



Testimony to Senate Public Health and Welfare on Senate Bill 316

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February 8, 2018

Madam Chair and members of the Committee, my name is Colin Thomasset. I am the Associate Director for the Association of Community Mental Health Centers of Kansas, Inc. The Association represents the 26 licensed Community Mental Health Centers (CMHCs) in Kansas that provide behavioral health services in all 105 counties, 24-hours a day, seven days a week. In Kansas, CMHCs are the local Mental Health Authorities coordinating the delivery of publicly funded community-based mental health services. As part of licensing regulations, CMHCs are required to provide services to all Kansans needing them, regardless of their ability to pay. This makes the community mental health system the “safety net” for Kansans with behavioral health needs.

The Association is supportive of legislation that allows for greater Medicaid coverage of tobacco cessation treatment.

People with mental illness have a high incidence of smoking. In the United States, research has found that over 44 percent of all cigarettes are smoked by individuals with mental illness or substance use disorders. Additionally, those individuals with schizophrenia are three to four times more likely to smoke as the general population. Americans with mental illnesses have a 70 percent greater likelihood of smoking than the general population, according to new findings from researchers at the Centers for Disease Control and Prevention CDC.

Smoking is a well-known health hazard which can cause lung disease, heart disease, and can increase the likelihood of stroke. Smoking kills about 200,000 people annually who live with mental illness. Also, the medications used to treat mental illness are affected by smoking. It has been found that smokers need to take higher doses of the same medication in order to achieve the same clinical results.

According to a 2006 article in *Preventing Chronic Disease*, persons with serious mental illness die 25 years earlier than those without mental illness. It is not due to the mental illness itself, but rather the chronic health conditions that go untreated. Oftentimes, smoking is a big part of that equation.

The Medicaid program has the opportunity to make a big impact on those with mental illness that smoke. Our current Medicaid benefit for tobacco cessation counseling is very limited and is only available to pregnant women. While the medication component, nicotine replacement therapy is more broadly available, research shows that you are less likely to achieve sustained success with medication alone. If we are truly focused on the health of Kansans in the Medicaid program, we should create a barrier-free tobacco cessation program that works for patients and providers alike.

The Association appreciates this Committee’s review of this very important issue. Thank you for the opportunity to submit this written testimony.