



12 March 2025

Dustin Holfinger
American Heart Association
Ohio House Finance Committee
HB 96 – Interested Party Testimony

Chairman Stewart, Vice Chair Dovilla, Ranking Minority Member Sweeney, and members of the House Finance Committee, thank you for the opportunity to testify on behalf of the American Heart Association regarding HB 96 - the state Operating Budget. I am Dustin Holfinger, the State Government Relations Director for the American Heart Association (AHA). The AHA is a non-profit organization that funds cardiovascular medical research, educates consumers on healthy living, and fosters appropriate cardiac care in an effort to reduce disability and deaths caused by cardiovascular disease and stroke. Our organization is looking forward to working with this chamber, and the Senate, in an attempt to advance our mission to be a relentless force for a world of longer, healthier lives and build a healthier Ohio. That process begins with all of us, as individuals and elected officials, taking a moment to consider increasing funding for programs that will help Ohioans.

As you consider this legislation, below are the current opportunities I would like to highlight and ask for your consideration.

1. Maintain Proposed Funding Level for the [Tobacco Use Prevention Fund](#) (Line item #440656)

- **REQUEST** – Maintain Governor DeWine’s proposed appropriation to \$10 million in each year of the biennium.
 - Current appropriation -- \$7.5 million annually.
 - An estimated 20,200 deaths are caused by smoking each year.
- In 2023, Ohio's adult smoking rate was 17.1%, and 36.7% of high school students have used a tobacco product.
 - Nationally, the adult smoking prevalence was 14.0%.
 - Over 2 million smokers in Ohio.
- Comprehensive, well-funded tobacco control programs help prevent youth from starting to use tobacco products and support and promote cessation among current tobacco users.

2. Maintain Proposed Increase to Ohio’s Excise Tax on Cigarettes of \$1.50/pack

- Current rate - \$1.60/pack – 29th highest in US.
- The last increase to this tax was in 2015. (\$.35/pack)
- An increase of \$1.50 would put Ohio at \$3.10/pack, placing us in the top 10.
 - An increase of at least \$1.00/pack (\$2.60/pack total) would put Ohio on par with Pennsylvania (15th highest in US)
- Tax increases below \$1.00 are easily offset by discounts, coupons, and BOGO offers that tobacco companies use to offset the increase.
 - Research shows that to lower smoking rates and change behavior, individual tobacco tax increases must be \$1.00 or more per pack. (Links to studies below)

LINKS:

- [State Tobacco Tax Increases: Explanations and Sources for Projections of New Revenues & Benefits](#)
- [Do cigarette prices motivate smokers to quit? New evidence from the ITC survey](#)

3. Maintain Tax Parity among Traditional Cigarettes and Other Tobacco Products (OTP)

- **REQUEST** – Maintain DeWine’s requested increase of OTP to 42% of wholesale price.
- Currently, Other Tobacco Products are taxed at 17% of wholesale price
 - The last increase to this rate was in 1993.
 - This would send a message about the dangers of these products and put them on par with the proposed traditional cigarette tax level of \$3.10/pack.

4. Maintain Proposed Vapor Retailer Licensing Program (Section 3701.842)

- This will assist with the enforcement of recently passed HB 258, which aims to apply the Public Nuisance Law on retailers who continually make sales to underage customers.
- This includes a \$200 application fee and a \$200 annual registration fee.
 - These funds are to be deposited into the Tobacco Use Prevention Fund.

5. Maintain Proposed Restriction on the Sale of Flavored Vapor Products (Section 2927.02)

- This provision would eliminate the sale of e-cigarettes that have any “characterizing flavor”
 - That definition includes: menthol, chocolate, cocoa, vanilla, honey, mint, fruit, candy, dessert, alcoholic beverage, herb, or spice.
- Most youth e-cigarette users use fruit, menthol, mint, or sweet flavors.
 - 73.1% of high school e-cigarette users reported using a fruit-flavored product,
 - 55.8% of high school e-cigarette users reported using a mint-flavor,
 - 37% reported using a menthol-flavored product, and
 - 36.4% reported using candy, dessert, or sweet-flavored products.
- A [government study](#) found that 81% of kids who have ever used tobacco products started with a flavored product, including:
 - 81% who have ever tried e-cigarettes and
 - 65% who have ever tried cigars.
- Youth cite flavors as a major reason for their current use of non-cigarette tobacco products, with 81.5% of youth e-cigarette users saying they used the product “because they come in flavors I like.”

6. Remove the Potential Unwinding of Medicaid Expansion in Ohio (Sections 126.67 & 126.70)

- AHA emphasizes the importance of Medicaid for individuals at risk for cardiovascular disease (CVD).
 - People without adequate health insurance are more likely to suffer severe outcomes from CVD, including higher mortality rates.
 - We advocate for maintaining and strengthening Medicaid to ensure that vulnerable populations have access to necessary healthcare services.

Potential consequences of this provision:

- **Impact on Coverage:** This provision could immediately end Medicaid expansion if federal funding is reduced below 90%. This would put more than 770,000 Ohioans at risk of losing their health coverage.
- **Economic Consequences:** Rolling back Medicaid coverage could have significant economic impacts. Many low-income individuals rely on Medicaid for healthcare, and losing this coverage could lead to increased healthcare costs and financial instability for these populations.
- **Healthcare Access:** Medicaid expansion under the Affordable Care Act (ACA) has provided coverage to millions of low-income Americans who otherwise wouldn’t have access to healthcare. Rolling back this expansion could reverse these gains and increase the uninsured rate.
- **Public Health Implications:** Reducing Medicaid coverage could have broader public health implications, including increased rates of untreated chronic conditions and higher emergency room usage, which can strain healthcare systems.

7. Include Additional Funding for Ohio High Schools to Ensure That All Graduating Students Meet the [CPR Training Curriculum Requirement](#)

- **Amendment #0546**
- **REQUEST** – Appropriate \$606,800/year to GRF 200597 (Program and Project Support) to specifically cover this additional cost of training.
- Ohio is expected to have [121,360 students](#) in this incoming senior class.
 - The appropriation is determined by multiplying the number of projected regular public-school graduates by \$5.
 - The \$5 is based on an “average” per student cost to provide non-credentialed CPR training.
- Ohio's age-adjusted rate of heart disease deaths is 12th highest in the nation, at 193.9 per 100,000. Heart disease is the leading cause of death in Ohio, accounting for more than one in five deaths.
 - 2022 – [30,041](#) (6th highest in the nation)
- During cardiac arrest, immediate CPR can double or triple a person's chance of survival.

8. Provide Funding for the Ohio [Cardiac Arrest Registry to Enhance Survival](#) (Ohio CARES) Registry

- **Amendment #0257**
- **REQUEST** – Provide a \$500,000/year appropriation via Dept. of Public Safety
- Ohio CARES currently receives only \$25,000/year from Ohio.
 - This current budget does not cover even basic operating expenses.
 - As an example, Illinois CARES receives \$500,000/year
 - Without additional funding, Ohio CARES will cease to exist in 2025
- Ohio CARES is part of a nationwide effort to improve survival from sudden cardiac arrest.
 - Immediate bystander cardiopulmonary resuscitation (CPR) doubles or triples the chance of survival.
 - Only 33% of cardiac arrests in Ohio receive bystander CPR.
 - Ohio is below the national average of 41% for bystander CPR and 3rd worst in the nation.
 - Other states have a bystander CPR rate as high as 75%.
- Overall, the CARES program seeks to:
 - Improve the bystander CPR rate in Ohio to save more lives from cardiac arrest
 - Strengthen collaboration between bystanders, 911 centers, first responders, emergency medical services (EMS) agencies and hospitals
 - Provide a simple, confidential process for measuring patient outcomes in compliance with HIPAA to help communities improve.

9. Appropriate Additional Funds for [Produce Perks \(SNAP Double Up Bucks\)](#) to Expand Services to Reach More SNAP Recipients Across the State

- **Amendment #0152**
- **REQUEST** – Increase Produce Perks' line item to \$2,000,000 in each fiscal year within the Department of Job and Family Service's TANF Block Grant
 - Appropriation item #600689
- Produce Perks (PP) is Ohio's nutrition incentive program, doubling the purchasing power of SNAP consumers to purchase fresh, healthy fruits and vegetables from Ohio farmer's markets and grocery-retailers across the state.
 - PP provides a \$1-for-\$1 match for SNAP consumers to buy healthy, local produce, Produce Perks increases affordable access to healthy foods for Ohioans.
- Since 2017, Produce Perks has generated more than \$12M in healthy food purchases here in Ohio - creating more than \$32M in local economic impact.

10. Provide [Healthy School Meals](#) for All Ohio Children

- Starting in March 2020, USDA provided waivers to schools, allowing them to serve meals at no cost to all students.
 - **School meals have been a lifeline for struggling families, but waivers from the pandemic have expired**, leaving schools and students in Ohio without access to free school meals for all students.
- After June 2022, when the waiver expired, many families lost access to free school meals.
- Providing healthy school meals at no cost for every student in Ohio – regardless of income – is a critical investment in improving the health and well-being of Ohio's students.
 - Providing healthy meals will help to end child hunger in schools and strengthen our education and health system.
 - Per HB 33 from the 135th GA, households qualify for free lunches if their income is at or below 185 percent of the federal poverty level.
 - The 185% federal poverty level (FPL) for 2025 is:
 - 1 person: \$27,861 for a household of one person
 - 2 people: \$37,814 for a household of two people
 - 3 people: \$47,767 for a household of three people
 - 4 people: \$57,720 for a household of four people

We thank you for this opportunity and if any additional information is required as you consider these requests, please do not hesitate to reach out for additional information or further discussion.



Dustin A. Holfinger
State Government Relations Director,
American Heart Association