

SustiNet Health Partnership

Tobacco & Smoking Cessation Task Force

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Tobacco Cessation Task Force Regular Meeting March 17, 2010 **Meeting Minutes**

Task Force Attendees: *Andrew Salner, Co-chair; David Gregorio; Barbara Koren*

Office of the Healthcare Advocate: *Africka S. Hinds-Ayala*

Absent: *Jeannette Dejesus, Frank Scifo; David Scribner*

Guest Attendees: *Robin Cox (DMHAS); Carol Meredith (DMHAS); Calvin Mellor (DRS); Pat Checko (MATCH Coalition); Michael Sette (CT Health Foundation); Meagan Cowell (Robinson & Cole); Kelly King (Rome Smith & Lutz); Debora Greatsenger (WCC); Rod Kelly, BCH*

Andy Salner opened the meeting by welcoming Task Force members and the Office of the Healthcare Advocate staff. The February 17, 2010 meeting minutes were approved by all Task Force members present.

Andy provided background information about the two work group / sub-committees. David Gregorio stated the sub-committees met on March 2, 2010 to discuss how the group would go about defining what data to collect and looking at three defined areas: (1) smoking practices and risks for five categories – socioeconomic, addictions, mental health, pregnancy, and youth/young adults; (2) number of smokers within specified populations (General, Medicaid, Medicare, etc.); and (3) smoking questions in need of answers. The next sub-committee group meeting will be March 24, 2010.

Pat Checko indicated that the smoking among the general population has declined to 15.9% of Connecticut's residents to approximately 429,500 and the Medicaid population retains a higher prevalence. Pat stated the sub-committees set-aside the youth/ young adult population for now, as to focus on the other four groups with regard to smoking cessation programs and the funding of 2010 health standards, which indicates Medicaid recipients should be offered a full smoking cessation program.

David questioned the financial loss to convenience stores that are not able to sell smoking cessation products, which would be an excellent trade for the replacement of tobacco/smoking products and allow the establishment to keep their customer base while reducing tobacco use.

Pat indicated that convenience stores can not sell smoking cessation products because of current policy and/or manufacturer restrictions. It would be a good approach to ban sale of tobacco products in pharmacies, supermarkets, and family department stores (Wal-Mart, Target, etc.).

Members

David Gregorio • Barbara Koren • David Scribner • Frank Scifo

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Andy stated that it is necessary to look at interventions in a comprehensive way and determine what strategies were applied to reduce smoking among the general population to 15.9%. Barbara Koren said a "new" message needs to be introduced to the Medicaid population because the current message is that although stopping the use of tobacco products may increase life span, it will not improve your quality of life; how life for the individual is currently may still be the same or similar in twenty years.

Andy and Pat expressed similar sentiments that the issue of smoking cessation and reduction of tobacco use is something that needs to be addressed statewide with regard to cultural competency, reducing health disparities, and focusing on women and young adults.

Pat informed the group that the sixty-one thousand Medicaid recipient smokers generate over \$100M in taxes within a six-month time period; a portion of that revenue can be used to fund a smoking cessation program for a year.

Discussion included that there is evidence that smoking cessation programs can save at least \$15M per year; short- and long-term goals can be realized within a two-year time period as with Massachusetts reducing the amount of Medicaid smokers by 26% with use of providers and data taken directly from hospital records; acknowledgement that there are populations that are harder to reach and higher risk, such mental health patients.

Pat stated that there was \$2M of grant funding received for a demonstration project with clinic based clients, who are difficult to recruit. David said a lot of data is available and the sub-committees are well-versed that will need to agree on inclusive data elements which would enable the taskforce to provide a solid report within a short period of time. Barbara stated that there is data from the Department of Social Services as of February 2010. Pat indicated that there are models that will work and can be included in a comprehensive report without seeking out more documentation of evidence.

Carol Meredith and Robin Cox, both from the Department of Mental Health and Addiction Services (DMHAS), gave a presentation tobacco sales and enforcement issues that DMHAS faces daily. The presentation began with background information starting with the 1992 Synar Act that says the states are to (1) achieve no more than 20% of illegal tobacco sales to minors, (2) monitor tobacco sales by conducting regular site visits with retailers; and (3) institute laws to reduce tobacco sales to minors (i.e., licensing system, cigarette vending machine ban, etc.). Under best practices, DMHAS would have to visit approximately 4,000 retailers at least four-times per year to properly monitor cigarette sales to minors, which it is difficult to do with limited staff. There are several challenges facing DMHAS with enforcement of tobacco sales, which include (1) reaching a threshold on tobacco sales that forces a new approach of decentralizing inspections, working with community leaders to perform visitations with retailers; (2) vending machine monitoring of use and location. Due to legislation, vending machine locations have been reduced over the years from 4,239 to 90, which may still be accessible to minors. Robin spoke of marketing materials that were specifically designed for retailers, organizations, schools, rest stops, etc. about the newest law – it is illegal for anyone under the age of 18 to possess tobacco products - and materials are sent out annually and/or quarterly.

Carl Mellor, Director of Collections and Enforcement for the Department of Revenue Services (DRS), informed the group that DRS is responsible for licensing all tobacco retailers/distributors, authorized to impose taxes, imposition of civil penalties, and make criminal tax violations arrests. The sale of tobacco products to minors will have civil penalties that are punishable to the fullest extent of the law, which are progressive. Under the Jenkins Act (requires tobacco retailers to report internet sales and gives federal authority for states to collect taxes) Connecticut has gone after taxes on out-of-state and internet sales; thus since 2007, DRS has sent out approximately 5,400 tax bills to Connecticut residents who purchased cigarettes through the internet and collected over \$4.8 million dollars in revenue, with \$2.7 million outstanding on these types of purchases. Internet sales transactions have declined over the past two years from 29,209 transactions in 2007 to 15,529 transactions in 2009. There are vendors who are under the impression that they are sovereign from the Connecticut tax and therefore do not comply with payment; in response to non-payment DRS has convinced all major shipment companies (UPS, FedEx,

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DHL, etc.) not to deliver tobacco products from these specified vendors. These vendors then turned to using the United States Postal Service for delivery of tobacco products, which is legal. Mr. Mellor continued the presentation of DRS comprehensive activities to curb tobacco sales (1) monitoring of shipments of tobacco products from out of state, with tax bills to purchasers; (2) agreement with shipper companies not to participate in shipment of tobacco products to CT; (3) no tribes in CT sell tax free tobacco products; (4) identification of those who truck untaxed product into CT and potential fine/loss of vehicle, etc.

The named representatives from DMHAS and DRS answered several question posed by taskforce members and guest attendees.

Meeting adjourned.

Next Meeting: April 21, 2010 at 4:00 p.m., Legislative OFICE Building – Room 1C