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**Written Testimony Submitted for the Record to the  
House of Delegates  
Economic Matters Committee  
Business Regulation – Flavored Tobacco Products – Prohibition (HB 3)**

**February 6, 2020**

**SUPPORT**

Maryland PTA is the state's oldest and largest child advocacy organization that serves as a powerful voice for all children, a relevant resource for families, schools and communities and a strong advocate for public education. We represent thousands of volunteer members in 900 public schools and we are comprised of families, students, teachers, administrators, and business as well as community leaders devoted to the educational success of children and family engagement in Maryland. For 105 years, our mission has been to make every child's potential a reality by engaging and empowering families and communities to advocate for all children.

Maryland PTA submits this testimony in support of House Bill 3 ("HB 3") that would prohibit the sale of flavored tobacco products or electronic smoking devices.

The Center for Disease Control ("CDC") reports that as of January 21, 2020, there have been 2,711 hospitalizations or deaths in the United States and its territories due to e-cigarette, or vaping, product use. The Maryland Department of Health ("MDH") identified more than 50 individuals who developed severe lung illness after using e-cigarettes during the period of August through December 2019. MDH recommends refraining from use of all e-cigarettes and vaping products.

While the long-term effects of vaping are unknown, according to the CDC, the use of e-cigarettes is unsafe for kids, teens, and young adults. Most e-cigarettes contain nicotine. The U.S. Surgeon General reported nicotine is highly addictive and can harm adolescent brain development, which continues until about age 25.<sup>1</sup> E-cigarettes can contain other harmful substances besides nicotine. Young people who use e-cigarettes may be more likely to smoke cigarettes or use other drugs in the future.

Most e-cigarettes contain nicotine, the addictive drug in regular cigarettes, cigars, and other tobacco products. A recent CDC study found that 99% of the e-cigarettes sold in the United States contained nicotine. Some e-cigarette labels do not disclose that they contain nicotine, and some e-cigarettes misrepresent their nicotine content.

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<sup>1</sup> US Department of Health and Human Services. (2016). *E-cigarette Use among Youth and Young Adults: A Report of the Surgeon General*.

Using nicotine in adolescence can harm the parts of the brain that control attention, learning, mood, and impulse control. Each time a new memory is created or a new skill is learned, stronger connections or synapses are built between brain cells. Young people’s brains build synapses faster than adult brains, and nicotine changes the way these synapses are formed.

Scientists are still learning about the long-term health effects of e-cigarettes. Some of the ingredients in e-cigarette aerosol could also be harmful to the lungs in the long-term. For example, some e-cigarette flavorings may be safe to eat, but not to inhale because the digestive system can process more substances than the lungs. Additionally, children and adults have been poisoned by swallowing, breathing, or absorbing e-cigarette liquid through their skin or eyes. CDC data indicates approximately 50% of calls nationwide to poison control centers for e-cigarettes are for kids 5 years of age or younger.

Moreover, defective e-cigarette batteries have caused fires and explosions, resulting in serious injuries.

The tremendous, negative public health effects of flavored tobacco products on young people and minority populations have been known for some time. The Family Smoking Prevention and Tobacco Control Act (the “Tobacco Control Act”), enacted in 2009, prohibited the sale of most flavored cigarettes, but the flavor ban did not extend to menthol flavored cigarettes or to any flavored non-cigarette tobacco products such as cigars, hookahs, and e-cigarettes. Studies demonstrate, however, that flavored tobacco products, particularly menthol cigarettes, are used at disproportionately higher rates by racial and ethnic minority smokers, LGBTQ smokers, and teen smokers. The rapid rise in youth use of flavored e-cigarettes and the recent epidemic of vaping-related lung injuries have heightened awareness and concern.

Currently, hundreds of e-cigarette brands are available in thousands of kid-friendly flavors. Sales of flavored cigars increased by nearly 50% since 2008, and now comprise a majority of the cigar market. Flavorings in tobacco products make them more appealing to young people, masking the harshness of cigarette smoke and nicotine. Over 80% of young people who use tobacco products report starting with a flavored product. And, flavors such as menthol can make quitting tobacco products more difficult.

In 2018, the Surgeon General declared youth vaping an epidemic and a serious public health concern due in part to the availability of kid-friendly flavors. According to the recent National Youth Tobacco survey, the use of e-cigarettes among high school students continues to rise – from 20.8% in 2018 to 27.5% in 2019. On September 11, 2019, the White House announced plans to act to ban flavored e-cigarettes, including menthol flavored products, and the U.S. Food and Drug Administration will reportedly develop guidelines to prohibit all e-cigarette flavors, excluding tobacco flavor.

Maryland PTA believes HB 3 is important for the health of our children. The best way to protect them from the potential injuries associated with flavored tobacco products is to ban their sale to youth. The lives extended or saved due to a ban on flavored tobacco products is worth far more than the tax revenue we expect to lose. Additionally, the ban might help save on the cost of healthcare for low-income children on Medicaid who become ill because of vaping or smoking flavored tobacco.

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Even though we do not know the long-term effects of flavored tobacco products, the recent occurrences of severe lung illnesses and deaths indicate an outright ban is the best public policy. In the interest of protecting our children, Maryland PTA supports HB 3 and recommends a favorable report.

Respectfully Submitted,



Dr. Edna Harvin Battle  
President