

TO: Representative Steven Johnson, Chair  
House Insurance and Pensions Committee

FROM: Roy A. Jensen, MD – Director, The University of Kansas Cancer Center

RE: HB 2129

DATE: February 10, 2021

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Chairman Johnson and Members of the Committee,

Thank you for the opportunity to provide written testimony to the committee in support of HB 2129, which provides for expansion of tobacco cessation benefits for private insurance plans and the State Employee Health Plan (SEHP). This bill replicates the same expansion for Medicaid recipients approved by the Kansas Legislature in 2018.

As a National Cancer Institute (NCI)-designated cancer center, The University of Kansas Cancer Center must demonstrate we are significantly improving the health of Kansans and reducing the cancer burden in our region. One way we can dramatically cut Kansans' chances of developing cancer is by helping them to stop smoking. It is also one of our biggest challenges.

Currently tobacco use is the leading cause of preventable death and the top preventable cause of cancer in Kansas, accounting for 4,400 deaths annually from smoking-related illnesses. In Kansas, 17.3 percent of all adults smoke, or about 381,500 people. The economic impact of tobacco use is staggering; in Kansas, the annual health care costs directly related to smoking is \$1.12 billion. A recent study found that if smokers quit before experiencing any symptoms of smoking-related disease, 70 percent of their excess medical costs could be avoided.

There is strong evidence that providing comprehensive tobacco cessation benefits is cost-effective and yields improved health outcomes. Quitting smoking considerably reduces health risks and smoking cessation improves well-being, including higher quality of life and improved health status, and reduces the risk of premature death. The 2020 Surgeon General's Report on Smoking Cessation concluded that smoking cessation medications approved by the federal Food and Drug Administration (FDA) and behavioral counseling are cost-effective cessation

strategies. FDA-approved cessation medications and behavioral counseling increase the likelihood of successfully quitting smoking, particularly when used in combination.

It has been shown that health benefit programs eliminating barriers to treatment and offering comprehensive treatment plans, including medications and counseling, significantly reduce tobacco use, tobacco-related health conditions and health care costs for enrollees. That means ... the net economic effects of mandating private marketplace insurers and the SEHP to offer a more robust benefit package, which allows enrollees to have four quit attempts per year versus two, SEHP is positive.

A recent study, conducted by the University of Kansas School of Medicine, showed significant cost savings from expanded tobacco cessation coverage for smokers, resulting in an estimated \$225 million in economic benefit for the state within 10 years. The study was modeled on this proposed legislation replicating the same expansion for Medicaid recipients approved by the Kansas Legislature in 2018.

By offering comprehensive and barrier-free tobacco cessation programs that remove limits on quit attempts, allowing combination pharmacotherapy and broadening coverage for cessation counseling, the SEHP and private insurance plans can significantly improve health, reduce cancer incidence, yield health care savings and boost the economy. For these reasons, I ask you to support HB 2129.