

Access to Smoking Cessation Services in Rhode Island: Medication and Counseling Utilization

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BACKGROUND

Tobacco use is the leading cause of preventable death and disease in the United States (U.S.), accounting for one in five deaths.¹ In 2022, the prevalence of current tobacco use in the U.S. was 19.8%.² In 2019–2022, individuals with higher prevalence of tobacco use included Non-Hispanic (NH) American Indian or Alaska Native (AI/AN) adults, individuals with disabilities, those with severe generalized anxiety disorder, and those with severe depression. In 2021, individuals with higher prevalence of tobacco use included those who experienced lower income, lower educational attainment, were uninsured or enrolled in Medicaid, and those with serious psychological distress.³

The 2014 revision of the Affordable Care Act mandates that state Medicaid programs cover costs for the seven Food and Drug Administration (FDA)-approved tobacco cessation medications [Box 1] for Medicaid beneficiaries.⁴ The 2021 U.S. Preventive Services Task Force (USPSTF) recommendations for non-pregnant adults' tobacco smoking cessation interventions are to provide behavioral intervention and pharmacotherapy, while for pregnant adults, is to provide only behavioral interventions.⁵ The coverage and access to evidence-based medication and counseling for those with nicotine dependence are essential to quitting success. Fifty-two research trials displayed that combining behavioral intervention with pharmacotherapy can increase cessation success by 70–100%.⁶ Nonetheless, individuals face barriers in accessing these medications, which make tobacco and nicotine cessation challenging, even with the available coverage.⁴

Rhode Island's Medicaid program provides comprehensive coverage* for tobacco cessation, including individual and group counseling and all seven FDA-approved medications.⁴ Despite strong evidence supporting these treatments, they remain underutilized. Although fully covered, access is often limited by low awareness, constrained provider capacity, and administrative barriers.^{7,8} Over-the-counter nicotine

Box 1. FDA-approved Tobacco Cessation Medications

Nicotine Patches
Nicotine Gum
Nicotine Lozenge
Nicotine Inhaler
Nicotine Nasal Spray
Bupropion
Varenicline

patches, gum, and lozenges are covered only through a written prescription, while Varenicline, nicotine inhalers, and nasal spray need prior authorization. Barriers vary by plan and include limits on treatment duration and annual use, prior authorization requirements, and restrictions with prescription, and stepped care therapy.⁸ Difficulty with navigating services prevents tobacco users from receiving the treatment they need. Evidence shows that comprehensive, barrier-free, and well-promoted insurance coverage for cessation treatment increases utilization, improves quit rates, and is cost-effective.⁹ Therefore, reducing barriers is needed to improve access to evidence-based, effective cessation services. This analysis focuses on the utilization of evidence-based tobacco cessation services among Rhode Islanders who currently smoke using the Rhode Island All-Payers Claim Database (APCD), 2017–2024.

Specifically, comprehensive cessation coverage includes:⁴

- Individual, group, and telephone counseling
- All FDA-approved cessation medications and any future medications approved for this purpose by the FDA
- At least two quit attempts per year
- At least four counseling sessions of at least 10 minutes each per quit attempt

METHODS

Data from the Rhode Island All-Payers Claims Database (APCD), also known as HealthFacts RI, for the period 2017–2024 were utilized to acquire information on tobacco use status, insurance type, and utilization of tobacco cessation medication and tobacco cessation counseling. The APCD is a large state database that includes medical and pharmacy claims, reported by public and private insurers as part of a state mandate. In this study, insurance type was categorized as Medicaid insurance, private insurance, and Medicare insurance. The Tobacco Cessation Counseling CPT codes used for this study were: 99406, 99406 (-25), 99407, 99407 (-25), 99078, HCPC Code - S9453, G0436, HCPC Code G9906, 4000F, and 4004F. The list of drugs used to identify medication utilization were:

- Chantix (varenicline) – all doses (.5 mg, 1mg, 2 mg)
- Zyban/Wellbutrin (bupropion SR-12-hour release 150 mg only)

*Coverage for all evidence-based cessation treatments, including counseling and both over-the-counter and prescription medications.

- Nicotine Patches – all doses ex 7 mg, 14 mg, 21 mg
- Nicotine Gum – all doses – 2mg, 4mg
- Nicotine Lozenges – all doses – 2mg , 4mg
- Nicotine Nasal Inhaler – all doses
- Nicotine Nasal spray – all doses

Using APCD data, the percentage of current tobacco users accessing tobacco cessation medication was calculated, using the number of individuals who used tobacco and received the listed medication and the total number of individuals who used tobacco within each insurance category. A similar method was used to calculate the percentage of tobacco cessation counseling utilization across each insurance type, as seen in **Figure 1** and **Figure 2**. Results are reported among the current tobacco users who utilize services for each insurance type. Each percentage is defined as percentage of service utilization (either tobacco cessation counseling or medication) in that insurance type.

RESULTS

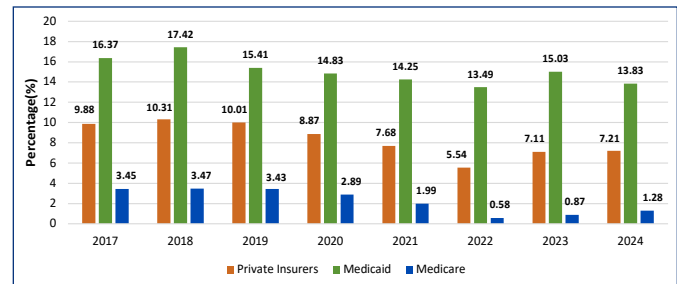
Figure 1 demonstrates that from 2017 to 2024, Medicaid recipients, who are current tobacco users, accessed tobacco cessation medications at higher proportions compared to other insurance types. **Figure 2** demonstrates that during the same time frame, there was a similar proportion of tobacco cessation counseling utilization among current tobacco users across all three insurance types. Notably, utilization of tobacco cessation medication and counseling is low for all insurance types. On average, one in six Medicaid recipients in Rhode Island who currently use tobacco are utilizing cessation medication through insurance. Similarly, one in 20 Medicaid recipients in Rhode Island who currently use tobacco are utilizing tobacco cessation counseling through insurance.

DISCUSSION

A low utilization of tobacco cessation services in Rhode Island was observed in 2017–2024 APCD data, supporting recommendations for increasing access and awareness for current tobacco users.

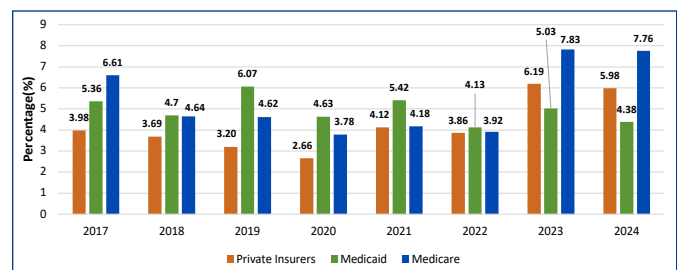
The higher utilization of tobacco cessation medication compared to tobacco cessation counseling suggests 1) healthcare professionals are more likely to recommend medication over counseling, and 2) patients are more likely to sustain cessation when medication is accessible as compared to counseling alone. In 2023, 65% of Rhode Island adults who smoked cigarettes reported being advised to quit by health professionals, while 35.39% and 31.03% of those who currently smoke reported that a health professional discussed quit medication and non-medication quit strategies, respectively.¹⁰ These findings represent potential missed opportunities for healthcare professionals to provide awareness and education about comprehensive cessation treatment, inclusive of both medication and counseling.

Figure 1. Treatment Reach of Tobacco Cessation Medications for Current Tobacco Users, 2017–2024



Source: HealthFacts RI, the Rhode Island all payer claims database (APCD) 2017–2024, provided by the EOHHS EcoSystem

Figure 2. Treatment Reach of Tobacco Cessation Counseling for Current Tobacco Users, 2017–2024



Source: HealthFacts RI, the Rhode Island all payer claims database (APCD) 2017–2024, provided by the EOHHS EcoSystem

In 2024, approximately three out of five Rhode Island adults who currently smoked reported quit attempts in the past year.¹¹ During the same time, 76% of Rhode Island Medicaid beneficiaries who smoke reported a quit attempt in the past 12 months.¹¹ This suggests most Rhode Islanders who smoke are interested in quitting, but evidence-based insurance covered services are underutilized in quit attempts. Full cessation from tobacco and nicotine is a journey and can take multiple attempts to succeed. Easier access to free or low-cost comprehensive tobacco cessation resources can support this success. Healthcare professionals are crucial in connecting patients with the appropriate resources to support quitting tobacco. To increase the success of quit attempts, patients should be linked to evidence-based treatments, like state quitline services such as QuitNowRI. QuitNowRI provides comprehensive, evidence-based counseling and medication (Nicotine Replacement Therapies, NRTs), and healthcare professionals can easily refer patients to QuitNowRI services. This service is free to Rhode Islanders aged 13 years and older, regardless of income, insurance status, or language. QuitNowRI has a specialized web page for healthcare professionals, with free accredited Continuing Medical Education (CME, CNE, CPE) modules focusing on best practices for tobacco treatment and tobacco cessation using medication and behavioral support.

Pharmacist prescription authority is another strategy to increase access to tobacco and nicotine cessation treatment

for Rhode Islanders. Nearly 90% of United States residents live within five miles of a community retail pharmacy.¹² Pharmacies offer extended hours of operations including nights, weekends, and holidays. Pharmacists are well dispersed in the community, can be seen without an appointment, are knowledgeable about drug interactions, and can respond quickly to drug therapy modifications. In March 2024, the Center for Medicaid and CHIP Services (CMCS) in the Centers for Medicare & Medicaid Services (CMS), issued a bulletin, “*Strategies to Improve Delivery of Tobacco Cessation Services*,” highlighting partnering with providers such as pharmacists to increase access to cessation treatments.¹³ Allowing trained pharmacists to write prescriptions for cessation medications can increase access to low or no-cost treatments for Medicaid beneficiaries and other patients.

According to the National Conference of State Legislatures, there are currently 18 states with statutes or regulations for pharmacist prescribing of tobacco cessation aids.¹⁴ New Mexico has had its pharmacists prescribe cessation aids since 2004. An article in the *Journal of Rural Health* states, “...evidence supporting the effectiveness of cessation services delivered by pharmacists, and a growing number of state laws providing prescriptive authority, community pharmacists can play a vital role in addressing tobacco use.”¹⁵ The article emphasizes impacts that can be made through pharmacist prescriptive authority in rural communities.

Providing pharmacists with the ability to prescribe tobacco cessation medication such as nicotine replacement therapy (NRT), or offering brief quit counseling, leverages a trusted and sustainable infrastructure to increase tobacco treatment options for those experiencing lower income or with reduced access to transportation, including those in rural communities. This initiative helps assure individuals, such as those with behavioral health conditions who may have regimented pharmaceutical routines, have further support in their tobacco quit journey in addition to their traditional healthcare professionals. This strategy also supports the transient or unhoused population who may experience barriers in establishing a primary care provider or a permanent address for mailed prescriptions.

In conclusion, the results of this study indicate that tobacco cessation medication and counseling are low for all insurance types. Strategies to expand access to and adoption of comprehensive cessation services in Rhode Island include: increased awareness of tobacco use treatment methods; increased engagement of healthcare professionals in tobacco use cessation, improved Quitline services, utilization of the Quitline by health professionals, and increased use of QuitNowRI’s referral process among healthcare professionals; increased use of QuitNowRI’s continuing education for healthcare professionals; and authorization of pharmacists to prescribe tobacco cessation medications can help ensure

Rhode Islanders have equitable and effective support to successfully quit tobacco and nicotine products.

Limitations of this study include: (1) APCD claims data capture only provider-billed services, and (2) individuals with multiple insurance types may appear multiple times in the dataset. Regardless, this study highlights the importance of expanding access to and increased awareness of comprehensive services for tobacco and nicotine addiction treatments for cessation.

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Disclosures

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