CONNECTICUT VOICES FOR CHILDREN

33 Whitney Avenue
New Haven, CT 06510
Voice: 203-498-4240
Fax: 203-498-4242
www.ctkidslink.org

Testimony Supporting H.B. 5020: An Act Implementing the Governor's Recommendations Regarding the Tobacco and Health Trust Fund

Taby Ali and Sharon Langer, MEd, JD[1]

March 12, 2008

Senator Harp, Representative Merrill and members of the Appropriations 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. We have 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 supports the Governor's proposal, which allows Board Members of the Tobacco and Health Trust to recommend disbursement of up-to one half of the annual transfer from the Tobacco Settlement Fund to the Tobacco and Health Trust Fund.

The Board of Trustees that oversees the Tobacco and Health Trust Fund represents the state's leading experts in smoking prevention, cessation, and treatment.[2] We are enthused that these men and women commit their time to developing proposals to curb smoking prevalence in Connecticut. Since the board's inception in 2000, their abilities to propose and fund comprehensive and effective tobacco programs, however, has been stymied by limited access to monies transferred into the Tobacco and Health Trust Fund. Over the past seven years, $124 million dollars has been transferred into the Tobacco and Health Trust Fund. Of that, the Trust Fund Board has disbursed $2.3 million towards tobacco prevention and treatment. In contrast, $108 million has been statutorily transferred out of the trust fund without the board's recommendation or input.[3] In fiscal year 2008, the board has access to $800,000 for tobacco programming, and as Ellen Dornelas, a member of the Tobacco and Health Trust Fund Board emphasized, "it does not begin to address

[1] Sharon Langer is a Senior Policy Fellow at Connecticut Voices for Children.

[2] The Tobacco and Health Trust Fund Board is comprised of representatives from the Department of Social Services, Department of Mental Health and Substance Abuse, Department of Public Health, State Department of Education, and health care providers serving the smoking population.

[3] Tobacco and Health Trust Fund Board of Trustees Annual Report to the Appropriations and Public Health Committees (February 2008).

the scope of the need that exists [in Connecticut]." [4] Undoubtedly, granting the Board's authority to disburse greater funds would result in comprehensive programming that makes a lasting impact on reducing smoking rates in Connecticut.

According to the recent annual report by the Campaign for Tobacco Free Kids, Connecticut is the only state in the nation that did not appropriate any tobacco settlement money to smoking prevention and cessation programs in fiscal year 2008. The Centers for Disease Control and Prevention recommends that states spend between $21 million to $54 million a year to have an effective, comprehensive tobacco prevention program. Connecticut ranks *last* among all states for utilizing tobacco settlement money for smoking prevention and cessation programs.[5]

Smoking Prevalence Persists Especially Among Low-Income People

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.[6]

According to the Campaign for Tobacco Free Kids, Connecticut's annual health care cost directly attributable to smoking was $1.63 billion in 2006.[7] Of that total, $430 million (26%) were charged to Connecticut's Medicaid program, which serves the elderly, persons with disabilities, and HUSKY families.

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.[8] The Centers for Disease Control and Prevention 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.

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.[9] 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.

---

[4] Testimony to Appropriations and Public Health Committee (March 5, 2008). Public Hearing on Tobacco and Health Trust Fund's 2008 Annual Report.

[5] Campaign for Tobacco Free Kids. FY 2008 Rankings of State Funding for Tobacco Prevention. www.tobaccofreekids.org. (accessed 12/17/07).

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

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

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

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

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 these women before they become pregnant. The need for providing tobacco dependence treatment across all ages is high.

Smoking Cessation Services Needed for Medicaid Members

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. Gen. Stat, Sec. 17b-278a.

Connecticut's Department of Social Services estimated the cost of providing smoking cessation treatment for the entire Medicaid population, including the elderly and disabled, would range between $3.8 million to $9.5 million. Four years later, Section 19 of Public Act 02-04 remains unfunded.[10] Connecticut is missing out on a crucial opportunity to draw down funds from the federal government. For every dollar Connecticut invests in smoking cessation through Medicaid, the federal government will reimburse the state 50 cents to match our investment.

Despite its clear cost effectiveness and a federal directive issued in 2001 by the Centers for Medicare and Medicaid Services to cover children and pregnant women, Connecticut lags behind the rest of the nation in providing smoking cessation programs for its Medicaid population.[11] 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.[12]

Additionally, we would like to point out the omission of language regarding mandating tobacco-dependence treatment as a covered benefit in 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.[13] An amendment to the state plan must be

---

[10] The Department of Social Services could be asked to update their proposal to reflect current smoking rates and new treatment modalities.

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

[12] Centers for Disease Control and Prevention. "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.

[13] 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.

made to ensure that this legislatively mandated benefit is contractually required of new HUSKY health plans.

For these reasons, we support the Governor's proposal to increase the amount of money under the expert discretion of the Tobacco and Health Trust Fund Board of Trustees and would encourage allocating funds toward coverage for smoking cessation and prevention for children, pregnant women, and parents in the HUSKY program. Each year that we delay funding the legislative mandate of Public Act 02-04, An Act Concerning the Provision of Smoking Cessation Services Through the State's Medicaid Plan, we are contributing to a growing unmet need of this vulnerable population.

Thank you for this opportunity to testify before you today, and if you have any questions feel free to contact me.