

February 8, 2018

March of Dimes Foundation

To: Kansas Senate Public Health and Welfare Committee
Senator Vicki Schmidt, Chair

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From: Shalae Harris RN, BSN, MPA
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Re: SB 316- Providing Medicaid coverage for tobacco cessation

I write on behalf of March of Dimes in support of SB 316 for Medicaid coverage for tobacco cessation. Our mission is to lead the fight for the health of all moms and babies and believe that every baby deserves the best possible start. In accordance with this mission, we seek to protect pregnant and childbearing women, infants, and young children from the dangers of smoking and secondhand smoke. Policies such as Medicaid coverage for tobacco cessation will help safeguard Kansans of today and of tomorrow from tobacco exposure.

In Kansas, (2016) 17.4% of women of childbearing age (18-44 years) reported smoking and among pregnant women (2014-2016) 11.1% were smokers. Women who smoke during pregnancy are more likely than nonsmokers to have a low birthweight or preterm baby. Preterm birth is the leading cause of death in the first month of life. In Kansas, 1 in 11 babies are born premature each year. Premature birth is a major determinant of illness and disability among infants, including developmental delays, and chronic respiratory problems. In addition, exposure to secondhand smoke during pregnancy and after birth increases the risk of sudden unexplained infant death (SUID), a key contributor to infant mortality in Kansas.

The good news is that smoking is the single most modifiable risk factor for adverse pregnancy outcomes in developed countries. At March of Dimes, we work with a diverse group of experts and partners to find ways to help reach all pregnant women who smoke and to help decrease the dangers of tobacco exposure.

For example, March of Dimes Becoming a Mom® group prenatal curriculum is used in the state's 12 perinatal community collaboratives (serving Medicaid recipients) that includes screening for tobacco use. If found, the group's educator connects the participant to tobacco cessation counseling, pharmacotherapy (e.g., gum or patches) and the state Quitline. These educators know there are tobacco cessation treatments for pregnant women that are effective, evidence-based, and cost-effective interventions for improving birth outcomes. Research indicates that these comprehensive tobacco cessation interventions during pregnancy can reduce costs for babies born too soon or too small as a result of tobacco exposure. Comprehensive tobacco cessation treatments that include counseling and pharmacotherapy are proven to be effective to help pregnant women to quit smoking. SB 316 would help support our state's prenatal group educators who are connecting pregnant women to these comprehensive tobacco cessation treatments.

Pregnant women with low incomes, including those covered by Medicaid, are more likely than other pregnant women to smoke. Joint estimates by the Centers for Disease Control and Prevention and the Centers for Medicare and Medicaid Services, have found that smoking-attributable neonatal health care costs for Medicaid total almost \$228 million, or about \$738 per pregnant smoker. Strengthening tobacco cessation coverage, eliminating the number of quit attempts and prior authorization requirements for treatments, would give each pregnancy covered by Kansas Medicaid the opportunity to deliver the healthiest baby possible.

On behalf of the pregnant women and babies we work to protect, the March of Dimes urges the committee to support SB 316. Thank you for all you do to support the health of all Kansas residents.

For more information or questions, contact Shalae Harris, Director of Advocacy & Government Affairs, 316-619-6187 or sharris@marchofdimes.org