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July 28, 2023

Office of the Assistant Secretary for Health, Office of the Secretary
Attn: Assistant Secretary ADM Rachel Levine
200 Independence Avenue, SW Room 716G
Washington, DC 20201

Submitted via email to HHSSmokingCessationFramework2023@hhs.gov

Re: Request for Information: Draft HHS 2023 Framework to Support and Accelerate Smoking Cessation

Dear ADM Levine,

The American Psychiatric Association (APA), the national medical specialty society representing over 38,000 psychiatric physicians and their patients, appreciates the opportunity to comment on the [Request for Information \(RFI\): Draft HHS 2023 Framework to Support and Accelerate Smoking Cessation](#). **APA applauds the administrations' focus on smoking cessation, however as drafted, the broad scope of the goals may limit the impact of the efforts being made. APA encourages the administration to add additional details that will help support and accelerate smoking cessation.** In the current draft, this framework fails to mention several key factors of consideration important to preventing and treating smoking cessation, including vaping cessation, reimbursement models for Nicotine Replacement Therapy (NRT), and explicit mention of key populations with exacerbated risk, such as populations with co-occurring mental health and substance use conditions. **Furthermore, APA encourages stakeholder participation to develop clear metrics to ensure this work is successfully implemented and evaluated.**

Within the current iteration of this RFI, there is no mention of vaping cessation, despite e-cigarettes being the most commonly used tobacco product among youth since 2014, with 14% of high schoolers and 3% of middle schoolers reportedly vaping annually.¹ **Given that many E-cigarette products contain carcinogens, it is important that these products be specifically included in the framework, and that monitoring vaping and e-cigarette use be included in this framework's collection of metrics.**

APA encourages increased specificity on coverage and reimbursement of Over the Counter (OTC) Nicotine Replacement Therapy (NRT) products and other evidence-based smoking cessation tools. Research has demonstrated that NRTs increase the rate of quitting by 50-70%, with minimal adverse side effects.² Despite this, Medicare

currently does not cover the cost of these medications, which could stifle the rate of prescriptions especially for populations disparately affected by smoking. Increased reimbursement for NRTs, as well as for clinicians providing smoking cessation focused care, should be more explicitly included in this

¹ American Psychiatric Association, E-cigarettes and Vaping, <https://www.psychiatry.org/patients-families/e-cigarettes-and-vaping#:~:text=Vaping%20and%20nicotine&text=Nicotine%20can%20harm%20the%20adolescent,%2C%20mood%2C%20and%20impulse%20control.&text=E%2Dcigarettes%20may%20also%20contain,such%20as%20arsenic%20and%20lead>.

² <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5003586/>

framework. To this end, contingency management strategies focused on smoking cessation may also be useful to include.

The framework includes a goal focused on addressing the needs of special populations at higher risk but does not proceed identify these key groups. Individuals with a co-occurring behavioral health disorder in the US are 2-3 times more likely to smoke than the general population.³ This trend is even more prominent amongst individuals with identified substance use disorders, with studies showing that more than 80% of youth with substance use disorders report daily smoking.⁴ Provided this significantly higher risk, this population should be identified within the framework. **In addition to individuals with co-occurring disorders, the LGBTQIA+ community, Veterans, indigenous communities, and those living below the poverty line, all show higher risk levels for tobacco use and should be directly considered to ensure programs are tailored to best meet the needs of these identified populations.**

Finally, the framework should include metrics such as the number of prescriptions, smoking cessations CPT code utilization, as well as the number of people reporting access to treatment, to ensure goals of the framework are impactful. These metrics will help provide a clear overview as to where successes and gaps in these efforts exist.

Thank you for your review and consideration of these comments. The American Psychiatric Association is pleased that the Biden Administration has made a strong commitment to smoking cessation efforts. If you have any questions or would like to discuss any of these comments further, please contact Brooke Trainum, Director of Practice Policy, btrainum@psych.org.

Sincerely,

A handwritten signature in blue ink that reads "Saul Levin" with "MD, MPA" written in smaller letters to the right.

Saul Levin, MD, MPA, FRCP-E, FRCPsych
CEO & Medical Director
American Psychiatric Association

³ Centers for Disease Control and Prevention. National Center for Health Statistics. National Health Interview Survey, 2017. Analysis performed by the American Lung Association Epidemiology and Statistics Unit using SPSS software.

⁴ Hall SM, Prochaska JJ. Treatment of smokers with co-occurring disorders: emphasis on integration in mental health and addiction treatment settings. *Annu Rev Clin Psychol.* 2009; 5:409-31