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Considerations for Medicaid Coverage of Pediatric Tobacco Cessation Treatment

Note: References to tobacco refer to commercial tobacco and not the sacred and traditional tobacco that may be used for ceremonial or medicinal purposes by some Tribal communities.

Tobacco use by adolescents and young adults is an immediate health concern. Millions of youth and young adults in the United States use tobacco products.[1] Research has shown that, among youth who use e-cigarettes, high proportions have made past-year quit attempts (67.9%), and over half of those quit attempts were made without any cessation resources.[2] There are seven smoking cessation medications that have been approved by the Food and Drug Administration (FDA) to treat adults. Currently none of the medications have been approved for individuals under the age of 18.

Most e-cigarettes contain nicotine, which is highly addictive. Youth are uniquely vulnerable to nicotine dependence, because their brains are still developing.[3] Nicotine Replacement Therapy (NRT) can be an important tool for treating nicotine dependence in youth, however the evidence base for youth tobacco cessation treatment is currently limited and these products do not have a pediatric indication on their label.[4] The American Academy of Pediatrics (AAP) strongly recommends cessation interventions, including counseling, however the evidence for that is also limited.[5]

Recognizing the challenges facing pediatric clinicians in treating patients using tobacco products, AAP developed "Youth Tobacco Cessation: Considerations for Clinicians." The Considerations for Clinicians is intended to "support youth cessation of all commercial tobacco products."[6] It uses a treatment model called ACT: Ask, Counsel, Treat; encouraging pediatric providers to treat their patients who use tobacco. The treatment model includes counseling patients to quit their tobacco use. AAP also has a framework for providers that may be used to determine if off-label use of NRT is appropriate for a patient. This decision is based on the specific patient and is not a population-based recommendation; however, it is important that all patients, regardless of age or insurance status, have access to NRT if prescribed* or recommended by a provider.

This brief looks at coverage of tobacco cessation treatment, specifically NRT and counseling, for pediatric patients enrolled in Medicaid and CHIP (Children's Health Insurance Program).

*Three forms of NRT - the gum, patch and lozenge - are all available over-the-counter, but they are covered by most insurance and Medicaid plans, if prescribed by a provider.

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Guidelines for Youth Tobacco Cessation

Clinical guidelines are important for clinicians to provide evidence-based care when treating all patients, including pediatric patients. There are several guidelines to review on tobacco cessation treatment for youth.

The United States Preventive Services Task Force (USPSTF) gives an "I" rating to tobacco cessation treatment for school aged children and adolescents who use tobacco.[7] This rating means USPSTF found insufficient evidence to balance the benefits and harms of cessation treatment for this population, for both medications and counseling. The "I" rating from USPSTF means that cessation treatment is not required to be covered without cost sharing under the Affordable Care Act's Preventive Services requirement.[8] The "I" rating may discourage some pediatric providers in providing cessation treatment for youth, however the AAP Considerations for Clinicians offers a framework and treatment model to work with youth who use tobacco, including NRT, if appropriate.

In addition to the Considerations for Clinicians, the AAP developed a clinical report called Protecting Children and Adolescents From Tobacco and Nicotine with recommendations for clinicians treating pediatric patients who use tobacco.[9] These recommendations include screening all patients for tobacco use and offering treatment for patients who use tobacco. This treatment may include counseling and/or medication. The recommendations are based on clinical research and cessation outcomes in the pediatric population.

Considerations for Medicaid and CHIP

Eligibility – Low-income children in the United States generally have Medicaid or CHIP (Children's Health Insurance Program) to access healthcare. All 50 states and the District of Columbia have Medicaid and CHIP programs; however, the programs' eligibility requirements and structure differ by state.[10,11] Some states have combined Medicaid and CHIP programs and other states have separate programs. Additionally, some states utilize managed care and other states utilize fee-for-service to furnish the healthcare.

Medicaid generally provides healthcare coverage for individuals with low incomes in the United States. CHIP provides coverage for children whose families make too much to qualify for Medicaid, but too little to afford private health insurance. The median family income for children to qualify for Medicaid varies by state, ranging between 138% and 195% of the Federal Poverty Level (FPL). The median family income for children to qualify for CHIP varies by state and age of the children, ranging between 164% to 217% of the FPL. Typically, there is a higher income threshold for younger children to qualify for these programs. Additionally, there is variation based on the state they live in.[12] In many states, children also need to be United States citizens or a "qualified non-citizen" to access coverage.[13]

Coverage Requirements – Coverage requirements for CHIP programs vary by state. States can choose to have a stand-alone CHIP program, combine their CHIP program with Medicaid or have a hybrid program. For states with a stand-alone CHIP program, guidance as a result of the SUPPORT Act requires coverage of "tobacco cessation programs."[14] The guidance uses the

vague language of "tobacco cessation programs," thus is silent on the coverage of medications. This guidance applies to the 34 states[15] with separate CHIP programs. There are currently no requirements that state Medicaid programs cover cessation treatment for people under 18.

State Medicaid programs are required to cover the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit for enrollees under 21 years old, although some states have waived this benefit for people between the ages of 18 and 21.[†,16] This benefit requires the Medicaid program to cover any medically necessary screening, treatment and service for children enrolled in Medicaid (though evidence shows that children do not always receive EPSDT covered services).[17,18] A Centers for Medicaid and CHIP Services (CMCS) Informational Bulletin[19] notes that Medicaid programs should cover tobacco cessation treatment, including counseling and medication, if indicated under the EPSDT benefit. CHIP programs are not required to provide the EPSDT benefit.

State Examples & Lessons Learned

To support youth seeking to quit using tobacco products, many states have already implemented Medicaid coverage of NRT and tobacco cessation counseling for youth. The information in this section was obtained via interviews with pediatricians, state tobacco control program staff and state Medicaid staff in five states. All five states – Arizona, Indiana, Michigan, North Dakota and Vermont – currently have Medicaid coverage of NRT and cessation counseling for youth. Through these interviews, it is clear that even in states with Medicaid coverage of NRT and tobacco cessation counseling for youth, barriers still exist when it comes to youth accessing this treatment.

The barriers are more prominent when it comes to accessing NRT. Interviewees agreed that tobacco cessation counseling is an extremely important component for treating youth who use tobacco. Counseling is often easier to access for youth than NRT (though relatively few youth use these cessation services).[20] For example, most state quitlines will not provide NRT to youth. Quitlines offer counseling services in youth-friendly formats such as texting and through programs developed specifically for young people including Live Vape Free and My Life, My Quit. Arizona has a program that allows any youth to receive supportive, motivational, one-way text messages from the quitline. The AAP calls behavioral interventions a "cornerstone for tobacco use disorder treatment" and states that they can "strengthen skills around coping with emotional, social, and environmental triggers; managing cravings; and coping with withdrawal symptoms."[21]

[†] The EPSDT benefit provides preventive healthcare services for children enrolled in Medicaid.

Several strategies were also identified to improve access to tobacco cessation treatment among those covered by Medicaid and CHIP in our conversations with states doing this work:

Build and Maintain Relationships

There is consensus that building and maintaining strong relationships with key partners is critical to implementing and fostering Medicaid coverage of NRT and counseling for youth. NRT is not easy to access for youth, even in states where is it covered by Medicaid. A close relationship between state officials who work on tobacco control and the Medicaid program is especially important. For example, there was a policy change under North Dakota Medicaid, and prior authorization was no longer required for any Medicaid enrollee to access NRT, including for youth. The state Medicaid program and the North Dakota Tobacco Prevention and Control Program had different constituencies and contacts, and worked together to ensure that both providers and enrollees were made aware of this policy change.

Expand Provider Types

The United States is facing an overall shortage of medical providers,[22] and anecdotally, not all pediatricians are willing to treat youth who use tobacco, exacerbating access issues.[23] Indiana took a unique approach to address this by partnering with pediatric dentists to talk to youth about tobacco cessation. In April 2024, Indiana's Department of Health partnered with the Indiana Cancer Consortium and QuitNow Indiana to release a toolkit for dental providers, Addressing Tobacco Use and HPV in Dental Settings: A Resource for Dental Providers. The toolkit explains the importance of addressing tobacco use, and how to assess, advise and refer patients for treatment. The toolkit suggests screening patients beginning at age 9.[24] In 2021, Indiana Medicaid expanded billing privileges for NRT. Oral health professional can now prescribe NRT (gum, lozenge and patch) to youth.

Disseminate the American Academy of Pediatrics (AAP) Cessation-related Resources to Providers

There is consensus, from the individuals that were interviewed, that the resources created by the AAP are valuable when it comes to helping youth who use tobacco products. Vermont's Tobacco Control Program funded the Vermont Child Health Improvement Program, which developed a toolkit called, *Clearing the Air, A toolkit to address youth vaping for Primary Care Practices*. Published in January 2021, the toolkit includes AAP resources and was disseminated through email listservs, public health grand rounds at the University of Vermont College of Medicine and lunch & learn sessions held across the state at pediatric offices by Vermont Child Health Improvement Program staff.

Implement Quality Improvement Initiatives

The Vermont Child Health Improvement Program (VCHIP) received funding from the Vermont Tobacco Control Program from 2019-2022.[‡] VCHIP used a portion of the money for a quality improvement (QI) initiative and an education program. The QI program discovered that providers were underscreening youth for tobacco use – likely missing opportunities to counsel and treat youth in need of cessation assistance. Although this funding for VCHIP ended, the initiative provides a useful example that other states can try if similar entities exist in their states and exemplifies the value of quality improvement initiatives to reach youth who use tobacco products. School nurses expressed feeling supported by the learning sessions and toolkit that helped them to address the rapid increase in student vaping.[25]

Conclusion

Youth use of tobacco is unsafe, and youth can benefit from support to help them quit. The American Academy of Pediatrics (AAP) has developed Clinical Considerations and a framework for providers to treat pediatric patients that use commercial tobacco. State Medicaid and CHIP programs can cover cessation treatment for this population. Some states may rely on the EPSDT benefit for Medicaid enrollees, and other states use different coverage mechanisms.

States are exploring and implementing innovative strategies that aim to improve access to NRT and tobacco cessation counseling for youth.

There are many challenges state Medicaid and CHIP programs face when they seek to cover tobacco cessation treatment for the pediatric population. The lack of clinical recommendations from USPSTF, which stems from a lack of research on youth cessation treatment is a significant barrier. Greater evidence-base for youth tobacco cessation is needed. There are challenges in states that already provide a level of cessation coverage for youth, including a shortage of providers. This issue brief shows that there are also many ways to increase access to cessation treatment for the Medicaid pediatric population. These approaches include building partnerships between state tobacco control programs and state Medicaid/ CHIP programs, expanding provider types eligible for reimbursement, distributing cessation resources to providers, and utilizing quality improvement initiatives to increase access to cessation interventions.

Youth, who use tobacco, need help and are trying to quit. The lack of coverage of tobacco cessation treatment by state Medicaid and CHIP programs for the pediatric population should not be a barrier.

[‡] Established in 1999, VCHIP still exists, and is funded by other sources.

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