



## **Tobacco Cessation as a Preventive Service: New Guidance Clarifies Affordable Care Act Provision**

The Patient Protection and Affordable Care Act (ACA) requires most health insurance plans to cover preventive services that have received an 'A' or 'B' grade recommendation from the U.S. Preventive Services Task Force (USPSTF). The ACA also requires these services be provided with no cost-sharing for the patient, which means no copays, coinsurance or deductibles. The USPSTF, an independent, volunteer panel of experts in prevention and evidence-based medicine, has given tobacco cessation interventions for adults an 'A' grade.

However, USPSTF recommendations are written as guidance for clinicians on what preventive services patients should receive, not as policy coverage language for insurance companies with complex coding and billing systems. As a result, it was unclear what cessation coverage was required to look like in practice: which tobacco cessation treatments should be included, what the frequency and duration of these treatments was supposed to be, and what limits insurers were allowed to place on these treatments.

Even though many insurance plans have been required to cover tobacco cessation as a preventive service since 2010, a 2012 study by Georgetown University's Health Policy Institute found that only four of the cross section of 39 plans in six states analyzed in the study offered something approaching a comprehensive, evidence-based cessation benefit. Additionally, some of the 39 plans analyzed imposed cost-sharing requirements for the tobacco cessation treatments.

### **Guidance for Health Plans**

On May 2, 2014, the U.S. Departments of Health and Human Services, Labor and Treasury issued guidance, in the form of an [FAQ](#), on insurance coverage of tobacco cessation as a preventive service.<sup>1</sup> The guidance states that, to comply with ACA preventive services requirements, health plans should, for example, cover the following benefit:

1. Screening for tobacco use.
2. Two quit attempts per year, consisting of:
  - Four sessions of telephone, individual or group cessation counseling lasting at least 10 minutes each per quit attempt; and,
  - All medications approved by the FDA as safe and effective for smoking cessation, for 90 days per quit attempt, when prescribed by a health care provider.

The guidance also reiterates that plans must not include cost-sharing for these treatments, and that plans should not require prior authorization for any of these treatments.

### **Implementation in Health Plans**

The following health plans are required to cover tobacco cessation as a preventive service:

- Private group plans (large and small groups) that are not grandfathered<sup>ii</sup>
- Individual private plans that are not grandfathered
- Plans offered through State Health Insurance Marketplaces
- Alternative Benefit Plans (i.e., plans offered to the Medicaid expansion population where applicable)

Fully implementing this guidance will make evidence-based tobacco cessation treatments available to millions of Americans, including many newly insured Americans, and would be expected to result in more tobacco users trying to quit and succeeding.

i See Q5 in FAQ Part XIX: <http://www.dol.gov/ebsa/faqs/faq-aca19.html>

ii For more information about grandfathered health plans: <http://www.kaiserhealthnews.org/stories/2012/december/17/grandfathered-plans-faq.aspx>