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TO: Members of the Senate Finance Committee

FROM: Ken Fletcher, Director of Advocacy

DATE: June 7, 2017

RE: Opposition to Cuts to Tobacco Prevention and Cessation in Substitute HB 49

Chairman Oelslager, Ranking Member Skindell and members of the committee, thank you for the opportunity to submit written testimony on Substitute HB 49.

The American Lung Association in Ohio is deeply concerned about the proposed 60% reduction in funding for the Ohio Tobacco Prevention and Cessation program at the Ohio Department of Health.

Tobacco use remains the leading cause of preventable death and disease in Ohio, making it critically important that prevention and cessation programs are available to help people break their tobacco addiction for good.

Even before the proposed reduction, tobacco prevention and cessation programs were greatly underfunded in Ohio. In fact, the American Lung Association's 2017 State of Tobacco Control Annual Report gave Ohio an "F" for tobacco control and cessation program funding. Ohio was spending only 11.8% of what was recommended by the federal Centers for Disease Control and Prevention.

This is in spite of Ohio receiving over \$1.3 billion in revenue from tobacco taxes and tobacco settlement dollars. Clearly the state can and should allocate a minimum of \$35 million for tobacco control and cessation programs, which would still be far short of the \$132 million that is recommended by the CDC.

Ohio's smoking rates stubbornly remains higher than the national average. Over 21% of adults and over 15% of High School students smoke.

Tobacco-related illnesses are expensive and harmful for all of us. In Ohio, smoking is estimated to cost \$5.64 billion in direct health care costs, including \$1.72 billion in Medicaid costs. Additionally, Ohio experiences \$5.88 billion in productivity losses annually.

American Lung Association Testimony

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In Ohio, it is estimated that 20,000 deaths are caused by smoking each year. Over 30% of cancer deaths are caused by smoking. In addition to cancer, tobacco increases the risk of heart attack, stroke, COPD, emphysema, chronic bronchitis, preterm delivery, stillbirth, low birth weight, SIDS, and other diseases.

We are also concerned that Substitute HB 49 did not include the governor's recommended increase in the cigarette tax and the tax on other tobacco products. Increasing taxes on tobacco is a win-win proposition: significantly increasing cigarette taxes results in fewer kids starting to smoke and in more adults quitting while at the same time providing important funding to improve health.

Increasing Ohio's cigarette tax by our recommendation of \$1 per pack would raise an estimated \$313 million annually. This could lead to over \$2.34 billion in long term health care cost savings as adult and youth smoking rates decline.

Increasing the wholesale tax on other tobacco products at the same time would produce additional health and economic benefits for Ohio. Currently other tobacco products are taxed at a lower rate than cigarettes, making them an appealing alternative for price-sensitive consumers including youth.

We ask that the Senate put the health and welfare of the residents of Ohio first and foremost in this budget by adequately funding tobacco prevention and cessation programs and by increasing the tax on cigarettes and other tobacco products.

Thank you very much for your consideration of our concerns.

Respectfully,

A handwritten signature in black ink that reads "Ken Fletcher". The signature is written in a cursive, flowing style.

Ken Fletcher
Director of Advocacy
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248-220-5213

Ohio Report Card



Tobacco Prevention and Control Program Funding: **F**

FY2017 State Funding for Tobacco Control Programs:	\$13,540,000
FY2017 Federal Funding for State Tobacco Control Programs:	\$1,986,656*
FY2017 Total Funding for State Tobacco Control Programs:	\$15,526,656
CDC Best Practices State Spending Recommendation:	\$132,000,000
Percentage of CDC Recommended Level:	11.8%
State Tobacco-Related Revenue:	\$1,300,000,000

*Includes tobacco prevention and cessation funding provided to states from the Centers for Disease Control and Prevention and U.S. Food and Drug Administration.

Smokefree Air: **A**

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government Worksites:	Prohibited
Private Worksites:	Prohibited
Schools:	Prohibited
Child Care Facilities:	Prohibited
Restaurants:	Prohibited
Bars:	Prohibited
Casinos/Gaming Establishments:	Prohibited
Retail Stores:	Prohibited
Recreational/Cultural Facilities:	Prohibited
Penalties:	Yes
Enforcement:	Yes
Preemption:	No
Citation:	OHIO REV. CODE ANN §§ 3794.01 to 3794.09 (2006).

Tobacco Taxes: **F**

CIGARETTE TAX:	
Tax Rate per pack of 20:	\$1.60
OTHER TOBACCO PRODUCT TAXES:	
Tax on little cigars:	Equalized: No; Weight-Based: No
Tax on large cigars:	Equalized: No; Weight-Based: No
Tax on smokeless tobacco:	Equalized: No; Weight-Based: No
Tax on pipe/RYO tobacco:	Equalized: No; Weight-Based: No
Tax on Dissolvable tobacco:	Equalized: No; Weight-Based: No
For more information on tobacco taxes, go to: http://slati.lung.org/slatti/states.php	

Access to Cessation Services: **F**

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:	
Medications:	All 7 medications are covered
Counseling:	All 3 forms of counseling are covered
Barriers to Coverage:	Some barriers exist to access care
Medicaid Expansion:	Yes
STATE EMPLOYEE HEALTH PLAN(S):	
Medications:	Some medications are covered
Counseling:	Some counseling is covered
Barriers to Coverage:	Some barriers exist to access care
STATE QUITLINE:	
Investment per Smoker:	\$0.42; the average investment per smoker is \$3.46
OTHER CESSATION PROVISIONS:	
Private Insurance Mandate:	No provision
Tobacco Surcharge:	No prohibition or limitation on tobacco surcharges
Citation: See Ohio Tobacco Cessation Coverage page for coverage details.	

Thumbs up for Ohio for providing comprehensive coverage for all tobacco cessation medications and types of counseling to Medicaid enrollees.

Minimum Age: **F**

Minimum Age of Sale for Tobacco Products: **18**

Ohio State Highlights:



Tobacco use remains the leading cause of preventable death and disease in the United States and in Ohio. To address this enormous toll, the American Lung Association in Ohio calls for the following three actions to be taken by our elected officials:

1. Match the tax on non-cigarette forms of tobacco like spit tobacco, cigars and hookah to the cigarette tax;
2. Increase funding for tobacco prevention and cessation programs; and
3. Pass Tobacco 21 laws to increase the minimum age of sale for tobacco products to 21 in additional cities in the state.

During the 2016 legislative session, a bill was introduced that would have allowed exemptions for a wide range of businesses under Ohio's Smoke-Free Workplace Act. The American Lung Association in Ohio and partners spoke with legislators and worked to obtain negative media stories about the legislation. Ultimately, the legislation did not get a hearing and made no progress during the legislative session.

The Lung Association worked with coalitions and other interested parties around the state to help move their cities closer to passing laws to increase the minimum sales age for tobacco products to 21 often referred to as Tobacco 21 laws. In 2016, groups in over a dozen cities began working toward passing a Tobacco 21 ordinance in their city. By the end of 2016, seven cities in Ohio, including the cities of Cleveland and Columbus, had passed Tobacco 21 laws. Columbus set up a local licensing system in conjunction with passage of its Tobacco 21 law, which should help with enforcement, and could serve as a good model for other cities to use.

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The 2016 Ohio Health Issues Poll sponsored by Interact for Health found that 53 percent of Ohio adults favored increasing the minimum purchase age for tobacco to 21, including about half of current smokers (51 percent), previous smokers (54 percent), and adults who had never smoked (54 percent). The poll also found high support

for the law that prohibited smoking in any public place or place of employment. More than 8 in 10 Ohio adults (82 percent) were in favor of the law. Additionally, the survey found that 2 in 10 Ohio adults (19 percent) reported that they had ever used an e-cigarette. Those who used e-cigarettes included 51 percent of current smokers, 18 percent of former smokers, and 7 percent of adults who have never smoked.

As we look to 2017, the American Lung Association in Ohio will continue to work with a broad coalition of stakeholders to raise the tax on other tobacco products, fully fund evidence-based tobacco prevention and cessation programs, and pass Tobacco 21 laws in Ohio's cities.

Ohio State Facts

Health Care Costs Due to Smoking:	\$5,647,310,236
Adult Smoking Rate:	21.6%
Adult Tobacco Use Rate:	24.6%
High School Smoking Rate:	15.1%
High School Tobacco Use Rate:	N/A
Middle School Smoking Rate:	2.6%
Smoking Attributable Deaths:	20,180

Adult smoking and tobacco use data come from CDC's 2015 Behavioral Risk Factor Surveillance System. High school smoking rate is taken from the 2013 Youth Risk Behavior Surveillance System. Middle school smoking rate is taken from the 2014 Youth Tobacco Survey. A current high school tobacco use rate is not available for this state.

Health impact information is taken from the Smoking Attributable Mortality, Morbidity and Economic Costs (SAMMEC) software. Smoking attributable deaths reflect average annual estimates for the period 2005-2009 and are calculated for persons aged 35 years and older. Smoking-attributable health care expenditures are based on 2004 smoking-attributable fractions and 2009 personal health care expenditure data. Deaths and expenditures should not be compared by state.

To get involved with your American Lung Association, please contact:

American Lung Association in Ohio

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