




Cessation Saves Lives



Senator Richard T. Moore
Senate Chairman, Joint Committee on Health Care Financing



Savings from Smoking Cessation in Medicaid Programs
July 26, 2010
Louisville, Kentucky





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Why Promote Cessation Efforts?


- Smoking is costly to taxpayers, either through a loss of worker productivity or from increased health care utilization
- It is the leading cause of preventable death in the United States. Smoking kills more residents than cocaine, auto accidents, AIDS, alcohol, heroin, fire, suicide and homicide *combined*
- Paying for cessation benefits is the single most cost-effective health insurance benefit for adults



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Why Promote Cessation Efforts?


- Over 400,000 lives are lost every year in the United States (1,200/day) and \$50 billion annually in lost productivity and increased health care costs.
 - More than 8,000 Massachusetts residents die annually from the effects of smoking, and tobacco use is associated with \$4.3 billion in excess health care costs in Massachusetts each year.
- Of the world's 1.2 billion smokers, the World Health Organization estimates that 500 million of them will die because of smoking. This means that 9% of people now alive will die from tobacco use.
- 60% of smokers start by the age of 14, and 90% of smokers are firmly addicted before reaching the age of 19. Only 1 in 10 smokers become addicted after the age of 19.

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Why Promote Cessation Efforts?

- Cessation benefits provide those who desperately want to quit with the means to do so
- Cessation benefits not only curb long term cost trends, but see immediate benefits with decreased cardiovascular and respiratory illness
- Increased taxes on tobacco products serve not only as a deterrent from continued use, but also assist in supporting the increased medical costs associated with smoking





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Cessation Efforts in Massachusetts

- **1992** – Question 1 – ballot initiative that placed a \$.25 per pack tax on cigarettes (revenue to MA Tobacco Control Program)
- **Chapter 85 of the Acts of 1997** – Massachusetts State House becomes smoke-free
- **1999** - revenues from tobacco settlement dedicated to public health and tobacco control programs (\$22.8 million for FY00)
- **2003** – cities and towns pass smoke-free workplace regulations (Boston, Cambridge, Somerville)
- **Chapter 137 of the Acts of 2004** – Massachusetts workplaces become 100% smoke-free




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Cessation Efforts in Massachusetts

- **2005** – MassHealth coverage of smoking cessation benefits for pregnant women and mothers with children under age 3
- **Chapter 58 of the Acts of 2006 (Health Care Reform)** – established pilot program allowing MassHealth subscribers access to free or low-cost pharmacotherapy, nicotine replacement products, and counseling
- **Chapter 158 of the Acts of 2008** – Cessation pilot made permanent in FY09 budget
- **2008** – \$1.00 per pack cigarette tax increase with revenues dedicated to Health Reform.






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Cessation Efforts in Massachusetts

- Within just one year, users of the smoking cessation benefit had dramatic reductions in hospitalizations for heart attacks, declines in emergency and clinic visits for asthma, and a significant decrease in acute birth complications.
- In the first two and a half years of the benefit, over 75,000 MassHealth members have tried to quit smoking. This represents 40 percent of smokers on MassHealth, a level unprecedented in the nation.





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Cessation Efforts in Massachusetts

- Researchers from the Massachusetts Tobacco Cessation and Prevention Program (MTCP) found that up to 38 percent fewer MassHealth cessation benefit users were hospitalized for heart attacks in the first year after using the benefit and 17 percent fewer benefit users visited the emergency room for asthma symptoms in the first year after using the benefit.
- Researchers also found that there were 17 percent fewer claims for adverse maternal birth complications since the benefit was implemented.



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Where do we go from here?

- Provide uniform cessation benefits for all public programs and for all enrollees in the Commonwealth's Group Insurance Commission
- Maintain and protect the workplace smoking ban
 - Legislation authorizing casino gaming in the Commonwealth contained provisions allowing for smoking areas on the gaming floor, the Senate voted 24-15 to remove that provision
- Continue to promote the health benefits associated with and cost effectiveness of cessation programs



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