



STATE OF CONNECTICUT

OFFICE OF POLICY AND MANAGEMENT

Testimony of
Anne Foley, Chair
Tobacco and Health Trust Fund Board of Trustees

To the Joint Committees on Public Health and Appropriations

November 9, 2012

Regarding 2012 Recommendations for Disbursement
From the Tobacco and Health Trust Fund

Good afternoon Senator Gerratana, Senator Harp, Representative Ritter, Representative Walker, and distinguished members of the Public Health and Appropriations Committees, I am Anne Foley and I am the Chair of the Tobacco and Health Trust Fund Board of Trustees. On behalf of the Tobacco Board, I am here today to ask for your support of the board's recommendations for disbursement as contained in our 2012 report. As required by statute, the report contains: 1) the board's 2012 activities and accomplishments; 2) a summary of all disbursements and other expenditures from the trust fund; and 3) recommendations for authorization of disbursement from the trust fund.

As you know, Public Act 99-2 of the June Special Session established a Tobacco and Health Trust Fund. The Trust Fund is a separate, non-lapsing fund that accepts transfers from the Tobacco Settlement Fund. The balance in the trust fund is currently \$13.4 million.

The Board of Trustees was established by Public Act 00-216 to administer the Tobacco and Health Trust Fund. The board has appeared before the committees of cognizance to seek approval for disbursement of trust funds on six previous occasions: in fiscal years 2003, 2004, 2007, 2008, 2009 and 2010. Disbursements as a result of these board recommendations have totaled \$15.5 million. No disbursements were made in 2011 due to lack of available funding.

In FY 2010, the board received the committees' approval to disburse \$6.4 million, including \$1.7 million for anti-tobacco media campaigns, \$750,000 for community-based smoking cessation programs, \$800,000 for smoking cessation programs targeting individuals with severe and persistent mental illness, \$1.7 million for QuitLine, \$500,000 for school-based prevention, \$250,000 for a lung cancer pilot, \$500,000 for innovative programs, and \$300,000 for evaluation.

In developing our 2012 recommendations for disbursement, the Board began by convening a hearing in April to receive public input. At board meetings during the summer and fall, the board reviewed statutory mandates, guiding principles, past disbursements, federal and state

plans and information, and recommendations from various organizations and individuals. The Board's analysis and deliberations have resulted in the proposal you have before you today which complements and enhances existing programming and expenditure. We believe this proposal is practical, balanced, comprehensive, and consistent with existing public research and plans.

Under current law, the board is able to recommend disbursement of up to half of the annual deposit into the trust fund, up to a maximum of \$6 million annually, in addition to the earnings of the fund. The 2012 disbursement proposal of the Tobacco and Health Trust Fund Board before you today has four major components totaling \$6,015,000 which is the maximum amount allowable:

- **QuitLine.** The Board recommends \$1.6 million be disbursed for a tobacco cessation telephone service including information, counseling and pharmacotherapy. Tobacco Board funds continue to be the major source of funding for this cornerstone of our tobacco cessation efforts. Callers who want help with quitting are eligible to enroll in the multi-call program which includes nicotine replacement therapy for two weeks.
- **Counter Marketing.** The Board recommends \$2 million be disbursed for a mass media campaign designed to discourage tobacco use. The funding is for media planning and placement of a series of existing campaign ads. The majority of this funding will be used to air high-impact CDC-produced commercials with Connecticut-specific information over the period of one year. Additional funding will be used to air radio commercials over the period of one year. The remaining funding will pay for outdoor advertising, online advertising, and social media marketing. Studies show that media campaigns, combined with other interventions, decrease the likelihood of tobacco initiation and promote smoking cessation.
- **Community-Based Smoking Cessation Programs.** The Board recommends \$1,481,630 be disbursed for intensive intervention strategies to help people quit smoking including counseling and pharmacotherapy. Smoking cessation programs at community health centers will receive priority for funding.
- **Department of Correction Smoking Cessation Program.** The Board recommends \$447,370 for the first year of a DOC smoking cessation program to address tobacco withdrawal and reduce the risk of habituation for inmates being discharged. Offenders have a significantly higher rate for tobacco use than the general population and tend to return to smoking after release. This funding will support the development and implementation of a smoking cessation and relapse prevention program for inmates housing in Connecticut's state-operated jails, at Manson Youth Institution, and at York Correctional Institution for Women.

In summary, this proposal represents a substantial opportunity for Connecticut to continue its progress toward achieving long term reductions in tobacco use and tobacco-related illness and death. We believe our past efforts have contributed to the significant decline in smoking among both adults and youth over the past ten years. Connecticut continues to be lauded by national organizations for preventing youth access to tobacco, for our taxation policies which deter smoking, and for our smoke-free air laws. The proposal you have before you today will help us maintain our fiscal commitment to tobacco prevention and control.

On behalf of the Tobacco and Health Trust Fund Board, I thank you for your past support of the Board's efforts and respectfully request your approval of this plan. I would be happy to answer any questions you may have.