

# Summary of ACA and MHPAEA Impact on Smoking Cessation

LAW	WHAT IT MEANS	APPLIES TO			
		Individual	Small Group (<50 employees)	Fully Insured Large Group	Self-Insured Large Group
<b>ACA Coverage Mandate: Clinical Preventive Services</b>	<ul style="list-style-type: none"> <li>Requires provision of benefit and prohibits cost-sharing requirements for evidence-based items or services that have in effect a rating of A or B in the current recommendations of the US Preventive Services Task Force (USPSTF)<sup>1</sup></li> <li>Smoking cessation counseling and FDA-approved medications all are A rated<sup>2</sup></li> <li>Example of compliance provided in HHS, DOL, and Treasury FAQ: All FDA-approved medications (OTC and Rx) for smoking cessation and cessation counseling sessions should be made available at a \$0 cost share without prior authorization for all non-grandfathered beneficiaries<sup>2</sup></li> </ul>	<ul style="list-style-type: none"> <li>Non-grandfathered group health plans and health insurance issuers</li> </ul>			
<b>ACA Coverage Mandate: Essential Health Benefits</b>	<ul style="list-style-type: none"> <li>Requires coverage of mental health and substance use disorder services without prior authorization or cost sharing as one of ten Essential Health Benefit (EHB) categories</li> </ul>	<ul style="list-style-type: none"> <li>All state-regulated insurance sold in individual markets, small group markets, and health exchanges</li> </ul>		<p><i>Does not apply</i></p>	
<b>Mental Health Parity and Addiction Equity Act (MHPAEA)</b>	<ul style="list-style-type: none"> <li>Does not require plan sponsors to cover mental health (MH) or substance use disorder (SUD) benefits, but when they do, requires benefits to be treated equally with medical and surgical benefits by insurers<sup>3</sup></li> <li>If plans cover one benefit classification,* they must cover all in which medical and surgical benefits are covered<sup>3</sup></li> <li>Financial requirements and quantitative treatment limitations for MH or SUD benefits can be no more restrictive than the predominant financial requirements and quantitative treatment limitations applied to substantially all (two-thirds) medical and surgical benefits covered by the plan; no separate cost-sharing requirements that are applicable only to MH or SUD benefits<sup>3</sup></li> <li>Any process, strategies, evidentiary standards, or other factors used in applying Non-Quantitative Treatment Limitations (NQLs) to MH and SUD benefits must be comparable to and applied no more stringently than those imposed on medical and surgical benefits<sup>3</sup></li> <li>Examples of potential noncompliance (if different from medical and surgical benefits): high cost sharing, prior authorizations, counseling requirements, requirements of treatment completion to qualify for coverage<sup>3</sup></li> </ul>	<ul style="list-style-type: none"> <li>Requirements extended via ACA EHB regs</li> </ul>	<ul style="list-style-type: none"> <li>Requirements extended via ACA EHB regs</li> </ul>	<ul style="list-style-type: none"> <li>All ERISA-governed group plans</li> <li>Group health plans sponsored by private and public sector employers with more than 50 employees<sup>3</sup></li> </ul>	

\*Six benefit classifications: Inpatient In-Network, Inpatient Out-of-Network, Outpatient In-Network, Outpatient Out-of-Network, Emergency Care, Prescription Drugs.

**Note:** Plans not mandated by either ACA or MHPAEA: Medicaid – CHIP, EAPs, Retiree Only, Non-Federal Governmental, Church, TRICARE, FEHB.

**References:** 1. United States Department of Labor. Frequently asked questions about Affordable Care Act implementation (part XIX). <http://www.dol.gov/ebsa/faqs/faq-aca19.html>. Accessed June 13, 2014. 2. American Heart Association. Facts: Quitting Time. [http://my.americanheart.org/idc/groups/heart-public/@wcm/@adv/documents/downloadable/ucm\\_321037.pdf](http://my.americanheart.org/idc/groups/heart-public/@wcm/@adv/documents/downloadable/ucm_321037.pdf). Accessed June 13, 2014. 3. Melek S, Jackson A, Leavitt B. The Mental Health Parity and Addiction Equity Act: key elements and implications for smoking cessation. Milliman White Paper. Copyright © 2010, Milliman Inc.