

March 16, 2022

Dear Chair Liebling, and members of the committee,

I am writing today to provide testimony in support of HF 3153. My name is Jane Welter-Nolan and I am the Director of Community Relations at Mental Health Resources, a nonprofit organization that offers community-based mental health and substance use disorder services to adults recovering from serious mental illness.

This bill is important in helping more people receive the treatment and support they need and deserve to address their tobacco and nicotine addiction. Tobacco and nicotine addiction is a chronic, relapsing condition that often requires multiple attempts to quit and an individualized treatment approach.

As a provider of mental health and substance use disorder services for people with serious and persistent mental illness, we are committed to helping our clients improve their overall health, including tobacco cessation. 60% of the people we serve use tobacco, and the majority of our clients get their coverage through Medical Assistance or MinnesotaCare.

Currently, the very limited list of health care providers that can provide and bill for tobacco treatment by Medicaid and MinnesotaCare creates a significant barrier to people receiving these services. We currently have mental health practitioners, mental health professionals, mental health certified peer specialists, licensed alcohol and drug counselors, and recovery peers who are not able to provide and be reimbursed for these services currently in Medicaid and MinnesotaCare. These providers have the training and skills to address tobacco use and it fits within their scope of practice. It does not make sense that licensed mental health and substance use disorder providers can provide treatment for any other substance and get reimbursed for it, yet when it comes to providing tobacco cessation counseling and education, they are required to have a physician's order.

When people receive tobacco treatment in the context of mental health care, their symptoms of depression, anxiety, stress, and feelings of wellbeing improve. For individuals with a substance use disorder, not only is continued tobacco use a risk factor for relapse, but they have a 25% greater chance of long-term abstinence and recovery from other alcohol and drugs if they also stop using tobacco. By providing tobacco treatment to our clients, we are giving them a better opportunity for success with mental health and addiction recovery.

The proposed legislation would expand who can provide and bill for tobacco treatment cessation services, increasing access to this type of care for more of the individuals we serve. Tobacco dependence is a condition that should be addressed as part of a person's recovery-based mental health treatment.



This legislation would allow providers who are currently providing treatment to an individual for their mental health to also provide the tobacco cessation treatment they also need.

Thank you for the opportunity to provide this testimony and please vote yes on HF 3153.

Thank you,

Jane Welter-Nolan, MS, LP

Director of Community Relations

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Mental Health Resources, Inc.