As an expert clinician who has provided preventative care services to over 1,000 tobacco dependent smokers, I have some important comments about this portion of the new healthcare reform law.

While this new benefit will undoubtedly save lives and money, it is important that it is implemented without broad reaching limitations and as few barriers as possible, so its benefits can be fully realized.

1. It is absolutely necessary that the benefit applies to "out of network" clinicians, in addition to in-network providers. In many states and towns, certain insurance companies have no local in-network providers. Patients may need to drive 30-60 minutes to get the preventive services they need and most patients won't do this, for multiple reasons. Also, employers, and sometimes the patients themselves switch health insurance plans, but want to maintain preventive services with a clinician with whom they have solid relationship. These essential services need to be covered by all in-network and all out of network clinicians as well.

2. Insurance companies at times play games and place arbitrary limitations on the type of clinician who can provide the medical service. It is essential that these arbitrary limitations not be placed and that insurance companies aren't allowed to discriminate against certain groups of clinicians. For example, it should be indicated that the service shall be delivered (and paid by the insurance company to the provider) by any clinician delivering the preventive care who's scope of practice based on certification and/or licensure permits delivery of the service.

3. Finally, there should be no limitation on the type of service rendered. For example, in the case of tobacco dependence counseling, many patients will prefer group counseling (incidentally which are highly cost effective for the insurance company). Therefore, individual and group counseling should both be covered and paid services - these services have both been proven "evidence based" in clinical (see PHS Guidelines, Treating Tobacco Dependence, 5/08) and real world studies. Additionally, all proven preventive services are not alike. Some preventive services require more than one dose or counseling visit, to yield a high impact. In the case of tobacco dependency counseling there should be no limitations on the amount of visits/year from the insurance company, since level of addiction and multiple case-mix variables make it impossible to predict exact "dosage" needed for optimal impact on an individual patient. The decision on number of visits needed (and reimbursed/year) should be made by the clinician and patient, absolutely not the insurance company.

Thanks,

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