



December 14, 2009

The Honorable Harry Reid  
 Majority Leader  
 U.S. Senate  
 Washington, DC 20510

Dear Leader Reid:

We are writing to urge you to support the inclusion of the Durbin-Sanders Amendment in the final Patient Protection and Affordable Care Act. This amendment, No. 3076, will expand Section 4107, *Coverage of Comprehensive Tobacco Cessation Services for Pregnant Women in Medicaid*, to provide comprehensive cessation benefits to all Medicaid recipients.

Comprehensive cessation benefits are among the most cost-effective and efficacious preventive services available today. Tobacco cessation interventions earn an “A” grade from the U.S. Preventive Services Task Force, which recognizes that smoking cessation decreases the risk for heart disease, stroke and lung disease. These diseases rank among the leading causes of death and chronic disease in the United States. The Institute of Medicine and the U.S. Public Health Service also strongly endorse comprehensive cessation benefits.

Over 70 percent of people who currently use tobacco products want to quit, but they often must make multiple quit attempts before they successfully break their addiction to nicotine. Use of cessation drugs (over-the-counter or prescription drugs) and counseling can triple or quadruple cessation rates. The Medicaid population has the greatest need for access to these services. According to the National Center for Health Statistics, 33 percent of adult Medicaid recipients smoke, compared to 20 percent of the general population. Currently, few states provide the full range of services needed to

help Medicaid smokers quit and some states provide no assistance at all. Not helping these smokers quit is extremely costly to taxpayer-funded Medicaid programs – tobacco-related healthcare costs for Medicaid programs averaged \$607 million per state in 2004.

A recent study from Massachusetts confirms the efficacy of providing comprehensive cessation benefits to all Medicaid recipients. Smoking rates for beneficiaries in the Massachusetts Medicaid program (MassHealth) have dropped 26% since the state implemented its comprehensive tobacco cessation benefit in July 2006. This represents a total of 33,000 fewer smokers. Utilization of other costly health care services also declined, including fewer hospitalizations for heart attacks, fewer emergency room visits for asthma attacks and a drop in claims for adverse maternal health complications. Massachusetts has demonstrated how lives and health care dollars can be saved when comprehensive cessation benefits are provided to the entire Medicaid population.

The Patient Protection and Affordable Care Act recognizes the importance of cessation services by requiring cessation coverage benefits to Americans enrolled in group or individual insurance plans and pregnant women in Medicaid. However, the Durbin-Sanders amendment is needed to ensure that these important preventive services are extended to all Medicaid recipients, who are in greatest need but can least afford these services.

Your support for the Durbin-Sanders amendment will ensure these life-saving benefits apply to the entire Medicaid population.

Sincerely,

American Cancer Society Cancer Action Network  
American Heart Association  
American Lung Association  
Campaign for Tobacco-Free Kids  
American Academy of Family Physicians  
American Academy of Pediatrics  
American Association for Respiratory Care  
American College of Chest Physicians  
American College of Occupational and Environmental Medicine  
American Psychological Association  
American Public Health Association  
American Society of Addiction Medicine  
American Society of Clinical Oncology  
American Thoracic Society  
Association for the Treatment of Tobacco Use and Dependence (ATTUD)

Association of Reproductive Health Professionals  
Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN)  
Center for Science in the Public Interest  
Community Anti-Drug Coalitions of America  
Families USA  
Lung Cancer Alliance  
Multi-State Collaborative for Health Systems Change  
The National Alliance to Advance Adolescent Health  
National Association of County and City Health Officials (NACCHO)  
National Latino Tobacco Control Network  
National Patient Advocate Foundation  
North American Quitline Consortium  
Oncology Nursing Society  
Oral Health America  
Partnership for Prevention  
North American Division of Seventh-day Adventists  
Society for Public Health Education  
United Methodist Church - General Board of Church and Society