CONNECTICUT VOICES FOR CHILDREN

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Testimony Supporting the Disbursement of Tobacco Settlement Funds to Cover Smoking Cessation Services within Connecticut's Medicaid Plan, HUSKY A

Testimony of Taby Ali, Sharon Langer, JD, MEd, and Mary Alice Lee, PhD

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Senators Harp and Handley, Representatives Merrill and Sayers, and distinguished members of the Appropriations and Public Health Committees:

My name is Taby Ali, and I am a Policy Fellow with Connecticut Voices for Children. Connecticut Voices for Children is a statewide, independent, citizen-based organization dedicated to speaking up for children and youth in the policymaking process that has such a great impact on their lives. Connecticut Voices for Children has long been involved in promoting the health of children and families. We try to ensure that those who need health care coverage enroll into the HUSKY program and receive the health care that they need.

Connecticut Voices for Children strongly encourages funding for smoking cessation services for children, pregnant women, and parents in the HUSKY program.

The health consequences of smoking are severe and costly. Smoking causes lung cancer and heart disease. Among women, it is the major cause of cancer of the oropharynx and bladder and increased the risk for cervical cancer, liver cancer, and colorectal cancer. Women who smoke during pregnancy are at risk for pregnancy complications, including preterm birth, low birthweight infants, stillbirth, and infant death. Exposure to environmental tobacco smoke (secondhand smoking) during childhood and adolescence is associated with increased risk for chronic bronchitis and wheezing and for the development of asthma.[1]

National data show that smoking prevalence is higher among persons living in poverty and that the gap between lower and higher income persons is widening.[2] The Centers for Disease Control (CDC) recommend offering comprehensive smoking cessation assistance through Medicaid as a key strategy to reduce disparity by providing access to medical assistance to quit smoking. Quitlines and media campaign, both funded in Connecticut in the past, have also been shown to be effective in reaching low-income populations.

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[1] McQuaid EL, Walders N, Borrelli B. Environmental tobacco smoke exposure in pediatric asthma: overview and recommendations for practice. Clinical Pediatrics, 2003; 42: 775-787.

[2] Centers for Disease Control and Prevention. "Cigarette Smoking Among Adults – United States, 2002." MMWR, 2004: 53(20); 427-431.

Connecticut data show that pregnant women on Medicaid coverage are more likely to smoke than all other pregnant mothers who give birth in each year in Connecticut.[3] Since monitoring of the HUSKY program began, Medicaid mothers have been four to five times more likely to smoke during pregnancy than all other mothers who give birth in Connecticut. Consequently, their babies are at greater risk for pregnancy complications, such as low birthweight and preterm birth. Furthermore, infants of mothers who smoke are more likely to experience upper respiratory infections and other conditions related to second-hand smoke. Finally, smoking is an adolescent disease, so it is necessary to provide smoking cessation services prior to these women ever becoming pregnant. The need for providing tobacco dependence treatment across all ages is high.

According to the Campaign for Tobacco Free Kids, Connecticut's annual health care cost directly caused by smoking was $1.63 billion in 2006.[4] Of that total, $430 million (26%) were charged to Connecticut's Medicaid program, including the elderly, disabled, and HUSKY populations.

In 2002, the Connecticut General Assembly enacted legislation calling for the treatment of tobacco dependence in Medicaid:

> *Public Act 02-04 (Section 19).* The Commissioner of Social Services shall amend the Medicaid state plan to provide coverage for treatment for smoking cessation ordered by a licensed healthcare professional who possesses valid and current state licensure to prescribe such 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.

Connecticut's Department of Social Services estimated the cost of providing smoking cessation treatment for the entire Medicaid population would range between $3.8 to $9.5 million.[5] Four years later, Section 19 of Public Act 02-04 remains unfunded.

Despite its clear cost effectiveness and a federal directive issued in 2001 to cover children and pregnant women, Connecticut lags behind the rest of the nation in providing smoking cessation programs for its Medicaid population.[6] In 2006, Connecticut was one of only five states whose Medicaid program did not cover any tobacco-dependence treatments recommended by the Centers of Disease Control.[7]

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[3] Lee MA. Births to Mothers with Medicaid Coverage: Smoking During Pregnancy, 2005. www.ctkidslink.org.

[4] Campaign for Tobacco Free Kids. The Toll of Tobacco in Connecticut. www.tobaccofreekids.org. (accessed 12/18/07).

[5] CT Department of Social Services. "Plan for Treating Tobacco Use and Dependence," report to Human Service and Appropriation Committees (March 2006).

[6] Centers for Medicare and Medicaid Services. Dear State Medicaid Director (letter). Baltimore, MD: CMS, January 5, 2001. See attached letter for more information.

[7] Centers for Disease Control. "State Medicaid Coverage for Tobacco-Dependence Treatments—United States, 2006," Morbidity and Mortality Weekly Review (February 8, 2008). Alabama, Connecticut, Idaho, Missouri, and Tennessee are the five states with Medicaid programs that do not cover tobacco-dependence treatments. See attached table "State Medicaid Program Coverage of Tobacco Dependence Treatment by Type of Coverage, 2006" for more information.

Additionally, we would like to point out the omission of language regarding mandating tobacco-dependence treatment as a covered benefit the Request for Proposal (RFP) for HUSKY. The RFP for the HUSKY program (scheduled to take effect July 1, 2008) clearly lists "drugs used to promote smoking cessation" as a non-covered service.[8] An amendment to the state plan must be made to ensure that this legislatively mandated benefit is contractually required of new HUSKY health plans.

The tobacco settlement funds should be allocated towards coverage for smoking cessation and prevention for children, pregnant women, and parents in the HUSKY program. We commend the Tobacco and Health Trust's Board of Trustees for their recommendation that $800,000 be disbursed to community health centers for smoking cessation treatments for pregnant women and women of child bearing age. We are concerned, however, that this funding fills a gap created by Connecticut's failure to fund smoking cessation services in Medicaid.

For these reasons, we urge the Committees' members to fund tobacco cessation services for Connecticut's HUSKY population by appropriating funds for Section 19 of Public Act 02-04.

[8] Connecticut Department of Social Services. "Medicaid Managed Care –HUSKY A, SCHIP, Managed-HUSKY B, and Charter Oak Managed Care: Request for Proposals." Released January 3, 2008.