



AMERICAN LUNG ASSOCIATION®

Fighting for Air

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of New England

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Good afternoon Commissioner Mayhew and members of the MaineCare Redesign Taskforce. I am Ed Miller, Senior Vice President for Public Policy at the American Lung Association of the North East in the Augusta Maine office.

I am here today to thank you for including the recommendation in your draft report to restore coverage for tobacco cessation medications within the MaineCare program for all members. We encourage you to keep it in your final report as it has been presented.

Tobacco remains the number one preventable cause of death and disease in Maine and America. Unfortunately, people with low-incomes smoke more, are sick more and die more from tobacco use than other Americans. Smoking prevalence among those who said they were covered by MaineCare in 2012 was 42% - over 140% higher than among those who had other or no healthcare insurance.ⁱ Yet MaineCare members who smoke also reported wanting to quit at a rate more than 28% higher than other smokers.ⁱⁱ This should tell us that there is an unmet need and a missed opportunity.

Quitting smoking is extremely difficult. It takes the average person 7 to 10 attempts before they are successful. The chances of quitting can be greatly increased if a person has access to the full array of FDA approved quit medications and counseling options. In 2011 Maine was recognized as the most quit friendly state in America by the American Lung Association, based largely on the fact that MaineCare had a nearly comprehensive benefit. Maine covered all 7 recommended Nicotine Replacement Therapies (NRT) and medications as well as 1 of the 3 recommended counseling options at the time.

Today, only the counseling option and the hope of obtaining NRT from the Maine Tobacco Helpline remain.

We have serious concerns that the Maine Tobacco Helpline will not have the resources to accommodate the influx of MaineCare members. We are disturbed that not all effective medications are currently available to MaineCare members who want to quit. Finally, we think it is shortsighted that the state is not taking advantage of the potential for matched Medicaid dollars by covering cessation medications in MaineCare, while paying the full price for them through the Maine Tobacco Helpline.

Quitting smoking provides many long-term health benefits and the longer someone is tobacco-free the better off they are. However, research continues to show that quitting smoking can also provide a host of nearly immediate health benefits as well.

This taskforce has been presented with information about a study by George Washington University on actual Medicaid data in the State of Massachusetts, but it bears repeating. The study tracked Medicaid expenditures for common cardiac diagnoses before and after the implementation of a comprehensive tobacco cessation benefit. The study showed that there was a reduction in cardiac diagnoses among people who accessed the cessation benefit. Further, they found that **for every dollar invested in tobacco cessation they avoided three dollars in medical expenses within just the first 18 months.**

We feel confident that savings would be realized within the first year of a robust cessation effort among MaineCare members. While we would like to see the immediate restoration of all tobacco cessation services within MaineCare, we support the restoration as a mid-term savings strategy for MaineCare.

Thank you and I would be happy to answer any questions.

ⁱ 2012 BRFSS, Part B Questionnaire – Current Smoker by insurance status

ⁱⁱ 2012 BRFSS, Part B Questionnaire – Want to Quit by insurance status