

Highlights: State Medicaid Coverage for Tobacco Cessation Treatments and Barriers to Coverage – United States, 2008-2014

"State Medicaid Coverage for Tobacco Cessation Treatments and Barriers to Coverage – United States, 2008-2014" was released in the Centers for Disease Control and Prevention's Morbidity and Mortality Weekly Report on March 28, 2014. It reports data from December 31, 2008 to January 31, 2014. The American Lung Association served as lead author on this article and the data come from the American Lung Association's State Tobacco Cessation Coverage Database.

Medicaid enrollees smoke at much higher rates than the general population, and they have low incomes and need more help paying for and accessing treatments that will help them quit. Studies show that covering tobacco cessation treatments through health insurance leads to more people quitting. States will save lives and money by covering a comprehensive tobacco cessation benefit to Medicaid enrollees. Medicaid programs also must ensure that these benefits are easy to use. Policies like copays, prior authorization and limits on treatment length or number of quit attempts can force smokers to not be able to afford treatment, delay trying to quit, lose motivation, and/or give up altogether.

Highlights

As of January 31, 2014, only seven states cover all seven FDA-approved tobacco cessation medications and individual and group cessation counseling for all Medicaid enrollees: Connecticut, Indiana, Massachusetts, Minnesota, Nevada, Pennsylvania, and Vermont

Progress Made

- Five states went from covering zero treatments for all on Medicaid to covering multiple treatments for all on Medicaid: Alabama, Connecticut, Georgia, Missouri and Tennessee
- In the last five years, 33 states added cessation coverage benefits for at least some Medicaid enrollees

Barriers Added

- In the last five years, 29 states added policies that make it harder for Medicaid enrollees to access treatment to quit smoking
- 16 states added prior authorization requirements to cessation treatments. 36 states currently have these requirements.
- 14 states added limits to the number of times a smoker on Medicaid can try to quit with treatment per year. 38 states currently have these limits.
- 3 states added copay requirements for cessation treatments. 35 states currently have these requirements.

Steps for States to Take

- All states should cover a comprehensive tobacco cessation benefit for all Medicaid enrollees. A comprehensive benefit includes:
 - All 7 medications FDA-approved for smoking cessation
 - Access to individual, group and phone cessation counseling
- A 2014 provision of the Affordable Care Act prohibits Medicaid programs from excluding tobacco cessation medications from coverage. States should:
 - o Add these medications to preferred drug lists and
 - Publicize the change so that both smokers who want to quit & their doctors know
- Medicaid programs should act to make tobacco cessation treatments easy for Medicaid patients to access by eliminating barriers that limit access, including:
 - Copays
 - Prior authorization requirements
 - Limits on duration
 - Annual or life limits on quit attempts
 - Stepped care therapy requirements
 - Requiring counseling for medications
- Medicaid programs and state tobacco control programs should promote smoking cessation and the availability of treatments to smokers on Medicaid and their healthcare providers
- Medicaid programs and state tobacco control programs should track utilization of tobacco cessation treatments and the rate of successful guits

Additional Resources

- Lung Association factsheets and resources on cessation coverage topics: www.lung.org/cessationcoverage
- Tobacco Cessation and Affordable Care Act Toolkit: www.lung.org/acatoolkit
- State Tobacco Cessation Coverage Database: http://www.lungusa2.org/cessation2/

Why States Should Help Smokers Quit

When Massachusetts Medicaid covered a comprehensive tobacco cessation benefit for all Medicaid enrollees, 26 percent of smokers enrolled in treatment quit, hospitalizations for heart attacks dropped, and the program saved \$3 for every \$1 spent on the benefit.