

File No. 100275

Committee Item No. _____

Board Item No. 31

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Board of Supervisors Meeting

Date March 16, 2010

Cmte Board

- | | | |
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| <input type="checkbox"/> | <input type="checkbox"/> | Motion |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Resolution |
| <input type="checkbox"/> | <input type="checkbox"/> | Ordinance |
| <input type="checkbox"/> | <input type="checkbox"/> | Legislative Digest |
| <input type="checkbox"/> | <input type="checkbox"/> | Budget Analyst Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Legislative Analyst Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Youth Commission Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Introduction Form (for hearings) |
| <input type="checkbox"/> | <input type="checkbox"/> | Department/Agency Cover Letter and/or Report |
| <input type="checkbox"/> | <input type="checkbox"/> | MOU |
| <input type="checkbox"/> | <input type="checkbox"/> | Grant Information Form |
| <input type="checkbox"/> | <input type="checkbox"/> | Grant Budget |
| <input type="checkbox"/> | <input type="checkbox"/> | Subcontract Budget |
| <input type="checkbox"/> | <input type="checkbox"/> | Contract/Agreement |
| <input type="checkbox"/> | <input type="checkbox"/> | Award Letter |
| <input type="checkbox"/> | <input type="checkbox"/> | Application |
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OTHER

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<input type="checkbox"/>	<input type="checkbox"/>	_____
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Completed by: Annette Lonich Date March 11, 2010

Completed by: _____ Date _____

An asterisked item represents the cover sheet to a document that exceeds 25 pages.
The complete document is in the file.

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RECEIVED
BOARD OF SUPERVISORS
SAN FRANCISCO

2010 MAR -9 PM 12:51

BY AK
Time Stamp or
Meeting Date

INTRODUCTION FORM

By a member of the Board of Supervisors or the Mayor

I hereby submit the following item for introduction:

- 1. For reference to Committee:
An ordinance, resolution, motion, or charter amendment
- 2. Request for next printed agenda without reference to Committee
- 3. Request for Committee hearing on a subject matter
- 4. Request for letter beginning "Supervisor _____ inquires..."
- 5. City Attorney request
- 6. Call file from Committee
- 7. Budget Analyst request (attach written motion).
- 8. Substitute Legislation File Nos.
- 9. Request for Closed Session
- 10. Board to Sit as A Committee of the Whole

Please check the appropriate boxes. The proposed legislation should be forwarded to the following:

- Small Business Commission
- Youth Commission
- Ethics Commission
- Planning Commission
- Building Inspection Commission

Note: For the Imperative Agenda (a resolution not on the printed agenda), use a different form.]

Sponsor(s): Mar

SUBJECT: Resolution Supporting SB220 for Health Coverage and Smoking Cessation

The text is listed below or attached:

Signature of Sponsoring Supervisor: 

For Clerk's Use Only:

1 [Supporting Senate Bill 220 for Health Insurance Coverage and Smoking Cessation]

2 **Resolution Supporting Senate Bill 220 for Health Insurance Coverage and Smoking**
3 **Cessation**

4
5 WHEREAS, According to the U.S. Surgeon General, tobacco is the greatest cause of
6 disease and premature death today, causing 435,000 deaths annually; and,

7
8 WHEREAS, Costs due to smoking related death and disease approach \$96 billion
9 dollars per year in medical expenses and cost \$97 billion dollars per year in lost productivity;
10 and,

11 WHEREAS, There are currently 3.8 million adult smokers in California; and,

12 WHEREAS, 45% of smokers reported trying to quit in the last year, with only a four to
13 seven percent success rate; and,

14 WHEREAS, The U.S. Surgeon General has stated that treatments for tobacco use are
15 not provided consistently as paid services for subscribers of health insurance; and,

16 WHEREAS, Statistics from the Centers for Disease Control indicate that smoking
17 disproportionately affects people in economically disadvantaged communities; and,

18 WHEREAS, In Massachusetts, a program covering most expenses for smoking
19 cessation counseling and prescription drugs for Medicaid recipients led to an astonishing drop
20 in the population of the economically disadvantaged who smoke; now, therefore, be it

21 **RESOLVED**, That the San Francisco Board of Supervisors endorses and supports
22 Senate Bill 220, which requires that health care service plan contracts and insurance policies
23 provide benefits to include coverage for smokers attempting to quit smoking.
24
25

SB 220 (YEE)

HEALTH INSURANCE COVERAGE: SMOKING CESSATION

BACKGROUND

The ongoing problem of smoking and quitting

According to the U.S. Surgeon General, tobacco is the single greatest cause of disease and premature death in America today, and is responsible for more than 435,000 deaths annually. About 20 percent of adult Americans currently smoke, and 4,000 children and adolescents smoke their first cigarette each day. The societal costs of tobacco-related death and disease approach \$96 billion annually in medical expenses and \$97 billion in lost productivity. However, more than 70 percent of all current smokers have expressed a desire to stop smoking; if they successfully quit, the result will be both immediate and long-term health improvements.

According to the California Department of Public Health, based on the 2005 population, there are approximately 3.8 million current adult smokers in California.

Chances are that any smoker who wants to quit will also tell you he or she has tried to quit before. In 2008, 45 percent of smokers reported trying to quit in the last year. Unfortunately only four to seven percent are successful. Smokers should receive the tools to help them end their addiction through their health insurance coverage. With the national spotlight currently focused on health care reform, now is the time to ensure that all Californians are given a chance to quit using evidence-based treatments.

The Surgeon General continues, "*Unfortunately, potential benefits of a collaborative partnership amongst health care organizations, insurers, employers and purchasers have not been fully realized. For example, treatments for tobacco use (both medication and counseling) are not provided consistently as paid services for subscribers of health insurance packages.*

According to the American Lung Association, treatment for smoking cessation is not one-size-fits-all. Just like any other medical condition, everyone responds to treatment differently. It is normal for patients to try more than one treatment option before finding the right one. Some patients also might not be able to take one or more cessation medications because of other medical conditions they have. For all these reasons, patients should have the full range of treatment options available to them when they want to quit.

In 2006, as part of its universal healthcare program, Massachusetts began covering most expenses for smoking cessation counseling and prescription drugs for Medicaid recipients. The result has been an astonishing drop in the population of poor people who smoke -- from 38% to 28%. There is also evidence of a parallel reduction in hospitalization for heart attacks and treatments for asthma.

Potential for cost savings

In April 2005, a Wall Street Journal (WSJ) article entitled, "Case Grows to Cover Quitting" reported that Kaiser Permanente's Center for Health Research and the health plan industry group, America's Health Insurance Plans (AHIP), examined six years of medical data from 200,000 Kaiser Permanente Northwest members to determine the impact of common anti-smoking interventions. The researchers concluded that modest investments of just 18 cents to 79 cents per plan member each month began to save money after two years. After five years, researchers found a net monthly return of between \$1.70 and \$2.20 per member.

The clear conclusion of a 2009 National Business Coalition on Health report showed that tobacco cessation is one of the most cost-effective activities an employer can implement to improve the health and productivity of their employees while reducing health care costs.

BILL SUMMARY

SB 220 requires health care service plan contracts and health insurance policies that provide outpatient prescription drug benefits to include coverage for tobacco cessation services such as gum, inhalers, nasal sprays, patches, and counseling services.

With this bill, California would become the 8th state to mandate coverage for tobacco cessation services.

This bill is a reintroduction of SB 576 (Ortiz, 2005) which was vetoed by Governor Schwarzenegger.

SUPPORT

San Francisco Supervisor Eric Mar
San Francisco County Medical Society
National Council of Asian & Pacific Islander
Physicians
American Federation of State, County and
Municipal Employees, AFL-CIO
American Lung Association
San Francisco Firefighters Local 798
California Psychological Association
California Medical Association

OPPOSITION

None (as of 3/3/10)