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Support Medicaid Coverage of Tobacco Cessation for Pregnant Women

Smoking has been found to cause numerous health problems for women of childbearing age, and smoking during pregnancy has been linked to many poor birth outcomes, including preterm birth and low birthweight. Tobacco cessation counseling and pharmacological interventions have been found to save money, help women quit smoking, and improve birth outcomes. Unfortunately, some of the women who most need access to these services, lack health coverage for them. Ensuring that all pregnant women who rely on Medicaid have coverage for tobacco cessation counseling and pharmacotherapies can significantly increase the number of pregnant smokers who have access to effective cessation interventions.

Smoking During Pregnancy

- Women who smoke during pregnancy are more likely than nonsmokers to have a low birthweight or preterm baby.¹
- Conservative estimates indicate that at least one out of every ten pregnant women smoke, accounting for half a million births per year.²
- According to a 2004 Surgeon General's report, "Health Consequences of Smoking," infants of women who quit smoking by the end of the first trimester have weight and body measurements comparable to infants of nonsmokers.

Cost of Preterm Birth and Low Birthweight

- According to a 2006 report by the Institute of Medicine, the annual societal economic cost (medical, educational, and lost productivity) associated with preterm birth in the US was at least \$26.2 billion.

¹ Shah, NR and MB Bracken. 2000. "A Systematic Review and Meta-analysis of Prospective Studies on the Association Between Maternal Cigarette Smoking and Preterm Delivery." *American Journal of Obstetrics and Gynecology* 182(2):465-72.

² See, e.g., Markovic, R., et al., "Substance Use Measures Among Women in Early Pregnancy," *American Journal of Obstetrics & Gynecology* 183:627-32 (September 2000).





- Low birthweight accounts for 10% of all healthcare costs for children.

Smoking and Medicaid

- Pregnant women on Medicaid are 2.5 times more likely than other pregnant women to smoke, according to Medicaid data collected by the Centers for Disease Control and Prevention (CDC).
- According to joint estimates by the CDC and the Centers for Medicare and Medicaid Services, smoking-attributable neonatal health care costs for Medicaid total almost \$228 million, or about \$738 per pregnant smoker.
- Thirty-nine state Medicaid programs cover tobacco cessation pharmacotherapies (gum, patch, etc.) and 26 cover tobacco cessation counseling.
- Counseling is typically the first treatment recommended to pregnant smokers, but for very heavy smokers, providers may choose to prescribe pharmacotherapy in addition to counseling.

Tobacco Cessation Effectiveness and Cost Savings

- ***Studies suggest that every \$1 spent on smoking cessation counseling for pregnant women could save about \$3 in neonatal intensive care costs.***³
- In a managed care setting, a comprehensive smoking cessation benefit (counseling and pharmacotherapy) costs less than \$5.92 per member per year (about \$0.40 per month).⁴
- Prenatal smoking cessation programs have been shown to have a protective effect on intrauterine growth retardation.⁵
- A study in the July 2001 *American Journal of Preventive Medicine* ranked the effectiveness of various clinical preventive services recommended by the U.S. Preventive Services Task Force, using a one to ten scale, with ten being the highest possible score. Of the thirty preventive services evaluated, tobacco cessation ranked second in its degree of effectiveness, scoring a nine out of 10 (the highest ranking was for childhood vaccines which scored a 10). Among other preventive services covered by Medicaid, colorectal cancer screening received a score of eight and mammography screening scored a six.
- In 2006, a National Institutes of Health (NIH) state-of-the-science panel found that tobacco cessation interventions could double or triple quit rates if more smokers had access to them. The panel found that smoking cessation interventions/treatments such as nicotine replacement therapy and counseling were individually effective, and even more effective in combination.

³ Ayadi, MF and others. 2006. "Costs of Smoking Cessation Counseling Intervention for Pregnant Women: Comparison of Three Settings." *Public Health Reports* 121: 120-26.

⁴ Curry SJ, Grothaus LC, McAfee T, Pabniniak C. Use and cost effectiveness of smoking cessation services under four insurance plans in a health maintenance organization.

⁵ Ershoff DH, Quinn VP, Mullen PD, et al. Pregnancy and medical cost outcomes of a selfhelp prenatal smoking cessation program in a HMO. *Public Health Reports* 1990; 105(4):340-7.