



TO: House Regulatory Reform Committee

FROM: Ken Fletcher, Director of Advocacy

DATE: June 18, 2024

RE: Opposition to HB 5554 and 5555

Good morning, Mr. Chairman and members of the committee. I'm Ken Fletcher, Director of Advocacy for the American Lung Association in Michigan, and I'm here in opposition to HBs 5554 and 5555, which would weaken Michigan's Smoke-Free Indoor Air Act.

After a decade long campaign, the Michigan legislature passed the Dr. Ron Davis Smoke-Free Air Law on December 10, 2009, to preserve and improve the health, comfort, and environment of the people of the state by limiting exposure to secondhand smoke. Under the law, smoking is prohibited in public places and food service establishments. There is no logical reason to weaken this law and allow food and beverages to be served in hookah lounges.

Smoking is the leading cause of preventable illness and death in Michigan. Over 16,000 Michigan residents die each year because of tobacco products. Michigan spends almost \$5 billion a year on health care cost treating the effects of tobacco.¹ This legislature should be doing everything in its power to reduce the use of tobacco in Michigan.

Secondhand smoke is a serious health hazard causing more than 41,000 deaths per year. It can cause or make worse a wide range of damaging health effects in children and adults, including lung cancer, respiratory infections, and asthma.

There is no risk-free level of exposure to secondhand smoke and even short-term exposure potentially can increase the risk of heart attacks. Secondhand smoke causes approximately 7,330 deaths from lung cancer a 33,950 deaths from heart disease each year.²

¹ Health impact information is taken from the Smoking Attributable Mortality, Morbidity and Economic Costs (SAMMEC) software. Smoking attributable deaths reflect average annual estimates for the period 2005-2009 and are calculated for persons aged 35 years and older. Smoking-attributable healthcare expenditures based on 2004 smoking-attributable fractions and 2009 personal healthcare expenditure data.

² U.S. Department of Health and Human Services-The Health Consequences of Smoking-50 Years of Progress. 2014.

Secondhand smoke costs our economy \$5.6 billion per year due to lost productivity.³ The health of nonsmokers exposed to secondhand smoke at work is at increased risk. Levels of secondhand smoke in restaurants and bars were found to be 2-5 times higher than in residences with smokers, and 2-6 times higher than in office workplaces.⁴

The American Lung Association encourages the Michigan Legislature to instead focus on the comprehensive package of bills in the Michigan Senate that would regulate tobacco in Michigan. SBs 647-653 would do the following:

1. Requires tobacco retailers to be licensed, just like liquor retailers, so the state can enforce laws prohibiting the sale of tobacco to minors.
2. Ends the sale of flavored tobacco products including menthol.
3. Taxes e-cigarettes and vaping products containing nicotine for the first time and increase tobacco taxes with proceeds used to reduce tobacco use among youth.
4. Restores local control by allowing local communities to pass stronger tobacco regulations if they so choose.
5. Repeals penalties against minors for tobacco purchase, use and possession, which supporters say have been "ineffective."

Please protect Michigan residents and reject HB 5554 and 5555 which would weaken Michigan's Smoke-Free Indoor Air Act and instead focus on reducing the use of tobacco in Michigan.

Thank you for your time.

³ US Department of Health and Human Services. The Health Consequences of Smoking - 50 Years of Progress. 2014.

⁴ US Department of Health and Human Services. Report on Carcinogens 10th Edition 2002. National Toxicology Program.

Michigan Report Card



M I C H I G A N

Tobacco Prevention and Control Program Funding: **F**

FY2024 State Funding for Tobacco Control Programs:	\$2,194,000
FY2024 Federal Funding for State Tobacco Control Programs:	\$2,347,639*
FY2024 Total Funding for State Tobacco Control Programs:	\$4,541,639
CDC Best Practices State Spending Recommendation:	\$110,600,000
Percentage of CDC Recommended Level:	4.1%
State Tobacco-Related Revenue:	\$1,067,400,000

* Includes tobacco prevention and cessation funding provided to states from the Centers for Disease Control and Prevention.

Smokefree Air: **C**

OVERVIEW OF STATE SMOKING RESTRICTIONS

Government work sites:	Prohibited
Private work sites:	Prohibited
Schools:	Prohibited
Child care facilities:	Prohibited
Restaurants:	Prohibited
Bars:	Prohibited (allowed in cigar bars)
Casinos/Gaming Establishments:	Restricted (tribal establishments not subject to state law)
Retail stores:	Prohibited
E-Cigarettes Included:	No
Preemption/Local Opt-Out:	Yes
Citation:	MICH. COMP. LAWS §§ 333.12601 to 333.12615 & 333.12905 (2010).

Tobacco Taxes: **D**

CIGARETTE TAX:	
Tax Rate per pack of 20:	\$2.00
OTHER TOBACCO PRODUCT TAXES:	
Tax on Little Cigars:	Equalized: No; Weight-Based: No
Tax on Large Cigars:	Equalized: No; Weight-Based: No
Tax on Smokeless Tobacco:	Equalized: Yes; Weight-Based: No
Tax on Pipe/RYO Tobacco:	Equalized: Yes; Weight-Based: No
Tax on E-cigarettes:	Equalized: N/A; Weight-Based: N/A
For more information on tobacco taxes, go to: www.lung.org/slat	

Access to Cessation Services: **D***

OVERVIEW OF STATE CESSATION COVERAGE

STATE MEDICAID PROGRAM:	
Medicaid Medications:	All 7 medications are covered
Medicaid Counseling:	Some counseling is covered
Medicaid Barriers to Coverage:	Minimal barriers exist to access care
Medicaid Expansion:	Yes
STATE EMPLOYEE HEALTH PLAN(S):	
Medications:	Data not available
Counseling:	Data not available
Barriers to Coverage:	Data not available
STATE QUITLINE:	
Investment per Smoker:	\$0.80; the median investment per smoker is \$1.93
OTHER CESSATION PROVISIONS:	
Private Insurance Mandate:	No provision
Tobacco Surcharge:	No prohibition or limitation on tobacco surcharges
Citation: See Michigan Tobacco Cessation Coverage page for coverage details.	

* Michigan was not able to provide State Employee Health Plan tobacco cessation coverage data. This part of the grade was excluded from the grade calculation.

Flavored Tobacco Products: **F**

Restrictions on Flavored Tobacco Products:	No state law or regulation
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Michigan State Highlights:



Tobacco use remains the leading cause of preventable death and disease in the United States and in Michigan.

To address this enormous toll, the American Lung Association calls for the following actions to be taken by Michigan's elected officials:

1. Pass a law to license all tobacco retailers, including e-cigarette retailers;
2. Prohibit flavorings, including mint and menthol, for all tobacco products;
3. Eliminate purchase, use and possession laws and preemption of stronger local laws;
4. Increase cigarette taxes and match the tax on non-cigarette forms of tobacco like spit tobacco, cigars, hookah and e-cigarettes to the cigarette tax.

In the fall of 2023, a comprehensive, statewide, five bill tobacco reduction package was introduced in the state Senate that would implement this agenda. These bills address a broad range of topics, including setting up a comprehensive tobacco retail licensing system, repealing potentially preemptive language on tobacco sales in state law, increasing tobacco taxes and tobacco control program funding and eliminating the sale of all flavored tobacco products. It would be a ground-breaking package that has the potential to significantly reduce tobacco use rates. The Lung Association will continue to work with other health organizations to advocate for hearings to be held on the bills and for action taken in both houses of the legislature before the end of the 2024 legislative session.

In addition to those bills, there is more that Michigan policymakers could be doing. The state continues to only spend 4.1% of what is recommended by the Centers for Disease Control and Prevention for a state of our size. While there was a small but encouraging increase in funding for the first time in many years in the state budget for fiscal year 2024, Michigan needs to continue to increase spending on tobacco control and prevention. Increasing tobacco taxes and ensuring parity for all forms of tobacco will raise the revenue to increase spending.

Local efforts continue in Detroit and Grand Rapids to prohibit the sale of flavored tobacco products, should the statewide prohibition fail to be enacted. The Lung Association will work with partners in those communities to get flavored products off the market and to have the mechanisms in place to enforce

these ordinances. Data shows that flavored tobacco products attract young people to try these products. Over 80% of youth e-cigarette users use a flavored product, according to recently released national data.

As we look ahead to 2024, the American Lung Association in Michigan will continue to work with a broad coalition of stakeholders to advocate for evidence-based solutions to reduce the number of individuals using tobacco products, especially our youth.

Michigan State Facts

Health Care Cost Due to Smoking:	\$4,589,784,016
Adult Smoking Rate:	15.2%
High School Smoking Rate:	1.7%
High School Tobacco Use Rate:	14.1%
Middle School Smoking Rate:	N/A
Smoking Attributable Deaths:	16,170

Adult smoking data come from CDC's 2022 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use data come from the 2021 Youth Risk Behavior Surveillance System. A current middle school smoking rate is not available for this state.

Health impact information is taken from the Smoking Attributable Mortality, Morbidity and Economic Costs (SAMMEC) software. Smoking attributable deaths reflect average annual estimates for the period 2005-2009 and are calculated for persons aged 35 years and older. Smoking-attributable healthcare expenditures based on 2004 smoking-attributable fractions and 2009 personal healthcare expenditure data. Deaths and expenditures should not be compared by state.

M I C H I G A N