



MASTER SETTLEMENT AGREEMENT

Master Settlement Agreement Background:

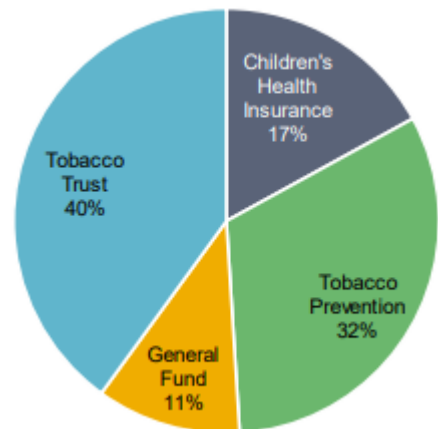
The tobacco Master Settlement Agreement (MSA) is an accord reached in November 1998 between the state Attorneys General of 46 states (including Montana), five U.S. territories, the District of Columbia, and the four largest cigarette manufacturers in the United States to recover billions of dollars in health care costs associated with treating smoking-related illnesses.

Master Settlement Agreement Funding Allocation:

Montana receives annual payments in perpetuity as part of the MSA. Prior to 2001, tobacco industry payments went directly into Montana’s general fund and were allocated by the legislature. In November 2000, Montana voters approved Constitutional Amendment 35, which dedicated at least 40 percent of the tobacco settlement to a permanent, income-producing trust fund. Of the interest earned by this trust fund, 90 percent must be used for health care benefits, services, education programs and tobacco disease prevention. The remaining 10 percent is reinvested in the trust fund.

Initiative 146, approved by the majority (65 percent) of Montana voters in November 2002 and subsequent legislative changes in 2003, dedicated 32 percent of the tobacco settlement funds to go toward tobacco prevention programs. The funds are now distributed as follows:

- 40 percent – Tobacco Trust Fund
- 32 percent – Tobacco prevention/cessation and human service programs
- 17 percent – Children’s Health Insurance Program, Comprehensive Health Association programs, and Medicaid matching funds
- 11 percent – General Fund



According to MCA § 17-6-607, "Programs for tobacco disease prevention" means programs of services administered by the state for the purposes of informing individuals of the health risks of tobacco use and exposure to secondhand tobacco smoke, assisting persons in the avoidance of tobacco products use, and assisting individuals in cessation of tobacco use. Programs for tobacco disease prevention include:

- (i) community-based education programs;
- (ii) American Indian community tobacco education programs;
- (iii) general public awareness and education programs;
- (iv) tobacco cessation services;
- (v) chronic disease programs;



- (vi) a tobacco use resource center;
- (vii) special education and cessation programs to reach youth and women of childbearing age;
- (viii) smokeless tobacco user programs; and
- (ix) advertising issue programs.

DPHHS Chronic Disease Prevention and Health Promotion Programs Receiving MSA Funding:

The Montana Tobacco Use Prevention Program

The Montana Tobacco Use Prevention Program (MTUPP) was launched in March of 2000, following the tobacco settlement. The mission of MTUPP is to address the public health crisis caused by the use of all forms of commercial tobacco products. MTUPP works to eliminate tobacco use, especially among young people, through statewide programs and policies. MTUPP has four goals: 1) prevent initiation among youth and young adults; 2) promote quitting among adults and youth; 3) eliminate exposure to secondhand smoke; and 4) identify and eliminate tobacco-related disparities among vulnerable populations.

MTUPP receives the majority of its funding (74 percent) from MSA dollars, and the remainder of the program's funding comes from a cooperative agreement with the Centers for Disease Control and Prevention (CDC) (19 percent) and the JUUL settlement (seven percent). MTUPP currently operates at 48 percent of the CDC Best Practice Recommended Spending Level of \$14.6 million.

The Montana Cancer Control Programs

The Montana Cancer Control Programs (MCCP) are comprised of the Montana Breast & Cervical Cancer Early Detection Program, the Montana Comprehensive Cancer Control Program, and the Montana Central Tumor Registry. Together, these three programs work to prevent cancer through early detection (screening), coordination with cancer partners across the state to align work and reduce duplication of efforts, and tracking of cancer incidence and mortality in Montana. The MCCP receives 68 percent of its funding from a cooperative agreement with the CDC, and 32 percent from MSA dollars. The majority of MCCP's funding provides cancer screening for Montana women who lack adequate insurance, supports cancer prevention programs in local communities across the state, and educates and trains local hospital staff on cancer data management.

Montana Asthma Control Program

The Montana Asthma Control Program (MACP) is responsible for Montana's asthma surveillance, as well as implementing evidence-based interventions to improve asthma control and prevention. This approach includes addressing standards and policies to improve access to asthma control services that affect communities, schools, and worksites; increasing Montanans' awareness of asthma triggers, disease self-



management, and resources (community programs, home-based trigger reduction services, payer sources); working with health care providers to implement clinical quality improvement strategies that improve delivery and use of clinical services; and linking clinical and community resources.

The MACP receives funding from two sources: a cooperative agreement with the CDC and MSA funding (44 percent of total). The MSA asthma budget directly supports nearly all aspects of the MACP workplan, from quality improvement and school health grants to media expenses and educational material. The largest intervention supported by MSA funding is the Montana Asthma Home Visiting Program, which has helped nearly 900 Montanans reduce their asthma symptoms and health care spending while improving their quality of life.

Montana Diabetes Program

The Montana Diabetes Program partners with health systems, clinics, pharmacies, and community programs across the state, especially among underserved and high need areas, with the goal of: 1) reducing diabetes related disease and death rates; 2) preventing type 2 diabetes among Montanans at high risk; and 3) improving the quality of life of all Montanans with diabetes.

The Montana Diabetes Program receives funding through two cooperative agreements with the CDC and MSA funding (43 percent of total) for diabetes prevention efforts. The MSA diabetes prevention budget helps to increase access and participation in National Diabetes Prevention Programs, providing education, training, and resources for health care professionals and contracted National Diabetes Prevention Program Providers, public awareness diabetes prevention campaigns, and prediabetes tools and resources for community partners.

Montana Cardiovascular Health Program

The Montana Cardiovascular Health Program partners with health systems, clinics, and pharmacies to reduce heart disease, stroke, and associated cardiovascular risk factors – particularly high blood pressure and high cholesterol.

The Cardiovascular Health Program is currently funded by two CDC grants and receives MSA dollars (23 percent of total) for stroke efforts. The MSA stroke budget helps fund telestroke systems (allowing rural Emergency Departments access to a neurologist for acute stroke care); conducts Stroke Recognition/Cardiac Recognition Programs at Critical Access Hospitals; hosts the Rocky Mountain Stroke Conference for health professionals; implements public awareness campaigns in communities and on Montana Indian Reservations (to raise awareness of stroke signs/symptoms and the need to call 9-1-1 immediately); and provides blood pressure-related tools.



Montana Arthritis Program

The Montana Arthritis Program partners with a variety of organizations throughout Montana, such as hospitals, local health departments, gyms, local parks and recreation departments, worksites, and senior centers, to implement arthritis approved evidence-based interventions.

Arthritis is one of the most common chronic diseases and is the leading cause of disability. Montana consistently has higher prevalence of arthritis than nationally. In addition, adults who use tobacco products have significantly higher prevalence of activity limitation from arthritis and report increased pain than those who do not use tobacco products.

The Montana Arthritis Program is currently funded by a CDC grant and receives MSA dollars (40 percent of total) for arthritis management and prevention efforts. The Montana Arthritis Program supports several arthritis approved evidence-based interventions to help Montanans decrease their joint pain and stiffness, increase joint range of motion and flexibility, and improve functional daily activities. Interventions include Stay Active & Independent for Life (SAIL), Tai Chi for Arthritis & Falls Prevention, and Walk with Ease. To date, MSA dollars have been used to provide evidence-based interventions to over 14,000 Montanans.

Montana Alzheimer's and Dementia Program

The Montana Alzheimer's and Dementia Program works with partners across the state to increase awareness and understanding of Alzheimer's and related dementias among the public, health care providers, and other professionals. The program addresses primary, secondary, and tertiary prevention levels, social determinants of health, and improves community-clinical linkages among health care systems and existing services, public health agencies, and community-based organizations.

The Montana Alzheimer's and Dementia Program is a new program within DPHHS, and is funded through a grant from the CDC, which requires a 30 percent match. MSA funding is about one-third of this match and is used to support the Program Evaluator, who primarily is responsible for utilizing surveillance and epidemiological data to describe and monitor the burden of Alzheimer's and related dementias in Montana, identify health equity gaps, conducting surveys with health care providers, and disseminating information to the public, stakeholders, and partners.