

## 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.

Millient M. Macfarland
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 2	<b>Emergency preamble. Whereas,</b> acts and resolves of the Legislature do not become effective until 90 days after adjournment unless enacted as emergencies; and
3 4	Whereas, tobacco use is the leading cause of preventable death in the United States and in Maine; and
5 6 7	<b>Whereas,</b> in the United States, an estimated 443,000 deaths occur annually that are attributable to smoking, including nearly 161,000 deaths from cancer, 128,000 from cardiovascular diseases and 103,000 from respiratory diseases; and
8 9 10 11	<b>Whereas,</b> smoking costs Maine approximately \$602,000,000 each year in direct medical costs and \$534,000,000 from productivity losses due to premature death, including 10.6% of MaineCare expenditures, which is equivalent to \$216,000,000, attributed to tobacco use; and
12 13 14	<b>Whereas,</b> 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 16 17 18 19 20 21 22 23 24	Whereas, tobacco cessation is one of the most effective clinical preventive services, with clinical evidence that shows that smoking cessation interventions, including brief behavioral counseling sessions and pharmacotherapy delivered in primary care settings, 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 effective for smoking cessation than either medication or counseling alone. The United States Preventive Services Task Force found convincing evidence that smoking cessation decreases the risk for heart disease, stroke and lung disease. Tobacco cessation at any point during pregnancy yields substantial health benefits for the expectant mother and baby; and
25 26 27 28	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 33 34	1. Coverage. The department shall provide coverage for comprehensive tobacco cessation treatment to a MaineCare member who is 18 years of age or older or who is pregnant. Coverage must include, at a minimum:
35 36 37 38	A. Coverage for all pharmacotherapy that is approved by the federal Food and Drug Administration for tobacco dependence treatment or is recommended as effective in the United States Public Health Service clinical practice guideline on treating tobacco use 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.
  - 3. Federal reimbursement. The department shall pursue all opportunities to maximize available federal reimbursement, including available administrative Medicaid match rates for telephonic counseling services, federal pharmacology purchasing agreements or other opportunities to maximize state resources for tobacco cessation medications and services.
  - **Emergency clause.** In view of the emergency cited in the preamble, this legislation takes effect when approved.

15 SUMMARY

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