
HOUSE 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
11

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
24

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
7
- 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
11

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

- 20 (1) Reduced health care costs;
- 21
- 22 (2) Reduced absenteeism;
- 23
- 24 (3) Increased on-the-job productivity; and
25
- 26 (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
34

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
43



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

10
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
15 (1) Has been introduced in the legislature; and
16
17 (2) Includes, at minimum, information identifying the:
18
19 (A) Specific health service, disease, or provider
20 that would be covered;
21
22 (B) Extent of the coverage;
23
24 (C) Target groups that would be covered;
25
26 (D) Limits on utilization, if any; and
27
28 (E) Standards of care.
29

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. (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. (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,
5

6 BE IT RESOLVED by the House of Representatives of the
7 Twenty-seventh Legislature of the State of Hawaii, Regular
8 Session of 2013, the Senate 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. (Regular Session of 2013); and
14

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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