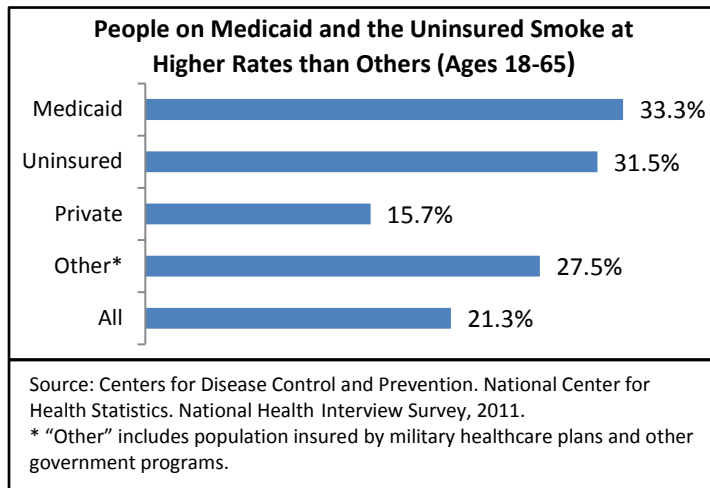


Tobacco Cessation Treatment is an Essential Health Benefit

The public health community advocates for the expansion of comprehensive cessation benefits to help the 44 million Americans addicted to cigarettes 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 insurance marketplaces.



Essential Health Benefits Packages Must Include Comprehensive Coverage for Tobacco Cessation Treatments

Requiring coverage of tobacco cessation treatments as an Essential Health Benefit 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 Medicaid or into private insurance through the state health insurance marketplaces – which is why it is so important to require 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.

ACA and Tobacco Cessation: a Missed Opportunity

Simply requiring health plans to cover “tobacco cessation” is not enough. Historically very few health plans have understood the importance of providing a comprehensive tobacco cessation benefit. These plans need explicit instruction on how to translate public health guidelines into insurance coverage. This need is evident from initial Affordable Care Act (ACA) implementation.

The ACA required that all new private insurance plans cover preventive services given an ‘A’ or ‘B’ rating by the U.S. Preventive Service Task Force (USPSTF) 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 does 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 recent study found that only four of 39 private plans analyzed covered even close to a comprehensive benefit. Also troubling, some of the plans analyzed included cost sharing for tobacco cessation treatments – something prohibited by the ACA.¹ Another survey in Colorado found that there has been significant variance in the ways health plans in Colorado have implemented the requirement. Interestingly, these variances were seen in the area of tobacco cessation more so than other areas of preventive services.²

Defining the EHB for plans in state marketplaces was an opportunity for the federal government to clear up some confusion and establish a comprehensive tobacco cessation benefit as the standard of coverage – a standard that would have far-reaching effects. Unfortunately, HHS has yet to seize this opportunity. In a proposed rule released in November 2012, HHS indicated it would allow each state to pick its own benchmark plan, which will then serve as the EHB standard for plans in that state's marketplace. While preventive services earning an 'A' or 'B' from the USPSTF, including tobacco cessation, must be covered in every state benchmark plan, this proposed rule does not guarantee that plans will include a comprehensive benefit. Not only does this create 51 standards of cessation coverage instead of a single standard, but it also gives health plans a lot of flexibility in meeting these standards.

Until HHS officially defines a comprehensive tobacco cessation benefit, it misses a crucial opportunity to provide many smokers new access to help quitting, and to establish tobacco cessation as a truly essential health benefit for all health insurance coverage.

However, state policymakers still have an opportunity to help more smokers by choosing a benchmark plan that includes a comprehensive tobacco cessation benefit, and requiring all other plans in the marketplace to cover the benefit, not allowing substitutions.

A Model for the Essential Health Benefit: The Federal Employees Health Benefits Plan

The Federal Employees Health Benefits (FEHB) Plan, which mirrors the U.S. Public Health Service guideline, *Treating Tobacco Use and Dependence*, can serve as the model benefit plan for the EHB so that every health insurance plan implements a comprehensive cessation benefit.

Beginning in 2011, all FEHB program were required to cover:

- Four tobacco cessation counseling sessions of at least 30 minutes. 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 outlined 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 Georgetown University Health Policy Institute. Implementation of tobacco cessation coverage under the Affordable Care Act: Understanding how private health insurance policies cover tobacco cessation treatments. November 26, 2012. Available at: <http://tfk.org/coveragereport>.

² 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>

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

Source: <http://www.lung.org/stop-smoking/tobacco-control-advocacy/reports-resources/2012/factsheet-essential-health-benefits-v2.pdf>