



Barriers to Accessing Tobacco Cessation Treatment in Medicaid

All Medicaid enrollees need access to a comprehensive tobacco cessation benefit that will help them quit. People enrolled in Medicaid smoke at much higher rates than the general population (30.1 percent versus 18.1 percent for ages 18-64).¹ Medicaid enrollees, by definition, have low incomes and are less able to pay out of pocket for tobacco cessation treatments.

These are reasons enough to help people on Medicaid quit smoking, but there are more: smoking-related disease costs Medicaid programs millions of dollars every year—an average of \$833 million per state in 2013.²

But covering a comprehensive benefit is only the first step in helping Medicaid enrollees quit and reducing the economic burden of tobacco on Medicaid. Medicaid programs must also remove any policies that make it harder for patients to access quit smoking treatments. Removing these “utilization management” policies or “barriers” makes it easier for patients to obtain medications, attend counseling, and get the treatment they have determined, with their doctor, is right for them.

As of September 15, 2014, all 50 states and the District of Columbia have at least one barrier in place that makes it harder for Medicaid enrollees to use quit smoking benefits. These barriers include:

- Copay requirements
- Prior authorization requirements
- Duration limits on treatment
- Annual and lifetime limits on quit attempts
- Stepped care therapy requirements
- Counseling requirements for medications

This report provides more details on these policies in state Medicaid programs. The source of all data in this report, unless otherwise stated, is the [American Lung Association State Tobacco Cessation Coverage Database](#). Data are current as of September 15, 2014. Please note that these data represent information about “traditional” Medicaid coverage, and does not include coverage information for Medicaid expansion, where applicable.

Copay Requirements

A copay is an amount of money the patient is responsible for paying at the pharmacy, doctor’s office, or other healthcare site before the patient receives treatment. Studies show that charging a copay reduces utilization of tobacco cessation medications,^{3,4,5} and also reduces the success rate of smokers quitting.^{6,7}

Comprehensive Tobacco Cessation Benefit

- Nicotine patch
- Nicotine gum
- Nicotine lozenge
- Nicotine nasal spray
- Nicotine inhaler
- Bupropion
- Varenicline
- Individual counseling
- Group counseling
- Phone counseling

continued



For these and other reasons, the Affordable Care Act prohibits most private health insurance plans from requiring cost-sharing, including copays, for preventive services including tobacco cessation treatment. Unfortunately, this prohibition does not extend to Medicaid coverage, so many Americans with the lowest incomes are still being charged copays, while higher income individuals are not. States, however, can choose to not charge copays to this low-income group.

- Twenty-eight Medicaid programs charge copays for at least one tobacco cessation treatment.
- Tobacco cessation medications more often have copays than cessation counseling treatments.
- Copay amounts for tobacco cessation treatments range from 50 cents to \$3.

continued



Copays Charged for Tobacco Cessation Treatments in State Medicaid Programs+@

Key

- * Varies by Plan
- # Data Not Available
- + Dollar amounts expressed as ranges mean the copay varies depending on which brand the patient chooses
- @ Dollar amounts listed here are for non-pregnant patients. Copays are prohibited for pregnant women.

State	Patch	Gum	Lozenge	Nasal Spray	Inhaler	Bupropion	Varenicline	Individual Counseling	Group Counseling	Phone Counseling
Alabama	None	None	None	None	None	None	None	None	N/A	None
Alaska	#	#	#	#	#	#	#	#	#	#
Arizona	None	None	None	None	None	None	None	None	N/A	None
Arkansas	None	None	N/A	N/A	N/A	None	None	None	N/A	None
California	None	None	None	None	None	None	None	None	None	None
Colorado	#	#	#	#	#	#	#	#	#	#
Connecticut	None	None	None	None	None	None	None	None	None	N/A
Delaware	.5 - 3	.5 - 3	.5 - 3	.5 - 3	.5 - 3	.5 - 3	.5 - 3	.5 - 3	N/A	N/A
District of Columbia	#	#	#	#	#	#	#	#	#	#
Florida	*	*	*	*	*	*	*	*	*	*
Georgia	None	None	None	None	None	None	None	None	N/A	None
Hawaii	*	*	*	*	*	*	*	*	*	*
Idaho	None	None	None	None	None	None	None	None	N/A	N/A
Illinois	#	#	#	#	#	#	#	#	#	#
Indiana	.5 - 3	.5 - 3	.5 - 3	.5 - 3	.5 - 3	.5 - 3	.5 - 3	None	None	None
Iowa	1	1	1	1	1	1	1	1	N/A	1
Kansas	None	None	None	None	None	None	None	None	None	None
Kentucky	None	None	None	None	None	None	None	None	None	None
Louisiana	.5 - 3	.5 - 3	.5 - 3	.5 - 3	.5 - 3	.5 - 3	.5 - 3	N/A	None	None
Maine	None	None	None	None	None	None	None	None	None	N/A
Maryland	*	*	*	*	*	*	*	*	*	*
Massachusetts	1-3	1-3	1-3	1-3	1-3	1-3	1-3	None	None	None
Michigan	#	#	#	#	#	#	#	#	#	#
Minnesota	1-3	1-3	1-3	1-3	1-3	1-3	1-3	None	None	N/A
Mississippi	*	*	*	*	*	*	*	None	N/A	None
Missouri	None	None	None	None	None	None	None	None	N/A	N/A
Montana	None	None	None	N/A	N/A	None	None	None	N/A	None
Nebraska	2	2	2	2	2	2	2	None	N/A	N/A
Nevada	#	#	#	#	#	#	#	#	#	#
New Hampshire	1-2	1-2	1-2	1-2	1-2	1-2	1-2	None	None	N/A
New Jersey	*	*	*	*	*	*	*	*	N/A	N/A
New Mexico	#	#	#	#	#	#	#	#	#	#
New York	*	*	*	*	*	*	*	*	*	N/A
North Carolina	1-3	1-3	1-3	1-3	1-3	1-3	1-3	None	N/A	N/A
North Dakota	0-3	0-3	0-3	0-3	0-3	0-3	0-3	2	2	N/A
Ohio	None	None	None	2	2	None	2	None	None	None
Oklahoma	None	None	None	None	None	None	None	.65-3.5	N/A	None
Oregon	#	#	#	#	#	#	#	#	#	#
Pennsylvania	1-3	1-3	1-3	1-3	1-3	1-3	1-3	None	None	N/A
Rhode Island	None	None	None	None	None	None	None	None	None	N/A
South Carolina	*	*	*	*	*	*	*	*	*	*
South Dakota	0-3	0-3	0-3	N/A	N/A	0-3	0-3	None	N/A	N/A
Tennessee	None	None	None	None	None	None	None	N/A	N/A	None
Texas	.5-3	.5-3	.5-3	N/A	N/A	.5-3	.5-3	*	*	*
Utah	3	3	3	3	3	3	3	None	None	N/A
Vermont	1-3	1-3	1-3	1-3	1-3	1-3	1-3	None	None	N/A
Virginia	*	*	*	*	*	*	*	*	*	*
Washington	None	None	None	None	None	None	None	None	N/A	None
West Virginia	.5-3	.5-3	.5-3	.5-3	.5-3	.5-3	N/A	N/A	.5-3	.5-3
Wisconsin	.5-1	.5	N/A	1	1	1	1	0-3	0-3	N/A
Wyoming	1-3	1-3	1-3	N/A	N/A	1-3	1-3	1-3	N/A	N/A
Total Requiring Copay	26	26	25	24	24	26	26	14	10	8



Prior Authorization Requirements

Plans may require that either the member or clinician contact the Medicaid program or managed care plan for authorization of a medication or treatment. Prior authorization may be required before the prescription is written or the treatment dispensed. Plans often use this requirement to steer patients towards less expensive medications. Prior authorization can delay treatment or cause the patient to get discouraged and stop seeking treatment.⁸

- Thirty-four state Medicaid programs require prior authorization of at least one tobacco cessation treatment.
- The treatments most frequently requiring prior authorization are: nicotine nasal spray, nicotine inhaler and varenicline.

continued



Prior Authorization Requirements for Tobacco Cessation Treatments in State Medicaid Programs

Key
 * Varies by Plan
 N/A Not Applicable: Program does not cover treatment
 # Data Not Available

State	Patch	Gum	Lozenge	Nasal Spray	Inhaler	Bupropion	Varenicline	Individual Counseling	Group Counseling	Phone Counseling
Alabama	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	N/A	No
Alaska	#	#	#	#	#	#	#	#	#	#
Arizona	No	No	No	No	No	No	No	No	N/A	No
Arkansas	Yes	Yes	N/A	N/A	N/A	Yes	Yes	Yes	N/A	Yes
California	*	*	*	*	*	*	*	*	*	*
Colorado	#	#	#	#	#	#	#	#	#	#
Connecticut	No	No	No	Yes	Yes	No	No	No	Yes	N/A
Delaware	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	N/A	N/A
District of Columbia	#	#	#	#	#	#	#	#	#	#
Florida	*	*	*	*	*	*	*	*	*	*
Georgia	No	No	No	Yes	Yes	Yes	Yes	No	N/A	No
Hawaii	*	*	*	*	*	*	*	*	*	*
Idaho	No	No	No	Yes	Yes	No	Yes	No	N/A	N/A
Illinois	No	No	No	No	No	No	No	N/A	N/A	N/A
Indiana	No	No	No	No	No	No	No	No	No	No
Iowa	Yes	Yes	Yes	Yes	Yes	No	Yes	No	N/A	No
Kansas	No	No	No	No	No	No	No	No	No	No
Kentucky	*	*	*	*	*	*	*	*	*	*
Louisiana	*	*	*	*	*	*	*	N/A	*	*
Maine	No	No	Yes	Yes	Yes	No	No	No	No	N/A
Maryland	No	No	No	No	No	No	*	No	No	No
Massachusetts	No	No	No	Yes	Yes	No	No	No	No	No
Michigan	#	#	#	#	#	#	#	#	#	#
Minnesota	No	No	No	No	No	No	No	No	No	N/A
Mississippi	No	No	No	No	No	No	No	No	N/A	No
Missouri	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	N/A	N/A
Montana	Yes	Yes	N/A	N/A	Yes	Yes	Yes	No	N/A	No
Nebraska	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	N/A	N/A
Nevada	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	N/A
New Hampshire	No	No	No	No	No	No	No	No	No	N/A
New Jersey	*	*	*	*	*	*	*	*	N/A	N/A
New Mexico	#	#	#	#	#	#	#	#	#	#
New York	*	*	*	*	*	*	*	*	*	N/A
North Carolina	No	No	No	No	No	No	No	No	N/A	N/A
North Dakota	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	N/A
Ohio	No	No	No	*	*	No	*	No	No	N/A
Oklahoma	No	No	No	No	No	No	No	No	N/A	No
Oregon	#	#	#	#	#	#	#	#	#	#
Pennsylvania	*	*	*	*	*	*	*	*	*	N/A
Rhode Island	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	N/A
South Carolina	*	*	*	*	*	*	*	*	*	*
South Dakota	No	No	No	N/A	N/A	No	No	No	N/A	N/A
Tennessee	No	No	No	Yes	Yes	No	Yes	N/A	N/A	*
Texas	No	No	No	N/A	N/A	No	No	*	*	No
Utah	No	No	No	Yes	No	No	Yes	No	No	N/A
Vermont	No	No	No	Yes	Yes	No	No	No	No	N/A
Virginia	*	*	*	*	*	*	*	*	*	*
Washington	*	*	*	*	*	*	*	*	N/A	*
West Virginia	Yes	Yes	Yes	Yes	Yes	Yes	N/A	N/A	No	No
Wisconsin	No	No	N/A	No	No	No	No	No	*	N/A
Wyoming	No	No	No	N/A	N/A	No	No	No	N/A	N/A
Total Requiring Prior Authorization	22	22	21	29	29	22	27	13	12	10



Annual and Lifetime Limits on Quit Attempts

Some Medicaid programs limit the number of times a tobacco user can use cessation benefits per year or per lifetime. These limits fail to recognize that tobacco use is an addiction that may be fought for years, and that relapses are likely for most users. Most smokers try many times before they can quit successfully.⁹ Limiting quit attempts per year, or especially per lifetime can lead to tobacco users trying to quit without evidence-based treatment, or not quitting at all.

- Thirty-two state Medicaid programs have annual limits on quit attempts.
- The most common annual limit is twice per year.

Four state Medicaid programs have lifetime limits on quit attempts.

Limits on Quit Attempts in State Medicaid Programs

State	Annual Limit (Number allowed per year)	Lifetime Limit (Number allowed per lifetime)	State	Annual Limit (Number allowed per year)	Lifetime Limit (Number allowed per lifetime)
Alabama	1	No Limit	Montana	2	No Limit
Alaska	#	#	Nebraska	2	No Limit
Arizona	2	No Limit	Nevada	2	No Limit
Arkansas	2+	No Limit	New Hampshire	No Limit	No Limit
California	*	No Limit	New Jersey	*	*
Colorado	2	No Limit	New Mexico	#	#
Connecticut	2	No Limit	New York	2	No Limit
Delaware	3	No Limit	North Carolina	No Limit	No Limit
District of Columbia	#	#	North Dakota	.5+	No Limit
Florida	*	*	Ohio	No Limit	No Limit
Georgia	2	No Limit	Oklahoma	2	No Limit
Hawaii	2	No Limit	Oregon	#	#
Idaho	2	No Limit	Pennsylvania	No Limit	No Limit
Illinois	No Limit	No Limit	Rhode Island	2	No Limit
Indiana	1	No Limit	South Carolina	*	No Limit
Iowa	1	No Limit	South Dakota	No Limit	No Limit
Kansas	1	No Limit	Tennessee	24 weeks	No Limit
Kentucky	*	No Limit	Texas	No Limit	No Limit
Louisiana	No Limit	No Limit	Utah	No Limit	No Limit
Maine	No Limit	No Limit	Vermont	2	No Limit
Maryland	*	No Limit	Virginia	*	No Limit
Massachusetts	2	No Limit	Washington	*	*
Michigan	#	#	West Virginia	1+	No Limit
Minnesota	No Limit	No Limit	Wisconsin	No Limit	No Limit
Mississippi	No Limit	No Limit	Wyoming	1	No Limit
Missouri	No Limit	2			

Key
 * Varies by Plan
 + More quit attempts allowed for pregnant women
 # Data Not Available



Limits on Length of Treatment

Medicaid programs may limit the length of treatment for medications, or limit the number of counseling sessions that are covered. After the patient has reached the limit, he or she either has to pay for the remaining treatment out-of-pocket, or stop treatment early, which could lead to relapse.

The Public Health Service Guideline on Treating Tobacco Use and Dependence states that use of up to 6 months of some tobacco cessation medications may be appropriate for patients experiencing persistent withdrawal symptoms.¹⁰

The Guideline also states that there is a “dose-response relationship” between number of sessions and treatment effectiveness, and recommends patients receive four or more counseling sessions per quit attempt.¹¹

- Thirty-five state Medicaid programs limit duration of at least one tobacco cessation treatment.
- The most common duration limit for medications is 12 weeks.
- The most common limit on number of counseling sessions is 4 sessions.

Limits on Duration for Tobacco Cessation Treatments in State Medicaid Programs

State	Limit on Medications (units specified)	Limit on Counseling (in number of sessions)	State	Limit on Medications (units specified)	Limit on Counseling (in number of sessions)
Alabama	12 weeks	No Limit	Nebraska	90 days	5
Alaska	#	#	Nevada	12 weeks	No Limit
Arizona	12 weeks	4	New Hampshire	No Limit	No Limit
Arkansas	93 days	No Limit	New Jersey	*	No Limit
California	*	*	New Mexico	#	#
Colorado	*	*	New York	*	4
Connecticut	No Limit	12	North Carolina	No Limit	No Limit
Delaware	No Limit	No Limit	North Dakota	90 days	4
District of Columbia	#	#	Ohio	No Limit	No Limit
Florida	*	*	Oklahoma	180 days	8
Georgia	12 weeks	4	Oregon	#	#
Hawaii	*	No Limit	Pennsylvania	6 refills	10
Idaho	90 days	No Limit	Rhode Island	90 days	*
Illinois	No Limit	No Limit	South Carolina	90 days	*
Indiana	12 weeks	150 Minutes	South Dakota	No Limit	No Limit
Iowa	12 weeks	1	Tennessee	24 weeks	No Limit
Kansas	24 weeks for varenicline & inhaler, 12 weeks for all others	No Limit	Texas	No Limit	No Limit
Kentucky	*	*	Utah	No Limit	No Limit
Louisiana	*	*	Vermont	8 weeks for NRT, 12 weeks for bupropion and varenicline	16
Maine	No Limit	No Limit	Virginia	*	*
Maryland	*	*	Washington	*	*
Massachusetts	No Limit	16	West Virginia	12 weeks	*
Michigan	#	#	Wisconsin	No Limit	No Limit
Minnesota	No Limit	No Limit	Wyoming	6 weeks for patch, 12 weeks for all others	No Limit
Mississippi	*	*			
Missouri	12 weeks	12			
Montana	24 weeks for varenicline, 16 weeks for all others	No Limit			

Key
* Varies by Plan
NRT Nicotine replacement therapy
Data Not Available

Note: some states, in addition to or instead of limiting duration of medications, limit the quantity of medication the patient can obtain per quit attempt. States that limit treatment in this way are noted on the chart below.



Stepped Care Therapy Requirements

Some Medicaid programs require patients to try a certain medication before they are allowed to try others. Usually the first “step” in a system is the gum, patch, or bupropion (generally the cheapest options), and only if the patient fails using those methods are they allowed to try other medications. This barrier usually discourages the use of more expensive medications and fails to recognize that some treatments may not appeal to or work for certain smokers. Patients also may have tried certain treatments before and would only want to try treatments they had not tried before.

- Sixteen state Medicaid programs have stepped care therapy requirements for tobacco cessation medications.

Stepped Care Therapy Requirements for Tobacco Cessation Medications in State Medicaid Programs

State	Stepped Care Therapy Requirement?	State	Stepped Care Therapy Requirement?
Alabama	No	Nebraska	No
Alaska	#	Nevada	No
Arizona	No	New Hampshire	No
Arkansas	No	New Jersey	No
California	*	New Mexico	#
Colorado	No	New York	No
Connecticut	No	North Carolina	No
Delaware	Yes	North Dakota	No
District of Columbia	#	Ohio	*
Florida	*	Oklahoma	No
Georgia	Yes	Oregon	#
Hawaii	*	Pennsylvania	No
Idaho	Yes	Rhode Island	Yes
Illinois	No	South Carolina	*
Indiana	#	South Dakota	No
Iowa	Yes	Tennessee	Yes
Kansas	No	Texas	No
Kentucky	No	Utah	No
Louisiana	No	Vermont	No
Maine	Yes	Virginia	*
Maryland	*	Washington	No
Massachusetts	No	West Virginia	Yes
Michigan	#	Wisconsin	No
Minnesota	No	Wyoming	No
Mississippi	No	Total Requiring Stepped Care Therapy	16
Missouri	No		
Montana	Yes		

Key
 * Varies by plan
 # Data Not Available



Counseling Requirements for Medications

Some Medicaid programs require that patients enroll in cessation counseling in order for them to get a prescription for cessation medications. The [U.S. Public Health Service](#) recommends that while health plans should encourage this combination, they should not require it. Such a requirement could discourage certain smokers (wary of or unable to attend counseling) from attempting to quit at all.

- Twenty state Medicaid programs require the patient attend counseling in order to receive medications.
- The most common form of required counseling is individual counseling.

Counseling Requirements for Tobacco Cessation Medications in State Medicaid Programs

State	Type of Counseling Required
Alabama	Phone
Alaska	#
Arizona	None
Arkansas	Individual
California	*
Colorado	*
Connecticut	None
Delaware	Individual
District of Columbia	#
Florida	*
Georgia	Individual
Hawaii	*
Idaho	None
Illinois	None
Indiana	Any
Iowa	Phone
Kansas	None
Kentucky	*
Louisiana	*
Maine	None
Maryland	*
Massachusetts	None
Michigan	#
Minnesota	None
Mississippi	None
Missouri	None

State	Type of Counseling Required
Montana	None
Nebraska	Phone
Nevada	None
New Hampshire	None
New Jersey	None
New Mexico	#
New York	None
North Carolina	None
North Dakota	Phone
Ohio	None
Oklahoma	None
Oregon	#
Pennsylvania	None
Rhode Island	Individual
South Carolina	*
South Dakota	None
Tennessee	None
Texas	None
Utah	None
Vermont	None
Virginia	*
Washington	*
West Virginia	Individual
Wisconsin	None
Wyoming	None
Total Requiring Counseling	20

Key
* Varies by Plan
Data Not Available



- 1 Centers for Disease Control and Prevention. National Center for Health Statistics. National Health Interview Survey, 2012. Analysis by the American Lung Association, Research and Program Services Division.
- 2 Armour BS, Finkelstein EA, Fiebelkorn IC. State-level Medicaid expenditures attributable to smoking. *Prev Chronic Dis*. Jul 2009; 6(3):A84. Smoking-attributable Medicaid costs are updated from 2004 to 2013 dollars, using the Medical Consumer Price Index.
- 3 Curry SJ, Grothaus LC, McAfee T, Pabiniak P. Use and cost effectiveness of smoking-cessation services under four insurance plans in a health maintenance organization. *N Engl J Med*. Sep 3 1998; 339(10):673-9.
- 4 Hughes JR, Wadland WC, Fenwick JW, Lewis J, Bickel WK. Effect of cost on the self-administration and efficacy of nicotine gum: A preliminary study. *Prev Med*. July 1991; 20(4):486-96.
- 5 Zeng F, et al. Utilization management for smoking cessation pharmacotherapy: Varenicline rejected claims analysis. *Am J Manag Care*. 2010;16(9):667-74
- 6 Cox JL, McKenna MP. Nicotine gum: does providing it free in a smoking cessation program alter success rates? *J Fam Prac*. Sep 1990; 31(3):278-80.
- 7 Hughes.
- 8 Zeng.
- 9 Treating Tobacco Use and Dependence. April 2013. Agency for Healthcare Research and Quality, Rockville, MD. <http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/tobacco/clinicians/update/index.html>
- 10 Treating Tobacco Use and Dependence.
- 11 Treating Tobacco Use and Dependence.