

The NEW ENGLAND JOURNAL of MEDICINE

Perspective

Helping Smokers Quit — Opportunities Created by the Affordable Care Act

Tim McAfee, M.D., M.P.H., Stephen Babb, M.P.H., Simon McNabb, B.A., and Michael C. Fiore, M.D., M.P.H., M.B.A.

In its review of tobacco-dependence treatments, the 2008 clinical practice guideline of the U.S. Public Health Service concluded, “Indeed, it is difficult to identify any other condition that presents

such a mix of lethality, prevalence, and neglect, despite effective and readily available interventions.”¹ The low utilization of clinical cessation interventions by smokers and physicians alike is partly attributable to inadequate insurance coverage^{1,2}; many health insurers still fail to cover the evidence-based counseling and medication treatments recommended in the 2008 guideline.² Even when these treatments are covered, barriers to utilization such as copayments and prior-authorization requirements make obtaining them costly and inconvenient.² Furthermore, complex, unclear, and variable tobacco-cessation coverage can be confusing for both physi-

cians and patients, making it harder for physicians to help patients quit smoking.²

Improved coverage of cessation treatments increases attempts to quit, treatment use, and rates of successful quitting.¹ In particular, coverage that reimburses cessation interventions may increase the chances that physicians will intervene with smokers. Methods that rapidly and easily connect smokers with cessation-treatment resources also increase treatment utilization and cessation rates.¹

Several provisions of the Affordable Care Act (ACA) are designed to address the long-standing gap in cessation coverage and

thereby increase rates of cessation. Though these provisions have received little publicity, they could contribute greatly to improving the quality of health care and achieving better health outcomes while reducing health care costs.

One major provision of the ACA requires nongrandfathered private health plans to cover, without patient cost sharing, preventive services that have received an A or B grade from the U.S. Preventive Services Task Force. These services include tobacco-cessation interventions.

On May 2, 2014, the Departments of Health and Human Services, Labor, and the Treasury jointly issued guidance on cessation coverage for insurers (www.dol.gov/ebsa/faqs/faq-aca19.html). This guidance, which is based on the 2008 guideline,¹ stated that insurers would be in compliance if they covered, without cost shar-

Affordable Care Act Guidance on Coverage of Tobacco-Cessation Treatment.*

A group health plan or health insurance issuer will be considered to be in compliance with the ACA's requirement to cover tobacco-use counseling and interventions if it covers the following, without cost sharing or prior authorization:

1. screening of all patients for tobacco use; and
2. for enrollees who use tobacco products, at least two tobacco-cessation attempts per year, with coverage of each quit attempt including
 - four tobacco-cessation counseling sessions, each at least 10 minutes long (including telephone, group, and individual counseling), and
 - any FDA-approved tobacco-cessation medications (whether prescription or over-the-counter) for a 90-day treatment regimen when prescribed by a health care provider.

* To date, the FDA has approved seven smoking-cessation medications: five nicotine medications (patch, gum, lozenge, nasal spray, and inhaler) and two non-nicotine pills (bupropion and varenicline). Information is adapted from www.dol.gov/ebsa/faqs/faq-aca19.html; additional information is available at www.ctri.wisc.edu/Hc.Providers/reform/aca/hcrtobacco2010.pdf.

ing or prior authorization, two quit attempts per year, including individual, group, and telephone counseling and all medications approved by the Food and Drug Administration (FDA) for tobacco cessation (see box). Requiring coverage for this full range of proven cessation treatments allows smokers and their physicians to select the treatment that best suits their needs and will most likely increase utilization of these treatments. Before this guidance was issued, the specifics of how insurers were expected to implement the ACA's preventive-services provisions mandating tobacco-cessation coverage had not been defined, and coverage had varied widely.²

If fully implemented in insurance coverage, this guidance should substantially increase tobacco users' access to proven cessation treatments that could help thousands of smokers quit. Physicians, insurers' associations, and state health and insurance officials can play key roles in ensuring that health plans and insurers are aware of and follow this guidance. If all insurers provide such coverage, they will all benefit when

people quit smoking, even when those people switch insurers.

The ACA also includes important provisions regarding cessation coverage for Medicaid and Medicare beneficiaries who smoke. A high percentage of Medicaid enrollees are smokers, and smoking-related disease is a major factor driving increases in Medicaid costs. Research suggests that more comprehensive state Medicaid coverage for cessation treatments is associated with higher quit rates among Medicaid enrollees,³ but such coverage varies widely. The ACA's requirement that insurers cover certain specific preventive services with no cost sharing applies to newly eligible Medicaid beneficiaries in states that opt to expand Medicaid but not to beneficiaries with traditional, preexpansion Medicaid coverage.

A separate ACA provision prohibits states from excluding FDA-approved cessation medications from traditional, preexpansion Medicaid coverage. If states fully implement this provision, it could substantially improve access to cessation treatments for Medicaid enrollees. The impact of this provision could be further enhanced

if state Medicaid programs removed barriers to obtaining cessation medications such as copayments and prior authorization, placed these medications on preferred drug lists, and covered cessation counseling. Another provision requires traditional state Medicaid coverage to include a comprehensive cessation benefit for pregnant women; this provision has increased state Medicaid coverage of cessation counseling and medications for this population.⁴ The ACA also eliminates cost sharing for the cessation treatments covered by Medicare — individual counseling and prescription medications — for asymptomatic Medicare beneficiaries.

Finally, another ACA provision allows some health insurers to charge tobacco users premiums up to 50% higher than those charged to nonusers. The ACA requires insurers in the small-group market to waive the increased premium if smokers participate in a cessation program. Although imposing higher premiums on tobacco users might motivate them to quit, it could also cause them to conceal their tobacco use, avoid seeking cessation assistance, or forgo health insurance altogether. Such unintended consequences may be more likely to occur in the absence of comprehensive cessation coverage. It will be important for health insurers, employers, and federal and state health authorities to closely monitor the implementation and effects of this provision. If negative effects become evident, states have the authority to prohibit insurers from charging tobacco users higher premiums or to reduce the maximum allowable surcharge increase. At least six states and the District of Columbia have

already barred insurers from imposing higher premiums on smokers (www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Market-Reforms/state-rating.html).

The ACA has the potential to dramatically increase coverage of evidence-based cessation treatments, making these treatments available to millions of Americans. However, these potential benefits will be realized only if both smokers and physicians are aware of the opportunities the law affords. Promotion was essential to the impressive outcomes of the 2006 Massachusetts Medicaid tobacco-cessation benefit. The promotions used ranged from extensive outreach and materials distribution targeting physicians to radio and transit ads and mailings targeting Medicaid enrollees. Over a 3-year period, the benefit was used by 37% of Massachusetts smokers who were covered by Medicaid (more than 70,000 smokers),⁵ the smoking rate among state Medicaid enrollees fell from 38% to 28%,⁵ hospitalizations for myocardial infarction fell by almost half, and \$3.12 in medical savings were realized for every dollar spent on the benefit. Promotional activities also prompt

increases in quit attempts even among smokers not using cessation assistance, because such messages normalize quitting and reassure smokers that help is available should they need it. Physicians from every specialty, public health entities, insurers, and health care organizations can all play vital roles in making patients who use tobacco aware of the expanded cessation-coverage options now available to them.

Comprehensive, barrier-free, widely promoted tobacco-cessation coverage makes it easier for smokers to quit and for physicians to help them do so. By covering and publicizing the availability of proven cessation treatments, insurers can reduce smoking rates, smoking-related disease, and health care costs. Over time, such coverage could accelerate the end of the epidemic of tobacco-related disease. If the ACA's tobacco-cessation provisions are fully implemented, they could turn out to be one of its greatest legacies.

The views expressed in this article are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

Disclosure forms provided by the authors are available with the full text of this article at NEJM.org.

From the Office on Smoking and Health, Centers for Disease Control and Prevention, Atlanta (T.M., S.B., S.M.); and the Center for Tobacco Research and Intervention, University of Wisconsin School of Medicine and Public Health, Madison (M.C.F.).

This article was published on November 19, 2014, at NEJM.org.

1. Fiore MC, Jaen CR, Baker TB, et al. Clinical practice guideline: treating tobacco use and dependence: 2008 update. Rockville, MD: Department of Health and Human Services, Public Health Service, 2008 (<http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/tobacco/index.html#Clinic>).
2. Kofman M, Dunton K, Senkewicz MB. Implementation of tobacco cessation coverage under the Affordable Care Act: understanding how private health insurance policies cover tobacco cessation treatments. Washington, DC: Georgetown University Health Policy Institute, 2012 (<http://www.tobaccofreekids.org/pressoffice/2012/georgetown/coveragereport.pdf>).
3. Greene J, Sacks RM, McMenamin SB. The impact of tobacco dependence treatment coverage and copayments in Medicaid. *Am J Prev Med* 2014;46:331-6.
4. McMenamin SB, Halpin HA, Ganiats TG. Medicaid coverage of tobacco-dependence treatment for pregnant women: impact of the Affordable Care Act. *Am J Prev Med* 2012;43:e27-9.
5. Land T, Warner D, Paskowsky M, et al. Medicaid coverage for tobacco dependence treatments in Massachusetts and associated decreases in smoking prevalence. *PLoS One* 2010;5(3):e9770.

DOI: 10.1056/NEJMp1411437

Copyright © 2014 Massachusetts Medical Society.

Help Your Patients Quit



- Helping your patients to become tobacco free is easier with the cessation programs we have available in Connecticut.
- Screening all patients for tobacco use, advising them to quit, and referring them to the services that are available free of charge may help to reduce the enormous public health burden of tobacco use.
- Tell them that quitting is the most important step they can take to improve their health.

Three steps make it easy:

ASK: about tobacco use at every visit

ADVISE: all tobacco users to quit: "Quitting is the most important thing you can do for your health"

REFER: them to one of the services that is available to all Connecticut residents. These services are listed on the sheets that we have given you to hand out.

- Encourage them to try, and ask at their next visit how the quitting process is working.
- Even a small amount of encouragement from a health care provider can increase their chance of quitting by **5% to 10%** a year!

For more information:
www.ct.gov/dph/tobacco



Help Your Patients Quit

Tobacco Cessation Pharmacology

PRODUCTS	DOSAGE	DURATION*	PRECAUTIONS	ADVERSE EFFECTS	PATIENT EDUCATION
OTC					
Nicotine Patch 21 mg 14 mg 7 mg	One patch per day. >10cpd: 21mg 4 weeks. 14 mg 2 weeks ≤10cpd: 14 mg 4 weeks 7 mg 2 weeks	8 - 12 weeks	<ul style="list-style-type: none"> Do not use if Pt has severe eczema or psoriasis. Caution within 2 weeks of MI. 	<ul style="list-style-type: none"> Local skin reaction Insomnia 	<ul style="list-style-type: none"> Apply each day to clean, dry, hairless skin. Focal rash is common: Rotate site daily.
Nicotine Gum 2 mg 4 mg	1st cigarette ≤ 30 mins after waking: 4 mg 1st cigarette > 30 mins after waking: 2 mg 1 piece every 1 to 2 hours	12 weeks	<ul style="list-style-type: none"> Caution with dentures. Do not eat or drink 15 minutes before or during use. Limit 24 in 24 hours. 	<ul style="list-style-type: none"> Mouth soreness Stomach ache Hiccups 	<ul style="list-style-type: none"> DO NOT CHEW LIKE ORDINARY GUM. Alternate chewing and “parking” between cheek and gum (chew until mouth tingles then park for 1 minute, continue for 30 minutes). Nicotine absorbed across buccal mucosa. Avoid food and acidic drinks before and during use.
Nicotine Lozenge 2 mg 4 mg	1st cigarette ≤ 30 mins after waking: 4 mg 1st cigarette > 30 mins after waking: 2 mg 1 piece every 1 to 2 hours	12 weeks	<ul style="list-style-type: none"> Do not eat or drink 15 minutes before use. One lozenge at a time. Limit to 20 in 24 hrs. 	<ul style="list-style-type: none"> Heartburn Local irritation of mouth and throat. Coughing Hiccups 	<ul style="list-style-type: none"> DO NOT BITE, CHEW OR SWALLOW. Dissolve in mouth slowly. Each lozenge takes 20-30 minutes to dissolve. Mini lozenges may be preferable since they dissolve in less time. Avoid food and acidic drinks before and during use.
PRECAUTIONS					
Pregnant women	Behavioral strategies should be the first line of treatment. Only after this should pharmacological therapies be carefully considered for patients smoking more than 20 cigarettes a day.				
Adolescents	Behavioral strategies and interventions have been found to be most effective. NRTs and Rx medications have not been found to be effective in adolescents. FDA does not approve the use of NRT in patients under the age of 18.				

*Duration may be longer depending on patient needs.

Hypnosis and acupuncture are forms of treatment but they have not been determined to be effective for tobacco cessation.

PRODUCTS	DOSAGE	DURATION	PRECAUTIONS	ADVERSE EFFECTS	PATIENT EDUCATION
Rx					
Nicotine Inhaler Nicotrol Inhaler®	6-16 cartridges/day Each cartridge = 2 cigs Use 1 cartridge every 1-2 hours	6 months; taper	<ul style="list-style-type: none"> Reactive airway disease 	<ul style="list-style-type: none"> Mouth and throat irritation Cough 	<ul style="list-style-type: none"> Patient is not to puff like a cigarette. Gentle puffing recommended. Absorption via the buccal mucosa. Avoid food and acidic drinks before and during use.
Nicotine Nasal Spray Nicotrol NS®	1-2 sprays each nostril/hr 8 to 40 doses/day	3-6 months; taper	<ul style="list-style-type: none"> Not for patients with asthma 	<ul style="list-style-type: none"> Nasal irritation Sneezing Cough Watery eyes 	<ul style="list-style-type: none"> Instruct patient to tilt head back and spray. Tolerance to local adverse effects develops 1st week after use.
Bupropion SR150 Zyban® or Wellbutrin®	Start 1-2 weeks before quit date. Days 1-3: 150 mg each morning Days 4-end: 150 mg BID.	2-6 months	<ul style="list-style-type: none"> Contraindications: Seizure disorder Current use of MAO inhibitor Eating disorder Alcohol dependence Head trauma 	<ul style="list-style-type: none"> Insomnia Dry mouth Anxiety 	<ul style="list-style-type: none"> Take 2nd pill early evening to reduce insomnia. Never double dose if you miss a pill.
Varenicline Chantix®	Start 1 week before quit date. .5mg/d for 3 days then .5mg BID for next 4 days After first 7 days 1 mg/BID	3-6 months	<ul style="list-style-type: none"> Persons with kidney problems require dose adjustment Serious psychiatric illness 	<ul style="list-style-type: none"> Nausea Insomnia Abnormal dreams 	<ul style="list-style-type: none"> Take after eating and with water (full glass). Never double dose. Take missed dose as soon as remembered. If close to next dose wait and take at regular dose time. Nausea is usually transient. If nausea persists dose reduction is recommended.

Combining cessation counseling with medication can significantly increase abstinence rates.

CT Cessation Counseling Options

- CT Quitline- 1-800-QUIT NOW, 1-855-DEJELO YA, for Spanish or www.quitnow.net/connecticut
- Group & Individual Counseling- for list of programs go to www.ct.gov/DPH/Tobacco
- Online help- www.BecomeAnEx.org
- Mobile Phone Apps- Quit Now, download from smokefree.gov

* CT Medicaid covers OTC and Rx cessation medications and individual counseling. There is no limit on duration for medication coverage.

* Medicare covers a total of 8 individual tobacco cessation counseling sessions in a 12m period.

OTC medications are not covered.

Rx smoking cessation medications are covered via Medicare Part D.

Use of medications in combination has been found to be effective. Effective combinations: patch and another NRT; patch and Bupropion





CONNECTICUT
QUITLINE
1-800-QUIT-NOW

FOR HEALTHCARE PROVIDERS

What is the Connecticut Quitline?

The Connecticut Quitline is a toll-free telephone-based tobacco use cessation counseling program funded by the Connecticut Department of Public Health. Services are provided by Alere Wellbeing.

Studies confirm that phone-based behavioral counseling greatly increases quit rates compared to the use of pharmacotherapy alone. Trained tobacco treatment specialists work one-on-one with callers to develop a personalized Quit Plan and provide them with active self-management tools to make the psychological and behavioral changes necessary to quit for life.

What services are offered?

Your patients can choose to enroll in the one-call, the multiple call, or the web-based program.

The one-call program includes:

One call from a Quit Coach who will:

- o Talk about ways to quit, discuss tobacco use triggers and strategies to assist with those triggers;
- o Discuss medications and make recommendations on the type, dose, and duration (if appropriate);
- o Provide a Quit Guide designed to help actively self-manage tobacco use dependence;
- o Make referrals to a local in-person cessation program if requested.

The multiple call program includes:

Five calls from a Quit Coach who will:

- o Ask about triggers and discuss strategies for coping with these triggers without using tobacco;
- o Develop an individualized quit plan;
- o Discuss medications and make recommendations on the type, dose and duration (if appropriate),
- o If eligible, provide a starter pack of nicotine patches, gum or lozenges;
- o Provide a Quit Guide designed to help actively self-manage tobacco dependence;
- o Provide support throughout the cessation treatment;
- o Make a referral to an in-person cessation program if requested.

The web-based program includes:

Access to a self-guided, self-paced web cessation program that offers:

- o Worksheets and web pages that discuss triggers, strategies for coping with these triggers without using tobacco and tips to quit,
- o Assistance with developing a quit plan and working through the plan;
- o Discussion of medications and, if eligible, a telephone call from a quit coach to discuss their dosage in order to receive a starter pack of nicotine patches, gum or lozenges.

Patients may switch to telephone counseling or the web program at any time during their treatment.

Why Refer Patients to the Quitline?

Quitlines are based on solid scientific research, and their quit rates are documented in numerous scientific publications. The Connecticut Quitline is effective because it addresses all three clinical aspects of tobacco dependence: physical, psychological, and behavioral.





**CONNECTICUT
QUITLINE**
1-800-QUIT-NOW

FOR HEALTHCARE PROVIDERS

Who is eligible for the Connecticut Quitline?

All residents of Connecticut are eligible to enroll in the Connecticut Quitline free of charge.

Is medication available through the Connecticut Quitline?

Medication may be available through the Connecticut Quitline as funding remains available. As of October 2014, the Quitline is providing Nicotine Replacement Therapy (patches, gum and lozenges) to participants who enroll in the multiple-call and web programs. Tobacco treatment specialists are available to help participants determine what medication will best meet their needs.

What if a participant quits and then starts using tobacco again?

The Connecticut Quitline was designed to support participants through all phases of quitting including relapse. Once enrolled, participants have toll-free access to the tobacco treatment specialists for the duration of the program. They can choose to re-enroll in the program as many times as they need in order to become tobacco-free.

If I have patients who use tobacco, I prescribe bupropion SR or varenicline. Why isn't that enough?

Nicotine replacement therapy (NRT), varenicline (Chantix®), and the antidepressant bupropion SR have been proven to be effective at increasing cessation rates for moderate to heavy smokers when combined with counseling. However, the usefulness of these products is not optimal when they stand alone. Studies indicate that the use of over-the-counter NRT and other cessation pharmacotherapies combined with behavioral counseling is more effective on cessation rates than using either the medications or counseling alone.¹

The tobacco treatment specialists aren't medically trained. How do they know whether bupropion SR or NRT are contraindicated?

The tobacco treatment specialists are degreed professionals with a wide-range of educational backgrounds including psychology, sociology, community health, counseling and social work. Each coach receives more than 240 hours of initial training, provided by expert cessation training staff. Topics covered include all phases of nicotine dependence, assessing readiness to quit tobacco, assessment for the use of nicotine replacement therapy and other medications, counseling techniques, proven quitting strategies and customer service skills.

The training protocol has been developed based on tobacco cessation science, and there is medical staff on site to oversee the pharmacotherapy aspect of the interventions. All coaches receive comprehensive training in the use of motivational interviewing, brief solution-focused therapy techniques, and cognitive behavioral approaches to treating tobacco use dependence.

Any patients that use tobacco may be referred to the Connecticut Quitline by fax (form attached) or electronic referral, register online at quitnow.net/connecticut or they may call one of the following numbers: 1-800-QUIT-NOW (English); 1-855-DEJELO-YA (Spanish); 1-800-838-8917 (Chinese), 1-800-556-5564 (Korean) and 1-800-778-8440 (Vietnamese).

For information on setting up your system for electronic referrals, contact the DPH Tobacco Program at 860-509-8251.

1. U.S. Department of Health and Human Services, Public Health Service. Treating Tobacco Use and Dependence: 2008 Update. Clinical Practice Guideline; p.101.

The Quitline is funded by the Connecticut Department of Public Health with funding from the Centers for Disease Control and Prevention and the Connecticut Tobacco and Health Trust Fund.





CONNECTICUT QUITLINE FAX REFERRAL FORM

Fax Number: 1-800-483-3114

FAX SENT DATE: ____/____/____

Provider Information:

CLINIC NAME

CLINIC ZIP CODE

HEALTH CARE PROVIDER

CONTACT NAME

FAX NUMBER

PHONE NUMBER

I AM A HIPAA COVERED ENTITY (PLEASE CHECK ONE)

YES ☐

NO ☐

DON'T KNOW ☐

Patient Information:

PATIENT NAME

DATE OF BIRTH

GENDER

☐

MALE

☐

FEMALE

ADDRESS

CITY

ZIP CODE

PRIMARY PHONE NUMBER

HM

WK

CELL

☐☐☐

SECONDARY PHONE NUMBER

HM

WK

CELL

☐☐☐

LANGUAGE PREFERENCE (PLEASE CHECK ONE)

ENGLISH ☐

SPANISH ☐

OTHER

By participating in this program I understand that outcome information may be shared with my provider for purposes of my treatment.

____ I am ready to quit tobacco and request the Connecticut Quitline contact me to help me with my quit plan.
(Consent via phone)

____ I **DO NOT** give my permission to the Connecticut Quitline to leave a message when contacting me.
(Consent via phone) **** By not initialing, you are giving your permission for the quitline to leave a message.**

PATIENT SIGNATURE: ON FILE AND OBTAINED BY: _____ DATE: ____/____/____

The Connecticut Quitline will call you. Please check the BEST 3-hour time frame for them to reach you. **NOTE: The Quitline is open 7 days a week; call attempts over a weekend may be made at times other than during this 3-hour time frame.**

☐

6AM – 9AM

☐

9AM – 12PM

☐

12PM – 3PM

☐

3PM – 6PM

☐

6PM – 9PM

WITHIN THIS 3-HOUR TIME FRAME, PLEASE CONTACT ME AT (CHECK ONE):

☐

Primary #

☐

Secondary #

© 2016. All rights reserved. Reprinted with permission of copyright owner. All trademarks are the property of their respective owners.

Confidentiality Notice: This facsimile contains confidential information. If you have received this facsimile in error, please notify the sender immediately by telephone and confidentially dispose of the material. Do not review, disclose, copy, or distribute.



CONNECTICUT
QUITLINE
1-800-QUIT-NOW

CONNECTICUT QUITLINE FAX REFERRAL FORM

Fax Number: 1-800-483-3114

FECHA DE ENVÍO: ____/____/____

Información del proveedor de servicios médicos:

NOMBRE DE LA CLÍNICA

CÓDIGO POSTAL

NOMBRE DEL PROVEEDOR

NOMBRE DEL CONTACTO

FAX

TELÉFONO

SOY UNA ENTIDAD CUBIERTA POR HIPPA (POR FAVOR MARQUE UNA)

SÍ ☐

NO ☐

NO SÉ ☐

Información del paciente:

NOMBRE COMPLETO DEL PACIENTE

FECHA DE NACIMIENTO

GÉNERO

☐ M

☐ F

DIRECCIÓN

CIUDAD

CÓDIGO POSTAL

NÚMERO DE TELEFONO PRIMARIO

CASA TRAB CEL

☐ ☐ ☐

NÚMERO DE TELEFONO SECUDNARIO

CASA TRAB CEL

☐ ☐ ☐

LANGUAGE DE PREFERENCIA (POR FAVOR MARQUE UNO)

INGLÉS ☐

ESPAÑOL ☐

OTRO

Al participar en este programa, entiendo que los resultados de mi información tal vez sean compartidos con mi proveedor de salud para ayudar con mi tratamiento.

(Iniciales) Estoy listo para dejar el tabaco y solocito que la línea Quitline de Connecticut me contacte para ayudarme con mi plan.

(Iniciales) Yo **NO** autorizo a línea Quitline de Connecticut a dejar un mensaje al contactarme.
**** Por no poner sus iniciales, usted está dando su permiso para la línea dejar un mensaje.**

FIRMA DEL PARTICIPANTE: _____ FECHA: ____/____/____

Connecticut Quitline le llamará. Por favor marque el mejor horario para llamarle. **NOTA: La línea para dejar el tabaco trabaja los 7 días de la semana. Las llamadas que se realizen en el Fin de semana podrían estar fuera del horario que usted marcó.**

☐ 7AM – 9AM

☐ 9AM – 12PM

☐ 12PM – 3PM

☐ 3PM – 6PM

☐ 6PM – 9PM

FAVOR DE LLAMARME DENTRO DEL HORARIO MARCADO AL (MARQUE UNO): ☐ # Primario ☐ # Secundario

© 2016. Todos los derechos reservados. Reimpresos con el permiso del dueño de los derechos de autor. Todas las marcas son propiedad de sus respectivos dueños.

Notificación de Confidencialidad: Este facsímil contiene información confidencial. Si Ud. lo ha recibido por error, por favor notifique al remitente inmediatamente por teléfono y deshágase de los materiales confidencialmente. **No los modifique, revele, fotocopie o distribuya.**

Insurance Coverage for Tobacco Use Dependence Treatments

CT Medicaid covers:

- Individual tobacco use cessation counseling
- Over the counter nicotine replacement therapies (patch, gum and lozenge) with a prescription from a provider, prescription nicotine replacement therapies (nasal spray and inhaler) and prescription cessation medications (e.g. Varenicline, Bupropion)
- Group Cessation counseling is covered for behavioral health care providers, Federally Qualified Health Centers, medical clinics, hospital outpatient clinics and physicians/physician groups
- Reimbursement for individual cessation counseling is also available through dental care providers
- Counseling must be provided by a Medicaid-approved provider
- **For billing procedure and diagnosis coding go to <http://www.ctdssmap.com/>, see Provider Bulletins 2011-94, 2014-71 and 2015-37**

Medicare covers:

- Individual cessation counseling for two quit attempts per 12 month period- each attempt equals four counseling sessions
- Counseling must be conducted by a Medicare-approved provider
- No copay or deductible for persons not diagnosed with tobacco-related disease or condition
- For persons with a tobacco-related diagnoses, Medicare will pay 80% of counseling once deductible is met
- Medicare Part D covers prescription cessation medications
- Over the counter nicotine replacement therapies are not covered

TRICARE for Veterans and Active Military not covered by Medicare covers:

- Individual and group counseling for two quit attempts each year- each quit attempt equals 18 counseling sessions
- Counseling must be conducted by a TRICARE-authorized provider
- Over the counter nicotine replacement therapies and prescription cessation medications are covered with a prescription from a TRICARE-authorized provider
- Counseling and medications are provided at no cost

Private Insurance Plans covers:

The Affordable Care Act (ACA) requires most plans to cover tobacco use cessation benefits as a preventive service. Benefits **should** include:

- Screening for tobacco use
- Individual and group cessation counseling for two quit attempts per year (four counseling sessions of at least ten minutes each)
- All US Food and Drug Administration-approved tobacco cessation medications (both over the counter and prescription nicotine replacement therapies and prescription cessation medications) for 90 days per quit attempt with a prescription from a health care provider
- No cost sharing or prior authorization for these treatments
- Patient should contact their insurance provider regarding the specific benefits that are available under their plan

A TIP FROM A
**FORMER
SMOKER**

AFTER YOU HAVE A LUNG REMOVED, TAKE SHORT BREATHS.

Annette, Age 57, Diagnosed at 52
New York

Smoking causes immediate damage to your body.
For Annette, it caused lung cancer. You can quit.
For free help, call **1-800-QUIT-NOW.**



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention
www.smokefree.gov

UN CONSEJO
— DE UNA —
EXFUMADORA

DESPUÉS DE QUE LE QUITEN UN PULMÓN, EVITE RESPIRAR PROFUNDAMENTE.

Annette, 57 años, Diagnosticada a los 52 años
Nueva York

Fumar le causa daño inmediato a su cuerpo.
A Annette, le causó cáncer de pulmón.
Usted puede dejar de fumar. Para ayuda
gratuita, llame al **1-800-784-8669**.



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention
espanol.smokefree.gov

A TIP FROM A
**FORMER
SMOKER**

TM



**If you feel attached to your cigarettes,
just wait until you have an oxygen tank.**

Becky, age 54, Ohio

Becky was diagnosed with COPD when she was only 45 years old. She has emphysema, chronic bronchitis and a collapsed lung. Now she's chained to an oxygen tank 24/7. All because she smoked.

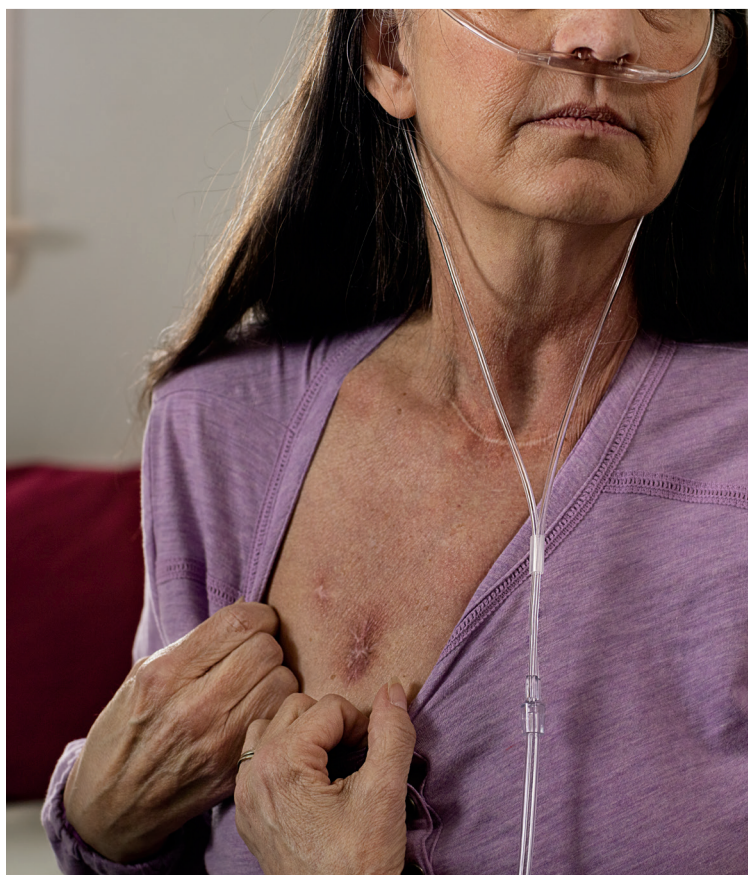
You can quit smoking.

**For free help, call
1-800-QUIT-NOW.**



**U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention
[CDC.gov/tips](https://www.cdc.gov/tips)**

#CDCTips



UN CONSEJO
— DE UNA —
EXFUMADORA

TM

**Si te sientes apegada a tus cigarrillos,
solo espera a que tengas que andar
con un tanque de oxígeno.**

Becky, 54 años, Ohio

A Becky le diagnosticaron epoc, cuando tenía tan solo 45 años. Ella tiene enfisema, bronquitis crónica y tuvo un colapso pulmonar. Ahora, está encadenada a un tanque de oxígeno las 24 horas del día. Y todo por fumar.

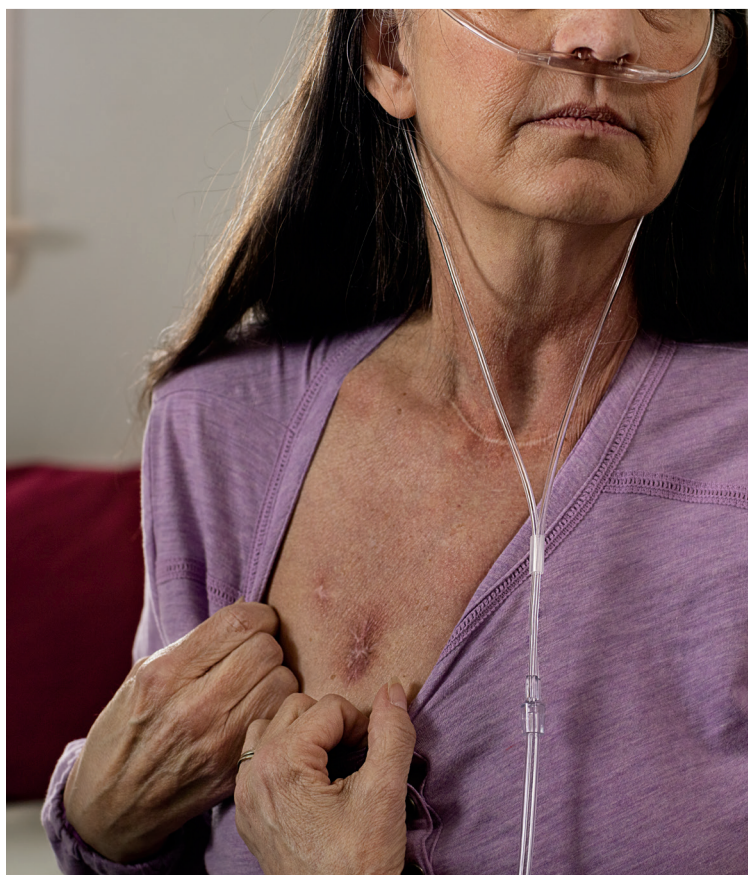
Usted puede dejar de fumar.

**Para recibir ayuda gratuita, llame al
1-855-DÉJELO-YA.**



**U.S. Department of
Health and Human Services**
Centers for Disease
Control and Prevention
[CDC.gov/consejos](https://www.cdc.gov/consejos)

#CDCConsejos



A TIP FROM A
**FORMER
SMOKER**

**I started
using e-cigarettes
but kept smoking.
Right up until
my lung collapsed.**

Kristy, age 35, Tennessee

Kristy had smoker's cough and severe shortness of breath. She tried using e-cigarettes to cut down on her smoking. She thought cutting down would make her feel better, but it didn't. She kept smoking cigarettes until her lung collapsed.

**Even smoking a few cigarettes
a day is dangerous.**

You can quit smoking.

CALL 1-800-QUIT-NOW.



**U.S. Department of
Health and Human Services**
Centers for Disease
Control and Prevention
CDC.gov/tips

#CDCTips



UN CONSEJO
— DE UNA —
EXFUMADORA

Empecé a usar cigarrillos electrónicos, pero seguí fumando. Hasta que tuve un colapso pulmonar.

Kristy, 35 años, Tennessee

Kristy tuvo tos de fumadora y problemas graves para respirar. Trató de usar cigarrillos electrónicos para reducir la cantidad que fumaba. Pensó que esa reducción la haría sentir mejor, pero no fue así.

Ella siguió fumando cigarrillos hasta que tuvo un colapso pulmonar.

Fumar aunque sean unos pocos cigarrillos es peligroso.

Usted puede dejar de fumar.

LLAME AL 1-855-DÉJELO-YA.



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention
[CDC.gov/consejos](https://www.cdc.gov/consejos)

#CDCConsejos



Quitting Tobacco

*One of the most important steps
you can take to save your life.*

When you're ready - we're here to help.



For more information:
www.ct.gov/dph/tobacco

Resources to Help You Quit

- Talk to your health care provider about programs and medications.
- Call the Connecticut Quitline at 1-800-QUIT NOW or register online at www.quitnow.net/Connecticut for your own quit plan and telephone support.
- Join BecomeAnEx.org for information and to chat with other quitters online.
- Download a quitting app for your smartphone from www.smokefree.gov
- Check the CT Department of Public Health website at www.ct.gov/dph/tobacco for programs nearby.



QUITTING

ONE OF THE MOST IMPORTANT STEPS YOU
CAN TAKE TO SAVE YOUR LIFE.

When you're ready, we're here to help.

**1 out of 2 people who continue to smoke will
die early because of their smoking.**

By Quitting

- You lower your risk of heart disease, stroke, cancers and lung disease. You will breathe easier.
- You lower your family's risk of illness from being exposed to smoke.
- You can save money for the things you really want.
- Your skin and body will look younger.
- You will have less problems with your mouth, that include bad breath and losing your teeth.
- Your children are less likely to use tobacco.

Tips to Help You Quit (even if you tried before)

- There are many reasons to quit. Find yours and write them down to remind you why you are quitting.
- Talk to a health care provider about medications that may help with your quit.
- Find your support system - friends, family, co-workers, CT Quitline, BecomeAnEx.org. Tell them your plans, and ask them to help you.
- Pick a Quit Date and write it down where you will see it often.

More Tips To Help You Quit

- Write down the things that make you want to smoke and what you can do to help prevent these triggers.
- Stress is a big trigger. Learn ways to cope with stress without smoking.
- If you have tried to quit in the past, think about what helped you and what did not.
- Change your routines that involve smoking. For example, if you usually smoke after eating, get up from the table and go for a walk. If you usually smoke with coffee, try tea instead. Avoid places where people are smoking.
- Keep your hands busy. Find something you like to do. Some examples are doodling, playing cards, or playing with paper clips.
- Drink water. This helps to flush the nicotine and other chemicals out of your body.
- In case you slip, don't give up, just try to quit again. It may take a few tries to quit for good.

Resources to Help You Quit

- Talk to your health care provider about programs and medications to help you quit.
- Call the Connecticut Quitline at 1-800-QUIT NOW or 1-855-DEJELO YA or register online at www.quitnow.net/connecticut for help with your quit plan.
- Join BecomeAnEx.org for information about quitting and to blog with other quitters.
- Check the website at www.ct.gov/dph/tobacco for programs in your area.

Scan this code for more information





STAYING TOBACCO FREE

Congratulations on being Tobacco Free!

You are probably seeing some positive changes but you may still have cravings. You may even have the urge to pick up smoking, vaping, or use tobacco again, especially when you are with your friends and family who use tobacco or during times of stress.

Not smoking or using tobacco is one of the best things you can do for your health and your wallet. Stay positive and try to follow the tips below.

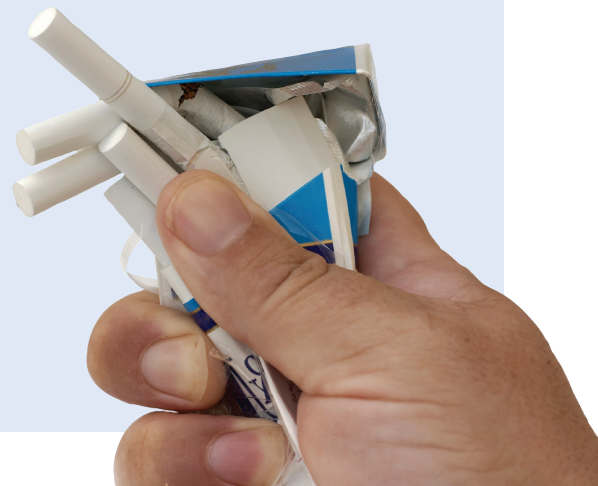


Tips to stay quit

- Keep all tobacco products out of your home and car and ask people not to smoke near you. Move away from smokers until they are done.
- Avoid places where you used to smoke. Spend time at tobacco-free places.
- Keep your hands busy, find something you like to do. Some examples are doodling or drawing, texting, playing cards, playing a hand held game, or reading a book.
- Avoid alcohol, coffee and other drinks that you may associate with smoking.
- Find your support system - friends, family, co-workers, online support, CT Quitline, BecomeAnEX.org, and/or a local cessation program. Ask them for support.
- Find ways to deal with stress and cope without tobacco. Take a walk, call a friend, exercise, chew gum until the urge passes. Most urges will pass within five minutes.
- In case you slip, don't give up, quit again. It may take a few tries to quit for good.

Reasons to stay quit

- ✓ Lower risk of heart disease, stroke, cancers and lung disease.
- ✓ You lower your family's (and your pet's) risk of illness from being exposed to second- and third-hand smoke.
- ✓ Save money for things you really want.
- ✓ Skin and body look younger.
- ✓ Less problems with your mouth including bad breath and losing your teeth.
- ✓ You will be less likely to lose your hair early.
- ✓ You will breathe easier.
- ✓ Your children are less likely to use tobacco.





STAYING TOBACCO FREE RESOURCES

There are programs to help you, free of charge:

- Talk to your health care provider about medications that may help you to stay quit.
- Call the Connecticut Quitline at 1-800-QUIT-NOW or 1-855-DEJELO-YA (for Spanish) or register online at www.quitnow.net/connecticut for help with your quit plan. This will include information and telephone support.
- Join **BecomeAnEX.org** for more information and to blog with others who have quit.
- Check the Connecticut Department of Public Health website at www.ct.gov/dph/tobacco for programs in your area.

\$\$\$\$ Money Saved by Quitting \$\$\$\$

Average cost of a pack of cigarettes = \$8.82



A pack-a-day smoker's savings:

WEEKLY

\$62

MONTHLY

\$265

YEARLY

\$3,219

AFTER 5 YEARS

\$16,097!

What will YOU do with the savings?

Here is what some Connecticut quitters did:

"After quitting for a month, I had enough money to fix my washing machine."

"I saved the money I would have spent on cigarettes for one year and then treated myself to a new car to celebrate."

Your body begins to heal as soon as you quit.

Within minutes of smoking the last cigarette your body begins to change and heal.

Within 20 minutes, your heart rate calms down.

Within 8 hours, mucus begins to clear out of your lungs, making it easier to breathe.

Within 48 hours, things smell and taste better.




Within 3 months, blood circulation improves, and your body is better able to fight infection.

Within 9 months, you have less sinus congestion, wheezing, and shortness of breath.

After 1 year, your risk of dying from a heart attack is cut in half.

Order Form for Cessation Materials

TobRTMailinq2016

QUANTITY																																					
Packs of 25 cards each _____ English _____ Spanish	<div style="display: flex; align-items: center;">  <div> <p>Quitting Tobacco</p> <p><i>One of the most important steps you can take to save your life.</i></p> <p>When you're ready - we're here to help.</p> <p>For more information: www.ct.gov/dph/tobacco</p> </div> </div> <p style="margin-top: 20px;">Quitting Tips wallet cards "Quitting Tobacco"</p>																																				
_____pads of 50 sheets each English	<div style="display: flex; align-items: center;">  <div> <p>Quitting Tips 5 x 8 Pad</p> <p>"Quitting: One of the most important steps you can take to save your life"</p> </div> </div> <p style="margin-top: 20px;">Individual Forms also available in the following alternate languages:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th>Number of Copies</th> <th>Language</th> <th>Number of Copies</th> <th>Language</th> <th>Number of Copies</th> <th>Language</th> </tr> </thead> <tbody> <tr><td></td><td>Albanian</td><td></td><td>Chinese-Traditional</td><td></td><td>Laotian</td></tr> <tr><td></td><td>Arabic</td><td></td><td>Haitian Creole</td><td></td><td>Polish</td></tr> <tr><td></td><td>Bengali</td><td></td><td>Karen</td><td></td><td>Portuguese</td></tr> <tr><td></td><td>Bosnian</td><td></td><td>Khmer</td><td></td><td>Spanish</td></tr> <tr><td></td><td>Chinese-Simplified</td><td></td><td>Korean</td><td></td><td>Vietnamese</td></tr> </tbody> </table>	Number of Copies	Language	Number of Copies	Language	Number of Copies	Language		Albanian		Chinese-Traditional		Laotian		Arabic		Haitian Creole		Polish		Bengali		Karen		Portuguese		Bosnian		Khmer		Spanish		Chinese-Simplified		Korean		Vietnamese
Number of Copies	Language	Number of Copies	Language	Number of Copies	Language																																
	Albanian		Chinese-Traditional		Laotian																																
	Arabic		Haitian Creole		Polish																																
	Bengali		Karen		Portuguese																																
	Bosnian		Khmer		Spanish																																
	Chinese-Simplified		Korean		Vietnamese																																
_____packs of 25 sheets each English	<div style="display: flex; align-items: center;">  <div> <p>"Staying Tobacco Free" for quitters that are having a hard time maintaining their quit</p> </div> </div> <p style="margin-top: 20px;">Individual Forms also available in the following alternate languages:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th>Number of Copies</th> <th>Language</th> <th>Number of Copies</th> <th>Language</th> <th>Number of Copies</th> <th>Language</th> </tr> </thead> <tbody> <tr><td></td><td>Albanian</td><td></td><td>Chinese-Traditional</td><td></td><td>Laotian</td></tr> <tr><td></td><td>Arabic</td><td></td><td>Haitian Creole</td><td></td><td>Polish</td></tr> <tr><td></td><td>Bengali</td><td></td><td>Karen</td><td></td><td>Portuguese</td></tr> <tr><td></td><td>Bosnian</td><td></td><td>Khmer</td><td></td><td>Spanish</td></tr> <tr><td></td><td>Chinese-Simplified</td><td></td><td>Korean</td><td></td><td>Vietnamese</td></tr> </tbody> </table>	Number of Copies	Language	Number of Copies	Language	Number of Copies	Language		Albanian		Chinese-Traditional		Laotian		Arabic		Haitian Creole		Polish		Bengali		Karen		Portuguese		Bosnian		Khmer		Spanish		Chinese-Simplified		Korean		Vietnamese
Number of Copies	Language	Number of Copies	Language	Number of Copies	Language																																
	Albanian		Chinese-Traditional		Laotian																																
	Arabic		Haitian Creole		Polish																																
	Bengali		Karen		Portuguese																																
	Bosnian		Khmer		Spanish																																
	Chinese-Simplified		Korean		Vietnamese																																

To reorder, fill out this form and fax to State of Connecticut Department of Public Health at
860-509-7854 or scan and email to **dphtobacco@ct.gov**

SHIP TO:	
Name	
Practice/Company	
Address	
City/State/Zip Code	