

# Save Lives and Money

*Help People on Medicaid  
Quit Tobacco*

2012



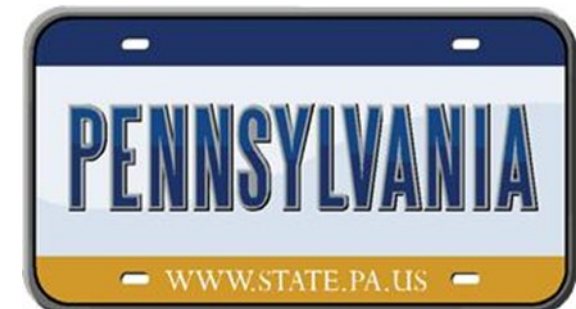
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# Join These Six Leading States

Cover All the Treatments Medicaid Recipients Need To Quit Tobacco



## Why should states help Medicaid recipients quit smoking?

Six states are leading the way to help Medicaid recipients quit smoking. These leading states **cover all the treatments recommended by the Public Health Service to help smokers quit.** They are taking advantage of an important opportunity to save lives and money and improve health among their Medicaid population.

**Save lives.** Quitting tobacco reduces a recipient's risk for chronic diseases associated with smoking, such as chronic obstructive pulmonary disease (COPD), heart disease and lung and other cancers. Former smokers' children have less risk for asthma attacks and related emergency room visits. On average, a smoker can add 13-15 years onto his or her life by quitting.<sup>1</sup>

**Save state dollars.** The six states that provide a comprehensive cessation benefit through Medicaid have found an opportunity to save state money. Recent studies have shown that providing this benefit to Medicaid recipients reduces heart attacks and related hospitalizations within the first two years of the benefit.<sup>2</sup> Consequently, states can see a quick and significant return-on-investment with this benefit: Massachusetts Medicaid saw a 3-to-1 return on investment when it helped its tobacco users on Medicaid quit.<sup>3</sup>



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## Why should states help Medicaid recipients quit smoking?



**Tobacco addiction is particularly a problem for Medicaid.** People on Medicaid smoke at disproportionately higher rates than the general population: 33.3 percent (Medicaid) vs. 21.3 percent (general population between ages 18-65).<sup>4</sup> State Medicaid programs incur an average of \$607 million per year in tobacco-related health care costs.<sup>5</sup>

**Medicaid recipients who smoke need help quitting.** Most smokers want to quit, and many of them try.<sup>6</sup> Unfortunately, most smokers who try to quit do not succeed—only 4 to 7 percent succeed per quit attempt.<sup>7</sup> Why aren't more smokers able to quit? One important reason is that many of them lack the support that will help them succeed.

**The U.S. Public Health Service has recommended seven medications and three types of counseling as effective in helping smokers quit.** Having access to all these treatments makes smokers more likely to make a quit attempt – and most importantly – to succeed.

**All state Medicaid plans – fee-for-service and managed care – should be required to cover each of these treatments for Medicaid recipients.** Providing a comprehensive cessation benefit to all insured will save lives and money.

## What should Medicaid cover to help recipients quit tobacco?

**Treatment for smoking cessation is not a one-size-fits-all proposition.** Just like any other serious medical condition, patients respond to each cessation treatment differently. Patients wanting to quit tobacco must often try more than one treatment to find success. The science is clear that having a variety of cessation treatment options available to patients increases success – and that’s the point – making quitting permanent.

Every state Medicaid plan (fee-for-service and managed care) should include the seven medications and three forms of counseling proven effective in helping patients quit tobacco. **Nicotine replacement therapies** (NRTs) are available over-the-counter (patch, gum, lozenge) and by prescription (patch, nasal spray, inhaler). **Bupropion** (Zyban) and **varenicline** (Chantix) are two non-nicotine, prescription-only options.<sup>8</sup> All of these medications should be included in any cessation benefit.

Three types of counseling also help smokers quit.

**Individual** (face-to-face), **group** and **phone counseling** can be provided by any suitably trained provider. Phone counseling is available in every state through 1-800-QUIT-NOW. Rules changed in 2011 so Medicaid programs are now able to reimburse state quitlines for services delivered to Medicaid recipients.

Each of the medications and counseling types listed has proven effective based on scientific evidence. Although each treatment works on its own, smokers have an even higher chance at quitting if they use a course of treatment that includes both medications and counseling.

### Cessation benefits should include ALL of these:

- ✓ NRT Gum
- ✓ NRT Patch
- ✓ NRT Lozenge
- ✓ NRT Inhaler
- ✓ NRT Nasal Spray
- ✓ Bupropion
- ✓ Varenicline
- ✓ Individual Counseling
- ✓ Group Counseling
- ✓ Phone Counseling

## How should a tobacco cessation benefit be implemented in Medicaid?

### Barriers to avoid:

- ✘ Co-pays
- ✘ Prior authorization
- ✘ Duration limits
- ✘ Annual limits on quit attempts
- ✘ Dollar limits
- ✘ Requirements to try one medication before another
- ✘ Requirements to pair medications with counseling

It is important that Medicaid plans don't include **arbitrary barriers that make it harder for tobacco users to get cessation treatment or to try different treatments.**

Policies that have been shown to act as barriers to treatment are listed in the box on the left. Such policies can actually *reduce* the number of people who try to quit.

**Cessation benefits should be available to *all* Medicaid recipients** who use tobacco – not just pregnant women, and not just members of fee-for-service plans. Most states have managed care options (often HMOs) for their Medicaid recipients. Policymakers should **require that each managed care plan provide a comprehensive cessation benefit.** This often can be done in the state's contract with the managed care organization. Policymakers must also oversee and enforce such requirements with the managed care organizations serving Medicaid recipients.

For more information on these benefits and the barriers to avoid, please see the American Lung Association's report on *Helping Smokers Quit: Tobacco Cessation Coverage.*<sup>9</sup>

For information on what barriers exist to getting help quitting in your state's Medicaid program, visit the State Cessation Coverage Database online at [www.lung.org/cessationcoverage](http://www.lung.org/cessationcoverage).



## How does the Affordable Care Act change health care coverage?

The 2010 Patient Protection and Affordable Care Act has made some changes that affect state Medicaid coverage of tobacco cessation treatments. Most importantly, all Medicaid programs are now required to cover a comprehensive cessation benefit for pregnant women on Medicaid. There are several parts of the legislation still to be implemented that will help more smokers on Medicaid quit:

### Upcoming Changes

- Starting in 2013, states that cover all preventive services given an 'A' or 'B' by the U.S. Preventive Services Task Force (including tobacco cessation) with no cost-sharing will receive a 1 percentage point increase in the federal Medicaid matching rate (FMAP) for those services.
- In 2014, Medicaid programs may no longer explicitly exclude tobacco cessation medications from coverage.
- In 2014, Medicaid programs will expand to cover more low-income citizens. All of these new Medicaid recipients will have coverage for an Essential Health Benefit, which has yet to be defined by the U.S. Department of Health and Human Services (HHS). The American Lung Association and Partnership for Prevention urge HHS to include a comprehensive tobacco cessation treatment benefit in the Essential Health Benefit.

In June 2012, the U.S. Supreme Court affirmed the constitutionality of this legislation in a complex decision. While the court did strike down a small part of the law related to the Medicaid expansion, the deadlines and requirements for implementation remain the same.<sup>10</sup>

While the Affordable Care Act takes important steps in the right direction, there is still much to be done. The most important thing to note is that comprehensive tobacco cessation coverage is only required for pregnant women on Medicaid. **State policymakers still should act to give *all* Medicaid recipients access to these life-saving treatments.**



## Where does your state stand?

Six states lead the way in providing the necessary, comprehensive cessation coverage. These states cover all seven recommended medications and group and individual counseling for *all* Medicaid recipients.

*Note that while Medicaid programs are now able to cover phone counseling through state quitlines, this is a recent policy change and data is not yet available on which states do this. Therefore phone counseling is not listed in the following charts.*

### Six states cover all recommended treatments

	Nicotine Replacement Therapy					Varenicline (Chantix)	Bupropion (Zyban)	Group Counseling	Individual Counseling
	Gum	Patch	Nasal Spray	Inhaler	Lozenge				
<b>Indiana</b>	yes	yes	yes	yes	yes	yes	yes	yes	yes
<b>Massachusetts</b>	yes	yes	yes	yes	yes	yes	yes	yes	yes
<b>Minnesota</b>	yes	yes	yes	yes	yes	yes	yes	yes	yes
<b>Nevada</b>	yes	yes	yes	yes	yes	yes	yes	**	**
<b>North Carolina</b>	yes	yes	yes	yes	yes	yes	yes	yes	yes
<b>Pennsylvania</b>	yes	yes	yes	yes	yes	yes	yes	yes	yes

\*\* Coverage provided under certain conditions

Source: American Lung Association State Cessation Coverage Database. Available at: [www.lung.org/cessationcoverage](http://www.lung.org/cessationcoverage)

As of June 30, 2012



While not covering all the recommended treatments, 26 states cover five or more treatments. Seven of these states cover all medications but do not provide any counseling. Medicaid recipients in these states are missing an important tool to help increase their chances of quitting. States should provide tobacco users the option of receiving counseling support.

### Twenty-six states provide most, but not all, recommended cessation treatments to all of their Medicaid recipients (at least five treatments)

	Nicotine Replacement Therapy					Varenicline (Chantix)	Bupropion (Zyban)	Group Counseling	Individual Counseling
	Gum	Patch	Nasal Spray	Inhaler	Lozenge				
Alaska	yes	yes	yes	no	yes	yes	yes	no	yes
Arizona	yes	yes	yes	yes	yes	yes	yes	no	no
Arkansas	yes	yes	no	no	no	yes	yes	yes	yes
Connecticut	yes	yes	yes	yes	yes	yes	yes	no	yes
Delaware	yes	yes	yes	yes	yes	yes	yes	no	yes
Hawaii	yes	yes	yes	yes	yes	yes	yes	*	*
Idaho	yes	yes	yes	yes	yes	yes	yes	no	no
Illinois	yes	yes	yes	yes	yes	yes	yes	no	no
Iowa	yes	yes	yes	yes	yes	yes	yes	no	yes
Louisiana	yes	yes	yes	yes	no	yes	yes	no	no
Maine	yes	yes	yes	yes	yes	yes	yes	no	yes
Mississippi	yes	yes	yes	yes	yes	yes	yes	p	p
Missouri	yes	yes	yes	yes	yes	yes	yes	no	yes
Montana	yes	yes	yes	yes	yes	yes	yes	no	yes
Nebraska	yes	yes	no	no	no	yes	yes	no	yes
New Hampshire	yes	yes	yes	yes	yes	yes	yes	p	yes
North Dakota	yes	yes	yes	yes	yes	yes	yes	no	no

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	Nicotine Replacement Therapy					Varenicline (Chantix)	Bupropion (Zyban)	Group Counseling	Individual Counseling
	Gum	Patch	Nasal Spray	Inhaler	Lozenge				
Ohio	yes	yes	yes	yes	yes	yes	yes	no	no
Oklahoma	yes	yes	yes	yes	yes	yes	yes	no	yes
Rhode Island	yes	yes	yes	yes	yes	yes	yes	*	*
Tennessee	yes	yes	yes	yes	yes	yes	yes	p	p
Utah	**	**	**	**	**	yes	yes	p	p
Vermont	yes	yes	yes	yes	yes	yes	yes	p	p
West Virginia	**	**	**	**	**	no	**	*	no
Wisconsin	yes	yes	yes	yes	no	yes	yes	*	yes
Wyoming	yes	yes	no	no	yes	yes	yes	no	yes

\* = Coverage varies by health plan

p = Coverage only for pregnant women

\*\* = Coverage provided under certain conditions

Source: American Lung Association State Cessation Coverage Database. Available at: [www.lung.org/cessationcoverage](http://www.lung.org/cessationcoverage)

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Sixteen states provide very limited help for smokers on Medicaid who want to quit (see chart on following page). Many of these states contract with multiple managed care plans to provide healthcare to Medicaid recipients, and coverage for cessation treatments depends on which health plan a Medicaid recipient enrolls in. All Medicaid recipients should have the same access to the full range of cessation treatments. Equal coverage avoids confusion and ensures all smokers can get help. Medicaid programs should specifically require uniform coverage in each managed care plan contract.

## Sixteen states provide only a few cessation treatments to Medicaid recipients or have uneven coverage

State Name	Nicotine Replacement Therapy								
	Gum	Patch	Nasal Spray	Inhaler	Lozenge	Varenicline (Chantix)	Bupropion (Zyban)	Group Counseling	Individual Counseling
California	*	yes	*	*	*	yes	yes	*	yes
Colorado	yes	yes	*	*	*	yes	yes	*	*
Florida	*	*	*	*	*	*	*	*	yes
Kansas	*	yes	no	no	*	*	*	*	no
Maryland	*	*	*	*	*	*	*	*	*
Michigan	yes	yes	*	*	*	*	yes	*	yes
New Jersey	*	yes	*	*	*	*	yes	no	no
New Mexico	*	*	*	*	*	*	*	*	no
New York	*	*	*	*	*	*	*	yes	yes
Oregon	*	yes	*	*	*	yes	yes	*	yes
South Carolina	*	yes	*	*	*	*	*	no	no
South Dakota	no	no	no	no	no	yes	yes	no	no
Texas	yes	yes	no	no	no	yes	yes	*	*
Virginia	*	*	*	*	*	*	*	*	*
Washington	*	*	*	*	*	*	*	*	*
District of Columbia	*	*	no	no	*	*	*	*	*

\* = Coverage varies by health plan

Source: American Lung Association State Cessation Coverage Database. Available at: [www.lung.org/cessationcoverage](http://www.lung.org/cessationcoverage)

As of June 30, 2012

Two states fail to cover any of the recommended medications or counseling for all Medicaid recipients who want to quit. These states are now required to cover tobacco cessation treatment for pregnant women, but do not provide these treatments to anyone else on Medicaid.

### Two states need to provide coverage for Medicaid recipients who want to quit

State Name	Nicotine Replacement Therapy					Varenicline	Bupropion	Group Counseling	Individual Counseling
	Gum	Patch	Nasal Spray	Inhaler	Lozenge				
Alabama	p	p	p	p	p	p	p	no	p
Georgia	p	p	p	p	p	p	p	no	p

p = Coverage for Pregnant women only

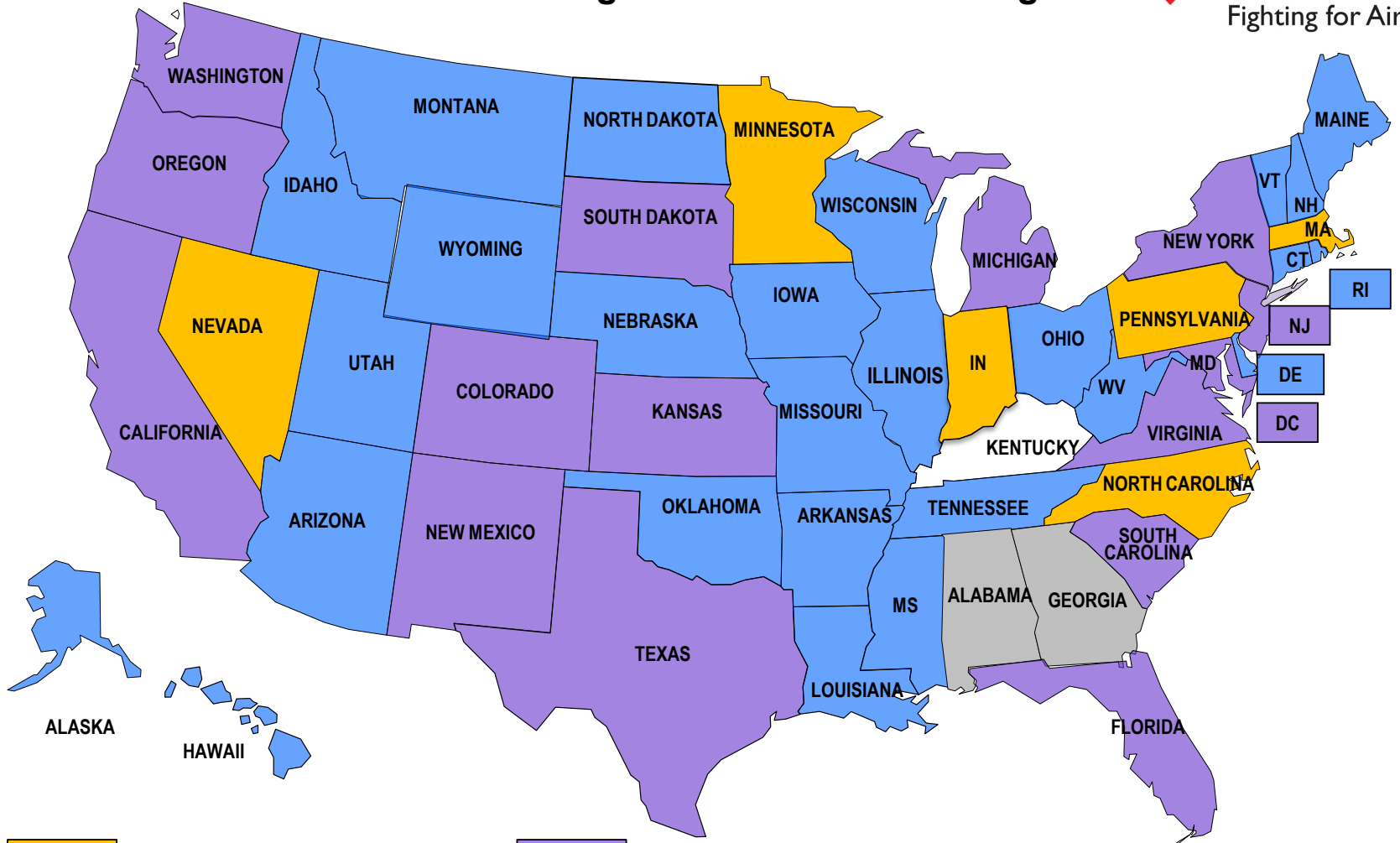
Sources: American Lung Association State Cessation Coverage Database. Available at: [www.lung.org/cessationcoverage](http://www.lung.org/cessationcoverage)

As of June 30, 2012

**NOTE: Data was not available on Medicaid tobacco cessation treatment coverage in Kentucky. Therefore Kentucky does not appear in the previous charts.**



## Cessation Coverage in State Medicaid Programs



<b>ALL</b>	<i>All Treatments Covered (6)</i>	<b>FEW</b>	<i>Few Treatments Covered or Varying Coverage (16)</i>
<b>MOST</b>	<i>Majority of Treatments Covered (26)</i>	<b>NONE</b>	<i>No Treatments Covered (2)</i>

As of June 30, 2012

# A Common Sense Call to Action

## Getting Medicaid Recipients the Help They Need to Quit Tobacco

- ◇ **Every health plan offered to Medicaid recipients should provide comprehensive cessation benefits.** Medicaid plans should cover all component treatments recommended by the U.S. Public Health Service's clinical practice guideline,<sup>11</sup> including all seven first line medications and group, individual and telephone cessation counseling. In your state, this may take legislative or regulatory action, or it may require a change through your state Medicaid benefits office.
- ◇ If your state contracts with multiple managed care plans to provide healthcare for Medicaid recipients, **ensure that each plan covers all cessation treatments.** Not only does this provide more smokers with treatment, but it also makes promoting the benefit simpler. A requirement for cessation coverage can usually be written into the plan's contract with the state or negotiated with the plan.
- ◇ **Remove arbitrary barriers that limit access to cessation treatments.** The most effective cessation coverage is coverage that is easily available and easily used. Barriers that deny or limit treatment include requiring co-pays; limiting the length, frequency or amount spent on treatments; requiring prior authorization; requiring quit attempts with one medication before trying another; and requiring counseling to be paired with medication. *Removing these barriers will encourage more people to use the benefit and successfully quit tobacco.*

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# A Common Sense Call to Action

## Getting Medicaid Recipients the Help They Need to Quit Tobacco

- ◇ **Communicate widely the availability of cessation benefits.** Medicaid recipients need to know that the coverage exists and should be encouraged to use it. Your state Medicaid office should inform recipients directly and regularly about available cessation treatments and programs. Managed care organizations can also publicize the coverage to participating clinicians through newsletters, other communications and continuing education opportunities.
- ◇ **Package cessation benefits in a way that is easy for Medicaid recipients to find information about the coverage and understand how to use it.** For example, compile all information about cessation benefits into one web page that is written clearly and for low levels of literacy, and link to it from the front page of the Medicaid benefits website. Feature these benefits in newsletters and emails regularly.
- ◇ Inform Medicaid recipients that **state quitlines provide phone counseling** to help them quit, and be sure your state's quitline can help recipients access their cessation benefits and refer them to covered programs and medications. Consider formally contracting with your state quitline to provide phone counseling to Medicaid recipients.<sup>12</sup>

## Where can I find more information?

**Action to Quit: Advancing Tobacco Control Policy**  
[www.actiontoquit.org/](http://www.actiontoquit.org/)

**American Lung Association: State Tobacco Cessation Coverage Database** [www.lung.org/cessationcoverage](http://www.lung.org/cessationcoverage)

**American Lung Association letters and regulatory comments** [www.lung.org/get-involved/advocate/advocacy-archive.html](http://www.lung.org/get-involved/advocate/advocacy-archive.html)

**Center for Disease Control and Prevention: *State-Level Medicaid Expenditures Attributable to Smoking***  
[www.cdc.gov/pcd/issues/2009/jul/08\\_0153.htm](http://www.cdc.gov/pcd/issues/2009/jul/08_0153.htm)

**Center for Medicare and Medicaid Services: *New Medicaid Tobacco Cessation Services*** <http://downloads.cms.gov/cmsgov/archived-downloads/SMDL/downloads/SMD11-007.pdf>

**Colorado Department of Public Health and Environment: *Colorado Tobacco Cessation & Sustainability Partnership – a Case Study*** <http://actiontoquit.org/uploads/documents/Colorado%20Tobacco%20Cessation%20and%20Sustainability%20Partnership%20Case%20Study%205-6-11.pdf>

**Helping Smokers Quit: Tobacco Cessation Coverage Report**  
[www.lung.org/helpingsmokersquit](http://www.lung.org/helpingsmokersquit)

**North American Quitline Consortium: *A Toolbox for Expanding Medicaid Benefits and Gaining Reimbursement for Quitlines*** [www.naquitline.org/?page=medicaid](http://www.naquitline.org/?page=medicaid)

**Partnership for Prevention and George Washington University School of Public Health and Health Services: *A Policy Paper – Saving Money: the Massachusetts Tobacco Cessation Benefit***. [www.prevent.org/data/images/roi%20policy%20paper\\_a.pdf](http://www.prevent.org/data/images/roi%20policy%20paper_a.pdf)



## References

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- <sup>5</sup> Centers for Disease Control and Prevention. Sustaining State Programs for Tobacco Control: Data Highlights 2006. 2006. Available at: [http://www.cdc.gov/tobacco/data\\_statistics/state\\_data/data\\_highlights/2006/index.htm](http://www.cdc.gov/tobacco/data_statistics/state_data/data_highlights/2006/index.htm)
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- <sup>12</sup> For more information, see June 24, 2011 Letter from Centers for Medicare and Medicaid Services to State Medicaid Directors regarding "New Medicaid Tobacco Cessation Services." Available at: <http://downloads.cms.gov/cmsgov/archived-downloads/SMDL/downloads/SMD11-007.pdf>



**Action** **TO QUIT**  
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