



June 14, 2010

Cindy Mann, JD
 Deputy Administrator and Director
 Center for Medicaid, CHIP and Survey & Certification
 Centers for Medicare and Medicaid Services
 7500 Security Boulevard, Room S2-26-12
 Baltimore, MD 21244-1850

Dear Ms. Mann:

We are writing to express our strong support for permitting states to obtain federal Medicaid matching funds for the cost of tobacco cessation services provided by quitlines. Tobacco cessation quitlines have proven to be an effective way to help smokers quit. Ensuring Medicaid coverage of tobacco cessation quitlines will improve access to these services, help more tobacco users to quit, help protect children and adults from secondhand smoke, and reduce the disease and premature death attributable to tobacco use.

Quitlines provide telephone-based tobacco cessation counseling services, and some provide medications to help smokers quit. They provide easy access to cessation services and can tailor information to specific populations. In some cases, quitlines can also link tobacco users to broader health-related information and resources. Every state and two territories in the United States have a tobacco cessation quitline. These programs are linked together through a national network via a toll free number, 1-800 QUIT NOW.

The U.S. Public Health Service's most recent clinical practice guideline for treating tobacco use and dependence found that quitline counseling can substantially increase a smoker's chances of quitting, and quitline counseling combined with medication (such as nicotine replacement therapy) is even more effective at helping smokers quit. According to best practices developed by the Centers for Disease Control and Prevention, sustaining, expanding, and promoting quitline services should be a key component of tobacco control programs. Moreover, the Centers for Medicare and Medicaid Services recognizes the importance of tobacco-cessation counseling for Medicare beneficiaries and has recently proposed expanding tobacco-cessation counseling.

Medicaid beneficiaries use tobacco at rates 50 percent higher than the general population. While figures vary from state to state, Medicaid beneficiaries typically constitute 10 to 40 percent of quitline callers seeking help in their attempts to quit using tobacco. Several states have inquired about the permissibility of receiving federal matching funds for quitline services provided to Medicaid beneficiaries. While there may be technical questions that need to be resolved, we believe solutions can be found to ensure that quitlines are covered by Medicaid and that Medicaid beneficiaries can access all services that have been shown to increase their ability to quit successfully.

Tobacco use is the leading cause of preventable death and illness in the country. The Centers for Medicare and Medicaid Services has a role to play in preventing this morbidity and mortality and to helping Medicaid beneficiaries live longer and healthier lives. And with tobacco-related illnesses accounting for 10 to 15 percent of all Medicaid expenditures, there is also a fiscal incentive to reduce tobacco use among Medicaid beneficiaries.

We encourage you to examine ways to ensure that states can obtain federal Medicaid matching funds for coverage of quitline services.

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 Otolaryngology-Head and Neck Surgery
American Academy of Pediatrics
American Association for Cancer Research
American Association for Respiratory Care
American College of Cardiology
American College of Chest Physicians
American College of Preventive Medicine
American Psychological Association
American Public Health Association
American Society of Addiction Medicine
Association of Black Cardiologists
Association of Maternal & Child Health Programs
Association of State & Territorial Health Officials (ASTHO)
Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN)
Cancer Prevention and Treatment Fund
ClearWay Minnesota
Community Action Partnership
Legacy
Lung Cancer Alliance
National Latino Tobacco Control Network
National Association of County and City Health Officials (NACCHO)
North American Quitline Consortium
Oncology Nursing Society
Oral Health America
Partnership for Prevention
Society for Cardiovascular Angiography and Interventions
Society for Public Health Education
UCSF Tobacco Cessation Leadership Center
United Church of Christ, Justice & Witness Ministries
United Methodist Church – The General Board of Church and Society
Washington State Department of Health Tobacco Prevention & Control Program