

in practice when contacting insurance companies, this information is difficult to ascertain. It is unclear how well educated insurance company personnel are about coverage issues. When asked about smoking cessation coverage, insurance company representatives will frequently say it's not a covered benefit. However, when asked about "Nicotine Dependence Treatment" – the language of the DOBI under "preventative care benefits" (the medical part of the insurance, not the mental health part), many insurance companies have acknowledged that this is a covered service and eventually paid for the treatment. The DOBI language states: "The Carrier also covers charges for immunizations and vaccines, well baby care, pap smears, mammography,.... and Nicotine Dependence Treatment." There are usually caps on the amount covered/year and some insurance companies in NJ have reported they would pay for NRT in addition to counseling. In summary, it is very important when calling insurance companies to be very specific and to explore what services are covered under the preventative care benefits.

Large Group Employers

People who work for a company with more than 50 employees fall into this category. At this time, NJ law (as reported by the DOBI) does not mandate coverage for nicotine dependence treatment. There is a law that people with insurance paid for by a large group are entitled to one annual consultation or "Wellness visit" with a health care provider. Among other things covered during this consultation, "smoking control" may be addressed. At this time, it is unclear if specific insurance companies would actually pay for a smoking cessation counseling focused session as part of this annual consultation. Additionally, specific insurance plans, "depending on their particular contract," may only consider a physician for this service. Finally, reportedly, this annual consultation may not apply to "self-funded" insurance plans.

In summary, while there are many positive changes on the reimbursement horizon nationally, and some private insurance reimbursement availabilities in NJ for these life saving tobacco treatment services, many insurance companies continue dodging responsibility and many create loopholes to avoid coverage. Part of what needs to happen is for us all to do more to educate Human Resource Managers, and employees to advocate for appropriate coverage. We also need to communicate this to Legislature/Senate people as well. It may be helpful to frame this as a form of discrimination against smokers. In many instances, private insurance companies eventually follow Medicare's example on coverage issues. We must continue with a full course press here, if we are to save more lives in NJ.

If you would like to read more about the Medicare proposal to pay for smoking cessation counseling services, [click here](#).

References: Personal Communication with John Leyman, Chief of Government Affairs, DOBI

Tobacco Dependence Program Trains 40 School Counselors Throughout The State

with NJ's Youth Cessation Program, Youth QUIT2WIN

by Nancy Speelman, CSW, CADC

The New Jersey Department of Health and Senior Services and the Tobacco Dependence Program of the University of Medicine and Dentistry of New Jersey, School of Public Health are working together to provide free training and ongoing consultation for staff members from 40 New Jersey High Schools to aid their students in quitting their use of tobacco. In addition to the training, participants are given the Youth QUIT2WIN manual with week-by-week group sessions, along with materials to promote and market the quit program in their school. Schools completing the training are also lent a Carbon Monoxide monitor to help track their student's progress.

Through funds from the New Jersey Comprehensive Tobacco Control Program, the Tobacco Dependence Program developed the Youth QUIT2WIN curriculum-based manual, which provides the necessary educational materials and group skills in working with youth to quit tobacco use. The Tobacco Dependence Program prides itself on having the latest, research-based information available to professionals and is known for its expertise in treating tobacco dependence. But working with youth is a different challenge. The success rates in working with teens is frequently lower than in working with the adult population. There are various other adolescent programs which are already on the market, with few achieving high success rates. So what makes this program different?

We have found that there are very important steps to insure proper implementation of cessation services to young people. While adult programs have been significantly researched, young people's programs have not. The Youth QUIT2WIN program was developed by health educators and treatment professionals who have strong skills in working with adolescents, as well as an expertise in tobacco addiction. The Tobacco Dependence Program utilized schools in New Jersey as pilot groups to learn from and discover what works in helping teens quit smoking. Trained Tobacco Dependence Treatment Specialists went to 10 New Jersey high schools and facilitated support groups on premises. In providing these groups with school staff, we have found that Student Assistance Counselors, School Nurses, Health Teachers, Guidance Counselors or other staff trained in working with teens, and who have a strong commitment to this important issue, make the best facilitators.

We have also found that although health concerns are the main reasons why many adults want to quit smoking, adolescents are not at that place in their lives and actually thrive on risky behavior. Appearance and how they smell or how cigarettes stain their teeth are ranked higher. We did find that making the students angry about being taken advantage by the tobacco industry by the amount of money they are spending on cigarettes and that they could of instead put a good down payment on a new car, or by letting them know about how the industry lies to them or directly markets to them by the billions of dollars spent on advertising also made an impact. Realizing that the industry doesn't care about them provoked them to look at their tobacco use. As a result, we began to see students quitting or significantly lessening their cigarette usage. In addition, students being able to see the direct effect of "carbon monoxide" in their body by using the CO Monitor weekly and watching the numbers fall as they quit their usage also had an impact. Providing stress management techniques, as well as allowing students to role-play and work through difficult situations that may arise, also helped reduce their smoking. The Youth QUIT2WIN program is still a work in progress, but as we have adapted the format, we have experienced increased success in quitting, with 29% of participating students being tobacco free and a further 29% having cut down to less than 2 cigarettes per day by the end of our last pilot group. With further adaptations in response to suggestions by students and school staff, we are hopeful that Youth QUIT2WIN will develop into a highly effective youth smoking cessation program.