

February 23, 2022

House Preventive Health Policy Division

RE: HF 3153

Dear Chair Freiberg and Committee Members:

We, the undersigned mental health and substance use disorder treatment programs in Minnesota, and affiliated associations and partners, express our support for HF 3153 (Morrison), which would expand the types of providers that can be reimbursed to provide tobacco treatment (education and counseling). Providers would include, but is not limited to, mental health practitioners, mental health professionals, mental health certified peer specialists, alcohol and drug counselors, recovery peers and community health workers. The bill would also remove barriers, such as prior authorization or quantity limits, to the use of FDA-approved medications used in tobacco treatment for Medical Assistance and MinnesotaCare enrollees.

We support such legislation because:

- Mental health and substance use disorder professionals have the skills and relationships to effectively provide tobacco education and counseling in the context of delivering other behavioral health services.
- Many provider types are not currently allowed to bill for reimbursement for delivering such services, as tobacco treatment has traditionally been delivered in the primary care setting. It is becoming more common to treat tobacco addiction within behavioral healthcare settings; providers who have it in their scope of practice need to be reimbursed accordingly.
- The current system limits access to tobacco treatment services by restricting the types of providers who can deliver the service.
- Adding more provider types that can be reimbursed will increase health equity and sustainability by expanding access to care in rural MN and among disparity populations.
- All FDA-approved medications used in tobacco treatment should be available to people without barriers to increase their utilization and allow for consistency of use/access when people move between levels of care or between care settings.
- People with mental illness and/or substance use disorders suffer disproportionately negative consequences of commercial tobacco use and have not been afforded appropriate treatment opportunities
- Research confirms that receiving tobacco treatment concurrent with mental health and substance use treatment results in better mental health (less depression, less anxiety, less stress, increased sense of well-being)ⁱ and 25% increased chance of long-term abstinence/sobrietyⁱⁱ.

In support of integrated care, health equity, improved mental health and substance use disorder recovery, a reduction in tobacco addiction and a reduction in tobacco-related illness and deaths, please support this legislation.

Thank you for considering this important policy. For questions, contact Reba.Mathern-Jacobson@Lung.org of the Lung Mind Alliance. Please vote yes on HF 3153.

Sincerely,

American Lung Association of MN

Amherst H. Wilder Foundation

Association for Nonsmokers-Minnesota

Avivo

CentraCare

Central Minnesota Mental Health Center

GroupWorks Wellness

Hennepin Healthcare System

Lee Carlson Center for Mental Health and Well-Being

MAARCH (Minnesota Association of Resources for Recovery and Chemical Health)

Mental Health Legislative Network

Mental Health Minnesota

Mental Health Resources

MN Coalition of Licensed Social Workers

NAMI Minnesota

National Association of Social Workers, MN Chapter

Native American Community Clinic

NorthPoint Health and Wellness Center

NUWAY

Options Family & Behavior Services

People Incorporated

River Ridge Recovery

South Central Human Relations Center

This is Medicaid

Touchstone Mental Health

Twin Cities Medical Society

Vail Place

WellShare International

Zumbro Valley Health Center

¹ Taylor G, McNeill A, Girling A, Farley A, Lindson-Hawley N, Aveyard P et al. Change in mental health after smoking cessation: systematic review and meta-analysis BMJ 2014; 348 :g1151 doi:10.1136/bmj.g1151

ⁱⁱ Prochaska JJ, Delucchi K, Hall SM. A meta-analysis of smoking cessation interventions with individuals in substance abuse treatment or recovery. Journal of Consulting and Clinical Psychology. 2004; 72(6):1144–56.