Title

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POLICY BRIEF
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Tobacco Cessation
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Operationalizing Prescriptive Authority for Tobacco Cessation in Community Pharmacies

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Background

Tobacco use is the leading preventable cause of morbidity and mortality in the US, resulting in enormous, avoidable health care costs.[1] Most people who smoke want to quit, and over half report making a quit attempt in the past year, but fewer than a third use evidence-based treatment and fewer than one in ten succeed each year.[2] To help address this care gap, the pharmacy profession has made training on tobacco cessation widely available to pharmacists and pharmacy technicians and has integrated it into pharmacy school curricula.[3] Community pharmacies in particular are well suited to treat tobacco use, as 89% of Americans live within five miles of a community pharmacy.[4] Assistance from community pharmacies has been shown to be effective in helping patients quit.[5]

Relevant Policies

Three California laws enhance the ability of pharmacists to help patients quit using tobacco:

- Senate Bill (SB) 493, enacted in 2013, authorizes pharmacists who are trained in tobacco cessation to furnish nicotine replacement therapy (NRT) without a prescription.[6]
- Assembly Bill (AB) 1114, enacted in 2016, authorizes Medi-Cal payments to pharmacists for providing cessation services under SB 493.[7] Governor Newsom later issued an executive order requiring Medi-Cal plans to reimburse pharmacists for cessation counseling and furnishing NRT under AB 1114.[8]
- AB 317, enacted in 2023, requires commercial health plans to reimburse pharmacists for clinical services provided within their scope of practice, including tobacco cessation.[9]

Activities Supporting Policy Implementation

In partnership with Community Pharmacy Enhanced Services Networks (CPESN), researchers in the Tobacco Cessation Policy Research Center (TCPRC) supported a cohort of community pharmacies (n=7) with:

- Training for pharmacists and pharmacy technicians
- Regular online meetings, with reports from each pharmacy and the exchange of resources and best practices
- Financial support
- Participating pharmacies followed the 5 A's model for tobacco cessation, documenting each step in the pharmacy electronic health record (EHR).

Results

Reach

- Pharmacies screened 5,530 adult patients for tobacco use from September to November 2022, identifying 541 (10%)

KEY POINTS

- California state laws aim to increase the provision of tobacco cessation services by pharmacies, but the extent to which these laws have been implemented is unclear.
- Researchers worked with 7 community pharmacies to integrate cessation services into their workflows.
- In a 3-month period, over 5,500 patients were screened, of whom 10% were current tobacco users.
- Despite initial challenges, integrating cessation was compatible with existing workflows. Routinely asking about tobacco facilitated the process.
- Barriers included difficulty in documenting tobacco use status and an inability to bill for services.

who currently used tobacco.

- Pharmacies provided 334 interventions, including educating on tobacco cessation, initiating NRT, and monitoring cessation therapy. 25 patients were referred to the quitline.

Barriers

- Pharmacy owners were often pressed for time and lacked sufficiently trained staff.
- Staff were sometimes uncomfortable asking patients about tobacco use and advising them to quit.
- Pharmacies used various pharmacy EHR systems, and software was not set up to document readiness to quit.
- Pharmacies lacked experience in medical billing and health plans lacked processes to pay them for providing cessation services.

Facilitators

- Integration of cessation services was usually compatible with existing workflows.
- Routinely asking about tobacco use facilitated adoption, as did pharmacy technician involvement.
- Patient trust and interest in cessation assistance made it easier to broach the subject.
- Ongoing training and support helped to maintain the newly implemented procedures.

Next Steps

- Enroll a second cohort of CPESN pharmacies (n=11), with the initial cohort coaching the new pharmacies on best practices.
- Establish additional referral sources (e.g., substance use disorder treatment facilities, dental practices).
- Collect data on reimbursement for pharmacy services.
- Continue online meetings to support service implementation, consistent documentation, billing for services, and data collection on claims submitted and reconciled.

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