TESTIMONY OF
CONNECTICUT HOSPITAL ASSOCIATION
SUBMITTED TO THE
PUBLIC HEALTH COMMITTEE
Monday, March 14, 2022

SB 367, An Act Concerning Electronic Nicotine Delivery Systems And Vapor Products

HB 5364, An Act Concerning The Tobacco Settlement Trust Fund

The Connecticut Hospital Association (CHA) appreciates this opportunity to submit testimony concerning SB 367, An Act Concerning Electronic Nicotine Delivery Systems And Vapor Products and HB 5364, An Act Concerning The Tobacco Settlement Trust Fund. CHA supports these bills.

Since early 2020, hospitals and health systems have been at the center of Connecticut’s response to the COVID-19 public health emergency, acting as a vital partner with the state and our communities. Hospitals expanded critical care capacity, procured essential equipment and supplies, and stood up countless community COVID-19 testing locations. Hospitals have been an essential component of the statewide vaccine distribution plan including efforts to reach and serve historically under-resourced communities disproportionately affected by the virus. Through it all, hospitals and health systems have continued to provide high-quality care for everyone, regardless of ability to pay. This tireless commitment to the COVID-19 response confirms the value of strong hospitals in Connecticut’s public health infrastructure and the well-being of our communities and reinforces the need for a strong partnership between the state and hospitals.

CHA supports strong tobacco control measures, whether through municipal ordinances, workplace policies, or state and federal laws. On a daily basis, caregivers in Connecticut hospitals see firsthand the impact of tobacco-related disease and illness and, because of this, we wholeheartedly endorse common sense public policy initiatives, such as SB 367 and HB 5364.

SB 367 would ban the sale of Electronic Nicotine Delivery Systems (ENDS) and vapor products that contain flavoring agents, and would prohibit the sale of products that have a nicotine content that is greater than thirty-five milligrams per milliliter. HB 5364 would restore funding to the Tobacco Trust Fund, to be used for tobacco control initiatives.
We know that the best way to reduce health-associated harm caused by smoking is to abstain from smoking altogether or, at a minimum, delay the start of smoking. We also know that added flavoring in tobacco, vapor, and nicotine products entices more users and makes an otherwise objectionable taste more palatable and enjoyable\(^1\). Flavored tobacco, vapor, and nicotine products can appeal to youths and young adults and influence the initiation and establishment of tobacco use patterns\(^2\). To that end, we support the goal to ban the sale of flavored tobacco, vapor, and nicotine-related products and look forward to working with you to ensure the passage of this important public health policy initiative. We also believe that a substantial investment in tobacco control initiatives, funded through the Tobacco Trust Fund, as envisioned in HB 5364, will go a long way in keeping our communities healthy.

In closing, CHA would like to take this opportunity to thank the coalition of advocates fighting for stronger tobacco control laws, members of the General Assembly, and the Department of Consumer Protection for their efforts to ensure that this legislation makes people in Connecticut healthier and safer, without interfering with the legitimate medical and personal uses of products that are not dangerous and not related to tobacco or nicotine delivery systems, components, and devices. We look forward to ensuring passage of these important pieces of tobacco control legislation and others that the Committee may want to entertain in the future.

Thank you for your consideration of our position. For additional information, contact CHA Government Relations at (203) 294-7310.


\(^2\) Centers for Disease Control and Prevention, Morbidity and Mortality Weekly Report, Flavored Tobacco Product Use Among Middle and High School Students — United States, 2014–2018; Weekly / October 4, 2019 / 68(39);839–844 ([https://www.cdc.gov/mmwr/volumes/68/wr/mm6839a2.htm](https://www.cdc.gov/mmwr/volumes/68/wr/mm6839a2.htm)) accessed 2-21-22.