

Testimony in Support of Raised H.B. No. 6550
AN ACT CONCERNING MEDICAID COVERAGE FOR SMOKING CESSATION TREATMENT
Presented to the Human Services Committee on Tuesday March 15th, 2011

Prepared and submitted by
Geralyn M. Laut
103 Steep Hollow Drive, Glastonbury, CT. 06033
BeTobaccoFree@aol.com

Good Morning... My name is Geralyn Laut and I reside at 103 Steep Hollow Drive in Glastonbury CT.

I'm not here representing any health care agency or non-profit organization, although I do volunteer my time to serve as a member of the Tobacco and Health Trust Fund Board, as a member of the MATCH Coalition and as an Executive Board Member of ERASE, the Regional Action Council serving Glastonbury and 14 towns east of the river. I am certified as a Prevention Professional here in CT and am also certified as a Tobacco Treatment Specialist through the State of New Jersey, a credential not currently available here in CT, despite my personal efforts over the years to advance the concept.

Although presently un-employed, I have worked in multiple capacities providing tobacco cessation counseling services, when I was successful in obtaining grant funding in behalf of municipal health departments or GLAD, the local prevention council in Glastonbury, which I chaired for many years. At times I've worked for large corporations and small businesses, who saw the benefit of providing support and medications to their employees, encouraging them to quit smoking, realizing it was far less expensive to do so, then to go on to pay for medications, hospitalizations and long term health care for those individuals later, when experiencing the disabling and often fatal outcomes of tobacco use... heart disease, stroke, emphysema, chronic obstructive pulmonary disease and of course lung cancer and a host of numerous other medical conditions.

My mother died of a metastatic brain tumor, following years of treatment for lung cancer, and prior surgery and radiation for her colon cancer, all undoubtedly linked to the fact that she smoked for over 60 years. Although nicotine gum became available in the early 80s, to my knowledge no health care provider ever offered her treatment or support other than an occasional scolding, to help her quit. My father was diagnosed with lung cancer just 5 days before his death at the age of 94, even though he stopped smoking when he was 65 years old. Despite a healthy lifestyle in his later years, he was unable to undo the damage tobacco inflicted during the 50 plus years he was a smoker. Had he continued, I'm confident he would have died younger....

Coincidentally, when he passed away, I was volunteering my time running a group cessation program for female residents of the Fresh Start Program, a residential drug treatment facility, and a judicial placement that serves as an alternative to incarceration. CRT, the parent organization, issued a smoke free policy both indoors and out without offering any support or guidance to help the women deal with the added impact of nicotine withdrawal, while engaged in so called "drug treatment" for their cocaine, heroin or alcohol addiction. Although our Behavioral Health Care System, to include mental health and addictions treatment in CT, has yet to embrace the idea of treating an individual's tobacco

dependence, the most likely reason is that there is currently no way to pay for medications or counseling.

I personally elected to forgo an elaborate funeral for my dad, and in lieu of flowers suggested friends and family “adopt a smoker”... I utilized the money I saved and donations I received to purchase nicotine patches and or gum for the women I was so desperately trying to help, knowing that the added support of medications would double their chances of successfully quitting smoking, with potentially higher quit rates for those who also accepted my offer for individual counseling and group sessions.

Some of you may be aware that the FDA is considering the ban of menthol in the manufacturing of cigarettes, but you may not fully understand why. One reason is to reduce youth initiation of tobacco. Quite simply, menthol helps make the poison go down.... Enhancing the flavor and making cigarettes more palatable. The second reason is to increase adult cessation rates, particularly in the minority and ethnic disparate populations. As is the intent of mentholated cough drops or vapor rubs, menthol opens the airways, allowing a smoker to inhale deeper and perhaps longer and harder... increasing the cigarette’s addictive quality.

My experience and research data shows that blacks are the largest consumers of menthol cigarettes and it should also come as no surprise that the tobacco industry deliberately targets Afro - Americans and other minorities with ads for Newport and other prime mentholated cigarettes. Regretfully, those rates correlate with increased rates of lung cancer especially in black males. Recent studies at the University of Medicine and Dentistry of New Jersey have demonstrated that individuals who smoke menthol cigarettes, i.e ethnic and minority populations have greater difficulty in quitting and subsequently lower quit rates than the white population at large. As a result, they bear a disproportionate share of the burden of tobacco related disease and disability, including cancer and cardiovascular disease. Shouldn’t we be doing MORE to help them??

Providing Medicaid reimbursement for evidence based tobacco cessation medications AND counseling will provide the necessary incentive for many medically underserved and at risk individuals in our state, and do much to improve their health and well being, ultimately reducing publicly funded health care expenditures. As a Prevention Professional I can also attest to the fact that Tobacco Treatment is Prevention. Children of tobacco free adults, are far less likely to ever pick up a cigarette or other form of smokeless tobacco, nor will they be exposed to the harmful effects of second hand smoke to include asthma and other respiratory infections and disease.

Please vote affirmatively to insure funding for the comprehensive treatment of tobacco dependence. Hopefully private insurers in our state will see the “cents” of following in your footsteps. Thank you.