News Committee for the Society for Research on Nicotine and Tobacco Treatment Network: Policy Issues

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RECENT POLICY-RELATED TOBACCO TREATMENT ISSUES

Tobacco control policies, including excise and sales tax, smoking bans, and public health campaigns, have had an important influence on reducing rates of tobacco use (Wilson et al., 2012). There is also some evidence that those engaged in smoking cessation treatment have improved response rates within the context of such policies (Schillo et al., 2012), which is an interesting finding in need of additional research. Two relatively new tobacco-related policy items in the United States are also likely to have evolving implications for tobacco treatment efforts. The first includes the Family Smoking Prevention and Tobacco Control Act (TCA, U.S. Government, 2009), which was passed in 2009. The TCA gave the U.S. Food and Drug Administration (FDA) the authority to regulate tobacco products. The scope of the FDA’s regulation is through evaluation of effects of tobacco products at the population level and includes regulation of how tobacco products are produced, advertised, and sold, and supports related research and education, but does not include regulating tobacco under the FDA’s drug or device provisions (Husten & Deyton, 2013). Thus, to the extent that a product is defined as a tobacco product, it will be regulated under the terms of the TCA, but if the tobacco product is marketed for therapeutic indications, then it would fall under regulations issued by the FDA as a drug or device (Husten & Deyton, 2013). E-cigarettes are an example of a product, in which scope of regulation remains to be determined by the FDA, which is of great interest to manufacturers. However, this ambiguity may create some confusion for consumers and clinicians, in addition to raising questions about how to define the scope of research being conducted in this area, that is, regulatory (Centers for Disease Control and Prevention, 2013) or therapeutic (Bullen et al., 2013).

The Affordable Care Act (U.S. Department of Health & Human Services, 2014; U.S. Government, 2010) is a second recent policy issue widely discussed in the media, which has the goal of providing different health care options to all Americans, particularly for millions who are uninsured. The law was signed in 2010 and includes smoking cessation treatment as a covered benefit under its preventive services (U.S. Department of Health & Human Services, 2014; U.S. Government, 2010). Whether the expanded health care coverage is handled by broadening state services or through a federal exchange currently varies by state (American Lung Association, 2012; U.S. Department of Health & Human Services, 2014). The new Health Insurance Marketplace became available in October 2013, with coverage beginning in January 2014 and open enrollment closing in March 2014 (U.S. Department of Health & Human Services, 2014). There are at least two complexities associated with the implementation of the law and its potential effects on tobacco cessation treatment. Although many new enrollees who were uninsured are likely to be smokers (Pleis, Lucas, & Ward, 2009) and could benefit from tobacco cessation services, smokers are reportedly being charged much higher premiums on the market exchanges (Brill, 2013). Rates under the Affordable Care Act can reach up to 50% higher for smokers than nonsmokers (U.S. Government, 2010). Although it remains to be studied, this higher premium could discourage smokers from enrolling or to potentially claim nonsmoking status. Thus, paradoxically smokers may lose out on the anticipated tobacco cessation benefits. Also the level of tobacco cessation treatment to be provided through the health insurance exchanges will be decided state by state (American Lung Association, 2012). Thus, effective comprehensive tobacco cessation treatment (Fiore et al., 2008) may still remain elusive to some newly enrolled smokers. Further research on the impact of these policies on tobacco treatment and outcomes may inform these emerging areas of regulatory science and health care reform.

DECLARATION OF INTERESTS

None declared.

REFERENCES


