American Lung Association.

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MEMO

To: State Tobacco Control Program Staff

From: The American Lung Association

RE: Healthcare Coverage for Technology-Based Tobacco* Cessation Treatment

This memo was informed by a workgroup of experts. It provides a framework on coverage considerations for technology-based tobacco cessation treatments, so that state tobacco control program staff can continue to improve coverage for tobacco cessation treatment and incorporate health equity considerations. Participation in the workgroup does not imply individuals or organizations endorse the contents of this memo.

Approach

This memo was developed from expert workgroup discussions on coverage questions related to technology-based tobacco cessation treatment and next steps to improve coverage. Background information on the technology-based tobacco cessation treatment landscape, including the use of these technologies, their evidence base and coverage, was pulled together to inform both the workgroup discussions and the memo. Unanswered coverage questions and evidence needed to help state tobacco control program staff work on this issue were determined.

Jump to Coverage Considerations *developed from the expert workgroup discussions or read on for background on the technology-based tobacco cessation treatment landscape.*

Current Coverage Landscape

The United States experiences over 480,000 tobacco-related deaths each year. Health disparities in tobacco use persist, with individuals in harder-to-reach rural areas, individuals with lower income, military veterans, indigenous communities, individuals with a disability and individuals who are uninsured or insured by Medicaid among those experiencing higher rates of use.[1] Ensuring individuals have coverage for tobacco cessation treatments that work for them is important.

The Surgeon General's 2020 Report on Smoking Cessation found that "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".[2] This finding refers to coverage for individual, phone and group counseling,

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* References to tobacco refer to commercial tobacco and not the sacred and traditional tobacco that may be used for ceremonial or medicinal purposes by some Tribal communities. "Technology-Based" treatment refers to text-based, web-based, smartphone, artificial intelligence (AI)-based or telehealth cessation treatment.

as well as all seven FDA-approved cessation medications outlined in the Public Health Service (PHS) 2008 clinical practice guideline, Treating Tobacco Use and Dependence.[3]

The Affordable Care Act (ACA) established that preventive services which receive an "A" or "B" rating by the United States Preventive Services Task Force (USPSTF) must be covered by ACA-compliant healthcare plans.[†][4] USPSTF rated tobacco cessation interventions with an "A" grade, indicating high certainty that the net benefit of this service is substantial.[5] This means that ACA-compliant plans, including most private individual and group health insurance plans, exchange/marketplace health insurance plans and Medicaid expansion plans, are required to cover a comprehensive tobacco cessation benefit without cost-sharing. In 2014, the Centers for Medicare and Medicaid Services (CMS) released an FAQ that clarified ACA-compliant plan coverage requirements for tobacco cessation counseling: four counseling sessions per quit attempt, including telephone, group and individual counseling, and at least two quit attempts per year without cost-sharing or prior authorization.[6] Standard Medicaid plans must also cover all three forms of tobacco cessation counseling without cost-sharing for enrollees who are pregnant. Despite these requirements, tobacco cessation coverage does vary by state and by the type of plan.[7]

Technology-Based Tobacco Cessation Treatment: Existing Evidence

Meanwhile, technology-based tobacco cessation treatments have been developed to help meet people's tobacco cessation treatment needs and communication preferences. As of 2023, 95% of U.S. adults use the internet and 80% subscribe to a broadband internet service at home.[8] Most Americans – 97% – own a cellphone, with 90% specifically owning a smartphone.[9]

Some technology-based cessation treatments have a strong evidence-base while other, emerging technology-based cessation treatments lack a strong evidence base. The Surgeon General's report in 2020 found sufficient evidence that text-based and web-based interventions are effective at increasing smoking cessation.[‡] Evidence regarding the efficacy of smartphone smoking cessation apps, however, was inadequate to make conclusions at the time of report publication.[10] Data shows that cessation texting services, online interventions and smartphone apps have been shown to be cost-effective.[11, 12, 13, 14]

In 2021, the National Cancer Institute (NCI) and the Centers for Disease Control and Prevention's Office on Smoking and Health (CDC OSH) launched a National Texting Portal. This portal connects people to their state quitline's texting cessation services, or for states that do not have texting cessation services, to NCI's national texting cessation service called SmokefreeTXT. In addition, NCI offers population-tailored text messaging cessation support, including texting cessation services for teenagers, military veterans and indigenous

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[†] The *Braidwood v. Becerra* court case is currently challenging the Affordable Care Act's preventive services requirement.
[‡] "Text-based" and "web-based" cessation interventions are referred to as "texting" and "online" interventions, respectively, in this memo.

communities. NCI also offers online cessation services, allowing users to develop a personalized quit plan through Smokefree.gov. Finally, they offer free smartphone cessation apps called QuitGuide and quitSTART.[15] During workgroup discussions, one organization shared that most state quitlines offer automated or live counselor tobacco cessation text services and many offer online interventions, usually in addition to phone counseling; however, not many quitlines offer smartphone tobacco cessation app services.

Technology-Based Tobacco Cessation Treatment: Emerging Technologies

Since the COVID-19 pandemic necessitated novel healthcare delivery mechanisms, telehealth technologies have proliferated.[16] Telehealth services, including audio-only telehealth, can now be used to help meet people's tobacco cessation treatment needs in some states. Studies suggest that telehealth cessation counseling can be as effective as in-person cessation counseling, and the American Academy of Family Physicians developed a guide on using telehealth for tobacco cessation services.[17, 18, 19] Telehealth cessation counseling has the potential to increase health equity by improving access to care for rural populations.[20] Further, a study on group telehealth cessation counseling found similar quit rates as in-person group cessation counseling.[21]

Workgroup discussions indicated that the role of artificial intelligence, such as chatbots, for tobacco cessation treatment is less clear. During the workgroup, some concerns around chatbots were discussed that should be taken into consideration when engaging with this technology from an insurance coverage perspective. They include:

- Understanding that while chatbots may cost less to implement, support for using these as a standalone treatment is lacking. They could serve to supplement other tobacco cessation treatments but must not supplant them;
- Questions about who is developing these chatbots; and
- Questions about who is using chatbots as a tobacco cessation service. It is important to consider that covering chatbots in lieu of other tobacco cessation services for some individuals could contribute to health inequities.

Given Existing Healthcare Coverage Policies, How Are Technology-Based Tobacco Cessation Treatments Currently Being Covered?

Workgroup discussions indicated that 23 state quitlines have cost-sharing partnerships with Medicaid and four state quitlines have cost-sharing partnerships with private insurers to help cover tobacco cessation phone counseling. If there is no cost-sharing agreement, many quitlines will bear the cost to provide those services. Callers can also be referred back to their insurance provider. Establishing cost-sharing partnerships takes a lot of work, and coverage and reimbursement for these services can still be challenging. While quitlines may provide tobacco cessation texting and online interventions, coverage for those is even less clear.

Tobacco cessation telehealth can be billed under individual counseling CPT codes (94006 and 94007). Under Medicare, tobacco cessation telehealth services can be audio-only, since the Centers for Medicare and Medicaid Services waived the video requirement for certain

telehealth services.[22] For Medicaid and private health plans, coverage for audio-only telehealth services can vary.[23, 24] During the workgroup, one discussion focused on how the delivery of audio-only telehealth counseling is functionally similar to phone counseling for tobacco cessation, however being able to bill for these codes depends on the type of tobacco cessation service provider.

Primarily, telehealth coverage is regulated at the state level. State Medicaid programs can cover telehealth cessation services through a state plan amendment or an 1115 waiver. Coverage currently varies by state. Private health insurance coverage of telehealth cessation services also varies by state and by plan.

Understanding how state tobacco control program staff can work to improve tobacco cessation coverage in this landscape is important to ensuring access to care is equitable; however, current guidelines on coverage for evidence-based tobacco cessation technologies are lacking. This memo will outline some of the coverage considerations for technology-based tobacco cessation treatments, as well as potential next steps to address this issue.

Coverage Considerations

Workgroup discussions on coverage for technology-based tobacco cessation treatments uncovered a number of considerations which could impact health equity. These include potential benefits to health equity and pitfalls to avoid that may exacerbate health inequities, as well as challenges to establishing coverage for technology-based tobacco cessation treatments.

There are several potential benefits to covering technology-based tobacco cessation treatments, which were discussed during the workgroup. They include the following:

- Covering evidence-based tobacco cessation technologies in rural areas with decreased access to health systems could improve access to tobacco cessation treatment;
- Covering evidence-based tobacco cessation technologies could increase access to tobacco cessation treatment for some individuals with lower incomes; and
- Covering evidence-based tobacco cessation technologies could increase access to tobacco cessation treatment for people who may have time or transportation constraints.

Improving coverage for technology-based tobacco cessation treatments could increase access to treatment. This could positively impact health equity, as individuals in rural areas,

individuals with lower incomes and individuals with a disability may experience higher rates of tobacco use.

Meanwhile, there are a number of potential pitfalls to covering technology-based tobacco cessation treatments, which were discussed during the workgroup. They include the following:

- Some individuals may not be able to access technology-based tobacco cessation treatments from home. For example, Internet use in rural communities (93%) lags behind that in urban (95%) and suburban communities (97%). Internet use is also lower among those with household income less than $30,000 per year (87%) compared to those with household income more than $30,000 per year (96% and higher).[25] Individuals without access to technology-based tobacco cessation treatments from home could potentially use community areas with internet access, though this could limit privacy of tobacco cessation treatment;
- Some individuals may have difficulty using technology-based tobacco cessation treatments;
- Technology-based tobacco cessation services could be utilized just as part of a wellness program, rather than offered as a covered benefit;
- Identifying which industries or organizations are providing technology-based tobacco cessation services, and how those services are deemed appropriate, could pose concerns; and
- States have shared it is difficult to get coverage and reimbursement for tobacco cessation treatments which are currently required by the ACA. Discussions about coverage for technology-based tobacco cessation treatments indicate concern about where efforts to improve coverage are best spent. Working to improve coverage for treatments required by the ACA and other, technology-based tobacco cessation treatments could be done simultaneously.

How coverage is implemented for technology-based tobacco cessation treatments can either improve health equity or contribute to current health inequities. Guardrails can be established to avoid some of these pitfalls and ensure coverage does not exacerbate health inequities. For example, going through the FDA approval process could help ensure that covered emerging tobacco cessation technologies are safe and effective and address some of these challenges. Putting emerging tobacco cessation technologies in place as a covered benefit, rather than part of a wellness program, can also help avoid exacerbating health inequities.

Individuals may have differing cessation counseling needs, access concerns and communications preferences. As an additional counseling option, technology-based tobacco cessation treatments could support health equity for those trying to quit. In fact, if a variety of tobacco cessation service options were covered, these programs might be able to refer to one another.

Several challenges to establishing coverage for technology-based tobacco cessation treatments were discussed during the workgroup. These include the following:

- The quality and content of technology-based tobacco cessation treatments may vary. It is important to determine standards and required components of technology-based tobacco cessation treatments, as a pre-requisite for coverage;
- Establishing parameters for staff qualifications on providing technology-based tobacco cessation services could be a requirement as well. However, it is important to determine if qualification parameters create barriers to accessing services;
- More large-scale evidence on the efficacy technology-based tobacco cessation treatments such as smartphone apps, AI-based or telehealth cessation treatments is needed to support coverage;
- It is important to understand how utilization data is collected and reimbursement is determined when people are interacting with an online intervention, rather than another person;
- Reimbursement rates for telehealth services may be low and can vary by provider. Establishing reimbursement and copayment parity will be important;
- Telehealth cessation services could be an issue because of state licensing policies and their impact on the ability to practice in different states. Quitlines do direct transfers when individuals call in from other states to address this issue;
- Network adequacy for telehealth cessation services could also be a challenge; and
- The healthcare coverage definition of a quit attempt may need to change to include use of tobacco cessation counseling through technology-based treatments.

Ensuring that emerging tobacco cessation technologies are supported by evidence, standards for technology-based tobacco cessation treatments are established, and that coverage supports equitable access, is important. Other considerations also exist. Offering technology-based tobacco cessation treatments in multiple languages and ensuring they are compliant with Americans with Disabilities Act (ADA) requirements could be steps toward improving health equity.

Next Steps

Gaps in the evidence on emerging technologies in tobacco cessation, as well as coverage guidelines for technology-based tobacco cessation treatments, still exist. A greater evidence base could support states working to improve coverage for tobacco cessation services:

- Large-scale studies on the effectiveness of emerging technologies in tobacco cessation could support updated coverage guidelines and insurance coverage. States may be interested in coverage guidelines for text and online tobacco cessation technologies; however, without guidelines to support this, state quitlines are only required to provide phone counseling.

- Establishing technology-based tobacco cessation treatment standards may also be a pre-requisite for coverage. These standards can help improve access to safe and effective tobacco cessation treatment and mitigate potential negative impacts of covering them.
- Finally, assessing other models of telehealth service coverage can serve as a framework for covering tobacco cessation telehealth services.

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