Coverage for Tobacco Use Cessation Treatments

Tobacco Use Imposes a Major Health and Economic Burden

Tobacco use is the leading preventable cause of death and disease in the United States.[1,2]

Every year, smoking kills 480,000 Americans and costs the nation at least $130 billion in medical care costs for adults and more than $150 billion in lost productivity, imposing a heavy economic burden on private employers, private health plans, and federal, state, and local governments.[1]

Smokers who quit greatly reduce their health risks. Quitting smoking significantly reduces smoking-related morbidity and mortality.[1,2]

Effective Cessation Treatments Are Available

The 2008 update to the Public Health Service (PHS) Clinical Practice Guideline on Treating Tobacco Use and Dependence concludes that:

Effective cessation treatments include individual, group, and telephone counseling and seven FDA-approved medications.[3]

Cessation counseling and medications are effective in increasing quit rates when used separately and even more effective when used together.[3]

Even brief cessation advice and counseling by health care providers is effective, and should be offered to every patient.[3]

The effectiveness of cessation counseling increases with the intensity of the counseling, including the length and number of counseling sessions.[3]

Telephone quitline counseling increases quit rates, is effective with diverse populations, and has broad reach.[3]

The seven FDA-approved medications include five forms of nicotine replacement therapy (NRT): the patch, gum, inhaler, nasal spray, and lozenge, as well as two non-NRT medications, bupropion SR (brand name Zyban if used for tobacco cessation and Wellbutrin if used as an antidepressant), and varenicline (brand name Chantix).[3]

Three forms of NRT—the patch, gum, and the lozenge—are available over-the-counter. The other two forms of NRT (the inhaler and the nasal spray), as well as the two non-NRT medications, are available by prescription. The patch is available by prescription as well as over-the-counter.[3]

Consistent identification and treatment of tobacco use by clinicians and health care systems increases quit rates.[3]

Tobacco dependence is a chronic disease, with most smokers making multiple quit attempts before succeeding, and many of these smokers requiring repeated intervention.[3]

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Cessation Treatments Are Underused

The treatments recommended in the PHS guideline are underused by smokers and health care providers.[3]

About 70% of smokers want to quit smoking, and about half try to quit each year.[3,4] However, less than 10% succeed, in part because less than one-third of smokers who try to quit use proven cessation treatments.[3,4]

In 2010, less than half of smokers (48.3%) who saw a health professional in the past year reported receiving advice to quit.[4]

Insurance Coverage of Cessation Treatments Increases Their Use

Comprehensive cessation coverage increases use of evidence-based cessation treatments and increases quit rates.[3]

Insurance Coverage of Cessation Treatments Is Cost-Effective

Cessation treatments are both clinically effective and highly cost-effective relative to interventions for other clinical disorders.[3]

Cost-effectiveness analyses have shown that tobacco dependence treatment compares favorably with routinely reimbursed medical interventions such as the treatment of hypertension and high cholesterol, as well as preventive screening interventions such as periodic mammography or Pap tests.[3]

Best Practices for Designing Cessation Coverage Benefits

Optimal Insurance Coverage for Tobacco Cessation

- Is comprehensive, covering all evidence-based cessation treatments, including counseling and both over-the-counter and prescription medications.[3,5,6,7]
- Eliminates or minimizes barriers to accessing these treatments.[3,5,6,7]
- Is heavily promoted to tobacco users and health care providers, and includes monitoring utilization of the coverage, since high utilization is essential for a cessation benefit to have its intended impact.[3,5,7,8]

Ensuring That Coverage is Comprehensive

Specifically, comprehensive cessation coverage includes the following:[3,5,6,7]

- Individual, group, and telephone counseling.
- All FDA-approved cessation medications and any future medications approved for this purpose by the FDA.
- At least two quit attempts per year.
- At least four counseling sessions of at least 10 minutes each per attempt.

Eliminating Barriers

- Reducing out-of-pocket costs for evidence-based cessation treatments increases use of these treatments and increases the number of tobacco users who quit.[3,9]
- Accordingly, comprehensive cessation coverage eliminates or minimizes barriers to accessing cessation treatments such as copayments, coinsurance, deductibles, annual or lifetime dollar limits, or prior authorization.[3,5,6,7,10]

Promoting Coverage and Monitoring Its Use

- Another important barrier to using evidence-based cessation treatments is lack of awareness among tobacco users and providers that specific health plans cover such treatments.[5,7,8]
- Lack of awareness of cessation insurance coverage translates into lack of use of cessation treatments.[5,7,8]
- High use is essential for a cessation benefit to be effective—even a comprehensive cessation benefit will not have an impact if it goes unused.[5,7,8]
- Accordingly, it is important to monitor use of a cessation benefit.[5,7,8]
- One key to the success of the Massachusetts Medicaid cessation benefit was the fact that it was heavily promoted to Medicaid enrollees and providers using tailored communication channels (see case study below).[7]
- Promotion of a tobacco cessation benefit is also affected by the benefit design. It is easier to promote standard, comprehensive coverage.[5] If coverage varies widely, it is more difficult for providers and patients to understand what is covered for any given patient.[5]

Current Status of Cessation Coverage

Private Insurance

- As of September 23, 2010, Section 1001 of the Affordable Care Act required non-grandfathered private health plans to cover, with no cost-sharing, a collection of clinical preventive services including recommended services of the US Preventive Services Task Force (USPSTF) graded "A" (strongly recommended) or "B" (recommended). For adults, this includes tobacco cessation interventions for those who use tobacco products ("A" recommendation), and augmented, pregnancy-tailored counseling for those pregnant women who smoke ("A" recommendation). The USPSTF recommendations do not spell out the specifics of recommended cessation interventions.

- On May 2, 2014, the Department of Health and Human Services, together with the Departments of Labor and Treasury, issued the following subregulatory guidance on this provision:

  > The USPSTF recommends that clinicians ask all adults about tobacco use and provide tobacco cessation interventions for those who use tobacco products. What are plans and issuers expected to provide as preventive coverage for tobacco cessation interventions?
  >
  > As stated earlier, plans may use reasonable medical management techniques to determine the frequency, method, treatment, or setting for a recommended preventive service, to the extent not specified in the recommendation or guideline regarding that preventive service. Evidence-based clinical practice guidelines can provide useful guidance for plans and issuers. The Departments will consider a group health plan or health insurance issuer to be in compliance with the requirement to cover tobacco use counseling and interventions, if, for example, the plan or issuer covers without cost-sharing:

1. Screening for tobacco use; and,
2. For those who use tobacco products, at least two tobacco cessation attempts per year. For this purpose, covering a cessation attempt includes coverage for:
    - Four tobacco cessation counseling sessions of at least 10 minutes each (including telephone counseling, group counseling and individual counseling) without prior authorization; and
    - All Food and Drug Administration (FDA)-approved tobacco cessation medications (including both prescription and over-the-counter medications) for a 90-day treatment regimen when prescribed by a health care provider without prior authorization.

This guidance is based on the Public Health Service-sponsored Clinical Practice Guideline, Treating Tobacco Use and Dependence: 2008 Update, available at: http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/tobacco/index.html#Clinic.

- Nine states (Colorado, Illinois, Maryland, New Jersey, New Mexico, North Dakota, Oregon, Rhode Island, and Vermont) have laws or regulations in place requiring at least some private insurance plans to cover certain cessation treatments. Specific provisions vary from state to state.

Medicaid

- Under Section 4107 of the Affordable Care Act, all state Medicaid programs are required to provide a comprehensive tobacco cessation benefit as defined by the US Public Health Service guidelines to pregnant women who are enrolled in Medicaid, effective October 2010.
- As of January 2014, Section 2502 of the law bars state Medicaid programs from excluding cessation medications, including over-the-counter medications, from coverage.
- The Affordable Care Act also encourages states to expand Medicaid coverage to residents with incomes up to 138% of the federal poverty level. A set of preventive services must be provided to these "expanded Medicaid" beneficiaries, including clinical preventive services that have received an A or B recommendation from the USPSTF. This includes tobacco cessation interventions.
- Cessation coverage for other Medicaid enrollees varies by state.
- In June 2011, the Centers for Medicare and Medicaid Services announced that it would provide a 50% match for the cost of counseling provided by state quitlines to Medicaid enrollees.[11]

Medicare

- Medicare recipients have access to individual cessation counseling and prescription cessation medications.[5]
- The benefit covers two quit attempts a year and four counseling sessions per quit attempt.
- Medicare copayment, coinsurance, and deductibles for cessation treatments are waived under the Affordable Care Act, effective January 1, 2011.

Federal Employees

- Effective January 2011, all Federal Employees Health Benefits (FEHB) Program plans are required to cover individual, group, and telephone counseling and all seven FDA-approved cessation medications.[6]
- The plans are required to cover at least two quit attempts per year, with a minimum of four counseling sessions of at least 30 minutes each for each attempt.[6]
- The plans are required to offer this coverage with no copayments, coinsurance, deductibles, or annual or lifetime dollar limits.[6]

State Employees

- Coverage varies by state.[5]
- According to the American Lung Association, as of December 2012, four states (Illinois, New Mexico, North Dakota, and Rhode Island) cover all three forms of evidence-based cessation counseling and all seven FDA-approved cessation medications for state employees and their dependents.[5]

Military

- Under a final rule issued by the Department of the Defense in February 2013, TRICARE Prime beneficiaries (except Medicare-eligible beneficiaries) will have access to cessation medications, counseling, a toll-free quitline that is available 24/7, and print and Web-based cessation materials.
- Smoking cessation services provided to TRICARE Prime beneficiaries (except Medicare-eligible beneficiaries) do not carry premiums, copays, or deductibles, whether obtained through the Military Health System or through a TRICARE-approved network.

Case Studies

Massachusetts Medicaid Cessation Benefit

The state of Massachusetts offered a nearly comprehensive cessation benefit to Medicaid enrollees in 2006.[7] The benefit provided up to two 90-day courses per year of FDA-approved cessation medications, including over-the-counter nicotine replacement therapy, and up to 16 individual or group counseling sessions.[7] Enrollees needed prescriptions to obtain medications, and prior authorization was required to obtain the nicotine inhaler and nicotine nasal spray.[7] Copayments of $1 or $3 were charged.[7] The benefit was heavily promoted to providers through extensive materials distribution and outreach and to Medicaid enrollees through targeted radio, transit, and Internet ads, posters, brochures, and a Medicaid mailing. In the first 2 ½ years post implementation, 37% of smokers in the Massachusetts Medicaid program—more than 70,000 persons—used the benefit.[7] The smoking rate in the Massachusetts Medicaid population fell from 38% to 28% over a 2 ½ year period.[7] Finally, annualized hospitalizations for heart attacks and other acute heart disease diagnoses among Medicaid enrollees who used the benefit fell by almost half,[12] and every dollar spent on the benefit was associated with $3.12 in medical savings for cardiovascular conditions.[13]

Office of Personnel Management Cessation Benefit for Federal Employees

In 2010, the US Office of Personnel Management announced that it would be implementing a comprehensive cessation benefit for federal employees, retirees, and their families.[6] As of January 2011, all FEHB Program plans are required to cover individual, group, and telephone counseling and all seven FDA-approved cessation medications.[6] Specifically, the plans are required to cover at least 2 quit attempts per year, with a minimum of 4 counseling sessions of at least 30 minutes each for each attempt.[6] The plans are required to offer this coverage with no copayments, coinsurance, deductibles, or annual/lifetime dollar limits.[6]

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