

Smoking Rates and Tobacco Cessation Coverage in Medicaid Expansion

On December 8, 2016, "[State Medicaid Expansion Tobacco Cessation Coverage and Number of Adult Smokers Enrolled in Expansion Coverage – United States, 2016](#)" was released in the Centers for Disease Control and Prevention's *Morbidity and Mortality Weekly Report* (MMWR). It reported tobacco cessation coverage data for the Medicaid expansion population as of July 1, 2016 as well as the number of smokers in the Medicaid expansion population.

Key Findings:

- Approximately 3.3 million individuals enrolled in Medicaid expansion programs smoke. This represents over a third (35.2 percent) of all Medicaid expansion enrollees.
- 13 states charged co-pays to at least some of the Medicaid population, which is not consistent with the Affordable Care Act (ACA), as the ACA requires preventive services to be covered with no cost-sharing.
- 19 states covered all seven FDA-approved medications.
- 11 states covered both group and individual counseling.
- Only nine states cover all nine treatments.

States Required to Offer Tobacco Cessation in Medicaid Expansion

The Affordable Care Act gives states the option of expanding their standard or traditional Medicaid program to 138 percent of the Federal Poverty Level or \$16,243 annually for an individual or \$33,465 annually for a family of four. States that choose to expand Medicaid receive additional funding from the federal government to offset the cost of the new enrollees. As of July 1, 2016, 31 states and the District of Columbia have expanded their Medicaid programs to cover the newly eligible individuals.


Under the Affordable Care Act, the Medicaid expansion population is required to have access, with no cost-sharing, to any preventive services given an "A" or "B" grade by the United States Preventive Services Task Force (USPSTF). In September 2015, the USPSTF released an updated recommendation on tobacco cessation. The Task Force reaffirmed tobacco cessation's "A" grade, outlining that all seven Food and Drug Administration (FDA)-approved medications and all three forms of counseling are first line tobacco cessation treatments.

The "A" grade triggers the inclusion of all seven tobacco cessation pharmacotherapies and all three forms of behavioral health therapies as a preventive service, with no cost-sharing, in any plan offered as part of a state's Medicaid expansion program to the Medicaid expansion enrollees.

The states that have chosen to expand coverage as of July 1, 2016, have operationalized their expansions in a few different ways. They can generally be classified into three different options:

1. By extending traditional Medicaid coverage to the expansion Medicaid population;
2. By creating a benefit package that is not aligned with the state's traditional Medicaid state plan and using managed care or a separate fee-for-service program for the expansion population; or
3. By providing subsidies to this population that are used to purchase coverage offered in the state or federally-facilitated marketplace created by the Affordable Care Act.

Regardless of how a state provides coverage to their Medicaid expansion population, states are required to provide preventive services with no cost-sharing to these individuals, including access to a comprehensive tobacco cessation benefit.



Conclusions

These data collected by the American Lung Association shows tobacco cessation coverage for the Medicaid expansion population in the 31 states and the District of Columbia that have expanded Medicaid as of July 1, 2016. The report also found that approximately 3.3 million individuals enrolled in Medicaid expansion programs smoke. This represents over a third (35.2 percent) of all Medicaid expansion enrollees.

States are not doing enough to help these smokers quit and in some cases have benefits that are inconsistent with the ACA and the federal guidance associated with it. While all states cover some treatment for all Medicaid expansion enrollees, only 19 states covered all seven FDA-approved medications, only 11 states covered both group and individual counseling and only nine covered the nine tobacco cessation treatments. Thirteen states charged co-pays to at least some of the Medicaid population, which is not consistent with the ACA, as the ACA requires preventive services to be covered with no cost-sharing. Twenty-six of the 32 states require prior authorization for at least some of the population to access treatment. And all 32 states have at least one barrier to access treatment.

While coverage is lacking in the 31 states and Washington, DC that have expanded Medicaid, the 19 states that have not expanded Medicaid are missing a key opportunity to help smokers in their states quit, saving lives and money. Not only does the population that would be eligible for Medicaid expansion in these states lack access to comprehensive cessation treatments, they also lack access to healthcare. Without access to healthcare, providers are not encouraging these smokers to quit and monitoring them for smoking-caused disease.

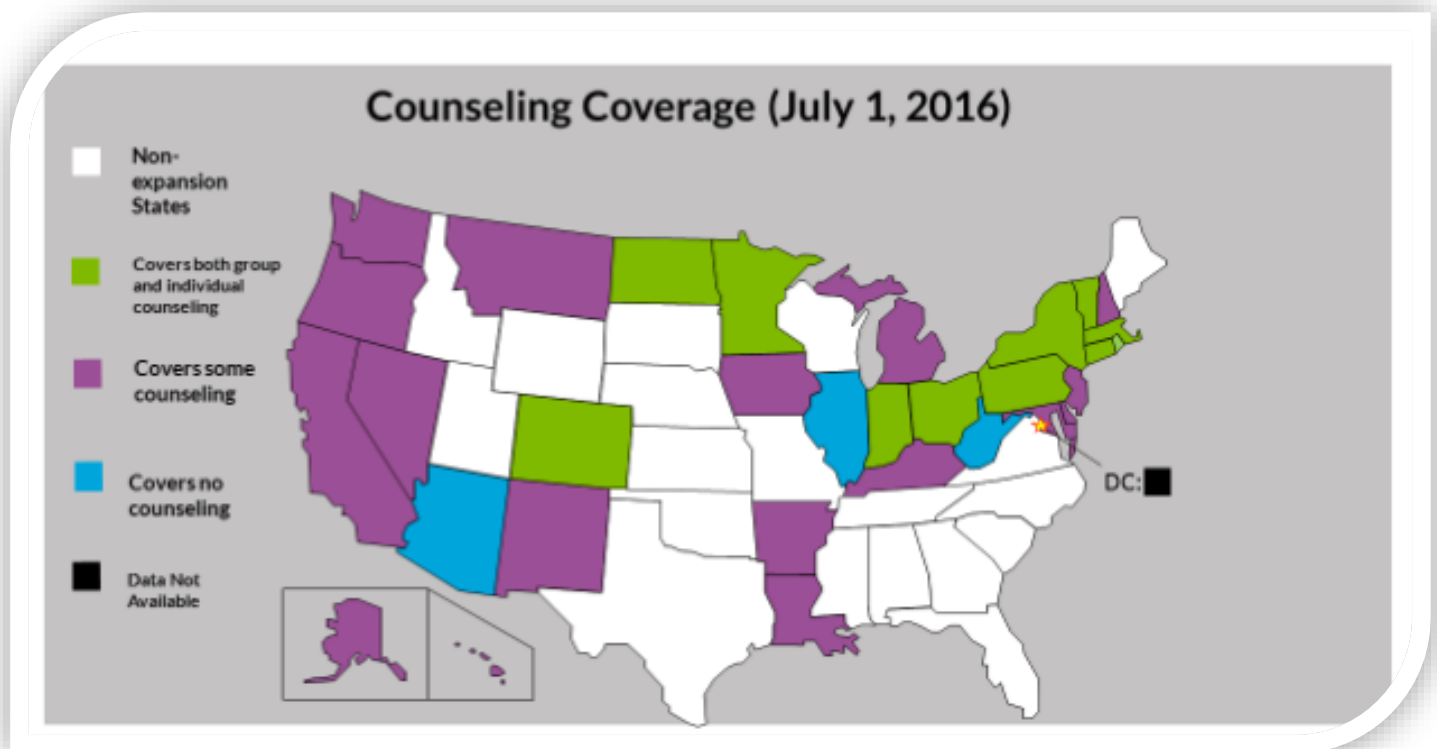
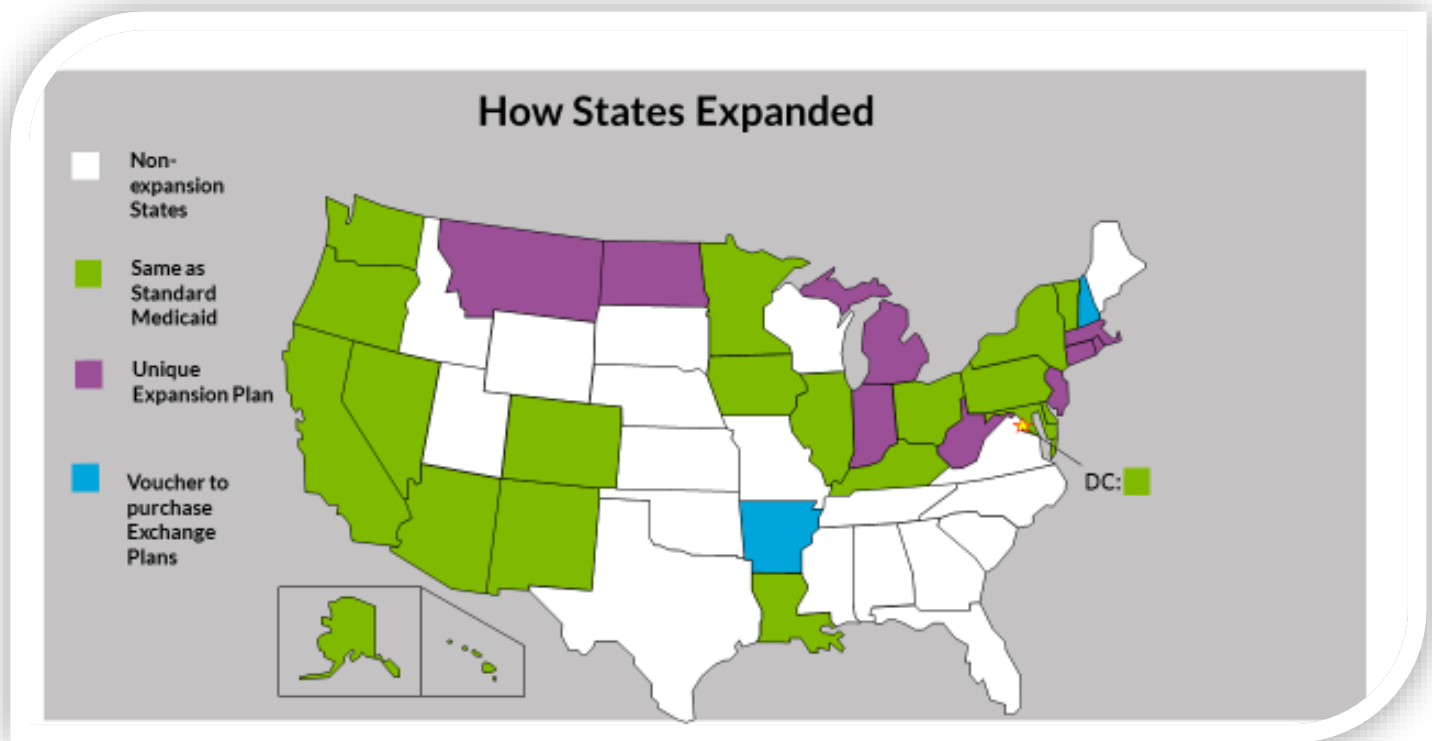
There is still great improvements that can be made in the 31 states and Washington, DC that have expanded Medicaid, but there is also great opportunity to improve the health and lives of smokers in the 19 states that have not expanded Medicaid. There is still a need for tobacco cessation treatment and all preventive services in the states that have not expanded Medicaid. Their exclusion from the report does not equate with a lack of demand.

Next Steps

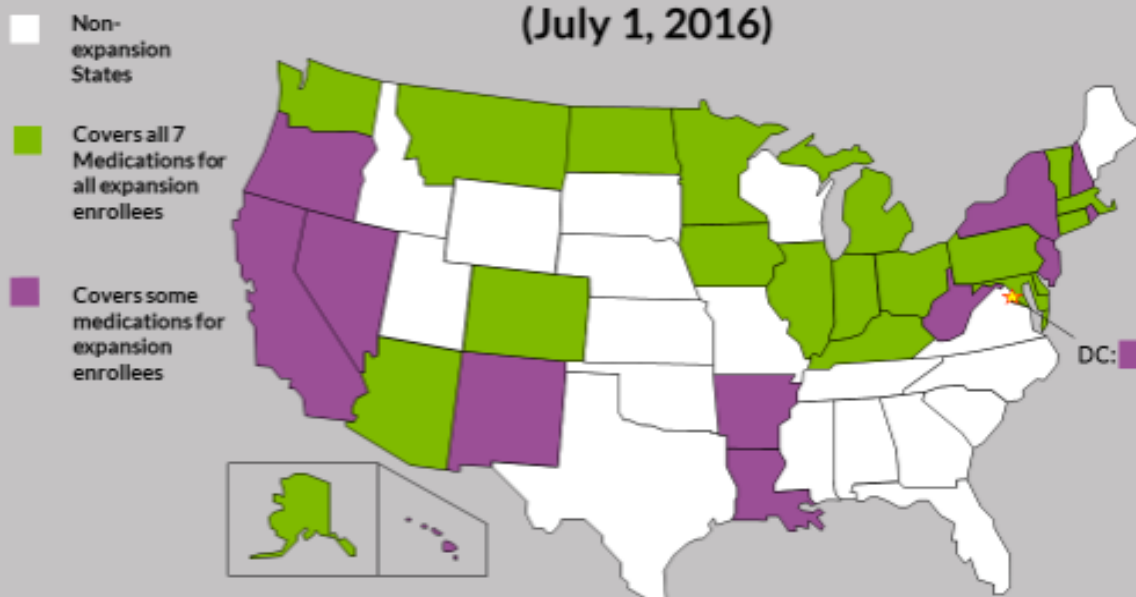
This is the first study that looks at coverage of a preventive service in the Medicaid expansion population. Prevention is the cornerstone of the ACA and recognized as a key lever to reduce costs and improve outcomes in the healthcare system.

The states that have expanded Medicaid need to work to improve their coverage to ensure all Medicaid expansion enrollees have access to a barrier-free, comprehensive tobacco cessation benefit. With over a third of Medicaid expansion enrollees smoking, there is clearly a need for the benefit. Assuming the proportion of smokers to nonsmokers in the Medicaid expansion population is consistent in the states that have expanded as in the states that have not expanded, there would appear to be a need for access to care, including tobacco cessation treatment, in the non-expansion states.

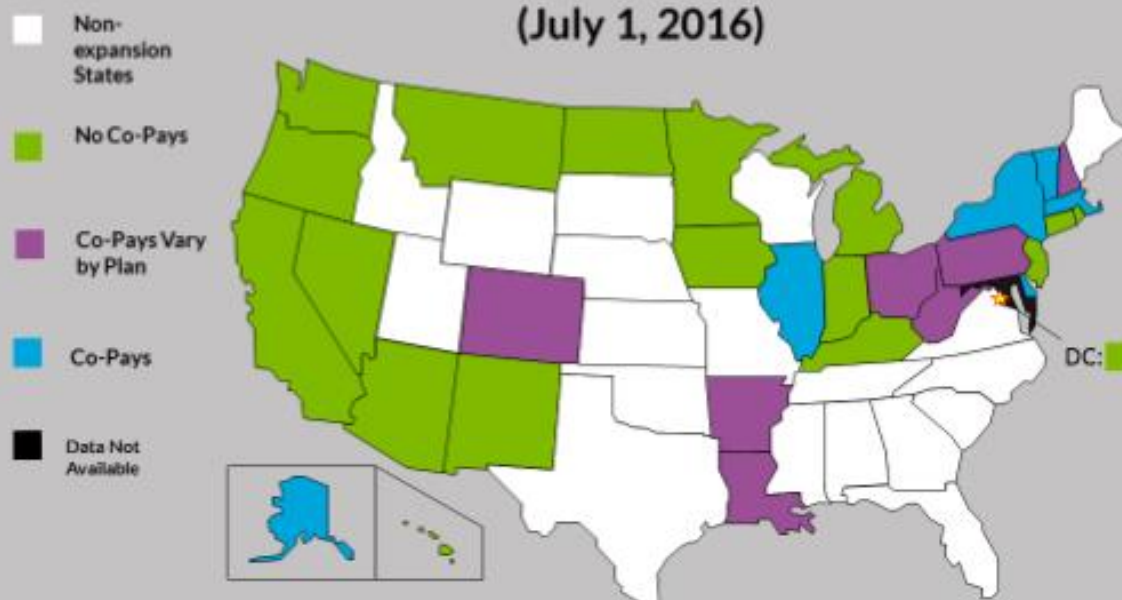
APPENDIX:



States that Cover all 7 Medications for the Expansion Population (July 1, 2016)



Co-Pays for Cessation Treatment in Medicaid Expansion (July 1, 2016)



Prior Authorization for Tobacco Cessation Treatment (July 1, 2016)

Non-expansion
States



No Prior
Authorization



Prior Authorization
varies by plan



Prior
Authorization
in all plans



Data Not
Available

