

March 2, 2022

Dear Chair Liebling and Committee Members:

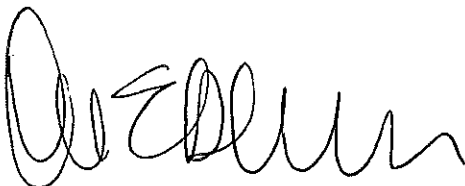
My name is Vikki Ebenhoh from South Central Human Relations Center; we provide mental health and substance use services to almost 3,000 people per year on an outpatient and residential basis. I am writing today to give you an example of how prior authorizations have been a hurdle to tobacco dependence treatment and consistency of care.

We frequently have clients enter our various programs upon their discharge from an inpatient setting (hospital) where they have been using nicotine inhalers instead of smoking at that facility. Once discharged from the hospital setting, some clients must get prior authorization to continue to use the product, which worked well for them while they were hospitalized. The nicotine inhaler typically does not need an authorization for use in the inpatient setting.

The prior authorization process usually requires gathering or reviewing medical records and can cause disruptions in treatment for the nicotine addiction long enough that sometimes clients experience enough discomfort from nicotine withdrawals that they return to tobacco use. This disruption in the continuum of care is frustrating and can have damaging effects in their mental health as well.

I am proud to work at an agency that has implemented a tobacco-free grounds policy, and we have worked hard to integrate tobacco treatment into our existing mental health and chemical health services. Your support of HF 3153 allows us to continue to improve the health and recovery for people in our community.

Sincerely,



Vikki Ebenhoh, MSN, RN, PHN  
Director of Nursing