THE GENERAL ASSEMBLY OF PENNSYLVANIA

SENATE BILL No. 144 Session of 2015

INTRODUCED BY GREENLEAF, BLAKE, BREWSTER, TARTAGLIONE AND COSTA, JANUARY 14, 2015

REFERRED TO BANKING AND INSURANCE, JANUARY 14, 2015

AN ACT

1 2	Requiring health insurance policies to provide coverage for tobacco cessation programs and drugs.
3	The General Assembly of the Commonwealth of Pennsylvania
4	hereby enacts as follows:
5	Section 1. Short title.
6	This act shall be known and may be cited as the Tobacco
7	Cessation Treatment Act.
8	Section 2. Findings.
9	The General Assembly finds and declares as follows:
10	(1) Providing tobacco cessation counseling and
11	medication is one of the most clinically effective and cost-
12	effective health services available, according to the
13	National Commission on Prevention Priorities. Tobacco
14	cessation is 5 to 80 times more cost effective than
15	pharmacologic interventions used to prevent heart attacks.
16	(2) More than 70% of smokers wish they could quit
17	tobacco and each year one of every two smokers attempts to
18	guit. However, the unassisted successful tobacco guit rate

has remained constant at less than 5%. Access to counseling and pharmaceutical benefits doubles the successful quit rate and has achieved quit rates of 25% to 30%. Experience in health plans indicates that access to all cessation services saves \$4 for every dollar invested.

6 (3) Each adult smoker costs employers \$1,760 in lost 7 productivity and \$1,623 in excess medical expenditures. Men 8 who smoke incur \$15,800 more in lifetime medical expenses 9 than do men who do not smoke. For employers, the ultimate 10 financial return is between \$5 and \$6 for every dollar spent 11 on tobacco cessation.

12 (4) Because of member transfers between plans, financial 13 savings and tobacco-related disease reductions are effective 14 only if universally available to the entire insured 15 population. Therefore, a mandate on all plans and insurers to 16 provide cost-effective treatment is necessary and beneficial.

17 It is the intent of the General Assembly that this (5)18 act diminish the Statewide economic and personal cost of 19 tobacco addiction by making tobacco cessation treatments 20 available to all smokers. Approximately 20,000 Pennsylvania 21 adults die annually, at a rate of 16%, from smoking-related 22 causes. Tobacco-related personal health care costs total 23 approximately \$4.7 billion annually in Pennsylvania. Section 3. Definitions. 24

The following words and phrases when used in this act shall have the meanings given to them in this section unless the context clearly indicates otherwise:

28 "Course of treatment." One of the following:

(1) In the case of counseling, treatment consisting of
at least four sessions of counseling lasting at least 10

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1 minutes.

2 In the case of a prescription or over-the-counter (2) 3 medication, the duration of treatment approved by the Food and Drug Administration for that medication. 4 5 "Health insurance policy." (1) An individual or group health insurance policy that 6 7 is delivered, issued for delivery, renewed, extended or 8 modified in this Commonwealth. The term does not include any of the following types 9 (2)10 of insurance or a combination of any of the following types 11 of insurance: 12 (i) Short-term travel. 13 (ii) Accident-only. 14 (iii) Workers' compensation. 15 (iv) Short-term nonrenewable policies of not more 16 than six months' duration. 17 (v) Hospital indemnity. 18 (vi) Specified disease. 19 (vii) Disability income. 20 (viii) Dental. 21 (ix) Vision. 22 (x) Civilian Health and Medical Program of the 23 Uniformed Services (CHAMPUS) supplement. 24 (xi) Medicare or Medicaid supplemental contract. 25 (xii) Long-term care. 26 Section 4. Mandated coverage. 27 (a) General rule.--Every health insurance policy that is 28 delivered, issued for delivery, renewed, extended or modified in 29 this Commonwealth on or after the effective date of this section shall provide for tobacco cessation services that follow 30 20150SB0144PN0091

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recommendations in the Public Health Service-sponsored 2008 1 2 clinical practice guideline, "Treating Tobacco Use and 3 Dependence: 2008 Update," or its successors. The coverage shall include at least two courses of treatment in a 12-month period 4 including personal counseling, which may be telephone, group or 5 individual counseling, and all medications approved by the Food 6 and Drug Administration for the purpose of tobacco cessation, 7 8 including all prescription and over-the-counter medications.

9 (b) Copayment, coinsurance or deductible.--No copayment,
10 coinsurance or deductible may be applied to benefits under this
11 section.

12 (c) Contracting.--A health insurer may contract with 13 qualified local, Statewide or national providers, whether for 14 profit or nonprofit, for the provision of services under this 15 section.

16 (d) Disclosure.--An insurer shall disclose the benefits 17 under this section in its evidence of coverage and disclosure 18 forms and communicate the availability of coverage to all 19 insureds at least once per year.

20 (e) Counseling.--No patient may be required to enter 21 counseling in order to receive medications for tobacco cessation 22 treatment.

(f) Prior authorization.--No health care plan may impose prior authorization or stepped care requirements on tobacco cessation treatment.

26 Section 5. Effective date.

27 This act shall take effect in 60 days.

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