

# Making the Case to Improve Medicaid Tobacco Cessation Coverage: A Resource Guide

## Introduction

The Medicaid population smokes at over twice the rate of the private insurance population.<sup>1</sup> This high smoking rate not only leads to disease and premature death, but also costs the Medicaid program approximately \$68.3 billion per year (or about 20% of annual Medicaid spending).<sup>2</sup>

Recognizing the high percentage of people who smoke in the Medicaid population, it is critical to reduce smoking in this population to see progress in the population at large. State Medicaid programs covering a comprehensive cessation benefit, combined with efforts to reduce barriers to access and promote awareness of covered cessation treatments, can reduce smoking, smoking-related disease and health care expenditures among Medicaid enrollees.

This guide is designed to help state and local tobacco control staff who want to work to improve tobacco cessation coverage for their state's Medicaid population. As you initiate conversations with your state Medicaid office, it is important for you to equip yourself with knowledge to help you make the case. This resource guide is a living and breathing document that will continue to be updated as new resources, articles, editorials, etc. are published.

**Brush up on the basics:** *Understanding Medicaid can be complicated. The resources below provide background information to help you further understand how Medicaid operates, the requirements in place for tobacco cessation and what paths are available to you to make a policy change.*

- [Medicaid: A Tobacco Cessation Primer](#)
  - This document provides a basic overview of the Medicaid program.
- [Tobacco Cessation Coverage: Standard Medicaid](#) (Factsheet)
  - This factsheet explains what Standard Medicaid is required to cover in terms of tobacco cessation.
- [Glossary of Terms: Tobacco Cessation Coverage and Health Insurance](#)
  - As more public health professionals work with health insurance plans to improve cessation coverage, this glossary of health insurance terms will help ensure everyone is on the same page during these discussions.
- [Barriers to Tobacco Cessation Treatment in State Medicaid Programs](#) (Brief)
  - This guide describes tobacco cessation treatment, common barriers to accessing tobacco cessation treatment and recommendations for state Medicaid programs to reduce barriers to tobacco cessation treatment.
- [Using State Plan Amendments and 1115 Waivers to Improve Medicaid Coverage of Tobacco Cessation](#) (Factsheet)
  - This document provides a basic overview of the Medicaid program's funding structure, state plans and the methods for states to change coverage in their Medicaid programs.



**Assess your state Medicaid Coverage:** Get an understanding of what tobacco cessation coverage looks like within the Medicaid landscape in your state currently.

- [State Tobacco Cessation Coverage Database](#)
  - This resource tracks state smoking cessation treatment coverage, such as state Medicaid coverage, on an ongoing basis. It is the only comprehensive summary of state smoking cessation treatment coverage in all 50 states and the District of Columbia.
- [State Tobacco Cessation Coverage Environmental Scan Worksheet](#)
  - This worksheet is designed to assist states in completing an environmental scan of cessation coverage. The North American Quitline Consortium updates this regularly and can be found at [North American Quitline Consortium \(naquitline.org\)](http://naquitline.org).
- [A Guide to Assessing Tobacco Cessation Coverage in Health Plans](#)
  - This guide walks you through how to assess tobacco cessation coverage in health plans. There are five different assessment sections with template questions. The guide also walks through key considerations and partnerships.
  - Public health officials in Kansas and Missouri used this guide and we have published a [case study](#) detailing their process and also hosted a [webcast](#).
  - Additionally, the Lung Association interviewed Public Health Department staff in Rhode Island and Washington about their experiences assessing tobacco cessation coverage in our [podcast](#).

**Identify opportunities and barriers** In addition to learning about Medicaid tobacco cessation coverage and assessing coverage in your state, you need to do your homework about the landscape within your state. Asking a series of questions can be incredibly helpful in determining where to focus your efforts:

- *Who do I know within the Medicaid department?* Look within your department and networks: talk with your colleagues to see what relationships already exist within the state department of health and the Medicaid department.
- *If there really is no one to provide a warm connection (or if there are some historically challenging relationships), who can I reach out to?*
  - Medicaid has put together this database of state Medicaid contacts [Beneficiary Resources | Medicaid](#) if you do not know where to start.
- *What kind of decisions are being made about health care coverage broadly and specifically, tobacco currently?* A quick internet search and scan of local news to get a sense of how decisions are being made and who is making them can be helpful in determining where to focus efforts in making the case for comprehensive tobacco cessation treatment coverage.

**Make the Case.** There are many resources available to you to help you make the case for the benefits of robust tobacco cessation treatment coverage. You may want to focus on the public health and financial benefits and highlight other states' successes in their endeavors.

- [Smoking Cessation: A Report of the Surgeon General](#)
  - The report highlights the latest evidence on the health benefits of quitting smoking and proven treatments and strategies to help people successfully quit. Please note – this report is focused on **cigarette smoking cessation among adults**.
  - Below, you will find a few key findings from the report:
    - Insurance coverage for smoking cessation treatment that is comprehensive, barrier-free, and widely promoted increases the use of these treatment services, leads to higher rates of successful quitting and is cost-effective.
    - Smoking cessation medications approved by the FDA and behavioral counseling are cost-effective cessation strategies. They also increase the likelihood of successfully quitting smoking, particularly when used in combination.
    - Considerable disparities exist in the prevalence of smoking across the U.S. population, with higher prevalence in some subgroups.
- [Strategies to Improve Delivery of Tobacco Cessation Services](#) (CMS Bulletin)
  - This bulletin from the Centers for Medicare and Medicaid Services (CMS) highlights strategies states have used to improve tobacco cessation treatment delivery for people who smoke cigarettes and are enrolled in Medicaid or CHIP. CMS encourages states to use these strategies to help more people quit.
  - Below, you will find some key takeaways from the bulletin:
    - Some states have been able to standardize covered cessation benefits across Managed Care Organizations, and communicate that to providers, to eliminate confusion and increase access to care.
    - Certain states have opted to reduce barriers to accessing cessation treatments, which has increased smoking cessation attempts.
    - Some states have built quality improvement initiatives into their Managed Care Organization contracts, with evidence indicating subsequent reductions in smoking rates among people enrolled in Medicaid.
    - A number of states have partnered with pharmacists and quitlines to successfully increase access to cessation services.
    - State Medicaid agencies have also partnered with state public health agencies to promote covered cessation services to people with Medicaid and providers. In at least one state, the smoking rate decreased.

- [U.S. Healthcare Spending Attributable to Cigarette Smoking in 2014](#) (Article)
  - This study assessed smoking-attributable fractions in healthcare spending between 2010 and 2014, overall and by insurance type (Medicaid, Medicare, private, out-of-pocket, other federal, other) and by medical service (inpatient, non-inpatient, prescriptions). Below are a few major takeaways from the article:
    - During 2010–2014, an estimated 11.7% of U.S. annual healthcare spending could be attributed to adult cigarette smoking, translating to annual healthcare spending of more than \$225 billion dollars based on total personal healthcare expenditures reported in 2014.
    - More than 50% of this smoking-attributable spending was funded by Medicare or Medicaid.
    - For Medicaid, the estimated healthcare spending attributable fraction increased more than 30% between 2010 and 2014. Cigarette smoking exacts a substantial economic burden in the U.S. Continuing efforts to implement proven population-based interventions have been shown to reduce the health and economic burden of cigarette smoking nationally.
- [Receipt of Cessation Treatments among Medicaid Enrollees Trying to Quit Smoking](#) (Article)
  - This study used Medicaid Analytic eXtract (MAX) files from 2010-2014 to estimate state-level receipt of smoking cessation treatments and associated spending among Medicaid fee-for-service enrollees who tried to quit.
  - This study found that many fee-for-service Medicaid smokers made quit attempts, but few had claims for proven cessation treatments, especially counseling. The receipt of cessation treatments among fee-for-service Medicaid enrollees varied widely across states, suggesting opportunities for additional promotion of the full range of Medicaid cessation benefits.
  - Continued monitoring of Medicaid enrollees' use of cessation treatments could inform state and national efforts to help more Medicaid enrollees quit smoking.
- [State Medicaid Coverage for Tobacco Cessation Treatments and Barriers to Accessing Treatments – United States, 2009-2019](#) (CDC MMWR)
  - This article finds substantial improvements in state coverage of tobacco cessation treatment from 2008 to 2018, especially coverage of tobacco cessation medications in state Medicaid programs. However, the article also finds room for improvement in coverage of counseling and removal of barriers to access cessation treatments in state Medicaid programs.

- [Effects of Menthol Use and Transitions in Use on Short-Term and Long-Term Cessation from Cigarettes among US Smokers](#) (Article)
  - This study finds that menthol-cigarette smokers – who made up nearly 40% of those in the study – had a significantly harder time quitting than non-menthol smokers. Other studies have come to the same conclusion and this study builds upon that evidence base. This study is important for several reasons including:
    - Menthol cigarettes disproportionately impact marginalized communities, especially the Black community. 85% of Black smokers use menthol cigarettes compared to 30% of white smokers and Black smokers also tend to have lower quitting rates. The information from this study can be very useful when working on health disparities.
    - Previous studies examining smoking cessation among menthol smokers were conducted in smaller groups, however this study had one of the largest cohorts – roughly 46,000 individuals – studied for tobacco use. Scientists used data from the FDA-funded nationwide survey called Population Assessment of Tobacco and Health (PATH). This is a national longitudinal study of tobacco use and how it affects the health of people in the U.S.
- [Estimations of 1-Year Changes in Medicaid Expenditures Associated with Reducing Cigarette Smoking Prevalence by 1%](#) (Article)
  - Reducing smoking is associated with a reduction in health care costs, including in the short run. Medicaid recipients smoke at higher rates than the general population, which suggests that investments to reduce smoking in this population would reduce short-run Medicaid costs.
  - This study found that reducing the absolute smoking prevalence by 1% in each state was associated with substantial Medicaid savings the following year, totaling \$2.6 billion (in 2017 dollars). Each state saved a median of \$25 million.
  - You can find what your state’s estimated savings would be in this article.
- [A Comprehensive Approach to Increase Adult Tobacco Cessation](#) (Editorial)
  - This editorial highlights the importance of health care and public health working together to support tobacco cessation and achieve greater health for all.



- [Cost of Cigarette Smoking-Attributable Productivity Losses, U.S., 2018](#) (Article)
  - This is the first study to provide a comprehensive cost estimate of morbidity-related productivity losses resulting from cigarette smoking in the US and by state, including Washington, DC.
    - Overall estimated total cost of morbidity-related productivity losses resulting from cigarettes in US in 2018 equaling nearly \$185 billion. Substantial variation among states exists.
    - Estimates the economic cost from smoking at more than \$600 billion. Previous estimates were less because they did not include costs from morbidity.
    - New cost estimates are comprised of healthcare spending, lost productivity from smoking-related illnesses and health conditions, lost productivity from smoking-related premature death and lost productivity from premature death from secondhand smoke exposure.

**Ask for help.** The American Lung Association’s Tobacco Cessation Technical Assistance team is available to help you through this process. Reach out to [cessationta@lung.org](mailto:cessationta@lung.org) at any point to ask any questions at all.

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<sup>1</sup> Cornelius ME, Loretan CG, Jamal A, et al. Tobacco Product Use Among Adults – United States, 2021. MMWR Morb Mortal Wkly Rep 2023;72:475–483. DOI: <http://dx.doi.org/10.15585/mmwr.mm7218a1>.

<sup>2</sup> Xu X, Shrestha SS, Trivers KF, Neff L, Armour BS, King BA. U.S. healthcare spending attributable to cigarette smoking in 2014. Prev Med. 2021 Sep;150:106529. doi: 10.1016/j.ypmed.2021.106529. Epub 2021 Mar 23. PMID: 33771566; PMCID: PMC10953804.