

Memorandum

To: Senate Committee on Health Care, Chair Senator Monnes Anderson

From: Angie Allbee, Senior Policy Advisor, External Relations Division

Date: February 12, 2020

Subject: SB 1577 Work Session 2/11/2020: Oregon Health Authority response to requests

1) Could you clarify the Oregon Health Authority data that vape and tobacco shops have higher rates of illegal sales to underage persons?

Response: The Oregon Health Authority Public Health Division and law enforcement agencies conduct random, unannounced inspections of retailers that sell tobacco products and inhalant delivery systems, such as e-cigarettes. These inspections are to ensure compliance with laws that prohibit the sale of tobacco products to people under age 21. During the inspection, if the store makes an illegal sale, the Oregon State Police issue a citation to the store clerk, manager, or owner.

In 2019, Oregon Health Authority inspections found tobacco and vape shops were more likely than other retailers to make an illegal sale to an underage person. Among the tobacco and vape shops inspected, nearly one in four (23%) made an illegal sale. This compared to 16% of grocery stores or markets, 15% of convenience stores, and 8% of pharmacies inspected.

More information about Oregon's tobacco sales inspections and results are available in this two-page report:

https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/TOBACCOPREVENTION/Documents/Tobacco_enforcement_1819_ExecutiveSummary.pdf.

2) What free resources are available to help Oregonians quit tobacco?

Response: Support to quit nicotine addiction is available for free to everyone in Oregon, regardless of health insurance status. Under the Affordable Care Act, all health insurance plans – both private and public – must cover four tobacco cessation counseling sessions, 90 days of all FDA-approved cessation medications, and two quit attempts per year. There may be no prior authorization, cost-sharing, or annual or lifetime dollar limits on the tobacco cessation benefit.

In addition, anyone in Oregon can call the Oregon Tobacco Quit Line at 1-800-QUIT-NOW or 1-855-DEJELLO-YA for free counseling, online resources at www.quitnow.net/oregon, text support, and eight weeks of Nicotine Replacement Therapy (e.g. the nicotine patch or gum) if medically appropriate.

Expanded benefits are offered for certain groups experiencing tobacco-related disparities or special medical needs. This includes:

- American Indians and Alaska Natives,
- People living with HIV or AIDS,
- Pregnant women,
- Youth under age 18,
- Uninsured adults, and
- Medicaid fee-for-service members.

The Oregon Tobacco Quit Line may refer callers to their public or private health insurance provider if their health plan offers a higher level of benefits than the Oregon Tobacco Quit Line.

3) What is the cost of flavored tobacco use to Oregonians?

Response: Nearly 9% of all annual health care spending is attributable to cigarette smoking, with more than 60% of that spending paid by public programs like Medicaid and Medicare. The U.S. Centers for Disease Control and Prevention (CDC) estimates that tobacco use costs Oregon \$2.9 billion per year in health care costs and lost productivity. The cost of tobacco equates to \$1,700 per Oregon household per year. For each pack of cigarettes, the CDC estimates that smoking-related health costs and productivity losses are more than \$19.00 per pack.

The cost of flavored tobacco products is particularly acute because of the connection between flavored products and health disparities. For generations, the tobacco industry has targeted African Americans with advertising and discounts for menthol cigarettes. This translates into higher cigarette smoking and lives lost among African Americans; in Oregon, 25% of African Americans smoke cigarettes compared to 18% of whites. E-cigarette companies also target racial and ethnic minorities. A U.S. Congressional investigation found that Juul targeted Native Americans as “guinea pigs” for its products in addition to targeting veterans and other minority communities through marketing.

Nearly all nicotine addiction begins in adolescence, and flavors are a key component for youth nicotine addiction – whether they begin with a mango e-cigarette, grape cigarillo, or menthol cigarette. Oregon spends far more treating nicotine addiction and its consequences than it receives in tobacco revenue – not to mention the immense human toll of suffering and loss of human life.