Supporting and Understanding Tobacco Cessation Programs in Public Housing Primary Care 2-part Webinar Series

January 16, 2025

Presented by: The National Center for Health in Public Housing and the National Health Care for the Homeless Council

Agenda

- Introductions
- Hearing From You
- Data from the Field
- Guest Subject Matter Expert: Anne DiGiulio, American Lung Association
- Q & A

Alaina Boyer, PhD
Senior Director Programs
National Health Care for the Homeless Program

NATIONAL HEALTH CARE for the HOMELESS COUNCIL

Grounded in human rights and social justice, the NHCHC mission is to **build an equitable, high-quality health care system through training, research, and advocacy** in the movement to end homelessness

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National Center for Health in Public Housing

- The National Center for Health in Public Housing (NCHPH) is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U30CS09734, a National Training and Technical Assistance Partner (NTTAP) for $668,800 and is 100% financed by this grant. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.
- The mission of the National Center for Health in Public Housing (NCHPH) is to strengthen the capacity of federally funded Public Housing Primary Care (PHPC) health centers and other health center grantees by providing training and a range of technical assistance.

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National Center for Health in Public Housing

Guest Speaker

- **Anne DiGiulio**
- Senior Director, Nationwide Tobacco Cessation and Health Policy
- American Lung Association

American Lung Association

What's Ahead

Part 1: Understanding the Tobacco Environment

- Current data findings for residents in public housing and persons experiencing homelessness
- Current Landscape in Tobacco Control Policy

Part 2: Implementing Strategies in Clinical Practice

- Interdisciplinary case examples and practices

Spring 2025:

- Podcast

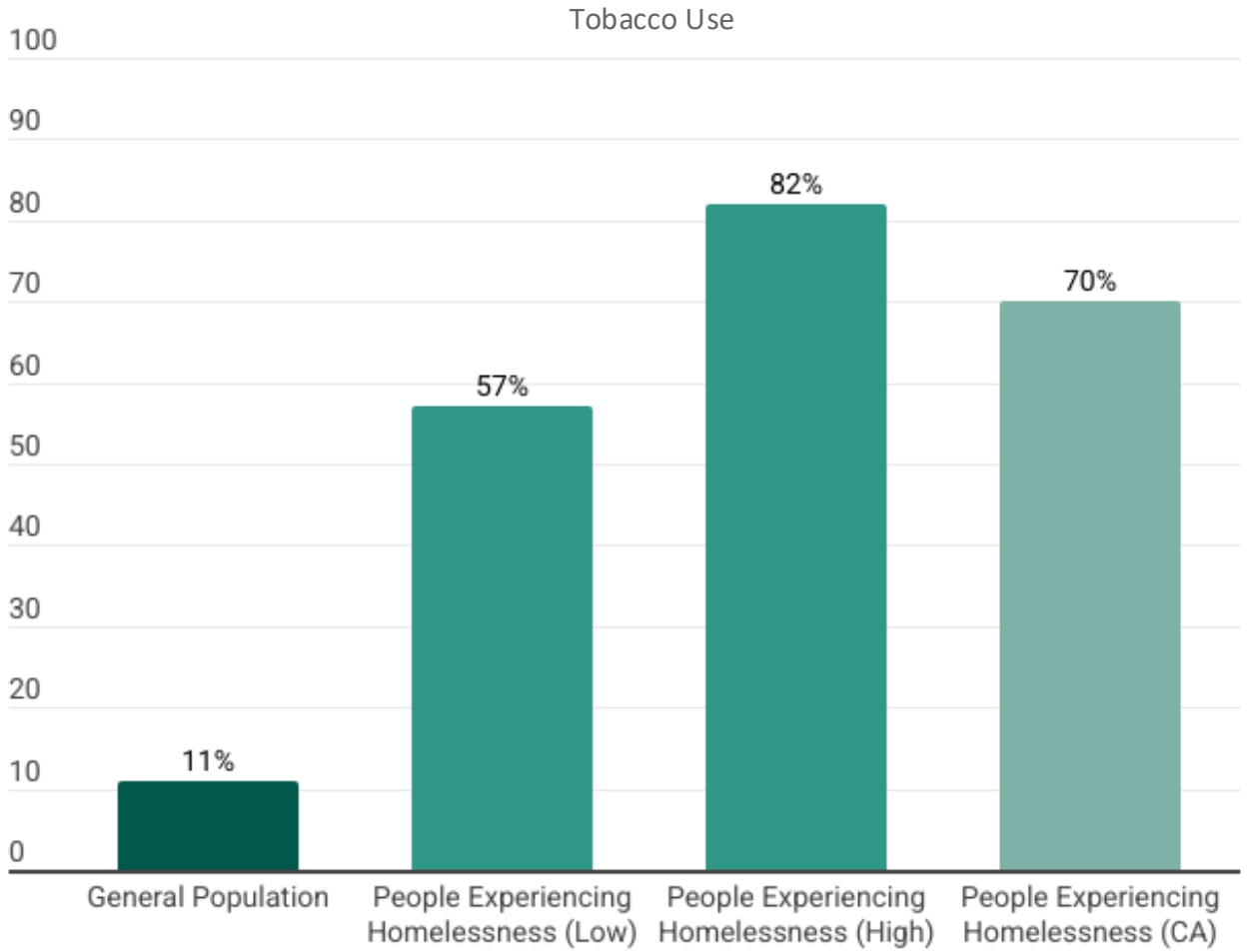
Mentimeter Questions

- Scan the QR Code with your phone or tablet
- Enter access code 5251 9257

Homelessness and Tobacco Use

The prevalence of tobacco use among people experiencing homelessness is estimated to be between 57% and 82%, a rate that has not changed in the past 50 years.[3]

Recent estimates from a 2023 statewide study on homelessness in California showed a rate of 70%.[4] In comparison, tobacco use rate in the general population is 11%.[5]



UCSF Smoking Cessation Leadership Center
https://smokingcessationleadership.ucsf.edu/people-experiencing-homelessness

Homelessness and Tobacco Use

People experiencing homelessness have high levels of nicotine dependence. Average daily cigarette consumption is between 10 and 13 cigarettes a day, and more than one-third smoke their first cigarette within 30 minutes of waking [17,18]

Over 60% who report current smoking, report using other forms of tobacco or nicotine products. People experiencing homelessness also have high rates of concurrent use of alternative tobacco products such as little cigars, smokeless tobacco, and e-cigarettes.[19-22]

UCSF Smoking Cessation Leadership Center
https://smokingcessationleadership.ucsf.edu/people-experiencing-homelessness

Reasons for High Rates & Barriers to Quitting

Factors contributing to high rates of tobacco use among people experiencing homelessness.

Category	Contributing Factors
Structural Inequities	- Racism and discrimination (associated with barriers to resources and care)
Social Determinants of Health	- Housing instability and lack of affordable housing, , lack of access to tobacco treatment & limited access to smoke-free housing.
Commercial Determinants	- Tobacco industry marketing targeting vulnerable populations
Social Norms	- Pervasive smoking culture among individuals and communities
Mental Health Factors	- High rates of post-traumatic stress disorder (PTSD), leading to smoking as a coping mechanism
Substance Use	- Co-occurrence of smoking with substance use, including stimulants, opioids, alcohol, and cannabis

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Barriers to Quitting

People experiencing homelessness (PEH) attempt to quit at the same rate as the general population (~40% attempted to quit in the past year) but face barriers to successful quitting. [31-33]Relapse rates are high, and the proportion of those who successfully quit is low.[18,34,35]

Sustained access to effective interventions that address the high levels of nicotine dependence, co-occurring psychiatric and substance use disorders,[33,36] and environmental and social triggers for tobacco use among PEH[37-39] are needed to support long-term abstinence.[18,34,35]

Social norms of pervasive smoking in homeless services settings,[39,40] and the use of tobacco to bridge therapeutic alliance between providers and clients are known barriers to quitting.[41]

While mental health and substance use could pose barriers to quitting, treating tobacco use does not pose barriers to substance use recovery and may even improve mental health outcomes. [42,43]

UDS 2023 Data

	Tobacco use disorder			Smoke and tobacco use cessation counseling		
	Number of Visits	Number of Patients	Avg. Visits per Patient	Number of Visits	Number of Patients	Avg. Visits per Patient
All Health Centers	2,892,343	1,487,879	1.94	4,231,277	1,994,766	2.12
All HCH Health Centers	223,634	109,902	2.03	254,695	114,207	2.23
HCH Standalone Clinics	89,540	41,094	2.18	120,159	54,618	2.2

Tobacco use and Cessation Behavior in Health Center Patients by Housing type

Analyses performed by Dr. Kevin Lombardi, MD MPH and the NCHPH Dept of Research utilizing results from the 2022 HRSA Health Center Patient Survey. Reference data obtained from the CDC National Center for Health Statistics publicly available data files

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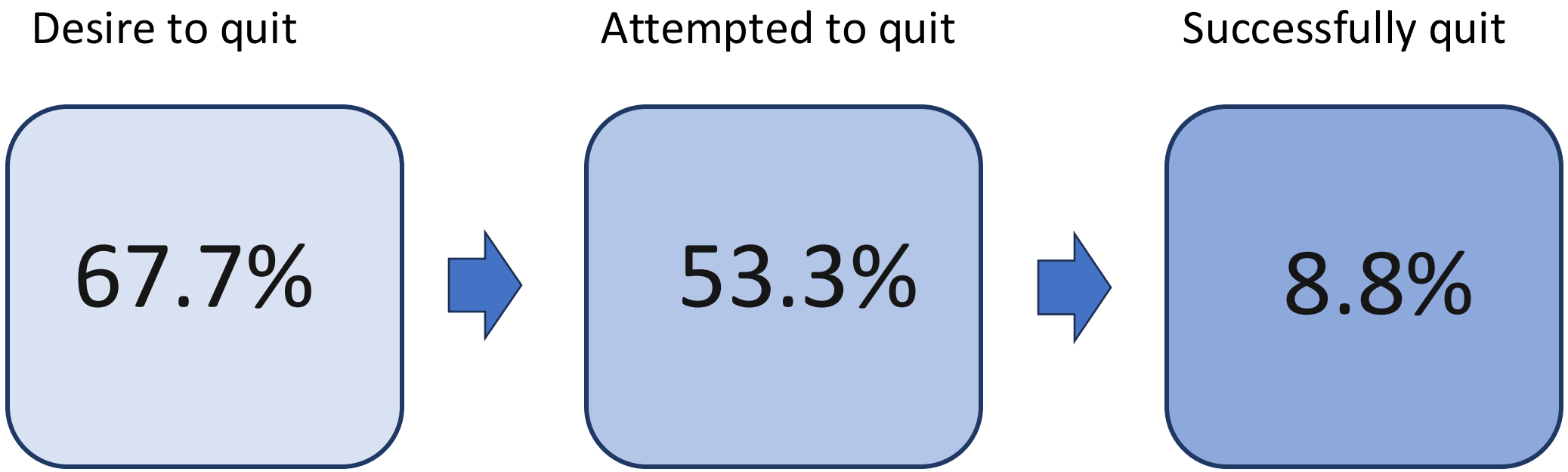
Gauging Smoking Cessation: National Sample - CDC



Centers for Disease Control and Prevention
National Center for Health Statistics

Tobacco and Vaping product use in FQHCs: 2022 Health Center Patient Survey

n (weighted) = 27,224,243	All other Housing	95% CI	All HUD-*	95% CI	*p*	Public Housing	95% CI	*p*
Current smoker		16.6-24.6	31.4	22.3-42.2	0.0132	34.7	2.2-5.5	0.026
Smoked at least 100 cig		35.6-46.0	44.3	35.5-53.5	0.043	44.4	30.4-59	0.7
Plans in the future to qu		70.6-82.5	88.5	73.5-95.5	0.11	88.5	72.3-[illegible].8	0.023
Patient has a time frame smoking		38.6-53.2	52	34.9-68.6	0.6			0.53
Advised to stop smoking by provider within past 12 months	67.3	59.4-74.3	86.3	72.3-93.8	0.015			0.18
Ever used smokeless tobacco	12.8	9.3-17.4	8.2	4.6-14.1	0.11	5.5	2.6-11.0	0.04
Desire to stop smoking in last 12 months	75.9	68.7-81.8	90.6	75.7-96.7	0.07	92.7	76.2-98.0	0.057
Percent of smokers that smoke cigarettes every day	38.1	32.8-43.7	56.7	40.9-71.3	0.011	56.8	35.0-76.2	0.046
Ever used vaping products	26.1	22.0-30.6	28.6	19.6-39.7	0.65	26.3	15.0-41.9	0.91

95% Confidence Interval (95% range of real possibility)

***P* – value (statistical significance)**

** Includes Section 8 Voucher, Housing Choice Voucher, Project-based Section 8 and other HUD PH programs*

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Tobacco and Vaping product use in FQHCs: 2022 Health Center Patient Survey

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Current smoker	20.3	16.6-24.6	31.4	22.3-42.2	0.0132	34.7	2.2-5.5	0.026
Smoked at least 100 cigarettes in lifetime								
Plans in the future to quit smoking for good								
Patient has a time frame in mind to quit smoking								
Advised to stop smoking by provider within past 12 months	67.3	59.4-74.3	86.3	72.3-93.8	0.015	79.42	50.4-93.6	0.18
Ever used smokeless tobacco	12.8	9.3-17.4	8.2	4.6-14.1	0.11	5.5	2.6-11.0	0.04
Desire to stop smoking in last 12 months	75.9	68.7-81.8	90.6	75.7-96.7	0.07	92.7	76.2-98.0	0.057
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All patients (reference group)

All HUD-assisted (comparison group 1)

Public housing only (comparison group 2)

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Smoked at least 100 cigarettes in lifetime	40.7	35.6-46.0	44.3	35.5-53.5	0.043	44.4	30.4-59.3	0.7
Plans in the future to quit smoking for good	77.1	70.6-82.5	88.5	73.5-95.5	0.11	88.5	72.3-95.8	0.023
Patient has a time frame in mind to quit smoking	45.8	38.6-53.2	52	34.9-68.6	0.6	44.6	24.8-66.3	0.53
Advised to stop smoking by provider within past 12 months	67.3	59.4-74.3	86.3	72.3-93.8	0.015	79.42	50.4-93.6	0.18
Ever used smokeless tobacco	12.8	9.3-17.4	8.2	4.6-14.1	0.11	5.5	2.6-11.0	0.04
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** Includes Section 8 Voucher, Housing Choice Voucher, Project-based Section 8 and other HUD PH programs*

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Patients reporting tobacco use in the past 30 days:

U.S. Average*

10.9%

Non-HUD-assisted

30.3%

CI: 16.6-24.6

All HUD-Assisted

31.4%

CI: 22.3-42.2

Public Housing

34.7%

CI: 22.2-45.5

Patients who have smoked at least 100 cigarettes in their lifetime:

U.S. Average*

11.5%

Non-HUD-assisted

30.3%

CI: 16.6-24.6

All HUD-Assisted

44.3%

CI: 35.5-53.5

Public Housing

44.4%

CI: 40.4-59.3

**Source: CDC*

Patients with intent to quit smoking for good:

U.S. Average*

67.7%

Non-HUD-assisted

77.1%

CI: 70.6-82.5

All HUD-Assisted

88.5%

CI: 73.5-95.5

Public Housing

88.5%

CI: 72.3-95.8

Patient smokes cigarettes every day:

U.S. Average*

12.0%

Non-HUD-assisted

38.1%

CI: 32.8-33.7

All HUD-Assisted

56.7%

CI: 40.9-71.3

Public Housing

56.8%

CI: 35.0-76.2

**Source: CDC*

American Lung Association

Tobacco Control and Healthcare Landscape

Anne DiGiulio

Senior Director, Nationwide Tobacco Cessation and Health Policy

January 16, 2025

Current Landscape: Tobacco Control Policy

American Lung Association.

Tobacco Control

How we got here…

Family Smoking Prevention and Tobacco Control Act – 2009:

- Gave the Food and Drug Administration (FDA) authority to oversee all tobacco products.
- In 2016, the FDA issued the “Deeming” Rule, which gave the agency to regulate additional tobacco products, including e-cigarettes.
- FDA can issue product standards for tobacco products- these can prohibiting flavors and limiting the amount of nicotine in products.

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Tobacco Control Act

Premarket Tobacco Product Application (PMTA)

Any “Deemed” tobacco Product had to submit a PMTA:

- Product manufacturer had to demonstrate the product is: “appropriate for the protection of public health”
- Needs to take into account both current users and non-users, including appeal to kids.
- March of 2022, the synthetic nicotine loophole was closed.

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Tobacco Control Act

Product Standards

What is a product standard?

- A rule from FDA governing how a tobacco product can be made.
- The product standard rule must go through the notice and comment process.

What are some examples of product standards?

- Prohibiting the sale of menthol cigarettes and flavored cigars
- Limiting the amount of nicotine in a tobacco product.

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Tobacco Control: Current Landscape

Current Trends

Tobacco Industry Aggression

- Lobbying and campaigning to kill the menthol cigarette and flavored cigar rules.
- Selling products that do not have a marketing order from FDA (PMTA).
- Selling products that look like smartphones or toys to appeal to kids.
- New manufacturing factories.

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Tobacco Use Rates

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Tobacco Use

Who is using tobacco?

- Nationally, 11.5% of adults smoke, but disparities exist.
- Insurance type: Private – 8.6%; Medicaid- 21.5%; Uninsured- 20%
- Serious psychological distress: No- 10.9%; Yes – 28.1%
- Income level: High – 6.7%; Low – 18.3%

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Tobacco Use

Attitudes Towards Quitting

In 2022:

- 67.7% of people who smoked wanted to quit; 53.3% had tried to quit; and only 8.8% smokers had quit successfully
- Insurance type: Private – 70.9%;

  Medicaid- 66%; Uninsured- 64.3%
- Depression: No- 67%; Yes – 69.4%
- Income level: High – 70%; Low – 65.6%

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Current Landscape: Tobacco Cessation

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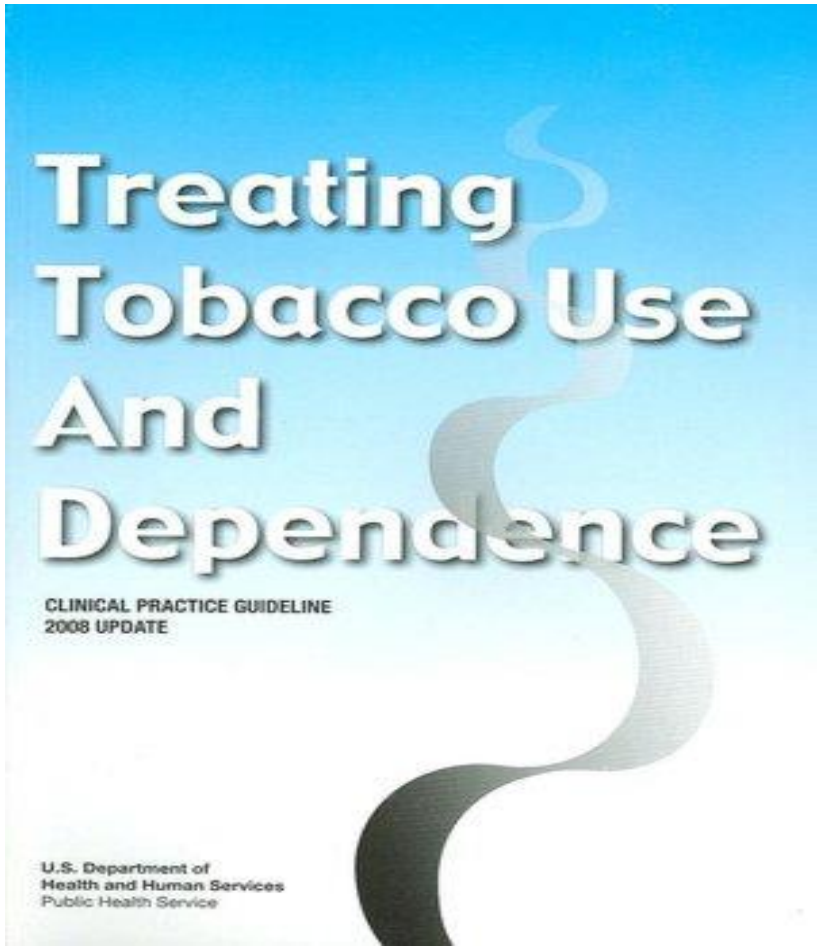
Cessation Treatments

Medications and Counseling



Medications

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

Counseling

- Individual (99406 & 99407)

* Available over-the-counter; need a prescription for no cost-sharing in most health plans

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Tobacco Cessation Coverage

Common Barriers to Access Care

- Cost Sharing
- Prior Authorization
- Duration Limits
- Yearly or Lifetime Limits
- Dollar Limits
- Stepped Care Therapy
- Required Counseling

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Tobacco Cessation Coverage

Elements of a Cessation Intervention

- Screening for tobacco use
- Counseling
- Medication

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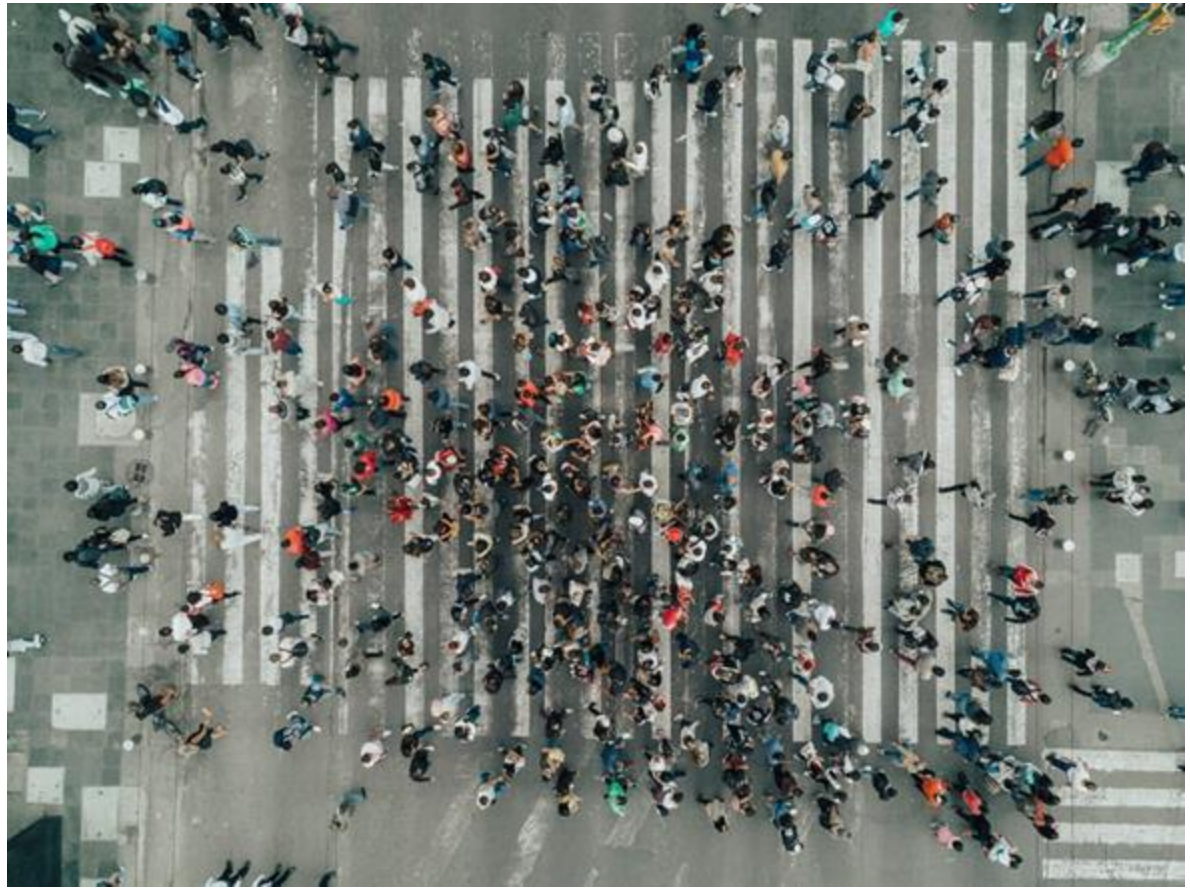
Tobacco Cessation Coverage

Types of Insurance

- Medicaid
- Medicare
- Private Insurance
- Tri-Care
- Veteran’s Administration



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Tobacco Cessation

Coverage Requirements – Standard Medicaid

- Section 2502 of the Affordable Care Act removed tobacco cessation medications from the exclusions list.
- Counseling not addressed.
- Many States are still not covering all 7 FDA-approved medications.
- Allows states to still charge a co-pay.

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Tobacco Cessation

Coverage Requirements – Medicaid and Pregnant People

- 2010 ACA requirement
- All pregnant women on Medicaid have access to all treatments with no cost sharing.
- Written into the Law- ACA Section 4107
- Includes all FDA-approved pharmacotherapy and counseling

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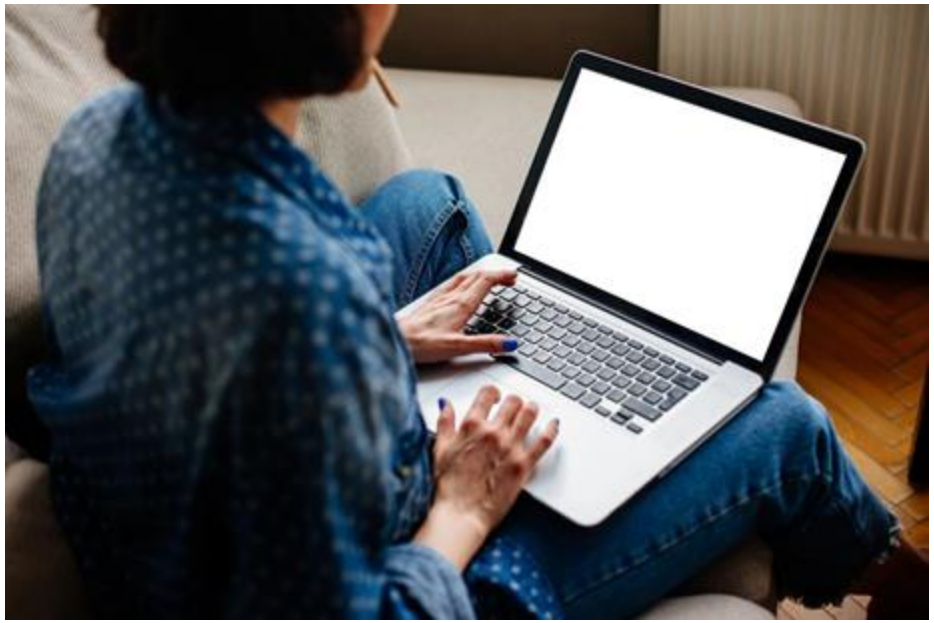
Tobacco Cessation

Coverage Requirements – Private Insurance Protections

- Guarantee Issue
- Essential Health Benefits
- Allowing children up to age 26
- Rating Rules:
  - Age (3:1)
  - Family size
  - Geography
  - Tobacco Use Status (1.5:1)
- States can add additional protections



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Tobacco Cessation

Coverage Requirements – Essential Health Benefits

- Ambulatory patient services (outpatient services)
- Emergency services
- Hospitalization
- Maternity and newborn care
- Mental health and substance use disorder services, including behavioral health treatment
- Prescription drugs
- Rehabilitative and habilitative services (those that help patients acquire, maintain, or improve skills necessary for daily functioning) and devices
- Laboratory services
- Preventive and wellness services and chronic disease management
- Pediatric services, including oral and vision care

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Tobacco Cessation

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Tobacco Cessation

Coverage Requirements

- On May 2, 2014 the Departments of Labor, Treasury and Health and Human Services issues a FAQ questions on how the tobacco cessation recommendation should be implemented.
  - Tobacco Cessation Guidance
    - At least 4 sessions of individual, group and phone counseling
    - At least 90 days of all FDA-approved smoking cessation medications, when prescribed
  - At least 2 quit attempts per year
  - No cost-sharing
  - No prior authorization

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Tobacco Cessation

Coverage Requirements – ACA's Preventive Services Requirement

- **This Requirement**
  - Almost all private plans
  - Plans sold in the exchanges
  - Small group plans
  - Individual plans
  - Medicaid expansion plans
  - Association Health Plans

- **Different or No Requirements**
  - Standard Medicaid Plans
  - Medicare

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Billing and Reimbursement for Cessation

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Tobacco Cessation Billing

Why are we here?

- Goals:
  - Patients quit using tobacco and utilize cessation treatment
  - Providers furnish cessation treatment and get reimbursed
- Billing issues are when that doesn't happen
- Why providers are not getting reimbursed?

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Tobacco Cessation Billing

Reimbursement Models

- Fee-For-Service
  - Provider is reimbursed for each services they provide
  - This incentivizes increasing the number of procedures done
  - Overall, the health system is moving away from this model of reimbursement, but it will always exist in some form

- Bundled Payments
  - One payment to a health organization (Example: per month payment)
  - Can be for a health episode or for comprehensive care
  - The health organization then has to manage the patient's heath needs
  - Frequently combined with quality measures
  - Incentivizes providers to keep patients healthy

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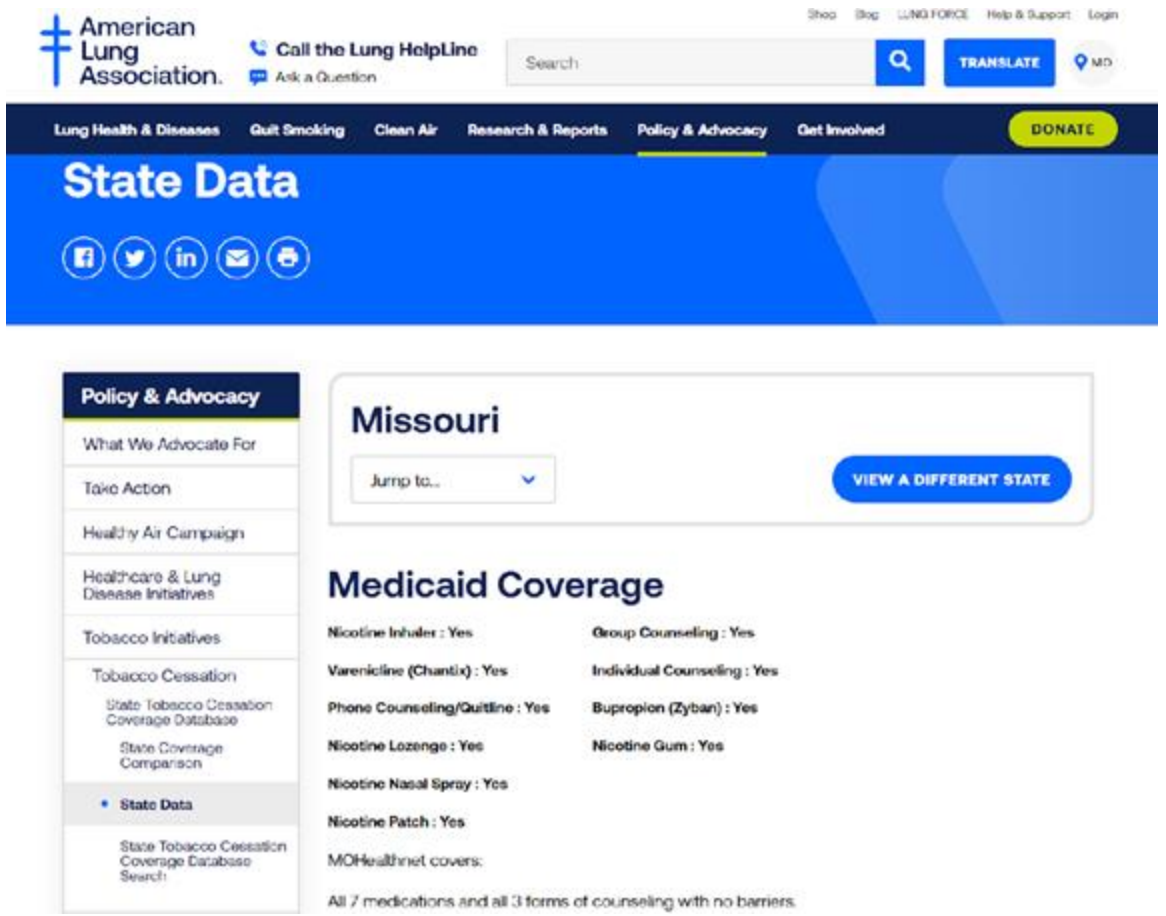
Billing Considerations

Medicaid

- State is the decision maker and can require additional coverage
- State Medicaid program structure
  - Expansion State?
  - Managed Care or Fee-for-Service?
- Quality Measures
  - State Medicaid programs will have to report on the Behavioral Health Core Set starting in FY 2024. This includes NQF 0027 (Medical Assistance with Smoking and Tobacco Use Cessation)



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Billing Considerations

Private Insurance

- Type of plan impacts coverage and regulation
  - Fully-insured vs. Self-insured
  - Non-compliant plans
- State laws and policies
  - Additional state coverage requirements
  - Not applicable to self-insured plans and non-compliant plans
- Role of Insurance Commissioner
  - Insurance Bulletins
  - Regulatory authority

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Issue Brief: Collaborating with your State Insurance Commissioner

NOTE TO READER: When working on improving comprehensive tobacco cessation benefit coverage, it is important to understand different types of health insurance plans, what rules and regulations the plans need to follow, and who has the authority to hold the health insurance plan accountable. This brief was developed by the American Lung Association after interviewing a current and a former state insurance department representative. The information is intended to assist public health staff in understanding the role of state insurance commissioners and leveraging relationships these important stakeholders.

References to tobacco in this issue brief refer to commercial tobacco and not the sacred and traditional tobacco that may be used for ceremonial or medicinal purposes by some American Indian communities.

Introduction

Tobacco use is the leading cause of preventable death and disease in the United States. The majority of smokers want to quit (70%), but fewer than 10% are successful.[1] The 2020 Surgeon General's Report on Smoking Cessation[2] found that, "Insurance coverage for smoking cessation treatment that is comprehensive, barrier-free, and widely promoted increases the use of these

Comprehensive Tobacco Cessation Benefit:

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Billing Considerations

Medicare

- Coverage determination is made at the national level; Medicare Advantage plans are able to be more generous.
- Medicare Covers: 99406 and 99407; four sessions per year, twice a year.
- Medicare's Decision Memo on cessation counseling clearly states only Medicare recognized practitioners and qualified physicians can furnish cessation counseling.
- Prescription pharmacotherapy (NRT Nasal Spray, NRT Inhaler, Bupropion, Varenicline

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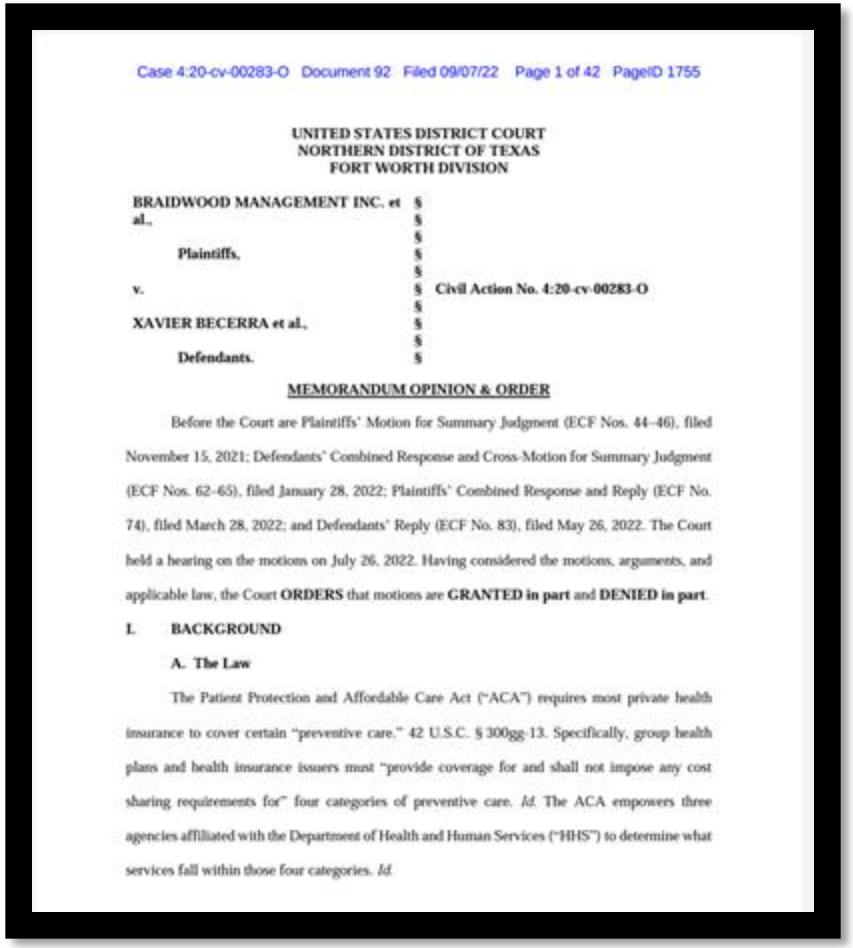
Current Landscape: Healthcare

American Lung Association.

Challenges to Preventive Services

Braidwood v. Becerra

- Legal Challenges: Required coverage of preventive services is unconstitutional (appointments clause); and Required coverage of some preventive services (preexposure prophylaxis (PrEP)) violates the *Religious Freedom Restoration Act (RFRA)*.
- Current Ruling: The USPSTF recommendations violate the appointments clause because its members are not appointed by the President and confirmed by the Senate.
- Next Steps: The U.S. Supreme Court has granted Cert and will hear the case this term.



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UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF TEXAS
FORT WORTH DIVISION

BRAIDWOOD MANAGEMENT INC. et al.,
Plaintiffs,
v.
XAVIER BECERRA et al.,
Defendants.

Civil Action No. 4:20-cv-00283-O

MEMORANDUM OPINION & ORDER

Before the Court are Plaintiffs' Motion for Summary Judgment (ECF Nos. 44–46), filed November 15, 2021; Defendants' Combined Response and Cross-Motion for Summary Judgment (ECF Nos. 62–65), filed January 28, 2022; Plaintiffs' Combined Response and Reply (ECF No. 74), filed March 28, 2022; and Defendants' Reply (ECF No. 83), filed May 26, 2022. The Court held a hearing on the motions on July 26, 2022. Having considered the motions, arguments, and applicable law, the Court **ORDERS** that motions are **GRANTED in part** and **DENIED in part**.

I. BACKGROUND

A. The Law

The Patient Protection and Affordable Care Act ("ACA") requires most private health insurance to cover certain "preventive care." 42 U.S.C. § 300gg-13. Specifically, group health plans and health insurance issuers must "provide coverage for and shall not impose any cost sharing requirements for" four categories of preventive care. *Id.* The ACA empowers three agencies affiliated with the Department of Health and Human Services ("HHS") to determine what services fall within those four categories. *Id.*

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Current Healthcare Landscape

Medicaid Overview

- Medicaid is funded jointly by the federal government and state government
- Flexible program – states make a lot decisions for their state Medicaid program
- States can make changes to their Medicaid program via a State Plan Amendment or 1115 Waiver
- There are 40 states and DC with Medicaid expansion

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Current Healthcare Landscape

Medicaid Threats

Federal Threats

- Funding cuts (Block grant, changing FMAP)
- Work reporting requirements

State Threats

- Work Requirements via 1115 Waiver
- Closed formularies
- Reallocating funding

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Q & A Session

Complete Our Post Evaluation Survey

Upcoming Trainings

- Supporting and Understanding Tobacco Cessation Programs in Public Housing Primary Care 2-part Webinar Series
  - January 16th and January 23rd at 2:00pm EDT

Thank you!


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National Center for Health in Public Housing