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**Finance, Revenue and Bonding Committee
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Comments from the American Cancer Society Cancer Action Network on H.B. No. 7059 (RAISED) AN ACT ESTABLISHING REGISTRATION FEES FOR SELLERS AND MANUFACTURERS OF ELECTRONIC CIGARETTE PRODUCTS.

The American Cancer Society Cancer Action Network (ACS CAN) must oppose H.B. No. 7059 (RAISED) An Act Establishing Registration Fees For Sellers And Manufacturers Of Electronic Cigarette Products. ACS CAN is the nonprofit, nonpartisan advocacy affiliate of the American Cancer Society that supports evidence-based policy and legislative solutions designed to eliminate cancer as a major health problem.

Electronic Cigarettes

Electronic cigarettes are typically battery-operated products designed to deliver a heated solution, or aerosol of nicotine and other chemicals, to the user. E-cigarettes can be disposable or consist of a rechargeable, battery-operated heating element; a replaceable or refillable cartridge that may contain nicotine, flavoring agents, and other chemicals (often called “e-juices”); and an atomizer that uses heat to convert the contents of the cartridge into an aerosol that is inhaled by the user.¹

A growing number of studies have examined the contents of e-cigarette aerosol. Unlike a vapor, an aerosol contains fine particles of liquid, solid, or both. Propylene glycol, nicotine, and flavorings were most commonly found in e-cigarette aerosol. Other studies have found the aerosol to contain heavy metals, volatile organic compounds and tobacco-specific nitrosamines, among other potentially harmful chemicals.^{2,3} A 2009 study done by the FDA found cancer-causing substances in several of the e-cigarette samples tested.⁴ Additionally, Food and Drug Administration (FDA) tests found nicotine in some e-cigarettes that claimed to contain no nicotine.

Firsthand exposure to the aerosol comes from personal use of an e-cigarette. Secondhand exposure occurs when the user exhales the aerosol, at which time, a nonuser can be exposed. While the health effects of e-cigarettes are currently under study, there are still serious questions about the safety of inhaling the substances in e-cigarette aerosol. Studies have shown that the use of e-cigarettes can cause short-term lung changes and irritations, while the long-term health effects are unknown.⁵ Preliminary studies indicate nonusers can be exposed to the same potentially harmful chemicals as users, including nicotine, ultrafine particles and volatile organic compounds.^{6,7}

Electronic Cigarette Use

Increasing evidence shows electronic cigarettes are a clear problem among youth. The Centers for Disease Control and Prevention (CDC) released data earlier this month from its National Youth Tobacco Survey that found teen use of e-cigarettes has tripled, increasing from 4.5 percent in 2013 to 13.4 percent in 2014. In fact, e-cigarettes have overtaken every other tobacco product as most popular among middle and high school students.

While the survey also showed that cigarette use has dropped from 12.7% to 9.2% in the same period, tobacco use among high school students actually increased from 22.9% to 24.6%. Although we are pleased that fewer youth are smoking cigarettes and cigars, the CDC data reveal that a rapidly growing number of teens are turning to unregulated products such as e-cigarettes and hookahs.

Refillable e-cigarettes can be used not just for nicotine but other substances as well, including marijuana.

ACS CAN and other public health organizations have serious concerns that the widespread, unregulated use of e-cigarettes has the potential to result in smoking again becoming a socially acceptable behavior. We must protect the progress we've made in reducing smoking rates of youth and adults over the past 50 years, and ensure state laws related to e-cigarettes are contributing to a movement toward a "tobacco-free generation".

ACS CAN will support laws that regulate e-cigarettes like cigarettes and all other tobacco products, including taxation and inclusion in smoke-free/tobacco-free laws.

Licensing of Electronic Cigarettes

HB 7059 would add "electronic cigarette liquid" to the electronic nicotine delivery systems and vapor products that require proof of age prior to sale, establish a dealer and manufacturer registration and associated fees and fines related to such registration, and require the Public Health Committee to review the federal Food and Drug Administration's proposed rule regarding tobacco products and recommend amendments to the general statutes, if any, regarding such electronic nicotine delivery systems and vapor products.

Last session, the Legislature passed PA 14-76, which established section 53-344b of the General Statutes, pertaining to youth access of "electronic nicotine delivery systems." We opposed this language because it created a separate classification for e-cigarettes, which exempts them from existing tobacco control laws and policies.

We strongly oppose any bills that exempt e-cigarettes from tobacco control laws. It is unnecessary and confusing to define "electronic nicotine delivery system," "vapor product" and "electronic cigarette liquid" separately. It is especially concerning to have two definitions that essentially mean the same thing – "electronic nicotine delivery system" and "vapor product".

Additionally, while a new definition of “electronic cigarette liquid” is included, by not including that phrase within the definitions of Section 1 (a) (6), (7), and (8), as well as Section 2 (a), the bill does not appear to require a dealer who sells just “electronic cigarette liquid” to obtain a certificate.

We recommend amending section 55-344b of the General statutes to replace the existing definitions of “Electronic nicotine delivery system” and “vapor product” with the following:

“Tobacco product” means:

(a) Any product containing, made, or derived from tobacco or nicotine that is intended for human consumption, whether smoked, heated, chewed, absorbed, dissolved, inhaled, snorted, sniffed, or ingested by any other means, including, but not limited to cigarettes, cigars, little cigars, chewing tobacco, pipe tobacco, snuff, snus; and

(b) Any electronic device that delivers nicotine or other substances to the person inhaling from the device, including, but not limited to an electronic cigarette, cigar, pipe, vape pen or hookah.

(c) Notwithstanding any provision of subsections (a) and (b) to the contrary, “tobacco product” includes any component, part, or accessory of a tobacco product, whether or not sold separately.

“Tobacco product” does not include any product that has been approved by the United States Food and Drug Administration for sale as a tobacco cessation product or for other therapeutic purposes where such product is marketed and sold solely for such an approved purpose.

ACS CAN will support laws that treat e-cigarettes like all other tobacco products, including taxation and inclusion in smoke-free/tobacco-free laws. This bill seeks to establish new licensing requirements, however, as proposed in the bill, the fees and fines are far too low to have any practical regulatory effect. Whereas the current annual fee for a tobacco product manufacturer is \$5250 per year (gen. statutes, Sec. 12-285b), the fee for an electronic cigarette manufacturer as called for in this bill would be only \$100.

Additionally, a 90-day period of operating without a certificate is too long of a grace period as is allowing a 60-day period to cease violating the law after a letter from the commissioner is received stating the violation. Without appropriate sanctions in place, such provisions are toothless and invite reduced efforts and motivation to conform to the law.

Given the Governor’s Budget proposes to eliminate tobacco control funding, we also have strong concerns this runs the risk of diverting limited funding away from proven tobacco control programs to licensure enforcement.

Finally, while we appreciate the intent of Section 4 of the bill, which would require a review no later than 30 days after the FDA finalizes its proposed deeming regulations, it is important to note that the proposed regulations are to implement federal law, not state law. Additionally, FDA does not regulate state licensure of retailers or manufacturers. However we do appreciate the ability to revisit state laws once the federal regulations are final.

Beyond the provisions of this or any other electronic cigarette bill before this General Assembly, a far larger concern, however, is that the Governor’s proposed biennium

budget would eliminate the annual transfer of funds from the Tobacco Settlement fund to the Tobacco and Health Trust Fund (THTF), thereby eliminating all non-Medicaid tobacco control spending in Connecticut for the next two years. From a policy perspective, this action will result in increased tobacco use, increased health risks as well as increased costs to the state. As the budget serves not only as a fiscal blueprint, but a statement of principles and policy, this provision sends a horrible message.

Tobacco related diseases are the single most preventable cause of death in our society, yet according to DPH statistics, tobacco use kills more people in Connecticut each year than alcohol, AIDS, car crashes, illegal drugs, accidents, murders and suicides combined every year.

The CDC projects that a combined 9800 people will die from tobacco related illnesses over the two years of this budget- that's a larger number than the populations of 79 towns in Connecticut.

What's worse is that 8600 people over the two years, about 8000 of whom are minors, will start the habit as well.

Meanwhile, big tobacco will spend \$78 million in advertising alone in CT this year and tobacco related illnesses will cost the state at least \$2 billion each of the next two years.

We strongly urge more funding for tobacco control including for surveillance and evaluation so the state could discern the magnitude of e cigarette use in CT as well as funding public education campaigns to ensure the public knows the harms of e-cigarette use and promotion of cessation resources.

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¹ 1 U.S. Food and Drug Administration. E-Cigarettes: Questions and Answers. September 17, 2010. Available online at <http://www.fda.gov/ForConsumers/ConsumerUpdates/ucm225210.htm>.

2 Cheng, T. Chemical evaluation of electronic cigarettes. *Tobacco Control* 2014; 23: ii11-ii17.

3 Goniewicz, ML et al. Levels of selected carcinogens and toxicants in vapour from electronic cigarettes. *Tobacco Control* 2014; 23:122-9.

4 U.S. Food and Drug Administration. Summary of Results: Laboratory Analysis of Electronic Cigarettes Conducted by FDA. July 22, 2009. Available online at <http://www.fda.gov/NewsEvents/PublicHealthFocus/ucm173146.htm>.

5 Callahan-Lyon, P. Electronic cigarettes: human health effects. *Tobacco Control* 2014; 23: ii36-ii40.

6 Saffari, A et al. particulate metals and organic compounds from electronic and tobacco-containing cigarettes: comparison of emission rates and secondhand smoke exposure. *Environmental Science Processes & Impacts* 2014; DOI: 10.1039/c4em00415a.

7 Flouris, AD et al. Acute impact of active and passive electronic cigarette smoking on serum cotinine and lung function. *Inhalation Toxicology* 2013; 25(2): 91-101. 8 American Cancer Society Cancer Action Network. How Do You Measure Up 2014. <http://www.acscan.org/content/wp-content/uploads/2014/08/HDYMU-2014-Report.pdf>

