

Save Lives and Money

Help State Employees

Quit Tobacco

2010



Partnership
for Prevention®

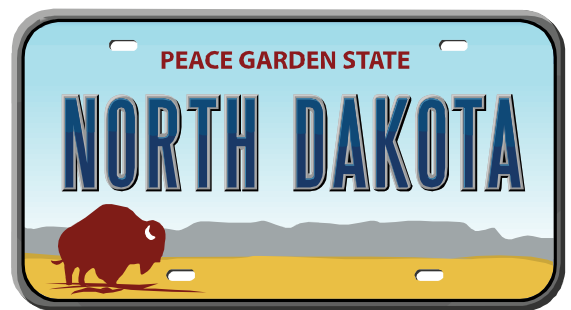
Shaping Policies • Improving Health



AMERICAN
LUNG
ASSOCIATION®

Join These 5 Leading States

Cover All the Treatments Your State Employees Need To Quit Tobacco





Follow these leaders and help your state employees quit smoking

Five states are leading the way to help their own employees (and employees' family members) quit smoking. These leading states **cover all the treatments recommended to help smokers quit.** They are taking advantage of an important opportunity to save lives and improve health among their employee workforce.


Save lives. Quitting tobacco reduces an employee's risk for chronic diseases associated with smoking, such as COPD (chronic obstructive pulmonary disease), heart disease and lung and other cancers. The former smoker's children have less risk for asthma attacks and related emergency room visits. On average, a smoker can add 13-15 years onto his or her life by quitting.¹

Save limited state dollars. The five states that provide a comprehensive cessation benefit for their employees have found an opportunity to save the state money. Employees who don't use tobacco are more productive workers than those who do, because they take fewer breaks and sick days.² Non-smokers also incur fewer healthcare costs – in 1997, the average smoker incurred \$1,041 in additional healthcare expenses over a period of five years compared to smokers who quit.³

State employees who smoke need help quitting. Most smokers want to quit,⁴ and many of them try.⁵ Unfortunately, most smokers who try to quit fail--only four to seven percent succeed.⁶ Why aren't more smokers able to quit? One important reason is that many of them lack the tools that will help them succeed.

The U.S. Public Health Service has recommended seven medications and three types of counseling as effective in helping smokers quit. Having access to these treatments makes smokers more likely to make a quit attempt – and most importantly – to succeed.

All health insurance plans available to state employees should be required to cover each of these treatments for their members. Providing a comprehensive cessation benefit to all insured will save lives and money.





What Should Your Health Plan Cover for State Employees?

Cessation Benefits Should Include ALL of These:

- ✓ NRT Gum
- ✓ NRT Patch
- ✓ NRT Lozenge
- ✓ NRT Inhaler
- ✓ NRT Nasal Spray
- ✓ Bupropion
- ✓ Varenicline
- ✓ Individual counseling
- ✓ Group counseling
- ✓ Phone counseling


Treatment for smoking cessation is not a one-size-fits-all proposition. Just like any other serious medical condition, patients respond to each cessation treatment differently. Patients wanting to quit tobacco must often try more than one treatment to find success. The science is clear that


having a variety of cessation treatment options available to patients increases success – and that’s the point – making quitting permanent.

Every state employee’s health plan needs to include the seven medications and three forms of counseling proven effective in helping patients quit tobacco.⁷ **Nicotine replacement therapies** (NRTs) are available over-the-counter (patch, gum, lozenge) and by prescription (patch, nasal spray, inhaler). **Bupropion** (Zyban) and **varenicline** (Chantix) are two non-nicotine, prescription-only options. All of these medications should be included in any cessation benefit.

Three types of counseling also help smokers quit. **Individual** (face-to-face), **group** and **phone counseling** can be provided by any suitably trained clinician. Phone counseling is available in every state through the 1-800-QUIT-NOW quitline network (services may vary depending on the state and the caller’s insurance status).

Each of the medications and counseling types listed has proven effective based on scientific evidence. Although each treatment works on its own, smokers have an even higher chance at quitting if they use a course of treatment that includes both medications and counseling.





Policymakers should also provide a smokefree workplace for state employees. Requiring all government workplaces to be smokefree supports state employees in their attempts to quit – it removes the temptation to smoke at work and

triggers less cravings. Smokefree government workplaces also protect non-smoking employees from secondhand smoke.

Avoid arbitrary barriers that limit access to treatment

Make sure your employees' plans don't include arbitrary barriers that make it harder for tobacco users to get cessation treatment or to try different treatments. Policies that have been shown to act as barriers to treatment are listed in the box on the right.


Cessation benefits should be available to *all* employees and dependents who smoke – not just pregnant women, and not just members of fee-for-service or self-insured plans. Most states have managed care options (often HMOs) for their employees. Policymakers should **require that each managed care plan provide a comprehensive cessation benefit.** This often can be done in the state's contract with the managed care organization. Policymakers must also oversee and enforce such requirements with the managed care organizations serving state employees.

For more information on these benefits and the barriers to avoid, please see the American Lung Association's report on

Barriers to avoid:

- ✘ Co-pays
- ✘ Prior Authorization
- ✘ Duration limits
- ✘ Annual limits on quit attempts
- ✘ Dollar limits
- ✘ Requirements to try one medication before another
- ✘ Requirements to pair medications with counseling

*Helping Smokers Quit: State Cessation Coverage.*⁸ For information on what barriers your state employees face to getting help, visit the State Cessation Coverage Database online at www.lungusa.org/cessationcoverage.



Where does your state stand?

The American Lung Association collects information on what each state covers to help its employees quit tobacco. The data, as well as more details on coverage, can be viewed at www.lungusa.org/cessationcoverage.

Five states lead the way in providing the necessary, comprehensive cessation coverage described above. These states cover all 7 recommended medications and group and individual counseling for *all* of their employees.

5 states cover all recommended treatments

	-----Nicotine Replacement Therapy-----					Varenicline (Chantix)	Bupropion (Zyban)	Group Counseling	Individual Counseling	Smokefree Workplace
	Gum	Patch	Nasal Spray	Inhaler	Lozenge					
Illinois	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes
Maine	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes
Nevada	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes
North Dakota	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes
New Mexico	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes

Note that phone counseling is available in all states and the District of Columbia through the national network of quitlines. Services available to state employees may vary.

Sources: American Lung Association State Cessation Coverage Database. Available at: www.lungusa.org/cessationcoverage

American Lung Association *State Legislative Actions on Tobacco Issues* Database. Available at: <http://slati.lungusa.org/>

While not covering all the recommended treatments, 15 states cover 5 or more treatments. States that only cover prescription medications could easily change the benefits program's over-the-counter (OTC) drug policy and offer comprehensive coverage. States that cover all medications but do not provide any counseling are missing an important tool to help increase a tobacco user's chances of quitting. States should make sure that tobacco users have the option of receiving counseling support.

15 states provide most, but not all, recommended cessation treatments to all of their employees (at least 5 treatments)

	-----Nicotine Replacement Therapy-----					Varenicline (Chantix)	Bupropion (Zyban)	Group Counseling	Individual Counseling	Smokefree Workplaces
	Gum	Patch	Nasal Spray	Inhaler	Lozenge					
Alabama	yes	yes	yes	yes	yes	no	no	yes	yes	no
Arizona	yes	yes	yes	yes	yes	yes	yes	no	no	yes
Arkansas	no	yes	no	no	no	yes	yes	yes	yes	yes
California	D	yes	yes	yes	D	yes	yes	*	*	yes
Connecticut	no	yes	yes	yes	no	yes	yes	no	no	yes
Kentucky	yes	yes	no	no	yes	yes	yes	yes	no	no
Minnesota	yes	yes	yes	yes	no	yes	yes	no	no	no
North Carolina	no	yes	yes	yes	no	yes	yes	no	yes	yes
Rhode Island	yes	yes	yes	yes	yes	no	no	yes	yes	yes
South Carolina	yes	yes	no	no	yes	yes	yes	no	no	no
Tennessee	yes	yes	yes	yes	yes	yes	yes	yes	no	yes
Vermont	yes	yes	yes	yes	yes	yes	yes	no	no	yes
Virginia	yes	yes	no	yes	no	yes	yes	no	no	no
West Virginia	yes	yes	yes	yes	yes	yes	yes	no	yes	no
Wisconsin	no	yes	yes	yes	no	yes	yes	no	yes	no

Note that phone counseling is available in all states and the District of Columbia through the national network of quitlines. Services available to state employees may vary.

Sources: American Lung Association State Cessation Coverage Database. Available at: www.lungusa.org/cessationcoverage

American Lung Association State Legislative Actions on Tobacco Issues Database. Available at: <http://slati.lungusa.org/>

Twenty-two states provide very limited help for smokers who want to quit. Many of these states contract with multiple health plans to provide healthcare to their employees, and coverage for cessation treatments depends on which health plan an employee belongs to. All state employees should have the same access to the full range of cessation treatments. Equal coverage avoids confusion and ensures all smokers can get help. State employee benefits programs should specifically require uniform coverage in each health plan contract.

22 states provide only a few cessation treatments to employees or have uneven coverage

	----Nicotine Replacement Therapy----					Varenicline (Chantix)	Bupropion (Zyban)	Group Counseling	Individual Counseling	Smokefree Workplaces
	Gum	Patch	Nasal Spray	Inhaler	Lozenge					
Alaska	no	no	yes	no	no	yes	yes	no	no	no
Colorado	*	*	no	no	no	no	*	*	*	yes
Delaware	no	no	yes	no	no	yes	yes	P	no	yes
DC	*	*	*	*	*	*	*	*	yes	yes
Georgia	no	no	no	no	no	no	no	yes	no	yes
Hawaii	*	*	no	*	no	*	yes	*	*	yes
Idaho	no	no	no	no	no	yes	yes	no	no	yes
Indiana	*	*	*	*	no	yes	yes	*	no	no
Kansas	no	no	yes	yes	no	yes	yes	no	no	no
Massachusetts	*	*	no	*	*	*	*	no	*	yes
Michigan	*	*	*	*	*	*	*	*	*	no
Mississippi	no	no	yes	yes	no	yes	yes	no	no	no
Missouri	no	no	*	no	no	*	*	no	no	no

Continued on next page...

Continued...

	-----Nicotine Replacement Therapy-----					Varenicline (Chantix)	Bupropion (Zyban)	Group Counseling	Individual Counseling	Smokefree Workplaces
	Gum	Patch	Nasal Spray	Inhaler	Lozenge					
New Hampshire	D	D	D	D	D	D	D	yes	no	no
New York	*	*	*	*	*	*	*	*	*	yes
Ohio	*	*	*	*	*	*	*	*	no	yes
Oklahoma	no	no	*	*	no	*	*	no	yes	no
Oregon	yes	yes	no	no	no	yes	yes	no	no	yes
Pennsylvania	yes	yes	no	no	no	no	no	no	no	yes
Utah	no	no	yes	yes	no	yes	yes	no	no	yes
Washington	yes	yes	*	*	*	yes	*	*	no	yes
Wyoming	no	*	*	*	no	*	*	no	no	no

D = discounts available, but not covered

* = coverage varies by health plan

P = coverage available for pregnant women only

Note that phone counseling is available in all states and the District of Columbia through the national network of quitlines. Services available to state employees may vary.

Sources: American Lung Association State Cessation Coverage Database. Available at: www.lungusa.org/cessationcoverage

American Lung Association State Legislative Actions on Tobacco Issues Database. Available at: <http://slati.lungusa.org/>

Nine states fail to cover any of the recommended medications or counseling for their employees who want to quit. Many of these states specifically exclude coverage of cessation treatments in their health plan policy documents.

9 states need to provide coverage for their employees who want to quit

	----Nicotine Replacement Therapy----					Varenicline (Chantix)	Bupropion (Zyban)	Group Counseling	Individual Counseling	Smokefree Workplaces
	Gum	Patch	Nasal Spray	Inhaler	Lozenge					
Iowa	no	no	no	no	no	no	no	no	no	yes
Florida	no	no	no	no	no	no	no	no	no	yes
Louisiana	no	no	no	no	no	no	no	no	no	yes
Maryland	D	D	D	D	D	D	D	D	D	yes
Montana	no	no	no	no	no	no	no	no	no	yes
Nebraska	no	no	no	no	no	no	no	no	no	yes
New Jersey	no	no	no	no	no	no	no	no	no	yes
South Dakota	no	no	no	no	no	no	no	no	no	yes
Texas	no	no	no	no	no	no	no	no	no	no

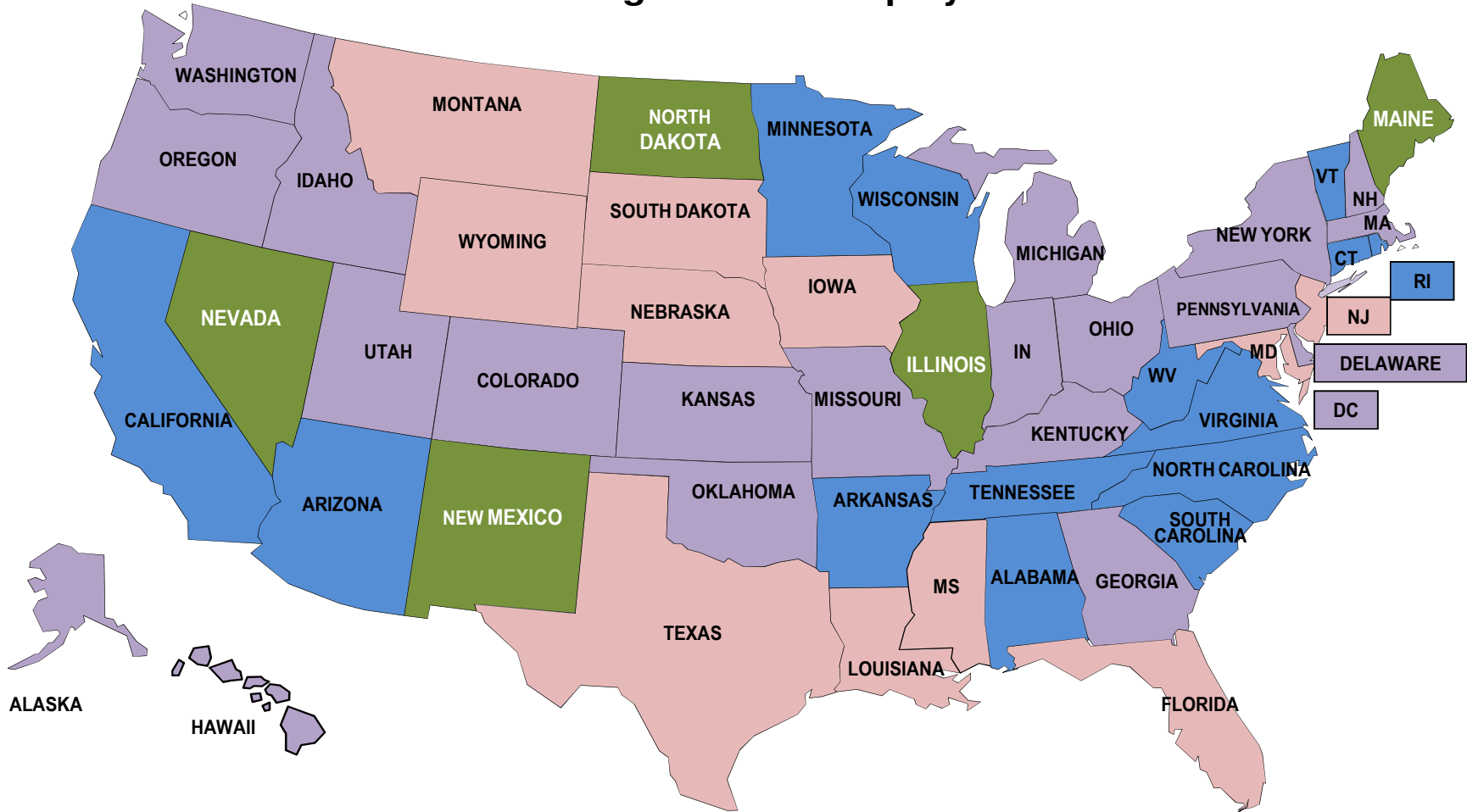
D = discounts available, but not covered

Note that phone counseling is available in all states and the District of Columbia through the national network of quitlines. Services available to state employees may vary.

Sources: American Lung Association State Cessation Coverage Database. Available at: www.lungusa.org/cessationcoverage

American Lung Association State Legislative Actions on Tobacco Issues Database. Available at: <http://slati.lungusa.org/>

Cessation Coverage in State Employee Health Plans



STATE All Treatments Covered (5)

STATE Few Treatments Covered or Varying Coverage (22)

STATE Majority of Treatments Covered (15)


STATE No Treatments Covered (9)



A Commonsense Call to Action

Getting Your State Employees (and their families) the Help They Need to Quit Tobacco



- ✓ **Every health plan offered to state employees should provide comprehensive cessation benefits.** State employee health plans should cover all component treatments recommended by the U.S. Public Health Service's clinical practice guideline,⁹ including all seven first line medications and group, individual and telephone cessation counseling. In your state, this may take legislative or regulatory action, or it may require a change through your state employee benefits office.
 - ✓ If your state contracts with multiple health plans to provide healthcare for state employees, **ensure that each plan covers all cessation treatments.** A requirement for cessation coverage can usually be written into the plan's contract with the state or negotiated with the plan.
 - ✓ **Remove arbitrary barriers that limit access to cessation treatments.** The most effective cessation coverage is coverage that is easily available and easily used. Barriers that deny or limit treatment include requiring co-pays; limiting the length, frequency or amount spent on treatments; requiring prior authorization; requiring quit attempts with one medication before another; and requiring counseling to be paired with medication. Removing these barriers will encourage more people to use the benefit and successfully quit tobacco.
- 

- ✓ **Communicate widely the availability of cessation benefits.** Employees need to know that the coverage exists to use it. Your state employee benefits office should inform state employees directly and regularly about available cessation treatments and programs. Managed care organizations can also publicize the coverage to participating clinicians through newsletters, other communications, and continuing education opportunities.
- ✓ **Package cessation benefits in a way that is easy for employees to find information about the coverage and understand how to use it.** For example, compile all information about cessation benefits into one web page that is written clearly, and link to it from the front page of the employee benefits website. Feature these benefits in newsletters and emails regularly.
- ✓ Inform state employees that **state quitlines provide phone counseling** to help them quit, and be sure your state's quitline can help employees access their cessation benefits and refer them to covered programs and medications. If your state's quitline does not offer multiple counseling sessions to state employees, contract with the quitline to do so.
- ✓ **Make all state government workplaces smokefree.** Not only does this prevent employees from being harmed by secondhand smoke, but it creates a supportive environment for smokers that are trying to quit.





Resources



Shaping Policies • Improving Health

ACTION (Access to Cessation Treatment For Tobacco in Our Nation)

www.actiontoquit.org

Investing in a Tobacco-Free Future

How cessation benefits your bottom line and community

www.prevent.org/tobaccofreefuture

For more information:

www.prevent.org



State Cessation Coverage Database

www.lungusa.org/cessationcoverage

Freedom From Smoking®

www.ffsonline.org 1-800-LUNG-USA

Wellness Program Solutions for Employers

Tobacco cessation programs for the workplace

workplacewellness@lungusa.org

For more information:

www.lungusa.org





References

- ¹ Centers for Disease Control and Prevention. Annual smoking-attributable mortality, years of potential life lost, and economic costs—United States, 1995–1999. *MMWR* 2002;51(14):300–303. Available at: <http://www.cdc.gov/mmwr/PDF/wk/mm5114.pdf>.
 - ² Bunn WB, Stave, GM, Downs, KE, et al. Effect of Smoking Status on Productivity Loss. *J Occup Environ Med*. October 2006; 48:10:1099-1108.
 - ³ Lightwood JM & Glantz SA. Short-Term Economic and Health Benefits of Smoking Cessation -- Myocardial Infarction and Stroke. *Circulation*. August 1997; 96:4.
 - ⁴ 70 percent of smokers reported wanting to quit in 2008. Gallup. Tobacco and Smoking. July 10-12 2008 results. Available at <http://www.gallup.com/poll/1717/Tobacco-Smoking.aspx>.
 - ⁵ 44 percent of smokers reported trying to quit in 2007. Centers for Disease Control and Prevention. National Center for Health Statistics. National Health Interview Survey, 2007. Analysis by the American Lung Association, Research and Program Services Division using SPSS and SUDAAN software.
 - ⁶ In 2005, of the 19 million adults who tried to quit, only 4-7 percent succeeded. Fiore MC, Bailey WC, Cohen SJ, et al. *Treating Tobacco Use and Dependence: A Clinical Practice Guideline*. U.S. Department of Health and Human Services, Public Health Service, 2008. Available at: http://www.surgeongeneral.gov/tobacco/treating_tobacco_use.pdf.
 - ⁷ Fiore *Ibid*.
 - ⁸ American Lung Association. *Helping Smokers Quit: State Cessation Coverage*. February 2009. Available at: <http://www.lungusa.org/atf/cf/%7B7a8d42c2-fcca-4604-8ade-7f5d5e762256%7D/HELPING%20SMOKERS%20QUIT%20-%20STATE%20CESSATION%20COVERAGE%20-%20REVISED%201-21-09.PDF>
 - ⁹ Fiore, *Ibid*.
- 