

## 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 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 September 1, 2024, only **seven (7) states** require that tobacco dependency treatment be included in the clinical practice of mental health facilities (including two with partial requirements—LA and OK). **Nine (9) states** require that substance use facilities include tobacco dependency treatment (including one with partial requirements—LA). 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.

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State	Requires tobacco dependency treatment in clinical practice for mental health facilities?	Requires tobacco dependency treatment in clinical practice for substance use facilities
<b>Alabama</b>	Yes.	Yes.
<b>California</b>	No.	Yes.
<b>Louisiana</b>	Partially.	Partially.
<b>Maryland</b>	Yes.	Yes.
<b>Massachusetts</b>	Yes.	Yes.
<b>New York</b>	No.	Yes.
<b>North Carolina</b>	Yes.	No.
<b>Oklahoma</b>	Partially.	Yes.
<b>Oregon</b>	Yes.	Yes.
<b>Wisconsin</b>	No.	Yes.

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State	Requires tobacco dependency treatment in mental health facilities	Requires tobacco dependency treatment in substance use treatment facilities	Tobacco Dependency Treatment Policy & Definitions <sup>1</sup>	Notes (Incentives, Miscellany)	Implementation Timeline
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. ( <a href="#">SAMHSA FY20-21</a> ).		
Alaska	No.	No.			
Arizona	No.	No.			
Arkansas	No.	No.			
California	No.	Yes.	California law requires licensed and/or certified substance use disorder recovery or treatment facilities to assess each patient/client for tobacco use at intake, and to address tobacco use as part of treatment. ( <a href="#">CAL. HEALTH &amp; SAFETY CODE § 11756.5 (2022)</a> ).	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)</a> ).  The Smoking Cessation Leadership Center,	The Department of Health Care Services has developed guidance and communication for impacted facilities through a Behavioral Health Information Notice letter: <a href="#">BHIN 22-024</a> . Any licensed and/or certified substance use disorder recovery or treatment facility that fails to adhere with this information notice may be cited.

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

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				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> ).	
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</a>	

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				<a href="#">HUM. SERVS. (2017))</a> .	
Connecticut	No.	No.			
Delaware	No.	No.			
District of Columbia	No.	No.	<p>“ The Department of Behavioral Health is ... responsible for the development and promulgation of rules, regulations, and certification standards for prevention and treatment services related to the abuse of alcohol, tobacco, and other drugs ...”</p> <p><a href="#">(D.C. MUN. REGS. tit. 22-A63, § 6300.1 (2024))</a>.</p>	<p>While it is not a requirement that all facilities provide tobacco dependency treatment, the Department of Behavioral Health connects residents to tobacco treatment.</p> <p><a href="#">(DEP’T BEHAV. HEALTH, Substance Use Disorder Services)</a>.</p> <p>Tobacco Dependency is included in patient assessments for substance use disorder and recovery facilities. <a href="#">(D.C. MUN. REGS. tit. 22-A63, § 6339.11(4) (2021))</a>.</p>	
Florida	No.	No.		<p>Florida’s Tobacco-Free 2022-2027 Plan involves creating strategies to implement tobacco treatment at substance use treatment and recovery facilities. <a href="#">(FLA. DEP’T HEALTH, Florida Tobacco Strategic Plan (2022))</a>.</p>	

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Georgia	No.	No.		The Georgia Department of Public Health encourages behavioral health systems and substance use treatment facilities to be tobacco-free and integrate tobacco cessation programs into care. ( <a href="#">GA. DEP'T OF PUB. HEALTH, <i>Model Tobacco-Free Policy for Behavioral Health and Substance Use Treatment Providers</i> (2021)</a> ).	
Hawaii	No.	No.		The Hawaii Department of Health encourages tobacco cessation programs to be integrated in all healthcare facilities. ( <a href="#">HAW. DEP'T OF HEALTH, <i>Hawai'i Tobacco Prevention and Control Plan 2030</i> (2020)</a> ).	
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	Tobacco dependency treatment is related to the Indiana Department of Health's objective

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				<p>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 (2021)</a>).</p>	<p>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 (2021)</a>).</p>
Iowa	No.	No.		<p>While there is no requirement for tobacco dependency treatment, the Iowa Department of Public Health FY22 Community Partnership Tobacco Control Program Objectives include implementation</p>	

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				of “the Ask, Advise, Refer protocol within inpatient/outpatient behavioral health and/or mental health facility/center/practice.” <a href="#">(Quitline Iowa Program – Ask, Advise, Refer-Connect).</a>	
Kansas	No.	No.		“The Kansas Tobacco Quitline also has customized programs, including a behavioral health program for people living with a substance use disorder or mental illness.” <a href="#">(Behavioral Health Tobacco Initiatives).</a>	
Kentucky	No.	No.		The Kentucky Cabinet for Health and Family Services recommends that facilities increase tobacco treatment and tobacco-free policy. <a href="#">(KY. CABINET FOR HEALTH &amp; FAM. SERVS., State University Partnership Research Brief (2024)).</a>	
Louisiana	Partially. Any mental health facilities run by	Partially. Any substance use disorder treatment	“The Department of Health and Hospitals shall establish procedures for treatment of smokers with mental illness		



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	<p>the Department of Health and Hospitals must provide cessation treatment.</p>	<p>facilities run by the Department of Health and Hospitals must provide cessation treatment.</p>	<p>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 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</p>		

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			cessation resources in the community.” <a href="#">(LA. REV. STAT. § 40:2115(C)(2) (2012)).</a>		
Maine	No.	No.		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>	
Maryland	Yes.	Yes.	All state licensed behavioral health facilities must screen for nicotine dependence. If a patient is considered nicotine dependent, the patient’s care must include nicotine dependency treatment. <a href="#">(MD. CODE REGS. § 10.63.05.04 (2016)).</a>		
Massachusetts	Yes.	Yes.	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	Mental Health Providers “that directly provide services shall complete an assessment for each patient and resident that includes the following... A history	

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			<p>cessation medications. (<a href="#">105 MASS. CODE REGS. 164.074(D) (2022)</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) (2022)</a>).</p> <p>The minimum treatment service requirements for mental health providers 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. 164.574(G) (2022)</a>).</p>	<p>of the use of alcohol, tobacco and other drugs...” (<a href="#">105 MASS. CODE REGS. 164.572(A)(1) (2022)</a>).</p>	
Michigan	No.	No.		<p>The Michigan Department of Health &amp; Human Services offers resources to community mental health agencies and behavioral health organizations to help provide tobacco cessation services. (<a href="#">MICH, DEP’T HEALTH &amp; HUM. SERVS., <i>People Living with Behavioral Health Conditions</i> (2024)</a>).</p>	

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Minnesota	No.	No.		<p>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>).</p> <p>“Tobacco Use Disorder cessation provided as counseling by an alcohol and drug counselor and indicated as needed on a treatment plan can be provided in an individual or group counseling session . . . Providing coordination to Tobacco Use Disorder cessation resources can fall under the role of a treatment coordination . . . , by assisting in coordination with and follow up for medical services as identified in the treatment plan or facilitating</p>	

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				referrals to SUD services as indicated by a client's medical provider, comprehensive assessment, or treatment plan. Providers must be enrolled as an eligible Minnesota Health Care Program provider of specific services, specialties or complexity add-ons to receive reimbursement from MHCP." ( <a href="#">Minnesota Substance Use Disorder Services</a> ).	
Mississippi	No.	No.			
Missouri	No.	No.		While there is no requirement for tobacco dependency treatment, the <i>Tobacco Treatment Handbook</i> , which the state promotes, encourages facilities to provide tobacco cessation treatment. ( <a href="#">MO. DEP'T MENTAL HEALTH, Toolkits and Clinical Guides for Tobacco</a>	

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				<p><a href="#">Cessation</a>).</p> <p>“Essential Principle [for psychiatric and substance use disorder treatment programs] – Medication Services. Individuals shall have access to medications to treat mental illness and substance use disorders, including tobacco use.” <a href="#">(MO. CODES REGS. tit. 9, § 10-7.010 (2019))</a>.</p>	
Montana	No.	No.		<p>The Montana Department of Public Health and Human Services has a Behavioral Health Program aimed at helping those with behavioral health conditions get tobacco treatment. The program includes a “Toolkit to Integrate Tobacco Treatment and Policies into Montana’s Behavioral Health System.” <a href="#">(MONT. DEP’T OF PUB. HEALTH &amp; HUM. SERVS., Behavioral Health &amp; Tobacco (2022))</a>.</p>	
Nebraska	No.	No.			

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Nevada	No.	No.			
New Hampshire	No.	No.	<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 treatment. (<a href="#">N.H. CODE ADMIN. R. He-P 830.14(ag) (2021)</a>).</p>		
New Jersey	No.	No.			
New Mexico	No.	No.			
New York	No.	Yes.	<p>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) (2022)</a>).</p>	<p>“Psychotherapy means therapeutic services for the purpose of alleviating symptoms ... Services include tobacco use disorder treatment services.” (<a href="#">N.Y. COMP. CODES R. &amp; REGS. tit. 14, § 599.4(c)(10) (2022)</a>).</p> <p>“Mental Health Outpatient Treatment and Rehabilitative Service programs shall offer each</p>	

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				of the following services ... Psychotherapy ...” <a href="#">(N.Y. COMP. CODES R. &amp; REGS. tit. 14, § 599.8(b)(6) (2022))</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 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	



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				<p>dependence treatment. (<a href="#">OKLA. HOSP. ASS'N, <i>Advancing Tobacco Treatment</i></a>).</p> <p>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 (2018)</a>).</p>	
Oregon	Yes.	Yes.	Tobacco cessation therapy services are required in state residential substance abuse treatment facilities and psychiatric hospitals. Additionally, the Oregon Health Authority's Addictions and Mental Health Division requires residential and outpatient facilities to provide tobacco cessation services. ( <a href="#">OR. HEALTH AUTH., <i>Tobacco Free Facilities and Services</i> (2018)</a> ).		
Pennsylvania	No.	No.			

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Rhode Island	No.	No.		While tobacco dependency treatment is not required, behavioral health facilities offering community psychiatric supportive treatment must “ensure that the following services are available . . . assistance in developing and maintaining a tobacco-free lifestyle.” ( <a href="#">212-10 R.I. CODE R. § 10.10.1.6.10(A)(1)(h) (2024)</a> ).	
South Carolina	No.	No.			
South Dakota	No.	No.			“The Department of Health, its partners and stakeholders will work to diminish the devastating impact of tobacco use, focusing in four goal areas: prevent tobacco use among youth and young adults; promote quitting of all tobacco products; eliminate all types of exposure to tobacco use; and strive to achieve

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					health equity in tobacco control.” <a href="#">(South Dakota Tobacco Control State Plan 2020–2025 (2020))</a> .
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="#">(26 TEX. ADMIN. CODE § 564.901(e) (2024))</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</a>	

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				<a href="#">HEALTH, Populations of Focus).</a>	
Virginia	No.	No.			
Washington	No.	No.		The Tobacco-Free Behavioral Health Initiative “address[es] tobacco use in a sub-population disparately impacted by smoking within behavioral health . . . Addressing smoking during treatment for other substances is associated with a 25 percent increase in long-term abstinence from substance use.” <a href="#">(WASH. STATE DEP’T HEALTH, Tobacco-Free Behavioral Health Initiative).</a>	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 (2020)).</a>
West Virginia	No.	No.			
Wisconsin	No.	Yes.	“Tobacco use disorder treatment and smoke-free facility. A service shall have written policies outlining the service’s approach to assessment and treatment for concurrent tobacco use disorders, and the		

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			facility's policy regarding a smoke-free environment." ( <a href="#">WIS. ADMIN. CODE DHS 75.24(7) (2022)</a> ).		
Wyoming	No.	No.			