

Medicaid policies that help smokers quit also save on health care costs

October 27 2016



Smoking causes an estimated 90 percent of all lung cancer deaths and other serious diseases. A new study finds that some Medicaid policies may help smokers access powerful drugs to help them quit. Credit: CDC/Debra Cartagena

Medicaid policies that require patients to go for tobacco-cessation counseling before they get a nicotine patch or some other type of anti-smoking drug actually lead to a reduction in the use of such medication, according to a study by Leighton Ku, PhD, MPH, Professor of Health Policy and Management at Milken Institute School of Public Health (Milken Institute SPH) at the George Washington University. Medicaid agencies that adopted the policy did so because they thought it would give smokers a powerful tool to help them quit. But this study suggests that the policy did the opposite—and actually lowered the use of anti-smoking medication by one-quarter to one-third.

Smoking is the leading cause of preventable illness and disease in the United States. Furthermore, almost one out of three adults covered by Medicaid, now the nation's largest health insurance program, smoke. The new study is the first to examine how state policies affect the extent to which Medicaid smokers are able to get and use medications that can help them quit smoking.

Ku, Erin Brantley, a research associate at Milken Institute SPH, and their colleagues looked at policies that could explain state-level differences in the use of anti-smoking medications by Medicaid patients from 2010 until 2014. They found that some policies, like the counseling requirement, erected an obstacle for some smokers.

Other Medicaid policies seemed to help smokers who wanted access to such medication. The team found, for example, that states that covered all types of anti-smoking drugs ramped up the use of such drugs by as much as 34 percent. Smoking cessation drugs can be a powerful tool because they help smokers resist the powerful cravings for nicotine, Ku says.

"Policies and programs that empower low-income Medicaid smokers to quit could improve their health and help reduce [health care costs](#)," Ku

says. Smokers who quit are at reduced risk of many potentially deadly smoking-related diseases such as lung cancer. Policies that help smokers quit could also be an investment that pays off for the Medicaid program, he says. Tobacco related diseases cost the Medicaid program a huge amount every year and many can be prevented if smokers quit.

The study, "How Medicaid and other Public Policies Affect Use of Tobacco Cessation Therapy," appears in the October 27 issue of *Preventing Chronic Disease*. The journal is published by the U.S. Centers for Disease Control and Prevention.

Provided by George Washington University Milken Institute School of Public Health

Citation: Medicaid policies that help smokers quit also save on health care costs (2016, October 27) retrieved 19 April 2024 from <https://medicalxpress.com/news/2016-10-medicaid-policies-smokers-health.html>

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