

# SustiNet Health Partnership

## Tobacco & Smoking Cessation Task Force

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## Tobacco Cessation Task Force Regular Meeting

April 21, 2010

### Meeting Minutes

**Task Force Attendees:** Andrew Salner, Co-chair; Barbara Koren; Frank Scifo

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

**Absent:** Jeannette DeJesus, David Gregorio; David Scribner

**Guest Attendees:** Jill Zorn (Universal Health Care Foundation of Connecticut)

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

Barbara Koren stated that the Program Work Group Committee came to a consensus of the three areas that must be targeted for increasing tobacco cessation and improving education about tobacco-related products and issues. Barbara provided a written Program Work Group that definitively outlines the three areas discussed as follows:

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### 1. PREVENTION:

- a. Schools – the effect of “No Child Left Behind” has resulted in schools diminished emphasis on effective education for tobacco prevention and substance abuse; the scope must go beyond testing.
- b. Compile statistics on the triggers and behavioral connections to children and smoking – this may be a data work group project
  - Sited April 12, 2010 report on Childhood Sleep Problems May Presage Adult Addiction
  - Sited April 15, 2010 Science Daily report ‘Communicative Fathers’ help reduce teenage smoking
- c. Review the number of licensed tobacco outlets and begin a process of limiting those that are family oriented settings
- d. Culturally specific youth programs for the Latino and African American communities need to be established with measurable goals
  - Co-Chair Jeanette DeJesus may be able to advise us in this area
  - Details on the Martin Luther King Day program a member of the Program Work Group mentioned in a meeting; no follow-up.

### 2. ACCESS:

- a. Sited the difficulty of weeding through the internet for local resources for cessation information and counseling
- b. Broader advertising of the 800 Quit line – confirm funding for this program and does CT pay into and at what rate
- c. Determine the role of 211 as an information source of CT specific cessation programs by county. Broader advertising for this service is needed
- d. 5 “A’s” – Provide better guidance for physicians so they can more easily assist their patients; Encourage all medical practices to use the 5 “A’s”

### 3. CESSATION PROGRAMS:

- a. NRT should be covered in part or up to X amount by ALL INSURANCE providers with Sustinet leading the way
  - Confirm passage of 5411 that provides NRT for Medicaid patients
- b. NRT OTC products should be made available at all tobacco licensed retailers
- c. Best results are achieved with a two pronged cessation approach – NRT therapy AND counseling
- d. Encourage maximization of all available grant programs – leave no stone unturned

**Footnote:** Tobacco Task Force may wish to include in our final report recommendations regarding overall funding of cessation programs. All revenue in Connecticut is currently going through the **GENERAL FUND**, which has created a system that no longer accomplishes the various goals attached to the generation of revenue. The lack of funds spent on tobacco cessation and prevention programs raised by tobacco settlement or tobacco tax increases may lead to missing the mark on the long term benefits and the ultimate cost savings that could be achieved if the funds were appropriated at the correct level intended.

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### Members

David Gregorio • Barbara Koren • David Scribner • Frank Scifo

# SustiNet Health Partnership

Andy supported the reported given by stating that the cessation and prevention programs offered must not be a “one size fits all” approach; there needs to be collaboration with the DPH Tobacco Quitline, as well as with Infoline (211). Andy stated that he explored with the Connecticut General Assembly the option to take the tobacco funding money and assign to specific cessation programs for CT residents and the Medicaid population. It was explained by the Attorney General’s Office that the Connecticut constitution does not allow for that option because incoming revenue can not bypass the budgetary process to target the funding of specific programs without being filtered through the general fund, which is used to balance the budget and support areas that need the most funding.

Andy stated the federal healthcare reform law allows for the states to receive matching dollars from the federal government for payment of tobacco cessation programs for the Medicaid population; there is a significant savings within the first two-years of receiving the matching dollar. Andy indicated that task force with most like make the recommendation within the structure of their report to off tobacco cessation programs for the Medicaid population, in order to receive federal matching funds. It was noted that there maybe an RFP issued for each tobacco/smoking cessation project to be evaluated with Metrix and within the SustiNet Board of Directors.

Andy conversed with Pat Checko about the levels of excitement regarding the work being done to increase smoking cessation avenues and decrease tobacco use. He continued to tell the group that they are working to have a draft by May 2010 for the Sustinet Board of Directors, with a final report due July 1, 2010. Although the work of the task force may not be complete by July 1, it is necessary to adhere to the legislation. Andy did mention that the SFY 2010 has been completed and approved, with the SFY 2011 budget in the works.

Andy invited Jill Zorn, Universal Health Care Foundation of Connecticut (UHF-CT), to join-in on the discussion at the table. Andy thanked Jill and the UHF-CT for continually sparking the efforts of federal healthcare reform and to seek input/direction from the SustiNet Board of Directors. Andy stated that Jeanette DeJesus will give a brief overview at the next meeting of the SustiNet Board Retreat Meeting held April 14, 2010.

Frank Scifo asked: How much money is available to continue to support the DPH Tobacco Quitline and purchase of smoking cessation products? Andy replied that no one is sure the if there is funding available through the tobacco settlement because that money is “swept” into the general fund; he stated that there still is funding from various sources (DPH, DSS, Federal, etc.) that will assist in keeping things going. Andy stated that it would be an investment for the tobacco trust fund to place funding in programs/areas most needed (i.e. schools, advertising, community health centers, etc). It is reported that 40% of tobacco products are consumed by individuals within the mental health community, who are most vulnerable. It would be best to utilize the Massachusetts experience to address this issue, as well as review works from other sources, such as the Centers for Disease Control and/or benchmark paper from the University of Hartford. Frank said this is an opportunity for Connecticut to be visionary in its efforts, while reaping potential savings. Andy agreed and supported the discussion with reference to the Connecticut Health Policy Institute presentation that targeted Medicaid Cessation Programs.

Jill stated that SustiNet is structured in such a way that it allows for the five committees and three task forces to interact, collaborate, and compliment each other to minimize having individuals from “falling-through-the-cracks”. She stated that committees / task force must make recommendations that are complimentary and considerate of the other groups. There is a funding collaboration that will allow for additional consulting support for the committees and task forces.

Andy stated that he had an opportunity to spend time with Stan Dorn, Senior Fellow - Urban Institute, who is an advisor to the SustiNet Health Program. Stan stated that he does not have the tobacco expertise but can offer his expertise in the area of public policy.

Jill said that tobacco use prevention and smoking cessation should be inclusive in the SustiNet benefit packages similar to that of the state employees’ insurance program. Andy said that there are not components within different benefit packages, but the benefit package should be structured to ensure that CT follows federal mandates. Connecticut is one of four states that do not mandate smoking cessation.

Jill stated her excitement about the process; thanks all those who are involved, and informed everyone that Stan Dorn will complete the 60-day report. Africka Hinds-Ayala will forward Stan Dorn’s presentations made at the April 14, 2010 retreat Meeting.

There was no unfinished business to be addressed by the Tobacco Task Force.

An outstanding agenda topic for May 2010 is the draft report for the SustiNet Board of Directors ready for review and input.

The next meeting is scheduled for Wednesday, May 19, 2010 at the Legislative Office Building – **Room XXX**.

Meeting was adjourned.