

AN ACT relating to health benefit coverage for tobacco cessation treatment.

*Be it enacted by the General Assembly of the Commonwealth of Kentucky:*

➔SECTION 1. A NEW SECTION OF SUBTITLE 17A OF KRS CHAPTER 304 IS CREATED TO READ AS FOLLOWS:

(1) Notwithstanding any law to the contrary, a health benefit plan shall, at a minimum, provide coverage for all United States Food and Drug Administration-approved tobacco cessation services that have a rating of A or B in the current recommendations of the United States Preventive Services Task Force, including but not limited to:

(a) Individual, group, and telephone counseling;

(b) Nicotine patches, gum, lozenges, nasal sprays, and inhalers;

(c) Bupropion; and

(d) Varenicline.

(2) The following conditions shall not be imposed on any tobacco cessation services provided pursuant to this section:

(a) Counseling requirements for medication;

(b) Limits on the duration of services, including but not limited to annual or lifetime limits on the number of covered attempts to quit; or

(c) Copayments or other out-of-pocket cost sharing, including deductibles.

(3) Utilization management requirements, including prior authorization and step therapy, shall not be imposed on any tobacco cessation services provided pursuant to this section, except in the following circumstances where prior authorization may be required:

(a) For a treatment that exceeds the duration recommended by the most recently published United States Public Health Service clinical practice guidelines on treating tobacco use and dependence; or

(b) For services associated with more than two (2) attempts to quit within a

twelve (12) month period.

(4) Nothing in this section shall be construed to prohibit a plan or issuer from providing coverage for tobacco cessation services in addition to those recommended or to deny coverage for services that are not recommended by the United States Preventive Services Task Force.

➔SECTION 2. A NEW SECTION OF KRS CHAPTER 205 IS CREATED TO READ AS FOLLOWS:

(1) Notwithstanding any law to the contrary, the Department for Medicaid Services or a managed care organization contracted to provide Medicaid services shall, at a minimum, provide coverage for all United States Food and Drug Administration-approved tobacco cessation services that have a rating of A or B in the current recommendations of the United States Preventive Services Task Force, including but not limited to:

(a) Individual, group, and telephone counseling;

(b) Nicotine patches, gum, lozenges, nasal sprays, and inhalers;

(c) Bupropion; and

(d) Varenicline.

(2) The following conditions shall not be imposed on any tobacco cessation services provided pursuant to this section:

(a) Counseling requirements for medication;

(b) Limits on the duration of services, including but not limited to annual or lifetime limits on the number of covered attempts to quit; or

(c) Copayments or other out-of-pocket cost sharing, including deductibles.

(3) Utilization management requirements, including prior authorization and step therapy, shall not be imposed on any tobacco cessation services provided pursuant to this section, except in the following circumstances where prior authorization may be required:

- (a) For a treatment that exceeds the duration recommended by the most recently published United States Public Health Service clinical practice guidelines on treating tobacco use and dependence; or
- (b) For services associated with more than two (2) attempts to quit within a twelve (12) month period.
- (4) Nothing in this section shall be construed to prohibit a plan or issuer from providing coverage for tobacco cessation services in addition to those recommended or to deny coverage for services that are not recommended by the United States Preventive Services Task Force.