



Reducing Tobacco Use Helps Establish a “Sound Fiscal House”

- 42% of adult MaineCare members smoke –more than twice the rate of non-members - and 62.7% of MaineCare smokers report wanting to quit.ⁱ LD 386 provides the tools to assist them in making a good health decision and reduces one of the cost drivers in the Medicaid program.
- Maine taxpayers pay an estimated \$216 million annually to treat tobacco related disease in Medicaid membersⁱⁱ – this is 100% preventable and avoidable.
- A comprehensive benefit has been implemented in Massachusetts and results there demonstrate a substantial 3:1 return on investment in reducing costs in their Medicaid program. The results are irrefutable – a 26% decline in beneficiary smoking rates, 46% fewer hospitalizations for heart attacksⁱⁱⁱ and a 17% decline in ER visits for asthma symptoms^{iv} in the first year of the comprehensive benefit.
- The bill’s fiscal note is minimal and could be covered with unspent tobacco settlement dollars.

Evidence-Based Practices for Helping Tobacco Users Quit

- Insurance coverage of tobacco cessation services significantly increases the likelihood that individuals will obtain treatment and successfully quit smoking.
- LD 386 provides coverage for an evidenced-based cessation benefit for Medicaid members linked to the United States Public Health Services (PHS) clinical practice guidelines (an independent panel of prevention and public health experts). The bill eliminates barriers to quit such as financial costs, prior authorizations and limits on attempts.
- Among tobacco users who have never used any NRT products, cost is the most frequently cited reason. This is especially true of the Medicaid population. The PHS Guideline lists the elimination of cost-sharing for tobacco cessation counseling as a key implementation strategy for health systems. Several peer-reviewed studies have found that reductions in patient out-of-pocket costs increase both the use of cessation services and overall tobacco quit rates.^v
- Every individual is unique and has success with different methods for quitting. A comprehensive cessation benefit as provided by LD 386 will cover all scientifically supported methods.
- It takes the average tobacco user multiple quit attempts to be successful. Limits on the attempts provide a barrier to success. LD 386 covers multiple quit attempts if they are needed.

ⁱ BRFSS, 2011.

ⁱⁱ Campaign for Tobacco Free Kids, Toll of Tobacco: Maine

ⁱⁱⁱ Partnership for Prevention, A Policy Paper: Saving Money *The Massachusetts Tobacco Cessation Medicaid Benefit*
<http://www.prevent.org/downloadStart.aspx?id=65>

^{iv} Campaign for Tobacco Free Kids, Health Care Reform
http://www.tobaccofreekids.org/what_we_do/federal_issues/health_care_reform/

^v Curry SJ, et al 1998, Schauffler HA 2000