OREGON HEALTH AUTHORITY, PUBLIC HEALTH AND HEALTH SYSTEMS DIVISIONS

TOBACCO CESSATION COVERAGE STANDARDS

TREATMENT FOR TOBACCO USE AND DEPENDENCE

In Oregon, the Health Evidence Review Commission (HERC) requires coverage for the minimum benefits and standards listed below on the Prioritized List Line 5: Tobacco Dependence for the Medicaid (Oregon Health Plan) population. Coverage standards are based on best practices identified in the:

- U.S. Preventive Services Task Force (USPSTF), *Recommendations for Tobacco Cessation*
- U.S. Public Health Service, *Treating Tobacco Use and Dependence: 2008 Update. Clinical Practice Guideline*

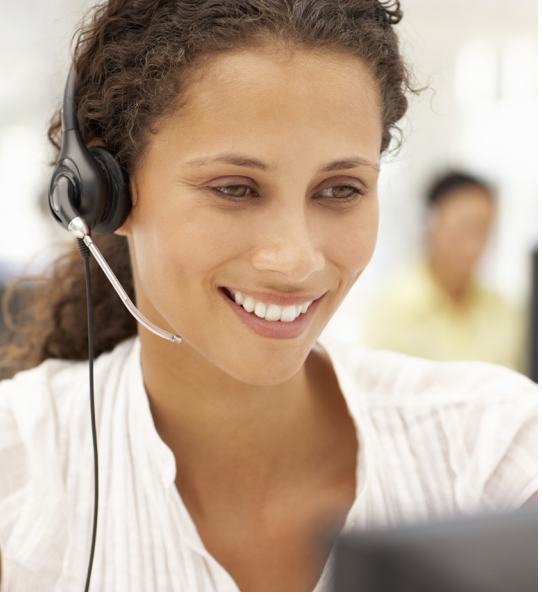
The USPSTF "Grade A" Recommendations for tobacco cessation indicate strong evidence for the health benefits of clinicians asking adults about tobacco use, advising them to quit, and providing behavioral interventions and FDA-approved medications. The HERC coverage requirements are derived from these guidelines.

COVERING REPEATED QUIT ATTEMPTS WITH NO LIFETIME LIMITS

Tobacco use is a chronic, relapsing condition. Most tobacco users who want to quit will need to make multiple quit attempts, 6-10 on average, before being successful. The design of a tobacco cessation benefit needs to reflect the reality that quitting is a process that occurs over time, requires flexibility, and allows for multiple attempts. For tobacco users that are willing to quit, clinicians should offer appropriate medication and provide or refer for counseling or additional treatment.

Covered Benefit Requirements for Health Plans

Providing tobacco dependence treatments (both medication and counseling) as a paid or covered benefit by health insurance plans has been shown to increase the proportion of smokers who use cessation treatment, attempt to quit, and successfully quit. Therefore, treatments shown to be effective (listed on the following pages), are required as covered services in public and private health benefit plans in Oregon.



COUNSELING BENEFITS

At least four counseling sessions of at least 10 minutes each per attempt (including telephone, group and individual counseling).

Multiple Counseling Sessions –

There is a strong relation between the number and length counseling sessions, when it is combined with medication, and the likelihood of successful smoking cessation.Therefore, clinicians should provide multiple counseling sessions of at least 10 minutes each (in addition to medication) to their patients who are trying to quit smoking.

Types of Counseling Sessions –

Proactive telephone counseling, group counseling, and individual counseling formats are all effective and should be used in smoking cessation interventions.

Counseling can be provided effectively by all types of health care providers, including primary care providers, physicians, nurses, psychologists, social workers, and cessation counselors (like quitline coaches).

Counseling should include basic information about smoking and quitting, and coaching in problem solving and coping techniques.

Motivational intervention techniques that assess a patient's readiness to quit are effective in increasing a patient's likelihood of making a future quit attempt, especially if a tobacco user is unwilling to make a quit attempt. Therefore, clinicians should use motivational techniques to encourage smokers who are not currently willing to quit to consider making a quit attempt in the future.

CESSATION MEDICATION BENEFITS

Provide all medications approved by the FDA as safe and effective for smoking cessation, including over-the-counter and prescription nicotine replacement products and non-nicotine medications.

FDA-Approved Medications--

- Nicotine Gum
- Nicotine Patch
- Nicotine Lozenge
- Nicotine Nasal Spray
- Nicotine Inhaler
- Bupropion SR
- Varenicline

First-line medications are those that have been found to be safe and effective for tobacco dependence treatment and that have been approved by the FDA for this use, except in the presence of contraindications or with specific populations for which there is insufficient evidence of effectiveness (i.e., pregnant women, smokeless tobacco users, light smokers, and adolescents).

These medications have established evidence of effectiveness. Clinicians should consider these agents first in choosing a medication.

COUNSELING AND MEDICATION COMBINED

The combination of counseling and medication is more effective for smoking cessation than either medication or counseling alone. Providing tobacco dependence treatments as a paid or covered benefit by health insurance plans has been shown to increase the proportion of smokers who use cessation treatment, attempt to quit, and successfully quit.

MINIMIZING BARRIERS TO TREATMENT

Eliminate barriers to accessing these treatments, including:

- No prior authorization to access these benefits*
- No copayments, coinsurance, or deductibles
- No annual or lifetime dollar limits
- Offer at least two quit attempts per year

Tobacco dependence is a chronic disease that often requires repeated intervention and multiple attempts to quit. Treatments available through cessation benefits must be easy for patients to access. Barriers for smokers trying to quit include prior authorization requirements, stepped care therapy and limits on how long a patient can be treated or how many times a year he or she can try to quit.

**Please note: The HERC guidelines allow for nicotine inhalers and sprays to be subject to prior authorization in some cases*

BENEFITS AND UTILIZATION

Multiple studies have assessed the impact of including tobacco dependence treatment as a covered health insurance benefit for smokers. Most studies have documented that such health insurance coverage increases both treatment utilization rates and the rates of cessation, although some research is not consistent with these findings. A 2005 Cochrane analysis concluded that health care financing systems that offered full payment for tobacco use treatment increased self-reported prolonged abstinence rates at relatively low costs when compared with a partial benefit or no benefit. Moreover, the presence of prepaid or discounted prescription drug benefits increases patients' receipt of medication and smoking abstinence rates. These studies emphasize that removing all cost barriers yields the highest rates of treatment utilization.

PREGNANT SMOKERS

Because of the serious risks of smoking to the pregnant smoker and the fetus, whenever possible pregnant smokers should be offered person-to-person psychosocial interventions that exceed minimal advice to quit.

Cigarette smoking during pregnancy is the greatest modifiable risk factor for pregnancy related morbidity and mortality in the United States.

For populations, such as pregnant women, in which evidence of medication effectiveness is insufficient, counseling, motivational interventions and patient education are recommended as first-line therapy for tobacco cessation. If these interventions do not result in tobacco cessation, patients should have an informed discussion with their medical providers regarding the possible benefits and risks of medication use for tobacco cessation.

The *Clinical Practice Guideline* recommends future research on the safety and effectiveness of tobacco dependence medications (bupropion SR, NRTs, and varenicline) during pregnancy for the woman and the fetus, including: the relative risks and benefits of medication use as a function of dependence, and the appropriate formulation and timing of medication use.

TOBACCO CESSATION AND THE AFFORDABLE CARE ACT

Beginning January 1, 2014 the Affordable Care Act (ACA) requires non-grandfathered health insurance plans to cover without cost sharing all preventive services that have received "A" or "B" ratings from the US Preventive Services Task Force. In May 2014, the Department of Health and Human Services clarified what constitutes a comprehensive tobacco cessation benefit under the ACA.[1] In Oregon, the HERC requirements for tobacco cessation coverage under Medicaid are aligned with the ACA requirements. A group health plan or health insurance issuer will be considered to be in compliance if the plan or issuer covers the following:

1. Screening for tobacco use
2. For those who use tobacco products, at least two tobacco cessation attempts per year, recognizing not everyone quits on their first try. For this purpose, covering a cessation attempt includes coverage for:

    - Four tobacco counseling sessions of at least 10 minutes each (including telephone, group and/or individual counseling)
    - All medications approved by the FDA as safe and effective for smoking cessation (including both prescription and over-the-counter medications) for a 90-day treatment regimen when prescribed by a health care provider*
    - Plans should not require prior authorization to access these benefits.
    - Cessation benefits shall be provided at no cost to the patient. No copays, coinsurance or deductibles should be charged.

**Please note: The HERC guidelines allow for nicotine inhalers and sprays to be subject to prior authorization in some cases*

1 FAQs about Affordable Care Act Implementation (Part XIX). United States Department of Labor website. http://www.dol.gov/ebsa/faqs/faq-aca19.html. Published May 2, 2014. Accessed February 2, 2015.