



March 2, 2021

Connecticut General Assembly, Appropriations Committee
Legislative Office Building, Room 2700
Hartford, CT 06106

Testimony of the American Lung Association in Connecticut Regarding Raised House Bill 6439, An Act Concerning the State Budget for the Biennium Ending June Thirtieth, 2023, and Making Appropriations Therefor.

Dear Distinguished Chairpersons and Members of the Appropriations Committee:

My name is Ruth Canovi and I am the Director of Advocacy for the American Lung Association in Connecticut. The American Lung Association is the oldest voluntary public health association in the United States, currently representing the 37 million Americans living with lung diseases including asthma, lung cancer and COPD, including over 432,000 Connecticut residents. The Lung Association is the leading organization working to save lives by improving lung health and preventing lung disease through research, education and advocacy. Thank you for the opportunity to comment on HB6439, An Act Concerning the State Budget for the Biennium Ending June Thirtieth, 2023, and Making Appropriations Therefor. We strongly urge the committee to dedicate at least \$12 million towards the state tobacco control program for this budget biennium and all future budgets until tobacco use is a public health problem of the past.

When it comes to tobacco, the evidence is clear that we need to make an investment in our future:

- Tobacco use remains a major public health crisis in Connecticut - 4,900 Connecticut residents die from tobacco-related illness annually.
- Tobacco costs Connecticut more than \$2 billion in annual health care costs, including \$520.8 million in Medicaid spending every year.¹

- Despite cigarette smoking rates being near all time lows, overall tobacco product use among adults increased in 2019. Youth electronic cigarette use rates are at alarming levels, 68% higher than three years ago nationally in 2020. In 2019 in Connecticut, 27.8% of high school students used tobacco products. The dramatic increase in youth tobacco use throughout the country led the U.S. Surgeon General to call youth e-cigarette use an epidemic in 2018.
- COVID-19 has required much of our attention and many resources, as it has caused hundreds of thousands of deaths and disrupted the lives of everyone in the country. The U.S. Surgeon General has conclusively linked smoking to suppression of the immune system, and smoking can cause more severe COVID-19 symptoms, according to the Centers for Disease Control and Prevention (CDC). With the threat of COVID-19 in addition to the numerous tobacco-caused diseases, it is imperative to prevent youth from starting to use tobacco and to help everyone quit.
- At a time when health equity has been brought to the forefront of our nation's attention, it is clear that our tobacco policies haven't protected everyone equally. Much like COVID-19, tobacco use and secondhand smoke exposure cause disproportionate harm to many communities, including communities of color and persons with behavioral health conditions.

To be clear, Connecticut is now on schedule to invest \$0 state dollars into our state tobacco prevention and cessation programs indefinitely. The state has not deposited funds into the Tobacco and Health Trust Fund since Fiscal Year 2015. The 2018 budget completely eliminated the language that transferred money to the Tobacco and Health Trust Fund, which was the sole source of state tobacco prevention funding.

The Tobacco and Health Trust Fund was established in 2000 and was done so to utilize the funds the state receives from the Master Settlement Agreement to address the costs and impact that tobacco takes on the state. However, since its inception, this fund has been treated as a rainy day fund – filling gaps in the general fund when needed. According to the 2018 Tobacco and Health Trust Fund Annual Report, “since the inception of the Trust Fund, slightly over \$277 million of the Trust Fund's monies have been statutorily transferred without Board input or approval.”² This is just from what was initially deposited into the trust fund; this does not address the times that the transfer was never made. Of most concern to us is that the 2018 budget indefinitely eliminated the transfer to the Tobacco and Health Trust Fund.

The Centers for Disease Control and Prevention recommends that the state of Connecticut spend \$32 million annually on tobacco prevention and cessation. We have yet to spend

cumulatively (\$29.2 million), what they recommend we spend annually.

The Tobacco and Health Trust Fund was the sole state source of prevention program funding. When we consider the fact that we have the second highest cigarette tax in the country and still get more than \$120 million from the Master Settlement Agreement, our funding status is especially egregious. Connecticut is only joined by Tennessee in providing no state funding for the state tobacco prevention and cessation program.³

The investment to prevent young people from getting hooked on nicotine and helping those who are to quit in addition to saving lives actually does save money. A study concluded that when Connecticut actually funded these programs, the state saved \$2.48 for every dollar invested in current tobacco control programs. There is real opportunity here, as notably, California has seen a \$55 to \$1 return on their consistent investment in tobacco control programs.

We do want to acknowledge the quality benefits Medicaid offers for tobacco cessation. We thank the Governor for continuing to fund a comprehensive tobacco cessation benefit under Medicaid.

Please consider reversing the damage done in the last few budgets and reinstate the transfer of funds to the Tobacco and Health Trust Fund indefinitely. Perhaps we should consider including a line item for tobacco prevention and cessation in the budget. Whatever the approach, we strongly encourage you to invest at least \$12 million of the \$473 million in tax revenue and Master Settlement Agreement funds Connecticut receives annually, to help those addicted to nicotine quit and to help offset the millions of dollars the tobacco industry is spending on hooking this new generation.

Thank you.

Sincerely,

Ruth Canovi, MPH
Director, Advocacy
American Lung Association in Connecticut

¹ Campaign for Tobacco Free Kids. *The Toll of Tobacco in Connecticut*. Accessed March 1, 2021.

https://www.tobaccofreekids.org/facts_issues/toll_us/connecticut

² Summary of the Tobacco and Health Trust Funded Programs. 2003 – 2018. <https://portal.ct.gov/-/media/OPM/PDPD/PDPD-HHS/Tobacco-and-Health-Trust-Funded-Programs-2003-2018.pdf> Accessed March 1, 2021.

³ 2021 State of Tobacco Control Report. American Lung Association. www.lung.org/sotc Accessed March 1, 2021.

Connecticut Report Card

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Tobacco Prevention and Control Program Funding: **F**

FY2021 State Funding for Tobacco Control Programs:	\$0
FY2021 Federal Funding for State Tobacco Control Programs:	\$1,145,118*
FY2021 Total Funding for State Tobacco Control Programs:	\$1,145,118
CDC Best Practices State Spending Recommendation:	\$32,000,000
Percentage of CDC Recommended Level:	3.6%
State Tobacco-Related Revenue:	\$473,200,000

*Includes tobacco prevention and cessation funding provided to states from the Centers for Disease Control and Prevention.



Thumbs down for Connecticut for providing no state funding for tobacco prevention programs despite smoking costing the state over \$2 billion in healthcare costs each year.

Smokefree Air: **C**

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government Worksites: Prohibited
Private Worksites: Restricted
Schools: Prohibited
Child Care Facilities: Prohibited
Restaurants: Prohibited
Bars: Prohibited (allowed in tobacco bars)
Casinos/Gaming Establishments: Prohibited (tribal establishments exempt)
Retail Stores: Prohibited
Recreational/Cultural Facilities: Prohibited
E-Cigarettes Included: Partially
Penalties: Yes
Enforcement: Yes
Preemption/Local Opt-Out: Yes
Citation: CONN. GEN. STAT. §§ 19a-342 & 31-40q (2003); 19a-342a (2015) and CT ADMIN CODE §§ 19a-79-7(d)(6) & 19a-87b-9 (1993).

Tobacco Taxes: **B**

CIGARETTE TAX:

Tax Rate per pack of 20: **\$4.35**

OTHER TOBACCO PRODUCT TAXES:

Tax on little cigars: **Equalized: Yes; Weight-Based: No**

Tax on large cigars: **Equalized: No; Weight-Based: No**

Tax on smokeless tobacco: **Equalized: No; Weight-Based: Yes**

Tax on pipe/RYO tobacco: **Equalized: No; Weight-Based: No**

Tax on e-cigarettes: **Equalized: No; Weight-Based: Yes**

For more information on tobacco taxes, go to: www.lung.org/slati

Access to Cessation Services: **C**

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **All 7 medications are covered**

Counseling: **All 3 forms of counseling are covered**

Barriers to Coverage: **Minimal barriers exist to access care**

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

Counseling: **All 3 forms of counseling are covered**

Barriers to Coverage: **Some barriers exist to access care**

STATE QUITLINE:

Investment per Smoker: **\$0.96***; the median investment per smoker is **\$2.28**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

Tobacco Surcharge: **Prohibits tobacco surcharges in some plans**

Citation: See [Connecticut Tobacco Cessation Coverage page](#) for specific sources.

*The state quitline is using additional unspent funds carried over from past years. Those dollars have been excluded from this report as they were counted in a previous year's report.



Thumbs up for Connecticut for providing comprehensive coverage for all tobacco cessation medications and types of counseling to Medicaid enrollees with minimal barriers.

Flavored Tobacco Products: **F**

Restrictions on Flavored Tobacco Products: **No state law or regulation**

Connecticut State Highlights:



Tobacco use remains the leading cause of preventable death and disease in the United States and in Connecticut. To address this enormous toll, the American Lung Association calls for the following actions to be taken by Connecticut’s elected officials:

1. Restore state funding for tobacco prevention and cessation programs;
2. Prohibit sales of flavored tobacco products; and
3. Close the loopholes in Connecticut’s indoor smokefree air laws.

The 2020 Legislative Session started very strong, introducing important tobacco and public health policy. The Lung Association and our partners made progress in efforts towards prohibiting the sales of all flavored tobacco products in the state. Several bills addressing tobacco program funding were raised and reserved for public hearing. The Governor’s budget also proposed to improve the electronic cigarette taxing structure. However, when COVID-19 arrived in Connecticut in mid-March, the progress made in these policies came to a halt as we all tried to figure out how to continue our work in these new times.

2020 brought new challenges and highlighted a number of issues that Connecticut and the country has faced for years in society. The Lung Association has long recognized the impact inequities have had on our health, but COVID-19 and the heightened awareness of racial disparities in this country have shone a light on the work our country must do moving forward. The Lung Association needs to focus on bringing a social and health justice lens to our state health policy efforts, including focusing on policies that will address tobacco use disparities.

With that aim, the American Lung Association has a lot of work to do in 2021. As advocates and the General Assembly adjust to new ways of working, the Lung Association will engage on a number of familiar policy issues with heightened effort to broaden our partnerships and highlight the voices of so many disproportionately impacted by the burden of tobacco use. Our priorities to restore state funding for tobacco prevention programs, prohibiting the sales of all flavored tobacco products and closing the loopholes in Connecticut’s indoor smokefree air laws all can help address the disproportionate ways tobacco impacts our communities. The Lung Association looks forward to making great progress in tobacco and health policy in 2021.

Connecticut State Facts

Health Care Costs Due to Smoking:	\$2,038,803,314
Adult Smoking Rate:	12.1%
High School Smoking Rate:	3.7%
High School Tobacco Use Rate:	28.7%
Middle School Smoking Rate:	N/A
Smoking Attributable Deaths:	4,900

Adult smoking data come from CDC’s 2019 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use data come from the 2019 Youth Risk Behavior Surveillance System. A current middle school smoking rate is not available for this state.

Health impact information is taken from the Smoking Attributable Mortality, Morbidity and Economic Costs (SAMMEC) software. Smoking attributable deaths reflect average annual estimates for the period 2005-2009 and are calculated for persons aged 35 years and older. Smoking-attributable health care expenditures are based on 2004 smoking-attributable fractions and 2009 personal health care expenditure data. Deaths and expenditures should not be compared by state.

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