



To: Chiquita Brooks-LaSure, CMS Administrator

Re: CMS-1750-P

The Centers for Medicare and Medicaid Services (CMS) have proposed an update to the “Inpatient Psychiatric Facilities Prospective Payment System and Quality Reporting” rules that would remove one of the tobacco use measures that is currently required. The [proposed rule](#) would eliminate a very important measure, TOB-2/2a (Tobacco Use Brief Intervention Provided or Offered and Tobacco Use Brief Intervention).

If TOB-2/2a is removed, Medicare providers will no longer be required to record if they provide or offer a brief tobacco use intervention. If there is no requirement to record the intervention, it removes an incentive for doing the intervention. Additionally, there will not be data on how frequently patients in psychiatric in-patient facilities receive or are offered brief tobacco use interventions, which can show if patients are receiving appropriate care and treatment. Because Medicare is the single largest payor of healthcare in the United States, Medicare policies, such as this one, frequently influence payment policies across plans, as well as provider behavior.

In particular, we ask that CMS retain the TOB-2/2a measure in the Inpatient Psychiatric Facilities Prospective Payment System and Quality Reporting Rule for FY 2022 for the following reasons:

- Individuals with serious psychological distress smoke at a higher rate (31.6%) than those without serious psychological distress (13%).¹
- Only 48.9% of mental health treatment facilities report screening patients for tobacco use and only 64% of substance abuse treatment facilities report screening patients for tobacco use. (More information is available [here](#)).² Data suggest that the addition of the TOB-2/2a measure has improved screening and referrals to treatment in inpatient psychiatric facilities. (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5896534/>, n.d.)
- The 2020 Surgeon General’s Report:³
 - “The prevalence of smoking is increasingly concentrated in the United States in populations that may face barriers to quitting. These include persons with behavioral health conditions (including mental health conditions or substance use disorders)...” – page 16
 - Populations with Mental Health Conditions and Co-Occurring Substance Use Disorders – starting on page 539
 - Tobacco dependence treatment is applicable in the behavioral health setting – page 583



- Many patients who quit smoking are able to decrease their dosages of psychotropic and other medications, which can reduce the side effects suffered by patients and expenses incurred by CMS
- If TOB-2/2a is removed, providers have less incentive to offer or provide a brief tobacco use intervention, which can lead to fewer people receiving tobacco dependence treatment. Additionally, important data on the number of patients in psychiatric in-patient facilities who receive these brief interventions will not be collected. These data are important because patients with serious psychological distress smoke at higher rates than the general population.
- It is important to keep TOB-3, Tobacco Use Treatment Provided or Offered at Discharge and Tobacco Use Treatment at Discharge, because providers should be encouraged to provide tobacco use treatment when patients are discharged. This measure supports that provider behavior. Additionally, patients in a smokefree or tobacco-free facility may have temporarily stopped using tobacco. This measure helps encourage providers to continue the necessary treatment for these patients to remain tobacco-free.

The National Partnership on Behavioral Health & Tobacco Use will continue to encourage health-related organizations to focus on addressing the health needs of those who suffer from tobacco use, particularly those with mental health and/or substance abuse conditions. For more information on the National Partnership on Behavioral Health and Tobacco Use, please contact Brian Clark at Brian.Clark@ucsf.edu. The partnership website can also be accessed at bh4tobaccofree.org.

This comment is provided on behalf of the National Partnership on Behavioral Health & Tobacco Use and is endorsed by the following organizations:

- **American Academy of Family Physicians**
- **American Cancer Society**
- **American Psychiatric Nurses Association**
- **American Society of Addiction Medicine**
- **GlaxoSmithKline Consumer Healthcare**
- **National Association of Social Workers**
- **National Association of State Mental Health Program Directors**
- **National Council for Mental Wellbeing**
- **North American Quitline Consortium**
- **The Public Health Law Center at Mitchell Hamline School of Law**
- **Smoking Cessation Leadership Center**
- **Truth Initiative**



- **University of Wisconsin — Center for Tobacco Research and Intervention**

¹ Creamer MR, Wang TW, Babb S, et al. Tobacco Product Use and Cessation Indicators Among Adults — United States, 2018. MMWR Morb Mortal Wkly Rep 2019;68:1013–1019. DOI:

<http://dx.doi.org/10.15585/mmwr.mm6845a2external>

² Marynak K, VanFrank B, Tetlow S, et al. Tobacco Cessation Interventions and Smoke-Free Policies in Mental Health and Substance Abuse Treatment Facilities — United States, 2016. MMWR Morb Mortal Wkly Rep 2018;67:519–523. DOI: <http://dx.doi.org/10.15585/mmwr.mm6718a3>

³ U.S. Department of Health and Human Services. Smoking Cessation. A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2020