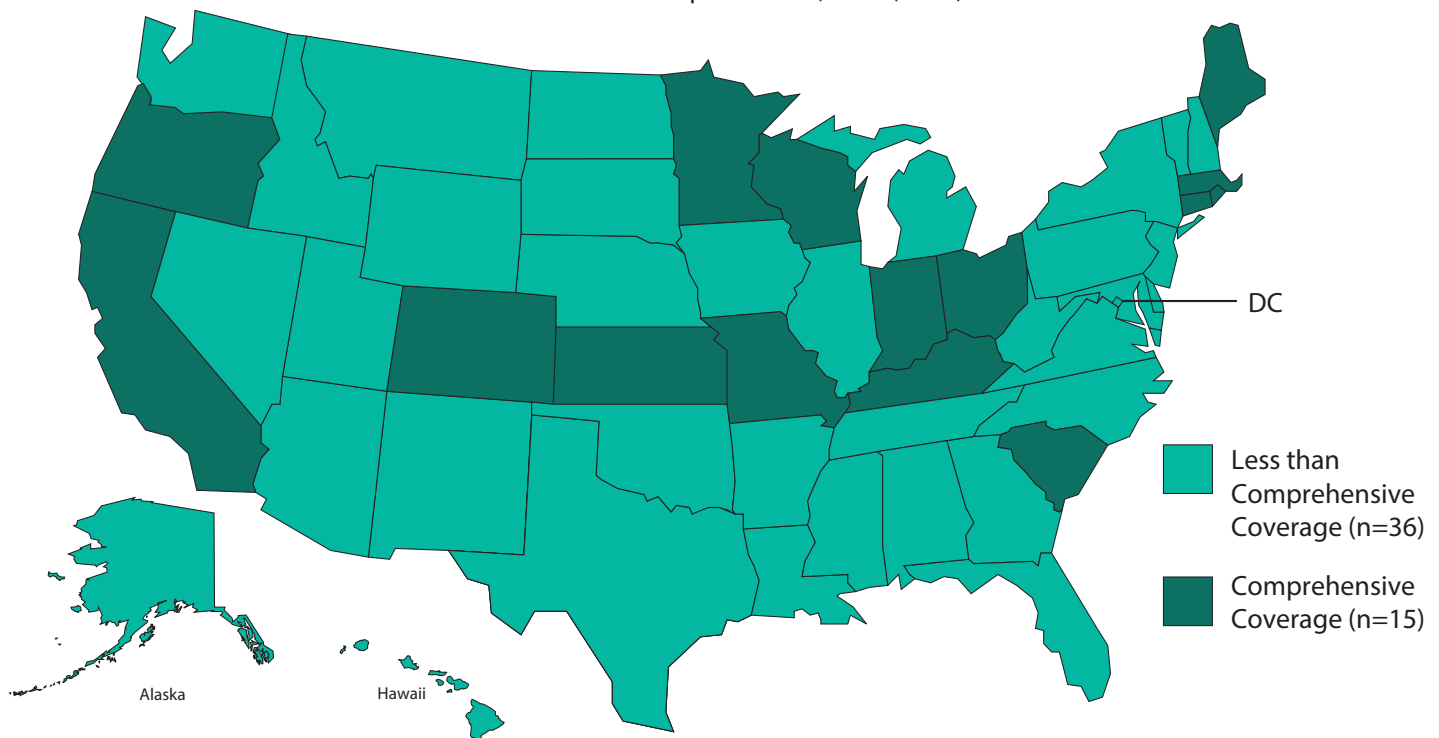


# STATE System Medicaid Coverage of Tobacco Cessation Treatments Fact Sheet

## Medicaid Coverage of Cessation Treatments

In effect as of September 30, 2018 (n=51)



Smoking is the leading preventable cause of premature death in the United States, resulting in about 480,000 deaths each year.<sup>1</sup> More than 16 million Americans suffer from a disease caused by smoking.<sup>1</sup> The Medicaid adult population smokes at a rate almost twice as high as that of the general population (27.8% Medicaid vs. 15.1%).<sup>2</sup> Nationally, Medicaid spends about \$40 billion on health care for smoking-related diseases annually—more than 15% of total Medicaid spending.<sup>1</sup>

The traditional Medicaid population is by definition low-income, and therefore less able to pay out-of-pocket for tobacco cessation treatments than people with higher incomes. Medicaid enrollees are also less likely than higher-income people to be able to successfully navigate the system to overcome barriers to accessing cessation treatments.<sup>3</sup>

## GET THE FACTS ON TOBACCO USE PREVENTION AND CONTROL



**U.S. Department of Health and Human Services**  
Centers for Disease Control and Prevention

STATE System: [CDC.gov/STATESystem](https://www.cdc.gov/STATESystem)  
OSHData: [CDC.gov/OSHData](https://www.cdc.gov/OSHData)  
Office on Smoking and Health: [CDC.gov/Tobacco](https://www.cdc.gov/Tobacco)



Increase comprehensive  
**Medicaid insurance coverage**<sup>12</sup>  
 of evidence-based treatment for nicotine dependency  
 in States and the District of Columbia

While most smokers want to quit and many smokers try to quit each year, quitting smoking is difficult. Most smokers try to quit smoking several times before succeeding. One reason for this is that few smokers use cessation treatments that have been shown to increase quit rates.<sup>4,5</sup> In 2015, 69.2% of adult smokers enrolled in Medicaid wanted to stop smoking, 56.3% tried to do so in the past year, but only 5.9% succeeded in quitting.<sup>5</sup> Only 34.5% of smokers enrolled in Medicaid who tried to quit had used evidence-based counseling or medications, or both.<sup>5</sup>

### What Works to Help Smokers Quit?

The US Public Health Service's 2008 Clinical Practice Guideline on *Treating Tobacco Use and Dependence*<sup>4</sup> recommends individual, group, and telephone counseling and seven FDA-approved prescription and over-the-counter medications as effective cessation treatments<sup>4</sup>. Insurance coverage of evidence-based cessation treatments leads to increases in quit attempts, use of cessation treatments, and successful cessation.<sup>4</sup> In particular, more comprehensive state Medicaid coverage for cessation treatments appears to be associated with increased quit rates among smokers enrolled in Medicaid.<sup>6</sup> Additionally, making cessation benefits more accessible to smokers on Medicaid by removing barriers to accessing cessation treatments such as cost-sharing and prior authorization would also be expected to increase the use of cessation treatments and successful quit attempts.<sup>4</sup> Cost-sharing means any requirement that Medicaid enrollees pay for the treatment, including co-pays, deductibles, and coinsurance.

Evidence suggests that states could reduce smoking rates, smoking-related disease, and health care costs among Medicaid enrollees by providing Medicaid coverage for all evidence-based cessation treatments, removing all barriers to accessing these treatments, promoting the coverage, and monitoring its use.<sup>6,7,8,9</sup>

## What are Medicaid Programs Required to Cover for Tobacco Cessation?

### Traditional Medicaid vs. Medicaid Expansion

The Affordable Care Act establishes new income-based eligibility standards for Medicaid for states implementing Medicaid expansion. Plans offered to Medicaid enrollees who are newly eligible under this expansion ("expansion plans") have different requirements for coverage than plans offered to those already enrolled in or eligible for Medicaid before 2014 ("traditional Medicaid"). The sections below address these different requirements.

### Coverage for pregnant women

The Affordable Care Act has required Medicaid programs to cover tobacco cessation counseling and medications for pregnant women since October 2010. This requirement prohibits cost-sharing for covered counseling and medications. This provision has resulted in increases in state Medicaid coverage of cessation counseling and medications for pregnant women.<sup>10</sup>

### Coverage of tobacco cessation medications

Beginning in January 2014, the Affordable Care Act prohibits state Medicaid programs from excluding any of the seven FDA-approved tobacco cessation medications from traditional Medicaid coverage. However, the provision does not require state Medicaid programs to remove barriers to accessing these medications. Medicaid expansion plans are subject to a different set of requirements. The Affordable Care Act requires these plans to cover evidence-based preventive services, including tobacco cessation, with no cost-sharing. A recent study found that only approximately 10% of Medicaid enrollees who smoked received a prescription for a tobacco cessation medication in 2013, with wide variation in use of cessation medications across states.<sup>11</sup>

### Coverage of tobacco cessation counseling

The Affordable Care Act does not require state Medicaid programs to cover individual, group, or telephone cessation counseling for non-pregnant adult Medicaid enrollees. However, states can choose to cover these treatments. Coverage of individual counseling is typically provided through payments to health care providers. Group counseling can be covered in a variety of ways, such as through a separate wellness program vendor or by reimbursing health care providers for group sessions. Telephone counseling can be provided to Medicaid enrollees through state quitlines, and states can now receive federal administrative matching funds for this counseling. Medicaid expansion plans are subject to a different set of Affordable Care Act requirements, which require these plans to cover evidence-based preventive services, including tobacco cessation, with no cost-sharing.

## Current State Medicaid Coverage of Tobacco Cessation Treatments

All state Medicaid programs cover some cessation treatments for all state Medicaid enrollees. However, only 15 states (California, Colorado, Connecticut, Indiana, Kansas, Kentucky, Maine, Massachusetts, Minnesota, Missouri, Ohio, Oregon, Rhode Island, South Carolina, and Wisconsin) have comprehensive Medicaid coverage as of September 30, 2018. Kentucky and Missouri are the only states without any barriers in place to accessing any of these treatments

# Medicaid Coverage of Cessation Treatments

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State	Individual Counseling	Group Counseling	Nicotine Patch	Nicotine Gum	Nicotine Lozenge	Nicotine Nasal Spray	Nicotine Inhaler	Bupropion	Varenicline	Comprehensive Coverage
Alabama	Varies	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Alaska	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Arizona	Varies	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Arkansas	Yes	No	Yes	Yes	No	No	No	Yes	Yes	No
California	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Colorado	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Connecticut	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Delaware	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
District of Columbia	Yes	No	Yes	Yes	Yes	Varies	Varies	Yes	Varies	No
Florida	Varies	Varies	Yes	Yes	Yes	No	No	Yes	Yes	No
Georgia	Yes	Varies	Yes	Yes	Yes	Varies	Varies	Yes	Varies	No
Hawaii	Yes	Varies	Yes	Yes	Varies	Varies	Varies	Yes	Yes	No
Idaho	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Illinois	Varies	No	Yes	Yes	Yes	Varies	Varies	Yes	Varies	No
Indiana	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Iowa	Varies	Varies	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Kansas	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Kentucky	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Louisiana	Yes	Varies	Yes	Yes	Yes	Varies	Varies	Yes	Varies	No
Maine	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Maryland	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Massachusetts	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Michigan	Yes	Varies	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Minnesota	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Mississippi	Varies	Varies	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Missouri	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Montana	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Nebraska	Yes	Varies	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Nevada	Varies	Varies	Yes	Yes	Yes	Varies	Yes	Yes	Yes	No
New Hampshire	Yes	Varies	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
New Jersey	Varies	Varies	Yes	Yes	Yes	Varies	Varies	Yes	Yes	No
New Mexico	Varies	Varies	Yes	Yes	Yes	Varies	Varies	Yes	Yes	No
New York	Yes	Yes	Yes	Yes	Yes	Yes	Varies	Yes	Yes	No
North Carolina	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
North Dakota	Varies	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Ohio	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Oklahoma	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Oregon	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Pennsylvania	Yes	Varies	Yes	Yes	Yes	Varies	Varies	Yes	Yes	No
Rhode Island	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
South Carolina	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
South Dakota	Varies	No	No	No	No	No	No	Yes	Yes	No
Tennessee	Varies	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Texas	Varies	Varies	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Utah	Yes	Varies	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Vermont	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Virginia	Varies	Varies	Yes	Yes	Varies	Varies	Varies	Yes	Yes	No
Washington	Varies	No	Yes	Yes	Yes	Varies	Varies	Yes	Varies	No
West Virginia	Yes	Varies	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Wisconsin	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Wyoming	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No

“Yes” means that the treatment is covered for all plans, including fee-for-service and managed care plans, if applicable. “No” means that the treatment is not covered.

“Varies” means that the coverage of treatment under both fee-for-service and managed care plans varies by plan or pregnancy status. Telephone counseling is not included because it is available free to callers to state quitlines (including Medicaid enrollees) in all 50 states and the District of Columbia through the national quitline portal 1-800-QUIT-NOW. Coverage reported here is traditional Medicaid coverage, not coverage in Medicaid expansion plans.

OSHData presents comprehensive tobacco prevention and control data in an online, easy to use, interactive data application.

Download the entire dataset from OSHData.

## Types of Counseling Recommended by the US Public Health Service and FDA-Approved Cessation Medications

### COUNSELING



### MEDICATIONS



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