

Public Health Committee JOINT FAVORABLE REPORT

Bill No.: HB-6914

AN ACT CONCERNING THE USE OF FUNDS IN THE OPIOID AND TOBACCO SETTLEMENT FUNDS AND FUNDS RECEIVED BY THE STATE AS PART OF ANY SETTLEMENT AGREEMENT WITH A MANUFACTURER OF

Title: ELECTRONIC NICOTINE DELIVERY SYSTEM AND VAPOR PRODUCTS.

Vote Date: 3/27/2023

Vote Action: Joint Favorable Substitute

PH Date: 3/22/2023

File No.: 546

***Disclaimer:** The following JOINT FAVORABLE Report is prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and does not represent the intent of the General Assembly or either chamber thereof for any purpose.*

SPONSORS OF BILL:

The Public Health Committee

REASONS FOR BILL:

Connecticut has led nationwide efforts to hold the entire addiction industry accountable for the opioid epidemic and will receive over \$600 million to save lives across the state.

Public Act 22-48 made these funds available for evidence-based and evidence-informed treatment, prevention, and recovery programs by passing legislation based on the research-informed model act commissioned by the Office of National Drug Control Policy and developed by a host of national experts, academics, healthcare practitioners and stakeholders. The goal of the law was to ensure these hard-fought funds are spent as intended—on addressing the opioid crisis—and to implement lessons learned from the distribution framework setup for the Tobacco Master Settlement Agreement (TMSA) two decades ago. But it only addressed the funds that come to the state, but not the 15% of the settlements that go directly to assorted municipalities. These monies are not passed through the state and therefore are not subject to any substantial general reporting requirements or other public transparency measures.

This bill establishes minimum reporting requirements for municipal opioid settlement funds and requires municipalities receiving direct payments from opioid settlement administrators to submit an annual report detailing their expenditures. The bill also requires Connecticut's share of the multistate settlement with JUUL Labs to be spent in accordance with the terms of the stipulated judgment in that settlement, with funds allocated to organizations working on the frontline of youth substance use in communities.

RESPONSE FROM ADMINISTRATION/AGENCY:

Manisha Juthani, MD, Commissioner, Department of Public Health (DPH):

DPH recommends that the Tobacco and Health Trust Fund Board distributes the funds from the JUUL settlement, relying on stakeholders and subject matter experts to identify the best ways to use the funds. DPH also supports changes to the advisory board proposed in Section 4 of the bill, which will allocate the funds using evidence-based programming to reduce the impact of tobacco on Connecticut residents.

Nancy Navarretta, Commissioner, Department of Mental Health and Addiction Services (DHMAS):

Commissioner Navarretta testified in support of this bill, specifically Section 1 regarding JUUL settlement moneys. DHMAS works closely with the Regional Behavioral Health Action Organizations (RBHAOs) who are strategic community partners working across the health care continuum in each of the five regions of the state providing planning, education, prevention, and advocacy activities for behavioral health needs and services.

DMHAS supports RBHAOs receiving JUUL settlement dollars to support work related to the abatement, mitigation, cessation, reduction, or prevention of the use of nicotine or nicotine-synthetic products by residents under twenty-one years of age. These activities are in alignment with their statutory mandates.

Additionally, DMHAS can receive and publicize reports detailing the work of any municipality that is funded by moneys directly received from opioid settlement funds.

William Tong, Attorney General, Office of the Attorney General (AG):

The Office of the Attorney General supports this legislation, which outlines the use of funds received by the state from the opioid and tobacco settlement funds and funds received by the state as part of any settlement agreement with a manufacturer of electronic nicotine delivery systems and vapor products. The AG supports the establishment of minimum reporting requirements for municipal opioid settlement funds and requiring municipalities that receive direct payments from opioid settlement administrators to submit an annual report to the Opioid Settlement Advisory Committee detailing their expenditures. The AG also wants to ensure that Connecticut's share of the \$438.5 million multistate settlement with JUUL Labs is spent in accordance with the terms of the stipulated judgment in that settlement. Connecticut's share of these funds should be distributed separately from other tobacco settlement funds and allocated to organizations working on the frontline of youth substance use in our communities.

NATURE AND SOURCES OF SUPPORT:

Daniella Arias, Program Coordinator, The Hub, & Member, Connecticut Prevention Network (CPN):

CPN, the coalition of the five Regional Behavioral Health Action Organizations (RBHAOs) and other prevention organizations focused on substance abuse prevention efforts and mental health initiatives, supports the use of funds from the Master Settlement Agreement and

tobacco taxes for tobacco and nicotine prevention work. This work has not received any investment from the state in the past five years. This legislation will distribute the JUUL settlement funds to the RBHAOs to fund programs to reduce or prevent the use of nicotine or nicotine-synthetic products by residents under twenty-one years of age. The Hub coordinates behavioral health initiatives and provides tobacco and nicotine prevention and treatment resources. The organization supports the work of local prevention councils in region 1, whose goal is to reduce vaping use rates by 5% by 2025 among 12–18-year-olds by targeting related and protective factors. These additional funds would allow the RBHAOs to provide support beyond the minimum funding the local prevention councils currently receive and properly address the public health crisis of vaping and Electronic Nicotine Delivery Systems (ENDS).

Connecticut Hospital Association (CHA):

CHA submitted testimony in support of this bill as they endorse public policy initiatives aimed at mitigating tobacco and nicotine-related disease and illness. CHA is committed to collaborating with the state to combat the opioid epidemic, including providing educational services to providers and clinical staff and supporting various measures to address opioid dependence.

Ruth Canovi, Director, Advocacy, American Lung Association, Connecticut (LUNG-CT)

LUNG-CT commends the committee for passing this bill and requests a language change to reflect the CDC minimum level of funding of \$22.7 million. They also support the legislation's removal of broad language in statute and encourage the investment of the Tobacco and Health Trust Fund in proven, best practice policies to address tobacco use. They urge the committee to codify into law the CDC recommended minimum funding and express their commitment to protecting Connecticut's health.

Bryte Johnson, Connecticut Government Relations Director, American Cancer Society Cancer Action Network (ACS CAN):

ACS CAN supports this legislation which seeks to direct \$12 million to the Tobacco and Health Trust Fund annually and additional funds received from the JULL Settlement to go to the Regional Behavioral Health Organizations for funding of tobacco control programs for residents under twenty-one years of age. ACS CAN has requested the committee to amend the bill to increase tobacco control program funding to \$22.7 million and to follow CDC Best Practices for a comprehensive tobacco control program to reduce the staggering annual economic toll tobacco use costs Connecticut. ACS CAN supports evidence-based policy and legislative solutions designed to eliminate cancer as a major health problem.

Mike Muszynski, Connecticut Council of Municipalities (CCM):

CCM supports this legislation but urges consideration of certain factors before taking final action. This bill would require towns and cities that receive funding through an opioid settlement to submit an annual report on their expenditures. CCM played a proactive role in encouraging all 169 towns and cities to register for the settlement with the various opioid distributors. As the State Opioid Settlement Advisory Committee is just starting its work developing best practices, CCM suggests waiting to require additional reporting until the Advisory Committee's efforts to address the opioid epidemic come to fruition to prevent additional administrative burdens due to increased reporting requirements.

Jim Williams, Government Relations Director-CT, American Heart Association (AHA)

AHA testimony in support of this legislation focused on language changes in the bill and changes they would like to see. They commend lines 174-176 as funding that goes into the Tobacco Health Trust Fund comes from either tobacco sales revenue or from the Tobacco Master Settlement should rightfully only be invested in tobacco control- education, prevention, and cessation.

They also recommend deleting line 7 and replacing it with language that increases the allocated funds from \$12 million to \$22.7 million to be in alignment with the Center for Disease Control's (CDC's) minimum amount. This was in the substitute language of HB 6488 passed by the Public Health Committee on March 20th of this year.

Their final request is to delete line 14 and remove the age limit of under 21 years for programs related to electronic nicotine delivery system vapor products, as adults can also become addicted to such products.

Other Sources of Support:

Allison Fulton
Geraldyn Laut
Pam Mautte
Kiersten Naumann

NATURE AND SOURCES OF OPPOSITION:

None expressed.

Reported by: Kate Hamilton

Date: April 18, 2023