

July 21, 2009

«Firstname» «Middle» «Lastname», «Credl»
«Organization»
«Title»
«Address1»
«City», «State» «Zip»

Dear «Salutation» «Lastname»,

The undersigned medical societies, representing more than 343,000 physicians and medical students nationwide, urge that your plans' standard certificate of coverage include benefits and adequate payment for tobacco cessation counseling during routine office visits, including separate payment for CPT codes 99406-99407 and associated pharmacotherapy.

Smoking and exposure to secondhand smoke causes nearly 440,000 deaths in the United States each year, making tobacco use the leading preventable cause of death.^[1] The Centers for Disease Control and Prevention (CDC) estimates that tobacco use and nicotine addiction costs the nation \$193 billion annually in health-related costs and lost productivity.^[2] Providing benefits coverage for smoking cessation treatment increases quit rates.^[3]

The 2008 U.S. Public Health Service Clinical Practice Guideline strongly recommends that clinicians screen all adults for tobacco use and provide tobacco cessation interventions for those who use tobacco products. The guideline recommends that patients receive both medications and counseling (practical counseling including problem solving/skills training, and social support) as components of the treatment. The guideline, based on multiple randomized clinical trials, shows evidence that:

- Minimal interventions even lasting less than 3 minutes increase overall tobacco abstinence rates. Every tobacco user should be offered at least a minimal intervention, whether or not he or she is referred to an intensive intervention.
- There is a strong dose-response relation between the session length of person-to-person contact and successful treatment outcomes. Intensive interventions are more effective than less intensive interventions and should be used whenever possible. Person-to-person treatment delivered for four or more sessions appears especially effective in increasing abstinence rates.^[3]

The guideline concludes that “evidence-based tobacco dependence interventions produce a favorable return on investment from the perspective of both the employer and health plan due to reduced health care consumption and costs.” It also points out that because of the health risks associated with secondhand smoke and children, clinicians should ask parents about tobacco use and offer them cessation advice and assistance.^[3]

The National Business Group on Health (NBGH) recommendations for preventive health services benefits include brief counseling (face-to-face) and intensive counseling (face-to-face or over the telephone) as covered benefits for tobacco use treatment. NBGH notes that cost analyses have shown that tobacco cessation benefits, from an employer's perspective, are cost saving and that counseling and pharmacotherapy have each been proven to double quit rates.^[4]

Primary care physicians are in a unique position to help patients quit because nearly six in 10 office visits are made to a primary care clinician (general and family medicine, internal medicine, pediatrics, or obstetrics/gynecology).^[5] Additionally, tobacco cessation counseling should be provided to parents of pediatric patients, as both the child and adult benefits from a reduction in secondhand tobacco smoke exposure. Also, a 5 to 15 minute cessation counseling session during prenatal care has proven to be

extremely effective in improving birth outcomes.^[6] In these cases, it is also appropriate for physicians to report and be paid for CPT codes 99406 or 99407.

The Centers for Medicare and Medicaid Services has paid physicians for smoking cessation counseling provided to Medicare beneficiaries since 2005. Although some commercial payers consider smoking cessation counseling to be an optional benefit, the 2008 HEDIS measures^[7] include a measure titled, “Medical Assistance with Smoking Cessation (Advising Smokers to Quit Only),” which means health benefits plans -- commercial payers, Medicare and Medicaid -- need physicians to provide counseling if they want to get a favorable HEDIS score.

Each of our respective organizations has provided a multitude of resources and tools to assist members in consistent, effective interventions with tobacco users. The first two steps in tobacco cessation is to ASK all patients about tobacco use, then to ACT to help them quit. We all have responsibility for improving consumers/patients’ health.

We strongly advocate for health benefits that increase the overall health of the public, including smoking cessation, as well as fair compensation for the delivered care. We urge that your plans’ standard certificate of coverage include benefits and adequate payment for tobacco cessation and pharmacotherapy. Furthermore, we encourage your organization to advocate for the positive implications of including such benefits, in all plans, with self-funded employer groups.

We appreciate your consideration and welcome the opportunity to discuss the issue. If you have questions or would like to arrange a call, please contact Jonathan Klein, M.D., MPH, FAAP, at jklein@aap.org.

Sincerely,

Ted D. Epperly, MD, FAAFP, President
American Academy of Family Physicians

David T. Tayloe, Jr, MD, FAAP, President,
American Academy of Pediatrics

Gerald F. Joseph, Jr, MD, FACOG, President
American College of Obstetricians and Gynecologists

Joseph W. Stubbs, MD, FACP, President
American College of Physicians

J. James Rohack, MD, President
American Medical Association

^[1] Centers for Disease Control and Prevention. Smoking & tobacco use. Data highlights 2006: Document abstract. Atlanta, Ga.: U.S. Department of Health and Human Services.

http://www.cdc.gov/tobacco/data_statistics/state_data/data_highlights/2006/index.htm. Accessed March 12, 2009.

^[2] Centers for Disease Control and Prevention. Smoking-attributable mortality, morbidity, and economic costs (SAMMEC). <http://apps.nccd.cdc.gov/sammecc/>. Accessed March 12, 2009.

^[3] Fiore M. *Treating Tobacco Use and Dependence: 2008 Update*. Clinical practice guideline. Rockville, Md.: U.S. Dept. of Health and Human Services. Public Health Service, 2008.

^[4] National Business Group on Health A Purchaser's Guide to Clinical Preventive Services: Moving Science into Coverage pp 71 and 415

<http://www.businessgrouphealth.org/benefitstopics/topics/purchasers/index.cfm>

^[5] Cherry D., et al National Ambulatory Medical Care Survey: 2005 Summary Accessed April 29, 2009

<http://www.cdc.gov/nchs/data/ad/ad387.pdf>

^[6] Melvin CL, Dolan-Mullen P, Windsor RA, Whiteside HP JR., Goldenberg RL. Recommended cessation counseling for pregnant women who smoke: A review of the evidence. *Tobacco Control* 2000;9(supplIII):iii80-84

^[7] 2009 HEDIS Measures Required as Part of the NCQA Accreditation Process for Commercial Health Plans, <http://www.ncqa.org/tabid/855/Default.aspx>