

TO: Co-Chairs and Members of the Appropriations Committee

DATE: March 2, 2021

RE: Testimony on Governor's Bill# HB6439 The Governor's Proposed Budget: AN ACT IMPLEMENTING THE GOVERNOR'S BUDGET RECOMMENDATIONS REGARDING PUBLIC HEALTH

Good afternoon, I am Dr. Pat Checko and I have been a member of the Tobacco and Health Trust Fund Board since its creation in 2000. While this testimony was originally written in 2014, the information has changed little. The burden of tobacco use on Connecticut remains unacceptable. It accounts to 4,900 deaths every year, an annual health care cost of \$2.03 Billion, and \$670 per household for the residents' state and federal tax burden from smoking-caused government expenses. I am attaching data from the last report of the THTF related to the amount of money expended before the funds were again sweep and put into the general fund in 2019 and the THTF Board of Trustees rendered defunct! Since then millions more has been received by the state from the Master Settlement and stashed in the General Fund. The abuse of the funds that were supposed to be allocated to the fund through DPH funding has been going on for years. Initially it was funded at \$20M per year, then \$12M, and then only \$6M. At the end of 2015 the THTF had expended only \$28 M and the legislature had swept \$134.4 M back to the general fund. There has been no THTF funding since FY 16.

While Connecticut has made progress in reducing overall adult cigarette use from 22.8% in 1999 to 12.7% in 2016 (the last year for which data is available), smoking rates and continued poor health outcomes have changed little for high risk populations including the poor, Medicaid recipients, those with behavioral health conditions and also those who have limited education. These populations utilize more health care services at a very high cost. Yet the tobacco industry continues to create new products, some totally unregulated, such as e-cigarettes and other vaping devices and flavoring to induce yet another generation of youth to become addicted and dependent on tobacco.

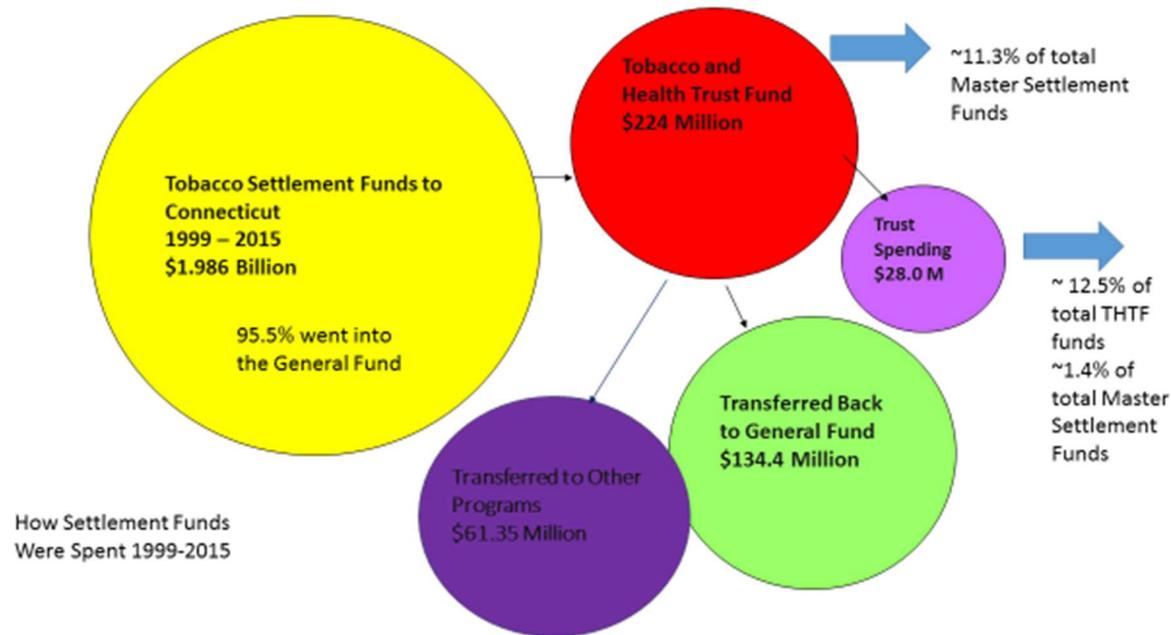
A quick review of the CDC Connecticut Youth Risk Factor Survey data from 2019 makes the case for why we must act now. Almost half (44.8%) of all high school students had tried vaping; 1 in 5 ninth graders and 57% of seniors. Almost a third (28.7%) were current users of some tobacco product; about 1 in 5 freshmen and a third (36.4%) of seniors. More alarming, 4% of freshman and 13% of seniors reported vaping six or more times a day! And 11% reported they had done so on school property.

On November 23, 1998, 46 states settled their lawsuits against the nation's major tobacco companies to recover tobacco-related health care costs, joining four states – Mississippi, Texas, Florida and Minnesota – that had reached earlier, individual settlements. These settlements require the tobacco companies to make annual payments to the states in perpetuity, with total payments estimated at \$246 billion over the first 25 years.

In the first 15 years since that historic landmark and the tobacco industry provided states with 116.3 billion dollars, with Connecticut receiving approximately 2 billion dollars. These funds helped many states develop and implement comprehensive tobacco programs. There is conclusive evidence that tobacco prevention and cessation programs work to reduce smoking, save lives and save money by reducing tobacco-related health care costs, when part of a comprehensive strategy also includes higher tobacco taxes and smoke-free workplace laws.

Studies have shown that California, which has the nation's longest-running tobacco prevention and cessation program, has saved tens of thousands of lives by reducing smoking-caused complications at birth, heart disease, strokes and lung cancer. Between 1988 and 2004, lung and bronchus cancer rates in California declined nearly four times faster than the rest of the United States. A February 2013 study in the scientific journal *PLOS* (Public Library of Science) *ONE* found that from 1989 to 2008, California's tobacco control program reduced health care costs by 134 billion dollars, far more than the 2.4 billion dollars spent on the program.

A December 2011 study in the *American Journal of Public Health* found that between 2000 and 2009, the state of Washington saved more than five dollars in health care costs for every one dollar spent on their tobacco prevention and cessation programs by reducing hospitalizations for heart disease, stroke, respiratory disease and cancer caused by tobacco use. Over the 10-year period, the program prevented nearly 36,000 hospitalizations, saving 1.5 billion dollars compared to the 260 million dollars spent on the program. The 5:1 return on investment is conservative because the cost savings reflect only the savings from hospitalizations that were prevented.

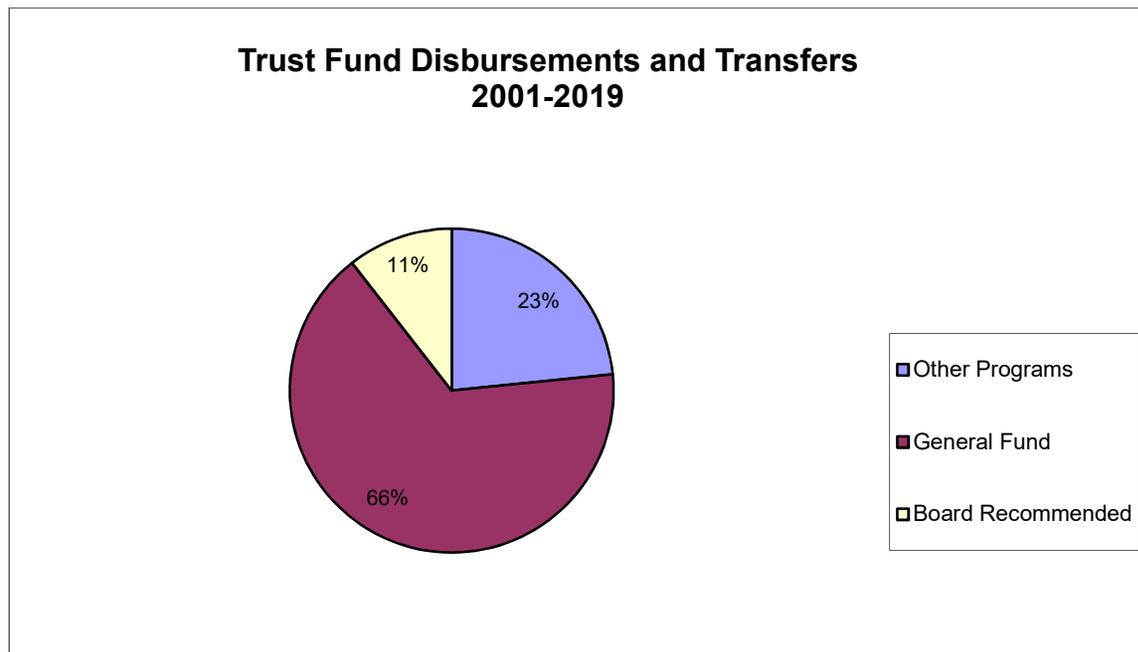


Of the \$1.99 Billion dollars that Connecticut has received in Master Settlement Funds through 2015 only \$28 Million or 1.4% were spend directly on comprehensive tobacco prevention and control initiatives and activities through the Tobacco and Health Trust Fund recommendation. And although \$224 Million was transferred to the THTF, most of these funds were swept back into the general fund (57%) and (27%) were disbursed by the legislature for various other health related initiatives.

The need to continue the fight against tobacco initiation and use remains imperative as a public health winnable battle. In 2021 states will receive \$26.9B from the Master Settlement. Among the 50 states, Connecticut ranks 50th along with Tennessee for the least amount of state funding for Tobacco Prevention and Control at \$0.0. The same amount of funding for the last five years!

But we can, and must do better.

In the past the THTF has been seen as one way to help breach the gap. The THTF had been the sole funding source for the CT Quitline, the statewide free, telephone based smoking cessation initiative, providing nicotine replacement therapy and individual counseling to CT smokers. If the funds go away, so does the Quitline and all the other important initiatives it makes possible. I ask that you consider this in your deliberations. It is time to recommit to the war on tobacco and nicotine and the toll it does and will take on the residents of Connecticut. It is time to reinstate the THTF Board and provide it with the funding necessary to win this war.



	<u>FY03</u>	<u>FY04</u>	<u>FY07</u>	<u>FY08</u>	<u>FY09</u>	<u>FY10</u>	<u>FY 12-13¹</u>	<u>FY 14</u>	<u>FY15</u>	<u>FY 16</u>	<u>Total²</u>
Counter marketing	\$350,000		\$100,000		\$2,000,000	\$1,650,000	\$2,000,000		\$385,650	\$130,717	\$6,616,367
Website	\$50,000										\$50,000
Cessation Programs	\$400,000	\$300,000		\$800,000	\$1,612,456	\$1,550,000	\$1,929,000	\$527,283	\$1,200,000	\$404,034	\$8,722,773
QuitLine		\$287,100			\$2,000,000	\$1,650,000	\$1,600,000	\$1,611,984			\$7,149,084
Prevention Programs					\$500,000	\$500,000		\$572,963	\$1,400,000	\$475,334	\$3,448,297
Lung Cancer Pilot					\$250,000	\$250,000					\$500,000
Evaluation					\$500,000	\$300,000	\$486,000		\$351,183	\$118,834	\$1,756,017
Innovative Programs						\$477,745					\$477,745
Tobacco Enforcement Program								\$287,770			\$287,770
Infrastructure									\$175,000	\$59,416	\$234,416
Total	\$800,000	\$587,100	\$100,000	\$800,000	\$6,862,456	\$6,377,745	\$6,015,000	\$3,000,000	\$3,511,833	\$1,188,335	\$29,242,469

¹ Trust finds were not disbursed in FY 2011 due to lack of available funds.

² In accordance with Public Act 15-244 (Section 90) there were no disbursements to the Tobacco and Health Trust Fund from the Tobacco Settlement Fund in FY 16 and FY17. Public Act 17-2 of the June Special Session Section 663 removes the disbursements to the Tobacco and Health Trust Fund from the Tobacco Settlement Fund in FY 18 and FY 19.

