### Oregon Health Plan Prioritized List changes Tobacco Cessation During Pregnancy

The Health Evidence Review Commission approved the following changes to the Prioritized List of Health Services on August 11, 2016, based on the approved coverage guidance, "Tobacco Cessation During Pregnancy." The changes will take effect on the Prioritized list of Health Services for the Oregon Health Plan on October 1, 2015.

1) Modify Guideline Note 4 as follows

#### **GUIDELINE NOTE 4, TOBACCO DEPENDENCE, INCLUDING PREGNANT WOMEN**

Lines 1, 5

Pharmacotherapy and behavioral counseling are included on this line 5, alone or in combination, for at least 2 quit attempts per year. A minimum of four counseling sessions of at least 10 minutes each (group or individual, telephonic or in person) are included for each quit attempt. More intensive interventions and group therapy are likely to be the most effective behavioral interventions. For pregnant women, additional intensive behavioral counseling is strongly encouraged and not subject to limits.

Inclusion on this line follows the minimum standard criteria as defined in the Oregon Public Health Division "Standard Tobacco Cessation Coverage" (based on the Patient Protection and Affordable Care Act), available here: <a href="https://public.health.oregon.gov/PreventionWellness/TobaccoPrevention/Pages/pubs.aspx">https://public.health.oregon.gov/PreventionWellness/TobaccoPrevention/Pages/pubs.aspx</a>. The USPSTF has also made "A" recommendations for screening, counseling, and treatment of pregnant and nonpregnant adults, included in Guideline Note 106.

The development of the pregnancy-related portions of this guideline note was informed by a HERC coverage guidance. See http://www.oregon.gov/oha/herc/Pages/blog-reduce-tobacco-use-pregnancy.aspx

2) Modify Guideline Note 99 as follows:

### **GUIDELINE NOTE 99, ROUTINE PRENATAL ULTRASOUND**

Lines 1,39,41,67

Routine ultrasound for the average risk pregnant woman is included on these lines for:

A) One ultrasound in the first trimester for the purpose of identifying fetal aneuploidy or anomaly (between 11 and 13 weeks of gestation) and /or dating confirmation. In some instances, if a patient's LMP is truly unknown, a dating ultrasound may be indicated prior to an aneuploidy screen



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B) One ultrasound for the purpose of anatomy screening after 18 weeks gestation. For women using tobacco during pregnancy, additional counseling around smoking impacts on the fetus is included during this ultrasound.

Only one type of routine prenatal ultrasound should be covered in a single day (i.e., transvaginal or abdominal).

The development of this guideline note was informed by a HERC coverage guidance. See <a href="http://www.oregon.gov/oha/herc/Pages/blog-routine-ultrasound-pregnancy.aspx">http://www.oregon.gov/oha/herc/Pages/blog-routine-ultrasound-pregnancy.aspx</a>

3) Modify the MULTISECTOR INTERVENTIONS: TOBACCO PREVENTION AND CESSATION to include interventions for pregnancy:

MULTISECTOR INTERVENTIONS: TOBACCO PREVENTION AND CESSATION, INCLUDING PREGNANT WOMEN

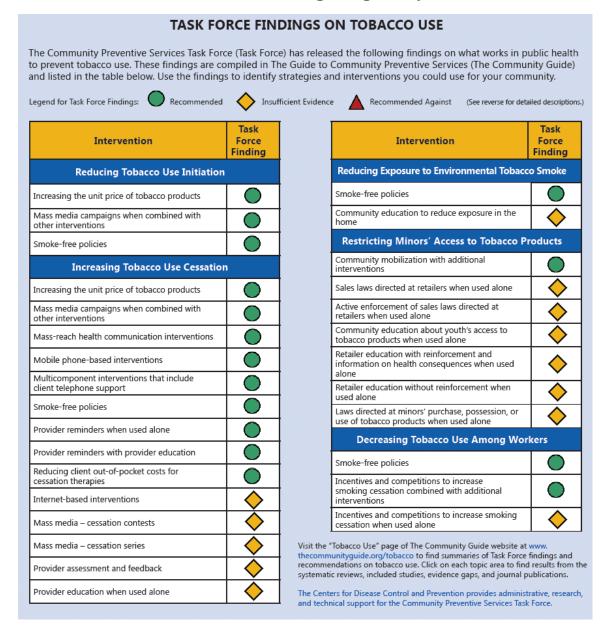
Benefit coverage for smoking cessation on Line 5 and in Guideline Note 4 TOBACCO DEPENDENCE is intended to be offered with minimal barriers, in order to encourage utilization. To further prevent tobacco use and help people quit, additional evidence-based policy and programmatic interventions from a population perspective are available here:

- Oregon Public Health Division's Health Promotion and Chronic Disease Prevention Section: Evidence-Based Strategies for Reducing Tobacco Use A Guide for CCOs
  - https://public.health.oregon.gov/PreventionWellness/TobaccoPrevention/Documents/evidence-
  - based strategies reduce tob use guide cco.pdf
- Community Preventive Services Task Force (supported by the CDC) -What Works: Tobacco Use
  - http://www.thecommunityguide.org/about/What-Works-Tobacco-factsheet-and-insert.pdf

The Community Preventive Services Task Force identified the following evidence-based strategies:



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To reduce the use of tobacco during pregnancy and improve associated outcomes, the evidence supports the following interventions:

- <u>Financial incentives (contingent upon laboratory tests confirming tobaccoabstinence) are the most effective</u>
- Smoke-free legislation
- Tobacco excise taxes

