

# Better benefits help Medicaid recipients quit smoking

March 7 2014, by Glenda Fauntleroy

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People on Medicaid in the U.S. are 68 percent more likely to smoke than the general population. New research in the *American Journal of Preventive Medicine* suggests that expanded smoking cessation benefits offered under the Affordable Care Act (ACA) should give more people the opportunity to quit.

For the study, researchers compared types of Medicaid coverage for tobacco dependence treatment and found "that the quit rate was two points higher in the states with the most generous tobacco dependence treatment coverage, and two points lower in states where there was no coverage," said lead author Jessica Greene, Ph.D., professor at George Washington University School of Medicine.

Eleven percent of the country's Medicaid costs have been linked to the effects of smoking, but recipients are less likely to take advantage of tobacco dependence treatment than those with other health coverage, according to the study. The way to change this appears to be offering more recipients comprehensive coverage, say the authors.

The most comprehensive coverage includes smoking cessation counseling as well as pharmacotherapy, such as nicotine replacement therapy (patches and gum) or prescription non-nicotine drugs.

Researchers in the new study used data from the Current Population Survey from 2001 to 2011 and included 3,071 adult Medicaid recipients from 28 states who smoked in the year before the survey. They found that 41 percent of the recipients had tried to quit smoking, and 7 percent were successful.

The types of tobacco dependence treatment covered by Medicaid vary by state, but under the ACA, coverage has been expanded to Medicaid recipients through four provisions. For example, all Medicaid programs must offer full [tobacco dependence](#) treatment coverage to pregnant women without co-payment. And all states must cover tobacco-cessation drugs, but not counseling, for all recipients.

States that offered Medicaid recipients counseling without copayment and pharmacotherapy with copayment had higher quit rates of 8.3 percent. Those living in states with no treatment or pharmacotherapy-only coverage had quit rates between 4 and 5.6 percent.

"Since under the Affordable Care Act there will be more generous coverage for many Medicaid recipients than was offered during our study period, we believe the quit rate could be even higher than 9 percent," Greene explained.

"It is important to note that 41 percent wanted to quit, indicating a great opportunity," said Norman Edelman, M.D., senior medical advisor at the American Lung Association. "The importance of this study is that it shows, not surprisingly, that Medicaid recipients are very cost conscious and that full coverage is the most successful approach."

"States that offer less than full coverage for [smoking cessation](#) are probably being penny wise and pound-foolish as they will eventually have to pay for the smoking related illness which those who don't quit will incur down the line," Edelman added.

**More information:** Greene J, Sacks RM, McMenamin SB. "The impact of tobacco dependence treatment coverage and copayments in Medicaid." *American Journal of Preventive Medicine*. April 2014.

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