

HOUSE BILL REPORT

SB 6421

As Reported by House Committee On:
Health Care & Wellness
Appropriations

Title: An act relating to providing medical coverage for smoking cessation programs.

Brief Description: Providing medical coverage for smoking cessation programs.

Sponsors: Senators Pridemore, Keiser, McDermott, Hatfield, Kohl-Welles and Pflug.

Brief History:

Committee Activity:

Health Care & Wellness: 2/25/08, 2/27/08 [DPA];

Appropriations: 3/1/08 [DPA(APP w/o HCW)].

Brief Summary of Bill
(As Amended by House Committee)

- Provides coverage for smoking cessation counseling services, including prescription and nonprescription drugs, for clients enrolled in the medical assistance and medical care services programs.

HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

Majority Report: Do pass as amended. Signed by 8 members: Representatives Cody, Chair; Morrell, Vice Chair; Barlow, Campbell, Green, Moeller, Pedersen and Schual-Berke.

Minority Report: Do not pass. Signed by 5 members: Representatives Hinkle, Ranking Minority Member; Alexander, Assistant Ranking Minority Member; Condotta, DeBolt and Seaquist.

Staff: Chris Blake (786-7392).

Background:

The Centers for Disease Control and Prevention (CDC) estimates that 45.3 million people smoke cigarettes in the United States. The CDC has labeled cigarette smoking the leading

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preventable cause of death in the United States, accounting for approximately one out of every five deaths annually, or approximately 438,000 people.

The Department of Social and Health Services (Department) provides coverage for smoking cessation counseling for pregnant women. The coverage applies during pregnancy and continues through two months after giving birth. The coverage includes providing information and assistance to help the client stop smoking and may include prescriptions for pharmaceutical products upon attaining prior authorization.

Summary of Amended Bill:

The Department must provide a smoking cessation benefit to adults enrolled in the medical assistance and medical care services programs. The benefit must cover smoking cessation counseling services and prescription and nonprescription medications to promote smoking cessation. The Department may implement rules regarding appropriate coverage limitations as necessary to encourage the use of effective, evidence-based services.

The Department must track expenditures for a cohort of clients who receive smoking cessation benefits and submit a cost-benefit analysis of providing the benefit by January 1, 2012.

Amended Bill Compared to Original Bill:

The substitute bill removes the exemption from prior authorization for smoking cessation medications. Coverage limitations for smoking cessation services must be established based on evidence-based services, rather than discouraging waste and addressing fraud. The Department of Social and Health Services must track expenditures for a cohort of clients receiving smoking cessation benefits and submit to the Legislature a cost-benefit analysis of providing the services by January 1, 2012.

Appropriation: None.

Fiscal Note: Available.

Effective Date of Amended Bill: The bill takes effect 90 days after adjournment of session in which bill is passed.

Staff Summary of Public Testimony:

(In support) Removing financial barriers to smoking cessation programs increases participation and quitting rates. Medicaid enrollees smoke at over twice the rate of the general population. Smokers cost over \$2,000 per year more in health care utilization than non-smokers. Smoking cessation services are very cost-effective. Smoking and tobacco use is concentrated in the lower socio-economic portion of the population and providing smoking cessation services to these people is the right thing to do. This could result in significant cost

savings for Medicaid and public health. Washington should take the lead in smoking prevention among adults. Tobacco use is the nation's leading cause of death.

(Opposed) None.

Persons Testifying: Tim McAfee, Free and Clear and the University of Washington; Paul Zemann, Public Health - Seattle-King County; Sandi Swarthout, Washington Health Foundation; Nick Federici, American Lung Association of Washington and the American Cancer Society; and Raymond Miller, Washington State Command Council - National Association for Black Veterans, Black Policy Foundation, Armed Services and Veterans Affairs Committee of the National Association for the Advancement of Colored People: Washington, Oregon, and Alaska, King County Substance Abuse Administrative Board, and King County Children and Family Commission.

Persons Signed In To Testify But Not Testifying: None.

HOUSE COMMITTEE ON APPROPRIATIONS

Majority Report: Do pass as amended by Committee on Appropriations and without amendment by Committee on Health Care & Wellness. Signed by 22 members: Representatives Sommers, Chair; Dunshee, Vice Chair; Cody, Conway, Darneille, Ericks, Fromhold, Grant, Green, Haigh, Hunt, Hunter, Kagi, Kenney, Kessler, Linville, McIntire, Morrell, Pettigrew, Schual-Berke, Seaquist and Sullivan.

Minority Report: Do not pass. Signed by 12 members: Representatives Alexander, Ranking Minority Member; Bailey, Assistant Ranking Minority Member; Haler, Assistant Ranking Minority Member; Anderson, Chandler, Hinkle, Kretz, McDonald, Priest, Ross, Schmick and Walsh.

Staff: Mark Matteson (786-7145).

Summary of Recommendation of Committee On Appropriations Compared to Recommendation of Committee On Health Care & Wellness:

The Department of Social and Health Services may adopt rules to limit smoking cessation coverage to encourage the use of effective, evidence-based drugs. The bill is null and void unless funded in the budget.

Appropriation: None.

Fiscal Note: Available.

Effective Date of Amended Bill: The bill takes effect 90 days after adjournment of session in which bill is passed. However, the bill is null and void unless funded in the budget.

Staff Summary of Public Testimony:

(In support) This bill will save lives and improve the health of Medicaid consumers. Overall, 17 percent of Washington citizens smoke but 39 percent of Medicaid clients smoke. That needs to be brought down. About 14 percent of Medicaid-related costs are due to smoking, either directly or indirectly. The Health Care Committee had a robust discussion about studies of smoking cessation costs and benefits. A national study last year indicated that if just 5 percent of those on Medicaid who smoked would stop, there would be \$7 billion per year cost savings over the long term. In the short term, the savings are harder to estimate. The Washington State Institute for Public Policy (WSIPP) issued a study in 2002 that was not conclusive on short term savings. Since that time, the two most effective drugs for smoking cessation have appeared on the market. Programs like "Free and Clear" that address behavioral and combination treatments (with medications). Both the Centers for Disease Control (CDC) and WSIPP agree that smoking cessation programs are the second most cost-effective treatment for saving lives and improving health behind childhood vaccinations.

(Opposed) None.

Persons Testifying: Nick Federici, American Lung Association of Washington.

Persons Signed In To Testify But Not Testifying: None.