



House Insurance & Pensions Committee HB 2129

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Presented by:

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Behavioral Health Tobacco Project

NAMI Kansas is the state organization of the National Alliance on Mental Illness, a grassroots organization whose members are individuals living with mental illnesses and their family members who provide care and support. NAMI Kansas provides programs of peer support and education by and for our members through a statewide network of local affiliates. We advocate for individuals who are living with mental illness to ensure their access to treatment and supportive services.

For the past five years with financial support from the Kansas Health Foundation, NAMI Kansas and six other behavioral health organizations have been engaged in programs of work focused on reducing the impact of tobacco in the behavioral health population. Interest and engagement on providing treatment for tobacco dependence has expanded significantly in the last few years involving hundreds of primary and behavioral health care providers in Kansas who have received training and technical assistance to effectively address tobacco use among their clients and patients.

Smokers with mental illnesses and addictions represent a sizeable percentage of individuals who are continuing to use tobacco. 40 percent of tobacco use is accounted for by the behavioral health population. Individuals living with serious mental illness face an increased risk of having chronic medical conditions.¹ Adults living with serious mental illness die up to 25 years earlier than other Americans, largely due to treatable medical conditions like heart disease, cancer, and respiratory diseases –which are all linked to smoking.^{2 3} Smoking is the number one cause of death in people with mental illness or addiction. 50% of deaths among individuals with schizophrenia, depression and bipolar disorder are attributed to tobacco.⁴ 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 every year.

Tobacco use reduces the efficacy of psychiatric medications. Individuals with mental illness can take less medication and achieve better symptom reduction by taking less medication when they quit tobacco. This represents better health and quality of life outcomes for individuals as well as savings to health care systems.

The annual health care costs for Kansans which can be attributed to smoking is \$1.12 billion. 70% of excess medical costs can be avoided if we can get smokers to quit before experiencing symptoms of smoking-related illnesses. Helping smokers quit is the fastest way to reduce health care costs and providing effective treatment to smokers doubles quit rates and rapidly reduces tobacco-related health issues.

HB 2129 follows the Kansas legislature's adoption of changes to tobacco cessation benefits in KanCare in 2018, extending the KanCare model to the State Employee Health Plan (SEHP). KanCare's comprehensive and barrier-free benefits includes the availability of both counseling and pharmacy benefits to insured persons without lifetime limits, prior authorization, or co-payments.

Since the adoption of the KanCare changes, we have seen a modest 12% increase in the utilization of cessation benefits through 2019. We are hopeful that educational efforts targeting KanCare members and providers will continue to result in increased utilization

Individual, group and telephone counseling are provided for all insured persons on an unlimited basis until the individual is successful with their quit attempt. Coverage for counseling includes reimbursement for Tobacco Treatment Specialists who have completed an accredited training program such as the one being offered by the University of Kansas School of Medicine.

Pharmacy benefits include all seven FDA-approved medications including combination treatments over the course of 4 quit attempts per year at 90 days each.

We recently completed an assessment of the current tobacco treatment benefits in the SEHP which currently includes coverage for 3 medication-assisted quit attempts for all of the FDA-approved tobacco treatment medications. The SEHP also provides coverage for individual, group and telephone counseling but limits counseling sessions to 10 per year.

Based on our review of data through 2019, the SEHP has the lowest utilization of counseling and pharmacy benefits compared to KanCare and private insurance plans doing business in the state.

HB 2129 would achieve modest increases in tobacco treatment benefits in the SEHP to provide for year-round medication-assisted treatment and counseling benefits until the individual is successful. Lifting the limit on quit attempts per year is a simple way to improve outcomes.

Health plans that cover all medications without barriers substantially reduce tobacco use, tobacco related disease, and healthcare costs among members. Increasing cessation coverage maximizes the number of smokers who attempt to quit, use evidence-based cessation treatments, and successfully quit by removing cost and administrative barriers that prevent smokers from accessing cessation counseling and medications.

We have provided you with a copy of a study commissioned by NAMI Kansas and co-authored by Dr. Tami Gurley-Calvez who has offered testimony on this bill. Her report shows significant economic returns for Kansas (\$225 million over 10 years) based on enacting a comprehensive tobacco cessation program for the SEHP.

We urge you to adopt HB 2129 to establish a comprehensive and barrier-free tobacco cessation program for all beneficiaries in the State Employee Health Plan (SEHP).

The following 14 organizations in Kansas have endorsed this legislative proposal and a number of these organizations have submitted written testimony in support of the bill.

American Cancer Society
Cancer Action Network
American Heart Association
American Lung Association
Community Care Network of Kansas
Kansas Academy of Family Physicians
Kansas Association of Addiction Professionals
Kansas Business Group on Health
Kansas Mental Health Coalition
Kansas Public Health Association
Masonic Cancer Alliance
National Alliance on Mental Illness – NAMI Kansas
Oral Health Kansas
Tobacco Free Kansas Coalition
University of Kansas Cancer Center

Adoption of HB 2129 will move Kansas a step closer to achieving consistent coverage across all health plans. Consistent coverage will make it easier for providers to offer effective treatment, and to increase utilization and quit rates. This legislation will improve the health of Kansans and yield economic benefits to the state.

Thank you for your consideration.

¹ Colton, C.W. & Manderscheid, R.W., (2006, April). Congruencies in increased mortality rates, years of potential life lost, and causes of death among public mental health clients in eight States. *Preventing Chronic Disease: Public Health Research, Practice and Policy*, 3(2), 1-14. Available at www.pubmedcentral.nih.gov/articlerender.fcgi?tool=pubmed&pubmedid=16539783.

² Manderscheid, R., Druss, B., & Freeman, E. (2007, August 15). Data to manage the mortality crisis: Recommendations to the Substance Abuse and Mental Health Services Administration. Washington, D.C.

³ National Association of State Mental Health Program Directors Medical Directors Council, July 2006; Miller et al., 2006

⁴ Callaghan, RC et al, Patterns of tobacco-related mortality among individuals diagnosed with schizophrenia, bipolar disorder, or depression. <https://www.sciencedirect.com/science/article/pii/S0022395613003063>