## Tobacco Cessation Coverage: What is Required?

The Patient Protection and Affordable Care Act (ACA) was passed in March 2010. Many of the provisions expanding health coverage began on January 1, 2014.

<table>
<thead>
<tr>
<th>Insurance Type</th>
<th>Who?</th>
<th>Required coverage before ACA</th>
<th>Required coverage post-ACA implementation</th>
</tr>
</thead>
</table>
| Medicare                | Age 65+ or some disabled individuals                        | • 4 sessions of individual counseling  
|                         |                                                            | • Prescription cessation drugs  
|                         |                                                            | • Up to 2 quit attempts per year  
| Standard Medicaid       | Low income or disabled individuals, eligibility varies by state | No federal requirements, coverage varied by state | For Pregnant Women:  
|                         |                                                            | • Individual, group and phone counseling  
|                         |                                                            | • All tobacco cessation medications (prescription and OTC)  
|                         |                                                            | • No cost-sharing  
| Medicaid Expansion      | Low income or disabled individuals, up to 138 percent of federal poverty level in states that expand Medicaid | Not applicable – Medicaid expansion did not exist prior to ACA | Tobacco cessation treatment as a preventive service  
|                         |                                                            | • According to Department Guidance, all seven cessation medications and three forms of counseling should be covered without cost-sharing and prior authorization  
| Individual Insurance Plans* or exchange plans | Individuals not buying insurance through an employer or part of a group. These plans are often sold | No requirements | Tobacco cessation treatment as a preventive service  
|                         |                                                            | • According to Department Guidance, all seven cessation medications and three forms of counseling should be covered without cost-sharing and prior authorization |
through the exchanges.

| Small Group Plans* | Individuals buying insurance through their small employer (100 or less full-time employees) or another small group | No requirements | Tobacco cessation treatment as a preventive service
|---|---|---|---|
| | | | • According to Department Guidance, all seven cessation medications and three forms of counseling should be covered without cost-sharing and prior authorization

| Employer-Provided Plans (Large Group/Self-Insured)* | Employees receiving insurance coverage through their employer | No requirements | • Not required to cover the essential health benefits (EHBs)
|---|---|---|---|
| | | | • If EHBs are covered, they must follow the ACA guidelines and cover **tobacco cessation treatment as a preventive service**
| | | | • According to Department Guidance, all seven cessation medications and three forms of counseling should be covered without cost-sharing and prior authorization

*Excluding plans that are "grandfathered" (those that were in operation before March 2010 and have not made significant changes) and do not have ACA requirements.

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**Key terms**

**Cost-sharing:** money a patient must pay when receiving treatment/filling a prescription – copays, deductibles, coinsurance, etc.

**OTC Medication:** medication you can buy “over-the-counter” without a prescription

**Benchmark plan:** the plan each state has chosen to set the standard for other plans in the State Health Insurance Marketplace
**Tobacco Cessation Treatment as a Preventive Service**

The ACA requires many health insurance plans to cover all preventive services given an ‘A’ or ‘B’ rating by the U.S. Preventive Services Task Force (USPSTF). Tobacco cessation for adults has an ‘A’ rating from the USPSTF. However, the USPSTF rating and related recommendation was written for healthcare providers, not as a model for insurance coverage policy. As a result, there have been many questions since ACA implementation began in 2010 about what plans are required to cover for tobacco cessation. Evidence began to mount that most plans were not covering a true comprehensive cessation benefit.\(^1\)\(^2\)\(^3\) The American Lung Association and other public health organizations repeatedly asked for clarification and guidance from the agencies implementing the ACA.\(^4\)

On May 2, 2014, the Departments of Health and Human Services, Labor and Treasury stepped in to provide guidance on this topic. The departments issued a [FAQ document](#).\(^5\) translating the USPSTF recommendation into insurance coverage policy. The guidance stated that the Departments would consider the relevant health plans to be in compliance with the preventive service requirement for tobacco cessation if they cover, for example:

- Screening for tobacco use
- Individual, group or phone counseling (at least 10 minutes per session)
- All FDA-approved tobacco cessation medications (prescription and over-the-counter) when prescribed by a healthcare provider
- At least two quit attempts per year
- 4 sessions of counseling and 90 days of medication per quit attempt
- No prior authorization is required for treatment
For more information on the types of health insurance in this chart, as well as additional types of health insurance, access the following resources from the American Lung Association:

- Medicare
- Standard Medicaid
- Medicaid Expansion
- Exchange Plans
- Short-Term Limited-Duration Plans
- TRICARE
- Veterans Health Administration
- Non-Compliant Health Plans

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1 Georgetown University Health Policy Institute. Implementation of tobacco cessation coverage under the Affordable Care Act: Understanding how private health insurance policies cover tobacco cessation treatments. November 26, 2012. Available at: http://tfk.org/coveragereport/.