



June 18, 2025  
HB 3940 - Neutral

Chair Nathanson and members of the committee: For the record, my name is Sarah Lochner, here on behalf of the Coalition of Local Health Officials, representing Oregon's 33 local public health departments.

I'm here today out of deep concern because public health is being left out of this conversation. The -A20, 21, 22 amendments propose a tax on synthetic nicotine products -- which would normally be dedicated to alleviating public health concerns, like nicotine use prevention - and proposes using that money for the cost of large wildfires.

While we recognize the need for a dedicated wildfire funding stream, using dollars that should go to other addiction prevention programs is not the solution, especially if it means public health is cut out entirely.

We STRONGLY URGE YOU to raise the synthetic nicotine tax proposed in the -A22s from 65 cents to at least 90 cents and provide that additional 25 cents to LOCAL public health **to do either its wildfire work or addiction prevention work.**

There is a critical nexus to public health and wildfire work because...

### **Wildfire has major health impacts**

The smoke is not the same as a campfire - it contains chemicals and toxins released by burned building materials. We know that wildfires cause spikes in respiratory duress and ER visits - which are tracked by an OHA data dashboard.

Wildfire smoke disproportionately affects pregnant women and can cause pre-term births. Other extra-vulnerable people include children, elders, and people with existing respiratory issues like asthma. AND...

Community Health Assessments across rural Oregon show that rural Oregon is overburdened by tobacco use and gets targeted by more tobacco advertising than urban parts of the state. The respiratory disease burden caused by tobacco use is then further exacerbated by wildfires = This is a double whammy.

### **And Public Health Plays a Critical Role in Wildfire Response:**

In preparation, public health helps identify and plan for the evacuation of vulnerable / medically fragile individuals.





While other agencies are tracking and fighting the fire, local public health is the main and often the only communication source about protecting your respiratory health, **especially in rural communities.**

In addition, PH is the main communicator about: where shelters are, how to determine air quality in areas where few air quality monitors exist, where supplies and resources are like masks, air filtration devices, services and help, and when to evacuate.

The Red Cross is the first call to provide emergency shelters, but if they are already too busy, it falls to public health in many cases, like in Linn County's recent Santiam Canyon fire - public health sets up and staffs the shelters for people and areas for livestock to be maintained, provides food, water, and hygiene.

When Red Cross does provide the shelters, it still cannot provide actual medical care or assistance, so public health steps in and fills in the gaps:

- Someone who is diabetic shows up at the shelter and needs insulin;
- Someone has a disability and needs assistance with transferring from wheelchair to bed or showering;
- Wound care, first aid, medical triage, and durable medical equipment --

All of which are provided by public health.

Protective health resources are much needed. Public Health needs funding that is flexible enough to meet the community needs so they can provide:

- Masks: N95s are the only masks that effectively protect you from WF smoke.
- Air purifiers: can be a group effort to provide, but usually falls to public health, especially in rural communities. But one county may get 300, another gets 0. Last year's purifiers from OHA were only for OHP members. What about everyone else like seniors and children?
- Medical assistance/care supplies/staff - as mentioned previously.
- Air Quality Sensors: There are only 4 state DEQ air quality sensors in the 29,000 square miles of eastern Oregon -- serving 75,000 people. This is not enough to be useful. Hundreds or possibly thousands of agricultural workers have no protection. Senior living facilities, schools, day cares all need to know if it's safe to go outside to recreate and need real-time information to be able to do so.

Public Health also does an immense amount of coordinating and collaborating with homeless service providers, community-based organizations, and faith-based organizations to ensure EVERYONE in the community is getting the information and services they need to stay safe during these emergencies.





# OREGON COALITION OF LOCAL HEALTH OFFICIALS

Representing the collective interests  
of Oregon's 33 local public health  
authorities to improve the health of  
all Oregonians.

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The manufacturers of these synthetic nicotine products **are only going to agree to do this once**, so YOU have one shot at GETTING THIS RIGHT. Please do not miss the opportunity TO PROTECT THE HEALTH OF YOUR CONSTITUENTS during wildfires.

It takes many hands to do this very intense work, and public health is a critical partner that is currently being left completely out of this bill **and shouldn't be. Please add AT LEAST 25 cents to the tax for local public health.**

Thank you-

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Prevent. Promote. Protect.