



State of Utah

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Insurance Department

TODD E. KISER
Insurance Commissioner

BULLETIN 2015-11

To: Health Insurers Offering Health Benefit Plans
From: Todd E. Kiser, Utah Insurance Commissioner
Date: December 11, 2015
Subject: **Requirements for Tobacco Cessation**

This Bulletin applies to all insurers whose health benefit plans offer coverage for preventive services subject to the United States Preventive Services Task Force (USPSTF). This Bulletin provides guidance to insurers regarding the coverage requirements for tobacco cessation as required by the U.S. Department of Labor, Department of Health and Human Services, and the department of the Treasury (the agencies).

The final rules, 45 CFR 147.130, require non-grandfathered health benefit plans to provide coverage for all of the following preventive services without imposing any co-payments, co-insurance, deductibles, or other cost-sharing requirements, when delivered by in-network providers:

- Evidence-based items or services with an A or B rating recommended by the USPSTF;
- Immunizations for routine use in children, adolescents, or adults recommended by the Advisory Committee on Immunization Practices of the Center for Disease Control and Prevention;
- Evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration (HRSA) for infancies, children and adolescents; and
- Other evidence-informed preventive care and screenings provided for in comprehensive guidelines supported by HRSA for women.

The above required preventive services include tobacco use screening and tobacco cessation interventions. The agencies provided FAQ¹ guidance on May 2, 2014 referencing the USPSTF recommendations which do not specify a frequency, method, treatment, or setting for tobacco use screening or tobacco cessation interventions. The FAQ indicates an insurer may use reasonable medical techniques to determine any coverage limitations. The FAQ further indicates an insurer

¹ <http://www.dol.gov/ebsa/faqs/faq-aca19.html>

would be considered to be in compliance if the health benefit plan covers, without cost sharing or prior authorization:

- Screening for tobacco use; and
- For those who use tobacco products, at least two quit attempts per year of which each attempt includes:
 - Four tobacco-cessation counseling sessions of at least ten minutes each, in the following settings:
 - telephone counseling;
 - group counseling; and
 - individual counseling; and
 - All FDA-approved tobacco-cessation medications, both prescription and over-the-counter medications, for a 90-day treatment regimen when prescribed by a health care provider.

Pursuant to UCA § 31A-2-212(5)(b)(iii), the Department expects all non-grandfather health benefit plans to offer similar benefits for tobacco screening and cessation. Additionally, the benefits should be clearly identifiable to an insured.

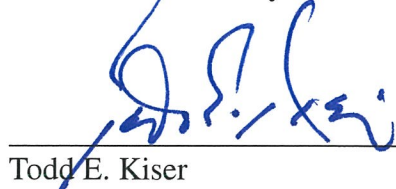
Grandfathered health benefit plans providing preventive health services in accordance with the USPSTF must also follow these same guidelines. However, a grandfathered plan may impose co-payments, co-insurance, deductibles, or other cost-sharing requirements.

Insurers who treat tobacco use as a substance use disorder, are required to provide tobacco cessation benefits in compliance with the Mental Health Parity and Addiction Equity Act.

The Utah Indoor Clean Air Act, Utah Code Annotated § 26-38-2 and Utah Administrative Code Rule R392-510, defines smoking, which includes the use of an e-cigarette. As such, preventive benefits for tobacco screening and cessation would apply to all lighted or heated tobacco product(s) in any form including a cigar, cigarette, pipe, or hookah, including any electronic format.

If you have any questions or comments, please contact the Health and Life Division at 801-538-3077 or health.uid@utah.gov.

DATED this 11th day of December, 2015.



Todd E. Kiser
Insurance Commissioner