

1999 DRAFTING REQUEST

Bill

Received: **03/4/99**

Received By: **yacketa**

Wanted: **03/5/99**

Identical to LRB:

For: **Judy Robson (608) 266-2253**

By/Representing: **herself**

This file may be shown to any legislator: **NO**

Drafter: **yacketa**

May Contact:

Alt. Drafters:

Subject: **Health - miscellaneous**

Extra Copies: **DAK, RPN**

Pre Topic:

No specific pre topic given

Topic:

Health trust fund created from tobacco settlement moneys

Instructions:

See Attached

Drafting History:

<u>Vers.</u>	<u>Drafted</u>	<u>Reviewed</u>	<u>Typed</u>	<u>Proofed</u>	<u>Submitted</u>	<u>Jacketed</u>	<u>Required</u>
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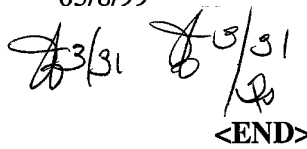
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**State Comprehensive Tobacco Prevention and Control Budget Guidelines
November 19, 1998**

Wisconsin

NOTE: Each program element is explained in the accompanying paper.
The rationale for the budget estimates also are provided in the accompanying paper.
An upper and a lower estimate are presented for each budget category.

Estimated Program Element Costs:

I. Community Programs to Reduce Tobacco Use

Upper Estimate	\$14,307,178	Formula: \$1,500,000 (statewide training and infrastructure) + \$2.50 per capita
Lower Estimate	\$6,122,871	Formula: \$1,000,000 (statewide training and infrastructure) + \$1.00 per capita

II. Community Programs to Reduce the Burden of Tobacco-Related Diseases

Upper Estimate	\$4,243,249	Formula: See attached paper
Lower Estimate	\$2,868,249	Formula: See attached paper

III. School Programs

Upper Estimate	\$6,786,000	Formula: \$750,000 (statewide training and infrastructure) + \$6 per student (K-12)
Lower Estimate	\$4,524,000	Formula: \$500,000 (statewide training and infrastructure) + \$4 per student (K-12)

IV. Enforcement

Upper Estimate	\$1,500,000
Lower Estimate	\$750,000

V. Partnership Grants

Upper Estimate	\$5,122,871	Formula: \$1.00 per capita
Lower Estimate	\$2,049,148	Formula: \$.40 per capita

VI. Counter-Marketing

Upper Estimate	\$15,368,613	Formula: \$3.00 per capita
Lower Estimate	\$5,122,871	Formula: \$1.00 per capita

VII. Cessation Programs

Upper Estimate	\$22,414,918	Formula: \$1 per adult (screening) + \$2 per smoker (brief counseling) + \$137.50 per served smoker (50% of program cost for 10% of smokers) + \$275 per served smoker (100% of program cost for 10% of publically financed smokers)
Lower Estimate	\$5,425,904	Formula: \$1 per adult (screening) + \$2 per smoker (brief counseling)

Subtotal (I to VII above)

Upper Estimate	\$69,742,828
Lower Estimate	\$26,863,044

VIII. Surveillance and Evaluation

Upper Estimate	\$6,974,283	Formula: 10% High Estimates Subtotal
Lower Estimate	\$2,686,304	Formula: 10% Low Estimates Subtotal

IX. Administration and Management

Upper Estimate	\$3,487,141	Formula: 5% High Estimates Subtotal
Lower Estimate	\$1,343,152	Formula: 5% Low Estimates Subtotal

Total Program Annual Cost	
Upper Estimate	\$80,204,252
Lower Estimate	\$30,892,500
Per Capita Cost Estimates	
Upper Estimate	\$15.66
Lower Estimate	\$6.03

CDC Project Officer: Monica H. Eischen
Office on Smoking and Health, Atlanta, GA
Telephone Number: 770-488-1118
E-Mail Address: MHE1@CDC.GOV

November 19, 1998

Program and Funding Guidelines for Comprehensive Tobacco Control Programs

Background

Each year more than 400,000 Americans die as a result of tobacco use, a process which almost always begins in the teen years. California and Massachusetts are pioneers among states that have launched long-term comprehensive public health programs to prevent and reduce tobacco use. These programs are funded with increases in their states' excise tax on tobacco products and have served as models for the nation. Per-capita consumption in both states has declined more rapidly than in the rest of the country. Increase in tobacco use among youth in California and Massachusetts has also slowed in comparison to national trends and, most recently, are showing actual declines in some age groups.

Successful Practices

Through evidence-based analyses in California and Massachusetts and intense involvement with settlement states, CDC recommends that states establish tobacco control programs that are comprehensive, are sustained over time, and utilize community partnerships.

Effective state tobacco control programs contain the following elements:

- Community Programs to Reduce Tobacco Use
- Community Programs to Reduce the Burden of Tobacco-Related Diseases
- School Programs
- Enforcement
- Partnership Grants
- Counter-Marketing
- Cessation Programs
- Surveillance and Evaluation
- Administration and Management

I. Community Programs to Reduce Tobacco Use

Rationale: For meaningful change to occur, community involvement is essential. Communities are frequently the best source of leadership and innovation. Effective community programs involve people in their homes, worksites, schools, places of worship, entertainment venues, civic organizations, and other public places.

Examples of community program activities include:

- Mobilizing culturally, ethnically, professionally, and geographically diverse local partnerships to reduce the use of tobacco products.

- Providing educational programs to youth, parents, retailers, other business persons, enforcement officials, community leaders, health care providers, civic group members, school personnel, and members of special populations to equip and motivate groups to promote changes in their communities that alter the way tobacco is promoted, sold, and used.
- Promoting public health policies that encourage tobacco-free community norms. Such policies can focus on clean indoor air, excise taxes, access restrictions, product regulation, insurance coverage for treatment, cessation activities, restrictions on local advertising and promotions, and tobacco product ingredients disclosure.

Budget: Core funding for community programs may be allocated to local government units such as local health departments and community organizations for staff and resources to implement programs and support local partnership initiatives. Best practices dictate that an approximate base funding of \$1,000,000 to \$1,500,000 be allocated annually for statewide infrastructure, training, and technical assistance plus about \$1.00 to \$2.50 per capita annually to local government units or community organizations.

II. Community Programs to Reduce the Burden of Tobacco-Related Diseases

Rationale: In addition to the most frequently recognized tobacco related deaths including cardiovascular disease, cancer, and stroke, smoking contributes significantly to oral cancers and asthma.

Examples of programs to reduce the burden of tobacco-related diseases include:

- Targeted tobacco-related disease community interventions that include all facets of tobacco-related disease prevention.
- Counter-marketing to increase awareness of ETS exposure for asthma patients.
- Increased dental counseling to prevent oral disease.
- Expanded cancer registries to monitor tobacco-related cancers.

Budget: Best practices dictate that a budget supporting tobacco-related cardiovascular disease allocate \$500,000 to establish states' core capacity functions, and expand by an additional \$1,000,000 to \$1,500,000 to develop a comprehensive program. Best practices also dictate that about \$75,000 to \$300,000 (depending on the population of the state) be allocated to expand cancer registries and about \$400,000 to \$750,000 (depending on the population of the state) be allocated to address the oral disease consequences of tobacco use. In addition, best practices dictate that for asthma prevention pilot programs an approximate base funding of \$200,000 to \$300,000 be allocated for state infrastructure, training, and capacity building activities and as local initiatives are developed about \$600,000 to \$800,000 be allocated to support these activities.

III. School Programs

Rationale: School-based prevention programs which identify the social influences that promote tobacco use among youth and teach skills to resist such influences are an effective means to prevent tobacco use. It is important for school programs and policies to consistently support non-tobacco use for faculty, staff, and students at all school-related events and facilities.

Examples of school programs include:

- Implementing ***CDC's Guidelines for School Health Programs to Prevent Tobacco Use and Addiction*** including tobacco-free policies, evidence-based curricula, teacher training, parental involvement, and cessation services.
- Linking school-based efforts with local community coalitions and statewide counter-advertising programs.

Budget: Funds can be awarded directly to school districts and be supported by statewide technical assistance. Coordinating school program funding with funding to other community programs is encouraged. Best practices dictate that \$500,000 to \$750,000 be allocated annually for statewide infrastructure and technical assistance. In addition, \$4.00 to \$6.00 per student (grades K-12) can be awarded to school districts annually.

IV. Enforcement

Rationale: The enforcement of public and private policies that restrict access to tobacco products and reduce exposure to environmental tobacco smoke discourages youth from initiating tobacco use and protects the health of nonsmokers.

Examples of enforcement activities include:

- Investigating complaints received through telephone hotlines regarding violations of clean indoor air ordinances and laws.
- Conducting frequent retailer compliance checks to identify violations of ordinances and laws that prohibit retailers from selling tobacco products to youth.
- Educating and imposing penalties on violators.

Budget: California and Massachusetts effectively have addressed enforcement issues as part of community program grants. Funds also can be awarded to agencies responsible for enforcing tobacco laws and ordinances and to community organizations for educational programs relating to tobacco laws. *Current FDA contracts with states to implement their youth access regulations have been averaging about \$400,000 to \$600,000 per state per year. Enforcement of all policy areas (e.g., clean indoor air, etc.) would raise the cost. For preliminary planning, an estimate range is from \$750,000 to \$1,500,000 per year.*

V. Partnership Grants

Rationale: Statewide partners can use their organizational assets to build community resources. Statewide partners may be better equipped than state governments to reach specific populations that are targeted by the tobacco industry such as women, racial/ethnic minority populations, and blue-collar workers. Providing funding to organizations, businesses, and other partners is an efficient way to support some activities.

Examples of partnership grants include:

- Proactive quitlines, physician training, minority health workers, and general technical assistance for evaluation and legal issues (e.g., worksite policies, local ordinances).
- *Building statewide organizations' resources so that they may better serve communities and address the needs of special populations.*

Budget: Funds can be awarded to statewide organizations, businesses, and other partners. Best practices dictate that about \$0.40 to \$1 per capita be allocated for these grants annually.

VI. Counter-Marketing

Rationale: Counter-marketing activities can promote quitting and decrease the likelihood of initiation. Media messages can have a powerful influence on public support for tobacco control policy changes and set a supportive climate for school and community efforts.

Examples of counter-marketing include:

- Strategic media efforts that integrate local media advocacy, paid counter-advertising, and efforts to reduce or replace tobacco industry sponsorships and promotions.
- Statewide TV, radio, print, and other types of ad placement.
- Special events and promotions to engage local media and reinforce school and community programs.

Budget: Funds may be given to firms with experience in reaching culturally diverse audiences to integrate advertising, marketing and public relations strategies. These strategies must be coordinated and support local programs. States may also want to contract with researchers to assist them in developing targeted messages. As a minimum, \$1.00 to \$3.00 per capita annually will fund a moderately high-intensity counter-marketing campaign addressing all program goals in all major media markets in the state. It may be appropriate to conduct programs of greater intensity. The cost of ad placement will vary significantly across states and media markets. By using existing television, radio, print, and other types of ads from CDC's Media Campaign Resource Center, states can lower program development costs (a new, high-quality TV spot commonly costs more than \$100,000 to develop).

VII. Cessation Programs

Rationale: Creating greater demand for cessation services and programs will increase an individual's motivation and readiness to quit the use of tobacco products. These programs and services must be accessible, culturally and linguistically appropriate, and effective. Effective cessation programs for youth should be disseminated as they are identified or developed. Experience has shown that when cost barriers are removed and the program is highly publicized, the maximum participation rate for cessation programs is 10% of smokers or less per year.

Examples of cessation programs and services include:

- Full implementation of the Agency for Health Care Policy and Research (AHCPR) guidelines in all clinical settings.
- Statewide telephone quitlines that provide proactive cessation counseling.
- Dissemination of culturally and linguistically appropriate cessation materials and programs.

Budget: Funding may be awarded to government agencies, managed care organizations, and public and private organizations. The manner in which funds are provided to the private sector (i.e., matching grants) should be considered. The annual budget for the various levels of services can be estimated based on three factors related to the cost of identifying smokers, counseling smokers, and reimbursement for treatment. To identify patients during clinical visits as smokers and to chart and advise them about tobacco as a vital sign (similar to blood pressure, height, and weight) would cost an estimated \$1 per person over the age of 18. To provide brief counseling to smokers over 18 years of age during each clinical visit would cost \$2 per smoker. To provide a full range of cessation services would cost \$275 per served smoker per year. It is estimated that only 10% of all smokers would elect to receive full cessation services that include pharmaceutical aids, behavioral counseling, and follow-up visits. Estimates for publicly financed cessation services would be \$275 for 10% of smokers 18 years and over eligible for public support health care. For 10% of the smokers 18 years and over covered under private insurance, it is estimated that private and public funds would match at 50% of the total cost per smoker; therefore, public costs would be \$137.50.

VIII. Surveillance and Evaluation

Rationale: Surveillance is the continuous monitoring of measures such as behavior, attitudes, and health outcomes over a regular interval of time. Surveillance provides information on the achievement of ultimate outcomes such as prevalence of tobacco use among youth and adults, per-capita consumption, and exposure to environmental tobacco smoke. Evaluation surveys provide in-depth information about intermediate outcomes such as attitudes, beliefs, and behaviors (e.g., quit attempts). Surveillance and evaluation activities are an excellent way to target resources and demonstrate progress toward goals.

Examples of surveillance and evaluation activities include:

- Surveillance systems designed to ensure continuous monitoring of performance objectives

addressing all program goals (e.g., Youth Risk Behavior Survey, Behavioral Risk Factor Survey, Pregnancy Risk Assessment Monitoring Survey).

- Evaluation surveys are designed to monitor intermediate program objectives in all strategy areas. Data collection methods to compliment surveillance systems can include school-based youth tobacco surveys, adult tobacco surveys, school administrator surveys, teacher surveys, opinion leader surveys, health provider surveys, local program monitoring surveys, state and local policy tracking, monitoring of pro-tobacco activities, local media monitoring.

Budget: State health departments currently manage most tobacco surveillance systems. It is important for health departments to expand their resources to meet additional demands. Many states work in conjunction with universities to implement and coordinate surveillance, evaluation, and research activities. Standard practice dictates that about 10% of total annual program funds be allocated for surveillance and evaluation.

IX. Administration and Management

Rationale: Implementation of an effective tobacco control program requires a strong management structure.

Examples of administration and management activities include:

- Recruitment and development of qualified and diverse technical, program, and administrative staff.
- Awarding and monitoring program contracts and grants, coordinating implementation across program areas, and assessing program performance.
- Creating an effective internal and external communication system.
- Developing a sound fiscal management system and the ability to minimize start-up delays.

Budget: Best practices dictate that about 5% of total annual program funds be allocated to state program administration and management. These funds should be used to ensure collaboration and coordination among public health program managers, policy makers, and other state agencies.

Summary

Dollar ranges and programmatic recommendations are based on experience gained from working with California, Massachusetts, Oregon, Maine, and settlement states. The purpose of the proposed ranges are to guide states in planning comprehensive tobacco control programs.

- As a general planning guide, available funds can be divided into thirds. One-third can be used for community and school programs, one-third can be used for counter-marketing, and one-third can be used for statewide programs, surveillance and evaluation, enforcement, and cessation.

-
- Approximate annual costs for a comprehensive program range from:
 - \$7 to \$33 per capita in smaller states (under 3 million population)
 - \$6 to \$17 per capita in medium-sized states (3 million to under 7 million population)
 - \$5 to \$16 per capita in larger states (7 million and above population)

Please refer to attachment 1 for approximate budget ranges within each program element for all 50 states.

For additional guidance materials please contact the CDC's Office on Smoking and Health at 770-488-5705.

THOMAS T. MELVIN YOUTH TOBACCO PREVENTION AND EDUCATION PROGRAM (SS. 255.10)
PROGRAM IMPLEMENTATION STATUS
AS OF JUNE 8, 1998

BACKGROUND

The Legislative Council Committee on "Minors and Tobacco" conducted hearings on the increase in tobacco use by youth and recommended responses to address it. This and action by the Governor and Legislature resulted in a 15 cent per pack increase in the cigarette excise tax and the creation of the Thomas T. Melvin Youth Tobacco Prevention and Education Program.

The program's primary purpose is to reduce "the use of cigarettes and tobacco products by youth". The statute requires the Department of Health and Family Services award grants for the following purposes:

- (1) Community education provided through local community initiatives.
- (2) A multimedia education campaign directed at encouraging minors not to begin using tobacco products, motivating and assisting adults to stop using tobacco, and changing public opinion on the use of tobacco.
- (3) Public education through grants to schools to expand and implement curricula on tobacco education.
- (4) Research on methods by which to discourage use of tobacco.
- (5) Evaluation of the program under this section.

The legislature appropriated \$1,000,000 per year for each year of the 97-99 biennium. Through a series of meetings the general consensus was that these dollars be divided out in the following areas: \$700,000 for all aspects of media, \$200,000 for community interventions, \$100,000 for evaluation. Subsequently, \$50,000 of the media funds have been targeted for the local school districts via DPI. Three fiscal agents have been identified and contracted with to disburse these funds: Knupp and Watson Inc. for all media, UW-Madison-Preventive Medicine for evaluation and distribution of community funds and DPI for school funds.

PLANNING PROCESS

Beginning in October, 1997, DHFS staff held a series of 15 meetings with an ever widening workgroup of experts and advocates in tobacco control, media, social marketing, public health program development and evaluation to solicit their ideas and develop a broad-based consensus about the first year's efforts.

In the discussion process it was clear that two major activities had to take place at the same time: *a media impact, and a community intervention impact. Media alone will not carry the message in a geographic region where no prior or on-going community activity has prepared the target audience to receive the message or to reinforce that message.* This limited our target areas to about a half dozen media markets in the state that have active and coherent coalition and community action. Therefore, large areas of the state were excluded.

As this is the first year of an on-going event, there is no time to develop home-grown media materials or to develop specialized campaigns that focus primarily on a special target population. That needs to be done in later years of this effort when there is time to involve the target communities, develop culturally sensitive materials, and coordinate with local groups. This means that specialized population targets were excluded from the first year effort. An example is a Native American campaign.

Many media markets are either incomplete in terms of multiple media that targets our population group we wanted to impact or so complex or expensive that it makes it difficult to articulate a media buy. Two prime examples of the later are the Milwaukee market and the Fox River Valley. It is a very complex effort with limited dollars to do a buy in those markets that insures a geographically focused audience that corresponds to coalition boundaries.

THE APPROACH

In the table below is the approach that will be taken for state fiscal years 1998 and 1999. Five media areas have been identified:

- I. Northwest: La Crosse and Eau Claire
- II. Southern: Beloit, Janesville and Madison
- III. Fox Valley: Fond du Lac and Green Bay
- IV. Southeast: Racine and Kenosha
- V. Northcentral: Wausau

These have been assigned into one of three categories:

- A. Target for media campaign and community intervention.
- B. Target for community intervention.
- C. Control group.

The details are explained in the evaluation section; but in short it is important to have an integrated media approach that combined media and community intervention; but also to look at what is the impact of community intervention without media and a control with neither media nor community intervention.

This will allow a year of planning as to how to approach the next fiscal year July 99-June 2000. In the up coming year we can also begin to identify new media material as it comes on line across the nation, design some Wisconsin specific materials, work with other target population groups on message design, and look to what other areas in the future we should expand to.

The key to changing social behavior for an entire generation of teenagers is consistent and persistent prevention activities. Periodic hit and miss will not work. Therefore, the plan is not to move every year from one area of the state to the next, but to stick with designated areas until the cohort of population that is our target (ages 11-14) have heard the message during their entire cycle from middle school into high school. Then we can measure whether there has been a change. This means that additional media markets cannot be introduced into the effort until either the cycle is completed or additional funding is created.

On that front, the Department is awaiting the outcome of the litigation with the tobacco industry. Therefore, we all need to use this time to make sure the evaluation process is put into place, local coalitions are fully engaged, local school districts involved, and the best available media materials and media strategy are used. These first two years of the Thomas T. Melvin program are an experiment so that we productively use the money in the future, which (depending on any settlement with the tobacco industry) might be significant.

MULTIMEDIA CAMPAIGN

The Department's media agency, Knupp and Watson (K&W) Inc., will provide technical assistance and expertise in selecting the media materials, media channels, and to manage the purchase of leveraged media buy, including radio and television, and to coordinate with outdoor advertising (billboards) for appropriate target audience space.

Based on Centers for Disease Control and Prevention (CDC) advice, K&W examined approximately 120 TV messages (spots) – from Cygnus, a distribution corporation working with CDC. K&W staff also examined four spots from Minnesota.

K&W discovered that there were additional existing youth tobacco prevention campaigns in Michigan, Florida, Vermont, and Maine. Cygnus also forwarded K&W its April 1998 updates of available spots. K&W contacted Minnesota and reviewed the time and budget demanded if they sought spots outside of Cygnus. They determined to remain with Cygnus offerings. Handling each state and each state's production agencies would involve complex and potentially costly arrangements.

The first phase of the evaluation involved six criteria. They were: 1) Audience appropriateness, 2) Market appropriateness, 3) Production Quality, 4) Inclusive Message, 5) Prevention Message, and 6) Positive Message. A sample sheet is available.

Using these six criteria, K&W narrowed the universe to 23 acceptable spots and then examined what audience appeal formed the basis of each spot.

country will be tested as they become available. (Optimistically, a second round of focus group testing for new materials could begin as early as August.)

In June, K&W will conduct focus groups in five highlighted: Beloit, Eau Claire, Janesville, La Crosse and Madison.

Focus groups will consist of 8-14 participants, recruited through a range of community organizations, such as Big Brothers/Big Sisters, YMCA/YWCA and Girl Scouts.

Locations for conducting the focus groups will be identified through the cooperation of community organizations.

All participants will be 10-14 years of age, and the majority will be all female, representing the targeted audience. K&W will also conduct two all male groups.

Efforts will be made to recruit participants of varying backgrounds and smoking risk.

K&W will obtain parental permission for each participant.

Participants will receive a non-cash reward, i.e. a mall gift certificate or movie pass, to compensate them for their time and thank them for their input.

Focus groups to be moderated by K&W Public Relations Specialists, Tracy Christenson and Sara Lathrop.

Jimmy Peltier, Ph.D., Director of Research, K&W, will approve the moderator guidelines.

K&W will present the focus group results in a formal report.

INTEGRATED TOBACCO PREVENTION CAMPAIGN: MASS MEDIA AND COMMUNITY INTERVENTION ELEMENTS

K&W will plan and implement a statewide tobacco prevention campaign with mass media and community intervention elements. The primary target is 10-14 year old adolescents, with an emphasis on girls. There will be heightened focus in the following five communities: La Crosse, Eau Claire, Beloit, Madison, and Janesville.

The smoking prevention literature highlights the importance of these main elements with regard to smoking prevention programs targeted toward youth:

Providing relevant health information.

Emphasizing problem-solving skills (learning how to say 'no').

Explaining social influences (such as industry manipulation, peer influence).

Encouraging parental participation.

Activities targeted toward local media

Media placement

Working through current media contacts, K&W will negotiate leveraged media buys in each of the highlighted communities. Leveraged placement to be obtained for film, television, cable, radio and print media.

Media partnerships

K&W will seek the cooperation of promotional managers and programming directors for local media, including television, cable, radio and print in airing anti-smoking messages as part of programming. Media partners will also be helpful in identifying potential sponsors for anti-smoking messages.

Local news development

K&W will work with local news departments to develop news stories, editorial content and coverage of tobacco prevention campaign events, such as the youth summit.

Public access media

K&W will work with local youth to develop smoking-prevention programming and advertising to air on public and educational access cable, television, radio and print. Youth will contribute creative ideas for production by K&W.

Activities targeted directly at youth

Youth summit

In each of the five highlighted communities, K&W will organize a youth-oriented event, similar to the Florida campaign that recently received national attention. These events will be designed to accomplish several things. First, through skills-training workshops and contests, intentions *not* to smoke will be strengthened. Second, attending youth will provide information and ideas for targeting their peers with anti-smoking messages—including distribution and message content. The youth summit is intended to secure the ongoing support and participation of both youth and parents.

In-school materials and activities

K&W will identify and select from existing school-based prevention materials from around the country. Appropriate materials will be acquired and customized for Wisconsin communities. If necessary, K&W will create supplementary materials

Out-of-school activities

K&W will identify extracurricular activities and programs with which to partner in promoting a prevention message. Efforts will primarily be focused on activities likely to attract youth at risk for smoking.

“Community Ad Watch” , a program of tobacco advertising awareness and community action to reduce the saturation of neighborhoods with tobacco advertising.

These community interventions would be conducted by local public health or community-based organizations (CBOs), with a long term commitment and expertise in tobacco control and chronic disease prevention. Funding for these activities would be coordinated through the University of Wisconsin- Madison, Department of Preventive Medicine. These funds, approximately \$200,000 per year, would go to seven communities, both media and non media intervention markets and they will be contracted with a single entity in each community that will have the responsibility for coordination of all local activities.

The interventions would work closely with local schools to integrate activities and messages. Through the coordination of the media/community awareness and school integration, youth would receive multiple, coordinated messages encouraging a healthy, tobacco free lifestyle.

SCHOOL ACTIVITIES

DPI will be contracted for approximately \$50,000 per year to work directly with the school districts involved in the effort. These funds would go to schools in both the intervention areas and the control areas. Approximately nine school districts would be funded for staff time, professional development and compensation for assisting the evaluation components. In addition, funds would be made available for staff development sessions for middle school faculty. Finally, a small portion of funds would be available to insure professional coordination between DPI and DHFS for media literacy developments in the tobacco area.

EVALUATION

OVERVIEW

The Department engaged the University of Wisconsin-Madison, Department of Preventive Medicine (UW-DPM) to engage in activities in two areas. The first is establishing a baseline determining the magnitude of the youth tobacco use problem; the second is evaluating the effect of the coordinated multimedia and community interventions.

UW-DPM has proposed evaluating the Melvin Campaign using a quasi-experimental research methodology. This design of the evaluation research depends upon the intervention methods, including target audience, media market, campaign message, and community intervention techniques. The proposed evaluation strategy is based on the following assumptions about the intervention:

The target audience is 11-14 year old girls.

The media campaign will be conducted in two (2) of Wisconsin's media markets.

Community-based coalitions exist and will be funded to support the media campaign.

state and students in grades 9-12 (ages 14-18) are interviewed about smoking and other risk behaviors. The response rates in 1991 and 1995 were low, limiting the usefulness of these samples.

Data from the 1995 surveys reveal that 35% of students had smoked cigarettes on one or more of the 30 days preceding the survey (i.e., current cigarette use). White (38%) and Hispanic (34%) students were significantly more likely than black students (19%) to report current cigarette use. Although smoking rates were higher among students in grade 12 (38%), 31% of students in grade 9 were smokers (CDC, 1996). This calls for an approach to target surveillance and evaluation efforts to children in the middle school ages.

4. Behavioral Risk Factor Surveys (BRFS)

These telephone surveys have been conducted continuously in Wisconsin since 1984. Approximately 1500-1800 adults, 18 years of age and older, are interviewed about tobacco use each year. Smoking prevalence rates among persons ages 18-24 have been used as a proxy of youth smoking for the Year 2000 Health Objectives for the state.

Issues

1. It may be difficult to get into the middle schools and complete these surveys during September 1998 and the media campaign will begin to run in a preliminary form in these target markets during the summer of 1998. This will mean that the evaluation design will not be as rigorous as possible; but such a compromise is necessary in the beginning of any realistic program of this magnitude.
2. To insure that the research design is as rich as possible, various combinations of media and community intervention groups and control groups will be tried: Media and community intervention group; community only intervention groups; and control groups without either media or community intervention:

This design permits an assessment of the impact of the combination of a media and community campaign, compared with community intervention alone, or no intervention. It involves no additional cost, and is purely related to how communities are assigned to receiving media and/or community interventions. The benefit of this design is that we get additional insight as to whether any impact is gained from the media or the community intervention part of the campaign.

ADVISORY COMMITTEE

The Department acknowledges and appreciates the efforts of the Thomas T. Melvin Youth Tobacco Prevention and Education Program workgroup. As has been said before, there is no "one, correct" approach to youth tobacco prevention. The breadth and depth of knowledge,

Pat McManus, Executive Director
Black Health Coalition of WI Inc.
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Milwaukee, WI

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American Cancer Society- Wisconsin Division
P.O. Box 902
Pewaukee, WI 53072-0902

Louis Oppor
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Marian Sheridan, RN
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160 South Macy Street
Fond du Lac, WI

Bonnie Sumner
3823 North Lake Drive
Milwaukee WI

Pa Vany,
Hmong-American Friendship Association
2414 West Vliet Street
Milwaukee, WI

Yacker, Tina

From: Sweet, Richard
Sent: Thursday, March 04, 1999 3:43 PM
To: Rosenzweig, Peggy; Robson, Judy; Nuutinen, Aaron; Schaeffer, Gene; Yacker, Tina
Subject: FW: U.S. Senate Appropriations to Mark-up Recoupment Measure on Thursday, March4th

This is the NCSL message that was discussed at yesterday's meeting.

Dick Sweet

Subject: U.S. Senate Appropriations to Mark-up Recoupment Measure on Thursday, March4th

3/2/99

Senator Kay Bailey Hutchison (R-TX) sponsor of S. 346, a bill to prohibit the federal government from seizing state tobacco settlement funds, is planning to offer the bill as an amendment to the FY 1999 Supplemental Appropriations bill on Thursday, March 4th. This will be a full committee mark-up. Below is a list of the members of the Senate Appropriations Committee (** Sponsor S. 346; * Co-sponsor S. 346):

Republicans

Ted Stevens, AK
*Thad Cochran, MS
Arlen Specter, PA
Pete Domenici, NM
Christopher "Kit" Bond, MO
*Slade Gorton, WA
*Mitch McConnell, KY
*Conrad Burns, MT
*Richard Shelby, AL
Judd Gregg, NH
Robert Bennett, UT
*Ben Nighthorse Campbell, CO
*Larry Craig, ID
**Kay Bailey Hutchison, TX
*Jon Kyl, AZ

Democrats

Robert Byrd, WV
Daniel Inouye, HI
Ernest Hollings, SC
*Patrick Leahy, VT
Frank Lautenberg, NJ
Tom Harkin, IA
Barbara Mikulski, MD
Harry Reid, NV
Herb Kohl, WI
*Patty Murray, WA
Byron Dorgan, ND
*Dianne Feinstein, CA
Richard Durbin, IL

if your state has a member on the Senate Appropriations Committee, it is important that they know this amendment will be offered and that enactment of the legislation prohibiting the recoupment of state tobacco settlement funds is important for your state.

Please call me at 202/624-8689 or Steve Lewis at 202/624-3575 if you have any questions or if you need additional information. We would also be interested in any feedback you receive from your Senator's office.

Joy Johnson Wilson
Federal Affairs Counsel
Director, Health Committee
joy.wilson@ncsl.org

Yacker, Tina

From: Sweet, Richard
Sent: Thursday, March 04, 1999 5:19 PM
To: Robson, Judy; Rosenzweig, Peggy; Schaeffer, Gene; Nuutinen, Aaron; Yacker, Tina; Zabawa, Barbara
Subject: FW: Senate Action on Tobacco Recoupment Legislation

-----Original Message-----

From: Joy Johnson Wilson [mailto:joy.wilson@ncsl.org]
Sent: Thursday, March 04, 1999 4:28 PM
To: Healthpolicy-I@ncsl.org
Cc: nalfo-dist@ncsl.org
Subject: Senate Action on Tobacco Recoupment Legislation

3/4/99

Great News on Tobacco Recoupment!!!

Senator Kay Bailey Hutchison (R-TX) successfully amended the FY 1999 Supplemental Appropriations bill to include the provisions of S. 346 (the bill she sponsored with Senator Bob Graham of Florida that would prohibit the federal government from recouping state tobacco settlement funds). The amendment was adopted by voice vote. An amendment to Senator Hutchison's amendment offered by Senator Tom Harkin (D-IA) that would have established federal earmarks on state tobacco settlement funds, was defeated by voice vote. We have unconfirmed information that the following Senators voted for the Harkin amendment:

Byrd (D-WV)
Specter (R-PA)
Durbin (D-IL)
Murray (D-WA)

Senate floor action on the FY 1999 Supplemental Appropriations bill is expected next week. We'll keep you informed.

Joy Johnson Wilson
joy.wilson@ncsl.org
Steve Lewis
steven.lewis@ncsl.org

Mon
9 AM

R NOT Run
2

PRELIMINARY DRAFT - NOT READY FOR INTRODUCTION

D-NOTE

add hyphen

, granting rulemaking authority

and making an appropriation

regen cat

1 AN ACT to create 15.77, 20.436, 25.17 (1) (tt), 25.66 and 255.15 of the statutes;
2 relating to: creating a tobacco health care trust and tobacco health care board.

INSERT ANAL

Analysis by the Legislative Reference Bureau

This is a preliminary draft. An analysis will be provided in a later version.
For further information see the **state and local** fiscal estimate, which will be printed as an appendix to this bill.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

3 SECTION 1. 15.77 of the statutes is created to read:

4 15.77 Tobacco health care board. There is created a tobacco health care trust
5 board. The tobacco health care board shall consist of the following members:

6 (1) The attorney general or his or her designee.

7 (2) One majority party senator, one minority party senator, one majority party
8 representative to the assembly and one minority party representative to the
9 assembly, appointed as are the members of standing committees in their respective
10 houses.

health and family services

- 1 (3) The secretary of ~~administration~~ for his or her designee.
- 2 (4) ^{one} ~~two~~ physicians ^{with an expertise in tobacco-related illnesses or public health}
- 3 ~~one representative of hospitals in this state~~
- 4 ~~one representative of the health insurance industry~~
- 5 ~~one representative of long-term care institutions~~
- 6 (8) One ^{local} public health officer.
- 7 (9) One ^{student} representative from the University of Wisconsin System with a
- 8 background in public health.

9 SECTION 2. 20.005 (3) (schedule) of the statutes: at the appropriate place, insert
 10 the following amounts for the purposes indicated:

			1999-00	2000-01
12	20.436 Tobacco health care board.			
13	(1) SMOKING CESSATION AND EDUCATION			
14	(a) General program operations	SEG A	-0-	-0-
15				
16	(b) Grants	SEG B	-0-	-0-

16 SECTION 3. 20.436 of the statutes is created to read:

17 **20.436 Tobacco health care board.** There is appropriated from the ~~trust~~ ^{trust} health
 18 trust fund ~~to the public health~~ to the ~~tobacco~~ ^{trust} health care board for the following
 19 programs:

20 (1) SMOKING CESSATION AND EDUCATION. (a) *General program operations.* The
 21 amounts in the schedule for general program operations of the ~~tobacco~~ ^{trust} health care
 22 board.

9 (g) Four individuals appointed by the members specified in pars. (a) to (f).
 9 (2) The members specified in sub. (1) (d) to (g) shall be appointed for 3-year terms.

1 (b) *Grants.* ~~(The amounts in the schedule (annual appropriation — limits~~
 2 ~~annual spending to the amount specified in the schedule)) (Biennially, the amounts~~
 3 ~~in the schedule) (biennial appropriation — limits biennial spending to the amount~~
 4 ~~specified in the schedule)) (As a continuing appropriation, the amounts in the~~
 5 ~~schedule (continuing appropriation — unused moneys do not revert to the trust~~
 6 ~~fund) but limits expenditures to amount in schedule)) (A sum sufficient (no spending~~
 7 ~~limit) for the purposes specified under s. 255.15. (3)~~

8 SECTION 4. 25.17 (1) (tt) of the statutes is created to read:

9 25.17 (1) (tt) ~~trust fund for public health~~ ^{Health} trust fund (s. 25.66);

10 SECTION 5. 25.66 of the statutes is created to read:

11 25.66 ~~trust fund for public health~~ ^{Health} trust fund (1) DEFINITION. In this section,
 12 "board" means the ~~trust~~ ^{trust} health ~~trust~~ board.

13 (2) CREATION. There is created a separate nonlapsible trust fund, known as the
 14 ~~trust fund for public health~~ ^{health} trust fund, to consist of the lesser of the following:

15 (a) The first 100,000,000 of the moneys received annually under the Attorneys
 16 General Master Tobacco Settlement Agreement of November 23, 1998.

17 (b) The moneys received annually under the Attorneys General Master Tobacco
 18 Settlement Agreement of November 23, 1998.

19 (3) DISTRIBUTION. Amounts in the fund may be distributed only for the purposes
 20 specified in s. ~~20.436~~ ^{20.436} (B)

21 SECTION 6. 255.15 of the statutes is created to read:

22 255.15 ~~Tobacco health trust board~~ ^{trust} health ~~trust~~ board. (1) DEFINITIONS. In this section:

23 (a) "Board" means the ~~trust~~ ^{trust} health ~~trust~~ board under s. 15.77.

(b) ^{Tobacco} "settlement" means the Attorneys General Master
Tobacco Settlement Agreement of November 23, 1998.

1 ³(2) GRANTS. From the appropriation under s. 20.436 (1) (b), the board may
 2 award grants to public and private organizations for any of the following ~~projects~~
 3 ~~conducted by the public or private organization:~~

INSECT
4-3

- 4 (a) Smoking cessation projects.
- 5 (b) Public education about the health effects of smoking.
- 6 (c) Research into the health effects of smoking.
- 7 (d) Research into the treatment of smoking-related illnesses.
- 8 (e) Treatment of smoking-related illnesses.

9 ⁴(3) REPORTS. Not later than December 31, 2002, and biennially thereafter, the
 10 board shall submit to the cochairpersons of the joint committee on finance a report
 11 that details the ^{programs and} projects funded under sub. ³(2).

INSECT
4-12

(END)

B
Mr. Jones.

- (2) The board shall do all of the following:
- (a) Administer the grant program under sub. (3).
 - (b) Hire staff with program and technical expertise.
 - (c) promulgate rules establishing criteria for recipients of grants awarded under sub. (3), including performance-based standards for grant recipients that propose to use the grant for media efforts.
 - (c) Plan and review the budget for money's received under the tobacco settlement.
 - (d) Hire staff with appropriate programmatic and technical expertise.

no 9

The board shall ensure that programs or projects conducted under the grants are culturally sensitive.

insert anal

91

In November 1998, Wisconsin and 45 other states entered into the Attorneys General Master Tobacco Settlement (settlement) with the tobacco industry, ~~which~~ requires tobacco companies to make payments to the states in perpetuity. Under the settlement, it is estimated that Wisconsin will receive a total of \$5.9 billion through 2025.

set

This bill directs that the first \$100 million received annually under the settlement be deposited into a segregated fund. Under the bill, moneys deposited into the fund may only be used for the costs associated with providing grants to organizations for activities related to smoking cessation and tobacco use reduction.

The bill also creates an independent board composed of the attorney general, two senators and two representatives of the assembly (one from each party in each house), the secretary of health and family services, one physician with an expertise in tobacco-related illnesses or public health, one local health officer, one student from the University of Wisconsin with a background in public health and four additional members appointed by the members specified in the bill. The bill requires the board to develop a competitive grant program and to administer the grant program. Under the bill, the board must promulgate rules specifying criteria for receiving a grant, including performance standards for media-based projects for which grants are awarded.

System

91

insert 4-3

- (a) Tobacco use cessation and education programs.
- (b) School-based ^{tobacco use} prevention programs.
- (c) Marketing activities ^{that} promote ~~quitting~~ tobacco use and ^{cessation that} decrease the likelihood of initial tobacco use.
- (d) Projects designed to reduce tobacco use among pregnant women.
- (e) Surveillance and evaluation of the prevalence of tobacco use and exposure to environmental tobacco smoke among youth and adults.
- (f) Enforcement of public and private policies that restrict access to tobacco products and reduce exposure to environmental tobacco smoke.

↓

(g) Development of partnerships ^{among} ~~between~~ businesses or other organizations and communities to address the needs ^{of} and to education ~~on~~ specific populations that are targeted by the tobacco industry.

insert 4-12

SECTION 9158. Nonstatutory provisions; other.

(1) HEALTH TRUST BOARD. Notwithstanding section 15.77 (2) of the statutes, as created by this act, one of the initial members of the health trust board appointed under section 15.77 (1) (d) to (f) of the statutes, as created by this act, and one of the initial members of the health trust board appointed under section 15.77 (1) (g) of the statutes, as created by this act, shall serve for terms expiring on May 1, 2003; one of the initial members of the health trust board appointed under section ~~15.77~~ 15.77 (1) (d) to (f) of the statutes, as created by this act, and 2 of the initial members of the health trust board appointed under section 15.77 (1) (g) of the statutes, as created by this act, shall serve for terms expiring on May 1, 2002; and one of the initial members of the health trust board appointed under section 15.77 (1) (d) to (f) of the statutes, as created by this act, and one of the initial members of the health trust board appointed under section 15.77 (1) (g) of the statutes, as created by this act, shall serve for a term expiring on May 1, 2001.

SECTION 9458. Effective dates; other.

(1) HEALTH TRUST FUND. This act takes effect on the day after publication of the 1999-2001 biennial budget act.

(END OF INSERTS)

DRAFTER'S NOTE
FROM THE
LEGISLATIVE REFERENCE BUREAU

99-2413/1dn

TAY.....

cmj

✓
Senator Robson:

Because of time constraints, I have had to make certain decisions regarding the health trust board and the purposes of the grants. Please review the draft carefully to ensure that it comports with your intent. In particular, please note the following:

1. For this draft, I have included an appropriation but have specified "\$-0-" for expenditure in fiscal years 1999-00 and 2000-01. When you know the dollar amounts that you need to include in the proposal, contact me and I will either redraft the proposal or draft an amendment, whichever is appropriate. Please note, however, that s. 16.47 (2), stats., states that neither house may pass any bill containing an appropriation, increasing the cost of state government or decreasing state revenues by more than \$10,000 annually until both houses pass the executive budget bill, except that the governor or joint committee on finance or, under certain circumstances, the committee on organization of either house may enact emergency appropriation bills prior to the passage of the executive budget bill.

Note that if this bill is introduced and enacted as an emergency measure prior to passage of the budget, the appropriation set forth in this bill will be repealed by action of the budget bill (which repeals and recreates the appropriations schedule). You may instead wish to consider having this bill drafted as an amendment to the budget bill to include the correct appropriation line amount. Alternatively, you may wish to include an effective date that is later than the projected date for passage of the budget bill. Finally, you may instead wish to introduce this bill for potential passage after the passage of the budget bill. If you choose this option, please check with me after budget passage to ensure that the cross references in this bill are still accurate and that the numbers for created statutes in the bill have not been supplanted by the budget bill.

2. I have provided for 3-year staggered terms only for those members who are not state officials. Usually, state officials serve on boards for their entire term of office (it would not make sense, for example, to limit the board membership term of the Attorney General to three years if the Attorney General were elected for several consecutive terms of office). The four members that are appointed by the rest of the board will also serve staggered terms. Because of that, some of those members will remain on the board after others have left. However, under this draft, none of the four members appointed by the rest of the board will be able to vote on the appointment of a successor to one of those four members. This seems like the best way to avoid possible delegation problems. Is that ok?

add hyphen

3. You had mentioned that you wanted the board to “plan, implement, review and budget the tobacco settlement.” With some time to reflect, I realized that I did not really know what that meant. Please review s. 255.15 (2) (c), created in this draft, to determine if I’ve captured your intent. Is the board to make recommendations to DOA regarding the expenditure of all tobacco settlement moneys? Or is the board to determine its budget based on the amounts to be deposited in the trust fund? Note that if you mean the latter, that would already be part of the budget process and there would be no need to specify it. If it is the former, must DOA follow the board’s suggestions? Keep in mind that the board (under this draft) is financed with \$100 million annually of the tobacco settlement moneys, but presumably that would not account for all of the settlement moneys. Do you intend the board to have some measure of control over all of the settlement moneys?



46.93
↑
6

4. You may wish to impose a matching requirement on grant recipients such as that found in s. 46.93 (2m) (grants administered by the adolescent pregnancy prevention and pregnancy services board), which requires a grant recipient to provide matching funds equal to 20% of the grant amount awarded. This is not legally required, but it is done frequently.

5. The recommendations of the CDC are not very descriptive. What is meant, for example, by “community programs to reduce the burden of tobacco-related diseases”? The description that follows that term does not seem to be substantively different from the description of “community programs to reduce tobacco use.” I think the CDC outline is instructive in budgeting for certain activities, but may actually be more specific than you need to be in this bill. I think your objective might be better met by specifying broad program goals into which the specific recommendations may fit. Please review s. 255.15 (3), created in this bill, to determine if I’ve captured your intent with respect to the CDC outline.



You may also wish to note, in determining the amounts to specify in the appropriations schedule, that the CDC recommends that about 5% of the total annual program funds be allocated to state program administration and management.

If you or any committee members have any questions about this draft, I would be happy to meet with you to discuss the draft. Please let me know if you wish to waive confidentiality with respect to any of the committee members or any other person. Otherwise, I will be unable to speak with the other committee members unless you are present.

Tina A. Yacker
Legislative Attorney
Phone: (608) 261-6927
E-mail: Tina.Yacker@legis.state.wi.us

**DRAFTER'S NOTE
FROM THE
LEGISLATIVE REFERENCE BUREAU**

LRB-2413/1dn
TAY:cmh:ijs

March 8, 1999

Senator Robson:

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Tina A. Yacker
Legislative Attorney
Phone: (608) 261-6927
E-mail: Tina.Yacker@legis.state.wi.us

Yacker, Tina

From: Mason, Cory
Sent: Monday, March 29, 1999 10:53 AM
To: Yacker, Tina
Subject: Smoking

Tina,

A couple of things.

Could you please share the information for the smoking LRB and the caretaker supplement with Fiscal Bureau (Rachael and Army).

I need the smoking bill (LRB 2413) amended in a couple of ways:

✓1. Change the amount from \$100 million annually to \$50 million.

2. Change the board to have the following make up

- ✓1/2 Appointees from the Assembly Speaker (1 from each party)
- ✓2 Appointees from the Senate Majority Leader (1 from each party)
- ✓2 Appointees from the Governor *per Cory 3/29 phone conversation 2:20 pm*
- ✓2 Appointees from the Attorney General *+ AG Designee*
- ✓2 Appointees who are officials or employees of city, county, or local government
- 10 Public Health Community Members as follows
 - 2 Employees or representatives of organizations which have their primary organizational purpose as reducing human, social and economic consequences of tobacco use.
 - 2 Employees or representatives of non-profit organizations whose substantial purpose is to ameliorate the affects of and reduce the incidence of particular diseases or health conditions associated with tobacco use.
 - 2 Employees or representatives of accredited teaching and/or research institutions and foundations.

1/2 Public Health Nurses.

2 employees or representatives of health care providers or payers.

2 High School Students

✓1 Student enrolled at the University of Wisconsin pursuing a degree in some health-related field.

if student loses status?

✓3. Have the Board report annually to Joint Finance on the status of the Board and its work

~~4. Set the board up like WNEBA, in that there is an authority governed by a board~~ *per Cory 3/29 phone conversation 2:20 pm*

Please call or respond so that I know you received this.

Cory Mason
Committee Clerk
Senator Robson's Office
Human Services and Aging
JCRAR

PO Box 7882
15S
State Capitol
Madison WI, 53707-7882
608/266-2253
608/267-5171
cory.mason@legis.state.wi.us

Yacker, Tina

From: Mason, Cory
Sent: Monday, March 29, 1999 11:07 AM
To: Yacker, Tina
Subject: Smoking 2

Sorry, one other thing I forgot to add about the board:

Add language that says no person shall be a member if:

1. a) They are or have been within the last ten years before becoming a director, the agent, attorney, employee or lobbyist or representative of;
- b) Receives or has received within the ten years before becoming a director, any compensation from, or
- c) Is or has been in the last ten years before becoming a director, otherwise affiliated with

any business or organization which sells tobacco products, or any trade association the majority of the members of which sell tobacco or tobacco products.

2. That person or a political committee, political fund or principal campaign committee acting on behalf of that person receives or has received within the last four years before that person becomes a director, any political contributions from a tobacco manufacturer, whether made directly by the manufacturer or indirectly by an affiliate, lobbyist or other agent, acting under the substantial control of a tobacco manufacturer,
3. UNLESS that person has demonstrated a history of activities directed at or expertise related to reducing human and economic consequences of tobacco use.

Again, please call or reply so I know you received this information.

Thanks,

Cory Mason
Committee Clerk
Senator Robson's Office
Human Services and Aging
JCRAR

PO Box 7882
15S
State Capitol
Madison WI, 53707-7882
608/266-2253
608/267-5171
cory.mason@legis.state.wi.us

Yacker, Tina

From: Mason, Cory
Sent: Monday, March 29, 1999 11:11 AM
To: Yacker, Tina
Subject: RE: Smoking 2

Tina,

Thanks. Any idea how long this might take?

Judy's first priority is the smoking bill.

Cory Mason
Committee Clerk
Senator Robson's Office
Human Services and Aging
JCRAR

PO Box 7882
15S
State Capitol
Madison WI, 53707-7882
608/266-2253
608/267-5171
cory.mason@legis.state.wi.us

-----Original Message-----

From: Yacker, Tina
Sent: Monday, March 29, 1999 11:11 AM
To: Mason, Cory
Subject: RE: Smoking 2

I received this one. too.

Tina Yacker, Legislative Attorney
Wisconsin Legislative Reference Bureau
P.O. Box 2037
Madison, WI 53701-2037
(608) 261-6927

-----Original Message-----

From: Mason, Cory
Sent: Monday, March 29, 1999 11:07 AM
To: Yacker, Tina
Subject: Smoking 2

Sorry, one other thing I forgot to add about the board:

Add language that says no person shall be a member if:

1. a) They are or have been within the last ten years before becoming a director, the agent, attorney, employee or lobbyist or representative of;
- b) Receives or has received within the ten years before becoming a director, any compensation from, or
- c) Is or has been in the last ten years before becoming a director, otherwise affiliated with

any business or organization which sells tobacco products, or any trade association the majority of the

members of which sell tobacco or tobacco products.

2. That person or a political committee, political fund or principal campaign committee acting on behalf of that person receives or has received within the last four years before that person becomes a director, any political contributions from a tobacco manufacturer, whether made directly by the manufacturer or indirectly by an affiliate, lobbyist or other agent, acting under the substantial control of a tobacco manufacturer,
3. **UNLESS** that person has demonstrated a history of activities directed at or expertise related to reducing human and economic consequences of tobacco use.

Again, please call or reply so I know you received this information.

Thanks,

Cory Mason
Committee Clerk
Senator Robson's Office
Human Services and Aging
JCRAR

PO Box 7882
15S
State Capitol
Madison WI, 53707-7882
608/266-2253
608/267-5171
cory.mason@legis.state.wi.us

Yacker, Tina

From: Mason, Cory
Sent: Monday, March 29, 1999 2:46 PM
To: Yacker, Tina
Subject: Smoking 3

Tina,

Hate to be a continuous pain in your side, but can you specify that the doctor be a doctor in public health, oncology or smoking cessation?

Please call or reply to confirm that this is okay.

Cory Mason
Committee Clerk
Senator Robson's Office
Human Services and Aging
JCRAR

PO Box 7882
15S
State Capitol
Madison WI, 53707-7882
608/266-2253
608/267-5171
cory.mason@legis.state.wi.us

Yacker, Tina

From: Mason, Cory
Sent: Monday, March 29, 1999 3:47 PM
To: Yacker, Tina

Tina,

Hopefully this will clarify.

Take the 2 public health nurses, change it to one.

Have a physician with expertise in smoking cessation, oncology, or public health.

Let me know that you received this.

Cory Mason
Committee Clerk
Senator Robson's Office
Human Services and Aging
JCRAR

PO Box 7882
15S
State Capitol
Madison WI, 53707-7882
608/266-2253
608/267-5171
cory.mason@legis.state.wi.us

Yacker, Tina

To: Mason, Cory
Subject: RE: board membership

- (a) The Attorney General or his or her designee.
- (b) 1 majority party senator, 1 minority party senator, 1 majority party representative to the assembly, 1 minority party representative to the assembly
(4 altogether)
- (c) Sec'y of HFS or his or her designee
- (d) 2 physicians with expertise in oncology, smoking cessation or public health.
- (e) 2 officials or employes of any town, village, city or county.
- (f) 1 UW System student pursuing health-related degree
- (g) 2 high school students
- (h) 2 representatives of organizations that have as their primary organizational mission reducing the consequences of tobacco use.
- (i) 2 representatives of non-profit organizations that have as their primary organizational mission the amelioration of the effects of tobacco use and the reduction of the incidence of particular diseases or health conditions associated with tobacco use.
- (j) 1 public health nurse.
- (k) 2 representatives of health care institutions or insurers.
- (L) 1 additional member appointed by the attorney general.

That adds up to 21, but that's because there are 2 physicians instead of one (the original instructions regarding representatives from teaching institutions were changed to a physician with expertise in smoking cessation etc.) Since there were originally supposed to be 2 representatives of teaching institutions. I thought maybe Senator Robson intended to have 2 physicians. If I'm wrong, let me know how you want me to adjust the numbers so that it comes out with an odd number.

-- Tina

Tina Yacker, Legislative Attorney
Wisconsin Legislative Reference Bureau
P.O. Box 2037
Madison, WI 53701-2037
(608) 261-6927

-----Original Message-----

From: Mason, Cory
Sent: Tuesday, March 30, 1999 8:56 AM
To: Yacker, Tina
Subject: RE: board membership

Tina,

Sorry it takes so long for me to get back to you on some of this stuff. I have to clear it with Judy first.

The board is okay, except that we do need to add DHFS Secretary or his or her designee.

Please call to confirm.

Cory Mason
Committee Clerk
Senator Robson's Office
Human Services and Aging
JCRAR

PO Box 7882

15\$
State Capitol
Madison WI, 53707-7882
608/266-2253
608/267-5171
cory.mason@legis.state.wi.us

-----Original Message-----

From: Yacker, Tina
Sent: Monday, March 29, 1999 4:42 PM
To: Mason, Cory
Subject: board membership

Just so that we're clear, this is my understanding of the composition of the board:
Attorney General (or his or her designee)

An appointee of the AG

2 Senators (1 from ea. party)

2 Representatives to the Assembly (1 fr. ea. party)

physician with an expertise in oncology, smoking cessation or public health

2 officials or employees of any town, village, city or county

One student from UW pursuing a degree in a health-related field.

2 high school students

2 representatives of organizations with a primary purpose of reducing human, social and economic consequences of tobacco use

2 representatives of non-profit organizations with a primary purpose of ameliorating the effects of and reducing the incidence of tobacco-related diseases

One public health nurse

2 representatives of health care institutions (a health care provider is a doctor, nurse, chiropractor etc., so I assumed you meant an institution, like a hospital or nursing home) or insurers (which is what I assumed you meant by "payers")

I have deleted (on the assumption that today's list was exclusive):

Secretary of Health and Family Services

Local health officer

4 individuals appointed by the other members.

Please let me know if this is correct. I will put the draft into editing tomorrow afternoon at the latest, so please submit to me any changes by mid-morning tomorrow. Thanks.

Tina Yacker, Legislative Attorney
Wisconsin Legislative Reference Bureau
P.O. Box 2037
Madison, WI 53701-2037
(608) 261-6927

SOON

D-NOTE

RMR

1999 BILL

two officials or employes of any town, village or county;

INSERT ANAZ

two

regen car.

- 1 AN ACT to create 15.77, 20.436, 25.17 (1) (tt), 25.66 and 255.15 of the statutes;
- 2 relating to: creating a health trust fund and health trust board, granting
- 3 rule-making authority and making an appropriation.

Analysis by the Legislative Reference Bureau

In November 1998, Wisconsin and 45 other states entered into the Attorneys General Master Tobacco Settlement (settlement) with the tobacco industry, which requires tobacco companies to make payments to the states in perpetuity. Under the settlement, it is estimated that Wisconsin will receive a total of \$5.9 billion through 2025.

This bill directs that the first ~~\$100~~ ^{\$50} million received annually under the settlement be deposited into a segregated fund. Under the bill, moneys deposited into the fund may only be used for the costs associated with providing grants to organizations for activities related to smoking cessation and tobacco use reduction.

The bill also creates an independent board composed of the attorney general, two senators and two representatives of the assembly (one from each party in each house); the secretary of health and family services; ~~one~~ ^{one} physician with ~~an~~ expertise in tobacco-related illnesses or public health; ~~one~~ ^{one} local health officer; one student from the University of Wisconsin System with a background in public health and four additional members appointed by the members specified in the bill. The bill requires the board to develop a competitive grant program and to administer the grant program. Under the bill, the board must promulgate rules specifying criteria for receiving a grant, including performance standards for media-based projects for which grants are awarded.

oncology, smoking cessation

pursuing a degree in a health related field; two high school students;

BILL

For further information see the *state and local* fiscal estimate, which will be printed as an appendix to this bill.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

1 SECTION 1. 15.77 of the statutes is created to read:

2 **15.77 Health trust board.** (1) There is created a health trust board. The
3 health trust board shall consist of the following members:

4 (a) The attorney general or his or her designee.

5 (b) One majority party senator, one minority party senator, one majority party
6 representative to the assembly and one minority party representative to the
7 assembly, appointed as are the members of standing committees in their respective
8 houses.

9 (c) The secretary of health and family services or his or her designee. *oncology, smoking cessation*

10 (d) ~~One~~ ^{Two} physician^s with expertise in ~~chronic and acute illnesses~~ or public
11 health.

12 (e) ~~One local health officer~~ *Two officials or employees of any town, village, city or county*

13 (f) One student from the University of Wisconsin System ^{pursuing} ~~with a background~~
14 ^{a degree in any} ~~in public~~ health. *-related field*

15 (g) ~~Four~~ ^{Two high school} individuals appointed by the members specified in pars. (a) to (f) ^{students}

16 (2) The members specified in sub. (1) (d) to (g) shall be appointed for 3-year
17 terms.

18 SECTION 2. 20.005 (3) (schedule) of the statutes: at the appropriate place, insert
19 the following amounts for the purposes indicated:

except that if a student member appointed under sub. (1) (f) or (g) loses the status upon which the appointment was based, he or she shall cease to be a member of the health trust board.

BILL

1				1999-00	2000-01
---	--	--	--	---------	---------

2 **20.436 Tobacco health care board.**

3 (1) SMOKING CESSATION AND EDUCATION

4	(a) General program operations	SEG	A	-0-	-0-
---	--------------------------------	-----	---	-----	-----

5	(b) Grants	SEG	B	-0-	-0-
---	------------	-----	---	-----	-----

6 **SECTION 3.** 20.436 of the statutes is created to read:

7 **20.436 Health trust board.** There is appropriated from the health trust fund
8 to the health trust board for the following programs:

9 (1) SMOKING CESSATION AND EDUCATION. (a) *General program operations.* The
10 amounts in the schedule for general program operations of the health trust board.

11 (b) *Grants.* Biennially, the amounts in the schedule for the purposes specified
12 under s. 255.15 (3).

13 **SECTION 4.** 25.17 (1) (tt) of the statutes is created to read:

14 25.17 (1) (tt) Health trust fund (s. 25.66);

15 **SECTION 5.** 25.66 of the statutes is created to read:

16 **25.66 Health trust fund. (1) DEFINITION.** In this section, "board" means the
17 health trust board.

18 (2) **CREATION.** There is created a separate nonlapsible trust fund, known as the
19 health trust fund, to consist of the lesser of the following:

20 (a) The first ~~100~~^{→\$50,}000,000 of the moneys received annually under the Attorneys
21 General Master Tobacco Settlement Agreement of November 23, 1998.

22 (b) The moneys received annually under the Attorneys General Master Tobacco
23 Settlement Agreement of November 23, 1998.

BILL

1 **(3) DISTRIBUTION.** Amounts in the fund may be distributed only for the purposes
2 specified in s. 20.436.

3 **SECTION 6.** 255.15 of the statutes is created to read:

4 **255.15 Health trust board. (1) DEFINITIONS.** In this section:

5 (a) “Board” means the health trust board under s. 15.77.

6 (b) “Tobacco settlement” means the Attorneys General Master Tobacco
7 Settlement Agreement of November 23, 1998.

8 **(2) DUTIES.** The board shall do all of the following:

9 (a) Administer the grant program under sub. (3).

10 (b) Promulgate rules establishing criteria for recipients of grants awarded
11 under sub. (3), including performance-based standards for grant recipients that
12 propose to use the grant for media efforts. The board shall ensure that programs or
13 projects conducted under the grants are culturally sensitive.

14 (c) Plan and review the budget for moneys received under the tobacco
15 settlement.

16 (d) Hire staff with appropriate programmatic and technical expertise.

17 **(3) GRANTS.** From the appropriation under s. 20.436 (1) (b), the board may
18 award grants to public and private organizations for any of the following:

19 (a) Tobacco use cessation and education programs.

20 (b) School-based tobacco use prevention programs.

21 (c) Marketing activities that promote tobacco use cessation and that decrease
22 the likelihood of initial tobacco use.

23 (d) Projects designed to reduce tobacco use among pregnant women.

24 (e) Surveillance and evaluation of the prevalence of tobacco use and exposure
25 to environmental tobacco smoke among youth and adults.

BILL

1 (f) Enforcement of public and private policies that restrict access to tobacco
2 products and reduce exposure to environmental tobacco smoke.

3 (g) Development of partnerships among businesses or other organizations and
4 communities to address the needs of and to educate specific populations that are
5 targeted by the tobacco industry.

6 (4) REPORTS. Not later than December 31, ²⁰⁰¹ ~~2002~~, and ~~annually~~ ^{annually} thereafter, the
7 board shall submit to the cochairpersons of the joint committee on finance a report
8 that details the programs and projects funded under sub. (3).

9 **SECTION 9158. Nonstatutory provisions; other.**

10 (1) HEALTH TRUST BOARD. Notwithstanding section 15.77 (2) of the statutes, as
11 created by this act, ⁵ ~~one~~ of the initial members of the health trust board appointed
12 under section 15.77 (1) (d) to ^(L) ~~(1)~~ of the statutes, as created by this act, ~~and one of the~~
13 ~~initial members of the health trust board appointed under section 15.77 (1) (g) of the~~
14 ~~statutes, as created by this act,~~ shall serve for terms expiring on May 1, 2003; ~~one~~ ⁽⁵⁾
15 of the initial members of the health trust board appointed under section 15.77 (1) (d)
16 to ^(L) ~~(1)~~ of the statutes, as created by this act, and 2 of the initial members of the health
17 trust board appointed under section 15.77 (1) (g) of the statutes, as created by this
18 act, shall serve for terms expiring on May 1, 2002; and ^{(5) SERVE} ~~one~~ of the initial members of
19 the health trust board appointed under section 15.77 (1) (d) to ^(L) ~~(1)~~ of the statutes, as
20 created by this act, ~~and one of the initial members of the health trust board appointed~~
21 ~~under section 15.77 (1) (g) of the statutes, as created by this act,~~ shall serve for a term
22 expiring on May 1, 2001.

23 **SECTION 9458. Effective dates; other.**

1999-2000 DRAFTING INSERT
FROM THE
LEGISLATIVE REFERENCE BUREAU

LRB-2413/2ins
TAY:cmh/4s

1 **insert anal**

no 97
ten
two representatives of organizations that have as their primary organizational mission reducing the health or economic consequences of tobacco use; two representatives of non-profit organizations that have as their primary organizational mission the amelioration of the effects of tobacco use and the reduction of the incidence of particular diseases or health conditions associated with tobacco use; one public health nurse; two representatives of health care institutions or insurers; and one additional member appointed by the attorney general. Under the bill, a person who, within 10 years prior to being appointed has had any affiliation with any business that sells tobacco or with any trade association, the majority of members of which sell tobacco or tobacco products, may not serve on the board. The bill also prohibits a person from serving on the board if, within four years before being appointed, the person has received any campaign contributions from a tobacco manufacturer either directly or indirectly. These prohibitions do not apply to a person who has demonstrated a commitment or expertise in reducing the health or economic consequences of tobacco use.

2 **insert 2-15**

3 (h) Two representatives of organizations that have as their primary
4 organizational mission reducing the health or economic consequences of tobacco use.

5 (i) Two representatives of non-profit organizations that have as their primary
6 organizational mission the amelioration of the effects of tobacco use and the
7 reduction of the incidence of particular diseases or health conditions associated with
8 tobacco use.

9 (j) One public health nurse.

10 (k) Two representatives of health care institutions or insurers.

11 (L) One additional member appointed by the attorney general.

Put after sub (2)
12 (3) (a) Except as provided in par. (b), no person may serve as a member of the
13 board if any of the following applies with respect to that person:

1 1. Within 10 years prior to being appointed to the board, the person was in any
2 way affiliated with a business that sells or sold tobacco products or with a trade
3 association ^a ~~the~~ majority of the members of which sell or sold tobacco or tobacco
4 products.

5 2. Within 4 years prior to being appointed to the board, the person, or a political
6 committee, political fund or principal campaign committee acting on behalf of the
7 person, received any political contributions from a tobacco manufacturer either
8 directly or indirectly.

9 (b) Paragraph (a) [✓] does not apply with respect to a person who has demonstrated
10 a commitment to or expertise in reducing health and economic consequences of
11 tobacco use.

DRAFTER'S NOTE
FROM THE
LEGISLATIVE REFERENCE BUREAU

LRB-2413/2dn

TAY:cmk:js

cmk

Senator Robson:

Please review this draft carefully as there was a fair amount of confusion regarding the composition of the board. When reviewing the draft, please note the following:

1. The instructions specified that a person who, within the ten years prior to being appointed to the board, was a lobbyist, attorney, representative etc. for a tobacco company or was *in any other way* affiliated with a business that sells tobacco products would not be eligible to serve on the board. To avoid redundancy, I simply specified that a person who had had any affiliation with such a business within the last ten years is ineligible to serve.

2. Many companies ^{are} subsidiaries of tobacco companies, although they may have little to do with tobacco. For example, as I am sure you are aware, Oscar Mayer is a subsidiary ~~of~~ Kraft Foods which, in turn, is a subsidiary of Philip Morris. Are you sure you want to exclude people from the board who have *any* affiliation with a business that sells tobacco? Arguably, this would mean that a high school student whose mother works at Oscar Mayer would be ineligible to serve on the board, unless the student demonstrated a commitment to or expertise in reducing the consequences of tobacco use. Is that your intent?

3. Under the last draft, a physician with expertise in smoking-related illnesses or public health was to be included on the board. Under this draft, the expertise is to be in ~~cancer~~ ^{tumors} smoking cessation or public health. Was this your intent, given that there are many smoking-related illnesses other than cancer?

4. What is meant by "the human . . . consequences of tobacco use"? By "human" do you mean health? That was my assumption and therefore two board members are to be representatives of organizations that strive to reduce the health or economic consequences of tobacco use. I also did not know what was meant by "social consequences of tobacco use" so I did not include it in this draft. Can you give me some examples of social consequences that are neither health nor economic consequences? Also, did you intend that those representatives be from *nonprofit* organizations or any ^{frank} organization, which is what the instructions read?

If you have any questions about this draft, or if any part of it does not effect your intent, I would be happy to meet with you to discuss your concerns.

Tina A. Yacker
Legislative Attorney
Phone: (608) 261-6927
E-mail: Tina.Yacker@legis.state.wi.us

DRAFTER'S NOTE
FROM THE
LEGISLATIVE REFERENCE BUREAU

LRB-2413/2dn
TAY:cmh:jf

March 31, 1999

Senator Robson:

Please review this draft carefully as there was a fair amount of confusion regarding the composition of the board. When reviewing the draft, please note the following:

1. The instructions specified that a person who, within the ten years prior to being appointed to the board, was a lobbyist, attorney, representative etc. for a tobacco company or was *in any other way* affiliated with a business that sells tobacco products would not be eligible to serve on the board. To avoid redundancy, I simply specified that a person who had had any affiliation with such a business within the last ten years is ineligible to serve.

2. Many companies are subsidiaries of tobacco companies, although they may have little to do with tobacco. For example, as I am sure you are aware, Oscar Mayer is a subsidiary of Kraft Foods which, in turn, is a subsidiary of Philip Morris. Are you sure you want to exclude people from the board who have *any* affiliation with a business that sells tobacco? Arguably, this would mean that a high school student whose mother works at Oscar Mayer would be ineligible to serve on the board, unless the student demonstrated a commitment to or expertise in reducing the consequences of tobacco use. Is that your intent?

3. Under the last draft, a physician with expertise in smoking-related illnesses or public health was to be included on the board. Under this draft, the expertise is to be in tumors, smoking cessation or public health. Was this your intent, given that there are many smoking-related illnesses other than cancer?

4. What is meant by "the human . . . consequences of tobacco use"? By "human" do you mean health? That was my assumption and therefore two board members are to be representatives of organizations that strive to reduce the health or economic consequences of tobacco use. I also did not know what was meant by "social consequences of tobacco use" so I did not include it in this draft. Can you give me some examples of social consequences that are neither health nor economic consequences? Also, did you intend that those representatives be from *nonprofit* organizations or from any organization, which is what the instructions read?

If you have any questions about this draft, or if any part of it does not effect your intent, I would be happy to meet with you to discuss your concerns.

Tina A. Yacker
Legislative Attorney
Phone: (608) 261-6927
E-mail: Tina.Yacker@legis.state.wi.us

Is there a legal
difference between
Commission or board?

Are the Powers (Article 10)
necessary?

Prefers current language
on rotation of the Board
is better

Add (h) and (i) change
in (f) to develop

Set up similar to § 15.67, Chapter 39.III

39.26

39.26 Definition. In this subchapter, "board" means the ^{health trust fund} higher educational aids board.

39.26 - ANNOT.

History: 1995 a. 27; 1997 a. 27.

39.28

39.28 Powers and duties.

39.28(1)

(1) The board shall administer the programs under this subchapter and may promulgate such rules as are necessary to carry out its functions. The board may accept and use any funds that it receives from ~~participating institutions, lenders or agencies.~~ ^{private donations} The board may enter into such contracts as are necessary to carry out its functions under this subchapter.

39.28(2)

(2) The board shall establish plans to be administered by the board, ^{Insert A} ~~for participation by this state under any federal acts relating to higher education and submit them to the U.S. secretary of education for the secretary's approval.~~ ^{approved by the board} The board may utilize such criteria for determination of priorities, participation or purpose as ~~are delineated in the federal acts.~~ ^{as follows:}

- 19 (a) Tobacco use cessation and education programs.
- 20 (b) School-based tobacco use prevention programs.
- 21 (c) Marketing activities that promote tobacco use cessation and that decrease
- 22 the likelihood of initial tobacco use.
- 23 (d) Projects designed to reduce tobacco use among pregnant women & ^{minorities}
- 24 (e) Surveillance and evaluation of the prevalence of tobacco use and exposure
- 25 to environmental tobacco smoke among youth and adults.

1

(f) ^{Development} ~~Enforcement~~ of public and private policies that restrict access to tobacco products and reduce exposure to environmental tobacco smoke.

3

(g) Development of partnerships among businesses or other organizations and communities to address the needs of and to educate specific populations that are targeted by the tobacco industry.

5

^{scientific} Research ^{or tobacco-related} ^{prevention} ^{(1) Any of these activities not listed shall relate to...}

Not done
Insert
A

6

Make same as other boards - Board elects EP?

39.29 Executive ^{Director} ~~secretary~~. An executive ^{Director} shall be appointed by the governor to serve at his or her pleasure.

✓(1) In this section "minority student" means a student who is any of the following:

39.40(1)(a)

(a) A Black American.

39.40(1)(b)

(b) An American Indian.

39.40(1)(c)

(c) A Hispanic, as defined in s. 560.036 (1) (d).

39.40(1)(d)

(d) A person admitted to the United States after December 31, 1975, who is either a former citizen of Laos, Vietnam or Cambodia or whose ancestor was or is a citizen of Laos, Vietnam or Cambodia.

✓39.41(7)

Dec 31 2000
(7) By ~~August 1, 1997~~, and annually thereafter, the board shall submit a report to the joint committee on finance evaluating the success of the program under this section. The report shall specify the number and amount of the scholarships awarded in the current fiscal year and the institutions of higher education chosen by the scholarship recipients.

of report submitted purpose of evaluation of

39.51

headtrust fund
~~39.51-Educational approval board.~~

~~39.51(1)~~

~~(1) Definitions. In this section unless the context clearly requires otherwise:~~

~~39.51(1)(a)~~

~~(a) "Board" means the educational approval board.~~

~~39.51(1)(d)~~

~~(d) "Person" means any individual, partnership, association, corporation or limited liability company, or any combination thereof.~~

✓39.51(3)

(3) Rule-making power. The board shall promulgate rules and establish standards necessary to carry out the purpose of this section.

39.51(5)

(5) Employees, quarters. The board shall employ a person to perform the duties of an executive secretary and such other persons under the classified service as may be necessary to carry out its purpose. The person performing the duties of the executive ^{Director} Secretary shall be in charge of the administrative functions of the board. ~~The board shall, to the maximum extent practicable, keep its office with the higher educational aids board.~~

39.75(1)(a)2.

2. Provide a forum for the discussion, development, crystallization and recommendation of public policy alternatives in the field of education, ^{smoking cessation & prevention, access tobacco, i.e. reducing exposure, education}

39.75(1)(a)3.

3. Provide a clearinghouse of information on matters relating to ^{tobacco(?) smoking} educational problems and how they are being met in different places throughout the nation, so that the executive and legislative branches of state government and of local communities may have ready access to the experience and record of the entire country, and so that both lay and professional groups in the field of ^{Government, health care, education} education may have additional avenues for the sharing of experience and the interchange of ideas in the formation of public policy in education.

39.75(3)

(3) Article III - The Commission.

39.75(3)(a)

Substitute Board on First Page

(a) The ^{health trust fund board} ~~education~~ ^{Board} ~~commission~~ of the states, hereinafter called "the ~~commission~~", is hereby established. The commission shall consist of 7 members representing each party.

- ✓ • Attorney General (or his or her designee)
- ✓ • 2 Senators (1 from ea. party)
- ✓ • 2 Representatives to the Assembly (1 from each party)
- ✓ • 1 physician with an expertise in oncology, smoking cessation, or public health
- ✓ • 1 student from UW
- ✓ • 2 high school students. One of which is a minority
- ✓ • 5 representatives of organizations with a primary purpose of reducing human, social and economic consequences of tobacco use; and/or representatives of non-profit organizations with a primary purpose of ameliorating the effects of and reducing the incidence of tobacco-related diseases
- ✓ • 1 local public health officer
- ✓ • Superintendent of Public Instruction (or his or her designee)
- ✓ • Secretary of Health and Family Services (or his or her designee)
- ✓ • Minority Member

committee for terms of one year. Such commissioners shall represent leading national organizations of professional educators or persons concerned with educational administration.

✓ 39.75(3)(b)

(b) The members of the ~~commission~~ ^{Board} shall be entitled to one vote each on the ~~commission~~ ^{Board}. No action of the ~~commission~~ shall be binding unless taken at a meeting at which a majority of the total number of votes on the ~~commission~~ are cast in favor thereof. Action of the ~~commission~~ shall be only at a meeting at which a majority of the ~~commissioners~~ are present. The ~~commission~~ shall meet at least ~~once~~ ^{once} a year. In its bylaws, and subject to such directions and limitations as may be contained therein, the ~~commission~~ may delegate the exercise of any of its powers to the ~~steering committee~~ or the executive director, except for the power to approve budgets or requests for appropriations, the power to make policy recommendations pursuant to sub. (4) and adoption of the annual report pursuant to par. (j).

? 39.75(3)(c)

(c) The commission shall have a seal.

? D - NOTE

? 39.75(3)(d)

(d) The ~~commission~~ shall elect annually, from among its members, a chairperson, who shall be a ~~governor~~, a vice chairperson and a treasurer. The ~~commission~~ shall provide for the appointment of an executive ~~director~~ ^{Secretary}. Such executive ~~director~~ shall serve at the pleasure of the ~~commission~~, and together with the treasurer and such other personnel as the commission may deem appropriate shall be bonded in such amount as the ~~commission~~ shall determine. The executive director shall be secretary.

(Governor)
D - NOTE

✓ 39.75(3)(e)

(e) Irrespective of the civil service, personnel or other merit system laws of any of the party states, the executive director subject to the approval of the steering committee shall appoint, remove or discharge such personnel as may be necessary for the performance of the functions of the commission, and shall fix the duties and compensation of such personnel. The commission in its bylaws shall provide for the personnel policies and programs of the commission.

? ~~39.75(3)(f)~~

~~(f) The commission may borrow, accept or contract for the services of personnel from any party jurisdiction, the United States, or any subdivision or agency of the aforementioned governments, or from any agency of 2 or more of the party jurisdictions or their subdivisions.~~

39.75(3)(g)

(g) The commission may accept for any of its purposes and functions under this compact any ~~and all~~ donations and grants of money, equipment, supplies, materials and services, conditional or otherwise, from any state, the United States, or any other governmental agency, or from any person, firm, association, foundation or corporation, and may receive, utilize and dispose of the same. Any donation or grant accepted by the commission pursuant to this paragraph or services borrowed pursuant to par. (f) shall be reported in the annual report of the commission. Such

under sub (4)

report shall include the nature, amount and conditions, if any, of the donation, grant or services borrowed, and the identity of the donor or lender.

2
0
39.75(3)(h)

(h) The commission may establish and maintain such facilities as may be necessary for the transacting of its business. The commission may acquire, hold and convey real and personal property and any interest therein.

39.75(3)(i)

(i) The ~~commission~~ shall adopt bylaws for the conduct of its business and shall have the power to amend and rescind these bylaws. The ~~commission~~ shall publish its bylaws in convenient form and shall file a copy thereof and a copy of any amendment thereto, with the appropriate agency or officer in each of the party states.

39.75(3)(j)

(j) The ~~commission~~ annually shall submit to the governor, to the chief clerk of each house of the legislature for distribution to the legislature under s. 13.172 (2) and to the legislature of any other party state a report covering the activities of the commission for the preceding year. The commission may submit such additional reports as it deems desirable. **{Add report to JFC}**

39.75(4)

(4) Article IV - Powers. In addition to authority conferred on the commission by other provisions of the compact, the commission shall have authority to:

39.75(4)(a)

(a) Collect, correlate, analyze and interpret information and data concerning educational needs and resources.

39.75(4)(b)

(b) Encourage and foster research in all aspects of education, but with special reference to the desirable scope of instruction, organization, administration and instructional methods and standards employed or suitable for employment in public educational systems.

39.75(4)(c)

(c) Develop proposals for adequate financing of education as a whole and at each of its many levels.

39.75(4)(d)

(d) Conduct or participate in research of the types referred to in this subsection in any instance where the commission finds that such research is necessary for the advancement of the purposes and policies of this compact, utilizing fully the resources of national associations, regional compact organizations for higher education and other agencies and institutions, both public and private.

39.75(4)(e)

needed

NOTE if going to whole leg. no need to collect

(e) Formulate suggested policies and plans for the improvement of ^{to be as related} public education ^{qual +} as a whole, or for any segment thereof, and make recommendations with respect thereto available to the appropriate governmental units, agencies and public officials. ^{presentation}

39.75(4)(f)

(f) Do such other things as may be necessary or incidental to the administration of any of its authority or functions pursuant to this compact.

39.75(5)

(5) Article V - Cooperation with Federal Government.

39.75(5)(a)

(a) If the laws of the United States specifically so provide, or if administrative provision is made therefor within the federal government, the United States may be represented on the commission by not to exceed 10 representatives. Any such representative or representatives of the United States shall be appointed and serve in such manner as may be provided by or pursuant to federal law, and may be drawn from any one or more branches of the federal government, but no such representative shall have a vote on the commission.

39.75(5)(b)

(b) The commission may provide information and make recommendations to any executive or legislative agency or officer of the federal government concerning the common educational policies of the states, and may advise with any such agencies or officers concerning any matter of mutual interest.

39.75(6)

(6) Article VI - Committees.

39.75(6)(a)

(a) To assist in the expeditious conduct of its business when the full ^{board} commission is not meeting, the commission shall ^{may appoint} elect a steering ^{subcommittee} committee of 32 members which, subject to the provisions of this compact and consistent with the policies of the commission, shall be constituted and function as provided in the bylaws of the commission. ^{board} One-fourth of the voting membership of the steering committee shall consist of governors, one-fourth shall consist of legislators, and the remainder shall consist of other members of the commission. A federal representative on the commission may serve with the steering committee, but without vote. The voting members of the steering committee shall serve for terms of 2 years, except that members elected to the first steering committee of the commission shall be elected as follows: 15 for one year and 15 for 2 years. The chairperson, vice chairperson, and treasurer of the commission shall be members of the steering committee and, anything in this paragraph to the contrary notwithstanding, shall serve during their continuance in these offices. Vacancies in the steering committee shall not affect its authority to act, but the commission at its next regularly ensuing meeting following the occurrence of any vacancy shall fill it for the unexpired term. No person shall serve more than 2 terms as a member of the steering committee: provided that service for a partial term of one year or less shall not be counted toward the 2-term limitation.

one sub committee will address most provisions affected by tobacco

39.75(6)(b)

^{Good}
(b) The ~~commission~~ may establish advisory and technical committees composed of state, local, and federal officials, and private persons to advise it with respect to any one or more of its functions. ~~Any advisory or technical committee may, on request of the states concerned, be established to consider any matter of special concern to 2 or more of the party states.~~

39.75(6)(c)

(c) The commission may establish such additional committees as its bylaws may provide.

39.75(7)

(7) Article VII - Finance.

39.75(7)(d)

(d) The commission shall keep accurate accounts of all receipts and disbursements. The receipts and disbursements of the commission shall be subject to the audit and accounting procedures established by its bylaws. However, all receipts and disbursements of funds handled by the commission shall be audited yearly by a qualified public accountant, and the report of the audit shall be included in and become part of the annual reports of the commission.

39.75(7)(e)

(e) The accounts of the commission shall be open at any reasonable time for inspection by duly constituted officers of the party states and by any persons authorized by the commission.

39.75(7)(f)

(f) Nothing contained herein shall be construed to prevent commission compliance with laws relating to audit or inspection of accounts by or on behalf of any government contributing to the support of the commission.

39.75(9)

Don't know if this is needed
(9) Article IX - Construction and Severability. This compact shall be liberally construed so as to effectuate the purposes thereof. The provisions of this compact shall be severable and if any phrase, clause, sentence or provision of this compact is declared to be contrary to the constitution of any state or of the United States, or the applicability thereof to any government, agency, person or circumstance is held invalid, the validity of the remainder of this compact and the applicability thereof to any government, agency, person or circumstance shall not be affected thereby. If this compact shall be held contrary to the constitution of any state participating therein, the compact shall remain in full force and effect as to the state affected as to all severable matters.

~~39.75 - ANNOT.~~

History: 1981 c. 390; 1987 a. 186; 1991 a. 316; 1993 a. 184.

TUES
AM

D NOTE

1999 - 2000 LEGISLATURE

LRB-2413/3

TAY:cmh:jf

R.M.R.

1999 BILL

1 AN ACT to create 15.77, 20.436, 25.17 (1) (tt), 25.66 and 255.15 of the statutes;
 2 relating to: creating a health trust fund and health trust board, granting
 3 rule-making authority and making an appropriation.

negot cat

Analysis by the Legislative Reference Bureau

In November 1998, Wisconsin and 45 other states entered into the Attorneys General Master Tobacco Settlement (settlement) with the tobacco industry, which requires tobacco companies to make payments to the states in perpetuity. Under the settlement, it is estimated that Wisconsin will receive a total of \$5.4 billion through 2025.

This bill directs that the first \$50 million received annually under the settlement be deposited into a segregated fund. Under the bill, moneys deposited into the fund may only be used for the costs associated with providing grants to organizations for activities related to smoking cessation and tobacco use reduction.

The bill also creates an independent board composed of the attorney general, two senators and two representatives of the assembly (one from each party in each house); the secretary of health and family services; ^{one} ~~two~~ physician with expertise in oncology, smoking cessation or public health; ~~two officials or employees of any town, village or county~~ one student from the University of Wisconsin System ~~possessing a degree in a health-related field~~; two high school students; ~~two~~ ^{five} representatives of organizations that have as their primary organizational mission reducing the health or economic consequences of tobacco use; ~~two representatives of nonprofit organizations that have as their primary organizational mission the amelioration~~

stet.
~~settlement~~

the superintendent of public instruction;

BILL

person who is a minority group member

local officer

the effects of tobacco use and ~~the reduction of the~~ ^{ing} incidence of particular diseases or health conditions associated with tobacco use; one ~~public~~ health ~~representatives of health care institutions or insurance~~ ^{notary} ~~and one additional member appointed by the attorney general.~~

Under the bill, a person who, within ten years prior to being appointed has had any affiliation with any business that sells tobacco or with any trade association, a majority of members of which sell tobacco or tobacco products, may not serve on the board. The bill also prohibits a person from serving on the board if, within four years before being appointed, the person has received any campaign contributions from a tobacco manufacturer either directly or indirectly. These prohibitions do not apply to a person who has demonstrated a commitment or expertise in reducing the health or economic consequences of tobacco use.

The bill requires the board to develop a competitive grant program and to administer the grant program. Under the bill, the board must promulgate rules specifying criteria for receiving a grant, including performance standards for media-based projects for which grants are awarded.

For further information see the *state and local* fiscal estimate, which will be printed as an appendix to this bill.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

1 SECTION 1. 15.77 of the statutes is created to read:

2 15.77 Health trust board. (1) There is created a health trust board. The
3 health trust board shall consist of the following members:

- 4 (a) The attorney general or his or her designee.
- 5 (b) One majority party senator, one minority party senator, one majority party
6 representative to the assembly and one minority party representative to the
7 assembly, appointed as are the members of standing committees in their respective
8 houses.

9 (c) The secretary of health and family services or his or her designee.

10 ^{one} ~~(d) Two~~ physicians with expertise in oncology, smoking cessation or public
11 health.

12 ~~(e) Two officials or employees of any town, village, city or county.~~

(d) The superintendent of public instruction.

BILL

1 (f) One student from the University of Wisconsin System pursuing a degree in
2 any health-related field.

3 (g) Two high school students, including at least one minority student, as
4 defined in s. 39.40(1).

5 (h) ~~Two~~ ^{five} representatives of organizations that have as their primary
6 organizational mission reducing the health or economic consequences of tobacco use.

7 ~~Two representatives of nonprofit organizations that have as their primary~~
8 ~~organizational mission the~~ ^{or ameliorating} ~~amelioration of~~ the effects of tobacco use and ~~the~~
9 ~~reduction of~~ ^{reducing} the incidence of particular diseases or health conditions associated with
10 tobacco use.

11 ~~(i) One public health officer.~~ local health officer

12 ~~Two representatives of health care institutions or insurers.~~

13 ~~One additional member appointed by the attorney general.~~ (f)

14 (j) One person who is a minority group member, as defined in s. 560.036(1).
15 (2) The members specified in sub. (1) ^(e) ^(d) to ^(e) shall be appointed for 3-year
16 terms, except that if a student member appointed under sub. (1) (f) or (g) loses the
17 status upon which the appointment was based, he or she shall cease to be a member
18 of the health trust board.

19 (3) (a) Except as provided in par. (b), no person may serve as a member of the
20 board if any of the following applies with respect to that person:

21 1. Within 10 years prior to being appointed to the board, the person was in any
22 way affiliated with a business that sells or sold tobacco products or with a trade
23 association a majority of the members of which sell or sold tobacco or tobacco
24 products.

25 2. Within 4 years prior to being appointed to the board, the person, or a political
committee, political fund or principal campaign committee acting on behalf of the

Ten members constitute a quorum.

(3) The board shall meet at least 4 times per year. For the purpose of conducting
business and exercising its powers, a majority vote of the board is required.

BILL

1 person, received any political contributions from a tobacco manufacturer either
2 directly or indirectly.

3 (b) Paragraph (a) does not apply with respect to a person who has demonstrated
4 a commitment to or expertise in reducing health and economic consequences of
5 tobacco use.

6 SECTION 2. 20.005 (3) (schedule) of the statutes: at the appropriate place, insert
7 the following amounts for the purposes indicated:

8 1999-00 2000-01

9 20.436 Tobacco health care board.

10 (1) SMOKING CESSATION AND EDUCATION

11 (a) General program operations SEG A -0- -0-

12 (b) Grants SEG B -0- -0-

✓
NSBET
4-17

13 SECTION 3. 20.436 of the statutes is created to read:

14 20.436 Health trust board. There is appropriated from the health trust fund
15 to the health trust board for the following programs:

16 (1) SMOKING CESSATION AND EDUCATION. (a) *General program operations.* The
17 amounts in the schedule for general program operations of the health trust board.

18 (b) *Grants.* Biennially, the amounts in the schedule for the purposes specified
19 under s. 255.15 (3). ^(I) *Gifts and grants*

20 SECTION 4. 25.17 (1) (tt) of the statutes is created to read:

All moneys received from gifts, grants and donations for the purposes specified under s. 255.15.

21 25.17 (1) (tt) Health trust fund (s. 25.66);

22 SECTION 5. 25.66 of the statutes is created to read:

23 25.66 Health trust fund. (1) DEFINITION. In this section, "board" means the
24 health trust board.

(g)

BILL

1 (2) CREATION. There is created a separate nonlapsible trust fund, known as the
2 health trust fund, to consist of the lesser of the following:

3 (a) The first \$50,000,000 of the moneys received annually under the Attorneys
4 General Master Tobacco Settlement Agreement of November 23, 1998.

5 (b) The moneys received annually under the Attorneys General Master Tobacco
6 Settlement Agreement of November 23, 1998.

7 (3) DISTRIBUTION. Amounts in the fund may be distributed only for the purposes
8 specified in s. 20.436.

INSERT
§-8

9 SECTION 6. 255.15 of the statutes is created to read:

10 **255.15 Health trust board.** (1) DEFINITIONS. In this section:

11 (a) "Board" means the health trust board under s. 15.77.

12 (b) "Tobacco settlement" means the Attorneys General Master Tobacco
13 Settlement Agreement of November 23, 1998.

14 (2) DUTIES. The board shall do all of the following:

15 (a) *Appoint an executive director within the classified service who shall*
16 (a) Administer the grant program under sub. (3).

17 (b) ^c Promulgate rules establishing criteria for recipients of grants awarded
18 under sub. (3), including performance-based standards for grant recipients that
19 propose to use the grant for media efforts. The board shall ensure that programs or
20 projects conducted under the grants are culturally sensitive.

INSERT
§-19

21 ~~(c) Plan and review the budget for moneys received under the tobacco
22 settlement.~~

22 (d) Hire staff with appropriate programmatic and technical expertise.

23 (3) GRANTS. From the appropriation under s. 20.436 (1) (b), the board may
24 award grants to public and private organizations for any of the following:

25 (a) Tobacco use cessation and education programs.

employ staff within the classified service

BILL

(h) scientific research on tobacco-related cancer prevention,
(i) other activities that address tobacco-related issues.

- 1 (b) School-based tobacco use prevention programs.
- 2 (c) Marketing activities that promote tobacco use cessation and that decrease
- 3 the likelihood of initial tobacco use.
- 4 (d) Projects designed to reduce tobacco use among ^{minorities and} pregnant women.
- 5 (e) Surveillance and evaluation of the prevalence of tobacco use and exposure
- 6 to environmental tobacco smoke among youth and adults.
- 7 (f) ~~Enforcement~~ ^{development} of public and private policies that restrict access to tobacco
- 8 products and reduce exposure to environmental tobacco smoke.
- 9 (g) Development of partnerships among businesses or other organizations and
- 10 communities to address the needs of and to educate specific populations that are
- 11 targeted by the tobacco industry.

12 (4) REPORTS. Not later than ^{July 1, 2001} ~~December 31, 2001~~ and ~~annually~~ thereafter, the

13 board shall submit to ^{the governor, and to the chief clerk of each house of the legislature for distribution} ~~the chairpersons of the joint committee on finance~~ a report ^{under S. 13.172(2)}

14 that ~~details the programs and projects funded under sub. (3).~~

insert
6-14

SECTION 9158. Nonstatutory provisions; other.

16 (1) HEALTH TRUST BOARD. Notwithstanding section 15.77 (2) of the statutes, as

17 created by this act, ⁽¹⁾ ~~5~~ of the initial members of the health trust board appointed under

18 section 15.77 (1) ⁽²⁾ ~~(a)~~ to ⁽³⁾ ~~(b)~~ of the statutes, as created by this act, shall serve for terms

19 expiring on May 1, 2003; ⁽³⁾ ~~5~~ of the initial members of the health trust board appointed

20 under section 15.77 (1) ⁽²⁾ ~~(a)~~ to ⁽³⁾ ~~(b)~~ of the statutes, as created by this act, shall serve for

21 terms expiring on May 1, 2002; and ⁽⁴⁾ ~~5~~ of the initial members of the health trust board

22 appointed under section 15.77 (1) ⁽²⁾ ~~(a)~~ to ⁽³⁾ ~~(b)~~ of the statutes, as created by this act, shall

23 serve for a term expiring on May 1, 2001.

SECTION 9458. Effective dates; other.

evaluates the success of the grant program under sub. (3). The report shall specify the number of grants awarded during the immediately preceding fiscal year and the purpose for which each grant was made. The report shall ^{also specify} ~~specify~~ donations and grants accepted by the board under sub. (3).

1999-2000 DRAFTING INSERT
FROM THE
LEGISLATIVE REFERENCE BUREAU

LRB-2413/3ins
TAY.....

1 insert 4-12

2 (g) Gifts and grants PR C -0- -0-

3

4 insert 5-8

5

6 SECTION 1. 230.08 (2) (wy) of the statutes is created to read:

7 230.08 (2) (wy) The executive director and staff of the health trust board.

8

9 insert 5-19

10 (d) Provide a forum for the discussion, development, and recommendation of
11 public policy alternatives in the field of smoking cessation and prevention.

12 (e) Provide a clearinghouse of information on matters relating to tobacco issues
13 and how they are being met in different places throughout the nation such that both
14 lay and professional groups in the field of government, health care and education
15 may have additional avenues for sharing experiences and interchanging ideas in the
16 formulation of public policy on tobacco.

17

18 insert 6-14

19 (5) FUNDS. The board may accept for any of its purposes any donations and
20 grants of money, equipment, supplies, materials and services from any person. The
21 board shall include in the report under sub. (4) any donation or grant accepted by the
22 board under this subsection, including the nature, amount and conditions, if any, of
23 the donation or grant and the identity of the donor.



1 **(6) SUBCOMMITTEES.** The board may create subcommittees to assist in its work.
2 If the board creates subcommittees, one of the subcommittees shall address the issue
3 of populations most adversely affected by tobacco.

4

(END OF INSERT)

**DRAFTER'S NOTE
FROM THE
LEGISLATIVE REFERENCE BUREAU**

LRB-2413/3dn

TAY.....

cm

Senator Robson:

Please review this draft carefully to ensure that I've captured your intent, especially in light of the significant time constraints. In particular, please note the following:

1. Under this draft, the director and staff of the board are unclassified employees. Is that ok?

2. I did not include language mirroring s. 39.75 (3) (d) because I was uncertain if you intended to create both an executive director and chairperson of the board and what the difference is between an executive director and executive secretary. Did you intend to include both that provision and the provision requiring the election of an executive director?

3. Since the report that details the grants, etc., now goes to the entire legislature, there is no reason to specify that the report be submitted to the cochairpersons of the joint committee on finance. It would just mean that the cochairs of JFC would each get two copies of the report, which I did not believe was your intent.

4. I did not require the board to have a seal. I cannot think of any reason that it would need one and since it was surrounded by question marks, I gathered that you saw no need either. Is that assumption correct?

Tina A. Yacker
Legislative Attorney
Phone: (608) 261-6927
E-mail: Tina.Yacker@legis.state.wi.us

**DRAFTER'S NOTE
FROM THE
LEGISLATIVE REFERENCE BUREAU**

LRB-2413/3dn
TAY:cmh:km

April 6, 1999

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Tina A. Yacker
Legislative Attorney
Phone: (608) 261-6927
E-mail: Tina.Yacker@legis.state.wi.us

**SUBMITTAL
FORM**

LEGISLATIVE REFERENCE BUREAU
Legal Section Telephone: 266-3561
5th Floor, 100 N. Hamilton Street

The attached draft is submitted for your inspection. Please check each part carefully, proofread each word, and sign on the appropriate line(s) below.

Date: 4/6/99

To: Senator Robson

Relating to LRB drafting number: LRB-2413

Topic

Health trust fund created from tobacco settlement moneys

Subject(s)

Health - miscellaneous

1. **JACKET** the draft for introduction John B. Robson
in the **Senate** or the **Assembly** (check only one). Only the requester under whose name the drafting request is entered in the LRB's drafting records may authorize the draft to be submitted. Please allow one day for the preparation of the required copies.

2. **REDRAFT.** See the changes indicated or attached _____
A revised draft will be submitted for your approval with changes incorporated.

3. Obtain **FISCAL ESTIMATE NOW**, prior to introduction John B. Robson
If the analysis indicates that a fiscal estimate is required because the proposal makes an appropriation or increases or decreases existing appropriations or state or general local government fiscal liability or revenues, you have the option to request the fiscal estimate prior to introduction. If you choose to introduce the proposal without the fiscal estimate, the fiscal estimate will be requested automatically upon introduction. It takes about 10 days to obtain a fiscal estimate. Requesting the fiscal estimate prior to introduction retains your flexibility for possible redrafting of the proposal.

If you have any questions regarding the above procedures, please call 266-3561. If you have any questions relating to the attached draft, please feel free to call me.

Tina A. Yacker, Legislative Attorney
Telephone: (608) 261-6927

Done
9/13