KAMU strength unity advocacy
THE PRIMARY CARE ASSOCIATION OF KANSAS

Senate Bill No. 316
Proponent Testimony
Senate Public Health and Welfare Committee
February 8, 2018

Chair Schmidt and Members of the Committee, thank you for the opportunity to present testimony in support of for SB 316, requiring the Kansas Medicaid program to include tobacco cessation treatments as a covered service. I am Denise Cyzman and have the honor to serve as the Executive Director of the Kansas Association for the Medically Underserved (KAMU). As the Primary Care Association of Kansas, KAMU serves 44 primary care clinics that provide care to all - regardless of who they are, where they live, how much they make, or if they have health insurance. In 2017, KAMU member clinics served more than 306,000 patients through 882,000 visits.[1] Approximately 30% of their patients are Medicaid.

As a healthcare provider system, we know the detrimental impact that tobacco can have on a person's health. Tobacco use can lead to cancer, poor oral health, heart disease and other health issues. We also know that proactive smoking cessation treatment includes reduced healthcare spending, increased worker productivity, and longer life expectancy for the former smoker as well as reductions in secondhand smoke exposure for others. As people get healthier, they miss fewer days from work, spend less of their paycheck on health care and help boost the economy.

KAMU member primary care clinics are hard at work to reduce the use of tobacco by their patients. Approximately 80% of patients are screened for tobacco use and provided cessation intervention. However, not all treatment options, including group counseling are covered under the KanCare program.

Although non-expansion states are allowed to develop their own coverage plan, the Affordable Care Act (ACA) provisions require that compliant plans offer treatment including counseling and medications for at least two quit attempts per year at no additional cost to the patient[2]. Coverage for smoking cessation in the Kansas Medicaid program, KanCare, includes one quit attempt per year with counseling only available to pregnant women[3] . The evidence suggests that smokers are most likely to quit when counseling is combined with medication[4] and that multiple attempts are needed to successfully quit smoking[5].

KAMU feels that greater access to tobacco cessation products, treatment and counseling will lead to overall better health outcomes for Medicaid beneficiaries, and we support SB 316.

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[1]KAMU Quality Reporting System, State Grantee Preliminary Data, 2017. Accessed on 1.25.18
[2] United States Department of Labor. FAQS ABOUT AFFORDABLE CARE ACT IMPLEMENTATION (PART XIX) 2014; https://www.dol.gov/sites/default/files/ebsa/about-ebsa/ouractivities/resource-center/faqs/aca-part-xix.pdf. Accessed October 4, 2017
[3] Kansas Department of Health and Environment. TOBACCO CESSATION BENEFIT covered by KanCare (Kansas Medicaid) 2017; http://www.kdheks.gov/tobacco/download/Rack_Card_Medicaid_providers.pdf. Accessed October 4, 2017.
[4]US Department of Health and Human Services. 2014 Surgeon General's Report: The Health Consequences of Smoking—50 Years of Progress. Atlanta, GA: US 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;2014.
[5] 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(6).