American Lung Association.

Barriers to Tobacco Cessation in Medicaid

Medicaid enrollees smoke at a rate over twice as high as individuals with private insurance.[1] While Medicaid enrollees want to quit at rates identical to those with private insurance, the smoking disparity still persists.[2] Research shows that Medicaid coverage of tobacco cessation treatment, including tobacco cessation medication and counseling, leads to reduced smoking rates[3,4] and fewer smoking-related healthcare costs.[5,6]

As of April 2019[7], only two states did not have barriers for Medicaid enrollees to access tobacco cessation treatment. Twelve states require co-pays cessation treatment and 28 states have prior authorization for tobacco cessation treatment for at least some enrollees. However, the most common barriers are annual limits (39 states) and duration limits (35 states). Barriers to access tobacco cessation treatment can have a devastating impact on Medicaid enrollees quit attempts.

Individuals that needed prior authorization to access tobacco cessation medication had 80 percent lower odds of receiving the treatment, indicating that prior authorization is a significant barrier to accessing tobacco cessation treatment.[8]

Out-of-pocket costs, such as high copayments, may deter tobacco users from quitting.[9,10,11] Medicaid enrollees in states with no copayments for tobacco cessation counseling and cessation medication have higher quit rates compared to states with copayments.[12]

Coverage of tobacco cessation treatment without adequate promotion of the benefit may have a limited effect on increasing utilization among Medicaid enrollees.[13,14] Promoting tobacco cessation treatment by increasing awareness of the benefit is critical to increase cessation uptake by Medicaid enrollees.[15,16,17]

States that have not expanded Medicaid have higher smoking prevalence and lower utilization rates of tobacco cessation medication, compared to expansion states.[19,20,21,22] By covering more people, expansion states make tobacco cessation treatment more broadly available, increasing its potential public health impact.[23,24]

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