

KEY FACTS REGARDING THE MEDICAID SMOKING CESSATION BENEFIT IN MASSACHUSETTS: SMOKING-RELATED ILLNESSES ARE REDUCED WHILE COST SAVINGS ACCRUE TO THE STATE'S TAXPAYERS

- **The benefit was established in the Massachusetts Health Reform Law as a two-year pilot program, effective July 1, 2006. By the time the pilot ended, the program was so successful that Medicaid had already decided to make smoking cessation a regular part of the state's benefit package.**
- **The benefit was comprehensive, easy and inexpensive for patients to access, and, well-publicized to patients, advocates and health care providers. It includes both medication and counseling with minimal co-payment required of patients:**
 - **It allows all medications approved by the FDA, with 90-day treatment periods permitted twice annually in any combination of over-the-counter and prescription drugs.**
 - **It allows for up to 16 sessions of individual and group counseling per year, consisting of two 45-minute individual in-depth assessment sessions, as well as 14 regular counseling sessions – either 30 minute individual sessions or 60 minute group sessions.**
- **As a result of the benefit, the Massachusetts Department of Health evaluation showed:**
 - **Smoking prevalence for Medicaid patients dropped by 26 percent (from 38.3 percent to 28.3 percent).**
 - **There was an almost 50 percent reduction in hospitalizations for acute myocardial infarctions and for acute coronary heart diseases. There was also a reduction in hospitalizations for pregnancy- and childbirth-related complications.**
 - **The total cost of the cessation program for the 21,656 Medicaid patients followed in the study was about \$5.1 million (including publicity costs). The reduced cost of medical treatment for the hospitalizations for acute myocardial infarctions and for acute coronary heart disease for those patients alone was about \$10.2 million.**
- **The identified return on investment of two to one for each dollar spent did not include additional savings from other hospitalizations, decreased emergency room and in-patient visits, or, long-term savings resulting from reduced cancers.**