



MATCH
COALITION, INC.

Protecting Connecticut's Health

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Testimony in Support of Raised House Bill 5411: An Act Concerning Medicaid March 11, 2010

My name is Dr. Pat Checko. I am Chairman of the statewide MATCH Coalition (Mobilizing Against Tobacco for Connecticut's Health). MATCH and its partners support this bill, particularly Section 2 that would finally require the funding for smoking cessation treatment that was first authorized by the legislature in 2002. Thank you for your continuing efforts to provide critical services for those who need them the most and have the least access and voice to obtain them.

The prevalence of tobacco use among adults in Connecticut has decreased by half since the 1960s, but not for low-income populations, such as Medicaid enrollees, who continue to smoke at over twice the rate of the general population (36% vs. 16%) and suffer the health consequences at a higher rate. There are 169,000 adult Medicaid clients aged 19-64 and 61,000 of them are smokers. Like most smokers, they would like to quit.

Years of evaluation have proven that Smoking Cessation Programs are effective. On average, 27.6 % of smokers who receive both counseling and medications are able to quit. Despite this, Connecticut remains only one of four states in the U.S. that do **not cover any smoking cessation treatments** for Medicaid clients. While state employees and legislators have insurance with smoking cessation benefits, Medicaid recipients do not.

Connecticut's total annual health care costs associated with smoking are nearly \$2 billion in 2008 dollars. The associated health care costs for Medicaid recipients who smoke is more than \$507 million in 2008 dollars, costs primarily borne by Connecticut taxpayers.

Medicaid cessation is a proven success. For example, Massachusetts offers a Medicaid cessation benefit that includes all FDA-approved medications to quit smoking and behavioral counseling. According to a recent pilot study of the benefit, 40% of smokers in Medicaid took advantage of the services (75,000 people). Over the two-year study period, 33,000 smokers quit leading to a 26% decline in smoking prevalence.

In this time of fiscal crisis, it is legitimate to question where funding can be found for these benefits. Connecticut received about \$500 million annually between the MSA 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.

We would like to take this opportunity to recommend some additional language for the proposed legislation. This language is included in the packet and we feel that it would clarify and broaden the tobacco cessation products and services that would be covered under Medicaid, and reduce the barriers to accessing them.

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One goal of *Healthy People 2010* is to ensure that evidence-based treatments for smokers are available through state Medicaid programs. In addition, the USDHHS Clinical Practice Guidelines, *Treating Tobacco Use and Dependence: 2008* recommends that evidenced based medication and behavioral smoking cessation treatments should be offered as covered services in public as well as private health insurance plans. That means that smoking cessation coverage should be comprehensive including behavioral counseling and both legend and over the counter (OTC) drugs. The proposed language is consistent with the U.S. Public Service Guidelines. Smoking cessation is not a one size fits all treatment. While some smokers can quit with just the benefit of nicotine replacement therapy (NRT), others may need all three components and may need them more than once. So the benefit needs the flexibility to cover one and any combination of modalities.

The language would also increase access for Medicaid clients while maintaining DSS control over utilization, since all therapies would be accessed through a health care provider. For example, DSS currently covers certain OTC drugs including Claritin, a drug that previously required a physician prescription. So there is already a mechanism in place to provide OTC drugs like nicotine patches that were also prescription drugs at one time.

We would be happy to work with the committee on refining language and attempting to estimate the cost of implementing it. All Medicaid recipients should have access to comprehensive smoking cessation therapies because they save lives and money. The Massachusetts MassHealth report noted that 33,000 smokers quit over a two-year period. An individual who quits smoking by age 30 eliminates almost all excess risk associated with smoking, and those who quit by age 50 cut in half their risk of dying in the next 15 years.

Tobacco cessation is among the most cost-effective health interventions. Such treatments are considered the gold-standard of preventive interventions. In addition, tobacco use treatment is more cost-effective than such commonly provided clinical preventive services as mammography, PAP tests, colon cancer screening, treatment of mild to moderate hypertension, and treatment of high cholesterol.

Investing in tobacco prevention and cessation today saves lives and health care costs tomorrow. If this smoking cessation program is as successful as those in other states, and as CT's other smoking cessation efforts, we estimate that there would be 4,107 fewer smokers among Medicaid clients in the first year alone. For every dollar invested, the state can save \$2 - \$3.

The American Legacy Foundation estimated that within five years, Connecticut would see annual Medicaid savings of \$91 million (2005 dollars) with a 50 percent decrease in smoking rates, and \$18 million (2005 dollars) annually in Medicaid savings with a ten percent reduction in smoking.

A comprehensive smoking cessation benefit for Medicaid recipients has widespread support in the community, as evidenced by the number of organizations that have already joined MATCH in urging passage and implementation of this benefit. (See attached letter.)

**2010 GENERAL ASSEMBLY SESSION
HUMAN SERVICES COMMITTEE
(March 10, 2010)**

SUMMARY: This proposal would clarify and broaden the tobacco cessation products and services that would be covered under Medicaid

TEXT:

Section 17b-278a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2010*):

The Commissioner of Social Services shall amend the Medicaid state plan to provide coverage for treatment for smoking cessation ordered by a licensed health care [professional] provider. Only a health care provider who possesses valid and current state licensure to prescribe [such] drugs may order treatment that includes legend drugs. [in accordance with a plan developed by the commissioner to provide smoking cessation services. The commissioner shall present such plan to the joint standing committees of the General Assembly having cognizance of matters relating to human services and appropriations by January 1, 2003, and, if such plan is approved by said committees and funding is provided in the budget for the fiscal year ending June 30, 2004, such plan shall be implemented on July 1, 2003. If the initial treatment provided to the patient for smoking cessation, as allowed by the plan, is not successful as determined by a licensed health care professional, all prescriptive options for smoking cessation shall be available to the patient.] Such treatment shall be consistent with the United States Public Health Service guidelines for tobacco use cessation and shall include legend and over the counter drugs and counseling by a physician, qualified clinician, or a certified tobacco use cessation counselor. The plan shall limit coverage to no more than two treatment plans per beneficiary annually.



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Why Comprehensive Smoking Cessation for Medicaid Clients Should Be Funded

All Medicaid recipients should have access to comprehensive smoking cessation therapies. Such programs would not only save lives, but also provide significant savings to Connecticut's Medicaid program. Based on the experience in other states, we would estimate that there would be 4,107 fewer smokers annually. The MATCH Coalition believes the time for action is now – and so do our members and partner organizations who have signed on to support passage of HB 5411: An Act Concerning Medicaid.

- 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.
- Connecticut's total annual health care costs associated with smoking are nearly \$2 billion in 2008 dollars. The associated health care costs for Medicaid recipients who smoke is more than \$507 million in 2008 dollars, costs primarily borne by Connecticut taxpayers.
- Medicaid recipients continue to smoke at over twice the rate of the general population (36% vs. 16%). There are 169,500 adult Medicaid clients aged 19-64 and 61,000 of them are smokers.
- Smoking Cessation Programs are effective. On average, 27.6 % of smokers who receive both counseling and medications are able to quit. State employees and legislators have insurance with smoking cessation benefits, Medicaid recipients do not.
- Medicaid cessation is a proven success. Massachusetts 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 MSA 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.
- The American Legacy Foundation estimated that within five years, Connecticut would see annual Medicaid savings of \$91 million (2005 dollars) with a 50 percent decrease in smoking rates, and \$18 million (2005 dollars) annually in Medicaid savings with a ten percent reduction in smoking.

Patricia J. Checko, Dr. P.H., M.P.H.
Chairman

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Organizations Supporting Passage of HB 5411: An Act Concerning Medicaid

CT Chapter of the American Academy of Pediatrics

American Lung Association of New England

American Cancer Society

Campaign for Tobacco-Free Kids

East of the River Action for Substance Abuse Elimination (ERASE)

The Connecticut Cancer Partnership

Connecticut Children's Medical Center

Connecticut Oral Health Initiative

Asthma & Allergy Foundation

ASPIRA

Multicultural Leadership Institute

Urban League of Greater Hartford

National Association of Social Workers, Connecticut Chapter

Connecticut Society for Respiratory Care

Connecticut Association of Public Health Nurses

Jewish Family Services of Greater Hartford

Catholic Charities, Inc. -- Archdiocese of Hartford

CT Voices for Children

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