



## **Rx: Health Care FYI #24**

**Subject:** *Maternal Smoking During Pregnancy  
Increases Health Care Costs*

**From:** *Rep. Tim Murphy (PA-18)*

**The problem:** Smoking during pregnancy is associated with 20 percent of all low birth weight babies, 8 percent of preterm births, and 5 percent of all perinatal deaths. Smoking during pregnancy costs an estimated \$1.4 billion to \$2 billion annually.<sup>1</sup>

### **Maternal smoking increases medical risks:**

- Women who smoke during pregnancy are 1.5 and 3.5 times more likely than a nonsmoker to have a *low birth weight* (LBW) baby.<sup>2</sup>
- Infants whose mothers smoked during pregnancy have 2.3 times the risk of SIDS (Sudden Infant Death Syndrome) than infants of nonsmoking pregnant mothers.<sup>2</sup>
- Smoking<sup>3</sup> during pregnancies, increases the risk for infant mortality by 10 percent.

### **Maternal smoking increases health care costs:**

- Neonatal health care costs attributed to smoking for the Medicaid system total almost \$228 million.<sup>4</sup>

### **Ending maternal smoking saves money:**

- One study found that if 25% of pregnant smokers on Medicaid receive counseling that achieves an 18% quit rate, of that 18% almost \$10 million in excess Medicaid neonatal health care costs could be averted.<sup>4</sup>
- Another study reported that an 18% smoking cessation rate, could save a 3:1 ratio on Medicaid.<sup>5</sup>

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<sup>1</sup> NGA Center for Best Practices. Issue Brief. Preventing Maternal Smoking. July 2001.

<sup>2</sup> Centers for Disease Control and Prevention. Smoking-Attributable Mortality, Morbidity, and Economic Costs (SAMMEC): Maternal and Child Health (MCH) SAMMEC software, 2002b. Available at: <http://www.cdc.gov/tobacco/sammecc>.

<sup>3</sup> March of Dimes Fact Sheet "Smoking During Pregnancy." Available at: <http://www.modimes.org/HealthLibrary2/FactSheets/SmokingDuringPregnancy.htm>

<sup>4</sup> Centers for Disease Control and Prevention. Smoking-Attributable Mortality, Morbidity, and Economic Costs (SAMMEC): Maternal and Child Health (MCH) SAMMEC software, 2002b. Available at: <http://www.cdc.gov/tobacco/sammecc>

### **The Federal Government's Role:**

- The Health Care Financing Administration (HCFA) of HHS encouraged state Medicaid programs to provide coverage for smoking cessation for all populations; ensure smoking cessation services are available to pregnant women and children (below age 21) under Early Periodic Screening Diagnosis and Treatment program (EPSDT); encourage providers to screen for tobacco use and make recommendations for smoking cessation treatment and ensure Medicaid managed care contracts cover smoking cessation services.<sup>6</sup>
- Currently, 25 state Medicaid programs cover one or more smoking cessation treatments for pregnant women.

### **Recommendations:**

- The Centers for Disease Control and Prevention recommends that state Medicaid agencies and state health departments work together to offer smoking cessation benefits to low-income beneficiaries.
- Provide health care organizations with data on the cost-effectiveness of cessation services to encourage private plans to cover smoking cessation.
- Train providers on tobacco use screening, counseling, and other behavioral and systems interventions for mothers to quit smoking.

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<sup>5</sup> Marks JS, Koplan, JP, Hogue CJR, Dalmat ME. A cost-benefit/cost-effectiveness analysis of smoking cessation for pregnant women. *American Journal of Preventive Medicine* 1990;6(5):282-9.

<sup>6</sup> Westmorland, Timothy M. "Dear State Medicaid Director," Health Care Financing Administration. January 5, 2001.