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By: Delegates Rosenberg, Frush, Hubbard, Oaks, and Pena-Melnyk

Introduced and read first time: February 6, 2014 Assigned to: Health and Government Operations

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AN ACT concerning

## A BILL ENTITLED

Report

2	Department of Health and Mental Hygiene - Cigarette Restitution Fund -

FOR the purpose of requiring the Department of Health and Mental Hygiene, on or before a certain date, to report to the General Assembly on funding necessary for Cigarette Restitution Fund-eligible programs to implement the actions recommended in a certain report; and generally relating to the Cigarette Restitution Fund and a report from the Department of Health and Mental Hygiene.

10 Preamble

WHEREAS, The Surgeon General of the United States has found that each day in the United States, more than 3,800 minors smoke their first cigarette and that more than 1,000 minors are daily smokers; and

WHEREAS, The Surgeon General of United States has found that one—fourth of all high school seniors and one—third of young adults smoke recreationally; and

WHEREAS, The Surgeon General of the United States has found that 99% of adults who are daily smokers started smoking when they were 26 years old or younger; and

WHEREAS, The Surgeon General of the United States has found that the vast majority of Americans who begin daily smoking during adolescence are addicted to nicotine by young adulthood; and

WHEREAS, The Surgeon General of the United States has found that early addiction to nicotine keeps people smoking, causing increased physical damage, such as early abdominal aortic atherosclerosis, which affects the flow of blood to vital



organs such as the lungs, as well as reduced lung growth that can increase the risk of chronic obstructive pulmonary disease later in life and reduced lung function; and

WHEREAS, The Surgeon General of the United States has found that adolescents and young adults are uniquely susceptible to social and environmental influences to use tobacco, and that tobacco companies spend billions of dollars on cigarette and smokeless tobacco marketing; and

WHEREAS, The Surgeon General of the United States has found that spending on cigarette marketing is 48% higher than in 1998, the year of the Master Settlement Agreement, and that expenditures for marketing smokeless tobacco are 277% higher than in 1998; and

WHEREAS, The Surgeon General of the United States has found that tobacco company expenditures have become increasingly concentrated on marketing efforts that reduce the prices of targeted tobacco products, and that these expenditures accounted for approximately 84% of cigarette marketing and more than 77% of the marketing of smokeless tobacco products in 2008; and

WHEREAS, The Surgeon General of the United States has found that evidence is sufficient to conclude that there is a causal relationship between advertising and promotional efforts of the tobacco companies and the initiation and progression of tobacco use among young people; and

WHEREAS, The Surgeon General of the United States has found that prevention efforts must focus on both adolescents and young adults; and

WHEREAS, The Surgeon General of the United States has found that coordinated high-impact interventions are effective in reducing the initiation and prevalence of smoking among youth; and

WHEREAS, The Surgeon General of the United States has found that interventions, including mass media campaigns, can be one of the most effective strategies in changing social norms and preventing youth smoking, including media advertisements designed for adults, which also decrease the prevalence of smoking among youth; and

WHEREAS, The Surgeon General of the United States has found that interventions, including raising state taxes on tobacco products, improve public health by reducing initiation, prevalence, and intensity of smoking among young people; and

WHEREAS, The Surgeon General of the United States has found that interventions should include statewide and municipal regulation of promotional activities traditionally used by the tobacco industry that are especially appealing to youth and young adults, including bans on cigarette advertising; and

WHEREAS, The Surgeon General of the United States has found that interventions should include school-based, family-based, and community-based programs that emphasize social influences, interactive delivery methods, and refusal skills; and

 WHEREAS, The Surgeon General of the United States has found that interventions should include the establishment of smoke-free public and workplace environments; and

WHEREAS, The Surgeon General of the United States has found that interventions, including mass media campaigns, price increases, school—based policies and programs, and statewide and community—level changes protecting people from secondhand smoke and norms are effective in reducing the initiation and prevalence of smoking among youth; now, therefore,

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That on or before November 1, 2014, the Department of Health and Mental Hygiene shall report to the General Assembly, in accordance with § 2–1246 of the State Government Article, on the funding necessary for Cigarette Restitution Fund-eligible programs to implement the actions recommended in the 2012 United States Department of Health and Human Services' Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General.

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect June 1, 2014.