**An Act Providing Medicaid Coverage for Tobacco Cessation Programs**

**H.1169 (Rep. Barber) and S.768 (Sen. Lewis)**

**WHAT AN ACT PROVIDING MEDICAID COVERAGE FOR TOBACCO CESSATION PROGRAMS DOES**

The Massachusetts health care reform law mandated tobacco cessation coverage for the Massachusetts Medicaid population. This bill would expand who is reimbursed for providing cessation coverage.

**WHY WE NEED THIS BILL**

* The Massachusetts health care reform law mandated tobacco cessation coverage for the Massachusetts Medicaid population. Within the first two years of implementation, over 70,000 Massachusetts Medicaid recipients used the benefit, and the smoking rate among Medicaid recipients in Massachusetts declined from 38% to 28%.1 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.2,3
* Having insurance coverage for tobacco cessation treatments is associated with increased quit attempts, use of cessation treatments, and successful tobacco cessation.1
* Tobacco cessation treatment remains highly cost-effective, even though it is very difficult for people to quit this deadly, addictive habit. 4
* A majority of smokers (68%) report that they want to quit entirely.5
* 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.6

**Tobacco is the leading cause of preventable illness and premature death in MA**

* Tobacco use remains the leading cause of preventable death, killing more than 9,300 people in Massachusetts each year.7
* Kids now under 18 and alive in Massachusetts who will ultimately die prematurely from smoking, 103,000.7

**Tobacco use takes a huge financial toll on the economy**

* The CDC estimates that in Massachusetts, tobacco use costs an estimated $4.08 billion in health care costs *each year*, including approximately $1.26 billion in state Medicaid expenditures.

**In Conclusion**

People who stop smoking greatly reduce their risk for disease and early death. Although the health benefits are greater for people who stop at earlier ages, there are benefits at any age, therefore it is important for Medicaid to provide more low-income tobacco users access to care and preventive services, including tobacco cessation therapy and provide a robust network of cessation counselors.

**For more information, please contact**

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