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KEALI'I S. LOPEZ  
INTERIM DIRECTOR

EVERETT KANESHIGE  
DEPUTY DIRECTOR

TO THE HOUSE COMMITTEE ON HEALTH

TWENTY-SIXTH LEGISLATURE  
Regular Session of 2011

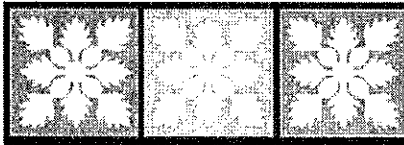
Friday, February 4, 2011  
9:00 a.m.

**TESTIMONY ON HOUSE BILL NO. 1443 – RELATING TO HEALTH INSURANCE.**

TO THE HONORABLE RYAN I. YAMANE, CHAIR, AND MEMBERS OF THE  
COMMITTEES:

My name is Gordon Ito, State Insurance Commissioner, testifying on behalf of the Department of Commerce and Consumer Affairs ("Department"). The Department takes no position on this bill which creates a mandated benefit for specified types of smoking cessation methods. Mandated benefits help some people, but impose costs on other people. We believe this trade off is best left to the wisdom of the Legislature, following the review by the Legislative Auditor required under HRS section 23-51.

We thank this Committee for the opportunity to present testimony on this matter.



## Hawaii Association of Health Plans

February 4, 2011

The Honorable Ryan Yamane, Chair  
The Honorable Dee Morikawa, Vice Chair

House Committee on Health

**Re: HB 1443 – Relating to Health Insurance**

Dear Chair Yamane, Vice Chair Morikawa and Members of the Committee:

My name is Howard Lee and I am President of the Hawaii Association of Health Plans (“HAHP”). HAHP is a non-profit organization consisting of eight (8) member organizations:

AlohaCare  
Hawaii Medical Assurance Association  
HMSA  
Hawaii-Western Management Group, Inc.

Kaiser Permanente  
MDX Hawai‘i  
University Health Alliance  
UnitedHealthcare

Our mission is to promote initiatives aimed at improving the overall health of Hawaii. We are also active participants in the legislative process. Before providing any testimony at a Legislative hearing, all HAHP member organizations must be in unanimous agreement of the statement or position.

HAHP appreciates the opportunity to provide testimony in opposition to HB 1443 which would require health plans to provide coverage for specific types of smoking cessation coverage. We believe that this legislation is unnecessary at this time.

Under the Affordable Care Act (ACA), health plans are required to provide coverage for all preventive services which have gained an “A” or “B” recommendation from the U.S. Preventive Services Task Force (USPSTF). These services include tobacco cessation interventions, such as counseling or medication, provided with no co-payments to the member. In addition HAHP plans provide access to prescription coverage for smoking cessation medications approved by the U.S. Food and Drug Administration with co-payments which are on-par with other prescription medications.

Ensuring that our members have access to the most effective tools to assist them in their desire to quit smoking is not only beneficial to our members; it is beneficial to HAHP plans as well. Ever year member plans engage in outreach through healthy messaging on

• *AlohaCare* • *HMAA* • *HMSA* • *HWMG* • *Kaiser Permanente* • *MDX Hawaii* • *UHA* • *UnitedHealthcare* •  
HAHP c/o Howard Lee, UHA, 700 Bishop Street, Suite 300 Honolulu 96813  
[www.hahp.org](http://www.hahp.org)

smoking cessation, increased activity and proper nutrition. These messages can be found on our member plan's sites and are often provided through outreach and education materials to our members. Therefore we believe that the requirement that smoking cessation messaging be included in "policy information" is also not needed.

We believe that the goals of HB 1443 are already being met in the community through plans meeting ACA requirements and benefits which are already in place. Therefore, we would respectfully request that the Committee see fit to hold this measure.

Thank you for the opportunity to provide testimony today.

Sincerely,

A handwritten signature in black ink that reads "Howard Lee". The signature is written in a cursive style with a large initial 'H' and 'L'.

Howard Lee  
President

Testimony of  
John M. Kirimitsu  
Legal and Government Relations Consultant

Before:  
House Committee on Health  
The Honorable Ryan I. Yamane, Chair  
The Honorable Dee Morikawa, Vice Chair

February 4, 2011  
9:00 am  
Conference Room 329

**Re: HB 1443 Relating to Health Insurance**

Chair, Vice Chair and committee members, thank you for this opportunity to provide testimony on HB 1443 Relating to Health Insurance.

**Kaiser Permanente supports the intent of this measure.**

Kaiser Permanente's position on proposed legislative mandates of health coverage is that they are usually not a good idea, for several reasons:

1. First, because they generally tend to raise the cost of delivering health care, thereby resulting in higher premiums and increased cost to the purchasers and payors of health plan coverage, whether they be employer groups or individuals;
2. Second, because they often tend to dictate how medicine should be practiced, which sometimes results in medicine that is not evidence based and usurps the role and expertise of the practicing physician and other health care professionals who provide medical treatment and services; and
3. Finally, because they often lock in statutory requirements that become outdated and do not keep pace with the ever evolving and advancing fields of medicine and medical technology.

Accordingly, Kaiser currently provides smoking cessation support through its employer base plan, with smoking cessation drug/products offered through a drug rider. In further support of this cause, Kaiser Permanente already decided to cover those proposed methods recommended in this measure at no charge, including unlimited smoking cessation classes/counseling at its clinics, when its employer contracts are renewed, beginning January 1, 2012,.

Thank you for your consideration.

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Honolulu, Hawaii 96813  
Telephone: 808-432-5224  
Facsimile: 808-432-5906  
Mobile: 808-282-6642  
E-mail: john.m.kirimitsu@kp.org

# HMSA



An Independent Licensee of the Blue Cross and Blue Shield Association

February 4, 2011

The Honorable Ryan Yamane, Chair  
The Honorable Dee Morikawa, Vice Chair  
House Committee on Health

**Re: HB 1443 – Relating to Health Insurance**

Dear Chair Yamane, Vice Chair Morikawa and Members of the Committee:

The Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify on HB 1443 which would require health plans provide coverage for certain types of smoking cessation services. HMSA believes that this measure is unnecessary at this time and as a general rule always opposes unfunded mandated benefits.

HMSA already provides a full-range of services to members in order to assist them with their goal to quit smoking. These include:

- Smoking cessation physician visits and counseling: as required under the Affordable Care Act
- Ready, Set, Quit Program: telephone counseling and classes
- Breathe: Online coaching sessions available to members undergoing a HealthPass screening
- Prescription cessation medications: available to most HMSA members with drug coverage when approved by the U.S. Food and Drug Administration

Inclusion of the type of smoking cessation information plans would be required to provide within the health policy is not information typically provided in this manner. Health plan policies describe coverage levels and terms, but do not include information describing the risks associated with any type of behavior or encouraging, promoting, or endorsing the use of any specific service or benefit. This type of information is already shared by HMSA through various other means rendering this communication requirement unnecessary.

We believe that the scope and breadth of smoking cessation services provided today by HMSA is not insufficient. HMSA also believes that increasing the number of our members accessing these services would generally lead to a healthier member population. Perhaps instead of attempts to mandate coverage, advocates could work collaboratively with health plans ensuring that individuals understand how to access the tools already at hand. We would respectfully request the Committee see fit to hold this measure today, as it is unnecessary. Thank you for the opportunity to testify.

Sincerely,

Jennifer Diesman  
Vice President  
Government Relations



*The Official Sponsor of Birthdays*

February 3, 2011

Committee on Health  
Representative Ryan Yamane, Chair  
Representative Dee Morikawa, Vice Chair

**Hearing:**

February 4, 2011, 9:00 a.m.  
Hawaii State Capitol, Room 329

**RE: HB1443 – Relating to Health Insurance**

**Testimony in Strong Support**

Chair Yamane, Vice Chair Morikawa, and members of the Committee on Health. Thank you for the opportunity to testify in strong support of HB1443, which requires health insurers to provide coverage for specific types of smoking cessation methods.

For over 60 years, the American Cancer Society in Hawaii has been leading the battle against cancer. We have made much progress in saving lives through early detection and new cutting edge treatments as a result of ongoing research. We are sure that there is no one on the committee that is not aware of the link between cigarette smoking and cancer, and that many lives could be saved if smoking were prevented or people quit.

To bring public awareness to the dangers of smoking, the Society created the Great American Smokeout 35 years ago. This event is held each year on the third Thursday in November. Smokers are encouraged to use that date to make a plan to quit, or to plan in advance and quit smoking that day. By doing so, smokers will be taking an important step towards a healthier life.

However quitting smoking is not easy. To have the best chance of quitting successfully, you need to know what you're up against, what your options are, and where to go for help. In Hawaii, there is network of providers that offer cessation services. Statistics show that it is easier to quit when you have help.

***In Hawaii, many health insurers provide coverage for cessation services but not all services. As a result, Hawaii just recently received an F grade by the American Lung Association.***

***In order to obtain the maximum benefit from smoking cessation, the American Cancer Society believes that a comprehensive smoking cessation program must have a pharmacological component and a counseling component. Studies have shown that individuals who utilize both have the best chance for success.***

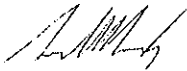
In closing, I would note for the committee that the United States Preventive Services Task Force which establishes prevention standards stated that:

**A “combination therapy with counseling and medications is more effective at increasing cessation rates than either component alone. Pharmacotherapy approved by the U.S. Food and Drug Administration and identified as effective for treating tobacco dependence in nonpregnant adults includes several forms of nicotine replacement therapy (gum, lozenge, transdermal patch, inhaler, and nasal spray), sustained-release bupropion, and varenicline.”**

Passing this measure will increase the success of cessation services in Hawaii. In the long run, we would see drops in hospitalizations for heart attacks, emergency room visits for COPD and asthma, as well as, a decline in both the mortality rates for cancer and heart attacks in Hawaii.

Mahalo for the opportunity to provide testimony in very strong support of HB1433.

Sincerely,



George S. Massengale, JD  
Director of Government Relations

The American Heart Association mission is:  
Building healthier lives free of cardiovascular diseases and stroke..



American Heart Association | American Stroke Association

*Learn and Live..*

**Serving Hawaii**

## **Testimony Strongly Supporting HB1443, “Relating To Health Insurance”**

The American Heart Association strongly supports HB1443, “Relating To Health Insurance” with the attached recommended technical amendments.

Cigarette smoking is the single leading cause of preventable disease and preventable death in the United States (US), leading to more than 400,000 deaths annually. The CDC and the U.S. Department of Health and Human Services have both issued guidelines on smoking cessation to help people to quit smoking that include: access to counseling, access to all FDA-approved over-the-counter and prescription medications; multiple quit attempts; and reduced or eliminated co-pays. However, access to these aids is limited since many payers do not cover these treatments.

The American Heart Association (AHA) supports the provision of evidence-based preventive cardiovascular services of proven and substantial value to all patients who might benefit from their receipt. The value of such services to the individual patient and to society as a whole has been clearly and unequivocally demonstrated. Given that insurance coverage is a very important determinant of access to healthcare, the AHA advocates that all public and private health insurance programs should cover such preventive cardiovascular services. Insurers should update their coverage of preventive services annually to reflect substantive changes in the evidence base. Services covered should reflect the individual patient’s risk.

Serving Hawaii since 1948

For information on the AHA’s educational or research programs, contact your nearest AHA office, or visit our web site at [www.americanheart.org](http://www.americanheart.org).

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**Maui County:**  
J. Walter Cameron Center  
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**Hawaii County:**  
400 Hualani Street, Ste. 15  
Hilo, HI 96720-4344  
Phone: 808-961-2825  
Fax: 808-961-2827

**Kauai County:**  
(served by the Oahu office)  
Toll-Free 1-866-205-3256

Among the primordial and preventive cardiovascular services that the AHA recommends be covered by health insurers includes all evidence-based treatment, including counseling and drugs for smoking cessation, following the US Preventive Services Guidelines.

The AHA also recognizes that requiring an individual contribution to receive services, e.g. co-pays and deductibles, can have a negative impact on utilization, especially in some populations, such as the elderly and the poor. For this reason, the AHA advocates that public and private insurers should eliminate all cost-sharing for evidence-based preventive cardiovascular services that are proven to be of substantial benefit.

A study completed by Penn State University estimated that in Hawaii the annual direct costs to the economy attributable to smoking were in excess of \$1.1 billion, including workplace productivity losses of \$215 million, premature death losses of \$449 million, and direct medical expenditures of \$444 million. While the retail price of a pack of cigarettes in Hawaii is on average \$7.45, the combined medical costs and productivity losses attributable to each pack of cigarettes sold are approximately \$23.26 per pack of cigarettes. The ratio of benefits to cost varies from \$0.84 to \$2.28 saved per dollar spent on smoking cessation programs, depending upon the type of intervention.

The Federal Health Insurance Reform legislation will require private insurers to provide the coverage described above beginning in 2014, however a grandfather clause will allow policies already in place at that time to continue without the mandated coverage until

Please remember the American Heart Association in your will.





American Heart Association | American Stroke Association

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such time that changes to the existing policies take place. It could take several years beyond that date before all policies reflect the mandated tobacco cessation services. During the interim, some policy holders will continue to face barriers to the services that they might find useful in quitting their nicotine addiction. They will continue to add to the healthcare costs borne in Hawaii primarily by its businesses.

The American Heart Association recommends moving ahead and establishing that important health care coverage as soon as possible. The Hawaii legislature has done its part to encourage smokers to try and quit by increasing the cost of tobacco products through higher prices, and limiting where smoking tobacco products can take place. Legislators should also provide those, who as a result of the Legislature's efforts, now want to quit using tobacco products with the scientifically-based therapies that are available to assist tobacco users end their addiction.

Please support HB1443 with the recommended technical amendments attached.

Respectfully submitted,

Ralph V. Shohet, M.D.

Cardiologist

Member, Oahu Metro Board of Directors, American Heart Association

**Report Title:**

Mandatory Health Insurance Coverage; Tobacco use Cessation

**Description:**

Mandates health insurance coverage for tobacco use cessation

HOUSE OF REPRESENTATIVES  
TWENTY-SIXTH LEGISLATURE, 2011  
STATE OF HAWAII

**H.B. NO.**

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**A BILL FOR AN ACT**

RELATING TO HEALTH INSURANCE.

**BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:**

SECTION 1. Chapter 431, Hawaii Revised Statutes, is amended by adding a new section to article 10A to be appropriately designated and to read as follows:

"§431:10A- Coverage for tobacco use cessation. (a)

All individual and group hospital and medical service contracts providing health care coverage shall provide

coverage for shall provide coverage for tobacco use

cessation by all of the methods specified by the U.S.

Preventive Services Task Force, which include the

following: telephone, individual and group counseling and

intervention sessions; coverage for prescription and over

the counter nicotine replacement products and tobacco

**Comment [d1]:** Delete redundant language

cessation medications approved by the Food and Drug Administration; and counseling and medication coverage for tobacco use cessation attempts; with no co-payments or deductibles for counseling and medications.

(b) Beginning March 1, 2012, a health care coverage provider shall include information in the policy about the risk associated with smoking and tobacco usage and encourage the insured to consult with the insured's physician about available smoking and tobacco cessation options."

SECTION 2. Chapter 432, Hawaii Revised Statutes, is amended by adding a new section to part VI of article 1 to be appropriately designated and to read as follows:

"§432:1- Coverage for tobacco use cessation. (a)  
All individual and group hospital and medical service contracts providing health care coverage shall provide coverage for shall provide coverage for tobacco use cessation by all of the methods specified by the U.S. Preventive Services Task Force, which include the following: telephone, individual and group counseling and intervention sessions; coverage for prescription and over the counter nicotine replacement products and tobacco cessation medications approved by the Food and Drug Administration; and counseling and medication coverage for

Comment [d2]: Delete redundant language

tobacco use cessation attempts; with no co-payments for counseling and medications.

(b) Beginning March 1, 2012, a health care coverage provider shall include information in the policy about the risk associated with smoking and tobacco usage and encourage the insured to consult with the insured's physician about available smoking and tobacco cessation options."

SECTION 3. Section 432D-23, Hawaii Revised Statutes, is amended to read as follows:

**"§432D-23 Required provisions and benefits.**

Notwithstanding any provision of law to the contrary, each policy, contract, plan, or agreement issued in the State after January 1, 1995, by health maintenance organizations pursuant to this chapter, shall include benefits provided in sections 431:10-212, 431:10A-115, 431:10A-115.5, 431:10A-116, 431:10A-116.5, 431:10A-116.6, 431:10A-119, 431:10A-120, 431:10A-121, 431:10A-125, 431:10A-126, [and] 431:10A-122, 431:10A- and chapter 431M"

SECTION 4. Statutory material to be repealed is bracketed and stricken. New statutory material is underscored.

SECTION 5. This Act shall take effect upon its approval and shall apply to policies, contracts, and plans

of health insurance issued or renewed after January 1,  
2012.

INTRODUCED BY: \_\_\_\_\_



February 2, 2011

To: Chair Ryan I. Yamane  
Vice Chair Dee Morikawa  
Members, House Committee on Health  
Re: **STRONG Support for HB 1443 with recommendations**  
HLT Cmt: February 4, 2011 at 9:00 a.m.; Rm 329

My name is Valerie Chang. I am Executive Director of the Hawaii COPD Coalition. Our organization provides services and support and improves treatment for Hawaii's people affected by Chronic Obstructive Pulmonary Disease (COPD), more commonly known as emphysema, chronic bronchitis and similar conditions. COPD and other respiratory conditions are the third leading cause of death in the US. Our 2007 and 2008 survey data reveal that slightly under 4% or about 20,000 to 30,000 of Hawaii adults have been told they have COPD, emphysema and/or chronic bronchitis. It is estimated that at least another 20,000 to 30,000 Hawaii adults remain undiagnosed while suffering from COPD. Tobacco smoking is the major cause of these health conditions. For more information and Hawaii Department of Health's Burden of COPD in Hawaii 2010 Report to go <http://hawaiicopd.org>.

I work to help people quit smoking and also with many people who suffer from having smoked or been around smokers for many years. I see first-hand how difficult it is for them to breathe and know that many would like help to quit smoking, which is a very tough addiction. Please pas this bill as it will save our state a lot of money by having healthier people who have successfully quit smoking.

The Hawaii COPD Coalition **strongly supports HB1443**. Smoking is still the number one cause of preventable disease and death in our state. Approximately 153,000 adults are smokers. Most smokers want to quit. To have the best chance at success, they need tobacco treatment including counseling and FDA-approved medicines that are designed to help people quit. Mandating that insurers cover cessation services as recommended by the US Preventive Services Task Force and mandating that these insurers educate those who are covered will increase the number of people who will seek help to quit.

I urge you to make sure two quit attempts per year are covered and there are no lifetime limits to the number of quit attempts. Quitting is a difficult process. Relapse is part of the process. We don't want lack of insurance coverage to stop someone's efforts to quit tobacco. I appreciate your efforts to keep our precious state and residents healthy by giving them every chance to be smoke-free. **Please vote in favor of HB1443.**

Aloha,  
Valerie Chang, JD  
Executive Director  
Hawaii COPD Coalition  
Website: <http://hawaiicopd.org>,  
e-mail: [copd.hawaii@yahoo.com](mailto:copd.hawaii@yahoo.com)  
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LĀNA'Ī COMMUNITY HEALTH CENTER

P. O. Box 630142  
Lāna'ī City, HI 96763-0142



Phone: 808-565-6919  
Fax: 808-565-9111

February 2, 2011

To: Chair Ryan I. Yamane  
Vice Chair Dee Morikawa  
Members, House Committee on Health  
Re: **Support for HB 1443 with recommendations**  
HLT Cmte; February 4, 2011 at 9:00 a.m.; Rm 329

Thank you for allowing me to submit testimony in support of HB 1443. My name is Mahana Chang, PsyD. I work for the Lana'ī Community Health Center (LCHC), which provides integrated, comprehensive medical and behavioral health care to the community of Lana'ī.

I have the honor and privilege of developing and implementing LCHC's first tobacco cessation program, providing both group and individual treatment services to patients interested in quitting. As for many rural communities, the residents of Lana'ī face significant unmet healthcare needs and barriers to access, which is greatly exacerbated by the island's geographical isolation and lack of necessary resources. Often, specialized services, such as tobacco cessation, are not available to the community, and/or are at the expense of the individual. In order to bridge this disparity, LCHC developed their tobacco cessation program to provide a greatly needed service to a population comprised of ethnicities that tend to show higher rates of tobacco use (Filipinos and Native Hawaiians). Deciding to quit is a difficult one, and through our integrated behavioral health program, which allows our behavioral health providers to work closely with primary care, we have the ability to engage patients almost

*E Ola nō Lāna'ī*  
LIFE, HEALTH, and WELL-BEING FOR LĀNA'Ī

## LĀNA'Ī COMMUNITY HEALTH CENTER

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immediately. Once someone chooses to seek help, we must not turn them away. Providing patients with easily accessible services, and the security of knowing their services are covered by their insurance carrier, greatly dismantles many of the barriers that can keep individuals from seeking appropriate treatment and care. The process of quitting is challenging, and often times, requires several attempts (average is 7 to 8 attempts) before being successful. Having the support of a tobacco cessation program, that includes both counseling services and access to FDA-approved medications, greatly increases an individual's chance to quit, by providing them with comprehensive health care and adequate support from qualified professionals.

Please pass this bill. It will help so many smokers get the help that is often times, necessary to quit. It has been estimated, that only 5% of the population is able to quit without the help of a program or other supports. It will allow our doctors and providers to be able to comfortably urge smokers and tobacco users to quit without fear that insurance will not cover the bill. And it will ultimately save someone from preventable early death due to tobacco use. Smoking remains the number one cause of preventable disease and death in our state. Approximately 153,000 adults are smokers and most smokers want to quit.

Mandating that insurers cover cessation services as recommended by the US Preventive Services Task Force and mandating that these insurers educate those who are covered will increase the number of people who will seek help to quit.

*E Ola nō Lāna'ī*  
LIFE, HEALTH, and WELL-BEING FOR LĀNA'Ī



LĀNA'Ī COMMUNITY HEALTH CENTER

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Fax: 808-565-9111

I urge you to make sure two quit attempts per year are covered and there are no lifetime limits to the number of quit attempts an individual is allowed. Once again, quitting is a difficult process and relapse is an expected part of that process. We don't want lack of insurance coverage to stop someone from making a healthy lifestyle choice.

I appreciate your efforts to keep our precious state and residents healthy by giving them every chance to be smoke-free.

Thank you for your time and thoughtful consideration.

Sincerely,

Mahana Chang, PsyD  
Behavioral Health Program  
Lāna'ī Community Health Center

*E Ola nō Lāna'ī*  
LIFE, HEALTH, and WELL-BEING FOR LĀNA'Ī



**Papa Ola Lokahi**  
 Nama I Ka Pono Na Ma

**Papa Ola Lokahi**  
 894 Queen Street  
 Honolulu, Hawaii 96813

Phone: 808.597.6550 ~ Facsimile: 808.597.6551

**Papa Ola Lokahi**  
 A non-profit Native Hawaiian organization founded in 1988, for the purpose of improving the health and well-being of Native Hawaiians and other native Peoples of the Pacific and Continental United States.

**Board of Directors**  
*Member Organizations*

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- Hui No Ke Ola Pono*
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- Ke Alaula*

**Executive Director**  
*Hardy Spoehr*

**TESTIMONY: HB 1443, RELATING TO HEALTH INSURANCE**

**HOUSE COMMITTEE ON HEALTH**  
 Rep. Ryan Yamane, Chair  
 Rep. Dee Morikawa, Vice Chair

Friday, February 4, 2011  
 9:00 am  
 Conference Room 329  
 State Capitol

Hardy Spoehr, Executive Director

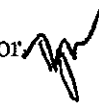
Aloha Chairman Yamane, Vice Chair Morikawa, and Members of the House Committee on Health. Papa Ola Lokahi strongly supports for this measure.

Over the past years, Papa Ola Lokahi (POL) has developed a smoking cessation program which has been incorporated into services provided by the Native Hawaiian Health Care Systems and the community health centers throughout Hawai'i. This measure compliments these programs and enables them to be continued.

Thank you for the opportunity to provide strong supportive testimony for this important measure.



COALITION FOR A  
TOBACCO - FREE HAWAII

To: The Honorable Ryan I. Yamane, Chair  
The Honorable Dee Morikawa, Vice Chair  
Members, House Committee on Health  
From: Trisha Y. Nakamura, Esq. Policy and Advocacy Director.   
Date: February 2, 2011  
Hrg: HLT Cmte; February 4, 2011 at 9:00 a.m.; Rm 329  
Re: **Support for HB 1443 with proposed changes**

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Thank you for scheduling and hearing HB 1443 which would provide for insurance coverage of smoking cessation services. The Coalition supports increasing opportunities for tobacco users to quit. This measure is a strong step forward in that direction.

The Coalition for a Tobacco Free Hawaii (Coalition) is the only independent organization in Hawaii whose sole mission is to reduce tobacco use through education, policy and advocacy. The Coalition provides leadership for the tobacco control community, develops networks, helps coordinate tobacco control programs and builds community awareness.

Hawaii has been doing well to reduce tobacco use in Hawaii. Our smoking rates (15.3%) is almost ten percent lower than the national average. Still, there are more than 153,000 adults in our state who smoke. And most smokers want to quit. In 2009, more than half of current smokers tried quitting. And in 2006, a survey conduct by the Department of Health indicated 87.3% of adult smokers planned to quit. Smoking is costing Hawaii more than half a billion dollars annually in lost productivity and medical costs. Less smokers will save resources and reduce the risk of early death.

We should remove as many barriers as possible to quitting. Counseling and pharmacotherapy increase the chance of quitting compared to unassisted attempts.<sup>1</sup> Within one year of an attempt to stop smoking, about 95 percent of people who try to stop without pharmacological aid continue to smoke or relapse.<sup>2</sup> Tobacco users who want to quit should have the help they need to

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<sup>1</sup> See Fiore MC, Bailey WC, Cohen SJ, Dorfman SF, Goldstein MG, Gritz ER, et al. Treating Tobacco Use and Dependence: 2008 Update—Clinical Practice Guidelines . Rockville (MD): U.S. Department of Health and Human Services, Public Health Service, Agency for Healthcare Research and Quality, 2008.

<sup>2</sup> Cohen S, Lichtenstein E, Prochaska JO, Rossi JS, Gritz ER, Carr CR, Orleans CT, Schoenbach VJ, Biener L, Abrams D, et al. Debunking myths about self-quitting: evidence from 10 prospective studies of persons who attempt to quit smoking by themselves. *American Psychologist* 1989;44(11):1355–65.



quit as recommended by the U.S. Preventive Services Task Force, this includes counseling and pharmacotherapy.

The Coalition recommends that coverage should be provided for two quit attempts per year, with no lifetime maximums. Cigarettes are designed to be highly addictive. Research suggests that nicotine, the substance in cigarettes, is as addictive as heroin, cocaine, or alcohol.<sup>3</sup> The State Department of Health reports an average of 8 quit attempts for a smoker to quit. By not setting lifetime limits, tobacco users can work to address their nicotine addiction without fear that should they relapse, their next attempt will not be covered.

Providing insurance coverage for cessation services and informing policy holders about the coverage will save money. An actuarial study conducted by Milliman, Inc. found that employees who quit smoking reduce annual medical and life insurance costs by at least \$210 immediately. After two years of providing FDA-approved pharmacotherapies and counseling to Medicaid beneficiaries, Massachusetts saw 33,000 less smokers and a reduction in the number of hospitalizations for heart attack, emergency room visits for asthma, and claims for maternal birth complications.

This is a strong step in solidifying in statute the intent of the State to make sure residents have access to health care. The Coalition urges you to pass HB 1443 with the recommended changes above. Thank you for your time and the opportunity to testify.

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<sup>3</sup> See *infra*, note 1.

February 2, 2011

To: Chair Ryan I. Yamane  
Vice Chair Dee Morikawa  
Members, House Committee on Health  
Re: **Support for HB 1443 with recommendations**  
HLT Cmte; February 4, 2011 at 9:00 a.m.; Rm 329

Thank you for allowing me to submit testimony in support of HB 1443. My name is Forrest Batz, PharmD. I serve as an Assistant Professor of Pharmacy Practice at the University of Hawaii at Hilo College of Pharmacy. The following represents my personal viewpoint as a licensed health professional and is not intended to represent the views of the UH Hilo College of Pharmacy, UH Hilo or the University of Hawaii.

Tobacco use is among the most health-damaging personal choices a person can make. Cigarette smoke contains more than 5,000 chemicals, some of which, including carbon monoxide, ammonia, benzene and hydrogen cyanide, are rated Class A carcinogens by the US Environmental Protection Agency.

Cigarette smoking is a major cause of cancer, as well as heart, circulatory and respiratory diseases and death. In Hawaii this year, it is estimated that 1,100 adults will die as a result of their own smoking.<sup>1</sup>

Cigarette smoking increases the risk of serious health consequences associated with diabetes, high blood pressure and high cholesterol, three common and growing health problems among Hawaii residents. Quitting smoking can significantly reduce the risk of heart and circulatory-related problems faced by people with diabetes, high blood pressure and/or high cholesterol.

Smokers cost Hawaii \$336 million in annual health care costs directly caused by smoking and \$320 million in smoking-caused lost productivity.<sup>1</sup>

Quitting smoking not only improves the health of quitters, it also can reduce the cost of healthcare.<sup>2</sup> One study found that each employee or dependent who quits smoking immediately reduces annual medical and life insurance costs by at least \$210.<sup>3</sup>

Cigarettes contain nicotine, a substance as addictive as cocaine or heroin.

Within one year of attempting to stop smoking, 95 percent of those who try to stop without the use of drug therapy continue to smoke or relapse. Smoking cessation success rates improve with the combination of drug therapy and support services.

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<sup>1</sup> Campaign for Tobacco-Free Kids, "Toll of Tobacco in Hawaii" available at <http://www.tobaccofreekids.org/reports/settlements/toll.php?StateID=HI>

<sup>2</sup> Bauld L, et al. One-Year Outcomes and a Cost-Effectiveness Analysis for Smokers Accessing Group-Based and Pharmacy-Led Cessation Services. *Nicotine Tob Res.* 2010 Dec 31. [Epub ahead of print]

<sup>3</sup> Milliman, Inc. (Fitch, Kate et. al.), *Covering Smoking Cessation as a Health Benefit: A Case for Employers*, available at <http://publications.milliman.com/research/health-rr/pdfs/covering-smoking-cessation-legacy-PA12-01-06.pdf>

Smoking cessation is *the* critical action for smokers to improve their personal health and a service health insurers can provide to reduce overall healthcare expenditures while helping improve the health of their insureds.

I believe that it is in the best financial and public interest of Hawaii health insurers to uniformly provide smoking cessation services and support to their insureds.

I believe that it is in the best interest of the citizens, businesses and government of Hawaii for all Hawaii residents to have barrier-free access to smoking cessation tools and services.

I support HB 1443 and encourage the House to pass this bill.

Respectfully submitted,

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