



August 26, 2011

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 write today as your agency is in the process of formulating the regulations that will implement Subtitle D: Available Coverage Choices for All Americans, of the Patient Protection and Affordable Care Act (ACA), regarding state health insurance exchanges. Our organizations strongly urge you to help the millions of addicted smokers in this country have the best opportunity to quit by including a comprehensive tobacco cessation benefit as part of the minimum federal standard required of all states in the Essential Health Benefit (EHB).

To save lives and scarce funds, a comprehensive tobacco cessation benefit deserves special recognition and a specific federal requirement. As you well know, tobacco use is the leading cause of preventable death in this country, responsible for more than 400,000 deaths each year. Tobacco use also results in \$96 billion annually in healthcare expenditures and an additional \$97 billion each year in lost productivity. Over 70 percent of smokers want to quit – but most smokers require multiple attempts before they are successful because the addiction to tobacco is incredibly powerful.

As you also know, starting in 2014 the EHB will serve as the minimum standard for all plans sold in state health insurance exchanges and for all newly-eligible Medicaid recipients. The two populations that will be greatest served by EHB include Medicaid enrollees and the currently uninsured ages 8-65, both of which smoke at much higher rates than their general population counterparts (36.5 percent, 33.2 percent vs. 22.7 percent, respectively).¹

Standard Must be Specific

Treatment for tobacco cessation is not one-size-fits-all. Just like any other medical condition, everyone responds to treatment differently. It is normal for patients to try more than one treatment before finding the right one. For all these reasons, it is important that cessation benefits offered to tobacco users are **comprehensive** – which means based on the most recent U.S. Public Health Service guideline, *Treating Tobacco Use and Dependence*.

Simply requiring health plans to cover “tobacco cessation” is not enough. Very few health plans understand what it means to help smokers quit and they need explicit instruction on how to translate public health guidelines into insurance coverage. The need for specific definition is already evident in ACA implementation. When implementing the preventive services provision of the ACA for new, private insurance plans, plans have been allowed to decide how to interpret tobacco cessation coverage, which has been given an “A” rating by the U.S. Preventive Services Task Force.

The recent interpretations by insurance companies of a tobacco cessation benefit have resulted in extremely varied coverage among new private plans. One survey in Colorado found that some plans only cover certain medications; while others do not interpret the requirement as including medications at all. Coverage of counseling also varies. Interestingly, these variances were seen in the area of tobacco cessation more so than other areas of preventive services.² American Lung Association data also show that when left up to their own devices, only a handful of states provide comprehensive tobacco cessation benefits to Medicaid enrollees and state employees – highlighting the urgent need for a comprehensive benefit to be a minimum federal standard.³

Model Plan: Federal Employee Health Benefit Program Cessation Coverage

There is a model for defining and implementing a comprehensive tobacco cessation benefit, which mirrors the U.S. Public Health Service's guideline. In 2011, the U.S. Office of Personnel Management began requiring insurance plans that participated in the Federal Employee Health Benefit Program (FEHB) to cover:

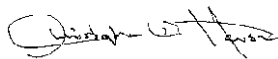
- Four tobacco cessation counseling sessions of at least 30 minutes for at least two quit attempts per year. This includes proactive telephone counseling, group counseling and individual counseling.
- All 7 Food and Drug Administration (FDA)-approved tobacco cessation medications with a doctor's prescription.⁴
- Coverage provided for two quit attempts per year.
- These benefits must be provided with no copayments or coinsurance and not subject to deductibles, annual or life time dollar limits.

FEHB specifically outlined how insurance plans were required to cover tobacco cessation treatments through its call letter process. An American Lung Association analysis of 2011 FEHB plans found that in addition to adding the coverage as required, plans have promoted the coverage to their members and made information about the benefit easy to access.

We strongly urge that HHS include a comprehensive tobacco cessation benefit in the EHB, specified similarly to the FEHB plan requirements. Helping more people quit will improve health, save lives and reduce healthcare costs.

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

Sincerely,



Christopher W. Hansen, President
American Cancer Society Cancer Action Network



Charles D. Connor, President and CEO
American Lung Association



Jud Richland, President and CEO
Partnership for Prevention

Cc: Dr. Howard Koh, Assistant Secretary for Health, Department of Health and Human Services
Dr. Don Berwick, Administrator, Centers for Medicare and Medicaid Services

¹ Centers for Disease Control and Prevention. National Center for Health Statistics. National Health Interview Survey, provisional data. 2009.

² Tobacco Cessation and Sustainability Partnership. Colorado Department of Public Health and Environment. February 2011. Available at: <http://www.cohealthsource.org/media/292882/hb%2009-1204%20and%20ppaca%20implementation%20survey%20brief.pdf>

³ American Lung Association. Helping Smokers Quit: State Cessation Coverage. November 2010. Available at: <http://www.lungusa.org/assets/documents/publications/smoking-cessation/helping-smokers-quit2010.pdf>

⁴ Our organizations recommend that the benefit refer to “all FDA-approved medications” and not specify a number in order to provide maximum flexibility.