

December 20, 2024

The Honorable Catherine A. Osten
The Honorable Toni E. Walker
Appropriations Committee, 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, I am submitting the attached Tobacco and Health Trust Fund Board of Trustees Biennial Progress Report for calendar years 2023 and 2024. At the time of this submission the board has fulfilled its statutory obligation having submitted and received unanimous approval from the Appropriations and Public Health Committees to disburse 100% of FY 2023 and FY 2024 funds allotted to the Trust Fund totaling \$24 million plus interest and unexpended balances from legacy projects (an additional, approximate \$2.39 million) to support tobacco and nicotine prevention and cessation efforts in Connecticut. For perspective, the amount allocated this calendar year is equal to 90% of the total amount (\$29.2 million) allocated by the previous iteration of the Board from 2000 until its disbandment in 2018.

If you have any questions regarding this report, please call me at 860-461-9832 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, Administrator, Appropriations Committee
Beverley Henry, Administrator, Public Health Committee
Jeffrey R. Beckham, Secretary, Office of Policy and Management



Biennial Report of the Tobacco and Health Trust Fund Board of Trustees

To the Appropriations and Public Health Committees
and the Connecticut General Assembly

January 2025

Prepared and submitted by the
Office of Policy and Management

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I. Introduction

The Tobacco and Health Trust Fund was established in 1999 as a separate, non-lapsing fund that accepts transfers from sources including the Tobacco Settlement Fund and may apply for and accept gifts, grants or donations from public or private sources to carry out its objectives. The purpose of the trust fund is to establish a source of funding 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.”¹

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 (OPM).²

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 2018 and FY 2019. 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 2018. Due to the lack of funding, the Tobacco and Health Trust Fund board submitted a final retrospective report on its accomplishments³ 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 in FY 2023. Subsequently, Public Act 23-92 (Section 4) was passed which allocated a transfer of \$12 million in FY 2024 and FY 2025⁴ and: (1) updated the board’s statutory purposes and priority areas for fund disbursements; (2) requires that funding be directed to programs that use evidence-based best practices for various objectives; and (3) amended the submission schedule for progress reports to the legislature to biannual versus annual. This report fulfills the board’s statutory responsibility to submit a biennial report to the Appropriations and Public Health Committees on the board’s activities and accomplishments from passage of January 1, 2023 - through December 31, 2024.

¹ See Appendix A for the statutory authority <https://www.cga.ct.gov/2022/ACT/PA/PDF/2022PA-00118-R00HB-05506-PA.PDF>

² See Appendix B for a list of board members at time of disbandment in 2018

³ 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>

⁴Public Act 24-81 suspended the FY 2025 allotment to the Trust Fund allowing the board the opportunity to catch-up on FY 2023 and FY 2024 allocations.

II. Data on Tobacco Use in Connecticut

Cigarette smoking causes approximately one of every five deaths in the United States each year.⁵ The damage caused by tobacco use such as premature death, illness, and disability begins early in life, with 90 percent of adult smokers having their first cigarette before the age of 18⁶. According to the Center for Disease Control (CDC) tobacco related diseases remains the leading cause of preventable disease and death in the United States.⁷

Adult Tobacco Use in Connecticut in 2023:⁸

- 8.4% of all adults (18+ years old) reported smoking cigarettes; this represents a small decrease from 10% in 2022 but a significant decrease compared to 11.1% in 2021.
- 17.1% of all adults used some form of tobacco some days or every day; this represents a slight decrease from 18.8% in 2022, and a significant decrease compared to 19.9% in 2015.
- Cigarettes (8.4%), e-cigarettes (6.2%), and cigars (4.6%) were the most prevalent forms of tobacco used by adults⁹.
- 22.2% of men and 12.3% of women used some form of tobacco, such as cigarettes, cigars, chewing tobacco, snuff, dip, hookahs, or e-cigarettes.
- 7.8% of men reported using e-cigarettes some days or every day, a significantly higher rate than among women (4.6%).

Youth Tobacco Use in Connecticut in 2023:¹⁰

- 3.0% of high school students smoked cigarettes in the past 30 days down from 5.6% in 2015 but significantly higher than the 1.3% reported in 2021.
- 12.7% of high school students used some form of tobacco in the past 30 days down from 13.9% in 2015 and down significantly from 27.6% in 2019.
- E-cigarettes are the most prevalent form of tobacco product used among high school students at a rate of 11.5%; this represents an increase from 7.2% in 2015 but a significant decrease from 27% in 2019.
- E-cigarette use is significantly higher among high school females (13.5%) than among males (9.3%).
- The rate of e-cigarette use more than doubles from 6.8% in grade 9 to 15.1% in grade 12.
- The rate of tobacco use is significantly higher in grade 12 (16.2%) than in Grade 9

⁵ CDC- Tobacco-Related Mortality <https://www.cdc.gov/tobacco/php/data-statistics/adult-data-cigarettes/index.html>

⁶ U.S. Department of Health and Human Services-The Office of Adolescent Health – Trends in Adolescent Tobacco Use.- <https://opa.hhs.gov/adolescent-health/substance-use-adolescence>

⁷ CDC- Tobacco Product Use Among Adults – United State 2022 National Health Interview Survey <https://www.cdc.gov/tobacco/media/pdfs/2024/09/cdc-osh-ncis-data-report-508.pdf>

⁸ DPH QuickStats Tables: <https://portal.ct.gov/DPH/Health-Education-Management--Surveillance/Tobacco/Stats--Reports>.

⁹ Ibid.

¹⁰ Youth smoking -CT Youth Tobacco Survey 2019 <https://portal.ct.gov/DPH/Health-Education-Management--Surveillance/Tobacco/Stats--Reports>

(8.1%).

- About 1 of every 19 US middle school students (5.4%) reported in 2024 that they had used any tobacco product in the past 30 days¹¹ – a significant decrease from 1 out of every 8 middle school students in 2019¹².
- 2,500 children (under 18) become new daily smokers each year¹³.

These statistics do represent a substantial reduction over the past 10 years in tobacco use due to numerous factors including passage of smoke-free legislation, ban and enforcement on sales of cigarettes to minors, increases in the cost of tobacco products, and prevention and cessation programs. However, of important note is the significant increase in the use of tobacco products in teens largely due to the sharp rise in use of E-cigarettes.

Disparities in Connecticut Tobacco Use in 2023:¹⁴

- 22.4% of adults in households making less than \$25,000 used tobacco.
- 21.4% of adults in households making \$25,000-\$49,999 used tobacco.
- 20.0% of adults in households making \$50,000-\$74,000 used tobacco.
- 15.8% of adults in households making \$75,000 or more used tobacco.

Disparities in Connecticut Tobacco Use by Education in 2023¹⁵

- 23.4% of adults without a high school diploma used tobacco.
- 22.3% of adults with a high school or GED diploma used tobacco.
- 21.0% of adults with some college or Tech School education used tobacco.
- 9.2% of adults with a college degree used tobacco.

Disparities in Connecticut Tobacco Use by Age in 2023¹⁶

- 19.7% of adults 18-24 years old used tobacco.
- 24.5% of adults 25-34 years old used tobacco.
- 22.1% of adults 35-44 years old used tobacco.
- 12.8% of adults 45-54 years old used tobacco.
- 18.1% of adults 55-64 years old used tobacco.
- 10.1% of adults aged 65 years and older used tobacco.

¹¹ CDC Trends in Tobacco Use Among Youth <https://www.cdc.gov/tobacco/php/data-statistics/youth-data-tobacco/>

¹² CDC Tobacco Product Use Among Youth Fact Sheet 2019 https://archive.cdc.gov/www_cdc.gov/media/releases/2019/1205-nyts-2019.html

¹³ American Lung Association, Tobacco Use Among Children and Teens <https://www.lung.org/quit-smoking/smoking-facts/tobacco-use-among-children#:~:text=Key%20Facts%20about%20Tobacco%20Use%20among%20Children%20and,start%20at%20a%20later%20age.%20...%20More%20items>

¹⁴ 2023 Connecticut Behavioral Risk Factor Surveillance System-Department of Public Health Prevalence of Tobacco Use Among Connecticut Adults <https://portal.ct.gov/DPH/Health-Education-Management--Surveillance/Tobacco/Stats--Reports>.

¹⁵ Ibid.

¹⁶ Ibid.

Health Impact of Tobacco Use in Connecticut in 2024¹⁷

An estimated 4,900 annual deaths in Connecticut can be directly attributed to tobacco use. Smoking can damage every part of the body. According to the CDC, 16 million Americans have at least one disease caused by smoking. Cancers including oral, pharynx, larynx, esophagus, lung, stomach, kidney, pancreas, colon, bladder, and cervix, and chronic diseases such as stroke, heart disease, hardening of the arteries, lung disease, asthma, and diabetes are all risks from smoking.

The Cost of Tobacco Use Nationally and in Connecticut¹⁸.

- According to the CDC, over 16 million Americans have at least one smoking related illness resulting in \$170 billion in direct medical costs.
- In 2018, Connecticut experienced \$3.1 million in total annual morbidity-related productivity losses related to adults who currently smoke.
- According to the American Lung Association's *2024 State of Tobacco Control Report*, the state has experienced over time \$2 billion in health care costs due to smoking¹⁹.

III. Historical Accomplishments²⁰

Prior to the 2018 diversion of the Tobacco Settlement funds from the Tobacco and Health Trust Fund to the General Fund, the board had disbursed \$29.2 million consistent with the U.S. Centers for Disease Control (CDC) and Prevention recommended program interventions and funding levels for 2014. CDC's recommendations are based on scientific research and best practices determined by evidence-based analysis of state tobacco programs determined to be effective in preventing and reducing tobacco uses. Aligning disbursements with CDC 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.

Since its initial establishment in 1999, the board disbursed funding to a variety of programs designed to reduce the prevalence and impact of tobacco use. The board disbursed \$29.2 million from 2003 to 2016 to support tobacco counter-marketing efforts, tobacco prevention initiatives, and tobacco use cessation programs including the QuitLine. Other efforts, such as evaluation, a lung cancer pilot, innovative programs,

¹⁷ American Lung Association, State of Tobacco Control, Connecticut Highlights 2024, <https://www.lung.org/research/sotc/state-grades/highlights/connecticut>
<http://www.cancer.org/acs/groups/content/@research/documents/document/acspc-047079.pdf>, Campaign for Tobacco Free Kids
http://www.tobaccofreekids.org/facts_issues/toll_us/connecticut

¹⁸ *Extinguishing the Tobacco Epidemic in CT*, Centers for Disease Control and Prevention, <https://www.cdc.gov/tobacco/stateandcommunity/state-fact-sheets/index.htm#CT>

¹⁹ American Lung Association, State of Tobacco Control, Connecticut Highlights 2024, <https://www.lung.org/research/sotc/state-grades/highlights/connecticut>

²⁰ All data and information in this section on the report is taken from the Tobacco and Health Trust Fund Retrospective Report: Overview of Programming and 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>

tobacco enforcement, and website development were funded to a lesser extent. During the period of 2003 - 2016, the board distributed \$6.6 million to support tobacco counter-marketing efforts. Trust Funds were used to support adult and youth media campaigns. For example, from 2003-2004, funds were used to buy television ads, radio ads, bus panels, highway billboards, magazine ads, and a sign at the Hartford Civic Center. Several youth and young adult prevention campaigns were conducted between the period of 2009-2013. Between the period of 2003-2016, the board distributed \$15.7 million to support cessation programs, including the Quitline. The board disbursed funds for a variety of evidence-based approaches to tobacco cessation targeting populations disproportionately burdened by the negative health effects of tobacco use. From 2003 -2016, over 7,355 individuals received cessation services. The QuitLine provided stop-smoking services free of charge to Connecticut residents through telephone cessation counseling and nicotine replacement therapy (NRT). During this period the QuitLine helped 67,228 Connecticut callers in their efforts to quit smoking and use of other tobacco products. The board disbursed \$4.4 million to support tobacco prevention programs for youth from 2003-2016. Over 27,000 youth were served through these prevention programs. The board disbursed over \$2.3 million from 2003 to 2016 to support other efforts including evaluations, administration and infrastructure, and website development.

Tobacco use prevention and control efforts funded through the Board have utilized a variety of approaches to reduce the prevalence and impact of tobacco use. Evaluation data suggest that these efforts have generally been well implemented and have likely helped to reduce overall tobacco use in Connecticut.

IV. Recent Activities and Accomplishments

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 million 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 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 its subsequent allocation plan was presented by the reconstituted board for the disbursement of 2024 funds on November 18, 2024, also receiving unanimous approval.

Reestablishing the Tobacco and Health Trust Fund Board of Trustees

Administrative responsibility for the board is placed with OPM. Since the last Report on the Tobacco and Health Trust Fund submitted in December 2022, OPM staff have worked diligently with appointing authorities to fill board vacancies and secure a quorum so that the board could be convened and meet in time to allocate the first transfer of Tobacco Settlement funds for FY 2023. The board consists of seventeen appointed members: four members appointed by the Governor, two appointments by each of the six legislative leaders, and one representative of the OPM. Anne Foley, former Undersecretary at OPM, was the prior OPM appointee and served as Chair of the board. Ms. Foley has since retired and in early June 2022 Secretary Jeffrey Beckham appointed her successor, Senior Policy Advisor Claudio Gualtieri, to serve as his designee on the Committee. The board had enough members to constitute a quorum and hold its first meeting in June 2023. As of this writing, 16 positions are filled and only one board seat remains vacant²¹.

Board Accomplishments Calendar Years (CY) 2023 and 2024

The reconstituted board convened for the first time on June 23, 2023 and over 14 months has met a total of seven times (three meetings in 2023 and four in 2024) and submitted two allocation plans recommending the disbursement of approximately \$26.4 million for FY 2023 (\$12 million) and 2024 (\$14.4 million)²², an amount equal to 90% of the total amount (\$29.2 million) available for allocation by the previous iteration of the board over the seven years of their existence. The board has successfully met its statutory charge *"to reduce tobacco and nicotine use through prevention, education and cessation programs 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"*²³

²¹ See Appendix D for the list of Tobacco and Health Trust Fund Board members as of December 1, 2024

²² See Appendix E for chart of aggregate allocations to the Trust Fund

²³ Public Act 23-92, Section 4(a) <https://www.cga.ct.gov/2023/ACT/PA/PDF/2023PA-00092-R00HB-06914-PA.PDF>

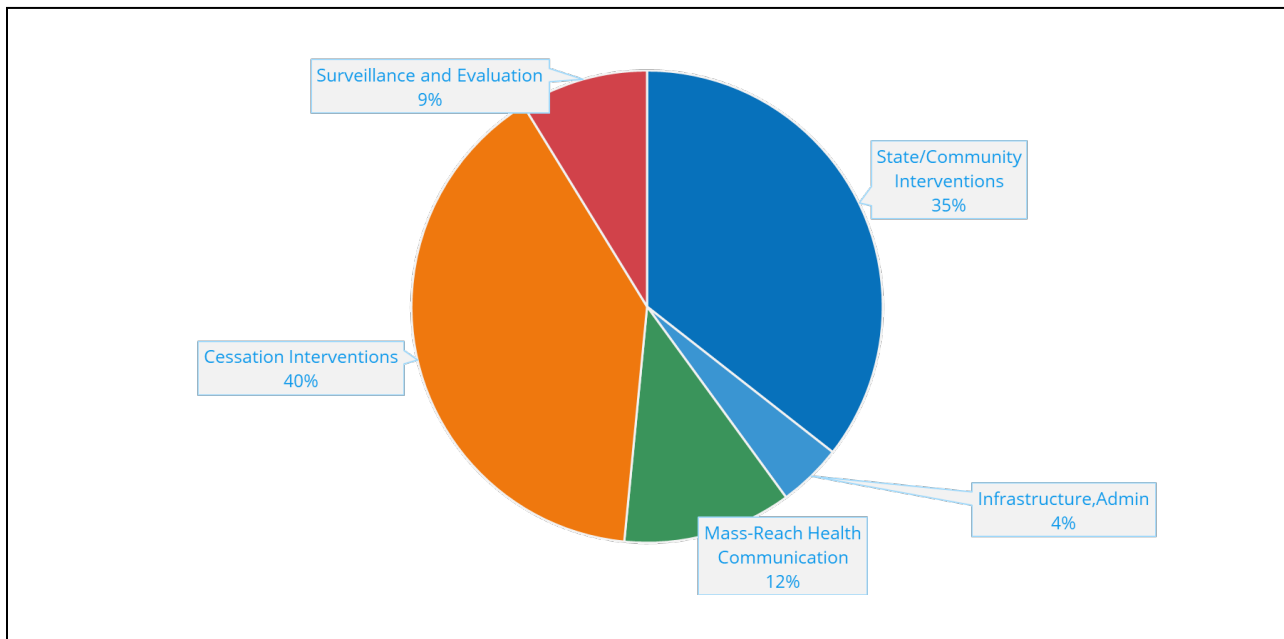
Highlights of CY 2023

The following was accomplished by the board in 2023²⁴:

- OPM worked with appointing authorities to obtain enough appointments to constitute a quorum and begin meeting.
- **First meeting of the reconstituted board held on June 23, 2024** – Meeting consisted of presentations from OPM and DPH staff on the statutory charge of the new board, a review of authorizing statute, overview of board history 2000 – 2018, tobacco use statistics, CDC best practices for tobacco prevention and cessation, lessons learned from the prior iteration of the board, and explanation of the Trust Fund allocation process including the request for proposal (RFP) and contract development administration process. The meeting concluded with the board members setting next steps.
- **Meeting, October 11, 2023** – This meeting included a presentation on the role of the board in the fund allocation process and review of CDC recommended spending in each of the five best practice categories; a detailed presentation on the role of the board in the RFP process - from serving on the development team to participation on the proposal evaluation panel - adoption of board operating procedures; a vote setting the meeting schedule for remainder of 2023; and agreement on next steps.
- **Meeting, November 13, 2023** – Board members engaged in discussion on the four statutorily required priority areas and voted to allocate the available \$12 million in FY 2023 according to those priority areas and in alignment with CDC best practice categories without adding additional priorities that would dilute the funding available to support the legislatively set priority areas. Members also discussed the CDC funding categories and voted to allocate the \$12 million FY 2023 allotment according to CDC recommended funding percentages for each category (see Figure 1) and within those categories to designate \$500,000 of cessation funding to support continued operations of the QuitLine, 100% of surveillance and evaluation dollars to secure a third-party evaluator obtained through the competitive bid process and to allocate 100% of infrastructure and administrative funds to DPH to oversee RFP, contracting and ongoing program monitoring activities. Lastly, the group agreed that the next step would be OPM staff drafting the formal FY 2023 Allocation Plan and circulating to board members for a formal vote at the January 2024 meeting and adopted the 2024 quarterly meeting schedule.

²⁴ All board meeting agendas, minutes, recordings and materials can be found on the Tobacco and Health Trust Fund web page <https://portal.ct.gov/opm/pdpd-hhs/tobacco-and-health-trust-fund-board/archive-of-meeting-materials>.

Figure 1: CDC Best Practice Recommendations for Funding Categories and Levels



Highlights of CY 2024²⁵

- **Meeting, January 24, 2024** – This meeting consisted of a discussion and vote to adopt the FY 2023 Allocation Plan and agreement that it be submitted to the legislative committees having cognizance over appropriations and public health²⁶. Department of Mental Health and Addiction Services (DMHAS) staff also presented to the board on the JUUL Settlement and Regional Behavioral Health Action Organizations biannual strategic plans consisting of identified priority areas including Tobacco and electronic nicotine delivery systems (ENDS) utilization (see Table 1).
- **February 15, 2024 – FY 2023 Tobacco and Health Trust Fund Allocation Plan Submitted** to the Appropriations and Public Health Committees of the legislature²⁷.
- **March 14, 2024 - Joint Appropriations and Public Health Public Hearing on the FY 2023 \$12 million Allocation Plan Followed by Committee Votes** –The Chair, Claudio Gualtieri and fellow Committee member, DPH Deputy Commissioner Dr. Jody Terranova, presented the FY 2023 Allocation Plan and spoke to the health care need for continued support of cessation and prevention activities in Connecticut. Advocates from the American Lung Association, American Heart Association and American Cancer Society Cancer Action Network among others

²⁵ All Board meeting agendas, minutes, recordings and materials can be found on the Tobacco and Health Trust Fund web page <https://portal.ct.gov/opm/pdpd-hhs/tobacco-and-health-trust-fund-board/archive-of-meeting-materials>.

²⁶ See Appendix C for list of Board members at time of FY 2023 Allocation Plan vote

²⁷ Tobacco and Health Trust Fund Board of Trustees, 2023 Allocation Plan; https://portal.ct.gov/-/media/opm/pdpd/pdpd-hhs/tobacco-and-health-trust-fund-board/allocation-plans-and-annual-reports/tobacco-and-health-trust-fund-allocation-plan-sfy-2023-funds_submission.pdf?rev=f8ef70d07cc3473ba70dd2480b2ca82e&hash=99540C298564039D3AF7F653C977B0CC

testified in support of the Plan. Immediately following the hearing, the Committees convened for a vote resulting in the unanimous approval of the 2023 Allocation Plan. Upon conclusion of the Committee meetings, the Trust Fund was tasked by committee leadership to assume a regular cadence of submitting future Allocation Plans in October of each year to allow for them to be considered in budget discussions during legislative session.

- **Meeting, April 24, 2024** – The April Committee meeting began with a presentation on the Tobacco Master Settlement Agreement (MSA) by the Office of the Attorney General, Deputy Section Chief for Tobacco Enforcement. The presentation provided background information to inform the second half of the meeting which focused on drafting the RFPs to disburse the FY 2023 funds and plan for the development of the Allocation Plan for FY 2024 funds transferred to the Trust fund April 1, 2024.
- **Meeting, July 24, 2024** – The meeting began with the board receiving a budget report that reflected a total unobligated amount of \$14,394,776 available to the board for distribution in 2024. This includes the \$12 million in 2024 Tobacco Settlement funds apportioned to the board from the Master Settlement and \$2,394,776 of deobligated funds and interest earned carried over from the prior iteration of the Tobacco and Health Trust Fund Board prior to its disbandment.²⁸ The board again engaged in discussion on the four statutorily required priority areas and voted to allocate the available \$14.4 million in FY 2024 according to those priority areas and in alignment with CDC best practice categories without adding additional priorities that would dilute the funding available to support the legislatively set priority areas. Members discussed the CDC funding categories and voted to allocate \$2 million off the top to support the state’s most effective cessation program, the QuitLine, for an additional four years and disburse the remaining \$12.4 million according to CDC recommended funding percentages for each category (and within those categories to designate 100% of surveillance and evaluation dollars to maintain the third-party evaluator obtained through the competitive bid process for FY 2023 funds and to continue allocating 100% of infrastructure and administrative funds to DPH to oversee RFP, contracting and ongoing program monitoring activities. The group directed OPM staff to begin drafting the formal FY 2024 Allocation Plan for circulation to board members for a formal vote at the October 2024 meeting (See Table 2).
- **Meeting, October 24, 2024** - This meeting consisted of a discussion and vote to adopt the FY 2024 Allocation Plan and agreement to submit to the legislative committees having cognizance over appropriations and public health. The group also received an update from DPH staff on the status of the FY 2023 RFP process and then voted to adopt the 2025 meeting schedule²⁹.

²⁸See Appendix F to view budget report

²⁹ Meeting schedules can be viewed on the State Public Meeting Calendar and the Tobacco and Health Trust fund web page <https://portal.ct.gov/opm/pdpd-hhs/tobacco-and-health-trust-fund-board/archive-of-meeting-materials>

- **October 30, 2024 - FY 2024 Tobacco and Health Trust Fund Allocation Plan Submitted** to the legislative Appropriations and Public Health Committees³⁰.
- **November 18, 2024 - Joint Appropriations and Public Health Public Hearing on the FY 2023 \$14.4 million Allocation Plan Followed by Committee Votes** – The Chair, Claudio Gualtieri and fellow Trustee, DPH Commissioner Dr. Manisha Juthani, presented the FY 2024 Allocation Plan and spoke to the health care need for continued support of cessation and prevention activities in Connecticut and the success of the QuitLine in supporting cessation efforts of Connecticut residents. Advocates from the American Lung Association and American Heart Association among others testified in support of the Plan. Immediately following the hearing, the Committees convened for a vote resulting in the unanimous approval of the Tobacco and Health Trust Fund’s 2024 Allocation Plan.

³⁰ Tobacco and Health Trust Fund Board of Trustees, 2024 Allocation Plan; <https://portal.ct.gov/-/media/opm/pdpd/pdpd-hhs/tobacco-and-health-trust-fund-board/allocation-plans-and-annual-reports/tobacco-and-health-trust-fund-allocation-plan-2024-submissionrevised.pdf?rev=62b1f5d7a82541fda47c8f6ef79226f6&hash=15D46FEAB2E08A16ED9161D6D5EEFA48>

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 day³¹. Below is a summary of the 2023 approved allocation plan and funding distribution update.

Table 1: 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

³¹ Tobacco and Health Trust Fund Board of Trustees, 2023 Allocation Plan; https://portal.ct.gov/-/media/opm/pdpd/pdpd-lhs/tobacco-and-health-trust-fund-board/allocation-plans-and-annual-reports/tobacco-and-health-trust-fund-allocation-plan-sfy-2023-funds_submission.pdf

amounts are required to be submitted to the Appropriations and Public Health Committees for approval.

^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 were due by 2:00 PM EST on November 1, 2024.

Eighteen proposals were received, seventeen met the minimum criteria for consideration and each funding category was represented by at least two proposals. Review and scoring of the seventeen proposals was completed by the RFP Screening Committee in early December and their recommendation of selected applicants will be submitted for approval to the DPH Commissioner by December 16, 2024. Applicants will be notified of proposal selections in January 2025 with an anticipated start of contract negotiations the following week. The expected execution of contracts is August 1, 2025.

▲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 January 2025 in time for the start of contract negotiations. 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 plans and scope of service specifications 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 small portion of the funding will be used to host in-person, full day RFP Screening Committee meetings and to advertise the RFP in various media as required by state procurement rules.

Table 2: 2024 Funding Distribution as Approved by the legislature on November 18, 2024		
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 both FY 2023 and 2024 the board voted to dedicate \$2.5 million of cessation intervention funds to the QuitLine ensuring its continued operations for a period of five years while maintaining the amount of other funds (\$9.2 million) 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 barriers. 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.

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%. In FY 2020 (July 2019 - June 2020), the QuitLine registered 1,746

tobacco users. 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 Program.

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 programs³². These factors have been built into the solicitations developed as part of the competitive bid process.

VI. Conclusion

The board is committed to successful implementation of its statutory charge to prevent and reduce tobacco and nicotine use among adults and improve the health of Connecticut residents and looks forward to collecting evaluation data on programs funded with FY 2023 and FY 2024 allocations and using that information to inform the utilization of funds allotted to the Tobacco and Health Trust Fund in the future.

³² 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>.

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 cochair persons 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*):

(2) 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.

(a) 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.

(b) 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.

(c) (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

Board of Trustee Appointing Authorities, Appointee Status and Vacancies as of November 2023

(Time of FY 2023 Allocation Plan Vote)

Appointed by	Appointee as of November 13, 2023
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	Vacant
Speaker of the House	Mathew Jasinski Attorney MotleyRice
Senate Majority Leader	Andrew Salner Salner, Andrew L., MD Director, Cancer Program Helen & Harry Gray Cancer Center Medical Director of Radiation Oncology Hartford Hospital
Senate Majority Leader	Vacant*
Senate Minority Leader	Robert Boris President Command Tech
Senate Minority Leader	Vacant
House Majority Leader	Tricia Orozco Intercommunity CT
House Majority Leader	Vacant
House Minority Leader	Michael Rell International Governmental Strategies, LLC
House Minority Leader	Cindy Harrison State Representative, District 69

Appendix C

Board of Trustee Appointing Authorities, Appointee Status and Vacancies as of FY 2024 October 2024

(Time of FY 2024 Allocation Plan Vote)

Appointed by	Appointee as of October 24, 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 ³³ 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

³³Deputy Commissioner Jody Terranova submitted her resignation on October 29, 2024 and the Governor appointed Commissioner Manisha Juthani as her replacement effective November 15, 2024.

Appendix D

Aggregate Board Allocations 2000-2024

Allocations By CDC Category by Funding Year					
CDC Category	2000-2018*	2023	Subtotal 2000-2023	2024	Total
State & Community Intervention	\$4,463,812	\$4,275,000	\$8,738,812	\$4,338,172	\$13,076,984
Mass Reach Health Communications	\$6,616,367	\$1,387,500	\$8,003,867	\$1,487,373	\$9,491,240
Cessation Interventions	\$15,771,857	\$4,762,500	\$20,534,357	\$6,957,910	\$27,492,267
Surveillance and Evaluation	\$1,856,017	\$1,050,000	\$2,906,017	\$1,115,530	\$4,021,547
Infrastructure, Administration, and Management	\$234,416	\$525,000	\$759,416	\$495,791	\$1,255,207
Other	\$300,000	N/A	\$300,000	N/A	\$300,000
TOTAL	\$29,242,469	\$12,000,000	\$41,242,469	\$14,394,776	\$55,637,245

* There was an “other” category in the last iteration of the board for \$300,000 -\$250,000 to UCHC to performed a needs assessment and feasibility study to consider developing a database; tissue and serum repository in CT and \$50,000 to Training Solutions Interactive maintain to upgrade the Tobacco Free Connecticut Website.

Appendix E

October 2024 Trust Fund Budget Report Reflecting Available Balance for Allocation in 2024

Tobacco and Health Trust Fund Available Balance for FY 24 Allocation Plan as of October 15, 2024	
\$12,000,000.00	2024 Allocation
\$794,071.82	Balance in Account at End of FY2023*
\$650,620.46	FY2024 Interest Earned as of 7/22/24
\$346,041.82	FY2025 Period 3 Interest Posted 9/30/24
\$604,042.06	Deobligated Balance of Historic Funds at DPH
\$14,394,776.16	Total Funds Available for Allocation
*Likely a legacy balance from previous iteration of the Trust Fund	