

## PROVIDING TREATMENT FOR TOBACCO USE AND DEPENDENCE AS A COVERED BENEFIT

Recommendations listed below are based on the *Treating Tobacco Use and Dependence: 2008 Update. Clinical Practice Guideline*, sponsored by the U.S. Public Health Service.<sup>1</sup> The Oregon Public Health Division supports recommendations made in the 2008 update to *Treating Tobacco Use and Dependence*.



## 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 by Health Plans – *Treating Tobacco Use and Dependence: 2008 Update Recommendation:*** 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 in the Guideline (listed on the following pages), should be included as covered services in public and private health benefit plans. (Strength of Evidence = A)

<sup>1</sup> *Treating Tobacco Use and Dependence: 2008 Update-Clinical Practice Guideline*. April 2013. Agency for Healthcare Research and Quality, Rockville, MD. <http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/tobacco/clinicians/update/index.html>.



## 1. COUNSELING BENEFIT RECOMMENDATION:

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

### Multiple Counseling Sessions – *Treating Tobacco Use and Dependence: 2008 Update Recommendation:*

There is a strong relation between the number of sessions of counseling, when it is combined with medication, and the likelihood of successful smoking cessation. Therefore, to the extent possible, clinicians should provide multiple counseling sessions, in addition to medication, to their patients who are trying to quit smoking. (Strength of Evidence = A)

### Types of Counseling Sessions – *Treating Tobacco Use and Dependence: 2008 Update Recommendation:*

Proactive telephone counseling, group counseling, and individual counseling formats are effective and should be used in smoking cessation interventions. (Strength of Evidence = A)

Individual, group, and telephone counseling are effective, and their effectiveness increases with treatment intensity. If a tobacco user currently is unwilling to make a quit attempt, clinicians should use motivational interventions. Evidence suggests that a variety of motivational interventions can increase the motivation for behavior change.

### Motivational Intervention by Clinicians – *Treating Tobacco Use and Dependence: 2008 Update Recommendation:*

Motivational intervention techniques appear to be effective in increasing a patient's likelihood of making a future 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. (Strength of Evidence = B)

## 2. CESSATION MEDICATION BENEFIT RECOMMENDATION:

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 cessation medications

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

### Cessation Medication *Treating Tobacco Use and Dependence: 2008 Update Recommendation:*

Proactive telephone counseling, group counseling, and individual counseling formats are effective

and should be used in smoking cessation interventions. (Strength of Evidence = A) 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 first-line medications have an established empirical record of effectiveness, and clinicians should consider these agents first in choosing a medication.

The combination of counseling and medication is more effective for smoking cessation than either medication or counseling alone. 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.

## 3. INCREASE ACCESS TO BENEFIT RECOMMENDATION:

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.

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.

#### **4. PREGNANT SMOKERS TREATING TOBACCO USE AND DEPENDENCE: 2008 UPDATE RECOMMENDATION:**

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. (Strength of Evidence = A)

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.<sup>2</sup> A group health plan or health insurance issuer will be considered to be in compliance if the plan or issuer covers:

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.

<sup>2</sup> 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.