

Arkansas Tobacco Settlement Commission (ATSC)
Meeting Minutes
July 10, 2019



Commissioners Attending: Dr. John Henderson, Chair; Tom Chilton, (Designee for Alex Johnston); Andrea Allen, Commission Executive Committee Member (By Phone); Nick Fuller, Commissioner; Dr. Ken Knecht, Commissioner (By Phone); Cristy Sellers, (Designee for Dr. Nate Smith); Mary Franklin, Commissioner; Jerri Clark, Commissioner (By Phone)

Staff Attending: April Robinson, Administrative Specialist

Guests: Lacoya Stewart, MHI; Stephanie Loveless, UAMS East; Charles Saunders, Assistant Attorney General; Julie Chavis, Assistant Attorney General; Michael Keck, ACS; Amy Leigh Overton-McCoy, UAMS-COA; Liz Gates, COPH; Mark Williams, COPH; Emily Lane, UCA (By Phone); Bobby McGehee, ABI; Matt Gilmore, ADH; Joy Gray, TPCP

Minutes Recorder: April Robinson

Agenda Item	Discussion
Call to Order/Quorum/ Introduction of Attendees	Chair Henderson called the meeting to order at 10 am. Chair Henderson welcomed AETN to the meeting. Attendees introduced themselves and gave their organizational affiliation.
Review/Approval of April Minutes	Chair Henderson asked for a motion to approve the April minutes. Commissioner Mary Franklin motioned to approve, and Commissioner Nick Fuller seconded the motion. The motion was passed unanimously. April minutes were approved.
Guest Speaker Michael Keck	Chair Henderson introduced Michael Keck of the American Cancer Society (ACS). Mr. Keck stated with the impact of tobacco nearly 2700 new cases of lung cancer will be introduced this year in the state of Arkansas. Arkansas has the fifth highest smoking rate in the country. The state is tied with Kentucky and West Virginia with tobacco utilization for people under the age of 18. Mr. Keck stated 34% of all cancer cases are tied to tobacco utilization. E-cigarette use by those under age 18 is considered an epidemic. The fiscal impact of tobacco utilization will cost the state of Arkansas \$795 million in additional Medicaid costs. Revenue from tobacco taxes is declining due to the transition to e-cigarette devices across the country. E-cigarettes are taxed with a general sales tax. Some revenue is coming in, but not at the same rate. Mr. Keck stated to reduce the toll of tobacco in Arkansas, during this session, Act 959, has introduced

comprehensive coverage of tobacco cessation drugs to be covered by Medicaid. Previously there were four, now all seven drugs are covered. The prior authorization is no longer there. For every dollar spent on tobacco cessation drugs, \$3.19 has been proven to be saved in healthcare costs. In addition, there was a new approach through Tobacco Prevention and Cessation Program (TPCP), Act 651 was brought forward by the School of Pharmacy and Harding University in collaboration with the Health Department in 30 different locations where tobacco utilization is the highest in the state. Act 50 provided full funding and allowed us to continue our TPCP programs. An interim study will be conducted to look at the appropriate rate of taxation for e-cigarettes and tobacco products here in the state of Arkansas. Tobacco 21 passed here in the state of Arkansas and will be implemented over the next three years. I think we have some opportunities coming forward. The interim study as it relates to tobacco and e-cigarette taxes. Simply taxing e-cigarettes at a general sales tax is not right. It is a tobacco product sold by the tobacco industry and a transition to another nicotine delivery system whose impact we are learning more and more about to equivalent to what tobacco does. It is important to understand the impact of this. In addition, with Tobacco 21 legislation being brought in over the next three years, it is important that we make certain that tobacco retailers are properly educating and working with their staff. One of the pieces of legislation that came forward this last year was Preemption, which prohibits counties and local government from extending tobacco related legislation to the local level. While this was introduced as a component of the legislation that led us to Tobacco 21, there is question as to whether that Preemption is specific only to Tobacco 21 or is comprehensive across the board. He said he thinks one of the things that has to happen between now and the next legislative session is we need to look at that language and come forward with some specific ideas and specific legislation to clear the confusion. He stated, he thinks there are several municipalities across the state who have an interest in their municipalities going comprehensively smoke free. Many municipalities have taken this action and in fact 2/3 of the state of Mississippi's municipal local government have moved forward with comprehensive smoke free. The question about how this preemption will impact that is something that will have to be worked through. It is his understanding there are some wonderful opportunities taking place specifically within the Medicaid population to reduce high tobacco utilization rates. Efforts to quit with this targeted population must equal the tobacco industry efforts to market to this industry. It is well known and documented if you live in a more rural state, make less income, and don't have as much education, you are targeted by tobacco industries in a number of different ways to start or continue their product. It is difficult when for every \$12 to \$13 they spend to market their tobacco products; the state spends a \$1 to get you to quit. He could find that a reason to advocate for more funding for tobacco prevention and cessation, he thinks with proper utilization and the dollars we have and the programs being very specific in what we do we can make good use of those dollars and better use of those dollars to continue doing those things and expand on those things we know are working well. TPCP has done a great job in the work they have done to improve the Quitline and the Quitline services. Those things have to continue and those successes being experienced need to be replicated, built upon, and continued to be champion. Mr. Keck thanked Chair Henderson for the opportunity to speak and asked if there were any questions.

Chair Henderson stated when we look at the \$50 to \$55 million dollars, we get from the tobacco industry, which seems like a lot of money, then you look at the almost \$800 million dollars in increased Medicaid cost related to tobacco, it's

	<p>not that much money.</p> <p>Mr. Keck responded the thing I found most interesting was the study, JAMA (Journal of the American Medical Association), that came out earlier this year at the end of session stated the 1% reduction in tobacco utilization the state of Arkansas would save \$35 million dollars. The estimates on the percentage of Medicaid population that utilize tobacco fluctuates from approximately 30% to 40%. Either way that is an area that should be of focus to us; not just because of the cost perspective, but more from a health perspective. He is optimistic that we can continue to work and collaborate through TPCP and other organizations to make some things happen and create the change we need in our state.</p> <p>Chair Henderson asked if there were any other questions.</p> <p>Mr. Keck stated what has taken place through this commission has changed the state of Arkansas. It has created a significant difference in the health of our state. Thank you for what you do and the opportunity to speak.</p> <p>Chair Henderson thanked Mr. Keck for his report.</p>
Director's Report	<p>Chair Henderson discussed the financial report. The expenses are down for the year. We normally have a detailed expenditure report because of a software problem with the state. Chair Henderson asked if any of the commissioners had any questions.</p> <p>Chair Henderson discussed the treasury report. The total payments to the state have been over one billion dollars. We have done well with the investment income. The last quarter investment income was \$132,000. We continue to do well with the state's supervision of our investments. Chair Henderson asked if there were any questions.</p>
2018 Annual Evaluation Report	<p>Chair Henderson reviewed the annual report. He stated he liked the way the report has been designed in the last year and being centered around the Culture of Health. He liked how the programs in the commission are working to improve this culture of health in the state of Arkansas. He stated all the programs have met 87% of the indicators. Several programs have had a lot of changes in their indicators and as the year progresses, we will see there will be further satisfaction of these indicators. Chair Henderson asked if anyone had any comments.</p> <p>Commissioner Mary Franklin stated it was very well done.</p> <p>Chair Henderson responded it takes a while to read it, but it is very thorough and very well done.</p> <p>Chair Henderson asked for a motion to approve the 2018 Annual Evaluation Report. Commissioner Nick Fuller motioned to approve, and Commissioner Mary Franklin seconded the motion. The motion was passed unanimously. The 2018 Annual Evaluation Report was approved.</p>
ATSC Program Updates	<p>Stephanie Loveless (UAMS-East) stated they had several summer camps. Their preprofessional recruiter has been busy and they start recruiting at 7th grade. They have a student working in their UAMS family medical student who was a previous student. They wrote funding to their Walton Family Foundation to continue their teen pregnancy prevention program. They received an additional \$25,000 in funding to do a teen health day summit and to extend services for another year. They received ADA recognition for their diabetes prevention program. They hosted a camp with the Minority Health Commission evolved around exercise, nutrition, and self-esteem. They had 27 youth participate in the camp from ages 10-12 years old.</p> <p>Chair Henderson asked is the clinic operation going well.</p> <p>Ms. Loveless responded clinic is going well. They are still trying to get new patients. They are doing some creative</p>

advertising.

Chair Henderson asked if any family residents from UAMS or anywhere else coming there for any rotations. Ms. Loveless responded not yet, but they are working on that. They are still continuing their processes there. Chair Henderson asked if there were any more questions and thanked Ms. Loveless for her report.

Amy Leigh Overton-McCoy (COA) stated they have been doing a lot of planning because of changes in leadership. They have been doing strategic planning with their external evaluator. They are looking at the indicators and health priorities. Healthcare Reform changes and Medicare Reimbursement has made them take a look at the where our state is spending the dollars and costing our aging population. Falls became a high priority. They put into protocol a CDC evidence-based curriculum of study in their clinics throughout the state and really started to champion the fall reduction in older adults. They have built that into the referrals of their physical activity programs. They are working with pharmacists to help them screen for those who are at fall risk because of medication. They are working on pain management with older adults to help with addressing the opioid crisis. They are walking closely with the Health Department with Walk with Ease. Their Schmieding Homecare Giver grant from the Reynolds Foundation will end next September. Family care giving is a high priority with our state. They reached all counties except one. They have a plan in place to hit all 75 counties.

Chair Henderson asked if there were any questions and thanked Ms. McCoy for her report.

Cristy Sellers (TPCP) stated they have trained 136 since September. Their training is provided through MD Anderson. They have coordinated with UCA to offer education to their student athletes about e-cigarettes, especially JUUL. They are finalizing their RFP for the Be Well Baby Program. The Garland County Detention Center has reached out for tobacco cessation and overall wellness counseling for their inmates. They are looking to purchase a Dimensions Program for the facility. It's designed for jails, rehab facilities, psychiatric facilities, and it provides trainer modules to train the staff just in case they are not available, they will have staff that is. They currently have 54 PPYC chapters. From November 5th to June 2nd they have had 3,977 incoming calls and 14,110 outgoing calls. They have 97 nurses available for in person counseling. They have at least one in each county. They can chat online, text, or go through an app to get counseling.

Chair Henderson asked is the call volume up from the previous year.

Ms. Sellers responded yes.

Chair Henderson asked what the call volume in the last 12 months of the contract was.

Ms. Gray responded she does not have the exact number, but it is about the same.

Ms. Sellers stated they have not had a full year to do an evaluation of where they are compared to the last 12-month contract. One of the things their data and epidemiologist noted is before is someone call, the return calls for counseling, they didn't have a high percentage of people receiving a second or third counseling session, but their numbers are higher. They are hopeful when the year finishes, they can see they are making those contacts more consistent.

Chair Henderson asked if there were any questions and thanked Ms. Sellers for her report.

Liz Gates (COPH) stated they have 64 students graduate in May. That included seven graduates for our certificate in Healthcare Analytics. They are on track to creating a Master of Science in Healthcare Analytics. They are looking at having a modified diabetes program for the Marshallese. They have a new grant examining food insecurity in rural America. They have a tobacco related grant from the FDA that will be a blueprint for research policy and regulatory standards. Dr. Gandy has been named the Associate Provost for the Northwest Regional Campus. Dr. Mark Williams started as the dean on July 1st.

Chair Henderson asked if there were any questions and thanked Ms. Gates for her report.

Chair Henderson stated he spoke with Dr. Williams before the meeting and they are going to get in high gear working on the obesity problem in Arkansas and they look forward to big things from that.

Lacoya Stewart (MHI) stated Louise Scott is now with DHS. Their new Grants Coordinator will be Daphne Golden, and she will start July 15th. The 2019 Bridge Magazine has been finalized. Their survey, Arkansas Racial and Ethnic Health Disparity Study has been completed. Since April they have partnered with eight organizations impacting 20 counties to provide over 2,451 preventative screenings. The Mobile Health Unit has been on the road since mid-March and has reached 19 counties, 219 participants, and performed 1,658 screenings. Camp ICAN was held June 24th -26th for ages 9-13 in Phillips County. They had 27 participants and completed 114 screenings. They have their next Commission meeting July 18th at 9 am via Zoom Conference.

Chair Henderson asked if there were any questions and thanked Ms. Stewart for her report.

Mary Franklin (TS-MEP) stated from January to March 7,505 individuals who received services through Medicaid coverage. They leveraged \$5.7 million in federal matching dollars. At the end of March 425 of the 500 slots have been awarded. There have been 328 participants to receive services paid on their behalf. Once someone receives a slot, there is a process of assessment, arranging for care, and the type of care needed. We are getting closer to filling the 500 slots.

Bobby McGehee (ABI) stated they were able to get a copy of their annual report completed before the end of legislature before the session ended. They leveraged \$46 million dollars. They have three changes in leadership in three of their five institutions. November 4th was their first protocol to come in through the All Payers Claim Database (APCD). They have 11 active protocols. They have three extramural grants that have been funded. One protocol has all five investigators working together which may not have happened without APCD. UAMS was awarded a Center for Translational Science Award. It's a five-year grant for \$20.6 million dollars. They received two proposals, one approved and one pending. Arkansas will be the only state that will have quite a few years of data before and after approval of medical marijuana. ASU has coordinated a longitudinal experiential workshop for artificial intelligence for graduate programs across the state. They are piloting their first 20 students.

Chair Henderson stated it was a very exciting report and he saw the article in the paper about the grant and that's huge. Dr. McGehee responded it is more than a UAMS success.

	<p>Chair Henderson responded it is a success for rural Arkansas. Chair Henderson asked if there were any questions and thanked Dr. McGehee for his report.</p> <p>Chair Henderson showed everyone the token he has received to use when writing a prescription for opioids. It creates a six-digit code used on opioid prescriptions. By next year all opioids will be prescribed electronically using this system.</p>
Other Business	<p>Chair Henderson asked if anyone had any new business. Chair Henderson explained Matt Gilmore will be the liaison for ADH and the Commission. There will be some changes, but the Commission will still function according to the state statute.</p> <p>Chair Henderson announced the upcoming meeting date is November 12th.</p>
Meeting Adjournment	<p>Chair Henderson asked for a motion to adjourn the meeting. Commissioner Tom Chilton motioned to approve, and Commissioner Mary Franklin seconded the motion. Chair Henderson adjourned the meeting.</p>

Meeting adjourned at 11:19 am