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**Testimony Regarding Ohio Department of Health Provisions in HB166  
Ohio Senate Finance Health & Medicaid Subcommittee  
May 14, 2019**

Chairman Hackett, Ranking Member Thomas, and members of the Senate Finance Subcommittee on Health and Medicaid – 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.

First, I’d like to thank the House for accepting the recommendations in the Governor’s proposed budget for funding allocations for the Breast and Cervical Cancer Project, and the Tobacco Prevention and Cessation Program. ACS CAN strongly supports the Ohio Department of Health in their vital public health mission. These investments provide the needed resources to achieve meaningful health outcomes via their prevention, screening and treatment programs.

**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 stakeholders 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 including e-cigarette products. We have also seen that penalizing and fining youth who purchase tobacco including e-cigarettes, has proven not to be an effective way to reduce consumption. Therefore, **we have been encouraged by the 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 could exempt them from other tobacco control laws.
- No penalization of youth.
- No preemption of other jurisdictions from passing strong tobacco control laws

The current language only includes two of these six components. Without the amendments outlined above, this bill will prove to be ineffective, feel-good legislation that allows the tobacco industry to support this measure while presenting themselves as good corporate citizens who are doing the right thing for the youth of Ohio.

To be more specific, the as-introduced version of the policy language dealt with just two sections of the Ohio revised Code - (2927.02, 2927.022 – distribution/access). But, an effective policy would need to also update sections in tax/licensure (5743.xx), juvenile (2151.xx), and build out a new section in Health Safety (3799.xx) for compliance and enforcement standards.

We look forward to working with several interested members of this committee to present an amendment that would address the issues I've referenced above and create a policy that would have meaningful health impact.

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 all tobacco products, including e-cigarettes.**

I am happy to answer any questions.