I would like to thank the Public Health committee leadership and members for providing me with the opportunity to comment in support of SB 35, AAC Beverages With Added Sugars, Sweeteners and Artificial Sweeteners and Obesity, on behalf of the American Heart Association.

The American Heart/Stroke Association (AHA) is the largest voluntary health organization in the world who is working to build healthier lives, free of cardiovascular disease (CVD) and stroke. The AHA supports this legislation because we believe that it will ultimately help to build healthier lives for Connecticut residents.

SB 35, if passed, would require an evaluation of the public health impact of the consumption of beverages with added sugars in order change the behavior of consumers, and to address obesity in this state. Added sugars contribute to a diet that is energy dense, but nutrient poor, and increases the risk of developing cardiovascular disease, hypertension, dental carries, obesity-related cancers, and obesity.1 By one estimate, the typical 20-ounce container of a sugary drink has nearly 17 teaspoons of sugar.2 Current dietary recommendations related to the healthy intake of added sugars for women and children are no more than 6 teaspoons a day, for men no more than 9 teaspoons a day, and children under the age of two should avoid added sugars altogether.3,4

Not only are added sugars nutrient poor, and increase the risk of developing numerous diseases, the consumption of sugary drinks has also been found to be a major contributor to the obesity epidemic.5 Adults who consume one or more sugary drinks a day are more likely to be overweight or obese, compared to those who do not consume sugary drinks.6 Kids who consume the highest amounts of sugary drinks have a 55% greater chance of being overweight or obese after one year, compared to those who consumed the lowest amounts of sugary drinks.7

Nationally, 69% of adults, and 32% of kids are overweight, and 35% of adults, and 17% of kids are obese.8 Connecticut specific data is no different. In 2015, the CT Department of Public Health reported
that 31.7% of CT kindergartners and 3rd graders, as well as 26.2% of our high school students, were not at a healthy weight.9

The price of obesity, for both adults and children, adds up. The United States annually spends an estimated $190 billion on obesity-related conditions, or 21% of all health care costs.10 Connecticut spends an estimated $856 million on adult obesity-related medical costs, such as type 2 diabetes, heart disease, stroke and certain cancers, $246 million of which are attributed to Medicare, and $419 million to Medicaid.11

The good news is we may be able to help reduce this problem, and have a positive public health impact at the same time. A 10 percent increase in the price of sugary drinks would decrease their consumption by 8-10 percent.12 In 2014, Mexico passed a sugary drink tax. Subsequent data has shown that the sale of sugary drinks decreased the volume of sugary drinks purchased by a significant amount (six percent monthly average increasing to 12 percent in December 2014), while at the same time, the sale of untaxed beverages such as water increased by 4%.13 Berkeley, CA also passed a sugary drink tax in 2014. There, early data has shown that the consumption of sugary drinks fell by 21%, while water consumption increased by 63%.14

Not only have sugary drink taxes been shown to change consumer behavior, but they have also been used to fund popular constituent-driven programs. In June 2016, Philadelphia, PA, one of the largest cities in the country, passed a 1.5 cents per-ounce sugary drink tax that in part is being used to fund universal pre-K, community schools, and to rebuild parks and recreation facilities. Since Philadelphia passed their sugary drink tax, other municipalities have done so as well, to include San Francisco, CA; Oakland, CA; Albany, CA; Boulder, CO; and; Cook County, IL.

What would the revenue impact be if Connecticut were to pass a sugary drink tax? The University of Connecticut Rudd Center for Food Policy and Obesity estimates that if a penny-per once sugary drink tax were passed, that CT would gain $140.8M in revenue annually.15 That revenue could be used, in part, to save Care 4 Kids, an important state program that provides affordable child care for low to moderate income families, so that parents can continue to work, pay taxes, and provide for their families. This revenue could also be used to have a positive health impact on the state at the same time.

Connecticut citizens deserve to live in communities where healthier beverages are promoted as the better option, and sugary drink taxes have shown us that a little change, can make a big difference.

The AHA respectfully requests your support for this important bill.

Sincerely,

Jim Williams
State Government Relations Director
American Heart Association

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3. **The American Heart Association recommends that most women consume no more than 6 teaspoons of added sugars per day and that most men consume no more than 9 teaspoons of added sugars per day.** Johnson, RK, et al. Dietary sugars intake and cardiovascular health a scientific statement from the American Heart Association. Circulation. 2009. 120(11), 1011-1020. Accessed at http://circ.ahajournals.org/content/120/11/1011 on 10/5/16.

4. **The American Heart Association recommends that most children consume no more than 6 teaspoons of added sugars per day and to avoid added sugars for children < 2 years of age.** Added Sugars and Cardiovascular Disease Risk in Children: A Scientific Statement From the American Heart Association; published August 22, 2016; accessed at http://circ.ahajournals.org/content/early/2016/08/22/CIR.0000000000000439 on 10/5/16.


11. **A 2004 study shows that CT spends an estimated $856M on adult obesity-related medical costs, such as type 2 diabetes, heart disease, stroke and certain cancers, $246M of which are attributed to Medicare and $419M to Medicaid.** E. A. Finkelstein, I. C. Fiebelkorn, and G. Wang, “State-level estimates of annual medical expenditures attributable to obesity,” Obesity Research, vol. 12 no. 1 (January 2004), pp. 18-24. The data are inflation adjusted estimates from Finkelstein et al 2004 , using a medical care CPI for 2003-2013, which is 1.431 (based on data from the Bureau of Labor Statistics). Recent changes in


13 A recent study reported that Mexico’s tax on SSBs was associated with an approximate 9% decline in SSB purchases, while the sale of untaxed beverages such as water increased by 4%. PubMed; Beverage purchases from stores in Mexico under the excise tax on sugar sweetened beverages; observational study. January 6, 2016. Study funded by Bloomberg Philanthropies and the Robert Wood Johnson Foundation. Accessed at https://www.ncbi.nlm.nih.gov/pubmed/26738745 on 10/6/2016.
