



**Million Hearts® and Smoking Cessation:  
Leveraging the Affordable Care Act in  
States and Local Communities**

August 27, 2014

1:00 pm - 2:00pm CT

# Agenda

Time	Agenda Item / Topic	Speaker / Facilitator
3:00 – 3:05	Welcome and Introductions	<b>Jill Birnbaum</b> JD, Vice President, State Advocacy & Public Health, American Heart Association
3:05 – 3:10	Overview of Million Hearts®	<b>Jill Birnbaum</b> , American Heart Association
3:10 – 3: 40	Tobacco Cessation and the Affordable Care Act	<b>Jennifer Singleterry</b> , Director, National Health Policy, American Lung Association
3:40 - 3:50	Summary of AHA's Tobacco Control Efforts	<b>Chris Sherwin</b> , Director, Tobacco Policy, American Heart Association
3:45 – 3:55	Q and A	<b>Jill Birnbaum</b> , American Heart Association
3:55 – 4:00	Final Remarks	<b>Jill Birnbaum</b> , American Heart Association



## Welcome & Introductions

**Jill Birnbaum, JD**

*Vice President, State Advocacy & Public Health  
American Heart Association*





## Overview of Million Hearts<sup>®</sup>

**Jill Birnbaum, JD**

*Vice President, State Advocacy & Public Health*

*American Heart Association*



## Million Hearts®

**Goal: Prevent 1 million heart attacks  
and strokes by 2017**

- US Department of Health and Human Services initiative, co-led by:
  - Centers for Disease Control and Prevention (CDC)
  - Centers for Medicare & Medicaid Services (CMS)
- Partners across federal and state agencies and private organizations



# Heart Disease and Stroke

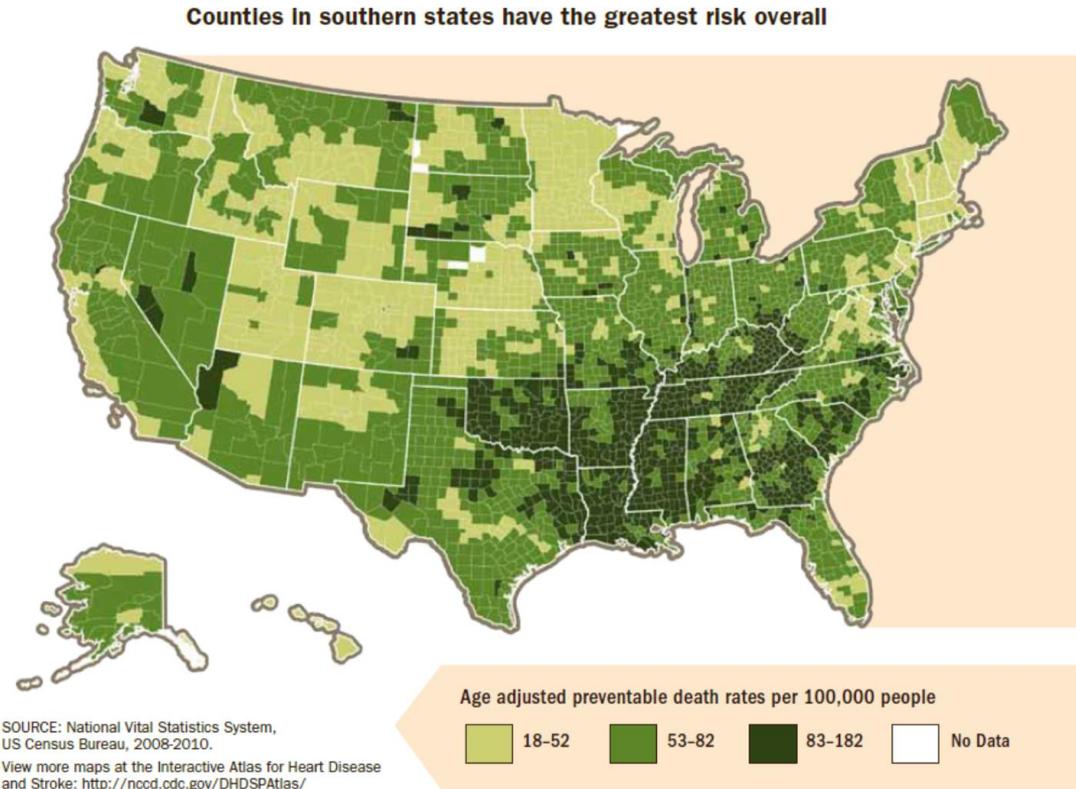
## *Leading Killers in the United States*

- More than 1.5 million heart attacks and strokes each year
- Cause 1 of every 3 deaths
  - 800,000 cardiovascular disease deaths each year
  - Leading cause of preventable death
  - \$315.4B in health care costs and lost productivity
- Leading contributor to racial disparities in life expectancy



# 200,000 Preventable Deaths from Heart Disease and Stroke

- Many of the deaths caused by heart disease and stroke are preventable
- Preventable deaths are those attributed to lack of preventive health care or timely and effective medical care



## Getting to Goal

Intervention	2009-2010 Measure Value	2017 Target	Clinical target
<b>A</b> spirin for those at risk	54%	65%	70%
<b>B</b> lood pressure control	52%	65%	70%
<b>C</b> holesterol management	33%	65%	70%
<b>S</b> moking cessation	22%	65%	70%
Smoking prevalence	26%	10% reduction (~24%)	
Sodium reduction	3580 mg/day	20% reduction (~2900 mg/day)	
Trans fat reduction (artificial)	0.6% of calories	100% reduction (0% of calories)	

# Keeping Us Healthy

## *Changing the Environment: Tobacco*

### Comprehensive tobacco control programs work

- Graphic mass media campaign
- Smoke-free public places and workplace policies
- Free or low-cost counseling and medications
- [www.cdc.gov/tobacco/campaign/tips](http://www.cdc.gov/tobacco/campaign/tips)

An anti-smoking advertisement featuring a man in a blue shirt pulling it open to reveal a vertical surgical scar on his chest. The text "A TIP FROM A FORMER SMOKER" is in a black box in the top left. The main text reads "DO YOUR HEART A FAVOR. QUIT SMOKING." Below that, it says "Roosevelt, Heart attack at age 45 Virginia". At the bottom, there is a black box with white text: "Smoking causes immediate damage to your body. For Roosevelt, it caused his heart attack. Your heart attack risk drops as soon as you quit smoking. For free help, call 1-800-QUIT-NOW." To the right of this is a blue box with the U.S. Department of Health and Human Services logo and the text "U.S. Department of Health and Human Services Center for Disease Control and Prevention www.smokefree.gov".

A TIP FROM A FORMER SMOKER

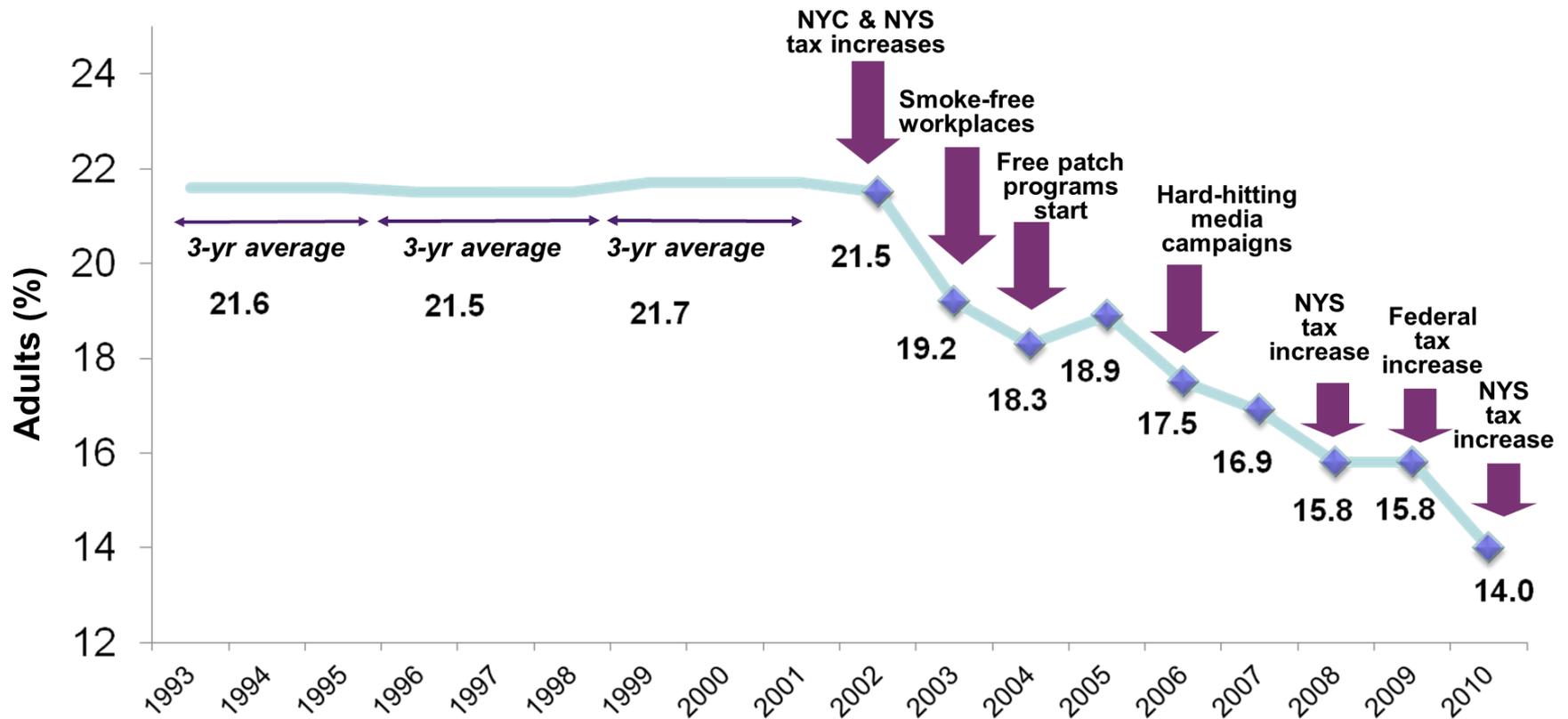
**DO YOUR HEART A FAVOR. QUIT SMOKING.**

Roosevelt, Heart attack at age 45 Virginia

Smoking causes immediate damage to your body. For Roosevelt, it caused his heart attack. Your heart attack risk drops as soon as you quit smoking. For free help, call 1-800-QUIT-NOW.

U.S. Department of Health and Human Services Center for Disease Control and Prevention www.smokefree.gov

# 450,000 Fewer Smokers in NYC, 2002–2010



New York City Community Health Survey.

## Clinical Quality Measures (cont'd)

ABCS	Number	Measure
C (No EHR)	PQRS #2 NQF #0064	Diabetes Mellitus: Low Density Lipoprotein (LDL-C) Control in Diabetes Mellitus
C (No EHR)	PQRS #241 NQF #0075	PQRS Measure #241 (NQF 0075): Ischemic Vascular Disease (IVD): Complete Lipid Panel and Low Density Lipoprotein (LDL-C) Control Percentage of patients aged 18 years and older with Ischemic Vascular Disease
S	PQRS 226 NQF 0028	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention



PQRS = CMS Physician Quality Reporting System, NQF = National Quality Forum, EHR = electronic health record

## Action Steps: Achieving Excellence In Smoking Cessation

### State and Local Governments:

- Adopt and report on the Million Hearts® Clinical Quality Measures
- Promote smoke-free air policies, effective tobacco package labeling, restricted tobacco advertising, and higher tobacco prices to help smokers quit and keep nonsmokers tobacco-free.

### Healthcare Systems:

- Implement systems to alert clinicians of patterns of high blood pressure, high cholesterol, and smoking status of patients.

### Clinicians:

- Assess all patients for tobacco use; provide medications, counseling, and encouragement to use quit lines



## Action Steps: Achieving Excellence In Smoking Cessation

### Payers:

- Provide coverage with no or low out-of-pocket costs for FDA-approved prescription tobacco cessation medications and over-the-counter nicotine replacement products

### Employers:

- Provide health insurance coverage with no or low out-of-pocket costs for
  - prescription tobacco cessation medications and FDA-approved over-the-counter nicotine replacement products
- Have a written policy banning tobacco use at worksites





**Million Hearts® and Smoking Cessation:  
Leveraging ACA Initiatives in  
States and Local Communities**

**Jennifer Singleterry**  
Director of National Health Policy  
American Lung Association



# **Leveraging ACA Initiatives in States and Local Communities**

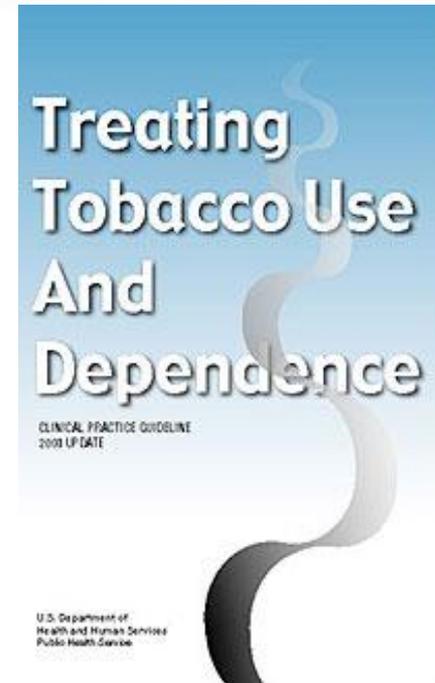
**Jennifer Singleterry**  
**Director, National Health Policy**  
**American Lung Association**



# Background on Tobacco Cessation

# Comprehensive Benefit

- 7 medications
  - 5 NRTs
  - Bupropion
  - Varenicline
- 3 types of counseling
  - Individual (face-to-face)
  - Group
  - Phone
- Easy to access/no limits



# Barriers to Access

- Cost-sharing
- Prior authorization
- Duration limits
- Yearly or lifetime limits
- Dollar limits
- Stepped care therapy
- Required counseling





# Preventive Services & the ACA

# U.S. Preventive Service Task Force

- An independent, volunteer panel of national experts in prevention and evidence-based medicine
- Make evidence-based recommendations for clinical preventive services for clinicians
  - Assigns each recommendation a letter grade based on the strength of the evidence and balance of benefits and harms (A, B, C, or D grade, or I statement)

# Preventive Services

Private/employer-sponsored insurance plans (not grandfathered)

Plans in state exchanges

Preventive Services = required coverage, with no cost-sharing

Small group and individual plans

Medicaid expansion plans

# Preventive Services

- Cancer screenings
  - New B recommendation for lung cancer screenings
- Immunizations
- Blood pressure screenings
- Cholesterol screenings
- STI counseling

# Tobacco

- A Grade: Counseling and Interventions
  - Adults
  - Pregnant women
- B Grade: Education and Brief Counseling for Prevention
  - School-aged children & adolescents

# Tobacco Cessation FAQ

- 4 sessions of individual, group or phone counseling
- 90 days of 1 of the FDA-approved smoking cessation medications, when proscribed
- No cost-sharing
- No prior authorization
- At least 2 quit attempts per year

# Tobacco Cessation FAQ

- Some interpret the FAQ as still allowing flexibility
  - “Plans may use reasonable medical management techniques to determine the frequency, method, treatment, or setting for a recommended preventive service.”
  - A plan will be considered to meet the requirement, if **for example**, it covers...

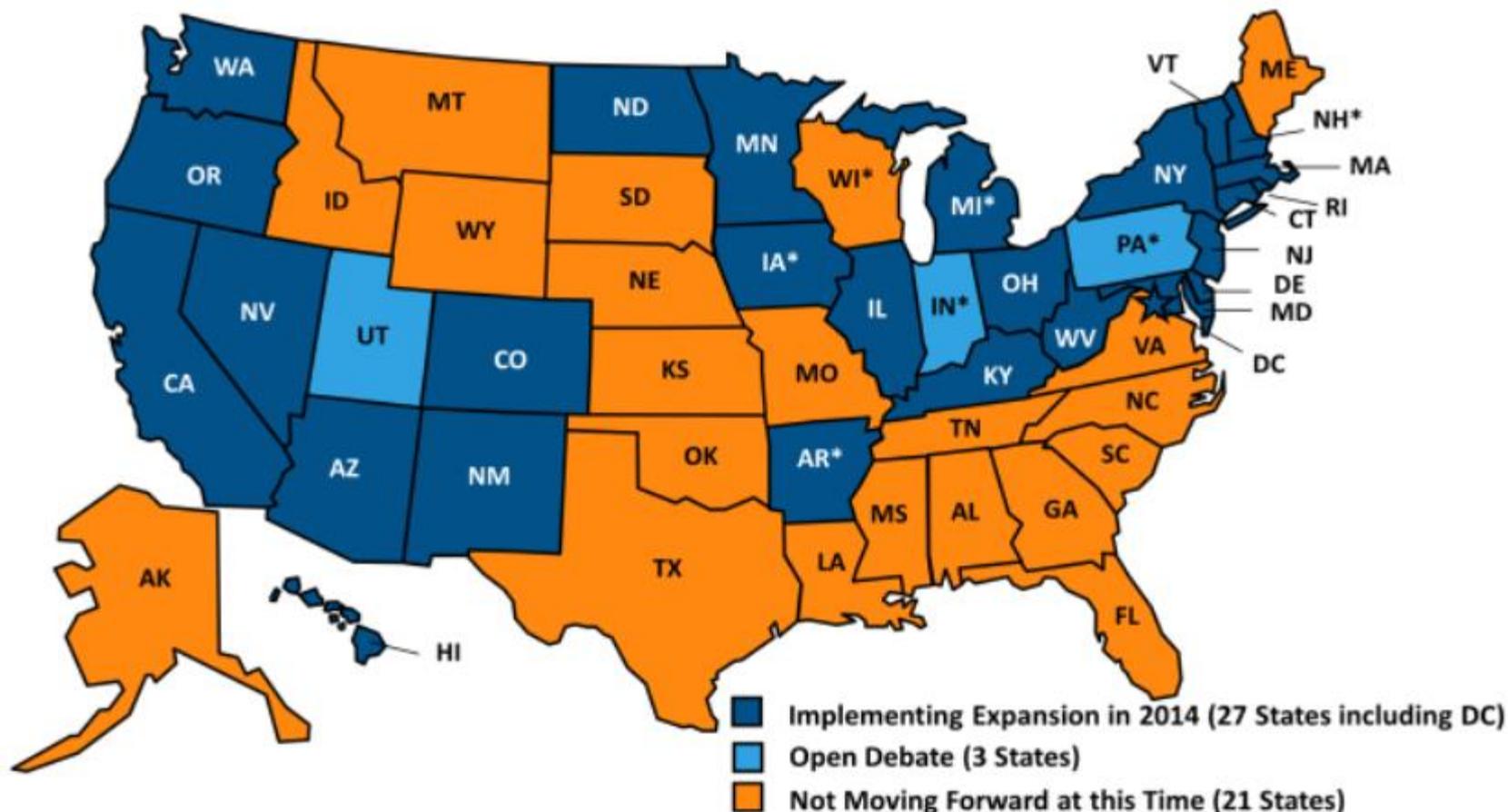
# Some States are Taking Action

- State insurance regulators can interpret the FAQ strictly and require plans to follow it
  - Illinois
  - Kansas
  - Washington



# Coverage & Coverage Requirements

# Current Status of State Medicaid Expansion Decisions, 2014



NOTES: Data are as of June 10, 2014. \*AR and IA have approved waivers for Medicaid expansion. MI has an approved waiver for expansion and implemented in Apr. 2014. IN and PA have pending waivers for alternative Medicaid expansions. WI amended its Medicaid state plan and existing waiver to cover adults up to 100% FPL, but did not adopt the expansion. NH has passed legislation approving the Medicaid expansion in Mar. 2014; the legislation calls for the expansion to begin July 2014.

SOURCES: States implementing in 2014 and not moving forward at this time are based on data from CMS [here](#). States noted as "Open Debate" are based on KCMU analysis of State of the State Addresses, recent public statements made by the Governor, issuance of waiver proposals or passage of a Medicaid expansion bill in at least one chamber of the legislature.

# Medicaid Expansion: Coverage Required

- Essential Health Benefit
- 'A' and 'B' Preventive Services
  - FAQ guidance
- Prescription drugs
  - At least one drug per category



# What States are Doing

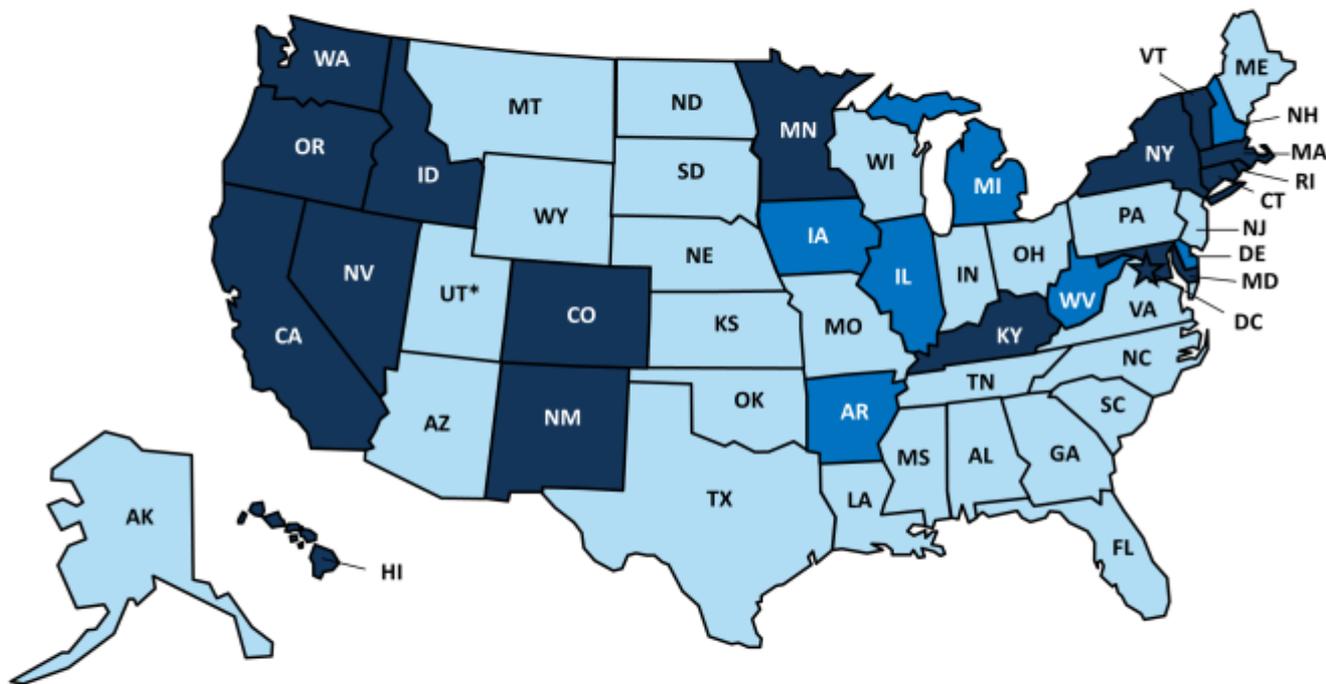
- Preliminary research shows most states are incorporating the Medicaid expansion population into already-existing Medicaid coverage
- Tobacco cessation benefits mirror traditional Medicaid – so lots of variance
- Some states should be removing copays if this is the case

# What Can You Do?

- Advocate for Medicaid expansion
- Find out how your state has/will implement expansion – will enrollees be integrated into traditional Medicaid?
- Push Medicaid to remove barriers as they are integrating benefits
- Promote cessation to the newly enrolled

# State Exchanges

## States Health Insurance Marketplace Decisions, May 10, 2013



- State-based Marketplace (16 states and DC)
- Partnership Marketplace (7 states)
- Federally-facilitated Marketplace (27 states)

\* In Utah, the federal government will run the marketplace for individuals while the state will run the small business, or SHOP, marketplace.

# Exchanges: Coverage Required

- Essential Health Benefit
- 'A' and 'B' Preventive Services
  - FAQ Guidance
- Prescription Drugs
  - At least one drug per category or as many as benchmark plan



# What are States Doing?



- National-level information is scarce
- State regulator actions to enforce the cessation FAQ would affect the exchanges

# What Can You Do?

- Find out what your benchmark plan covers for tobacco cessation
- Survey exchange plans to see what they are covering for tobacco cessation – make results public, and give to providers
- Reach out to exchange plans re: cessation FAQ
- Reach out to health insurance commissioner re: cessation FAQ

# Employer-Sponsored Insurance

- Grandfathered vs. non-grandfathered
- Non-grandfathered plans have been required to cover preventive services with no cost-sharing since 2010
  - New FAQ guidance
- No other coverage requirements

# What are Plans and Employers Doing?

- National-level data is scarce, and near impossible
- State regulator actions to enforce the cessation FAQ would affect some of these plans
- Anecdotal evidence is showing that coverage being offered is NOT comprehensive and NOT uniform

# What Can You Do?

- Survey plans in your state/area to see what they are covering for tobacco cessation
- Survey major employers in your area to see what they are covering for tobacco cessation
- Reach out to plans & employers re: cessation FAQ
- Provider education

# Traditional Medicaid – Tobacco Cessation



- September 2010: comprehensive tobacco cessation benefit required for pregnant women
- January 1, 2014: States are no longer able to exclude tobacco cessation medications
  - What will this mean in implementation?
  - Watch barriers, preferred drug lists/formularies

# What are States Doing?

- Only 2 states cover a comprehensive benefit for traditional Medicaid: Indiana, Massachusetts
- 7 more cover everything except phone counseling: Connecticut, Maine, Minnesota, Nevada, Ohio, Pennsylvania, Vermont
- All states have barriers to coverage

# What Can You Do?

- Find out what your state covers for tobacco cessation: [www.lung.org/cessationcoverage](http://www.lung.org/cessationcoverage)
- Advocate for a better benefit, removal of barriers
- Work with Medicaid to make the benefit easy to understand
- Promote the benefit to Medicaid enrollees
- Provider education

# Medicare



- (Pre-ACA) Individual counseling and prescription medications are covered for tobacco cessation
- Added prevention visit
- No new requirements for preventive services
- Requires no cost-sharing for preventive services that are covered

# Tobacco Surcharges

- Variation in insurance premiums based on a policyholder's tobacco use
- AKA tobacco premiums, premium/rate differentials, non-smoker discounts
- ACA allows surcharges of up to 50% for tobacco use in small group & individual markets
- No restrictions for large group/self insured markets

# Tobacco Surcharges

- Punitive measures are not a proven effective cessation method
- We already know what works – why try an unproven method?
- Tobacco surcharges will make insurance unaffordable for tobacco users – **and their families**
- No one wants tobacco users to be uninsured



# What are States & Plans Doing?

- States can prohibit or limit tobacco surcharges to smaller than 50% in individual and small group markets
- 11 states have done this
- One study showed most plans are not charging full allowed amount

# What Can You Do?

- Encourage state policymakers to prohibit surcharges
- Reach out to health insurance commissioner, find out what is being charged in your state/area
  - Also play around on [www.healthcare.gov](http://www.healthcare.gov)
- Reach out to plans & employers, encouraging them not to use surcharges, or at least cover a comprehensive cessation benefit if they do



# Thank you!

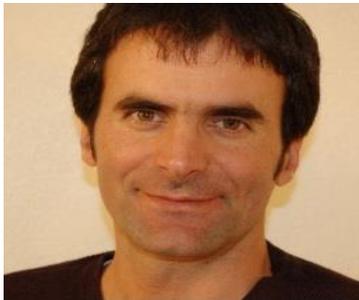
**Jennifer Singleterry**

**Jennifer.Singleterry@lung.org**

[www.lung.org/cessationcoverage](http://www.lung.org/cessationcoverage)

[www.lung.org/acatoolkit](http://www.lung.org/acatoolkit)

[www.lung.org/cessationta](http://www.lung.org/cessationta)



## Summary of AHA's Tobacco Control Efforts

**Chris Sherwin**

*Director, Tobacco Policy  
American Heart Association*



# American Heart Association Tobacco Control Priorities



American  
**Heart**  
Association

American  
**Stroke**  
Association®

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SURGEON GENERAL'S REPORT  
ON SMOKING & HEALTH

50<sup>TH</sup>  
ANNIVERSARY

1964 - 2014

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# We have come a long way

\*Percent of smokers in 1964 – 42%

\*Percent of smokers in 2013 – 19%

# Sort of.....

- \* Number of smokers in 1964 – 50 million
- \* Number of smokers in 2011 – **43 million**

# American Heart Association's Tobacco Control Efforts

- \* Changing Policies and Environments at the State and Local Level
  - \* Clean Indoor Air
  - \* Tobacco Product Excise Taxes
  - \* Funding for Tobacco Prevention and Control Programs
  - \* Coverage for Tobacco Cessation in Medicaid
- \* Educating Providers, Patients, and Caregivers
- \* Million Hearts

# Benefits of Smoke-free Laws

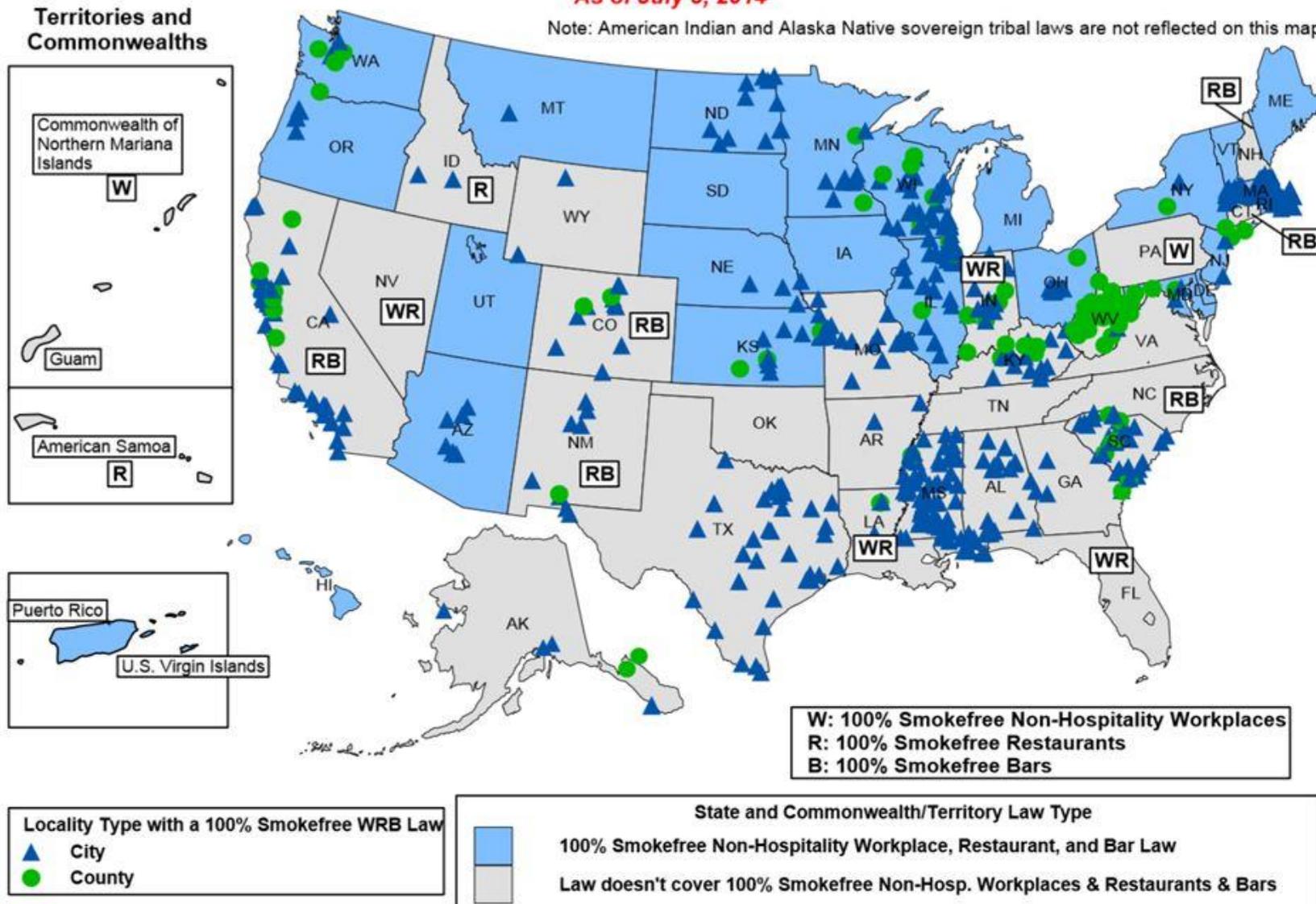
- \* According to the CDC, studies conducted in several communities, states, and countries have found that implementing smoke-free laws is associated with reductions in hospital heart attack admissions.
- \* The 2014 Surgeon General's Report, *The Health Consequences of Smoking—50 Years of Progress*, found that smoke-free laws can reduce smoking, noting that, "... a growing body of evidence suggests that these policies have the additional benefit of lowering smoking rates among youth and young adults. There are several pathways for this effect including lower visibility of role models who smoke, fewer opportunities to smoke alone or with others, and diminished social acceptability and social advantage for smoking."

# U.S. 100% Smokefree Laws in Non-Hospitality Workplaces AND Restaurants AND Bars

## American Nonsmokers' Rights Foundation

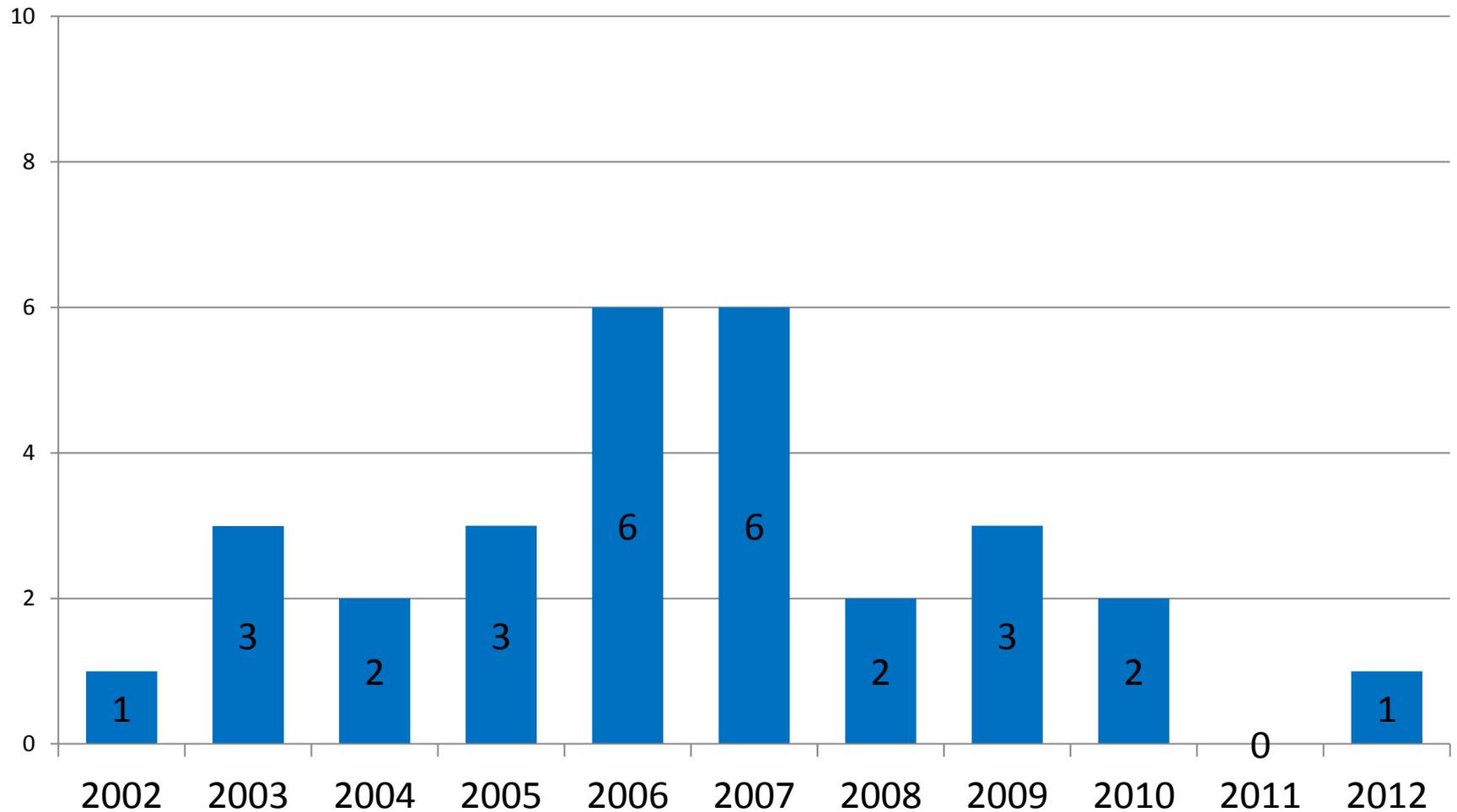
As of July 3, 2014

Note: American Indian and Alaska Native sovereign tribal laws are not reflected on this map.



# Smoke-Free Laws

*Passage of statewide smoke-free laws (covering restaurants and bars)*



# Tobacco taxes

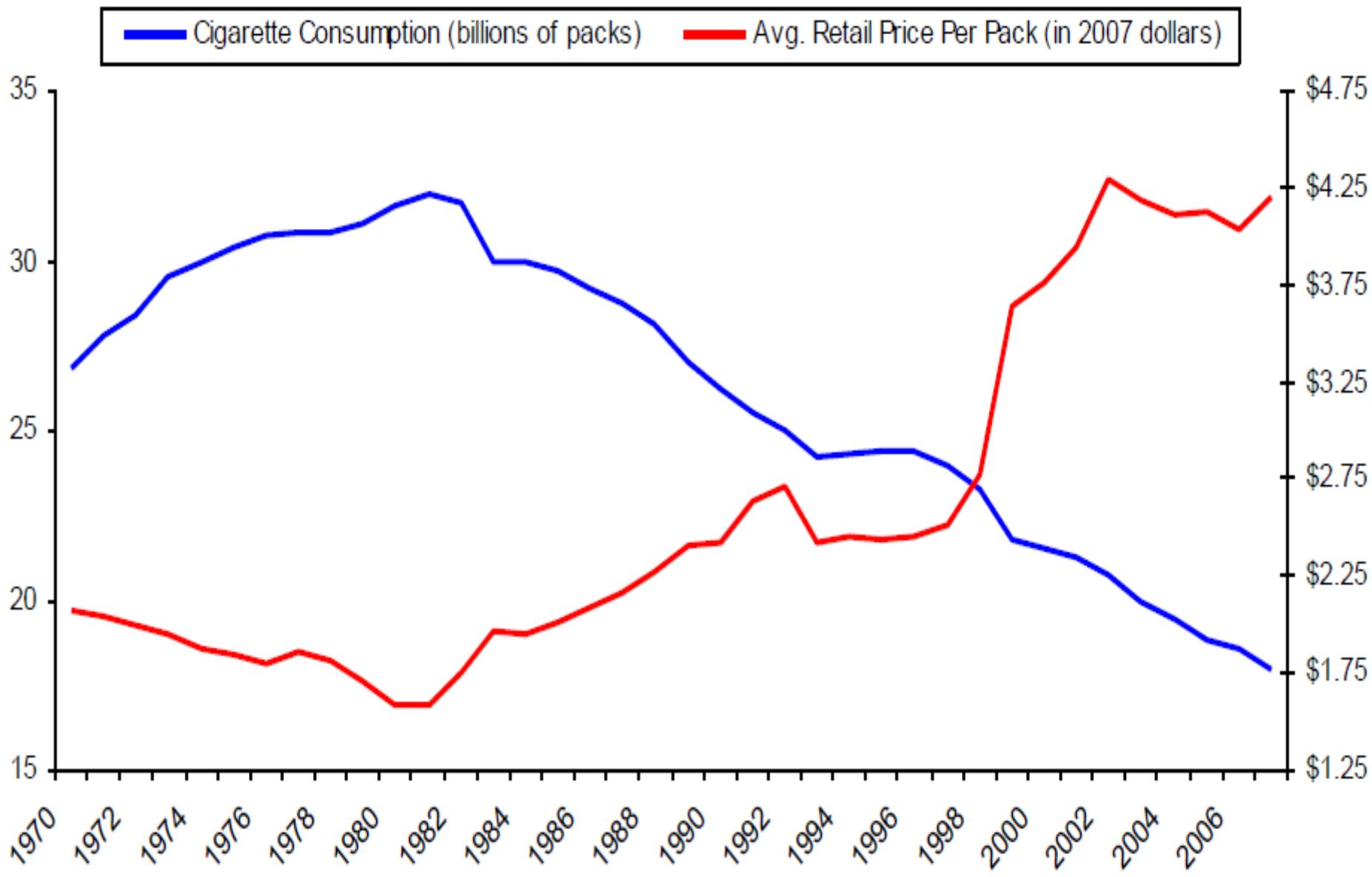
**Smoking-caused health costs  
and productivity losses per pack  
sold in USA (low estimate)**

**\$10.47 per pack**

Source:

<http://www.tobaccofreekids.org/research/factsheets/pdf/0072.pdf>

## U.S. Cigarette Prices vs. Consumption 1970-2007



Sources: *The Tax Burden on Tobacco*, 2007; USDA Economic Research Service; U.S. Bureau of Labor Statistics.

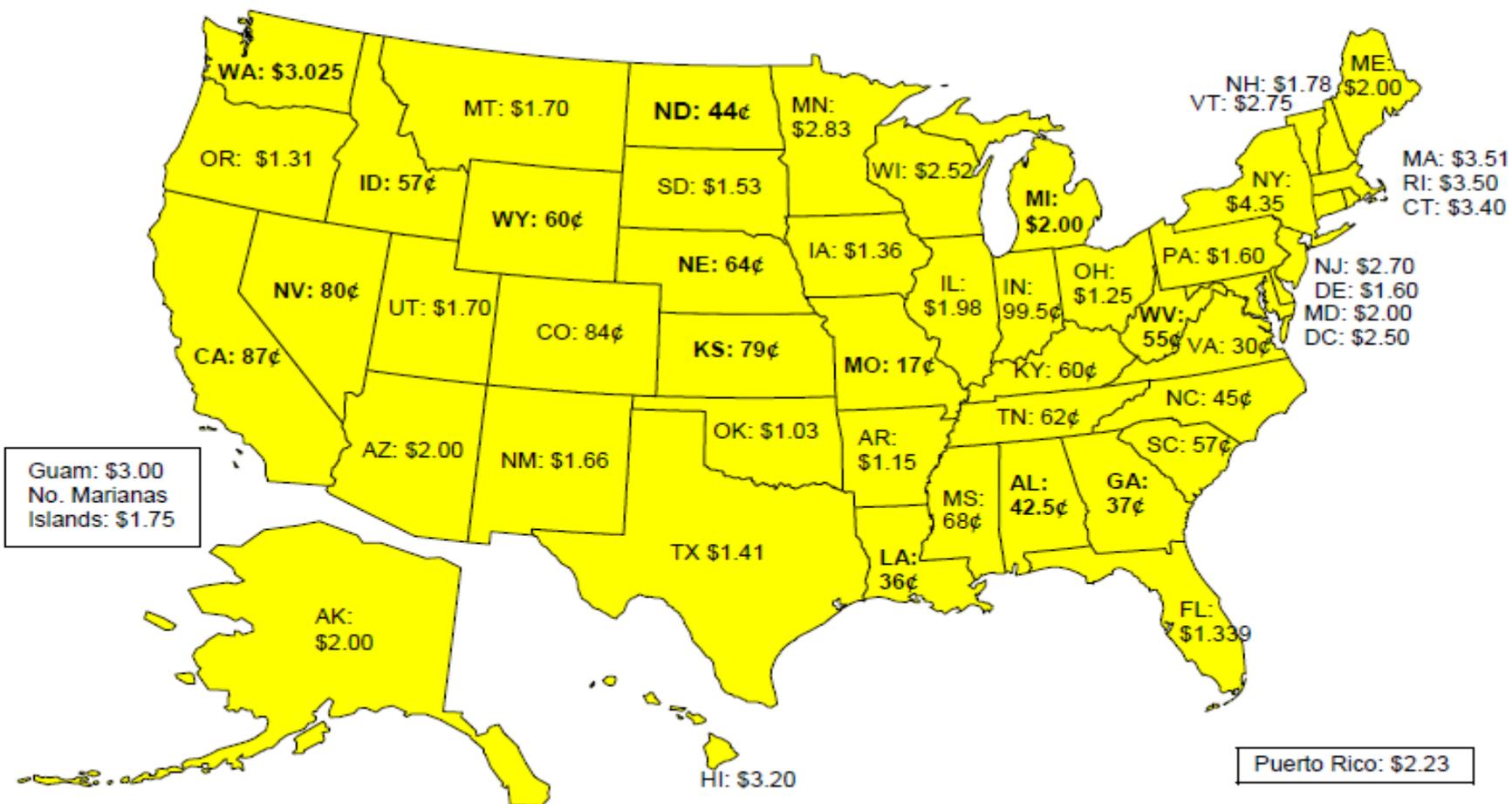


## MAP OF STATE CIGARETTE TAX RATES

Average State Cigarette Tax: \$1.54 per Pack

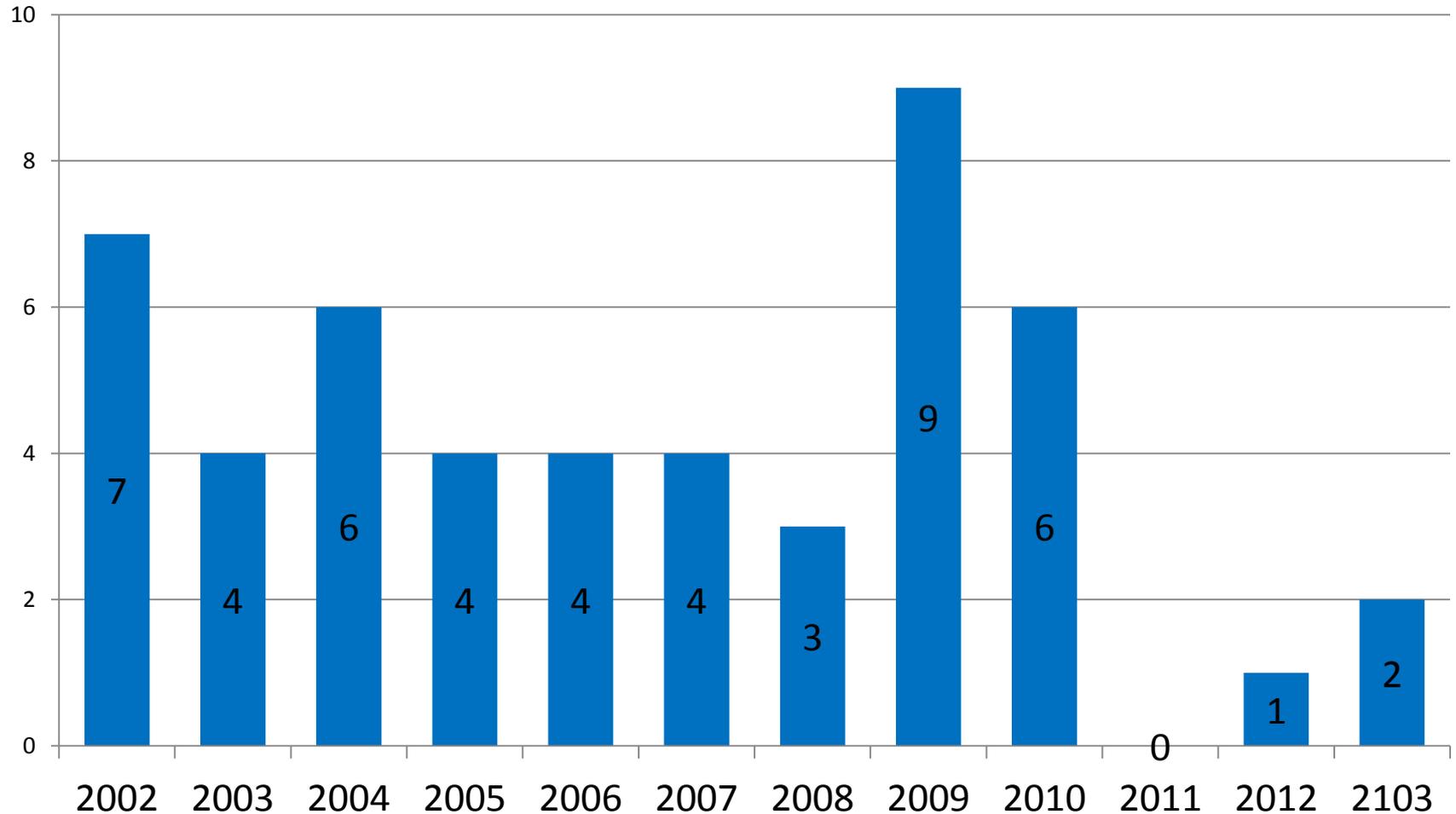
Average Cigarette Tax in Major Tobacco States: 48.5 cents per Pack

Average Cigarette Tax in Non-Tobacco States: \$1.68 per Pack



# Tobacco Taxes

*Passage of state tobacco tax increases (50 cents or higher)*



# Tobacco Prevention Programs Work!

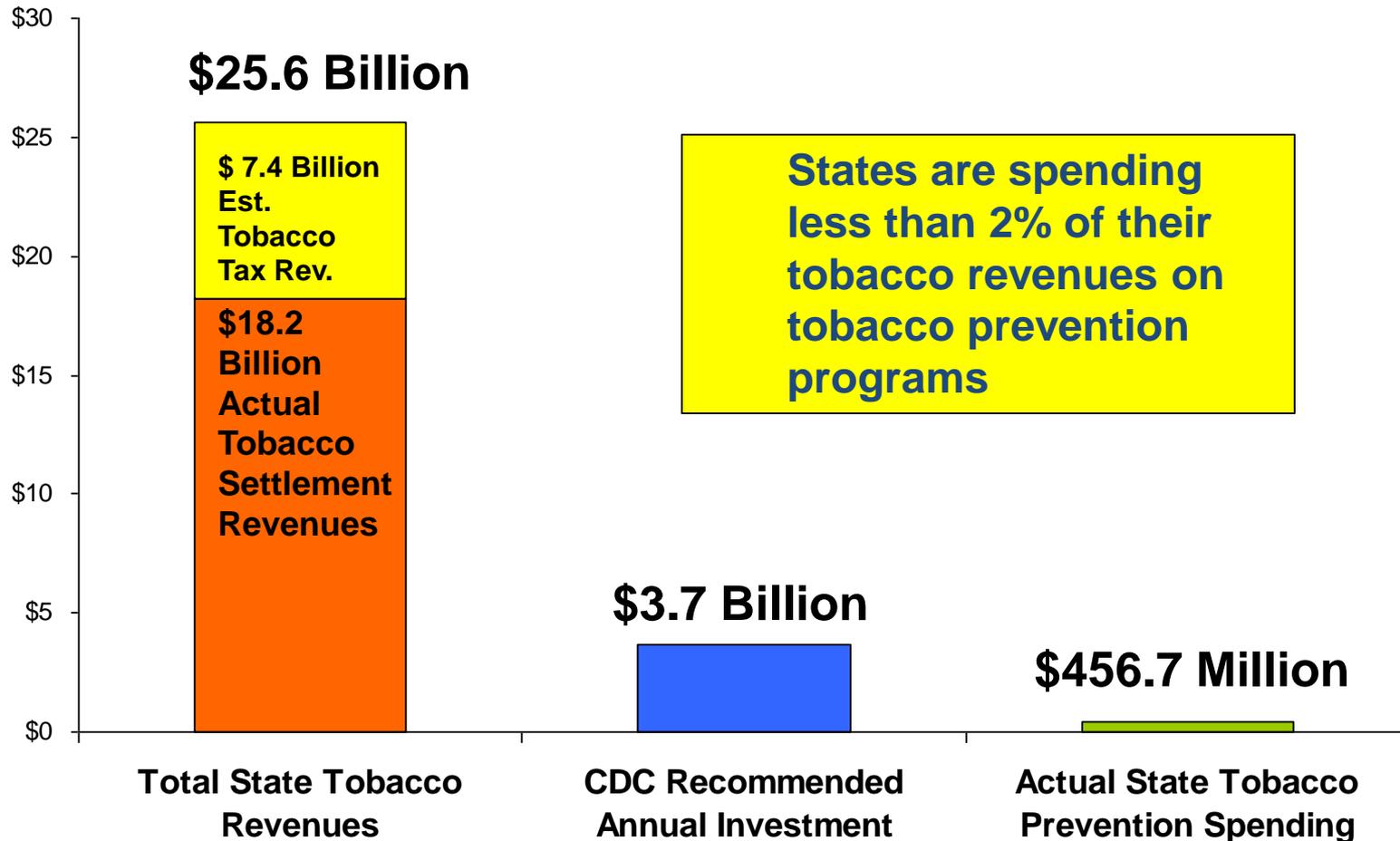
- \* A study in the *American Journal of Public Health* found that for every dollar spent by Washington State's tobacco prevention and control program between 2000 and 2009, more than five dollars were saved by reducing hospitalizations for heart disease, stroke, respiratory disease and cancer caused by tobacco use. Over the 10-year period, the program prevented nearly 36,000 hospitalizations, saving \$1.5 billion compared to \$260 million spent on the program. The 5-to-1 return on investment is conservative because the cost savings only reflect the savings from prevented hospitalizations. The researchers indicate that the total cost savings could more than double if factors like physician visits, pharmaceutical costs and rehabilitation costs were included.

# Tobacco Prevention Programs Work! (Cont'd)

- \* A study of Arizona's tobacco prevention program found that the cumulative effect of the program was a savings of \$2.3 billion between 1996 and 2004, which amounted to about ten times the cost of the program over the same time period.

Source: Lightwood, JM et al., "Effect of the Arizona Tobacco Control Program on Cigarette Consumption and Healthcare Expenditures," *Social Science and Medicine* 72(2), January 2011..

# Tobacco Money for Tobacco Prevention, FY 2012



# AHA/ASA Quality Improvement Programs

- \* Provide doctors, nurses, emergency medical services and hospital teams with quality improvement tools and resources to meet the latest research-based clinical guidelines for heart and stroke care
- \* Programs include Get With The Guidelines®, The Guideline Advantage™, Mission: Lifeline®, and Hospital Accreditation and Certification
- \* Impacted more than 5 million patients since 2001



## Questions & Answers

**Jill Birnbaum, JD**

*Vice President, State Advocacy & Public Health  
American Heart Association*

# Thank You!



For more information, please visit the CDC's Million Hearts<sup>®</sup> website at: [millionhearts.hhs.gov](http://millionhearts.hhs.gov)

or the AHA's Million Hearts<sup>®</sup> webpage at:

[http://www.heart.org/HEARTORG/Advocate/American-Heart-Association-Million-Hearts UCM 463392 Article.jsp](http://www.heart.org/HEARTORG/Advocate/American-Heart-Association-Million-Hearts_UCM_463392_Article.jsp)