

## GREATER ACCESS TO TOBACCO CESSATION MEDICATIONS AND TREATMENT WILL SAVE MONEY AND LIVES

*A diverse coalition supports efforts to improve access to quitting help for Medical Assistance and MinnesotaCare enrollees.*

### ALL MINNESOTANS PAY THE PRICE FOR TOBACCO'S HARM

- Commercial tobacco use remains the leading cause of preventable death and disease, taking the lives of more than 6,300 Minnesotans each year.<sup>1</sup>
- Smoking costs the state over \$7 billion a year: more than \$3 billion in excess health care costs and \$4 billion in lost productivity.<sup>2</sup> In Minnesota's Medical Assistance program alone, smoking-related health care costs total \$563 million.<sup>3</sup>

### SMOKING DECLINES AMONG MINNESOTA ADULTS HAVE STALLED OUT AT 14%

- An estimated 574,000 Minnesota adults still smoke and need help quitting.<sup>4</sup>
- Nearly half of adult smokers have a household income of \$35,000 or less<sup>5</sup> and those enrolled in public programs are twice as likely to smoke than the general population.<sup>6</sup>

### BARRIERS TO TREATMENT FOR TOBACCO DEPENDENCE DELAY QUITTING AND HARM HEALTH

- While Medical Assistance and MinnesotaCare provide coverage for guidelines-based tobacco cessation treatment, barriers exist and change from year to year, creating confusion for providers and patients.
- The Affordable Care Act and federal regulation require quit-smoking medications to be available without cost-sharing and prior authorization requirements,<sup>7</sup> but some Medical Assistance and MinnesotaCare enrollees face limited, inconsistent access to these medications (i.e., only allowed two quit attempts each year).
- Another challenge is many qualified health care professionals (e.g., mental health professionals and alcohol and drug counselors) are not able to be reimbursed for delivering best practice counseling.

### PEOPLE LIVING WITH MENTAL ILLNESS OR SUBSTANCE USE DISORDERS ARE IMPACTED HARDEST BY RESTRICTIVE TREATMENT POLICIES

- People living with mental illnesses or substance use disorders are more dependent on tobacco, smoke more heavily and are more likely to die from tobacco-related illness than from their mental health or substance use conditions.<sup>8</sup>
- Only 40% of Minnesota's mental health treatment facilities and 47% of substance use disorder treatment programs offer tobacco treatment counseling.<sup>9</sup>
- Three-quarters of adults with serious mental illness and substance use disorders want to quit smoking yet needed resources lag.
- Developing a tobacco treatment plan can take more time and may require multiple medications, higher doses, and long-term treatment options.

### REMOVING BARRIERS TO QUITTING WILL SAVE MONEY AND LIVES

- Tobacco and nicotine addiction is a chronic, relapsing condition that often requires multiple attempts to quit and repeated, individualized treatment.<sup>10</sup>
- Helping people quit smoking is one of the most cost-effective health services.<sup>11</sup> Quit-smoking help costs a fraction of what it takes to annually treat smoking related diseases such as lung cancer (\$60,000<sup>12</sup>) and cardiovascular disease (\$18,005<sup>13</sup>).
- Counseling and medication support can double the chances of a person successfully quitting.<sup>14</sup>

## Minnesota can improve access to treatment for tobacco dependence by passing legislation that:

1. Requires coverage for guidelines-based tobacco cessation treatment, all FDA-approved cessation medications and group, phone, and individual counseling.
2. Requires those treatments to be available without cost-sharing and without barriers such as prior authorization requirements and quantity limits.
3. Expands the types of providers who can be reimbursed for delivering counseling services, such as alcohol and drug counselors and mental health practitioners.

<sup>1</sup>Blue Cross and Blue Shield of Minnesota. Health Care Costs and Smoking in Minnesota. 2017.

<sup>2</sup>Blue Cross and Blue Shield of Minnesota. Health Care Costs and Smoking in Minnesota. 2017.

<sup>3</sup>Campaign for Tobacco Free Kids. Toll of tobacco in the United States: The toll of tobacco in Minnesota. 2022

<sup>4</sup>ClearWay Minnesota, Minnesota Department of Health. Minnesota Adult Tobacco Survey, 2018 Update. 2019.

<sup>5</sup>Jamal A, Phillips E, Gentzke AS, et al. Current Cigarette Smoking Among Adults - United States, 2016. MMWR Morb Mortal Wkly Rep. 2018;67(2):53-59.

<sup>6</sup>Glantz SA. Estimation of 1-Year Changes in Medicaid Expenditures Associated with Reducing Cigarette Smoking Prevalence by 1%. JAMA Network Open. 2019;2(4):e192307. doi:10.1001/jamanetworkopen.2019.2307

<sup>7</sup>[https://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/aca\\_implementation\\_faqs19](https://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/aca_implementation_faqs19)

<sup>8</sup>Centers for Disease Control and Prevention. "Tobacco Use and Quitting among Individuals with Behavioral Health Conditions." Centers for Disease Control and Prevention, 3 Dec. 2021, <https://www.cdc.gov/tobacco/disparities/mental-illness-substance-use/index.htm>.

<sup>9</sup>Substance Abuse and Mental Health Services Administration, National Mental Health Services Survey (N-MHSS): 2019. Data on Mental Health Treatment Facilities. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2020.

<sup>10</sup>Fiore M, Jaen C, Baker T, et al. Treating Tobacco Use and Dependence: 2008 Update. Clinical Practice Guideline. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service;2008.

<sup>11</sup>Fiore MC, et al. Treating Tobacco Use and Dependence: 2008 Update – Clinical Practice Guideline, US Public Health Service, May 2008, <https://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/tobacco/index.html>.

<sup>12</sup>National Cancer Institute. Average annual costs of care: Annualized mean net costs of care. Available at: [https://costprojections.cancer.gov/annual\\_costs.html#f1](https://costprojections.cancer.gov/annual_costs.html#f1). Accessed March 3, 2017.

<sup>13</sup>AJMC. Medical care costs among patients with established cardiovascular disease | Page 2. Available at: [http://www.ajmc.com/journals/issue/2010/2010-03-vol16-n03/ajmc\\_10marnicholswebx\\_e86to93/P-2](http://www.ajmc.com/journals/issue/2010/2010-03-vol16-n03/ajmc_10marnicholswebx_e86to93/P-2). Accessed March 3, 2017.

<sup>14</sup>Centers for Disease Control and Prevention. "Smoking Cessation-the Role of Healthcare Professionals and Health Systems." Centers for Disease Control and Prevention, 24 Feb. 2020, [https://www.cdc.gov/tobacco/data\\_statistics/sgr/2020-smoking-cessation/fact-sheets/healthcare-professionals-health-systems/index.html](https://www.cdc.gov/tobacco/data_statistics/sgr/2020-smoking-cessation/fact-sheets/healthcare-professionals-health-systems/index.html)

### Our Mission

Minnesotans for a Smoke-Free Generation is a coalition of over 50 organizations that share a common goal of advancing justice by striving toward a future where every person is free from commercial tobacco's harms and can reach their full health potential.

Note: Tobacco in this document refers specifically to the use of manufactured, commercial tobacco products, and not to the sacred, medicinal and traditional use of tobacco by American Indians and other groups.

