



# House of Representatives

General Assembly

**File No. 547**

January Session, 2023

Substitute House Bill No. 6915

*House of Representatives, April 12, 2023*

The Committee on Public Health reported through REP. MCCARTHY VAHEY of the 133rd Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

## **AN ACT CONCERNING CANNABIS USE PREVENTION EFFORTS RELATED TO YOUTH.**

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Subsection (i) of section 12-330ll of the general statutes is  
2 repealed and the following is substituted in lieu thereof (*Effective July 1,*  
3 *2023, and applicable to taxes due on or after that date*):

4 (i) The tax received by the state under this section shall be deposited  
5 as follows:

6 (1) For the fiscal years ending June 30, 2022, and June 30, 2023, in the  
7 cannabis regulatory and investment account established under section  
8 21a-420f, as amended by this act;

9 (2) For the fiscal years ending June 30, 2024, June 30, 2025, and June  
10 30, 2026, sixty per cent of such tax received in the Social Equity and  
11 Innovation Fund established under section 21a-420f, as amended by this  
12 act, [twenty-five] thirty per cent of such tax received in the Prevention

13 and Recovery Services Fund established under section 21a-420f, as  
14 amended by this act, and [fifteen] ten per cent in the General Fund;

15 (3) For the fiscal years ending June 30, 2027, and June 30, 2028, sixty-  
16 five per cent of such tax received in the Social Equity and Innovation  
17 Fund established under section 21a-420f, as amended by this act,  
18 [twenty-five] thirty per cent of such tax received in the Prevention and  
19 Recovery Services Fund and [ten] five per cent in the General Fund; and

20 (4) For the fiscal year ending June 30, 2029, and each fiscal year  
21 thereafter, seventy-five per cent of such tax received in the Social Equity  
22 and Innovation Fund established under section 21a-420f, as amended by  
23 this act, and twenty-five per cent of such tax received in the Prevention  
24 and Recovery Services Fund established under section 21a-420f, as  
25 amended by this act.

26 Sec. 2. Subsection (d) of section 21a-420f of the general statutes is  
27 repealed and the following is substituted in lieu thereof (*Effective July 1,*  
28 *2023*):

29 (d) On and after July 1, 2022, there is established a fund to be known  
30 as the "Prevention and Recovery Services Fund" which shall be a  
31 separate, nonlapsing fund. The fund shall contain any moneys required  
32 by law to be deposited in the fund and shall be held by the Treasurer  
33 separate and apart from all other moneys, funds and accounts. Moneys  
34 in the fund shall be appropriated for the purposes of (1) substance abuse  
35 prevention, treatment and recovery services, which may include, but  
36 need not be limited to, the (A) provision of youth cannabis use  
37 prevention services by the local advisory councils on drug use and  
38 prevention established by municipalities pursuant to subsection (a) of  
39 Section 4126 of the Drug Free Schools and Communities Act of 1986, as  
40 amended from time to time, regional behavioral health action  
41 organizations described in section 17a-484f, or youth service bureaus  
42 established pursuant to section 10-19m, and (B) development of a public  
43 awareness campaign to raise awareness of the mental and physical  
44 health risks of youth cannabis use and cannabis use by pregnant  
45 persons, and (2) collection and analysis of data regarding substance use.

46 The Social Equity Council may make recommendations to any relevant  
47 state agency regarding expenditures to be made for the purposes set  
48 forth in this subsection.

49 Sec. 3. Section 17a-667 of the general statutes is repealed and the  
50 following is substituted in lieu thereof (*Effective July 1, 2023*):

51 (a) There is established a Connecticut Alcohol and Drug Policy  
52 Council which shall be within the Department of Mental Health and  
53 Addiction Services.

54 (b) The council shall consist of the following members: (1) The  
55 Secretary of the Office of Policy and Management, or the secretary's  
56 designee; (2) the Commissioners of Children and Families, Consumer  
57 Protection, Correction, Education, Mental Health and Addiction  
58 Services, Public Health, Emergency Services and Public Protection,  
59 Aging and Disability Services and Social Services, and the Insurance  
60 Commissioner, or their designees; (3) the Chief Court Administrator, or  
61 the Chief Court Administrator's designee; (4) the chairperson of the  
62 Board of Regents for Higher Education, or the chairperson's designee;  
63 (5) the president of The University of Connecticut, or the president's  
64 designee; (6) the Chief State's Attorney, or the Chief State's Attorney's  
65 designee; (7) the Chief Public Defender, or the Chief Public Defender's  
66 designee; (8) the Child Advocate, or the Child Advocate's designee; and  
67 (9) the cochairpersons and ranking members of the joint standing  
68 committees of the General Assembly having cognizance of matters  
69 relating to public health, criminal justice and appropriations, or their  
70 designees. The Commissioner of Mental Health and Addiction Services  
71 and the Commissioner of Children and Families shall be cochairpersons  
72 of the council and may jointly appoint up to seven individuals to the  
73 council as follows: (A) Two individuals in recovery from a substance use  
74 disorder or representing an advocacy group for individuals with a  
75 substance use disorder; (B) a provider of community-based substance  
76 abuse services for adults; (C) a provider of community-based substance  
77 abuse services for adolescents; (D) an addiction medicine physician; (E)  
78 a family member of an individual in recovery from a substance use

79 disorder; and (F) an emergency medicine physician currently practicing  
80 in a Connecticut hospital. The cochairpersons of the council may  
81 establish subcommittees and working groups, [and] including, but not  
82 limited to, subcommittees on substance use prevention, treatment and  
83 recovery that may collaborate with an academy of science and  
84 engineering or an institution of higher education in the state to examine  
85 effective substance use prevention, treatment and recovery efforts. The  
86 chairpersons of the council may appoint individuals other than  
87 members of the council to serve as members of the subcommittees or  
88 working groups. Such individuals may include, but need not be limited  
89 to: (i) Licensed alcohol and drug counselors; (ii) pharmacists; (iii)  
90 municipal police chiefs; (iv) emergency medical services personnel; and  
91 (v) representatives of organizations that provide education, prevention,  
92 intervention, referrals, rehabilitation or support services to individuals  
93 with substance use disorder or chemical dependency.

94 (c) The council shall review policies and practices of state agencies  
95 and the Judicial Department concerning substance abuse treatment  
96 programs, substance abuse prevention services, the referral of persons  
97 to such programs and services, and criminal justice sanctions and  
98 programs and shall develop and coordinate a state-wide, interagency,  
99 integrated plan for such programs and services and criminal sanctions.

100 (d) Such plan shall be amended not later than January 1, 2017, to  
101 contain measurable goals, including, but not limited to, a goal for a  
102 reduction in the number of opioid-induced deaths in the state.

103 (e) On or before January 1, 2024, the council shall establish a cannabis  
104 health review panel composed of members jointly selected by the  
105 cochairpersons of the council. The review panel shall examine the effects  
106 of the use of cannabis, including, but not limited to, (1) overdose of  
107 cannabis by young people, (2) episodes of psychosis in persons who use  
108 cannabis, and (3) the impact of cannabis of higher potencies on the  
109 developing brain. On or before January 1, 2025, and annually thereafter,  
110 the panel shall report its findings to the council.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>July 1, 2023, and applicable to taxes due on or after that date</i>	12-33011(i)
Sec. 2	<i>July 1, 2023</i>	21a-420f(d)
Sec. 3	<i>July 1, 2023</i>	17a-667

**PH**      *Joint Favorable Subst.*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

**OFA Fiscal Note**

**State Impact:** See Below

**Municipal Impact:** None

**Explanation**

The bill makes the following changes regarding cannabis use prevention and related funding.

**Section 1** redirects 5% of the collections of the state cannabis tax from the General Fund (GF) to the Prevention and Recovery Services Fund (PRSF) from FY 24 to FY 28. In effect, the PRSF will receive 30% of collections from the state cannabis tax for those fiscal years.

The table below provides (1) the revenue impacts to the GF and the PRSF from the bill and (2) the total fund estimates for the PRSF under current law and under the bill.

**Cannabis Excise Tax Redistribution Impact by Fund**

In millions

Fund	FY 24	FY 25	FY 26	FY 27	FY 28
GF Revenue Loss (HB 6915)	(0.4)	(0.5)	(0.8)	(0.9)	(0.9)
PRSF Revenue Gain (HB 6915)	0.4	0.5	0.8	0.9	0.9
PRSF (current law)	2.0	2.4	4.2	4.5	4.7
PRSF (HB 6915)	2.4	2.9	5.1	5.4	5.6

**Section 2**, which specifies potential uses of the Prevention and Recovery Services Fund (a separate, nonlapsing fund) but does not require such expenditures, has no fiscal impact.

**Section 3** requires the Alcohol and Drug Policy Council to establish a cannabis health review panel to examine the effects of cannabis use, by January 1, 2024, which is not anticipated to result in a fiscal impact to the state.

***The Out Years***

The fiscal impact identified in Section 1 would continue through FY 28 only. Beginning in FY 29 and thereafter, current law (unaltered by the bill) distributes the state cannabis tax as follows: 75% to the Social Equity and Innovation Fund and 25% to the Prevention and Recovery Services Fund.

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**OLR Bill Analysis****sHB 6915*****AN ACT CONCERNING CANNABIS USE PREVENTION EFFORTS RELATED TO YOUTH.*****SUMMARY**

This bill makes various changes affecting cannabis and substance use prevention and related funding.

For FYs 24 through 28, it increases, from 25% to 30%, the share of revenue from the state cannabis tax (see BACKGROUND) directed to the Prevention and Recovery Services Fund. It correspondingly decreases the percentage directed to the General Fund, from 15% to 10% in FYs 24-26 and 10% to 5% in FYs 27-28. By law, the rest of the tax revenue for these years goes to the Social Equity and Innovation Fund.

Existing law requires that moneys from the Prevention and Recovery Services Fund be used for substance use prevention, treatment, and recovery services and collecting and analyzing substance use data. The bill specifies that these services may include, among other things:

1. youth cannabis use prevention services by (a) local advisory councils on drug use and prevention established under federal law, (b) regional behavioral health action organizations, or (c) youth service bureaus (see BACKGROUND) and
2. developing a public awareness campaign on the mental and physical health risks of youth cannabis use and cannabis use during pregnancy.

Existing law allows the Alcohol and Drug Policy Council (ADPC) co-chairpersons to create subcommittees. The bill specifically allows them to create subcommittees on substance use prevention, treatment, and recovery. It allows these groups to collaborate with a science and engineering academy or higher education institution in the state to examine effective efforts in these matters.



Lastly, the bill requires the ADPC, by January 1, 2024, to establish a cannabis health review panel of members jointly chosen by the co-chairpersons. The panel must examine the effects of cannabis use, including (1) overdose by young people, (2) episodes of psychosis in people who use it, and (3) the impact of higher potencies on the developing brain. The panel must annually report its findings to the council starting by January 1, 2025.

EFFECTIVE DATE: July 1, 2023, and the tax provisions apply to taxes due on or after that date.

**BACKGROUND**

**State Cannabis Tax**

Connecticut imposes a state tax on retail sales of cannabis, cannabis plant material, and cannabis edible products by a cannabis retailer, hybrid retailer, or micro-cultivator, with certain exceptions (such as sales for medical use). The tax rate is based on the product’s type and total THC reflected on its label.

**Regional Behavioral Health Action Organizations (RBHAOs)**

By law, the state’s five contracted RBHAOs are responsible for (1) behavioral health planning, education, and promotion; (2) coordinating behavioral health issues prevention; and (3) advocacy for behavioral health needs and services within their respective mental health regions (CGS § 17a-484f).

**Youth Service Bureaus**

By law, youth service bureaus coordinate community-based services that provide prevention and intervention programs for delinquent, pre-delinquent, pregnant, parenting, and troubled youths referred to them by schools, police, and juvenile courts, among others (CGS § 10-19m).

**COMMITTEE ACTION**

Public Health Committee

Joint Favorable Substitute  
Yea 37 Nay 0 (03/27/2023)