



American Heart Association | American Stroke Association®

Mid-Atlantic Affiliate
415 N. Charles St.
Baltimore MD, 21012
www.heart.org

April 3, 2013

Position: Oppose Tobacco Rating

Dear Members of the Health Benefit Exchange Board,

As you consider to either rate or not rate tobacco users within the DC Health Exchange, please consider our comments and evidence to **not rate tobacco users**.

Implementing tobacco rating could raise premiums as much as 50 percent, thereby making it unaffordable for many of those for whom insurance will be most important. Moreover, a delay in diagnosis and treatment could create a negative financial impact throughout the system. The American Heart and Stroke Association (AHA) has raised these concerns nationally and locally. AHA supports states taking action to eliminate or mitigate the impact that tobacco rating will have on people who smoke – we are very concerned that the projected 50% surcharge to premiums will make coverage unaffordable for many smokers, particularly those who are low-income or older. These are the people who need the coverage the most. I have attached AHA's December 2012 letter to the Dept. of Health and Human Services on the proposed insurance market reforms in which we included very extensive comments about tobacco rating (see pages 3-5). In addition, the AHA has also addressed the issue from the perspective of the "implementation of financial incentives around health behavior outcomes [which] will have deleterious consequences on access to quality, affordable health care especially for the most vulnerable employees and also on the quality of worksite wellness programming that is delivered by some employers." Simply stated, there is no evidence that placing these types of financial burdens on individuals changes behavior. Carriers do not currently rate for tobacco and this is the only condition that could be considered rated. Alcohol use, obesity and other like conditions are not rated.

Our research confirms that "point of purchase" price sensitivity on tobacco products is a deterrent of tobacco use. Price sensitivity is a proven method to stop the onset of tobacco product use in youth. Furthermore locally in the District, public health resources are extremely limited. Currently, the DC Department of Health has limited funding to continue offering services through the DC Quitline. The funding that was allocated last year by City Council was a one-time appropriation. If an individual is seeking tobacco cessation services, they will either not have access to the Quitline or will have limited time with a cessation counselor to discuss addiction and the steps to overcome it. This is neither a comprehensive nor an adequate system.

We strongly urge you to accept the recommendations by the HBX Standing Advisory Board and other public advocates to **ban tobacco rating** in the exchange.

If you have additional questions, please do not hesitate to contact me.

Respectfully,
Jennifer Witten, MBA
Senior Government Relations Director MD-DC
American Heart and Stroke Association
415 N. Charles Street Baltimore, MD 21201
410-637-4537 (office)
505-688-3495 (cell)
410-685-6352 (fax)
Jennifer.witten@heart.org

*"Building healthier lives,
free of cardiovascular
diseases and stroke."*

Please remember the American Heart Association in your will.

