



STATE OF CONNECTICUT
OFFICE OF POLICY AND MANAGEMENT

January 1, 2023

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

The Honorable Mary Daughtry Abrams
The Honorable Jonathan Steinberg
Public Health Committee, Legislative Office Building, Room 3000
Hartford, CT 06106

Dear Senator Osten, Representative Walker, Senator Daughtry Abrams and Representative Steinberg,

In accordance with Section 197 of Public Act 22-118, I am submitting the attached Tobacco and Health Trust Fund Board of Trustees Annual Progress Report for calendar year 2022. At the time of this submission the Board has not received a sufficient number of appointees to constitute a quorum and convene a meeting, therefore, I am submitting this report to ensure statutory compliance and apprise the committees of cognizance of progress made to date, but the report represents my own views and may not be representative of the other two currently appointed members or the full Board once established.

If you have any questions regarding this report, 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
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
Jeffrey R. Beckham, Secretary, Office of Policy and Management
Deborah Schander, State Librarian, Connecticut State Library

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

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

January 2023

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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 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 create a continuing significant source of funds 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.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 FY18 and FY19. In addition to removing the deposits, the Public Act transfers 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 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, which is scheduled for deposit in April 2023 when the state receives its next disbursement. This report fulfills the Board’s statutory responsibility to submit an annual report to the Appropriations and Public Health Committees on the Board’s activities and accomplishments from passage of July 1, 2022 through December 31, 2022.

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

³Tobacco 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>

II. Data on Tobacco Use in Connecticut

Cigarette smoking causes approximately one of every five deaths in the United States each year.⁴ 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 18⁵. According to the Center for Disease Control (CDC) tobacco related diseases kill more people each year in the U.S. than alcohol, car accidents, suicide, AIDS, homicide, and illegal drugs combined.⁶

Adult Tobacco Use in Connecticut in 2020:⁷

- 11.8% of all adults (18+ years old) smoked cigarettes; this represents a slight decrease from 12.1% in 2019 but a significant decrease compared to 13.5% in 2015.
- 17.6% of all adults in 2017⁸ used some form of tobacco in the past 30 days, this represents a significant decrease compared to 19.9% in 2015.
- Cigarettes (11.8%), e-cigarettes (4.5%) and cigars (4.2%) were the most prevalent forms of tobacco used by adults⁹.
- 22.1% of males and 13.5% of females used some form of tobacco, such as cigarettes, cigars, chewing tobacco, snuff, dip, hookahs, and e-cigarettes.

Youth Tobacco Use in Connecticut in 2019:¹⁰

- In 2019, 3.7% of high school students smoked cigarettes in the past 30 days down from 5.6% in 2015.
- In 2019, 27.8% of high school students used some form of tobacco in the past 30 days up significantly from 14.2% in 2015
- E-cigarettes are the most prevalent form of tobacco product used among high school students at a rate of 27% this represents a significant increase from 7.2% in 2015.
- The rate of tobacco use is significantly higher in grade 12 (35.8%) than in Grade 9 (21.4%).
- About 7 of every 100 middle school students (6.7%) reported in 2020 that they had used any tobacco product in the past 30 days – a decrease from 12.5% in 2019¹¹.

⁴ CDC- Tobacco-Related Mortality https://www.cdc.gov/tobacco/data_statistics/fact_sheets/health_effects/tobacco_related_mortality/

⁵ 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>

⁶ CDC- Cigarette Smoking and Radiation <https://www.cdc.gov/nceh/radiation/smoking.htm>

⁷ **Tobacco Use in Connecticut - Adult smoking.** 2020 Connecticut Behavioral Risk Factor Surveillance System. **Adult smoking.** State: CDC, BRFSS 2020 online data: <https://portal.ct.gov/DPH/Health-Education-Management--Surveillance/Tobacco/Stats--Reports>. National: CDC, "Early Release of Selected Estimates Based on Data From the National Health Interview Survey, 2015," May 24, 2016, http://www.cdc.gov/nchs/data/nhis/earlyrelease/earlyrelease201605_08.pdf.

⁸ BRFSS 2020 online data includes this data only through 2017: <https://portal.ct.gov/DPH/Health-Education-Management--Surveillance/Tobacco/Stats--Reports>

⁹ BRFSS 2020 online data includes cigarette and E-cigarette data through 2020 but cigar data only through 2017: <https://portal.ct.gov/DPH/Health-Education-Management--Surveillance/Tobacco/Stats--Reports>

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

¹¹ CDC Trends in Tobacco Use Among Youth https://www.cdc.gov/tobacco/data_statistics/fact_sheets/fast_facts/trends-in-tobacco-use-among-youth.html

- 2,500 children (under 18) become new daily smokers each year¹².

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 2017:¹³

- 25.9% of adults in households making less than \$25,000 used tobacco.
- 21.1% of adults in households making \$25,000-\$49,999 used tobacco.
- 17.4% of adults in households making \$50,000-\$74,000 used tobacco.
- 13.3% of adults in households making \$75,000 or more used tobacco.

Disparities in Connecticut Tobacco Use by Education in 2017¹⁴

- 28.1% of adults without a high school diploma used tobacco.
- 23.3% of adults with a high school or GED diploma used tobacco.
- 20.6% of adults with some college or Tech School education used tobacco.
- 7.7% of adults with a college degree used tobacco.

Disparities in Connecticut Tobacco Use by Age in 2017¹⁵

- 22.0% of adults 18-24 years old used tobacco.
- 25.6% of adults 25-34 years old used tobacco.
- 20.2% of adults 35-44 years old used tobacco.
- 17.3% of adults 45-54 years old used tobacco.
- 16.3% of adults 55-64 years old used tobacco.
- 9.1% of adults aged 65 years and older used tobacco.

Health Impact of Tobacco Use in Connecticut in 2016¹⁶

An estimated 4,900 annual deaths in Connecticut can be directly attributed to tobacco use¹⁷. 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

¹² 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>

¹³ 2017 Connecticut Behavioral Risk Factor Surveillance System-Department of Public Health Prevalence of Tobacco Use Among Connecticut Adults 2017-
<https://portal.ct.gov/DPH/Health-Education-Management--Surveillance/Tobacco/Stats--Reports>.

¹⁴ Ibid.

¹⁵ Ibid.

¹⁶ Health Impact of Tobacco Use in Connecticut American Cancer Society. Cancer Facts & Figures 2016. Atlanta: American Cancer Society; 2016.
<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

¹⁷ <https://portal.ct.gov/-/media/Departments-and-Agencies/DPH/dph/hems/tobacco/PDF/2019-CSHS-Tobacco-and-Marijuana-Use-Findings.pdf>

disease, asthma, and diabetes are all risks from smoking.

III. Historical Accomplishments¹⁸

Prior to the 2018 diversion of the Tobacco Settlement funds from the Tobacco and Health Trust Fund to the General Fund, the Board had dispersed \$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. Among the first order of business when the Board reconvenes will be voting to adopt continued use of updated CDC recommendations.

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, 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. During this time period, 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.

¹⁸ 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 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 reestablished the Tobacco and Health Trust Fund Board through Public Act 22-118 (Sections 196 and 197) which restores the transfer of \$12 million in Tobacco Settlement funds to the Tobacco and Health Trust Fund. Due to the years long Board hiatus and the fact that Connecticut will not be receiving the next disbursement of Tobacco Settlement funds until April 2023, the majority of activity over the last six months has revolved around reestablishing the Board of Trustees.

Reestablishing the Tobacco and Health Trust Fund Board of Trustees

Since the board last convened, there have been several member retirements, changes in career or interest in Board participation, and turnover in appointing authorities. 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 Office of Policy and Management (OPM). Responsibility for the Board is placed with 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 first order of business undertaken by OPM staff was to seek and obtain gubernatorial and legislative appointments to reconstitute the Board, as election season has now concluded OPM is hopeful appointments will be received soon. To facilitate appointments, OPM Secretary Beckham sent personal letters to each appointing authority highlighting the passage of PA 22-118 and reminding them of the need to make appointments. Over the course of the next several months OPM staff diligently followed-up with legislative leaders and held meetings with the Governor's staff offering to assist with vetting candidates and provide any support that would help expedite appointments. As of this writing, three letters of appointment have been received, the Governor has selected his four appointees and official letters are expected after the New Year, and ten Board seats remain vacant¹⁹. The Board has been unable to convene as not enough appointments have been made to achieve a meeting quorum. The main goal for the first quarter of calendar year 2023 will be to secure appointments

¹⁹ See Appendix C for current list of appointing authorities and status of appointments and vacancies.

so that the Board can be convened and meet at least once prior to April 2023 and the receipt of the first transfer of Tobacco Settlement funds.

Meeting with State Partners and Advocates

Over the summer and fall 2022, OPM and DPH staff met multiple times to discuss the history of the Board and the fund distribution and allocation processes, status of previously funded projects, and updated CDC recommended program interventions and funding levels. These meetings resulted in the completion of an agenda for the first meeting of the Board so that it can be convened as soon as appointments are received.

Upon passage of PA 22-118, advocates with interest in tobacco use prevention and cessation began contacting OPM and DPH regarding the timeline for reestablishment of the Board and release of a Request for Application or Request for Proposals for program funding. OPM met with various advocates to advise that the first transfer of funds will not be received by the Board until April 2023 and that only begins the process of developing a call for proposals and the eventual allocation of funding after receipt of legislative approval. Additionally, advocates and others who expressed interest in serving on the Board were provided with a list of appointing authorities who still had vacancies and encouraged to contact their offices.

V. 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. However, for the Board to meet its obligations and resume supporting effective tobacco prevention and cessation programs across the state, Board appointments must be made by the appointing authorities so that a quorum can be achieved, and the Board can convene.

Appendix A Statutory Authority

Public Act 22-118 – Effective July 1, 2022

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

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.] 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.

Sec. 197. Section 4-28f of the general statutes is repealed and the following is substituted in lieu thereof (Effective July 1, 2022): (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 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.

(b) The trust fund may accept transfers from the Tobacco Settlement Fund and may apply for and accept gifts, grants or donations 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 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, [except following a fiscal year in which the trust fund does not receive a deposit from the Tobacco Settlement Fund, shall] 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) [During the period commencing July 1, 2000, and ending June 30, 2003, the board of trustees, by majority vote, may recommend authorization of disbursement from the trust fund for the purposes described in subsection (a) of this section and section 19a-6d, provided the board may not recommend authorization of disbursement of more than fifty per cent of net earnings from the principal of the trust fund for such purposes. For the fiscal year commencing July 1, 2005, and each fiscal year thereafter, the board may recommend authorization of the net earnings from the principal of the trust fund for such purposes. For the fiscal year ending June 30, 2009, and each fiscal year thereafter, the board may recommend authorization of disbursement for such purposes of (A) up to one-half of the annual disbursement from the Tobacco Settlement Fund to the Tobacco and Health Trust Fund from the previous fiscal year, pursuant to section 4-28e, up to a maximum of six million dollars per fiscal year, and (B) the net earnings from the principal of the trust fund from the previous fiscal year.] For the fiscal year ending June 30, [2014] 2023, and each fiscal year thereafter, the board [may] of trustees, by majority vote, shall recommend authorization of disbursement [of up to the total unobligated balance remaining in the trust fund after disbursement in accordance with the provisions of the general statutes and relevant special and public acts for such purposes, not to exceed twelve million dollars per fiscal year] 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) priority to programs that address tobacco and substance abuse and serve minors, pregnant women and parents of young children, and (ii) 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) [Except during the fiscal years ending June 30, 2004, and June 30, 2005, the] 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 joint standing 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 [, not later than February first of each year, except following a fiscal year in which the trust fund does not receive a deposit from the Tobacco Settlement Fund,] 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. [, that includes] 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 criteria and application process used to select programs to receive such funds.

Appendix B
Board of Trustees as of 2018

| Appointed By | Name |
|------------------------|---|
| OPM Secretary | Anne Foley Under Secretary Office of Policy and Management |
| Governor | Ken Ferrucci Senior Vice President of Government Connecticut State Medical Society |
| Governor | Raul Pino Commissioner Department of Public Health |
| Governor | Robert Zavoski Medical Director, Medicaid Program Department of Social Services |
| Governor | Cheryl Resha Associate Professor Southern Connecticut State University |
| Senate Pres. Tempore | Suchitra Krishnan-Sarin Professor of Psychiatry Yale University |
| Senate Pres. Tempore | Elaine O'Keefe Executive Director, Office of Public Health Practice & Yale Center for Interdisciplinary Research on AIDS Yale University |
| Senate Majority Leader | Ellen Dornelas Director, Quality of Life Program Hartford Healthcare Cancer Institute Hartford Hospital Associate Professor, Department of Medicine University of Connecticut School of Medicine |
| Senate Majority Leader | Elizabeth Keyes Legal Counsel |

| Appointed By | Name |
|------------------------|--|
| | Senate Democrat Office |
| Senate Minority Leader | Diane Becker Citizen Representative |
| Senate Minority Leader | Lisa Hammersley Budget Director Senate Republican Office |
| Speaker of the House | Patricia Checko MATCH Coalition |
| Speaker of the House | Richard Baltimore Chief Legal Counsel to the Speaker of the House |
| House Majority Leader | Kelly Leppard Youth Prevention Coordinator Town of Southington |
| House Majority Leader | Larry Deutsch Pediatrician & Hartford City Council |
| House Minority Leader | Andrew Salner Director, Cancer Program Helen & Harry Gray Cancer Center Medical Director of Radiation Oncology Hartford Hospital |
| House Minority Leader | Michael Rell International Governmental Strategies, LLC |

Appendix C
Board of Trustee Appointing Authorities, Appointee Status and
Vacancies as of December 2022

| Appointed By | Name |
|------------------------|--|
| OPM Secretary | Claudio Gualtieri Senior Policy Advisor to the Secretary Office of Policy and Management |
| Governor | Appointment Pending |
| Governor | Appointment Pending |
| Governor | Appointment Pending |
| Governor | Appointment Pending |
| Senate Pres. Tempore | Vacant |
| Senate Pres. Tempore | Vacant |
| Senate Majority Leader | Vacant |
| Senate Majority Leader | Elizabeth Keyes Legal Counsel Senate Democrat Office |
| Senate Minority Leader | Vacant |
| Senate Minority Leader | Vacant |
| Speaker of the House | Mathew Jasinski Attorney at MotleyRice |
| Speaker of the House | Vacant |
| House Majority Leader | Vacant |
| House Majority Leader | Vacant |
| House Minority Leader | Vacant |
| House Minority Leader | Vacant |

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