood respiratory ailments, eye and ear disorders, and fire-related injuries. Numerous studies document increased physician visits, ear infections, tonsillectomies, adenoidectomies and ear operations as a result of exposure to second-hand smoke.

Household smoking also increases other risks for youth:

- Children with smokers in their households are three times more likely to start smoking.[6]
- Although we do not know the numbers of children in HUSKY who smoke, almost one-third of Connecticut high school students use some form of tobacco.[7]

Effective treatments often not discussed

Nicotine addiction makes quitting difficult for smokers, but medications and counseling are effective treatments. However, many smokers may not be getting the medical assistance or education they need to quit.

Effective treatments for smoking cessation include nicotine replacement therapy, individual and group counseling, skills training, problem-solving and social supports. The U.S. Public Health Service recommends that both counseling and drug treatment be made available to all tobacco users to improve their chances of quitting. Clinical trials of cessation counseling have demonstrated improved quit rates. In addition, recent studies indicate that even simple advice from a provider can promote long-term smoking cessation and limit children's exposure to second-hand smoke.[8]

Connecticut does not currently include payments for smoking cessation in its Medicaid managed care program or HUSKY, despite the proven effectiveness of such supports. Providers may be less likely to promote smoking interventions if they believe their patients will not be able to access benefits under HUSKY. There is evidence that many adults and youth want to quit, but are not getting counseling from their providers.

- National studies show that the vast majority of adult smokers would like to quit, but only half have had their health provider urge them to quit.[9]
- In Connecticut, most young smokers have tried to quit at least once. Between 19% and 23% of middle and high school smokers have tried to quit three or more times.[10]
- Among children in HUSKY A aged 12-21 years, less than half had providers who documented an assessment for substance abuse, including smoking.[11]

Recommendations

To realize the financial and health benefits of smoking cessation programs for Connecticut families:

- Medicaid should provide coverage for smoking cessation prescription and over the counter medications, as well as counseling.
- HUSKY health plans should promote cessation programs and educate members on the dangers of smoking, the benefits of quitting, and how to access smoking cessation services. Health plans should also make special efforts to reach pregnant women and limited English proficient populations.

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[6] Tanski, Susanne E., "Tobacco Counseling at Well-Child and Tobacco-Influenced Illness Visits: Opportunities for Improvement," *Pediatrics*, February 2003, 111:2.

[7] *Connecticut Youth Tobacco Survey 2000.* Connecticut Department Of Public Health, April, 2001.

[8] Tanski, Susanne E. (see footnote 6).

[9] Overview: Smoking Cessation. Agency for Health Care Policy & Research, April 1996.

[10] *Connecticut Youth Tobacco Survey 2000.* Connecticut Department Of Public Health, April, 2001.

[11] Qualidigm, Inc. A report on Early and Periodic Screening Diagnosis & Treatment services for children enrolled in Connecticut's HUSKY Plan Part A. Hartford, CT: Connecticut Department of Social Services, 2000.