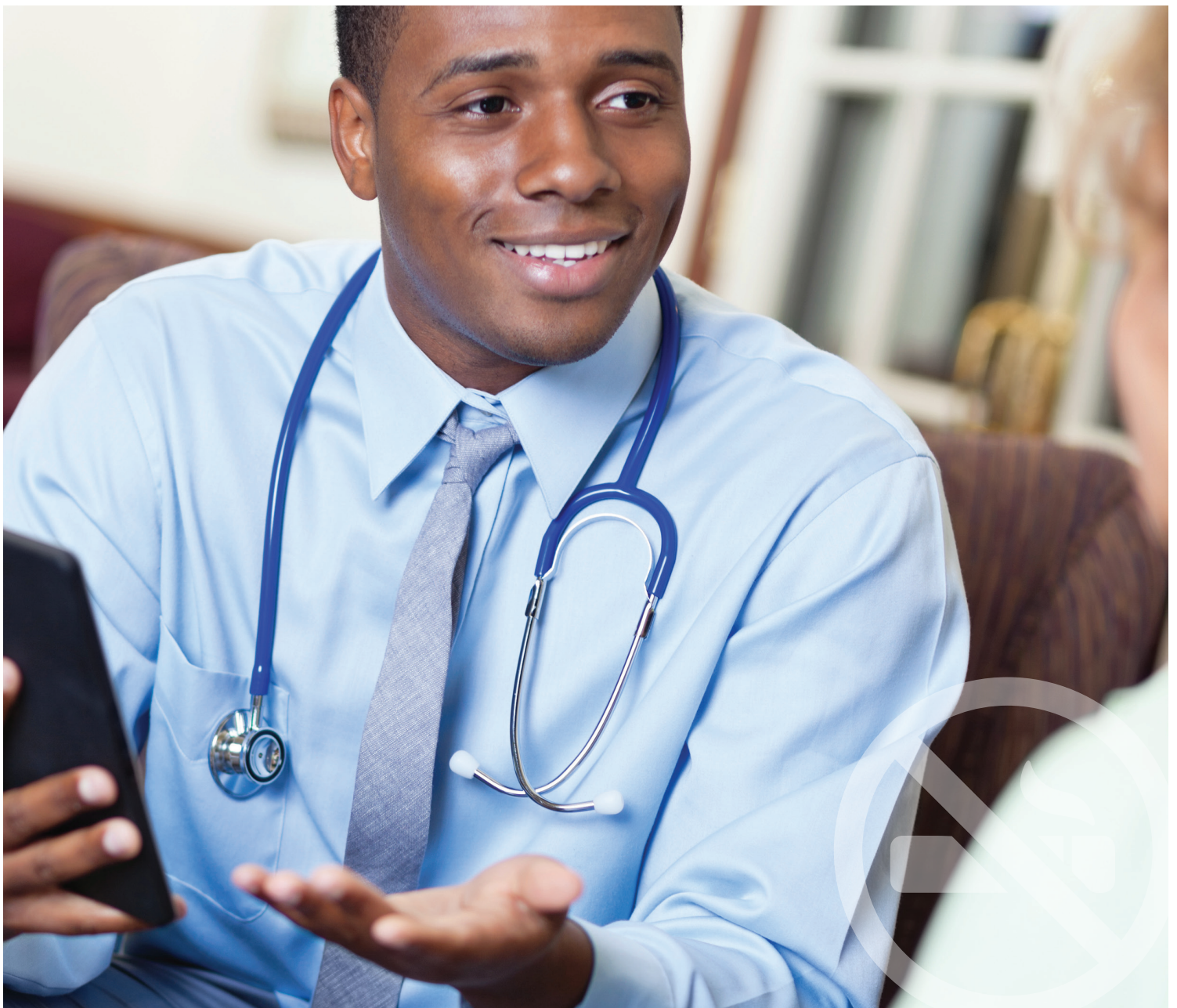


MEDICAID EXPANSION: STATE TOBACCO CESSATION COVERAGE



Medicaid enrollees smoke at rates over twice as high as their counterparts with private health insurance¹. States that have expanded Medicaid under the Affordable Care Act have experienced substantial increases in the number of smokers that are quitting. One study found a 24 percent increase in Medicaid enrollees' new cessation medication use in states that expanded Medicaid². Another study found that patients in expansion states had increased cessation medications ordered and increased odds of quitting compared to patients in non-expansion states³.

The Affordable Care Act expanded Medicaid to cover all individuals up to 138 percent of the federal poverty level (\$28,676⁴ per year for a family of three). The ACA intended to expand Medicaid in all states, but in 2012, the Supreme Court's decision in National Federation of Independent Business (NFIB) v. Sebelius made expansion optional for each state. As of March 31, 2019[†], 35 states and the District of Columbia have chosen to expand Medicaid. States that have chosen to expand Medicaid receive enhanced funding from the federal government to help pay for healthcare services for the expansion population, also known as Adult Group VIII or the New Adult Population. In states without Medicaid expansion, limited coverage options exist for this low-income population.

Tobacco Cessation Coverage and Medicaid Expansion

The ACA requires states to provide all Medicaid expansion enrollees the 10 Essential Health Benefits (EHBs), which include preventive services. Medicaid expansion enrollees must have access to all preventive services given an 'A' or 'B' by the US Preventive Services Task Force (USPSTF) with no cost sharing⁵. Tobacco cessation, earning an 'A' grade, should be covered for all Medicaid expansion enrollees without cost-sharing, including co-pays⁶. However, the USPSTF writes and releases clinical guidelines, not insurance coverage language, which has led to inconsistent coverage of tobacco cessation treatment. In an effort to translate the USPSTF clinical guidelines into insurance language, the Departments of Labor, Treasury and Health and Human Services released an FAQ guidance in May of 2014⁷. This sub-regulatory guidance gives further instruction to health plans and states when implementing Medicaid expansion plans on the interpretation of the tobacco cessation treatment requirement. The guidance states that in order to comply with the preventive services requirement, plans should cover a 90-day course of all Food and Drug Administration (FDA)-approved tobacco cessation medications and at least four sessions of individual, group and phone cessation counseling. Medications and counseling should be covered with no cost-sharing and no prior authorization requirements. This benefit should be offered at least twice per year⁸.

COMPREHENSIVE CESSATION BENEFIT:

Seven Medications:

- NRT Gum (OTC*)
- NRT Patch (OTC)
- NRT Lozenge (OTC)
- NRT Inhaler
- NRT Nasal Spray
- Bupropion
- Varenicline

Three Forms of Counseling:

- Individual
- Group
- Phone

Tobacco Cessation Coverage in Medicaid Expansion

In 2016, the Lung Association collected data on tobacco cessation coverage in state Medicaid expansion programs. The [data were published](#) in the Morbidity and Mortality Weekly Report on December 9, 2016. Those data showed that over two years after Medicaid expansion was implemented not all states were covering a comprehensive tobacco cessation benefit without cost-sharing and prior authorization. The newly reported data for 2019 shows that states can still improve their coverage of tobacco cessation treatment for Medicaid expansion enrollees.

* Over the Counter or OTC; meaning a patient does not need a prescription to purchase the medication. However, in order for the health plan to cover the cost a prescription must be written, even for OTC medications.

† The Lung Association does not consider Utah and Wisconsin expansion states, as they have only expanded to 100 percent of the federal poverty level and are not required to cover the 10 essential health benefits.



In 2019, 35 states and the District of Columbia had expanded their Medicaid programs, which is an increase from 2016, when 31 states and District of Columbia had expanded. In 2019, 11 states covered all seven medications and both group and individual counseling for all Medicaid expansion enrollees, up from nine states in 2016. In 2019, 23 states covered all seven medications for all expansion enrollees, which is an increase from 19 states in 2016. Additionally, in 2019, all states covered the NRT Gum, NRT Patch and Bupropion for all expansion enrollees. In 2016, all states imposed at least one barrier to accessing at least one cessation treatment for at least some Medicaid expansion enrollees. In 2019, there was a small improvement - one state, Kentucky, did not impose any of the seven barriers we examined to accessing cessation treatment for this population. The number of states that do not have prior authorization for any of the nine cessation treatments examined for any enrollee increased from five states in 2016 to nine states in 2019. The number of states without co-pays also increased, in this case from 18 states in 2016 to 22 states in 2019.

Methodology

Between January 30, 2019 and March 31, 2019, smoking cessation coverage information was gathered for plans available to Medicaid expansion enrollees in each state that expanded Medicaid and the District of Columbia. Data were not collected for Idaho and Nebraska; while both states are considered expansion states, they are not enrolling individuals until 2020, and thus data are currently unavailable. State Medicaid and managed care plan websites were searched for preferred drug lists, formularies, member and provider handbooks, coverage policies, prior authorization guidelines and any other relevant documentation for determining smoking cessation coverage. The information assessed included coverage of each FDA-approved cessation medication and individual and group counseling, as well as barriers to accessing coverage. Barriers to coverage examined include co-pays, prior authorization requirements, requirements that Medicaid enrollees enroll in counseling in order to receive medications, stepped care therapy requirements, and duration, annual, and lifetime limits. After the data collection was complete, state contacts verified the information and, if any coverage was unclear, answered questions.

Discussion

Many states that have expanded Medicaid are failing to provide comprehensive tobacco cessation coverage without barriers despite the 2014 sub-regulatory guidance. Only 11 states cover all seven medications and two types of counseling. In 2019, some or all Medicaid plans in 23 states have prior authorization requirements for accessing at least one cessation treatment for Medicaid expansion enrollees. Failing to cover all proven cessation treatments and imposing barriers such as prior authorization requirements makes it more difficult for expansion plan enrollees to access cessation treatments and successfully quit smoking.

Many states that have expanded Medicaid do not cover individual and group counseling for expansion Medicaid enrollees. Only 12 of the 34 expansion states in this analysis cover both group and individual counseling for all Medicaid expansion enrollees, up only slightly from 11 states in 2016. Less than half of states provide their Medicaid expansion enrollees with access to these cessation treatments, which are essential components of tobacco cessation treatment under the FAQ guidance.

Under the Affordable Care Act, Medicaid expansion enrollees are not to be charged cost-sharing, including co-pays, for preventive services. However, in 11 states, at least some enrollees in the expansion population may be enrolled in Medicaid managed care plans that charge co-pays for tobacco cessation treatment. These co-pays are inconsistent with federal law, and even small co-pays can pose a barrier for low-income people trying to quit smoking.



Additionally, the 2014 sub-regulatory guidance explicitly states that prior authorization should not be imposed on the Medicaid expansion population. Currently of the 35 states and DC that have expanded Medicaid, 23 state Medicaid expansion programs have prior authorization requirements in place for some cessation treatments for some or all of their expansion population. This barrier requires the medical provider to obtain approval from the Medicaid managed care plan or the Medicaid fee-for-service program before the medication or treatment will be covered. This extra administrative step can cause delays in treatment or lead to the patient being charged full price at the pharmacy. Both of these outcomes can deter Medicaid enrollees from obtaining cessation treatments and following through on a quit attempt.

Future of Expansion

Currently, more states are looking to expand eligibility for Medicaid. For example, Idaho and Nebraska adopted Medicaid expansion through ballot initiatives in the 2018 election. These states are in the process of implementing Medicaid expansion, but data on their tobacco cessation coverage in this population were not available at the time of collection. Utah has also passed a ballot initiative to expand Medicaid, but, as in Wisconsin, the expansion only expands eligibility to 100 percent of the federal poverty level instead of to 138 percent of this level. As more states expand eligibility, it is important that they follow the ACA requirements for coverage and the 2014 guidance to give their Medicaid expansion enrollees the best chance of quitting smoking successfully.

Conclusion

As of March 31, 2019, 35 states and the District of Columbia have expanded Medicaid. In these states, individuals making up to 138 percent of the federal poverty level (a family of three making \$28,676 per year) are now eligible for Medicaid, thus increasing their access to healthcare. Since data were last collected, four additional states have expanded eligibility for Medicaid. Only one state, Kentucky, offers comprehensive coverage without barriers to its Medicaid expansion population. Despite the Medicaid expansion program expanding access to healthcare, the majority of states that have expanded Medicaid eligibility do not adequately cover tobacco cessation treatments. Many enrollees do not have access to all evidence-based cessation treatments, including FDA-approved cessation medications and counseling. Even when cessation treatments are covered, the coverage is often confusing and there are often still barriers that make it difficult to access the covered treatments. Finally, 15 states have still not expanded Medicaid eligibility. Unless that number changes, large numbers of low-income adults in these states will continue to lack access to healthcare, including access to help quitting smoking.

¹ Wang TW, Asman K, Gentzke AS, et al. Tobacco Product Use Among Adults – United States, 2017. MMWR Morb Mortal Wkly Rep 2018;67:1225–1232. DOI: <http://dx.doi.org/10.15585/mmwr.mm6744a2>

² Maclean J.C., Pesko M., Hill S, Public Insurance Expansions and Smoking Cessation Medications. May 7, 2019. Economic Inquiry. Accessed at: <https://doi.org/10.1111/ecin.12794>

³ Bailey S.R., Marino M., et al. Tobacco Cessation in Affordable Care Act Medicaid Expansion States versus Non-Expansion States. May 23, 2019, Nicotine & Tobacco Research : Official Journal of the Society for Research on Nicotine and Tobacco. Accessed at: <https://www.ncbi.nlm.nih.gov/pubmed/31123754>

⁴ Families - <https://familiesusa.org/product/federal-poverty-guidelines>

⁵ The Patient Protection and Affordable Care Act, Sec. 2713, Coverage of Preventive Services. (2010)

⁶ Patient Protection and Affordable Care Act, 42 U.S.C. § 18001 et seq. (2010).

⁷ 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

⁸ 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



Table 1: Medicaid Expansion Coverage of Tobacco Cessation Counseling by State - United States, 2016 - 2019

State	Individual Counseling		Group Counseling	
	2016	2019	2016	2019
Alaska	Yes	Yes	No	No
Arizona	No	Yes	No	No
Arkansas	Varies	NA	No	NA
California	Varies	Varies	Varies	Varies
Colorado	Yes	Yes	Yes	Yes
Connecticut	Yes	Yes	Yes	Yes
Delaware	Yes	Yes	No	No
District of Columbia	NA	NA	NA	NA
Hawaii	Yes	Yes	Varies	No
Idaho				
Illinois	No	Varies	No	No
Indiana	Yes	Varies	Yes	Varies
Iowa	Varies	No	Varies	Varies
Kentucky	Varies	Yes	Varies	Yes
Louisiana	No	Varies	Varies	Varies
Maine		Yes		Yes
Maryland	Yes	Yes	No	No
Massachusetts	Yes	Yes	Yes	Yes
Michigan	Varies	Yes	Varies	Varies
Minnesota	Yes	Yes	Yes	Yes
Montana	Yes	Yes	No	No
Nebraska				
Nevada	No	Varies	Varies	Varies
New Hampshire	Varies	Yes	No	Varies
New Jersey	Varies	Varies	Varies	Yes
New Mexico	Varies	Varies	Varies	Yes
New York	Yes	Yes	Yes	Yes
North Dakota	Yes	Yes	Yes	Yes
Ohio	Yes	Yes	Yes	Yes
Oregon	Varies	Yes	Varies	Yes
Pennsylvania	Yes	Yes	Yes	Varies
Rhode Island	Yes	Yes	Yes	Yes
Vermont	Yes	Yes	Yes	Yes
Virginia		Varies		Varies
Washington	Yes	Varies	No	No
West Virginia	No	Yes	No	No

Counts:				
Yes	17	22	11	14
Varies	9	9	10	9
No	5	1	10	9
NA	1	2	1	2

Abbreviations: NA= not available; Varies = coverage varies by plan;
 Blank cells indicate the state had not yet provided coverage to Medicaid expansion enrollees at the time of data collection.



Table 2: Medicaid Expansion Coverage of Tobacco Cessation Medications by State - United States, 2016 - 2019

State	Nicotine Patch		Nicotine Gum		Nicotine Lozenge		Nicotine Nasal Spray		Nicotine Inhaler		Bupropion (Zyban)		Varenicline (Chantix)	
	2016	2019	2016	2019	2016	2019	2016	2019	2016	2019	2016	2019	2016	2019
Alaska	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Arizona	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Arkansas	Varies	Yes	Varies	Yes	Varies	Yes	Varies	Yes	Varies	Yes	Yes	Yes	Yes	Yes
California	Yes	Yes	Yes	Yes	Yes	Yes	Varies	Varies	Varies	Varies	Yes	Yes	Yes	Yes
Colorado	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Connecticut	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Delaware	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
District of Columbia	Yes	Yes	Yes	Yes	Yes	Yes	Varies	Varies	Varies	Varies	Yes	Yes	Yes	Varies
Hawaii	Yes	Yes	Yes	Yes	Varies	Varies	Varies	Varies	Varies	Varies	Yes	Yes	Yes	Yes
Idaho														
Illinois	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Varies	Yes	Varies	Yes	Yes	Yes	Varies
Indiana	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Iowa	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Kentucky	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Louisiana	Varies	Yes	Varies	Yes	Varies	Yes	Yes	Varies	Yes	Varies	Yes	Yes	Yes	Varies
Maine		Yes		Yes		Yes		Yes		Yes		Yes		Yes
Maryland	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Massachusetts	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Michigan	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Minnesota	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Montana	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Nebraska														
Nevada	Varies	Yes	Varies	Yes	Varies	Yes	Yes	Varies	Yes	Varies	Yes	Yes	Yes	Yes
New Hampshire	Varies	Yes	Varies	Yes	Varies	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
New Jersey	Yes	Yes	Varies	Yes	Yes	Yes	Varies	Varies	Varies	Varies	Yes	Yes	Yes	Yes
New Mexico	Yes	Yes	Yes	Yes	Yes	Yes	Varies	Varies	Varies	Varies	Yes	Yes	Yes	Yes
New York	Yes	Yes	Yes	Yes	Varies	Yes	Varies	Yes	Varies	Varies	Yes	Yes	Varies	Yes
North Dakota	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Ohio	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Oregon	Yes	Yes	Yes	Yes	Varies	Yes	Varies	Yes	Varies	Yes	Yes	Yes	Yes	Yes
Pennsylvania	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Varies	Yes	Varies	Yes	Yes	Yes	Yes



Rhode Island	Yes	Yes	Yes	Yes	Yes	Yes	Varies	Yes	Varies	Yes	Yes	Yes	Yes	Yes
Vermont	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Virginia		Yes		Yes		Yes		Varies		Varies		Yes		Yes
Washington	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
West Virginia	Yes	Yes	Yes	Yes	Varies	Yes	Varies	Yes	Varies	Yes	Yes	Yes	Varies	Yes

Counts:														
Yes	28	34	27	34	24	33	22	24	22	23	32	34	30	31
Varies	4	0	5	0	8	1	10	10	10	11	0	0	2	3
No	0	0	0	0	0	0	0	0	0	0	0	0	0	0
NA	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Abbreviations: NA= not available; Varies = coverage varies by plan;
 Blank cells indicate the state had not yet provided coverage to Medicaid expansion enrollees at the time of data collection.



Table 3: Barriers to Medicaid Expansion Tobacco Cessation Treatments by State – United States, 2016 - 2019

State	Co-payments required		Prior authorization required		Counseling Required for Medications		Stepped-care therapy		Limits on duration		Annual limits on quit attempts		Lifetime limits on quit attempts	
	2016	2019	2016	2019	2016	2019	2016	2019	2016	2019	2016	2019	2016	2019
Alaska	Yes	Yes	Yes	No	No	No	No	No	Yes	Yes	Yes	Yes	No	No
Arizona	No	No	No	No	No	No	No	No	Yes	Yes	Yes	Yes	No	No
Arkansas	Varies	NA	Varies	NA	No	NA	No	NA	Varies	NA	Varies	NA	No	NA
California	No	No	Varies	Varies	No	Varies	Varies	Varies	Varies	Varies	Varies	Yes	No	No
Colorado	Varies	No	Varies	No	Varies	Yes	No	No	Yes	Yes	Yes	Yes	No	No
Connecticut	No	No	Yes	No	No	No	No	No	No	Yes	Yes	Yes	No	No
Delaware	Yes	No	Yes	Varies	Yes	Varies	Yes	Varies	Yes	Varies	Yes	Varies	No	No
District of Columbia	No	No	Varies	Varies	No	No	No	No	Varies	Varies	Varies	No	No	No
Hawaii	No	No	Varies	Varies	Varies	Varies	Varies	Varies	Varies	Varies	Yes	Yes	No	No
Idaho														
Illinois	Yes	Varies	No	Varies	No	No	No	No	No	Varies	No	Varies	No	No
Indiana	No	Varies	Yes	Varies	Varies	Varies	Varies	No	Yes	Varies	Yes	No	No	No
Iowa	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No
Kentucky	No	No	Yes	No	No	No	Varies	No	Yes	No	Yes	No	No	No
Louisiana	Varies	Varies	Varies	Varies	Varies	No	Varies	No	Varies	Varies	Varies	Varies	No	No
Maine		No		Yes		No		Yes		No		No		No
Maryland	NA	No	Yes	Yes	No	No	Yes	Yes	No	Yes	Yes	No	No	No
Massachusetts	Yes	Varies	Yes	Varies	No	No	No	No	No	Yes	Yes	Yes	No	No
Michigan	No	No	No	No	No	No	No	No	Varies	Varies	No	No	No	No
Minnesota	No	No	NA	Varies	No	No	No	No	Varies	Varies	No	No	No	No
Montana	No	No	Yes	Yes	No	No	NA	No	NA	No	NA	Yes	No	No
Nebraska														
Nevada	No	No	Yes	Varies	No	No	Varies	No	Yes	Yes	Yes	Varies	No	No
New Hampshire	Varies	Varies	No	Varies	No	Varies	No	Varies	Varies	Varies	Varies	Varies	No	No
New Jersey	No	Varies	Varies	No	No	No	Varies	No	No	Varies	Varies	No	Varies	No
New Mexico	No	Varies	Varies	Varies	Varies	Varies	No	Varies	Varies	Yes	Varies	Yes	No	No
New York	Yes	Varies	Varies	NA	No	No	Varies	No	Yes	Varies	Yes	Yes	No	No
North Dakota	No	No	No	No	No	No	No	No	Yes	Yes	Yes	Yes	No	No
Ohio	Varies	No	Varies	Varies	No	No	Varies	Varies	Varies	Varies	Varies	Varies	No	No
Oregon	No	No	Varies	Varies	Varies	No	Varies	No	Varies	Varies	Varies	Varies	No	No
Pennsylvania	Varies	Varies	Varies	Varies	No	No	No	Varies	Yes	Varies	Yes	Varies	No	No



Rhode Island	No	No	Yes	Yes	Varies	No	Varies	No	Yes	Varies	Yes	Varies	No	No
Vermont	Yes	No	Yes	No	No	No	Yes	Yes	Yes	Yes	Yes	Yes	No	No
Virginia		Varies		Varies		No		Varies		No		No		No
Washington	No	No	Varies	Varies	Varies	No	Varies	Varies	Yes	Varies	Yes	Varies	No	No
West Virginia	Varies	No	Varies	Yes	Varies	Yes	No	Yes	Varies	Yes	Varies	No	No	No

Counts:														
No	18	22	5	9	21	24	15	19	5	4	3	10	31	33
Varies	7	10	14	17	9	6	12	9	12	17	10	10	1	0
Yes	6	1	12	6	2	3	4	5	14	12	18	13	0	0
NA	1	1	1	2	0	1	1	1	1	1	1	1	0	1

Abbreviations: NA= not available; Varies = coverage varies by plan;
 Blank cells indicate the state had not yet provided coverage to Medicaid expansion enrollees at the time of data collection.





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