

Reducing the Disease Burden of Tobacco Use

The Role of Health Reform and Beyond

Al Franken, U.S. Senator

On March 23rd, 2010, we took a historic step toward a healthier nation when the Patient Protection and Affordable Care Act was signed into law by President Obama. When fully implemented, this law will bring health coverage to 32 million more Americans. It will provide our nation's residents with the security and peace of mind that has eluded us for generations. No longer will millions of Americans live with the fear that they are one health crisis away from personal bankruptcy.

But the law does more than provide health insurance; it also begins to transform our sick care system into a true healthcare system. With unprecedented investments in public health and incentives for prevention, health reform will work on multiple levels to prevent illness, intervene early when risk of illness occurs, help those with chronic illness from becoming sicker, and generally keep Americans healthier, longer.

As we implement these collective efforts for a healthier society, we must pay attention to the leading cause of preventable death in the United States—tobacco use. According to the CDC, tobacco kills more than 400,000 people and costs the nation approximately \$97 billion in healthcare expenditures and an additional \$97 billion in lost productivity annually.¹ The new legislation contains several components that focus on preventing illness and premature death from tobacco use:

1. The Prevention and Public Health Investment Fund: Senator Tom Harkin of Iowa is a longstanding champion for prevention and fought for this dedicated fund that allocates a total of \$7 billion for Fiscal Years 2010–2015 to finance prevention, wellness, and public health activities. Thereafter, funding will be \$2 billion annually, for a total of \$15 billion over the next 10 years. The fund will focus on proven public health activities and policies to help Americans make lifestyle choices for better health, including reducing tobacco use. These investments in prevention make good fiscal sense. We know from our experience in states that tobacco control has a return on investment of nearly 50:1.²

2. Health insurers will be required to cover preventive services recommended with an A or B grade by the U.S. Preventive Services Task Force (USPSTF) in all new health insurance plans. This includes tobacco-cessation services, which received an A grade from the USPSTF. The law also provides senior citizens with free annual wellness visits and personalized prevention plans under Medicare.

3. Medicaid will now cover smoking-cessation treatment for pregnant women, with no cost-sharing requirements. States will no longer be able to exclude tobacco-cessation drugs from their Medicaid programs. In addition, states that voluntarily cover all recommended preventive services and immunizations for Medicaid enrollees will get an increase in their federal Medicaid reimbursements. These changes are an important first step to guaranteeing coverage of smoking cessation for all Medicaid enrollees. This coverage is critical because the CDC estimates that about 33% of adult Medicaid enrollees smoke, compared to 20.6% of the overall adult population.³

These investments in tobacco prevention and cessation will yield long-term savings by reducing downstream tobacco-related diseases and their associated healthcare costs. As the provisions in the act are implemented, we must remain vigilant to ensure that barriers to accessing these evidence-based treatments are not allowed—barriers that could result in less than comprehensive services, access, and utilization.

While the Affordable Care Act provides unprecedented support for initiatives to drive down rates of tobacco use, we cannot underestimate the continuing power of the tobacco industry, which spends over \$12 billion each year marketing its products in this country, including \$200 million last year in my home state of Minnesota.^{4,5} For more than a century, the tobacco industry has been ingenious in its ability to circumvent legal restrictions, adapt to cultural shifts, and market its products. While we have made considerable progress in lowering smoking rates and educating the public about tobacco's dangers and how to quit smoking, we must continue to fight tobacco interests at all levels—through federal policy, at the state level, and in our communities and neighborhoods. We must build on the promise of the Affordable Care Act, seizing every opportunity to decrease

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death and disease caused by tobacco and secondhand smoke.

One of the best ways to achieve more substantial reductions is by implementing multi-component, evidence-based state strategies with adequate funding. The good news is that there are decades of research in this area. In fact, the CDC has determined that the more states spend on comprehensive tobacco-control activities, the greater the reduction in smoking- and tobacco-related illness and death.⁶ For example, we know from our experience in Minnesota that when we invested in youth tobacco prevention, smoking rates decreased. But when the state cut funding for the program in 2003, we began to lose ground again.⁷

According to the CDC, a comprehensive state strategy includes the following:

1. restricting minors' access to tobacco products;
2. using marketing strategies to counter pro-tobacco influences and increase pro-health messaging;
3. helping all smokers who want to quit by making cessation services available and accessible, including health insurance benefits for smoking cessation and population-wide tobacco-cessation services such as quitlines;
4. implementing comprehensive clean indoor air policies;
5. increasing the unit cost of tobacco products.

In Minnesota, many organizations are collaborating to meet these needs, including ClearWay MinnesotaSM, whose research findings are featured in the papers in this supplement to the *American Journal of Preventive Medicine*^{8–18} and whose free QUITPLAN Services have helped nearly 18,000 Minnesotans quit using tobacco. But stronger support is needed at federal, state, and community levels.

So what is next? The provisions of the Affordable Care Act will prevent tobacco use and help more smokers gain access to evidence-based cessation services. However, we cannot lose sight of the fact that the tobacco industry is working diligently to counter our efforts to reduce tobacco use. State and local governments must seize the opportunity to build on the new law by creating and maintaining comprehensive tobacco-control strategies.

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