



JACKSON COUNTY
Human Resources Department
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Memo

TO: Jackson County Board of Commissioners

FROM: Kathleen Breedlove, Human Resources Director

DATE: March 21, 2023

SUBJECT: Proposed Change to Health Insurance Policy for Users of Tobacco Products

The Jackson County Board of Commissioners approved a Health Insurance Policy for Users of Tobacco Products on April 16, 2019. This policy required health plan eligible employees of any age and retirees under age 65 to certify their status as a user or non-user of tobacco products at the time they begin health plan eligible employment, annually during the Open Enrollment period, and also submit to mandatory substance testing.

This policy was suspended for the years 2020 and 2021 due to the pandemic. Substance testing resumed in 2022 with the use of a mouth swab cotinine (nicotine) test as had been done in prior years. It became apparent that a number of employees who certified as non-tobacco users were testing positive on the substance test due to the use of e-cigarette products.

Jackson County as an employer and provider of employee health insurance benefits, discourages the use of nicotine/tobacco products in any form and is seriously committed to assisting users with cessation support. Therefore, it is recommended that the policy be updated to include nicotine.

Attachments:

Health Insurance Policy for Users of Nicotine/Tobacco Products
Employee/Retiree Nicotine/Tobacco Products User/Non-User Certification



Jackson County

Health Insurance Policy for Users of Nicotine/Tobacco Products

It is generally an accepted medical fact that smoking and the use of nicotine/tobacco products in any form creates a serious human health hazard. As a concerned employer and a provider of employee health insurance benefits, it is the policy of Jackson County Government to provide a smoke-free workplace and to discourage the use of nicotine/tobacco products in any form. Jackson County Government is seriously committed to assisting nicotine/tobacco product users to quit. As such, the county will provide cessation support through its Employee Assistance Program (EAP), employee wellness program, and through the purchase of cessation products under the outpatient prescription drug program.

This new policy supersedes a prior policy (adopted April 1, 2013) which provided a separate group health insurance coverage plan for users of nicotine/tobacco products. This new policy is applicable to all health plan eligible employees (of any age) and retirees (under age 65), regardless of his/her hire date. All health plan eligible employees (of any age) and retirees (under age 65) must certify their status as a user or non-user of nicotine/tobacco products at the time they begin health plan eligible employment and annually at open enrollment. A completed certification form indicates an employee/retiree understands:

- Mandatory substance testing occurs at the time of hire and annually at open enrollment.
- Identified nicotine/tobacco users are afforded an opportunity to attend a ~~Tobacco~~-Cessation Program offered by the Jackson County Department of Public Health.

Self-identified users of nicotine/tobacco products-users, health plan eligible employees (of any age) and retirees (under age 65) who refuse to submit to mandatory substance testing, and users of nicotine/tobacco products-users identified from the results of the mandatory testing are provided the opportunity to attend a ~~Tobacco~~-Cessation Program offered by the Jackson County Department of Public Health. If the ~~Tobacco~~-Cessation Program is not completed within a six-month period, the individual will no longer qualify for the health plan's discounted rate. The non-discounted rate will go into effect six months after the date of hire or January 1st for health plan eligible employees (of any age) and retirees (under age 65) covered by the health plan as of July 1st. This non-discounted rate may change on an annual basis as permitted by law.

Any health plan eligible employee (of any age) or retiree (under age 65) will continue at the discounted rate until the next mandatory substance testing date, ~~whose provided that their~~ mandatory substance testing results indicate the individual to be a non-user of nicotine/tobacco user will continue at the discounted rate until the next mandatory substance testing date. However, that individual is obligated to notify the county group employee benefits administrator if his/her non-user nicotine/tobacco user-status changes prior to the next mandatory substance testing date.

Jackson County Government pledges to be uniform and consistent in the administration of this policy. The administration of this policy requires health plan eligible employees (of any age) and retirees (under age 65) to submit to mandatory substance testing to verify use/non-use of nicotine/tobacco products as directed by Jackson County. Violations of this policy or providing false information may result in disciplinary action, including dismissal and the obligation by the employee or retiree to reimburse any cost of medical benefits received as a result of fraudulent disclosure.

The County Manager is given administrative authorization as is necessary to implement this policy and ensure compliance.

ADOPTED the _____ day of ~~April, 2019~~March, 2023.

Jackson County

Employee/Retiree Nicotine/Tobacco Products User/Non-User Certification

To be completed by health plan eligible employees upon hire and by employees (of any age) and retirees (under age 65) annually at open enrollment

Nicotine/Tobacco Products Non-User Certification

I certify that I am a **non-user** of any nicotine/tobacco products. I understand that if my status as a non-user of nicotine/tobacco products changes at any time during my employment/retirement with Jackson County, I am obligated to notify the county group employee benefits administrator of changes to my ~~tobacco~~-user status. I also understand that providing false information or the failure to disclose relevant information on this matter may subject me to disciplinary action, including termination as well as the requirement to repay the cost of any unauthorized medical benefits received.

I understand that I am to submit to mandatory substance testing to verify the use/non-use of nicotine/tobacco products upon employment and annually during open enrollment. If I refuse to test, I will be afforded the opportunity to attend a ~~Tobacco~~-Cessation Program offered by the Jackson County Department of Public Health. If the ~~Tobacco~~-Cessation Program is not completed within a six-month period, I will no longer qualify for the health plan's discounted rate. The non-discounted rate will go into effect six months after my date of hire or January 1st for employees (of any age) and retirees (under age 65) covered under the health plan as of July 1st. The non-discounted rate may change on an annual basis as permitted by law.

Employee/Retiree Name (Printed) – Full Legal Name

Witness Name

Employee/Retiree Signature

Witness Signature

Date

Date

Nicotine/Tobacco Products User Certification

I certify that I am a **user** of nicotine/tobacco products. I understand that Jackson County has a policy and practice of discouraging the use of nicotine/tobacco products and nicotine/tobacco products in any form creates a serious human health hazard. I understand this policy provides nicotine/tobacco users the opportunity to attend a ~~Tobacco~~-Cessation Program offered by the Jackson County Department of Public Health during a specified time frame. If I do not attend the program within a six-month period, I understand I will no longer be eligible for the health plan's discounted rate. The non-discounted rate will go into effect six months after my date of hire or January 1st for employees (of any age) and retirees (under age 65) covered under the health plan as of July 1st.

If my status changes to that of a non-~~user~~ of nicotine/tobacco products-~~user~~, this must be verified by the results of the mandatory substance testing conducted annually during open enrollment before I can change back to the health plan's discounted rate. I understand that if my status changes at any time during my employment/retirement with Jackson County, I am obligated to notify the county group employee benefits administrator of changes to my nicotine/tobacco user status.

Employee/Retiree Name (Printed) – Full Legal Name

Witness Name

Employee/Retiree Signature

Witness Signature

Date

Date

FOR SCREENING PURPOSES ONLY:

Screening Type: Swab Blood **Screening Results:** Positive Negative No Test

Initials Health Department Screener: _____



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Health Insurance Policy for Users of Nicotine/Tobacco Products

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Any health plan eligible employee (of any age) or retiree (under age 65) will continue at the discounted rate until the next mandatory substance testing date provided that their mandatory substance testing results indicate the individual to be a non-user of nicotine/tobacco. However, that individual is obligated to notify the county group employee benefits administrator if his/her non-user nicotine/tobacco status changes prior to the next mandatory substance testing date.

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