

**Heart Disease and Stroke. You're the Cure.**



**Testimony of the Connecticut American Heart Association**

*In Support of Raised Bill 6550: An Act Concerning Medicaid Coverage for Smoking Cessation*  
To the Distinguished Co-Chairs and Members of the Finance, revenue and Bonding Committee  
**March 15, 2011**

70% of Connecticut's smokers indicate they want to quit and while 40% attempt to quit each year only about 5% are successful. Many fail because, in part, of a lack of access to successful cessation programs. Prevention programs that alleviate this burden on our citizens and economy are not only consistent with our shared goal of insuring access to care to those in need, it is also the only fiscally responsible approach we can take.

From a cost perspective, the need is critical. According to the Centers for Disease Control and Prevention, tobacco use costs Connecticut's Medicaid program alone \$507 million per year. 30% of Connecticut Medicaid beneficiaries smoke, almost a 50% higher rate than the population as a whole. Yet, Connecticut is one of only 4 states that does not provide Medicaid coverage for at least one of the three primary smoking cessation services. Providing tobacco users with access to these services can increase quit rates by up to 40%.

Tobacco prevention and cessation programs are shown over and over to be effective ways of reducing the financial and human costs of tobacco. In fact, these services, ranked amongst the top two preventative health services in a systematic assessment of 30 services Medicaid coverage of tobacco use cessation services—counseling, nicotine replacement therapy and prescription drugs is a proven success. For example, Massachusetts offers a Medicaid cessation benefit that covers all 7 FDA approved cessation options within the 3 service types, including low cost medication and counseling services. According to a recent study of the benefit, 40% of smokers in Medicaid took advantage of the services (75,000 people). 33,000 smokers quit over the two-year study period, leading to a 26% decline in smoking prevalence. Hospitalizations due to heart attacks have dropped 46% while the service has been offered. In addition to the real and immediate health benefits there has also been an equally real and immediate cost benefit. Medical savings from reduced hospitalizations for heart attacks and coronary atherosclerosis in the first two years of the Massachusetts program was an estimated \$10.2 million for the study population. The cost of tobacco treatment medications and promotion was \$5.1 million. Therefore, the net savings was \$5.1 million, or \$2.00 return for every dollar spent. This calculation does not include cost savings beyond 2 years and only includes savings from inpatient heart attacks and coronary atherosclerosis in the first two years after the first use of a



American Heart Association | American Stroke Association

*Learn and Live.*

## **Heart Disease and Stroke. You're the Cure.**

tobacco cessation medication. Clearly Massachusetts has become a model of success for others to emulate.

The key to a successful smoking cessation benefit is flexibility in the benefit. Because not every smoker responds in the same way to treatment options every option should be made available to smokers wanting to quit in order to give them the best chance of success. HB 6550 is necessary because existing statute, Section 17B-278a, is too narrowly drafted and only covers prescription drugs. Enactment language as contained in the bill is consistent with the United States Public Health Service guidelines for tobacco use cessation, which include legend drugs, nicotine replacement therapy over the counter drugs and counseling by a physician, qualified clinician, or a certified tobacco use cessation counselor.

Additionally, existing statute adds an unnecessary barrier to treatment by requiring a prescription from a licensed health care professional for services to be provided to a smoker. As neither counseling services nor over the counter nicotine replacement therapy necessitate a prescription, HB 6550 provides that coverage shall be provided based on the recommendation of a licensed health care provider, thus removing the barrier. The bill does not change the prescription requirement for legend drugs.

Updating the existing statute, as well as funding comprehensive Medicaid coverage of cessation services would allow for the state to take advantage of federal matching funds, reach a higher concentration of lower income smokers and ease the impact tobacco related illnesses have on the cost of the program.

The American Heart Association enthusiastically supports HB 6550 as part of a coherent strategy to reduce death and disability related to cardiovascular disease. We simply cannot afford to continue to ignore the entirely preventable problem of tobacco use. Failure to act continues to escalate the current fiscal strain and results in a greater number of lives being affected by heart disease and stroke at a greater cost to the state.

Thank you.

###