

Heart Disease and Stroke. You're the Cure.



American Heart Association | American Stroke Association

Learn and Live.

The Honorable Paul Doyle, Chair
The Honorable Toni Walker, Chair
Human Services Committee
Room 2000, Legislative Office Building
Hartford, CT 06106

Good afternoon Senator Doyle, Representative Walker and members of the Human Services Committee. On behalf of the thousands of volunteers of the American Heart Association, it is indeed our privilege to offer a few thoughts on the proposed legislation, House Bill 5541, An Act Concerning Medicaid.

The American Heart Association / American Stroke Association is the largest voluntary organization in the world working to reduce disability and death from cardiovascular disease and stroke—the number-one and number-three killers in Connecticut. Tobacco continues to remain the leading cause of death and disease in Connecticut. The American Heart Association is joined today by a handful of anti-tobacco advocates to ask the committee to broaden and clarify the current Medicaid state plan. The AHA would like to see all smoking cessation treatments such as over the counter products (NRT), behavioral counseling and pharmaceutical products be made available to Medicaid recipients.

Connecticut remains only one of four states in the U.S. that do not cover any smoking cessation treatments for Medicaid clients, despite the fact that legislation was passed in 2002 authorizing the Department of Social Services to do so. Approximately 70% of all smokers want to quit, yet many (especially low-income smokers) lack the resources to afford help in doing it. Coverage of comprehensive smoking cessation treatment provides a quick and inexpensive solution to not only reduce smoking among Medicaid recipients and their families' exposure to secondhand smoke, but also will save Connecticut millions of dollars annually.

Smoking Cessation Programs have been proven to be very effective. On average, 27.6 % of smokers who receive both counseling and medications are able to quit. According to the U.S. Centers for Disease Control and Prevention (CDC), tobacco cessation is more cost-effective than other common, covered disease prevention interventions, such as the treatment of hypertension and high blood cholesterol. Connecticut is also now able to extrapolate data coming out of Massachusetts's MasHealth Plan. The DPH/MTCP MasHealth Cessation Study is a first-of-its kind study that shows a dramatic drop in acute health factors within one year of a smoker's access of a barrier-free smoking cessation benefit through Medicaid. Massachusetts now offers a Medicaid cessation benefit that includes all FDA-approved medications to quit smoking and behavioral counseling. A recent pilot study of the benefit reported that 40% of smokers in Medicaid took advantage of the services (75,000 people). Over the two-year study period, 33,000 smokers quit.

Connecticut received about \$500 million annually between the Master Settlement Agreement funds and tobacco tax revenue, even before the additional \$1.00 cigarette tax passed in 2009. A small amount of these funds could pay for this benefit, and in addition, the federal waiver will return 50% of the investment to the state. Anti-tobacco advocacy groups support smoking cessation funding for Medicaid recipients. The lack of comprehensive cessation coverage leaves smokers in our state without clinically proven treatment options when they try to quit.

Helping more Connecticut residents quit remains a top public health priority of American Heart Association. I ask that the committee consider supporting House Bill No. 5411, An Act Concerning Medicaid and the substitute language as submitted by Pat Checko representing the MATCH Coalition.

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