



July 2, 2010

The Honorable Kathleen Sebelius  
Secretary  
U.S. Department of Health and Human Services  
Hubert H. Humphrey Building  
200 Independence Avenue, SW – Room 120F  
Washington, DC 20201

Dear Secretary Sebelius:

We are writing to urge that as you implement the provisions of Section 1001 of the Patient Protection and Affordable Care Act (PPACA) related to coverage of preventive services, including tobacco cessation, you adopt a comprehensive definition of cessation services. A comprehensive definition is necessary to ensure access to the full range of effective counseling and medication options.

Section 1001 of the PPACA requires group health plans and health insurance issuers offering group or individual coverage to cover preventive services with no cost sharing that are assigned an “A” or “B” by the United States Preventive Services Task Force (USPSTF). In April 2009, the USPSTF gave an “A” recommendation to counseling and interventions to prevent tobacco use, recognizing that the net benefit of these services is high.

Fortunately, your Department already has a guiding document on this very subject. The U.S. Public Health Service’s recently updated clinical practice guideline *Treating Tobacco Use and Dependence* (“PHS Guideline”) is the result of a rigorous review of the available scientific literature on tobacco cessation and includes the most comprehensive summary of evidence with regard to tobacco cessation interventions. The USPSTF recommendation for tobacco cessation services also explicitly refers to the PHS Guideline. Our recommendations below are based on this guideline. Our organizations strongly urge that any definition of a required tobacco cessation benefit issued by HHS follow this document and its future editions.

The PHS Guideline and USPSTF recommendations both recognize that quitting tobacco is difficult and because of the addictive power of nicotine, most tobacco users fail when they try to quit on their own. It is important to recognize in the implementation of the PPACA that tobacco cessation treatment is not one size fits all and access to the full range of proven and effective treatment options outlined in the PHS Guideline is critical.

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***Recommendation #1: Require health plans to cover all three types of counseling deemed effective by the PHS Guideline for tobacco cessation: individual (face-to-face), group and proactive telephone counseling.***

Cessation counseling targets the social and psychological aspects of tobacco addiction, and can be a very effective treatment for tobacco use. To ensure that tobacco users covered by these plans have access to the services they need to help them quit, it is critical that group health plans and health insurance issuers offering group or individual coverage are required to cover *all* tobacco cessation counseling formats proven to be effective. The PHS Guideline found that proactive telephone counseling (quitlines, call-back counseling), group counseling and individual counseling formats are all effective in reducing tobacco use (see pgs. 87-92). The Guideline does not single out a single format as preferred. Instead, it found that smoking cessation interventions delivered in multiple formats increase quit rates. The Guideline maintains that individual, group and telephone counseling are effective across diverse populations, and that many different types of providers (physicians, nurses, dentists, cessation counselors, etc.) are effective at increasing quit rates.

The PHS Guideline also confirms that there is a strong dose-response relationship between the frequency and length of the counseling sessions and successful quit attempts – more or longer sessions improve quit rates. The PHS Guideline finds that an effective strategy for producing high, long-term abstinence rates is “relatively intense cessation counseling (e.g., four or more sessions that are 10 minutes or more in length each).” The Guideline recommends that if possible, clinicians should strive to meet with individuals four or more times. Therefore, when constructing a required insurance benefit, insurance plans should be required to cover a minimum of four counseling sessions per quit attempt, and should be strongly encouraged to cover more.

***Recommendation #2: Require health plans to cover all seven medications FDA-approved to treat tobacco addiction.***

The PHS Guideline concluded that all seven FDA-approved cessation pharmacotherapies are effective in helping people quit tobacco (see pgs. 106-129). These include over-the-counter and prescription-only medications and have also been recognized as effective pharmacotherapies by the USPSTF. It is essential that all health insurance plans be required to cover all of the following medications:

Gum	Nicotine-replacement-therapy	Over-the-counter
Patch	Nicotine-replacement-therapy	Over-the-counter and Prescription
Lozenge	Nicotine-replacement-therapy	Over-the-counter
Nasal Spray	Nicotine-replacement-therapy	Prescription
Inhaler	Nicotine-replacement-therapy	Prescription
Bupropion	Non-nicotine Medication	Prescription
Varenicline	Non-nicotine Medication	Prescription

Health plans and insurers should make these medications as easy as possible to obtain, so as not to present barriers that delay or obstruct the already difficult quitting process. The PHS Guideline recommends removing barriers such as copayments and utilization restrictions (see pg 72). In the current health insurance marketplace, however, it is not uncommon for health

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plans and health insurance issuers to limit coverage or establish rules for accessing FDA-approved medications, such as not covering over-the-counter medications, requiring a physician to obtain prior authorization from the health plan or insurer or requiring patients to use one medication and fail before covering a different medication (i.e., step therapy). To fulfill the intent of the USPSTF and the PHS Guideline, we believe these restrictions should not be permitted for tobacco cessation medications. The reason for the PPACA's requirement that USPSTF-recommended preventive services be covered, with no cost-sharing, was to ensure that these services were readily accessible and used by enrollees. Limiting coverage to prescription-only medications or setting rules for accessing medications, such as prior authorization and step therapy, would only create inappropriate impediments to accessing those services.

***Recommendation #3: Comprehensive tobacco cessation treatments should be promoted to encourage tobacco users to quit***

A comprehensive cessation benefit must not only include proven effective services, but must also include efforts to increase demand for cessation services and promote the use of these services. To achieve maximum benefit, HHS should require health plans to encourage tobacco users to quit, make all plan beneficiaries aware of the cessation benefits and provide them with information about where they can access these services. It is also important that physicians and other clinicians are made aware of tobacco cessation benefits.

Sec. 4004 of the PPACA requires the Secretary to implement a national public-private partnership for a prevention and health promotion outreach and education campaign. This campaign is required to cover, among other things, promoting the use of preventive services recommended by the USPSTF and explaining preventive services covered by health plans offered through an exchange. The Secretary should make tobacco cessation an important part of this outreach and education campaign. To maximize use of cessation services, tobacco users need to be aware of the benefit, the effectiveness of cessation services in increasing their ability to quit successfully and how to access these services.

While we recognize that health insurance plans participating in the exchanges will not be required to cover essential benefits until 2014, our organizations would like to encourage you to deem PHS Guideline-based comprehensive cessation benefits an essential health benefit for health insurance offered through exchanges in the future.

Defining the USPSTF recommendation on tobacco cessation in this comprehensive way will make huge strides in giving more tobacco users access to life-saving treatments. Helping more people quit will improve health, save lives and benefit the economy.

We greatly appreciate your leadership on this and so many other public health measures.

Sincerely,



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President  
American Cancer Society Cancer Action  
Network



Rob Gould  
President and Chief Executive Officer  
Partnership for Prevention



Charles D. Connor  
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Matthew L. Myers  
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Nancy A. Brown  
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Cheryl Heaton  
President and Chief Executive Officer  
Legacy

Cc: The Honorable Howard K. Koh, Assistant Secretary for Health