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# SENATE CONCURRENT RESOLUTION

REQUESTING THE AUDITOR TO ASSESS THE SOCIAL AND FINANCIAL  
EFFECTS OF REQUIRING HEALTH INSURANCE COVERAGE FOR TOBACCO  
USE CESSATION TREATMENTS.

1           WHEREAS, smoking is costly to employers in terms of  
2 smoking-related medical expenses and lost productivity and is  
3 the leading preventable cause of death in the United States; and  
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5           WHEREAS, on average, smokers who quit will live longer and  
6 have fewer years of living with disability; and  
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8           WHEREAS, tobacco use cessation treatments, which have been  
9 found to safe and effective, include counseling and medications,  
10 or a combination of both; and  
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12           WHEREAS, studies indicate that face-to-face counseling and  
13 interactive telephone counseling are more effective than  
14 services that only provide educational or self-help materials,  
15 and the effectiveness of counseling services increase as the  
16 number and lengths of the sessions increase; and  
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18           WHEREAS, tobacco use cessation medications include nicotine  
19 replacement therapies, such as nicotine gum, patch, nasal spray,  
20 inhaler, and lozenge, that relieve withdrawal symptoms, and non-  
21 nicotine medication, such as Bupropion SR, that reduce the urge  
22 to smoke by affecting the same chemical messengers in the brain  
23 that are affected by nicotine; and  
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25           WHEREAS, the Public Health Service-sponsored Clinical  
26 Practice Guideline, *Treating Tobacco Use and Dependence*, and the  
27 Community Preventive Services Task Force recommend that all  
28 insurers provide tobacco cessation benefits that:  
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- 30           (1) Cover at least four counseling sessions of at least  
31           thirty minutes each;  
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- 1 (2) Cover prescription and over-the-counter nicotine
- 2 replacement medications and non-nicotine cessation
- 3 medications;
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- 5 (3) Provide counseling and medication coverage for at
- 6 least two tobacco use cessation attempts per year; and
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- 8 (4) Eliminate or minimize co-pays or deductibles for
- 9 counseling and medications because even small
- 10 copayments reduce the use of proven treatments; and
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12 WHEREAS, employers who provide a tobacco use cessation  
 13 benefit have reported an increase in the number of smokers who  
 14 are willing to undergo treatment and an increase in the  
 15 percentage of those who successfully quit smoking; and

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 17 WHEREAS, over time, tobacco use cessation coverage  
 18 generates financial returns for employers, including:

- 19 (1) Reduced health care costs;
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- 21 (2) Reduced absenteeism;
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- 23 (3) Increased on-the-job productivity; and
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- 25 (4) Reduced life insurance costs; and
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28 WHEREAS, according to the American Lung Association's 2012  
 29 *State of Tobacco Control* report, which tracks progress on key  
 30 tobacco control policies at the state and federal levels and  
 31 assigns grades based on tobacco control laws and regulations in  
 32 effect as of January 1, 2012, Hawaii received a "D" in tobacco  
 33 use cessation coverage; and

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 35 WHEREAS, the report indicated differences between the  
 36 State's Medicaid program and the state employee health plans in  
 37 terms of the number of cessation medications covered and the  
 38 types of counseling services covered; and

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 40 WHEREAS, barriers to coverage included prior authorization,  
 41 limits on the duration of counseling services or medication use,  
 42 and co-payment requirements; and

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1           WHEREAS, section 23-51, Hawaii Revised Statutes, requires  
 2 that "[b]efore any legislative measure that mandates health  
 3 insurance coverage for specific health services, specific  
 4 diseases, or certain providers of health care services as part  
 5 of individual or group health insurance policies, can be  
 6 considered, there shall be concurrent resolutions passed  
 7 requesting the auditor to prepare and submit to the legislature  
 8 a report that assesses both the social and financial effects of  
 9 the proposed mandated coverage"; and

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 11           WHEREAS, section 23-51, Hawaii Revised Statutes, further  
 12 provides that "[t]he concurrent resolutions shall designate a  
 13 specific legislative bill that:

- 14           (1) Has been introduced in the legislature; and
- 15           (2) Includes, at minimum, information identifying the:
  - 16           (A) Specific health service, disease, or provider
  - 17           (B) Extent of the coverage;
  - 18           (C) Target groups that would be covered;
  - 19           (D) Limits on utilization, if any; and
  - 20           (E) Standards of care.

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 30 For purposes of this part, mandated health insurance coverage  
 31 shall not include mandated optional"; and

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 33           WHEREAS, section 23-52, Hawaii Revised Statutes, further  
 34 specifies the minimum information required for assessing the  
 35 social and financial impact of the proposed health coverage  
 36 mandate in the Auditor's report; and

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 38           WHEREAS, S.B. No. 654 (Regular Session 2013) mandates all  
 39 individuals and group accident and health or sickness insurance  
 40 policies to provide tobacco use cessation treatment coverage  
 41 with no copayment, deductible, or coinsurance restrictions; and

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 43           WHEREAS, the Legislature believes that mandatory health  
 44 insurance coverage for tobacco use cessation treatment, as



1 provided in S.B. No. 654 (Regular Session 2013) will  
2 substantially reduce illness, health care costs, life insurance  
3 costs, and employee absenteeism while increasing employee  
4 productivity; now, therefore,  
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6 BE IT RESOLVED by the Senate of the Twenty-seventh  
7 Legislature of the State of Hawaii, Regular Session of 2013, the  
8 House of Representatives concurring, that the Auditor is  
9 requested to conduct an impact assessment report pursuant to  
10 sections 23-51 and 23-52, Hawaii Revised Statutes, of the social  
11 and financial effects of mandating health insurance coverage for  
12 tobacco use cessation treatments as further described by S.B.  
13 No. 654 (Regular Session of 2013); and  
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15 BE IT FURTHER RESOLVED that the Auditor is requested to  
16 submit findings and recommendations to the Legislature,  
17 including any necessary implementing legislation, no later than  
18 twenty days prior to the convening of the Regular Session of  
19 2014; and  
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21 BE IT FURTHER RESOLVED that certified copies of this  
22 Concurrent Resolution be transmitted to the Auditor and to the  
23 Insurance Commissioner, who, in turn, is requested to transmit  
24 copies to each insurer in the State that issues health insurance  
25 policies.  
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