American Lung Association.

Closing the Gap: How Vermont Acted to Help More Smokers Quit

Note to Reader: Coverage of the comprehensive tobacco cessation benefit in state Medicaid programs is vital to helping tobacco users end their addiction. This case study explores how Vermont's Medicaid program expanded access to their comprehensive tobacco cessation benefit by allowing pharmacists to prescribe cessation medications and be reimbursed for counseling. There are several bolded terms in the case study. This indicates they are included in the glossary on page 10.

References to tobacco in this case study refer to commercial tobacco and not the sacred and traditional tobacco that may be used for ceremonial or medicinal purposes by some Tribal communities.

INTRODUCTION

Tobacco use is the leading cause of preventable death and disease in the United States, responsible for nearly half a million deaths per year. In 2020, 19% of U.S. adults used some type of tobacco product, with cigarettes being the most used tobacco product (12.5%), followed by e-cigarettes (3.7%).[1] However, some demographics use tobacco at higher rates than others. For example, low-income and Medicaid-eligible populations have higher rates of smoking and are disproportionately affected by smoking-related illnesses.[2] While in recent decades, the overall smoking prevalence in the U.S. has fallen steadily, rates have remained high and relatively unchanging in the Medicaid population.[3]

Data show that most smokers across demographics want to quit. However, tobacco is addictive and quitting is hard. While almost 70% of Medicaid members reported wanting to quit in 2015 and more than half reported making a quit attempt, less than 6% succeeded in quitting.[4] Few tobacco users have achieved success when attempting to quit on their own however their ability to achieve success in quitting can greatly increase with the support of evidenced-based tobacco cessation treatment. **Tobacco cessation treatment**, including tobacco cessation medication and counseling, have been proven to support tobacco users with quitting and greatly increase their likelihood for success.[5] Unfortunately, Medicaid members who want to quit often face barriers to accessing these critical services including copayments, prior authorization requirements and lack of awareness of quit options.[6]

Comprehensive Tobacco Cessation Benefit:

Seven FDA-Approved Medications:

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

Three Forms of Counseling:

- Individual
- Group
- Phone

Comprehensive, barrier-free Medicaid **cessation coverage** can reduce smoking, smoking-related disease and health care expenditures among Medicaid members.[7] However, increased coverage alone may not be enough to increase quit attempts and decrease overall smoking prevalence.[8] Several states have implemented **comprehensive tobacco cessation benefits**, yet access and low utilization rates among Medicaid members persist. As such, in addition to implementing comprehensive tobacco cessation benefits, other

tobacco control strategies need to be employed to augment cessation support for Medicaid members seeking to quit. One strategy, as mentioned in the 2020-*Smoking Cessation: A Report of the Surgeon General*, includes utilizing other healthcare providers, such as pharmacists, to offer tobacco cessation counseling and promote tobacco cessation products.[9]

Vermont Medicaid Tobacco Cessation Benefit and Quitline Benefit for Medicaid Callers

- 16 face-to-face smoking cessation counseling sessions per year with an authorized health care professional (in-person or telehealth sessions)
- 4 sessions of 802Quits individual, group and phone counseling
- All 7 FDA-approved smoking cessation medications including 24 weeks of Chantix® (varenicline) or Bupropion SR (compare to Zyban®)
- No limit on preferred quit medications including gum, patches and Nicorette® lozenges
- Up to 16 weeks of non-preferred quit medications at no cost to the member
- 2 quit attempts per year with use of Chantix® (for 18 year and older)
- No prior authorization on preferred formularies
- No co-pay
- Up to $150 Quitline participation incentive
- These services are available to eligible Medicaid members of any age who use tobacco, including e-cigarettes.

This case study explores the approach by the state of Vermont to address tobacco cessation access barriers by adding pharmacists as an approved provider for tobacco cessation counseling reimbursement by the state Medicaid program. Having pharmacists as an approved provider under **Medicaid** enables them to receive reimbursement for tobacco cessation counseling provided to Medicaid members. The case study reviews the steps Vermont took to achieve this outcome. Additionally, lessons learned and facilitators for success will be highlighted to provide guidance to other states seeking to undertake a similar endeavor.

BACKGROUND

Historically, Vermont has been one of the more forward-looking states regarding implementing tobacco control policies, including access to comprehensive tobacco cessation treatment. The state ranks 9th in the U.S. for its cigarette tax at $3.08 per pack compared to the national average of $1.91 per pack. In addition, Vermont has strong smokefree laws, youth access laws and makes a significant investment in its state quitline ($7.48 per smoker), which contributes to the state's lower-than-national-average smoking rate of 13.3%.[10] But despite its strong tobacco control policies and comprehensive tobacco cessation benefits, tobacco use remains a significant public health and economic concern for Vermont. In Vermont, one in six adults smoke.[11] Additionally, tobacco use contributes to four of the top five causes of death[12] and is the leading cause of disease and disability.[13] In recent years, the state has also experienced a 15% increase in e-cigarette use among adults[14], and a little over 28% of Vermont high school students report using any tobacco product (cigarettes, cigars, smokeless tobacco, e-cigarettes, etc.).[15]

The **Vermont Tobacco Control Program (the Tobacco Control Program)** operates under the Vermont Department of Health Division of Health Promotion and Chronic Disease. The program was established in 2001, with funding support from the 1998 tobacco Master Settlement Agreement and the Centers for Disease Control and Prevention's (CDC) National Tobacco Control Program. The Tobacco Control Program includes a total of seven full-time and one part-time staff members and uses a third-party evaluator to monitor and evaluate outcomes achieved

as a result of strategies employed by the Tobacco Control Program. Structured and guided by the CDC's Best Practices for Comprehensive Tobacco Control Programs, the Tobacco Control Program implements population-based policy, systems and environmental change strategies with a health equity lens.[16] Emphasis is placed on building sustainability through collaboration with strategic partners to align strategies that collectively reduce the tobacco burden, especially among disproportionately impacted populations. Through evaluation, the Tobacco Control Program has identified and targeted its tobacco control strategies to address Vermonters disproportionately affected by tobacco use, which include those with low socioeconomic status; mental health conditions and/or substance use disorders; people of color; lesbian, gay, bisexual, transgender or questioning (LGBTQ); pregnant Vermonters; those with disabilities; and youth.[17]

Vermont Medicaid Programs (Vermont Medicaid) is operated under the Department of Vermont Health Access and provides healthcare for approximately 28% of the state's population.[18] Vermont Medicaid members are disproportionately affected by tobacco use. The smoking prevalence is consistently higher for Vermont Medicaid members at 32%,[19] compared to the general population at 13.3%.[20] Tobacco use is also a costly problem for Vermont Medicaid accounting for approximately $348 million[21] every year in smoking-related medical expenses. In addition, smoking-related losses in productivity cost the state over $232 million.[22] In 2012, the Tobacco Control Program partnered with the Department of Vermont Health Access to implement the **Medicaid Cessation Benefit Expansion and Promotion Initiative (the Initiative**) to address tobacco cessation treatment access barriers among Vermont Medicaid members. As a part of the Initiative, the Tobacco Control Program, the Vermont Medicaid office with support from its leadership, and Vermont Department of Health leadership worked together to implement several solutions based on the CDC's Best Practices for Comprehensive Tobacco Control Programs to address the tobacco burden and reduce tobacco cessation treatment barriers for Medicaid members. Using strategic communications, the Initiative sought to:

- Expand Vermont's Medicaid tobacco cessation benefit to be more comprehensive for Vermont Medicaid members;
- Increase awareness of the tobacco cessation benefit and promote available resources and support to treat and sustain tobacco cessation among Medicaid members and their providers; and
- Connect Medicaid members with health care professionals to increase and support their quit attempts.[23]

Vermont evaluated the initial strategies to assess the Initiative's impact and outcomes. Evaluation findings showed the Initiative was successful and yielded positive outcomes for both the Tobacco Control Program and Vermont Medicaid. Between 2014 and 2019, Vermont Medicaid saw an increase in utilization of the tobacco cessation benefit among Medicaid members, a 150% increase in the quit ratio of Medicaid members and a trending decline in the smoking prevalence among Medicaid members.[24] Additionally the assessment of the Initiative found an expected $12 million savings in Medicaid spending in 2019, which was the result of a 2% absolute decline in the Medicaid smoking rate.[25]

Despite the success achieved, Medicaid members still had a high rate of tobacco use and barriers to accessing tobacco cessation treatment persisted. The Tobacco Control Program sought to continue to work with the Department of Vermont Health Access to further grow the Initiative and reach more Medicaid members.

A 2020 evaluation report identified additional strategies to further address barriers to access tobacco cessation treatment among Medicaid members. One strategy included implementing a standing order for pharmacists to prescribe nicotine replacement therapy. Since Medicaid requires a prescription for all tobacco cessation medication including over the counter medication, having a standing order for pharmacists is a strategy to help increase access to tobacco cessation products. This approach supports a state's Medicaid members in their quit attempts.

Increasing the number of qualified provider types able to receive reimbursement for tobacco cessation counseling services to Medicaid members was a shared goal for both the Tobacco Control Program and the Department of Vermont Health Access. Pharmacists are a provider type that both agencies agreed should have this authority. The Tobacco Control Program values pharmacists and were aware of the integral role they could play in improving population health and reducing tobacco cessation barriers.

The Tobacco Control Program has a longstanding relationship with pharmacists at the Vermont Department of Health Access. Staff in this department are pharmacists by training and had a deep understanding of the role that pharmacists play in population level and community health. Pharmacists are valuable community and clinical providers who can serve as the community clinical linkage that the CDC and 2020-*Smoking Cessation: A Report of the Surgeon General* has called out as an important piece of chronic disease prevention and management.[26]

Pharmacists are accessible to patients, which allow them to serve as a community clinical link. A 2017 report referenced community pharmacists as "the most accessible healthcare providers."[27] National figures indicate that nearly 90% of Americans live within five miles of a community pharmacy.[28] Similar to national figures, most Vermonters also live closer and have greater access to a pharmacist than they do any other provider type.[29] This was made more evident during the COVID-19 pandemic, when the Tobacco Control Program learned that Vermonters had more frequent encounters with a pharmacist than any other provider type.[30]

THE PROCESS

Groundwork Laid

Several key events laid the groundwork for pharmacists to be authorized to receive reimbursement for providing tobacco cessation counseling from Vermont Medicaid. The first occurred in 2011 when the two agencies worked on a Medicaid state plan amendment to expand tobacco cessation counseling reimbursement for non-pregnant Medicaid members. That process helped strengthen the collaboration between the Tobacco Control Program and the Department of Vermont Health Access (Vermont Medicaid). The programs' collaborative efforts focused on increasing the utilization of **CPT** codes 99406 and 99407 among authorized

Vermont Medicaid providers. To accomplish this, the two programs worked together to increase awareness of and promote the codes to qualified providers and encouraged them to bill the codes for respiratory health, asthma management and tobacco treatment services provided to Vermont Medicaid members. The programs promoted billing the codes to help providers sustain clinical care practice.

In 2016 the role of pharmacists was initially expanded to define pharmacists as "health care providers" under Vermont law. The law included language that enabled insurers to provide payment or reimbursement for services provided by pharmacists. Then in 2020, amid the COVID-19 pandemic state legislative activity granted pharmacists prescriptive authority under certain contexts, including for FDA-approved tobacco cessation medications. Subsequently, in alignment with this authority, Vermont Medicaid submitted a State Plan amendment to request approval from CMS (Centers for Medicare and Medicaid Services) to include pharmacists as a recognized billing provider type which, if approved, would allow pharmacists to bill for tobacco cessation counseling under the CPT codes 99406 and 99407, increasing accessibility to effective tobacco cessation treatment for Vermont Medicaid members and maximize impact. Research shows that tobacco cessation medication, when paired with counseling, is more effective than when provided alone.[31] In addition to seeking approval from CMS, the 2016 and 2020 legislation paved the way for the policy change that allows pharmacists to be reimbursed for providing tobacco cessation counseling in the Medicaid program. The final step was the approval of the Vermont Pharmacist Prescribing Protocol – Tobacco Cessation Products to guide all pharmacists participating in tobacco treatment.

Obtaining Buy-In

The Initiative team knew pharmacists would first need to be integrated as part of the Tobacco Control Program's health systems approach. Additionally, pharmacists needed to be engaged in and part of the planning process, along with all decision makers who would ultimately be required to sign off on the reimbursement authorization and Vermont Pharmacists Prescribing Protocol – Tobacco Cessation Products. To determine their next steps, the Tobacco Control Program started monitoring and collecting information from tobacco control programs in other states that had already granted pharmacists the authority to be reimbursed for providing tobacco cessation counseling. A webinar that featured another state, Indiana, and its work to add pharmacists as a qualified provider under its state Medicaid program provided an "ah-ha" moment and realization of how this too could be accomplished in Vermont.

In collaboration with Medicaid, the Tobacco Control Program sought to obtain guidance from national organizations experienced in health systems and buy-in from all stakeholders that would be impacted by granting authority for reimbursement to pharmacists for tobacco cessation counseling under Medicaid. The Initiative's core team comprising of Medicaid Pharmacy leadership and the Tobacco Control Program formed a study group which was intentional in bringing a lot of different voices to the table to participate in the study group. Invited stakeholders included pharmacists, the Vermont Board of Pharmacy, the Vermont Medical Society and the state Health commissioner, who along with the Vermont Department of Financial Regulation must approve anything related to changing or expanding the role of pharmacists in Vermont. For approximately 18 months, the study group held regular meetings

on steps recognizing and authorizing the role of pharmacists as cessation providers, including reimbursement for tobacco cessation counseling under Vermont Medicaid.

The Initiative also engaged pharmacists to review and provide feedback on materials and whether the process being undertaken was a practical approach. A consultant identified and conducted key informant interviews with six pharmacists. The pharmacists interviewed were diverse and represented a wide scope of practices and roles across the state. The study group worked together to create the key informant interview questions. Through feedback and perspectives garnered from the key informant interviews, the study group learned that pharmacists understood being able to bill Vermont Medicaid for tobacco cessation counseling could enhance their role in helping reduce the number of people who smoke in Vermont. The study group obtained more insight into what information, resources and training pharmacists would need to bill to the codes. The Vermont Tobacco Control Program felt that, while not a large sample, engaging the six, unique types of pharmacists from different settings provided the perspectives needed to obtain buy-in from the various stakeholder groups.

Once buy-in was obtained, the final steps to adding pharmacists as a qualified provider under Vermont Medicaid involved internal components and included:

1. gaining approval through a Policy, Benefit, and Reimbursement process for adding pharmacists as an approved provider for counseling reimbursement,
2. submitting a revised State Plan Amendment for CMS approval and
3. obtaining approval (signatures) of the Vermont Pharmacist Prescribing Protocol by the Commissioner of Health and the Office of Financial Regulation.

While the approval process included several components, having already engaged stakeholders as part of the study group, gaining their input along the process mitigated barriers and challenges, contributing to Medicaid's and the Tobacco Control Program's ultimate success.

IMPLEMENTATION

On July 1, 2021, pharmacists were officially added as a provider type under Vermont Medicaid enabling them to receive reimbursement for tobacco cessation counseling. Pharmacists providing tobacco cessation counseling are paid according to the Resource-Based Relative Value Scale (RBRVS) fee schedule. Tobacco cessation CPT codes 99406 and 99407 are open for pharmacists to bill without prior authorization. While coverage is limited to 16 visits per year for Medicaid members, that number can be exceeded with prior authorization. This expansion to cover tobacco cessation counseling services provided by pharmacists under Vermont Medicaid is expected to increase utilization of the benefit and improve the quit rate among Vermont Medicaid members. Adding pharmacists as a qualified provider type occurred as a result of a process made possible through the state legislation passed in 2016 and 2020, which initially expanded the role of pharmacists and enabled subsequent changes to be approved without additional legislative authority.

The Tobacco Control Program worked to increase awareness and educate pharmacists about the authority to bill the Medicaid program for cessation counseling. This included resources on tobacco cessation CPT codes, the protocol for billing to the CPT codes and the resources and

training available from the Tobacco Control Program to support pharmacists in providing tobacco cessation treatment to Vermont Medicaid members.

The approach taken to promote the tobacco cessation CPT codes and the protocol for billing to the codes was multipronged. The Tobacco Control Program purchased lists of contact information for all providers qualified under Vermont Medicaid and performed outreach via email to every provider on the list to inform them of the update to the authorization for pharmacists. Presentations were delivered to large stakeholder groups, such as the Vermont Pharmacy Association, to inform them of the update allowing them to bill to the tobacco cessation CPT codes and resources to support treating tobacco as a pharmacist in alignment with the state Tobacco Protocol. Brief communications were disseminated through the Medicaid pharmacy newsletter, the Tobacco Control biweekly network and health system partners who, in turn, added the descriptions to organizational newsletters. The Tobacco Control Program also promoted free pharmacy materials and resources at 802quits.org, Vermont's tobacco quitline, through direct mail, email marketing and targeted digital and social media advertising. To help providers feel more comfortable using the codes and referring to the quitline, free training is provided that offers continuing medical education credit.

Since claims data is used to assess utilization and can take six months or more to reconcile, the Tobacco Control Program does not yet have data on the number of pharmacists that have billed to the code or that have received reimbursement under the codes. The Tobacco Control Program looks forward to receiving that data in the coming months. After achieving success with pharmacists, the Tobacco Control Program would like to continue its goal of adding as many providers as possible granted authority to bill for tobacco cessation counseling services under Vermont Medicaid program.

LESSONS LEARNED

The Vermont Tobacco Control Program learned the following important lessons from their collaborative efforts to have pharmacists authorized as providers to prescribe all forms of nicotine replacement therapy and to receive reimbursement for tobacco cessation counseling under Medicaid.

- **Take the time to touch base with different types (independent, chain, regional) of pharmacists serving your state.** The Vermont Tobacco Control Program was diligent in ensuring they heard from a variety of pharmacists in different settings. Feedback from these pharmacists was very useful to the Tobacco Control Program and helped them tailor materials and craft messages that support pharmacists serving the health needs of their communities.
- **The process of adding pharmacists as an authorized provider type under Medicaid can take longer than originally estimated.** One of the hurdles faced by the Vermont Tobacco Control

> For those states motivated to get started on a similar effort but not sure where to start, the Vermont Tobacco Control Program recommends finding out what process is required for changes to Medicaid in your state and asking how your program can best assist in that process as good first steps.

Program was the differing opinions about the types of FDA-approved quit medications that should be offered by pharmacists. Addressing these opinions as many times as needed was necessary to ensure all concerns were aired and discussed. However, doing so added considerable time to the process.

- **Get buy-in early on.** Engaging stakeholders, including pharmacists and other partners, as part of the study group helped to mitigate barriers and challenges during the approval process.
- **The Centers for Disease Control and Prevention has helpful resources and technical assistance available to guide programs through the process.** Experts and other state tobacco control programs that have previously and successfully undertaken similar efforts, likely have the resources to assist in your state's effort. Don't hesitate to reach out and use them.

KEY FACILITATORS OF SUCCESS

The Vermont Tobacco Control Program attributed the following key elements to its success.

- **Collaborate with partners with subject matter knowledge and experience who are committed to the same objective.** A strong, longstanding relationship with Vermont Medicaid, Vermont Medicaid pharmacy unit, was critical since they held a deep understanding of the clinical care component and how to make tobacco treatment more accessible in clinical and community-based settings. Vermont Medicaid was also instrumental in accomplishing the billing code and committed to shared objectives of reaching as many Medicaid members that used tobacco as possible.
- **Frequent and timely communication that supports the understanding of all partners involved.** The frequent communication between all the stakeholders was aided by a consultant, who is a subject matter expert in communication and very knowledgeable about tobacco cessation. To accomplish the project goal, the Tobacco Control Program aimed to address the needs of its other partners, including the Vermont Medical Society, Vermont Board of Pharmacy, Vermont Medicaid and Vermont Department of Health leadership. Having a knowledgeable consultant that stayed on top of all the moving parts and ensured everyone was informed was critical to the accomplishment of the program's goal.
- **Look to and lean on the experience of peers.** A webinar highlighting the efforts in Indiana is what initially inspired an "ah-ha" moment that helped the Vermont Tobacco Control Program realize how its goal could be implemented and actualized. The Tobacco Control Program engaged and built a relationship with the staff at the Indiana Tobacco Prevention and Cessation Program which had successfully added pharmacists as a qualified provider type to their state's Medicaid program in 2019 and had since expanded authority to include dental providers. Throughout the process, the Tobacco Control Program continuously connected with national partners and consulted with the Indiana Tobacco Prevention and Cessation Program. For the Vermont Tobacco Control Program team, seeing how this could work in other states was encouraging and motivating.

CONCLUSION

Having the right partners at the table from the beginning, and engaging stakeholders with expertise and experience in tobacco control, and community and population health were key contributing factors to the Vermont Tobacco Control Program being successful in accomplishing its goal. While the Tobacco Control Program provided data, studies, Cochrane reviews and other information that facilitated the process, engaging a variety of pharmacists from different care settings, along with having a long-standing, collegial relationship with Vermont Medicaid, and a knowledgeable consultant able to facilitate and communicate effectively and frequently across multiple stakeholder types were also key contributors to the positive outcomes achieved.

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GLOSSARY OF TERMS

Cessation Coverage Health insurance coverage of evidence-based cessation treatments.

Comprehensive Tobacco Cessation Benefits are health insurance benefits that include coverage of all FDA-approved cessation medication (Nicotine Gum, Nicotine Inhaler, Nicotine Lozenge, Nicotine Nasal Spray, Nicotine Patch, Bupropion, and Varenicline) and coverage of three forms of cessation counseling (Individual (face to face), Group and Telephone).

Current Procedural Terminology or CPT is an expansive, important code set published and maintained by the American Medical Association, that tells the insurance payer what procedures the healthcare provider would like to be reimbursed for.

Medicaid is health coverage for some low-income people, families and children, pregnant women, the elderly, and people with disabilities. Qualification for Medicaid varies by state to state and is based on income level.

Medicaid Cessation Benefit Expansion and Promotion Initiative (the Initiative) is a collaborative effort between the Vermont Tobacco Control Program and the Department of Vermont Health Access to activate CPT codes that support Medicaid reimbursement to providers for delivering tobacco cessation counseling.

Prior Authorization is a process by which health care providers must obtain advance approval from a health plan before a specific service is delivered to the patient to qualify for payment coverage.

Qualified Provider is an individual who can independently bill and be reimbursed by the Medicaid program for providing treatment and services to Medicaid members.

Tobacco Cessation Treatment is care provided to support tobacco cessation. This care can include behavioral therapy such as tobacco cessation counseling and pharmacotherapy in the form of tobacco cessation medications approved by the US Food and Drug Administration (FDA).

Tobacco Cessation Benefit are health insurance coverage of some or all FDA-approved cessation medications (Nicotine Gum, Nicotine Inhaler, Nicotine Lozenge, Nicotine Nasal Spray, Nicotine Patch, Bupropion, and Varenicline) and/or coverage of tobacco cessation counseling.

The Vermont Medicaid Programs (Vermont Medicaid) are state funded health insurance plans in Vermont for income-eligible people and people who are categorically eligible. In Vermont, Medicaid is run by the Department of Vermont Health Access. There are different types of Medicaid each of which covers medical care and prescriptions drugs:
Dr. Dynasaur provides low-cost or free health coverage or children, teenagers under age 19 and pregnant women. Medicaid provides low-cost or free health coverage to low-income families,

qualified pregnant women and children, and individuals receiving Supplemental Security Income (SSI).

Medicaid also provides low-cost or free health coverage for qualifying individuals who are 65 or older, blind or disabled.

Prescription Assistance for uninsured Vermonters and those enrolled in Medicare eligibility is based on income, disability status, and age.
Long-Term Medicaid is Vermont's Long-Term Care Medicaid program that helps eligible Vermonters pay for long term care services in the settings of their choice.

Vermont Tobacco Control Program (The Program) is funded by the CDC and the state of Vermont to implement best practices through a statewide, coordinated effort to establish smoke-free policies and social norms, promote quitting of all tobacco products and help tobacco users quit, and prevent tobacco use initiation.

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