



Tobacco Cessation Treatment Coverage Makes Health Sense

Smoking-related diseases remain the most preventable cause of death in California, claiming more than 40,000 lives every year.¹ The treatment of these diseases creates significant costs in the health system and society-at-large. The Governor estimates that smoking results in \$8.6 billion in direct medical costs and \$7.3 billion from lost productivity due to illness and premature death.² While the rate of smoking has decreased over the years, there are still four million Californians who smoke.³

Given the magnitude of the burden associated with smoking (significant health risks including cancer, chronic bronchitis, emphysema, and cardiovascular diseases), no health care reform effort would be complete without addressing tobacco-use. We believe that a combination of prevention (keeping people from ever starting to smoke) and intervention (helping people who do smoke to quit), are essential to achieving the maximum health and economic benefit. There are opportunities for significant improvement in both areas and we want to continue to emphasize the importance of strengthening the State's prevention efforts by increasing funding for the state's tobacco control program to (at least) the minimum level recommended by the Centers for Disease Control and Prevention (CDC) through increased cigarette taxes.

Tobacco cessation services, the form of intervention most directly related to health coverage models, are effective at increasing a person's ability to quit. These services include both counseling and pharmacotherapy. A person's chance of successfully quitting more than doubles when an evidence-based tobacco cessation service is used.⁴ Yet only one in three tobacco users makes use of these services when trying to quit.⁵

Not surprising, the likelihood of a person using a cessation treatment is tied to his or her ability to access it, which correlates to insurance coverage. Further, the relationship between full and partial coverage also impacts usage, with people more likely to use the benefits if full coverage is provided.⁶

Tobacco use cessation benefits are proven cost-savers. Tobacco cessation benefits have been found to be the most cost-effective benefit for adults.⁷ The cost of providing coverage equalizes after three years. After 5 years, the benefits exceed the costs.⁸

Our ability to cut smoking through cessation efforts is contingent on the availability of the coverage and its accessibility. It is in the interest of the State and the health care stakeholders to ensure that the greatest number of people have easily obtainable access to cessation treatments. The most effective way to do that is through insurance coverage.

¹ American Cancer Society, "California Cancer Facts and Figures 2007," 2007. California Department of Health Services, "The Health and Economic Consequences of Cigarette Smoking in California," August 2003.

² Governor Arnold Schwarzenegger, "Fixing Our Broken System: Governor Schwarzenegger's Prevention, Wellness, and Personal Responsibility Health Care Reforms," 6 February 2007.

³ California Department of Health Services, "California Releases New Data and Anti-Smoking Ads Targeting Diverse Populations," 2 October 2006.

⁴ Campaign for Tobacco Free Kids, "Model Tobacco Use Treatment Language," 16 December 2006. As compared to an unaided attempts.

⁵ Ibid.

⁶ California Health Benefits Review Program, "Analysis of SB 24: Tobacco Cessation," 20 April 2007.

⁷ Centers for Disease Control and Prevention, "Coverage for Tobacco Use Cessation Treatments," 2003.

⁸ Ibid. This information is based on an employer coverage model.

We recommend that any health care reform package require the incorporation of comprehensive tobacco use cessation coverage into all insurance products. Comprehensive coverage is defined by:

- Coverage of both evidence-based and linguistically-appropriate counseling services and Food and Drug Administration-approved pharmacotherapy. To be most effective, nicotine replacement products should be used in conjunction with a behavior change program however, there should be no requirement that the provision of one be tied to the other.
- Minimal out-of-pocket costs for covered services.
- Coverage of multiple treatment episodes per year and no lifetime limit. (This recognizes the fact that most people make multiple quit attempts before quitting successfully.)
- Adequate reimbursement to providers to cover the reasonable costs associated with providing the treatment.
- Consistency in the benefit with the recommendations and conclusions of the major evidence-based reviews for tobacco use treatment (or any subsequent updates to these documents/literature reviews), including: (a) Treating Tobacco Use and Dependence: A Clinical Practice Guideline (<http://www.ncbi.nlm.nih.gov/books/bv.fggi?rid=hstat2.chapter.7644>), (b) the U.S. Preventive Services Task Force (<http://www.abrq.gov/clinic/uspstf/uspsibac.htm>), (c) the World Health Organization/Society for Research on Nicotine and Tobacco's tobacco use treatment database (www.treatobacco.net), (d) the Cochrane Collaboration (<http://www.cochrane.org/reviews/en/topics/94.htm>), (e) the U.S. Center for Disease Control and Prevention's Community Preventive Services Task Force (<http://www.thecommunityguide.org/tobacco/default.htm>), and (f) the National Action Plan for Tobacco Cessation (<http://www.ctri.wisc.edu/Researchers/NatActionPlan%2002-04.pdf>).⁹

Additionally, efforts should be undertaken to educate providers and patients about the availability of the benefit. (The increased funding proposed by Governor Schwarzenegger to monitor coverage and educate providers and the public about that coverage would be appropriately used for this.)

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⁹ Campaign for Tobacco Free Kids, "Model Tobacco Use Treatment Language," 16 December 2006.