



## Written Testimony in support of SB 378 to the Senate Finance Committee

February 11, 2021

Submitted by Meghan Kissell, Regional Advocacy Director, Campaign for Tobacco-Free Kids

The Campaign for Tobacco-Free Kids submits these written comments in support in support of SB 378: Baltimore City - Cigarettes, Other Tobacco Products, and Electronic Smoking Devices - Local Laws Authorization. The Campaign for Tobacco-Free Kids is the nation's largest non-profit, non-governmental advocacy organization solely devoted to reducing tobacco use and its deadly toll by advocating for public policies that prevent kids from using tobacco, help smokers quit and protect everyone from secondhand smoke.

Even though Maryland has made great strides in reducing tobacco use, tobacco use remains the number one preventable cause of premature death and disease in Maryland and the nation, killing over 7,500 residents every year.<sup>1</sup> The scientific evidence shows that the most effective way to reduce tobacco use is through a comprehensive approach. This includes promoting and funding cessation programs, removing flavored tobacco products that lure kids to a deadly addiction, and by giving local jurisdictions the tools necessary to enact and enforce tobacco control policies that make sense for their community.

The strongest, most innovative and effective tobacco control policies have most often originated at the local level, yet state preemption prohibits communities like Baltimore City, from enacting and enforcing laws that are responsive to the community. With more than 1,300 retail establishments licensed to sell tobacco products, Baltimore City has the largest number of licensed cigarette retailers of any jurisdiction in the State of Maryland.<sup>2</sup> Baltimore has 63 times more tobacco retailers than McDonald's restaurants.<sup>3</sup> Accordingly, it is no coincidence that the prevalence of tobacco usage in Baltimore City is one of the highest in the state,<sup>4</sup> and likewise, Baltimore City has some of the highest rates of morbidity and mortality associated with tobacco use.<sup>5</sup>

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<sup>1</sup> National: U.S. Department of Health and Human Services (HHS), "The Health Consequences of Smoking – 50 Years of Progress A Report of the Surgeon General 2014. State: Centers for Disease Control and Prevention (CDC), *Best Practices for Comprehensive Tobacco Control Programs—2014*, [http://www.cdc.gov/tobacco/stateandcommunity/best\\_practices/](http://www.cdc.gov/tobacco/stateandcommunity/best_practices/).

<sup>2</sup> Baltimore City Health Department. 2017 Community Health Assessment, September 2017

<sup>3</sup> Tobacco Retailer Density Fact Sheet for Baltimore, MD (May, 2020), Advancing Science & Practice in the Retail Environment (ASPIRE, [aspirecenter.org](http://aspirecenter.org)), funded by the National Cancer Institute #P01-CA225597.

<sup>4</sup> Maryland Department of Health. Monitoring Changing Tobacco Use Behaviors: 2000-2016. Baltimore: Maryland Department of Health, Prevention and Health Promotion Administration, Cancer and Chronic Disease Bureau, Center for Tobacco Prevention and Control, May 2018.

<sup>5</sup> *Id.*

While the city has made great strides in reducing youth smoking, state preemption has created a bifurcated system of enforcement of laws between the Baltimore City Health Department (BCHD) and the State Comptroller's office. This legislation would clarify that Baltimore City is able to enact local laws regulating the sale and distribution of cigarettes, other tobacco products, and electronic smoking devices. It would allow the city to explore evidence-based tobacco control measures such as having penalties for failing to display legally required signage, penalties for avoiding cigarette taxes, and the possibility of shuttering a retailer for repeat violations of certain tobacco laws.

When the state prevents communities from passing their own laws, they silence the voice of the people, and hurt the communities' health, safety, and economic wellbeing. Our state tobacco control laws should be seen as a floor, not a ceiling, for how to respond to the preventable health crisis in Baltimore. For these reasons, we respectfully request a favorable report on SB 378.