

TOBACCO CESSATION SERVICES FOR VHA EMPLOYEES: NO-COST PROVISION OF NICOTINE REPLACEMENT THERAPY

1. SUMMARY OF MAJOR CHANGES: This directive has undergone revisions, including the elimination of old information and initiatives that are no longer functioning. Updates include:

a. Updated reference to the U.S. Department of Health and Human Services report published in 2020 by the U.S. Surgeon General in paragraph 5.

b. Removed outdated information from the 2015 All Employee Survey health promotion module because new data is available.

c. Removed the limitations governing how the Department of Veterans Affairs (VA) medical facilities administer free over-the-counter nicotine replacement therapy (NRT) for employees.

d. Removed reference to Veterans Health Administration (VHA) NRT Wellness Is Now (WIN) by Quitting Tobacco National Pilot Project.

e. Added the definition of nicotine replacement therapy to paragraph 6.

f. Updated responsibilities in paragraph 2 to include, Under Secretary for Health; Assistant Under Secretary for Health for Support; Assistance Under Secretary for Health for Operations; Director, Occupational Safety and Health; Program Manager, VHA Employee Occupational Health Program Office; VA medical facility Agency Medical Officer, VA medical facility Employee Occupational Health provider; and VA medical facility Chief, Pharmacy Service.

g. Updated the title of the directive to Tobacco Cessation Services for VHA Employees: No-Cost Provision of Nicotine Replacement Therapy.

2. RELATED ISSUES: VA Directive 5019, Employee Occupational Health Service, dated March 27, 2015; VA Handbook 5019, Employee Occupational Health Service, Part IV, Appendix B, dated August 3, 2017; VHA Directive 1085, Smoke-Free Policy for Patients, Visitors, Contractors, Volunteers, and Vendors at VA Health Care Facilities, dated March 5, 2019; VHA Directive 1085.01, Smoke-Free Policy for Employees at VA Health Care Facilities, dated August 8, 2019.

3. POLICY OWNER: The Office of Occupational Safety and Health (19HEF) is responsible for the content of this directive. Questions may be addressed to VHAEOHProgram@va.gov.

4. RESCISSIONS: VHA Directive 1057, Smoking Cessation Benefit for VHA Employees: No-Cost Provision of Nicotine Replacement Therapy, dated August 10, 2017, is rescinded.

5. RECERTIFICATION: This VHA directive is scheduled for recertification on or before the last business day of August 2027. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

6. IMPLEMENTATION SCHEDULE: This directive is effective upon publication.

**BY DIRECTION OF THE OFFICE OF THE
UNDER SECRETARY OF HEALTH:**

/s/ Deborah E. Kramer
Acting Assistant Under Secretary for Health
for Support

NOTE: *All references herein to VA and VHA documents incorporate by reference subsequent VA and VHA documents on the same or similar subject matter.*

DISTRIBUTION: Emailed to the VHA Publications Distribution List on September 1, 2022.

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1. POLICY

It is Veterans Health Administration (VHA) policy to provide free over-the-counter (OTC) nicotine replacement therapy (NRT) medications, individually or in an appropriate combination, to VHA employees who seek assistance with quitting tobacco. This does not include reimbursement to VHA employees who obtain NRT from sources other than the Department of Veterans Affairs (VA). Prescriptions must be obtained and may include refills for multiple courses as determined appropriate by the VHA Employee Occupational Health (EOH) provider. **NOTE:** *This directive serves as a supplement to VA Directive 5019, Employee Occupational Health Service, dated March 27, 2015.*
AUTHORITY: 5 U.S.C. § 7901, 38 U.S.C. § 7301(b).

2. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for ensuring overall VHA compliance with this directive.

b. **Assistant Under Secretary for Health for Support.** The Assistant Under Secretary for Health for Support is responsible for establishing policy and providing guidance and oversight as necessary to ensure the timely and successful implementation of this directive.

c. **Assistant Under Secretary for Health for Operations.** The Assistant Under Secretary for Health for Operations is responsible for:

(1) Communicating the contents of this directive to each of the Veterans Integrated Services Network (VISNs).

(2) Assisting VISN Directors to resolve implementation and compliance challenges in all VA medical facilities within that VISN.

(3) Providing oversight of VISNs to ensure compliance with this directive and its effectiveness.

d. **Executive Director, Healthcare Environment and Facilities Program.** The Executive Director, Healthcare Environment and Facilities Program is responsible for:

(1) Overseeing the VHA Occupational Safety and Health (OSH) program.

(2) Periodically assessing the VHA EOH program and system for continued need, currency and effectiveness.

(3) Coordinating with the Assistant Under Secretary for Health for Operations, VISN Directors and VA medical facility Directors to ensure all necessary action is taken and funding is obtained to address VHA EOH program performance in a manner that meets

the requirements of Federal, State and local statutes and regulations; applicable Executive Orders and VA and VHA directives.

e. **Director, Office of Occupational Safety and Health.** The Director, OSH is responsible for:

(1) Providing oversight and ensuring an annual survey of VA medical facility EOH programs is conducted by the Program Manager, VHA EOH Program Office that demonstrates tobacco cessation services for VHA employees are being offered as part of the VHA EOH program's required services. **NOTE:** *The annual survey is done to evaluate each VA medical facility EOH program as well as to evaluate the VHA EOH program as a whole.*

(2) Serving as the VHA point of contact for occupational safety and health issues associated with tobacco cessation (e.g., misuse of services by ordering medications outside of what is recommended by this directive such as Chantix (varenicline) with other VHA program offices and VA officials). **NOTE:** *Occupational safety and health issues can be sent to the Director, OSH through a variety of mechanisms including as an issue brief; a VISN Director contacting the Director, OSH; as a fraudulent report; or through a work injury.*

(3) Sending occupational safety and health issues related to tobacco cessation and NRT within 24 hours to the Program Manager, VHA EOH Program Office. **NOTE:** *Occupational safety and health issues are reported using a variety of methods, including phone calls, survey results, email (VHAEOHProgram@va.gov) or meetings.*

f. **Program Manager, VHA Employee Occupational Health Program Office.** The Program Manager, VHA EOH Program Office is responsible for:

(1) Overseeing the contents of this directive and creating performance indicators to evaluate the implementation of VHA EOH programs in VA medical facilities that provide free OTC NRT to VHA personnel. **NOTE:** *In accordance with VA Handbook 5019, Employee Occupational Health Service, Part I, dated August 3, 2017, every VA medical facility with over 300 employees must have an in-house EOH program. Examples of performance indicators for evaluation include the number of VHA employees enrolled in obtaining tobacco cessation services, length of time VHA employees have been trying to quit tobacco usage, number of VHA employees that scheduled appointments and did not attend as well as success rates of VHA employees who have stopped tobacco usage after 6 months and 1 year after receiving the initial order of NRT. At Community Based Outpatient Clinics (CBOCs) where there are fewer than 300 VHA employees, all tobacco cessation services will go through the parent VA medical facility's EOH program. Additionally, VHA employees in CBOCs can obtain NRT through a telephone appointment with VHA EOH staff. Arrangements will be made with the VA medical facility pharmacy to have the medications dispensed at the CBOC or mailed to the VHA employee's home address.*

(2) Creating an operational memorandum for annual surveys of VHA EOH programs

at the VA medical facility level. **NOTE:** *The operational memorandum is sent to the Assistant Under Secretary for Health for Support for approval and dissemination.*

(3) Conducting an annual survey of VHA EOH programs at VA medical facilities and providing that information to the Director, OSH. **NOTE:** *Surveys change yearly depending on what is being assessed (e.g., EOH department services, structure and staffing, EOH resources, support and guidance utilized). The annual survey is the same for each VA medical facility EOH program. Additionally, if requested by either a VA medical facility Director or VISN-level OSH staff, the Program Manager, VHA EOH Program Office may conduct a site visit.*

(4) Reviewing the data from the annual survey of VHA EOH programs at VA medical facilities to ensure they are compliant with this directive.

(5) Finding a resolution for occupational safety and health issues once received from the Director, OSH. **NOTE:** *Timelines for finding a resolution can vary by issue (e.g., 1 week to 1 year).*

g. **Veterans Integrated Service Network Director.** The VISN Director is responsible for:

(1) Ensuring that all VA medical facilities within the VISN comply with this directive and informing leadership when barriers to compliance are identified.

(2) Sending the VHA EOH annual survey operational memorandum to the VA medical facility Director through email once received from the Assistant Under Secretary for Health for Support.

h. **VA Medical Facility Director.** The VA medical facility Director is responsible for:

(1) Ensuring the contents of this directive are communicated to VHA EOH providers and VA medical facility pharmacists and ensuring their compliance through oversight with the contents of this directive.

(2) Ensuring all VHA employees are aware that free OTC NRT is included in tobacco cessation services provided by the VHA EOH provider or designated provider who has prescriptive authority for ordering NRT. **NOTE:** *This does not include reimbursement to VHA employees who obtain NRT from sources other than VA.*

(3) Sending the VHA EOH annual survey operational memorandum to the VA medical facility Agency Medical Officer (AMO) once received from the VISN Director.

i. **VA Medical Facility Agency Medical Officer.** The VA medical facility AMO is responsible for:

(1) Administering the VA medical facility EOH program and providing EOH services (including tobacco cessation services) uniformly and consistently applying medical decisions and procedures for the EOH program at the VA medical facility. **NOTE:** A

VHA EOH provider serves as the VA medical facility AMO.

(2) Completing the annual survey of the VHA EOH program at the VA medical facility and returning the survey to the Program Manager, VHA EOH Program Office through the Enterprise Support Service (ESS) software. **NOTE:** *In the absence of a VA medical facility AMO, a VHA EOH provider (e.g., nurse practitioner, physician assistant or registered nurse) should complete the survey.*

j. **VHA Employee Occupational Health Provider.** The VHA EOH provider at the VA medical facility is responsible for:

(1) Conducting tobacco cessation related clinical assessments for VHA employees.

(2) Documenting tobacco cessation care and treatment provided to the VHA employee in the VHA employee's medical folder.

(3) Prescribing the safe and proper dose of NRT to the VHA employee as needed.

(4) Completing the annual survey of the VHA EOH Program at the VA medical facility and returning the survey to the Program Manager, VHA EOH Program Office through the ESS software. **NOTE:** *This is done in the absence of a VA medical facility AMO.*

k. **VA Medical Facility Chief, Pharmacy Service.** The VA medical facility Chief, Pharmacy Service is responsible for ensuring prescriptions are filled and dispensed in accordance with VHA policy.

l. **VHA Employees.** VHA employees are responsible for:

(1) Requesting tobacco cessation services through the VA medical facility's EOH program, if they need NRT.

(2) Using NRT as prescribed by the VHA EOH provider.

(3) Notifying the VHA EOH provider of any new side effects or contraindications to treatment as soon as possible at any time during NRT.

3. TRAINING

There are no formal training requirements associated with this directive.

4. RECORDS MANAGEMENT

All records regardless of format (e.g., paper, electronic, electronic systems) created by this directive must be managed as required by the National Archives and Records Administration (NARA) approved records schedules found in VHA Records Control Schedule 10-1. Questions regarding any aspect of records management should be addressed to the appropriate Records Officer.

5. BACKGROUND

a. Tobacco use and smoking remain the largest causes of preventable death and disease in the U.S.

b. Tobacco addiction is a chronic condition that often necessitates multiple interventions and attempts to quit. The most often-used tobacco cessation treatment is NRT, which comes in the form of a nicotine patch, gum or lozenge and has a well-documented safety record. According to a U.S. Health and Human Services report published in 2020 by the U.S. Surgeon General, NRT users are twice as likely to achieve 6 months of continuous abstinence. **NOTE:** *These forms of NRT can be used individually or in combination depending on the individual.*

c. Tobacco cessation counseling, in conjunction with NRT, is an important part of VHA's health promotion and disease prevention program, given the negative health effects of tobacco use. Providing free OTC NRT to employees as part of a continuous tobacco cessation initiative supports VHA's fundamental health care purpose and objective of being an employer of choice. For more information see the Tobacco Use Treatment SharePoint located at <https://dvagov.sharepoint.com/sites/VHAtobacco/SitePages/Medication.aspx>. **NOTE:** *This is an internal VA website that is not available to the public.*

d. As the nation's largest integrated health care system and in accordance with VHA Directive 1085.01, Smoke-Free Policy for Employees at VA Health Care Facilities, dated August 8, 2019, VHA has a strong commitment to protecting and ensuring a safe and healthy environment for patients, visitors, contractors, vendors, volunteers and employees.

e. Tobacco cessation programs are considered preventive in nature and are authorized by the Office of Personnel Management. Federal agencies retain the authority to use appropriated funds for tobacco cessation programs under 5 U.S.C. § 7901(c)(4) at no cost to employees.

f. Tobacco cessation programs should include individual or group counseling and provision of pharmacologic therapy such as NRT. VA's Office of General Counsel has advised that the definition of preventive health services for employees, as provided in 5 U.S.C. § 7901, includes tobacco cessation counseling and medications.

g. According to the U.S. Preventive Services Task Force, all patients (including VHA employees seen by VHA EOH providers) should be assessed for tobacco use and encouraged to stop using tobacco. Effective tobacco cessation interventions include behavioral counseling and pharmacotherapy, either individually or in combination. **NOTE:** *For more information, see <https://www.uspreventiveservicestaskforce.org>.*

6. DEFINITIONS

a. **Enterprise Support Service Software.** For the purposes of this directive, ESS software is the electronic mechanism used to send, receive and compile VHA EOH

annual survey data.

b. **Nicotine Replacement Therapy.** NRT is a type of treatment that uses special product to give small, steady doses of nicotine to help stop cravings and relieve symptoms that occur when a person is trying to quit tobacco. NRT medications include the nicotine patch, gum and lozenge.

7. REFERENCES

a. 5 U.S.C. § 7901(c)(4).

b. 38 U.S.C. § 7301(b).

c. VA Directive 5019, Employee Occupational Health Service, dated March 27, 2015.

d. VA Handbook 5019, Employee Occupational Health Service, dated August 3, 2017.

e. VHA Directive 1085.01, Smoke-Free Policy for Employees at VA Health Care Facilities, dated August 8, 2019.

f. VA Tobacco Use Treatment SharePoint:
<https://dvagov.sharepoint.com/sites/VHAtobacco/SitePages/Medication.aspx>. **NOTE:**
This is an internal VA website that is not available to the public.

g. United States Department of Health and Human Services. Smoking Cessation: A report of the Surgeon General, 2020: <https://www.hhs.gov/surgeongeneral/reports-and-publications/tobacco/index.html>.

h. United States Office of Personnel Management, Funding Tobacco Cessation Programs: <https://www.opm.gov/policy-data-oversight/worklife/reference-materials/tobacco-cessation-guidance-on-establishing-programs-designed-to-help-employees-stop-using-tobacco/#url=nicotine>.

i. United States Preventive Services Task Force (USPSTF). Tobacco Smoking Cessation in Adults, Including Pregnant Persons: Interventions, dated January 19, 2021: <https://www.uspreventiveservicestaskforce.org>.