

October 30, 2024

The Honorable Catherine A. Osten
The Honorable Toni E. Walker
Appropriations Committee, State Capitol, Legislative Office Building, Room 2700
Hartford, CT 06106

The Honorable Saud Anwar
The Honorable Cristin McCarthy Vahey
Public Health Committee, Legislative Office Building, Room 3000
Hartford, CT 06106

Dear Senator Osten, Representative Walker, Senator Anwar and Representative McCarthy Vahey,

In accordance with Section 4 of Public Act 23-92, on behalf of the Tobacco and Health Trust Fund Board of Trustees, I am submitting the attached recommendation for authorization of disbursement of \$14,394,776 in available Tobacco Settlement funds including \$12 million in Tobacco Settlement funds allocated to the Tobacco and Health Trust Fund in Sections 196 and 197 of Public Act 22-118 for fiscal year 2024 and \$2,394,776 of deobligated funds carried over from the prior iteration of the Tobacco and Health Trust Fund Board prior to its disbandment and interest earned. This submission fulfills the board's statutory obligation to allocate the Tobacco Settlement funds apportioned to the Trust Fund after the federal deposit is received in April of each year. The allocation plan was developed in accordance with the statutorily defined requirements and priority areas and aligns with the Centers for Disease Control's *Best Practices for Comprehensive Tobacco Control Program*.

We look forward the Committees' response this plan and urge its approval. If you have any questions regarding this plan, please call me at 860-418-6268 or Melissa Morton, Planning Specialist in the Office of Policy and Management, Health and Human Services Policy and Planning Division, at 860-418-6442.

Sincerely,



Claudio W. Gualtieri
Senior Policy Advisor to the Secretary
Chair, Tobacco and Health Trust Fund Board

Enclosure

cc: Frederick Jortner, Clerk of the House of Representatives
Michael Jefferson, Clerk of the Senate
Chairs, Ranking Members and Clerks of the Committees of Cognizance (Appropriations and Public Health)
Susan Keane, Committee Administrator, Appropriations Committee
Beverley Henry, Administrator, Public Health Committee
Jeffrey R. Beckham, Secretary, Office of Policy and Management

Tobacco and Health Trust Fund

Allocation Plan 2024 Funding

October 30, 2024

Submitted to the Appropriations and Public Health Committees by the Tobacco and Health Trust Fund Board of Trustees

I. Introduction

The Tobacco and Health Trust Fund was established in 1999 as a separate, non-lapsing fund that accepts transfers from the Tobacco Settlement Fund and may apply for and accept gifts, grants or donations from public or private sources to carry out its objectives. A Board of Trustees was established in 2000 to recommend authorization of disbursement from the trust fund. The board consists of seventeen trustees including four appointed by the Governor, twelve appointed by legislative leaders and one ex-officio representative of the Office of Policy and Management.¹

In accordance with Public Act 15-244 (Section 90), disbursements to the Tobacco and Health Trust Fund from the Tobacco Settlement Fund ceased in fiscal years (FY) 2016 – FY 2022. Additionally, Public Act 17-2 June Special Session (Section 663) removed all deposits from the Tobacco Settlement Fund to the Trust Fund in FY 18 and FY 19. In addition to removing the deposits, the Public Act transferred existing unobligated funds out of the Trust Fund for other purposes, resulting in funding no longer being available to the board as of FY 18. Due to the lack of funding, the Tobacco and Health Trust Fund Board submitted a final retrospective report on its accomplishments² and ceased meeting.

During the 2022 legislative session, the legislature, via passage of Public Act 22-118 (Sections 196 and 197), reestablished the Tobacco and Health Trust Fund Board and allocated a transfer of \$12 million in Tobacco Settlement funds to the Tobacco and Health Trust Fund. The 2023 session resulted in further clarification of the roles and responsibilities of Board of Trustees. Specifically, Public Act 23-92 (Section 4) authorizes an annual deposit of \$12 million³ and makes various other revisions including: (1) updating its statutory purposes for fund disbursements; (2) requiring that funding be directed to programs that use evidence-based best practices for various objectives; (3) requiring the fund's board, in recommending annual fund disbursements, to give priority to comprehensive tobacco and nicotine control programs for specified purposes; and (4) specifying that board vacancies occurring other than by a term's expiration must be filled in the same way as the original appointment for the remainder of the term. A sufficient number of appointments were made to constitute a quorum of the board in late Spring 2023 and the reconstituted Board of Trustees convened for the first time on June 21, 2023 and fulfilled its statutory obligation to allocate the 2023 Tobacco Settlement funds

¹ See Appendix B for a list of board members at time allocation vote

²Tobacco and Health Trust Fund board Retrospective Report 2000 -2017 <https://portal.ct.gov/-/media/OPM/PDPD/PDPD-HHS/Tobacco-and-Health-Trust-Fund-Board/Final-Retrospective-Report-2000-2017.pdf>

³ The deposit into the Trust Fund for FY 2025 was suspended due to the time it took to receive enough legislative appointments to reconstitute the Board. The suspension allows the Board an opportunity to catch-up on the disbursement of FY 23 and FY 24 funds.

apportioned to the Trust Fund. The Board's 2023 allocation plan was presented to the legislative committees having cognizance over appropriations and public health on March 14, 2024 and received unanimous legislative approval. This is the second allocation plan presented by the reconstituted Board for the disbursement of 2024 funds.

II. Recommendations for Disbursement

In accordance with C.G.S. Section 4-28f, as modified by Public Act 22-118 (Sections 196 and 197) and Public Act 23-92 (Section 4) for fiscal year 2023 and each year thereafter, the board may recommend disbursement from the trust fund up to the total unobligated balance. The total unobligated amount available to the board is \$14,394,776 for 2024. This includes the \$12 million in 2024 Tobacco Settlement funds apportioned to the Board and \$2,394,776 of deobligated funds carried over from the prior iteration of the Tobacco and Health Trust Fund Board prior to its disbandment and interest earned.

In developing its recommendation for disbursement for 2024 the board reviewed its statutory mandates and priorities for funding and examined reports on previous disbursement of trust funds. The board relied upon *CDC's Best Practices for Comprehensive Tobacco Control Program 2014*⁴, an evidence-based guide that helps states plan and establish effective tobacco control programs that prevent and reduce tobacco use and the recommendations contained within which during the 2023 legislative session have been formally adopted into the Tobacco and Health Trust Fund Board of Trustees authorizing statute.⁵ The CDC updates its Best Practices Guidelines every seven to ten years, and although an update has been delayed by the onset of the COVID-19 pandemic, the CDC plans to issue updated guidance in the coming years. In the meantime, DPH confirmed that the recommendations defined in the 2014 document are the Guidelines currently supported by the CDC. To further ensure funding allocations were being made based on the most current CDC guidance and recommendations and research, the board also reviewed several more current CDC publications on smoking prevention and cessation that continued to reference and support the recommendations put forward in the *CDC's Best Practices for Comprehensive Tobacco Control Program 2014* guide.

Upon disbandment of the previous board in 2018, a final retrospective report⁶ detailing board activity and funding impact 2000-2017 and a report of summarizing the programs funded by the Tobacco and Health Trust Fund 2003 - 2018⁷ were developed by an independent evaluator.⁸ The board reviewed the key findings of these reports and considered the lessons learned and recommendations for use of future funding should it become available. The reports

⁴ *CDC's Best Practices for Comprehensive Tobacco Control Program 2014*
<https://www.cdc.gov/tobacco/stateandcommunity/guides/pdfs/2014/comprehensive.pdf>

⁵ See Appendix A for the statutory authority P.A. 22-118, Sections 196 and 197 <https://www.cga.ct.gov/2022/ACT/PA/PDF/2022PA-00118-R00HB-05506-PA.PDF> and P.A. 23-92, Section 4 <https://www.cga.ct.gov/2023/ACT/PA/PDF/2023PA-00092-R00HB-06914-PA.PDF>

⁶ *Tobacco and Health Trust Fund Retrospective Report: Overview of Programmatic Impact from 2000-2017* <https://portal.ct.gov/-/media/OPM/PDPD/PDPD-HHS/Tobacco-and-Health-Trust-Fund-Board/Final-Retrospective-Report-2000-2017.pdf>

⁷ *Summary of the Tobacco and Health Trust Funded Programs 2003-2018* <https://portal.ct.gov/-/media/OPM/PDPD/PDPD-HHS/Tobacco-and-Health-Trust-Funded-Programs-2003-2018.pdf>

⁸ *University of North Carolina School of Medicine in consultation with the Connecticut Office of Policy and Management and Department of Public Health*

also highlight successes and challenges that will be taken under advisement during the lifecycle of the allocation process.

III. Disbursement of 2023 Funding – Current Status

The Board’s 2023 allocation plan was presented to the legislative committees having cognizance over appropriations and public health on March 14, 2024 and received unanimous legislative approval the same day⁹. Below is a summary of the 2023 approved allocation plan and funding distribution update.

2023 Funding Distribution as Approved by the legislature on March 14, 2024			
CDC Recommended Funding Category as Adopted in CT Via Public Act 23-93, Section4(a)	% of Funding Allocation CDC Recommends	Board Recommended Allocation Amounts Based on State Authorization = \$12.0 Million*^	Funding Distribution Status as of October 1, 2024
State and Community Interventions	35%	\$4,275,000	Competitive bid process underway*
Mass-Reach Health Communication Intervention	12%	\$1,387,500	Competitive bid process underway*
Cessation Interventions	40%	\$4,762,500	\$500,000 designated to maintain QuitLine operations & remaining funds part of competitive bid process currently underway *
Surveillance and Evaluation	9%	\$1,050,000	Competitive bid process underway to secure a third-party evaluator*
Infrastructure, Administration, and Management	4%	\$525,000	Allocated to DPH to assure adequate staff support to conduct the procurement process and resulting contract administration and oversight^
Total	100%	\$12,000,000	

*PA 23-92 provides the board the latitude to adjust allocations between funding categories by +/- 10% or \$50,000 whichever is less. Any adjustments in excess of those amounts are required to be submitted to the Appropriations and Public Health Committees for approval.

⁹ Tobacco and Health Trust Fund Board of Trustees, 2023 Allocation Plan; https://portal.ct.gov/-/media/opm/pdppd/pdppd-hhs/tobacco-and-health-trust-fund-board/allocation-plans-and-annual-reports/tobacco-and-health-trust-fund-allocation-plan-sfy-2023-funds_submission.pdf

^Percentages may not be exact due to rounding

♦The RFP was released on September 12, 2024 and is available in electronic format on the State Contracting Portal at <https://portal.ct.gov/DAS/CTSource/BidBoard>, on the Department's website at <https://portal.ct.gov/DPH/Request-For-Proposals/Request-for-Proposals>, or from the Department's Official Contact: Allison Sullivan, 860-936-1253, DPHTobacco@ct.gov. Proposals are due by 2:00 PM EST on November 1, 2024.

▲DPH is in the process of hiring a Health Program Associate. The job posting closed on Friday, September 20, 2024. The goal is to have the staff person fully onboarded by late fall, 2024. This position will serve as the program lead for coordinating and managing contract development and monitoring for the Tobacco Control Program and will work closely with the contractors awarded through the RFP process and will perform a range of duties such as:

- Assist contractors with developing work plan and scope of service specification using best practice strategies;
- Initiating contracts, includes drafting and negotiating language, and administering and monitoring contract deliverable submissions to ensure compliance with Program mandates and DPH policy;
- Ensuring Program team and contractor success by providing technical assistance, monitoring contract budgets, and assisting in the evaluation of contractor performance to ensure goals and objectives are met.

Additionally, a portion of the funding will be used to advertise the RFP in various media as required by state procurement rules.

Tobacco & Health Trust Fund Board of Trustees

Statutory Requirements and Priority Areas for Funding Decisions

Formally adopted at the July 24, 2024 meeting¹⁰

The following are the statutorily defined purpose and priorities which guide board funding decisions. Although statute defines the purpose of the Trust Fund allocations and five priority areas for funding, the board has the latitude to adopt additional priority areas. After much discussion, on July 24, 2024, the board adopted the priorities as they exist in statute, with no additions, to focus on legislative intent and avoid diluting funds across numerous priorities. This approach may be amended in subsequent funding years once an initial set of programs have been funded and evaluated under the oversight of the reestablished Board of Trustees.

Purpose of Trust Fund v. Board Priorities	
<p>P.A. 23-92, Sec. 4(a): The purpose of the trust fund shall be to create a continuing significant source of funds to support and encourage development of programs to reduce tobacco and nicotine use through prevention, education and cessation programs that use evidence based best practices regarding:</p>	<p>P.A. 23-92, Section 4 (d)(1): The board's recommendations shall give (A) priority to comprehensive tobacco and nicotine control programs for:</p>
(1) state and community interventions	(i) prevention of initial tobacco and nicotine product use among youth and young adults
(2) communication methods to disseminate health information to a wide audience	(ii) smoking cessation directed at adults and youth
(3) cessation interventions	(iii) elimination of exposure to secondhand smoke and aerosol
(4) surveillance and evaluation	(iv) identification and elimination of tobacco and nicotine - related disparities
(5) infrastructure, administration and management	(B) 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.
<p>The trust fund shall be used to support the reduction in use of all tobacco and nicotine products, including, but not limited to, combustible, noncombustible, electronic and synthetic tobacco and nicotine products</p>	

¹⁰ Tobacco & Health Board of Trustees meeting minutes and recording, July 24, 2024 https://portal.ct.gov/-/media/opm/pdpd/pdpd-hhs/tobacco-and-health-trust-fund-board/agendas-and-minutes/july-24-2024/thtf-meeting-minutes_-july-24-2024final.pdf.

2024 Disbursement Proposal

The Tobacco and Health Trust Fund Board recommends that the full amount available for disbursement (\$14,394,776) be used for anti-tobacco related initiatives and is committed to addressing the need for anti-tobacco efforts in Connecticut.

In preparation for the 2024 disbursements, the board reviewed CDC's *Best Practices for Comprehensive Tobacco Control Programs 2014*, which is an evidence-based guide designed to assist states in the development and implementation of effective tobacco programs. CDC's recommended funding categories and allocation ratios per category are based on scientific research and best practices determined by evidence-based analysis of state tobacco programs to be effective in preventing and reducing tobacco use. The CDC recommended funding categories were formally added to the authorizing statute of the Tobacco and Health Trust Fund during the 2023 legislative session¹¹, that action coupled with the board's decision to closely align disbursements with CDC funding allocation recommendations ensures that the proposed interventions are supported by scientific evidence with results that show positive outcomes on the prevention and reduction of tobacco use.

The CDC recommends that the largest portion of dedicated tobacco prevention and cessation funding be allocated to support evidence-based cessation interventions. It was with this in mind, that the board voted to designate \$2 million dollars to the QuitLine from the \$14,394,776 total amount available for distribution prior to applying the CDC recommended distribution ratios to the remaining balance of \$12,394,776. This action guarantees four years of uninterrupted funding that will provide stability to this evidence-based, highly effective program that has been the cornerstone of the state's cessation efforts throughout the board's history.

The board developed a funding framework, which showed how funds available to the board may be disbursed based on CDC recommended program interventions and funding levels, and statutorily defined priority areas.

¹¹See Appendix A for the statutory authority P.A. 23-92 Section 4 <https://www.cga.ct.gov/2023/ACT/PA/PDF/2023PA-00092-R00HB-06914-PA.PDF>.

Board Recommended Disbursement of 2024 Funding

CDC Recommended Funding Category as Adopted in CT Via Public Act 23-93, Section 4(a)	% of Total Funding Allocation	Board Recommended Allocation Amounts Based on State Authorization = \$14,394,776*^
State and Community Interventions	30%	\$4,338,172
Mass-Reach Health Communication Intervention	10%	\$1,487,373
Cessation Interventions	48%	\$6,957,910
Surveillance and Evaluation	8%	\$1,115,530
Infrastructure, Administration, and Management	3%	\$495,791
Total	100%	\$14,394,776

*PA 23-92 provides the board the latitude to adjust allocations between funding categories by +/- 10% or \$50,000 whichever is less. Any adjustments in excess of those amounts are required to be submitted to the Appropriations and Public Health Committees for approval.

^Percentages may not be exact due to rounding

In addition to the above funding allocation methodology, the board is also required to allocate funding in accordance with the priority areas defined in Public Act 23-92, Section 4 (d)(1) which specifies that the board's recommendations shall give priority to comprehensive tobacco and nicotine control programs for: (1) prevention of initial tobacco and nicotine product use among youth and young adults; (2) smoking cessation directed at adults and youth; (3) elimination of exposure to secondhand smoke and aerosol; (4) identification and elimination of tobacco and nicotine-related disparities. Additionally, when disbursing funds, the board must give 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 programs¹². These factors will be built into the solicitations developed as part of the competitive bid process.

Using this framework the board developed specific program strategies and funding levels for each of the following program categories. The board believes this disbursement proposal is the most effective use of trust funds for the following major reasons:

- Aligns with CDC recommended programming and funding levels and all statutory requirements. CDC's recommendations are based on scientific research and best

¹² See Appendix A for the statutory authority P.A. 23-92 Section 4 <https://www.cga.ct.gov/2023/ACT/PA/PDF/2023PA-00092-R00HB-06914-PA.PDF>.

practices determined by evidence-based analysis of state tobacco programs determined to be effective in preventing and reducing tobacco use.

- Provides for Connecticut specific adjustments to the CDC recommendations based on the amount of available funding.
- Uses competitive bidding through a Request for Proposal (RFP) process to ensure that open competitive practices are followed and allows for a comprehensive, transparent method to distribute trust funds. This approach provides a fair and effective approach to select the most qualified bidders.
- Supports timely conduction of the state procurement and contracting process to effectively and efficiently disperse funding by providing DPH the necessary administrative resources.
- Ensures consistent funding for the CT QuitLine, one of the state's most successful smoking cessation initiatives¹³, to continue operation.
- Coordinates resources across similar tobacco, nicotine and substance use programs and initiatives operated in the state¹⁴.

Historically, the board has worked with the DPH to develop requests for proposals, review proposals, award contracts, modify existing contracts and monitor programs. Board members may participate in the subcommittees to draft the request for proposals and the evaluation committees to review and select proposals, provided they do not have a conflict of interest.

Once the 2024 recommendations are approved for disbursement, the board will work with DPH to solicit proposals through a competitive bidding process for state and community interventions, mass-reach media communications, cessation programming and evaluation. The RFP will require proposals to address: (1) all products made or derived from tobacco that are not defined by the Food and Drug Administration as tobacco use cessation medication, including electronic nicotine delivery systems, (2) at least one the identified priority areas; and (3) health equity and various disparities that affect rates of smoking and prevention and cessation outcomes.

The following summarizes the board's disbursement recommendations for the 2024 allocation and examples of projects funded in prior years¹⁵:

¹³ *Independent Program Evaluators, 2008-2015. (The Consultation Center, Professional Data Analysts, and The University of North Carolina, Tobacco Prevention and Evaluation Program) Cessation Program and QuitLine Evaluation Reports prepared for projects funded from 2008 to 2015 and Tobacco and Health Trust Fund Board Retrospective Report 2000 -2017* <https://portal.ct.gov/-/media/OPM/PDPD/PDPD-HHS/Tobacco-and-Health-Trust-Fund-Board/Final-Retrospective-Report-2000-2017.pdf>.

¹⁴ DMHAS update presentations to the Board January 24, 2024 [https://portal.ct.gov/-/media/OPM/PDPD/PDPD-HHS/Tobacco-and-Health-Trust-Fund-Board/Agendas-and-minutes/January-24-2024/2024/THTF_Juul-Settlement_01242024.pdf](https://portal.ct.gov/-/media/OPM/PDPD/PDPD-HHS/Tobacco-and-Health-Trust-Fund-Board/Agendas-and-minutes/January-24-2024/2022-23-Priority-Report-Presentation_THTF_Meeting12424.pdf) and DMHAS JUUL Settlement Funds Distribution Report to the Board, September 2024 https://portal.ct.gov/-/media/opm/pdpd/pdpd-hhs/tobacco-and-health-trust-fund-board/dmhas-juul-reports/thtf-report---rbhaos-juul-funding-sep-2024_final.pdf

¹⁵ A complete review of previously funded programs can be found in the Tobacco and Health Trust Fund Retrospective: 2000-2017 <https://portal.ct.gov/-/media/OPM/PDPD/PDPD-HHS/Tobacco-and-Health-Trust-Fund-Board/Final-Retrospective-Report-2000-2017.pdf>

I. State and Community Interventions \$4,338,172

According to CDC, community interventions include the support and implementation of programs and policies to influence societal organizations, systems, and networks that encourage individuals to make behavior choices consistent with tobacco-free norms¹⁶. The social norm change model presumes that lasting change occurs through shifts in the social environment initially or ultimately at the grassroots level across local communities¹⁷. State and community interventions unite a range of integrated activities, including local and statewide policies and programs, as well as initiatives to eliminate tobacco-related disparities¹⁸.

Examples of previous programs and initiatives funded by the Tobacco and Health Trust Fund under this category include: innovative school-based programs promoting prevention and supporting student health; pilot prevention programs for youth in camps and other programs outside of school; implementation of the virtual biorepository demonstration project and the development of a biorepository of specimens for smoking cessation studies conducted by UConn Health Center; education efforts targeted to the public and media on the hazards of tobacco use; support of Local Health Departments to implement tobacco free policies, and funding to community-based organizations for prevention efforts such as the Boys and Girls Club "Be Smart, Don't Start" program for youth.

II. Mass-Reach Health Communication Intervention \$1,487,373

The Tobacco and Health Trust Fund Board recommends disbursement of \$1,487,373 to support a statewide media campaign delivering messages designed to encourage smokers to quit, prevent youth and young adult tobacco use initiation, shape social norms related to tobacco use, facilitate cessation and educate Connecticut residents on the harms of smoking and other tobacco use. A variety of media can be used including television, radio, print, and digital advertising at the state and local levels; outdoor advertisement including materials placed in various shopping malls, and bus stations; mobile marketing including messaging at venues such as concerts, sporting events, shows and other media events; and social media and marketing of strategy development and public relation activities.

According to CDC an effective state-level, mass-reach health communication intervention delivers strategic, culturally appropriate, and high-impact messages through sustained and adequately funded campaigns that are integrated into a comprehensive state tobacco control program¹⁹. Innovations in health communication interventions include the ability to target and engage specific audiences through

¹⁶Centers for Disease Control and Prevention Best Practices 2014

¹⁷ IBID

¹⁸ IBID

¹⁹Centers for Disease Control Best Practices 2014

multiple communication channels, such as online video, mobile Web, and smartphone and tablet applications (apps)²⁰. Social media platforms, such as X and Facebook, have facilitated improvements in how messages are developed, fostered, and disseminated in order to better communicate with target audiences and allow for relevant, credible messages to be shared more broadly within the target audiences' social circles²¹.

Examples of previous programs and initiatives funded by the Tobacco and Health Trust Fund under this category include: targeted media campaigns such as English and Spanish campaigns using the CDC "Tips From Former Smokers" campaign and youth prevention campaigns; promotion of QuitLine (adult cessation), audience insight and message/concept research (focus groups). Former media campaign approaches included the use of radio, television, social media, print media and transportation ads.

III. Cessation Interventions \$6,957,910

The Tobacco and Health Trust Fund Board recommends disbursement of \$6,957,910 to support programs that provide tobacco cessation services. Applicants responding to the RFP must address all products made or derived from tobacco that are not defined by the Food and Drug Administration as tobacco use cessation medication, including electronic nicotine delivery systems. The board intends to give preference to RFP respondents targeting the statutorily defined priority areas and target populations.

According to CDC, quitting smoking has immediate and long-term health benefits. Encouraging tobacco users to quit and supporting them as they quit tobacco is the fastest way to reduce tobacco-related disease, death, and health care costs.

Board members recommend that \$2,000,000 is set aside from the total \$14.3 million Tobacco and Health Trust Fund allocation and be added to the cessation intervention category to commit to funding the QuitLine for a period of four years while maintaining the amount of other funds available to continue supporting additional evidence-based cessation programming. The QuitLine is a free, tailored cessation service available to Connecticut residents through 24/7 live coaching, automated coaching support via email, text, or chat, access to an online community, and nicotine replacement therapy (NRT) such as patches, gums, and lozenges. According to the CDC tobacco use treatment is effective and highly cost-effective especially when counseling and FDA-approved medications are provided without cost barriers²¹. QuitLine funding will be used to support capacity, develop and support e-referrals from electronic health records that will allow physicians to send referrals to the QuitLine as a warm hand-off rather than require the patient to make the initial call, provide technical assistance, and face-to-face community tobacco use cessation programs.

²⁰ *IBID*

²¹ *Centers for Disease Control Best Practices 2014*

For the period of 2003-2016, the board disbursed \$7.1 million to support the QuitLine. During this period the QuitLine helped 67,228 Connecticut callers in their efforts to quit smoking and use of tobacco products. The previously funded community cessation programs and the QuitLine have estimated aggregate quit rates that range between 12.4% to 30.6%.²² In FY 2020 (July 2019 - June 2020), the QuitLine registered 1,746 tobacco users²³. January 2020 through July 2024 the QuitLine registered 8,523 tobacco users. The 2023 Tobacco and Health Trust Fund allocation plan provided the QuitLine with \$500,000 to continue operations. In the first six months of calendar year 2024, (January 1, 2024 – June 30, 2024), QuitLine reached 978 registrations.

The CT Quitline changed service providers in late July of 2024 from RVO Health to National Jewish Health. The new service features a Youth Program and a Pregnancy and Postpartum Program²⁴.

IV. Surveillance and Evaluation \$1,115,530

The Tobacco and Health Trust Fund Board recommends disbursement of \$1,115,530 to provide a comprehensive and independent evaluation of the above proposed programs and services. The evaluation will assure accountability and demonstrate effectiveness of the programs. The evaluation will monitor program progress, assess the implementation and outcomes of the programs, including quit rates, determine whether the programs and activities are effective, determine if the desired results are being obtained, identify any areas that need improvement, and inform policy and program directions.

The independent process and outcome evaluation of the programs will include data collection, analysis, and reporting, as well as recommendations for program modifications. Results will be used to enhance and improve future programming. This is the same evaluation procedure used historically.

V. Administration \$495,791

The Tobacco and Health Trust Fund Board recommends disbursement of \$495,791 for the administration and management of the board's 2024 recommended disbursements for anti-tobacco programs and services. Federally funded staff at the DPH has worked with the board in the past to develop requests for proposals, award contracts, modify existing contracts and monitor programs. As demonstrated during the prior iteration of the board, it is difficult for DPH to manage their federal funded programs and the

²²Summary of the Tobacco and Health Trust Funded Programs 2003-2018 <https://portal.ct.gov/-/media/OPM/PDPD/PDPD-HHS/Tobacco-and-Health-Trust-Funded-Programs-2003-2018.pdf>

²³State of Connecticut Department of Public Health

²⁴ More details on the QuitLine can be found at Commit to Quit Smoking in CT www.committoquitct.com

board's programs with current resources. As such, in order to assure there is adequate capacity, it is essential to secure additional administration support.

According to CDC, a comprehensive tobacco control program requires considerable funding to implement²⁵. A fully functioning infrastructure must be in place to achieve the capacity to implement effective interventions²⁶. Sufficient capacity is essential for program sustainability, efficacy, and efficiency, and it enables programs to plan their strategic efforts, provide strong leadership, and foster collaboration among the state and local tobacco control communities. An adequate number of skilled staff is also necessary to provide or facilitate program oversight, technical assistance, and training²⁷.

These funds were used in the past for the administration of the RFP process, preparation of the retrospective report and infrastructure.

²⁵ *Centers for Disease Control Best Practices 2014*

²⁶ *IBID*

²⁷ *IBID*

Appendix A
Statutory Authority

**AN ACT ADJUSTING THE STATE BUDGET FOR THE BIENNIUM ENDING JUNE 30, 2023,
CONCERNING PROVISIONS RELATED TO REVENUE, SCHOOL CONSTRUCTION AND
OTHER ITEMS TO IMPLEMENT THE STATE BUDGET AND AUTHORIZING AND
ADJUSTING BONDS OF THE STATE.**

Public Act No. 22-118

Sec. 196. Section 4-28e of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2022*):

(a) There is created a Tobacco Settlement Fund which shall be a separate nonlapsing fund. Any funds received by the state from the Master Settlement Agreement executed November 23, 1998, shall be deposited into the fund.

(b) (1) The Treasurer is authorized to invest all or any part of the Tobacco Settlement Fund, all or any part of the Tobacco and Health Trust Fund created in section 4-28f and all or any part of the Biomedical Research Trust Fund created in section 19a-32c. The interest derived from any such investment shall be credited to the resources of the fund from which the investment was made.

(2) Notwithstanding sections 3-13 to 3-13h, inclusive, the Treasurer shall invest the amounts on deposit in the Tobacco Settlement Fund, the Tobacco and Health Trust Fund and the Biomedical Research Trust Fund in a manner reasonable and appropriate to achieve the objectives of such funds, exercising the discretion and care of a prudent person in similar circumstances with similar objectives. The Treasurer shall give due consideration to rate of return, risk, term or maturity, diversification of the total portfolio within such funds, liquidity, the projected disbursements and expenditures, and the expected payments, deposits, contributions and gifts to be received. The Treasurer shall not be required to invest such funds directly in obligations of the state or any political subdivision of the state or in any investment or other fund administered by the Treasurer. The assets of such funds shall be continuously invested and reinvested in a manner consistent with the objectives of such funds until disbursed in accordance with this section, section 4-28f or section 19a-32c.

(c) [For] Commencing with the fiscal year ending June 30, [2018, and each fiscal year

thereafter,] 2023, annual disbursements from the Tobacco Settlement Fund shall be made [to] as follows: (1) To the General Fund in the amount identified as "Transfer from Tobacco Settlement Fund" in the General Fund revenue schedule adopted by the General Assembly; and (2) to the Tobacco and Health Trust Fund in an amount equal to twelve million dollars.

[(d) For the fiscal year ending June 30, 2000, five million dollars shall be disbursed from the Tobacco Settlement Fund to a tobacco grant account to be established in the Office of Policy and Management. Such funds shall not lapse on June 30, 2000, and shall continue to be available for expenditure during the fiscal year ending June 30, 2001.

(e) Tobacco grants shall be made from the account established pursuant to subsection (d) of this section by the Secretary of the Office of Policy and Management in consultation with 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, the minority leader of the Senate, and the cochairpersons and ranking members of the joint standing committees of the General Assembly having cognizance of matters relating to public health and appropriations and the budgets of state agencies, or their designees. Such grants shall be used to reduce tobacco abuse through prevention, education, cessation, treatment, enforcement and health needs programs.]

[(f)] (d) For the fiscal year ending June 30, 2005, and each fiscal year thereafter, the sum of one hundred thousand dollars is appropriated to the Department of Revenue Services and the sum of twenty-five thousand dollars is appropriated to the office of the Attorney General for the enforcement of the provisions of sections 4-28h to 4-28q, inclusive.

Public Act No. 23-92

AN ACT CONCERNING THE USE OF FUNDS IN THE OPIOID AND TOBACCO SETTLEMENT FUNDS AND FUNDS RECEIVED BY THE STATE AS PART OF ANY SETTLEMENT AGREEMENT WITH A MANUFACTURER OF ELECTRONIC NICOTINE DELIVERY SYSTEM AND VAPOR PRODUCTS.

Sec. 4. Section 4-28f of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2023*):

(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] and nicotine use 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] that use evidence- based best practices regarding (1) state and community interventions,

(2) communication methods to disseminate health information to a wide audience, (3) cessation interventions, (4) surveillance and evaluation, and (5) infrastructure, administration and management. The trust fund shall be used to support the reduction in use of all tobacco and nicotine products, including, but not limited to, combustible, noncombustible, electronic and synthetic tobacco and nicotine products.

(b) The trust fund may accept transfers from the Tobacco Settlement Fund and may apply for and accept gifts, grants, [or] donations, assignments or transfers 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. 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 trustees shall continue to serve until their successors are appointed or designated. Any vacancy occurring other than by expiration of term shall be filled in the same manner as the original appointment for the balance of the unexpired term. The period of suspension of the board's operations from July 1, 2003, to June 30, 2005, inclusive, shall not be included in the term of any trustee serving on July 1, 2003. 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, not later than January first of each year, 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) For the fiscal year ending June 30, 2023, and each fiscal year thereafter, the board of trustees, by majority vote, shall recommend authorization of disbursement from the trust fund of the amount deposited in the trust fund for the fiscal year pursuant to subsection (c) of section 4-28e, for the purposes described in subsection (a) of this section and section 19a-6d. The board's recommendations shall give [(i)]

(A) priority to [programs that address tobacco and substance abuse and serve minors, pregnant women and parents of young children] comprehensive tobacco and nicotine control programs for (i) prevention of initial tobacco and nicotine product use among youth and young adults, (ii) smoking cessation directed at adults and youth, (iii) elimination of exposure to secondhand smoke and aerosol, and (iv) identification and elimination of tobacco and nicotine-related disparities, and [(ii)] (B) 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) 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 jointstanding 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 submit a biennial report 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 the provisions of section 11-4a. Such report shall include, but need not be limited to, an accounting of the unexpended amount in the trust fund, if any, 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 measurable outcome and evaluation criteria and application process used to select programs to receive such funds.

Appendix B

Tobacco and Health Trust Fund Board of Trustees Membership as of October 1, 2024

Appointed by	Appointee as of October 1, 2024
OPM Secretary	Claudio Gualtieri – Chair Senior Policy Advisor to the Secretary Office of Policy & Management
Governor	Suchitra Krishnan-Sarin Professor of Psychiatry Yale University
Governor	Jody Terranova Deputy Commissioner Department of Public Health
Governor	Ayesha Clark Interim Executive Director Health Equity Solutions
Governor	Anne Foley Former HHS Undersecretary Office of Policy and Management
Senate Pres. Pro Tempore	Toni Harp Former State Senator and Mayor of New Haven
Senate Pres. Pro Tempore	Vacant
Speaker of the House	Pareesa Charmchi Goodwin Executive Director Commission on Racial Equity in Public Health
Speaker of the House	Mathew Jasinski Attorney MotleyRice
Senate Majority Leader	Andrew Salner, MD Director, Cancer Program Helen & Harry Gray Cancer Center Medical Director of Radiation Oncology Hartford Hospital
Senate Majority Leader	Christopher Moran Attorney State of Connecticut
Senate Minority Leader	Robert Boris President Command Tech
Senate Minority Leader	Samuel Hahn, MD Cardiologist Yale New Haven Hospital
House Majority Leader	Tricia Orozco Intercommunity CT
House Majority Leader	Steven Hernandez Executive Director CONCAN
House Minority Leader	Michael Rell International Governmental Strategies, LLC
House Minority Leader	Cindy Harrison State Representative, District 69