



Ohio Senate Finance Committee
May 28, 2025
Interested Party Testimony – HB 96, Operating Budget
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Chairman Cirino, Vice Chair Chavez, Ranking Member Hicks-Hudson, and Members of the Senate Finance Committee, I am Leo Almeida, Ohio Government Relations Director for the American Cancer Society Cancer Action Network (ACS CAN). Thank you for the opportunity to provide comments on HB 96, the biennial budget, which we believe can help address Ohio's cancer burden.

ACS CAN is the nonprofit, non-partisan advocacy affiliate of the American Cancer Society. We advocate for public policies to end cancer as we know it, for everyone, including policies targeted at improving the health of our state by reducing tobacco use. ACS CAN supports several provisions of the Governor's proposed budget, which would increase funding for tobacco prevention and cessation programs by \$2.5 million per fiscal year, increase in the cigarette tax by \$1.50 per pack, continue funding for the Ohio Breast and Cervical Cancer Project at \$1.19 million per fiscal year, and allocate \$10 million for pediatric cancer research. However, we strongly oppose the proposed 90% Medicaid reduction trigger provision.

Tobacco Prevention and Cessation

Tobacco is an addictive and deadly product and tobacco use remains the nation's number one cause of preventable death. Smoking harms nearly every organ in the body and increases the risk for many types of cancer, heart attack, stroke, chronic obstructive pulmonary disease (COPD), emphysema, chronic bronchitis and other diseases.ⁱ Smoking is the single largest contributing risk factor to cancer in the United States, increasing the risk of at least 12 cancers.ⁱⁱ In fact, smoking is responsible for an estimated 33.5% of cancer deaths in Ohio.ⁱⁱⁱ If you add the deaths from all diseases attributable to smoking, the number of annual deaths climbs to 20,200 lives lost to smoking each year in Ohio.^{iv} We can and we must do better.

It should be noted that the damage tobacco inflicts upon our state is not limited to death and disease. Smoking is estimated to cost Ohio \$6.56 billion in direct health care costs, including \$1.85 billion in Medicaid costs annually.^v These amounts do not include health costs caused by exposure to secondhand smoke, smoking-caused fires, smokeless tobacco use, or cigar and pipe smoking. Additionally, smoking costs the state \$14.4 billion in productivity costs annually. Tobacco use also imposes additional costs such as workplace productivity losses and damage to property. These costs far outpace the \$1 billion in annual tobacco revenue the state receives from tobacco settlement payments and tobacco taxes. On average, Ohio residents pay \$1,240 per household in state and federal taxes from smoking-caused government expenditures, whether they smoke or not.^{vi} It is vital that fact-based programs are in place to reduce tobacco use and reduce taxpayer-funded health care costs.

Due to skyrocketing rates of youth tobacco use in recent years, the decades of progress that have been made in reducing tobacco use rates in youth are now in jeopardy. Here in Ohio 20.2% of high school students use tobacco products, including 3.6% who smoke cigarettes, 4.5% who smoke cigars, 2.7% who use smokeless tobacco, and 18.8% who use electronic cigarettes.^{vii} Action is needed to reverse these trends.

Increased counter-marketing that can protect kids from tobacco industry appeals is a critical aspect of comprehensive state tobacco prevention programs.^{viii} This type of media effort is needed to counteract

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the \$409.6 million per year that tobacco companies are spending to market their deadly and addictive products in Ohio.^{ix} As Big Tobacco has been working hard to addict future generations with e-cigarettes and other tobacco products, the need for funding for tobacco prevention programs has never been greater.]

Ohio's comprehensive tobacco prevention and cessation program is currently funded at \$7.8 million annually, which is only 5.9% of the \$132 million the Centers for Disease Control and Prevention recommends that Ohio spend to combat the health and economic consequences of tobacco. The Governor proposed increasing current tobacco prevention and cessation funding by \$2.5 million annually. **Overall, for every \$1 spent on comprehensive tobacco control programs, states receive up to \$55 in savings from averted tobacco-related health care costs.^x**

In the House version of the budget bill, funding for tobacco prevention and cessation is reduced to \$6 million per year. Not only is this less than what the Governor proposed in his version of the budget, but it is \$1.5 million less per year than current funding. According to projections developed by the Campaign for Tobacco-Free Kids, [this reduced funding will result in 500 more Ohio kids growing up to be adults who smoke, 100 more Ohio kids dying prematurely from smoking, and future healthcare expenditures due to increases in youth smoking in Ohio increasing by \$8 million. On the other hand, the impacts to youth smoking from increasing tobacco prevention and cessation funding to \$10 million annually would mean 300 fewer Ohio kids growing up to be adults who smoke and future healthcare expenditures decreasing by \$4.8 million.]

[ACS CAN urges the Senate to include the Governor's \$2.5 million annual increase for a \$10 million total investment per fiscal year. The Senate should use its version of the budget to continue increasing the investment in Ohio's tobacco prevention and cessation programs to reduce taxpayer costs, protect kids, and save lives.

Tobacco Tax Adjustment

ACS CAN supports the provisions of the Governor's proposed budget that would increase the tax on cigarettes by \$1.50 per pack with a parallel tax on all other tobacco products by 42% of the wholesale price, which would generate revenue, protect kids, and save lives. The tax on all other tobacco products in Ohio was established in 1993 and has not been adjusted since it was created. Since that time, we have seen significant changes in the products made available by the tobacco industry and the way they are marketed to certain populations, like our youth. It is important that all other tobacco products, including e-cigarettes, cigars, and nicotine pouches, are taxed at 42% of wholesale to parallel the new cigarette tax rate in order to encourage people who use tobacco to quit rather than switch to lower-taxed, lower-cost products.

A \$1.50 per pack increase in Ohio's cigarette tax would prevent 11,800 kids from becoming adults who smoke, help 43,900 adults who smoke quit, and save 14,200 lives. Additionally, this cigarette tax increase would save Ohio \$714.81 million in long term health care costs and generate \$318.82 million in new annual revenue. Increasing the tax on all other tobacco products at the same time would produce additional health and economic benefits for Ohio.

ACS CAN was disappointed to see the House remove the proposed tobacco tax increase in the introduced version of the budget bill, and urges the Senate to pass a cigarette tax increase of \$1.50 per pack and increase the tax on all other tobacco products including e-cigarettes, cigars, and nicotine pouches to an equivalent rate of 42% of wholesale in order to provide a strong antidote to the aggressive marketing tactics being employed by tobacco companies. Tobacco advertising has evolved

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with most of it now being focused on pricing and retail promotions. In fact, in 2021 the two largest spending categories for cigarette marketing were retail and wholesale price discounts. Payments to retailers and wholesalers for price discounts and promotional allowances combined totaled \$7.65 billion, or 94.9% of all cigarette marketing dollars in 2021.^{ix}

Significantly increasing tobacco taxes and investing in tobacco prevention and cessation programs saves lives, reduces health care costs and generates revenue. In fact, it is one of the most effective ways to prevent youth from starting to use tobacco and encourage those already addicted to quit. ACS CAN continues to oppose policies that limit the authority and freedom of local policymakers to pass local public health policies that are stronger than state law. Local authority provides for greater accountability because local policymakers can often quickly identify problems in their community and more easily craft proactive solutions to address the unique needs of their community to make healthier living easier for those who reside, work, and play in their community.

It is important for all levels of government to work together to implement policies to protect the public's health. It's through working together that we save lives. By removing local policymakers and local policies from the process, preemption will continue to affect our ability to implement protective policies and help children stay healthy so they can learn and grow for years to come. We urge you to remove preemption from the budget bill to allow local policy makers to protect the health and safety of your joint constituents.

Breast & Cervical Cancer

The Ohio Breast & Cervical Cancer Project (BCCP) is a critical safety net program that provides free mammograms, cervical exams and other early detection services to approximately 7,000 low-income Ohioans each year. Some qualified women who are diagnosed with cancer through the program are then navigated to special Medicaid coverage, called the Medicaid Breast and Cervical Cancer Treatment Program, for the duration of their treatment.

Breast cancer is the leading cancer for women in Ohio. The American Cancer Society estimates that 11,800 Ohio women will be diagnosed with breast cancer this year and 490 Ohio women will be diagnosed with cervical cancer.^{xi} Early detection is key to increasing an individual's chance of surviving cancer. Approximately 64% of women 45 years and older in Ohio are up to date on their mammography screenings.^{xii} Unfortunately, being uninsured or underinsured can make it difficult to keep up with cancer screenings, and only 29% of Ohio uninsured women are up to date on mammography. For these reasons, screening services offered through the BCCP will be a critical resource for thousands of Ohioans. We urge you to continue the funding for Ohio BCCP at \$1.19 million per fiscal year.

Pediatric Cancer Research

Cancer is the leading disease-related cause of death for children aged 1-19. While cancer is much rarer in children compared to adults, the disease can take a tremendous toll because it strikes so early in life. In 2025, an estimated 9,550 children and 5,140 adolescents will be diagnosed with cancer and 1,050 children and 600 adolescents will die from the disease nationally. Cancer remains the leading disease-related cause of death among both children and adolescents. Since 1970, the cancer death rate has declined by 70% in children and 63% in adolescents, however, progress lags in treatment of certain types of childhood cancer and many survivors experience lifelong side effects.

We know that cancer research saves lives. In fact, a report from the American Cancer Society showed that the cancer death rate in the U.S. has declined by 34% since 1991. Much of that decline can be

attributed to the advancements we are making through research, which has not only led to more effective treatments for cancer patients but brought forward new prevention and early detection strategies that are saving lives.

According to disease experts at the Ohio Department of Health, cancer incidence rates in Ohio increased 41% from 2000 to 2019 among adolescents alone. In the state of Ohio, an average of 552 new invasive cancer cases occurred each year among youth between 0-19 years old during 2017-2021. Overall, cancer incidence rates in Ohio increased 35% from 2000 to 2019 among children and adolescents.

ACS CAN supports the \$5 million appropriation in HB 96 for pediatric cancer research. We believe it is not only appropriate, but increasingly advantageous for states to support cancer research and believe Ohio has an opportunity to become a leader in pediatric cancer research through the creation of a state pediatric cancer research fund.

Medicaid

ACS CAN opposes cuts to the Ohio Medicaid program, as these cuts will make it harder for many people to receive preventive services and cancer screenings, cancer treatments, and health care in survivorship. Specifically, we are opposed to the 90% trigger provision of HB 96 that could eliminate Medicaid expansion. In 2023, 10% of adults with a history of cancer in the U.S. relied on Medicaid for their health care.^{xiii} Access to affordable health insurance is crucial for individuals to receive necessary care, especially for those with chronic conditions like cancer.

Research consistently shows that expanding access to Medicaid increases insurance coverage rates among cancer patients and survivors, increases early-stage cancer diagnoses, improves access to timely cancer treatment and survival rates, and increases receipt of cancer screenings and preventive services.^{xiv} For example, a recent study showed that Medicaid expansion was associated with an increase in survival from cancer at 2 years post diagnosis.^{xv}

According to the Ohio Department of Medicaid, as of January 2025, there are over 770,000 Ohioans currently covered by Medicaid expansion. Reducing Medicaid expansion in Ohio could lead to a significant increase in the number of uninsured individuals, particularly among those with incomes below 138% of the federal poverty level (FPL). Prior to the expansion, approximately 38% of Ohio adults aged 19-64 within this income bracket were uninsured, compared to the overall adult uninsured rate of 19%.^{xvi}

Access to Medicaid has enabled individuals to receive timely medical attention, thereby decreasing the reliance on emergency services and reducing uncompensated care costs for hospitals. Rolling back Medicaid expansion could reverse these gains, leading to poorer health outcomes and increased financial strain on the health care system. Cutting Medicaid expansion now will move Ohio in the wrong direction. This is particularly concerning when we consider that over 77,000 Ohioans will be diagnosed with cancer this year.^{xvii} We must protect Medicaid expansion in order to give those battling cancer in Ohio the best chance of survival.

Conclusion

Ohio's biennial budget provides an important opportunity for the fight against cancer. Increasing funding for tobacco prevention by \$2.5 million per year instead of cutting it by \$1.5 million per year, increasing the cigarette tax by \$1.50 per pack with a parallel tax on all other tobacco products at 42% of the wholesale price, maintaining funding for the Ohio Breast and Cervical Cancer Project of at least

\$1.19 million per year, and allocating \$5 million for pediatric cancer research will ensure we prevent more Ohioans from hearing the words “you have cancer.”

While we call on you to keep several provisions in HB 96, we urge you to remove the 90% Medicaid reduction trigger language that could have life-threatening consequences on Ohioans, especially those battling cancer.

Thank you for your consideration of these important budget items in HB 96. I’m happy to answer any questions you might have.

ⁱ Centers for Disease Control and Prevention (CDC). Health Effects of Cigarette Smoking. Updated September 17, 2024.

https://www.cdc.gov/tobacco/data_statistics/fact_sheets/health_effects/effects_cig_smoking/.

ⁱⁱ American Cancer Society. [Cancer Facts and Figures 2025](#). Atlanta, Georgia. 2025.

ⁱⁱⁱ Islami, F, Marlow, EC, Zhao, J, et al. Person-years of life lost and lost earnings from cigarette smoking-attributable cancer deaths, United States, 2019. *Int J Cancer*. 2022; 151(12): 2095- 2106. doi:[10.1002/ijc.34217](https://doi.org/10.1002/ijc.34217)

^{iv} Campaign for Tobacco-Free Kids. The Toll of Tobacco in Ohio. August 16, 2024. <https://www.tobaccofreekids.org/problem/toll-us/ohio>.

^v Campaign for Tobacco-Free Kids. The Toll of Tobacco in Ohio. August 16, 2024. <https://www.tobaccofreekids.org/problem/toll-us/ohio>.

^{vi} Campaign for Tobacco-Free Kids. The Toll of Tobacco in Ohio. August 16, 2024. <https://www.tobaccofreekids.org/problem/toll-us/ohio>.

^{vii} Centers for Disease Control and Prevention (CDC). 2023 Youth Risk Behavior Survey. <https://www.cdc.gov/healthyyouth/data/yrbs/results.htm>

^{viii} Centers for Disease Control and Prevention (CDC). Best Practices for Comprehensive Tobacco Control Programs, 2014.

^{ix} Campaign for Tobacco-Free Kids. The Toll of Tobacco in Ohio. August 16, 2024. <https://www.tobaccofreekids.org/problem/toll-us/ohio>.

^x U.S. Federal Trade Commission (FTC), Cigarette Report for 2021, January 2023, https://www.ftc.gov/system/files/ftc_gov/pdf/p114508cigarettereport2021.pdf [data for top 4 manufacturers only: Altria Group, Inc.; ITG Holdings USA Inc.; Reynolds American, Inc.; and Vector Group Ltd.].

^{xi} American Cancer Society. [Cancer Facts and Figures 2025](#). Atlanta, Georgia. 2025.

^{xii} American Cancer Society. [Cancer Facts and Figures 2025](#). Atlanta, Georgia. 2025.

^{xiii} 2023 National Health Interview Survey data. Analysis performed by American Cancer Society Health Research Services, December 2024.

^{xiv} Building on the Evidence Base: Studies on the Effects of Medicaid Expansion, February 2020 to March 2021. Published May 6, 2021. <https://www.kff.org/report-section/building-on-the-evidence-base-studies-on-the-effects-of-medicaid-expansion-february-2020-to-march-2021-report/>.

^{xv} Han, Xuesong, et al. Association Between Medicaid Expansion Under the Affordable Care Act and Survival Among Newly Diagnosed Cancer Patients. *Journal of the National Cancer Institute*. 2022 Aug 8;114(8):1176-1185. doi: [10.1093/jnci/djac077](https://doi.org/10.1093/jnci/djac077).

^{xvi} Health Policy Institute of Ohio, Health Policy Brief for March 2013.

<https://www.healthpolicyohio.org/files/assets/medicaidexpansionbrieffinal011020131.pdf>.

^{xvii} American Cancer Society. [Cancer Facts and Figures 2025](#). Atlanta, Georgia. 2025.