THE ONTARIO TOBACCO RESEARCH UNIT
UNITÉ DE RECHERCHE SUR LE TABAC DE L'ONTARIO
Generating knowledge for public health

PROJECT NEWS

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Health Insurance Coverage and Smoking Cessation

Key Message: Health insurance coverage for evidence-based smoking cessation treatments promotes uptake and reduces smoking rates. Offering support for smoking cessation should be an essential component in health insurance coverage.

In Ontario, 17.4% (approximately 1.9 million) of adults (aged 18+) smoke cigarettes, according to the Canadian Community Health Survey.[1] Smoking remains the leading cause of preventable mortality and morbidity in Ontario.[2] It has been estimated that each smoking employee can cost an employer up to $3,396 a year due to increased absenteeism, decreased productivity and the costs associated with maintaining and cleaning outside smoking areas.[3] More than one-third (37%) of Ontario's adult smokers make at least one attempt to quit smoking in a given year and close to two-thirds (61%) intend to quit smoking in the next 6 months.[1] Well-validated studies have shown that smoking cessation treatments can increase the chances of quitting smoking and are cost-effective.[4] Insurance coverage for evidence-based smoking cessation treatments promotes uptake and reduces smoking rates.[2]

Effectiveness of Insurance Coverage for Smoking Cessation

A 2012 systematic review and meta-analysis by Reda et al. examined the effectiveness of insurance coverage for smoking cessation.[5] In the review, health insurance interventions were defined as:

- Full coverage: covered the costs of both pharmacotherapy and behavioural support and could be complemented by pre-existing financial arrangements outside the intervention
- Partial coverage: covered the costs of either pharmacotherapy or behavioural support
- No coverage: no insurance offered by the intervention or from pre-existing financial arrangements

Results indicated that full coverage interventions significantly increased the proportion of smokers who attempted to quit (RR: 1.11,[i] 95% CI: 1.04-1.32[ii]), who used smoking cessation treatments (e.g., pooled estimates for use of NRT RR:1.83, 95% CI:1.55-2.15; bupropion RR: 3.22, 95% CI: 1.41-7.34; and behavioural support RR: 1.77, 95% CI: 1.19-2.65), and who maintained smoking abstinence at 6 months or longer (RR: 2.45, 95% CI: 1.17-5.12), compared to no health insurance coverage, while there was no significant difference in long-term abstinence or quit attempts between full coverage and partial coverage.[5]

A 2015 cross-sectional study examined Canadian trends in the use of stop-smoking medication and quitting success over time. It also compared trends across provinces with different subsidization policies.[6] In this study, coverage was defined as:

- Comprehensive: province-wide coverage that provided for both product types (NRT and prescription medication)
- Partial: coverage provided through a regional cessation program for one or both product types, or full coverage for just one product
- No coverage: neither product type was covered

The study results showed that smokers with comprehensive coverage were more likely to use NRT, compared to those with partial coverage (OR: 1.39,[iii] 95% CI: 1.22-1.59) or no coverage (OR: 1.43, 95% CI: 1.21-1.68). Smokers in provinces with comprehensive coverage were more likely to remain abstinent compared to those in provinces with partial (OR: 1.20, 95% CI: 1.12-12.8) or no coverage (OR: 1.23, 95% CI: 1.00-1.50). Smokers with partial coverage of prescription medication, such as bupropion or varenicline, were more likely to use these medications when trying to quit than those with no coverage (OR: 1.27, 95% CI: 1.01-1.59). Quit success was significantly greater among heavier smokers (≥20 cigarettes smoked per day) with comprehensive coverage compared to partial and no coverage.[6]

[i] RR: Relative Risk

[ii] CI: Confidence Interval

[iii] OR: Odds Ratio

Factors Affecting the Adoption of Insurance Coverage by Employers

A 2017 study by Schwartz et al. revealed that a number of factors affected employers' decisions on health benefit selection and modification. These factors included:[iv]

- Benefit cost (discovering the lowest-cost health insurance plan is the top priority for the employers)
- Cost of related conditions (sickness, absenteeism, etc.)
- Expert support from an advisor
- Employee and employer demand

The study indicated that barriers to adopting and using smoking cessation treatments included a lack of:

- Canada-specific return on investment analyses with regards to smoking cessation treatments
- Information with regard to cost for smoking cessation treatments
- Employer demand for smoking cessation treatments
- Employee awareness of and demand for smoking cessation treatments
- Government assistance or incentives[2]

Insurance Coverage for Smoking Cessation Treatments in Ontario

In Ontario, publicly-funded healthcare does not cover smoking cessation treatments, but it can be supplemented with employer-sponsored benefit plans. Ontario only provides prescription coverage through the Ontario Drug Benefit (ODB) program for people who are unemployed, have

[iv] Based on interviews with 18 key informants (8 employers, 4 health insurers, 3 advisors/consultants and 3 government representatives)

a disability or who are aged 65 years or older.[2] The 2016 Smoke-Free Ontario Scientific Advisory Committee report indicated that unemployed, underemployed and people without private insurance coverage in low socio-economic status populations have less access to smoking cessation medication through the current Ontario Drug Benefit program.[7]

Information about the extent to which Ontario employers provide coverage for smoking cessation treatment is limited. A 2008 study suggested that, with the introduction of the 2006 *Smoke-Free Ontario Act*, many private Ontario-based drug plans began offering smoking cessation benefits as an option for employers under an increasing demand for wellness initiatives.[8] These plans tended to include prescription medication; while NRT was excluded (NRT is considered an over-the-counter product). Although many of the employers mentioned in the 2017 study by Schwartz et al.[2] offered smoking cessation treatments to their employees, the insurance coverage varied greatly and was typically restricted in terms of cessation services and medications, annual or lifetime monetary amount and length of use. The employees' opportunities and strategies to make a quit attempt and maintain abstinence were thus limited by these restrictions.[2]

Discussion

Health insurance coverage for smoking cessation is important as evidence shows that it promotes uptake and reduces smoking rates.[2] In Ontario, many employees are not aware of these treatments and employers are reluctant to include smoking cessation treatments in their insurance coverage because of the cost and uncertain return on investment. For those whose employers do provide insurance coverage, there are many restrictions on the use of smoking cessation treatment. Further exploration is needed to identify how to overcome barriers and how to promote uptake of insurance coverage for smoking cessation treatments. Governments could play an important role in encouraging insurance coverage for smoking cessation treatments in health benefit plans through tax incentives or direct payment and public education.[2] Offering support for smoking cessation should be an essential component in health insurance coverage.

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