

State Medicaid Coverage for Tobacco Cessation Treatments and Barriers to Coverage— United States, 2014-2015

MMWR Introduction

Medicaid enrollees have a cigarette smoking prevalence twice as high as that of privately insured Americans, placing them at increased risk for smoking-related disease and death. Individual, group, and telephone counseling and seven Food and Drug Administration (FDA)-approved medications are effective treatments for helping tobacco users quit. A Healthy People 2020 objective (TU-8) calls for all state Medicaid programs to adopt comprehensive coverage of these treatments. However, a previous report suggested that, while state Medicaid coverage of cessation treatments had improved during the period 2008–2014, this coverage was still limited in most states. To monitor the most recent trends in state Medicaid cessation coverage, the American Lung Association collected data on coverage of all evidence-based cessation treatments except telephone counseling by state Medicaid programs (for a total of nine treatments), as well as data on barriers to accessing these treatments from January 31, 2014, through June 30, 2015.

As of June 30, 2015, all 50 states covered some cessation treatments for at least some Medicaid enrollees. From 2014–2015, increases were observed in the number of states covering individual counseling (from 27 to 31 states), group counseling (from 7 to 10 states), and all seven FDA-approved cessation medications for all Medicaid enrollees (from 26 to 30 states). However, only nine states covered all nine treatments for all enrollees, up from six states in 2014. Common barriers to accessing covered treatments for Medicaid enrollees included prior authorization requirements (39 states for at least some populations or plans), limits on duration (38 states), annual limits on quit attempts (36 states), and required copayments (34 states).

State Medicaid programs can maximize tobacco cessation among Medicaid enrollees by covering all evidence-based cessation treatments, removing barriers that impede access to these treatments, promoting their coverage to Medicaid tobacco users and health care providers, and monitoring use of covered treatments. State Medicaid programs that take these actions have the potential to substantially reduce tobacco use and tobacco-related disease and health care costs among Medicaid enrollees.

MMWR Highlights

Trends in Medicaid Coverage of Smoking Cessation Treatments

- During 2014–2015, the number of states covering individual counseling increased from 27 to 31.
- During 2014–2015, the number of states covering group counseling increased from 7 to 10.
- During 2014–2015, the number of states covering all seven FDA-approved cessation medications for all Medicaid enrollees increased from 26 to 30.
- During 2014–2015, the number of states covering all nine treatments for all Medicaid enrollees increased from 6 to 9.

Common Barriers to Medicaid Coverage of Smoking Cessation Treatments

- During 2014–2015, 39 states required prior authorization for at least one treatment for at least some populations or plans.
- During 2014–2015, 38 states imposed limits on duration of treatments for at least some populations or plans.
- During 2014–2015, 36 states imposed annual limits on quit attempts for at least some populations or plans.
- During 2014–2015, 34 states required copayments for at least one treatment for at least some populations or plans.