



Testimony in Support of HB 2270

**Submitted by: Grayson Dempsey, Executive Director
NARAL Pro-Choice Oregon**

Chair Nathanson and Members of the House Committee on Revenue,

As advocates and champions for reproductive justice, NARAL Pro-Choice Oregon believes that all Oregonians need equitable opportunity to live healthy and productive lives. On behalf of NARAL Pro-Choice Oregon, we respectfully request that the committee pass House Bill 2270 to ensure adequate funding to provide comprehensive and high-quality healthcare to all Oregonians.

NARAL Pro-Choice Oregon is dedicated to developing and sustaining a constituency that uses the political process to guarantee every woman and person who can become pregnant the right to make personal decisions regarding the full range of reproductive choices, including preventing unintended pregnancy, bearing healthy children, and choosing legal abortion.

We also recognize that a person's reproductive health cannot be separated from their other physical, social, and emotional healthcare needs. For too long, the tobacco industry has mitigated the positive impacts of Oregon's healthcare investments. Currently 9% of all spending on the Oregon Health Plan (OHP) is directly related to smoking related illness, equating to roughly \$374 million per year.¹ These costs include the impact of the 9% of pregnant women that use tobacco products in Oregon.²

HB 2270 will provide an additional \$346 million dollars per biennium to OHP, which currently provides healthcare for nearly 1 million Oregonians with qualifying incomes, including 400,000 children.³ In addition, the legislation calls for meaningful investments in community and culturally specific programs to address prevention and cessation of tobacco and nicotine.

We appreciate HB 2270's forward-thinking focus on prevention and intentional investment of new resources to communities most impacted. Historically, low-income families, communities of color, including Oregon's tribal communities, have received fewer investments in public health programs and services, and the resulting disparities have compounded over time. Instead of benefiting from the intended purpose of our statewide policies, families in these communities continue to be left behind.

¹ Xu et al. Annual Health Care Spending Attributed to Cigarette Smoking. Am J Prev Med. 2015 Mar; 48(3):326-333

² Oregon Vital Statistics Annual Reports, Volume 1: Section 2. Reported use of tobacco by mother's age and county of residence, Oregon births, 2017. Table 2-15

³ Governor Brown's Recommended Budget 2019-2021

What's more, tobacco companies have intentionally targeted Native American,^{4 5 6} African American,⁷ and low-income communities^{8 9} for decades in their advertising campaigns. And with the tobacco industry's new marketing tactics targeting youth, we've seen the number of 11th graders who use e-cigarettes nearly triple from 5% to 13% in four short years (2013 to 2017).¹⁰ We need to provide targeted funding for prevention and cessation to combat health disparities and ensure that when people in these communities are ready to quit, they have the resources to do so.

NARAL Pro-Choice Oregon supports HB 2270's \$2 per pack increase in the cost of cigarettes, and Oregon's first-ever tax on e-cigarettes. In addition to funding healthcare for low-income individuals and families on Oregon Health Plan, the investments in public health will help stabilize long-term medical costs, and support tobacco cessation and prevention programs. According to estimates, this proposal will prevent an estimated 19,000 kids from ever being addicted to smoking or vaping, and help 31,000 Oregonians quit smoking, reducing our state's healthcare escalating costs due to tobacco use and improve our ability to ensure all Oregonians have equal access to a healthy life.

⁴ American Cancer Society, Cancer Action Network. (n.d.) Manipulating a sacred tradition: an investigation of commercial tobacco marketing & sales strategies on the Navajo nation and other native tribes. Retrieved from http://action.fightcancer.org/site/DocServer/Industry_Influence-Indian_Lands-Indian_Gaming.pdf?docID=8902

⁵ Cooper, C. (2015). American Indian imagery and cigarette branding. *National Native Network: Keep It Sacred*. Retrieved from <https://keepitsacred.itcni.org/2015/10/american-indian-imagery-and-cigarette-branding/>

⁶ Commercial tobacco. (2015). National Native Network: Keep It Sacred. Retrieved from <http://keepitsacred.itcni.org/tobacco-and-tradition/commercial-tobacco/>

⁷ Kirchner, T. R., Villanti, A. C., Cantrell, J., Anesetti-Rothermel, A., Ganz, O., Conway, K. P., . . . Abrams, D. B. (2015). Tobacco retail outlet advertising practices and proximity to schools, parks and public housing affect Synar underage sales violations in Washington, DC. *Tobacco Control*, 24(e1), e52-58. doi:10.1136/tobaccocontrol-2013-051239

⁸ Henriksen, L., Feighery, E. C., Schleicher, N. C., Cowling, D. W., Kline, R. S., & Fortmann, S. P. (2008). Is adolescent smoking related to the density and proximity of tobacco outlets and retail cigarette advertising near schools? *Preventative Medicine*, 47, 210-214

⁹ Tobacco is a social justice issue: low-income communities. (2017 January 31). Truth Initiative. Retrieved from <https://truthinitiative.org/news/smoking-and-low-income-communities>

¹⁰ Oregon Health Authority Public Health Division, Health Promotion and Chronic Disease Prevention Section. (2018). Oregon tobacco facts. Retrieved from <https://apps.state.or.us/Forms/Served/le9139.pdf>