Kentucky CHAPTER

Tobacco Cessation Coverage Bill Takes Effect

June 29th marks the 90th day since the Kentucky General Assembly adjourned its 2017 session and the date that all legislation that was passed becomes effective, excluding appropriation measures and bills with "emergency" clauses. One significant piece of legislation to KY-ACC Members, **Senate Bill 89**, enacted in the last session subsequently takes effect. This law was introduced by Sen. Julie Raque Adams of Louisville, passed by substantial bipartisan margins, and signed by Governor Bevin earlier this year. KY-ACC commends the legislature and the Governor's office for enacting commonsense, patient focused, public policy such as this.

Read below for more on how it will affect you and your patients.

SB 89: Insurance Coverage for Tobacco Screening and Cessation
Senate Bill 89 addresses many of the shortcomings of insurance coverage for patients who want to quit smoking and have access to the counseling and medications that improve their chances of success. Even with the implementation of the Affordable Care Act tobacco cessation coverage varied greatly by insurance provider and often included burdensome prior authorizations and gaps in coverage. Enactment of SB89 includes all forms of tobacco cessation services recommended by the U.S. Preventive Services Task Force. These covered services, and their codes, include:

99406: Smoking and tobacco use – cessation counseling-intermediate greater than three minutes and up to 10 minutes.

99407: Smoking and tobacco use – cessation counseling visit, intensive greater than 10 minutes.

99078: Group health education to discuss smoking and tobacco cessation. This code has historically been used to provide diabetic instructions, obesity or prenatal counseling.

The covered medications per the US Preventative Task Force are:

- The only pharmacotherapy interventions approved by the FDA for the treatment of tobacco dependence in adults are bupropion SR, varenicline, and NRT (including nicotine transdermal patches, lozenges, gum, inhalers, or nasal spray).

- Evidence suggests that rates of smoking abstinence may increase from approximately 10% in control groups (placebo or

no pharmacotherapy) to 17% in persons using any form of NRT, from roughly 11% in control groups (placebo or no bupropion SR) to 19% in those using bupropion SR, and from approximately 12% in control groups (placebo) to 28% in those using varenicline.

- Using 2 types of NRT has been found to be more effective than using a single type. In particular, there was evidence that combining a nicotine patch with a rapid-delivery form of NRT is more effective than using a single type.

- Some studies suggest that NRT in combination with bupropion SR may be more efficacious than bupropion SR alone but not necessarily NRT alone.

- Information on dosing regimens is available in the package inserts of individual medications or at betobaccofree.hhs.gov. Information for consumers on FDA-approved pharmacotherapy for smoking cessation is available at www.fda.gov/ForConsumers/ConsumerUpdates/ucm198176.htm

REFERENCES

[1] KRS 304.17A-168
[2] KRS 205.618
[3] https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/tobacco-use-in-adults-and-pregnant-women-counseling-and-interventions1