

**Testimony before the House Ways and Means Committee
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Good morning Chairman Schaffer, Vice Chairman Scherer, Ranking Member Rogers, and members of the committee.

My name is Amy Bush Stevens and I am the Vice President for Prevention and Public Health Policy at the Health Policy Institute of Ohio (HPIO), a nonpartisan organization.

I am here today to describe the impact of tobacco use on the health of Ohioans and to highlight the most effective strategies for reducing tobacco use.

Tobacco use and health value

Last week, we released the second edition of our [Health Value Dashboard](#). The *Health Value Dashboard* is a tool to track Ohio's progress towards health value, which we define as the combination of population health outcomes and healthcare spending.

Ohio ranks 46 out of 50 states and DC on health value, landing in the bottom quartile. This means that Ohioans are living less healthy lives and spending more on health care than people in most other states.

Our high smoking rate is one of the key factors contributing to Ohio's poor performance. Ohio ranks in the bottom quartile for both adult smoking, for which we rank 43, and secondhand smoke exposure for children, for which we rank 49.

We found that there is a strong correlation between a state's adult smoking rate and its health value rank ($r=0.7$). This means that states with a lower adult smoking rate are more likely to have a better health value rank. All of the states in the top quartile for health value—those with the best health outcomes and lowest spending—have lower adult smoking rates than Ohio.

Tobacco use and Medicaid spending

Tobacco use is particularly high among Medicaid enrollees. Forty-two percent of working-age Medicaid enrollees were current smokers in 2015 in Ohio, compared to twenty-one percent of non-Medicaid enrollees.¹ Researchers estimate that 15% of U.S. Medicaid costs are attributable to cigarette smoking.²

Tobacco use and Ohio's greatest health challenges

Smoking and secondhand smoke exposure contribute to many of Ohio's most pressing health challenges, including the three priorities identified in [Ohio's 2017-2019 state health improvement plan](#):

- **Chronic disease:** Smoking is causally linked to cancer, diabetes, heart disease and asthma.³
- **Maternal and infant health:** Smoking and secondhand smoke exposure are risk factors for preterm birth, low birthweight and infant mortality.⁴
- **Mental health and addiction:** People with behavioral health conditions have disproportionately high rates of tobacco use, a major cause of shorter life expectancy for this population.⁵ In addition, adolescent exposure to tobacco products increases the likelihood of addiction to nicotine and other substances in adulthood.⁶

This last point is very important. Exposure to addictive substances, such as nicotine, in adolescence, is a risk factor for addiction later in life, including addiction to drugs such as heroin and other opiates.⁷

We know what works: Evidence-based strategies

There is a strong body of evidence on what works to reduce tobacco use. As outlined in our [state policy options fact sheet](#), the most effective strategies include:

- Increasing the unit price of tobacco products, including excise taxes on cigarettes and other tobacco products
- Media campaigns
- Access to cessation counseling and medication
- Smoke-free policies

Policy implications: Cigarette and other tobacco product taxes

Given the role of this committee, I will focus today on cigarette and other tobacco product taxes, which are one of the most powerful policy levers for reducing youth and adult tobacco use.⁸

In the *2017 Health Value Dashboard*, we took a closer look at trends in smoking rates in Midwestern and neighboring states⁹ (see [page 24](#)) and noticed a pattern. All the Midwestern states that had significant reductions in adult smoking—Illinois, Minnesota, Pennsylvania and Ohio—had state and/or local cigarette tax increases between 2012 and 2015.¹⁰ In addition, we found that states with the highest cigarette tax rates (all states in the top quartile for cigarette tax rate) have lower adult smoking rates than Ohio.

When considering the proposed increases to Ohio's cigarette and other tobacco taxes, please keep the following in mind:

- Research shows that the higher the tax increase, the greater the impact on tobacco use.^{11,12}
- Tax increases should be paired with access to cessation services and media messages that encourage quitting.

Improving health value

In closing,

- Ohio's high adult smoking rate contributes to our poor performance on health value. In fact, all states in the top quartile on health value had lower smoking rates than Ohio.
- Decreasing tobacco use would improve outcomes related to chronic disease, mental health and addiction, maternal and infant health, and Medicaid spending.
- Decades of research indicate that increasing taxes on cigarettes and other tobacco products is an effective way to reduce tobacco use.

Thank you to Chairman Schafer for the opportunity to share this information with the committee.

¹ Current smokers (every/some days) among non-senior adults (ages 19-64). Data from the 2015 Ohio Medicaid Assessment Survey (OMAS). "2015 OMAS Public Data and Tables." OMAS. Accessed March 6, 2017. <http://grcapps.osu.edu/dashboards/OMAS/adult/>

² Xu, X., et al. "Annual Healthcare Spending Attributable to Cigarette Smoking: An Update." *American Journal of Preventive Medicine* 48, no.3 (2015): 326- 333.

³ U.S. Department of Health and Human Services. *The Health Consequences of Smoking—50 Years of Progress. A Report of the Surgeon General.* Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014.

⁴ *ibid*

⁵ Tam, Jamie, Kenneth E. Warner, and Rafael Meza. "Smoking and the Reduced Life Expectancy of Individuals with Serious Mental Illness." *American Journal of Preventive Medicine.* 2016; 51 (6): 958-966. doi: 10.1016/j.ampre.2016.06.007

⁶ U.S. Department of Health and Human Services. *The Health Consequences of Smoking—50 Years of Progress. A Report of the Surgeon General.* Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014.

⁷ Preventing tobacco use among youth and youth and young adults: A report of the Surgeon General. Chapter 2: The health consequences of tobacco use among young people. National Center for Chronic Disease Prevention and Health Promotion. Atlanta, GA, 2012.

⁸ Tobacco Use and Secondhand Smoke Exposure: Interventions to Increase the Unit Price for Tobacco Products. *The Community Guide.* Centers of Disease Control and Prevention, 2012. <https://www.thecommunityguide.org/findings/tobacco-use-andsecondhand-smoke-exposureinterventions-increase-unit-pricetobacco>

⁹ The 2017 Dashboard highlighted trends in in Midwest (Department of Health and Human Services Region V) and neighboring states.

¹⁰ Data from Campaign for Tobacco-Free Kids. "Cigarette Taxes by State Per Year 2000-2017." November 10, 2016 <https://www.tobaccofreekids.org/research/factsheets/pdf/0275.pdf>

¹¹ *The Guide to Community Preventive Services.* <http://www.thecommunityguide.org>

¹² Community Health Advisor, estimates of the impact of small and large tobacco tax increases on health outcomes and healthcare spending, <http://www.communityhealthadvisor.org/cha3/>