

Access to Tobacco Treatment for the Justice-Involved Part 2: The Intersection of Policy, Practice, and Research

Post-Webinar Q and A

7/20/23

1. **Question** - What was the Wisconsin administrative code?

Answer - Wisconsin regulations DHS 75

<https://www.wicourts.gov/courts/programs/problemsolving/docs/dhschapter75.pdf>

2. **Question** – Is it legal to require incarcerated individuals to pay out-of-pocket costs for FDA-approved cessation medications? Are cessation medications held to a different standard than other medications (e.g., meds for diabetes, high cholesterol)?

Answer - The American Lung Association recently released a publication, The [United States Justice-Involved Population & Tobacco Use](#), which explains in detail when and how states and prisons are responsible for health care services to individuals who are incarcerated, including how the cost of cessation medications and counseling are covered during incarceration. When prisons and jails do not offer tobacco dependency programs that provide free access to NRT products, those incarcerated might need to purchase them from commissaries, canteens, or pharmacies in the correctional facility. I suspect situations vary from jurisdiction to jurisdiction.

The part of the question that asks if cessation products are held to a different standard than other medications, I think pertains to the NCCHC's standards for prescribing NRT. Here is what the NCCHC standard says for prescribing NRT:

“This indicator requires the availability of nicotine replacement products when the physician determines that it is medically necessary for an individual. While all inmates should have access to the written materials on prevention and abatement of tobacco use, nicotine replacement products supplied by health services are required only when ordered by a physician. The concern is that since nicotine use may be a significant addiction problem for some inmates, a physician should be able to prescribe aids to smoking abatement efforts when medically indicated.” <https://www.ncchc.org/q-a/use-of-tobacco/>

In the inquiry, tobacco dependence medications are compared to other medications for chronic conditions. Here is what NCCHC standard says regarding management of a chronic condition: “Standard G-01 Chronic Disease Services requires that patients with chronic diseases are identified and enrolled in a chronic disease program to decrease the frequency and severity of the symptoms, prevent disease progression and complication, and foster improved function. The chronic disease program should incorporate a treatment plan and regular clinic visits. The clinician should monitor the patient's progress during clinic visits and when necessary, change the treatment. The program should also include patient education for symptom management.”

From NCCHC's standpoint, any health condition that is considered chronic or that requires multidisciplinary care also requires that an individual treatment plan be developed for regular, ongoing care.

P-F-01, compliance indicator #4, requires clinical protocol for the identification and management of chronic care diseases or other special needs that include, but are not limited to:

- Asthma
- Diabetes
- HIV
- Hyperlipidemia
- Hypertension
- Mood Disorders
- Psychotic Disorders

NCCHC requires that "clinical protocols are consistent with national clinical practice guidelines" in compliance indicator #3. <https://www.ncchc.org/q-a/chronic-disease-services/>

It isn't clear from NCCHC's standards whether tobacco use disorders would be considered a chronic disease. It is possible a prison clinic's chronic care program could include substance use disorders (including tobacco use) within its chronic care program's services.

This varies from state to state. We worked with our DOH, Pharmacy and the Medical Director of each prison facility to get a prescription of NRT products to our study participants. I don't think anyone can purchase them in the commissary.