

Testimony Regarding Tobacco 21 Policy Proposal in HB166

Ohio Senate Finance Health & Medicaid Subcommittee

May 16, 2019

Chairman Hackett, Ranking Member Thomas, and members of the Senate Finance Subcommittee on Health and Medicaid – I am Dr. Gilbert Padula, the System Medical Director of the Summa Health Cancer Institute. Summa Health System is one of the largest integrated healthcare delivery systems in the state, serving over a million patients a year across northeast Ohio. In addition to providing leadership to the three Cancer Centers in our system, I practice clinically as a radiation oncologist.

I interact and treat cancer patients every day. The emotions I experience are raw. Cancer is a devastating disease – not only physically, but emotionally for the patient and their loved ones. You know that.

I'm here today, to tell you about the vast number of patients I see...probably a third.....who's cancer is directly associated with their tobacco use. It's heartbreaking for me and these patients...to know that the cancer was totally preventable. What's most difficult, is an understanding from us both, that the vast majority of these patients wanted to quit smoking, but were hopelessly addicted. And, that the addiction had been embedded when they were just teenagers.

We are now seeing research studies from the National Institute of Health that nearly 95 percent of adults who smoke started before the age of 21. This is no surprise to me. I hear the stories first hand.

I've been encouraged by the movement sweeping across the country to restrict the sale of tobacco to kids under 21. The primary geographies I serve, Summit County and Akron, have been early adopters of these local laws, and I couldn't be happier. I've heard no resistance from our citizens. This is a common-sense and popular policy initiative.

We've been encouraged by Governor DeWine's work to combat addictions. And his proposal to pass a statewide tobacco-21 law, is certainly another important step in that journey. Tobacco addiction, and its horrible consequences here in Ohio, seem to be overlooked by mainstream media and our lawmakers. But I see the toll every day.

The recent phenomena of e-cigarette use – or vaping and Juuling as many call it – has us deeply concerned. There is no doubt that these products are clearly an attractive on-ramp for our children to lead them into a lifetime of addiction. The explosive rate of use for these products among middle and high school students – upwards of 25-30%!! – has led the CDC and the Surgeon General to proclaim their use an “epidemic.” That is not a term to be taken lightly.

We must act to mitigate the problem. To quote the Editorial Board of the Akron Beacon Journal from just yesterday:

“The sharp rise in vaping among young people makes for a crisis. If raising the purchase age to 21 isn’t the entire answer, it would be helpful and thus belongs in state law.”

Now...regarding the proposal that lay before you. It must be strengthened. You’ve heard from all the respected and credible patient advocate groups that have been engaged in the development of these policies across the country – in over 400 local communities and 12 states – I ask you to heed their advice, and ensure the policy has teeth.

The tobacco industry is insidious; I see the carnage every day. We must take this opportunity to ensure the sellers of these deadly products, are held accountable to restricting their sales to those 21 or older. Current Ohio law is weak on enforcement, and that’s why just changing the age from 18 to 21 alone, will have absolutely no impact.

We have been developing strong laws with these enforcement mechanisms in local communities, like Akron, across Ohio. We need to ensure it happens with a statewide law.

Here are the model components of a tobacco 21 law that will be effective:

- 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 language that lay before you only includes two of these six components. If you don’t strengthen the language with the above components, your work on a tobacco 21 policy will have been in vain.

Please continue to work with the public health experts at your disposal and amend this policy language to meet the guidelines that over 400 local communities and 12 states have adopted to ensure the effectiveness of this public health policy.

I am happy to answer any questions.