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Background

Using tobacco cessation medications and counseling increases the success of quit attempts, thereby reducing tobacco-related disease and associated health care costs. Yet most quit attempts are unaided. It was estimated that only 31% of smokers in the US who try to quit get help, including 29% who use medications, 7% who use counseling, and 2% who use both.¹ A key barrier to the use of evidence-based treatment is the lack of insurance coverage of cessation aids. Most Californians are covered by public insurance. This includes over 15 million people in Medi-Cal² and over 1.5 million in CalPERS as of 2023.³ CalPERS is the largest public employer purchaser of health benefits in California.³ All Medi-Cal plans provide comprehensive tobacco cessation coverage, but coverage by some CalPERS plans is less clear. Because of this, the American Lung Association could not report coverage of cessation services by California's state employee health plans in its [State of Tobacco Control 2024 Report](#).⁴

Relevant Policy

The Affordable Care Act (ACA) requires health plans to cover medications and services with a rating of "A" or "B" from the US Preventive Services Task Force (USPSTF).⁵ This includes:

- 7 medications approved by the Food and Drug Administration (FDA) for tobacco cessation (bupropion, varenicline, and 5 forms of nicotine replacement therapy).
- 3 forms of counseling (group, individual, and telephone), with 4 sessions of at least 10 minutes each per quit attempt.

Plans must cover at least 2 quit attempts per year without prior authorization or cost sharing.

Activities Supporting Policy Implementation

CalPERS offers 35 different health plans for its active members and retirees. These plans are administered by:

- Anthem Blue Cross (17)
- Blue Shield of California (6)
- UnitedHealthcare (4)
- Health Net of California (2)
- Kaiser (2)
- Sharp Health Plan (2)
- Western Advantage (2)

Researchers in the Tobacco Cessation Policy Research

KEY POINTS

- The Affordable Care Act requires health plans to provide barrier-free coverage of tobacco cessation treatments, including medication and counseling, but coverage by CalPERS plans was in some cases unclear.
- TCPRC researchers examined CalPERS plans' evidence of coverage for information about tobacco cessation treatment.
- Of 35 plans, about three quarters cover at least one cessation medication. Only 4 cover all 7 FDA-approved medications.
- Nearly all plans cover at least one form of cessation counseling, but it is unclear how many cover all 3 and whether they cover treatment without barriers.

Center (TCPRC) examined the websites and evidence of coverage (EOC) documents of these plans for information about their coverage of tobacco cessation services.

Results

Medication coverage

- 27 of 35 CalPERS plans (77%) mention at least 1 FDA-approved medication that they cover.
- 4 of these (11%) cover all 7 FDA-approved medications. All 4 are Medicare plans. No plans for active members do so.

Counseling coverage

- 30 of 31 plans (97%, excluding prescription drug plans) address tobacco cessation counseling in their EOC documents. Some mention specific programs they provide to help members quit using tobacco.
- Most plans do not specify what forms of counseling they cover, so it is unclear how many cover all 3 forms of counseling.

Coverage barriers

- 9 of 35 plans (26%) state that they cover at least 2 quit attempts per year. Most do not address the question of frequency, or how many counseling sessions they cover per quit attempt.
- In general, EOC documents provide little information about treatment barriers such as prior authorization and stepped care requirements.

Next Steps

TCPRC and its partners will:

- Work with CalPERS to improve plans' tobacco cessation coverage and/or clarify relevant language in EOC documents prior to Open Enrollment 2024.
- Work with the American Lung Association to clarify coverage by CalPERS plans prior to development of its *State of Tobacco Control 2025 Report*.
- Monitor Braidwood vs. Becerra, a legal case challenging the ACA provision that requires plans to cover USPSTF-recommended medications and services without cost sharing.⁷

References

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