



# Human Resources Question Guide for Tobacco Cessation Coverage

*The guide below outlines important questions on tobacco cessation coverage and is intended to inform decision making around cessation benefits for employees. It can be used by staff working in tobacco control to begin the conversation on comprehensive tobacco cessation coverage with Human Resources Departments when looking at benefits.*

Tobacco is the leading cause of premature death and disease in the United States.<sup>1</sup> Tobacco use causes a multitude of costly diseases including asthma attacks, heart disease and numerous cancers. These conditions increase healthcare costs. Tobacco use impacts the workday, decreasing productivity<sup>2</sup> and leading to increased absenteeism.<sup>3</sup> When reviewing new health plans for a company a comprehensive tobacco cessation coverage with minimal barriers is essential. Below are some key questions to consider when working with an employer on tobacco cessation benefits for their health plan.

## What is a comprehensive tobacco cessation benefit?

The United States Public Health Services, "Treating Tobacco Use and Dependence: Clinical Practice Guideline 2008 Update" found there are seven medications and three forms of counseling that are safe and effective in helping smokers quit. They are Nicotine Gum, Nicotine Patch, Nicotine Lozenge, Nicotine Inhaler, Nicotine Nasal Spray, bupropion and varenicline. The three types of counseling are individual, group and phone. A comprehensive cessation benefit would cover all ten treatments.

## What are tobacco cessation coverage requirements?

The Affordable Care Act (ACA) requires most<sup>4</sup> health plans, including all large group plans, to cover any preventive services given an "A" or "B" grade by the United States Preventive Services Task Force (USPSTF). Tobacco cessation received an "A" grade from USPSTF. The Departments of Treasury, Labor and Health and Human Services issued an FAQ Guidance in May of 2014 to define required minimum coverage for tobacco cessation.

The FAQ Guidance defined a tobacco cessation benefit as one which covers:

1. Screening for tobacco use.
2. At least two quit attempts per year, consisting of:
  - a. At least four sessions of telephone, individual and group cessation counseling lasting at least 10 minutes each per quit attempt; and all seven Food and Drug Administration (FDA)-approved medications for 90 days per quit attempt, when prescribed by a health care provider without cost-sharing or prior authorization.

## Comprehensive Tobacco Cessation Benefit:

### Seven Medications:

- NRT Gum (OTC)
- NRT Patch (OTC)
- NRT Lozenge (OTC)
- NRT Inhaler
- NRT Nasal Spray
- Bupropion
- Varenicline

### Three Forms of Counseling:

- Individual
- Group
- Phone

\*Over the Counter or OTC; meaning a patient does not need a prescription to purchase the medication. However, in order for the health plan to cover the cost, a prescription must be written even for OTC medications.



When reviewing a healthcare plan these are the essential questions to ask:

- 1) What is your current coverage for tobacco cessation?
- 2) What forms of counseling are covered under this plan:
  - a. Group, phone, individual?
  - b. What utilization management techniques around tobacco cessation counseling exist?
    - i. Cost sharing or prior authorization?
    - ii. Stepped-care therapy?
    - iii. Limits on number of counseling sessions?
- 3) Are all seven FDA-approved tobacco cessation medications covered?
  - a. What tiers do the medications fall under?
  - b. What utilization management around tobacco cessation medications exist?
    - i. Cost sharing or prior authorization?
    - ii. Stepped-care therapy?
    - iii. Set number of quit attempts?
- 4) How might the utilization management techniques impact utilization of the treatment?
- 5) How do plan enrollees know what their tobacco cessation benefit is? Is it clear how they will access that benefit?
- 6) Do you have a tobacco surcharge or a wellness incentive? ([Research shows that tobacco surcharges decrease the likelihood that tobacco users and their families will enroll in health insurance and the likelihood that they will make a quit attempt.](#)<sup>5</sup>)
  - a. What is the cost to the consumer?
  - b. What reasonable alternative standard<sup>6</sup> is offered?
  - c. How is this information communicated to enrollees?
- 7) Does the plan or your company offer any other tobacco cessation program? (online programs, apps)
- 8) What else can your organization do to make it easier for tobacco users to quit?

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<sup>1</sup>U.S. Department of Health and Human Services. The Health Consequences of Smoking: 50 Years of Progress. A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014. Printed with corrections, January 2014. <https://www.ncbi.nlm.nih.gov/pubmed/24455788>

<sup>2</sup> Baker CL, Flores NM, Zou KH, Bruno M, Harrison VJ. Benefits of quitting smoking on work productivity and activity impairment in the United States, the European Union and China. International Journal of Clinical Practice. 2017;71(1):e12900. doi:10.1111/ijcp.12900. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5299499/>

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<sup>4</sup> Short Term Limited Duration plans, Grandfathered plans, standard Medicaid and Medicare plans are not required to cover preventive services as defined by the USPSTF, including a comprehensive cessation benefit.

<sup>5</sup> Friedman AS, Schpero WL, Busch SH. Evidence Suggests That The ACA's Tobacco Surcharges Reduced Insurance Take-Up And Did Not Increase Smoking Cessation. Health affairs (Project Hope). 2016;35(7):1176-1183. doi:10.1377/hlthaff.2015.1540. <https://www.lung.org/getmedia/b69045b1-0411-4876-9275-242e337201b0/Tobacco-Surcharges>

<sup>6</sup> Reasonable alternative standard is defined as an evidence-based smoking cessation program offered to employees to complete rather than pay a tobacco surcharge. The employees need to complete the program, but they do not have to quit.