

Governor’s Behavioral Health Services Planning Council Tobacco Subcommittee SFY24 Annual Report

VISION:

A tobacco-free lifestyle, as a part of behavioral health recovery in Kansas

MISSION:

To sustain concerted effort at preventing and decreasing tobacco use among individuals with behavioral health conditions, while enhancing success in recovery through increased participation in cessation treatment.

MEMBERSHIP:

| Name | Representation |
|---|---|
| Chad Childs; Secretary | WSU Community Engagement Institute |
| Daniel Craig; Chairperson | Kansas Public Health Association |
| Babalola Faseru | University of Kansas – School of Medicine |
| Sara Prem | American Lung Association |
| Alberto Reyes Rodriguez; Vice Chairperson | Mental Health Association of South Central Kansas |
| Matthew Schrock | Kansas Department of Health and Environment |
| Dee Kinard | Lawrence-Douglas County Public Health |
| Jamie Wallen <i>(Non-voting)</i> | Kansas Department for Aging and Disabilities <i>(KDADS Liaison)</i> |
| Lisa Chaney | Learning Tree Institute at Greenbush |
| Jeremy Goering | Kansas Department of Health and Environment |
| Candace Davidson | Reno County Health Department |
| Kaylie Anderson | Kansas Healthcare Collaborative |
| Sue Murname | Association of Community Mental Health Centers of Kansas, Inc. |
| Donna Gerstner | LiveWell Finney County |
| Nicole Passafume | Valeo Behavioral Health Care |

SFY23 FOCUS and PROGRESS:

Successes: Kansans will benefit from great gains in tobacco prevention and treatment supportive legislation in 2023. Tobacco control advocates were successful in advancing two important policies in the Kansas legislature this year.

- House Bill 2269 passed in the 2023 session. This Bill amending the Kansas cigarette and tobacco products act, raises the minimum age to 21 years old for the sale, purchase or possession of cigarettes, electronic cigarettes or tobacco products. The law became effective July 1, 2023. While HB 2269 marked a significant tobacco control stride in Kansas, it did not eliminate penalties for youth related to purchasing, using, or possessing tobacco. Additionally, it did not revise the definitions of cigarettes and tobacco products to adequately encompass emerging and future products from the tobacco industry. Tobacco advocates, such as the Tobacco Free Kansas Coalition will continue to work to strengthen tobacco control policies in the State.
- The state of Kansas will receive nearly \$10 million as part of a multistate settlement with JUUL Labs. The settlement would force JUUL to comply with strict injunctive terms limiting their marketing and sales practices. The money will be paid over six years to 10 years. Tobacco control advocates, working with the Kansas Department of Health and

Environment, were able to direct the first payment, in the amount of \$938,756, to the Tobacco Use Prevention Program for FY24. These additional funds will be directed toward enforcement of tobacco control laws, youth vaping and tobacco use prevention efforts and training of tobacco treatment specialists across the state.

Collaboration:

- Jamie Wallen, KDADS, and Chad Childs (Secretary) attended the Governor’s Behavioral Health Services Planning Council’s annual Subcommittee Chairs Meeting in Topeka and began working on updating the Tobacco Subcommittee’s charter and goals for the next state fiscal year.
- Lisa Chaney, , Learning Tree Institute at Greenbush, joined the Tobacco Subcommittee as a new member in the spring of 2023. This collaboration will support the Tobacco Subcommittee and KDADS in updating Synar to ensure compliance with T21 legislation and reviews of merchant education, training materials, and plans.
- Chad Childs (Secretary) shared documents and processes created by the Prevention Subcommittee with the Tobacco Subcommittee for consideration of similar documents and processes to be revised and used as applicable for the Tobacco Subcommittee.
- Daniel Craig (Chair), Alberto Reyes Rodriguez (Vice Chairperson), and Sara Prem provided presentations and information to the Kansas Department for Health and Environment (KDHE) Tobacco Strategy Teams and for the Tobacco Free Kansas Coalition (including an update provided at the Annual Retreat on June 21).

Goals review: In State Fiscal Year 2023, the Tobacco Subcommittee focused on reviewing initial goals, refining them, making them Specific, Measurable, Achievable, Realistic, and Timely (SMART). Many of the goals require data reviews to identify baselines and SMART goal setting. The initial goals were as follows:

1. Increase access to evidence-based treatment for individuals with mental illness and substance use disorders, especially for Medicaid beneficiaries.
 1. Reference Dee Kinard’s study with OneCare Kansas: Recommendations from the study will be reviewed and discussed by the Tobacco Subcommittee in the next year
2. Expand insurance coverage and increase utilization of insurance for tobacco dependence treatment.
3. Create statewide policy and culture change to support tobacco prevention and treatment in substance use, mental health, and primary care settings.
4. Support behavioral health and primary care providers in adopting and implementing the Kansas Tobacco Guideline for Behavioral Health Care.
5. Increase the number of behavioral health and primary care providers who are actively engaged in providing tobacco cessation treatment.
6. Support school and youth community-based tobacco prevention programs

Challenges or Barriers: The Tobacco Subcommittee discussed input from treatment providers and people receiving services and identified the following three primary challenges and barriers to the vision of this subcommittee. Goals and objectives were developed in part to address and eliminate these barriers to best practice provision.

1. Barriers to getting prescriptions for tobacco cessation medication:
 - a. Despite great tobacco cessation medication coverage from KanCare, there have been reports from multiple organizations about barriers when attempting to get a prescription or when filling a prescription for NRTs, varenicline or bupropion. Reports from organizations are centered around a lack of knowledge about KanCare coverage from medical providers and pharmacist.

2. Staff turnover:
 - a. Reporting from multiple organizations has included how staff turnover has made it difficult to create long-lasting system changes within an organization around tobacco use. The need to constantly retrain staff on tobacco use interventions can become a deterrent since employers do not want to risk investment in the training of new hires. Possible reasons for staff turnover have ranged from wages to lack of training but no specific reason has been identified. Staff turnover has had the greatest impact on behavioral health care centers.
3. Limited available data specific to current goals:
 - a. Outside of BRFSS and Kessler 6 data, there have been few studies exploring current views on tobacco treatment, types of interventions used by providers and barriers to tobacco treatment. Dee Kinard’s study with OneCare Kansas and recommendations from its findings could provide insight on the current state of tobacco treatment. Further information is needed to provide appropriate policy and system changes in clinical and behavioral health care centers to match each profession’s treatment modalities, billing, and staff needs.

TOBACCO SUBCOMMITTEE SFY 2024 GOALS:

| Goal # | 1. Gather needs and capacity assessment data to present a more accurate picture of tobacco cessation treatment, policy, and culture in Kansas | Deadline |
|---------------|--|-------------------|
| Objective 1.1 | Track the number of RESIST chapters and locations across the state | October 31, 2023 |
| Objective 1.2 | Gather number of mental health care and substance misuse treatment facilities with tobacco-free grounds policies | November 30, 2023 |
| Objective 1.3 | Select source for data measurement on this goal, such as BRFSS (i.e., people on Medicaid, behavioral health disorders, and referred for treatment) | December 31, 2023 |
| Objective 1.4 | Identify a baseline value to assess the number of individuals with mental illness and substance use disorders in tobacco evidence-based treatment in Kansas. | December 31, 2023 |
| Objective 1.5 | Acquire Medicaid/KanCare data by KU for tracking treatment access | December 31, 2023 |

| Goal # | 2. Increase the number of behavioral healthcare providers who are actively engaged in providing tobacco cessation treatment. | Deadline |
|---------------|---|-----------------|
| Objective 2.1 | Utilize data collected and reviewed in Goal 1 to inform strategy-development to increase access to evidence-based treatment for individuals with mental illness and substance use disorders, especially for Medicaid beneficiaries. | June 30, 2024 |

| Goal # | 3. Create statewide policy and culture changes to support tobacco prevention and treatment in substance misuse and mental health settings. | Deadline |
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| Objective 3.1 | Utilize data collected and reviewed in Goal 1 to inform strategy-development to create policy and culture changes to support tobacco prevention and treatment. | June 30, 2024 |
| Objective 3.2 | Advocate for expanded insurance coverage and increase utilization of insurance for tobacco dependence | June 30, 2024 |
| Objective 3.3 | Increase the number of mental healthcare facilities (i.e., CMHCs, CCBHCs) that adopt tobacco-free grounds policies | June 30, 2024 |
| Objective 3.4 | Promote medical record model that includes evidence-based screening, e-referrals, and treatment practices in mental health and substance misuse treatment facilities (implementing Kansas Tobacco Guideline for Behavioral Health Care) | June 30, 2024 |

| Goal # | 4. Support school and youth community-based tobacco prevention programs | Deadline |
|---------------|---|-------------------|
| Objective 4.1 | Reach out to KDHE to see how the Subcommittee can support their work with RESIST and identify future objectives and goals | November 30, 2023 |
| Objective 4.2 | Reach out to Blue Cross & Blue Shield of Kansas to see how the Subcommittee can support their work with RESIST and identify future objectives and goals | November 30, 2023 |

RECOMMENDATIONS to the GBHSPC and KDADS: The Tobacco Subcommittee recommends the following to the GBHSPC and KDADS Administration for action in Kansas this year.

- 1. Create a private insurance mandate to cover cessation and prohibit the tobacco surcharge:**
 The Tobacco Subcommittee recommends Kansas follow the American Heart Association Policy Statement updated in February 2023. The American Lung Association also has a similar position. The American Heart Association maintains that if health plans use tobacco surcharges, then consumer protections must be integrated that prevent these surcharges from becoming overly coercive or reduce access to equitable, affordable, health care by making health insurance too costly. There is some evidence that surcharges may increase rates of tobacco cessation, however research indicates their implementation reduces equitable access to affordable, quality health care, especially across age, geography, race/ethnicity and income. There is no evidence available on the impact of tobacco surcharges on the overall cost of insurance for all subscribers. For these reasons, the American Heart Association does not proactively support tobacco surcharges and will advocate that if they are implemented, consumer protections must be in place that include access to free, comprehensive tobacco cessation services. A person who uses tobacco should be able to avoid the surcharge by participating in a tobacco cessation program or fulfilling some other reasonable alternative standard during the 12-month period of benefits coverage. Here is link to policy paper: <https://www.heart.org/-/media/Files/About-Us/Policy-Research/Policy-Positions/Tobacco-Endgame/Tobacco-Surcharge-Policy-Statement.pdf>
 Creating a private insurance mandate that provides comprehensive tobacco cessation benefits means covering access to all seven Food and Drug Administration-approved medications and three types of counseling (individual, group, phone) recommended by the U.S. Department of Health and Human Services to treat tobacco use and nicotine dependence. Quitting tobacco/nicotine is extremely hard, and everyone responds to treatment differently. It is important that potential quitters have access to all treatments.

2. **Expand Kansas Tobacco Quitline referral system:** Actively connecting an individual to the Kansas Tobacco Quitline requires a provider sending a referral. There are three referral modes that providers can choose to implement-fax, web, or eReferral. Kansas is working towards transitioning providers from fax to utilizing web and eReferrals. Web referrals can be completed using the online referral form via the Kansas Tobacco Quitline website. Web forms are securely sent online and the benefit to the provider is that they receive progress notes via secure email regarding the patient’s enrollment status, counseling services received, and nicotine replacement therapy provided. eReferrals are automatically sent to the Quitline via secure, two-way communication between the providers electronic health record and the Quitline’s HIPPA-compliant system. Providers receive progress updates regarding enrollment, counseling services and nicotine replacement therapy directly uploaded to the EHR from the Quitline. Upon receiving a referral, the Quitline within 24 hours will begin calling the individual to invite them to enroll. The Quitline will make up to 3 calls to reach the individual and send out a letter to establish contact with the individual.
3. **Expand Nicotine Replacement Therapy Offering through the Kansas Tobacco Quitline:** Kansas Tobacco Quitline enrollees are currently eligible to receive 4 weeks of Nicotine Replacement Therapy shipped directly to their residence at no cost to enrollee. They can choose from the nicotine patch, nicotine gum, and nicotine lozenge. The first two-week dose is shipped after completion of the 1st phone coaching call and the second two-week dose is shipped after completion of the 2nd phone coaching call. We recommend offering 8 weeks of combination Nicotine Replacement Therapy (NRT) to all enrollees at an that would require an additional \$100.000 a year to the Kansas Tobacco Quitline budget likely to help a person quit successfully than using one alone. Increasing NRT will also result in more free media promotion, increased Quitline enrollment, increased number of completed counseling calls and a higher quit rate for Quitline enrollees. The Kansas Tobacco Quitline offered 8 weeks of combination NRT in March and April 2023 and saw enrollment double during that time and enrollees completed more phone counseling sessions which increase an individual’s chances of quitting tobacco.
4. **Kessler 6 and BRFSS:** According to the most recently available BRFSS Survey results (2021), individuals who smoke were twice as likely to experience 14 or more days of poor mental health in the past month (30.2%) compared with individuals who do not smoke (14.3%). The Kessler 6 Psychological Distress Scale is an instrument used to screen for psychological distress. These questions assess respondents’ feelings of being nervous, restless, depressed, worthless, hopeless, and that everything is an effort. A score for each individual is then calculated based upon the total of all their responses; the higher the score, the more severe psychological distress an individual has. The Kansas Behavioral Risk Factor Surveillance System (BRFSS) Survey asked all Kessler 6 questions in 2017, 2020, and 2023. As the proposed 2024 Kansas BRFSS survey currently stands, the Kessler 6 will *not* be included. However, this committee recommends adding them (or other questions pertaining to behavioral health) to the 2025 survey. Proposals for adding questions for the 2025 Kansas BRFRSS survey will occur in August 2024. The cost is \$6,000 per question with a total of \$36,000 for the Kessler 6.
5. **Medicaid:** The KDHE Tobacco Use Prevention Program is currently working with KDHE Health Care Finance staff to gain access to KanCare eligibility website in order to confirm KanCare eligibility and receive reimbursement for NRT provided to Quitline enrollees who have KanCare coverage. Only about 10% of Quitline KanCare enrollees can provide their KanCare identification number that is required to receive reimbursement. KDHE Health Care Finance currently reimburses for Quitline counseling services and NRT. The Tobacco Subcommittee recommends

KDADS leadership collaborate with KDHE leadership on this access and review of KanCare eligibility.

TOBACCO SUBCOMMITTEE RESOURCE REQUEST of KDADS SECRETARY: The following action items, requiring funding allocation, are recommended to the GBHSPC, the Secretary of KDADS, and the Governor of Kansas.

| RECOMMENDATION | FISCAL ESTIMATE |
|--|---|
| We recommend the Tobacco Subcommittee, KDADS, and KDHE explore creating questions to be added to the 2025 BRFSS survey that would need to be submitted in July 2024. | \$6,000 per question with a total of \$36,000 |
| We recommend offering 8 weeks of combination Nicotine Replacement Therapy (NRT) to all enrollees. | \$100,000 a year |