



April 9, 2009

The Honorable Diana DeGette  
U.S. House of Representatives  
Washington, DC 20515

The Honorable Todd Platts  
U.S. House of Representatives  
Washington, DC 20515

Dear Congresswoman DeGette and Congressman Platts:

Our organizations are pleased to write you today in support of the Quit Smoking for Life Act of 2009. We welcome the introduction of this legislation, which takes important steps in giving Medicare and Medicaid patients access to treatments that will help them quit using tobacco products.

As you are aware, tobacco products are highly addictive and very few smokers are able to successfully quit on their own. The U.S. Public Health Service Guideline on Treating Tobacco Use and Dependence highlights the need for healthcare systems to cover cessation services. Cessation coverage is especially important and beneficial for Medicare and Medicaid recipients. The Medicaid population smokes at a significantly higher rate than the overall population – 32.6 percent compared with 20.4 percent. Assisting Medicaid and Medicare patients with quitting will not only save lives, but will also save states and the federal government money in medical costs by helping these patients reduce their risk of tobacco-related diseases, including cardiovascular disease, lung disease and cancer.

The Quit Smoking for Life Act of 2009 takes important steps in providing Medicare and Medicaid recipients with access to cessation treatments. It ensures that Medicare recipients have access to cessation counseling and medications through Medicare Part D drug plans. The legislation also provides lifesaving cessation medication and counseling coverage for Medicaid recipients. Currently, this coverage is optional for state Medicaid plans, and most states do not provide these life-saving benefits.

Also important in providing coverage of cessation treatments is reducing barriers to the use of these treatments. One barrier to treatment is cost, and the Quit Smoking for Life Act of 2009 requires Medicare recipients to pay co-pays for cessation counseling. Recognizing that all tobacco users – especially Medicare and Medicaid recipients – are more likely to use cessation aids when they do not have to pay for them out-of-pocket, our organizations believe there should be no cost barriers to coverage, including co-pays. The imposition of such barriers by various state Medicaid programs represents serious obstacles to making tobacco cessation available to those most in need. We would like to work with you as the legislation moves forward to ensure that the barriers to helping smokers quit are removed.

This legislation marks an important step in reducing the terrible burden – both human and financial – caused by tobacco use. We look forward to working with you to see the successful passage and implementation of the Quit Smoking for Life Act of 2009.

Sincerely,

American Cancer Society Cancer Action Network  
American Heart Association  
American Lung Association  
Campaign for Tobacco-Free Kids  
Partnership for Prevention