



February 5, 2018

Senate Committee on Public Health & Welfare
Kansas State Senate Office
Topeka, KS 66612

RE: Testimony in Support of Senate Bill No. 316

Dear Committee Members,

Please allow me the opportunity to introduce myself. I chair the Department of Preventive Medicine and Public Health at the Kansas University Medical Center, I co-direct the Cancer Control and Population Health program at the KU Cancer Center, and I am a clinician-researcher who is particularly interested in preventive medicine and care for chronic diseases. As a primary care physician for more than 35 years, one of the most important and gratifying aspects of my practice has been helping smokers quit. Unfortunately, quitting smoking is very difficult. Many people don't succeed on the first attempt and require repeated interventions or supplemental treatment. The provisions of SB 316 remove barriers to providing this treatment.

Much of my research has been focused on smoking cessation – an area where I felt I could make the greatest impact for the greatest number of people. My research has looked at treating smoking as a chronic illness. In that research I have found that no matter how many times a smoker has tried but failed in a quit attempt, they still have a reasonable chance of success if they are willing to try again. SB 316 would remove impediments to them making another quit attempt.

For some reason some insurance programs, including Kansas Medicaid, handle treatment for smoking cessation differently than they handle treatment for other conditions like diabetes or hypertension. If I have a patient with high blood pressure who is not responding to treatment, I have no difficulty getting insurance coverage to cover a second medication or a change in treatment. The same thing goes for treatment of diabetes. Smoking cessation, however, is different. A patient who fails treatment during a smoking cessation attempt may have to wait months before they are eligible for treatment again. This doesn't make sense from a clinical standpoint and certainly doesn't make sense from an economic standpoint since smoking cessation is one of the most cost-effective treatments we have to offer our patients.

Improving access to smoking cessation treatment will increase the number of patients that try to quit smoking, it will increase the number of patients that successfully quit, and it will reduce smoking-related complications for Kansans.

Sincerely,

A handwritten signature in blue ink, appearing to read 'E. Ellerbeck'.

Edward Ellerbeck MD MPH
Sosland Family Endowed Chair