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**Testimony Regarding Ohio Department of Health Provisions in HB166
Ohio House Finance Subcommittee on Health and Human Services
April 12, 2019**

Chairman Romanchuk, Ranking Member West, and members of the House Finance Subcommittee on Health and Human Services – I am Jeff Stephens with the American Cancer Society Cancer Action Network (ACS CAN), and I thank you for the opportunity to provide testimony on three provisions within the Ohio Department of Health’s budget in HB 166.

Breast and Cervical Cancer Project

In 2019, an estimated 10,240 women in Ohio will be diagnosed with breast cancer and 1,710 will die from the disease. Additionally, an estimated 430 women in Ohio will be diagnosed with cervical cancer. Cancers that are found at an early stage can be treated more easily, and lead to greater survival. Uninsured and underinsured women have lower screening rates for mammograms and Pap tests, resulting in a greater risk of being diagnosed at a later, more advanced stage of disease.

The Breast and Cervical Cancer Project provides free Pap tests to women aged 21 to 64, and mammograms to women aged 40 to 64, who are uninsured or underinsured, and are low-income. Younger women can also receive a mammogram if indicated by a clinical breast exam, family history or other factors. From 2013-2017:

- 19,576 Ohio women were served by the program.
- 389 breast cancers and 204 cervical cancers or precancerous lesions were detected by the program.

Thousands of Ohio women remain uninsured and health care inequities still exist. For women who do not have insurance coverage, access to screenings and early detection of cancer is often out-of-reach. **For this reason, we support the Governor’s proposed funding of the Ohio Breast and Cervical Cancer Project at \$871,000 annually.**

Tobacco Control Funding

It is hard to ignore the tobacco problem in Ohio. Our smoking rate is 21.1 percent and is the 8th highest in the nation. 15.1 percent of our high school students smoke. Each year 5,400 kids under the age of 18 become new daily smokers. The current smoking rate among our Medicaid population is 37.6 percent.

Tobacco use remains the single largest preventable cause of disease and premature death. Over 30% of Ohio's cancer deaths – that was 7,598 deaths in 2014 – are directly attributable to tobacco use. Add in the deaths from all diseases attributable to smoking, and the number of annual deaths climbs to 20,200 lives lost to tobacco use each year in Ohio if current trends are allowed to continue.

In addition to lives lost, there is also a huge financial burden from tobacco use. Annual health care costs from smoking exceed \$5.6 billion in Ohio and Ohio's Medicaid program spends \$1.72 billion each year to treat smoking related diseases. The toll of tobacco use in Ohio is great. However, we know *exactly* how to combat the problem and reduce tobacco use.

Over 50 years of implementing evidence-based policy interventions across the United States, has demonstrated that fully-funded investment in evidence-based state tobacco control programs, provides significant health impact. These programs provide cessation support for current smokers, and prevent youth from initiating a lifetime of addiction to a deadly product. The return on this investment has been clearly demonstrated through reduced health care costs.

The Tobacco Use and Prevention Foundation created by the Tobacco Master Settlement Agreement in 1999, provided approximately \$35 million for these programs from 2003-2008, and in conjunction with several cigarette tax increases and the passage of the Smoke Free Ohio Workplace Act, helped reduce tobacco use rates in Ohio from 28% to 20%. **For this reason, we encourage the legislature to increase the investment in ODH's Tobacco Control Program from \$12 million per year, to \$35 million per year.**

Tobacco 21 Policy

Nearly 95 percent of adults who smoke started before the age of 21, so we applaud our Governor and state legislators for wanting to reduce the use of tobacco, including e-cigarettes, for those under the age of 21. However, HB166, as it is currently drafted, will not provide the public policy results legislators are looking for and will not have support from the American Cancer Society Cancer Action Network until enhancements are amended.

Our experience across the country demonstrates that it is important to closely evaluate each proposed tobacco 21 policy proposal, as the tobacco industry has a history of using age of sale laws to weaken restrictions on sales to youth, penalize youth, create carve outs for certain products, and to interfere with other effective tobacco control policies.

ACS CAN has been working the Tobacco 21 issue across the nation for several years. What we have learned from these debates is that the legislative focus needs to be on the sale, not the purchase of tobacco and e-cigarette products. We have also seen that penalizing and fining youth who purchase tobacco and e-cigarettes, has proven not to be an effective way to reduce consumption. Therefore, **we are encouraged by your work with the Ohio Department of Health, to make the needed improvements in HB166.**

Laws that increase the tobacco sales age to 21 must include certain components to ensure that they will be effective, enforced and include the products that children are using the most. These components include:

- Coverage of all tobacco products, including electronic cigarettes.
- Provision for public education, training, and technical assistance to retailers.
- Implementation measures for active enforcement, such as retailer licensing and penalties, including license suspension and revocation.
- No creation of new categories of products, which would exempt them from other tobacco control laws.
- No penalization of youth.
- No preemption of other jurisdictions from passing strong tobacco control laws

Without the amendments outlined above, this bill will prove to be ineffective, feel-good legislation that allows the tobacco and e-cigarette industries to support this measure while presenting themselves as good corporate citizens who are doing the right thing for the youth of Ohio.

Increasing the tobacco sale age to 21 also has broad public support. A survey by the Centers for Disease Control and Prevention (CDC), released in July 2015, found that 75 percent of adults support increasing the minimum age for sale of tobacco products to 21.

We urge lawmakers to seize this opportunity to pass meaningful legislation that has proven to effectively reduce youth consumption of all tobacco and e-cigarette products. ACS CAN continues to offer our experience, and **we stand ready to continue working with legislators on amendments needed to make this policy initiative an effective vehicle for protecting our young people from a lifelong addiction to tobacco and e-cigarettes products.**

ACS CAN strongly supports the Ohio Department of Health in their vital public health mission. We encourage the investments outlined above, to provide the needed resources to achieve meaningful health outcomes via their prevention, screening and treatment programs. A healthier Ohio, is a more attractive and competitive Ohio.