



## Covering Tobacco Cessation as Preventive Service: Who is Making the Decisions

The Affordable Care Act (ACA) requires most health plans, including any plan sold on the exchange and Medicaid expansion plans to cover a comprehensive tobacco cessation benefit without cost-sharing. States can add additional requirements to the federal requirements.

### **Who makes decisions at the federal level?**

Most private insurance plans, including any plan sold on the exchange (Healthcare.gov), and any Medicaid expansion plan are required to cover any treatment or service given an “A” or “B” by the United States Preventive Services Task Force (USPSTF). [USPSTF](#) is a panel of experts who look make evidence-based recommendations on clinical preventive services.

Self-insured private health plans are regulated under the Employee Retirement Income Security Act of 1974 (ERISA), which is enforced at the Department of Labor. These plans are not subject to state regulation, however they are required to cover any treatment or service that receives an “A” or “B” from USPSTF, including tobacco cessation.

### **Who makes decisions at the state level?**

The ACA coverage requirements are a floor, so states have the authority to add additional coverage requirements through legislation and regulation.

Each state has an [insurance commissioner](#) which heads an insurance department. This state department is responsible for regulating fully insured private health insurance in their state, which includes any plan sold on the state’s marketplace. The insurance commissioner can issue bulletins to insurance companies that further explain or clarify what is required regarding coverage of a particular service or treatment, such as tobacco cessation coverage. Additionally, the insurance commissioner can issue a consumer alert to the public, sharing what they should expect in terms of coverage. It is important to remember an insurance commissioner, or any state official only has authority over state-regulated plans, which are typically fully insured plans.

It is important to note that insurance commissioners are responsible for many types of regulated insurance coverage in their state- not just health insurance. Some state insurance departments will have staff that are designated to work on specific issues, but that will depend on the size of the department.

### **Implementation Considerations**

In addition to state and federal requirements for coverage, there are additional decision makers at insurance companies and within companies that provide coverage to their employees. These individuals could be part of the Human Resources (HR) team in the C-Suite. Whether it is choosing which plans to offer or choosing how to cover specific benefits, these individuals are important decision makers.

Adding or changing benefits to insurance coverage can take up to 18 months to implement. The insurance company needs to do analysis and price out what the new benefits will cost prior to filing their rates with the state insurance commissioner for the upcoming plan year. For a more in-depth discussion around private insurance and cessation benefits, please [see our webcast](#) on the topic.