

March 14, 2023



RE: HF1574

Dear Chair Liebling and Committee Members:

Minnesotans for a Smoke-Free Generation is a coalition of more than 50 organizations that share a common goal of advancing justice by striving toward a future where every person is free from commercial tobacco's harms and can reach their full health potential. MSFG strongly supports HF1574, which would ensure that Medical Assistance and MinnesotaCare enrollees receive comprehensive tobacco cessation treatment benefits without barriers, allow for telehealth coverage of tobacco cessation services, and expand the types of providers that can be reimbursed for providing tobacco cessation treatment counseling.

All Minnesotans pay the price for tobacco's harm. Commercial tobacco use remains the leading cause of preventable death and disease, taking the lives of more than 6,300 Minnesotans each year. Smoking costs the state \$7 billion a year: more than \$3 billion in excess health care costs and \$4 billion in lost productivity. In Minnesota's Medical Assistance program alone, smoking-related health care costs total \$563 million annually. However, something can be done to support people who use tobacco quit and save our state money.

An estimated 574,000 Minnesotans – 14 percent of the state's adults – still smoke and need help quitting. Nearly half of adult smokers have a household income of \$35,000 or less, and those enrolled in public programs are twice as likely to smoke than the general population. While Medical Assistance and MinnesotaCare provides coverage for some guidelines-based tobacco cessation treatment, coverage is not comprehensive and barriers exist and change from year to year, creating confusion for patients and providers. Coverage for medications and phone counseling vary by plan and enrollees face limited, inconsistent access to medications and barriers like prior authorization. What's more, many qualified health care professionals are not able to bill for delivering best practice counseling.

Removing barriers to quitting will save money and lives. Tobacco use interventions are the gold standard in public health for cost-effectiveness. A 2010 study by the American Lung Association and Penn State University found a 26 percent return on investment for states investing in tobacco cessation treatment. Tobacco cessation help costs a fraction of what it takes to annually treat tobacco-related diseases such as lung cancer and cardiovascular disease. Counseling and medication support can double the chances of a person successfully quitting.

A comprehensive Medicaid tobacco cessation benefit includes coverage for all three different types of counseling (individual, group, and phone-inclusive of the state's Quitline) and seven FDA-approved pharmacological interventions. People respond differently to different interventions; therefore, coverage for a range of counseling types and medications is essential. Federal law incentivizes Medicaid to cover cessation treatment through a one percent increase in their federal dollar matching rate. This bill would add phone counseling as a covered benefit. MSFG recommends this comprehensive coverage free of barriers.

There are six key barriers that prevent Medicaid recipients from utilizing comprehensive cessation programs: co-payments, prior authorization requirements, limits on treatment duration, yearly or lifetime dollar limits, step therapy, and required counseling for medications. Research shows that enrollees are more likely to quit successfully if their Medicaid coverage does not impose any of these barriers to care. While our state currently does not require cost-sharing, this bill would codify that practice. There have been some formularies that still suggest cost-sharing.

The language in this bill around cost sharing would make it very clear that cost sharing may not apply to cessation medications and counseling. Federal law requires Medicaid expansion plans and marketplace plans (except those that

are grandfathered) to cover all preventive services that receive an A or a B rating from the United States Preventive Services Task Force (USPSTF) without cost to the patient. Traditional Medicaid programs must cover these services for pregnant persons. In May of 2014, the Departments of Labor, Treasury, and Health and Human Services issued an ACA FAQ guidance on what should be covered for tobacco cessation. The FAQ Guidance reiterates that plans must not include cost-sharing for medications and treatment, and that plans should not require prior authorization for any of these treatments.

Finally, many provider types are not currently allowed to bill for reimbursement for delivering tobacco education and counseling, despite being trained to deliver this care. Limiting access to tobacco treatment services by restricting the types of providers who can deliver the service creates additional barriers for Medical Assistance and MinnesotaCare enrollees. Adding more provider types that can be reimbursed will increase health equity by expanding access to care in communities most impacted by tobacco use - rural Minnesota, Minnesotans living with mental health or substance use conditions, low-income Minnesotans, and in communities of color.

In summary, MSFG recommends that Medical Assistance and MinnesotaCare cover a comprehensive tobacco cessation benefit that includes access to all three types of counseling and all FDA-approved medications, continue to offer them with no cost-sharing, and remove barriers like prior authorization or quantity limits. We also support expanding the types of providers who can bill for reimbursement for delivering counseling services. Ultimately this public health intervention will save money and lives. On behalf of Minnesotans for a Smoke-Free Generation, thank you for considering this important policy.

Sincerely,

Emily Myatt

Tri-Chair, Minnesotans for a Smoke-Free Generation

Minnesota Government Relations Director, American Cancer Society Cancer Action Network

LaTrisha Vetaw

Tri-Chair, Minnesotans for a Smoke-Free Generation

Janelle Waldock

Tri-Chair, Minnesotans for a Smoke-Free Generation

Director of Racial and Health Equity Policy, Blue Cross and Blue Shield of Minnesota

Minnesotans for a Smoke-Free Generation Members

Advocates for Better Health, A Breath of Hope Lung Foundation, Allina Health, American Cancer Society Cancer Action Network, American Heart Association, American Lung Association in Minnesota, Association for Nonsmokers – Minnesota, Blue Cross and Blue Shield of Minnesota, Cancer Legal Care, CentraCare, Children’s Minnesota, Comunidades Latinas Unidas En Servicio – CLUES, Dodge County Public Health, Essentia Health, Eugene Nichols, Faribault Martin & Watonwan Co SHIP, Gillette Children’s Specialty Healthcare, HealthPartners, Hennepin County Public Health, Hennepin Healthcare, Horizon Public Health, Indigenous Peoples Task Force, Lao Center of Minnesota, Lincoln Park Children and Families Collaborative, Local Public Health Association of Minnesota, Masonic Cancer Center, University of Minnesota, Mayo Clinic, Medica, Meeker McLeod Sibley Community Health Services, MHA – Minnesota Hospital Association, Minnesota Academy of Family Physicians, Minnesota Association of Community Health Centers, Minnesota Cancer Alliance, Minnesota Council of Health Plans, Minnesota Dental Association, Minnesota Medical Association, Minnesota Public Health Association, Minnesota Society for Public Health Education, Minnesota Youth Council, MNAAP – Minnesota Chapter of the American Academy of Pediatrics, Mowery Communications, LLC, NAMI Minnesota, NorthPoint Health & Wellness, Olmsted Medical Center, Parents Against Vaping e-cigarettes, PartnerSHIP 4 Health, Perham Health, Public Health Law Center, Rainbow Health, SEIU Healthcare Minnesota, Steele County Public Health, Tobacco-Free Alliance, Twin Cities Recovery Project, UCare, WellShare International, Winona County Alliance for Substance Abuse Prevention

Find out more at: smokefreegenmn.org.