

Tobacco and Health Trust Fund Board Meeting

Tuesday, July 22, 2014

10:00 a.m. – 12:00 p.m.

Conference Room 2A

OPM

Hartford, Connecticut

- I. Welcome

- II. Approval of November 15, 2014 Meeting Minutes

- III. Review Status of Currently Funded Programs
Approval of Topics for Teen Kids News Series

- IV. Review of 2014 Legislative Action

Public Act 14-76, An Act Concerning the Governor's Recommendations Regarding Electronic Nicotine Delivery Systems and Youth Smoking

- V. Discussion of FY 15 Funding Recommendations
 - a. Review Past Allocations and Evaluations
 - b. Review Disbursement Recommendation Guidelines
 - c. Review Public Hearing Testimony and Recommendations
 - d. Discussion of Options for Disbursement of \$3.5 million

- VI. Next Steps

DRAFT

Meeting Summary

Tobacco and Health Trust Fund Board

November 15, 2013

2:00 p.m.

Room 2A

450 Capitol Avenue

Hartford, Connecticut

Members Present: Anne Foley, Katharine Lewis, Ellen Dornelas, Diane Becker, Patricia Checko, Robert Leighton, Geralyn Laut, Michael Rell, Cheryl Resha and Joel Rudikoff.

Members Absent: Douglas Fishman, Larry Deutsch, Ken Ferrucci, Elaine O'Keefe, Cynthia Adams, Robert Zavoiski, and Lisa Hammersley.

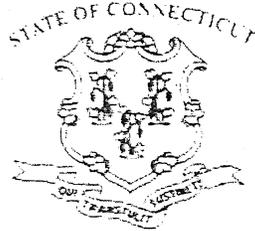
Welcome	The chair, Anne Foley, called the meeting to order at 2:05 p.m. and asked board members and others in attendance to introduce themselves.
Approval of October 2, 2013 Meeting Minutes	Diane Becker moved approval of the October 2 nd meeting minutes. The motion was seconded by Ellen Dornelas. The minutes were approved unanimously on a voice vote.
Connecticut Alliance of Boys and Girls Club	Don Maletto, Executive Director of the Connecticut Alliance of Boys and Girls Club and Stephanie Barnes, CEO/Executive Director of the New Haven Boys and Girls Club presented the Alliance's proposal. The Alliance is requesting \$179,579 for a tobacco resistance and awareness program for 10 - 14 year old members. The program will be implemented by 16 clubs that serve 39 towns and cities in all regions of the state. The program will consist of four components: Skills, Mastery and Resistance Training (Stay SMART); community forums; information centers; and a statewide anti-tobacco campaign.

<p>Review Status of Current Trust Fund Programs</p>	<p>Barbara Walsh of the Department of Public Health provided an update on the tobacco programs currently receiving trust funds. Highlights include:</p> <ul style="list-style-type: none"> • QuitLine: the current contract with Alere Wellbeing has been extended to serve additional callers through July 2014. • Media Campaign: PITA Communications is developing the media campaign that will use the Centers for Disease Control and Prevention "TIPS FROM FORMER SMOKER" ads. Focus groups with Connecticut smokers were held in October to determine ads that will best resonate in the state. Media materials and ads will be running during the month of November. • Cessation Programs: Contracts are being negotiated with nine agencies. • Program Evaluation: The University of North Carolina at Chapel Hill was awarded a contract to evaluate the community cessation, media and QuitLine projects.
<p>Review Status of Trust Funds</p>	<p>The chair provided an update on the status of the trust funds. Funding will be available in 2014 and 2015 to cover earmarks and board recommendations. Funding for 2016 is uncertain and legislation suspends board activities from July 1, 2015 to June 30, 2016. The board agreed to support legislation to eliminate the suspension of the board's operation from July 1, 2015 to June 30, 2016.</p>
<p>Executive Session Discussion of 2013 Funding Recommendations</p>	<p>Patricia Checko moved to go into executive session to discuss 2014 funding recommendations. The motion was seconded by Joel Rudikoff. The motion was approved on a voice vote.</p> <p>The Board came out of executive session at 3:35 p.m.</p>

	<p>Patricia Checko moved approval of the board's funding recommendations for 2014.</p> <p>The motion was seconded by Michael Rell. The motion was approved on a voice vote with 3 abstentions by Ellen Dornelas, Geralyn Laut and Katharine Lewis.</p>
Next Steps	<p>The draft 2013 Tobacco and Health Trust Fund Report will be prepared and distributed to members for comments.</p> <p>The chair announced that a survey will be circulated to determine board members' availability for the next meeting.</p> <p>The board meeting adjourned at 3:55 p.m.</p>

Preliminary Teen Kids News Story Topics for: The Tobacco & Health Trust Fund Board Series

1. **Overview on Cigarettes & Other Tobacco Related Products** – this story will set the stage for the series by exploring the prevalence of smoking among today's teens. How Connecticut teens compare to national averages. And hear from teens on why they do or don't smoke or use tobacco products.
2. **Tar Wars** – we'll meet the 6th grader who recently won the Torrington, CT Tar Wars Poster Contest and is on his way to Washington, DC, later this month, to present at the DC Tar Wars. We'll interview him and other teens who participated, as well as the coordinator of the program in CT.
3. **Health Risks You May Not Know About** – there's so much more for teens to know about than just the danger of lung cancer. Things like: gum disease; anxiety disorders; panic attacks; depression and even wrinkles can all be caused by smoking. We intended to reach out to an expert from the Connecticut Children's Medical Center.
4. **How Can I Get My Boyfriend/Girlfriend to Stop Smoking** – tips on how to accomplish this goal. Including experts such as, Dana Cavallo, PhD from Yale University, the author of *Clinical Practice Guidelines: Effective Smoking Cessation for Teens*. We'll hear from teens about how they've succeeded in helping their boy or girlfriend quit.
5. **Smoking Replacement Therapies** – there are numerous products on the market today. For example, patches; gum; pills; e-cigarettes, etc. But are any of these appropriate for teens? We'll have an expert(s) weigh in on the topic.
6. **The E-Cigarettes Controversy** – we'll explain what e-cigarettes are and how they work. Why are they controversial? Are they safe for teens to use? Are they becoming a trend among teens who think them safer than traditional cigarettes?



Substitute Senate Bill No. 24

Public Act No. 14-76

AN ACT CONCERNING THE GOVERNOR'S RECOMMENDATIONS REGARDING ELECTRONIC NICOTINE DELIVERY SYSTEMS AND YOUTH SMOKING PREVENTION.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

Section 1. (NEW) (*Effective October 1, 2014*) (a) As used in this section:

- (1) "Electronic nicotine delivery system" means an electronic device that may be used to simulate smoking in the delivery of nicotine or other substance to a person inhaling from the device, and includes, but is not limited to, an electronic cigarette, electronic cigar, electronic cigarillo, electronic pipe or electronic hookah and any related device and any cartridge or other component of such device;
- (2) "Cardholder" means any person who presents a driver's license or an identity card to a seller or seller's agent or employee, to purchase or receive an electronic nicotine delivery system or vapor product from such seller or seller's agent or employee;
- (3) "Identity card" means an identification card issued in accordance with the provisions of section 1-1h of the general statutes;
- (4) "Transaction scan" means the process by which a seller or seller's agent or employee checks, by means of a transaction scan device, the validity of a driver's license or an identity card;
- (5) "Transaction scan device" means any commercial device or combination of devices used at a point of sale that is capable of deciphering in an electronically readable format

the information encoded on the magnetic strip or bar code of a driver's license or an identity card;

(6) "Sale" or "sell" means an act done intentionally by any person, whether done as principal, proprietor, agent, servant or employee, of transferring, or offering or attempting to transfer, for consideration, an electronic nicotine delivery system or vapor product, including bartering or exchanging, or offering to barter or exchange, an electronic nicotine delivery system or vapor product;

(7) "Give" or "giving" means an act done intentionally by any person, whether done as principal, proprietor, agent, servant or employee, of transferring, or offering or attempting to transfer, without consideration, an electronic nicotine delivery system or vapor product;

(8) "Deliver" or "delivering" means an act done intentionally by any person, whether as principal, proprietor, agent, servant or employee, of transferring, or offering or attempting to transfer, physical possession or control of an electronic nicotine delivery system or vapor product; and

(9) "Vapor product" means any product that employs a heating element, power source, electronic circuit or other electronic, chemical or mechanical means, regardless of shape or size, to produce a vapor that may or may not include nicotine, that is inhaled by the user of such product.

(b) Any person who sells, gives or delivers to any minor under eighteen years of age an electronic nicotine delivery system or vapor product, unless the minor is delivering or accepting delivery in such person's capacity as an employee, in any form shall be fined not more than two hundred dollars for the first offense, not more than three hundred fifty dollars for a second offense within an eighteen-month period and not more than five hundred dollars for each subsequent offense within an eighteen-month period.

(c) Any person under eighteen years of age who purchases or misrepresents such person's age to purchase an electronic nicotine delivery system or vapor product in any form or possesses an electronic nicotine delivery system or vapor product in any form in any public place shall be fined not more than fifty dollars for the first offense and not less than fifty dollars or more than one hundred dollars for each subsequent offense. For purposes of this subsection "public place" means any area that is used or held out for use by the public whether owned or operated by public or private interests.

(d) (1) A seller or seller's agent or employee may perform a transaction scan to check the validity of a driver's license or identity card presented by a cardholder as a condition for selling, giving or otherwise delivering an electronic nicotine delivery system or vapor product to the cardholder.

(2) If the information deciphered by the transaction scan performed under subdivision (1) of this subsection fails to match the information printed on the driver's license or identity card presented by the cardholder, or if the transaction scan indicates that the information so printed is false or fraudulent, neither the seller nor any seller's agent or employee shall sell, give or otherwise deliver any electronic nicotine delivery system or vapor product to the cardholder.

(3) Subdivision (1) of this subsection does not preclude a seller or seller's agent or employee from using a transaction scan device to check the validity of a document other than a driver's license or an identity card, if the document includes a bar code or magnetic strip that may be scanned by the device, as a condition for selling, giving or otherwise delivering an electronic nicotine delivery system or vapor product to the person presenting the document.

(e) (1) No seller or seller's agent or employee shall electronically or mechanically record or maintain any information derived from a transaction scan, except the following: (A) The name and date of birth of the person listed on the driver's license or identity card presented by a cardholder; and (B) the expiration date and identification number of the driver's license or identity card presented by a cardholder.

(2) No seller or seller's agent or employee shall use a transaction scan device for a purpose other than the purposes specified in subsection (d) of this section, subsection (d) of section 53-344 of the general statutes or subsection (c) of section 30-86 of the general statutes.

(3) No seller or seller's agent or employee shall sell or otherwise disseminate the information derived from a transaction scan to any third party, including, but not limited to, selling or otherwise disseminating that information for any marketing, advertising or promotional activities, but a seller or seller's agent or employee may release that information pursuant to a court order.

(4) Nothing in subsection (d) of this section or this subsection relieves a seller or seller's agent or employee of any responsibility to comply with any other applicable state or federal laws or rules governing selling, giving or otherwise delivering electronic nicotine delivery systems or vapor products.

(5) Any person who violates this subsection shall be subject to a civil penalty of not more than one thousand dollars.

(f) (1) In any prosecution of a seller or seller's agent or employee for a violation of subsection (b) of this section, it shall be an affirmative defense that all of the following occurred: (A) A cardholder attempting to purchase or receive an electronic nicotine delivery system or vapor product presented a driver's license or an identity card; (B) a

transaction scan of the driver's license or identity card that the cardholder presented indicated that the license or card was valid; and (C) the electronic nicotine delivery system or vapor product was sold, given or otherwise delivered to the cardholder in reasonable reliance upon the identification presented and the completed transaction scan.

(2) In determining whether a seller or seller's agent or employee has proven the affirmative defense provided by subdivision (1) of this section, the trier of fact in such prosecution shall consider that reasonable reliance upon the identification presented and the completed transaction scan may require a seller or seller's agent or employee to exercise reasonable diligence and that the use of a transaction scan device does not excuse a seller or seller's agent or employee from exercising such reasonable diligence to determine the following: (A) Whether a person to whom the seller or seller's agent or employee sells, gives or otherwise delivers an electronic nicotine delivery system or vapor product is eighteen years of age or older; and (B) whether the description and picture appearing on the driver's license or identity card presented by a cardholder is that of the cardholder.

(g) Each seller of electronic nicotine delivery systems or vapor products or such seller's agent or employee shall require a person who is purchasing or attempting to purchase an electronic nicotine delivery system or vapor product, whose age is in question, to exhibit proper proof of age. If a person fails to provide such proof of age, such seller or seller's agent or employee shall not sell an electronic nicotine delivery system or vapor product to the person. As used in this subsection, "proper proof" means a motor vehicle operator's license, a valid passport or an identity card issued in accordance with the provisions of section 1-1h of the general statutes.

Sec. 2. Section 12-295a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2014*):

(a) If the Commissioner of Revenue Services finds, after a hearing, that a minor has purchased cigarettes or tobacco products, said commissioner shall assess such minor a civil penalty of not more than one hundred dollars for the first violation and not more than one hundred fifty dollars for any second or subsequent offense within twenty-four months after the first violation.

(b) If said commissioner finds, after a hearing, that any person employed by a dealer or distributor, as defined in section 12-285, has sold, given or delivered cigarettes or tobacco products to a minor other than a minor who is delivering or accepting delivery in his capacity as an employee, said commissioner shall, [assess such person a civil penalty of two hundred dollars] for the first violation, [and] require such person to successfully complete an online tobacco prevention education program administered by the Department of Mental Health and Addiction Services not later than thirty days after

said commissioner's finding. Said commissioner shall assess any person who fails to complete such program a civil penalty of two hundred dollars. Said commissioner shall assess any person employed by a dealer or distributor a civil penalty of two hundred fifty dollars for a second or subsequent violation within [eighteen] ~~twenty-four~~ months after the first violation.

(c) If said commissioner finds, after a hearing, that any dealer or distributor has sold, given or delivered cigarettes or tobacco products to a minor other than a minor who is delivering or accepting delivery in his capacity as an employee, or such dealer or distributor's employee has sold, given or delivered cigarettes or tobacco products to such minor, said commissioner shall [assess] require such dealer or distributor, [a civil penalty of three hundred dollars] for the first violation, [and] to successfully complete an online tobacco prevention education program administered by the Department of Mental Health and Addiction Services not later than thirty days after said commissioner's finding. Said commissioner shall assess any dealer or distributor who fails to complete such program a civil penalty of three hundred dollars. Said commissioner shall assess any dealer or distributor a civil penalty of seven hundred fifty dollars for a second violation within [eighteen] ~~twenty-four~~ months of the first violation. For a third violation within [eighteen] ~~twenty-four~~ months of the first violation, such dealer or distributor shall be assessed a civil penalty of seven hundred fifty dollars and any license held by such dealer or distributor under this chapter shall be suspended for not less than thirty days.

(d) If said commissioner finds, after a hearing, that any owner of an establishment in which a cigarette vending machine or restricted cigarette vending machine is located has sold, given or delivered cigarettes or tobacco products from any such machine to a minor other than a minor who is delivering or accepting delivery in his capacity as an employee, or has allowed cigarettes or tobacco products to be sold, given or delivered to such minor from any such machine, said commissioner shall [assess] require such owner, [a civil penalty of five hundred dollars] for the first violation, [and] to successfully complete an online tobacco prevention education program administered by the Department of Mental Health and Addiction Services not later than thirty days after said commissioner's finding. Said commissioner shall assess any owner who fails to complete such program a civil penalty of five hundred dollars. Said commissioner shall assess any owner a civil penalty of seven hundred fifty dollars for a second violation within [eighteen] ~~twenty-four~~ months of the first violation. For a third violation within [eighteen] ~~twenty-four~~ months of the first violation, such owner shall be assessed a civil penalty of seven hundred fifty dollars and any such machine shall be immediately removed from such establishment and no such machine may be placed in such establishment for a period of one year following such removal.

(e) Any person aggrieved by any action of the commissioner pursuant to this section may take any appeal of such action as provided in sections 12-311 and 12-312.

Sec. 3. (NEW) (*Effective October 1, 2014*) Any person who violates the provisions of subdivision (1) of subsection (a) of section 12-314 of the general statutes shall be fined not more than two hundred dollars for the first offense, not more than three hundred dollars for the second offense within twenty-four months of the first offense, and not more than five hundred dollars for the third or subsequent offense within twenty-four months of the first offense.

Sec. 4. Section 4-28f of the 2014 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2014*):

(a) There is created a Tobacco and Health Trust Fund which shall be a separate nonlapsing fund. The purpose of the trust fund shall be to create a continuing significant source of funds to (1) support and encourage development of programs to reduce tobacco abuse through prevention, education and cessation programs, (2) support and encourage development of programs to reduce substance abuse, and (3) develop and implement programs to meet the unmet physical and mental health needs in the state.

(b) The trust fund may accept transfers from the Tobacco Settlement Fund and may apply for and accept gifts, grants or donations from public or private sources to enable the trust fund to carry out its objectives.

(c) The trust fund shall be administered by a board of trustees, except that the board shall suspend its operations from July 1, 2003, to June 30, 2005, inclusive, [and from July 1, 2015, to June 30, 2016, inclusive.] The board shall consist of seventeen trustees. The appointment of the initial trustees shall be as follows: (1) The Governor shall appoint four trustees, one of whom shall serve for a term of one year from July 1, 2000, two of whom shall serve for a term of two years from July 1, 2000, and one of whom shall serve for a term of three years from July 1, 2000; (2) the speaker of the House of Representatives and the president pro tempore of the Senate each shall appoint two trustees, one of whom shall serve for a term of two years from July 1, 2000, and one of whom shall serve for a term of three years from July 1, 2000; (3) the majority leader of the House of Representatives and the majority leader of the Senate each shall appoint two trustees, one of whom shall serve for a term of one year from July 1, 2000, and one of whom shall serve for a term of three years from July 1, 2000; (4) the minority leader of the House of Representatives and the minority leader of the Senate each shall appoint two trustees, one of whom shall serve for a term of one year from July 1, 2000, and one of whom shall serve for a term of two years from July 1, 2000; and (5) the Secretary of the Office of Policy and Management, or the secretary's designee, shall serve as an ex-officio voting member. Following the expiration of such initial terms, subsequent trustees shall serve for a term of three years. The period of suspension of the board's operations from July 1, 2003, to June 30, 2005, inclusive, [and from July 1, 2015, to June 30, 2016, inclusive,] shall not be included in the term of any trustee serving on July 1,

2003, [or July 1, 2015.] The trustees shall serve without compensation except for reimbursement for necessary expenses incurred in performing their duties. The board of trustees shall establish rules of procedure for the conduct of its business which shall include, but not be limited to, criteria, processes and procedures to be used in selecting programs to receive money from the trust fund. The trust fund shall be within the Office of Policy and Management for administrative purposes only. The board of trustees shall meet not less than biannually, except during the fiscal years ending June 30, 2004, and June 30, 2005, [and June 30, 2016,] and, not later than January first of each year, except during the fiscal years ending June 30, 2004, and June 30, 2005, [and June 30, 2016,] shall submit a report of its activities and accomplishments to the joint standing committees of the General Assembly having cognizance of matters relating to public health and appropriations and the budgets of state agencies, in accordance with section 11-4a.

(d) (1) During the period commencing July 1, 2000, and ending June 30, 2003, the board of trustees, by majority vote, may recommend authorization of disbursement from the trust fund for the purposes described in subsection (a) of this section and section [19a-6c] 19a-6d, provided the board may not recommend authorization of disbursement of more than fifty per cent of net earnings from the principal of the trust fund for such purposes. For the fiscal year commencing July 1, 2005, and each fiscal year thereafter, the board may recommend authorization of the net earnings from the principal of the trust fund for such purposes. For the fiscal year ending June 30, 2009, and each fiscal year thereafter, the board may recommend authorization of disbursement for such purposes of (A) up to one-half of the annual disbursement from the Tobacco Settlement Fund to the Tobacco and Health Trust Fund from the previous fiscal year, pursuant to section 4-28e, up to a maximum of six million dollars per fiscal year, and (B) the net earnings from the principal of the trust fund from the previous fiscal year. For the fiscal [years] year ending June 30, 2014, and [June 30, 2015] each fiscal year thereafter, the board may recommend authorization of disbursement of up to [three million dollars per fiscal year from the trust fund for such purposes. For the fiscal year ending June 30, 2017, and each fiscal year thereafter, the board may recommend authorization of disbursement for such purposes of (A) up to one-half of the annual disbursement from the Tobacco Settlement Fund to the Tobacco and Health Trust Fund from the previous fiscal year, pursuant to section 4-28e, up to a maximum of six million dollars per fiscal year, and (B) the net earnings from the principal of the trust fund from the previous fiscal year] the total unobligated balance remaining in the trust fund after disbursement in accordance with the provisions of the general statutes and relevant special and public acts for such purposes, not to exceed twelve million dollars per fiscal year. The board's recommendations shall give (i) priority to programs that address tobacco and substance abuse and serve minors, pregnant women and parents of young children, and (ii) consideration to the availability of private matching funds. Recommended disbursements from the trust fund shall be in addition to any resources that would otherwise be appropriated by the state for such purposes and programs.

(2) Except during the fiscal years ending June 30, 2004, and June 30, 2005, [and June 30, 2016,] the board of trustees shall submit such recommendations for the authorization of disbursement from the trust fund to the joint standing committees of the General Assembly having cognizance of matters relating to public health and appropriations and the budgets of state agencies. Not later than thirty days after receipt of such recommendations, said committees shall advise the board of their approval, modifications, if any, or rejection of the board's recommendations. If said joint standing committees do not concur, the speaker of the House of Representatives, the president pro tempore of the Senate, the majority leader of the House of Representatives, the majority leader of the Senate, the minority leader of the House of Representatives and the minority leader of the Senate each shall appoint one member from each of said joint standing committees to serve as a committee on conference. The committee on conference shall submit its report to both committees, which shall vote to accept or reject the report. The report of the committee on conference may not be amended. If a joint standing committee rejects the report of the committee on conference, the board's recommendations shall be deemed approved. If the joint standing committees accept the report of the committee on conference, the joint standing committee having cognizance of matters relating to appropriations and the budgets of state agencies shall advise the board of said joint standing committees' approval or modifications, if any, of the board's recommended disbursement. If said joint standing committees do not act within thirty days after receipt of the board's recommendations for the authorization of disbursement, such recommendations shall be deemed approved. Disbursement from the trust fund shall be in accordance with the board's recommendations as approved or modified by said joint standing committees.

(3) After such recommendations for the authorization of disbursement have been approved or modified pursuant to subdivision (2) of this subsection, any modification in the amount of an authorized disbursement in excess of fifty thousand dollars or ten per cent of the authorized amount, whichever is less, shall be submitted to said joint standing committees and approved, modified or rejected in accordance with the procedure set forth in subdivision (2) of this subsection. Notification of all disbursements from the trust fund made pursuant to this section shall be sent to the joint standing committees of the General Assembly having cognizance of matters relating to public health and appropriations and the budgets of state agencies, through the Office of Fiscal Analysis.

(4) The board of trustees shall, not later than February first of each year, except during the fiscal years ending June 30, 2004, and June 30, 2005, [and June 30, 2016,] submit a report to the General Assembly, in accordance with the provisions of section 11-4a, that includes all disbursements and other expenditures from the trust fund and an evaluation of the performance and impact of each program receiving funds from the trust fund. Such report shall also include the criteria and application process used to select programs to receive such funds.

Sec. 5. Subdivision (2) of subsection (e) of section 53-344 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2014*):

(2) No seller or seller's agent or employee shall use a transaction scan device for a purpose other than the purposes specified in subsection (e) of section 1 of this act, subsection (d) of this section or subsection (c) of section 30-86.

Sec. 6. Subdivision (2) of subsection (d) of section 30-86 of the 2014 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2014*):

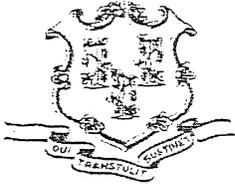
(2) No permittee or permittee's agent or employee shall use a transaction scan device for a purpose other than the purposes specified in subsection (e) of section 1 of this act, subsection (c) of this section or subsection (d) of section 53-344.

Sec. 7. Subsection (b) of section 51-164n of the 2014 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2014*):

(b) Notwithstanding any provision of the general statutes, any person who is alleged to have committed (1) a violation under the provisions of subsection (c) of section 1 of this act or section 3 of this act, section 1-9, 1-10, 1-11, 4b-13, 7-13, 7-14, 7-35, 7-41, 7-83, 7-283, 7-325, 7-393, 8-12, 8-25, 8-27, 9-63, 9-322, 9-350, 10-193, 10-197, 10-198, 10-230, 10-251, 10-254, 12-52, 12-170aa, 12-292 or 12-326g, subdivision (4) of section 12-408, subdivision (3), (5) or (6) of section 12-411, section 12-435c, 12-476a, 12-476b, 12-487, 13a-71, 13a-107, 13a-113, 13a-114, 13a-115, 13a-117b, 13a-123, 13a-124, 13a-139, 13a-140, 13a-143b, 13a-247 or 13a-253, subsection (f) of section 13b-42, section 13b-90, 13b-221, 13b-292, 13b-336, 13b-337, 13b-338, 13b-410a, 13b-410b or 13b-410c, subsection (a), (b) or (c) of section 13b-412, section 13b-414, subsection (d) of section 14-12, section 14-20a or 14-27a, subsection (e) of section 14-34a, subsection (d) of section 14-35, section 14-43, 14-49, 14-50a or 14-58, subsection (b) of section 14-66, section 14-66a, 14-66b or 14-67a, subsection (g) of section 14-80, subsection (f) of section 14-80h, section 14-97a, 14-100b, 14-103a, 14-106a, 14-106c, 14-146, 14-152, 14-153 or 14-163b, a first violation as specified in subsection (f) of section 14-164i, section 14-219 as specified in subsection (e) of said section, subdivision (1) of section 14-223a, section 14-240, 14-249, 14-250 or 14-253a, subsection (a) of section 14-261a, section 14-262, 14-264, 14-267a, 14-269, 14-270, 14-275a, 14-278 or 14-279, subsection (e) or (h) of section 14-283, section 14-291, 14-293b, 14-296aa, 14-319, 14-320, 14-321, 14-325a, 14-326, 14-330 or 14-332a, subdivision (1), (2) or (3) of section 14-386a, section 15-25 or 15-33, subdivision (1) of section 15-97, subsection (a) of section 15-115, section 16-44, 16-256e, 16a-15 or 16a-22, subsection (a) or (b) of section 16a-22h, section 17a-24, 17a-145, 17a-149, 17a-152, 17a-465, 17a-642, 17b-124, 17b-131, 17b-137 or 17b-734, subsection (b) of section 17b-736, section 19a-30, 19a-33, 19a-39 or 19a-87, subsection (b) of section 19a-87a, section 19a-91, 19a-105, 19a-107, 19a-113, 19a-215, 19a-219, 19a-222, 19a-224, 19a-286, 19a-287, 19a-297, 19a-301, 19a-309, 19a-335, 19a-336, 19a-338, 19a-339,

19a-340, 19a-425, 19a-502, 20-7a, 20-14, 20-158, 20-231, 20-249, 20-257, 20-265, 20-324e, 20-341l, 20-366, 20-597, 20-608, 20-610, 21-1, 21-30, 21-38, 21-39, 21-43, 21-47, 21-48, 21-63 or 21-76a, subdivision (1) of section 21a-19, section 21a-21, subdivision (1) of subsection (b) of section 21a-25, section 21a-26 or 21a-30, subsection (a) of section 21a-37, section 21a-46, 21a-61, 21a-63 or 21a-77, subsection (b) of section 21a-79, section 21a-85 or 21a-154, subdivision (1) of subsection (a) of section 21a-159, subsection (a) of section 21a-279a, section 22-12b, 22-13, 22-14, 22-15, 22-16, 22-29, 22-34, 22-35, 22-36, 22-38, 22-39, 22-39a, 22-39b, 22-39c, 22-39d, 22-39e, 22-49, 22-54, 22-61, 22-89, 22-90, 22-98, 22-99, 22-100, 22-111o, 22-167, 22-279, 22-280a, 22-318a, 22-320h, 22-324a, 22-326 or 22-342, subsection (b), (e) or (f) of section 22-344, section 22-359, 22-366, 22-391, 22-413, 22-414, 22-415, 22a-66a or 22a-246, subsection (a) of section 22a-250, subsection (e) of section 22a-256h, section 22a-363 or 22a-381d, subsections (c) and (d) of section 22a-381e, section 22a-449, 22a-461, 23-37, 23-38, 23-46 or 23-61b, subsection (a) or subdivision (1) of subsection (c) of section 23-65, section 25-37 or 25-40, subsection (a) of section 25-43, section 25-43d, 25-135, 26-16, 26-18, 26-19, 26-21, 26-31, 26-40, 26-40a, 26-42, 26-49, 26-54, 26-55, 26-56, 26-58 or 26-59, subdivision (1) of subsection (d) of section 26-61, section 26-64, subdivision (1) of section 26-76, section 26-79, 26-87, 26-89, 26-91, 26-94, 26-97, 26-98, 26-104, 26-105, 26-107, 26-117, 26-128, 26-131, 26-132, 26-138 or 26-141, subdivision (1) of section 26-186, section 26-207, 26-215, 26-217 or 26-224a, subdivision (1) of section 26-226, section 26-227, 26-230, 26-232, 26-244, 26-257a, 26-260, 26-276, 26-284, 26-285, 26-286, 26-288, 26-294, 28-13, 29-6a, 29-25, 29-109, 29-143o, 29-143z or 29-156a, subsection (b), (d), (e) or (g) of section 29-161q, section 29-161y or 29-161z, subdivision (1) of section 29-198, section 29-210, 29-243 or 29-277, subsection (c) of section 29-291c, section 29-316, 29-318, 29-381, 30-48a, 30-86a, 31-3, 31-10, 31-11, 31-12, 31-13, 31-14, 31-15, 31-16, 31-18, 31-23, 31-24, 31-25, 31-32, 31-36, 31-38, 31-38a, 31-40, 31-44, 31-47, 31-48, 31-51, 31-51k, 31-52, 31-52a or 31-54, subsection (a) or (c) of section 31-69, section 31-70, 31-74, 31-75, 31-76, 31-76a, 31-89b or 31-134, subsection (i) of section 31-273, section 31-288, subdivision (1) of section 35-20, section 36a-787, 42-230, 45a-283, 45a-450, 45a-634 or 45a-658, subdivision (13) or (14) of section 46a-54, section 46a-59, 46b-22, 46b-24, 46b-34, 47-34a, 47-47, 49-8a, 49-16, 53-133, 53-199, 53-212a, 53-249a, 53-252, 53-264, 53-280, 53-302a, 53-303e, 53-311a, 53-321, 53-322, 53-323, 53-331, 53-344, as amended by this act, or 53-450, or (2) a violation under the provisions of chapter 268, or (3) a violation of any regulation adopted in accordance with the provisions of section 12-484, 12-487 or 13b-410, or (4) a violation of any ordinance, regulation or bylaw of any town, city or borough, except violations of building codes and the health code, for which the penalty exceeds ninety dollars but does not exceed two hundred fifty dollars, unless such town, city or borough has established a payment and hearing procedure for such violation pursuant to section 7-152c, shall follow the procedures set forth in this section.

Approved June 3, 2014



STATE OF CONNECTICUT
OFFICE OF POLICY AND MANAGEMENT

May 20, 2014

TO: Anne Foley, Undersecretary

FROM: Joan Soulsby, Principal Budget Specialist

SUBJ: 2014 Legislative Action re: the Tobacco and Health Trust Fund

You asked for a summary of legislation enacted during the General Assembly's 2014 Session as it relates to the Tobacco and Health Trust Fund (THTF). A number of substantive changes were made, including:

Policy Change	Enabling Legislation	Impact
An additional \$25,000 will be transferred to DPH during the coming fiscal year to support 5 Regional Emergency Medical Services (EMS) Coordinators. Updated salary & fringe benefits costs led to the needed increase.	Section 28, PA 14-47 (An Act Making Adjustments to State Expenditures and Revenues for the Fiscal Year Ending June 30, 2015 – <i>awaiting Governor's signature</i>)	The obligated balance in the THTF is increased by \$25,000.
An additional \$1.0 million is transferred from the THTF to the state's General Fund in FY 2014.	Section 214, Bill 5597 (An Act Implementing the Provisions of the State Budget for the Fiscal Year Ending June 30, 2015 – <i>awaiting Governor's signature</i>)	The principal in the Fund will be reduced by an additional \$1.0 million before 6/30/14.
An additional \$3.0 million is transferred from the THTF to the state's General Fund in FY 2015. ¹	Section 215, Bill 5597	The principal in the Fund will be reduced by an additional \$3.0 million before 6/30/15.
Operation of the THTF Board of Trustees is reinstated during FY 2016.	Section 4, PA 14-76 (An Act Concerning the Governor's Recommendations Regarding Electronic Nicotine Delivery Systems and Youth Smoking Prevention – <i>awaiting Governor's signature</i>)	
The amount that the Board may recommend disbursement of is	Section 4, PA 14-76	Will increase the amount available for recommended

¹ Transfer assumed post April 2015.

<p>modified. It will now be an amount up to the unobligated balance in the THTF, subject to a \$12.0 million cap. Prior law set the amount at up to \$3.0 million in each year of the 2014-2015 biennium, reverting to up to one-half of the annual disbursement from the Tobacco Settlement Fund (TSF) to the THTF annually (with \$6.0 million cap).</p>		<p>disbursement in FY 2015 by approximately \$0.5 million.</p> <p>Future impact unknown, as the unobligated balance in any given year will be dependent upon final legislative action (i.e., amount transferred to THTF from TSF; budgeted transfers from THTF for activities other than Board recommendations).</p>
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An accounting of the Fund's status follows:

Balance - as of 5/9/14	\$19,885,123
Prior Year Obligations Not Yet Paid	(\$3,567,630)
2014 Obligations Not Yet Paid ²	(\$5,880,660)
\$1.0 m reduction – Sec. 214 Bill 5597	<u>(\$1,000,000)</u>
Subtotal ³	\$9,436,833
<u>FY 2015 Budgeted Transfers from Fund:</u>	
CT Health Information Network (CHIN) – UCHC	\$500,000
Easy Breathing/Pediatric – DPH	\$250,000
Easy Breathing/Adult – DPH	\$150,000
Asthma Environmental Awareness – DPH	\$150,000
Regional EMS Coordinators – DPH	\$525,000
Autism Feasibility Study Recommendations – DDS	\$750,000
Medicaid Smoking Cessation – DSS	\$3,400,000
UConn – Medicaid Partnership (DSS)	<u>\$200,000</u>
Subtotal – Budgeted Transfers	<u>(5,925,000)</u>
Unobligated Balance (Available to Board)	\$3,511,833

Please don't hesitate to contact me if I can provide further assistance.

cc: Pam Trotman, OPM
Kelly Sinko, OPM

² Assumes no expenditures will be made during FY 2014 from \$500,000 budgeted to implement Autism Feasibility Study recommendations.

³ Amount will be minimally increased by interest earnings. Since 7/1/14, a total of \$23,522.48 in interest earnings have been posted to the THTF.

Past Allocation and Evaluations

Tobacco and Health Trust Fund Board

Allocations and Evaluation Results

2002-2013

The following chart is a list of programs that have received funding from the Tobacco and Health Trust fund since 2003 including a summary of the key evaluation findings.

Cessation Programs			
Year	Program	Disbursement	Evaluation
2003-2004	Local community based cessation programs.	\$700,000	N/A
2008	Community health centers cessation programs for pregnant women and women of childbearing age.	\$700,000 program \$100,000 evaluation	A total of 1,607 persons enrolled and 308 completed the program. 15.1% of those served quit, at a cost per quit of \$4,155 with NRT and \$3,751 without NRT.
2009-2010	Community and specialized tobacco treatment programs and individuals with serious mental illness.	\$3,162,456	<p>The average quit rate was 23.8% and the cost per quit was \$807 for all programs. The evaluation showed that the majority of the enrollees were female, aged 45, had a high school diploma or less, and very low annual incomes, with some form of government-sponsored insurance.</p> <p>Most of the enrollees (80%) were referred by a physical or mental health care provider. Approximately two-thirds of enrollees attended three or more counseling sessions.</p> <p>Community-Based Tobacco Cessation Programs served a total of 3,327. Programs for Individuals with Serious Mental Illness served a total of 1,868 clients with behavioral health issues.</p>
2012	Community Cessation Programs.	\$1,481,630	Pending
2012-2013	Department of Correction smoking cessation program for inmates under the jurisdiction of the department.	\$974,653	Pending
Total		\$7,118,739	

Quit Line

Quit Line			
2003-2013	Quit Line services and web-based tobacco use cessation coaching that assist resident in their efforts to quit tobacco use through individualized counseling, information, self-help materials and nicotine replacement therapy.	\$7,149,084	<p>From 2002-2013 a total of 49,941 residents were served through the QuitLine. The quit rate at the 7 month follow-up was 27% (13,484 residents) at a cost per quit of \$475. The actual cost per quit for 2011-2012 was \$1,147.</p> <p>The latest evaluation of the QuitLine (March 2013) showed that registrations have increased steadily over the past three years (2010-2012). In 2012 a new high was reached with over 11,000 QuitLine registrants. The QuitLine serve 11,187 residents in 2012, as compared with 7,154 in 2011. More than 9 out of 10 callers who registered were tobacco users seeking help to quit. The increase in enrollment numbers may in part be a reflection of the successful outreach and media efforts.</p>
Total		\$7,149,630	
Counter-Marketing			
2002	Update Tobacco Free Connecticut Website and television ads targeting adult males	\$400,000	N/A
2007-2012	Campaign aimed at reducing tobacco use among youth and adults	\$6,100,000	<p>Evaluation results of the youth counter-marketing campaign showed that exposure to the campaign significantly impacted attitudes about smoking. Participants who were exposed to campaign messages had significantly stronger anti-tobacco attitudes than those not exposed.</p> <p>Adult Cessation Media Impact on QuitLine Call Volume The evaluation showed that residents exposed to cessation ads at a higher frequency and for a longer amount of time, resulted in an increase in registration numbers to the QuitLine. As a result of the media campaign QuitLine achieved a promotional reach of 2.02% (cigarette users), which is higher than the average reach of other state QuitLines.</p>
Total		\$6,100,000	
Prevention Programs			
2009	School Based Tobacco Prevention and Tobacco	\$500,000	<p>The evaluation showed that revising the curriculum to include tobacco prevention activities was a long and difficult process. There was more success incorporating tobacco prevention activities into afterschool programs such as school enhancement, life skills and leadership. Also, offering tobacco cessation services to students and staff was not well received, with the exception of on-line</p>

			cessation programs. A total of 2,869 youth participated in the tobacco prevention program.
2010	Tobacco Prevention For School Aged Children	\$500,000	The evaluation showed that programs implemented the tobacco prevention programs relatively quickly. Programs took a broad approach, focusing on tobacco prevention as one aspect of an overall wellness and health program. Many of the youth reached were already smoking and or using other drugs. Several programs showed an increase in tobacco knowledge and attitudes against tobacco use and increased numbers of youth reported that they did not intent to smoke.
2013	Prevention Programs include: Teen Kids News; Statewide Tobacco Education Program; and Smoking Prevention Connecticut Alliance of Boys and Girls Clubs	\$572,963	N/A
Total		\$1,572,963	

Innovative Programs

2010	Innovative Projects including programs for: 5-14 year olds in summer camp and youth programs outside of school; K-8 th graders and high school aged youth	\$477,745	Individual program evaluation results: ERASE-STEP -the majority of children of all ages came to the program knowing that smoking was risky. The younger children were more likely not to know the dangers of smoking, and therefore showed a greater difference between the pre and post survey results. Education Connection Kids Can Program - Pre-post comparisons of elementary and middle school students indicated that, for both groups, students perceived themselves as knowing more about a number of tobacco related topics after completion of the program. American Lung Association Teens Against Tobacco Use -. Post test results showed a generally greater understanding than pre-test results of the importance of not using tobacco and the addictiveness of tobacco.
Total		\$477,745	

Lung Cancer Pilot

2010 -2013	Support a feasibility study of the development if a statewide bio-repository for tumor tissue and a demonstration project for lung tissue and serum bio-repository.	\$500,000	The evaluation of the Feasibility Study found that the study largely accomplished its objectives, despite its delayed implementation and reporting. The evaluation of the Demonstration Project concludes that essentially, none of the three components was fully implemented. All projects fell short of securing participation and Institutional Review Board (IRB) approvals of other hospitals. The components of the Common Agreement White Paper for a Statewide Virtual Biorepository were largely completed, but the process deviated substantially from the proposed work plan.
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			Further implementation of the project was delayed until 2013. Funding will be used to further the progress of the virtual biorepository demonstration project and the development of a biorepository of specimens for smoking cessation studies. Program in progress, no evaluation results at this time.
Total		\$500,000	
Tobacco Enforcement Program			
2013	Community Enforcement Project to prevent the sale of tobacco products to minors.	\$287,770	N/A
Total		\$287,770	
Evaluation			
Year	Program	Disbursement	Evaluation
2009-2012	Independent Evaluation on the Tobacco and Health Trust funded programs.	\$1,286,00	N/A
Total		\$1,286,000	

Disbursement Recommendation Guidelines

Tobacco & Health Trust Fund Board of Trustees Guiding Principles for Funding Decisions

Amended at the April 2012 Meeting

The following principles, which guide Board funding decisions, are not in priority order. Despite the focus on anti-tobacco efforts, other areas within the broad charge of the Board will not be dismissed without consideration.

1. **Sustainable programming.** Funding decisions should focus on programs that can be maintained without significant increases in use of trust fund dollars. Based on reasonable projections, budget forecasts will be used to help the Board identify future programming needs. In addition, resource development opportunities and other potential funding sources will be investigated.
2. **Consistent with existing public research and plan documents.** The Board will assess to what extent the proposed programming is consistent with existing research and plans, including, but not limited to:
 - Best Practices for Comprehensive Tobacco Control Programs by the U.S. Department of Health and Human Services Centers for Disease Control and Prevention, October 2007; 2014
 - Connecticut Tobacco Use Prevention and Control Plan by the Connecticut Department of Public Health and the Department of Mental Health and Addiction Services; and
 - *The Guide to Community Preventive Services, The Community Prevention Services Task Force, U.S. Department of Health and Human Services*
3. **Complement and enhance existing programming and expenditures.** The State of Connecticut, as well as agencies external to state government, have made a commitment to programming in this area. To the greatest extent possible, funding decisions should build on existing programming to ensure the most efficient use of the Trust Funds resources.
4. **Focus on societal/environmental change.** The Board will support efforts that are designed to seek a cultural shift in the use of tobacco. The Board will not focus exclusively on efforts that treat individuals, but also on efforts that change the way society views tobacco and the

way systems work to control the use of tobacco. For example, population-based messages will be used, not just messages that are targeted to smokers.

5. **Cultural Sensitivity.** Recognizing that tobacco companies target their audience, the Board will ensure that marketing messages and other programming take into consideration differing cultural perspectives and languages.
6. **Effective and outcome-based efforts.** To the greatest extent possible, the Board will fund endeavors that are measurable, science-based, and proven to be effective.

Tobacco and Health Trust Fund Board
 Disbursement Recommendations
 Presented at the
 May 29, 2014 Public Hearing

1. QuitLine	
2. Southern Connecticut State University Tobacco-Free College Campus Initiative	\$100,000
3. Connecticut Alliance of Boys and Girls Clubs	\$329,000
4. Connecticut Prevention Network	\$500,000
5. Hartford Hospital Certified Tobacco Treatment Specialist ¹	\$4,000
6. DOC Smoking Cessation Program	\$294,322
7. The Courage to Speak Foundation ²	\$58,000
8. Department of Mental Health and Addiction Services ³	\$925,670
Total	\$2,210,992⁴

Disbursement Amount Available	\$3,500,000
Proposed Recommendations	\$2,210,992
Balance	\$1,289,008

¹ Disbursement recommendation submitted after the May 2014 Public Hearing

² IBID

³ IBID

⁴ Total does not include funding for QuitLine

Tobacco and Health Trust Fund Board
Summary of the
Disbursement Recommendations
Presented at the
May 29, 2014 Public Hearing

1. QuitLine
Continued support of the QuitLine to maintain a comprehensive, proactive, statewide toll-free tobacco cessation telephone counseling service available to all of the State's residents.

2. Southern Connecticut State University Tobacco-Free College Campus Initiative
Requesting \$100,000 to support the university's efforts to join the national Tobacco-Free College Campus Initiative. Implementation of this initiative will require a multi-facet plan including tasks such as: developing new regulations relating to the use of tobacco product on campus; purchasing and posting signs across the 171 acre campus; creating education and smoking cessation programs designed to help students and staff stop smoking; enforcing the ban on tobacco, smoking and related activities throughout the campus; and marketing the initiative to the campus community and the general public.

3. Connecticut Alliance of Boys and Girls Clubs
Requesting \$329,000 to expand the current tobacco resistance and awareness program funded by the Tobacco and Health Trust Fund Board. Currently the program serves club members ages 13-15. Funds will allow the program to serve an additional 400 club members ages 10-12 and build an online infrastructure to promote the Boys and Girls Clubs anti-smoking efforts. Funds will also be used to hire an independent evaluator to determine the effectiveness and efficiency of the program.

4. Connecticut Prevention Network
Requesting \$500,000 for the development and implementation of an on-going statewide counter-marketing prevention campaign with emphasis on e-cigarettes. The initiative will target young people ages 17-25. Each of the 13 Regional Action Councils (RAC) will have its own budget to implement their local prevention efforts. UConn Athletics, WFSB-TV3 and CBS Radio have agreed to work with the RACs on this initiative.

5. Hartford Hospital - Certified Tobacco Treatment Specialist⁵

⁵ Disbursement recommendation submitted after the May 2014 Public Hearing

Hartford Hospital is requesting \$4,000. Funds will be used to train and certify six individuals as Tobacco Specialist (\$1,500); pay for bus fare for patients who have problems getting transportation to cessation counseling sessions (\$500); purchase and offer free medications for those without means (\$1,000); and (\$1,000) for salary support to cover the RCPs group counseling (patients and family) sessions for one year, which will be above and beyond their current responsibilities.

6. DOC Smoking Cessation Program

Requesting \$294,322 for year 3 of the Department's smoking cessation program. The proposed program will develop behavioral and educational programming needed to reduce the risk of habituation for inmates who are discharging back to their home communities. The program will serve adult males in Carl Robinson Correctional Institution and Willard Cybulski Correctional Institution, as well as continued work at the York Correctional Institution, that houses women.

Funds will be used to expand the program to serve inmates in pre-lease facilities.

7. The Courage To Speak Foundation⁶

Requesting \$58,000 to extend The Courage to Speak Foundation substance abuse prevention program to 28 schools in Connecticut. Funds will be used to support the foundation's efforts to empower youth to be drug free by avoiding tobacco, alcohol and other drugs. Presentations sharing first hand experiences and knowledge of addiction and how an addiction impacts individuals and their families will be conducted for youth in grades 4-12. The foundation will also make available the Courage to Speak Drug Prevention Education Program Curriculum including a teacher's manual for Elementary, Middle and High schools. The drug prevention curriculum will be implemented by teachers in schools and support children in avoiding drugs by giving them a toolbox of knowledge and refusal skills.

8. Department of Mental Health and Addiction Services⁷

Requesting a two year grant totaling \$925,670 (\$475,370 Year 1 and \$450,300 Year 2) to provide smoking cessation training and certification for staff working with individuals with serious mental illness who live in supportive housing throughout the state. This two year plan will train a total of 100 (50 each year) Peer Recovery Support Specialists and Case Managers in an evidence based peer led 6 session treatment program. In addition 100 (50 each year) masters level clinicians will complete an on-line tobacco training course created by the University of Massachusetts School of Medicine. A team

⁶ Disbursement recommendation submitted after the May 2014 Public Hearing

⁷ IBID

of 12 (6 each year) visiting nurses will complete an intensive 4 day certification program that will enable them to bring tobacco reduction and cessation clients who must have health care services provided within their homes.

9. General Recommendations

- a. Support evidence-based practices
- b. Incentives to motivate smokers such as membership to local gyms or YMCA's
- c. Pharmacotherapy (NRT)
- d. Follow-up services with trained facilitators to monitor the progress of individuals who recently quit smoking
- e. Additional community-based group tobacco prevention and cessation programs
- f. Purchase breath carbon monoxide monitors to be placed in agencies providing tobacco treatment
- g. Peer support groups
- h. Cessation Programs serving at risk populations such as:
 - Individuals with mental illness
 - Individuals with substance abuse
 - Criminal Offenders
 - Individuals with COPD

**American Lung Association
Response to Questions Asked at the
Public Hearing on May 15, 2014**

I want to thank you and the board of the THTF for the opportunity to speak at the hearing yesterday. It was the first time I'd done this and I was a bit nervous, so I feel as though I may not have done as well as I wanted. The board does great work in providing support and resources to help prevent tobacco use initiation among youth and to help smokers quit. We certainly wish that there was more available funds, but as Bryte so articulately pointed out, we are preaching to the choir here.

I appreciate the great questions that the board asked and so I wanted to provide answers (I'm not sure if this is something you would forward or not)?

In terms of the questioning of the statistics I provided about the investment per smoker in the QuitLine. I am looking into how that number was calculated for our State of Tobacco Control Report and can get back to you, but for the time being, I have removed that reference from my testimony.

Lisa Hammersley also had a question about how our state compares to other states in the northeast in terms of spending compared to the Centers for Disease Control and Prevention recommendations and what we actually bring in for revenue. Here is a chart depicting the requested information.

Northeast State Spending
Compared To
Centers for Disease Control and Prevention Recommendations
2014

	Connecticut	Massachusetts	New York	Maine
CDC Recommended Spending on Tobacco Prevention	\$32 M	\$66.9 M	\$203 M	\$15.9 M
Actual State Spending	\$3 M	\$4 M	\$39.3 M	\$8.1 M
% of CDC Recommended Spending on Tobacco Prevention	9.4%	5.9%	19.4%	50.7%
Total Generated Revenue	\$466.1 M	\$944.8 M	\$2.3 B	\$198.1 M
% of Tobacco Revenue	0.64%	0.42%	1.7%	4.08%

Last year, CT spent 9.4% of the CDC recommended amount and 0.64% of what we bring in tobacco settlement. In comparison, New York spent 19.4% of the CDC recommended amount and 1.7% of the tobacco related revenue they brought in. MA spent about 5.9% of the CDC recommendation and 0.42% of tobacco related revenue. Maine does the best in the region, funding tobacco programming at \$8.1M, which is 50.7% of the CDC recommendation and 4.08% of tobacco related revenue. For more

information, as Pat pointed out, the Campaign for Tobacco Free Kids has a great website: [http://www.tobaccofreekids.org/what we do/state local/tobacco settlement/](http://www.tobaccofreekids.org/what_we_do/state_local/tobacco_settlement/)

I hope that my support of funding the QuitLine, counter-marketing efforts and evidence based best practices was not lost in our mention of hope for allocation of additional money in the fund in the future. We really do appreciate all that you do to promote the public's health in CT.

With thanks,

Ruth