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**TO:** District of Columbia Health Care Exchange Board

**FROM:** Bonita Pennino, MS, Government Relations Director

**RE: Tobacco Rating**

**POSITION:**

ACS CAN places high priority on evidenced-based tobacco control policies that prevent cancer and other diseases and save lives. Charging tobacco users higher health insurance premiums is not proven to reduce smoking, and in fact, may result in reduced access to health care for those who need it most. **The District of Columbia should not apply the tobacco rating.**

**BACKGROUND:**

- Charging smokers more for health insurance is an unproven way to address tobacco use when we have decades of success in several thoroughly tested, evidenced based ways to improve public health through raising the price of tobacco products, creating smoke-free venues and implementing tobacco use prevention and cessation programs.
- Higher health insurance premiums based on tobacco use will create barriers for individuals who need coverage the most, including low income tobacco users with less quality health care options but more likely to have serious health problems from smoking. Because they can't afford the potentially thousands of dollars in extra premiums, they will likely remain uninsured and lose access to treatment to stop smoking or help them with the variety of smoking-related health conditions.
- A recent study of the impact in California concluded that "Smokers with lower incomes who are eligible for premium tax credits would generally face prohibitively high health insurance premiums under the maximum 50 percent tobacco rating factor allowed by the ACA." (Curtis and Neuschler, 2012). Between 200,000 and 400,000 people would remain uninsured in California if the full tobacco surcharge is imposed.
- Applying the tobacco surcharge goes directly against the purpose of the ACA – to provide access to quality, affordable health insurance to more people, especially those with serious health problems.
- Specific vulnerable populations will be hit hardest by the tobacco surcharge by being priced out of affordable health insurance. Tobacco users, particularly smokers, are more likely to be in a racial minority, low income and less educated. They are more likely to have and to die from tobacco-related diseases like cancer, lung and heart disease than higher income or non-racial minority populations.