

## MMWR Highlights:

### State Medicaid Coverage for Tobacco-Dependence Treatments—United States, 2009

#### Pharmacotherapy Coverage by State Medicaid Programs in 2009

- 47 programs covered at least one tobacco-dependence treatment for *some* Medicaid enrollees.
- 38 programs covered some form of pharmacotherapy for *all* Medicaid enrollees:
  - 34 covered the nicotine patch.
  - 33 covered bupropion or Zyban.<sup>®</sup>
  - 32 covered nicotine gum.
  - 32 covered varenicline or Chantix.<sup>®</sup>
  - 28 covered nicotine nasal spray.
  - 27 covered nicotine inhalers.
  - 25 covered nicotine lozenges.
- 4 programs offered no coverage for tobacco-dependence treatment to their enrollees (i.e., Connecticut, Georgia, Missouri, and Tennessee).
- The most commonly covered combination of tobacco-dependence treatments were—
  - nicotine patch and bupropion SR (33 programs),
  - nicotine patch and gum (21 programs),
  - nicotine patch and inhaler (21 programs), and
  - nicotine patch and nasal spray (19 programs).

#### Counseling Coverage by State Medicaid Programs in 2009

- Medicaid programs covered counseling less often than pharmacotherapy.
- Medicaid coverage of **individual counseling** varied across programs.
  - 18 programs covered *all* Medicaid enrollees.
  - 6 programs covered FFS enrollees (with 2 restricting coverage to pregnant women only).
  - 1 program covered MCO enrollees.
  - 6 programs covered pregnant women only.
- Medicaid programs covered **group counseling** less often than individual counseling in some cases.
  - 8 programs covered *all* Medicaid enrollees.
  - 3 program covered FFS enrollees (with 2 restricting coverage to pregnant women only).
  - 2 programs covered MCO enrollees.
  - 5 programs covered pregnant women only.

#### Combination Coverage by State Medicaid Programs in 2009

- 5 programs covered *all* recommended pharmacotherapies **and** all counseling for *all* Medicaid enrollees (i.e., Indiana, Massachusetts, Minnesota, Montana, and Pennsylvania).

#### Varying Access to Treatment

- Because some states reported different coverage policies for FFS enrollees, MCO enrollees, and pregnant women, Medicaid recipients within a state might have varying degrees of access to tobacco-dependence treatments.

## **Health Care Reform**

- Recent federal policy is increasing access to smoking cessation treatments.
  - Section 4107 of the Affordable Care Act requires Medicaid programs to cover tobacco-dependence treatments for pregnant women, with no cost-sharing, starting October 1, 2010.
  - Section 4106 of the Affordable Care Act permits Medicaid programs to cover the A and B level recommendations of the U.S. Preventive Services Task Force, including cessation counseling and all FDA-approved tobacco-dependence treatments. States that offer such benefits and adult vaccination benefits, and prohibit cost sharing on these benefits, will receive a one full percentage point increase in the Medicaid federal medical assistance percentage for expenditures on these services, effective January 1, 2013.

## **Future Implications**

- To increase the impact of the Federal legislation, it is important that Medicaid programs inform their enrollees and providers about changes in coverage for tobacco-dependence treatments and offer these treatments without barriers or limitations.
- Future monitoring of Medicaid programs should include measurement of usage rates of tobacco-dependence treatments and assessment of any existing barriers to coverage.