

## U.S. State Laws Requiring Mental Health and Substance Use Facilities to Provide Tobacco Dependency Treatment in Clinical Practice

This chart is a partial overview of U.S. state laws requiring mental health and substance use disorder treatment facilities to include tobacco dependency treatment in their clinical practice. The information is based in part on an overview of state policies summarized in a 2015 [article](#) published in *Tobacco Induced Diseases* and a 2018 [article](#) published in *Morbidity and Mortality Weekly Report*. Whenever possible, hyperlinks to free online resources containing the cited authority are included. Please note, however, that some links go to legislative websites or portals because the laws have not yet been codified or are not otherwise available. In some instances, public domain websites have not yet been updated to include the most recently passed laws. The N/A designation refers to the lack of state laws or regulations related to tobacco dependency treatment as of January 15, 2022.

The chart captures variations between laws by including (1) whether or not the state requires tobacco dependency treatment at mental health and substance use facilities; (2) state tobacco dependency treatment laws and definitions of various facilities as they apply within each state's commercial tobacco scheme (3) exemptions and any incentives for voluntary adoption; and (4) enforcement/penalty/timeline information as applicable.

As of January 15, 2022, only **one (1) state** requires that tobacco dependency treatment be included in the clinical practice of mental health facilities. **Five (5) states** require that substance use facilities include tobacco dependency treatment. Feel free to contact the Public Health Law Center for more information about tobacco dependency treatment requirements in mental health and substance use facilities where you live. This chart will be updated in the future as more state information becomes available.

This publication was prepared by the Public Health Law Center at Mitchell Hamline School of Law, St. Paul, Minnesota. The Center provides information and technical assistance on law and policy issues related to public health. The Center does not provide legal advice and does not enter into attorney-client relationships. This document should not be considered legal advice.

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Alabama	Yes.	Yes.	All state psychiatric hospitals provide smoking cessation therapies. Any community providers with which the Alabama Department of Public Health contracts must have services to address tobacco use.		
Alaska	No.	No.			
Arizona	No.	No.			
Arkansas	No.	Yes, partially. All substance use disorder treatment centers contracted with the Arkansas Department of Human Services Division of Behavioral Health Services must provide tobacco cessation treatment as	All alcohol and other drug abuse treatment programs shall have services “available to provide a variety of diagnostic and primary substance abuse treatment on both a scheduled and non-scheduled basis. Services provided by the program include, but are not necessarily limited to the following: . . . [s]creening applicants for substance abuse treatment service for referral, or treatment purposes; [i]ndividual, group and family counseling sessions; [c]risis intervention; and [i]nterdisciplinary treatment services.” ( <a href="#">ARK. DEP’T HUM. SERVS., Licensure Standards for Alcohol and Other Drug Abuse Treatment Programs (2011)</a> ).  Program is “[a]n individual, partnership, corporation, association,		

<sup>1</sup> Definitions of mental health or substance use facilities within a state’s commercial tobacco control scheme.

<sup>2</sup> Relevant language highlighted for emphasis.

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		a part of their routine treatment. However, not all facilities are required to contract with DHBS.	government subdivision or public or private organization that provides treatment services.” ( <a href="#">ARK. DEP’T HUM. SERVS., Licensure Standards for Alcohol and Other Drug Abuse Treatment Programs (2011)</a> ).		
California	No.	No.		<p>While tobacco dependency treatment is not currently required, the California Tobacco Control Branch 2021 Quit Plan includes a goal of integrating tobacco dependence treatment into behavioral health programs. (<a href="#">CAL. TOBACCO CONTROL PROGRAM, California Quits Together: Creating a Tobacco-Free Future 2021 (2021)</a>).</p> <p>The Smoking Cessation Leadership Center, funded by the California Department of Health, provides training and technical assistance to help California-based behavioral health facilities improve nicotine dependency treatment. (<a href="#">CAL. TOBACCO CONTROL BRANCH (2021)</a>).</p>	The California Tobacco Control Branch 2021 Quit Plan does not specify an implementation timeline. ( <a href="#">CAL. TOBACCO CONTROL PROGRAM, California Quits Together: Creating a Tobacco-Free Future 2021 (2021)</a> ).

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Colorado	No.	No.		The Office of Behavioral Health, Community Programs administers a portion of the Federal Substance Abuse Prevention and Treatment Block Grant (SABG) from the Substance Abuse and Mental Health Services Administration (SAMHSA) to fund primary prevention. The program must include an array of prevention strategies, including tobacco prevention, but does not require treatment. ( <a href="#">COLO. DEP'T HUM. SERVS. (2017)</a> ).	
Connecticut	No.	No.			
Delaware	No.	No.			
District of Columbia	No.	No.		While it is not a requirement that all facilities provide tobacco dependency treatment, the Department of Behavioral Health connects residents to tobacco treatment. ( <a href="#">DEP'T BEHAV. HEALTH, Substance Use Disorder Services</a> ).	
Florida	No.	No.			
Georgia	No.	No.		While it is not a requirement of behavioral health facilities to provide tobacco dependency treatment, the Georgia Department of Public Health has a goal of providing “educational resources to . . . psychiatric healthcare providers . . . to support and facilitate cessation,	The Georgia Tobacco Control Strategic Plan aimed to increase the percent of Georgia Tobacco Quit Line callers referred by a healthcare professional by March 2020. The activity of

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				including promoting comprehensive tobacco independence treatment as standard of care.” ( <a href="#">GA. DEP’T PUB. HEALTH, Georgia Tobacco Control Strategic Plan 2015-2020 (2015)</a> ).	providing psychiatric healthcare providers cessation support was part of that goal, but there was no specific timeline. ( <a href="#">GA. DEP’T PUB. HEALTH, Georgia Tobacco Control Strategic Plan 2015-2020 (2015)</a> ).
Hawaii	No.	No.			
Idaho	No.	No.			
Illinois	No.	No.			
Indiana	No.	No.		While it is not a requirement of behavioral health facilities to provide tobacco dependency treatment, the 2025 Indiana Tobacco Control Strategic Plan lists “[e]nhance collaboration and partnerships with health and treatment centers to further expand access and delivery of tobacco treatment, including but not limited to community mental health centers and substance abuse treatment centers, cancer treatment centers/pavilions, and community health centers” as a strategy to decrease smoking rates among adults. ( <a href="#">IND. DEP’T HEALTH, 2025 Strategic Plan</a> ).	Tobacco dependency treatment is related to the Indiana Department of Health’s objective to “[d]ecrease smoking prevalence rate among adults who report frequent poor mental health days from 34.3% in 2019 to 25% in 2025.” However, this does not address if or when tobacco dependency treatment will be mandated in behavioral health facilities. ( <a href="#">IND. DEP’T HEALTH, 2025 Strategic Plan</a> ).

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Iowa	No.	No.		While there is no requirement for tobacco dependency treatment, the Iowa Department of Public Health FY22 Community Partnership Tobacco Control Program Objectives include implementation of “the Ask, Advise, Refer protocol within inpatient/outpatient behavioral health and/or mental health facility/center/practice.” <a href="#">(IOWA DEP’T PUB. HEALTH, FY22 Community Partnership Tobacco Control Program Objectives (2021)).</a>	The Ask, Advise, Refer goal is part of Iowa’s FY 2022 plan and there are currently two counties working on the goal. <a href="#">(IOWA DEP’T PUB. HEALTH, FY22 Community Partnership Tobacco Control Program Objectives (2021)).</a>
Kansas	No.	No.			
Kentucky	No.	No.			
Louisiana	Partially. Any mental health facilities run by the Department of Health and Hospitals must provide cessation treatment.	Partially. Any substance use disorder treatment facilities run by the Department of Health and Hospitals must provide cessation treatment.	“The Department of Health and Hospitals shall establish procedures for treatment of smokers with mental illness in its psychiatric hospitals and forensic facilities which are smoke free. . . . In carrying out the provisions of this Paragraph, the department shall do all of the following: (i) Screen the patient for smoking cessation needs. (ii) Seek the consent of the patient to participate in education and treatment regarding smoking cessation. (iii) Train psychiatric hospital staff of the department in smoking cessation best practices and monitoring of the patient’s		HB 80 (Act 373) of 2012, which established the procedures for tobacco dependency treatment in behavioral health facilities, became effective on May 31, 2012. <a href="#">(H.B. 80, 2012 Leg. (La. 2012)).</a>

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			<p>treatment plan, symptoms, and medication adjustments. Psychiatric hospital staff so trained may include tobacco cessation in the patient's treatment plan after a review of the patient's diagnosis and medication history. (iv) Provide patients in department psychiatric hospitals and forensic facilities with access to smoking cessation assistance, including but not limited to counseling, nicotine replacement therapy, and oral medications. (v) Provide patients in department psychiatric hospitals and forensic facilities with access to smokeless tobacco cessation assistance. (vi) Provide information about smoking cessation in discharge planning, including information about smoking cessation resources in the community.”</p> <p><a href="#">(LA. STAT. ANN. § 40:2115(C)(2) (2012)).</a></p>		
Maine	No.	No.	N/A	<p>While there is no requirement for tobacco dependency treatment, the MaineHealth Center for Tobacco Independence trains behavioral health providers on tobacco treatment. <a href="#">(MAINEHEALTH CTR. FOR TOBACCO INDEPENDENCE, Provider Tobacco Treatment Education).</a></p>	N/A

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Maryland	Yes.	Yes.	Any facilities receiving grants from the state must be screened for nicotine dependence. If the patient is considered dependent, the patient's care must include nicotine dependency treatment.		
Massachusetts	No.	Yes.	<p>The minimum treatment service requirements for substance abuse treatment programs licensed by the state include tobacco education and counseling. However, this requirement does not include access to tobacco cessation medications. (<a href="#">105 MASS. CODE REGS. 164.074(D) (2016)</a>).</p> <p>All substance abuse treatment programs must employ a Tobacco Education Coordinator, who is responsible for "integration of tobacco assessment, education and treatment into program services." (<a href="#">105 MASS. CODE. REGS. 164.043(C)(3) (2016)</a>).</p>		
Michigan	No.	No.			
Minnesota	No.	No.		The Minnesota Department of Health encourages providers to provide tobacco cessation resources, but does not mandate it. ( <a href="#">MINN. DEP'T HEALTH, Behavioral Health and Tobacco Use in Minnesota</a> ).	
Mississippi	No.	No.			
Missouri	No.	No.		While there is no requirement for tobacco dependency treatment, the	

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				Tobacco Treatment Handbook, which the state promotes, encourages facilities to provide tobacco cessation treatment. ( <a href="#">MO. DEP'T MENTAL HEALTH, Toolkits and Clinical Guides for Tobacco Cessation</a> ).	
Montana	No.	No.			
Nebraska	No.	No.			
Nevada	No.	No.			
New Hampshire	Yes.	No.	<p>All contracts for mental health and substance use disorder facilities include “the Contractor shall have policies and procedures for both client and Contractor staff, that not only creates a tobacco-free environment as required by law, but to offer tobacco cessation tools and programming.”</p> <p>Substance use disorder residential treatment facilities are required to provide client education on “[n]icotine use disorder and cessation options.” However, they are not required to provide actual treatment. (<a href="#">N.H. CODE ADMIN. R. He-P 826.16(k)(6) (2018)</a>).</p> <p>Psychiatric residential treatment programs must determine the smoking status of their patients, but there is no requirement for nicotine use disorder</p>		

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			treatment. ( <a href="#">N.H. CODE ADMIN. R. He-P 830.14(ag) (2021)</a> ).		
New Jersey	No.	No.			The state is in the process of mandating tobacco dependency treatment. State contracts include “All treatment planning shall include education on tobacco use. The contractee shall work toward development of a tobacco-free program.”
New Mexico	No.	No.			
New York	No.	Yes.	The Office of Alcoholism and Substance Abuse Services requires facilities to establish “treatment modalities for patients who use tobacco” and have a procedure for “tobacco and nicotine prevention and education programs.” ( <a href="#">N.Y. COMP. CODES R. &amp; REGS. tit. 14, § 856.5(a) (2020)</a> ).		
North Carolina	Yes.	No.	Psychiatric hospitals, treatment facilities, and residential centers are regulated by entities that require tobacco and nicotine dependency treatment.  “When detoxification services are provided [in a psychiatric unit], there shall be liaison and consultation with a		

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			qualified substance abuse professional prior to the discharge of a client.” ( <a href="#">10A N.C. ADMIN. CODE 13B .5203(b)(4) (2017)</a> ).		
North Dakota	No.	No.			
Ohio	No.	No.			
Oklahoma	Partially. All state-funded or state-certified mental health facilities provide tobacco cessation treatment.	Yes. All substance use disorder treatment facilities are required to provide tobacco cessation treatment.	Oklahoma requires that all substance use disorder treatment facilities and all state-funded or state-certified mental health facilities implement the “5 A’s” tobacco cessation treatment plan. ( <a href="#">CTRS. FOR DISEASE CONTROL &amp; PREVENTION, Grant Funding in Oklahoma</a> ).	The Oklahoma Hospital Tobacco Cessation Systems Program is a statewide effort to reduce tobacco usage in mental health facilities not required to provide dependency treatment. It provides grants for health care facilities that provide tobacco dependence treatment. ( <a href="#">OKLA. HOSP. ASS’N, Advancing Tobacco Treatment</a> ).  Mental illness service programs have the option to provide wellness services, which include smoking cessation activities. If smoking cessation is provided, it must be provided by a Wellness Coach certified by the Oklahoma Department of Mental Health and Substance Abuse Services. ( <a href="#">OKLA. ADMIN. CODE § 450:27-7-29 (2021)</a> ).	
Oregon	Yes.	Yes.	Tobacco cessation therapy services are required in state residential substance abuse treatment facilities and		

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			psychiatric hospitals. Additionally, the Oregon Health Authority's Addictions and Mental Health Division require residential and outpatient facilities to provide tobacco cessation services.		
Pennsylvania	No.	No.			
Rhode Island	No.	No.			
South Carolina	No.	No.			
South Dakota	No.	No.			
Tennessee	No.	No.			
Texas	No.	No.		While tobacco dependency treatment is not required, chemical dependency treatment facilities “shall provide education about the health risks of tobacco products and nicotine addiction.” ( <a href="#">25 TEX. ADMIN. CODE § 448.901(e) (2004)</a> ).	
Utah	No.	No.			
Vermont	No.	No.		While there is no requirement that mental health and substance use disorder treatment facilities provide tobacco dependency treatment, Vermont does have resources specific to patients and health care providers at those facilities. ( <a href="#">VT. DEP’T HEALTH, <i>Vermonters with Highest Rates of Smoking/Tobacco Use</i></a> ).	
Virginia	No.	No.			

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Washington	No.	No.			The Washington State Tobacco Prevention and Control Strategic Plan aims to “[e]ngage behavioral health agencies to co-treat commercial tobacco dependence and nicotine addiction during substance abuse treatment” by 2025. ( <a href="#">WASH. STATE DEP’T HEALTH, Washington State Tobacco Prevention and Control Strategic Plan</a> ).
West Virginia	No.	No.			
Wisconsin	No.	No, but will in 2022.	While not in effect yet, a new regulation will require substance abuse prevention and treatment centers to “have written policies outlining the service’s approach to assessment and treatment for concurrent tobacco use disorders . . . .” ( <a href="#">790 Wis. Admin. Reg. 126-8 (Nov. 1, 2021)</a> ).		The new law will take effect on October 1, 2022. ( <a href="#">790 Wis. Admin. Reg. 126-11 (Nov. 1, 2021)</a> ).
Wyoming	No.	No.			