KANSAS ACADEMY OF FAMILY PHYSICIANS
CARING FOR KANSANS

7570 W 21st ST N
Bldg. 1026 Suite C 104
Wichita KS 67205
316.721.9005
Fax 316.721.9044
kafp@kafponline.org
www.kafponline.org

Testimony: SB 436, Tobacco Cessation Expansion
Senate Health & Public Welfare Committee
Written only comments by: Carolyn Gaughan, CAE, Executive Vice President
March 13, 2018

Chairman Schmidt and Members of the Committee:

The Kansas Academy of Family Physicians (KAFP) urges you to **support SB 436**, the proposed expansion of tobacco cessation benefits available to KanCare recipients. Our organization represents over 1,730 family physicians across the state; from actively practicing physicians to medical students and residents. *The mission of KAFP is to support and serve family physicians of Kansas as they advance the health of Kansans*. Quality health care and health outcomes for our patients guide our public policy work. Our family physicians see people of all ages, both men and women, and work with almost every type of ailment and illness that afflict patients.

Among the sickest people our physicians see in their clinics are those who have damaged their bodies by using tobacco products. Tobacco use is one of the most preventable causes of morbidity and mortality in Kansas, causing an estimated 3,900 preventable deaths in our state each year.[i] Although there has been a decrease in smoking prevalence, higher prevalence of use persists among certain subpopulations, including low socio-economic and individuals living with mental illness.

Our family physicians tell me that a very high percentage of their patients who are smokers want to quit. But the addictive effects of tobacco and nicotine are strong, and it almost always takes several quit attempts to succeed.

Currently, annual Medicaid costs caused by smoking in Kansas are estimated to be $237.4 million.[ii] 36% of Kansas Medicaid participants report using tobacco.[iii] Use of cessation benefits among KanCare participants is low – for example, an analysis of 2013 claim data found that only 3% of estimated smokers filled a prescription for cessation medication.[iv] Providing funding for additional quit attempts by Medicaid recipients would reap benefits for the recipients, as they have an additional chance to rid themselves of the addiction, as well as for the state, as they utilize fewer Medicaid dollars in the future as non-smokers.[v]

The US Preventative Services Task Force (USPSTF) recommends these evidence-based cessation provisions for group health plans and health insurance coverage:[vi]

- Screening for tobacco use
- Individual, group or phone counseling (at least 10 minutes per session)
- All FDA-approved tobacco cessation medications (prescription and over-the-counter) when prescribed by a healthcare provider
- **At least two quit attempts per year**
- **4 sessions of counseling and 90 days of medication per quit attempt**
- No prior authorization or cost-sharing is required for treatment.

Kansas family physicians agree with the USPSTF recommendations.

Summary: For all these reasons we urge you to support SB 436. It's best for Medicaid recipients, and best for the State of Kansas. The more Medicaid recipients who successfully quit using tobacco, the lower ongoing Medicaid funds will be. Successful cessation will pay dividends well into future years.

Thank you again for this opportunity to submit testify in support of tobacco cessation expansion. Please don't hesitate to contact KAFP if we can be of further assistance. We look forward to working with you to reduce the burden of tobacco and improve the health of Kansans.

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[i] Centers for Disease Control and Prevention (CDC). State-specific smoking-attributable mortality and years of potential life lost--United States, 2000-2004. MMWR Morb Mortal Wkly Rep. 2009;58(2):29-33.

[ii] https://www.tobaccofreekids.org/problem/toll-us/kansas

[iii] https://www.medicaid.gov/medicaid/quality-of-care/downloads/performance-measurement/brief-tobaccocessation.pdf. In the same survey, the national average for tobacco use among Medicaid beneficiaries was 26%.

[iv] Ku L, Bruen BK, Steinmetz E, Bysshe T. Medicaid Tobacco Cessation: Big Gaps Remain In Efforts To Get Smokers To Quit. *Health Affairs.* 2016;35(1):62-70.

[v] https://www.cdc.gov/mmwr/volumes/65/wr/mm6548a2.htm

[vi] https://www.dol.gov/sites/default/files/ebsa/about-ebsa/our-activities/resource-center/faqs/aca-part-xix.pdf