

# U.S. quit-smoking policies need improving, experts say

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Key decisions expected next year about coverage of tobacco-cessation aids.

(HealthDay)—U.S. federal and state policies are at a "tipping point" in terms of winning the war against smoking, according to an American Lung Association report.

"Over the next year, key decisions will be made by the [federal government](#) and the [states](#) about whether or not they will help save lives, prevent disease and reduce [health costs](#)," Paul Billings, senior vice president of advocacy and education at the American Lung Association, said in an association news release.

The association believes the federal government has missed important opportunities to improve Americans' access to medications and counseling to help them quit smoking. The record among states is mixed,

but too few provide [coverage](#) to help people kick the habit, the report said.

"We know that the vast majority of smokers want to quit, but the complex web of state and federal coverage for effective quit-smoking programs and treatments prevents too many from getting the help they need," Billings said. "States and the federal government can reduce the enormous health burden of [tobacco use](#) by providing access to these proven interventions."

Here are some key findings from the association's 2012 annual report:

In terms of Medicaid coverage, only two states (Indiana and Massachusetts) provide comprehensive coverage to help people quit smoking, and two states (Alabama and Georgia) provide no coverage. Four states (Colorado, Kansas, North Dakota and South Dakota) provided new counseling benefits for pregnant women in 2012. Connecticut and Tennessee announced new benefits for everyone in 2012 that are close to comprehensive.

In terms of state-employee health plan coverage, only four states (Illinois, New Mexico, North Dakota and Rhode Island) provide comprehensive coverage. All other states provide some type of coverage. In 2012, Florida, Georgia, Nebraska and New Jersey added new [smoking-cessation](#) benefits for state employees.

Even though telephone quitlines are an important part of quit-smoking efforts, most states do not provide adequate funding for their quitlines. Only two states (Maine and South Dakota) currently fund quitlines at or above the recommended amount, the report said, noting this is a critical lost opportunity.

On Nov. 26, the U.S. Department of Health and Human Services

published a proposed rule that requires tobacco cessation as an essential health benefit under the Affordable Care Act. But the department missed a crucial opportunity by not defining what insurers must include as part of a tobacco-cessation benefit.

States, however, can use this opportunity to help smokers quit by including comprehensive quit-smoking benefits as they implement the state health insurance exchanges and Medicaid expansions required by the Affordable Care Act, the report said.

"Giving all smokers access to a comprehensive cessation benefits is not only the right thing to do, it's the smart thing to do," Billings said. "The bottom line is that quitting smoking saves lives and saves money."

Tobacco use—the leading cause of preventable death in the United States—costs the country's economy \$193 billion a year, according to the report. One recent study showed that providing smokers with help to quit has a three-to-one return on investment, meaning \$3 is saved for every \$1 spent.

Not all states understand this, however. For example, "Maine's governor cut [Medicaid coverage](#) of tobacco-cessation medications as part of a short-sighted cost-cutting strategy," Billings said.

**More information:** The American Cancer Society offers a [guide to quitting smoking](#).

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