helping benefit Oregon smokers

Collaborating to help Oregon tobacco users quit.

Frequently Asked Questions (FAQ's)

Q. Why an insurance mandate?

A. Before SB 734 was passed, not all insured Oregonians had coverage for cessation services. Many do did have coverage did not know it was available. In 2007, only 18% of adult smokers in Oregon knew they had insurance coverage that paid for the cost of any smoking cessation services.[1]

As of January 1, 2010, the 72% of adult Oregonians covered by private insurance will have access to these services![2] Oregon survey data shows that:

- 80% of adult Oregonians who currently smoke would like to quit.
- 3 out of 4 adult smokers would find assistance to quit smoking, such as a nicotine patch or gum or a smoking cessation program, helpful.[3]

The greatest benefit will be to the health of each Oregonian who can kick the habit. By doing so, potentially tens of thousands of dollars in individual expenses may be saved by preventing chronic and debilitating diseases caused by tobacco use.

Many states have passed or are supporting such legislation. Seven states have some requirements mandating commercial or private insurers to offer tobacco use cessation benefits, including Oregon. Forty-eight states have added tobacco dependence treatment as part of the core coverage in their Medicaid benefit plans.

Q. What is "tobacco dependence treatment"?

A. The components of effective, evidence-based tobacco dependence treatment are found in the United States Public Health Service *Treating Tobacco Use and Dependence Clinical Practice Guideline*. Effective treatment combines the use of one or a combination of FDA-approved pharmacotherapy including nicotine replacement therapy (patch, gum, lozenge, nasal spray, and inhaler), sustained-release bupropion (Zyban™), and varenicline (Chantix™) with behavioral counseling. **In general, longer, more comprehensive treatment is more effective than brief treatment.**

Q. Why provide insurance coverage for tobacco cessation treatment?

A. The evidence base shows that tobacco dependence treatments are both clinically effective and highly cost effective relative to commonly covered treatments for other clinical disorders.[4] The U.S. Public Health Service Guideline recommends that all insurance plans cover tobacco use cessation programs.

Further, the evidence base shows that smokers who receive tobacco dependence treatment are 2-3 times more likely to quit than those who don't. And, smokers who have easy, low cost or free access to tobacco dependence treatment are much more likely to use treatment than those who do not. Including tobacco dependence treatment as a standard health care

benefit is the best way to make it possible for smokers to have access to the treatment they need to quit.

Q. What tobacco dependence treatment does this bill cover?

A. This bill mandates core coverage for all usual and customary treatment options for tobacco dependence treatment, as described by the U.S. Public Health Service Guidelines 2008 Update. Such inpatient and outpatient treatments include, but are not limited to the following, first-line, effective treatments:

- Over-the-counter treatments such as the nicotine patch, lozenges and nicotine gum
- FDA approved prescription medications including bupropion (Zyban™), varenicline (Chantix™), and nicotine nasal spray and inhalers
- Behavioral treatment provided through individual sessions, group sessions, and via telephone quitlines.

Q. Why does this bill cover anyone 15 or older?

A. Smoking usually begins in adolescence, typically between the ages of 13 and 17. See*:* *http://quitsmoking.about.com/od/teensmoking/a/teensmokefacts.htm*. Addressing tobacco use with these young patients can help prevent a lifetime of addiction and disease.

People who begin smoking at a young age are more likely to face severe nicotine dependence later in life.[5] A report released in July 2008 found that teens that began smoking at 16 or younger who've inherited common genetic variations may be more susceptible to nicotine addiction.[5]

Q. What are the exceptions to the mandate?

A. Medicaid, Medicare, disability income, short term health insurance, insurance for students, and other non-traditional "health benefit" plans as defined in ORS 743.730 are not required to cover cessation services under this mandate. Oregon Medicaid already fully covers tobacco dependence treatment. Medicare covers counseling by licensed and Medicare eligible health providers. Pharmacotherapy is covered through Medicare Part D.

Q. Is the $500 an annual benefit?

A. The law does not specify if $500 is an annual amount, or lifetime benefit. $500 is approximately enough to cover one, three-month course of treatment.

Treating tobacco dependence mirrors treatment for other chronic, relapsing diseases. While the treatments are effective for helping smokers to quit, the ability to remain abstinent permanently is usually more complex. The nicotine in tobacco is a central nervous system drug that causes smokers to become dependent. When smokers quit, there is a cascade of withdrawal effects that often trigger relapse. Stop smoking medications treat withdrawal symptoms, helping to prevent relapse. Behavioral counseling helps people learn how to adjust to a non-smoking life. Typically, it takes several courses of treatment with adjustments in types and doses of medications together with specific behavioral advice and support to complete the recovery process.

Q. Are there other private insurance mandates for tobacco cessation?

A. Yes. Six other states across the country have private insurance mandates for tobacco cessation. These states include Colorado, New Jersey, North Dakota, New Mexico, Rhode Island and Maryland.

Q. What is the economic impact in Oregon?

A. Tobacco use cost Oregonians more than $2.2 billion in 2005:[3]

- Direct medical expenditures $1,079,512,000
- Indirect costs of lost productivity due to premature death $1,147,600,000
- Total annual economic costs in Oregon due to tobacco $2,227,112,000

In a 2006 national report produced by Milliman Inc., the per member per month cost of adding a tobacco cessation benefit ranges from $.28 for a moderate benefit to $.45 for a fully comprehensive benefit. The return on investment for employers is $201 in the first year for every employee or dependent who quits and increases.[6]

Q. Will this bill impact the Oregon Health Plan?

A. No. Since 1998, Oregon Medicaid has provided coverage of tobacco use cessation benefits and programs.

Q. How does smoking impact Oregon?

A. According to Oregon physician death certificate reports, tobacco contributed to 6,921 deaths in 2005 (22 percent of all deaths). In addition, there are an estimated 800 deaths caused by secondhand smoke in Oregon annually.[3]

REFERENCES:

[1]Behavior Risk Factor Surveillance Survey, 2007
[2]American Community Survey, 2008
[3]Oregon Tobacco Facts and Laws, April 2009
http://www.oregon.gov/DHS/ph/tobacco/docs/facts09.pdf
[4] Fiore MC, Jaén CR, Baker TB; et al. *Treating Tobacco Use and Dependence: 2008 Update.* Rockville, MD: US Dept of Health and Human Services; May 2008.
[5] Weiss RB, Baker TB, Cannon DS, von Niederhausern A, Dunn DM, Matsunami N *et al*. A candidate gene approach identifies the CHRNA5-A3-B4 region as a risk factor for age-dependent nicotine addiction. *PLoS Genet* 2008; 4: e1000125.
[6] Milliman Inc. Covering Smoking Cessation as a Health Benefit: A Case for Employers. New York. December 20, 2006.