

**REVENUE: No revenue impact**

**FISCAL: No fiscal impact**

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<b>Action:</b>	Without Recommendation as to Passage and Be Referred to the Committee on Rules
<b>Vote:</b>	5 - 4 - 0
<b>Yeas:</b>	Boone, Cowan, Dembrow, VanOrman, Tomei
<b>Nays:</b>	Freeman, Huffman, Maurer, Olson
<b>Exc.:</b>	0
<b>Prepared By:</b>	Keely West, Administrator
<b>Meeting Dates:</b>	5/20, 5/22

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**WHAT THE MEASURE DOES:** Requires some health insurers to cover tobacco use cessation programs.

**ISSUES DISCUSSED:**

- Benefits of tobacco cessation programs
- Evidence based requirements
- Minimal cost

**EFFECT OF COMMITTEE AMENDMENT:** No amendment.

**BACKGROUND:** Smoking is the leading preventable cause of death in the United States. Smokers who quit will, on average, live longer and have fewer years living with a disability. About 23 percent of American adults and 28 percent of teens smoke. Smoking is costly to employers both in terms of smoking-related medical expenses and lost productivity. Experts note that tobacco use cessation treatments are the single most cost-effective health insurance benefit for adults that can be provided.

Smoking cessation treatments options include counseling, medications, or a combination of both. Face-to-face counseling and interactive telephone counseling are proven to be more effective than services that only provide education or self-help materials. The Food and Drug Administration has approved six first line medications to help smokers quit. Five are nicotine replacement therapies, and the sixth is a non-nicotine medication.

Senate Bill 734 requires health insurers to provide payment, coverage, or reimbursement of at least \$500 for a tobacco use cessation program for a person enrolled in the plan who is 15 years of age or older. The term "cessation program" means a program recommended by a physician that follows the United States Public Health Service guidelines, which include both education and medical treatment components designed to assist a person in ceasing the use of tobacco products.