



February 10, 2021

Rep. Steve Johnson, Chairman
House Insurance & Pensions Committee
RE: Support for HB 2129 – Tobacco Cessation Coverage

To the Members of the Insurance and Pensions Committee,

The American Lung Association in Kansas and Greater Kansas City supports HB 2129, a bill that will provide state employees and their families with a comprehensive tobacco cessation benefit. The 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, responsible for the deaths of 480,000 Americans annually. An additional 16 million Americans live with a disease caused by tobacco.

The Lung Association believes everyone should have access to a comprehensive, barrier free tobacco cessation benefit. The Lung Association's stance is strengthened by conclusions in the 2020 Surgeon General Report on Smoking Cessation, which finds that both¹:

"Insurance coverage for smoking cessation that is comprehensive, barrier-free, and widely promoted increases the use of these treatment services, leads to higher rates of successful quitting, and is cost-effective."

And

"Smoking places a substantial financial burden on smokers, healthcare systems, and society. Smoking cessation reduces this burden, including smoking attributable healthcare expenditures."

These conclusions highlight the importance of a comprehensive, barrier-free cessation benefit in saving both lives and money.

This bill provides enrollees in the state health care benefits program access to all seven FDA-approved cessation medications and all three types of counseling – individual, group and phone. Additionally, the bill permits combination pharmacotherapy and covers at least four 90-day medication-supported tobacco cessation attempts per year. HB 2129 also ensures that there can be no lifetime limits, prior authorization and cost-sharing for all the benefits highlighted and no annual limits on counseling. These assurances around

coverage and barriers of treatment take into account that quitting tobacco is difficult and the process is different for everyone. In fact, people who smoke may take 30 or more quit attempts on average before successfully quitting.² Also, research shows that putting barriers in place makes it more difficult to accessing treatment and leads to lower rates of quitting.

This coverage will help smokers who are state employees and their families quit, improving their health and helping the state save money by preventing smoking caused morbidities. Quitting smoking is the single best thing a person can do for their health and nearly seven out of ten smokers want to quit.³

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 their state employee health plan as their official benchmark plan. Improving cessation coverage in this plan will have ripple effects.

The American Lung Association strongly supports HB 2129 and urges its swift passage. Thank you for the opportunity to submit testimony.

Sincerely,

Sara Prem
Advocacy Specialist
American Lung Association in Kansas and Greater Kansas City

¹ U.S. Department of Health and Human Services. Smoking Cessation. A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2020.

² Chaiton M, Diemert L, Cohen JE, et al. Estimating the number of quit attempts it takes to quit smoking successfully in a longitudinal cohort of smokers. *BMJ Open* 2016;6; e011045. Doi: 10.1136/bmjopen-2016-011045.

³ 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