

Tobacco Cessation Coverage and Prevention Funding in House and Senate Health Reform Bills

	House Bill (H.R. 3962)	Senate HELP (S. 1679)	Senate Finance (S. 1796)
Private Health Insurance			
Benefits Covered by Private Health Insurance	<p>Health benefits plans offered within and outside the Exchange would be required to cover an essential benefits package that includes preventive services, including those services recommended with an A or B grade by the U.S. Preventive Services Task Force (USPSTF) (Sec. 222)</p> <p>To allow people to keep their current health coverage, coverage of the essential benefits package would not be required for individual-market health insurance policies issued prior to 2013, but it would be required for individual-market policies issued in 2013 and thereafter. Employer-sponsored health plans in</p>	<p>Health insurance in the group and individual markets would be required to cover preventive services recommended with an A or B grade by the USPSTF. (Sec. 101 – new Sec. 2708 of PHS Act)</p> <p>To allow people to keep their current health coverage, group health plans and individual market health insurance in which a person has enrolled prior to enactment of the bill would not have to cover required benefits. (Sec. 131)</p>	<p>Health benefits plans offered in the individual and small group markets would be required to cover preventive services. A modification to the Chairman’s mark clarified that required preventive services would include those recommended by the USPSTF. (Sec. 1001 – new Sec. 2242 to PHS Act)</p> <p>Insurers in the individual and small group markets that charge higher premiums to tobacco users would be required to cover comprehensive tobacco cessation services (counseling and pharmacotherapy – both prescription and non-prescription). (Sec. 1001 – new Sec. 2242 to PHS Act)</p>

	existence prior to 2013 would be required to cover the essential benefits package in 2018. (Sec. 202)		To allow people to keep their current health coverage, group health plans and individual market health insurance in which a person has enrolled prior to enactment of the bill would not have to cover required benefits. (Sec. 2221)
Private Health Insurance Cost Sharing	There would be no cost-sharing requirements for preventive services in the essential benefits package. (Sec. 222)	There would be no cost-sharing for USPSTF-recommended preventive services other than minimal cost sharing that is in accord with guidelines developed by the Secretary. (Sec. 101 – new Sec. 2708 of PHS Act)	There would be no cost sharing for preventive services in the essential benefits package. (Sec. 1001 – new Sec. 2242 to PHS Act)
Insurance Rating	Rating based on tobacco use is not permitted. (Sec. 213)	Through an amendment added during mark-up, health insurance in the individual and small group markets could vary premiums based on tobacco use by as much as 1.5 to 1. (Sec. 101 – new Sec. 2701 of PHS Act)	States could allow health insurers in the individual and small group markets to vary premiums based on tobacco use by as much as 1.5 to 1. (Sec. 1001 – new Sec. 2201 and 2204 to PHS Act)

Medicaid			
Benefits Covered by Medicaid	<p>States would be required to cover in their Medicaid programs preventive services that are recommended with a grade of A or B by the USPSTF and are appropriate for the Medicaid population. (Sec. 1711)</p> <p>The current ability of states to exclude smoking cessation drugs from their Medicaid drug programs would be eliminated. (Sec. 1712)</p>	N/A – Medicaid is not in the jurisdiction of the HELP Committee.	<p>States would be required to provide Medicaid coverage of comprehensive tobacco cessation services for pregnant women. (Sec. 2102)</p> <p>States that voluntarily provide Medicaid coverage for all preventive services recommended by the USPSTF and immunizations recommended by the Advisory Committee on Immunization Practices, with no cost sharing, would receive a one percentage point increase in the federal Medicaid matching rate for those services. (Sec. 2101)</p> <p>The current ability of states to exclude (1) cessation drugs from drug coverage in their Medicaid programs and (2) non-prescription cessation drugs for pregnant women in their Medicaid programs would be eliminated. (Sec. 1652 and</p>

			Sec. 2102)
Cost Sharing under Medicaid	The Energy & Commerce Committee accepted an amendment to eliminate cost-sharing requirements for these preventive services, which was retained in the unified House bill. (Sec. 1711)	N/A – Medicaid is not in the jurisdiction of the HELP Committee.	No cost-sharing for tobacco cessation services for pregnant women. (Sec. 2102)
Prevention Trust Fund			
Trust Fund Structure and Funding	<p>A Public Health Investment Fund would be established containing a total of \$34 billion for FY 2011 through FY 2015. Funding would be used for community health centers, workforce development, and prevention. (Sec. 2002)</p> <p>A Prevention and Wellness Trust would be established that would be authorized to receive a total of \$15.4 billion from FY 2011 to FY 2015 in appropriations from the Public Health Investment Fund. Funding from the Prevention and Wellness Trust would be used to: 1) carry out the</p>	<p>A Prevention and Public Health Fund would be established containing a total of \$80 billion for FY 2010 through FY 2019. Funding would be used to increase funding above FY 2008 levels for programs authorized by the Public Health Service Act for prevention, wellness, and public health activities (including prevention research and health screenings). (Sec. 302)</p> <p>Two new grant programs created in the bill could be used to reduce tobacco use: community transformation grants (Sec. 321) and Healthy</p>	N/A – The Public Health Service Act is not in the jurisdiction of the Finance Committee.

	<p>functions of the clinical and community prevention task forces (\$150 million); 2) fund prevention and wellness research (\$1.275 billion); 3) deliver community preventive and wellness services (\$6.86 billion); 4) build core public health infrastructure for state, local, and tribal health departments (\$5.365 billion); and 5) build core public health infrastructure for the CDC (\$1.75 billion). (Sec. 2301)</p> <p>The Community Prevention and Wellness Services Grants in the bill would be used to provide evidence-based, community prevention and wellness services in priority areas identified by the Health and Human Services Secretary in the national prevention strategy. (Sec. 2301)</p>	<p>Aging, Living Well (Sec. 322).</p>	
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