

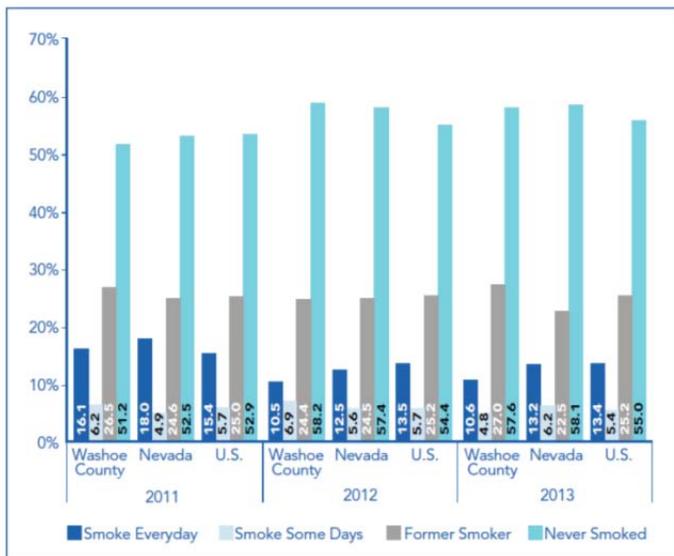
IN THIS ISSUE: Tobacco Cessation and the Affordable Care Act

**TOBACCO CESSATION TREATMENTS AND THE AFFORDABLE CARE ACT:
WHAT IS COVERED?**

Tobacco use and exposure negatively affects every organ in the body, and is the leading preventable cause of death in the United States.¹ In 2006-2010, 21.7% of deaths in Washoe County were due to tobacco-related illnesses.² This is slightly higher than the percentage of deaths due to tobacco-related illnesses in Nevada (21.3%).

Washoe County residents continue to smoke, but usage is decreasing.

Smoking Status of Adults
Washoe County, Nevada and U.S., 2011 – 2013



Data Source: BRFSS 2011-2013.

There was a significant decrease between 2011 and 2012 for those in Washoe County that reported smoking every day, and leveling off between 2012 and 2013.^{2,3} The rate in Washoe County is comparable to those in Nevada and the US.

According to the Centers for Disease Control and Prevention, about 70% of smokers want to quit smoking, and about half try to quit each year. However, less than half (48.3%) of people who smoked and who saw a health professional in the past year reported receiving advice to quit.⁴ In fact, the majority of people who attempt to quit using tobacco do not utilize recommended tobacco cessation treatments, and healthcare providers often do not discuss options to increase chances for success. This is largely due to confusion on what treatments are covered by insurance companies under the Affordable Care Act (ACA), and what the patient must pay for treatments.⁵ The intent of this report is to help alleviate some of this confusion.

changed as the ACA now requires all new or non-grandfathered private health insurance plans to cover various treatments based on the Public Health Service sponsored Clinical Practice Guideline's with no cost-sharing such as co-pays.⁶

*Grandfathered plans are plans that provided coverage on or before March 23, 2010

Specifically, covered by ACA,⁶

1. Screening for tobacco use; and
2. For those who use tobacco products, at least two tobacco cessation attempts per year, which includes;
 - Four tobacco cessation counseling sessions of at least 10 minutes (including telephone counseling, group counseling and individual counseling) without prior authorization; and
 - All FDA-approved tobacco cessation medications (including both prescription and over-the-counter medications) for a 90-day treatment regimen when prescribed by a health care provider without prior authorization

FDA-approved cessation medications include:⁷

- Over-the-counter nicotine replacement therapies such as the patch, gum, and lozenge
- Prescription nicotine replacement therapies such as an inhaler and nasal spray
- Bupropion SR (brand name Zyban if used for tobacco cessation and Wellbutrin if used as an antidepressant), varenicline (brand name Chantix)

The ACA not only requires individuals to have health insurance but tobacco users can be charged up to 50% more for health insurance premiums compared to non-tobacco users in the individual or small group market.^{5, 8, 9} Each carrier can select their own penalty.

The four tables below briefly describe the tobacco cessation coverage through employer health insurance, individual health insurance, traditional Medicaid and Medicaid Expansion, and Medicare.

Employer Health Insurance⁹
Purchased or obtained from employer through small or large group market
Tobacco cessation must be covered as a preventive service, but benefits can vary slightly from plan to plan
Cost to patient: Costs vary slightly from plan to plan

Individual Health Insurance^{8, 9}

Purchased through;

- The Silver State Health Insurance Exchange or;
- The private market

Tobacco cessation must be provided at no cost as an "essential health benefit," which includes "preventive and wellness services" as well as "mental health and substance use disorder services."

Preventive benefits can vary slightly from plan to plan, but in many instances tobacco cessation counseling is covered. Some of the plans through the Silver State Health Insurance Exchange offer their own tobacco cessation programs free of charge

Cost to patient:

Costs vary slightly from plan to plan

Traditional Medicaid & Medicaid Expansion^{9, 10}

As of January 1, 2014, nicotine replacement therapy products can no longer be excluded under Medicaid

For pregnant women, comprehensive cessation coverage should include counseling and can include nicotine replacement therapy, if doctor-approved

Tobacco cessation coverage is required for children and adolescents (up to age 21) when medically necessary

Other (non-pregnant, adult) Medicaid beneficiaries are eligible for counseling as part of an office visit from the physician

Other (non-pregnant, adult) full Medicaid beneficiaries are eligible to receive patches, gums, lozenges and inhalers. These nicotine replacement therapy products are subject to quantity limitations

Cost to patient:

No cost

Medicare⁹

Counseling for two quit attempts per year (up to four sessions for each attempt or a total of eight sessions every 12 months)

Prescription drugs for tobacco cessation are covered but not over-the-counter nicotine replacement therapy treatments such as nicotine patches or gum (since over-the-counter treatments are not covered by Medicare in general)

The ACA establishes a new Annual Wellness Visit for Medicare recipients, which should include questions and personalized health advice about behavioral risks, such as tobacco use

Cost to patient:

-No cost if provided as a preventive service

-For Medicare beneficiaries with diagnosis of a disease or condition caused by tobacco use, a co-pay and deductible apply

RECOMMENDATIONS

Medical visits are unique opportunities for healthcare professionals to assess and intervene with individuals who use tobacco. Brief cessation advice and counseling by health care providers is effective, and should be offered to every patient.⁷ When speaking to your patients about quitting, it's helpful to refer to the 5 A's:¹¹

1. **Ask** - Identify and document tobacco use status for every patient at every visit.
2. **Advise** - In a clear, strong, and personalized manner, urge every tobacco user to quit.
3. **Assess** - Is the tobacco user willing to make a quit attempt at this time?
4. **Assist** - For the patient willing to make the quit attempt, use counseling and pharmacotherapy to help him or her quit.
5. **Arrange** - Schedule follow up contact, in person or by telephone, preferably within the first week after the quit date.

Finally, refer patients to the Nevada Tobacco Quitline which offers cessation phone coaching sessions and nicotine replacement therapy at no charge:

Nevada Tobacco Quitline

1-800-QUIT-NOW or www.nevadatobaccoquitline.com

To obtain 1-800-QUIT NOW cards, Nevada Tobacco Quitline Provider Referral Forms and other information for your office, please visit www.GetHealthyWashoe.com, or contact Washoe County Health District, Chronic Disease Prevention program at (775) 328-6150 or info@gethealthywashoe.com.

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