

EXHIBIT 1

DATE

2.17.05

HB

657

Informational testimony on HB 657

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The intention of House Bill 657 to increase access to tobacco use cessation services for Montanans is admirable. Preventing Montana youth from initiating tobacco use and helping Montanans quit smoking is critical to improve the health of our state. Many of the services described in HB 657, however, would duplicate existing cessation services provided by the Department of Public Health and Human Services Tobacco Quit Line and the Medicaid program. Tobacco Quit Lines are a key component of a comprehensive approach to tobacco prevention. Briefly, I would like to provide you with information regarding the existing cessation services that are available to Montanans through the Montana's Tobacco Quit Line.

The Montana Tobacco Quit Line provides free tobacco cessation counseling services for all Montanans including self-help educational materials, brief motivational counseling, and proactive behavioral counseling sessions for Montanans that enroll in the program. Additionally, free nicotine replacement therapy (NRT) is provided to qualified individuals who enroll. This includes Montanans that do not have health insurance or whose insurance does not cover NRT. Medicaid also provides coverage for NRT and pharmacotherapy for recipients that are seeking to quit. The Montana Tobacco Use Quit Line adheres to the current clinical standards for counseling interventions and pharmacotherapy defined by the United States Department of Health and Human Services.¹

Tobacco Quit Lines are an efficient and cost effective population-based strategy to help people quit.²⁻⁴ Quit Lines also reduce many of the barriers people face when trying to quit by providing extended hours of service availability, the services are anonymous, and transportation as well as child care aren't an issue. In contrast, local cessation programs are difficult to sustain, reach relatively few persons, and have limited availability.

The Montana Tobacco Quit Line is funded through proceeds from Montana's portion of the Master Settlement Agreement (I-146) and through a supplemental funding from the Centers for Disease Control and Prevention. In this current year we will spend approximately \$850,000 dollars to implement this service.

Are Montanans using the Quit Line? Yes. From May through December 2004 over 3,000 Montanans called the Quit Line (Figure 1), over 2,200 enrolled in phone counseling, and over 1,600 have utilized the NRT benefit. Ninety-four percent of callers currently use tobacco. Of these callers, 40% have no health insurance and 15% are Medicaid recipients. In 2005 utilization of the Quit Line has been tremendous. For January 2005 over 1,100 Montanans who are seeking to quit tobacco have called the Quit Line.

Population-based Quit Lines are one of the key components of a comprehensive approach to tobacco prevention. If Governor Schweitzer's prevention plan is approved the Department will increase funding for this service to approximately \$1.3 million dollars, which will increase access to the Montana Quit Line to help as many Montanans as possible quit.

References:

- 1) US Department of Health and Human Services. Public Health Service. Treating tobacco use and dependence. June 2000.
- 2) The guide to community preventive services: Tobacco use prevention and control – reviews, recommendations, and expert commentary. Am J Prev Med 2001;20(2)Supplement:1-87.
- 3) Zhu S-H, Stretch V, Balabanis M, et al. Telephone counseling for smoking cessation: effects of single-session and multiple-session interventions. Journal of Consulting and Clinical Psychology 1996;64(1):202-211.
- 4) Zhu S-H, Anderson CM, Tedeschi GJ, et al. Evidence of real-world effectiveness of a telephone Quitline for smokers. New England Journal of Medicine 2002;347(14),1087-1093.

Figure 1. Number of intake calls, phone counseling enrollment calls, and requests for Nicotine Replacement Therapy (NRT) to the Montana Tobacco Quit Line, May to December 2004.



