

119TH CONGRESS  
1ST SESSION

# S. 2064

To amend title XIX and XXI of the Social Security Act to provide coverage of comprehensive tobacco cessation services under such titles, and for other purposes.

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## IN THE SENATE OF THE UNITED STATES

JUNE 12, 2025

Ms. BLUNT ROCHESTER introduced the following bill; which was read twice and referred to the Committee on Finance

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## A BILL

To amend title XIX and XXI of the Social Security Act to provide coverage of comprehensive tobacco cessation services under such titles, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Helping Tobacco Users  
5 Quit Act”.

6 **SEC. 2. COVERAGE OF COMPREHENSIVE TOBACCO CES-**  
7 **SATION SERVICES IN MEDICAID.**

8 (a) REQUIRING MEDICAID COVERAGE OF COUN-  
9 SELING AND PHARMACOTHERAPY FOR CESSATION OF TO-

1 BACCO USE AND TEMPORARY ENHANCED FMAP FOR  
 2 COVERAGE OF TOBACCO CESSATION SERVICES.—Section  
 3 1905 of the Social Security Act (42 U.S.C. 1396d) is  
 4 amended—

5 (1) by amending subsection (a)(4)(D) to read  
 6 as follows: “(D) counseling and pharmacotherapy for  
 7 cessation of tobacco use by individuals who are eligi-  
 8 ble under the State plan (as defined in subsection  
 9 (bb));”;

10 (2) in subsection (b), by inserting “(bb)(2),”  
 11 after “(aa),”; and

12 (3) by striking subsection (bb) and inserting  
 13 the following:

14 “(bb) COUNSELING AND PHARMACOTHERAPY FOR  
 15 CESSATION OF TOBACCO USE.—

16 “(1) IN GENERAL.—For purposes of this title,  
 17 the term ‘counseling and pharmacotherapy for ces-  
 18 sation of tobacco use by individuals who are eligible  
 19 under the State plan’ means diagnostic, therapy,  
 20 and counseling services and pharmacotherapy (in-  
 21 cluding the coverage of prescription and nonprescrip-  
 22 tion tobacco cessation agents approved by the Food  
 23 and Drug Administration) for the cessation of to-  
 24 bacco use by individuals who use tobacco products or

1       who are being treated for tobacco use that is fur-  
2       nished—

3               “(A) by or under the supervision of a phy-  
4       sician; or

5               “(B) by any other health care professional  
6       who—

7                       “(i) is legally authorized to furnish  
8       such services under State law (or the State  
9       regulatory mechanism provided by State  
10      law) of the State in which the services are  
11      furnished; and

12                      “(ii) is authorized to receive payment  
13      for other services under this title or is des-  
14      ignated by the Secretary for this purpose,  
15      which is recommended in the guideline entitled,  
16      ‘Treating Tobacco Use and Dependence: 2008  
17      Update: A Clinical Practice Guideline’ pub-  
18      lished by the Public Health Service in May  
19      2008 (or any subsequent modification of such  
20      guideline) or is recommended for the cessation  
21      of tobacco use by the U.S. Preventive Services  
22      Task Force or any additional intervention ap-  
23      proved by the Food and Drug Administration  
24      as safe and effective in helping smokers quit.

“(2) TEMPORARY ENHANCED FMAP FOR COVERAGE OF TOBACCO CESSATION SERVICES.—Notwithstanding subsection (b), for calendar quarters occurring during the period beginning on the date of the enactment of the Helping Tobacco Users Quit Act and ending 5 years after such date, the Federal medical assistance percentage with respect to amounts expended by a State for medical assistance for counseling and pharmacotherapy for cessation of tobacco use by individuals who are eligible under the State plan (as defined in paragraph (1)) shall be equal to 90 percent.”.

(b) NO COST SHARING.—

(1) IN GENERAL.—Subsections (a)(2) and (b)(2) of section 1916 of the Social Security Act (42 U.S.C. 1396o) are each amended—

(A) in subparagraph (B), by striking “, and counseling” and all that follows through “section 1905(bb)(2)(A)”;

(B) in subparagraph (I), by striking “or” at the end;

(C) in subparagraph (J), by striking “; and” and inserting “; or”; and

(D) by adding at the end the following new subparagraph:

“(K) counseling and pharmacotherapy for cessation of tobacco use by individuals who are eligible under the State plan (as defined in section 1905(bb)) and covered outpatient drugs (as defined in subsection (k)(2) of section 1927 and including nonprescription drugs described in subsection (d)(2) of such section) that are prescribed for purposes of promoting tobacco cessation in accordance with the guideline specified in section 1905(bb); and”.

(2) APPLICATION TO ALTERNATIVE COST SHARING.—Section 1916A(b)(3)(B) of the Social Security Act (42 U.S.C. 1396o–1(b)(3)(B)) is amended—

(A) in clause (iii), by striking “, and counseling and pharmacotherapy for cessation of tobacco use by pregnant women (as defined in section 1905(bb))”; and

(B) by adding at the end the following new clause:

“(xv) Counseling and pharmacotherapy for cessation of tobacco use by individuals who are eligible under the State plan (as defined in section 1905(bb)) and covered outpatient drugs (as defined in subsection (k)(2) of section

1           1927 and including nonprescription drugs  
 2           described in subsection (d)(2) of such sec-  
 3           tion) that are prescribed for purposes of  
 4           promoting tobacco cessation in accordance  
 5           with the guideline specified in section  
 6           1905(bb).”.

7           (c) EXCEPTION FROM OPTIONAL RESTRICTION  
 8 UNDER MEDICAID PRESCRIPTION DRUG COVERAGE.—  
 9 Section 1927(d)(2)(F) of the Social Security Act (42  
 10 U.S.C. 1396r–8(d)(2)(F)) is amended to read as follows:

11                   “(F) Nonprescription drugs, except, when  
 12           recommended in accordance with the guideline  
 13           referred to in section 1905(bb), agents ap-  
 14           proved by the Food and Drug Administration  
 15           for purposes of promoting tobacco cessation.”.

16           (d) STATE MONITORING AND PROMOTING OF COM-  
 17 PREHENSIVE TOBACCO CESSATION SERVICES UNDER  
 18 MEDICAID.—Section 1902(a) of the Social Security Act  
 19 (42 U.S.C. 1396a) is amended—

20                   (1) in paragraph (86), by striking at the end  
 21           “and”;

22                   (2) in paragraph (87), by striking the period at  
 23           the end and inserting “; and”; and

24                   (3) by inserting after paragraph (87) the fol-  
 25           lowing new paragraph:

1 “(88) provide for the State to monitor and pro-  
 2 mote the use of comprehensive tobacco cessation  
 3 services under the State plan (including conducting  
 4 an outreach campaign to increase awareness of the  
 5 benefits of using such services) among—

6 “(A) individuals entitled to medical assist-  
 7 ance under the State plan who use tobacco  
 8 products; and

9 “(B) clinicians and others who provide  
 10 services to individuals entitled to medical assist-  
 11 ance under the State plan.”.

12 (e) FEDERAL REIMBURSEMENT FOR OUTREACH  
 13 CAMPAIGN.—Section 1903(a) of the Social Security Act  
 14 (42 U.S.C. 1396b(a)) is amended—

15 (1) in paragraph (7), by striking the period at  
 16 the end and inserting “; plus”; and

17 (2) by inserting after paragraph (7) the fol-  
 18 lowing new paragraph:

19 “(8) with respect to the development, imple-  
 20 mentation, and evaluation of an outreach campaign  
 21 to—

22 “(A) increase awareness of comprehensive  
 23 tobacco cessation services covered in the State  
 24 plan among—

1 “(i) individuals who are likely to be el-  
2 ible for medical assistance under the  
3 State plan; and

4 “(ii) clinicians and others who provide  
5 services to individuals who are likely to be  
6 eligible for medical assistance under the  
7 State plan; and

8 “(B) increase awareness of the benefits of  
9 using comprehensive tobacco cessation services  
10 covered in the State plan among—

11 “(i) individuals who are likely to be el-  
12 ible for medical assistance under the  
13 State plan; and

14 “(ii) clinicians and others who provide  
15 services to individuals who are likely to be  
16 eligible for medical assistance under the  
17 State plan about the benefits of using com-  
18 prehensive tobacco cessation services,

19 for calendar quarters occurring during the pe-  
20 riod beginning on the date of the enactment of  
21 this paragraph and ending on 5 years after the  
22 date of enactment of this paragraph, an amount  
23 equal to 90 percent of the sums expended dur-  
24 ing each quarter which are attributable to such  
25 development, implementation, and evaluation,



1           and for calendar quarters succeeding such pe-  
 2           riod, an amount equal to Federal medical as-  
 3           sistance percentage determined under section  
 4           1905(b) of the sums expended during each  
 5           quarter which are so attributable.”.

6           (f) NO PRIOR AUTHORIZATION FOR TOBACCO CES-  
 7           SATION DRUGS UNDER MEDICAID.—Section 1927(d) of  
 8           the Social Security Act (42 U.S.C. 1396r–8(d)) is amend-  
 9           ed—

10           (1) in paragraph (1)(A), by striking “A State”  
 11           and inserting “Subject to paragraph (8), a State”;  
 12           and

13           (2) by adding at the end the following new  
 14           paragraph:

15           “(8) NO PRIOR AUTHORIZATION PROGRAMS FOR  
 16           TOBACCO CESSATION DRUGS.—A State plan may not  
 17           require, as a condition of coverage or payment for  
 18           a covered outpatient drug, the approval of an agent  
 19           to promote smoking cessation (including agents ap-  
 20           proved by the Food and Drug Administration) or to-  
 21           bacco cessation.”.

22           (g) EXCLUSION OF ENHANCED PAYMENTS FROM  
 23           TERRITORIAL CAPS.—Notwithstanding any other provi-  
 24           sion of law, for purposes of section 1108 of the Social Se-  
 25           curity Act (42 U.S.C. 1308), with respect to any addi-

1 tional amount paid to a territory as a result of the applica-  
 2 tion of section 1905(bb)(2) of the Social Security Act (42  
 3 U.S.C. 1396d(bb)(2))—

4 (1) the limitation on payments to territories  
 5 under subsections (f) and (g) of such section 1108  
 6 shall not apply to such additional amounts; and

7 (2) such additional amounts shall be dis-  
 8 regarded in applying such subsections.

9 (h) EFFECTIVE DATE.—The amendments made by  
 10 this section shall take effect on the first day of the first  
 11 fiscal year that begins on or after the date of enactment  
 12 of this Act.

13 **SEC. 3. COVERAGE OF COMPREHENSIVE TOBACCO CES-**  
 14 **SATION SERVICES IN CHIP.**

15 (a) REQUIRING CHIP COVERAGE OF COUNSELING  
 16 AND PHARMACOTHERAPY FOR CESSATION OF TOBACCO  
 17 USE.—

18 (1) IN GENERAL.—Section 2103(c)(2) of the  
 19 Social Security Act (42 U.S.C. 1397cc(c)(2)) is  
 20 amended by adding at the end the following new  
 21 subparagraph:

22 “(D) Counseling and pharmacotherapy for  
 23 cessation of tobacco use by individuals who are  
 24 eligible under the State child health plan.”.

1           (2) COUNSELING AND PHARMACOTHERAPY FOR  
 2           CESSATION OF TOBACCO USE DEFINED.—Section  
 3           2110(c) of the Social Security Act (42 U.S.C.  
 4           1397jj(c)) is amended by adding at the end the fol-  
 5           lowing new paragraph:

6           “(10) COUNSELING AND PHARMACOTHERAPY  
 7           FOR CESSATION OF TOBACCO USE.—The term ‘coun-  
 8           seling and pharmacotherapy for cessation of tobacco  
 9           use’ means diagnostic, therapy, and counseling serv-  
 10          ices and pharmacotherapy (including the coverage of  
 11          prescription and nonprescription tobacco cessation  
 12          agents approved by the Food and Drug Administra-  
 13          tion) for the cessation of tobacco use by individuals  
 14          who use tobacco products or who are being treated  
 15          for tobacco use that are furnished—

16                 “(A) by or under the supervision of a phy-  
 17                 sician; or

18                 “(B) by any other health care professional  
 19                 who—

20                         “(i) is legally authorized to furnish  
 21                         such services under State law (or the State  
 22                         regulatory mechanism provided by State  
 23                         law) of the State in which the services are  
 24                         furnished; and

1                   “(ii) is authorized to receive payment  
 2                   for other services under this title or is des-  
 3                   ignated by the Secretary for this purpose  
 4                   which is recommended in the guideline entitled,  
 5                   ‘Treating Tobacco Use and Dependence: 2008  
 6                   Update: A Clinical Practice Guideline’ pub-  
 7                   lished by the Public Health Service in May  
 8                   2008 (or any subsequent modification of such  
 9                   guideline) or is recommended for the cessation  
 10                  of tobacco use by the U.S. Preventive Services  
 11                  Task Force or any additional intervention ap-  
 12                  proved by the Food and Drug Administration  
 13                  as safe and effective in helping smokers quit.”.

14           (b) NO COST SHARING.—Section 2103(e) of the So-  
 15           cial Security Act (42 U.S.C. 1397cc(e)) is amended by  
 16           adding at the end the following new paragraph:

17                   “(5) NO COST SHARING ON BENEFITS FOR  
 18                   COUNSELING AND PHARMACOTHERAPY FOR CES-  
 19                   SATION OF TOBACCO USE.—The State child health  
 20                   plan may not impose deductibles, coinsurance, or  
 21                   other cost sharing with respect to benefits for coun-  
 22                   seling and pharmacotherapy for cessation of tobacco  
 23                   use (as defined in section 2110(c)(10)) and prescrip-  
 24                   tion drugs that are covered under a State child  
 25                   health plan that are prescribed for purposes of pro-

1        moting tobacco cessation in accordance with the  
 2        guideline specified in section 2110(c)(10)(B).”.

3        (c) EXCEPTION FROM OPTIONAL RESTRICTION  
 4 UNDER CHIP PRESCRIPTION DRUG COVERAGE.—Section  
 5 2103 of the Social Security Act (42 U.S.C. 1397cc) is  
 6 amended by adding at the end the following new sub-  
 7 section:

8        “(g) EXCEPTION FROM OPTIONAL RESTRICTION  
 9 UNDER CHIP PRESCRIPTION DRUG COVERAGE.—The  
 10 State child health plan may exclude or otherwise restrict  
 11 nonprescription drugs, except, in the case of—

12            “(1) pregnant women when recommended in ac-  
 13 cordance with the guideline specified in section  
 14 2110(c)(10)(B), agents approved by the Food and  
 15 Drug Administration for purposes of promoting to-  
 16 bacco cessation; and

17            “(2) individuals who are eligible under the  
 18 State child health plan when recommended in ac-  
 19 cordance with the Guideline referred to in section  
 20 2110(c)(10)(B), agents approved by the Food and  
 21 Drug Administration for purposes of promoting to-  
 22 bacco cessation.”.

23        (d) STATE MONITORING AND PROMOTING OF COM-  
 24 PREHENSIVE TOBACCO CESSATION SERVICES UNDER  
 25 CHIP.—Section 2102 of the Social Security Act (42

1 U.S.C. 1397bb) is amended by adding at the end the fol-  
 2 lowing new subsection:

3       “(e) STATE MONITORING AND PROMOTING OF COM-  
 4 PREHENSIVE TOBACCO CESSATION SERVICES UNDER  
 5 CHIP.—A State child health plan shall include a descrip-  
 6 tion of the procedures to be used by the State to monitor  
 7 and promote the use of comprehensive tobacco cessation  
 8 services under the State plan (including conducting an  
 9 outreach campaign to increase awareness of the benefits  
 10 of using such services) among—

11               “(1) individuals entitled to medical assistance  
 12       under the State child health plan who use tobacco  
 13       products; and

14               “(2) clinicians and others who provide services  
 15       to individuals entitled to medical assistance under  
 16       the State child health plan.”.

17       (e) FEDERAL REIMBURSEMENT FOR CHIP COV-  
 18 ERAGE AND OUTREACH CAMPAIGN.—

19               (1) IN GENERAL.—Section 2105(a) of the So-  
 20       cial Security Act (42 U.S.C. 1397ee(a)) is amended  
 21       by adding at the end the following new paragraph:

22               “(5) FEDERAL REIMBURSEMENT FOR CHIP  
 23       COVERAGE OF COMPREHENSIVE TOBACCO CES-  
 24       SATION SERVICES AND OUTREACH CAMPAIGN.—In  
 25       addition to the payments made under paragraph (1)

1 for calendar quarters occurring during the period be-  
2 ginning on the date of the enactment of this para-  
3 graph and ending on 5 years after the date of enact-  
4 ment of this paragraph, the Secretary shall pay—

5 “(A) an amount equal to 90 percent of the  
6 sums expended during each quarter which are  
7 attributable to the cost of furnishing counseling  
8 and pharmacotherapy for cessation of tobacco  
9 use by individuals who are eligible under the  
10 State child health plan (net of any payments  
11 made to the State under paragraph (1) with re-  
12 spect to such counseling and pharmacotherapy);  
13 plus

14 “(B) an amount equal to 90 percent of the  
15 sums expended during each quarter which are  
16 attributable to the development, implementa-  
17 tion, and evaluation of an outreach campaign  
18 to—

19 “(i) increase awareness of comprehen-  
20 sive tobacco cessation services covered in  
21 the State child health plan among—

22 “(I) individuals who are likely to  
23 be eligible for medical assistance  
24 under the State child health plan; and

1                   “(II) clinicians and others who  
 2                   provide services to individuals who are  
 3                   likely to be eligible for medical assist-  
 4                   ance under the State child health  
 5                   plan; and

6                   “(ii) increase awareness of the bene-  
 7                   fits of using comprehensive tobacco ces-  
 8                   sation services covered in the State child  
 9                   health plan among—

10                   “(I) individuals who are likely to  
 11                   be eligible for medical assistance  
 12                   under the State child health plan; and

13                   “(II) clinicians and others who  
 14                   provide services to individuals who are  
 15                   likely to be eligible for medical assist-  
 16                   ance under the State child health plan  
 17                   about the benefits of using com-  
 18                   prehensive tobacco cessation serv-  
 19                   ices.”.

20                   (2) ADJUSTMENT OF CHIP ALLOTMENTS.—Sec-  
 21                   tion 2104(m) of the Social Security Act (42 U.S.C.  
 22                   1397dd(m)) is amended—

23                   (A) in paragraph (2)(B), by striking “and  
 24                   (12)” and inserting “(12), and (13)”; and



1 (B) by adding at the end the following new  
2 paragraph:

3 “(13) ADJUSTING ALLOTMENTS TO ACCOUNT  
4 FOR FEDERAL PAYMENTS FOR CHIP COVERAGE OF  
5 COMPREHENSIVE TOBACCO CESSATION SERVICES  
6 AND OUTREACH CAMPAIGN.—If a State (including  
7 the District of Columbia and each commonwealth  
8 and territory) receives a payment for a fiscal year  
9 under section 2105(a)(5), the allotment determined  
10 for the State for such fiscal year shall be increased  
11 by the amount of such payment.”.

12 (f) NO PRIOR AUTHORIZATION FOR TOBACCO CES-  
13 SATION DRUGS UNDER CHIP.—Section 2103 of the So-  
14 cial Security Act (42 U.S.C. 1397cc), as amended by sub-  
15 section (c), is further amended—

16 (1) in subsection (c)(2)(A), by inserting “(in ac-  
17 cordance with subsection (h))” after “Coverage of  
18 prescription drugs”; and

19 (2) by adding at the end the following new sub-  
20 section:

21 “(h) NO PRIOR AUTHORIZATION PROGRAMS FOR TO-  
22 BACCO CESSATION DRUGS.—A State child health plan  
23 may not require, as a condition of coverage or payment  
24 for a prescription drugs, the approval of an agent to pro-

1 mote smoking cessation (including agents approved by the  
2 Food and Drug Administration) or tobacco cessation.”.

3 (g) EFFECTIVE DATE.—The amendments made by  
4 this section shall take effect on the first day of the first  
5 fiscal year that begins on or after the date of enactment  
6 of this Act.

7 **SEC. 4. RULE OF CONSTRUCTION.**

8 None of the amendments made by this Act shall be  
9 construed to limit coverage of any counseling or  
10 pharmacotherapy for individuals under 18 years of age.

