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HB 166 - Interested Party Testimony
Ohio House Finance Subcommittee on Health
and Human Services

As advocates for a healthier Ohio, the American Heart Association applauds Governor DeWine and the Department of Health for their interest in making sure Ohioans have the tools and programs necessary to lead healthier lives. The major points of interest for the AHA include the proposed increase in the legal age of sale for tobacco and vaping products from 18 to 21; support for the Healthy Food Financing Initiative (line item 600546), a program intended to support healthy food access in underserved communities in urban and rural low and moderate income areas; as well as inclusion of funds for Tobacco Use Prevention, Cessation, and Enforcement (line item 440656) at approximately \$12M in each year with a potential for an additional \$19M in funding should there be a surplus in the GRF from the current FY.

A recent US Department of Agriculture study revealed that Ohio is third in the nation for food insecurity. This means that thousands of Ohio families are forced skip meals or eat less because they don't have access to or enough money to buy healthy food. Other studies have shown that people who are food insecure suffer from more illnesses and poor health, have a higher stroke risk and increased rates of diabetes and high blood pressure. This effort, in collaboration with the Finance Fund, promotes healthy food financing and corner store programs in Ohio. We support this effort because ultimately, providing healthy food options to all Ohioans is a win for everyone in our state. In order to see a substantive impact on the health and wellbeing of Ohioans in greatest need of food access around the state, AHA and our partners are respectfully requesting no less than \$3M in GRF support across the upcoming FY2020-2021 biennium. These funds will provide direct loans, in addition to grants, and/or forgivable loans to establish, renovate, and expand permanent facilities for the sale of healthy foods in communities currently underserved by these facilities.

Tobacco use is the leading cause of preventable death. Tobacco use kills more than 20,000 Ohioans each year. In addition to the devastating human toll, there's a significant economic toll as well. Each year, tobacco use is estimated to cost \$5.64 billion in direct health care costs in Ohio, including \$1.72 billion in Medicaid costs. Additionally, Ohio experiences \$5.88 billion in smoking-related productivity losses. The Tobacco Use Prevention, Cessation, and Enforcement Program has three main goals: prevent youth and young people from starting using tobacco products, helping adults to stop using tobacco products, and passing policies to limit the availability of tobacco products and limit secondhand smoke exposure.



This is a state-administered program that operates within ODH and receives funding from the CDC, state general revenue funds, and other funding sources. The program promotes healthy outcomes in adults, children, and babies by limiting the effects of tobacco and tobacco smoke by taking steps to lower smoking rates. Currently the program sits well below the CDC's recommended funding level of \$132M a year. The AHA recommends the line item be increased from its current level of \$12M a year to \$35 million a year which is a little more than 25% of the CDC's recommended amount.

As you can imagine, the AHA has been supportive of an increase in the legal age of sale well before my tenure with the organization, and while we support the intent of the legal age of sale increase for tobacco and electronic cigarette products, we also urge this Committee and its colleagues in the Ohio Legislature to strengthen the language. We believe that the skeletal changes found in HB 116 require additional clarification and substance for them to be truly effective. Specifically, we ask that the Committee consider amended language to ORC sections 2151.87 and 2927.02 that will clarify the definitions of "tobacco products"; remove youth penalties; ensure that enforcement mechanisms are in place; ensure penalties for underage sale are placed on the retailer; and empower municipalities to pass stronger laws on this issue if they choose to do so. More details can be found on the supplemental document within my testimony package. I have also included a memorandum outlining the Coalition's stance and recommendations for enforcement options.

Tobacco 21 laws are impactful because people between the ages of 16 to 21 who experiment with tobacco, often because their friends do it, often progress to daily users. Teenagers under 18 often acquire tobacco products through older teen who are over 18. Raising the minimum age of sale to 21 will cut off this supply chain. These years are a time when the developing brain is highly vulnerable to nicotine's effects. Exposure to nicotine during this period may result in permanent neurological receptor changes that can lead to a lifetime addiction and its resultant illnesses. Research shows that 95% of adult smokers began before the age of 21 and 80% of new smokers are under age 21. By delaying initial use, Tobacco 21 laws increase the chance that individuals will not become daily users thereby decreasing their disease risk.

We know the national smoking rate is decreasing (Centers for Disease Control and Prevention estimates that **14 percent** of adults smoke), Ohio's rate is increasing (a steady **22.5 percent**, according the Ohio Department of Health). With the nation's 8th highest smoking rate, Ohio is on the wrong path. Alarming, nearly one in four Ohioans are smokers, more than one in five high school students currently smoke, and 11,900 more Ohioans will become daily smokers this year.



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Additionally, e-cigarette use, is as much of an epidemic among Ohio youth as it is across the country. Use of e-cigarettes among high school students increased 78% between 2017-2018 and e-cigarette use among middle school students increased 48% during the same time period. These alarming increases threaten to undo decades worth of progress in reducing tobacco use in youth.

We hope the State of Ohio will join the 7 other states and the hundreds of municipalities across the country, including 23 communities here in Ohio, in supporting this important initiative led by Governor DeWine and Ohio's Department of Health.

Thank you for your time and consideration of our policy requests. I will now be happy to answer any questions you might have.