

Health Care Reform: What It Means for Tobacco Addiction Treatment

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About Partnership for Prevention®

Who We Are:

- Nonprofit, non-partisan national health policy organization

What We Do:

- Work to improve the health of all Americans by increasing the priority on disease prevention and health promotion
- Develop, translate, disseminate and advocate for science-based policies, practices, and programs
- Convene various sectors to address priority health concerns
- Leverage the workplace and engage with business community to improve health

Mission



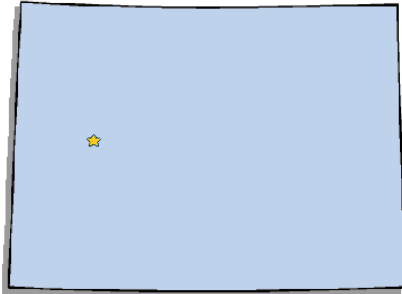
ActionToQuit is a tobacco cessation initiative that urges all sectors – employers, insurers, health care systems, quitlines, and policymakers – to work together to ensure that all tobacco users have access to comprehensive cessation treatments.



ActionToQuit State Grant Program

Colorado:

*Cessation Coverage/Treatment
for Colorado's Uninsured*



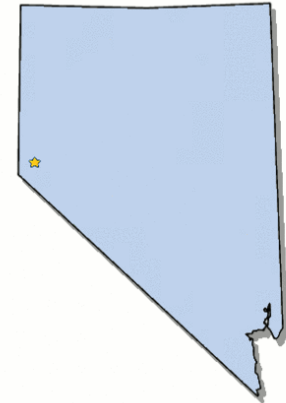
Florida:

*Tobacco Cessation Summit &
Action Plan*



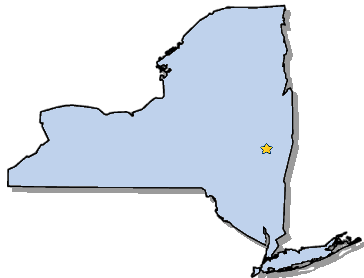
Nevada:

*Increasing Cessation
Access for All Nevadans
(I-CAAN)*



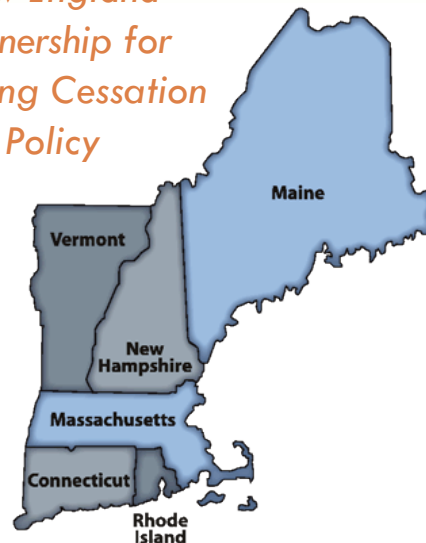
New York:

*New York Access to Tobacco Use
Treatment Strategic Planning
Project*



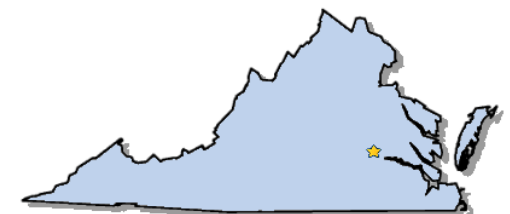
New England:

*New England
Partnership for
Smoking Cessation
Policy*



Virginia:

*Virginia Partnership for
Tobacco Use Cessation*



National Commission on Prevention Priorities Rankings

Highest Ranking Preventive Services for U.S. Population	H.I.	C.E.	Total
Discuss daily aspirin use—men 40+, women 50+	5	5	10
Childhood immunizations	5	5	
Smoking cessation advice and help to quit—adults	5	5	
Alcohol screening and brief counseling—adults	4	5	9
Colorectal cancer screening—adults 50+	4	4	8
Hypertension screening and treatment—adults 18+	5	3	
Influenza immunization—adults 50+	4	4	
Vision screening—adults 65+	3	5	
Cervical cancer screening—women	4	3	7
Cholesterol screening and treatment—men 35+, women 45+	5	2	
Pneumococcal immunization—adults 65+	3	4	
Breast cancer screening—women 40+	4	2	6
Chlamydia screening—sexually active women under 25	2	4	

Tobacco Benefit

- The CDC's recommended guidelines for smoking cessation benefits include five key actions:
- Comprehensive tobacco cessation benefits cost between \$1.20 and \$4.80 per person per year compared to \$1,623 per smoker per year in excess medical expenditures alone (not including lost productivity)

1	Eliminate or minimize co-pays or deductibles for counseling and medications.
2	Cover at least four counseling sessions of at least 30 minutes each.
3	Provide counseling and medication coverage for at least two smoking cessation quit attempts per year.
4	Cover prescription medications for smoking cessation.
5	Cover OTC medications for smoking cessation.

Affordable Care Act

Public Law 111–148
111th Congress

An Act

Entitled The Patient Protection and Affordable Care Act.

Mar. 23, 2010

[H.R. 3590]

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the “Patient Protection and Affordable Care Act”.

(b) TABLE OF CONTENTS.—The table of contents of this Act is as follows:

Sec. 1. Short title; table of contents.

TITLE I—QUALITY, AFFORDABLE HEALTH CARE FOR ALL AMERICANS

Subtitle A—Immediate Improvements in Health Care Coverage for All Americans

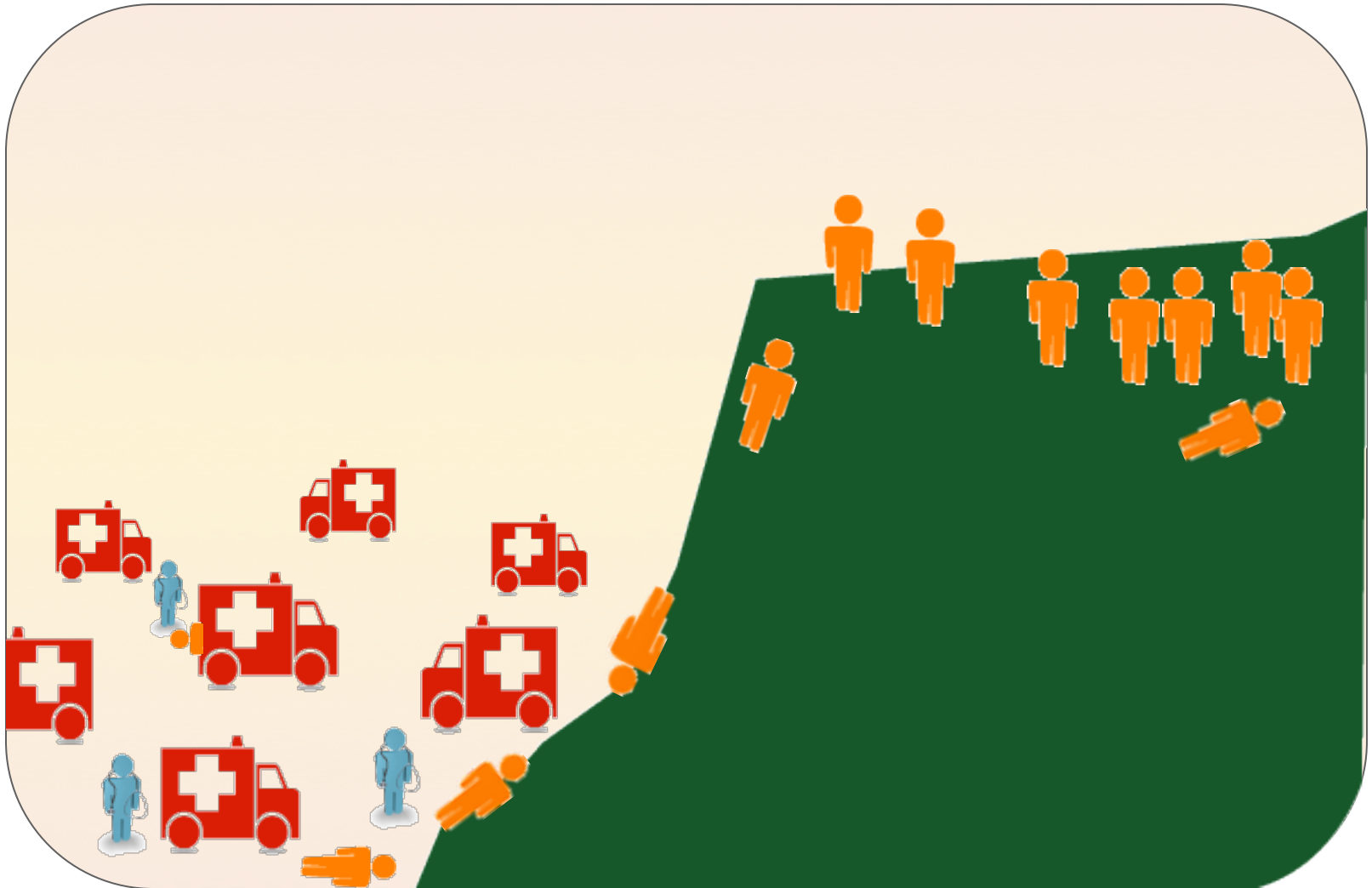
Sec. 1001. Amendments to the Public Health Service Act.

“PART A—INDIVIDUAL AND GROUP MARKET REFORMS

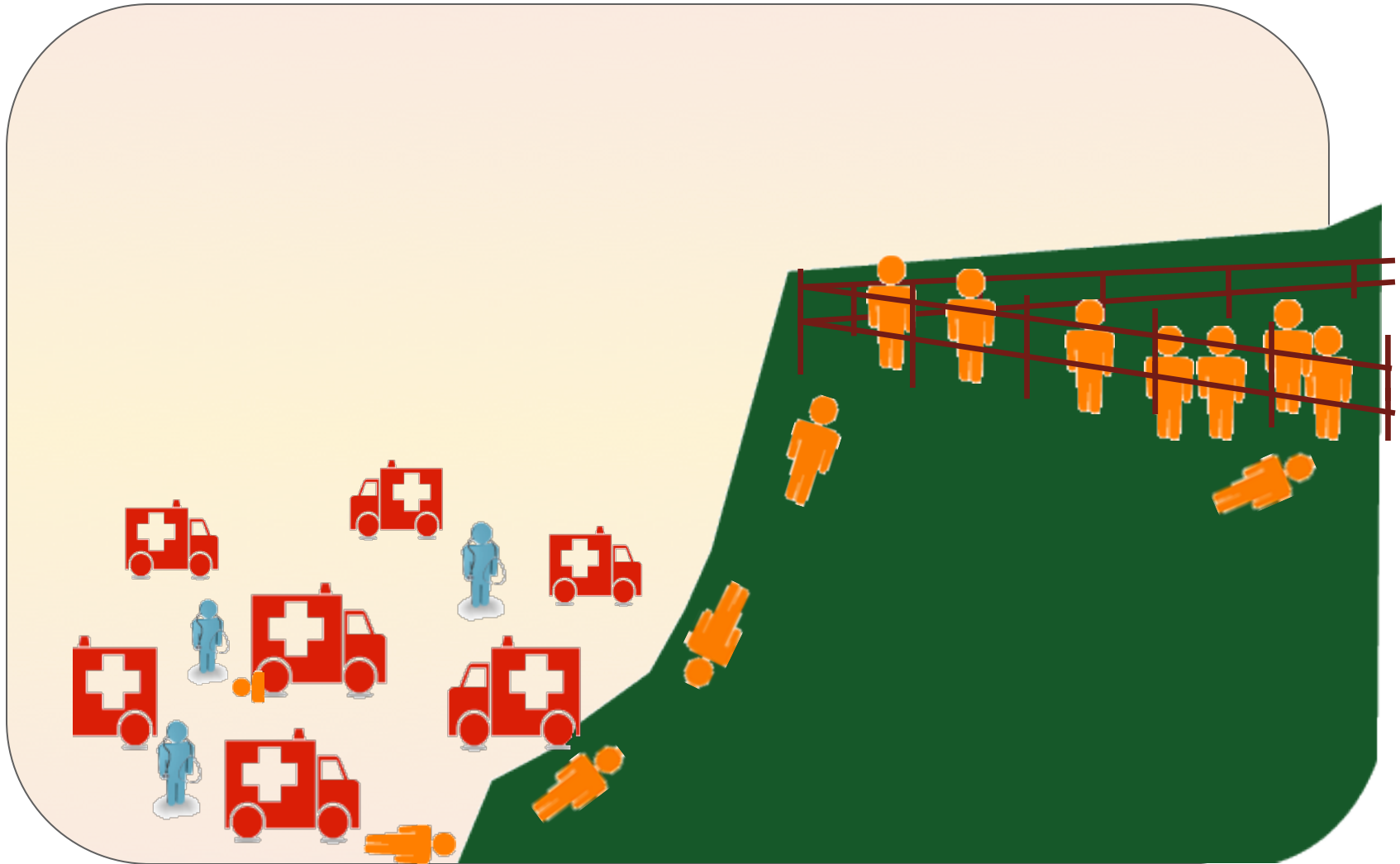
“SUBPART II—IMPROVING COVERAGE

Patient
Protection and
Affordable Care
Act.
42 USC 18001
note.

The Current State of Health Care



The Future of Health Care



**IF YOU
COULD
SAVE
100,000
LIVES,
WOULD
YOU
DO IT?**

**REAL
HEALTH REFORM
STARTS WITH
PREVENTION**

What Can Congress Do?

To promote high-value, cost-effective clinical preventive services, Congress can:

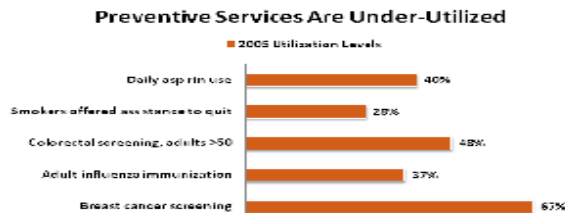
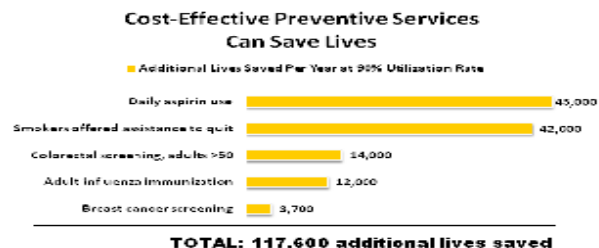
- Provide coverage in all federal health plans
- Encourage coverage in non-federal plans
- Eliminate deductibles and co-pays for the most cost-effective services
- Educate the public about the importance of getting proven clinical preventive services

For more information on how to include disease prevention and health promotion in the health reform bill, go to: www.prevent.org/healthreform

As a matter of fact, Congress can help do just that.

Preventive services not only help keep people healthy, but they actually save lives. For example, if just the five clinical preventive services listed below were utilized on a wider scale, **more than 100,000 additional lives** would be saved each year.

Currently, several obstacles keep clinical preventive services from being used more often. Congress can remove those obstacles as part of health reform legislation. Deductibles, co-pays and lack of coverage can discourage clinicians from recommending clinical preventive services and discourage patients from having them performed.



National Commission on Prevention Priorities. Preventive Care: A National Profile on Use, Disparities, and Health Benefits. Partnership for Prevention, August 2007.



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Affordable Care Act: “Sharing the Good News”

Key Provisions Affecting Tobacco Use

Required Coverage of Tobacco Cessation (no co-pays):

- New Group and Individual Health Plans
- Medicare
- Pregnant Women and Medicaid
- Incentives to Expand Medicaid coverage of cessation

\$15 Billion Prevention and Public Health Fund

- New Community Transformation Grants
- Expanded Communities Putting Prevention to Work Grants
- Strengthen Public Health Infrastructure

National Prevention, Health Promotion & Public Health Council

- Chaired by Surgeon General
- Senior Representations from President’s Cabinet
- Tobacco Control expected to be major focus
- Charged with preparing National Prevention Strategy

Health Reform and Tobacco Cessation

- ❑ Medicare - Expanded coverage for cessation counseling to all tobacco users in 2010
- ❑ Private Insurers – all new plans after September 2010 must cover USPSTF A and B recommended preventive services including cessation treatments
- ❑ Medicaid – Now covers cessation services, but these are limited to pregnant women

Implementation is Key

Expanded Coverage needs careful implementation

- ❑ Need to define benefits to foster comprehensive coverage
- ❑ Need to support coverage of OTC medications
- ❑ Need to identify ways to enhance coverage and capability of Quit lines
- ❑ We need to increase utilization of new services

Keep Tobacco a Prominent Priority in Community Prevention

Dispel the notice that we've done enough about tobacco – we've just started.

- Obesity is new, important priority but not at expense of reducing tobacco prevalence
- Community prevention must continue to focus on smoke free environments; especially in hospitals, public spaces like parks and recreational facilities.
- We need more physically active communities - but these need to be smoke-free communities.

The Future



Thank You

Partnership for Prevention appreciates
all the efforts of leaders in
Florida to advance
Tobacco cessation policy and services!

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