

Ohio Cessation Benefits Team

Recommended Summary Plan Description Language for Employers Baseline Tobacco Cessation Covered Benefits

For plan years beginning on or after September 23, 2010, the federal Patient Protection and Affordable Care Act (PPACA), requires that all non-grandfathered employers offering coverage must offer all United States Preventive Services Task Force (USPSTF) A and B recommendations with no cost-sharing for their employees.

The benefits outlined below are consistent with PPACA.

Screening

Coverage: Routine screening for tobacco use is a covered benefit.

Frequency: Screening is conducted on a regular basis.

Counseling

Coverage: Counseling is a covered benefit for tobacco dependence treatment.

Restrictions: Counseling is offered but not required as a condition of receiving other cessation benefits (individual, group, telephonic).

Frequency: Multiple courses of counseling are offered per calendar year with no requirement regarding number of sessions or duration of sessions.

Evidence: Person-to-person treatment delivered for four or more sessions appears especially effective in increasing abstinence rates. Therefore, if feasible, clinicians should strive to meet four or more times with individuals quitting tobacco use.

Pharmacotherapy

Coverage: All Food and Drug Administration-approved nicotine replacement products and tobacco cessation medications (over the counter and prescription) are covered (Bupropion SR, Varenicline, and various forms of nicotine replacement).

Restrictions: Provision of medications is not linked to enrollment in counseling or coaching.

Frequency: At least two courses of treatment per year. *

Evidence: Pharmacotherapy has demonstrated quit rates of up to 44 percent. Combining counseling (telephonic or face-to-face) with pharmacotherapy is even more effective.

Lifetime limits

Coverage: Benefits cover at least two quit attempts a year with no lifetime limit on counseling or pharmacotherapy. *

Restrictions: Coverage is not tied to diagnosis of a tobacco-related medical condition.

Patient out-of-pocket

Coverage: Covered treatment should include no employee cost-sharing (e.g. copays, deductibles).

Evidence: Research has demonstrated that the cost of treatment keeps people from accessing treatment. Conversely, free treatment increases participation and overall quit rates.

**** USPSTF is silent with respect to frequency and payment so the Ohio Cessation Benefit Team has deferred to the evidence-based Centers for Disease Control recommendations regarding frequency and payment.***

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