

1700 K St NW Suite 660
Washington, DC 20006

202.463.2080
go2foundation.org



December 3, 2019

Frank W. Berry
Commissioner
Georgia Department of Community Health
Post Office Box 1966
Atlanta, Georgia 30301

RE: Georgia Section 1115 Demonstration Waiver Application

Dear Commissioner Berry,

GO₂ Foundation for Lung Cancer appreciates the opportunity to submit comments to the Georgia Department of Community Health on the Georgia Medicaid 1115 waiver during the open comment period. As a leading lung cancer advocacy organization, GO₂ Foundation supports patients by advancing research, elevating awareness and advocating for improvements in our health care system that increase access to treatment and preventive services for all those living with and at risk of lung cancer. We are writing to voice our opposition to section 3.1.1 of the 1115 waiver and we ask you to rescind your proposal to impose a tobacco surcharge on the Georgia Medicaid population. GO₂ Foundation believes that such a surcharge would prohibit health care access to vulnerable Americans at risk of lung cancer as it discourages enrollment, adds increased financial burdens, and would not successfully decrease smoking rates.

Smoking Prevalence, Lung Cancer and The Expanded Medicaid Population

Lung cancer is the leading cause of cancer death in the United States. By the end of 2019, approximately 142,670 people will die from lung cancer. That is more than breast cancer, colon cancer, and prostate cancer combined¹. In Georgia alone, the Center for Disease

¹Rick Alteri, MD; et al., [Cancer Facts & Figures 2019](#), American Cancer Society, 2019

Empower Everyone.
Ignore No One.

Smoking Prevalence, Lung Cancer and The Expanded Medicaid Population

Control estimates that more than 7,070 people will have been diagnosed with lung cancer in 2019. The CDC has found that the prevalence of smoking in the United States is the number one risk factor for Lung Cancer. In the U.S., smoking is linked to about 80% to 90% of lung cancer deaths, and Americans who smoke were found to be at least 15 times more likely to be diagnosed with lung cancer. Meanwhile, the smoking rate in Georgia above the national average. The CDC reports that 17.5% of all adults in Georgia have smoked in the last year¹. Not only is the smoking rate high, other studies suggest that low-income Americans, many of whom would gain coverage under an expansion, are significantly more likely to be smokers. According to the Center for Disease Control data from the National Survey on Drug Use and Health, Americans nationwide who have an income less than 100% of the federal income level have a 12% higher smoking rate than Americans making an income at least two times the federal poverty level. Even further, among low-income individuals in the United States, approximately 38% who's income is up to 100% of the federal poverty level reported to using tobacco products in the last year². Therefore, expanding Medicaid would provide health insurance to a large population who are likely current and former smokers and at risk for lung cancer.

Access to Lung Cancer Preventive Services

Currently, a low-dose CT scan for lung cancer is the only early detection preventive test available for those at risk of lung cancer. Given the limited expansion of Medicaid, even more Georgians would have access to this life-saving screening test. Being screened for lung cancer has been found to reduce mortality rates in the U.S. by as much as 26% in men and 39% in women. For every 303 people who get screened, one life would be saved³. In the last few years, low-dose CT scans for lung cancer screening have been a recommended service by the U.S. Preventive Services Task force for adults aged 55 to 80 who have smoked in the last 15 years. In addition, lung cancer screening is an essential covered health benefit under Medicare and Georgia accepts the FMAP incentives for providing USPSTF recommended preventive services to their original Medicaid program, meaning, lung cancer screening is already covered. However, even with increased access, estimated figures in 2016 show that less than two percent of all eligible patients nationwide obtain screening for lung cancer⁴. Expanding access

¹ Kaiser Family Foundation, Analysis of the Centers for Disease Control and Prevention (CDC)'s Behavioral Risk Factor Surveillance System (BRFSS) [Survey Results, State Health Facts, Percent of Adults Who Smoke](#), 2017

² Substance Abuse and Mental Health Services Administration. [Results from the 2016 National Survey on Drug Use and Health](#); Center for Behavioral Health Statistics and Quality, 2014

³ [Lung Cancer Incidence and Mortality with Extended Follow-up in the National Lung Screening Trial](#) Journal of Thoracic Oncology, Volume 14, Issue 10, 1732 - 1742

⁴ PHAM et al. [http://abstracts.asco.org/214/AbstView_214_221571.html]

to these services under the Medicaid program can help increase the utilization rate, as long as barriers to Medicaid enrollment are not implemented.

The Impact of Tobacco Surcharges

While expanding Medicaid will offer coverage and access to lung cancer screening for a larger population of current smokers in Georgia, GO₂ Foundation believes that including a tobacco surcharge will discourage many low-income current smokers from enrolling and preventing them access to preventive services. Section 3.1.1 of the Georgia Section 1115 Demonstration waiver proposes an additional fee on monthly premiums per household for any individual who has reported tobacco use. A \$3.00 surcharge for households who make between 50% to 84% the federal poverty level and \$5.00 for individuals from 85% to 99% the federal poverty level. While this fee may be perceived as minimal, for a household making 50% the federal poverty level, a \$3.00 surcharge is still a 40% increase on monthly premiums. For many families, already vulnerable to tobacco use, this fee will discourage enrollment, as suggested by recent initiatives elsewhere to implement a tobacco surcharge. It is well established in scientific evidence how addictive nicotine is and we all have a friend or family member that still smokes. While smoking cessation is important and included in low-dose CT screening programs, it is equally if not more important to recognize that nobody deserves to die. Indeed, lives are being saved and this disease is already showing outcomes with increased survivorship among patients with screening-detected, early-stage lung cancer.

Tobacco surcharges have been implemented in recent history, but its outcomes reveal 1) negative impact on enrollment and 2) inability to provide health coverage to current smokers in the U.S. When the Affordable Care Act first became law, it allowed plans available in the health insurance exchanges to charge an additional fee to its monthly premiums for tobacco usage. An impact study evaluating this policy found that a minor surcharge, similar to increased premiums per month by a few dollars, was associated with a 2.2% decrease in insurance enrollment compared to plans with no tobacco surcharge to beneficiaries⁵. Meanwhile, an examination of expanded states that have implemented Medicaid programs without monetary penalties to smokers were able to provide health insurance to as high as 85% of its smoking population⁶. Unfortunately, many Medicaid beneficiaries already report significant financial barriers to healthcare as it is, and adding a \$3 monthly surcharge will not alleviate any existing financial burdens. Even for those states without a tobacco surcharge policy, 38% of Medicaid beneficiaries nationwide reported they did not obtain necessary healthcare due to the cost.

⁵ A. Friedman, W. Schpero, S. Busch,, [Evidence Suggest that the ACA's Tobacco Surcharges Reduced Insurance Take-Up and Did not Increase Smoking Cessation](#), Health Affairs, 2016

⁶ J.Koma et al., [Medicaid Coverage Expansions and Cigarette Smoking Cessation Among Low-Income Adults](#), Medical Care Journal, 2017

Increasing premiums for smoking will further discourage potential beneficiaries in Georgia from enrolling in Medicaid and leave behind unintended consequences resulting in poorer health, increased deaths, increased emergency room care, and increased overall cost to the state. Coverage is critical so that those at risk for lung cancer can access appropriate screening and treatment at an earlier stage resulting in lives saved and help remove unnecessary and expensive downstream emergent care costs.

If it is Georgia's goal to decrease smoking rates statewide, penalizing individuals who smoke with added costs will only decrease enrollment and potentially -reinforce Georgia's above average smoking rate with reduced access to evidence-based cessation programs. Indeed, the proposed GA tobacco surcharge will not lower smoking rates. For example, one study found that states that expanded their Medicaid programs were 2% more likely to get beneficiaries to complete smoking cessation compared with those states without an expanded Medicaid program⁷. For example, in the first 12 months after Massachusetts expanded its Medicaid program in 2008, the state saw a 26% decrease in smoking⁸. Meanwhile, the insurance plans on the health insurance exchange allowed to utilize tobacco surcharges reported a 5.6% decrease in smoking cessation completion among their beneficiaries over the first year of surcharge implementation⁹.

Efforts must be made to make smoking cessation more accessible, but discouraging enrollment in health insurance by monetary penalization prevents people from accessing this vital, cost-effective service and prevents those at risk of lung cancer from obtaining potentially life-saving low-dose CT lung cancer screening.

GO₂ Foundation strongly opposes the tobacco surcharge Medicaid policy and urges the Georgia Department of Health to rescind its proposed tobacco surcharge in its Medicaid 1115 waiver. It is our continued mission to ensure that those at risk for lung cancer have access to affordable services and healthcare coverage. We believe we can work with you to improve survivorship in

⁷ J.Koma et al., [Medicaid Coverage Expansions and Cigarette Smoking Cessation Among Low-Income Adults](#), Medical Care Journal, 2017

⁸ T.Land et al., [Medicaid Coverage for Tobacco Dependence Treatments in Massachusetts and Associated Decreases in Smoking Prevalence](#), Plos One, 2010

⁹ . Friedman, W. Schpero, S. Busch,, [Evidence Suggest that the ACA's Tobacco Surcharges Reduced Insurance Take-Up and Did not Increase Smoking Cessation](#), Health Affairs, 2016

Georgia, but a tobacco surcharge will not allow your state and constituents to successfully reach that goal. Thank you for this opportunity to provide feedback. If you have any questions, please contact Randy Kane at rkane@go2foundation or 202-742-1889.

Sincerely,

A handwritten signature in cursive script that reads "Laurie Fenton Ambrose". The signature is written in black ink and is positioned above the typed name.

Laurie Fenton Ambrose
Co-Founder, President and CEO
GO₂ Foundation for Lung Cancer