



TO: House Health Committee

FROM: Ken Fletcher, Director of Advocacy

DATE: May 28, 2019

RE: HB 11- Tobacco Cessation Coverage

Chair Merrin, Vice Chair Manning, Ranking Member Boyd, my name is Ken Fletcher and I'm the Director of Advocacy in Ohio. I am pleased to testify today in support of HB 11, a bill to provide for tobacco cessation coverage for Medicaid recipients and Ohio state employees.

The American Lung Association is the oldest voluntary public health organization in the United States and is committed to eliminating tobacco use and tobacco-related disease. Tobacco use is the leading cause of preventable death and disease in the United States, killing nearly half a million Americans each year. However, nearly seven out of ten smokers want to quit.¹ HB 11 would ensure that smokers in both Medicaid and the State Employee Health Plan have a comprehensive, barrier-free quit smoking benefit. This improved benefit will help both populations quit smoking.

Nationwide, Medicaid enrollees smoke at a higher rate than the general population. And despite the falling smoking rates in recent years, Medicaid enrollees have not experienced the same improvements. Ohio Medicaid enrollees smoke at high rates- estimates range from 45.1² percent to 47.4³ percent of enrollees smoke. Helping these individuals quit will save both lives and money.

By reducing the overall smoking rate by as little as one percent, the cost of the Ohio Medicaid program would be reduced by as much as \$60.6 million.⁴ To reduce the smoking rate, people who smoke need help to quit. HB 11 is a necessary first step to help smokers quit. Data show that Medicaid coverage of smoking cessation treatments can reduce smoking prevalence.⁵ Similarly, data show barriers, such as prior authorization, is associated with fewer prescriptions filled.⁶ In Ohio, only 14 percent of smoker on Medicaid are utilizing tobacco cessation medications.⁷ This legislation aims to improve the percentage of enrollees who utilize cessation treatment by increasing coverage and decreasing barriers to access treatments.

HB 11 expands the same robust benefit to the State Employee Health Plan. This coverage will help smokers who are also state employees and their families quit, improving their health and helping the state save money by preventing smoking cause morbidities. Quitting smoking is the single best thing a person can do for their health. There are health benefits to quitting at any age. Improving quit-smoking benefits will help more smokers quit. The State Employee Health Plan is often one of the largest private, employer-sponsored health plans in a state. As a result, it covers more individuals and families than other plans. The plan also serves as an example of what coverage should be or an unofficial benchmark.

Some states have even used the state employee health plan as their official benchmark plan. Improving cessation coverage in this plan will have ripple effects.

The American Lung Association in Ohio strongly supports HB 11 and urges its swift passage. Thank you for your time.

Sincerely,



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¹ Babb S, Malarcher A, Schauer G, Asman K, Jamal A. Quitting Smoking Among Adults — United States, 2000–2015. *MMWR Morb Mortal Wkly Rep* 2017;65:1457–1464. DOI: <http://dx.doi.org/10.15585/mmwr.mm6552a1external icon>

² Glantz SA. Estimation of 1-Year Changes in Medicaid Expenditures Associated With Reducing Cigarette Smoking Prevalence by 1%. *JAMA Netw Open*. 2019;2(4):e192307. doi:10.1001/jamanetworkopen.2019.2307

³ DiGiulio A, Haddix M, Jump Z, et al. State Medicaid Expansion Tobacco Cessation Coverage and Number of Adult Smokers Enrolled in Expansion Coverage — United States, 2016. *MMWR Morb Mortal Wkly Rep* 2016;65:1364–1369. DOI: <http://dx.doi.org/10.15585/mmwr.mm6548a2external icon>

⁴ Glantz SA. Estimation of 1-Year Changes in Medicaid Expenditures Associated With Reducing Cigarette Smoking Prevalence by 1%. *JAMA Netw Open*. 2019;2(4):e192307. doi:10.1001/jamanetworkopen.2019.2307

⁵ Tobacco Cessation Benefits that include Coverage of Medications and Behavioral Treatments with Few Barriers to Access can Reduce Smoking. Land T, Warner D, Paskowsky M, Cammaerts A, Wetherell L, et al. (2010) Medicaid Coverage for Tobacco Dependence Treatments in Massachusetts and Associated Decreases in Smoking Prevalence. *PLOS ONE* 5(3): e9770.

⁶ Varenicline Utilization Treatment Lower Among Those With Smoking Cessation Program, Prior Authorization Requirements. Galaznik, A., Cappell, K., Montejano, L., Makinson, G., Zou, K. H., & Lenhart, G. (2013). Impact of access restrictions on varenicline utilization. *Expert Review of Pharmacoeconomics & Outcomes Research*, 13(5), 651-656.

⁷ Ku, L., B. K. Bruen, E. Steinmetz, and T. Bysshe. "Medicaid Tobacco Cessation: Big Gaps Remain in Efforts to Get Smokers to Quit." *Health Affairs*, 35(1), 2016b, 62–70.