Offer Comprehensive Medicaid Coverage for Tobacco Treatment

WHEREAS, “Tobacco product” means any product that is made from or derived from tobacco, or that contains nicotine or other similar substances, that is intended for human consumption or is likely to be consumed, whether smoked, heated, chewed, absorbed, dissolved, inhaled or ingested by any other means, including, but not limited to, a cigarette, a cigar, pipe tobacco, chewing tobacco, snuff or snus. Tobacco product also includes any electronic smoking device. This excludes any FDA-approved nicotine replacement therapy. This also excludes the sacred, medicinal and traditional use of tobacco by American Indians and other groups.

WHEREAS, despite longstanding declines in cigarette smoking prevalence, smoking is the leading preventable cause of morbidity and mortality in the United States

WHEREAS, quitting smoking has immediate and long-term health benefits and yields healthcare cost savings

WHEREAS, smokers who quit by age 40 reduce the excess risk of death associated with continued smoking by about 90%

WHEREAS, smoking prevalence is twice as high in Medicaid recipients compared to privately-insured individuals

WHEREAS, states with Medicaid policies permitting both counseling and pharmacotherapy had more quit attempts and successful quit attempts

WHEREAS, the American Lung Association has rated North Dakota a “C”, due to significant barriers to accessing care, for Medicaid recipients

WHEREAS, smoking costs $325,798,988 in direct health care costs, to North Dakota

WHEREAS, tobacco cessation and counseling will lead to substantial savings in Medicaid programs and reduced Medicaid claims

WHEREAS, tobacco dependence treatment is one of the most cost-effective preventive services, providing substantial return on investment in the short and long term

THEREFORE, be it resolved, the NDPHA supports that ND Medicaid cover comprehensive tobacco treatment to include individual and group counseling as well
as medication, and remove barriers to accessing treatment such as copays, prior authorization, requirement of counseling for medications, limits on duration of treatment and limits on number of quit attempts.

References:


