

126th MAINE LEGISLATURE

FIRST REGULAR SESSION-2013

Legislative Document

No. 386

H.P. 261

House of Representatives, February 12, 2013

An Act To Reduce Tobacco-related Illness and Lower Health Care Costs in MaineCare

(EMERGENCY)

Reference to the Committee on Health and Human Services suggested and ordered printed.

Millicent M. Mac Jailand

MILLICENT M. MacFARLAND Clerk

Presented by Representative SANBORN of Gorham. Cosponsored by Senator LANGLEY of Hancock and Representatives: DILL of Old Town, FARNSWORTH of Portland, MacDONALD of Boothbay, MORIARTY of Cumberland, PRINGLE of Windham, RANKIN of Hiram, ROTUNDO of Lewiston, TREAT of Hallowell.

- 1 **Emergency preamble. Whereas,** acts and resolves of the Legislature do not 2 become effective until 90 days after adjournment unless enacted as emergencies; and
- Whereas, tobacco use is the leading cause of preventable death in the United States
 and in Maine; and
- 5 **Whereas,** in the United States, an estimated 443,000 deaths occur annually that are 6 attributable to smoking, including nearly 161,000 deaths from cancer, 128,000 from 7 cardiovascular diseases and 103,000 from respiratory diseases; and
- 8 **Whereas,** smoking costs Maine approximately \$602,000,000 each year in direct 9 medical costs and \$534,000,000 from productivity losses due to premature death, 10 including 10.6% of MaineCare expenditures, which is equivalent to \$216,000,000, 11 attributed to tobacco use; and
- Whereas, MaineCare members are almost 2 1/2 times more likely to smoke than the
 non-MaineCare adult population, yet are more likely to have a desire to quit tobacco use;
 and
- 15 Whereas, tobacco cessation is one of the most effective clinical preventive services, with clinical evidence that shows that smoking cessation interventions, including brief 16 behavioral counseling sessions and pharmacotherapy delivered in primary care settings, 17 18 are effective in increasing the proportion of smokers who successfully quit and remain abstinent for one year and that the combination of counseling and medication is more 19 effective for smoking cessation than either medication or counseling alone. The United 20 States Preventive Services Task Force found convincing evidence that smoking cessation 21 22 decreases the risk for heart disease, stroke and lung disease. Tobacco cessation at any 23 point during pregnancy yields substantial health benefits for the expectant mother and 24 baby; and
- Whereas, in the judgment of the Legislature, these facts create an emergency within the meaning of the Constitution of Maine and require the following legislation as immediately necessary for the preservation of the public peace, health and safety; now, therefore,
- 29 Be it enacted by the People of the State of Maine as follows:
- 30 Sec. 1. 22 MRSA §3174-WW is enacted to read:
- 31 §3174-WW. Tobacco cessation
- 32 <u>1. Coverage. The department shall provide coverage for comprehensive tobacco</u>
 33 <u>cessation treatment to a MaineCare member who is 18 years of age or older or who is</u>
 34 <u>pregnant. Coverage must include, at a minimum:</u>
- 35A. Coverage for all pharmacotherapy that is approved by the federal Food and Drug36Administration for tobacco dependence treatment or is recommended as effective in37the United States Public Health Service clinical practice guideline on treating tobacco38use and dependence; and

- B.
 Coverage for tobacco cessation counseling, to be available in individual and group forms.
- 2. Conditions of coverage. Coverage under this section must be provided with no
 copayments or other out-of-pocket cost sharing, including deductibles. The department
 may not impose annual or lifetime dollar limits or annual or lifetime limits on attempts to
 quit and may not require a MaineCare member to participate in counseling to receive
 medications.
- 8 **3. Federal reimbursement.** The department shall pursue all opportunities to 9 maximize available federal reimbursement, including available administrative Medicaid 10 match rates for telephonic counseling services, federal pharmacology purchasing 11 agreements or other opportunities to maximize state resources for tobacco cessation 12 medications and services.
- Emergency clause. In view of the emergency cited in the preamble, this
 legislation takes effect when approved.

SUMMARY

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16 This bill requires the provision of tobacco cessation treatment for MaineCare 17 members who are 18 years of age or older or are pregnant. It provides for comprehensive 18 evidence-based coverage in accordance with the United States Preventive Services Task 19 Force and the United States Public Health Service clinical practice guideline on treating 20 tobacco use and dependence. The bill requires coverage without copayments or other 21 cost sharing and directs the Department of Health and Human Services to pursue 22 opportunities for federal reimbursement of the cost of coverage.