

COMPREHENSIVE STATEWIDE TOBACCO PREVENTION AND CONTROL STUDY - BACKGROUND MEMORANDUM

The 2013 Legislative Assembly approved Senate Bill No. 2024. Section 2 of the bill ([Appendix A](#)) provides during the 2013-14 interim the Legislative Management consider studying the comprehensive statewide tobacco prevention and control plan used in this state. As part of the study, the Tobacco Prevention and Control Executive Committee and the State Department of Health must work together to create a single assessment of programs in both agencies, including funding sources for the programs, service providers, areas and populations served by the programs, and effectiveness of the programs on improving the health and policy environment in the state. The Tobacco Prevention and Control Executive Committee and the State Department of Health must present this assessment to the Legislative Management. In addition, the bill provides the study may include:

- A review of the service delivery system for the comprehensive statewide tobacco prevention and control programs provided by the two agencies, whether the delivery system is fiscally efficient, and how the delivery system is consistent with the Centers for Disease Control and Prevention (CDC) *Best Practices for Comprehensive Tobacco Prevention and Control Programs*;
- A review of the effectiveness of the comprehensive statewide tobacco prevention and control programs provided in the state and ways to improve the health and policy outcomes of the programs; and
- A review of how the comprehensive statewide tobacco prevention and control programs provided by the two agencies address the Native American population on the Indian reservations.

BACKGROUND

Tobacco Settlement Proceeds

As a result of a multistate settlement agreement negotiated between various states' attorneys general and tobacco manufacturers, North Dakota receives annual distributions of tobacco settlement proceeds. The 1999 Legislative Assembly established a plan for the use of this money through the passage of House Bill No. 1475 (North Dakota Century Code Section 54-27-25), which established a tobacco settlement trust fund.

In 2006 certain tobacco companies began reducing their tobacco settlement payments to North Dakota contending that the Master Settlement Agreement allows for the payments to be reduced if they lose sales to small cigarette makers that did not participate in the agreement and if states do not enforce laws intended to make smaller tobacco companies set aside money for legal claims. The Attorney General's office has filed a lawsuit against the tobacco companies to collect the full payment. The total original estimated tobacco settlement collections, including payments to be received under both subsection IX(c)(1) and subsection IX(c)(2) of the Master Settlement Agreement, and the total actual and estimated collections as revised by the Office of Management and Budget are as follows:

Biennium	1999 Original Estimated Collections	Actual and Office of Management and Budget Revised Estimated Collections
1999-2001	\$57,593,770	\$52,900,784
2001-03	61,143,578	53,330,545
2003-05	51,271,214	46,615,828
2005-07	51,271,214	43,828,118
2007-09	82,231,080	75,633,409
2009-11	82,231,080	64,013,596
2011-13 estimate	82,231,080	63,035,245
2013-15 estimate	82,231,080	62,578,760
2015-17 estimate	82,231,080	73,687,266
2017-25 (\$58,591,490/\$52,503,832 per biennium) estimate	234,365,960	210,015,328
Total	\$866,801,136	\$745,638,879

Tobacco settlement payments received by the state under the Master Settlement Agreement are derived from two subsections of the Master Settlement Agreement. Subsection IX(c)(1) of the Master Settlement Agreement provides payments on April 15, 2000, and on April 15 of each year thereafter in perpetuity, while subsection IX(c)(2) of the Master Settlement Agreement provides for additional strategic contribution payments that begin on April 15, 2008, and continue each April 15 thereafter through 2017. Section 54-27-25, created by 1999 House Bill No. 1475, did not distinguish between payments received under the separate subsections of the Master Settlement Agreement and provided for the deposit of all tobacco settlement money received by the state into the tobacco settlement trust fund. Money in the fund, including interest, is transferred within 30 days of

deposit in the fund to the community health trust fund (10 percent), common schools trust fund (45 percent), and water development trust fund (45 percent).

In the November 2008 general election, voters approved initiated measure No. 3 that amended Section 54-27-25 ([Appendix B](#)) to establish a tobacco prevention and control trust fund. The measure provided for a portion of tobacco settlement dollars received by the state to be deposited in the tobacco prevention and control trust fund rather than the entire amount in the tobacco settlement trust fund. Tobacco settlement money received under subsection IX(c)(1) of the Master Settlement Agreement, which continues in perpetuity, continues to be deposited in the tobacco settlement trust fund and allocated 10 percent to the community health trust fund (with 80 percent used for tobacco prevention and control), 45 percent to the common schools trust fund, and 45 percent to the water development trust fund. Tobacco settlement money received under subsection IX(c)(2) of the Master Settlement Agreement relating to strategic contribution payments, which began in 2008 and continue through 2017, began to be deposited in 2009 into the newly created tobacco prevention and control trust fund. Interest earned on the balance in tobacco prevention and control trust fund is deposited in the fund.

The tobacco settlement payment received by the state in April 2008 was the first payment that included funds relating to subsection IX(c)(2) of the Master Settlement Agreement. This payment was received prior to the approval of the measure and was deposited in the tobacco settlement trust fund and disbursed as provided for in Section 54-27-25 prior to amendment by the measure.

The initiated measure also provided that if in any biennium the tobacco prevention and control trust fund does not have adequate funding for the comprehensive plan, money may be transferred from the water development trust fund to the tobacco prevention and control trust fund in an amount determined necessary by the executive committee to adequately provide for the comprehensive plan. The Legislative Assembly in Section 39 of 2009 House Bill No. 1015 (Section 54-27-25.1) ([Appendix B](#)) provided any money deposited in the water development trust fund under Section 54-27-25 may only be spent pursuant to legislative appropriation.

Section 54-27-25, amended by initiated measure No. 3, results in the following allocations of the actual and revised estimated collections of the tobacco settlement payments through 2025:

	Actual and Revised Estimated Total Tobacco Settlement Proceeds	Actual and Estimated Payments Under Master Settlement Agreement Subsection IX(c)(2) Deposited in the Tobacco Prevention and Control Trust Fund	Allocation of Actual and Estimated Payments Under Master Settlement Agreement Subsection IX(c)(1)		
			Common Schools Trust Fund	Water Development Trust Fund	Community Health Trust Fund
Actual payments 1999-2001 biennium	\$52,900,000	N/A	\$23,800,000	\$23,800,000	\$5,300,000
Actual payments 2001-03 biennium	53,300,000	N/A	24,000,000	24,000,000	5,300,000
Actual payments 2003-05 biennium	46,600,000	N/A	21,000,000	21,000,000	4,600,000
Actual payments 2005-07 biennium	43,800,000	N/A	19,700,000	19,700,000	4,400,000
Actual payment April 2008 (2007-09 biennium)	36,400,000	N/A	16,400,000	16,400,000	3,600,000
Actual payment April 2009 (2007-09 biennium)	39,200,000	\$14,100,000	11,300,000	11,300,000	2,500,000
Actual payments 2009-11 biennium	64,000,000	23,500,000	18,200,000	18,200,000	4,100,000
Estimated 2011-13 biennium	63,000,000	22,800,000	18,100,000	18,100,000	4,000,000
Estimated 2013-15 biennium	62,600,000	22,600,000	18,000,000	18,000,000	4,000,000
Estimated 2015-17 biennium	73,700,000	27,600,000	20,800,000	20,800,000	4,500,000
Estimated 2017-19 biennium	52,500,000	N/A	23,600,000	23,600,000	5,300,000
Estimated 2019-21 biennium	52,500,000	N/A	23,600,000	23,600,000	5,300,000
Estimated 2021-23 biennium	52,500,000	N/A	23,600,000	23,600,000	5,300,000
Estimated 2023-25 biennium	52,500,000	N/A	23,600,000	23,600,000	5,300,000
Total	\$745,500,000	\$110,600,000	\$285,700,000	\$285,700,000	\$63,500,000

The tobacco prevention and control trust fund is administered by the executive committee for the purpose of creating and implementing the comprehensive plan. The following is an analysis of the tobacco prevention and control trust fund for the 2011-13 and 2013-15 bienniums:

Tobacco Prevention and Control Trust Fund	2011-13 Biennium		2013-15 Biennium	
Beginning balance		\$29,556,426		\$39,495,026
Add estimated revenues				
Tobacco settlement revenues collected to date	\$22,795,130 ¹		\$0	
Projected tobacco settlement revenues			22,578,760 ²	
Investment income	66,084		112,894	
Total estimated revenues		22,861,214		22,691,654
Total available		\$52,417,640		\$62,186,680
Less estimated expenditures and transfers				
Tobacco Prevention and Control Executive Committee expenditures (2011 HB 1025, 2013 SB 2024)	\$12,922,614 ³		\$15,815,828 ³	
Total estimated expenditures and transfers		12,922,614		15,815,828
Estimated ending balance		\$39,495,026		\$46,370,852

¹As of April 2013, the state has received tobacco settlement payments totaling \$63,035,245 for the 2011-13 biennium, of which \$40,240,115 was deposited in the tobacco settlement trust fund and \$22,795,130 was deposited in the tobacco prevention and control trust fund. To date, the state has received total tobacco settlement collections of \$399,357,525, including \$325,166,023 under subsection IX(c)(1) of the Master Settlement Agreement and \$74,191,502 under subsection IX(c)(2) of the Master Settlement Agreement. Of the \$399,357,525, \$338,963,752 has been deposited into the tobacco settlement trust fund and \$60,393,773 has been deposited into the tobacco prevention and control trust fund.

²Tobacco prevention and control trust fund revenues have been estimated based on actual revenues received through April 2013 and actual revenues received into the tobacco prevention and control trust fund in fiscal years 2011 and 2012.

³The Legislative Assembly in 2011 appropriated \$12,922,614 from the tobacco prevention and control trust fund to the Tobacco Prevention and Control Executive Committee for the purpose of providing a level of funding that will meet the annual level recommended by the CDC for North Dakota as published in its *Best Practices for Comprehensive Tobacco Prevention and Control Programs* for the 2011-13 biennium. The 2013-15 executive budget recommended \$13,016,197 from the tobacco prevention and control trust fund to the Tobacco Prevention and Control Executive Committee. The Legislative Assembly increased funding from the tobacco prevention and control trust fund to provide \$15,815,828 for tobacco prevention and control, \$2,893,214 more than the 2011-13 biennium.

Section 54-27-25, created by 1999 House Bill No. 1475, also established the community health trust fund and provides money in the fund may be used by the State Department of Health--subject to legislative appropriation--for community-based public health programs and other public health programs, including programs with an emphasis on preventing or reducing tobacco usage. The Legislative Assembly in 2003 authorized the establishment of a telephone "Tobacco Quitline" and provided funding from the community health trust fund. In 2007 the Legislative Assembly increased the funding for the quitline to provide nicotine replacement therapy and cessation counseling and authorized 1 full-time equivalent (FTE) tobacco prevention coordinator position and related funding for salaries and wages and operating expenses for the position. Beginning with the 2011-13 biennium, the Legislative Assembly did not approve direct funding for the quitline or the tobacco prevention coordinator position but rather appropriated \$3,510,496 from the community health trust fund to the State Department of Health for tobacco prevention and control programs. The department anticipates expending \$3,210,178 from the fund for the 2011-13 biennium. The 2013-15 executive budget recommended, and the Legislative Assembly approved, an appropriation of \$3,220,354 from the community health trust fund to the State Department of Health for tobacco prevention and control programs for the 2013-15 biennium. Measure No. 3 provides 80 percent of the funds allocated to the community health trust fund from the tobacco settlement trust fund be used for tobacco prevention and control. Based on estimated tobacco settlement trust fund transfers during the 2013-15 biennium, tobacco prevention and control expenditures from the community health trust fund are required to total \$3.2 million.

Funds appropriated by the Legislative Assembly for tobacco cessation from the community health trust fund through the 2013-15 biennium are:

Tobacco Cessation-Related Appropriations From the Community Health Trust Fund	
Biennium/Program	Legislative Appropriations
1999-2001 biennium	\$0 ¹
None	
2001-03 biennium	
Tobacco prevention and control	\$4,700,000
Community health grants	250,000
Community Health Grant Program Advisory Committee	100,000
Total 2001-03	\$5,050,000

Biennium/Program	Legislative Appropriations
2003-05 biennium	
Tobacco prevention and control	\$4,700,000
Community health grants	500,000 ²
Community health grants (estimated unexpended 2001-03 appropriated funds)	150,000 ²
Community Health Grant Program Advisory Committee	100,000
Tobacco Quitline	680,000
Total 2003-05	\$6,130,000
2005-07 biennium	
Tobacco prevention and control	\$4,700,000
Community health grants	395,000 ²
Community Health Grant Program Advisory Committee	100,000
Tobacco Quitline	884,000
Tobacco prevention coordinator (1 FTE position and operation)	111,000
Total 2005-07	\$6,190,000
2007-09 biennium	
Tobacco prevention and control	\$4,700,000
Community health grants	260,000 ²
Community Health Grant Program Advisory Committee	100,000
Tobacco Quitline	1,069,000
Tobacco prevention coordinator (1 FTE position and operation)	139,397
Total 2007-09	\$6,268,397
2009-11 biennium	
Tobacco prevention and control	\$2,302,098
Tobacco Quitline	1,069,000
Tobacco prevention coordinator (1 FTE position and operation)	139,397
Total 2009-11	\$3,510,495
2011-13 biennium	
Tobacco prevention and control, including the Tobacco Quitline and the prevention coordinator	\$3,510,496
Total 2011-13	\$3,510,496
2013-15 biennium	
Tobacco prevention and control, including the Tobacco Quitline and the prevention coordinator	\$3,220,354
Total 2013-15	\$3,220,354
Grand total	\$33,879,742
¹ No funds were appropriated from the community health trust fund for the 1999-2001 biennium.	
² Grants to cities and counties for cessation programs are to be matched with a \$1 local match for every \$3 of state funds.	

Centers for Disease Control and Prevention Best Practices Guidelines

The CDC has established "best practices" guidelines to help states plan and carry out effective tobacco use prevention and control programs. The CDC published its *Best Practices for Comprehensive Tobacco Control Programs*, including related funding recommendations, in October 2007 ([Appendix C](#)). The recommended program budgets outlined in the publication include state and community interventions, health communication interventions, cessation interventions, surveillance and evaluation, and administration and management. Recommended program intervention budgets totaled \$14.67 per capita per year in 2007 for North Dakota, and the CDC recommended annual investment was \$9.3 million or \$18.6 million per biennium. Based on CDC guidelines, not adjusted for inflation or population growth, recommended biennial funding by intervention is:

- State and community interventions - \$9,344,640.
- Health communication interventions - \$2,358,480.
- Cessation interventions - \$4,462,140.
- Surveillance and evaluation - \$1,623,780.
- Administration and management - \$810,960.

Comprehensive Tobacco Prevention and Control Funding

Initiated measure No. 3, approved in November 2008, added seven new sections to the North Dakota Century Code to establish the Tobacco Prevention and Control Advisory Committee and an executive committee and to develop and fund a comprehensive statewide tobacco prevention and control plan. The measure provided for the advisory committee appointed by the Governor to develop the initial comprehensive plan and select an executive

committee responsible for the implementation and administration of the comprehensive plan. The initiated measure became effective 30 days after the election (December 4, 2008) and has been codified as Chapter 23-42 ([Appendix D](#)).

The Tobacco Prevention and Control Advisory Committee is responsible for developing a comprehensive statewide tobacco prevention and control program that is consistent with the CDC *Best Practices for Comprehensive Tobacco Prevention and Control Programs*. Because certain tobacco-related programs provided through the State Department of Health qualify as best practices as outlined by the CDC, funding for programs administered by the Tobacco Prevention and Control Executive Committee is adjusted accordingly.

Funding provided for tobacco prevention and control from the 2007-09 biennium through the 2013-15 biennium is summarized as follows:

Tobacco Prevention and Control Related Appropriations	Community Health Trust Fund	Tobacco Prevention and Control Trust Fund	Federal Funds	Total
2007-09 biennium				
State Department of Health (2007 HB 1004)	\$6,268,397		\$2,650,949	\$8,919,346
Tobacco Prevention and Control Executive Committee deficiency appropriation (2009 HB 1015)		\$62,403		62,403
Total 2007-09 biennium	\$6,268,397	\$62,403	\$2,650,949	\$8,981,749
2009-11 biennium				
State Department of Health (2009 SB 2004)	\$3,510,495		\$2,677,556	\$6,188,051
Tobacco Prevention and Control Executive Committee (2009 HB 1015)		\$12,882,000		12,882,000
Total 2009-11 biennium	\$3,510,495	\$12,882,000	\$2,677,556	\$19,070,051
2011-13 biennium				
State Department of Health (2011 HB 1004)	\$3,510,496		\$2,651,900	\$6,162,396
Tobacco Prevention and Control Executive Committee (2011 HB 1025)		\$12,922,614		12,922,614
Total 2011-13 biennium	\$3,510,496	\$12,922,614	\$2,651,900	\$19,085,010
2013-15 biennium				
State Department of Health (2013 SB 2004)	\$3,220,354		\$2,323,897	\$5,544,251
Tobacco Prevention and Control Executive Committee (2013 SB 2024)		\$15,815,828		15,815,828
Total 2013-15 biennium	\$3,220,354	\$15,815,828	\$2,323,897	\$21,360,079
Total tobacco prevention and control related appropriations for the 2007-09 biennium through the 2013-15 biennium	\$16,509,742	\$41,682,845	\$10,304,302	\$68,496,889

The 2013 Legislative Assembly reviewed information regarding CDC-recommended funding levels for tobacco control programs and the effect of inflation and population changes on the recommended funding level for North Dakota. The Tobacco Prevention and Control Executive Committee provided information regarding CDC-recommended funding levels, adjusted for inflation and population growth in the state. The committee indicated, based on published consumer price index changes and Moody's Analytics most recent forecasted consumer price index changes for 2013 and 2014, the recommended annual per capita funding rates for state and community interventions, health communication interventions, cessation interventions, surveillance and evaluation, and administration and management would total \$17.02 and \$17.44 for 2013 and 2014, respectively. Total CDC-recommended funding based on these rates and state population totals, adjusted proportionally for recent growth, would total \$25 million for the 2013-15 biennium.

PREVIOUS STUDIES

The 1999-2000 Budget Committee on Health Care, pursuant to Section 9 of 1999 House Bill No. 1004, was directed to study a comprehensive plan for a community health grant program developed by the State Department of Health and report its findings and recommendations to the 2001 Legislative Assembly. The community health grant program was to use money available in the community health trust fund--established to receive 10 percent of the tobacco settlement payments. The committee recommended legislation to provide the interest earned on money deposited in the community health trust fund remain in that fund and that the interest earned on money deposited in the water development trust fund be transferred to the community health trust fund. The legislation was not approved by the Legislative Assembly. The interest earned on these funds is currently deposited in the general fund. The committee also recommended the Legislative Assembly:

- Support the State Department of Health plan for the establishment of Healthy Schools, Healthy Families, and Healthy Communities grant programs with money to be deposited in the community health trust fund during the 2001-03 biennium and future bienniums.
- Use a portion of the money accumulating in the community health trust fund during the 1999-2001 biennium for:

Statewide tobacco counter-marketing programs.

Training and educational program materials for schools and communities to assist in the establishment and operation of tobacco use prevention and cessation education programs.

The 2001-02 Budget Committee on Government Services, pursuant to Section 2 of 2001 Senate Bill No. 2380, received reports from the State Health Officer regarding the implementation of the community health grant program. The committee learned the State Department of Health established a Community Health Grant Program Advisory Committee and a community health grant program with the primary purpose of preventing or reducing tobacco usage in the state. The program was to follow CDC guidelines for tobacco prevention to the extent funding is available. A total of \$4.7 million was appropriated from the community health trust fund for the community health grant program for the 2001-03 biennium. The funds for the program were allocated pursuant to Senate Bill No. 2380 as follows:

1. Student tobacco programs - 40 percent (\$1,880,000) for grants to the public health units for programs to reduce student tobacco use.
2. County tobacco programs - 40 percent (\$1,880,000) for grants to public health units for programs to reduce tobacco use by residents living in the counties served by the public health units. A program may address other chronic diseases.
3. State aid - 20 percent (\$940,000) for grants to public health units to supplement existing state aid from other sources.

The committee learned all 28 local public health units applied for and were awarded community health grant program funds. Senate Bill No. 2380 also provided \$350,000 from the community health trust fund--\$100,000 for funding the Community Health Grant Program Advisory Committee and \$250,000 for funding grants to cities and counties on a dollar-for-dollar matching basis for city and county employee tobacco education and cessation programs. The role of the Community Health Grant Advisory Committee was to advise the State Department of Health on program implementation. The advisory committee included the State Health Officer who served as the chairman, the state tobacco control administrator, one high school student, one student of a postsecondary institution in the state, one representative of a nongovernmental tobacco control organization, and one law enforcement officer. In addition, the committee included various representatives of state government and the private sector who were appointed by the State Health Officer. The 2001-02 Budget Committee on Government Services made no recommendations regarding the community health grant program.

The 2003-04 Budget Committee on Health Care, pursuant to Section 23-38-02, received reports from the State Health Officer regarding the implementation of the community health grant program. The committee received information regarding funding provided from the community health trust fund for the community health grant program. The committee learned the community health grant program addressed four broad goals:

1. Preventing initiation of tobacco use among youth.
2. Promoting quitting among youth and adults.
3. Reducing nonsmokers' exposure to secondhand smoke.
4. Identifying and eliminating disparities in tobacco use among specific population groups.

The committee learned, based on the 2003 youth risk behavior survey for grades 9 through 12, the percentage of students identified as smokers decreased to 30 percent, as compared to 35 percent in 2001 and 41 percent in 1999. The percentage of students using smokeless tobacco decreased to 10 percent, as compared to 13 percent in 2001 and 15 percent in 1999. The percentage of students who were younger than 13 when they smoked their first cigarette decreased to 37 percent, as compared to 44 percent in 2001. The committee learned local public health units established cessation programs in 69 locations in 42 counties in North Dakota. Data from cessation programs that were in existence for more than one year indicate 12-month quit rates ranging from 33 to 58 percent. The committee learned the Public Employees Retirement System smoking cessation program is designed to help state employees and family members to stop using tobacco. The members who participate in the program are enrolled in tobacco cessation counseling at local agencies or public health units. The program

provides reimbursement for eight weeks of counseling services and medication to facilitate smoking cessation. The committee learned the tobacco "quitline" was implemented on September 20, 2004. It is a collaborative effort with the University of North Dakota Department of Community Medicine and the Mayo Clinic tobacco "quitline." The Mayo Clinic tobacco "quitline" staff will oversee the training of the North Dakota staff. The committee made no recommendations regarding the implementation of the community health grant program.

The 2005-06 Budget Committee on Human Services, pursuant to Section 20 of 2005 Senate Bill No. 2004 studied the costs and benefits of adopting a comprehensive Healthy North Dakota and workplace wellness program in collaboration with the State Department of Health, health insurers, other third-party payers, Workforce Safety and Insurance, interested nonprofit health-related agencies, and others who have an interest in establishing accident and disease prevention programs. The committee received a report on tobacco cessation efforts across the state and the outcomes of those programs. The committee learned the North Dakota Tobacco Quitline served 2,342 individuals for the 2003-05 biennium at a cost of \$529,869. The average cost per individual served was \$226. The Tobacco Quitline provides counseling, nicotine replacement therapy (a 28-day supply of the patch or gum) to qualified individuals, relapse prevention, and follow-up services. The committee learned the 6-month quit rate was 39 percent for individuals under the program and the 12-month quit rate was 33 percent. The committee made no recommendations regarding its Healthy North Dakota study. During the 2013-15 biennium, uninsured and underinsured individuals may receive nicotine replacement therapy without regard to personal income.

The 2011-12 Health Services Committee received information regarding smoking rates and related trends in tobacco prevention and control spending, cigarette tax rates, and smoke-free environment laws. The committee learned cigarette use is measured based on data from the CDC behavioral risk factor surveillance survey. The committee received information regarding adult cigarette use in each state and the District of Columbia from 2000 to 2010. Overall adult cigarette use in North Dakota declined from 23.2 percent in 2000 to 17.4 percent in 2010. The 5.8 percent reduction in adult cigarette use from 2000 to 2010 in the state ranked North Dakota 18th among the 50 states and the District of Columbia. In addition, the committee received information on tobacco prevention spending and tobacco use in North Dakota and other states, a summary of cigarette tax rates compared to adult cigarette use for selected states from 2000 through 2010, and a summary of smoke-free environment laws by state as of December 31, 2009.

STUDY PLAN

The committee may wish to proceed with this study as follows:

1. Gather and review information regarding the service delivery systems for the comprehensive statewide tobacco prevention and control programs provided by the State Department of Health and the Tobacco Prevention and Control Executive Committee and how the delivery systems are consistent with the CDC *Best Practices for Comprehensive Tobacco Prevention and Control Programs*.
2. Receive a report on an assessment completed by the State Department of Health and the Tobacco Prevention and Control Executive Committee of programs in both agencies, including funding sources for the programs, service providers, areas and populations served by the programs, and effectiveness of the programs on improving the health and policy environment in the state.
3. Review the effectiveness and fiscal efficiency of the comprehensive statewide tobacco prevention and control programs provided in the state, including the cost of cessation programs, the number of clients served, effectiveness of cessation programs, and ways to improve the health and policy outcomes of the programs.
4. Receive information regarding how the comprehensive statewide tobacco prevention and control programs provided by the State Department of Health and the Tobacco Prevention and Control Executive Committee address tobacco use by the Native American population on the Indian reservations.
5. Develop committee recommendations and prepare any legislation necessary to implement the committee recommendations.
6. Prepare a final report for submission to the Legislative Management.

ATTACH:4