

Center for Medicaid and State Operations

March 22, 2007

SMDL #07-004

Dear State Medicaid Director:

I am writing to encourage you to evaluate efforts by your State Medicaid program to decrease smoking among the Medicaid population to ensure their effectiveness in addressing this important public health issue. Smoking remains the leading cause of preventable death in this country, impacts nearly every bodily organ and contributes to a significant portion of health care related expenditures. The Centers for Medicare & Medicaid Services (CMS) is committed to improving the lives of Medicaid beneficiaries by achieving the Department's goal of seeking wellness and prevention as rigorously as treatment. A culture of wellness deters or diminishes debilitating and costly health events.

Smoking cessation continues to be a preventive measure that saves lives and health care costs. As noted in the Centers for Disease Control and Prevention (CDC) article published in the November 2006 Morbidity and Mortality Weekly Report (MMWR), (<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5544a2.htm>), current research findings support the need for information and education of providers and the public on the importance of smoking cessation and the hazards of secondhand smoke on a vulnerable population. This document also notes that smoking cessation treatment was among the top-ranked clinical preventive services (with childhood immunization and discussing aspirin chemoprophylaxis for adults at risk for cardiovascular disease) determined to save health-care costs.

Many States have recognized the public health hazards associated with smoking. According to the CDC article noted above, 38 State Medicaid programs provide coverage for at least one form of tobacco-dependence medication treatment. An additional four States report that they cover at least one form of tobacco-dependence treatment for pregnant women only. The article also notes that 14 States offered some form of tobacco-cessation counseling services for their entire Medicaid population, while 12 additional States offered counseling services for pregnant women only.

Additionally, the Surgeon General's Report of 2006, "The Health Consequences of Involuntary Exposure to Tobacco Smoke" indicates that scientific evidence now supports several major conclusions which impact the Medicaid population, particularly children. These include: 1) secondhand smoke causes premature death and disease in children and in adults who do not smoke; and 2) children exposed to secondhand smoke are at an increased risk for sudden infant death syndrome (SIDS), acute respiratory infections, ear problems, and more severe asthma. The report may be downloaded from the Department of Health and Human Services Web site at: <http://www.surgeongeneral.gov/library/secondhandsmoke>.

Finally, Congress enacted the “Prematurity Research Expansion and Education for Mothers who Deliver Infants Early Act (PREEMIE Act) in December 2006. The goal of this legislation is to reduce preterm labor and delivery and the risk of pregnancy-related deaths and complications due to pregnancy, and to reduce infant mortality caused by prematurity. This legislation recognizes the importance of educating health professionals and the public concerning tobacco-dependence treatments and encourages smoking cessation education and counseling. CMS recently announced activities to support the goal of decreasing morbidity and mortality in low-birth weight infants. More information about this project can be found at http://www.cms.hhs.gov/MedicaidSCHIPQualPrac/02_whatsnewinquality.asp#TopOfPage.

Several States are considering flexible benefit plans and incentives that encourage personal responsibility and healthy lifestyles. I encourage you to evaluate the services currently offered by your State Medicaid Program and consider the possibilities available for providing coverage for the recommended tobacco-dependence treatment services geared toward reducing adverse health effects in the Medicaid population. I also encourage you to share promising practices in smoking cessation for posting to the “Promising Practices” section of the CMS Web site. This is a mechanism for sharing ideas that work or lessons learned. The process for providing information on promising practices can be found at www.cms.hhs.gov/MedicaidSCHIPQualPrac/10_Promising%20PracticesConceptNomination%20Process.asp#TopOfPage.

Please feel free to contact Ms. Jean Sheil, Director, Family and Children’s Health Programs Group with questions at 410-786-1285.

Sincerely,

/s/

Dennis G. Smith
Director

cc:

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