

**THE PUBLIC COMMENT PERIOD ON HEALTH CARE REFORM AND SMOKING INTERVENTIONS IS OVER...
DID IT EVER MATTER?**

In the past year alone, we've seen unprecedented policy changes, especially in health care. Specifically, the Patient Protection and Affordable Care Act (PPACA), better known as Health Care Reform, and a somewhat lesser-known bill, the Mental Health Parity and Addiction Equity Act (MHPAEA). PPACA and MHPAEA have the potential to significantly impact tobacco cessation benefits, as these laws provide improvements in coverage for and access to both preventive services and substance abuse treatments.

PPACA contains provisions intended to improve access to clinical preventive services and remove cost as a barrier, as well as requires many plans to cover mental health and substance abuse disorder services ("essential health benefits").^{1,2} In general, MHPAEA "prohibits plans from imposing financial requirements or treatment limitations for mental health or substance use disorder benefits that are more restrictive than those imposed on medical/surgical benefits under the plan."³

However, these laws still leave room for interpretation in critical areas. New legislation often brings opinions and questions in the form of a public comment period, and now interested parties and key decision-makers have much to ponder but no definitive answers.

We are at a critical crossroads and key interpretations of provisions under these Acts may determine whether or not smokers who **WANT** to quit will have access to the necessary treatments. Why? Due to one word: **interventions**.

THE KEY ISSUES IN QUESTION

Interventions

Under PPACA, group health plans and health insurance issuers are required to offer group or individual coverage for preventive services with no cost sharing where there is a high to moderate certainty that the net benefit will be substantial, as rated by the United States Preventive Services Task Force (USPSTF). With tobacco cessation listed as a featured preventive service, USPSTF recommends that "clinicians ask all adults about tobacco use and provide tobacco cessation **interventions** for those who use tobacco products."^{4,5}

Key Questions:

- Has the term "interventions" been clearly defined?
- Should determining "interventions" be left to the discretion of individual coverage decision-makers?
- Could counseling alone be the sole criteria for an "intervention"?

FDA-approved Interventions

Both MHPAEA and PPACA appear to provide a more granular guidance with respect to the various types of pharmacotherapy interventions for tobacco cessation. With MHPAEA, FDA-approved treatment is required for tobacco cessation only if this creates parity with other medical/surgical benefits. With PPACA, there is a recommendation for pharmacotherapy approved by the U.S. Food and Drug Administration (FDA) and identified as effective for treating tobacco dependence in nonpregnant adults to include several forms of OTC and prescription treatments.⁶

Key Questions:

- Does MHPAEA or PPACA truly specify the types of pharmacotherapy that are recommended in tobacco cessation?
- Is the legislation based on evidence-based practice guidelines?

Rider vs Core Coverage

Many people with commercial coverage don't have access to tobacco cessation benefits right now. It's not part of a "standard" benefit for many payers. Employers may purchase a separate add-on or rider option to provide tobacco cessation coverage so that their employees may have coverage, but this falls outside of the standard benefit. This means that offering tobacco cessation coverage will be left to the discretion of individual employers and health plans.

Key Questions:

- Shouldn't individual employers be allowed to determine if a tobacco cessation intervention is a necessary benefit?
- If health plans provide a rider or add-on tobacco cessation options for employer customers, isn't that sufficient?

Conclusion

As you can see, there is much to discuss on the issues of tobacco cessation coverage. These recent policy changes have the potential to significantly alter the tobacco cessation benefit landscape by providing increased access to comprehensive tobacco cessation therapies. This is a critical issue for employers, health plans, advocates, and consumers.

This legislation may be the tipping-point to determine tobacco cessation coverage availability for the American public. These are my thoughts, but we would like to hear from you too!

Join us for a discussion on the impact of PPACA and MHPAEA on tobacco cessation benefits on November 16, 2010, at 9:15 AM (<http://www.american.edu/mhpa>).

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