The Affordable Care Act: Effects on Commercial Tobacco Prevention and Cessation in Indian Country

Sally Carter, MSW, LCSW
Tribal Liaison
Oklahoma State Department of Health
and
Trevlyn Cross, MPH
Health Policy Advisor

DISCUSSION HIGHLIGHTS

- Describe the provisions of the **Affordable Care Act** (ACA) as it relates to American Indian/Alaska Native people.

- Summarize the ACA **Essential Health Benefits** as it relates to commercial tobacco cessation.

DISCUSSION HIGHLIGHTS

- Describe the impact of **Commercial Tobacco Use** Among American Indian/Alaska Native people and why utilization of the benefit is critical.

- Identify **action steps** that need to be taken to prepare for the implementation of the ACA.

Acknowledgements

- Oklahoma City Area Inter-Tribal Health Board
- University of Oklahoma, College of Public Health
- National Indian Health Board
- Keep It Sacred Website
- The American Lung Association
- The Campaign for Tobacco Free Kids
- The Centers for Disease Control and Prevention
- Kaiser Family Foundation

Disclaimers

- The presenters are not attorneys.
- This presentation does not represent or replace legal advice. All participants should seek legal counsel when attempting to implement the Affordable Care Act in their state or tribal nation.
- The information contained in this presentation does not necessarily represent the views of the National Native Network or the Oklahoma State Department of Health.

The Patient Protection and Affordable Care Act (P.L.111-148) was enacted March 23, 2010.

*Throughout this presentation the health reform law will be referred to as the "**ACA**."*

Purpose of the ACA

- The general purpose of the ACA is to assure more Americans have access to affordable health insurance.

- The key reforms in the ACA should significantly decrease barriers for obtaining health coverage as well as accessing needed health care services.

Purpose of the ACA

The Affordable Care Act also includes the **permanent reauthorization of the Indian Health Care Improvement Act** (IHCIA), which extends current law and authorizes new programs and services within the Indian Health Service (IHS).

***Note**: Sequestration may delay or restrict new program development at IHS.*

Health Reform Law
Three Key Changes

The new health reform law builds on the United States health insurance system and makes **three key changes.**

Health Reform Law
Three Key Changes

1) The law ends some of the worst practices of insurance companies such as **no longer allowing people to be excluded for pre-existing conditions**.

Companies are also **not allowed to impose lifetime limits** or annual limits.

Health Reform Law
Three Key Changes

2) **It makes insurance more affordable** for millions of Americans by creating a new market place and providing tax credits for those who need additional help.

3) **It brings down the costs of coverage** for families and businesses.

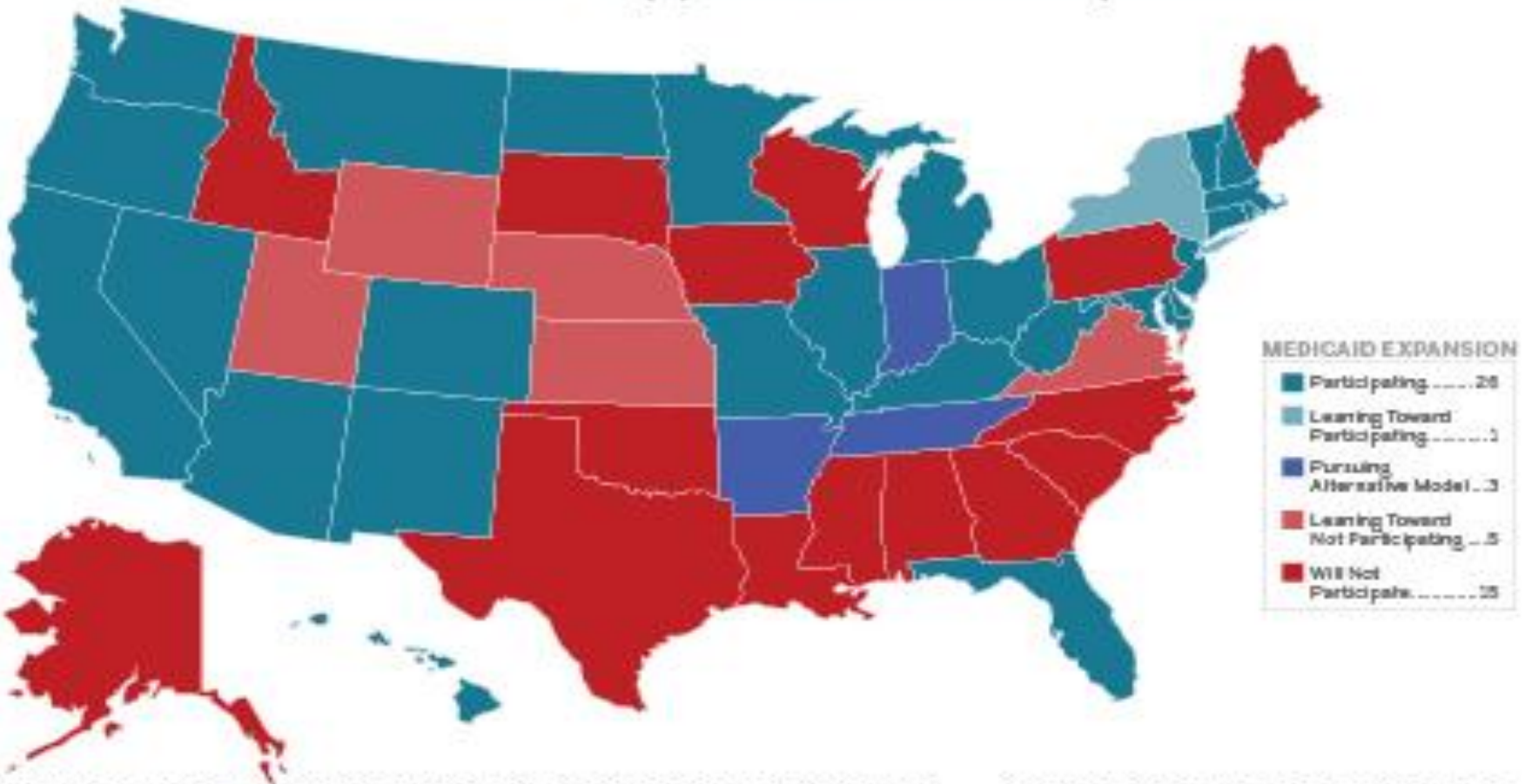
Health Reform Law

- **You do not have to change your insurance** if you are satisfied with your current coverage.

- **Some states** will participate in Medicaid Expansion which will provide greater coverage to more people.

Where the States Stand: May 13, 2013

26 Governors Support Medicaid Expansion



Notes: Based on literature review as of 5/13/13. All policies possible to change without notice.

HHS has announced that states can obtain a waiver to use federal funds to shift Medicaid-eligible residents into private health plans.

The District of Columbia plans to participate in Medicaid expansion and will operate its own exchange.

Source: American Health Line, http://ahlalerts.com/2012/07/03/medicaid-where-each-state-stands-on-the-medicaid-expansion/, accessed 5/13/13.

The Advisory Board Company

Learn more about the impact of the Supreme Court ruling at:
advisory.com/MedicaidMap

Continuum of Health Care Coverage

Medicaid

Affordable Care Act Marketplace

Medicare

Applications

The goal of health care reform is to make it easier to apply for Medicaid, Children's Health Insurance Program, the ACA market place and Medicare **all in one place**.

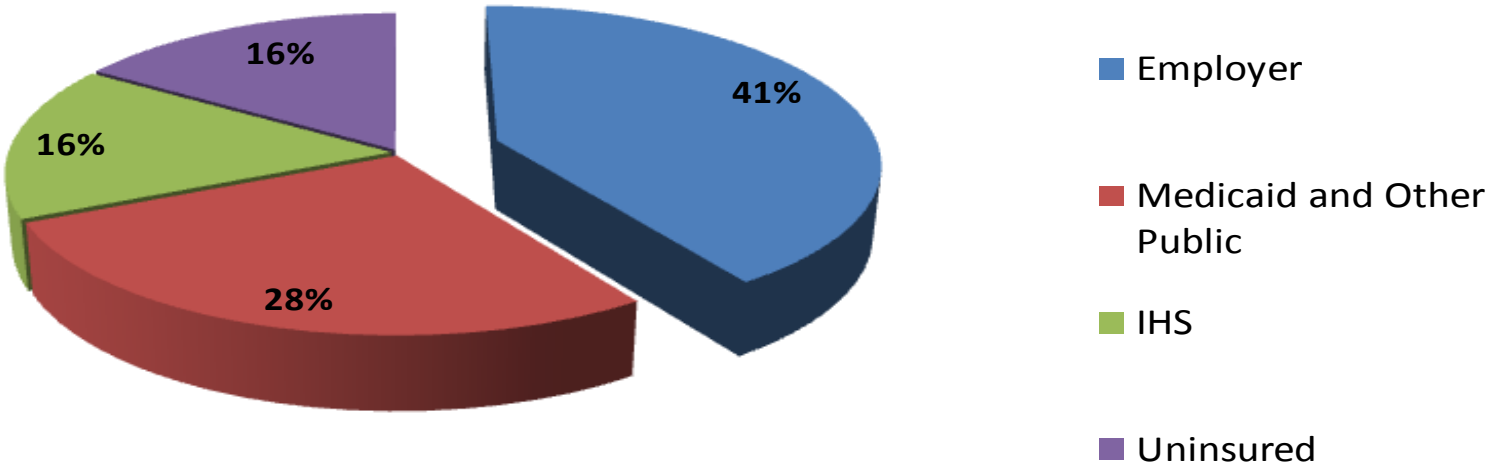
The ACA Eventually Closes the "Donut Hole" in 2020

The ACA makes Medicare prescription drug coverage (Part D) more affordable by gradually closing the gap in coverage where beneficiaries must pay the full cost of their prescriptions out of their pocket.

Insurance Status for AI/AN Nationally

- For AI/AN, 16% have no insurance and another 16% have only IHS

Source of Health Insurance Coverage for Nonelderly American Indians and Alaska Natives, 2006-2007*



How do American Indian and Alaska Native People Benefit from the ACA?

- The ACA **does apply** to American Indian and Alaska Native (AI/AN) people.

- The ACA allows AI/AN people to have **more choices.**

How do American Indian and Alaska Native People Benefit from the ACA?

AI/AN people may still:

- Use Indian Health Service (IHS)
- Purchase affordable health care coverage
- Access coverage through Medicaid, Medicare, Children's Health Insurance Program

How do Tribes Benefit from the ACA?

Tribes may purchase insurance for their employees or their tribal citizens/members and can benefit from more affordable options and reduced costs.

AI/AN Specific Provisions of the Affordable Care Act

- **Exempt from penalty** for being uninsured.
- **Exempt from <u>most</u> cost sharing** in the Exchange or Marketplace.
- **Able to enroll on a monthly basis**, not just during the "open enrollment" period.

AI/AN Specific Provisions of the Affordable Care Act

- I/T/U **clients**: No cost sharing for services provided by IHS, Tribal or urban Indian programs or community health centers.

- All I/T/U **providers** are able to bill health plans for reimbursement

Health and Human Services
May 9, 2013 Update

- Kathleen Sebelius, Secretary of Health and Human Services, sent their 9th update on health reform relevant to tribes.

- This "Dear Tribal Leader" letter was the first update of 2013.

HHS Contact

Stacey Ecoffey
Principal Advisor for Tribal Affairs
202-690-6060
Stacey.Ecoffey@hhs.gov

Updates

- Efforts are being made to develop education and outreach materials specifically for American Indian/Alaska Native people.

- The Centers for Medicaid and Medicare Services (CMS) will be posting these materials to **marketplace.cms.gov.**

ACA Related Web Resource

For more information on the implementation of the ACA and the provisions that specifically impact Indian Country, visit the following website:

http://www.HealthCare.gov/

Essential Health Benefits

- ACA state and federal marketplaces must provide certain **essential health benefits** for every one.

Essential Health Benefits

- The ACA **requires plans to cover preventive services** given an "A" or "B" rating by the United States Preventive Service Task Force (USPSTF).

- **Tobacco cessation services are given an "A" by the task force.**

Essential Health Benefit

- The guidance issued by HHS confirmed that tobacco cessation is included in the essential health benefit.
- HHS does not specify exactly which services it refers to or that all treatments should be covered.
- Each state can select their own **benchmarks**.

Study Findings

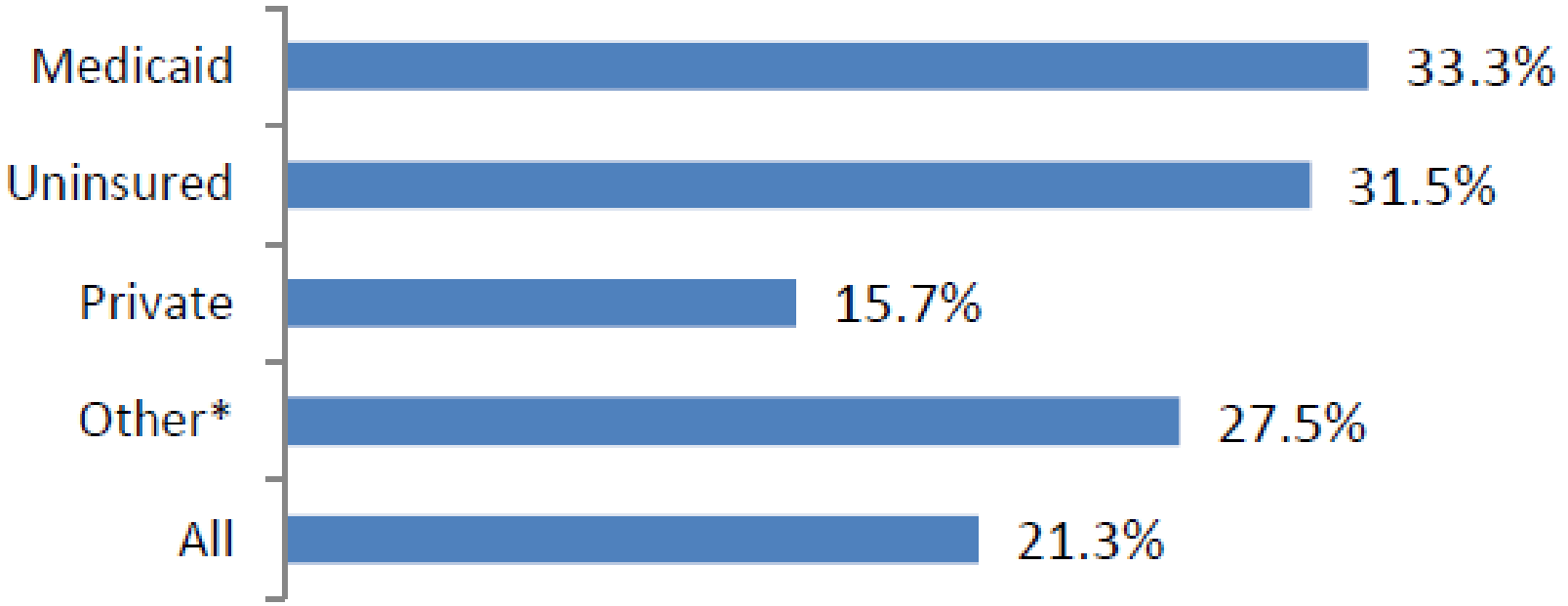
- A study was recently conducted by Georgetown University which describes how private health insurance policies currently cover tobacco cessation treatments.

- This study revealed that only **four of 39 plans** examined covered even close to a comprehensive benefit as outlined in the Clinical Practice Guideline.

Cessation Treatment Best Practice

Fiore MC, Jaén CR, Baker TB, Bailey WC, Benowitz NL, Curry SJ, Dorfman SF, Froelicher ES, Goldstein MG, Froelicher ES, Healton CG, et al. **Treating Tobacco Use and Dependence: 2008 Update—Clinical Practice Guidelines** . Rockville (MD): U.S. Department of Health and Human Services, Public Health Service, Agency for Healthcare Research and Quality, 2008.

People on Medicaid and the Uninsured Smoke at Higher Rates than Others (Ages 18-65)



Source: Centers for Disease Control and Prevention. National Center for Health Statistics. National Health Interview Survey, 2011.

* "Other" includes population insured by military healthcare plans and other government programs.

Percentage of persons ≥ 18 years who were current commercial smokers, United States, NHI Survey 2010

Race/Ethnicity[§]		
White, non-Hispanic	21.0	(20.2–21.8)
Black, non-Hispanic	20.6	(19.1–22.1)
Hispanic	12.5	(11.4–13.6)[†]
AI/AN, non-Hispanic	31.4	(22.3–40.5)
Asian, non-Hispanic[**]	9.2	(7.6–10.8)[†]
Multiple race, non-Hispanic	25.9	(20.2–31.6)

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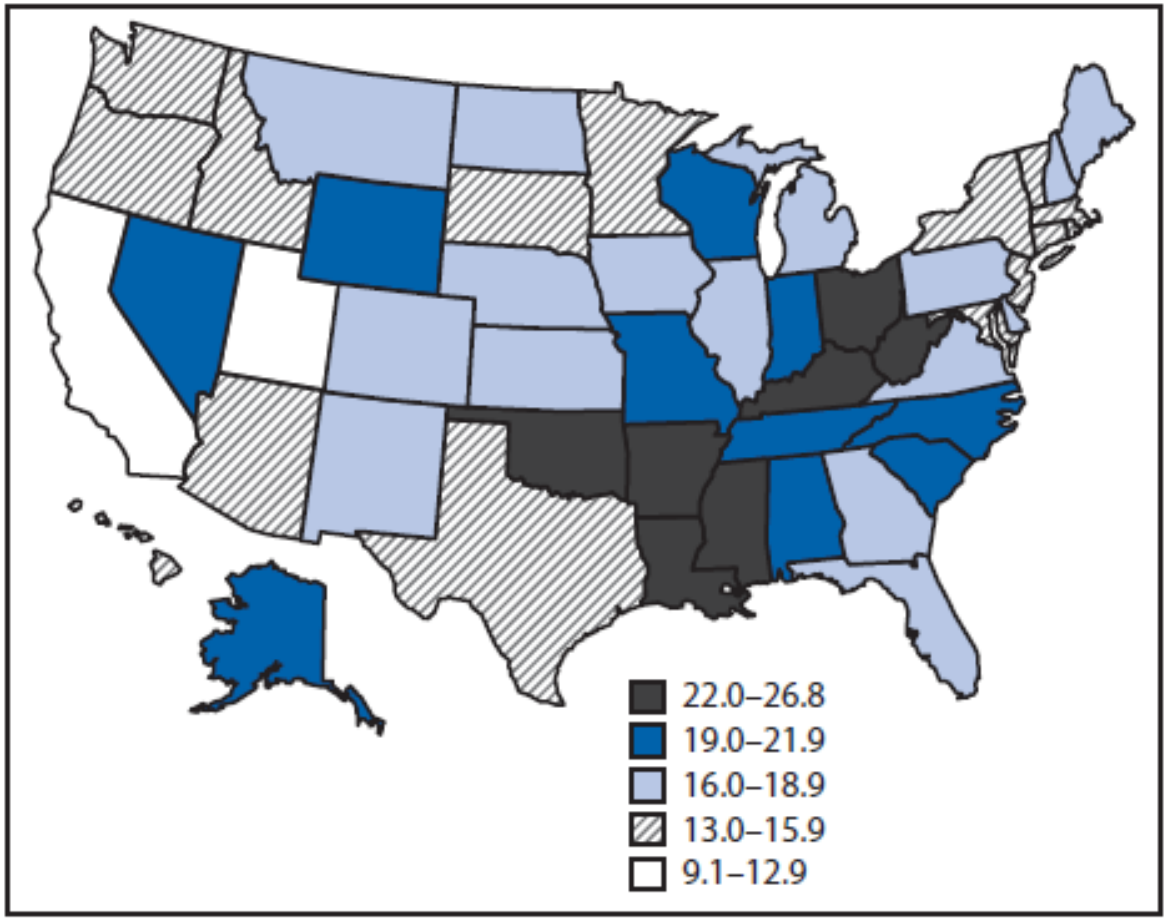
Percentage of persons ≥ 18 years who were current commercial smokers, by state, BRFSS survey 2010



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Lung Cancer Mortality by Race
Oklahoma Vital Records 2008*

IHS Race	Deaths	Population	Death Rate	Age-Adjusted Death Rate**
White	2,054	2,931,971	70.1	58.9
Black	112	310,937	36.0	53.3
American Indian	**211**	**331,420**	**63.7**	**87.5**
Asian/Pacific Islander	13	69,697	18.7	28.7

*Malignant neoplasms of trachea, bronchus, and lung, Entire State, 2008, IHS-Linked Race
**Per 100,000

Cardiovascular Disease Mortality by Race
Vital Records 2008*

IHS Race	Deaths	Population	Death Rate	Age-Adjusted Death Rate**
White	8,397	2,931,971	286.4	235.3
Black	568	310,937	182.7	278.4
American Indian	**752**	**331,420**	**226.9**	**314.0**
Asian/Pacific Islander	40	69,697	57.4	114.8

* Diseases of the Heart, Entire State, 2008, IHS-Linked Race
**Per 100,000

Chronic Lower Respiratory Disease Mortality by Race Oklahoma Vital Records 2008*

IHS Race	Deaths	Population	Death Rate	Age-Adjusted Death Rate**
White	2,422	2,931,971	82.6	69.1
Black	79	310,420	25.4	39.9
American Indian	**185**	**331,420**	**55.8**	**78.4**
Asian/Pacific Islander	8	69,697	11.5	21.9

* Chronic Lower Respiratory Diseases including bronchitis, emphysema, asthma, and other chronic lower respiratory diseases, Entire State, 2008, IHS-Linked Race
**Per 100,000

Lung Cancer Incidence by Race
Oklahoma Cancer Registry 2009*

IHS Race	Cancers	Population	Cancer Rate**	Age-Adjusted Cancer Rate**
White	2,528	2,961,881	85.4	72.2
Black	161	318,181	50.6	74.8
American Indian	**251**	**334,531**	**75.0**	**97.2**
Other	39	72,457	53.0	89.0

* Cancer of the Lung and Bronchus, Entire State, 2009, IHS-Linked Race
**Per 100,000

ACTION STEPS!!

While we await further clarification from HHS on the specific cessation benefits to be covered, we need to take action **NOW** to be better prepared to help American Indian/Alaska Native people quit commercial tobacco.

Learn more about the **prevalence** of commercial tobacco use for AI/AN people in your state. Look at usage by TRIBE.

ACTION STEPS!!

- Determine if your state is going to use a state based market place or participate in the federal exchange.

- Examine the health plans and determine what they are offering for tobacco cessation treatment coverage and inform your colleagues.

ACTION STEPS!!

- Assure the health care staff you are working with are familiar with the **Clinical Practice Guidelines.**

- Assure staff receive training on how to implement the **5 A's** in their clinic.

- Conduct a **patient flow analysis** to determine exactly how it will be implemented in your clinic or hospital.

ACTION STEPS!!

- Assure the **electronic health record** documents tobacco use at every health encounter.

- Assure staff have received recent updates on the **seven FDA approved tobacco cessation medications** and their limited use with pregnant women and youth.

ACTION STEPS!!

- Assure you have **strong contacts with your state based quit line**. Determine if specific benefits are available for American Indian/Alaska Native people.

- Establish a **fax referral program** within your clinic or hospital that sends patients directly to the quitline.

ACTION STEPS!!

- Meet with your Medicaid agency and determine if and under what circumstances you may **bill for commercial tobacco cessation treatment.**

- Display **strong messages** to quit commercial tobacco in clinic waiting rooms and examination rooms.

ACTION STEPS!!

- Connect with your **state public health department** to determine if they have any specific programs that reach out to American Indian/Alaska Native people.

- Regularly visit **HHS websites** and attend new webinars that provide updates on the ACA.

Acronyms

- ACA = Affordable Care Act (healthcare reform)
- HHS = U.S. Dept. of Health & Human Services
- EHB = Essential Health Benefits
- CMS = Centers for Medicare and Medicaid Services
- USPSTF = United States Preventive Services Task Force

QUESTIONS AND COMMENTS

Thank You!

Sally Carter, MSW, LCSW
Tribal Liaison
Oklahoma State Department of Health
1000 NE 10th Street, Room 503.1
Oklahoma City, OK 73117-1299
Phone: 405-271-5170
SallyC@health.ok.gov

Trevlyn Cross, MPH
Health Policy Advisory
Trevlyncross@gmail.com