

Medicaid Postpartum Extension and Tobacco Cessation: New Opportunities to Help People Quit

Note to Reader: References to tobacco in this case study refer to commercial tobacco and not the sacred and traditional tobacco that may be used for ceremonial or medicinal purposes by some Tribal communities.

INTRODUCTION

While smoking rates among mothers* during pregnancy has declined in recent years, nationally, 4.6% of mothers smoke during pregnancy, with rates in some states being substantially higher.¹ Smoking during pregnancy and the postpartum period is the leading cause of preventable poor health outcomes for individuals who are pregnant and their babies.² Individuals who are pregnant and insured by Medicaid smoke at a significantly higher rate (12%) than individuals who are pregnant with private insurance (2.8%).³ In the U.S., Medicaid covers a high percentage of births. State Medicaid programs provide coverage to individuals who are pregnant at higher income thresholds than the general adult population.⁴ In 2021, data shows 41% of births in the U.S. are covered by Medicaid, with four states having over 50% of births covered by Medicaid.^{5,6}

Individuals are more likely to quit smoking during pregnancy than at any other time.⁷ However, data show that approximately 44% of individuals who quit smoking during pregnancy relapse after giving birth.⁸ The high rate of relapse postpartum underscores the importance of continued support and access to tobacco cessation treatments to ensure those who quit, can remain quit postpartum.⁹

As required by statute, pregnancy-related Medicaid coverage expires at the end of the month in which 60 days after the end of pregnancy occurs, meaning Medicaid coverage will end for the individual unless they can remain in Medicaid because they meet the requirements of another [eligibility group](#).¹⁰ In 2021, a new opportunity through a provision in the American Rescue Plan Act of 2021 (ARPA) gave states the option to extend Medicaid postpartum coverage from 60 days to 12 months. The option was limited to five years under ARPA, and the Consolidated Appropriations Act, 2023, subsequently made the ARPA option permanent. Under the postpartum extension option, individuals who are pregnant and postpartum must receive full Medicaid benefits.

State Medicaid programs are required to cover a specific set of benefits for individuals who are pregnant. The Affordable Care Act (ACA) requires state Medicaid plans to cover all seven Food and Drug Administration (FDA) – approved tobacco cessation medications and all three forms of counseling for individuals who are pregnant without cost-sharing. Extending postpartum coverage to 12 months may provide patients a better opportunity to stay tobacco free and can contribute to better health outcomes for their children.

* References to mothers or pregnant women are specific to previous research that is being cited.



This Issue Brief highlights the importance of extending postpartum Medicaid coverage to 12 months and how state tobacco control programs can work with state Medicaid programs to encourage cessation during the coverage extension. The following will be covered:

- A brief review of the eligibility opportunities available.
- A synopsis of the history of the policy changes that allowed states to extend coverage using a State Plan Amendment (SPA) and the opportunities for tobacco cessation programs will be discussed. Examples of states that were early adopters of Medicaid extension for postpartum individuals will be presented.
- Recommendations will be offered to guide and help state tobacco control programs work with Medicaid to increase reach with the postpartum coverage extension.

BACKGROUND

Prior to 2020, approximately half of the individuals covered by Medicaid due to pregnancy lost their coverage after the 60 days postpartum period.¹¹ States seeking to extend Medicaid coverage beyond 60 days had limited options to do so, including: implement the Medicaid adult group (otherwise known as “Medicaid expansion” for low-income adults), implement an optional group covering additional, higher-income parents and other caretaker relatives, apply for a Section 1115 Waiver for postpartum coverage, or exclusively use state funds to cover the additional postpartum coverage.¹² In 2021, several states applied and received approval for a Section 1115 Waiver to extend coverage beyond 60-days postpartum, which included New Jersey, Virginia, Illinois and Missouri.

On March 11, 2021, the American Rescue Plan Act (ARPA) was signed into law.¹³ A provision of the ARPA created an opportunity for state Medicaid programs to extend postpartum coverage to 12 months using a State Plan Amendment (SPA).[†] Having more state Medicaid programs use a SPA to extend coverage is optimal for several key reasons including:

- SPA approval is not dependent on state budget targets,
- Changes made by a SPA are not typically subject to renewal, and
- Once approved, a SPA does not expire.¹⁴ For states that extend coverage using a SPA, the 12-month extension also applies to Child Health Insurance Program (CHIP)-enrolled individuals who are pregnant.¹⁵

After ARPA became effective on April 1, 2022, an immediate increase in the number of states extending postpartum Medicaid coverage occurred using SPAs.¹⁶ By September 2023, 38 states and the District of Columbia had received approval from the Centers for Medicaid and

Comprehensive Tobacco Cessation Benefit:

Seven FDA-Approved Medications:

- NRT Gum
- NRT Patch
- NRT Lozenge
- NRT Inhaler
- NRT Nasal Spray
- Bupropion
- Varenicline

Three Forms of Counseling:

- Individual
- Group
- Phone

[†] The Consolidated Appropriation Act of 2023 (CAA) made the option for states to extend postpartum coverage to 12-months using a SPA permanent.



Medicare Services (CMS) to extend postpartum coverage to 12-months, most using SPAs and some using Section 1115 Waivers. However, since a Section 1115 Waiver ends after five years, those states with waiver approval will have to reapply to keep their extended coverage after the waiver has expired. This leaves open an opportunity for those states that initially extended using a Section 1115 Waiver to reapply using a SPA process.

WHY POSTPARTUM MEDICAID EXTENSION IS IMPORTANT

Extending Medicaid postpartum coverage from 60 days to 12 months has substantial benefits. For individuals who give birth, the extended coverage may provide continuity of care during the postpartum period. Continuity of care substantially impacts the health outcomes of postpartum mothers and children.¹⁷ Continuity of coverage allows time for providers to address and better manage chronic conditions many of which are exacerbated by cigarette smoking.¹⁸

Extending coverage ensures a comprehensive Medicaid benefit package and may increase access to tobacco cessation treatment. These services can mitigate the high smoking relapse rate among postpartum individuals.¹⁹ Additionally, the coverage may increase access to other treatments to address postpartum conditions.

Extending Medicaid postpartum coverage can also impact the child's access to healthcare. Studies show a parent having health insurance (including Medicaid) is strongly associated with their child also having health insurance (including Medicaid).²⁰ Extending Medicaid postpartum coverage may increase the likelihood the baby is enrolled in coverage too.

Additionally, the U.S. Surgeon General has found secondhand smoke causes middle ear disease, lower respiratory illness in infants and SIDs.²¹ Parental smoking can harm a baby's health and development. Extending coverage to 12 months postpartum may provide individuals who have given birth access to treatment to support them in their efforts to remain smokefree, reducing the baby's exposure to secondhand smoke.

OPPORTUNITIES FOR STATE TOBACCO CONTROL PROGRAMS

Research shows that most women who quit smoking during pregnancy return to smoking within 12-months after delivery.²² Due to the likelihood of relapse, State Tobacco Control Programs have an opportunity to educate and promote the importance of maintaining continuity of access to support services such as tobacco cessation treatment in the postpartum period.

The [*CDC's Best Practices for Comprehensive Tobacco Control Programs - 2014*](#) (Best Practices Guide) includes key evidenced-based activities tobacco control programs can undertake to promote tobacco cessation. Among these activities is extending insurance coverage and utilization of proven tobacco cessation treatment. Medicaid coverage extension to 12 months postpartum can increase access to treatment for tobacco use and dependence in a state. According to a recent U.S. Department of Health and Human Services Issue Brief, if all states extend coverage, approximately 1.5 million individuals would have 12 months of postpartum coverage. Additionally, in states that have not expanded Medicaid, postpartum eligibility would increase by 65%.²³



State tobacco control programs may be able to utilize the extension of Medicaid coverage postpartum to help more people quit tobacco. Examples of activities in the Best Practices Guide that could be used by tobacco control programs to facilitate processes to extend postpartum coverage include:

- Educating state Medicaid program staff on the burden of tobacco and the disparities in tobacco use that exist among individuals who are pregnant and postpartum.
- Providing guidance to state Medicaid program staff on the critical components of a comprehensive tobacco cessation benefit and the importance of having a comprehensive, barrier free tobacco cessation for people who are pregnant.
- Educating state Medicaid program staff on the cost benefit and improved health outcomes that can come from having a comprehensive tobacco cessation benefit.
- Disseminating and sharing data available on tobacco use among individuals who are pregnant and postpartum within your state and Medicaid program.
- Once coverage has been extended, implement mass media campaigns to promote the expansion and tobacco cessation benefits available.

Additional examples of how SPAs and 1115 waivers can be used to improve Medicaid coverage of tobacco cessation can be found [here](#).

STATE EXAMPLES

Since Medicaid programs are run by states, there are different processes for states to extend postpartum coverage from 60 days to 12 months. However, there are lessons learned and recommendations from states that have already extended postpartum coverage from 60 days to 12 months. Louisiana and New Jersey have extended Medicaid coverage to 12 months for postpartum individuals. Below is an overview of how the state tobacco control programs in Louisiana and New Jersey worked with their state Medicaid offices during the extension process.

Extension Example #1 (SPA): Louisiana Tobacco Prevention and Control Program

In 2018, the Louisiana Office of Medicaid reached out to the Louisiana Tobacco Prevention and Control Program to obtain guidance and support to improve their tobacco cessation coverage. The Louisiana Office of Medicaid (Louisiana Medicaid) had been flagged by the Centers for Medicare and Medicaid Services (CMS) for not meeting federal tobacco cessation Medicaid coverage requirements for pregnant and postpartum individuals. This outreach helped establish a partnership between the two programs.

By establishing a relationship, Louisiana Medicaid and the Tobacco Prevention and Control Program were able to achieve two goals: 1) ensure comprehensive tobacco cessation benefits for individuals who are pregnant and postpartum were included in the SPA and 2) extend Medicaid postpartum coverage from 60 days to 12 months.

The Process

Louisiana Medicaid determined the coverage extension would be completed through internal rule making and then submitting a State Plan Amendment (SPA) to CMS. The American Lung Association provided the Louisiana Tobacco Prevention and Control Program with guidance,



resources and technical assistance on the elements that must be included in a tobacco cessation benefit to make it comprehensive. The Louisiana Tobacco Prevention and Control Program used that guidance to provide feedback to Louisiana Medicaid on which tobacco cessation benefits to include in the SPA. Louisiana Medicaid was receptive and included all the suggestions provided by the Louisiana Tobacco Prevention and Control Program. This included suggestions such as reducing barriers and expanding their tobacco cessation counseling coverage so that it would cover all three forms of counseling (face-to-face, group and telephone). Additionally, Medicaid included a provision allowing cessation counseling to be provided by healthcare providers who are not medical doctors if the provider is under the supervision of a licensed provider.

Gaining consensus on the elements that should be included in the SPA was time consuming. The process involved significant communication between Louisiana Medicaid, the Louisiana Tobacco Prevention and Control Program and Louisiana Department of Health Leadership and CMS.

Outcomes

The SPA was approved by CMS and implemented by Louisiana Medicaid in December 2020. Once approved, the Tobacco Prevention and Control Program promoted the tobacco cessation benefits at Women, Infants, and Children (WIC) clinics, through the Well-Ahead Louisiana Provider Education Network, and helped Louisiana Medicaid further promote the benefits to both providers and recipients across the state.

Key Stakeholders

Beyond the Louisiana Tobacco Prevention and Control Program, other key stakeholders were involved in the SPA process:

- Medicaid leaders were open to feedback from the Louisiana Tobacco Prevention and Control Program to ensure the tobacco cessation benefits included in the SPA were comprehensive.
- Secretary for the Louisiana Department of Health included “extending Medicaid coverage to all recipients” as one of her annual overarching initiatives in FY23 and tasked The Office of Medicaid with implementation. The Secretary’s endorsement made extending benefits a department-wide priority.
- The American Lung Association provided technical assistance to the Tobacco Prevention and Control Program regarding elements to be included in the SPA for the [coverage to be considered comprehensive](#).
- Louisiana Tobacco Coalition promoted and supported the improved benefits.

Barriers and Challenges

For the Louisiana Tobacco Prevention and Control Program, the biggest barrier encountered was the length of time it took to implement the SPA. Due to the length of time it took to gain consensus, several changes occurred that subsequently impacted implementation such as staff turnover, changes in funding, etc. Other than the lengthy timeframe, there were very few barriers or challenges presented during the process.



Key Facilitators to Success

The Louisiana Tobacco Prevention and Control Program noted the following as key facilitators that contributed to the success of their efforts:

- Strong agency leaders championed the coverage extension.
- A strong relationship and partnership with Louisiana Office of Medicaid.
- Support and buy-in from the state Louisiana Tobacco Coalition.

The Louisiana Tobacco Prevention and Control offered the following recommendations to other tobacco control programs seeking to facilitate the SPA process in their state:

- Make sure your state Medicaid agency is aware of the state's tobacco control program and the types of support available.
- Schedule a meeting with your state Medicaid agency to understand what the process looks like, the timelines, and where the state tobacco control program can best fit into that process.
- Once engaged with Medicaid, be sure to provide quick feedback and turnaround on their requests.
- Make sure departmental leadership is aware of the importance of topics being worked on so they can rally support at the top.
- Make sure the tobacco control program's partners understand the need and opportunity to ensure unity in supporting this effort .

Next Steps

Medicaid extension for postpartum individuals in Louisiana increased the number of postpartum people covered. The coverage extension ensures postpartum individuals receive comprehensive cessation benefits, which can increase their likelihood of successfully staying quit. The Louisiana Tobacco Prevention and Control Program is "in it for the long run" regarding its relationship with Louisiana Medicaid. Having a relationship with Louisiana Medicaid has proven to be beneficial to the Tobacco Prevention and Control Program. Louisiana Tobacco Prevention and Control Program made itself available and expressed its willingness to provide support as needed. In turn, Louisiana Medicaid continues to reach out and engage the Louisiana Tobacco Prevention and Control Program in its efforts with other initiatives.

Extension Example #2 (Section 1115 Waiver): New Jersey Department of Health of Human Services

New Jersey's Division of Medical Assistance and Health Services (NJ DMAHS), which administers the state Medicaid program, started the process to extend Medicaid for postpartum individuals through a Section 1115 Waiver in the fall of 2019. In early 2019, the First Lady of New Jersey started a strategic, statewide initiative, [Nurture NJ](#). Nurture NJ is a multi-pronged, multi-agency initiative that aims to make New Jersey the safest and most equitable place in the nation to deliver and raise a baby.²⁴ Nurture NJ seeks to address maternal and infant health outcomes for Black and brown women and to reduce overall maternal and infant morbidity and mortality rates in the state.²⁵ Extending Medicaid coverage for postpartum individuals [from 60](#)



days to 365 days was a specific recommendation in the Nurture NJ strategic plan and a statewide policy priority.

The Process

In October 2019, NJ DMAHS submitted an initial Section 1115 Demonstration Waiver Amendment request to CMS to extend coverage from 60 days to six months postpartum. While awaiting approval, the NJ state legislature had appropriated money in the state's fiscal year 2022 budget to fund extending coverage to 12 months postpartum. The passage of New Jersey's state budget prompted renewed conversations around extending postpartum coverage, this time from 60 days to 12 months postpartum.

NJ DMAHS and their sibling agencies discussed and worked intensively on developing another Section 1115 Demonstration Waiver Renewal proposal. This time the proposal request to CMS aligned with legislative language enacted as part of the state fiscal year 2022 budget. The Section 1115 Waiver Renewal proposal was resubmitted to CMS and approved in the fall of 2021. With the approval, New Jersey became the second state in the U.S. to extend Medicaid coverage from 60 days to 12 months postpartum.²⁶

Outcomes

Following the success in extending coverage to 12 months, Southern New Jersey Perinatal Cooperative[‡] conducted a series of Medicaid/Medicare cessation and nicotine replacement therapy (NRT) coverage campaigns. The first campaign focused on promoting that all Medicaid recipients are eligible for tobacco cessation benefits, including all seven Food and Drug Administration (FDA)-approved medications to assist in quitting cigarette smoking. The second campaign worked with the Office of Medicaid and NJ Familycare which includes multiple managed care organizations in New Jersey. The goal of the campaign was to ensure Medicaid recipients were aware that over-the-counter NRT are covered by Medicaid and available without a prescription. The campaigns included flyers, paid social media promotions and public transit advertisements (buses, bus stations, train stations, etc.).

Key Stakeholders

Multiple agencies and stakeholders from across New Jersey contributed to the process. In addition to New Jersey's Division of Medical Assistance and Health Services (NJ DMAHS), key agency stakeholders included:

- The First Lady of New Jersey who launched the Nurture NJ initiative and established improving maternal health outcomes as a policy priority.
- New Jersey Department of Health that runs tobacco cessation programs specifically for individuals who are pregnant and postpartum (Moms Quit Connection) and is a sister agency to NJ DMAHS.
- New Jersey Division of Mental Health and Addiction Services which is the sister agency to NJ DMAHS and operates the state's wraparound program for individuals who are pregnant.

[‡] The Southern New Jersey Perinatal Cooperative is the state-licensed maternal and child health consortium which coordinates and supports maternal-fetal and newborn care in seven counties in New Jersey. Learn more at www.snjpc.org.



Barriers and Challenges

NJ DMAHS's first submission to CMS for a Section 1115 Demonstration Waiver to extend postpartum coverage from 60 days to six months in the fall of 2019 was rescinded. This forced the team to restart the process, which can take some time.

Key Facilitators

Stakeholders involved in the Section 1115 Demonstration Waiver process noted the following as key facilitators that contributed to the success of their efforts:

- Improving maternal health outcomes was established as a state-wide priority by a well-placed leader who championed the effort.
- Extending Medicaid for postpartum individuals was listed as a [key recommendation](#) in the Nurture NJ Strategic Plan.
- Support from and collaboration with sister agencies (New Jersey Department of Health and New Jersey Division of Mental Health and Addiction Services).
- The [technical assistance](#), support and guidance provided by CMS.

Next Steps

The NJ FamilyCare Demonstration Waiver will expire on June 30, 2022. The state is seeking to extend this Demonstration Waiver and recently conducted the state comment process for its extension application.

RECOMMENDATIONS

State tobacco control programs seeking to capitalize on the opportunity to extend Medicaid coverage for postpartum individuals should consider the following recommendations:

- **Ensure the state Medicaid office is aware of the type of guidance and support available from the tobacco control program.** If a relationship does not exist, reach out and schedule a meeting to get acquainted and learn about their goals. Inform them of the types of support and technical assistance available from the tobacco control program and how that support can help them achieve their goals.
- **Get fully acquainted with your state Medicaid office's internal rule processes. Schedule time to meet with your representatives from your state Medicaid office to learn their internal rule processes.** Understanding the process can help tobacco control programs identify opportunities to offer support and guidance.
- **Secure buy-in from leadership up front.** Make sure leadership is aware and well-informed of the importance of the topic. Leadership buy-in upfront can help facilitate the process and mitigate potential barriers down the line.
- **Ensure state tobacco control program partners are unified in support.** Different partners bring different expertise, which can be helpful at various steps in the process. All partners should be aware of the state plan amendment process and be ready to provide support as needed.



- **Maintain communication and schedule constant touchpoints with the state Medicaid program throughout the process.** You don't want to miss an opportunity to provide guidance and input. As such, staying informed and on top of what is happening during every step of the process will be important. Set reminders to periodically check in with stakeholders to learn what is going on and remind them of the guidance, technical assistance, resources, and support available from the Tobacco Control Program and other stakeholders.

CONCLUSION

Tobacco use during pregnancy and the postpartum period is a serious public health issue that affects individuals who are pregnant and postpartum as well as their children. Extending Medicaid coverage for postpartum individuals to 12 months may increase continuity of care and is one strategy to address maternal health equity and improve health outcomes for individuals who give birth and their babies. As of November 2023, 40 states and the District of Columbia have extended postpartum coverage from 60 days to 12-months.²⁷

While many states have adopted an extension, there is still more to do. Additionally, since Section 1115 Waivers expire after 5 years, states that initially extended coverage through a Section 1115 Waiver will have the opportunity to extend coverage using a SPA once their Waiver expires. States are also able to convert their postpartum extension coverage from an 1115 Waiver to a SPA prior to its expiration.

Tobacco control programs and their stakeholders can play a role in the process to extend coverage for individuals who are postpartum. Providing guidance, tools and resources on tobacco cessation best practices, may increase the likelihood the extended coverage includes tobacco cessation benefits that are comprehensive and barrier-free. Additionally, while having coverage is critical, it "is not the end game, it is the first step."²⁸ Once coverage is extended, the benefits of Medicaid coverage must be promoted to increase awareness and ultimately, utilization of covered services.

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