

**GOAL: Expand access to comprehensive tobacco cessation treatment to 50% of smokers by 2015, and 100% by 2020**

- At least 20 percent of the adult population in the U.S. smokes or uses some form of tobacco product.<sup>1</sup>
- Only one-third of adult smokers use proven treatments in their quit attempts.<sup>2</sup>
- Only 1 in 50 employers in the U.S. offer employees who smoke coverage for all evidence-based treatments proven to increase their chances of quitting. And 1 out of every 5 employers cover none of the effective treatments.<sup>3</sup>
- Medicaid coverage varies widely by state, with only one state providing coverage for all recommended treatments.<sup>4</sup>
- Medicare currently covers cessation counseling only for smokers who have a disease or an adverse health effect linked to tobacco use, or who are taking a therapeutic agent whose metabolism or dosing is affected by tobacco use.<sup>5</sup>
- Inadequate state and federal funding for quitlines across the country has resulted in widely variable access to treatment, with few offering comprehensive treatment (i.e., counseling and medication) to all tobacco users interested in receiving treatment.<sup>6</sup>
- When health benefits are provided, they are often not promoted, and tobacco users are generally unaware of such benefits.<sup>7</sup>

## **Recommendations**

### **Insurance Coverage Recommendations:**

- Ensure that all insurance, managed care and employee benefit plans, including Medicaid and Medicare, contain comprehensive coverage for effective smoking cessation programs – *IOM Blueprint*
- Eliminate cost and other barriers to treatment for underserved populations, particularly the uninsured and populations disproportionately affected by tobacco use – *CDC Best Practices*
- Cover treatment for tobacco use under both public and private insurance, including individual, group and telephone counseling, and all FDA-approved medications<sup>8</sup> – *CDC Best Practices*
- Provide coverage for treatments shown to be effective in the Guideline in public and private health benefit plans – *Public Health Service Clinical Practice Guideline*

### **Quitline Recommendations:**

- Quitlines can play an important role in reaching and motivating smokers to quit and comprehensive services should be available to every tobacco user each time they try to quit – *IOM Blueprint*
- Increase the level of investment for telephone-based cessation services... Sustain, expand and promote the services available through population-based counseling and treatment programs, such as cessation quitlines – *CDC Best Practices*
- Ensure patient access to quitlines and promote quitline use – *PHS Clinical Practice Guideline*

### **Healthcare Systems Recommendations:**

- Help state tobacco control agencies work with healthcare partners to increase the demand for effective cessation programs – *IOM Blueprint*
- Encourage physicians to refer patients to practical counseling services – *IOM Blueprint*
- Ensure that clinicians and healthcare delivery systems consistently identify and document tobacco use status and treat every tobacco user seen in a healthcare setting – *PHS Clinical Practice Guideline*
- Implement the healthcare system changes recommended by the PHS Guideline – *CDC Best Practices*

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1. Centers for Disease Control and Prevention, [http://www.cdc.gov/nchs/data/nhis/earlyrelease/200806\\_08.pdf](http://www.cdc.gov/nchs/data/nhis/earlyrelease/200806_08.pdf).
  2. Shiffman S, Brockwell SE, Pillitteri JL, and Gitchell JG. Use of smoking-cessation treatments in the United States. *Am J Prev Med.*2008; 34:102-111.
  - 3 National Business Group on Health, “Insights on Employers’ Attitudes and Perceptions of the Value of Smoking Cessation,” November 2007.
  - 4 Centers for Disease Control (CDC) State Medicaid Coverage for Tobacco-Dependence Treatments—United States, 2006. *MMWR.* 2008;57(5):117-22
  - 5 Centers for Medicare and Medicaid Services (CMS). (2005). Smoking Cessation. Available at: <http://www.cms.hhs.gov/SmokingCessation/>. Accessed July 24, 2008.
  - 6 SE Cummins, L Bailey, S Campbell et al. Tobacco cessation quitlines in North America: a descriptive study. *Tobacco Control* Dec 2007, vol 16, suppl 1, i9.
  - 7 Use of a New Comprehensive Insurance Benefit for Smoking-Cessation Treatment. M. Burns, M. Rosenberg, and M. Fiore, Available at: <http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=1435712>
  - 8 Centers for Disease Control (CDC). Best Practices for Comprehensive Tobacco Control Programs—2007. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Office on Smoking and Health, 2007. Available at: [www.cdc.gov/tobacco/tobacco\\_control\\_programs/stateandcommunity/best\\_practices/index.htm](http://www.cdc.gov/tobacco/tobacco_control_programs/stateandcommunity/best_practices/index.htm).

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