

SENATE HEALTH, HUMAN SERVICES AND SENIOR CITIZENS COMMITTEE

STATEMENT TO **SENATE, No. 2081**

with committee amendments

STATE OF NEW JERSEY

DATED: SEPTEMBER 24, 2018

The Senate Health, Human Services and Senior Citizens Committee reports favorably Senate Bill No. 2081, as amended.

This bill provides for the expansion of the State Medicaid program to include coverage for comprehensive tobacco cessation benefits for Medicaid beneficiaries age 18 or older, or who are pregnant.

The covered benefits are to include brief and high intensity individual counseling, brief and high intensity group counseling, phone counseling, all medications approved for tobacco cessation by the U.S. Food and Drug Administration, and other tobacco cessation counseling recommended by the Treating Tobacco Use and Dependence Clinical Practice Guideline issued by the U.S. Public Health Service. The bill prohibits certain conditions from being imposed on the tobacco cessation benefits, including copayments, deductibles, or annual or lifetime limits. The bill requires that information regarding the availability of the tobacco cessation services be provided to eligible individuals at certain specified times.

To obtain the federal approval, the Commissioner of Human Services is to apply for such State plan amendments or waivers as may be necessary to implement the provisions of the bill and to secure federal financial participation for State Medicaid expenditures under the federal Medicaid program.

Presently, New Jersey provides only partial coverage for medications used for tobacco cessation, and does not cover any form of counseling specifically for tobacco cessation.

The committee amended the bill to clarify that the tobacco cessation benefits to be provided through the State Medicaid program are for beneficiaries age 18 or older and those who are pregnant; and to revise and expand the required benefits to include brief and high intensity individual and group counseling, telephone counseling, all medications approved for tobacco cessation by the FDA, and other tobacco cessation counseling recommended by certain practice guidelines of the U.S. Public Health Service. The amendments also require that information about the tobacco cessation benefits be provided to eligible individuals at certain specified times, and prohibit

the imposition of any cost-sharing, annual or lifetime limits, stepped therapy, or durational limits on the tobacco cessation benefits provided. The amendments specify that prior authorization for the benefits may be required only when a treatment exceeds the duration recommended by the clinical practice guidelines of the U.S. Public Health Service or for services associated with more than two attempts to quit within a 12-month period. The amendments also make certain technical corrections to citations in the bill.