



American Lung Association Testimony House Bill 675 Support

Chair Byron and Members of the Committee:

Thank you for the opportunity to provide comments on House Bill 675 which prohibits insurance companies from using an individual's tobacco use in setting premium rates. The American Lung Association strongly supports this bill as an integral way to support tobacco users who want to quit.

The American Lung Association is the leading organization working to save lives by improving lung health and preventing lung disease, through research, education and advocacy. The work of the American Lung Association is focused on four strategic imperatives: to defeat lung cancer; to improve the air we breathe; to reduce the burden of lung disease on individuals and their families; and to eliminate tobacco use and tobacco-related diseases.

The American Lung Association is committed to making it as easy as possible for smokers to get evidence-based assistance to help them quit and end their addiction to nicotine. Data shows seven in ten smokers want to quit but only one in ten quit successfully in a year.¹ This bill makes it easier for smokers to access quality and affordable healthcare, including treatments to quit smoking.

Under current Virginia law, a health carrier may charge premium rates up to 1.5 times higher for a tobacco user than for a non-tobacco user. Punitive measures like tobacco surcharges have not been proven effective in encouraging smokers to quit and reducing tobacco use. Research suggests that even low surcharges can cause tobacco users to opt out of coverage.¹ Tobacco surcharges can result in tobacco users paying thousands of dollars more in health insurance premiums as demonstrated by a study in California which showed that an average tobacco user could end up paying 18.7 percent of their annual income in premiums because of the surcharge.² High costs deter tobacco users from purchasing insurance which can leave tobacco users without coverage for treatments that will help them quit and treatments for potential tobacco-caused illnesses.³ Their families may also remain uninsured. There are other policies that are proven to reduce tobacco use, such as: increasing tobacco taxes, enacting smoke free laws, funding tobacco control programs and making tobacco cessation treatment accessible through health insurance coverage and quitlines.

The American Lung Association thanks the Virginia General Assembly for their continued commitment to the health and wellbeing of the residents of the Commonwealth. The American Lung Association strongly supports House Bill 675 which would eliminate the current tobacco surcharge and encourages swift action to move the bill out of committee and passage by the General Assembly.

Sincerely,



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¹ Babb S, Malarcher A, Schauer G, Asman K, Jamal A. Quitting Smoking Among Adults — United States, 2000–2015. MMWR Morb Mortal Wkly Rep 2017;65:1457–1464. DOI: <http://dx.doi.org/10.15585/mmwr.mm6552a1external> icon

² Kaplan CM, Graetz I, and Waters, TM. Most Exchange Plans Charge Lower Tobacco Surcharges than Allowed, but Many Tobacco Users Lack Affordable Coverage. August 2014. Health Affairs. Available at: <https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2013.1338>

³ Curtis, Rick and Ed Neuschler, Institute for Health Policy Solutions. “Tobacco Rating Issues and Options for California under the ACA.” June 2012. Available at: http://www.ihps.org/pubs/Tobacco_Rating_Issue_Brief_21June2012.pdf