

**Medicaid Smoking
Cessation Coalition**

Advocacy Action Network

American Cancer Society

American Heart Association

American Lung Association
in Kentucky

Campaign for Tobacco Free
Kids

Catholic Conference of
Kentucky

Covering Kentucky Kids and
Families

Greater Louisville Chapter
of the Oncology Nursing
Society

Kentucky Academy of
Family Physicians

Kentucky Chamber of
Commerce

Kentucky Coalition of Nurse
Practitioners and Nurse
Midwives

Kentucky Council of
Churches

Kentucky Equal Justice
Center

Kentucky Health
Departments Association,
Inc.

Kentucky Hospital
Association

Kentucky Medical
Association

Kentucky Nurses
Association

Kentucky Public Health
Association

Kentucky Pharmacists
Association

Kentucky Rural Health
Association

Kentucky Voices for Health

Kentucky Youth Advocates

March of Dimes, Kentucky
Chapter

Mental Health America of
Kentucky

NAMI Kentucky

SAVE LIVES & TAXPAYER DOLLARS

MAJOR NEWSPAPERS AGREE

FUND MEDICAID SMOKING CESSATION



Coffin nails – October 23, 2009

Health advocates are not asking for the moon: They want the state to kick in \$1.5 million, which would shake loose \$3.5 million in federal funds, for Medicaid stop-smoking programs in Kentucky. One advocate said it is penny-wise and pound-foolish for the state not to offer this life-saving service. We wouldn't be that polite about it.



Cheap ways legislature can do much good – Jan. 17, 2010

Cover smoking cessation under Medicaid. OK, this would cost money, but only \$1.5 million a year and the long-term savings from reducing smoking-related disease and its costs would pay for the up-front expenditure many times over.



State falls short in spending on tobacco issues – December 16, 2009

It is quite apparent that our state is not making this a top priority like it should be. The state has a commitment to its citizens to use more of the tobacco settlement money to prevent our kids from smoking and help people quit. We are paying a high price for only spending a pittance on smoking prevention.



After 10 years, smoking fight calls for state gumption – Jan 14, 2009

A few states have ignored everything science has shown to help combat addiction — from higher cigarette taxes to strong cessation programs. And their citizens are the ones who are paying the price. **Case in point: Kentucky** with Kentucky has some of the nation's stingiest Medicaid funding for programs to quit.



Near the bottom — 12/19/09

...money spent on smoking prevention and cessation programs that have proven to be effective also is a wise investment. The entire state benefits when fewer Kentuckians smoke.



Smoking's real costs – November 23, 2008

Health-related costs? About \$1,700 per smoker every year and about \$500 million for Medicaid per year. Worse, the state invests very little money in preventive, stop-smoking programs.

Addiction Programs Provide Economic Benefits – May 2009 By Jesse Adams III, M.D.

Providing smoking cessation coverage for Kentucky Medicaid recipients is good economic and health policy, benefiting individual patients and Kentucky businesses while helping to improve the long-term financial prosperity of the state.



Tepid speech, chilly attitudes – January 08, 2010

Gov. Steve Beshear tried valiantly (desperately?) to pull some silver threads from the economic gloom in his third State of the Commonwealth address...offering some good, though necessarily modest, proposals such as...finally covering smoking cessation under Medicaid.

Fund Medicaid Smoking Cessation

Governor Beshear wisely included funding for this comprehensive smoking cessation program in his biennial budget. Despite the Commonwealth's difficult budget situation, providing smoking cessation coverage for Kentucky Medicaid recipients is good economic and health policy, benefiting individual patients and Kentucky businesses while helping to improve the long-term financial prosperity of the state. Fulfill the promise you made in 2007 by funding Medicaid Smoking Cessation.



Coffin nails

October 23, 2009

Health advocates in Kentucky should follow the lead of the Family Smoking Prevention and Tobacco Control Act. The new law will require cigarette packages to carry graphic pictures of disease caused by smoking, accompanied by stark warnings such as "Smoking can kill you," just in case the consumer didn't understand the picture.

Those health advocates need to draw the same kind of stark image for lawmakers in their bid to get the state to cough up more money for smoking cessation programs for Kentucky Medicaid patients. Apparently, a 2007 bill authorized such a program, but it was never funded. Meanwhile, Kentucky wallows in these misery-laden statistics:

No. 3 in the nation in adult smoking rates. (Yes, we fell from No. 1 to No. 3, but that's no cause for celebration.)

Highest cancer death rate in the country and the sixth-highest for heart disease; both diseases are byproducts of smoking.

Sixth-highest death rate in the country.

14th highest percentage of residents (760,000) on Medicaid.

33rd in the nation in the percentage of funds set aside for anti-smoking efforts.

Maybe a couple of photos of bad lungs, shot hearts and diseased mouths should accompany those sorry standings. Maybe then lawmakers would ante up.

As it is, the health advocates who spoke out this week are not asking for the moon: They want the state to kick in \$1.5 million, which would shake loose \$3.5 million in federal funds, for Medicaid stop-smoking programs in Kentucky.

One advocate said it is penny-wise and pound-foolish for the state not to offer this life-saving service.

We wouldn't be that polite about it.

Snuffing out smokes

May 14, 2009

In the Kentucky Derby, coming in first is far better than coming in third. But Kentucky's fall from first to third place, behind West Virginia and Indiana, in the U.S. Centers for Disease Control and Prevention's latest national rankings of adult smokers, is really good news.

In fact, it's cause for celebration, though in moderation. Though Kentucky's 25.2 percent adult smoking rate last year is an improvement over 28.3 percent in 2007, it's still extraordinarily high by national standards. And it still portends that thousands of Kentuckians will die prematurely from smoking-related ailments each year.

The slight drop in the adult smoking rate is also muted by the CDC's findings that Kentucky continues to have some of the highest rates of smoking, about 27 percent, among older youths and pregnant women.

Nobody said it was going to be easy, but tobacco's grip on Kentuckians is loosening, as evidenced by passage in recent years of local limits or bans on smoking in public places in Louisville, Lexington and several other communities. We've long argued, however, that Kentucky would be further down the smokeless road if lawmakers in Frankfort could find the will and the courage to raise the state cigarette tax to levels that might encourage more people not to start smoking or to quit. The last 30-cents-a-pack increase seems to be having some impact, but it's still not enough.

Finally, that so many pregnant Kentuckians insist on smoking despite the health risks to their babies is a matter of education. Unfortunately, the \$3.7 million that Kentucky spends for smoking prevention efforts is well below the \$57 million a year the CDC say we ought to spend.

So, let's celebrate, but hold the champagne.

Smoking's real costs

November 23, 2008

How much does a pack of cigarettes cost?

If you said about \$3 to \$3.50, you're wrong.

The price -- in misery and sickness for individuals and staggering amounts of dollars in health-care costs charged to the taxpayers -- is exponentially greater than that.

Kentucky is No. 1 in the country for adult smoking and lung cancer rates. We're also close to the top of the hit parade of chronic misery of heart disease, stroke and premature births.

Health-related costs? About \$1,700 per smoker every year and about \$500 million for Medicaid per year. Worse, the state invests very little money in preventive, stop-smoking programs.

What to do? Look at the Hoosier example.

Last week, Dr. Judith Monroe, Indiana's health commissioner, talked to members of Kentucky's Joint House-Senate Health and Welfare Committee.

Her message: Raise Kentucky's pitifully low (description, ours) cigarette tax.

Indiana, which has the sixth highest rate of adult smoking, raised its cigarette tax from 55.5 cents to 99.5 cents a pack.

The increase went to health care, and added power and reach to stop-smoking programs by expanding their budget to \$17.5 million.

In comparison, Kentucky's tax is 30 cents per pack and the state spends \$3.8 million on cessation programs.

Again, that's pitiful.

The Republican governor of Indiana got behind these forward-thinking policies. The Republican leadership in the Kentucky Senate has done the opposite, and its chronic condition blocks whatever forward movement or thinking is advanced on dealing with this health crisis.

And that's more than pitiful. That's scandalous.

Kentucky's leaky bucket

January 3, 2010

By *Dave Adkisson*
Special to The Courier-Journal

When the Kentucky General Assembly convenes Tuesday, lawmakers will face the formidable challenge of enacting a balanced budget for fiscal 2010-12 in the face of unprecedented revenue shortfalls and an economy whose performance offers little hope of immediate relief.

Announcements out of Frankfort for the past few months have made it clear that the commonwealth's fiscal situation is precarious — largely as a result of the impact that the international economic downturn has had on tax receipts and public services.

Like many other states, Kentucky has welcomed federal stimulus money as a means of plugging some sizeable budget holes, and it has a few hundred million more in federal funds to use for that purpose. But the state will need much more than that if projections of a shortfall exceeding \$1 billion are on target.

Without question, these are difficult times. But it is important to note that Kentucky's problem with revenue shortfalls existed long before the current downturn, and the situation probably will get even worse when the federal money is no longer available.

More troubling is the fact that state spending in recent years shows Kentucky's budget priorities shifting from investing in education and toward providing more money for jails, public employee benefits and Medicaid.

That new reality is the most significant conclusion of research that the Kentucky Chamber has undertaken in recent months. The numbers tell us that Kentucky is spending an increasing amount of money on what happens when you fall short on education attainment — more people in jail and more people on Medicaid — in addition to the escalating costs of public employee health care benefits. We describe what we found as a “leaky bucket” of state revenue — a vessel that can never be filled because of major leaks (the unsustainable spending growth in those three major areas).

The state shortfalls have led some people to conclude that revenue collections are not keeping pace with the economy and that Kentucky needs to modernize its tax system to address that situation.

As a result, we took particular note of two major findings of research conducted for the Chamber by the University of Kentucky's Center for Business and Economic Research:

The size of state government relative to the state's economy has remained consistent over the years (about 6 percent of Kentucky's Gross State Product).

State revenue has essentially been growing with the economy.

With those facts in mind, we took a closer look at the state budget to get a better sense of where the money is actually going. We found that spending in the three areas mentioned earlier — corrections, Medicaid and public employee health benefits — is growing faster than both the state budget overall and the state economy.

More than half of the growth in the state budget since 2000 has been in those three areas. The result is that education's share of the budget has declined, and it is education that has the greatest potential to help us grow a stronger economy.

The Chamber's efforts to raise awareness about this budget reality should not be interpreted as being dismissive of the needs reflected in the areas of high-growth spending. Medicaid, in particular, is an important part of Kentucky's health-care system and is a vital program for many of the state's citizens and health care providers.

But this level of spending clearly is unsustainable, and the state must act deliberately to institute management strategies that work. In appearances before legislative committees and other venues, the Chamber has offered these ideas for consideration by the state's policymakers.

Medicaid

Expand Medicaid-managed care in the more populous areas of Kentucky and identify appropriate ways to incorporate managed care in other areas based on regional demographics and the number of health providers.

Incorporate wellness into Medicaid by shifting a larger portion of spending to promoting wellness, requiring higher co-pays from recipients who smoke, giving incentives to providers to order wellness or preventive services; providing a statewide smoking cessation program for recipients. (Kentucky is one of only five states without such a program.)

Improve program administration to reduce overpayments to providers, increase the use of generic drugs and ensure child support orders require noncustodial parents who have insurance to provide coverage for their children.

Corrections

Review Kentucky's persistent felony offender law to determine whether it is too broad.

Review how offenses are classified to determine the impact on the growth in the prison population.

Consider the implementation of a stringent community supervision system to prevent parolees from returning to prison.

Explore ways to address the problem of substance abuse among offenders.

Consider expanding the use of privately operated prisons.

Public employee health benefits

Require state employees to contribute a reasonable amount for their health insurance, a common practice in the private sector.

Provide employees with a fixed dollar amount, indexed for inflation, that they can use to buy life/health insurance or other fringe benefits.

Offer incentives to employees who participate in wellness activities.

In tough economic times — and all the time — state government must do what every family has to do around the kitchen table and every business person has to do if he or she expects to stay in business. We have to establish spending priorities, make tough decisions and fix the leaks that drain the money away from financing the priorities we have established to ensure progress for Kentucky.

Dave Adkisson is president and CEO of the Kentucky Chamber of Commerce.

Health reform: Passport can be a model

February 12, 2010

By Larry N. Cook and Allan Tasman Special to The Courier-Journal

As the nation takes a collective deep breath following the recent election in Massachusetts, those seeking to reform the health care system are waiting to exhale. Clearly, the American people are anxious. Anxious about the economy and the lack of job growth, and anxious about whether the changes in the health care system being considered by Congress would end up being a bad experiment by the government adversely affecting them and their families. One way to proceed at this sensitive moment is to take a collective step back and look at incremental reform. Let's find proven models of success in the health care system and model reform after those programs.

Many say that reform cannot be successful unless we overhaul the large government programs of Medicare and Medicaid, and we agree. Savings realized through effective management of these programs could provide the base from which expansion to universal coverage could finally be realized.

Are there proven models of success in Medicare and Medicaid which both constrain medical cost inflation while providing the highest quality care and passing the test of time? One has to look no further than in Louisville, Kentucky, to find that the answer to that question is a resounding YES. The Louisville based Passport Health Plan is a model program that has controlled rising costs while improving quality of care and achieving a high level of satisfaction from its members.

Passport Health Plan, which began clinical operation in 1997, is a non-profit private/public partnership which was designed to address rising costs in the Commonwealth of Kentucky's Medicaid program. Passport Health Plan administers Medicaid benefits for 157,000 members in Louisville and the surrounding region, representing 20 percent of the Commonwealth's Medicaid population. Passport is a hybrid health plan, founded by the University of Louisville Medical School Practice Association, University Medical Center, Norton Healthcare, Jewish Hospital and St. Mary's Health Care, and the Louisville-Jefferson County Primary Care Association. It is publicly financed through Kentucky's Medicaid program, but privately operated by a not-for-profit corporation with a wide range of community based providers.

The program uses a "public utility" type of rate setting model, in which cost data is supplied annually to state government and which is analyzed by them and used in negotiating the following year's rate with Passport. By contracting in this model with Passport, Kentucky has experienced a more predictable and very moderate cost trend of approximately 4.9 percent annually, compared with an annual increase of 10 percent on average nationally. This is unheard of for a health plan that administers benefits for this very vulnerable, low-income population. As in all states, Kentucky's Medicaid members are primarily low-income women and children. Ranked 13th in the nation among Medicaid plans by U.S. News and World Report and the National Committee for Quality Assurance, Passport has made significant improvements in the areas critical to the health of the population it serves.

The statewide well child visit rate (early and periodic screening diagnosis and treatment) for Kentucky Medicaid was 17 percent in 1997 when Passport Health Plan began operations. In 2008, Passport Health Plan had a screening

rate of 93 percent for children birth to 21 years of age. This is an impressive statistic for any plan, but when considering the health status ranking of Kentucky and the prevalence of chronic conditions in our population, it is a testament to the effective approach of the Passport Health Plan model. These well child visits are designed to provide immunizations and detect any health problems as early as possible. Physicians have long understood the importance of these visits, yet helping parents to comply is often difficult. Passport uses clinician education and financial incentives for physicians to make sure their patients receive well child care and has also engaged in widespread outreach efforts to the families of the children it serves.

The plan's community Partnership Council ensures that non-sponsor providers have input into the medical and quality policies of the program. This collaborative approach has led to the development of a robust provider network, high levels of provider satisfaction, and proven case and disease management approaches. Unlike commercial plans where providers have long voiced concerns about an insurance company's inappropriate intrusion with the practice of medicine, Passport Health Plan seeks the input and assistance of the provider community. This approach has led to ready adoption of numerous medical management strategies with an emphasis on preventive care. Providers experience ownership of the program, and their incentives are aligned with the outcomes the health plan strives to achieve.

Simply put, wellness is the health outcome sought by Passport Health Plan. Unlike utilization driven payment models where providers are paid only to care for a sick patient, the Passport model focuses on appropriate reimbursement for wellness programs. In addition to a monthly per patient reimbursement, providers have a financial incentive for achieving specific health goals such as decreased inappropriate emergency room utilization and increased preventive screenings for such diseases as cervical cancer, breast cancer, high blood pressure and diabetes. This alignment makes the plan and the providers accountable for the same positive results of improved health status for our members and control of rising medical costs.

When examining the cost of care in terms of both improved health indicators and medical trend rates, the Passport outcomes demonstrate that a correctly designed system of care can accomplish substantial health benefits AND cost savings, even in a program which most analysts have suggested is unlikely to produce such outcomes. Extrapolating our results across the entire country, it is easy to see that billions of dollars of cost savings can be realistically achieved at the same time better care can be provided.

Commercial health insurance plans have a medical cost trend rate of around 10 percent while Passport has maintained a trend of about 4.9 percent. This lower trend rate reduces the cost of care over time and further produces long term savings by managing care in the interest of better health outcomes. Much of the program's success in terms of health outcomes and cost savings can be attributed to the robust care management programs such as smoking cessation, well child care, coordinated case management, asthma and diabetes management, and perinatal care.

As we look ahead, decision makers should consider the design and outcomes of proven successful models such as Passport Health Plan.

Larry N. Cook, M.D., is executive vice president for health affairs at the University of Louisville; he is also CEO and board chairman of University Health Care Inc. Allan Tasman, M.D., is professor and chairman of the Department of Psychiatry and Behavioral Sciences at U of L and on the executive committee of University Health Care.

Cheap ways legislature can do much good

January 17, 2010

The best things in life may be free, but there's nothing like *do-re-me* for greasing the wheels of the legislature.

Money to build roads, schools, community centers and fund lawmakers' pet projects is the currency of exchange for difficult votes.

Like many Kentuckians, state government is running short on cash as high unemployment resists the good news from Wall Street. Gov. Steve Beshear and lawmakers will be cutting state services, not pumping money into new programs or projects, this session.

Despite all that, lawmakers can accomplish quite a bit at modest or no cost. In the make-do-with-less spirit of the times, we offer these good, but cheap, ideas for the legislature:

Extend domestic violence protections to dating partners. Amanda's Law will be a hollow victory if a class of victims is denied its protection. Kentucky is in a minority of states where domestic violence victims cannot get protective orders unless they have been married to or lived with their abuser. House Bill 30 would right this wrong.

Outlaw texting while driving. Several studies have shown that text messaging behind the wheel impairs a driver more than being drunk. A law won't wipe out this reckless practice. But it would keep some drivers' minds on the road, and that could save lives.

Cap payday loans at 36 percent interest. The laws against usury date back to ancient times, but somehow the short-term lending industry got the legislature to roll back common decency a few years ago. Gov. Steve Beshear has promised to support an interest cap. So should the House and Senate.

Bring transparency to child abuse deaths. The legislature should mandate the opening of records related to state investigations of child abuse and neglect when a child dies — not to punish or embarrass child protection workers who might have made a mistake but to learn how to make the system stronger.

Cover smoking cessation under Medicaid. OK, this would cost money, but only \$1.5 million a year and the long-term savings from reducing smoking-related disease and its costs would pay for the up-front expenditure many times over.

Raise the school dropout age from 16 to 18. This would cost some money too — about \$15 million a year to educate kids who are now dropping out — but again the long-term savings to society would be worth it.

Modernize environmental permitting fees. This would save money for taxpayers who now subsidize polluting industries. Kentucky should bring its fees in line with other states where fees cover much more of the actual permitting costs.

Strengthen animal cruelty laws. A national comparison found that Kentucky had the weakest, making us the best state to be an animal abuser. Not a distinction we need or want.

Open up elections to more Kentuckians. There are a bunch of ways to bring more people into the electoral process: Longer, more flexible hours for voting; opening primaries to registered Independents; a constitutional amendment restoring felon voting rights, to name a few.

Also, Kentucky's campaign finance system is overdue for a tune-up to provide voters with more timely information about contributions and spending.

Reform the penal code. Repeat offender laws have filled Kentucky's prisons with people who pose a low risk to society but cost a fortune to lock up. A panel of lawmakers has studied the problem; it's time to act. This would save lots of money over time while also advancing justice.

Allow local-option elections for state parks. Voters in dry districts should be given the chance to let state park restaurants serve alcohol as a way to boost tourism.

Tepid speech, chilly attitudes

January 8, 2010

Gov. Steve Beshear tried valiantly (desperately?) to pull some silver threads from the economic gloom in his third State of the Commonwealth address.

He said hopeful things about finding opportunity in adversity and putting aside partisan rivalry when it's time to govern.

He offered some good, though necessarily modest, proposals such as raising the school dropout age to 18 and finally covering smoking cessation under Medicaid.

And, as he has before, Beshear vowed that he didn't become governor just to manage budget shortfalls. But, halfway through his term, that is his legacy.

It was almost painful hearing him trying to spin an accomplishment from strategic use of federal stimulus dollars (as if plugging budget holes with handouts is some kind of feat.)

Beshear touted the loss of 1,600 executive branch jobs, making state government the "smallest it's been in two decades." He didn't mention that vital services such as environmental enforcement and child protection have been gutted to produce this "efficiency."

Couple the environmental budget cuts with the firing of a mine permitting official who offended the coal industry, and Beshear's vow that coal "will be mined in Kentucky in an environmentally acceptable and safe manner" should have come with a giant wink. Lawmakers gave that line big applause.

Beshear spoke at length about bipartisan cooperation. But the "respectful relationship" he claims to have developed with the legislature sounded like wishful thinking — until after the speech when it sounded like pure fantasy. House Speaker Greg Stumbo wouldn't rule out challenging Beshear in a Democratic primary and Senate President David Williams called the governor "a stump we have to plow around."

There was no mention of the elephant in the room — Beshear's attempts to get casino gambling at racetracks only to be thwarted by Williams. But the legislature's most powerful Republican seems in the mood to punish the Democratic governor for trying to replace Senate Republicans with Democrats through appointments and special elections.

Beshear gave himself high marks — deservedly so — for helping vulnerable Kentuckians weather the recession. He's shown some economic development smarts, especially by luring a national lab here to work on the next generation of batteries.

However, he has been constrained to modest ambitions, certainly by the economy but also by politics and, perhaps, his own instincts.

Even before the economic crash of '08, Kentuckians were losing ground economically to residents of other states. We'd like to think this legislative session will begin reversing that trend. But it's hard to be optimistic. Much of Kentucky was paralyzed by ice during last year's State of the Commonwealth; that almost seems balmy compared with the climate in Frankfort now.



OUR OPINION

After 10 years, smoking fight calls for state gumption...

Over the past decade, states were handed a historic opportunity to protect kids from smoking, help adults quit and prevent deadly diseases.

How did they respond? Many squandered the chance to use their share of a [\\$246 billion settlement](#) reached with the tobacco industry in 1998, which was supposed to deter the use of tobacco.

A few states have acted even more irresponsibly. They've ignored everything science has shown to help combat addiction — from higher cigarette taxes to strong cessation programs. And their citizens are the ones who are paying the price.

Case in point: [Kentucky](#).

This budget year, the state will take in nearly \$300 million in cigarette taxes and settlement funds. But it will spend only about \$4 million — a little more than 1% — on tobacco control programs.

Kentucky also has some of the nation's weakest restrictions on smoking in public, some of the stingiest Medicaid funding for programs to quit and one of the lowest cigarette taxes, [according to a report](#) released Tuesday by the American Lung Association.

Not surprisingly, Kentucky leads the nation with the highest adult smoking rate, 28%, and about 26% of Kentucky's high school students smoke [in a nation where the high-school rate tumbled](#) to 20% in 2007. These teens are tomorrow's addicts, and many will become tomorrow's victims of lung cancer and heart disease.

It's easy to say that this isn't the year to expect states to fund anti-smoking programs. The economy has left all with budget trouble. But many have stubbornly rejected an easy way to prevent smoking and raise revenue in a single stroke — by raising tobacco taxes.

Last year, for instance, Kentucky's governor proposed a 70-cent-a-pack increase in the state's 30-cent cigarette tax. Higher taxes, particularly a quick jolt, help stop price-sensitive teens from taking up the habit. But the proposal died in the Legislature. This year, the governor is [pushing the same hike](#), and the Senate president still opposes it.

The lung association, which ranked all 50 states on their anti-smoking efforts, gave six others — Alabama, Missouri, North Carolina, South Carolina, Virginia and West Virginia — failing grades across the board. In all but one (South Carolina), the high-school smoking rate tops the national average.

State leaders don't have to look far to see what a little money and a lot more commitment can do. In Maine, strong anti-smoking laws and a \$2 tax per pack have helped cut the high-school smoking rate to 14%, far below the national average. Similarly, New York and Washington states have slashed smoking rates with high taxes and strict bans. Money from the 1998 settlement will flow for at least 15 more years. If state leaders show the brains and gumption not to squander it, they can save millions of lives — and millions of dollars that go to treat smoking-related illnesses.

State falls short in spending on tobacco issues

December 16, 2009

Kentucky must do more to prevent our youngsters from smoking because, thus far, our state has performed poorly in this area.

According to a report released Dec. 8 by the Campaign for Tobacco-Free Kids, our state ranks 40th in the nation in funding programs to prevent kids from smoking and help smokers quit.

This statistic is unacceptable and shows that our state has to use more of its resources to battle smoking.

The U.S. Centers for Disease Control is calling on our state to spend \$57.2 million on tobacco prevention and cessation, but our state is only spending \$3.9 million per year. Last year, Kentucky ranked 41st, spending \$3.7 million on tobacco prevention.

It is quite apparent that our state is not making this a top priority like it should be.

The state needs to put more emphasis on this problem immediately by using the funding from the 1998 tobacco settlement and tobacco taxes. This year, we will collect \$383 million from the settlement, but will just spend 1 percent of it on tobacco prevention programs.

You might recall that part of the plan for money collected from the tobacco settlement was to use a large portion of those funds for smoking prevention and health care costs related to smoking.

Kentucky is dragging its feet while 5,700 more kids become regular smokers every year. Also each year, tobacco claims 7,800 lives and costs the state \$1.5 billion in health care bills.

While there is no realistic way that Kentucky can spend what the CDC recommends due to economic constraints, the state has a commitment to its citizens to use more of the tobacco settlement money to prevent our kids from smoking and help people quit.

These statistics and figures show that our state has a long way to go in battling smoking and it is way past time for our elected officials to realize this and put a lot more funding into getting an edge on that battle.

It is a matter of frustration that when our state was involved in the litigation that led to the tobacco settlement, the political class talked endlessly about needing this money to deal with smoking-related problems.

The reality is that the settlement was viewed in our state and others as a large chunk of money to spend on many unrelated programs.

This is not to say these expenditures were not worthwhile. There is little doubt, however, that we are paying a high price for only spending a pittance on smoking prevention.

Near the bottom

December 18, 2009

Most Kentuckians probably would not be the least bit surprised to learn that the state ranks near the bottom in spending for programs to persuade people to quit or to never start smoking. In fact, we suspect that there are many residents of this state where tobacco was once king who would be surprised to learn that there are actually 10 states that spend less on smoking prevention and cessation programs than the \$3.9 million Kentucky spent during the fiscal year that ended June 30.

And Kentucky is at least moving in the right direction — albeit slowly — when it comes to investing in smoking prevention and cessation programs. Kentucky ranks 40th among the 50 states in the latest report on state anti-smoking spending released by the American Cancer Society, Cancer Action Network, the American Lung Association, the Robert Wood Johnson Foundation and the Campaign for Tobacco-Free Kids. A year ago, Kentucky was 41st.

However, the slight improvement in its ranking is not because Kentucky invested more of its money on smoking cessation and prevention programs. Instead, a federal grant for cessation programs accounted for the slight improvement.

For years, the American Cancer Society, the American Lung Association and other advocacy groups have been lobbying the Kentucky General Assembly to designate more money from the tobacco settlement fund to smoking cessation and prevention programs, but the bulk of that money has gone to help farmers develop alternative crops to compensate for their loss in revenue from tobacco.

That's an appropriate use of the tobacco settlement funds. Kentucky farmers have lost their number one cash crop and helping them to develop new crops is a wise investment. Not only do the alternative crops provide a new source of revenue for farmers, but they help to diversify Kentucky's farm economy that for many years was far too dependent on tobacco.

However, money spent on smoking prevention and cessation programs that have proven to be effective also is a wise investment. As a state with one of the nations highest rates of smoking, Kentucky pays a high price in terms of the added health care costs caused by smoking. The entire state benefits when fewer Kentuckians smoke.

With legislators facing a grim budget picture, there is no chance the 2010 General Assembly will increase the small amount of money it spends on smoking cessation and prevention programs. But that does not mean more money would be a foolish expenditure; it simply means the money is not there to spend.

Failing grades

February 05, 2010

Surely no one is surprised that Kentucky received failing grades in all four areas in the recent State of Tobacco Control Report produced by the American Lung Association. After all, the state received four F's in last year's report, and since Kentucky has done little to curb smoking since then, the failing grades should have been expected.

The report annually looks at how well states do at preventing tobacco use and helping smokers quit. The report looks at four key areas — smoke-free air, tobacco control program funding, cigarette taxes and coverage of tobacco cessation treatments and services.

Despite Kentucky receiving failing grades in all four areas, the lung association did see some progress in the state. However, Kentucky's current budget crisis could well determine whether that progress will continue.

Governor Steve Beshear recently made a commitment in his State of the Commonwealth address to provide the necessary funding to help smokers on Medicaid quit smoking through proven cessation methods. Currently, Kentucky is one of only a few states to not provide any funds to help Medicaid recipients quit smoking. And since Kentucky's poorest residents have among the highest rates of smoking in the nation, helping them kick the tobacco habit in the long run could save the state more money than it costs by reducing the health care costs of poor Kentuckians.

However, with legislators being forced to cut spending by more than \$100 billion, the additional funding to Medicaid for smoking cessation may not survive. After all, it is easier to eliminate spending for a new program than to reduce spending for an existing program.

In fact, it's happened before. In 2007, legislators approved a program which would provide a comprehensive smoking cessation benefit to Kentucky Medicaid beneficiaries. Unfortunately, that program has yet to be funded. The same fate could await it in 2010, even though funding the program for \$1.5 million would bring \$3.5 million in federal matching funds to Kentucky Medicaid. More important, it would give thousands of Kentuckians a way to quit smoking and save the state millions of dollars in health care costs.

Unlike in past years, Kentucky legislators now are at least saying the right words when it comes to discouraging residents from smoking. Unfortunately, the state is yet to match its words with money. And money now is in short supply.

Behavioral Health:

Addiction Programs Provide Economic Benefits

By Jesse Adams III, M.D.

While major behavioral changes occur for a variety of reasons, health and money often top the list. Kicking a smoking habit can have a positive impact on both. It's a well-known fact that Kentucky has the highest adult smoking rate in the nation. Smoking is significantly associated with cancer and lung disease, but it also is a major cause of heart disease. Nearly 20% of heart disease related deaths are caused by smoking, and tobacco use is the leading cause of premature death claiming nearly 8,000 lives a year in Kentucky alone. As a Kentucky cardiologist, I unfortunately see the deleterious results of smoking daily.

In addition to the devastating human toll that tobacco use has on society, there is also a vast financial burden. Kentucky taxpayers spend more than \$1,700 per year, per smoker to treat smoking-related diseases. The total cost of treating sick smokers in our state is a staggering \$1.5 billion a year. And this total doesn't take into account smoking's toll on Kentucky businesses from lost hours and decreased worker productivity.

Unfortunately, tobacco use disproportionately affects the poor and uneducated. Approximately one-third of adult Medicaid recipients smoke. According to the Centers for Disease Control and Prevention, smoking costs the Kentucky Medicaid program nearly \$500 million per year. With unemployment on the rise, Kentucky's Medicaid population has increased dramatically, adding to an existing fiscal and public health crisis. This "perfect storm" is something Kentucky's leaders can and should address immediately.

While tobacco addiction is one of the most difficult to break, millions quit each year thanks to proven solutions to help people gain freedom from tobacco use. Numerous studies show that motivated people can successfully quit through a combination of smoking cessation medications and brief counseling by a health care provider in person or on the phone. The Public Health Service, the Institute for Medicine and other health authorities recommend health insurance coverage for tobacco-dependence treatment. In fact, many private sector employers do provide tobacco treatment benefits to their employees, recognizing the cost-effectiveness of fewer smokers on the payroll. In the public sector, the Commonwealth of Kentucky also offers a comprehensive smoking cessation program which has helped more than 2,000 state employees quit smoking. However, the Kentucky Medicaid program does not (as yet) provide the recommended insurance coverage for smoking cessation, frustrating the desires of many smokers who are seeking assistance to quit this life-threatening habit and increasing the financial burden for all Kentuckians.

Kentucky's Medicaid program does provide a very limited and restrictive counseling benefit for pregnant smokers that access care through health departments; however, the majority of Medicaid-eligible pregnant women receive prenatal care elsewhere. The Kentucky General Assembly took an important step by passing a common sense bill (HB 337) in 2007 to provide counseling and medications to help people on Medicaid quit smoking. Unfortunately, there was no funding attached to the legislation, so the benefit is not being offered to the estimated 285,000 smokers in the Kentucky Medicaid program – about 70% of whom want to quit. That makes Kentucky one of only a handful of states that offer little or no assistance in this regard.

There is no need to pass a new bill or create a new program to change that. All we need is funding for a service that will pay for itself in a few short years and eventually save millions in taxpayer dollars while saving many lives. A total of \$5 million (\$1.5 million from Kentucky and \$3.5 million in Federal matching funds) will help many of Kentucky's most vulnerable, high-risk citizens end their tobacco addiction and save Kentucky taxpayers millions of dollars in Medicaid costs.

We have proof of the success of tobacco cessation initiatives right here in Kentucky. In 2007, Passport Health Plan began providing smoking cessation benefits to its Medicaid recipients in the greater Louisville area. To date, more than one thousand people have enrolled in their smoking cessation program and 47% have successfully quit

smoking. If the same percentage of success was realized statewide, Kentucky Medicaid could save more than \$60 million.

There is no time like the present to help Kentuckians quit smoking. The recent Federal (62 cents) and state (30 cents) cigarette tax increases offer real financial reasons for kicking the habit—especially for those who can ill afford it. Providing smoking cessation coverage for Kentucky Medicaid recipients is good economic and health policy, benefiting individual patients and Kentucky businesses while helping to improve the long-term financial prosperity of the state.

Jesse Adams III, M.D., F.A.C.C. practices with Medical Center Cardiologists in Louisville. He is also a member of the Board of Directors, Kentuckiana Metro American Heart Association.