

State of Rhode Island and Providence Plantations
OFFICE OF THE HEALTH INSURANCE COMMISSIONER
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Cranston, RI 02920

**CONCISE EXPLANATORY STATEMENT FOR ADOPTION OF OFFICE OF THE
HEALTH INSURANCE COMMISSIONER REGULATION 14**

TOBACCO CESSATION TREATMENT COVERAGE

This regulation is promulgated in accordance with R.I. Gen. Laws §§ 27-18-66, 27-19-57, 27-20-53, 27-41-70, 42-14-5, 42-14-17, and 42-14.5-1 *et seq.* This regulation (1) establishes uniform standards for cessation treatment coverage, (2) further defines tobacco cessation treatments to include treatments included in the most recent clinical practice guideline sponsored by United States Department of Health and Human Services¹ and (3) improves transparency of tobacco cessation coverage for Rhode Island's insured population.

This proposed regulation provides for coverage of smoking cessation treatments in two ways. First, the proposed regulation provides for coverage of tobacco cessation treatment as defined by R.I. Gen. Laws §§ 27-18-66, 27-19-57, 27-20-53, and 27-41-70. These statutes mandate coverage for nicotine replacement therapy when accompanied by counseling.

Second, this proposed regulation also provides for coverage of smoking cessation treatments recommended by the most recent clinical practice guideline published by the United States Department of Health and Human Services. The Guideline provides an evidence-based path to tobacco cessation. Updated most recently in 2008, the Guideline bases its recommendations on rigorously reviewed scientific evidence.

The Guideline recommends the use of seven medications to treat tobacco use. Five of these medications are nicotine-replacement-therapies (NRTs) that deliver medicinal nicotine to a smoker's body in a variety of doses and forms (through gum, patch, lozenge, inhaler and nasal spray), easing a quitter's withdrawal symptoms. Some of these NRTs are available over-the-counter while others are available by prescription only. The Guideline also recommends two other medications as effective in treating tobacco use: bupropion (also known as Zyban) and varenicline (also known as Chantix). These medications are available by prescription only.

The Guideline states that all seven of these first line medications "reliably increase long-term smoking abstinence rates." It also recommends that clinicians consider the use of some of these medications in combination (NRT patch combined with another NRT), and encourages clinicians to consider this as a treatment option. Approved duration of these medications varies anywhere from 12 weeks (most NRTs) to 6 months (varenicline).

¹ "Treating Tobacco Use and Dependence: 2008 Update," available at www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat2.chapter.28163 (last visited April 21, 2009). See also United States Department of Health and Human Services, Office of the Surgeon General, Tobacco cessation, available at www.surgeongeneral.gov/tobacco/default.htm#clinician (last visited April 21, 2009).

The Guideline also recommends brief and intensive counseling as effective in helping smokers quit. The Guideline recommends three types of intensive cessation counseling: (1) individual (defined as face-to-face) counseling, (2) group counseling and (3) telephone counseling. Each type of counseling can be provided by any suitably trained clinician and is often provided by tobacco cessation specialists. Effective cessation counseling addresses practical coping and problem solving skills as well as social support. The Guideline says that counseling sessions should last longer than ten minutes (sessions in most counseling programs usually last at least 30 minutes), and patients should attend at least four sessions. The more time patients spend in counseling, the more likely they are to be successful in quitting.

While the Guideline states that either cessation medications or counseling therapies are effective on their own, treatments are even more effective when used in combination. The Guideline recommends that patients taking cessation medications should be encouraged to attend counseling (and vice versa). However this is not a requirement, because the treatments have been found to be effective on their own and such a requirement may discourage some from seeking help.