



Medicaid enrollees are twice as likely to smoke tobacco as the general population,^{1,2} placing them at a higher risk for smoking-related diseases.³ Research shows that Medicaid coverage of tobacco cessation treatment, including tobacco cessation medication and counseling, leads to reduced smoking rates^{4,5} and fewer smoking-related healthcare costs.^{6,7} This guide describes tobacco cessation treatment coverage in Medicaid, common barriers to accessing tobacco cessation treatment, and recommendations for state Medicaid programs to reduce barriers to tobacco cessation treatment.



Coverage of Tobacco Cessation Treatment in Medicaid

Because the law treats preventive services differently for populations who were historically eligible for Medicaid (standard Medicaid) and those eligible under the Affordable Care Act (ACA) expansion (Medicaid expansion), Medicaid coverage for tobacco cessation treatment is slightly different for each group:

- **Standard (Traditional) Medicaid (i.e. populations that were covered before the ACA's Medicaid expansion).** Current law requires state Medicaid programs to cover the following for both fee-for-service and managed care enrollees:
 - For all enrollees in standard Medicaid:
 - All tobacco cessation medications approved by the Food and Drug Administration (FDA).^{8,9}
 - For pregnant women:
 - In addition to all tobacco cessation medications approved by the FDA, pregnant women can receive tobacco cessation counseling sessions (including phone, individual, and group counseling).^{10,11}
- **Medicaid Expansion Programs.** Medicaid expansion programs must offer preventive services that receive an “A” or “B” rating by the United States Preventive Services Task Force (USPSTF) without cost-sharing.^{12,13} Tobacco cessation, including behavioral interventions and tobacco cessation medications, has an “A” rating, which means that newly eligible expansion enrollees in states that have expanded Medicaid receive tobacco cessation services without cost-sharing.¹⁴ Federal guidance sets specific coverage requirements for the frequency and duration of tobacco cessation as a preventive service, which includes:
 - Two quit attempts per year for those who use tobacco, consisting of:
 - All tobacco cessation medications approved by the FDA for a 90-day regimen;
 - Four tobacco cessation counseling sessions of at least 10 minutes each (including phone, individual, and group counseling); and
 - No prior authorization required for treatments.¹⁵

Recent evidence shows that states that have not expanded Medicaid have higher smoking prevalence and lower utilization rates of tobacco cessation medication, compared to expansion states.^{16,17} By covering more people, expansion states make tobacco cessation treatment more broadly available, increasing its potential public health impact.^{18,19}



Barriers to Coverage

Although Medicaid covers tobacco cessation treatment for standard Medicaid and Medicaid expansion programs as described above, it does not prevent state Medicaid programs from implementing other restrictions that can create barriers to tobacco cessation treatment.²⁰

Barriers that are often found include:

- Prior authorization^{*,21,22}
 - Coverage limitations^{23,24,25}
 - Out-of-pocket costs^{†,26,27,28}
 - Counseling requirements;²⁹and
 - Limited promotion of coverage.^{30,31}
- **Prior Authorization.** While the ACA does not allow prior authorization of tobacco cessation treatment in the Medicaid expansion population,³² state Medicaid programs can require prior authorization in the standard Medicaid program.^{33,34} As of 2015, 39 state Medicaid programs reported having prior authorization requirements for at least certain populations or managed care plans.³⁵ One study showed that compared to those enrolled in programs with no restrictions, individuals that needed prior authorization to access tobacco cessation medication had 80 percent lower odds of receiving the treatment, indicating that prior authorization is a significant barrier to accessing tobacco cessation treatment.³⁶
 - **Coverage Limitations.**
 - **Annual Limits.** Quitting smoking permanently often requires multiple quit attempts.³⁷ State Medicaid expansion programs must cover at least two quit attempts per year, and some will not cover any beyond this number, though they have the option to provide additional coverage.^{38,39} Limiting the number of quit attempts per year may contribute to an individual's inability to stop smoking.^{40,41}
 - **Duration Limits.** State Medicaid expansion programs must cover 90 days of cessation medication and four cessation counseling visits per quit attempt for their Medicaid expansion population.⁴² However, Public Health Service Guidelines state that some individuals may require more than 90 days of cessation medication or more than four counseling sessions to successfully quit smoking.⁴³ States that cap the length of treatment for tobacco cessation medication or the number of counseling sessions at the required minimum may hinder quitting.^{44,45} After an individual reaches the limit on medication or counseling, they may be denied services or forced to pay out-of-pocket for the remaining treatment.⁴⁶



- **Out-of-Pocket Costs.** Out-of-pocket costs, such as high copayments, may deter tobacco users from quitting.^{47,48,49} Medicaid enrollees in states with no copayments for tobacco cessation counseling and cessation medication have higher quit rates compared to states with copayments.⁵⁰ Studies show that individuals, including Medicaid enrollees, may be less likely to use tobacco cessation treatment with high out-of-pocket expenses,⁵¹ particularly for cessation medication.⁵²
- **Counseling Requirements.** Some Medicaid programs require that enrollees receive counseling to obtain tobacco cessation medication in an attempt to deliver a more comprehensive intervention, but research shows that this requirement may have the unintended consequence of acting as an additional barrier to accessing cessation medication.⁵³ One study found that Medicaid programs requiring enrollees to obtain counseling reduced the use of cessation medication by about one-quarter to one-third.⁵⁴
- **Limited Promotion of Coverage.** Coverage of tobacco cessation treatment without adequate promotion of the benefit may have a limited effect on increasing utilization among Medicaid enrollees.^{55,56} Most tobacco users want to quit, but need motivation and information to succeed.⁵⁷ One survey showed that only 29 of 51 Medicaid programs conduct outreach activities to educate and encourage tobacco users to utilize tobacco cessation treatment benefits.⁵⁸ Promoting tobacco cessation treatment by increasing awareness of the benefit is critical to increase cessation uptake by Medicaid enrollees.^{59,60,61,62}

The presence of these types of barriers to tobacco cessation services varies across state Medicaid programs, both standard and expansion:

- As of 2015, all standard Medicaid programs had at least one barrier to tobacco cessation treatment.⁶³ Thirty-nine standard Medicaid programs had prior authorization requirements, 38 had duration limits, and 34 required copayments.⁶⁴
- As of 2016, all 32 states with expanded Medicaid programs imposed one or more barriers to tobacco cessation treatment.⁶⁵ Eighteen Medicaid expansion programs had annual limits, 14 had duration limits, and 12 had prior authorization requirements.⁶⁶
- Even coverage among Medicaid managed care organizations (MCOs) operating in the same state may vary.⁶⁷ One study that compared Medicaid MCOs in New York found that only 21 out of 35 offered tobacco cessation treatment coverage without identified barriers.⁶⁸

*While federal guidance requires Medicaid expansion programs to cover two quit attempts without prior authorization, it does not prevent programs from imposing prior authorization requirements on tobacco cessation treatment beyond two quit attempts.

¹While the ACA requires Medicaid expansion programs to cover USPSTF “A” and “B” rated services without cost-sharing, and federal guidance defines how this applies to tobacco cessation, evidence suggests that as of 2016 not all states were in compliance. CMS is contacting states to ensure they understand the guidance and achieve compliance. See: <https://www.cdc.gov/mmwr/volumes/65/wr/pdfs/mm6548a2.pdf>.



Next Steps

State Medicaid programs can change policies that act as barriers to tobacco cessation treatment to increase utilization and reduce rates of tobacco use and smoking-related healthcare costs. Specifically, state Medicaid programs can address the following areas:

- **Prior Authorization.** Remove prior authorization policies, as evidence shows prior authorization may reduce tobacco cessation utilization.^{69,70}
- **Coverage Limitations.** Remove coverage limitations including annual limits and duration limits, as individuals often require multiple quit attempts to stop smoking permanently.^{71,72,73}
- **Out-of-Pocket Costs.** Remove out-of-pocket costs, as evidence shows that individuals are less likely to use tobacco cessation treatment with high out-of-pocket expenses.^{74,75,76}
- **Counseling Requirements.** Reconsider policies that require counseling to obtain cessation medication, given the evidence that required counseling may reduce access to tobacco cessation treatment.⁷⁷
- **Promotion of Coverage.** Increase efforts to promote coverage of tobacco cessation treatment and increase awareness of the benefit available to Medicaid enrollees.^{78,79}

¹Department of Health and Human Services, Office of the Surgeon General. (2014). The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General. Available at: <https://www.surgeongeneral.gov/library/reports/50-years-of-progress/full-report.pdf>.

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⁹PPACA Sec. 2502.

¹⁰PPACA Sec. 4107.

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¹²American Lung Association. Tobacco Cessation as a Preventive Services: New Guidance Clarifies Affordable Care Act Provision. Available at: <http://www.lung.org/assets/documents/tobacco/tobacco-cessation-preventive-service.pdf>.

¹³PPACA Sec. 2713.

¹⁴U.S. Preventive Task Force. (2015). Final Recommendation Statement: Tobacco Smoking Cessation in Adults, Including Pregnant Women: Behavioral and Pharmacotherapy Interventions. Available at: <https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/tobacco-use-in-adults-and-pregnant-women-counseling-and-interventions1>.

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²⁰PPACA Sec. 2502; PPACA Sec. 4107.

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