

State Health Insurance Marketplace Plans: New Opportunities to Help Smokers Quit

Tobacco use is the leading cause of preventable death and disease in the U.S., responsible for over 480,000 deaths per year. Smokers need help to quit, and as a result of the Affordable Care Act (ACA), more smokers than ever have access to the help they need.

Under the ACA, all preventive services that receive an 'A' or 'B' rating from the U.S. Preventive Services Task Force must be covered without cost sharing or other barriers to access. This is great news for the health of Americans, as all marketplace plans are now required to cover tobacco cessation treatments to help smokers quit. But is everyone getting the message?

In March 2015, the American Lung Association published an analysis of tobacco cessation medication coverage through the state health insurance marketplaces created by the ACA. That analysis highlighted the limitations of coverage found in publicly available formulary documents and found that the vast majority of state marketplace plans' coverage was not consistent with federal guidance on covering tobacco cessation as a preventive service.

Since the initial report's release, the Lung Association has seen a dramatic increase in the public availability of formularies and other documents showing cessation coverage and information directing consumers on how to access this coverage. This is welcome news for smokers trying to quit.

Evidence suggests that smoking rates may be high among people enrolled in state marketplace plans:

Individuals eligible for marketplace plan subsidies are likely to have a higher smoking rate than those with higher incomes:

- In 2012, 22.4 percent of Americans earning between 100 to 400 percent of the Federal Poverty Level (FPL) smoked, compared to 12.8 percent of those earning more than 400 percent of the FPL.¹
- In 2012, smoking rates were also higher among the uninsured. The majority of marketplace enrollees in 2014 were previously uninsured.²
- In 2012, 30.0 percent of Americans who were uninsured were current smokers, compared to 17.8 percent of similarly aged people with insurance coverage.¹

All Marketplace Plans Must Cover Tobacco Cessation Treatments

The ACA requires health insurance plans purchased through marketplaces to cover Essential Health Benefits, which include all preventive services given an 'A' or 'B' rating by the U.S. Preventive Services Task Force (USPSTF). The USPSTF, an independent panel of experts in prevention- and evidence-based medicine, has given tobacco [cessation interventions for adults an 'A' grade](#). This makes coverage of tobacco cessation treatments required for all marketplace plans—regardless of whether the federal or state government runs the marketplace.

On May 2, 2014, the U.S. Departments of Health and Human Services, Labor and Treasury issued a Frequently Asked Questions (FAQ) guidance document translating the USPSTF recommendation into insurance coverage policy.³

¹ Centers for Disease Control and Prevention. National Center for Health Statistics. National Health Interview Survey, 2012. Analysis by the American Lung Association, Research and Program Services Division.

² Hamel, Liz et al. "Survey of Non-Group Health Insurance Enrollees." July 19, 2014. Available at: <http://kff.org/private-insurance/report/survey-of-non-group-health-insurance-enrollees/>

³ U.S. Departments of Labor, Health and Human Services and Treasury. FAQs about Affordable Care Act Implementation (XIX). Question 5. Available at: <http://www.dol.gov/ebsa/faqs/faq-aca19.html>

The guidance stated: “The Departments will consider a group health plan or health insurance issuer to be in compliance with the requirement to cover tobacco use counseling and interventions, if, for example, the plan or issuer covers without cost sharing:

1. Screening for tobacco use; and,
2. For those who use tobacco products, at least two tobacco cessation attempts per year. For this purpose, covering a cessation attempt includes coverage for:
 - Four tobacco cessation counseling sessions of at least 10 minutes each (including telephone counseling, group counseling and individual counseling) without prior authorization; and
 - All Food and Drug Administration (FDA)-approved tobacco cessation medications (including both prescription and over-the-counter medications) for a 90-day treatment regimen when prescribed by a healthcare provider without prior authorization.

This guidance is based on the Public Health Service-sponsored [Clinical Practice Guideline, Treating Tobacco Use and Dependence: 2008 Update](#).” The guidance was applied to plans immediately.

Seven FDA-Approved Tobacco Cessation Medications:

- Nicotine Patch
- Nicotine Gum
- Nicotine Lozenge
- Nicotine Nasal Spray
- Nicotine Inhaler
- Bupropion
- Varenicline



Conclusions

Since the “State Health Insurance Marketplace Plans: New Opportunities to Help Smokers Quit” report was first published in March 2015, many formularies have been updated to reflect tobacco cessation medication coverage and many plans have shown considerable effort in making tobacco cessation information transparent, easily found and easily understood by consumers. The American Lung Association celebrates these strides, which will help smokers access resources to help them quit, in turn improving health and preventing disease.

In addition, an updated recommendation for tobacco cessation is expected later this year from the [U.S. Preventive Services Task Force](#). The new recommendation will provide an important opportunity for the Administration to update and further clarify its May 2014 FAQ.

Ultimately, consumers need easy access to formularies and other preventive service coverage information in order to make informed decisions about which health plan will best meet their needs. Access to additional plan policy documents prior to enrollment, such as member handbooks and evidence of coverage documents is also crucial to determine which non-pharmacological treatments are covered, like tobacco cessation counseling, which are also included in the FAQ.

The American Lung Association is committed to helping smokers quit. To this end, the Lung Association will continue to encourage increased consumer education and access to tobacco use counseling and interventions now available to them at no cost in marketplace plans.

The report appendix can be found at <http://www.lung.org/assets/documents/publications/other-reports/state-health-insurance-report-appendix.pdf>

Methodology

The initial data in the report [appendix](#) were collected between January 15 and February 11, 2015. Many plans and plan issuers change the information on their formularies throughout the year. As the Lung Association has been made aware of changes the appendix has been updated, noting the date of the update in the “Updated” column. Please contact Jennifer.singleterry@lung.org if the information on a marketplace plan’s publicly available formulary has been updated since February 11, 2015.

The data collection method differed between federally-facilitated marketplaces and state-run marketplaces. Lists of issuers, plans and formulary links for federally-facilitated marketplaces and the three federally-supported state-based marketplaces were downloaded from Healthcare.gov on January 15, 2015 and January 26, 2015, respectively. This is the same information available to consumers searching for plans through the Healthcare.gov portal. The links to formularies provided were used to gather these data. If the link provided was broken or directed only to a general issuer site, the issuer was recorded as not providing a direct link to the formulary, and the issuer’s website was searched for the most current formulary available for marketplace plans, and the data found was used in the report.

For state-run marketplaces, the marketplace website was searched for public links to formularies, and used to record data when available. When public links were not available through the state-run marketplace website, these issuers were recorded as not providing public links, and researchers then searched issuer websites for the most current formulary available for marketplace plans.

In many cases, plan issuers sold multiple plan products in the same marketplace, with different names and different levels (platinum, gold, silver, bronze). A preliminary analysis determined that medications listed on the formulary did not differ between issuer products—only tiering structure and cost-sharing levels differed. Therefore, data in this report was collected at the plan issuer level.

Medications were considered to be included on the formulary if they were listed in the formulary document, regardless of any limitations or tier assigned to them. Medications were considered to be covered with no cost-sharing if the formulary specifically indicated no cost-sharing or if an additional publically available document clearly showed the medication was available with no cost sharing. If different versions of the medication (generic versus brand name) had different restrictions or pricing, the least restrictive and cheapest were used in the analysis. Bupropion, the generic name for a medication that is used to treat depression under the brand name Wellbutrin, and used for tobacco cessation under the brand name Zyban, was recorded as covered if it was listed as bupropion or Zyban on the formulary.

This analysis contains several potential weaknesses:

- The FAQ guidance states that tobacco cessation counseling must also be covered by insurance plans as preventive care. Information about covered counseling is not available on formularies, and researchers were not able to universally access the documents needed to record coverage of counseling for all marketplace plans. Therefore, this analysis does not include coverage of this critical component of a comprehensive tobacco cessation benefit. This demonstrates the need for HHS and state marketplaces to require plans and issuers to be more transparent about coverage information and with important plan documents.
- Data collection and analysis for the data published in the original version of this report was collected between January 15, 2015 and February 11, 2015. The American Lung Association is committed to updating coverage information in its [appendix](#) when made aware of changes, noting the date of the update in the “Updated” column, but researchers are unable to continually re-analyze all 300+ plan issuers.
- This analysis only takes into account information found on publically available formularies or public documents closely linked to formularies. In some cases, there may be other documents or policies associated with plans that give more detail or clarification about coverage of tobacco cessation treatments—for instance, treatments that are provided with no cost-sharing. The data in this report is only intended to indicate information found on the formulary, and information on cost-sharing or medications coverage in formularies may in fact differ from the actual patient experience. However, the process used to collect data in this report mirrors what consumers experience when shopping for coverage and making purchasing decisions, which is why the Lung Association used this analysis model.

Formulary documents change frequently and the Lung Association is committed to updating the appendix of this report when made aware of changes. Please contact Jennifer.Singleterry@Lung.org if the information on a marketplace plan’s publicly available formulary has been updated.
