



**RHODE ISLAND KIDS COUNT**

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## **Testimony Re: Article 21 Relating to Health and Human Safety**

**House Finance Committee**

**February 12, 2020**

**Katie Orona, Policy Analyst**

Mr. Chairman and members of the Committee, thank you for the opportunity to provide testimony today. Rhode Island KIDS COUNT would like to voice its strong support for sections of Article 21 related to:

- Increasing the minimum age to purchase tobacco products to 21
- Prohibiting the distribution and redemption of free and discounted tobacco products and electronic nicotine delivery systems (ENDS)
- Implementing product restrictions on ENDS including a prohibition on flavored ENDS and required testing and labeling requirements for ENDS products
- Increasing penalties for selling tobacco products to underage youth
- Requiring age verification for sale of ENDS products through the mail or internet
- Increasing the cigarette excise tax by \$0.35 per pack
- Applying the 80% Other Tobacco Products wholesale tax rate to electronic nicotine products
- Raising the minimum tax per cigar by \$0.30

Rhode Island KIDS COUNT does not support the language in Article 21 that would penalize underage individuals for use and/or possession of tobacco products, including ENDS.

### **An Act to Stop the Illegal Sale of Tobacco Products to Individuals under 21 Years of Age (Section 1)**

Rhode Island KIDS COUNT strongly supports the Governor's proposals to:

1. Raise the minimum age to purchase tobacco products from 18 years to 21 years of age
2. Ban the redemption of coupons used to make tobacco and ENDS products less expensive
3. Require age verification for sale of ENDS products through the mail or internet.

The American Academy of Pediatrics and the Institute of Medicine recommends increasing the minimum sale age to 21 to delay access and initiation among youth.<sup>11,12</sup> On December 20, 2019, legislation was signed raising the federal minimum age of sale of tobacco products from 18 to 21 years, effective immediately. Prior to this, 19 states (including our neighboring state of Massachusetts), the District of Columbia, and at least 450 localities (including two towns in Rhode Island, Barrington and Central Falls) have raised the sale age of tobacco products from 18 to 21.<sup>10</sup> Nationally, 88% of adult cigarette users who smoke daily report starting by the age of 18, and 99% of all tobacco initiation occurs by age 26.<sup>13</sup>

Rhode Island KIDS COUNT does not support Section 11-9-14 which penalizes underage individuals for use and/or possession of tobacco products, including ENDS. This provision shifts the focus from retailers and industry, centers the blame on the individual, and ultimately stigmatizes children and youth.

### **Product Restrictions on Electronic Nicotine Delivery Systems (Section 3)**

We also support product restrictions on ENDS and ENDS products. Rhode Island KIDS COUNT has been tracking youth who report using tobacco and nicotine products for many years. While tremendous progress had been made to decrease youth cigarette use in the previous decade, youth use of electronic cigarettes has recently rapidly increased. Between 1997 and 2019, reports RI high school students ever trying a cigarette declined from 69% to 18% and current cigarette use declined from 35% to 4%.<sup>2</sup> In response, **on December 18, 2018, the U.S. Surgeon General declared use of e-cigarettes among youth an epidemic.**<sup>1</sup>

E-cigarettes are harmful to youth.<sup>45</sup> E-cigarettes contain nicotine, a highly addictive chemical that can harm brain development which continues through the teens and into the early to mid 20's. Some e-cigarette pods can have up to as much nicotine as a pack of traditional cigarettes and some e-cigarette products that market themselves as having zero nicotine have been found to contain nicotine.<sup>6,7</sup> Young people who use e-cigarettes may be more likely to transition to regular cigarettes and increase the frequency and amount of cigarette smoking in the future. Results reported by the *Journal of the American Medical Association* determined that flavors such as mint and mango were the most popular flavors among high school students.<sup>9</sup>

Youth use of tobacco and nicotine products, including ENDS and electronic cigarettes is a serious public health issue in Rhode Island. Prohibiting the sale of flavored electronic nicotine-delivery system products and required testing and labeling for ENDS products in Rhode Island is an important step forward to addressing the youth vaping epidemic.

### **Cigarette and Other Tobacco Product Tax (Section 5)**

Rhode Island KIDS COUNT supports the Governor's proposals to:

1. Increase the excise tax on cigarettes by \$0.35, which raises the tax from \$4.25 to \$4.60 per pack of twenty cigarettes
2. Add e-cigarettes to the definition of "other tobacco products" (OTP) and subject them to the OPT tax at the rate of 80% of the wholesale cost
3. Raise the minimum tax per cigar by \$0.30 (from \$0.50 to \$0.80)

Cigarette excise taxes are a potential funding stream for state tobacco control programs.<sup>29</sup> Between SFY 2002-2019, Rhode Island cigarette tax revenue increased from \$79.4 million to \$139.8 million and state tobacco control funding decreased from \$3 million to \$395,637. Only 0.3% of the cigarette tax in SFY 2019 went toward tobacco control and smoking cessation programs Rhode Island KIDS COUNT recommends that the General Assembly enact legislation that creates a Tobacco cessation and prevention restricted receipt account. This will help ensure that funds derived from this cigarette tax are annually allocated for important public health tobacco programming.

Thank you for the opportunity to testify today.

## References

- <sup>1</sup> Surgeon General. (2018). *Surgeon General's Advisory on E-Cigarette Use Among Youth*. Retrieved February 28, 2019 from <https://e-cigarettes.surgeongeneral.gov/documents/surgeon-generals-advisory-on-e-cigarette-use-among-youth-2018.pdf>
- <sup>2,3</sup> Rhode Island Department of Health, Youth Risk Behavior Survey, 1997-2019
- <sup>4</sup> E-cigarette use among youth and young adults: A report of the Surgeon General - Executive summary. (2016). Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.
- <sup>5,9</sup> Public health consequences of e-cigarettes. 2018. Washington, DC: The National Academies of Sciences, Engineering, and Medicine.
- <sup>6</sup> Centers for Disease Control and Prevention. (2018). Quick facts on the risks of e-cigarettes for kids, teens, and young adults. Retrieved October 17, 2018, from [www.cdc.gov](http://www.cdc.gov)
- <sup>7</sup> Goniewicz, M., et al. (2015). Nicotine levels in electronic cigarette refill solutions: A comparative analysis of products from the United States, Korea, and Poland. *Int J Drug Policy*, 26(6),583–588.
- <sup>8</sup> Barrington-Trimis, J., et al. (2016). E-cigarettes and future cigarette use. *Pediatrics*, 138. (1), e20160379.
- <sup>11</sup> American Academy of Pediatrics. (n.d.). *Tobacco to 21: An easy way to save young lives*. Retrieved August 1, 2017, from [www.aap.org](http://www.aap.org)
- <sup>12</sup> *Public health implications of raising the minimum age of legal access to tobacco products*. Washington, DC (2015): Institute of Medicine of the National Academies.
- <sup>13</sup> *Preventing tobacco use among youth and young adults: A report of the Surgeon General: Executive summary*. (2012). Atlanta, GA: U.S. Department of Health and Human Services.