



Memorandum In Opposition to HB 812

Delegate Long

House Environment & Transportation Committee

March 8, 2024

American Cancer Society Cancer Action Network is the nonprofit nonpartisan advocacy affiliate of the American Cancer Society. ACS CAN empowers cancer patients, survivors, their families and other experts on the disease, amplifying their voices and public policy matters that are relevant to the cancer community at all levels of government. We support evidence-based policy and legislative solutions designed to eliminate cancer as a major health problem. On behalf of our constituents, many of whom have been personally affected by cancer, we respectfully oppose the passage of HB 812.

In 2024, it is estimated that 36,410 Marylanders will hear the chilling phrase “you have cancer.” It’s also estimated that almost 10,310 will die from cancer.¹ 27.3% of cancer deaths in Maryland are attributable to smoking according to the American Cancer Society.²

Here in Maryland 18.2% of adults use any tobacco product, including 12.5% who use cigarettes.³ Tobacco product use among youth is much too high, 5.0% of Maryland high school students smoke cigarettes, 6.0% smoke cigars, 4.6% use smokeless tobacco, and 23% use electronic smoking devices.⁴

HB 812 permanently extends a requirement beyond fiscal 2025 that the Governor include funding in the annual budget bill to the Tri-County Council for Southern Maryland (TCC) from the Cigarette Restitution Fund (CRF). The bill also increases the required annual appropriation from \$900,000 to \$1,000,000 and authorizes, but does not require, the Governor to include in the annual budget bill an appropriation to TCC from CRF equal to 5% of the amount allocated to the State for that fiscal year under the cigarette Master Settlement Agreement (MSA). ACS CAN has significant concerns regarding redirecting monies within an already underfunded Cigarette Restitution Fund which supports numerous public health initiatives. The Centers for Disease Control & Prevention already cite Maryland as spending less than half the best practice recommended annual investment.

According to the Maryland Department of Health, *“In 2000, the Maryland General Assembly created the Cigarette Restitution Fund (CRF) Program with funds derived from the 1998 Master Tobacco Settlement Agreement with the tobacco industry. The goal of the CRF Program is to implement strategies to reduce the burden of tobacco related disease in Maryland, with a specific emphasis on tobacco use prevention and cessation and cancer prevention, early detection, and treatment. As a result of the CRF Program, Maryland has created focused tobacco-use prevention and cessation programs, cancer prevention, education, and screening programs, cancer research programs, and a strong statewide network of cancer and tobacco local community health coalitions.*

¹ American Cancer Society. Maryland Cancer Facts and Figures 2024. Atlanta: American Cancer Society; 2024.

² Lortet-Tieulent J, Goding Sauer, A, Siegel, RL, Miller, KD, Islami, F, Fedewa, SA, Jacobs, EJ, Jemal A. State-Level Cancer Mortality Attributable to Cigarette Smoking in the United States. JAMA Internal Medicine. Published online October 24, 2016.

³ Maryland Department of Health. BRFS 2018. Unpublished. Local Health Department Tobacco Control Meeting, November 21, 2019.

⁴ Maryland Department of Health. YRBS/YTS 2019. Unpublished. Local Health Department Tobacco Control Meeting, November 21, 2019.



The CRF Program is administered by the Family Health Administration within the Department of Health and Mental Hygiene. The two main components of the CRF Program are the Tobacco Use Prevention and Cessation Program and the Cancer Prevention, Education, Screening, and Treatment Program.”

The 2020 Surgeon General report *Smoking Cessation: A Report of the Surgeon General* states that, “population-based strategies are aimed at influencing tobacco cessation at a macro level by motivating smokers to quit and by providing an environment that supports or simplifies efforts to quit or lowers barriers to quitting that smokers might encounter.”⁵ It also notes that, “population-based strategies include increasing the price of and/or the tax on cigarettes and other tobacco products, restricting where tobacco can be used by implementing smoke-free and tobacco-free policies, **and adequately funding tobacco control programs at the state level will decrease prevalence of tobacco use.**”⁶ (Emphasis added)

We encourage the sponsors to seek out alternative funding mechanisms to realize the goals of this proposal. Given the already underfunded status of the CRF, and the ever-increasing need to combat youth engagement with tobacco products of all kinds, ACS CAN urges an unfavorable report of HB 812 as written.

⁵ U.S. Department of Health and Human Services (HHS). *Smoking Cessation: A Report of the Surgeon General- Executive Summary*. Rockville, MD. U. S. Department of Health and Human Services, Public Health Service, Office of the Surgeon General; 2020. Available at <https://www.hhs.gov/sites/default/files/2020-cessation-sgr-executive-summary.pdf>.

⁶ U.S. Department of Health and Human Services (HHS). *Smoking Cessation: A Report of the Surgeon General- Executive Summary*. Rockville, MD. U. S. Department of Health and Human Services, Public Health Service, Office of the Surgeon General; 2020. Available at <https://www.hhs.gov/sites/default/files/2020-cessation-sgr-executive-summary.pdf>.