
THE GENERAL ASSEMBLY OF PENNSYLVANIA

SENATE BILL

No. 317 Session of
2013

INTRODUCED BY GREENLEAF, WASHINGTON, FARNESE, SCHWANK, SOLOBAY
AND BREWSTER, JANUARY 25, 2013

REFERRED TO BANKING AND INSURANCE, JANUARY 25, 2013

AN ACT

1 Requiring health insurance policies to provide coverage for
2 tobacco cessation programs and drugs.

3 The General Assembly of the Commonwealth of Pennsylvania
4 hereby enacts as follows:

5 Section 1. Short title.

6 This act shall be known and may be cited as the Tobacco
7 Cessation Treatment Act.

8 Section 2. Findings.

9 The General Assembly finds and declares as follows:

10 (1) Providing tobacco cessation counseling and
11 medication is one of the most clinically effective and cost-
12 effective health services available, according to the
13 National Commission on Prevention Priorities. Tobacco
14 cessation is 5 to 80 times more cost effective than
15 pharmacologic interventions used to prevent heart attacks.

16 (2) More than 70% of smokers wish they could quit
17 tobacco and each year one of every two smokers attempts to
18 quit. However, the unassisted successful tobacco quit rate

1 has remained constant at less than 5%. Access to counseling
2 and pharmaceutical benefits doubles the successful quit rate
3 and has achieved quit rates of 25% to 30%. Experience in
4 health plans indicates that access to all cessation services
5 saves \$4 for every dollar invested.

6 (3) Each adult smoker costs employers \$1,760 in lost
7 productivity and \$1,623 in excess medical expenditures. Men
8 who smoke incur \$15,800 more in lifetime medical expenses
9 than do men who do not smoke. For employers, the ultimate
10 financial return is between \$5 and \$6 for every dollar spent
11 on tobacco cessation.

12 (4) Because of member transfers between plans, financial
13 savings and tobacco-related disease reductions are effective
14 only if universally available to the entire insured
15 population. Therefore, a mandate on all plans and insurers to
16 provide cost-effective treatment is necessary and beneficial.

17 (5) It is the intent of the General Assembly that this
18 act diminish the Statewide economic and personal cost of
19 tobacco addiction by making tobacco cessation treatments
20 available to all smokers. Approximately 20,000 Pennsylvania
21 adults die annually, at a rate of 16%, from smoking-related
22 causes. Tobacco-related personal health care costs total
23 approximately \$4.7 billion annually in Pennsylvania.

24 Section 3. Definitions.

25 The following words and phrases when used in this act shall
26 have the meanings given to them in this section unless the
27 context clearly indicates otherwise:

28 "Course of treatment." One of the following:

29 (1) In the case of counseling, treatment consisting of
30 at least four sessions of counseling lasting at least ten

1 minutes.

2 (2) In the case of a prescription or over-the-counter
3 medication, the duration of treatment approved by the Food
4 and Drug Administration for that medication.

5 "Health insurance policy."

6 (1) An individual or group health insurance policy that
7 is delivered, issued for delivery, renewed, extended or
8 modified in this Commonwealth.

9 (2) The term does not include any of the following types
10 of insurance or a combination of any of the following types
11 of insurance:

12 (i) Short-term travel.

13 (ii) Accident-only.

14 (iii) Workers' compensation.

15 (iv) Short-term nonrenewable policies of not more
16 than six months' duration.

17 (v) Hospital indemnity.

18 (vi) Specified disease.

19 (vii) Disability income.

20 (viii) Dental.

21 (ix) Vision.

22 (x) Civilian Health and Medical Program of the
23 Uniformed Services (CHAMPUS) supplement.

24 (xi) Medicare or Medicaid supplemental contract.

25 (xii) Long-term care.

26 Section 4. Mandated coverage.

27 (a) General rule.--Every health insurance policy that is
28 delivered, issued for delivery, renewed, extended or modified in
29 this Commonwealth on or after the effective date of this section
30 shall provide for tobacco cessation services that follow

1 recommendations in the Public Health Service-sponsored 2008
2 clinical practice guideline, "Treating Tobacco Use and
3 Dependence: 2008 Update," or its successors. The coverage shall
4 include at least two courses of treatment in a 12-month period
5 including personal counseling, which may be telephone, group or
6 individual counseling, and all medications approved by the Food
7 and Drug Administration for the purpose of tobacco cessation,
8 including all prescription and over-the-counter medications.

9 (b) Copayment, coinsurance or deductible.--No copayment,
10 coinsurance or deductible may be applied to benefits under this
11 section.

12 (c) Contracting.--A health insurer may contract with
13 qualified local, Statewide or national providers, whether for
14 profit or nonprofit, for the provision of services under this
15 section.

16 (d) Disclosure.--An insurer shall disclose the benefits
17 under this section in its evidence of coverage and disclosure
18 forms and communicate the availability of coverage to all
19 insureds at least once per year.

20 (e) Counseling.--No patient may be required to enter
21 counseling in order to receive medications for tobacco cessation
22 treatment.

23 (f) Prior authorization.--No health care plan may impose
24 prior authorization or stepped care requirements on tobacco
25 cessation treatment.

26 Section 5. Effective date.

27 This act shall take effect in 60 days.