Agency for Healthcare Research and Quality

Immediate Office of the Director

DATE: May 3, 2000

TO: Devorah Adler

FAX: 202 - 456 - 5542

FROM: Chris Williams

COMMENTS: Devorah: This is a snapshot of major government programs and policy re: smoking cessation. Let me know if you need more information.

Chris Williams

TOTAL NUMBER OF PAGES INCLUDING THIS COVER SHEET: 2

AHRQ Liaison Office

Humphrey Building (Room 638G), 200 Independence Avenue, SW, Washington, DC 20201

(202) 690-8205 (o) ***** (202) 690-6154 (fax)

Federal Government Policy RE: Smoking Cessation Coverage

MEDICARE

Medicare currently does not cover smoking cessation outpatient treatments (pharmacotherapy and counseling).A demonstration project is planned in FY2001 to determine the health outcomes and cost-effectiveness of smoking cessation drugs as a potential Medicare benefit. The demonstration is included in HCFA's FY 2001 budget request. Jeff Kang, M.D., Director of the Office of Standards and Quality at HCFA discussed the demonstration during a May 1 Hill briefing on Medicare preventive health services.

MEDICAID

The HCFA budget information for 2001 Smoking Cessation Coverage is as follows: "The Budget requires States to cover prescription and certain non-prescription smoking cessation drugs for Medicaid beneficiaries. Costs for these drugs will be matched at the regular Medicaid matching rate. States will have the authority to decide which non-prescription drugs they will cover." Approximately 25 states have some type of coverage (pharmacotherapy and/or counseling) with a wide variety of conditions. The budget requests $12 million for smoking cessation in FY 2001, and up to $66 million by FY'05.

SCHIP

Under the SCHIP program, states who develop programs to cover low-income children are required to offer health benefits coverage equivalent to benefits coverage in a benchmark package with an actuarial equivalent to (1) FEHBP equivalent, State Employee Coverage, or coverage offered through an HMO. Presumably, coverage for Smoking Cessation is not a mandated benefit across all plans.

OPM:

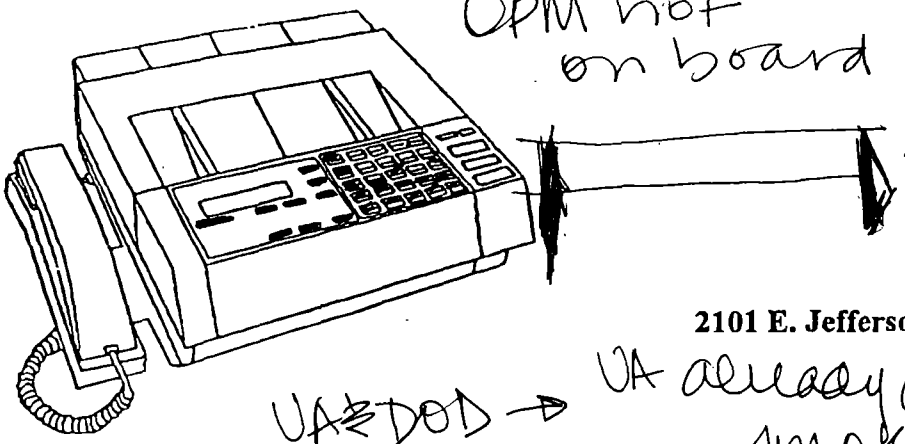
Smoking cessation treatment is not a mandated benefit under FEHBP. Some plans do cover cessation, but at this writing it is unclear how many plans offer coverage. We are working with OPM to get a sense of the % of plans that offer this benefit.

VA:

VA covers smoking cessation treatment for veterans through its medical facilities. Though not yet funded, they are also developing two separate initiatives: (1) one that looks at contracting fee-for service facilities to treat veterans to make it more convenient for veterans to seek treatment closer to home, and (2) one that looks at Implementing benefits for employees within VA.

DoD

Under the DOD Tri-Care program, active military, their families and military retirees have a number of options for health care. While there is not 100% coverage for smoking cessation programs under the various options, DOD supports smoking cessation coverage and is working to expand coverage to its beneficiaries. Under "Tri-Care 'Prime'", a managed care option, plans are being encouraged to provide smoking cessation coverage. In July of 1999, DOD established an Alcohol Abuse and Tobacco Use Reduction Committee for the purpose of advancing Alcohol Abuse and Tobacco Use Reduction policy initiatives that are consistent with DOD readiness requirements and the Military Health System Strategic Plan goals of "Fit and Ready Force; and Healthy Communities at home and abroad, in peacetime and in conflict."



OPM not on board

VA ≠ DOD → VA already covers smoking cessation

DOD covers as well

Jeff Kang; HCFA demonstration 200,000 beneficiaries

AHRQ
Agency for Healthcare Research and Quality

2101 E. Jefferson St., Rockville, MD 20852
FAX: 301.594.2286

Date: 4/28 Time: 4:10 p.m.

To: Chris Jennings From: Chris Williams

Organization: White House Organization: AHRQ

Phone: (202) 456-5560 Phone: (301) 594-1328

Fax: (202) 456-5557

0061000

Comments: Chris - KEY INFO ON TOBACCO Guideline Update. Let me KNOW if you HAVE ANY MORE QUESTIONS OR WANT MORE INFO.

Chris Williams

p.s. Are you coming to John's Aging Reunion?

Number of pages (not including cover sheet): 2

Update of Treating Tobacco Use and Dependence, A Clinical Practice Guideline

The updated Guideline, "Treating Tobacco Use and Dependence, A Clinical Practice Guideline," is a product of the Tobacco Dependence Guideline panel and consortium partners charged with the responsibility of identifying effective, experimentally validated tobacco dependence treatments and practices. The consortium includes seven governmental and nonprofit organizations: AHRQ, CDC, NCI, NIDA, NHLBI, the Robert Wood Johnson Foundation and the University of Wisconsin Medical School's Center for Tobacco Research and Intervention (CTRI). The updated Guideline will be published as a United States Public Health Service Report.

The Guideline is an update of the 1996 Smoking Cessation Clinical Practice Guideline sponsored by AHCPR (now AHRQ). The original 1996 Guideline panel, Chaired by Michael Fiore, M.D., of CTRI was reconvened for the update. The original Guideline reflected the scientific research literature (approximately 3,000 articles) published between 1975-94. The updated Guideline was written in response to new, effective clinical treatments for tobacco dependence identified since 1994. Another 3,000 articles were published between 1995 and 1999.

A comparison of the findings of the year 2000 Guideline with the earlier 1996 Guideline reveals the considerable progress made in tobacco research over the brief period separating these two works. Among many important differences between the two documents, the following deserve special note:

* the update has produced even stronger evidence of the association between counseling intensity and successful treatment outcomes, and has also revealed evidence of additional efficacious counseling strategies. These include phone counseling and counseling that helps smokers enlist support outside the treatment context.

* the update offers the clinician many more efficacious pharmacologic treatment strategies than were identified in the earlier version. There are now seven efficacious smoking cessation medications, allowing the clinician and patient many more treatment options. Further information is also available on the efficacy of combinations of nicotine replacement therapies and pharmacotherapies that are obtained over-the-counter.

* the update contains strong evidence that smoking cessation treatments shown to be efficacious in this Guideline are cost-effective relative to other routinely reimbursed medical interventions (eg, mammography screening). The Guideline panel concluded that smoking cessation treatments should not be withheld from patients when other less cost-effective medical interventions are routinely delivered.

The Guideline includes eight findings and recommendations, mostly clinical in nature. The Guideline update, like the 1996 version includes the finding that tobacco dependence treatments are both clinically effective and cost-effective relative to other medical and disease prevention interventions. "As such, insurers and purchasers should ensure that:

A. All insurance plans include as a reimbursed benefit the counseling and pharacotherapeutic treatments identified as effective in this Guideline; and

B. Clinicians are reimbursed for providing tobacco dependence treatment just as they are reimbursed for treating other chronic conditions."

Dr. Fiore spoke at a February Conference, "Addressing Tobacco in Managed Care"; presenting the key findings contained in the Guideline update, including the specific pharmacotherapies which are found to be efficacious. In addition, the Guideline update received extensive external review.

We expect the Guideline Update to be released in late June, and hope to coordinate the release with the publication of a summary of the Tobacco Guideline update in JAMA; tentatively scheduled for June 28. We hope that Dr. Satcher or the Secretary will be the lead for the release of the Guideline. The draft Guideline has been vetted with all relevant Government Agencies and private sector consortium partners, including HCFA.

United States Office of Personnel Management

FAX TRANSMITTAL SHEET

OFFICE OF THE DIRECTOR
1900 E STREET, NW, ROOM 5H09
WASHINGTON, DC 20415

No. of Pages
3

Please Deliver To:

Name: Devorah Adler

Office: DPC Room:

Telephone: Fax—456-5557

From:

Name: **Fred Haggard**

Office: **OPM** Room:

Telephone: **(202) 606-1000** Fax Number: **(202) 606-4489**

Remarks

Here's the draft memo.

MEMORANDUM FOR THE HEADS OF EXECUTIVE DEPARTMENTS AND AGENCIES

SUBJECT: Expanding Access to Smoking Cessation Programs

Smoking related diseases claim more than 430,000 lives each year in our country. In addition, smoking costs the United States tens of billions of dollars each year in health care costs and lost productivity and is directly responsible for 87% of lung cancer cases. The more tragic result of smoking related diseases is that a husband, wife, mother, father, brother, sister or a close friend is lost in the prime of his or her life. While there is evidence that the number of former smokers is increasing, there is still much that remains to be done.

On August 9, 1997, I issued Executive Order 13058, establishing a smoke-free environment for the more than 1.9 million Federal employees and members of the public visiting or using Federal facilities Section 4 of that Order encouraged agencies to establish programs to help employees stop smoking. In 1998, the U.S. Office of Personnel Management conducted a survey to determine what agencies had done to help employees stop smoking. The results of that survey showed that more than 90 percent of those responding had smoking cessation programs in place at the worksite or were planning to initiate them.

Following that survey, the Office of Personnel Management provided each agency with a "Model Smoking Cessation Program" (www.opm.gov/ehs/smokmod2.htm), as well as guidelines on establishing programs designed to help employees stop smoking (www.opm.gov/ehs/smokgud3.htm). I am gratified by the response to my request and the good progress that we have made.

I have also noted that the more than 800,000 employees of the Postal Service and their customers have enjoyed smoke free workplaces sine 1993. And I am equally impressed that the 1.4 million members of the armed forces and their families have benefited from a number of initiatives, including smoke free workplaces and other facilities, and mandatory smoking cessation programs.

These are all impressive achievements, however, we need to build on this progress to make sure that every Federal employee knows about their work-site smoking cessation program and that these programs are using the best practices available.

Therefore, I direct each Federal agency to send a personal message to all employees that (1) informs them about the benefits of not smoking; (2) describes smoking cessation programs available to them; and (3) encourages participation in the American Cancer Society's Great American Smokeout which is scheduled for November 16, 2000.

In addition, I direct all Federal agencies to review their current smoking cessation programs and to provide a report on their achievements and effectiveness to the Director of OPM, within the next 60 days. Any new initiatives planned should also be a part of the report. OPM will use this information to identify best work practices and report to me on these findings by _____.