

Medicare Poised to Help Seniors Quit Smoking

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Medicare is investigating ways to help its beneficiaries quit smoking.

The Centers for Medicare and Medicaid Services proposed to extend smoking cessation coverage to beneficiaries who smoke and have been diagnosed with a smoking-related disease—or who are taking certain drugs whose metabolism is affected by tobacco use.

The hope is that Medicare's decision to pay for smoking cessation counseling "will encourage and help seniors quit smoking once and for all," Ronald Davis, M.D., trustee to the American Medical Association, said in a statement.

Of the 440,000 Americans who die annually from smoking-related disease, 300,000 are aged 65 and older, according to the Centers for Disease Control and Prevention. More than 9% of those 65 and older smoke cigarettes. The CDC in 2002 estimated that 57% of smokers aged 65 and older reported a desire to quit smoking.

The proposed coverage decision specifically applies to patients whose illness is caused or complicated by smoking, such as heart disease, cerebrovascular disease, lung disease, weak bones, or blood clots—diseases that account for the bulk of Medicare spending, according to CMS.

Beneficiaries are also eligible for counseling if they take drugs whose effectiveness is complicated by smoking, including insulins, and medicines for high blood pressure, seizures, blood clots, or depression.

Minimal counseling is already covered at each evaluation and management visit for beneficiaries. Beyond that, Medicare is proposing to cover two cessation attempts per year. "Each attempt may include a maximum of four intermediate or intensive sessions, with the total annual benefit covering up to eight sessions in a 12-month period," the proposal stated.

CMS estimates the program will cost \$11 million annually, a number it expects

will be offset by fewer hospitalizations and health problems related to smoking.

In addition to heart disease, emphysema, and stroke, seniors who smoke cigarettes are also more likely to develop problems associated with older age, such as hip fractures, eye cataracts, and facial skin wrinkles. Seniors who try to quit smoking are 50% more likely to succeed than other age groups, and those who quit can reduce their risk of death from heart disease to that of nonsmokers within several years of quitting, Dr. Davis said.

In a statement, CMS Administrator Mark McClellan, M.D., encouraged smokers on Medicare who were starting to experience heart or lung problems, or high blood pressure "to take advantage of this new help—and more is coming." The agency noted that Medicare's upcoming prescription drug benefit will cover smoking cessation treatments that are prescribed by a physician.

The American Lung Association supported the effort but had concerns that comparable benefits weren't available to younger patients.

The group "applauds anything that will help anyone stop smoking," spokeswoman Diane Maple told this newspaper. However, a recent study showed that only 10% of employer-sponsored health plans cover smoking cessation programs that combine medications with counseling, she said.

The lung association hopes that private plans will follow Medicare and develop similar programs in the future, she said.

Other caregivers in comments to the agency wanted more details about the program's requirements. Only individuals trained in tobacco counseling and cessation may provide the counseling to beneficiaries, but "how will this training be accredited?" Steven White, a physician assistant, asked. "Will having a general knowledge of smoking and its risks be sufficient?"

The comment period for the proposed coverage decision closed in late January. CMS now has 60 days to review the comments and issue a final policy. ■

POLICY & PRACTICE

Reduced Funding for Mental Health

The president's fiscal 2006 budget request for the Department of Health and Human Services includes fewer dollars for mental health grants. The Substance Abuse and Mental Health Services Administration's proposed budget of \$837 million for mental health programs reflects a net decrease of \$64 million from 2005. The President's Commission on Mental Health "discovered a fragmented mental health system—a series of targeted categorical grants that didn't have a good sense of connectivity," said HHS spokesman William Pierce. To reorganize the system, the proposed cut would only apply to new grants—those starting in fiscal year 2006. Infrastructure grants to support development of state mental plans and reduce system fragmentation would receive \$26 million in 2006, a \$6 million increase from 2005. The budget request would maintain SAMHSA's funding for community mental health services block grants (\$433 million) and children's mental health services (\$105 million). "There will also be a \$5 million increase in HIV/AIDS minority mental health services, allowing for 11 new grants" in 2006, said Kathryn Power, director of SAMHSA's Center for Mental Health Services. The Campaign for Mental Health Reform, a coalition representing the American Psychiatric Association and other mental health organizations, called the budget "incredibly disappointing."

Asian American Gays Surveyed

More than three-fourths of Asian Pacific American lesbian, gay, bisexual, and transgender (LGBT) people have experienced discrimination based on their sexual orientation, according to a study by the National Gay and Lesbian Task Force, an advocacy organization. As part of the first phase of the largest study of this group ever undertaken, researchers surveyed 124 attendees at a regional LGBT conference and found that 82% had experienced such discrimination: 82% also said they had experienced discrimination based on their race or ethnicity, and 96% of respondents agreed that homophobia and transphobia is a problem within the Asian Pacific American community. "The lives of Asian Pacific American [LGBT] people involve a complex web of issues arising from being sexual, racial/ethnic, language, gender, immigrant, and economic minorities," said Glenn D. Magpantay, steering committee member of Gay Asian & Pacific Islander Men of New York. Participants in the survey were from a dozen different ethnic groups, including Chinese, Filipino, and Asian Indian.

Researching Terrorist Behavior

The University of Maryland has received a \$12 million, 3-year grant from the Department of Homeland Security to open a social and behavioral research center dedicated to reducing

worldwide terrorism. "The expertise of social scientists can help disrupt terror operations and reduce the after-effects of attacks," Jacques Gansler, the university's vice president of research, said in a statement. "But so far the nation hasn't taken full advantage of their knowledge. With this new team, we hope to change that." The center will work with five "major partner" academic centers as well as 10 other academic centers in the United States and abroad. Research teams will include psychologists, criminologists, and sociologists and will focus on issues such as the internal dynamics of terror organizations, looking for patterns of behavior or other predictors of what groups may do next.

Controversial Retiree Benefits Rule

The AARP is rejoicing now that a federal judge has temporarily blocked a new rule from the Equal Employment Opportunity Commission (EEOC) regarding retiree health benefits, but some members of Congress are not happy about this latest development. The rule, which the commission approved last April, exempts employers from age discrimination laws when it comes to designing retiree health benefits. The EEOC says the rule is designed to enable employers to better coordinate retiree benefits with Medicare, but AARP says the rule simply makes it easier for employers to reduce health benefits for older retirees, or abandon them altogether. EEOC chair Cari Dominguez said that "any delay in implementing the rule endangers vital protections for retirees." Rep. John Boehner (R-Ohio), chairman of the House Committee on Education and the Workforce, issued a statement saying that "if the AARP is successful with its lawsuit, it will surely cause more workers to lose their retiree health coverage." The judge's action, issued in early February, prevents the rule from being implemented for at least 60 days.

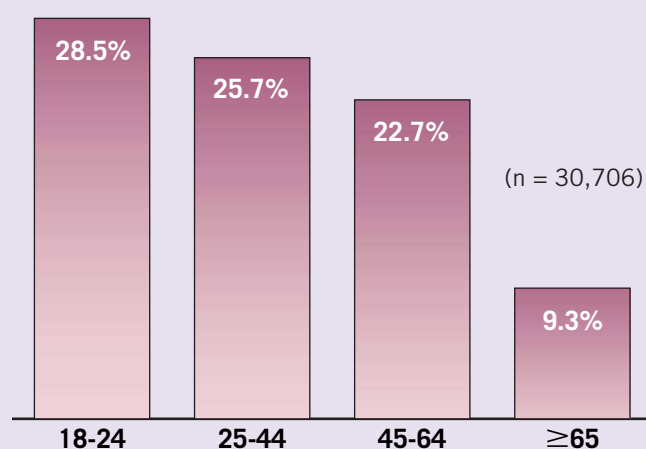
Proposed Wheelchair Rules Issued

In an effort to clarify the requirements, the Centers for Medicare and Medicaid Services has issued proposed new rules for coverage of wheelchairs for Medicare beneficiaries. Previously, coverage was given to patients who were "nonambulatory" or "bed or chair confined." Under the proposed rules, providers must state whether the patient "has a mobility limitation that prevents him or her from performing one or more mobility-related activities of daily living." The agency also plans to require a face-to-face meeting between the provider and the patient before a scooter or wheelchair can be ordered. Fraud has been an issue for CMS lately regarding power wheelchair coverage: The agency launched Operation Wheeler Dealer in late 2003 after finding that expenditures for power wheelchairs had increased 450% over a 4-year period.

—Joyce Frieden

DATA WATCH

Percent of Various Age Groups Who Currently Smoke



Note: Smokers defined as people who have smoked ≥100 cigarettes during their lifetimes and reported smoking every or some days.

Source: 2002 data, Centers for Disease Control and Prevention

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