

Dearest Appropriations Committee,

Hello my name is Razul M Branch I'm a long time constituent and resident of the 23rd State Senate District in Bridgeport, CT . I'm also the Community Outreach & Engagement Manager for the Campaign for Tobacco Free Kids and Flavors Hook Kids. I'm testifying today on Governor's Proposed 2022-2023 Budget for Health Agencies H.B. No. 6439 (COMM) AN ACT CONCERNING THE STATE BUDGET FOR THE BIENNIUM ENDING JUNE THIRTIETH, 2023, AND MAKING APPROPRIATIONS THEREFOR.

Thank you for this opportunity to engage in commentary on the Governor's budget.

Please include the recommended funding for this years budget for Tobacco Cessations and Prevention programs. How do we collect the amount of money that we do in Tobacco taxes but yet spend so minimally on helping the people who want to quit, quit? If we are actually serious about reducing the amount of smokers in the state of Connecticut, then we must fulfill this spending back to the recommended amounts by the CDC. Living in a State and City whom is already ravaged by some of the poorest Asthma rates in the country makes this funding all the more important.

1. Among Connecticut residents surveyed in 2018, **62,400 (9.7%) children** and **290,300 (10.3%) adults** suffered from asthma.
2. In 2017, 7.9% of US children and 9.1% of US adults had asthma.
3. Asthma is the single most avoidable cause of hospitalization, yet it is consistently one of the most common admitting diagnoses in pediatrics.
4. In 2018, the age-adjusted rate for asthma hospitalization was 7.2 per 10,000 populations (about 2,400 hospitalizations) and for asthma emergency department (ED) visit was 57.9 per 10,000 populations (about 18,550 ED visits).
5. In 2018, Connecticut incurred **\$102 million** acute care charges due to asthma as a primary diagnosis.
6. Of the **\$102 million** asthma acute care charges, **\$56 million** were for hospitalizations and **\$46 million** were for emergency department (ED) visits.
7. Of the **\$102 million**, **\$74 million** (73%) were charged to public funds (Medicaid or Medicare).
8. Residents from the five largest cities (Bridgeport, Hartford, New Haven, Stamford, and Waterbury) account for 18% of Connecticut's total population, yet they account for nearly half (**44%** or **\$43 million**) of the **\$102 million** asthma acute care charges in 2018.

Now you add Tobacco, Automobile exhaust, mold and vermin in sub-standard housing and the problem is compounded severely.

Without this funding we will continue to strain our already stretched budgets and raise healthcare cost.

1. 2.03 billion annual health care costs in Connecticut directly caused by smoking
2. 520.8 million portion covered by the state Medicaid program
3. \$920 per household for residents' state & federal tax burden from smoking-
4. caused government expenditures
5. 1.25 billion in smoking-related productivity losses in Connecticut.

6. The average smoking employee spends a total of **18 days a year** on smoking breaks.<sup>11</sup> Tobacco use costs employers an estimated **\$96.8 billion per year** in lost productivity due to sickness and premature death.<sup>12</sup> Workplaces that allow smoking on the property pay more for fire insurance and cleaning and maintenance.

7. 4,900 adults die each year from their own smoking. Smoking kills more people than alcohol, AIDS, car crashes, illegal drugs, murders, and suicides combined. Thousands more die from other tobacco-related causes, such as fires caused by smoking and smokeless tobacco use.

- The CDC recommends that CT spend \$32M annually on the state tobacco prevention and cessation program. We have not spent that cumulatively in all the years we have been tracking this.
- Connecticut is now on schedule to invest \$0 state dollars into our youth tobacco prevention program indefinitely. The 2018 budget completely eliminated the language that transferred money to the Tobacco and Health Trust Fund (which has been the sole source of state tobacco prevention funding).
- For more information. The Tobacco and Health Trust Fund Board put out a great report that highlighted their good work and their funding: <https://portal.ct.gov/-/media/OPM/PDPD/PDPD-HHS/Tobacco-and-Health-Trust-Funded-Programs-2003-2018.pdf>

The Potential Return on Investment on Tobacco prevention spending is big (never mind the actual public health benefit):

- Connecticut saved \$2.48 for every dollar invested in current tobacco control programs. Other states have seen strong Returns on Investments in tobacco prevention/cessation programs - California has seen a \$55 to \$1 return on their consistent investment in tobacco control programs.

The Lung Association also puts out an annual report on how the state does on policy:

[Connecticut | State of Tobacco Control | American Lung Association](#) .

We get an F in funding.

Please we urgently encourage you to fund this state program with \$12M and put language in the budget so that it happens every year. The CDC recommends that we spend \$32M annually in CT on a comprehensive State Tobacco Control Program. \$12M is what was originally in the budget years ago and we think that is a reasonable ask at this point.

Thank you for funding a comprehensive Medicaid cessation benefit and thank you for your time and attention.

Respectfully,  
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