



THE POWER OF ALL

Partnerships in Reducing Tobacco Inequities

CDPHE Update Call January 8, 2020



COLORADO
Department of Public
Health & Environment

CDPHE Update Call Agenda

January 8, 2020

1. **New Federal MLSA 21 Law- 20 minutes - Terry Rousey**
2. **Flavor Ban Talking Points and new FDA e-cigarette flavor policy - 2 minutes- Zach Dunlop**
3. **New Marijuana Legislation Implementation Update- 5 minutes- Jill Bednarek**
4. **New secondhand smoke and vape media campaign: secondhand smokers-15 minutes- Alison**
5. **Medicaid QuitLine Incentive - 5 minutes- Dee-Dee Vallez**



New Federal MLSA 21 Law

Terry Rousey

Federal Tobacco 21- The Law of Land

In December 2019, Congress passed a \$1.37 trillion spending bill that included a provision to raise the minimum legal sales age for all tobacco products from 18 to 21 nationwide. Upon the President's signature on December 20, 2019, the age change became effective immediately. It is now a violation of federal law for any retailer to sell any nicotine or tobacco products to anyone under the age of 21.

FDA will oversee enforcement of the minimum legal sales age at 21.

There are no exemptions for sales to members of the military who are under 21.

The law does not phase-in age restrictions (i.e., there is no "grandfathering") of those who are currently 18, 19 or 20.

The law does not preempt cities, counties or states from passing and enforcing their own age restriction laws and does not preempt Tobacco 21 laws already in place in cities, counties and states, except that no military or grandfathering exemptions are granted.

The law penalizes retailers for selling tobacco products to youth, not those attempting to purchase, although many states and cities retain purchase, use and possession (PUP) laws.

The law does not require that states pass laws to raise their sales age to 21, but it does require states to demonstrate that their retailers are complying with the law. If not, the state eventually risks losing some portion of their federal substance abuse grant funding.

This law does not address flavored tobacco or nicotine products in any way, although on

January 2, 2020, the FDA issued an enforcement policy on unauthorized flavored cartridge based e-cigarettes:

<https://www.fda.gov/media/133880/download>



Flavor Ban Talking Points

Zach Dunlop

January 8, 2020

Key Points

Problem and solution statements

Evidence for

- Flavors and youth initiation
- Flavors and increased addiction
- Flavors and adult cessation

Questions or suggestions?

Please contact Zach at zach.dunlop@state.co.us
or 303-692-6299



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New Marijuana Legislation Implementation Update

Jill Bednarek

New Tobacco Media Campaign

“Secondhand Smokers”

Alison Reidmohr, Tobacco Communications Strategist

PROCESS

FY19: Audience research

Sept: Develop concepts

Nov: SBAR approved

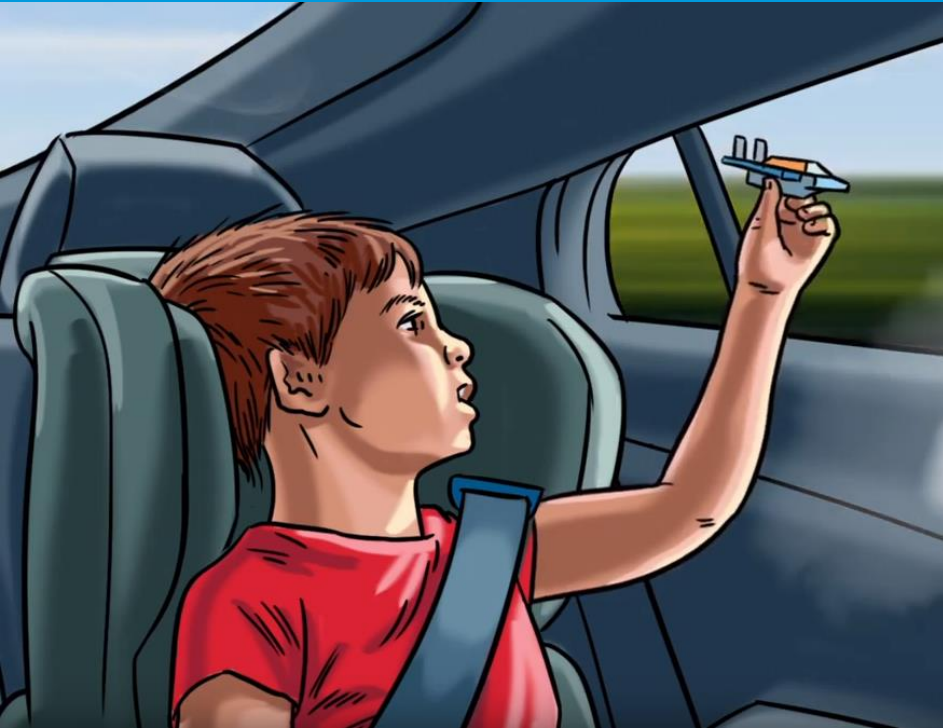
Dec: Ad testing

Jan: Production

April: Campaign launch

**FY21: Evaluation/
Optimization/ Scale**

Concept: Secondhand Smokers



This is Aiden. He loves airplanes. He just learned to ride his bike without training wheels. He's a Lego master builder.

He's also been vaping for the last 14 miles.

Results:

- 66% of target audience would:
 - Ask others not to vape or smoke nearby.
 - Take additional precautions to reduce their or their family's exposure.
- 77% said the ad was believable, 86% easy to understand, 67% memorable.
- 63% said they were more likely to recognize exposure to secondhand vape and know more about secondhand smoke.



PLAN

Ads run April-May
in test markets

Tactics: Social media (FB,
Instagram), web ads,
video preroll, and TV

Q & A

Colorado QuitLine Medicaid

Incentive program



Colorado Medicaid members get \$10.00 incentive when they try to quit tobacco with the Colorado QuitLine.

Dee-Dee Vallez MS, RN
Tobacco Cessation Intervention Coordinator

January 8, 2020

Addressing low SES /Medicaid tobacco burden

Colorado Medicaid expansion

2014

“Increasing Low Income Caller’s Access to and Utilization of the Colorado Quitline.” BHWP report.

copay removed 2017

Prior authorization removed 2018

2014- 2015

2017-2020

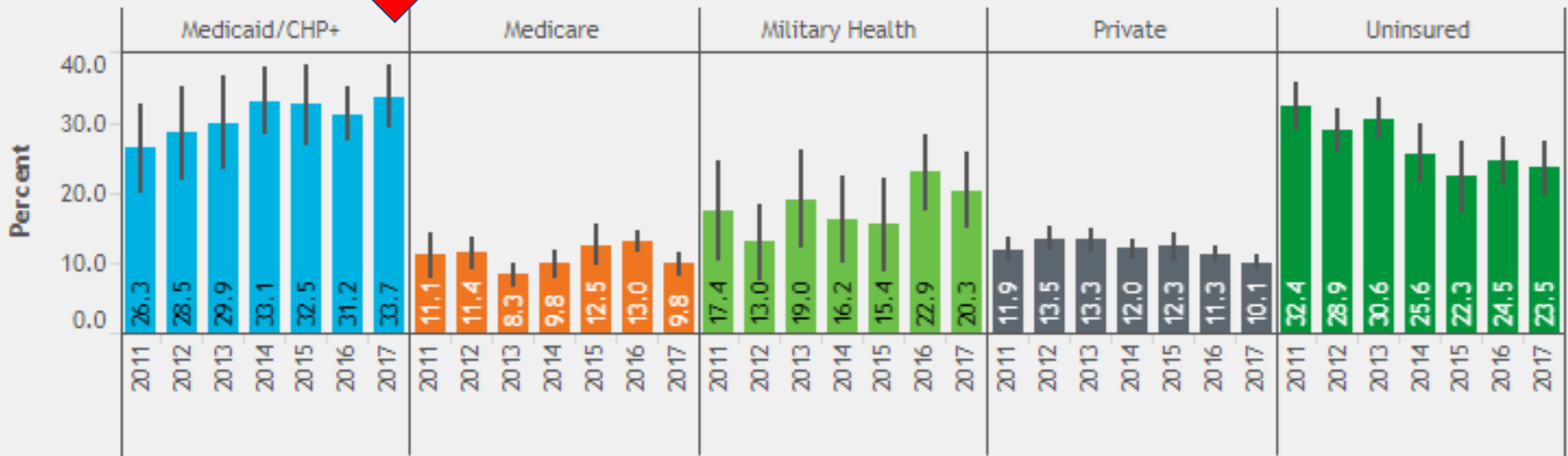
“Addressing Tobacco Burden among Colorado’s low SES.” STEPP Fall Conference 2015.

Medicaid Incentive Jan. 2020





Trend by Insurance Type



2017 BRFSS

Colorado Medicaid members smoking burden

1,377,666 (834,607 adults) Medicaid members in 2017.

33.7 percent of Medicaid/CHP+ use tobacco
= approximately 281,262 adult Medicaid members use tobacco.

48.5% of Colorado's smokers are Medicaid members

Medicaid costs caused by smoking in Colorado

What's covered:

MEDICATIONS

All FDA-approved medications covered for up to two 90-day courses of treatment through the Pharmaceutical Benefit with a prescription and prior authorization form submitted by a Medicaid-enrolled provider.



COUNSELING

Individual and group behavioral counseling offered by qualified providers: certified nurse-midwives, osteopaths, physicians, physician assistants, nurse practitioners, and registered nurses.



QUITLINE

Free medication and coaching services through the Colorado QuitLine:



FAX Quit Referral Form:
1-800-261-6259



ONLINE referral:
colorado.quitlogix.org/eReferral



PATIENTS CALL QuitLine:
1-800-QUITNOW



PATIENTS ENROLL online:
coquitline.org

SERVICES FOR PREGNANT WOMEN

Enhanced options and services for pregnant women.



No co-pays for individual or group counseling or approved medications.

Screening for Prenatal Plus Program.



HEALTH FIRST COLORADO—COLORADO'S MEDICAID PROGRAM

Here's what works to quit tobacco— get \$10 when you enroll in the QuitLine!

COLORADO QUITLINE



Get free medication and support services through the Colorado QuitLine.

Colorado Medicaid members get \$10 when they enroll today: just ask your coach about this benefit when you call.

Extra counseling and medication, texting and incentives are also available to women during pregnancy and after birth through the Prenatal Plus Program.

 1-800-QUIT NOW (1-800-784-8669)

 Go to coquitline.org or ask your provider for a referral.



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Key points

- Most people who smoke want to quit, including Medicaid members.
- Smoking prevalence and lower cessation success rates persist, while state benefits are among highest in the country.
- Promote the availability of the Medicaid benefits widely within your communities with health providers and consumers.

Q & A

THANKS!

More questions?

Name

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Thank You!

Update Call and Presentation Will Be Posted on
Tobacco Free CO at www.tobaccofreeco.org



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