

**Tobacco and Health Trust Fund Board of Trustees**

**July 23, 2025**

**Via Microsoft Teams**

**The meeting was recorded and can be viewed in its entirety at this link**

<https://youtu.be/BhxxAVi1LwQ>

Tobacco and Health Trust Fund Board of Trustees - Members in Attendance: Claudio Gualtieri (Chair), Robert Boris, Ayesha Clarke, Pareesa Charmchi Goodwin, Samuel Hahn, Toni Harp, Cindy Harrison, Steven Hernandez, Manisha Juthani, Christopher Moran, Tricia Orozco, Michael Rell and Andrew Salner.

Tobacco and Health Trust Fund Board of Trustees - Members Excused: Anne Foley, Mathew Jasinski, and Suchitra Krishnan-Sarin.

Board of Trustees Staff: Melissa Morton, Office of Policy and Management (OPM) and Sharica Rose (OPM).

Meeting called to order by Chair Claudio Gualtieri at 10:33 A.M.

| <b>Agenda Item</b>                               | <b>Minutes</b>   |
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| <b>Welcome and introductions</b>                 | Chair Claudio Gualtieri, (OPM) called the meeting to order at 10:33 A.M.<br>Melissa Morton, (OPM) called the roll.   |
| <b>Adopt Minutes from April 23, 2025 Meeting</b> | Chair Gualtieri called for a motion to adopt the minutes from the April 23, 2025, meeting. Andrew Salner made a motion to adopt. Christopher Moran seconded. No discussion. All in favor, zero opposed, and zero abstentions. Motion approved. Minutes adopted.  |
| <b>Stated Goal of Today's Meeting</b>            | Chair Gualtieri reminded members of the meeting objectives: <ul style="list-style-type: none"><li>• Provide standing updates on the current Tobacco Health Trust Fund (THTF) account balance and interest earned;</li><li>• The Department of Public Health (DPH) to provide a status update on contract development for projects funded with FY 2023 THTF dollars and the Request for Proposal (RFP) implementation process for the FY 2024 THTF allocation;</li><li>• The Department of Mental Health and Addiction Services (DMHAS) and the Office of the Attorney General (OAG) to share updates on the outcome of the legislative session and Chair Gualtieri to provide an update on funding;</li><li>• A part II presentation from the QuitLine provider National Jewish Health (NJH) to include updated utilization statistics; and</li><li>• Outline the next steps and action items.</li></ul> |
| <b>Trust Fund Account Update</b>                 | Melissa Morton, Board of Trustees Staff, shared a recent update on interest earned in the THTF account.<br>The following are highlights of discussion: <ul style="list-style-type: none"><li>• As of June 30, 2025, the interest earned has increased by \$269,000.</li><li>• The available balance of unallocated interest is currently \$826,105.10.</li><li>• A full overview of the THTF account balances and drawdown report will be provided during the October 2025 meeting.</li></ul>  |

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| <p><b>2025 Legislative Session Update</b></p> | <p>Chair Gualtieri shared that the adopted state budget includes full funding of the THTF for \$12 million for both years. It is noted that deposits are anticipated to be made during the month of April. The next deposit is expected in April of 2026.</p> <p>Chair Gualtieri introduced Kelly Sinko, Chief of Policy and Governmental Affairs of DMHAS, and Amor Rosario, Assistant Attorney General of OAG, to share their leads on the tobacco enforcement legislation.</p> <p>Kelly Sinko presented 2025 legislative updates and a session overview. The full presentation can be found on the <a href="#">Tobacco and Health Trust Fund website</a>.</p> <p>The following are highlights of the presentation:</p> <ul style="list-style-type: none"> <li>• Kelly Sinko shared an overview of DMHAS’s prevention division role to include tobacco prevention across individual lifespan; however, treatment and services are primarily for adults. Additional services include tobacco prevention and enforcement to reduce youth access to tobacco, vaping, nicotine products across the state; tobacco compliance inspections; and working with local prevention councils, regional behavioral health-action organizations and other stakeholders across the state.</li> <li>• Amor Rosario shared an overview of her role at OAG working in the tobacco unit since 2018. She primarily focused on newer tobacco products and was a part of the team that received the JUUL Settlement.</li> <li>• Legislative Session Stats: 4,406 bills were introduced, 1,261 bills were given a public hearing, 918 bills were reported out of committee and 205 bills passed both chambers.</li> <li>• As part of the Tobacco/Electronic Nicotine Delivery Systems (ENDs) Enforcement Alignment <a href="#">H.B. 7287</a> and <a href="#">H.B. 7181</a>, provisions include (1) extending the requirement for prospective buyers of cigarette and tobacco products to show ID to include electronic nicotine delivery systems, (2) increase maximum fines for underage sales to \$1,000, (3) authorizes the Department of Consumer Protection (DCP) to revoke e-cigarette dealer’s registration for violating age verification laws, (4) aligns restrictions and penalties for in-state shipping and transporting of ENDs with those for cigarettes, including deeming a violation of these sections an unfair trade practice.</li> <li>• Additional provisions under <a href="#">H.B. 7181</a> include (1) smoke/vape shop accountability, (2) public engagement on cigarette dealer locations, (3) increased municipal oversight.</li> </ul> |

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| <b>2025 Legislative Session Update</b>         | <p><b><u>Discussion</u></b></p> <p>Chair Gualtieri expressed the importance and appreciation of both DMHAS and OAG being great partners with the Board, and keeping the Board connected and informed of related policy issues addressing nicotine use and enforcement efforts during the legislative session.</p>  |
| <b>Update on FY 2023 and FY 2024 Contracts</b> | <p>Chair Gualtieri introduced DPH Commissioner Juthani to provide an update on contract development for projects funded with FY 2023 THTF dollars and the Request for Proposal (RFP) implementation process for the FY 2024 THTF allocation.</p> <p>Commissioner Juthani presented an overview and recap of the two allocations plans. The full presentation can be found on the <a href="#">Tobacco and Health Trust Fund website</a>.</p> <p>The following are highlights of the presentation:</p> <p><b><u>FY 2023 RFP Recap &amp; Contract Status</u></b></p> <ul style="list-style-type: none"> <li>• The RFP process for all five (5) of the Centers for Disease Control and Prevention (CDC) Best Practice Components that comprised the Board’s allocation categories, concluded on 1/2/2025 and the full \$12 million was awarded.</li> <li>• Seven (7) vendors were awarded, and all contracts are in step 4 of the contract phase; submit contract to Contract Management Section within DPH for processing.</li> <li>• As of June 12, 2025, \$51,130.37 has been spent for Component 5, Infrastructure, Administration and Management, leaving an unallocated balance of \$473,869.63.</li> <li>• It is anticipated that the first 4 vendors will be executed by September 1<sup>st</sup>, and the remaining 3 vendors will be executed by October 1<sup>st</sup>.</li> </ul> <p><b><u>FY 2024 RFP Update</u></b></p> <ul style="list-style-type: none"> <li>• The funding for all five (5) CDC Best Practice Components that comprised the Board’s allocation categories, was fully allocated in the amount of \$14,394,776.</li> <li>• The total amount to be awarded is \$11,914,285.</li> <li>• Eight (8) vendors were selected. Five (5) vendors were selected for Component 1, State and Community Intervention, and three (3) vendors were selected for Component 3, Cessation Intervention, to include FY 2023 QuitLine vendor National Jewish Health (NJH).</li> <li>• All contracts for the selected vendors are in step 1 of the contract phase; negotiate contract language with Contractors.</li> </ul> |

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| <p><b>Update on FY 2023 and FY 2024 Contracts</b></p> | <p>Chair Gualtieri thanked Commissioner Juthani and DPH staff for the excellent update and all of the good work that has been done to facilitate the allocation of the awarded funds and navigating the contracting process. Mr. Gualtieri also acknowledges and shares appreciation for the evaluation committee's thoughtful approach in recognizing the need to balance innovation and the mindful steps taken throughout the RFP process.</p> <p>Commissioner Juthani thanked the entire DPH group who have been instrumental in getting the contracts executed and maintaining the anticipated timelines.</p> <p><b><u>Discussion</u></b></p> <p>A question-and-answer period followed the presentation. Below are the highlights:</p> <ul style="list-style-type: none"> <li>• Michael Rell asked when the FY 2024 contracts would be executed. Commissioner Juthani advised that 6 to 8 months is the anticipated timeline for contract extension.</li> </ul>  |
| <p><b>QuitLine Presentation - Part II</b></p>         | <p>Chair Gualtieri welcomed Commissioner Juthani to introduce the QuitLine vendor, National Jewish Health (NJH). Commissioner Juthani opened for NJH to continue the second half of their presentation.</p> <p>Dave Woodruff, Representative and Account Manager of NJH presented an overview of QuitLine services and utilization statistics. The full presentation can be found on the <a href="#">Tobacco and Health Trust Fund website</a>.</p> <p>The following are highlights of the presentation:</p> <ul style="list-style-type: none"> <li>• NJH was founded in 1899 and is dedicated to respiratory health for over 125 years.</li> <li>• The QuitLine program feature includes telephone coaching with experienced Tobacco Treatment Specialists, a suite of digital services, personalized educational materials and Nicotine Replacement Therapy (NRT) for eligible participants. Phone coaching is available seven days a week; online resources are available 24/7. Coaches speak English and Spanish and more than 200 additional languages are offered via translation services.</li> <li>• Program eligibility for Connecticut requires that participants are state residents. The phone program is offered at any age, however, NRTs are available only to participants 18 years of age or older.</li> <li>• Participants can enroll by phone, online and health care provider referral via fax, web an e-referral.</li> </ul> |

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| QuitLine Presentation - Part II | <ul style="list-style-type: none"> <li>• The base program and standard protocol includes an intake call, followed by 5 scheduled coaching calls.</li> <li>• Population specific services include programs dedicated to Pregnancy and Postpartum, My Life, My Quit, Youth Program and Nicotine Replacement Therapy (NRT) for eligible participants.</li> <li>• NJH anticipates layering in and launching a new Lung Cancer Screening program as a resource package to support increasing awareness and connect eligible callers to information about screening services.</li> <li>• During the utilization period from July 22, 2024 – June 30, 2025, QuitLine received 967 phone intake calls from state residents and 1,055 individuals enrolled through the web. Digital services received 1,293 text participants and 825 e-mail participants. The cessation medication enrollments included a total of 1,570 NRT units ordered.</li> <li>• Quitlogix Web Program Redesign 3.0 was launched in May 2025 to include site improvements and a streamlined user experience with increased mobile phone functionality.</li> <li>• My Life, My Quit Web Program Redesign (MLMQ 2.0) was launched in May 2025 to include site improvements specific to streamlining the youth user experience and increased mobile phone functionality.</li> <li>• NJH shared additional services available to include, (1) Behavioral Health Protocol; an expanded 7-call program for enhanced coach training for participants who report behavioral health conditions, (2) QuitLogix Education; offering online CME, CNE, and CPE accredited learning to address the provider education gap in delivering a brief evidence-based intervention, and (3) Evaluations; use third-party evaluator, Westat, for phone surveys conducted 7-months after intake. The evaluation report includes analysis of outcomes, satisfaction data, and demographic information for the reviewed period.</li> </ul> <p><b><u>Discussion</u></b></p> <p>A question-and-answer period followed the presentation. Below are the highlights:</p> <ul style="list-style-type: none"> <li>• Cindy Harrison asked if DPH has an estimate number of smokers in Connecticut (CT) to compare it to the number of individuals who utilized QuitLine’s service in attempt to quit. Commissioner Juthani advised that DPH gathers data from the Behavioral Risk Factor Survey and the Youth Risk Factor Survey conducted annually. Julie Vigil of DPH, further shared that 465,400 adults use some form of tobacco, 17.1% of CT’s population.</li> </ul> |

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| <b>QuitLine Presentation - Part II</b>  | <ul style="list-style-type: none"> <li>• Commissioner Juthani asked if NJH has any data on how many individuals quit, the sustainability and how the transition impacted participants' behavior. Dave Woodruff advised that this information is not currently available, however, the data could be generated through the NJH evaluation process. Allison Sullivan of DPH further confirmed that the vendor selected for Component 4, Surveillance and Evaluation, is particularly designated to evaluate overall services for each program, therefore, the NJH evaluation service is up for discussion and consideration.</li> <li>• Dr. Samuel Hahn shared his thoughts and request for feedback to include tobacco related questions as part of Yale New Haven Health patient's after-visit summary and amplifying referrals to QuitLine. Chair Gualtieri welcomes the idea of sharing the information on a voluntary basis and keeping in mind competing time demands on clinicians. Commissioner Juthani seconded Chair Gualtieri thoughts and encouraged the idea for all health systems to include a link for QuitLine information and services within a patient's after-visit summary.</li> <li>• Dr. Andrew Salner asked if there is information available that compares this year's enrollment numbers to the prior QuitLine provider. Allison Sullivan of DPH advised that she can gather and provide a comparison at a later time. Commissioner Juthani further shared that the framework and funds allotted towards the prior QuitLine vendor was significantly smaller, therefore it would be hard to make a fair comparison. There was \$100,000 of funds allotted for the previous vendor versus the millions of dollars for the current QuitLine vendor.</li> <li>• Tony Harp asked how a participant's insurance information is used during the intake process and if their insurance provides enhanced services. Dave Woodruff advised that it varies by state and the services provided. NJH will use data on behalf of the participant to identify benefits and in some states, the participant services are covered by the state's commercial insurance. Additionally, NRT abilities can be limited after the participant has met the eligible NRT allotment for the year, and therefore, NJH refers the participant to their insurance company to seek additional benefits.</li> </ul> |
| <b>Discussion of Next Steps</b><br>a) <b>Standing Agenda Items &amp; Program Updates</b><br>b) <b>Presentation from THTF Program Evaluator</b><br>c) <b>Other Topics of Interest to Board</b> | <p>Chair Gualtieri previewed future agenda items for the next meeting:</p> <ul style="list-style-type: none"> <li>a) DPH to provide updates on budget, projects and contract status, along with and a full THTF account balance update from OPM.</li> <li>b) Presentation from THTF Program Evaluator. It has been a top priority of the Board to set a side efforts that will evaluate and measure the outcome of the programs provided.</li> <li>c) Should the Board have other items of interest, communication should be sent to Chair Gualtieri and Melissa Morton for review.</li> </ul>  |

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| <b>Public Comment</b> | None.   |
| <b>Adjourn</b>        | <b><u>VOTE:</u></b> Chair Claudio Gualtieri called for a motion to adjourn. Dr. Andrew Salner made a motion to adjourn. Seconded by Ayesha Clarke. All in favor. Meeting adjourned at 11:58 A.M |