January 31, 2012

The Honorable Kathleen Sebelius
Secretary
U.S. Department of Health and Human Services
Hubert H. Humphrey Building
200 Independence Ave., SW – Room 120F
Washington, DC 20201

Re: Essential Health Benefits Bulletin

Dear Secretary Sebelius:

The undersigned health and medical organizations appreciate the opportunity to comment on the Essential Health Benefits Bulletin released by the Department of Health and Human Services (HHS) on December 16, 2011. The Affordable Care Act (ACA) and its provisions establishing state health exchanges hold tremendous potential to make our country healthier and to reduce healthcare costs. However, our organizations have concerns about how this implementation approach will affect the 45 million American smokers, especially those who want to quit. Following the approach laid out in the bulletin, HHS is missing a crucial opportunity to create a minimum federal standard for tobacco cessation, and instead will create yet another patchwork of inadequate coverage.

The Importance of Helping Smokers Quit

Tobacco use is the leading cause of preventable death in this country, responsible for more than 400,000 deaths each year. The Essential Health Benefit sets coverage standards for new Medicaid enrollees and many of the currently uninsured. These two populations (30.5 percent and 32.1 percent, respectively) also smoke at much higher rates than their privately insured counterparts, aged 18-65 (16.8 percent).[i]

Tobacco use also results in $96 billion annually in healthcare expenditures and an additional $97 billion each year in lost productivity.[ii] Tobacco use is a huge contributor to our nation's growing healthcare costs. But evidence is mounting that there is a tremendous return on investment when states help

smokers quit. A study was recently released by the George Washington University showing that providing a comprehensive tobacco cessation benefit to Medicaid enrollees in Massachusetts saved the state (and taxpayers) over $3 for every $1 spent on the treatments. These savings were seen in just over a year after the benefit was in place and do not take into account the long term savings that would be realized with fewer cases of cancer, lung and heart diseases.[iii] These savings are not only real, but they accrue in a very short time period.

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. Treatment for tobacco cessation is not one-size-fits-all. Just like other medical conditions, individuals respond 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.*[iv]

Tobacco Cessation and Insurance Coverage

To save lives and scarce funds, all tobacco users in the U.S. must have access to a comprehensive tobacco cessation benefit. The federal government can play a large role in accomplishing this goal. In 2011, it became a model for this type of coverage when the U.S. Office of Personnel Management began requiring insurance plans that participated in the Federal Employees Health Benefits Program (FEHB) to provide coverage for:

- 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 seven Food and Drug Administration (FDA)-approved tobacco cessation medications.[v]
- 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.

Federal employees and their dependents now have access to a model tobacco cessation benefit. **The undersigned groups urge the federal government to enact requirements and policies that provide this tobacco cessation coverage to other populations – particularly low income and/or needy populations like Medicaid enrollees and people buying insurance through state exchanges.**

HHS Should Require State Plans to Cover All 'A' and 'B' Rated Preventive Services

The Affordable Care Act puts an appropriate and necessary emphasis on prevention in the U.S. healthcare system. Not only will focusing on preventing disease make Americans happier and healthier, but it will also save money. One of the ways the ACA emphasizes prevention is by requiring all new private health plans to cover all preventive services given an 'A' or 'B' rating from the U.S. Preventive Services Task Force (USPSTF) with no cost sharing. These 'A' and 'B' services are evidence based, provide strong value, help patients take control of their health, and will improve the health of the population. That is why, consistent with Congress's intent, the ACA makes them part of a baseline of coverage, and why they should be provided to all Americans.

This focus on prevention was extended to the state exchanges created in the ACA. As you well know, preventive services are one of the ten coverage areas required to be present in the Essential Health Benefit. **We urge HHS to issue regulations requiring state plans to include coverage of all 'A' and 'B' services as the way to fulfill the preventive services requirement for benchmark plans.** This would be

consistent with other parts of the ACA law, and ensure that the requirement for non-grandfathered private plans is not undermined. It would also move towards a national standard in preventive services coverage, and would ensure that the Essential Health Benefit includes benefits in a "typical employer plan," as the ACA requires.

Tobacco cessation treatment is one of the services that receive an 'A' rating from the USPSTF. Unfortunately, the 'A' rating does not provide detailed guidance on how to translate this into insurance coverage. In addition to requiring coverage of 'A' and 'B' rated services, our organizations also urge HHS to issue further guidance on what specific treatments are required to be covered for tobacco cessation. HHS should follow the Office of Personnel Management's example in this guidance and require a comprehensive tobacco cessation benefit. This would not only guarantee smokers in state exchanges access to a comprehensive benefit, but the requirement would also reach smokers in non-grandfathered, private insurance plans.

2016 Re-Evaluation Will Require Comprehensive and Publicly Available Tracking

The Essential Health Benefits Bulletin states that this implementation approach will be re-evaluated in 2016. However, in order to truly evaluate this policy, steps must be taken now to ensure policymakers and other interested parties have all the information that is needed to determine whether HHS's current proposal results in states adequately helping their smokers quit.

The undersigned organizations are particularly concerned about tobacco cessation treatment. To adequately evaluate whether plans in the exchanges are providing Americans with enough help to quit smoking, **HHS must track whether plans cover all seven FDA-approved medications for tobacco cessation plus individual, group and phone counseling.** As people in exchanges are particularly cost-sensitive, HHS must also track whether plans require cost-sharing for these treatments. Our groups urge HHS to make this tracking information available publically so that there can be a full and complete evaluation in 2016.

HHS Should Make Information on Benchmark Plan Options Publicly Available

In order to make informed decisions on which plan to choose as a benchmark, states must collect a lot of information on plans in a short amount of time. **Our organizations urge HHS to help states in this process by publishing on its website which plans are options for benchmark status, and providing detailed and comprehensive information on each plans' coverage.** The information must include a full list of covered services and medications. This information must be provided to state policymakers and the public as soon as possible.

Thank you for the opportunity to comment on this important matter. Our organizations welcome the opportunity to work with HHS on the implementation of the state health exchanges.

Sincerely,

American Academy of Family Physicians
American Academy of Otolaryngology - Head and Neck Surgery
American Association for Respiratory Care
American Association on Health and Disability
American College of Occupational and Environmental Medicine
American College of Preventive Medicine

American Lung Association
American Psychological Association
Association of Black Cardiologists
Association of Women's Health, Obstetric and Neonatal Nurses
Boston Public Health Commission
ClearWay Minnesota[SM]
Kentucky Voices for Health
Legacy for Health
Lung Cancer Alliance
Multi-State Collaborative for Health Systems Change
National Association of County and City Health Officials (NACCHO)
National Latino Tobacco Control Network (NLTCN)
NC Prevention Partners
North American Quitline Consortium
Oncology Nursing Society
Partnership for Prevention
Partnership for Tobacco Free Pasco
Premiere Community Health
Society for Public Health Education
Society of Behavioral Medicine
Tobacco Free Partners
UW-CTRI (University of Wisconsin Center for Tobacco Research and Intervention)
Washington State Public Health Association

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[i] Centers for Disease Control and Prevention. National Center for Health Statistics. National Health Interview Survey Raw Data, 2010. Analysis performed by the American Lung Association Research and Program Services Division using SPSS and SUDAAN software.

[ii] Centers for Disease Control and Prevention. Smoking-Attributable Mortality, Years of Potential Life Lost, and Productivity Losses – United States, 2000-2004. *Morbidity and Mortality Weekly Report.* November 14, 2008; 57(45): 1226-28.

[iii] Richard P, West K, Ku L (2012) The Return on Investment of a Medicaid Tobacco Cessation Program in Massachusetts. PLoS ONE 7(1): e29665. doi:10.1371/journal.pone.0029665. Available at: http://www.plosone.org/article/info%3Adoi%2F10.1371%2Fjournal.pone.0029665

[iv] Fiore MC, Jaen CR, Baker TB, et al. *Treating Tobacco Use and Dependence: 2008 Update*. Rockville, MD: U.S. Department of Health and Human Services, U.S. Public Health Service; 2008. Available at: http://www.surgeongeneral.gov/tobacco/treating_tobacco_use08.pdf

[v] Our organizations recommend that the benefit refer to "all FDA-approved medications" and not specify a number in order to ensure that future FDA approved therapies can be included most easily.