

From: [Kotsen, Chris Psy.D.](#)
To: [E-OHPSCA2713.EBSA](#)
Subject: RE: Public comments on interim final regulations regarding coverage of Preventive Health Services - Part II
Date: Thursday, July 15, 2010 4:39:55 PM

I wanted to also include some information about tobacco cessation medications. Evidence based research (PHS Guidelines) have shown that the 7 FDA approved medications are scientifically proven to increase quitting rates, in particular when combined with preventive care counseling services. I'm assuming these 7 medications will be covered with no cost sharing to the patient.

Currently, there are an incredible number of barriers that insurance companies and prescriptions plans put in place which serve to discourage use to the patient. These barriers lead to patients dropping out of treatment prematurely, stopping the medications prematurely, and physicians/clinicians not following through with these life saving treatments - all lead to poorer patient outcomes. These barriers need to be eliminated with clear language written into the implementation of this law with insurance companies and in prescription formularies. The goal should be to eliminate a number of hoops that the patient/clinician is required to jump through:

1. No preauthorization, prior authorization, or "paperwork requirements" will be required for scientifically proven tobacco cessation medications to be filled and paid for. These barriers in the past/current health care system have led/do lead to wasted hours of work for our clinicians, physicians, and clerical staff. There is no scientific evidence that these insurance company practices provide improved safety or improved clinical outcomes for the patient.
2. Patients will be allowed to use at least 2 or more medications at the same time with no paperwork or prior authorization requirements for the prescribing clinician. There is ample evidence in the PHS guidelines that many patients have higher quit rates with more than one medication. The current practice discourages combinations medication and has not keep up with the research evidence base. Insurance companies and prescription plan practices are essentially one decade behind the current research.
3. Over the counter medications including the nicotine patch, lozenge, and gum are also covered because of the evidence base.
4. If limitations need to be in place, patients should be permitted at least 6 months of medication per plan year, since many highly addicted smokers will need to use medications at least 4-6 months to successfully quit. This has been shown in clinical and real world trials.

Thanks,
Chris

Chris Kotsen, PsyD, CTTS
Program Manager, Tobacco Quitcenter
Somerset Medical Center
110 Rehill Ave.
Somerville, NJ 08876
Phone (908) 685-2902
Fax (908) 685-2548

-----Original Message-----

From: Kotsen, Chris Psy.D.
Sent: Thursday, July 15, 2010 12:29 PM
To: 'E-OHPSCA2713.EBSA@dol.gov'

Subject: Public comments on interim final regulations regarding coverage of Preventive Health Services

As, an expert clinician who has provided preventative care services to over 1,000 tobacco dependent smokers, I have some important comments about this portion of the new healthcare reform law.

While this new benefit will undoubtedly save lives and money, it is important that it is implemented without broad reaching limitations and as few barriers as possible, so it's benefits can be fully realized.

1. It is absolutely necessary that the benefit applies to "out of network" clinicians, in addition to in-network providers. In many states and towns, certain insurance companies have no local in-network providers. Patients may need to drive 30-60 minutes to get the preventive services they need and most patients won't do this, for multiple reasons. Also, employers, and sometimes the patients themselves switch health insurance plans, but want to maintain preventive services with a clinician with whom they have solid relationship. These essential services need to be covered by all in-network and all out of network clinicians as well.

2. Insurance companies at times play games and place arbitrary limitations on the type of clinician who can provide the medical service. It is essential that these arbitrary limitations not be placed and that insurance companies aren't allowed to discriminate against certain groups of clinicians. For example, it should be indicated that the service shall be delivered (and paid by the insurance company to the provider) by any clinician delivering the preventive care who's scope of practice based on certification and/or licensure permits delivery of the service.

3. Finally, there should be no limitation on the type of service rendered. For example, in the case of tobacco dependence counseling, many patients will prefer group counseling (incidentally which are highly cost effective for the insurance company). Therefore, individual and group counseling should both be covered and paid services - these services have both been proven "evidence based" in clinical (see PHS Guidelines, Treating Tobacco Dependence, 5/08) and real world studies. Additionally, all proven preventive services are not alike. Some preventive services require more than one dose or counseling visit, to yield a high impact. In the case of tobacco dependency counseling there should be no limitations on the amount of visits/year from the insurance company, since level of addiction and multiple case-mix variables make it impossible to predict exact "dosage" needed for optimal impact on an individual patient. The decision on number of visits needed (and reimbursed/year) should be made by the clinician and patient, absolutely not the insurance company.

Thanks,

Chris Kotsen, PsyD, CTTS
Program Manager, Tobacco Quitcenter
Somerset Medical Center
110 Rehill Ave.
Somerville, NJ 08876
Phone (908) 685-2902
Fax (908) 685-2548

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