

### **Testimony in Support of Senate Bill 798**

Public Health - Maryland Medical Assistance Program - Tobacco Cessation  
*Before the Senate Finance Committee: March 10, 2026*

Tobacco use remains the leading cause of preventable disease and death in the United States, responsible for more than 490,000 deaths each year and over \$600 billion in annual health care expenditures and productivity losses nationwide.<sup>1</sup> In Maryland alone, tobacco use causes more than 7,500 deaths each year and results in billions of dollars in annual health care costs.<sup>2</sup> Ensuring access to effective tobacco cessation treatment remains a major public health priority.

Tobacco use also remains disproportionately concentrated among Medicaid enrollees. Recent estimates indicate that approximately 19% of adult Medicaid enrollees in Maryland report daily tobacco or nicotine use, roughly one in five beneficiaries.<sup>3</sup> By comparison, tobacco use among the overall adult population in Maryland is substantially lower. This disparity reflects longstanding patterns in which tobacco companies have heavily targeted low-income communities through marketing and product promotion. While most Medicaid enrollees do not use tobacco, the higher prevalence within the Medicaid population means a significant portion of beneficiaries may benefit from cessation support.<sup>4</sup> Federal data also consistently shows that smoking prevalence among Medicaid enrollees is significantly higher than among privately insured adults.<sup>5</sup> Thus, it makes sense for Maryland to target tobacco cessation support to Medicaid enrollees.

Senate Bill 798 strengthens access to tobacco cessation treatment for those covered by the Maryland Medical Assistance Program (Maryland Medicaid). The bill requires coverage of individual and group counseling for tobacco cessation, subject to state budget limitations and federal law, and prohibits prior authorization requirements for tobacco cessation medications and services. SB 798 builds on existing Medicaid cessation coverage by ensuring access to both individual and group counseling and by removing prior authorization barriers that can delay or

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<sup>1</sup> Campaign for Tobacco-Free Kids, The Toll of Tobacco in the United States, <https://www.tobaccofreekids.org/problem/toll-us>.

<sup>2</sup> Campaign for Tobacco-Free Kids, The Toll of Tobacco in Maryland, <https://www.tobaccofreekids.org/problem/toll-us/maryland>.

<sup>3</sup> Urban Inst., *Treatment for Tobacco and Nicotine Use Disorder in Medicaid* tbl. 6 (2025), [https://www.urban.org/sites/default/files/2025-04/Treatment\\_for\\_Tobacco\\_and\\_Nicotine\\_Use\\_Disorder\\_in\\_Medicaid.pdf](https://www.urban.org/sites/default/files/2025-04/Treatment_for_Tobacco_and_Nicotine_Use_Disorder_in_Medicaid.pdf).

<sup>4</sup> Andrea DiGiulio et al., *State Medicaid Coverage for Tobacco Cessation Treatments and Barriers to Accessing Treatments — United States, 2018-2022*, 73 *MMWR* 301 (2024).

<sup>5</sup> *Id.*

discourage evidence-based treatment. In doing so, the bill improves access to cessation services for Medicaid beneficiaries.

Federal law already establishes a baseline for tobacco cessation coverage in Medicaid. First, Medicaid must cover tobacco cessation counseling and pharmacotherapy for pregnant beneficiaries and may not impose cost-sharing for those services.<sup>6</sup> Second, since January 2014, federal law has prohibited state Medicaid programs from excluding FDA-approved tobacco cessation medications from coverage.<sup>7</sup> However, federal law permits states to apply utilization management tools such as prior authorization and quantity limits for these medications.<sup>8</sup> Thus, while cessation medications cannot be categorically excluded, states retain discretion regarding administrative requirements.

Maryland is a Medicaid expansion state. Adults eligible through expansion receive coverage through Alternative Benefit Plans (“ABPs”), which must include the Essential Health Benefit category of preventive and wellness services.<sup>9</sup> Tobacco cessation interventions for adults carry a U.S. Preventive Services Task Force Grade A recommendation, meaning there is high certainty of substantial net benefit.<sup>10</sup> Because ABPs must include preventive and wellness services, and tobacco cessation interventions fall within that preventive services category, cessation services must be included for expansion adults. However, federal law does not require coverage of specific counseling formats (such as individual or group counseling), nor does it prohibit prior authorization, session limits, or other utilization controls for nonpregnant adults. These design choices are left to the states. In other words, federal law establishes a coverage floor—cessation services must be covered—but it leaves states discretion over how those services are structured and accessed unless state law provides otherwise.

SB 798 addresses this gap. While federal law establishes that cessation medications cannot be excluded and that preventive services must be covered in expansion plans, it does not require states to eliminate administrative barriers or explicitly codify individual and group counseling coverage in Medicaid statute. SB 798 would ensure that counseling is clearly

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<sup>6</sup> Social Security Act §§ 1905(bb), 1916(b)(2)(B), 42 U.S.C. §§ 1396d(bb), 1396o(b)(2)(B).

<sup>7</sup> 42 U.S.C. § 1396r-8(d)(2)(D).

<sup>8</sup> 42 U.S.C. § 1396r-8(d)(1)(A); 42 C.F.R. § 440.230(d).

<sup>9</sup> Patient Protection and Affordable Care Act, Pub. L. No. 111-148, § 2001(a)(1), 124 Stat. 119 (2010) (codified at 42 U.S.C. § 1396a(a)(10)(A)(i)(VIII)); 42 U.S.C. § 1396u-7; 42 C.F.R. § 440.347(a)(9).

<sup>10</sup> U.S. Preventive Servs. Task Force, *Tobacco Use in Adults and Pregnant Women: Counseling and Interventions* (Jan. 19, 2021),

<https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/tobacco-use-in-adults-and-pregnant-women-counseling-and-interventions>; see also U.S. Preventive Servs. Task Force, *Interventions for Tobacco Smoking Cessation in Adults, Including Pregnant Persons*: U.S. Preventive Services Task Force Recommendation Statement, 325 JAMA 265 (2021), <https://jamanetwork.com/journals/jama/fullarticle/2775287>.

available and that prior authorization does not function as a barrier to accessing cessation treatment.

Maryland's current approach is more restrictive than the policies adopted by several leading states, particularly for the standard (traditional) Medicaid population. Federal law requires Medicaid expansion enrollees to receive coverage for evidence based tobacco cessation interventions as part of the preventive services included in ABPs.<sup>11</sup> Coverage and access policies for standard Medicaid enrollees are governed by different federal rules and therefore vary substantially across states.<sup>12</sup> Nationally, approximately 80 percent of Medicaid enrollees are covered under standard Medicaid eligibility categories rather than the expansion group.<sup>13</sup>

In the most recent CDC analysis of standard Medicaid benefits, based on state policy verification conducted by the American Lung Association, 20 states were reported to provide comprehensive tobacco cessation coverage for standard Medicaid enrollees, and Maryland is not currently among those states.<sup>14</sup> The same analysis found that three states (Kentucky, Missouri, and Wisconsin) reported no access barriers such as prior authorization or duration limits.<sup>15</sup> Some states have addressed these barriers directly through legislation. For example, Ohio law prohibits prior authorization requirements for tobacco cessation medications under its Medicaid program, helping ensure that beneficiaries can access treatment without administrative delay.<sup>16</sup>

Maryland covers cessation medications and offers counseling, but gaps and barriers remain, particularly around group counseling and prior authorization. For example, Maryland's Medicaid fee-for-service system covers individual counseling but does not list group counseling as a covered service. Coverage of group counseling also varies across managed care plans, and prior authorization requirements still apply to certain cessation medications.<sup>17</sup>

SB 798 moves Maryland toward the more comprehensive, lower-barrier model by explicitly requiring both individual and group counseling and by preventing prior authorization from functioning as a barrier to cessation medications and services.

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<sup>11</sup> Patient Protection and Affordable Care Act, Pub. L. No. 111-148, § 2001, 124 Stat. 119 (2010); see also 42 U.S.C. § 1396u-7(b)(5) (requiring Alternative Benefit Plans to include preventive and wellness services consistent with Essential Health Benefits).

<sup>12</sup> U.S. Preventive Servs. Task Force, *Interventions for Tobacco Smoking Cessation*.

<sup>13</sup> DiGiulio et al., *State Medicaid Coverage*, 73 MMWR at 301-02.

<sup>14</sup> Id. at 301. The report also defines "comprehensive" coverage for standard Medicaid as coverage of the seven FDA-approved tobacco cessation medications together with individual, group, and telephone counseling.

<sup>15</sup> Id. at 304-05.

<sup>16</sup> Ohio Rev. Code Ann. § 5164.10.

<sup>17</sup> Maryland Medicaid Tobacco Cessation Treatment Coverage Review, University of Maryland School of Medicine Tobacco Control Research Center (2025).

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Tobacco cessation treatments are strongly supported by decades of public health research. The USPSTF concludes with high certainty that behavioral counseling and FDA-approved pharmacotherapy substantially improve tobacco cessation outcomes for adults who smoke.<sup>18</sup> Evidence also shows that combining counseling with medication substantially increases quit rates compared with minimal treatment or usual care.<sup>19</sup> SB 798 therefore represents a modest but meaningful step that strengthens access to evidence-based cessation treatment for Maryland Medicaid beneficiaries.

For these reasons, the Public Health Law Clinic respectfully urges a favorable report on Senate Bill 798.

*This testimony is submitted on behalf of the Public Health Law Clinic at the University of Maryland Carey School of Law and not by the School of Law; the University of Maryland, Baltimore; or the University of Maryland System.*

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<sup>18</sup> U.S. Preventive Servs. Task Force, *Interventions for Tobacco Smoking Cessation*.

<sup>19</sup> Patnode, C. D. et al., *Behavioral Counseling and Pharmacotherapy Interventions for Tobacco Smoking Cessation*, USPSTF Evidence Review (Jan. 19, 2021), <https://www.uspreventiveservicestaskforce.org/uspstf/document/final-evidence-summary/tobacco-use-in-adults-and-pregnant-women-counseling-and-interventions>.