

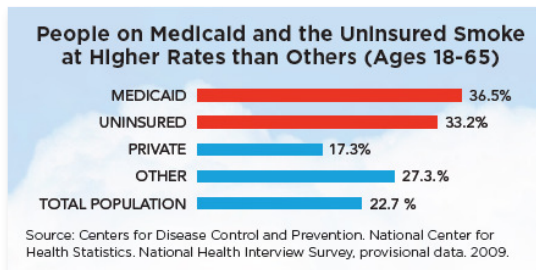
The Need for Tobacco Cessation Treatment in the Essential Health Benefits Package



The American Lung Association has long advocated for the expansion of comprehensive cessation benefits to help the 47 million Americans addicted to tobacco products get the help they need to quit. The Essential Health Benefits (EHB) package will have wide-ranging implications on American healthcare and insurance coverage, including over private and employer-sponsored plans and Medicaid as well as the state exchanges.

The Essential Health Benefits Package Must Include Comprehensive Coverage for Tobacco Cessation Treatments

Requiring coverage of tobacco cessation treatments in the Essential Health Benefits package will go a long way in helping the most vulnerable citizens quit their tobacco use. According to the National



Health Interview Survey, people on Medicaid and people currently without health insurance smoke at much higher rates than their counterparts. As health care reform is implemented, many of these uninsured Americans will move into the Medicaid group, or into the State Exchanges – which is why it is so important to provide a comprehensive benefit through the Essential Health Benefits Package.

Treatment for tobacco 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 before finding the right one. For all these reasons, it is important that cessation benefits offered to tobacco users are **comprehensive** – which means based on the U.S. Public Health Service guideline, *Treating Tobacco Use and Dependence*. The Guideline was most recently updated in 2008; another update is expected in the next few years.

Simply requiring health plans to cover “tobacco cessation” is not enough. Very few health plans understand what it means to help smokers quit and they need explicit instruction on how to translate public health guidelines into insurance coverage. This lack of understanding on the part of most health plans is evident from initial Affordable Care Act (ACA) implementation. That’s why the American Lung Association urges that the Centers for Medicare and Medicaid Services specifically outline how state exchanges must help smokers quit.

ACA and Tobacco Cessation: a Missed Opportunity

The ACA required that all new private insurance plans cover all preventive services given an ‘A’ or ‘B’ rating by the U.S. Preventive Service Task Force as of September 23, 2010. Tobacco cessation services are given an ‘A’ by the task force, and guidance issued by the Department of Health and Human Services confirmed that they were included in this requirement. However, the ‘A’ rating did not specify which services it refers to, or that all treatments should be covered. This left room for the insurance companies to determine what benefits to offer.

Consequently, the resulting coverage among new private plans is extremely varied. One survey in Colorado found that there has been significant variance in the ways health plans in Colorado have implemented the requirement. Some plans only cover certain medications; while others do not interpret the requirement as including medications at all. Coverage of counseling also varies. Interestingly, these variances were seen in the area of tobacco cessation more so than other areas of preventive services.¹ American Lung Association data also show that, when left up to their own devices, only a handful of states provide comprehensive tobacco cessation benefits to Medicaid enrollees and state employees -- highlighting the urgent need for a comprehensive benefit to be a minimum federal standard.²

A Model for EHB: The Federal Employee Health Benefit Plan

The Federal Employee Health Benefit (FEHB) Plan can serve as the model benefit plan for the EHB so that every state implements a comprehensive cessation benefit.

Beginning plan year 2011, all FEHB program plans must cover:

- Four tobacco cessation counseling sessions of at least 30 minutes for at least two quit attempts per year. This includes proactive telephone counseling, group counseling and individual counseling.
- All 7 Food and Drug Administration (FDA)-approved tobacco cessation medications with a doctor's prescription.³
- Coverage provided for two quit attempts per year.
- These benefits must be provided with no copayments or coinsurance and not subject to deductibles, annual or life time dollar limits.

The May 2010 FEHB Program Carrier Letter specifically outlines how insurance plans must approach comprehensive tobacco cessation treatments.⁴ An American Lung Association analysis of FEHB plans found that in addition to adding the coverage as required, plans added clear information about the new benefit in their plan brochures. In addition, many plans now give attention to the new benefit on their plan's homepage.

¹ Tobacco Cessation and Sustainability Partnership. Colorado Department of Public Health and Environment. February 2011. Available at: <http://www.cohealthsource.org/media/292882/hb%2009-1204%20and%20ppaca%20implementation%20survey%20brief.pdf>

² American Lung Association. Helping Smokers Quit: State Cessation Coverage. November 2010. Available at: <http://www.lungusa.org/assets/documents/publications/smoking-cessation/helping-smokers-quit2010.pdf>

³ The American Lung Association recommends that the benefit refer to "all FDA-approved medications" and not specify a number in order to provide maximum flexibility.

⁴ U.S. Office of Personnel Management. "FEHB Program Carrier Letter. Letter No. 2010-12(c). May 17, 2010. Available at: http://www.opm.gov/carrier/carrier_letters/2010/2010-12c.pdf