State Tobacco Cessation Policy
- ActionToQuit Case Studies -

— 2012 —

Partnership for Prevention is a nonprofit organization dedicated to preventing illness and injury and promoting health. Partnership's programs reach policymakers, a wide range of public health and healthcare professionals, businesses, and others who promote prevention.

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- American Lung Association in Florida
- American Lung Association in Nevada
- Colorado Tobacco Education and Prevention Alliance

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Foreword

Partnership for Prevention seeks to create a “prevention culture” in America, where the prevention of disease and the promotion of health, based on the best scientific evidence, are priorities for policy makers, decision-makers, and practitioners. ActionToQuit is Partnership’s tobacco control policy initiative that urges all sectors – employers, insurers, health care systems, quitlines, and policymakers – to work together to ensure that all tobacco users have access to comprehensive cessation interventions.

Partnership implemented the ActionToQuit State Policy Program in 2010 with funding from the Pfizer Foundation. The focus of the program is system and policy change in tobacco cessation. Strong state level alliances for tobacco cessation will chart a course for increasing access to and use of comprehensive cessation services in States by working with health systems, employers, health plans, and quitlines. As a result, utilization of these treatments will increase and tobacco use will decline.

This case study guide summarizes the activities of the three state alliances funded in 2011, as well as the six alliances that received initial funding. We hope the guide sheds light on how state advocates and alliances can take steps to significantly reduce tobacco use.

Jud Richland, MPH
President and CEO
Partnership for Prevention
Tobacco cessation policy and system change is a new subject for many tobacco control advocates. Dominating tobacco control advocacy in the past twenty years are campaigns such as smoke free air and tobacco tax, in which outstanding progress has been achieved. Today, many states are also actively pursuing changes that expand access to cessation treatment and increase utilization of these interventions. These policy efforts might involve collaboration with partners in health systems, the workplace, health plans, and state legislatures. Partnership for Prevention’s (Partnership’s) ActionToQuit State Policy Program has funded the creation of state alliances and strategic activities to help states make tobacco cessation a priority.

The ActionToQuit State Policy Program supports innovative projects that expand the use of tobacco cessation interventions. With funding from the Pfizer Foundation, ActionToQuit is working to increase access to proven tobacco dependence interventions by collaborating directly with states. Six grantees were funded in 2010: Colorado, Florida, Nevada, New England, New York, and Virginia. Note that New England received a grant as a cluster of six states working together to expand Medicaid coverage for tobacco cessation treatment. In 2011, three new grantees were added: Georgia, Iowa, and Michigan. Thus, among the nine ActionToQuit grantees, fourteen states are working toward tobacco cessation policy change.

This guide follows the three new grantees in their journey as they develop state tobacco cessation alliances and dialog with leaders. It also provides an update on the ongoing work of the six original grantees. The focus of this program is policy and system change in tobacco cessation. The three new states are fulfilling the original charges required of all grantees: develop a state alliance for tobacco cessation, sponsor a state summit for leaders and advocates, and develop a state action plan for tobacco cessation. The purpose of a state summit is to bring together stakeholders to participate in a conversation about tobacco cessation and policy change. Each of the state alliances funded by Partnership convened representatives from a variety of sectors including health plans, state health departments, quitlines, public health organizations, health systems, and business to collaborate on policy change strategies. The leaders brainstormed policy recommendations, charting a course for increased access to comprehensive tobacco cessation services.

The ActionToQuit State Policy Program has served as a catalyst in states, raising awareness of the need for expanded access to tobacco cessation treatment. Some activities related to tobacco cessation policy were already occurring in most states; however, no cohesive approach had generally been established. The statewide summits brought together advocates and stakeholders to discuss and commit to a unified action plan. The summit meetings provided
the opportunity for participant buy-in, creating more viable action plans that will make a greater impact. A few examples of the results are:

- A managed care plan in New York serving 200,000 people decided to increase access to cessation interventions.
- The Department of Health in Florida ensured that Tobacco Cessation Partnerships exist in 67 counties – each was tasked with advocating for comprehensive employee tobacco cessation coverage.
- The state legislature in Connecticut funded a Medicaid cessation benefit in the 2012 budget (for the first time).
- The Governor in Massachusetts included cessation coverage for state and municipal employees and low-income adults in the state-subsidized insurance plan.

The power of alliances working toward tobacco cessation policy change is evident in the results and future plans of the state teams. These states remain resolute in their commitment to expand tobacco cessation services and utilization, despite the uncertain economic times ahead.

David Zauche
Senior Program Officer
Partnership for Prevention
Case Study: Iowa

Increasing Employee Access to Tobacco Cessation Programs
OVERVIEW

The Iowa Tobacco Prevention Alliance (ITPA) is the only statewide non-profit organization in Iowa solely dedicated to reducing tobacco use and exposure to secondhand smoke. The organization is a coalition of individuals and organizations, including American Cancer Society, American Heart Association, American Lung Association and CAFE (Clean Air For Everyone) IOWA. These organizations have made the long-term commitment to put the common cause of tobacco prevention and control above the individual or group agenda.

Our mission is to provide sustained statewide leadership in the effort to save lives by reducing the social acceptance of tobacco and eliminating its use through advocacy and education.

ITPA serves as a resource on tobacco control issues and works with organizations at the state, local and grassroots level throughout Iowa. ITPA strives to streamline communication and ensure consistency of tobacco control information. Through sharing information and coordination among members, ITPA maximizes the impact on reducing tobacco use and exposure to secondhand smoke without duplication of effort.

ITPA's agenda is guided by a strategic plan created in collaboration with the Division of Tobacco Use Prevention and Control of the Iowa Department of Public Health and is based on best practices in tobacco control as laid out by the U.S. Centers for Disease Control and Prevention. The actual starting year for ITPA was 2005, but our member organizations have been working together and advocating for policies that have been proven to reduce tobacco use in Iowa since the 1980’s, after making a long-term commitment to tobacco control. ITPA is committed to building a sustainable tobacco control infrastructure for Iowa that reflects both the ethnic and geographical diversity of the residents of our state.

For more information, visit www.smokefreeiowa.org

ENVIRONMENTAL SCAN

Iowa’s Smoke-free Air Act became law on July 1, 2008, requiring all public places and workplaces (except casino gaming floors) to be smoke-free inside buildings. Because of the exemption, casino workers do not work in the same smoke-free environment as yet, but advocates are working to close this loophole. Additionally, the law only covers burning tobacco and, as a result, smokeless tobacco products are not regulated. Across the state of Iowa, health advocacy groups and community partners have worked with organizations and businesses to make their campuses tobacco-free voluntarily, and many Iowa businesses and organizations have instituted tobacco-free grounds policies on their own, restricting smoking and/or tobacco use on their outside premises.

Smoking is the number one cause of preventable death in Iowa, causing 4400 deaths each year from smoking-related illnesses and diseases. In Iowa alone, $1 billion is spent annually on health care costs directly caused by smoking. The 2010 Adult Tobacco Survey (ATS), conducted by the Center for Social and
Behavioral Research at the University of Northern Iowa, shows the adult smoking rate at 16%, down from 23% in 2000. Many tobacco users want to quit; the ATS survey showed that 83% of adult tobacco users in Iowa would like to quit using tobacco completely.

Quitline Iowa was created to help them do just that, providing a wealth of resources and support. Quitline Iowa has assisted nearly 73,000 Iowans in quitting since FY 2008. Callers receive— guidance and support on quitting, referrals to local cessation services, information through the mail, and follow-up calls to assist in efforts to quit. Services are free and calls are answered 24/7. More health care providers are now participating in the fax referral system, which has led to an increase call volume and more calls leading to client counseling.

Financial benefits of quitting

Helping smokers quit has both health and financial benefits. The average cost of a cigarette pack in Iowa is $5.54. Using that figure, a pack-a-day smoker could save more than $2,000 a year, and $20,000 over 10 years by kicking the habit.

For every dollar Iowa spends on cessation programs, the potential return on investment is $1.26. The total cost to the state economy as a result of direct health care expenditures, workplace productivity losses and premature death due to tobacco use is nearly $3 billion.

Governor Branstad has publicly declared that he wants to make Iowa the healthiest state in the nation.

- Smoking is the number 1 cause of preventable death in Iowa.
- 4400 Iowa adults die each year from smoking-related illnesses & diseases.
- Each year 4000 Iowa kids (under 18) become daily smokers.

With smoking and tobacco use being the number one cause of preventable death in Iowa, it makes good sense from both a health impact as well as the return on investment perspective to make access to comprehensive tobacco cessation programs an integral component in the governor’s plan.

EVALUATION OF THE PROGRAM

Employer-sponsored health insurance plans have been in place for decades, addressing medical services after an employee becomes ill. However, in recent years many larger companies have changed their focus to preventive healthcare, sponsoring wellness programs and other initiatives to improve the health of their employees. Because an unhealthy workforce translates to lost productivity and higher absenteeism, these programs create a win-win situation. Employees feel better and have a better quality of life, while companies benefit from happier, healthier, and more productive employees resulting in lower healthcare costs. With the proven positive outcome of employee wellness programs, and more and more companies being aware of the benefits, prevention has become a high priority for leadership.

The goal of the Iowa Tobacco Cessation Summit was to present a program detailing the health benefits and return on investment of providing tobacco cessation programs as a part of the employee health
benefits package. Using the information gleaned from our speakers, our table discussions, and the panel discussion, we hoped to create a strategic statewide plan to increase employee access to tobacco cessation programs.

ITPA partnered with American Lung Association (ALA) of Iowa on the ActionToQuit grant. The collaboration was beneficial since ALA has long advocated for the expansion of comprehensive cessation benefits to help Iowans addicted to tobacco products get the help they need to quit. It’s important to understand everyone responds to treatment differently – treatment for tobacco cessation is not one-size-fits-all. It takes, on average, seven attempts to quit. Therefore, it is crucial that cessation benefits be comprehensive, covering a variety of medications, extended counseling and other preventive services.

A core team of advocates began the mission to increase access to tobacco cessation for Iowans. The team began by focusing outreach on potential summit stakeholders such as human resource decision makers within Iowa’s largest employers. We connected with the Iowa Society of Human Resource Management (SHRM), health professionals, health insurance companies and Quitline providers. We created an online registration page on our website, smokefreeiowa.org, designed an invitation, and sent it to the Iowa SHRM membership. In the early stages of our planning sessions, we invited human resources decision makers from 15 of Iowa’s largest companies to join our ActionToQuit (A2Q) team as Key Stakeholders in the effort.

At our first meeting with the Key Stakeholders (after 13 positive responses, only 8 were able to make the meeting) the focus was to share with our team whether the companies had tobacco free policies and tobacco cessation/wellness programs and, if so, what challenges they were facing.

Through the discussion, we concluded it would be helpful to know what tobacco cessation benefits programs looked like for individual companies present at the summit. Enlisting the help of the Key Stakeholders, we created a survey to send to participants during registration for the Summit. We asked
each registrant to complete the survey immediately, in order to compile information on their organization and use them as discussion topics at the summit.

Before we adjourned the first planning meeting we asked each of the Key Stakeholders to reach out to other HR benefits decision makers in their network and invite them to participate in the summit. Press releases were sent to news media around the state and we received both print and radio coverage – before, during and after the summit – all of which served to increase the level of awareness about the need for tobacco cessation programs.

The agenda for the summit focused around four speakers and a panel discussion. After the welcome and a brief outline of the goals for the summit, we introduced our first speaker, Dr. Michael Burke, Ed.D, Assistant Professor of Medicine at the Mayo Clinic School of Medicine and Program Coordinator at the Mayo Clinic Nicotine Dependence Center. Dr. Burke, a highly respected expert in the field of tobacco addiction and smoking cessation, gave an overview of nicotine dependence and the importance of tobacco cessation programs in the workplace. David Zauche briefed the summit attendees about Partnership for Prevention and the ActionToQuit program. Dr. Joseph Zabner, Director of Occupational Medicine at the University of Iowa, spoke about the health impact of tobacco use in the workplace, and Tim O’Neill, Wellness Manager for Meredith Corporation, addressed the Return on Investment of providing tobacco cessation programs in the benefit package.

The Power Point presentations are available at: http://www.smokefreeiowa.org/Default.aspx?pageId=11591

Members of the Key Stakeholders group served as table hosts and facilitated discussions that took place during the lunch hour. Each host had a specific question on an index card; at the end of the lunch the table host summarized the discussion on the back of the card and gave it to an A2Q team member. During the wrap up phase, we projected the questions and summaries on the screen to facilitate additional discussion.

In convening the Tobacco Cessation Summit, ITPA sought to identify Iowa’s cessation champions and the primary barriers and opportunities for increasing access to cessation. The outcome was an investment in a collaborative strategic plan to create partnerships and leverage existing resources to increase access to proven, effective cessation resources.

**CHALLENGES**

Iowa Tobacco Prevention Alliance initially planned to work with the Tobacco Use Prevention and Control (TUPC) division of the Iowa Department of Public Health. However, a tenuous situation created during the 2011 legislative session forced the department to focus instead on defending their programs to a legislature seeking to eliminate the division. The funding for the Tobacco Use Prevention and Control division of the Iowa Department of Health has been steadily decreasing, from $12.8 million in FY 2007 to $2.8 million for FY 2012, creating a challenge for tobacco prevention and control as a whole.

A major challenge associated with the planning phase of the ActionToQuit project was in identifying the largest employers in the state, from whom we wanted to recruit Key Stakeholder members. In order to form a group of 15 stakeholders we turned to the Iowa Department of Economic Development...
information. They informed us due to privacy laws and directives from the Department of Workforce Development, they were not able to assist us. However, they did provide a list of all employers by number of employees, and instead we used the list to visit web sites and find the contact information. But it was a tedious task.

Representatives from the two main health benefit insurance companies were originally positioned to be on the planning team; in fact, one insurer contacted us to ask if they could be a part of the project. Unfortunately, neither representative attended any of our planning meetings, nor did they participate in the conference calls. We were able to enlist the help of two insurance brokers. A representative from one sat on our panel and the other participated in a Q & A near the end of the day.

We are still having difficulty rallying the health insurance companies to join in the second phase of the program. However, we are scheduled to meet with the insurance company involved with the Blue Zone project, a part of Governor Branstad’s initiative to make Iowa the healthiest state in the nation.

**LESSONS LEARNED**

**Successful Summit Planning**

- A strategic plan needs to be in place to provide direction for ideas exchanged at the Tobacco Cessation Summit.
- It’s important to connect with the health benefits decision makers in the human resource department.
- Planning meetings are best conducted via teleconference.
- Reaching a larger audience of potential attendees to the Summit is best achieved by networking – encourage the Key Stakeholders, the A2Q planning team, the board members of alliance partners and others to forward the invitation to their personal networks.
- Post the invitation on all of the partner web sites as well as the state chapter of SHRM.
- Place a member of the A2Q planning team at each table to facilitate and record the discussion.
- Identify a champion at the summit.
- Recruit a resource team from summit attendees to help other companies through the challenges of creating a tobacco-free worksite and offering a cessation benefits program.
- It’s important to have funding following the summit to implement the plan. Without the funding, creativity is a must.

**Successful Tobacco Cessation Program**

- The most effective tobacco cessation program includes both counseling and cessation medications.
- It is important to inform employees with ample time that the policy is being formulated; employees will need to make plans to assist them with compliance once the policy is implemented.
- Keep the lines of communication open; make sure tobacco users are aware of the benefits available, as well as incentives for participating in the cessation program.
**LOOK TO THE FUTURE**

We are now partnering with the Wellness Council of Iowa on a series of webinars for employers with 100 or less employees. Several of the champions identified at the summit will be presenters in the webinars, and act as a resource for employers trying to understand what it means to help smokers quit.

When the webinars begin in the spring of 2012, our summit champions will present evidence and statistics showing that employees who smoke have much higher rates of absenteeism and health care costs, as well as greater loss of productivity. According to a national study of the American Productivity Audit data of the U.S. workforce, tobacco use is the leading contributor to worker lost production time, more than alcohol consumption, family emergencies, age or education. The webinars will offer blueprints for health plan designs and for building tobacco cessation into company policies with incentives. We will also facilitate discussions on measuring results and celebrating successes. The American Lung Association has updated their toolkit for creating a tobacco-free worksite and we will make those available to participants of the webinars.

Meeting Iowa’s goal to continue to reduce tobacco use will be challenging. New, less regulated tobacco/nicotine products (snus, e-cigarettes, sticks) are being promoted by the industry, but Iowa advocates are up to the challenge.
OVERVIEW

In 2011, Tobacco Free Michigan - with partners Tobacco Free Partners of West Michigan, University of Michigan Health Systems, and the Michigan Department of Community Health - established an informal working group (“Tobacco Use Reduction Work Group”) to address the need within the Medicaid community to improve coverage for tobacco cessation. This effort was made possible as a result of funding from Pfizer via Partnership for Prevention.

The goal of this group was to identify policy changes that would:

- Enhance Medicaid by requiring that coverage of cessation treatment options more closely reflect the Public Health Service (PHS) Guideline.
- Improve equitability of cessation coverage offered by the 14 Medicaid Managed Care Plans in Michigan.
- Reduce confusion within the Medicaid consumer and medical community.
- Improve the health of Michigan citizens by providing a wider range of options for tobacco use reduction.
- Lower long-term healthcare costs by reducing tobacco use within the Medicaid community.

The Tobacco Use Reduction Work Group identified the following objectives:

- Conduct a statewide summit, “Comprehensive Tobacco Dependence Treatment Coverage among Medicaid Recipients,” with participation from key sectors including policy makers, health care providers, insurers, advocates and association representatives.
- Use the recommendations resulting from the summit to create a document, “Summary of Recommendations to Improve Tobacco Dependence Treatment Coverage Among Medicaid Recipients,” that could be used to guide state policy makers in their work to improve Medicaid policies.
- Disseminate this document to key policy makers.
- Using this document as the basis, establish a Statewide Alliance that would meet twice a year (or as funding allows) with the purpose of monitoring policy implementation and providing other assistance as needed.

ENVIRONMENTAL SCAN

Snapshot

The need to increase the breadth of cessation services available and to develop a uniform menu of cessation services for all Medicaid recipients has been clear to those working with the Medicaid community in Michigan for several years:

- 18.9% of the adult population smokes.
- 42% of the adult Medicaid recipients smoke.
- There are 14 different Medicaid Managed Care Plans in Michigan - each offering a different menu of cessation services to the Medicaid consumer.
Cessation Services Available to Medicaid Recipients are Inadequate

The State of Michigan requires all contracted Medicaid Managed Care Plans to provide a minimum of five levels of cessation services for their Medicaid clients. These services represent only five of the nine recommended cessation services identified by the “Treating Tobacco Use and Dependence – 2008 Update” (“PHS Guideline”) issued by the Public Health Service of the U.S. Department of Health and Human Services.

The five services required to be offered to Michigan Medicaid consumers are:

- Nicotine Replacement Therapy – Patches.
- Nicotine Replacement Therapies - Gum or Lozenges.
- Specific prescription medications (Chantix or Zyban).
- Telephone Counseling (“Quitline”).
- Individual Counseling in a Physician’s Office.

Services recommended under the PHS Guideline but not mandated by the state of Michigan include: access to all medications without quantity limits or prior authorization, group and/or individual counseling/coaching, inhaler, nasal spray and combination therapy.

Current Medicaid Policy Fosters Inequitable Coverage and Increased Confusion

While all Medicaid Managed Care Plans offer at least the five services mandated, current policy allows each plan to modify these mandated services through coverage restrictions and limits. Creating even further confusion, some of the plans offer more services than mandated resulting in significantly different coverage for tobacco cessation services simply due to the Medicaid provider a customer has chosen.

- There are 14 contracted Medicaid Managed Care Plans in Michigan.
- Two of these plans – BlueCaid and Priority Health – offer an expanded menu of cessation services that is close to meeting the nine recommended tobacco dependence treatments identified in the PHS Guideline.
- The remaining Medicaid providers in Michigan offer the five cessation services mandated by the State of Michigan but apply restrictions and limitations including prior authorization, step programs, quantity limits, and mandatory prescriptions (even for OTC therapies).

The net result: inequitable coverage among Medicaid consumers as well as significant confusion within the medical community and the consumers about what is and is not covered by Medicaid. The chart included in this report summarizes the cessation services provided by the various Medicaid Managed Care Plans in Michigan.


EVALUATION OF THE PROGRAM

Inputs Used for Summit Development

To achieve the identified objectives from the summit, the group needed to compile data to present, review and discuss at the summit. Data included:

- The cost impact on insurers of providing different levels of coverage.
- Projection of the level of reduced use of available cessation services resulting from confusion within the medical and consumer communities.
- Current Medicaid coverage specifics.

To accomplish this, various activities were conducted.

- The Michigan Department of Community Health created a comprehensive summary of the current coverage details offered by the participating Medicaid insurers. A survey was sent to all 14 providers with follow-up questions as needed. All providers participated.
- Michigan Medicaid provided a summary of the number of Medicaid participants per County in Michigan as of 2010.
- TFM held a meeting in April 2011 at which a roundtable of tobacco health professionals from around the state discussed the summit process.
- In the spring of 2011, Tobacco Free Partners of West Michigan held a meeting of regional healthcare providers and stakeholders to discuss cessation services within the Medicaid community, barriers to access (perceived and real), and other related issues.
- Data from other states regarding the cost impact associated with a greater level of cessation services were reviewed.
- The group held multiple phone conferences throughout the year related to summit planning, speakers and content in March, June, July, August 2011 and post-summit in January 2012.
- Numerous studies, legislative policies, and other related documents were reviewed and utilized in preparation for the summit including:
  * Save Lives and Money - Help People on Medicaid Quit Tobacco by ActionToQuit, Partnership for Prevention, American Lung Association, 2010.
  * The Boston Globe, “With Aid, Massachusetts Poor Cut Smoking – State Coverage for
Summit Activities and Output

On October 13, 2011, over 50 participants gathered for the day long summit in Lansing, Michigan entitled, “Comprehensive Tobacco Dependence Treatment Coverage among Medicaid Recipients.” Participants included representatives from a wide range of health sectors - insurance companies, healthcare providers, health related state-wide associations, health department management, and others interested in tobacco use reduction and healthcare policy.

The summit was designed to present several topics by different speakers followed by a group discussion. The day’s activities were moderated by Dennis Paradis, MPH, of the Institute for Health Care Studies at MSU. The first presentation was by David Zauche of Partnership for Prevention whose topic was “Making Tobacco Cessation a National Priority.” Laura Van Heest of Tobacco Free Partners then presented an overview of the PHS Clinical Practice Guidelines and a Review of the Michigan Medicaid Services.

The afternoon session began with Thomas Land presenting specific data reflecting the cost savings achieved in Massachusetts following the expansion of cessation services coverage in that state (“Realizing Medicaid Cost Savings Through a Tobacco Cessation Benefit”) followed by a presentation by Michelle Della-Moretta of Michigan BlueCaid about the BlueCaid plan, which is one of the two Michigan Managed Care Plans that provides a full menu of cessation options.

At the end of the day, priorities and proposed next steps were identified through group discussion. The group identified key elements of a Statement of Need as well as various proposed strategies that would likely result in greater equity within Medicaid.

The results of the Summit formed the outline for a Michigan State Action Plan, which will be used to guide state activities. This Action Plan is currently in development and will be presented to Medicaid Providers and the State of Michigan policy decision makers in 2012.

CHALLENGES

Attendees at the summit represented a wide range of professionals who work within the Medicaid community and are impacted by Medicaid policy. However, the Medicaid providers who are the decision makers for their companies were not present as there was a scheduling conflict with the Public Health Association Annual Meeting, whose conference was held the same day – an event that was missed in our earlier planning sessions.

Another challenge: there were no state-level policy makers (from the legislative and executive branches) in attendance. During the past several years, tobacco related issues have had support at this level; however,
the term limit policy in the state has resulted in a number of these tobacco reduction policy “champions” being replaced. In addition, current economic conditions resulted in state elected officials focusing time and energy on economy related issues. Tobacco control advocates in the state continue to work developing new supporters in the Michigan legislature. We remain optimistic about support for these efforts as the current governor has specifically expressed an interest in tobacco use reduction and improved health in the Medicaid community.

Lastly, the various members of the working group faced ongoing funding challenges as the state continued struggling from a long-term recession that started in Michigan several years before it hit the greater U.S. economy.

**LESSONS LEARNED**

Medicaid is a very complex program with many players: the State of Michigan, numerous Insurance Companies/Managed Care Plans, health care providers, the Medicaid consumer, funding decision makers, and policy decision makers. We learned a variety of lessons to improve subsequent efforts including:

- *Create a working group whose membership is broad and large enough to reach into the greater healthcare arena*. Policy changes will inevitably require broad support. Thus, Alliance members will need to represent a wide range of stakeholders.
- *Set plans and goals on a multi-level, multi-stage, and multi-year basis*. Medicaid is a complex process and changes to it will inevitably have a ripple effect – intended or not - on many organizations and processes. Be realistic.
- *Obtain a clear, well-defined understanding of support* from the top level of the organizations involved in the Alliance to ensure that a long-term commitment and the requisite resources will be available.
- *Include a broad group of non-profits and associations*. Many groups that are not obvious stakeholders may still have input and experiences that will increase the likelihood of positive changes.

**LOOK TO THE FUTURE**

As we look forward to implementing identified policy changes resulting from the Summit, we face several obstacles:

- Michigan continues to suffer significant economic challenges and tight funding continues to impact our ability to move forward.
- Policy decision-makers are not well-informed about the PHS tobacco guidelines.
- Policy makers are not aware of the impact tobacco cessation has on reducing healthcare costs.
- Many involved with Medicaid do not perceive a problem with current provisions – relatively few are aware of the inequity and/or the availability of services.
It is our goal - as funding permits - to build on the information and momentum resulting from the summit. The Tobacco Use Reduction Work Group intends to form an Alliance whose members will:

- Develop and implement a multi-faceted education effort that will inform decision-makers about the current status of Medicaid and evidence-based cessation services.
- Develop a work plan and timeline that will enable the identified policy changes to be implemented.
- Work with the policy makers in the public and private arenas to increase their understanding of the benefits of improving coverage and equity in the Medicaid community.
- Educate Providers about the return on investment associated with increasing the range of cessation services to more closely reflect the services outlined in the Clinical Practice Guidelines for tobacco cessation.

This Alliance will use the Massachusetts study to begin the education process. In addition, we will use the experiences of Priority Health and BlueCaid in Michigan - both of which found that removing barriers to cessation services didn't increase costs in the short run and increased the likelihood for cost savings in the long run.
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Rx – Prescription  G-Generic Meds  ST- Step Program  PA- Prior Authorization  QL – Quantity QL
Medicaid Coverage for Smoking Cessation
OVERVIEW

The Georgia Smoking Cessation Partnership (Georgia Partnership), led by the American Lung Association in Georgia, along with the American Cancer Society and American Heart Association, is working to achieve comprehensive cessation coverage for Georgia Medicaid beneficiaries. The organizations have a long history of work in tobacco use prevention, from establishing the first funding for state tobacco use prevention programs and the Quitline, to raising the state’s tobacco taxes for the first time in 25 years, and passing a state smoke free air law. They formed the nucleus of the drive to support the establishment of smoking cessation coverage for all Medicaid subscribers in Georgia under the banner of the Georgia Smoking Cessation Partnership.

In our first year, the Georgia Partnership built support for cessation coverage through education and awareness. The Georgia Partnership held meetings across the state, then convened a state summit, which led to the creation of an action plan. Supporters were identified and targeted from public health, social justice, tobacco control and healthcare.

A strong educational component is necessary to equip advocates to embrace this issue. Information on this issue was presented at meetings and on a special website. The statewide plan reflects the expertise of local and state advocates. The execution of the plan will require the alliance of those same advocates and more. Tobacco cessation coverage for Medicaid enrollees has not been a high profile issue; therefore, policy makers and the public are unaware of the lack of coverage. Systematic and consistent information from a variety of well-respected messengers can build the political will necessary to fund comprehensive cessation coverage in Medicaid.

Objectives:

- Identify and connect with potential supporters
- Create website, Facebook page and Twitter account with information, resources, and tools
- Recruit the support of five state organizations experienced in the promotion of healthcare
- Host fifty advocates face-to-face and via webcast for a state meeting to secure recommendations for a state action plan

ENVIRONMENTAL SCAN

Nearly 18% of adult Georgians smoke. The largest group of smokers falls into the 25-34 age range. Smoking rates are highest in the northwest, middle and southeast parts of the state. As with most states, smoking is highest among those with less education and income. About 58% or 730,000 adult smokers in Georgia made a quit attempt in the past year.

Georgia lags behind in tobacco control policy on many fronts. The state has a low cigarette tax and continues to resist passing a substantial tax increase despite reduced revenues and severe budget cuts. An increase in price is a proven incentive for reducing smoking rates. Funding for the state tobacco use prevention program is about $5.2 M annually. From this budget, the state Quitline receives only enough funding to provide cessation services — there is little left for promotion or expansion of services. The
Quitline has served 85,000 smokers in the past 10 years. Over half of Quitline callers are uninsured.

Georgia has recently taken steps to help smokers quit in the State Employee Health Plan and the Medicaid program. In 2012, the State Health Benefit Plan began coverage for medications and phone counseling. Smokers have only one quit attempt covered annually, and co-pays and counseling are required for prescription medications. The benefit has not been strongly promoted and smokers pay extra for insurance coverage.

Georgia is one of two states providing no cessation coverage to all Medicaid enrollees. Direct Medicaid costs from smoking are estimated at $537 million annually. Only pregnant women, as required by the Affordable Care Act, receive coverage. This includes all seven recommended cessation medications and individual counseling. There are limits on duration, one quit attempt is allowed per pregnancy, the use of some medications is required before using others, and counseling is required prior to receiving medications.

In the private sector, a Lung Association survey of large employers in Georgia and South Carolina in 2010 found that 29% offered quit smoking benefits to their employees. For companies with over 2000 workers, the percentage rose to 49%. Prescription medicines (44%) and counseling sessions (33%) are most the commonly covered services.

Some hospitals offer quit smoking programs as a community service. Many use the American Lung Association Freedom From Smoking Program. Programs are held in metropolitan and suburban areas. There are few resources for quitting in rural parts of the state.

**EVALUATION OF THE PROGRAM**

The project gathered support from many health partners. We developed a website to serve as a ready resource for information. The supporter recruitment portion was two-pronged: first to identify and recruit local supporters, second to garner interest and support among statewide organizations.

For local meetings, we sought to follow smoke free air ordinance activity as a way to capitalize on support among tobacco control advocates. Simultaneously, statewide groups experienced with Medicaid coverage issues were approached to support this issue. The project contracted with Linda Lowe, a public health advocate and lobbyist, to help guide us through the Medicaid program and attendant dynamics.

Our first local meeting was in Macon, GA, a smaller city with a smoke free air ordinance, before City Council. The group was comprised of seven local health advocates representing academic, healthcare, faith, and tobacco control interests. The attendees were supportive, but wanted more information about costs to the state. Given the state’s economic hardship, they felt it was a necessary component in making our case. Further feedback included the need for support from the Department of Community Health before moving ahead and the need to distance our issue from the Affordable Care Act as much as possible. The attendees were willing to help advocate for increased coverage and use their personal contacts to gather support.
We attempted to conduct meetings in Augusta and found many good contacts, but we were unable to schedule a time that resulted in a productive number of attendees. We elected to move forward with planning our state summit and circling back around to smaller cities as a follow up. Much time was expended in an attempt to corral state costs for the cessation benefit.

Our website, [http://gasmokingcessationpartnership.org](http://gasmokingcessationpartnership.org), was used as a resource for information and for summit registration. Stand-alone Twitter and Facebook accounts did not generate activity, and as a result we chose to promote through the Lung Association’s Twitter and Facebook accounts, to communicate to their built-in base of followers.

The summit, held in January 2012, had 54 registrations with 40 in attendance. Invitations were sent to 250 advocates including health care, tobacco control, faith and low-income supporters. Two rounds of invitations were sent and meeting information was posted on the Medical Association of Georgia’s website. Registrations were processed electronically with a survey request sent at the time of attendance confirmation. A second survey was sent to registrants two days prior to the meeting and it was made available on the day of the event to be collected prior to the start of the meeting.

The greatest number of attendees came from the health care providers category. Six different hospitals were represented. Organizations represented included the Georgia Medical Association, the Georgia Hospital Association, the Georgia Rural Health Association, Georgians for a Healthy Future and many more. Attendees came from all corners of the state. We intentionally excluded elected officials in order to foster participant leadership of the issue. Additionally, we chose not to bill it as a ‘tobacco’ issue but rather as a health coverage issue.

The day’s topics included presentations on Public Health Best Practices in Cessation provided by Dr. Matt McKenna, Fulton Medical Director and past Director of the CDC’s Office of Smoking and Health; Medicaid Cessation Coverage in the U.S. by Jennifer Singleterry, American Lung Association Cessation Policy Manager; a financial snapshot of Medicaid in Georgia by Tim Sweeney from the Georgia Budget and Policy Institute; an overview of the Georgia Quitline by Dee Calhoun, Georgia Public Health’s Tobacco Cessation Program Coordinator; and tobacco policy gaps in Georgia by Eric Bailey from the American Cancer Society. The luncheon presentation, given by David Zauche from Partnership for Prevention, featured the recently published report titled ‘The Return on Investment of a Medicaid Tobacco Cessation Program in Massachusetts’. The report was empowering for advocates and boosted enthusiasm for moving forward.

The afternoon session, led by our consultant Linda Lowe, was devoted to gathering consensus for an
action plan. She provided information on various ways health care policy change can be achieved in our state. This gave the group options for a course of action. The group agreed to pursue a policy for comprehensive cessation benefits for Georgia’s 1.7 million Medicaid enrollees, with no barriers for coverage. The Governor and department heads were determined to be the most influential in making this policy change while legislative action was deemed a secondary choice. Agency staff begins next year’s budget planning in April - during that time we will make a strong case for coverage to persuade the agency to adopt a comprehensive tobacco cessation policy. Most of the summit attendees committed their organization’s endorsement to the project. Those unable to commit promised to seek endorsement from their decision makers.

CHALLENGES

Funding challenges to the Medicaid program and statewide budget cuts made the addition of cessation coverage funding appear less viable. Fear of the current economic climate came up repeatedly in discussion as well as the potential costs of implementing coverage. The political climate is always challenging in Georgia. Disease prevention strategies have not enjoyed strong support. There is great animosity toward the Affordable Care Act among state leaders and there are concerns about costs in anticipation of an increase in Medicaid enrollees.

Our issue received good newspaper and radio coverage. However, comments by Department of Community Health spokespersons revealed some information gaps. In an interview with the Augusta Chronicle, a department spokesperson incorrectly asserted that federal matching funds were not available for cessation coverage and medications were excluded or restricted. We later spoke with Department of Community Health officials, provided information and attempted to enlist their support for the statewide summit. As mentioned earlier, many of our supporters are healthcare providers and advocates who work with the Department of Community Health across many fronts. We must ensure that the department begins to see this issue in a more positive light.

Greater cost specificity is needed to empower supporters and earn the attention of the executive branch. The pursuit of this data was a continual challenge and claimed much time. We will need expert assistance in constructing these numbers. ‘Saving Money: The Massachusetts Tobacco Cessation Benefit’ is a great tool to accompany this data.

A focus on the Medicaid program was new to tobacco advocates in Georgia, and we underestimated the complexities going in. We were frequently readjusting our information to better portray the issue. We were pressed for time at our summit because we packed so much information into the presentations. However, most agreed that the topics were of great value in framing the issue.

LESSONS LEARNED

We were pleased with the response to our summit by our attendees. Many stayed after the meeting for further discussion and offers of assistance. This issue resonates strongly with healthcare providers. They will be our best advocates going forward.
Our consultant was very helpful in keeping our focus on the healthcare aspects. She helped guide our summit topics, reviewed our materials and kept a watchful eye for use of the most helpful verbiage in addressing the Medicaid population. As noted earlier, knowledge of the Medicaid system, its regulations and procedures, matching funds, etc., is critical to this process. Our consultant was invaluable in this arena.

We also began using the term ‘cessation’ less and less. The term did not resonate with those outside the tobacco control community. Simpler phrases such as ‘quit smoking assistance’ or ‘help in quitting smoking’ were more readily comprehended.

We underestimated media interest in this issue. We will spend more time and attention on media advocacy going forward.

While reducing medical costs is an important component of cessation coverage, we were reminded that it is most important to reinforce the value of providing quit smoking opportunities to prevent illness and save lives.

**LOOK TO THE FUTURE**

Our Georgia Partnership now has a much larger and better-equipped corps of supporters as a result of this project. The quest for coverage of this benefit is regarded as imminently achievable. This project provided a solid foundation for the development of a plan and a coalition to achieve comprehensive coverage.

A new steering committee will have new advocates charged with: developing a white paper, creating a one-pager on relevant studies and research, estimating costs and savings, and enlarging the coalition. Regular communication will generate opportunities to refine our plan. We hope to see cessation coverage included in the Department of Community Health’s recommendations in the fall and, subsequently, in the Governor’s budget in January. The Lung Association will continue to serve as the lead organization for these actions.
PROJECT UPDATES

The six original ActionToQuit grantees from 2010 have received funding to continue the progress made during the first year by implementing state strategic plans. The following section provides an update on their tobacco control efforts during 2011.
OVERVIEW

Prevention Connections (PC), Alliance for the Prevention and Treatment of Nicotine Addiction (APTNNA) and American Cancer Society (ACS) formed a team to develop the Virginia Partnership for Tobacco Cessation (Virginia Partnership). Although there are various cessation activities happening in Virginia, historically, there has not been a successful effort to develop a plan to coordinate them. Additionally, there is a significant gap in these efforts in the area of behavioral health (mental health and substance abuse services), a population which has an extremely high smoking rate. The policy environment to reduce tobacco use is challenging and the state plan includes strategies to address this problem. These strategies are considered long term and activities may be repeated through a number of years to gain success.

STATE ALLIANCE

The Virginia Partnership formed two committees to better address policy and education strategies. Approximately 35 members attended meetings throughout the year. Organizations were designated as leads for activities in the state plan. There was great enthusiasm to continue implementing the state plan after the funding cycle. In early 2012, the Virginia Partnership’s policy committee decided it would join the newly-formed Tobacco Free Alliance of Virginia’s policy committee due to significant overlap in membership. The education committee of the Virginia Partnership chose to continue as the Virginia Partnership because of its particular emphasis on cessation.

STATE ACTION PLAN

The state plan is a living document, with commitment from the Virginia Partnership to continue with its implementation. Target dates in the plan are outlined through the year 2014. The goals of the plan include: 1) Affect policy that supports tobacco cessation, 2) Create collaborative support of “best practice” cessation interventions, 3) Inventory programs and resources related to tobacco cessation, 4) Enable education and training to equip and empower providers with skills and tools to intervene effectively with patients to reduce tobacco use and 5) Expand and promote the Virginia Quitline to serve the entire state population. A copy of the final plan has been submitted to Partnership for Prevention.

FUTURE PLANS TO IMPACT POLICY

Plans to continue implementation of the state plan will impact cessation policy and rates. These are outlined below and detailed in the plan.

• Develop and distribute a guide for provider education and system-based protocols that support
changes in service delivery.

- Integrate tobacco addiction treatment into the standard treatment protocol within the behavioral health system. Currently, the Virginia Partnership is engaged in a survey process with the state’s Community Services Boards (CSBs) that provide substance abuse and mental health services. The survey will help identify if tobacco use is being addressed and the mechanisms to integrate cessation in the treatment process. The Virginia Partnership includes leadership from the state agency that oversees the CSBs and there is support for proceeding with policies and systems changes in the CSBs. Prevention Connections is applying for a grant of up to $100,000 to support this effort.

- Engage behavioral health advocates/consumer groups to push for standard tobacco addiction treatment. This standard is also being proposed by the Department of Medical Assistance Services (Medicaid) to have Medicaid providers assess for and treat tobacco use as a standard of practice with their patients.

- Create a larger network of organizations committed to advancing policy throughout the state in conjunction with the Tobacco Free Alliance of Virginia.

- Promote the need for additional funding for the state Quitline through the state legislature. A state Senator indicated he would submit a budget amendment in 2012 for this purpose. A core group of the Virginia Partnership met with the state Medicaid department and is working on a “Decision Memo” to present to the Governor’s office for future funding.

- Engage employers/insurers funding the state Quitline to collaborate and maximize resources to further the reach. Initial meetings and discussions have occurred with insurers who have indicated their willingness to help facilitate this discussion with major employer groups.

NEW YORK

OVERVIEW

The NYS Smokers’ Quitline (NYSSQL), funded by the New York State Department of Health and administered by Roswell Park Cancer Institute (RPCI), partnered with the NY Tobacco Control Program (TCP) and American Cancer Society to build on working relationships with NY health plans, health plan groups, major employers, employer-based groups, Society of Human Resource Management, and NYS Office of Health Insurance Programs (OHIP) to conduct an inclusive strategic planning process in 2010. In 2011, a final NYS ActionToQuit Strategic Plan was developed to cover the period from 2011 – 2013 and to chart a path for New York to achieve its 2014 adult smoking prevalence goal of 12 percent. The new strategic plan sets the framework for a) cessation treatment coverage provided as a core benefit with NYS health plans; and b) all commercial and Medicaid insured NYS smokers to have access to cessation treatment for their quit attempt. The initiative and strategic plan goals are to increase the percent of smokers making a quit attempt who report their health plan or employer provided coverage for tobacco dependence treatment and increase the number of smokers who receive cessation services from the NYSSQL. Each goal has SMART objectives that will be evaluated with the existing NYS Adult Tobacco Survey and NYSSQL data.
As a result of the ActionToQuit initiative, NYSSQL is currently coordinating a new partnership with NYS tobacco control program (TCP) community contractors and other DOH chronic disease programs (obesity, healthy heart, etc.) to promote NYSSQL services, enhance cessation benefits, conduct outreach, and provide local level technical assistance to health plans and employers. Using existing DOH and NYSSQL resources, materials and tools have been developed that can be found on the NYS ActionToQuit website (http://www.nysmokefree.com/PageView.aspx?P=70&P1=7020).

To complement work by the NYS Tobacco Control Program and the NYS Action To Quit Executive Committee, the NYSSQL designed a Leader Initiative for health plans and employers working toward achieving one or more strategic plan objectives. In addition, a total of eight mini-grants were awarded by the ActionToQuit Executive Committee to employers and health plans attending one of the three summits that submitted a detailed plan on initiating one or more strategic plan objectives.

STATE ALLIANCE

In 2010, sixteen representatives from employers, health plans, advocacy groups, and state programs agreed to participate in an Executive Committee for the NYS Action To Quit Initiative. After completing a successful year hosting three summits across the state and assisting in the creation of a strategic plan, the Executive Committee was surveyed to determine their commitment for year two. As a result, the Committee for 2011 was comprised of 10 members, including the Program Manager and NYS DOH Tobacco Control Representative. Moving forward, six-seven Committee Members agreed to participate in four calls a year to assess initiative status, provide recommendations and evaluate outcomes.

STATE ACTION PLAN

Year two of the NYS ATQ initiative focused on finalizing the strategic plan and assuring dissemination and follow-up to year one summit participants and other statewide stakeholders. Both the extended and condensed versions of the plan were posted on the New York State Smokers’ Quitsite (http://www.nysmokefree.com/NYSAction/PublicPage1.aspx) with access to hard copies.

Early on in year two, the State Alliance recognized a gap in reaching employers, health plans and stakeholders in the Central NY region of the state. This awareness resulted in hosting a networking event in Syracuse, NY, where over fifty participants attended, including seventeen employer representatives and two major health plans. This additional outreach increased access to cessation information and services for those in attendance.

Networking of employers, health plans, and stakeholders has included sharing of ideas on benefit coverage, promotion of NYSSQL services, creation of policies, and integration of cessation into existing wellness and health promotion services. As a result of attending the NYC summit in 2010, Neighborhood Health Providers (NHP), a Medicaid, not-for-profit Managed Care Organization dedicated to providing quality health care services to over 200,000 members, became an active partner in the NYS Action To Quit initiative. Since the summit, NHP has collaborated with the NYS Tobacco Control Program to offer healthcare provider training, NYSSQL promotion, a plan to increase communication, promotion, and
access to cessation benefits, comprehensive pharmacotherapy coverage and ease of reimbursement. NHP is a model for other managed care plans.

**EVALUATION OF THE PROGRAM**

A survey was conducted to determine cessation policies, services, and benefit changes as a result of their involvement with NYS Action To Quit. A database of 250 people were surveyed, with over fifty attendees from the CNY networking event and registrants from all three 2010 summits, including about forty health plans, fifty-five employers, non-profit organizations, NY TCP contractors, and local health departments.

Below are some of the selected comments:

- *We went tobacco free in April and have had several success stories as a result!*
- *We are trying to remove prior authorization on Chantix and other related meds.*
- *We integrated 3-way warm transfers from case coordination dept. to NYS Quitline; developed a policy surrounding the system change; developed a robust Quit Smoking program for members; entailed identifying appropriate educational materials, identifying available resources, posting information on plan website, member newsletter, integrated question "do you smoke"? into member service call script; developed initial and six month Quit Smoking member packet; on the provider side, updated resource information on plan website; ongoing articles in provider website; blast fax regarding NY Tobacco Cessation CME training, customized NYSQL referral forms for certain practice sites.*
- *We have implemented a Wellness Committee who is working to implement some smoking cessation policies, or should I say work from some of the existing policies.*
- *Effective 2012, we will have lower premiums for nonsmokers and incentives to quit.*

In addition to the summit participants, members of the State Alliance (Executive Committee) were also surveyed on their involvement/experience with Action To Quit. Below are some of the selected comments:

- *We are working with a group of Medicaid managed care health plans on the topic of smoking cessation. DOH collects performance data on plans’ efforts in smoking cessation through CAHPS surveys and HEDIS. Will use information and experience gained to help plans improve their rates by promoting the use of smoking cessation benefits.*
- *My company has been smoke free but as a result of this work, we are looking into premium differentials to further discourage smoking. I have gotten interested locally in working on tobacco free college campuses.*

Further evaluation of NYS Action To Quit includes the Leader’s Initiative. Upon completion of the initiative’s grant projects, each grantee will submit a project evaluation. Descriptions of successful grantee projects will be listed on the Action To Quit section of the website. Final evaluation of the NYS Action To Quit initiative will be conducted using the existing NYS Adult Tobacco Survey and NYSSQL data prior to 2013.
FUTURE PLANS TO IMPACT POLICY

With year two Action To Quit funding, New York continued a dialogue with summit attendees through conversations, mentorship, NYSSQL website, on-line chats, and e-mails to facilitate implementing its strategic plan. Our plans moving forward include continuing expansion of employer and health plan information on our Quitsite to increase access to resources and collaborative opportunities, as well as to be the catalyst for future cessation policies.

In 2010, we embarked on a journey to ensure all tobacco users have access to comprehensive cessation treatments. With a clear strategic plan and with established and growing networks, we intend to take every opportunity to build on the foundation of the NYS Action To Quit initiative and reach our goal.

NEW ENGLAND

OVERVIEW

The New England Partnership for Cessation Policy initiative has continued to be active in Year 2, advocating for a range of tobacco cessation policies, including: (1) expansion and/or improvement of current Medicaid benefits (Maine, New Hampshire, Rhode Island, and Vermont); (2) creation of new benefits for low-income, non-Medicaid populations (Massachusetts); and (3) creation of a cessation benefit for state employees (Massachusetts). In addition, the state of Connecticut is monitoring its newly funded Medicaid cessation benefit.

Partnership for Prevention’s funding of this initiative was leveraged to secure additional resources for New England to hold a second, larger, regional town hall meeting convened this year. Since the launch of this initiative, several states have seen significant policy advances. The six New England states continue to serve as a resource to one another and maintain their investment in advancing smoking cessation policy.

This past Fall, an opportunity presented itself that was a direct result of the New England Partnership’s work in Year 1. The Region 1 Health Administrator for the U.S. Department of Health and Human Services, Rear Admiral Michael Milner, expressed an interest in convening a New England tobacco town hall with Dr. Howard Koh, U.S. Assistant Secretary for Health. Dr. Koh had attended the Rhode Island tobacco cessation summit last year and he and Rear Admiral Milner were impressed by the efforts underway in New England to address cessation policy. M+R Strategic Services’ Diane Pickles was engaged to plan the town hall, and the New England Partnership for Cessation Policy became the planning team that provided valuable input and suggestions for the town hall. In particular, the New England Partnership team developed an invitation list for each of the six New England states and assisted with outreach and recruitment to create energy, excitement and participation in the town hall.

The New England Tobacco Town Hall was held in November 2011 and saw approximately 150 attendees. Additional people from across New England and the country participated via webinar (live and recorded).
Speakers on a panel included John Auerbach, Massachusetts Commissioner of Public Health, who spoke about the highly successful MassHealth Medicaid smoking cessation benefit.

The Town Hall with Dr. Koh was moderated by Dr. Michael Fiore, a national expert in cessation. Dr. Koh addressed several tobacco control topics, including a heavy emphasis on the importance of cessation benefits and the success of the MassHealth model.

In addition to convening the New England Town Hall and providing ongoing support and technical assistance to the New England Partnership for Cessation Policy, M+R has developed a comprehensive toolkit to assist each state in advancing its cessation policy goals. In addition to advocacy tools, we included a fundraising and development toolkit since fundraising is a significant need for each state advocacy coalition. We believe that cessation policy work can provide a valuable “hook” for fundraising, and therefore felt it would be helpful to create materials for a fundraising toolkit related to this initiative. A listing of the toolkit contents are contained in the Appendix.

In terms of policy outcomes, there have been two very significant developments since launching the New England Partnership for Cessation Policy. First, the Connecticut State Legislature funded the Medicaid cessation benefit in this year’s budget for the first time ever. Second, the Massachusetts Governor included cessation coverage for state and municipal employees (through the Group Insurance Commission) as well as low-income adults covered under the state-subsidized Commonwealth Connector insurance plans. While it is not yet known whether these provisions will make it into the final budget, this is a very promising sign and a significant achievement.

**STATE/REGIONAL ALLIANCES**

The Town Hall provided a very helpful spark to reignite tobacco cessation policy efforts and build unity in New England. In particular, it helped us expand our project team to include not just advocates, but also key personnel from each of the state health departments. We continue to convene monthly conference calls with the project team to share updates, strategies, and information related to cessation policy. We have offered to provide follow up assistance to individual states if they desire to convene state tobacco town halls, either in person or virtually. Thus far, Massachusetts has expressed an interest in doing so.

**STATE ACTION PLANS**

The six New England states each opted not to create formal state plans for cessation policy, though cessation policy is a major component of their advocacy agendas.

**FUTURE PLANS TO IMPACT POLICY**

The New England Partnership for Cessation Policy plans to continue holding monthly conference calls to provide support and technical assistance to the individual states and to provide a forum for information...
sharing among the states. Each of the six New England states continues to actively advocate for cessation policies in their current legislative sessions.

**APPENDIX**

The New England Cessation Policy Toolkit contains the following materials to help advance cessation policy:

- Sample op-ed;
- Powerpoint for community or legislative meetings;
- Sample letter to the editor from employer;
- Sample letter to the editor from Medicaid recipient;
- Sample letter to the editor from physician;
- Frequently Asked Questions;
- Sample email action alerts;
- Sign-on resolution of support from organizations; and
- Coalition mapping worksheet (identifying potential coalition partners).

In addition, the Toolkit contains the following materials to assist with leveraging cessation policy advocacy campaigns for fundraising:

- How to build and execute a fundraising and development plan;
- Goals and strategies for fundraising from individual donors;
- Identifying potential house party hosts/hostesses;
- Potential organizational/corporate donors;
- Tasks and activities to plan an advocacy fundraising event;
- Template for a fundraising sponsorship proposal;
- Conducting prospect research on foundations; and
- Tips for online fundraising appeals.

**FLORIDA**

**OVERVIEW**

The Florida Tobacco Cessation Alliance, led by the American Lung Association in Florida, works together to raise awareness that tobacco addiction is a chronic, relapsing medical condition, not just a habit or personal choice, and to advocate for the adoption of comprehensive cessation resources for all tobacco users statewide. The Florida Tobacco Cessation Alliance utilized the second year of funding from ActionToQuit to develop an action plan for the state regarding tobacco dependency treatment. The majority of action items and key strategies for the work plan resulted from the collaborative efforts of participants at the October 14, 2010 Tobacco Cessation Summit, held at the Sanford-Burnham Medical Research Institute in Lake Nona. Since that time, the Alliance has educated the public, key decision
leaders, public health partners as well as public and private human resource managers, on the importance
and value of this issue. A virtual Summit was reconvened via webinar on January 20, 2012. More than
eighty human resource professionals, tobacco policy experts and Alliance supporters participated on this
webinar, receiving valuable information and real-life case studies on cessation from major Florida
employers (CSX, Sarasota County and Lee Memorial Healthcare). We received positive feedback on the
virtual webinar, resulting in a significant uptick in visitors to the Florida Tobacco Cessation Alliance
website (www.floridatobaccocessationalliance.org).

STATE ALLIANCE
The Florida Tobacco Cessation Alliance has grown from nine members in 2010 to sixteen in 2011. These
members include: ActionToQuit, American Cancer Society, American Heart Association, American Lung
Association in Florida, Area Health Education Centers, Campaign for Tobacco-Free Kids, Florida
Academy of Family Physicians, Florida Association of Health Plans Inc, Florida Department of Health,
Florida Osteopathic Medical Association, Florida Physical Therapy Association, March of Dimes
Foundation, H. Lee Moffitt Cancer Center & Research Institute, Pfizer Inc., and Wahi Media Inc. The
entire Alliance, along with smaller “working groups” of interested members, met frequently (either in
person or via conference call) to collaborate on website development and to plan and implement the year-
two summit. Alliance members are actively engaged in broad-based activities to accomplish our goal of
saving lives today and creating a healthier Florida for tomorrow.

STATE ACTION PLAN
Following the October 14, 2010 Summit, the Alliance members worked to finalize a statewide action plan
to increase cessation treatment as a standard coverage of health benefits for Floridians. Alliance
members, working with the various recommendations and feedback received at the Summit, developed
both overarching goals and specific recommendations for each of the four identified key audiences of the
action plan—business (employers, employees, employer groups, etc.), government (state and municipal
governments, school boards, etc.), healthcare industry and Medicaid. The Alliance collaborated with the
Florida Department of Health and the local Tobacco Prevention Partnerships to ensure inclusion of the
issue of comprehensive treatment for tobacco dependency in each partnership’s year-long work plan and
outreach. Each of Florida’s 67 counties has a Tobacco Prevention Partnership tasked with working with
local employers to educate and advocate for comprehensive cessation health plan coverage. The Alliance
provided the Tobacco Prevention Partnerships with important tools, including a customizable PowerPoint
presentation on the issue and a comprehensive survey to assess employers in their area to assist with their
efforts. The Alliance has also provided support to the local Tobacco Prevention Partnerships in order to
establish a model employer recognition program for local businesses that voluntarily implement
comprehensive tobacco dependency treatment coverage. This support included developing criteria,
requirements and best practices and sharing them with the local Tobacco Prevention Partnerships for
local implementation.

The Alliance determined the best way to make the action plan accessible to the most people was to include
it, along with other pertinent information, tools and resources, on a dynamic website. This strategy
created a “one stop shop” for any of the four identified audience sectors to visit and find a wealth of
information on how to integrate comprehensive treatment for tobacco dependency into their working environment. Additionally, the website includes information about the Alliance, its mission and goals, and ways to become members or share stories of success in the area of smoking cessation. The Alliance is particularly proud of the “Resource” and “News” sections of the website, which are kept up-to-date and current.

Finally, Alliance members have been actively educating various workforces about the importance of treating tobacco dependency as a chronic, relapsing condition. Presentations on the subject have been made at the Florida Asthma Coalition and to Florida’s school wellness coordinators. The Alliance was an active exhibitor at the HR Florida Annual Conference, which brought together more than 1,500 human resource professionals from a variety of industries across the state. Several meetings have taken place to educate key staff responsible for implementing Florida’s Medicaid program on the importance of this issue; with supporting documentation provided as follow-up. Additionally, we continue to advocate as an Alliance for all FDA-approved cessation medications to be included on the Medicaid formulary. During both the 2011 and 2012 Legislative Sessions in Florida, alliance members have been actively advocating for tobacco cessation funding and comprehensive coverage through the State Employees Health Plan.

**FUTURE PLANS TO IMPACT POLICY**

The Florida Tobacco Cessation Alliance members are committed to promoting comprehensive tobacco cessation coverage as a standard health plan benefit for all Floridians. We will continue our work with the local county partnerships, the state legislature and the Medicaid program office. Our website will remain active and updated as long as the resources are available to support it.

**NEVADA**

**STATE ALLIANCE**

The state-wide alliance was formed by bringing together key players in Nevada tobacco education and control to be on our Executive Committee. Since we are at the end of our funding we no longer meet monthly. However, a majority of the members are on our statewide coalition, NTPC (Nevada Tobacco Prevention Coalition), which does meet monthly. Our committee helped us to disseminate our state action plan to various groups/coalitions throughout the state.

**STATE ACTION PLAN**

The state plan has been circulated throughout Nevada and even to CDC over the past year. CDC’s Office on Smoking and Health reviewed the plan at the CDC/ALA meeting and praised it. They were impressed by the goals in the plan and implementation steps to date.
Currently we are working together to engage policy makers on key cessation issues. Nevada goes back to legislative session in February 2013. Our main focus is to protect the Nevada Clean Indoor Air Act, as we became the first state to roll back part of the clean indoor air act this past legislative session. Increasing the tobacco tax will also be a priority as Nevada is one of the lowest in the county. Finally, we will continue to fight for our Master Settlement Agreement funds as they have now been completely eliminated for 3 consecutive years, leaving Nevada with no cessation funding.

The American Lung Association has also been working with Medicaid to partner on co-branding materials, which would expand our reach to this population. Since Nevada is one of the only states that cover cessation treatment with no co-pays, we think this will have an impact. A large proportion of our population is not aware of the availability of free cessation treatments. As a result, our cessation education plan is to develop resource cards that explain what treatments and resources are available in our communities. Medicaid currently has 350,000 enrollees and is expected to inflate up to 800,000 in 2014.

In October 2011, the American Lung Association in Nevada partnered with Pfizer to hold an advocacy training. Assemblywoman Debbie Smith spoke about how to effectively communicate with legislators. Former Assemblyman Josh Griffin spoke about the political landscape in Nevada, and a Pfizer rep discussed the use of social media in advocacy. We received much positive feedback as this was the first training of its kind to be convened locally. Currently, we are looking into conducting “part 2” to this advocacy training.

**FUTURE PLANS TO IMPACT POLICY**

We have been working with various stakeholders in northern Nevada to collaborate on providing cessation education to providers. We think an update on tobacco policy from both the state and federal levels is needed, in addition to educating physicians about:

- Brief interventions
- 2008 Update on AHRQ/CDC
- Billing/coding education
- Medicaid policy

We have chosen to target the Medicaid population in Nevada because $573 million is spent each year on tobacco related health care costs. Nevada is one of six states that offer Medicaid coverage for cessation treatments. Having physicians armed with the knowledge of how to effectively treat Medicaid patients who are smokers could dramatically lesson the burden Nevada faces. We are currently researching funding opportunities to implement this program. We plan to urge healthcare providers to make system changes that promote routine tobacco treatment.

The Nevada Tobacco Users’ Helpline (NTUH), a nicotine dependence treatment center offering telephone-based tobacco treatment, will run out of funding in September 2012. One of our goals was to expand the NTUH’s reach into the rural population in the North - but reduced funding made this impossible. Members of NTPC are in current discussions about how to generate new funding for their work in tobacco
cessation.

We have been extremely busy implementing our state plan and intend to continue in the coming year. ICAAN, Increasing Access for All Nevadans, has made an impression in our state with its progress. We hope to see more impactful changes here in Nevada in the upcoming year.

COLORADO

OVERVIEW

The Action to Quit project for year 2 has been working to engage State Alliance members to finalize a broad plan to help tobacco users in Colorado. As with many states, Colorado’s cessation planning and activity has been impacted by budget cuts and health care reform.

Budget cuts produced a 75% downsizing in the tobacco prevention and cessation program over the last few years, impacting both infrastructure and program funding. The tough times have negatively impacted all of our tobacco cessation partners, resulting in a widespread reduction of resources and personnel. However, during this time, the ActionToQuit grant fostered continued engagement of partners and recruitment of new alliances. But there is good news - Colorado’s economy has improved and the cuts to the state program have been restored for FY2013. The return of program funding has reinvigorated interest in tobacco cessation. For example, Colorado’s state program will be expanding work in cessation to ensure implementation of best practices among health care providers. Furthermore, we have been in discussions with Alliance members regarding opportunities for expanding cessation infrastructure at the local level in Colorado.

Uncertainty in the implementation of health care reform, to include the function of state exchanges and the parameters of coverage, are occupying the work of many providers, insurance plans, and advocates. Discussions about health reform have increased the awareness of, the need for, and the value of tobacco cessation. In our conversations with medical providers within the State Alliance, we are seeing the positive results due to implementation of the Affordable Care Act (ACA), and specifically in the expansion of patient tobacco use screening. We also have the benefit of a recently completed evaluation of the Colorado state law that requires group insured programs to offer prevention services consistent with the USPSTF guidelines. The evaluation found differences in the interpretation of the USPSTF guidelines and the level of cessation coverage that is currently offered by health plans. This provides critical information on coverage gaps and possible strategies to reduce disparities. Thanks to State Alliance relationships made possible by funding from Partnership for Prevention, we are able to collaborate with key players involved in the development of the ACA infrastructure who can influence state funding for tobacco cessation.

STATE ALLIANCE

Our State Alliance initially convened for the purpose of examining the cessation coverage for Colorado’s uninsured tobacco users, understanding how cessation was being offered through Medicaid, and increasing access to cessation services. We convened several meetings to assess the current environment
for tobacco users who are uninsured, enrolled in Medicaid, or covered by a health plan. In particular, the assessment is looking at the impact of health care reform implementation, such as the work around electronic record keeping, and any changes that affect cessation treatments. The Alliance will continue to meet throughout 2012 to review the assessment and address identified gaps in knowledge and/or services with a plan for action.

**STATE ACTION PLAN**

As mentioned earlier, the initial State Action Plan examined cessation benefits for uninsured tobacco users and those insured by Medicaid. Colorado’s Medicaid program had improved its benefit prior to the ActionToQuit grant, in part due to advocacy efforts from some Alliance members. Now, the benefit includes two 90-day quit attempts per year and free or low cost access to all FDA-approved medications. But there are continuing challenges such as low utilization rates and poor access to counseling services. The State Action Plan includes a list of the current cessation resources and coverage for all tobacco users, identifies gaps in implementation of best practices, and proposes solutions to remove the gaps. The plan addresses tobacco users who are uninsured, on Medicaid, or in an individual, group, or self-insured plan. For the uninsured, there is no consistent standard for cessation treatment and distribution of resources. The greatest barrier for providers was lack of funds to cover FDA-approved medications and, in some cases, the issue of reimbursement itself. The most often used cessation resource by the uninsured was the state quitline.

**FUTURE PLANS TO IMPACT POLICY**

We will continue to work with Alliance members and newly formed entities around the ACA in Colorado, such as the Board for the Health Care Exchange. For example, we are working with Alliance members to monitor the development of the Exchange and the preventive services standard that will be established. Alliance members who are medical providers will be critical in understanding how Meaningful Use and other ACA provisions are being implemented and how they impact tobacco cessation treatment. We have also been in discussion with Alliance members regarding the local and state actions that could enhance cessation resources in Colorado. State Alliance future discussions will include how to best drive demand for cessation services.

The ActionToQuit grant program was instrumental in the creation of critical partnerships with providers and health plans, as well as in securing information and resources to help prepare Colorado for the changing health care environment. In 2012 we will gain greater clarity on the direction and content of the health care exchanges and better understanding of how tobacco cessation in the ACA is being interpreted and implemented by providers and insurers. We will organize and mobilize Alliance members to work toward removing the gaps in coverage, services, and resources. With the return of the state tobacco control program funding and greater focus on cessation, the Alliance can prove to be an important player to ensure effective use of the funds and guide improvements in cessation practices. Alliance members will play a critical role in helping to shape cessation policy discussions to ensure tobacco users receive the most effective tobacco cessation services.
Program Evaluator’s Commentary

Partnership for Prevention’s ActionToQuit State Policy Program began in 2010 when funding was granted to six state tobacco cessation alliances for the purpose of strengthening tobacco cessation policies. These state alliances included Colorado, Florida, Nevada, New England, New York and Virginia. In 2011, Partnership expanded the program and funded three additional state tobacco cessation alliances—Georgia, Iowa and Michigan—bringing the total number of grantees to nine.

As part of the program’s evaluation, the three new state alliances submitted year-end case studies, which are presented in this guide. The other six grantees continue to implement their action plans and an update on their tobacco control efforts is also presented. After a brief overview and an environmental scan of the conditions in their state, the case studies present a review of achievements related to goals and objectives. Also reported on are the resources required, the activities and outputs of their capacity-building interventions, and descriptions of the challenges faced. Each report includes a section on how the state alliance overcame challenges and what their plans are for the future.

But, first, here are some Lessons Learned as reported by state alliances:

Some friends of tobacco control are familiar with education and awareness programs, but not with the “higher plane” of policy and system change in the workplace, health systems, insurers, and legislatures where there can be a broader impact. It is important to distinguish between program delivery and policy and system change when creating a state plan to expand tobacco cessation treatment.

Tobacco cessation insurance coverage may be a new subject for many tobacco control advocates and may necessitate acquiring knowledge in a new area. Some people are much more familiar with policies related to smoke-free air and tobacco taxes. So there could be a learning curve as public health supporters consider insurers as strategic partners.

Iowa found that the best way to increase the number of attendees to the summit is by networking—encourage key stakeholders, the ActionToQuit planning team, the board members of alliance partner organizations and others to forward the invitation to their personal networks. Georgia emphasized the value of including a Medicaid consultant to review and guide their action plan. New York created new partnerships to include managed care plans that committed to assisting them in their efforts. Florida has seen a growth in alliance members and is now educating businesses on the importance of treating tobacco dependence. New England saw a significant policy change when Connecticut’s governor decided to extend tobacco cessation coverage to all Medicaid subscribers (effective January 1, 2012).

Other Evaluation Components:

Resources: The state reports make it clear that the funding from the Pfizer Foundation, via Partnership, was important in facilitating state summit meetings...
involving all the important players from the different sectors. Most states supplemented this award with other funding or in-kind contributions from partners in their alliances.

**Activities:** Each state alliance successfully held a summit meeting and some states held multiple meetings. In general, all states had attendees from a variety of sectors including for-profit and non-profit organizations, state government agencies, insurers, Medicaid agencies, health systems and quitlines.

**Outputs:** The outputs of the summit meetings were the outlines for state action plans to guide state activities. Other outputs included the creation of various web pages and educational materials. Meetings with officials in various state governments are also planned as follow-up activities to the summits. The alliance executive committees in each state will continue to guide the implementation of the state action plans.

**Challenges:** The biggest challenge mentioned in the state reports was how to advocate for expanded cessation services when faced with large budget cuts to tobacco control programs by state legislatures. One state lost all state funding for tobacco control. Agencies are losing staff and non-profits are affected by cuts in funding as well. In addition, with the passage of health reform, some states are focused on getting exemption from the law. Some state alliances had to delay summit planning in order to cope with threats to tobacco control that they had not expected.

The other major challenge was getting business leaders and insurers to attend the summit meetings. Alliance executive committee members relied on personal contacts and on networking within their states to try to attract more people from these sectors. Expanding Medicaid coverage for tobacco cessation was another area of difficulty. State alliance members expressed their ongoing commitment to try to increase access and to educate the public about existing services. Massachusetts had a particularly strong program that could serve as a model for other state alliances.

Overcoming these challenges took ingenuity and persistence. Since many alliance members have a long history of working in tobacco control, they are accustomed to finding creative ways to produce results with limited resources. Someone reported, “down but not out,” which likely summarizes many of the other sentiments regarding funding cuts and other difficulties.

Despite the variety of challenges and the rapidly changing health care environment, the enthusiasm and commitment of alliance leaders are notable and inspiring. They shared suggestions for success and compared notes on strategies that could work across states. The alliances are clearly focusing on their strengths and future goals, rather than on allowing setbacks and funding problems to stand in the way.

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