

RESEARCH AND PRACTICE

### Human Participant Protection

The study was approved by the institutional review board of The University of Texas–Houston Health Sciences Center.

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## Insurance Coverage of Smoking Cessation Treatment for State Employees

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Public health experts recommend that health insurance include coverage for smoking cessation treatment as an evidence-based strategy to reduce smoking. As employers, states can implement this policy for more than 5 million individuals nationwide. This study identified the extent to which states require smoking cessation treatment insurance coverage for their employees; of 45 states, 29 required coverage for at least 1 US Public Health Service (PHS)–recommended treatment, and only 17 of 45 provided coverage that was fully consistent with PHS recommendations. (*Am J Public Health.* 2004;94:1338–1340)

Public health experts recommend that health insurance products include coverage for evidence-based smoking cessation treatment.<sup>1–3</sup> Among the entities with the authority to effect this health policy change, employers are especially promising agents of change. Employers have shown increasingly significant influence on the design and delivery of health care.<sup>4,5</sup> As employers, states purchase health insurance for more than 5 million employees and retirees nationwide.<sup>6</sup> In many markets, states and other public employers serve as leaders and influence both what insurers offer employers and what employers offer employees.<sup>7</sup> By including coverage for smoking cessation treatment in health insurance benefits, states can encourage smoking cessation among state employees while also serving as a model for other local and regional employers and insurers.

### METHODS

We describe the extent to which states use their purchasing power to buy insurance coverage for smoking cessation treatment for their employees. For each state, we identified and surveyed the agency responsible for state employee health care purchasing between September 2002 and February 2003. The agency was identified through an Internet search, and telephone follow-up was used to identify its administrator. We asked the administrator to nominate an employee health benefits staff person to provide information on health insurance coverage for state employees. Forty-five state agency administrators nominated staff persons to participate. We asked each nominee to complete a faxed survey describing the current insurance coverage for smoking cessation treatment that the agency required for state employees. Staff persons in 45 states completed the survey.

Survey questions assessed the presence of insurance coverage for smoking cessation treatment recommended in the US Public Health Service (PHS) *Treating Tobacco Use and Dependence: Clinical Practice Guideline*,<sup>3</sup> including the following: over-the-counter nicotine gum, over-the-counter nicotine patch, prescription nicotine patch, prescription nicotine nasal spray, prescription nicotine inhaler, Zyban (GlaxoSmithKline, Middlesex, UK), group counseling, face-to-face individual counseling, and telephone counseling. The survey also assessed whether insurance coverage for smoking cessation treatment applied to all or some state employees because states may negotiate different benefits from the various insurers serving state employees.<sup>8</sup>

### RESULTS

For analytic purposes, we mapped each treatment to 1 of 3 categories: (1) counseling, (2) prescription medications, or (3) over-the-counter medications. Just 7 states required smoking cessation treatment coverage that was fully consistent with the US PHS guideline recommendations for *all* state employees (Table 1). That is, they required coverage for some form of group or individual counseling *and* 1 or more of the 5 Food and

**TABLE 1—Number of States<sup>a</sup> That Require Insurance Coverage of US Public Health Service (PHS)—Recommended Smoking Cessation Treatment for State Employees**

	All Employees	Some Employees	No Employees
Any US PHS–recommended treatment	20	9	16
Counseling	9	13	23
Prescription medication	15	8	22
Over-the-counter medication	9	3	33
Consistent with US PHS guideline (i.e., counseling and medication)	7	10	28

<sup>a</sup>Five states did not participate in this survey: Connecticut, Hawaii, Michigan, Minnesota, and New Hampshire.

Drug Administration–approved medications for smoking cessation treatment. An additional 10 states required US PHS consistent coverage for at least *some* of their state employees. A total of 29 states required insurance coverage for 1 or more of the US PHS guideline–recommended treatments for at least some state employees. Smoking cessation treatment coverage was not required for any state employees in 16 states (Table 2).

## DISCUSSION

Our study had some limitations. The study data were self-reported. We attempted to validate survey responses against state employee health insurance materials that were collected before the survey. However, as a whole, these materials lacked sufficient detail to allow validation of the survey data.

In the study, we considered only the role of the state employer as health care purchaser in providing insurance coverage for smoking cessation treatment. That is, we addressed the extent to which the state agencies required insurance coverage for smoking cessation treatment for their employees. We did not catalog the general availability of smoking cessation treatment to state employees. Treatment may have been available to employees through other employee benefits (e.g., wellness programs) or through health insurers that provided this coverage in addition to the benefits package negotiated for state employees. For agencies that reported requiring insurance coverage of smoking cessation treatment for “some” employees, the study design did not allow us to ascertain the exact percentage of employees subject to this coverage. Finally, the survey did not capture the degree to

which employees shared the cost of smoking cessation treatment when coverage was provided (e.g., copayments, deductibles).

Our results echo those of previous studies in other populations. The purchase and provision of insurance coverage for smoking cessation treatment remain uneven.<sup>9–14</sup> The content of that coverage, among states, is also highly variable despite the publication of evidence-based treatment recommendations in the US PHS *Clinical Practice Guideline*. Although research findings are not conclusive, insurance coverage for smoking cessation treatment holds promise as a means of reducing smoking rates in insured populations.<sup>15–17</sup> States have yet to use fully their health care purchasing power to realize that promise. ■

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## Contributors

M. E. Burns, the coprincipal investigator, designed the study and survey, conducted the analyses, and wrote the brief. T. W. Bosworth, the study coordinator, conducted the survey. M. C. Fiore, the principal investigator, designed the study and oversaw study implementation and data analysis. All authors contributed to the writing and revision of several drafts.

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## Human Participant Protection

This study was approved by the University of Wisconsin–Madison Health Sciences Human Subjects Committee (HSC protocol 2002-055). Written informed consent was obtained from the chief administrator of each agency for study participation. Verbal consent was then obtained from the survey respondents, if different from the chief administrators.

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**TABLE 2—State-Required Insurance Coverage of Smoking Cessation Treatment for Any State Employees**

State <sup>a</sup>	Any US PHS-Recommended Treatment	Counseling	Prescription Medication	Over-the-Counter Medication	Consistent With US PHS Guideline
Alaska	Yes	b	Yes	b	b
Alabama	Yes	Yes	Yes	c	Yes
Arkansas	Yes	Yes	Yes	Yes	Yes
Arizona	b	b	b	b	b
California	Yes	Yes	Yes	Yes	Yes
Colorado	Yes	b	Yes	b	b
Delaware	Yes	b	Yes	b	b
Florida	b	b	b	b	b
Georgia	b	b	b	b	b
Iowa	b	b	b	b	b
Idaho	b	b	b	b	b
Illinois	b	b	b	b	b
Indiana	Yes	Yes	Yes	b	Yes
Kansas	b	b	b	b	b
Kentucky	b	b	b	b	b
Louisiana	b	b	b	b	b
Massachusetts	Yes	b	Yes	b	b
Maryland	Yes	b	Yes	Yes	b
Maine	Yes	Yes	Yes	Yes	Yes
Missouri	Yes	Yes	Yes	b	Yes
Mississippi	Yes	Yes	b	b	b
Montana	Yes	Yes	b	b	b
North Carolina	Yes	Yes	Yes	b	Yes
North Dakota	b	b	b	b	b
Nebraska	Yes	Yes	b	b	b
New Jersey	Yes	Yes	Yes	Yes	Yes
New Mexico	Yes	Yes	Yes	Yes	Yes
Nevada	b	b	b	b	b
New York	Yes	b	Yes	b	b
Ohio	Yes	Yes	b	b	b
Oklahoma	Yes	Yes	Yes	Yes	Yes
Oregon	Yes	Yes	b	b	b
Pennsylvania	b	b	b	b	b
Rhode Island	b	b	b	b	b
South Carolina	Yes	b	Yes	b	b
South Dakota	Yes	Yes	Yes	b	Yes
Tennessee	Yes	Yes	Yes	Yes	Yes
Texas	b	b	b	b	b
Utah	b	b	b	b	b
Virginia	Yes	Yes	b	Yes	Yes
Vermont	Yes	Yes	Yes	Yes	Yes
Washington	Yes	Yes	Yes	Yes	Yes
Wisconsin	Yes	Yes	Yes	b	Yes
West Virginia	Yes	Yes	Yes	Yes	Yes
Wyoming	b	b	b	b	b

Note. PHS = Public Health Service.

<sup>a</sup>Five states did not participate in this survey: Connecticut, Hawaii, Michigan, Minnesota, and New Hampshire.

<sup>b</sup>Not required.

<sup>c</sup>Missing data.

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