

Introduction

Smoking is the leading cause of preventable death, disability and disease in the United States.¹ Quitting smoking is beneficial at any age, as it improves health status and increases lifespan.² Approximately 7 in 10 adult smokers want to quit.² Tobacco cessation medications and counseling are effective at helping smokers quit, yet utilization is low.² In order to lower the smoking rate, all health insurance programs need to cover a comprehensive smoking cessation benefit.

The 2020 Surgeon General’s report on *Smoking Cessation* finds that both¹:

“Insurance coverage for smoking cessation treatment that is comprehensive, barrier-free, and widely promoted increases the use of these treatment services, leads to higher rates of successful quitting, and is cost-effective.”

And

“Smoking places a substantial financial burden on smokers, healthcare systems, and society. Smoking cessation reduces this burden, including smoking attributable healthcare expenditures.”

These conclusions highlight the importance of a comprehensive, barrier-free cessation benefit in saving both lives and money. When looking at coverage, it is important to view a comprehensive, barrier-free cessation benefit through the lens of helping smokers quit. It is also important to view a comprehensive, barrier-free cessation benefit as a tool in reducing the financial burden that smoking has on smokers, healthcare systems and society.

The 2010 Patient Protection and Affordable Care Act (ACA) recognizes the importance of prevention by requiring coverage of preventive services as one of the ten essential health benefits. Specifically, this provision requires most private health plans, including any plan sold on the state exchanges, as well as Medicaid expansion plans to cover any treatment or intervention that earns an “A” or “B” grade by the United States Preventive Services Task Force (USPSTF).³ Adult tobacco cessation interventions for non-pregnant adults earn an “A” for both pharmacotherapy and behavioral interventions. These include the seven Food and Drug Administration (FDA)- approved cessation medications and three forms of counseling.

In an effort to translate the USPSTF clinical guidelines into insurance language, the U.S. Departments of Labor, Treasury and Health and Human Services released a FAQ guidance in May 2014.⁴ This sub-regulatory guidance gives further instruction to health plans and states on the interpretation of tobacco cessation treatment coverage requirements. The guidance states that, in order to comply with the preventive services requirement, plans should cover at least four sessions of individual, group, and phone cessation counseling and a 90-day course of all FDA-approved tobacco cessation medications. Medications and counseling should be covered without cost-sharing and prior authorization. This benefit should be offered for at least two quit attempts per year.⁶ After this guidance was released, a number of state insurance commissioners issued insurance bulletins or consumer alerts calling attention to its content.

This report examines tobacco cessation coverage for plans offered in state health insurance marketplaces, also known as state exchanges. Data show the exchange population is lower income, which smoke at a higher rate than the national average. In 2019, 87% of marketplace enrollees received an Advanced Premium Tax Credit, meaning they earned less than 400% of the federal poverty level, or just under \$50,000 per year for an individual. Additionally, 52% of enrollees enrolled in a Cost-Sharing Reduction Silver plan, meaning they earned between 100 and 250% of the federal poverty level, or just under \$32,000 per year.⁵ Data show that people earning less than \$35,000 per year smoke at a higher rate than the national average (21.3% vs 13.7%).⁶ However, data also show that, regardless of income level, most adults who smoke want to quit.⁷ It is important that smokers who want to quit have access to evidence-based cessation treatments.

The 2020 data reported here show that states are generally covering tobacco cessation medications in their state exchange plans. However, plans can still improve their coverage of tobacco cessation treatment for exchange enrollees by removing coverage barriers and improving coverage of counseling.

Methodology

The 2008 Public Health Services Clinical Practice Guideline *on Treating Tobacco Use and Dependence* describes an evidence-based, comprehensive tobacco cessation benefit. Such a benefit includes individual, group and telephone counseling and the seven FDA-approved cessation medications. The United States Preventive Services Task Force (USPSTF) has repeatedly given these tobacco cessation treatments an “A” grade.

This report assesses coverage of this comprehensive cessation benefit in state marketplaces, as well as barriers to accessing cessation treatment. The barriers to treatment analyzed in this report included duration limits, annual limits, lifetime limits, cost-sharing, prior authorization, requiring counseling as a prerequisite for receiving medication, stepped-care therapy, dollar limits and tobacco surcharges. Most state exchanges did not include detailed information to accurately assess barriers to accessing counseling and as a result these barriers were only assessed for cessation medications.

Tobacco surcharges differ slightly from the other barrier data collected, as a tobacco surcharge is not a barrier at the point of care, but a systemic barrier for smokers accessing health insurance. Exchange plans are able to charge smokers higher premiums than non-smokers. Evidence shows that this can deter people from purchasing insurance rather than encouraging them to quit.⁸ This piece of data helps create a more complete picture of access to cessation treatments in a state exchange.

Between March 14, 2020 and June 30, 2020, smoking cessation coverage data were collected for plans available to individuals and families through marketplaces in each state and the District of Columbia. Data were collected through the HealthCare.gov finder site. American Lung Association staff analysts obtained data for each state-specific geographic rating area by entering the appropriate zip code.

To ensure consistency in the data, the following demographic information was inputted to gather smoking cessation coverage data for each rating area in each state and the District of Columbia:

Demographic Characteristic	Response
Gender	Female
Date of Birth	April 6, 1986
Tobacco Use	Yes
Months Since Last Usage	Less than 1
Number of spouse or dependents	None

To categorize smoking cessation coverage and barriers to treatment, state marketplace and insurance plan websites were searched for preferred drug lists, formularies, member and provider handbooks, coverage policies and other relevant documentation. Data were classified as yes, no, varies, not specified, not available and insufficient information. These classifications were defined as follows:

- **Yes** indicates that all the state’s exchange plans cover the cessation treatment or impose the treatment barrier.
- **No** indicates all the state’s exchange plans do not cover the treatment or do not impose the treatment barrier.
- **Varies** indicate that some of the state’s exchange plans cover the treatment or impose the treatment barrier, while other plans do not.
- **Not specified** indicates that the state’s exchange plans indicate that a cessation treatment is covered, but do not specify which treatment(s) this refers to. A common example of this is indicating that cessation counseling is covered, but not specifying whether this refers to individual, group or telephone counseling, or to some combination of these.
- **Not available** indicates that the state’s exchange plans do not disclose information on coverage of the treatment or treatment barrier.
- **Insufficient information** indicates that the state does not provide publicly accessible or available information for at least some of its exchange plans.

The findings of this project are subject to several limitations. The first limitation was publicly available information, including plan formularies that may be outdated because mid-year changes to the formulary may not be updated regularly. Another limitation was sole reliance on the HealthCare.gov website to obtain plan data. The last limitation was unavailable data.

Results

In 2020, 35 states, including the District of Columbia had cessation coverage data available on their state exchange plans. Among these, 22 states covered all seven medications for all exchange enrollees. A total of 34 states covered bupropion for all exchange enrollees, and 33 states covered varenicline for all exchange enrollees. A total of 29 states indicated that they covered counseling for all exchange enrollees, but not every plan specified which type of counseling was covered and as a result, the data was reported as “not specified.”

In 2020, most states, that are reported on, have tobacco surcharges in place for exchange enrollees. Of the 35 states with data available, 20 states imposed tobacco surcharges for all exchange enrollees, while nine states imposed tobacco surcharges for some exchange enrollees (tobacco surcharge varies by plans). Only five states did not impose tobacco surcharges on any exchange enrollees. One state did not have this information available.

In 2020, most states are complying with the May 2014 sub-regulatory guidance’s co-pay and prior authorization provisions for cessation medication coverage. Of the 35 states with data available, 32 states covered at least some tobacco cessation medications without cost-sharing and 31 states covered at least some tobacco cessation medications without prior authorization. In 2020, a number of states placed duration limits on medications. Of the 35 states with data available, 13 states placed duration limits on at least some cessation medications for all exchange enrollees, while 16 states placed duration limits on at least some of these medications for some exchange enrollees. This newly reported data for 2020 shows that states are covering cessation medications with limited barriers, but still have room to improve their coverage of and access to tobacco cessation treatment.

Discussion

In the 35 states that we were able to collect data for, many plans are providing tobacco cessation treatment for some or all exchange enrollees. Twenty-two of the 35 states cover all seven FDA-approved cessation medications in all plans, indicating that these medications are available in most states with information available.

A majority of states are covering tobacco cessation treatment in their marketplaces, however, there is room for state exchange plans to improve in providing comprehensive tobacco cessation coverage without barriers. In 2020, some or all exchange plans in 29 states impose duration limit requirements for accessing at least one cessation treatment for exchange enrollees. Furthermore, some or all exchange plans in 29 states impose tobacco surcharges for exchange enrollees. Failing to cover all proven cessation treatments and imposing barriers such as tobacco surcharges and duration limits makes it more difficult for exchange enrollees to access cessation treatments and successfully quit smoking.

Many states cover cessation counseling, however, there is a lack of specificity on the types of counseling offered for exchange enrollees. This could create confusion for patients on how to access these services, which are important components of tobacco cessation treatment, especially because the combination of cessation counseling and medications gives smokers the best chance of quitting. There must be more publicly facing, consumer-friendly information to help consumers navigate and select among and gain access to the specific cessation treatment or combination of cessation treatments they need. This lack of specificity could also discourage healthcare providers from offering or referring patients to these treatments because they are

uncertain whether these treatments are covered, whether patients will need to pay for these treatments, and whether they will be reimbursed for providing these treatments.

In 29 states, some or all exchange enrollees are charged higher premiums based on tobacco use. The available evidence indicates that imposing tobacco surcharges does not encourage smokers to quit, and can deter smokers from purchasing health insurance.^{9,10} Forgoing health insurance coverage can leave smokers and, potentially their families, without coverage for treatments that can help them quit, as well as treatments for tobacco-related illnesses. States can make health insurance more affordable and accessible for tobacco users by prohibiting the surcharge. While the Affordable Care Act allows insurers to charge tobacco users surcharges up to 1.5 times the premiums charged to non-tobacco users, states are able to impose lower caps on these surcharges or prohibit them altogether. As of 2017, seven states* prohibit these charges in the individual market.¹¹ It would be helpful for studies to examine if states that impose tobacco surcharges have higher numbers of uninsured tobacco users, lower rates of successful quitting among exchange enrollees, and higher rates of smoking and tobacco use in this population, and if states that bar such surcharges see the opposite effects.

Additionally, imposing other barriers to accessing cessation treatments, such as limitations on the number of quit attempts and duration of treatments, may deter smokers from using cessation treatments and thus make it more difficult for them to quit.¹² Currently, of the 35 states that have data available, 29 states placed duration limits on at least one cessation medication for some or all of their exchange enrollees.

Covering a comprehensive, barrier-free tobacco cessation benefit is critical, since different smokers prefer and respond better to different types of cessation counseling and different cessation medications.¹³ In addition, combining the nicotine patch with a short-acting form of nicotine replacement therapy (NRT) like the nicotine lozenge or gum further increases quit rates compared with using a single form of NRT.¹⁴ Covering all proven cessation treatments and removing barriers to accessing these treatments would be expected to increase exchange enrollees' use of cessation treatments, result in higher rates of successful quitting and lower smoking rates in this population, and reduce smoking-related disease, death, and healthcare costs.^{1,4}

Conclusion

During the 2020 open enrollment period, approximately 11.4 million individuals were enrolled in an exchange plan across all 50 states and the District of Columbia.¹⁵ Due to the COVID-19 pandemic and the accompanying economic downturn, more individuals and families are becoming eligible for a special enrollment period and seeking coverage on state exchanges. The widespread job loss associated with this downturn is causing many Americans to lose their employer-sponsored health insurance. Estimates indicate that nearly 27 million people could lose their employer-sponsored health insurance in the first half of 2020, of whom 8.4 million could be eligible for marketplace health insurance premium subsidies (Advanced Premium Tax Credit).¹⁶ Individuals who have lost employer-sponsored healthcare coverage are eligible for special enrollment in the individual insurance market. Smoking remains the leading cause of

* The seven states are: California, District of Columbia, Massachusetts, New Jersey, New York, Rhode Island and Vermont.

preventable death and disease, claiming over half a million Americans a year; smoking also increases the risk of severe illness from COVID-19.¹⁷ Anecdotal reports from state quitlines report that the COVID-19 pandemic is motivating some smokers to quit, but that the stress associated with this pandemic and its economic effects can also make it more difficult for smokers to quit. As a result, it is more important than ever to ensure that the vulnerable and growing population in state exchanges have ready access to the help they need to quit smoking.

State health insurance marketplaces have expanded access to healthcare, including tobacco cessation treatments. A majority of the states, that have data available, provide access to all seven evidence-based cessation medications. However, no states offer comprehensive coverage without barriers to all their exchange enrollees. In addition, 16 states did not have complete information on their healthcare coverage options for exchange enrollees available on HealthCare.gov. Consumers need to be able to easily access clear, specific information on coverage of preventive services through formularies and other sources in order to make informed decisions about which health plan best meets their needs. Providing comprehensive, barrier-free cessation coverage to state exchange enrollees, communicating this coverage clearly and promoting it to providers and exchange enrollees who smoke can play a critical role in increasing cessation, reducing smoking rates, improving health outcomes and reducing healthcare spending in this population.

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Table 1: Coverage of Tobacco Cessation Counseling in State Exchanges – 2020

State	Individual Counseling	Group Counseling	Phone Counseling
Alabama	Not Specified	Not Specified	Not Specified
Alaska	Not Specified	Not Specified	Not Specified
Arizona	Not Specified	Not Specified	Not Specified
Arkansas	Varies	Varies	Varies
California	Insufficient Information	Insufficient Information	Insufficient Information
Colorado	Insufficient Information	Insufficient Information	Insufficient Information
Connecticut	Not Specified	Not Specified	Not Specified
Delaware	Not Specified	Not Specified	Not Specified
District of Columbia	Not Specified	Not Specified	Not Specified
Florida	Not Specified	Not Specified	Not Specified
Georgia	Insufficient Information	Insufficient Information	Insufficient Information
Hawaii	Not Specified	Not Specified	Not Specified
Idaho	Not Specified	Not Specified	Not Specified
Illinois	Not Specified	Not Specified	Not Specified
Indiana	Not Available	Not Available	Not Available
Iowa	Not Specified	Not Specified	Not Specified
Kansas	Not Specified	Not Specified	Not Specified
Kentucky	Not Specified	Not Specified	Not Specified
Louisiana	Not Specified	Not Specified	Not Specified
Maine	Not Specified	Not Specified	Not Specified
Maryland	Not Specified	Not Specified	Not Specified
Massachusetts	Insufficient Information	Insufficient Information	Insufficient Information
Michigan	Not Specified	Not Specified	Not Specified
Minnesota	Insufficient Information	Insufficient Information	Insufficient Information

State	Individual Counseling	Group Counseling	Phone Counseling
Mississippi	Not Specified	Not Specified	Not Specified
Missouri	Insufficient Information	Insufficient Information	Insufficient Information
Montana	Not Specified	Not Specified	Not Specified
Nebraska	Not Specified	Not Specified	Not Specified
Nevada	Not Specified	Not Specified	Not Specified
New Hampshire	Varies	Varies	Varies
New Jersey	Not Specified	Not Specified	Not Specified
New Mexico	Not Specified	Not Specified	Not Specified
New York	Not Specified	Not Specified	Not Specified
North Carolina	Insufficient Information	Insufficient Information	Insufficient Information
North Dakota	Not Specified	Not Specified	Not Specified
Ohio	Insufficient Information	Insufficient Information	Insufficient Information
Oklahoma	Insufficient Information	Insufficient Information	Insufficient Information
Oregon	Insufficient Information	Insufficient Information	Insufficient Information
Pennsylvania	Insufficient Information	Insufficient Information	Insufficient Information
Rhode Island	Insufficient Information	Insufficient Information	Insufficient Information
South Carolina	Varies	Varies	Varies
South Dakota	Not Specified	Not Specified	Not Specified
Tennessee	Not Specified	Not Specified	Not Specified
Texas	Not Available	Not Available	Not Available
Utah	Not Specified	Not Specified	Not Specified
Vermont	Not Available	Not Available	Not Available
Virginia	Not Specified	Not Specified	Not Specified
Washington	Insufficient Information	Insufficient Information	Insufficient Information

State	Individual Counseling	Group Counseling	Phone Counseling
West Virginia	Insufficient Information	Insufficient Information	Insufficient Information
Wisconsin	Insufficient Information	Insufficient Information	Insufficient Information
Wyoming	Insufficient Information	Insufficient Information	Insufficient Information
Yes	0	0	0
No	0	0	0
Varies	3	3	3
Not Available	3	3	3
Not Specified	29	29	29
Insufficient Information	16	16	16

KEY: **Yes** - all the state's exchange plans cover the cessation treatment or impose the treatment barrier, **No** - all the state's exchange plans do not cover the treatment or do not impose the treatment barrier, **Varies** - some of the state's exchange plans cover the treatment or impose the treatment barrier, while other plans do not, **Not specified** - the state's exchange plans indicate that a cessation treatment is covered, but do not specify which treatment(s) this refers to, **Not available** - the state's exchange plans do not disclose information on coverage of the treatment or treatment barrier.

Table 2: Coverage of Tobacco Cessation Medication in State Exchanges – 2020

State	NRT Gum	NRT Lozenge	NRT Patch	NRT Inhaler	NRT Nasal Spray	Bupropion	Varenicline
Alabama	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Alaska	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Arizona	Varies	Varies	Varies	Yes	Yes	Yes	Yes
Arkansas	Yes	Yes	Yes	Yes	Yes	Yes	Yes
California	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information
Colorado	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information
Connecticut	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Delaware	Yes	Yes	Yes	Yes	Yes	Yes	Yes
District of Columbia	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Florida	Not Specified	Not Specified	Not Specified	Yes	Yes	Yes	Yes
Georgia	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information
Hawaii	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Idaho	Varies	Varies	Varies	Yes	Yes	Yes	Yes
Illinois	Not Specified	Not Specified	Not Specified	Yes	Yes	Yes	Yes
Indiana	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Iowa	Varies	Varies	Varies	Varies	Varies	Yes	Varies

State	NRT Gum	NRT Lozenge	NRT Patch	NRT Inhaler	NRT Nasal Spray	Bupropion	Varenicline
Kansas	Varies	Varies	Varies	Yes	Yes	Yes	Yes
Kentucky	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Louisiana	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Maine	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Maryland	Yes	Not Specified	Not Specified	Not Specified	Not Specified	Yes	Yes
Massachusetts	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information
Michigan	Yes	Yes	Yes	Varies	Yes	Yes	Yes
Minnesota	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information
Mississippi	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Missouri	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information
Montana	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Nebraska	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Nevada	Varies	Varies	Varies	Yes	Yes	Yes	Yes
New Hampshire	Yes	Yes	Yes	Yes	Yes	Yes	Yes
New Jersey	Yes	Yes	Yes	Yes	Yes	Yes	Yes
New Mexico	Yes	Yes	Yes	Yes	Yes	Yes	Yes
New York	Not Specified	Not Specified	Not Specified	Not Specified	Not Specified	Not Specified	Not Specified

State	NRT Gum	NRT Lozenge	NRT Patch	NRT Inhaler	NRT Nasal Spray	Bupropion	Varenicline
North Carolina	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information
North Dakota	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Ohio	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information
Oklahoma	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information
Oregon	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information
Pennsylvania	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information
Rhode Island	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information
South Carolina	Yes	Yes	Yes	Yes	Yes	Yes	Yes
South Dakota	Varies	Varies	Varies	Varies	Varies	Yes	Yes
Tennessee	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Texas	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Utah	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Vermont	Yes	Yes	Yes	Not Specified	Not Specified	Yes	Yes
Virginia	Yes	Not Specified	Yes	Varies	Varies	Yes	Yes

State	NRT Gum	NRT Lozenge	NRT Patch	NRT Inhaler	NRT Nasal Spray	Bupropion	Varenicline
Washington	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information
West Virginia	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information
Wisconsin	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information
Wyoming	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information
Yes	26	24	25	28	29	34	33
No	0	0	0	0	0	0	0
Varies	6	6	6	4	3	0	1
Not Available	0	0	0	0	0	0	0
Not Specified	3	5	4	3	3	1	1
Insufficient Information	16	16	16	16	16	16	16

KEY: **Yes** - all the state's exchange plans cover the cessation treatment or impose the treatment barrier, **No** - all the state's exchange plans do not cover the treatment or do not impose the treatment barrier, **Varies** - some of the state's exchange plans cover the treatment or impose the treatment barrier, while other plans do not, **Not specified** - the state's exchange plans indicate that a cessation treatment is covered, but do not specify which treatment(s) this refers to, **Not available** - the state's exchange plans do not disclose information on coverage of the treatment or treatment barrier.

Table 3: Barriers to Accessing Tobacco Cessation Treatment in State Exchanges – 2020

State	Duration Limits	Annual Limits	Lifetime Limits	Cost-sharing	Prior Authorization	Required Counseling	Stepped Care Therapy	Dollar Limits	Tobacco Surcharge
Alabama	Yes	No	No	No	No	No	No	No	Yes
Alaska	Yes	No	No	No	No	No	No	No	Yes
Arizona	Varies	No	No	Varies	No	No	No	No	Varies
Arkansas	Yes	Varies	No	No	No	No	No	No	Yes
California	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information
Colorado	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information
Connecticut	Yes	Yes	No	No	No	No	No	No	No
Delaware	No	Yes	No	No	No	No	No	No	Yes
District of Columbia	Yes	Yes	No	No	No	No	No	No	No
Florida	Varies	Varies	No	No	No	No	No	No	Yes
Georgia	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information
Hawaii	No	No	No	No	No	No	No	No	Yes
Idaho	Yes	No	No	Varies	No	No	No	No	Varies
Illinois	Varies	No	No	No	Varies	No	No	No	Varies
Indiana	Yes	No	No	No	No	No	No	No	Yes
Iowa	No	No	No	No	No	No	No	No	Yes

State	Duration Limits	Annual Limits	Lifetime Limits	Cost-sharing	Prior Authorization	Required Counseling	Stepped Care Therapy	Dollar Limits	Tobacco Surcharge
Kansas	Varies	No	No	No	No	No	No	No	Varies
Kentucky	Varies	No	No	No	No	No	No	No	Yes
Louisiana	Yes	No	No	No	No	No	No	No	Yes
Maine	Varies	No	No	No	No	No	No	No	Yes
Maryland	Yes	Varies	No	No	No	No	No	No	No
Massachusetts	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information
Michigan	Varies	No	No	No	No	No	Varies	No	Yes
Minnesota	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information
Mississippi	Yes	No	No	No	No	No	No	No	Yes
Missouri	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information
Montana	Varies	No	No	No	No	No	No	No	Varies
Nebraska	No	No	No	No	No	No	No	No	Yes
Nevada	Yes	No	No	No	Varies	No	No	No	Yes
New Hampshire	Yes	No	No	No	No	No	No	No	Yes
New Jersey	Varies	No	No	No	No	No	No	No	No
New Mexico	Varies	No	No	No	No	No	Varies	No	Varies
New York	Not Available	Not Available	Not Available	Not Available	Not Available	No	No	No	Not Available

State	Duration Limits	Annual Limits	Lifetime Limits	Cost-sharing	Prior Authorization	Required Counseling	Stepped Care Therapy	Dollar Limits	Tobacco Surcharge
North Carolina	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information
North Dakota	Varies	No	No	No	No	No	No	No	Yes
Ohio	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information
Oklahoma	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information
Oregon	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information
Pennsylvania	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information
Rhode Island	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information
South Carolina	Varies	Varies	No	No	No	No	Varies	No	Yes
South Dakota	Yes	No	No	No	No	No	No	No	Yes
Tennessee	No	No	No	No	No	No	No	No	Varies
Texas	Varies	Varies	No	No	No	No	Varies	No	Yes
Utah	Varies	Varies	No	No	Varies	No	No	No	Varies
Vermont	Varies	Yes	No	No	No	No	No	No	No
Virginia	Varies	No	No	No	No	No	No	No	Varies
Washington	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information

State	Duration Limits	Annual Limits	Lifetime Limits	Cost-sharing	Prior Authorization	Required Counseling	Stepped Care Therapy	Dollar Limits	Tobacco Surcharge
West Virginia	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information
Wisconsin	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information
Wyoming	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information	Insufficient Information
Yes	13	4	0	0	0	0	0	0	20
No	5	24	34	32	31	35	31	35	5
Varies	16	6	0	2	3	0	4	0	9
Not Available	1	1	1	1	1	0	0	0	1
Not Specified	0	0	0	0	0	0	0	0	0
Insufficient Information	16	16	16	16	16	16	16	16	16

KEY: **Yes** - all the state's exchange plans cover the cessation treatment or impose the treatment barrier, **No** - all the state's exchange plans do not cover the treatment or do not impose the treatment barrier, **Varies** - some of the state's exchange plans cover the treatment or impose the treatment barrier, while other plans do not, **Not specified** - the state's exchange plans indicate that a cessation treatment is covered, but do not specify which treatment(s) this refers to, **Not available** - the state's exchange plans do not disclose information on coverage of the treatment or treatment barrier.

¹ U.S. Department of Health and Human Services. Smoking Cessation. A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2020.

² U.S. Department of Health and Human Services. Smoking Cessation. A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2020.

³ Pregnant Women: Behavioral and Pharmacotherapy Interventions: Final Recommendation Statement. September 21, 2015. Accessed at: <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/tobacco-use-in-adults-and-pregnant-women-counseling-and-interventions>

⁴ United States Department of Labor. FAQs about Affordable Care Act Implementation (Part XIX). May 2, 2014. Available at: https://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/aca_implementation_faqs19.html

⁵ Centers for Medicare and Medicaid Services. Early 2019 Effectuated Enrollment Snapshot. March 15, 2019. Accessed at: <https://www.cms.gov/sites/default/files/2019-08/08-12-2019%20TABLE%20Early-2019-2018-Average-Effectuated-Enrollment.pdf>

⁶ Creamer MR, Wang TW, Babb S, et al. Tobacco Product Use and Cessation Indicators Among Adults — United States, 2018. MMWR Morb Mortal Wkly Rep 2019;68:1013–1019. DOI: <http://dx.doi.org/10.15585/mmwr.mm6845a2>

⁷ Babb S, Malarcher A, Schauer G, Asman K, Jamal A. Quitting Smoking Among Adults — United States, 2000–2015. MMWR Morb Mortal Wkly Rep 2017;65:1457–1464. DOI: <http://dx.doi.org/10.15585/mmwr.mm6552a1>

⁸ Kaplan CM, Graetz I, and Waters, TM. Most Exchange Plans Charge Lower Tobacco Surcharges than Allowed, but Many Tobacco Users Lack Affordable Coverage. August 2014. Health Affairs. Available at: <https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2013.1338>

⁹ Kaplan CM, Graetz I, and Waters, TM. Most Exchange Plans Charge Lower Tobacco Surcharges than Allowed, but Many Tobacco Users Lack Affordable Coverage. August 2014. Health Affairs. Available at: <https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2013.1338>

¹⁰ Friedman AS, Schpero WL, Busch SH. [Evidence Suggests That The ACA's Tobacco Surcharges Reduced Insurance Take-Up And Did Not Increase Smoking Cessation](https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2015.1540). July 2016. Health Affairs. Available At: <https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2015.1540>

¹¹ The Centers for Medicare and Medicaid Services, The Center for Consumer Information and Insurance Oversight. “Market Rating Reforms.” June 2017. Available at: <https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Market-Reforms/staterating.html>

¹² Singleterry J, Jump Z, Lancet E, et al. “State Medicaid Coverage for Tobacco Cessation Treatments and Barriers to Coverage - United States, 2008–2014.” Centers for Disease Control and Prevention. Centers for Disease Control and Prevention, March 28, 2014. <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6312a3.htm>.

¹³ DiGiulio A, Jump Z, Babb S, et al. State Medicaid Coverage for Tobacco Cessation Treatments and Barriers to Accessing Treatments — United States, 2008–2018. MMWR Morb Mortal Wkly Rep 2020;69:155–160. DOI: <http://dx.doi.org/10.15585/mmwr.mm6906a2>external icon

¹⁴ U.S. Department of Health and Human Services. Smoking Cessation. A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2020.

¹⁵ The Centers for Medicare and Medicaid Services, The Center for Consumer Information and Insurance Oversight. Health Insurance Exchanges 2020 Open Enrollment Report. April 1, 2020. Available At: <https://www.cms.gov/files/document/4120-health-insurance-exchanges-2020-open-enrollment-report-final.pdf>

¹⁶ Garfield R, Claxton G, Damico A, Levitt L. Eligibility for ACA Health Coverage Following Job Loss. Kaiser Family Foundation, May 13, 2020. Available At: <https://www.kff.org/coronavirus-covid-19/issue-brief/eligibility-for-aca-health-coverage-following-job-loss/>

¹⁷ The Centers for Disease Control and Prevention. People of Any Age with Underlying Medical Conditions. June 25, 2020. Available At: <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html#smoking>

¹⁸For additional sources, please see: <https://www.lung.org/getmedia/12108798-c854-41e8-ac98-63c097b83f02/source-list.pdf>