

Understanding Assembly Bill (AB) 541: Assessment of Tobacco Use Disorder in Substance Use Disorder Recovery or Treatment Facilities

Reference: [Assembly Bill 541, Chapter 150](#) (Health and Safety Code Section 11756.5)

AB 541 Explained: Governor Newsom signed AB 541 into law on August 31, 2021, which requires licensed and/or certified substance use disorder (SUD) recovery or treatment facilities to assess each patient/client for tobacco use at intake, and to address tobacco use as part of treatment. The assessment shall include questions recommended in the most recent version of the Diagnostic and Statistical Manual of Mental Disorders (DSM) under Tobacco Use Disorder (TUD), or similar evidence-based guidance, for determining that an individual has a TUD.

Facilities are required to:

- (1) assess each patient/client for tobacco use at the time of initial intake. If the patient/client has a tobacco use disorder (TUD), then the program must:
- (2) Provide information to the patient or client on how continued use of tobacco products could affect their long-term success in recovery from SUD.
- (3) Recommend treatment for tobacco use disorder in the treatment plan.
- (4) Offer either treatment, subject to the limitation of the license or certification issued by the department, or a referral for treatment for tobacco use disorder.

“Tobacco products” (e.g., electronic smoking devices, cigarettes, cigars, smokeless tobacco, etc.) or device is defined in [Section 22950.5](#) of the Business and Professions Code.

Why is it important to require screening and treatment for Tobacco Use Disorder in SUD and Alcohol and/or other Drug (AOD) programs?

According to the [Centers for Disease Control and Prevention \(CDC\)](#), persons diagnosed with mental illness (including SUD) or those with a SUD and another mental illness are more than twice as likely to smoke cigarettes as a person without these behavioral health conditions and are more likely to die from a smoking-related illness than from their behavioral health condition. Smoking can worsen mental health symptoms and complicate treatment, and quitting can improve mental health and SUD treatment outcomes.¹ Tobacco cessation can increase positive moods long term (equivalent of an anti-depressant) and increase long-term sobriety by 25%.² Decreasing barriers to TUD treatment is a priority strategy to reducing tobacco-related health disparities for Californians with SUD.

¹ Winhusen, T., Theobald, J., Vanvelthuisen, P., Lewis, D., Sharma, G., Haynes, L., et al. (2014). A Randomized Trial of Concurrent Smoking-Cessation and Substance Use Disorder Treatment in Stimulant-Dependent Smokers. *The Journal of Clinical Psychiatry*, 75(4), 336-343.

² Prochaska, J. J., Delucchi, K., & Hall, S. M. (2004). A meta-analysis of smoking cessation interventions with individuals in substance abuse treatment or recovery. *Journal of Consulting and Clinical Psychology*, 72(6), 1144.

Which facilities in California are affected by Health and Safety Code (HSC) Section 11756.5?

HSC Section 11756.5 pertains to recovery or treatment facilities (RTFs) and AOD facilities licensed or certified by the Department of Health Care Services (DHCS).

When will HSC Section 11756.5 be implemented?

The law took effect on January 1, 2022 and enforcement will begin July 1, 2022. **DHCS has developed guidance and communication for impacted facilities through a Behavioral Health Information Notice (BHIN) letter: [BHIN 22-024](#).** Any licensed and/or certified SUD recovery or treatment facility that fails to adhere with this information notice may be cited effective July 1, 2022.

How will DHCS enforce compliance with HSC Section 11756.5?

DHCS conducts reviews of licensed and certified programs every two years, or as necessary, which includes checks for compliance with statute, regulations, and certification standards.

The California Code of Regulations (CCR), Title 9, Section 10567, and the AOD Program Certification Standards, Section 7020 requires licensed and/or certified SUD recovery or treatment facilities to complete an initial client health questionnaire for all residents and clients. [The Client Health Questionnaire and Initial Screening Questions \(DHCS 5103\) form](#) has been updated and may be used to meet the requirements of AB 541.

What type of Tobacco Use Assessment is required?

The Tobacco Use Assessment shall include questions recommended in the most recent version of the DSM under TUD, or similar evidence-based guidance, for determining that an individual has a TUD.

Evidence-based guidance regarding identification and treatment of TUD:

- [TUD Screening, Assessment, and Referral Protocols and Tobacco-Free Toolkit](#) (Smoking Cessation Leadership Center)
- [Ask, Advise, Refer Fact Sheet](#) (Kick It California)
- [Brief Interventions for Tobacco Cessation Provider Fact Sheet](#) (Kick It California)
- [Tobacco Treatment Videos and Toolkit](#) (Kick It California)
- [A Million Hearts® Action Guide – Action Steps for Clinicians](#) (CDC)
- [Clinical Cessation Tools](#) (CDC)

Is there a statewide program that supports connecting patients/clients with tobacco cessation coaches?

Yes. [Kick It California](#) (previously California Smokers' Helpline) offers various services to support connecting patients/clients to tobacco cessation coaches:

(1) Web Referral. Providers can access and utilize the [Web Referral Form](#) as a secure method of making a referral. Kick It California will proactively follow-up with the patient/client via telephone after the referral is submitted. The patient/client must consent for the release of their information (name, number, date of birth) to Kick It California.

(2) Direct Messaging referral via email (requires IT support).

(3) Electronic Health Record referral via VPN tunnel (requires IT support).

For questions and more information about how to set-up Direct Messaging or Electronic Health Record referral, please complete the [Referral Interest Form](#) and Kick It California will follow-up with you.

Will patients/clients and employees of recovery and treatment facilities be required to quit using tobacco products?

No. Patients/clients and employees of recovery and treatment facilities are not required to quit using tobacco products. Patients/clients and employees shall adhere to the respective facility tobacco policy or employee handbook for guidance on if, or where, tobacco use is permitted onsite. Individuals who use tobacco are encouraged to seek tobacco cessation coaching (e.g., cigarettes, vaping, chew, etc.) through the free statewide program [Kick It California](#). Free telephone counseling is available with a Quit Coach by calling (800) 300-8086, in addition to other free services including Quit Coach chat program, self-help resources, Alexa skills, text program, and mobile app. Services are available in multiple languages.

Per the [BHIN 22-024](#), all medications for TUD, including nicotine replacement therapies (NRT), are covered benefits for Medi-Cal members and are reimbursed through pharmacies when prescribed by licensed prescribers.

Will recovery and treatment facilities be required to adopt and implement a Tobacco-Free Campus Policy?

No, tobacco-free campus policies are not a requirement of HSC Section 11756.5. More information on how to adopt a Tobacco-Free Campus Policy to support tobacco-free recovery efforts can be provided by your [local lead agency tobacco control program](#), health department, or the [Smoking Cessation Leadership Center](#), funded by the California Tobacco Control Program (CTCP).

Where can I find educational materials and resources related to tobacco use, provider training, tobacco-related health disparities, and technical assistance?

- [Kick It California](#) – A free program that helps Californians kick smoking, vaping, and smokeless tobacco with the help of proven, science-based strategies.
- [Smoking Cessation Leadership Center](#) - Provides customized training and technical assistance for behavioral health and community residential behavioral health facilities, providers, and the clients they serve.
- [Rx for Change](#) – A comprehensive tobacco cessation training program that equips health professional students and practicing clinicians with evidence-based knowledge and skills for assisting patients with quitting tobacco.
- [CA Quits](#) – A statewide initiative to advance tobacco cessation treatment in safety net health care delivery systems.
- [Tobacco Education Clearinghouse of California](#) - Produces and distributes educational materials to support tobacco control initiatives.
- [UNDO](#) – A program of the California Department of Public Health that aims to undo the damage done by the tobacco industry.
- [Story of Inequity](#) – Tobacco’s Impact on Health Disparities in California
- [Local Tobacco Control Programs Directory](#)

Where can I find information about Certified Tobacco Treatment Specialist (CTTS) Training and/or Certification?

CTTS and/or Certification is not required by HSC Section 11756.5; however, accredited programs are available online or in-person for those interested. To learn more about CTTS programs visit the [Council for Tobacco Treatment Training Programs](#) webpage, contact your city or county [tobacco control program](#) or the [Smoking Cessation Leadership Center](#).

Staff who complete a CTTS training program and provide tobacco interventions are eligible to apply to the [National Association for Addiction Professionals \(NAADAC\)](#) to receive the National Certificate in Tobacco Treatment Practice (NCTTP).

Where can I direct questions related implementing HSC Section 11756.5?

For questions related to implementation and enforcement of HSC Section 11756.5, please contact the DHCS Behavioral Health Licensing & Certification Division Officer of the Day via e-mail at LCDQuestions@dhcs.ca.gov, or by telephone at (916) 322-3911. For questions related to cessation training, accessing educational materials, and building local partnerships with tobacco control programs or coalitions, please email CTCPC at CTCPCInbox@cdph.ca.gov.

California Department of Public Health/California Tobacco Control Program (CDPH/CTCP)

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