

## Tobacco Cessation Coverage Post-Healthcare Reform

Program	Requirement	Effective Date	Notes/Caveats
Medicaid – Pregnant Women	Medicaid programs must cover a comprehensive benefit, as defined by U.S. Public Health Service Guideline.	October 1, 2010	As of Feb. 1, 2011, the Center for Medicare and Medicaid Services (CMS) has not issued guidance to the states on what this requirement means. The Lung Association interprets this provision to mean that all 7 medications and 3 types of counseling must be covered for pregnant women. Guidance from CMS is supposed to be forthcoming.
Medicaid – Non-pregnant adults	No requirement.	N/A	This coverage decision is still up to the states. Note: in 2014, Medicaid programs will not be allowed to exclude tobacco cessation medications from their formularies. It is not yet clear what that provision will mean in implementation.
Medicaid – Children	All children aged 0-19 are provided preventive services, including tobacco cessation when applicable, through the EPSDT program.	Pre-healthcare reform	Cessation medications are not FDA-approved for children under the age of 18.
Medicaid – newly eligible in 2014	Must be provided with the Essential Health Benefits Package.	January 1, 2014	Health and Human Services Secretary must define the Essential Health Benefits Package. The process is underway to determine what will be in this package. The first regulation detailing the package is expected in late 2011.
Medicare	Prescription cessation medications (Part D) and individual counseling (Part B) are covered.	Pre-healthcare reform	Healthcare reform added a free annual wellness visit for Medicare beneficiaries, which can include talk about quitting smoking.

Private Insurance – Plans existing before March 2010	No requirement	N/A	Plans existing before March 2010 are “grandfathered” into the legislation. This means most requirements do not apply to these plans until they make a significant change, which will cause them to lose their grandfathered status.
Private Insurance – Plans existing after March 2010	Tobacco cessation services must be covered, as the U.S. Preventive Services Task Force designates tobacco cessation as an ‘A.’	September 23, 2010	The definition of this requirement is not detailed. Until the Department of Health and Human Services issues further regulations or guidance, these plans are required to cover some form of tobacco cessation treatment, but the plans get to choose which treatments to cover, and how many.
State Exchanges*	Must be provided with the Essential Health Benefits Package.	January 1, 2014	Health and Human Services Secretary must define the Essential Health Benefits Package. The process is underway to determine what will be in this package. The first regulation detailing the package is expected in late 2011.
State Employees	No requirement.	N/A	Coverage decision is left up to states. However, many states used managed care for their employees, and those plans most likely fall under the requirements for private insurance.
Federal Employees	All federal employee plans must cover a comprehensive cessation benefit	January 1, 2011	This was Office of Personnel Management policy change independent of healthcare reform.

\*State exchanges will provide insurance to people who do not qualify for Medicaid, Medicare or other government insurance programs, and who: 1) don’t get insurance through their employer; or 2) can’t afford their employer-sponsored insurance; or 3) are unemployed. Individuals earning between 100 and 400 percent of the federal poverty line will receive subsidies to pay for purchasing insurance through the exchanges.