

Medicaid enrollees smoke at more than twice the rate of privately insured people (25.5% versus 11.1%). Approximately 6.7 million adult smokers are estimated to be enrolled in Medicaid and this population is at an increased risk for smoking-related disease. More than 15% of Medicaid expenditures are attributable to smoking, however only 10% of people who currently smoke within the Medicaid program received as a prescription for cessation medication.

The U.S. Public Health Services: Treating Tobacco Use and Dependence Clinical Practice Guideline 2008 Update recommends the use of seven medications and three types of counseling for tobacco use dependence treatment. The 2020 Surgeon General Report on Smoking Cessation found: "Insurance coverage for smoking cessation treatment that is comprehensive, barrier-free, and widely promoted increases the use of these treatment services, leads to higher rates of successful quitting, and is cost-effective." The Lung Association collects these data for state Medicaid programs.

The data collected have been utilized in a number of ways. Below is an annotated bibliography of articles that have cited the Lung Association's data.

The Lung Association collects the following data points:

Seven FDA-Approved Medications:

- NRT Gum
- NRT Patch
- NRT Lozenge
- NRT Inhaler
- NRT Nasal Spray
- Bupropion
- Varenicline

Three Forms of Counseling:

- Individual
- Group
- Phone

Seven Barriers to Cessation Treatment:

- Duration limits
- Annual limits
- Lifetime limits
- Stepped care therapy
- Prior authorization
- Cost sharing
- Required Counseling

Smoking Cessation Coverage and Medicaid Expansion

Medicaid expansion provides insurance coverage to those not previously eligible. With increased access to care, the studies in this category examine the impact Medicaid Expansion has on smoking cessation utilization.

1. [The growing proportion of smokers in Medicaid and implications for public policy](#)
This study examined survey data from before and after California expanded its Medicaid program under the Affordable Care Act. It assessed changes in the insurance status of smokers, the proportion of smokers in Medicaid, and the health and well-being of those smokers relative to their counterparts in other insurance groups.
2. [Current smoking and quit-attempts among US adults following Medicaid expansion](#)
The objective of this study was to estimate the influence of the Affordable Care Act (ACA) Medicaid Expansion on current smoking and quit attempts in expanded and non-expanded states. Researchers analyzed data from the Behavioral Risk Factor Surveillance System (BRFSS) between 2003 through 2015 to evaluate changes in current smoking and quit attempts adjusting for socioeconomic factors. Time periods evaluated were: 2003–2009 (pre-expansion) and 2011–2015 (post-expansion), and in supplemental analysis, also 2011–2017.

3. [The effects of Medicaid expansion under the ACA: updated findings from a literature review](#)
This issue brief is an update to the appendix tables associated with an earlier issue brief, “The Effects of Medicaid Expansion under the ACA: Findings from a Literature Review,” that covered studies published through May 2016. Each table corresponds to one of the three sections in the brief (Medicaid expansion’s impacts on coverage; access to care, utilization, affordability, and health outcomes; and economic outcomes). The tables provide additional details on the focus of and major findings from each individual Medicaid expansion study.
4. [The effect of insurance expansions on smoking cessation medication prescriptions: evidence from ACA Medicaid expansions](#)
The study explores the effects of recent Medicaid expansions on Medicaid-financed prescriptions for evidence-based smoking cessation medications. The findings suggest that expansions increased smoking cessation prescriptions by 36% with heterogeneity across medication class. The evidence indicates that these prescriptions were primarily financed by Medicaid programs and not patients, and that the estimates reflect increases in prescriptions among newly eligible populations and not other populations that enrolled in Medicaid due to Affordable Care Act-related changes. Overall the findings suggest that the recent Medicaid expansions allowed newly insured low-income smokers to access efficacious cessation medications.
5. [Public insurance expansions and smoking cessation medications](#)
This article studies the effect of public insurance on smoking cessation medication prescriptions and financing. The findings suggest that the expansions in insurance coverage generated by recent Affordable Care Act expansions to Medicaid increased Medicaid-financed smoking cessation prescriptions by 34%. This increase reflects new medication use and a shift in payment from private insurers and self-paying patients to Medicaid. Adjusting our estimate for changes in financing implies that Medicaid expansion led to a 24% increase in new medication use.
6. [Affordable Care Act impact on Medicaid coverage of smoking-cessation treatments](#)
Four sections of the Affordable Care Act address the expansion of Medicaid coverage for recommended [smoking-cessation](#) treatments for: (1) pregnant women (Section 4107), (2) all enrollees through a financial incentive (1% Federal Medical Assistance Percentage increase) to offer comprehensive coverage (Section 4106), (3) all enrollees through Medicaid formulary requirements (Section 2502), and (4) Medicaid expansion enrollees (Section 2001). The purpose of this study is to document changes in Medicaid coverage for smoking-cessation treatments since the passage of the Affordable Care Act and to assess how implementation has differentially affected Medicaid coverage policies for: pregnant women, enrollees in traditional Medicaid, and Medicaid expansion enrollees.
7. [Tobacco cessation in affordable care act Medicaid expansion states versus non-expansion states](#)
Medicaid community health centers (CHCs) care for vulnerable patients who use tobacco at higher than national rates. States that expanded Medicaid eligibility under the Affordable Care Act (ACA) provided insurance coverage to tobacco users not previously Medicaid-eligible, thereby potentially increasing their odds of receiving cessation assistance. This article examined if

tobacco users in Medicaid expansion states had increased quit rates, cessation medications ordered, and greater health care utilization compared to patients in non-expansion states.

8. [Improved health and insurance status among cigarette smokers after Medicaid expansion, 2011-2016](#)
The high concentration of smokers among subgroups targeted by the Affordable Care Act and the historically worse health and lower access to health care among smokers warrants an evaluation of how Medicaid expansion affects smokers. Researchers evaluated the impact of Medicaid expansion on smoking behavior, access to health care, and health of low-income adults, and we compared outcomes of all low-income people with outcomes of low-income current smokers by states' Medicaid expansion status.
9. [Medicaid coverage expansions and cigarette smoking cessation among low-income adults](#)
Expanding Medicaid coverage to low-income adults may have increased smoking cessation through improved access to evidence-based treatments. This study sought to determine if states' decisions to expand Medicaid increased recent smoking cessation.

Utilization of Smoking Cessation Benefits

Less than one-third of adult cigarette smokers use cessation counseling or medications approved for cessation by the Food and Drug Administration when trying to quit smoking. Studies in this category study trends in the utilization of smoking cessation benefits and barriers to utilizing said treatments.

10. [Barriers to utilizing Medicaid smoking cessation benefits](#)
Smoking is the number one preventable cause of death in the United States. Under the Affordable Care Act, Kansas Medicaid covers all seven FDA-approved smoking cessation therapies. However, it is estimated only 3% of Kansas Medicaid smokers use treatment compared to the national estimate of 10%. The objective is to determine systemic barriers in place that prevent optimal utilization of Medicaid smoking cessation benefits among KU Medical Center Internal Medicine patients.
11. [Smoking cessation benefit utilization: comparing methodologies for measurement using New York State's Medicaid data](#)
Pharmacotherapy and counseling for tobacco cessation are evidence-based methods that increase successful smoking cessation attempts. Medicaid programs are required to provide coverage for smoking cessation services. Monitoring utilization is desirable for program evaluation and quality improvement. Various methodologies have been used to study utilization. Many factors can influence results, perhaps none more than how smokers are identified. This study evaluated the utilization of smoking cessation services using various methods to estimate the number of smokers within New York State's (NYS's) Medicaid program in 2015.
12. [Utilization of smoking cessation medication benefits among Medicaid fee-for-service enrollees, 1999-2008](#)
Researchers used the linked National Health Interview Survey (survey years 1995, 1997–2005) and the Medicaid Analytic eXtract files (1999–2008) to assess utilization of smoking cessation medication benefits among 5,982 cigarette smokers aged 18–64 years enrolled in Medicaid fee-for-service whose state Medicaid insurance covered at least one cessation medication.

13. [Trends in utilization, spending, and prices of smoking-cessation medications in Medicaid programs: 25 years empirical data analysis, 1991-2015](#)
Smoking remains the single largest preventable cause of death and disease. Smoking-cessation medications provide patients a multitude of benefits and can prevent certain diseases, including some cancers. Because of the limited amount of studies on smoking-cessation medications, researchers wanted to find general trends about the use of these medications. The objective was to examine trends in the utilization, pharmacy reimbursement, and prices of smoking-cessation medications and nicotine replacement therapy in the US Medicaid-covered population.
14. [Association of the Affordable Care Act for smoking and tobacco treatment utilization among adults newly enrolled in healthcare](#)
The objective was to examine rates of smoking and tobacco treatment utilization by insurance coverage status (Medicaid, commercial, exchange) among newly enrolled patients in the post ACA era. Researchers examined new members who enrolled in Kaiser Permanente Northern California (KPNC) through Medicaid, the California exchange, or non-exchange commercial plans (N=122,298) in the first six months of 2014 following ACA implementation. These groups were compared on smoking prevalence and tested whether smokers in each group differed on sociodemographic characteristics and in their utilization of tobacco treatment (pharmacotherapy and counseling) in 2014.
15. [A framework for effective promotion of a Medicaid tobacco cessation benefit](#)
The Vermont Tobacco Control Program (VTCP) set out to implement best practice by making its Medicaid cessation benefit more comprehensive and raising awareness and use of the benefit to support members in quitting. The VTCP collaborated with its Medicaid and health department leadership to implement this initiative, learning and adapting processes along the way. The VTCP identified a framework and considerations for programs implementing best practice to expand access and utilization of cessation supports. As a result, the VTCP created an infrastructure that increases access, awareness, and use of cessation supports among Medicaid members and providers. Between 2013 and 2017, the quit ratio among Vermont Medicaid members increased from 8% to 13% and the smoking rate decreased from 36% to 31%.
16. [Medicaid tobacco cessation: big gaps remain in efforts to get smokers to quit](#)
Medicaid enrollees are about twice as likely as the general US population to smoke tobacco: 32 percent of people in the program identify themselves as smokers. This article provides the first data about the effectiveness of state Medicaid programs in promoting smoking cessation.

Smoking Cessation Coverage and Cancer

Smoking cessation reduces risk for many adverse health effects, including 12 different cancers. Studies in this category discuss the link between smoking and cancer, and the effectiveness of smoking cessation as part of the care provided to cancer patients.

17. [State-level cancer mortality attributable to cigarette smoking in the United States](#)
State-specific information about the health burden of smoking is valuable because state-level initiatives are at the forefront of tobacco control. Smoking-attributable cancer mortality estimates are currently available nationally and by cancer, but not by state. The objective was to calculate the proportion of cancer deaths among adults 35 years and older that were attributable to cigarette smoking in 2014 in each state and the District of Columbia.

18. [A collaborative model for facilitating the delivery of smoking cessation treatments to cancer patients: results from 3 oncology practices in South Carolina](#)
Continued smoking by cancer patients causes adverse cancer treatment outcomes, but few patients receive evidence-based smoking cessation as a standard of care. The objective was to evaluate practical strategies to promote wide-scale dissemination and implementation of evidence-based tobacco cessation services within state cancer centers.
19. [Underuse and underreporting of smoking cessation for smokers with a new urologic cancer diagnosis](#)
Urothelial carcinoma of the bladder (UCB) or upper urinary tract (UCUT) and renal cell carcinoma (RCC) are smoking-related genitourinary (GU) malignancies. A new diagnosis of smoking-related GU cancer is an opportunity when smoking cessation interventions may have increased effectiveness. Underuse or underreporting of cessation tools in this setting represents potential for quality improvement. Researchers estimated the use of smoking cessation in new smoking-related GU cancer visits based on billing claims.

Smoking Cessation Coverage and Disparities

Disparities in tobacco use remain across groups defined by race, ethnicity, educational level, and socioeconomic status and across regions of the country. Studies in this category explore utilization of and barriers to tobacco cessation treatment among a number of priority populations. Additionally, some studies in this category discuss interventions implemented to reduce smoking among priority populations.

20. [The casualties left behind in tobacco's cinders of combustion](#)
This paper (1) defines the scope of tobacco-related health disparities; (2) reviews population-based approaches aimed to eliminate disparities—Medicaid, the U.S. Preventive Health Service Task Force, and the Family Smoking Prevention and Tobacco Control Act; and (3) discusses their potential role in reducing tobacco use and lung cancer disparities.
21. [Disparities in receipt of 5As for smoking cessation in diverse primary care and HIV clinics](#)
Clinical practice guidelines recommend that clinicians implement the 5As (Ask, Advise, Assess, Assist, and Arrange) for smoking cessation at every clinical encounter. The authors sought to examine the prevalence of patient- and clinician-reported 5As in two primary care and one HIV care clinics in San Francisco, California between August 2013 and March 2014.
22. [Appalachian disparities in tobacco cessation treatment utilization in Medicaid](#)
Kentucky Medicaid enrollees, particularly those in the rural Appalachian region, face disproportionate smoking rates and tobacco-related disease burden relative to the rest of the United States (US). The Affordable Care Act (ACA) mandated tobacco cessation treatment coverage by the US public health insurance program Medicaid. Medicaid coverage was also expanded in Kentucky, in 2013, with laxer income eligibility requirements. This short report describes tobacco use incidence and tobacco cessation treatment utilization, comparing by Appalachian status before and after ACA-mandated cessation treatment coverage.
23. [Black: White disparities in lung cancer mortality in the 50 largest cities in the United States](#)
This paper presents race-specific lung cancer mortality rates and the corresponding rate ratios for the 50 largest U.S. cities for the 5-year intervals 1990–1994 and 2005–2009.

24. [A qualitative study of the barriers to and facilitators of smoking cessation among lesbian, gay, bisexual, and transgender smokers who are interested in quitting](#)
Lesbian, gay, bisexual, and transgender (LGBT) individuals are significantly more likely to smoke compared with their heterosexual and cisgender counterparts. The purpose of this study was to explore barriers to and facilitators of smoking cessation readiness among LGBT smokers. This descriptive study used a qualitative approach. Four 90-minute focus groups (eligibility criteria: age ≥21, self-identify as LGBT, current smoker, interest in quitting smoking) were conducted.
25. [The affordable care act Medicaid expansion and smoking cessation among low-income smokers](#)
This study sought to empirically evaluate whether the Medicaid expansion under the Affordable Care Act increased smoking cessation among low-income childless adult smokers. The effects of the Medicaid expansion on smoking quit attempts and the probability of 30- and 90-day smoking cessation were evaluated using logistic regression and data from the 2010–2011 and 2014–2015 waves of the Tobacco Use Supplement to the Current Population Survey.
26. [Food insecure cancer survivors continue to smoke after their diagnosis despite not having enough to eat: implications for policy and clinical interventions](#)
This cross-sectional study examined whether food insecurity among cancer survivors is associated with smoking status and quit attempt. Data from the 2015 behavioral risk factor surveillance system, social context module on 6,481 adult cancer survivors, were used in this study.
27. [Factors associated with recent use of nicotine replacement therapy among multiethnic smokers residing in public housing](#)
Understanding factors associated with increased use of nicotine replacement therapy (NRT) is critical to implementing cessation interventions for low-income individuals yet the factors associated with NRT use among low-income smokers are poorly understood. ‘Kick it for Good’ was a randomized smoking cessation intervention study conducted among residents of public housing sites in Boston, MA.
28. [Cost-effectiveness of population-level proactive tobacco cessation outreach among socio-economically disadvantaged smoker: evaluation of a randomized control trial](#)
The aims were to estimate the cost-effectiveness at population-level of the OPT-IN proactive tobacco cessation outreach program for adult smokers enrolled in publicly funded health insurance plans for low-income persons (e.g. Medicaid).
29. [Characteristics and predictors of intention to use cessation treatment among smokers with schizophrenia: Young adults compared to older adults](#)
Over half of young adults with schizophrenia smoke. Quitting before age 30 could prevent some of the disparate morbidity and mortality due to smoking-related diseases. However, little research has addressed smoking in this group nor evaluated strategies to help young adults with schizophrenia quit smoking. The authors compared demographic and smoking-related characteristics of young adults and those over 30 years of age among 184 smokers with schizophrenia.

30. [Crossing boundaries: Medicaid and public health collaborations to help smokers quit, 8 states, 2015](#)
The objective of this study was to assess the roles and interaction of state Medicaid and public health agency efforts to support tobacco cessation for low-income Medicaid beneficiaries.
31. [Does state Medicaid coverage of smoking cessation treatments affect quitting?](#)
Cigarette smoking and smoking-related diseases disproportionately affect low-income populations. Health insurance coverage of smoking cessation treatments is increasingly used to encourage quitting. The study assessed the relationship between state Medicaid coverage of smoking cessation treatments and past-year quitting in adult Medicaid beneficiaries.

Smoking Cessation and Pregnancy

Smoking during pregnancy increases the risk of health problems for developing babies, including preterm birth, low birthweight, and birth defects of the mouth and lip. Studies in this category examined barriers to and utilization of smoking cessation treatments, and interventions to support cessation for pregnant women.

32. [Call to action to reduce tobacco use during pregnancy](#)
Tobacco use is a leading preventable cause of adverse maternal and child health outcomes. However, many women in the United States still report smoking during the third trimester of pregnancy. Smoking rates during pregnancy are particularly high among vulnerable women, such as those who experience mental illness, substance use disorder, homelessness, or interpersonal violence. The Tobacco Control Vaccine is a model based on population-level, evidence-based practices to reduce tobacco use. The purpose of this commentary is a call to action for health care providers to advocate for increased access to treatment for tobacco dependence; stay up-to-date on innovative, tailored treatment practices; and advocate for comprehensive, smoke-free policies, higher tobacco taxes, and media campaigns to help pregnant women quit smoking and avoid relapse in the postpartum period.
33. [Smoking cessation in pregnancy: a continuing challenge in the United States](#)
Despite significant population level declines, smoking during pregnancy remains a major public health issue in the United States. Approximately 360,000–500,000 smoke-exposed infants are born yearly, and prenatal smoking remains a leading modifiable cause of poor birth outcomes. Women who smoke during pregnancy are more likely to be younger and from disadvantaged socioeconomic and racial and ethnic groups, with some US geographic regions reporting increased prenatal smoking rates since 2000. Such disparities in maternal prenatal smoking suggests some pregnant women face unique barriers to cessation. This paper reviews the current state and future direction of smoking cessation in pregnancy in the US.
34. [Literature Review of tobacco cessation interventions among prenatal care populations](#)
Smoking during pregnancy increases the risk of multiple negative birth outcomes. This report provides the Bureau of Tobacco Free Florida (BTFF) with an in-depth review of evidence-based tobacco cessation interventions for pregnant and postpartum women. The information in this report will inform BTFF's approach to promoting tobacco cessation among pregnant and postpartum women.

35. [Tobacco use by pregnant Medicaid beneficiaries: Validating a claims-based measure in Oregon](#)
In Oregon, more than 4 in 5 pregnant women who smoke are covered by Medicaid. Although birth certificate data for smoking during pregnancy are not accessible in a timely manner, Medicaid claims data are available monthly and provide person-level data. This study utilized an individually linked database of Medicaid claims and birth certificate data to compare the prevalence of tobacco use diagnosis codes in Medicaid claims data to self-reported smoking during pregnancy reported on birth certificates.

Smoking Cessation Behaviors

Coverage of and barriers to smoking cessation treatments vary by type of insurance coverage. Several studies in this category study if different insurance coverage of smoking cessation treatments has an impact on patients' intent to quit smoking and their utilization of these treatments.

36. [Peer Reviewed: State-specific cessation behaviors among adult cigarette smokers – United States, 2014–2015](#)
This study assessed state-specific smoking cessation behaviors among US adult cigarette smokers aged 18 years or older. Estimates came from the 2014–2015 Tobacco Use Supplement to the Current Population Survey. Prevalence of interest in quitting ranged from 68.9% (Kentucky) to 85.7% (Connecticut); prevalence of making a quit attempt in the past year ranged from 42.7% (Delaware) to 62.1% (Alaska); prevalence of recently quitting smoking ranged from 3.9% (West Virginia) to 11.1% (District of Columbia); and prevalence of receiving quit advice from a medical doctor in the past year ranged from 59.4% (Nevada) to 81.7% (Wisconsin). These findings suggest that opportunities exist to encourage and help more smokers to quit.
37. [Cessation behaviors and treatment use among US smokers by insurance status, 2000–2015](#)
Variations exist in insurance coverage of smoking-cessation treatments and cigarette smokers' use of these treatments. Recent trends in cessation behaviors by health insurance status have not been reported. This study examines trends in quit attempts, provider advice to quit, and use of cessation counseling and/or medications among adult cigarette smokers by insurance status. Demographic correlates of these cessation behaviors are also identified.
38. [Variations in cigarette smoking and quit attempts by health insurance among US adults in 41 states and 2 jurisdictions, 2014](#)
Information on the impact of health insurance on smoking and quit attempts at the state level is limited. Researchers examined the state-specific prevalence of cigarette smoking and past-year quit attempts among adults aged 18–64 by health insurance and other individual- and state-level factors.
39. [The behavioral impact of health insurance: An empirical examination](#)
This dissertation addresses three questions regarding the impact of health insurance coverage on behavior-related outcomes including smoking, drinking, and fertility decisions. Chapter 1 examines the effect of Medicaid smoking cessation coverage on the utilization of smoking medication. It examines four types of cessation coverage: nicotine replacement therapies (NRT), varenicline, bupropion and behavioral counseling and finds some evidence that Medicaid coverage encouraged the use of cessation medication and reduced smoking.

40. [Implications of affordable care act on successful smoking cessation: retrospective analysis study](#)
Smoking cessation can significantly prevent the multiple diseases and deaths associated with smoking. However, smokers face barriers that can prevent them from successfully quitting. Such barriers include lack of health insurance coverage for smoking cessation. As a result, the Affordable Care Act (ACA) enactment required health insurance plans to cover smoking cessation treatments. Retrospective study to examine whether the ACA provisions mandating health insurance plans to cover smoking cessation treatments is associated with greater likelihood of quit attempts and successful quit rates among New York adult smokers.

Smoking Cessation and Financial Incentives

Financial burdens can reduce tobacco cessation medications and reduce the success rate of smokers quitting. Studies in this category explore offering different financial incentives to increase smokers' quitting success.

41. [Economic impact of financial incentives and mailing nicotine patches to help Medicaid smokers quit smoking: a cost-benefit analysis](#)
In the trial, alternative cessation treatment strategies were embedded in the state's ongoing quitline services. It found that modest financial incentives of up to \$60 per participant and sending nicotine patches induced significantly higher cessation rates compared with usual care alone and usual care plus nicotine patches. Building upon that study, this study assessed potential population-level costs and benefits of integrating financial incentives and nicotine patches in a quitline setting for Medicaid smokers.
42. [Incentives and patches for Medicaid smokers: an RCT](#)
Most successful trials of financial incentives for smoking cessation have offered large rewards contingent on outcomes. This study examines whether more modest incentives to encourage engagement, non-contingent on outcomes, also increase cessation; whether sending medications directly to participants boosts quitting; and whether these strategies are effective in Medicaid.
43. [Effects of offering nicotine patches, incentives, or both on quitline demand](#)
Previous studies found that offering free nicotine patches significantly increases calls to quitlines, although most used pre-post designs and did not directly compare the effects of patches and other incentives. The current study with California Medicaid members assess the effects of offering free patches and incentives on calls to a quitline. The hypotheses were that offering either would make members more likely to call, and that offering both would increase demand even further.

Smoking Cessation Coverage, Healthcare Settings and Providers

In addition to improving tobacco cessation coverage, it is increasingly important to implement tobacco cessation health systems change. Changing health systems to support cessation involves identifying patients as tobacco users and establishing a system to get them help to quit. Studies in this category focus on the integration of tobacco cessation in a variety of health systems.

44. [Peer reviewed: linking data from health surveys and electronic health records: a demonstration project in two Chicago health center clinics](#)
Monitoring and understanding population health requires conducting health-related surveys and surveillance. The objective of the study was to assess whether data from self-administered surveys could be collected electronically from patients in urban, primary-care, safety-net clinics and subsequently linked and compared with the same patients' electronic health records (EHRs).
45. [Warm handoff versus fax referral for linking hospitalized smokers to quitlines](#)
Few hospitals treat patients' tobacco dependence. To be effective, hospital-initiated cessation interventions must provide at least 1 month of supportive contact post-discharge. The study was conducted in two large Midwestern hospitals. Participants included smokers who were aged ≥18 years, planned to stay quit [after discharge](#), and spoke English or Spanish.
46. [Peer Reviewed: Tobacco Use Screening and Counseling During Hospital Outpatient Visits Among US Adults, 2005–2010](#)
Physicians and health care providers play an important role in educating their patients about the health risks of tobacco use and in providing effective cessation interventions. Little is known about these practices in hospital outpatient settings. The objective of the study was to assess the prevalence, correlates, and trends of tobacco use screening and cessation assistance offered to US adults during their hospital outpatient clinic visits.
47. [Clinicians' awareness of the Affordable Care Act mandate to provide comprehensive tobacco cessation treatment for pregnant women covered by Medicaid](#)
The Affordable Care Act (ACA) requires states to provide tobacco-cessation services without cost-sharing for pregnant traditional Medicaid-beneficiaries effective October 2010. It is unknown the extent to which obstetricians–gynecologists are aware of the Medicaid tobacco-cessation benefit. Researchers sought to examine the awareness of the Medicaid tobacco-cessation benefit in a national sample of obstetricians–gynecologists and assessed whether reimbursement would influence their tobacco cessation practice.
48. [Smoking cessation promotion in the pediatric clinic: Increasing pediatricians' rate of screening for second hand smoke exposure, counseling caregivers to stop ...](#)
Currently, the Louisiana Smoking Cessation Trust (SCT) is available to help Louisiana residents who began smoking prior to 1988 cease their dependency on tobacco. The first project in a series of studies aimed to determine if the caregivers of our pediatric population fit the criteria to participate in the SCT services. Next, researchers aimed to assess pediatricians' baseline knowledge and confidence level with respect to promoting smoking cessation and the SCT among caregivers. The next study aimed to determine if a short intervention implemented among pediatricians improves the promotion of smoking cessation to caregivers and awareness of the SCT. In the next study, the researchers aimed to determine if the implementation of a children's book in the pediatric setting could increase smoking cessation promotion. Lastly, it was their hope to find an intervention that would increase screening and counseling rates among pediatricians.

49. [Dentist and hygienist smoking cessation counseling and awareness of Medicaid benefits](#)
Integrating smoking cessation interventions into dental care is an efficient way to intervene with smokers. This study of dentists and dental hygienists who provide dental care to Medicaid-insured patients explores awareness of Medicaid smoking cessation benefits, awareness of Quitline resources, beliefs about perceived role in providing tobacco interventions, and behaviors around clinical intervention.
50. [Access to US primary care physicians for new patients concerned about smoking or weight](#)
In a 2015 audit, researchers called US primary care physicians' offices to request appointment information regarding new patient physicals for simulated patients. Simulated patients were differentiated by smoking concerns, weight concerns, or no health concerns. Additionally, patient profiles varied by race/ethnicity, sex, and insurance type. We also examined whether access differed in states that expanded Medicaid under the Affordable Care Act
51. [A longitudinal study of medical practices' treatment of patients who use tobacco](#)
Many patients who use tobacco have never been encouraged by their healthcare providers to quit. In recent years, incentives have been provided for medical practices to incorporate tobacco-cessation processes into routine care. This study examined growth in use of these processes as well as organizational and policy factors associated with their implementation.
52. [Tobacco control and treatment for the pediatric clinician: practice, policy and research updates](#)
Although overall smoking rates have declined, the advent of new products, such as electronic cigarettes, threatens to perpetuate nicotine addiction without clear health benefits. In addition to reviewing traditional and new tobacco products, this study discusses the unique role that pediatricians should play in tobacco treatment and control efforts. New policies and technologies can empower pediatric clinicians and pediatric health care systems to help parent smokers quit, and new policies outside of the health care setting might help prevent smoking initiation as well as improve cessation treatments.
53. [Impact of adding telephone-based care coordination to standard telephone-based smoking cessation counseling post-hospital discharge: a randomized](#)
Cessation counseling and pharmacotherapy are recommended for hospitalized smokers, but better coordination between cessation counselors and providers might improve utilization of pharmacotherapy and enhance smoking cessation. The objective of this study was to compare smoking cessation counseling combined with care coordination post-hospitalization to counseling alone on uptake of pharmacotherapy and smoking cessation.
54. [Addressing tobacco cessation at federally qualified health centers: current practices & resources](#)
This study assesses the current practices of Federally Qualified Health Centers (FQHCs) to address tobacco cessation with patients. A national sample of 112 FQHC medical directors completed the web-based survey. Frequently endorsed barriers to providing tobacco cessation services were: patients lacking insurance coverage, limited transportation, and variance in coverage of cessation services by insurance type.

55. [Effect of gaining insurance coverage on smoking cessation in community health centers: a cohort study](#)

Community health center (CHC) patients have high rates of smoking. Insurance coverage for smoking cessation assistance, such as that mandated by the Affordable Care Act, may aid in smoking cessation in this vulnerable population. This study aimed to determine if uninsured CHC patients who gain Medicaid coverage experience greater primary care utilization, receive more cessation medication orders, and achieve higher quit rates, compared to continuously uninsured smokers.

56. [The Smoking Cessation Trust Program of Louisiana: the pediatrician's role in identifying and referring eligible caregivers](#)

A pilot study was conducted to determine whether the caregivers of children being seen at the Ochsner for Children health center were eligible for and using services provided by the Smoking Cessation Trust (SCT). The study population consisted of pediatric patients' caregivers who visit the Ochsner for Children health center. Caregivers were offered a questionnaire to assess their age, sex, relationship to the child, medical insurance, smoking status, and prior cessation attempts and aids.

57. [Smoking-cessation assistance: before and after stage 1 meaningful use implementation](#)

Brief smoking-cessation interventions in primary care settings are effective, but delivery of these services remains low. The Centers for Medicare and Medicaid Services' Meaningful Use (MU) of Electronic Health Record (EHR) Incentive Program could increase rates of smoking assessment and cessation assistance among vulnerable populations. This study examined whether smoking status assessment, cessation assistance, and odds of being a current smoker changed after Stage 1 MU implementation.

58. [Peer mentoring and automated text messages for smoking cessation: a randomized pilot trial](#)

Text-messaging programs for smoking cessation, while efficacious, have high dropout rates. To address this problem, the authors developed and tested the feasibility and early efficacy of a peer-mentoring intervention for smoking cessation provided by former smokers.

Tobacco-Related Regulations and Policies

There are a number of proven-effective tobacco control policies to prevent and reduce tobacco use. The studies in this category explore the effects of several tobacco control policies on the utilization of tobacco cessation treatments.

59. [PhenX: environment measures for tobacco regulatory research](#)

A Working Group (WG) of tobacco regulatory science experts identified measures for the tobacco environment domain. This article describes the methods by which measures were identified, selected, approved and placed in the PhenX Toolkit. The WG identified 20 initial elements relevant to tobacco regulatory science and determined whether they were already in the PhenX Toolkit or whether novel or improved measures existed.

60. [The differential impact of state tobacco control policies on cessation treatment utilization across established tobacco disparities groups](#)

Tobacco control policies are effective in promoting quit attempts and increase the likelihood that smokers use evidence-based cessation treatments. However, what is less clear is how

these policies might differentially impact different groups of smokers, perhaps in some cases even widening disparities in the use of evidence-based tobacco dependence treatments. This paper examined how different state-level tobacco control policies impact the use of evidence-based cessation treatments by race/ethnicity, gender, socio-economic status, age, and smoking history

61. [State tobacco policies as predictors of evidence-based cessation method usage: results from a large, nationally representative dataset](#)
Evidence-based cessation methods including nicotine replacement therapy (NRT), non-NRT medications, quitlines, and behavioral treatments are underutilized by smokers attempting to quit. Although a number of studies have demonstrated a relationship between state-level tobacco policies (e.g. taxation, appropriations) and cessation, whether such state-level factors influence likelihood of using an evidence-based treatment is unclear. Accordingly, the aims of the study were: (1) to describe evidence-based cessation method utilization by state and (2) to examine the effect of state-level factors on cessation method utilization above and beyond individual-level predictors.
62. [Peer Reviewed: How Medicaid and Other Public Policies Affect Use of Tobacco Cessation Therapy, United States, 2010–2014](#)
State Medicaid programs can cover tobacco cessation therapies for millions of low-income smokers in the United States, but use of this benefit is low and varies widely by state. This article assesses the effects of changes in Medicaid benefit policies, general tobacco policies, smoking norms, and public health programs on the use of cessation therapy among Medicaid smokers.
63. [US state cigarette tax increases and smoke-free legislation in relation to cigarette expenditure across](#)
While research has focused on outcomes of tobacco control policies, less is known about the mechanisms by which policies may affect tobacco use. This study estimated the associations of changes in cigarette taxes and smoke-free legislation with (1) any household cigarette expenditure and (2) the level of household expenditure on cigarettes, as well as (3) tested interactions with socio-economic circumstances.
64. [The effectiveness of tobacco control policies on vulnerable populations in the USA: a review](#)
Despite population-wide efforts to reduce tobacco use, low-income populations in the USA have much higher rates of tobacco use compared with the general population. The principal components of tobacco control policies in the USA include cigarette taxes, clean indoor air laws and comprehensive interventions to increase access to tobacco cessation services. In this review, the authors describe the effectiveness of these policies and interventions in reducing tobacco use among vulnerable populations, focusing on persons with mental health disorders and substance use disorders, persons who have experienced incarceration or homelessness, and low-income tenants of public housing. The review concludes by highlighting the clinical implications of treating tobacco dependence in healthcare settings that serve vulnerable populations.

65. [Estimating the impact of raising prices and eliminating discounts of cigarette smoking prevalence in the United States](#)
The average retail price per pack of cigarettes is less than \$6, which is substantially lower than the \$10 per-pack target established in 2014 by the Surgeon General to reduce the smoking rate. The study estimated the impact of three cigarette pricing scenarios on smoking prevalence among teens aged 12–17 years, young adults aged 18–25 years, and adults aged ≥26 years, by state: (1) \$0.94 federal tax increase on cigarettes, as proposed in the fiscal year 2017 President’s budget; (2) \$10 per-pack retail price, allowing discounts; and (3) \$10 per-pack retail price, eliminating discounts.
66. [Policies affecting Medicaid beneficiaries’ smoking cessation behaviors](#)
Smoking rates for Medicaid beneficiaries have remained flat in recent years. Medicaid may support smokers in quitting by covering a broad array of tobacco cessation services without barriers such as copays. This study examines the impact of increasing generosity in Medicaid tobacco cessation coverage policies on smoking and cessation barriers.

Expanding Smoking Cessation Treatment Coverage in Medicaid

Improving coverage of smoking cessation treatment helps increase a patient’s chance of quitting successfully. Studies in this category highlight the health and financial benefits of increasing coverage of smoking cessation treatments to Medicaid recipients.

67. [Making the case for Medicaid funding of smoking cessation treatment programs: an application to state-level health care savings](#)
In spite of cost-saving tobacco-dependence treatments, many state Medicaid programs offer only limited coverage for these treatments. This report builds a case for state-level financial benefits from funding smoking cessation treatment for Medicaid-eligible populations. Applying published cost estimates to state-specific data, we assessment potential health care savings from tobacco-dependence treatments for pregnant women, mothers exposing young children to secondhand smoke, and other adult Medicaid beneficiaries.
68. [Impact of Increasing Coverage for Select Smoking Cessation Therapies With no Out-of-Pocket Cost Among the Medicaid Population in Alabama, Georgia, and Maine](#)
Prevalence of smoking is particularly high among individuals with low socioeconomic status and who may be receiving Medicaid benefits. This study evaluates the public health and economic impact of providing coverage for nicotine replacement therapy with no out-of-pocket cost to the adult Medicaid population in Alabama, Georgia, and Maine, in 2012. The study estimated the increase in the number of quitters and the savings in Medicaid medical expenditures associated with expanding Medicaid coverage of nicotine replacement therapy to the entire adult Medicaid population in the 3 states.
69. [Direct observation of Medicaid beneficiary attempts to fill prescriptions for nicotine replacement medications](#)
Although many states have expanded Medicaid coverage of cessation medications, utilization remains low. Anecdotal reports suggest that beneficiaries are at times denied coverage of cessation medications at the pharmacy counter. Researchers conducted an observational community-wide case study of Medicaid beneficiary attempts to fill over-the-counter nicotine replacement therapy at pharmacies.



Smoking Cessation and Substance Use Disorder Treatment

Approximately 25% of adults in the United States have some form of mental illness or substance use disorder (SUD) and account for 40% of cigarettes smoked by adults. Smoking-related diseases are a leading cause of death among individuals with SUDs. Studies in this category explore integration of smoking cessation in SUD treatment and the benefit it has to patients.

70. [Medicaid, private insurance, and the availability of smoking cessation interventions in substance use disorder treatment](#)

Integration of smoking cessation services in substance use disorder treatment would benefit many patients. Although prior studies have identified organizational characteristics associated with delivery of these services, less is known regarding associations between financial factors and the availability of smoking cessation services. This study examined whether reliance on Medicaid and private insurance revenues is associated with the availability of a formal counseling-based smoking cessation program and medications (sustained-release bupropion, varenicline, and nicotine replacement) within U.S. specialty treatment organizations.

71. [Implementation of smoking cessation treatment in substance use disorder treatment settings: a review](#)

The high prevalence of smoking among individuals receiving treatment for substance use disorder (SUD) has led to repeated calls for integrating smoking cessation treatment into these settings. This review summarizes key findings from the research on the implementation of smoking cessation in SUD treatment.

72. [Facility-level, state, and financial factors associated with changes in the provision of smoking cessation services in US substance abuse treatment facilities: Results from the National Survey of Substance Abuse Treatment Services 2006 to 2012](#)

Cigarette smoking is common among patients in substance abuse treatment. Tobacco control programs have advocated for integrated tobacco dependence treatment into behavioral healthcare, including within substance abuse treatment facilities (SATFs) to reduce the public health burden of tobacco use. This study used data from seven waves (2006 to 2012) of the National Survey of Substance Abuse Treatment Services to examine state and annual changes in the provision of smoking cessation services within US SATFs and whether changes over time could be explained by facility-level and state-level factors.

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