

**86 Montclair Drive  
West Hartford, CT 06107**

March 5, 2015

Appropriations Committee  
State Legislative Office Building  
Hartford, CT

RE: H.B. No. 6824 AN ACT CONCERNING THE STATE BUDGET FOR THE BIENNIUM ENDING JUNE THIRTIETH 2017, AND MAKING APPROPRIATIONS THEREFOR AND OTHER PROVISIONS RELATED TO REVENUE.

Honorable Chair and Members of the Appropriation Committee:

Thank you for allowing me to submit testimony regarding H.B. No. 6824. I am a Clinical Psychologist and Associate Professor of Psychiatry at University of Connecticut, with nearly 29 years' experience in tobacco research, treatment, program development, training and policy work. I submit my sincere concerns about the negative impact of the proposed elimination in FY 2016 and 2017 of the annual transfer of \$12 million from the Master Tobacco Settlement to the CT Tobacco and Health Trust Fund (THTF).

The State of Connecticut has a definite tobacco crisis. Although overall adult smoking prevalence rates are approximately 15-16%, prevalence of smoking is far higher in Connecticut residents with lower education levels and lower incomes. Based on 2009 CDC data, it is estimated that between 36-49% of Connecticut Medicaid recipients are smokers. If unchecked, these smokers will likely experience significant disease, lose 11-13 years of life and have a high likelihood of dying from smoking related disorders. The financial cost of smoking in Connecticut is exceptionally high, and must be absorbed by all Connecticut taxpayers. Annual costs to the State of CT in 2010 were \$3.58 billion; including \$654 million in productivity loss, \$1.74 billion in direct medical expenses, \$1.18 billion in premature death costs. Medicaid Healthcare costs related to smoking were \$520.8 million. In 2010 the average price of a pack of cigarettes in CT cost \$7.45, however the associated productivity and medical expense costs for each pack were \$22.94 – therefore the costs to the state and taxpayers far exceeded any income derived from taxation. Recent data from 2014 US Surgeon General suggests that national disease and death toll from cigarettes is increasing to over 480,000 US deaths per year, and there is no reason to suspect that this rising epidemic is not experienced in Connecticut.

If proposed budget cuts to the CT Tobacco and Health Trust Fund are adopted, then tobacco treatment services provided by Connecticut Quitline, and several community based tobacco cessation clinics will be eliminated. These programs are bedrock clinics that provide essential evidence based medication and behavioral treatments to needy Connecticut residents who strive to quit smoking, and typically have no other options to receive such evidence based treatments. Unassisted quit rates are sparse at best, but evidence based treatments are associated with doubling and tripling of quit rates, and thus save thousands of lives and billions of dollars. As a healthcare provider, I can see of no more important health problem to treat than tobacco use disorder, and no more cost effective treatment than smoking cessation.

I strongly urge you to maintain full funding to the CT Tobacco and Health Trust Fund, and continue the progress that has been made to deliver evidence based smoking cessation treatment, increase quit rates, decrease tobacco initiation and reduce smoking related morbidity and mortality.

Thank you,

Judith L. Cooney, Ph.D.  
Associate Professor of Psychiatry  
University of Connecticut School of Medicine