

# Arizona Smokers' Helpline

## Tobacco Cessation

Provide your employees with tobacco cessation coaching services by ASHLine for proven success.

1-800-55-66-222



### ACA Requirements:

Employer-sponsored health insurance must cover tobacco cessation as a preventive service without prior authorization for treatments and no cost sharing. Tobacco users may be charged up to 50% more for insurance premiums compared to non-tobacco users. However, employers must provide a reasonable alternative program. Common reasonable alternative programs are smoking cessation programs that include behavioral counseling combined with medication support.

Coverage is considered compliant with ACA standards if the following are covered without cost-sharing or prior authorization:

- ✓ 4 sessions of individual, group and phone counseling
- ✓ 90 days of all FDA-approved smoking cessation medications
- ✓ 2 quit attempts per year<sup>5</sup>

Your employees can quit. We can help.

### For More Information Contact :

adriennelent@email.arizona.edu  
(520) 318-7212 x420

### What Smoking Is Costing You

Arizona Prevalence Data and Costs:

- ✓ 16.5% of adults
- ✓ 8,300 deaths per year<sup>1</sup>
- ✓ \$2.38 Billion in annual healthcare costs
- ✓ \$2 Billion in productivity loss<sup>2</sup>

### Costs of Tobacco for Employers and ROI

- ✓ **\$6,000 per year in annual excess costs** for a private US company to employ a smoker<sup>3</sup>.
- ✓ Annual cost to a business with 100 employees and a 16% smoking rate: 16 smokers x \$6,000 excess costs = **\$96,000 in annual excess costs per year**
- ✓ Tobacco cessation benefit programs (counseling and medication) result in **positive return on investment within the first year** just due to productivity increases and after two years due to medical cost savings<sup>4</sup>.

#### Sources:

1. Arizona Behavioral Risk Factor Surveillance System, 2014.
2. Centers for Disease Control and Prevention. Smoking-attributable mortality, morbidity, and Economic Costs (SAMMEC): 2005-2009.
3. Berman M, Crane R, Seiber E, Munur M. Estimating the Cost of a Smoking Employee. Tobacco Control. 2013.

4. American Health Plan Insurance. Making the Business Case for Tobacco Cessation. Retrieved from <http://www.businesscaseroi.org>
5. United States Department of Labor. Frequently Asked Questions about Affordable Care Act Implementation. May, 2014.



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## A Little Bit About Us

The Arizona Smokers' Helpline (ASHLine) at the University of Arizona's Mel and Enid Zuckerman College of Public Health has over **20 years of experience** providing evidence-based, comprehensive tobacco cessation coaching and nicotine replacement therapy programs.

Using a personalized and holistic approach, **ASHLine has one of the highest quit rates in the country at 41% (FY16)**. ASHLine provides employee wellness, reasonable alternative, and training program packages for employers of all sizes to meet your company's individualized needs.

When your employees call ASHLine, expert coaches walk them through the quit process.

- ✓ Set client centered goals
- ✓ Develop a quit plan that works

## ASHLine Services are Effective

- ✓ Tobacco users receiving quitline counseling are **60%** more likely to quit than tobacco users quitting on their own.\*
- ✓ Quitline users taking cessation medication are **30%** more likely to quit compared to those using cessation medications only.\*

## ASHLine's comprehensive tobacco cessation program includes:

- ✓ 24/7 live answer
- ✓ Effective, evidence-based behavioral support from highly trained quit coaches
- ✓ Weekly proactive phone coaching with text and web-based support
- ✓ Services in both English and Spanish
- ✓ Flexible billing schedules (e.g., per-member per-month, per service, per enrollment, etc.)
- ✓ Promotion and recruitment materials
- ✓ Comprehensive data reporting program
- ✓ Over-the-counter nicotine replacement therapy delivered directly to the employee's home

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\* Fiore MC, Bailey WC, Cohen SJ, et al. Treating Tobacco Use and Dependence: Clinical Practice Guideline 2008 Update. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service; 2008.