

Smoking Cessation Services Offered by Health Insurance Plans for Wisconsin State Employees

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Abstract

Health insurance plans for state of Wisconsin employees were surveyed regarding the smoking cessation benefits offered to their members. Seven of the 25 plans (28%) cover some form of cessation treatment. Those plans that cover smoking cessation services differ substantially in the scope of benefits, and some have limitations and exclusions. These results suggest that smokers in Wisconsin are offered only limited insurance coverage for effective smoking cessation treatments.

Introduction

Nearly 35 years have passed since the publication of the first Surgeon General's report documenting the deleterious health effects associated with smoking.¹ Over this period, appreciation of the enormous toll exacted by tobacco at the societal and individual levels has broadened among both medical professionals and the general public. Heightened awareness of the tobacco problem has recently culminated in diverse and vigorous attempts at tobacco

control, including intensified youth prevention efforts, litigation and innovative legislative proposals.

Approximately 25% of the US adult population smokes cigarettes, contributing to over 419,000 premature deaths annually.² Attaining meaningful reductions in smoking prevalence will require a balanced approach, with resources dedicated to both prevention and cessation. Prevailing conditions suggest that a significant societal commitment to making smoking cessation a health care priority will yield enormous benefits. For instance, effective cessation interventions have been developed, researched and disseminated in recent years.³ Smokers are highly receptive to these interventions, with 70% of smokers reporting a desire to quit smoking.⁴ Extrapolating from these figures suggests that about 700,000 of Wisconsin's over 1 million smokers⁵ are receptive to smoking interventions annually. A large majority of smokers visit physicians each year, providing ample opportunities for the delivery of cessation treatments.⁶

If smokers are interested in quitting and effective interventions exist, why do so many smokers continue to light up? The tenacious nature of nicotine addiction accounts for some of this discrepancy—smokers often need to make several serious quit attempts before attaining stable, long-term abstinence.⁷ But insti-

tutional factors also contribute to this quandary. Specifically, health care systems have not yet established the infrastructure and clinical culture necessary to insure that all smokers are offered cessation services.⁸ The inconsistent coverage of smoking cessation services among health insurance plans is emblematic of this larger institutional phenomenon.

In 1996, the Agency for Health Care Policy and Research (AHCPR) released its Smoking Cessation Clinical Practice Guideline,³ an evidence-based review of available interventions which has since become recognized as the blueprint for a new standard of care in smoking cessation. The Guideline targeted health care administrators, insurers and purchasers as a core audience, and called for health insurance plans to cover interventions shown to be effective as paid services for all subscribers. A cost-effectiveness analysis of the interventions endorsed by the Guideline revealed that smoking cessation treatments are among the most efficient preventive measures at the disposal of health care professionals.⁹

The merits of universal smoking cessation coverage have received increased scrutiny since the release of the Guideline,¹⁰⁻¹² but many smokers still do not enjoy coverage for effective cessation interventions. We undertook this survey to assess the prevalence and quality of smoking ces-

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sation benefits for Wisconsin smokers. Health insurance plans for state employees through the Department of Employee Trust Funds (DETF) were queried, because these plans cover the largest collectively-insured workforce in the state. Moreover, health care plans for government employees often serve as a bellwether signaling future trends in health care coverage.

Methods

A brief telephone assessment was conducted in the spring of 1998, in order to examine how many health insurance plans pay for smoking cessation services (i.e., cessation counseling and/or pharmacotherapy), for Wisconsin's state employees. The state of Wisconsin employs over 36,130 Full Time Equivalent (FTE) employees.¹³ During 1998, 25 health insurance companies provided regional coverage to state employees. The employee booklet for group health insurance plans entitled, "It's Your Choice, 1998," was used to identify and contact the plans. We contacted all of them and asked four primary questions:

1. "Does your health insurance plan pay for any smoking cessation services (i.e., counseling and/or pharmacotherapy) for Wisconsin state employees?"
2. Does your health insurance plan pay for any smoking cessation counseling?"
3. Does your plan pay for any cessation pharmacotherapy? And what kind of pharmacotherapy (nicotine replacement products and/or Zyban) are included?"
4. Does your plan limit the number of times an enrollee can utilize these smoking cessation services?"

Health insurance plans that did not pay for any cessation services were asked an additional, open-ended question: "Why not?"

Table 1: Health insurance plans providing cessation services for Wisconsin state employees, spring 1998.

Plans which do not offer smoking cessation services:

Atrium Health Plan
 Compcare Health Services
 Dean Health Plan
 Group Health Cooperative of Eau Claire
 Gundersen Lutheran Health Plan
 Wisconsin Physicians Service (HMP- 90)
 Humana/Emphesys Wisconsin
 La Crosse Care Plus
 Managed Health Services
 Midwest Security Choice
 Network Health Plan
 North Central Health Protection Plan
 Physicians Plus
 Prevea Health Plan
 Prime Care
 Security Health Plan of Wisconsin
 Unity Health Plans
 Valley Health Plan

Plans offering coverage for smoking cessation counseling only:

Medical Associates Health Plan
 United Health of Wisconsin

Plans offering coverage for pharmacotherapy only:

Standard Plan and SMP - BCBS
 United of Wisconsin

Plans offering coverage for both cessation counseling and pharmacotherapy:

Family Health Plan
 Group Health Cooperative - SCW
 Maxicare Health Insurance
 Mercy Care

Results

Of the 25 health insurance plans available to Wisconsin state employees, seven (28%) pay for smoking cessation services; 18 (72%) do not (Figure 1). The health insurance plans providing and denying smoking cessation services are listed in Table 1. Of the seven health insurance plans that pay for cessation services, two provide counseling alone, one provides pharmacotherapy alone, and four provide both counseling and pharmacotherapy.

The cessation counseling services offered by the six plans range from an initial private consultation to group behavior modification. Most plans (5/6) do not require a co-pay for the counseling. However, all required the enrollee to initially pay for the service and then later reimbursed partially or wholly. Most cessation counseling is offered through the plan's affiliated hospital network or health education program. The payment for cessation counseling ranges from a low of \$25 (Medical Associates Health Plan), to a high of \$310 (United

Health of Wisconsin). Other plans refund an enrollee's initial payment if they remain smoke-free. For example, Group Health Cooperative-South Central Wisconsin (SCW), requires an initial \$120 pre-payment, however \$60 is refunded after six months, and the balance after 12 months, if the enrollee remains smokefree for the entire year.

The pharmacotherapy offered by the five plans pay for nicotine replacement (Table 2). All of the five plans paid for nicotine replacement products, with some variability in the specific products covered (Table 2). All five plans covered the prescription drug bupropion (ZybanTM). A co-pay is required with all five managed care plans. The co-pay ranges from \$4 for generic and \$8 for name brand products with Maxicare Health Insurance, to a \$25 yearly deductible with 80% insurer payment with the Standard Plan (Blue Cross Blue Shield United of Wisconsin). The Family Health Plan requires a \$10 per week user fee for pharmacotherapy, while Mercy Care and

Table 2: Assessment of health insurance plans and smoking cessation services for Wisconsin state employees

Total number of health insurance plans, n = 25

	Yes	%	No	%
1. Does the health insurance plan pay for smoking cessation services (counseling and/or pharmacotherapy)	7	(28%)	18	(72%)
2. Does the health insurance plan pay for smoking cessation counseling?	6	(24%)	19	(76%)
a. Is a co-pay required for counseling?	1		6	
3. Does the health insurance plan pay for pharmacotherapy (nicotine replacement)?	5	(20%)	20	(80%)
a. Nicotine Gum	2		3	
b. Nicotine Nasal Spray	1		4	
c. Nicotine Patch	4		1	
d. Zyban™	5		0	
e. Is a co-pay required for pharmacotherapy?	5		0	
4. Does the health insurance plan limit the number of times an enrollee can utilize the cessation services?	5		2	
a. Yearly limit on paid services*	2		3	
b. Lifetime limit on paid services*	4		1	

* Limitations may involve a cap on cessation counseling, but not on pharmacotherapy, or vice versa.

Group Health Cooperative-SCW, will provide reimbursement for nicotine replacement products if enrollees remain smokefree over an extended period of time. Several of the plans require joint cessation counseling (behavior modification classes) with the pharmacotherapy. A majority of the managed care plans put either a lifetime or yearly cap on the amount of utilization of the cessation services. However, Family Health Plan and Group Health Cooperative-SCW, did not have either a lifetime or yearly cap on their paid services.

Most of the 18 health insurance plans responded to the open-ended question and summarized why they do not provide smoking cessation services to Wisconsin state employees. Most noted that the Department of Employee Trust Funds did not negotiate for this type of service, so they do not provide it. Several plans stated that cessation is not considered a medical priority. Others said paying for cessation services was redundant because many people quit on their own and there are nicotine replacement products available without a prescription.

Discussion

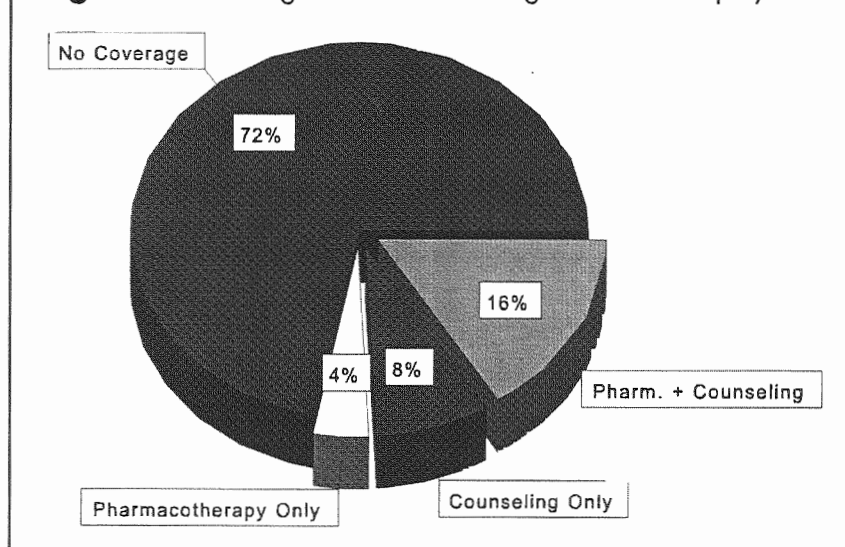
By any standard, it must be considered disappointing that nearly three quarters of the health insurance plans available to state employees in Wisconsin provide no coverage whatsoever for smoking cessation services. Open-ended responses from plans that do not offer coverage hint at some of the barriers to universal coverage for cessation treatments. Many plan representatives noted that cessation services were not covered because the Department of Employee Trust Funds did not include cessation treatments as a component of their negotiations with plan administrators. This suggests that employers may need to shoulder some of the responsibility for providing access to cessation by insisting upon cessation benefits for their employees.¹⁴

Other reasons cited for lack of coverage betrayed some enduring institutional myths about smoking cessation. For instance, some plans stated that smoking cessation was not a medical priority. It is ironic that this viewpoint persists even while most of these same organizations cover the very expensive medical costs associated

with the endstage morbidity resulting from smoking. Additionally, plans noted that, since many smokers quit without assistance, and since nicotine replacement is now available without prescription, there is no need to provide cessation coverage. This reasoning has an intuitive appeal, but is not supported by research, that shows that even very brief clinical interventions produce many-fold increases in long-term abstinence³ — put simply, clinicians can do better. Moreover, it is clear that smokers vary dramatically in terms of their motivation for smoking and their preferred methods of quitting,¹⁵ suggesting a need for access to a broad range of services. This perspective was supported by a recent study documenting increased utilization of smoking cessation services if they were covered benefits for managed care enrollees.¹⁶

On the other hand, it may be considered encouraging that about 25% of plans available to state employees offer coverage for some cessation services despite the fact that the Department of Employee Trust Funds did not make such coverage compulsory. Such voluntary coverage may

Figure 1. Smoking Cessation Coverage for State Employees



indicate a growing appreciation among insurance administrators that cessation coverage promotes the health of their members and curbs long-term health care costs.

The seven plans providing cessation coverage varied substantially in the types of services covered, co-pays, deductibles, and lifetime and yearly caps on benefits. Such variations are perhaps natural as managed care organizations begin to test the waters. Ideally, however, a universal benefits package will be developed that becomes an industry standard. This would benefit both smokers and their insurers. Smokers would benefit by being free to select any plan with the assurance that they will receive cessation coverage. Individual managed care organizations could be reasonably certain that they will reap the long-run economic savings associated with cessation, even in the face of significant turnover of individual members.

An industry standard for smoking cessation benefits might take several forms, but achieving the optimal combination of health promotion and medical care savings will require two specific components. First, the services covered must be *proven effective*.

Only pharmacotherapies and devices approved by the FDA and cessation programs sanctioned in the AHCPR Guideline should be covered. Restricting coverage to these proven therapies will encourage their use, thereby optimizing overall cessation rates, and prevent wasteful spending for ineffective programs. Second, coverage must provide for *flexible* and *repeatable* treatment. Not all smokers benefit equally from a given intervention, and smokers differ in terms of which interventions they find appealing and/or acceptable.^{15,17} A coverage policy that does not provide smokers with a choice of treatments runs the risk of deterring some smokers. Additionally, studies indicate that most smokers make several serious attempts at quitting before they achieve long-term abstinence.⁷ Given this, it is clear that stringent caps on the lifetime utilization of cessation benefits can have only a very limited effect on smoking behavior at the population level.

Conclusion

Only about one-quarter of health insurance plans available to state employees in Wisconsin provide

some coverage for some form of smoking cessation treatment. Parameters of coverage vary substantially across plans that do provide smoking cessation benefits. Assuming these health plans are representative of other plans statewide, most Wisconsin residents have limited access to proven cessation therapies. Managed care organizations in Wisconsin should strive to meet the AHCPR recommendation of universal cessation benefits for all beneficiaries.

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