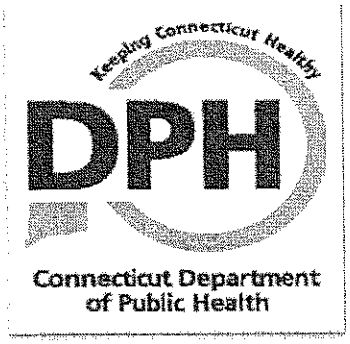

Connecticut Department of Public Health

Testimony Presented Before the Committee on Children
February 27, 2014

Commissioner Jewel Mullen, MD, MPH, MPA
860-509-7101

House Bill 5113: ***An Act Concerning Youth Athletics And Concussions***

The Department of Public Health (DPH) appreciates the opportunity to provide input on House Bill 5113, and to be included as a partner agency addressing the significant problem of youth concussions. The inclusion of our agency demonstrates that Connecticut recognizes that a concussion is a medical condition with public health implications in addition to being one related to athletic participation; and that the consequences for a child's learning must also be considered.

The intent of this bill is to reduce the number of concussions in children by: (1) requiring the State Board of Education, DPH and others to develop or approve a concussion education plan, (2) requiring the operators of youth athletic activities to provide information on concussions to youth athletes and their parents and guardians, (3) requiring youth athletes suspected of sustaining a concussion to provide written clearance from a medical professional prior to returning to the athletic activity, (4) limiting full contact practices to ninety minutes per week, and (5) requiring local and regional boards of education to compile and report all instances of concussions suffered by children in school. We hope that another purpose of this proposal is to mitigate the risk of long term neurologic, cognitive, and behavioral disorders associated with concussions.

DPH understands that multiple factors may play a role in complicating the recognition of concussion in athletes. Importantly, young athletes, in addition to not understanding the impact of concussions to their overall well-being, may not be forthcoming with their symptoms for fear of activity restriction. In order to further protect Connecticut's children during this critical period in their brain development, DPH hereby recommends the following:

A. Include a licensed Connecticut Pediatrician who is knowledgeable in the diagnosis and management of concussions and other brain injuries to the group of professionals (professional group) whom the Commissioners of Education and Public Health will consult regarding recognition, medical treatment, and return to play guidelines. The

committee might consult with the CT chapter of the American Academy of Pediatrics to identify such an expert.

B. Include a licensed Connecticut neuropsychologist in the professional group.

C. Revise the proposal to require that for a student-athlete to be deemed cleared for a youth athletic activity, the clearing licensed health care professional, if not a physician, must consult with and provide written approval from that consulting physician.

D. Consider the adoption of CDC's *Heads Up: Concussion in Youth Sports* initiative. This evidenced-based initiative offers information about concussions to coaches, parents, and athletes involved in youth sports.

Finally, DPH supports the underlying concept of this bill, as well as any changes the State Department on Education, as the agency tasked with administering the majority of the bill's provisions, may have. Developing policies that effectively address the recognition of youth concussions makes good public health sense, and will complement other policies this committee has promulgated to ensure children the highest levels of physical and behavioral health as well as educational and athletic success.

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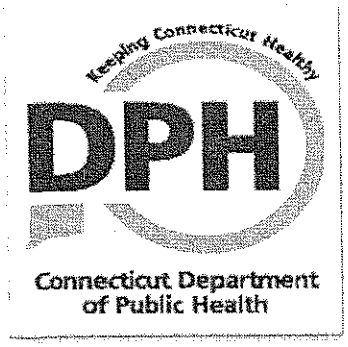

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Commissioner Jewel Mullen, MD, MPH, MPA
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Senate Bill 48: An Act Concerning Nutrition Standards for Child Care Settings

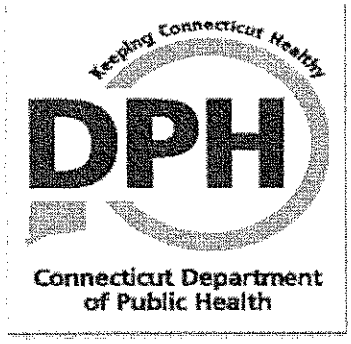
As indicated in DPH's most recent study on the prevalence of obese and overweight kindergarten children and the DPH Every Smile Counts and Obesity Survey, a total of 29.8% of kindergarteners were obese (13.9%) and overweight (15.9%). Hispanic (22.6%) and non-Hispanic black (18.3%) kindergarteners were significantly more likely to be obese than non-Hispanic White (10.1%) kindergarteners.

The Centers for Disease Control and Prevention's (CDC) Children's Food Environment State Indicator Report, 2011 cites the 2010 Dietary Guidelines for Americans, and recommends limiting consumption of added sugar. The leading source of added sugar among children is sugar-sweetened drinks. CDC suggests that addressing policy, environment and behavior can reduce childhood obesity. The CDC estimates that approximately 75% of all children under six years of age participate in some form of organized child care outside the home, including family day care. States vary in the degree to which they the address nutrition in these settings.

This bill would establish Connecticut nutrition standards for child care settings and early education programs which would be in alignment with CDC's Report findings and would address the DPH findings that of 29.8% of Connecticut's kindergarteners are obese and overweight.

The committee, however, should keep in mind that increasing the regulatory responsibilities of the Department of Public Health's child care licensing program could create a fiscal impact to the Department and then the Office of Early Childhood Education for additional staff to monitor and follow-up with issues of noncompliance.

Thank you for your consideration of the Department's views on this bill.



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Testimony Presented before the Committee on Children
February 27, 2014

Commissioner Jewel Mullen, MD, MPH, MPA
860-509-7101

Governor's Bill 24 - An Act Concerning The Governor's Recommendations Regarding Electronic Nicotine Delivery Systems And Youth Smoking Prevention.

Good morning Senator Bartolomeo, Representative Urban, and distinguished members of the Committee on Children. I am Commissioner Jewel Mullen of the Department of Public Health (DPH) and I am here today to testify in strong support of Governor's Bill No. 24, An Act Concerning the Governor's Recommendations Regarding Electronic Nicotine Delivery Systems and Youth Smoking Prevention.

By prohibiting the sale of electronic nicotine delivery systems to minors, this bill will reduce the number of youth becoming addicted to nicotine and remove a potential entry point for youth to transition to using, and becoming addicted to, more conventional tobacco products.

The sale of electronic nicotine delivery systems, commonly known as "e-cigarettes", is a burgeoning industry that has almost tripled over the last year, increasing from an estimated $500 million in 2012 to $1.7 billion in 2013. These devices, unlike cigarettes and other conventional tobacco products, are not subject to federal laws regulating marketing to youth. As a result, advertising techniques for these products using "kid-friendly" bubblegum or chocolate flavoring, television ads, celebrity endorsements, and cartoon characters can target youth in a way that cigarettes have not been able to utilize since the 1960s.

The safety of these devices, which uses electronic means or a chemical reaction to heat and vaporize a liquid nicotine solution, creating a vapor "smoke" that is breathed in by the user, has not yet been confirmed. However, studies from an FDA 2009 laboratory analysis of two leading e-cigarette brands found: (1) the products contained detectable levels of known carcinogens and toxic chemicals; (2) quality control processes used to manufacture the products were inconsistent or non-existent; (3) cartridges that were labelled as "containing no nicotine" did actually contain low levels of nicotine; and (4) markedly different amounts of nicotine were emitted from cartridges claiming to have the same levels of nicotine. This analysis, while preliminary, raises significant concerns.

According to the Centers for Disease Control and Prevention, use of e-cigarettes by youth has more than doubled between 2011 and 2012. In Connecticut, new data from the Youth Tobacco Survey indicates that 13.4% of high school students have tried electronic cigarettes, which is higher than the national average. In addition to being exposed to addictive nicotine, the increased consumption of these devices by youth has the potential to lead to experimentation with other tobacco products. Research shows us that the earlier someone starts using tobacco, the more addicted they will become and the harder it will be to quit. Ninety percent of all smokers begin smoking by age eighteen – and, if someone has not started smoking by age 21, it is not likely that they will. For these reasons, we support the Governor's proposal to prohibit minors from purchasing e-cigarettes and other related devices, mirroring the same laws we currently have for cigarettes and other tobacco products.

The bill also seeks to prevent youth access to tobacco products through the implementation of a Tobacco Prevention Education program for first-time offenders who sell tobacco products to minors. This program, administered by the Department of Mental Health and Addiction Services (DMHAS), aims to reduce repeat violations, as well as the overall retailer violation rate, through an innovative on-line training simulation. In order to further combat repeat violations, the bill increases the time period in which a higher penalty can be assessed for subsequent offenses from eighteen to twenty-four months after a first violation.

In addition, the bill increases the capacity for local law enforcement to take action on sellers of "loose" cigarettes by making it a criminal violation, punishable by a fine. This provision will help reduce the availability of cheaper and more accessible tobacco products by minors.

Finally, the bill increases the maximum amount of funding available for tobacco prevention and cessation efforts by allowing the Board of the Tobacco and Health Trust Fund to recommend the entire unobligated balance remaining the Fund, subject to a $12 million cap.

I respectfully request that the Committee take favorable action on this bill. Thank you for your consideration of the Department's views.