



**Human Services Committee  
March 15, 2011  
American Cancer Society Testimony**

**H.B. No. 6550 (Raised) An Act Concerning Medicaid Coverage For  
Smoking Cessation Treatment**

**The American Cancer Society is in strong support of H.B. No. 6550 (Raised) -  
An Act Concerning Medicaid Coverage For Smoking Cessation Treatment.**

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. The program cost about \$12 million, and according to a recent pilot 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. Clearly Massachusetts has become a model of success for others to emulate.

HB 6550 is necessary because existing statute, Section 1. Section 17b-278a, is too narrowly drafted and only covers prescription drugs. Based on the success rates in other states, the best plans include coverage for all services because not everyone reacts the same way to one option over another. 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 requires 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. The bill does not change the prescription requirement for legend drugs.

70% of Connecticut's smokers indicate they want to quit while 40% attempt to quit each year, however 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.

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 Cancer Society stands ready and willing to work to effectively establish coherent strategy that adequately addresses these and other health care related concerns. We cannot afford to do nothing to address this entirely preventable problem. Inaction will only escalate the current economic downturn and result in a greater number of lives being affected by cancer at a greater cost to the state.

Thank you.

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