



Oregon Pediatric Society

A Chapter of the American Academy of Pediatrics. Incorporated in Oregon

DATE: May 20, 2025
TO: Senator Meek – Chair; Senator McLane - Vice-Chair;
Members of the Senate Committee on Finance and Review
FROM: Jennifer McCall, DO
SUBJECT: Support for SB 702A – Prevent Kids Getting Hooked on Flavored Tobacco

My name is Jennifer McCall, DO, FAAP, and I am Vice President of the Oregon Pediatric Society (OPS), the state chapter of the American Academy of Pediatrics. On behalf of the OPS board of directors and our members—including those who submitted individual testimony with the bill's first hearing—I strongly urge you to support SB 702A, which seeks to limit the sale of all flavored nicotine products to more highly regulated, licensed OLCC liquor stores only. This important public health legislation is a big step forward in protecting the health and well-being of Oregon's children, adolescents, and adults.

With passage, the projected ninety percent or more decrease in the number of venues selling tobacco will have a substantial difference in youth and adult addiction rates. Reducing smoking will also ultimately save this state healthcare money. Using tobacco causes:

- \$1.79 billion in annual Oregon health care costs.ⁱ
- \$373.6 million in Oregon Medicaid's annual costs.ⁱⁱ
- \$3.7 billion in smoking-caused productivity losses in Oregon each year.ⁱⁱⁱ

Crucially, given the quickly changing nature of tobacco delivery, this bill will establish regulatory authority over nicotine pouches. Flavored tobacco products—including menthol cigarettes, flavored e-cigarettes, and nicotine pouches like Zyn—are intentionally designed to appeal to young people. By masking the harsh taste of nicotine with sweet, minty, or fruity flavors, these products make initiation easier and addiction more likely. Tobacco companies have long relied on these predatory tactics to target youth, creating a new generation of lifelong customers at the expense of their health.

A dangerous misconception is that nicotine products without tobacco leaf components, such as Zyn pouches or e-cigarettes, are somehow safer alternatives to cigarettes. This is simply untrue. These products often contain **higher concentrations of nicotine**, making them **more**



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addictive and even harder to quit. Zyn pouches contain harmful chemicals like **ammonia, chromium, formaldehyde, nickel, and nicotine salts**, while e-cigarettes and vaping products release **acetaldehyde, acrolein, and formaldehyde**—toxic aldehydes known to cause **lung and cardiovascular disease**. Acrolein, a chemical commonly used as an herbicide, has no place in products marketed to our youth.

Exposure to these chemicals has led to **vaping-associated/e-cigarette lung injury** (VAPI/EVALI)—a severe, life-threatening illness first recognized in 2019. Pediatric ICUs right here in Oregon have admitted patients suffering from this entirely preventable condition. Beyond acute lung injury, nicotine itself poses significant long-term risks, including **heart disease, stroke, and cancer**. For developing adolescent brains, nicotine can impair **cognitive function, memory, and emotional regulation**—leaving lasting damage on the very population these products are designed to hook.

The sole beneficiaries of flavored nicotine sales are the companies profiting from addiction. Meanwhile, our children, families, and health care systems bear the burden of increased illness, higher health care costs, and preventable suffering.

Other states that have implemented restrictions on flavored nicotine products have seen **dramatic declines in youth e-cigarette use** and **reductions in combustible cigarette smoking**. By passing SB 702A, Oregon can follow these evidence-based public health measures and take a meaningful stand to protect our youth.

OPS and I urge you to prioritize the health of Oregon's children over the profits of the tobacco industry. Please vote in favor of SB 702A to protect our youth and promote a healthier future.

Thank you for your time and dedication to safeguarding Oregon's young people.

ⁱ CDC, Best Practices for Comprehensive Tobacco Control Programs, 2014. Adjusted to 2018 dollars by the CDC's methodology of using the Bureau of Economic Analysis' price indexes for Gross Domestic Products).

ⁱⁱ CDC, State Data Highlights, 2006 [and underlying CDC data/estimates], stacks.cdc.gov/view/cdc/11827. The listed Medicaid program expenditure includes the state and federal portions. State Medicaid program expenditures may be conservative because they do not account for increases in utilization nor reflect the effects of Medicaid expansion under the Affordable Care Act. Adjusted to 2018 dollars by the CDC's methodology of using the Bureau of Economic Analysis' price indexes for Gross Domestic Products).

ⁱⁱⁱ Shrestha, SS, et al., "Cost of Cigarette Smoking—Attributable Productivity Losses, U.S., 2018," AJPM, July 27, 2022.