March 13, 2023

To the chair and members of the committee,

My name is Erin Jensen, and I am a Nurse Manager at People Incorporated Mental Health Services. This nonprofit organization serves people with mental illness in the Twin Cities metro area. We operate over 20 programs, including crisis residents, outpatient clinics, outreach to the homeless, residential treatment locations, case management, and in-home health services.

I would like to testify in support of SF 1320/HF1574 and share why this bill will help my organization’s patients.

* Tobacco and nicotine addiction is a chronic, relapsing condition that often requires multiple attempts to quit and repeated, individualized treatment.
* As a provider of MH and SUD services for people with serious mental illness diagnoses, 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 patients get their coverage through MA or MNCare.
* Currently, the list of health care providers that can provide and bill for tobacco treatment by Medicaid and MNCare creates a significant barrier to people receiving these services.
  + How we treat tobacco has changed. Tobacco is a substance; any of these providers can treat substances, but how we are set up doesn’t allow for tobacco to be seen as a treatment.
  + We currently have mental health practitioners, mental health professionals, mental health certified peer specialists, alcohol and drug counselors, and recovery peers who cannot be reimbursed, and have the training and skills to address tobacco use. It fits their scope of practice.
  + When people receive tobacco treatment in the context of mental health care - depression, anxiety, stress, and feelings of well-being improve. For our SUD clients, 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 have better 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 our patients.
* Tobacco dependence is an important addiction that should be addressed as part of recovery-based mental health treatment – treating the whole patient.
* Medicaid and MNCare enrollees also face barriers to Nicotine Replacement Therapy (NRT) – it’s critical patients have easy and ongoing access to supports like NRT to help them quit.

Thank you for your time and consideration of this important issue.

Regards,

Erin Jensen, RN