

ANALYSIS OF HOUSE BILL 1999

Provide a smoking cessation program to recipients of medical assistance.

SPONSORS: Representatives Edmonds and Cody.

BACKGROUND: Approximately 25 percent of adult men, 22 percent of adult women, and 22 percent of high school students in Washington are current smokers. While adult smoking has declined in recent years, the number of children who are smoking has increased 35 percent since 1991.

Smoking has been found to have a wide range of negative health effects including an increased risk of stroke, cancer, chronic bronchitis, and emphysema, and heart disease. Smoking is responsible for 7,800 deaths in Washington state each year. Public and private direct health care expenditures in Washington caused by people's health problems from smoking cigarettes annually total approximately \$1.33 billion. The Washington State government alone spends approximately \$230 million yearly in cigarette-related Medicaid expenditures. Additional expenditures in Washington for health and development problems of infants caused by the mothers smoking or being exposed to second-hand smoke during pregnancy has been estimated to range from \$21 million to as high as \$62 million. There are also costs associated with the second hand smoke, tobacco-related sick days, on-the-job infirmities, and damage and loss related to cigarette-related fires. Smoking is addictive.

41 percent of Medicaid substance abuser related hospital stays are due to tobacco related illnesses and more than 20 percent of Medicaid inpatient hospital stays are also due to tobacco. While the prevalence of smoking for the general population is 23.4 percent--it is 42 percent for Medicaid clients. The prevalence of smoking in pregnant women in the general population is estimated to be 23.4 percent--it is 43.7 percent for pregnant women on Medicaid.

Many treatments are available to help people quit, including unique prescription medicines to treat nicotine addiction. Currently 25 states provide coverage of smoking cessation products in their Medicaid plan. Washington state's Medicaid program doesn't allow for the use of smoking cessation products and no smoking cessation programs are offered for low income Medicaid clients.

The final tobacco settlement agreement by the state of Washington was reached November 24, 1998. The tobacco companies are required to provide the state of Washington \$4.02 billion as its part in the settlement.

SUMMARY: The Department of Health is required to implement a smoking cessation program for Medical Assistance clients by July 1, 2001. The program is allowed to use FDA (Federal Drug Administration) smoking cessation products. The department is given the authority to establish an advisory group to provide advice related to the design and implementation of the smoking

cessation program. Funding to establish medical assistance smoking cessation program must come from the state's tobacco master settlement agreement.

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