



DEPARTMENT OF HEALTH

Wes Moore, Governor · Aruna Miller, Lt. Governor · Meena Seshamani, M.D., Ph.D., Secretary

March 4, 2026

The Honorable Kriselda Valderrama
Chair, House Economic Matters Committee
Room 231, House Office Building
Annapolis, MD 21401-1991

RE: House Bill 1282 – Tobacco Products, Other Tobacco Products, and Electronic Smoking Devices - Advertising to Minors - Prohibition – Letter of Information

Dear Chair Valderrama and Committee members:

The Maryland Department of Health (the Department) respectfully submits this letter of information for House Bill (HB) 1282 – Tobacco Products, Other Tobacco Products, and Electronic Smoking Devices - Advertising to Minors - Prohibition. HB 1282 prohibits licensed cigarette, other tobacco product (OTP), and electronic smoking device (ESD) retailers from directly or indirectly advertising or marketing certain tobacco products to people under 21 years old and places additional restrictions on tobacco product advertising, marketing, labeling, and packaging.

HB 1282 aligns with evidence-based public health practices, such as countermarketing the tobacco industry, that are meant to prevent youth tobacco use, including restricting the contents (i.e., images and likenesses popular with or appealing to youth) and placement of tobacco product advertisements. Youth exposed to tobacco product advertising, including outdoor billboards, are more likely to perceive tobacco products as less harmful and to try them.¹ Long-standing tobacco control protections grounded in decades of evidence link advertising exposure to youth initiation. Protections issued under the Master Settlement Agreement (MSA),² complemented by the Family Smoking Prevention and Tobacco Control Act of 2009,³ include limitations on health claims, sponsorships, cross-promotions, and signage, and are established public health best practices.⁴ However, while cigarette product advertising is limited in some capacity at the federal level through the MSA, no such restrictions exist for OTP or ESDs.⁵ Additionally, the tobacco industry expends an estimated \$95.4 million annually on marketing

¹ <https://pmc.ncbi.nlm.nih.gov/articles/PMC9872832/>

² The Master Settlement Agreement. National Association of Attorneys General. Retried February 24, 2026 from <https://www.naag.org/our-work/naag-center-for-tobacco-and-public-health/the-master-settlement-agreement/>

³ Family Smoking Prevention and Tobacco Control Act. Retrieved February 23, 2026 from <https://www.govinfo.gov/content/pkg/PLAW-111publ31/pdf/PLAW-111publ31.pdf>

⁴ Family Smoking Prevention and Tobacco Control Act. Retrieved February 23, 2026 from <https://www.govinfo.gov/content/pkg/PLAW-111publ31/pdf/PLAW-111publ31.pdf>

⁵ <https://www.fda.gov/tobacco-products/products-guidance-regulations/advertising-and-promotion>

within Maryland, which disproportionately impacts youth.⁶ Experience demonstrates that once youth use becomes widespread, reversing those trends is difficult and costly.

HB 1282 makes these prohibitions subject to certain fines and penalties for tobacco retailers who violate these restrictions. Although fines and criminal penalties are effective ways to ensure retailers comply with tobacco laws, there is no explicit enforcement mechanism or entity responsible for ensuring retailers comply with relevant laws within the bill. While HB 1282 prohibits advertising tobacco products, OTPs, and ESDs on outdoor sign boards and billboards within 500 feet (i.e., approximately two city blocks) of a school, the Department notes that there are other youth serving areas apart from schools, such as playgrounds, parks, and child care centers, where youth exposure to outdoor advertisements can occur. Zoning limits are a best practice for reducing advertising and tobacco retailer density, both of which historically congregate in low income and minority communities.^{7,8} Although distance caps vary between states and local jurisdictions, 500 feet is typically the minimum threshold and larger thresholds (e.g., 1000 feet or higher) yield the greatest public health benefit.⁹

The Department appreciates the opportunity to share this information. If you would like to discuss this further, please do not hesitate to contact Meghan Lynch, Director of Governmental Affairs at meghan.lynch@maryland.gov.

Sincerely,



Meena Seshamani, M.D., Ph.D.
Secretary of Health

⁶ The Toll of Tobacco in Maryland. Campaign for Tobacco Free Kids. Retrieved February 23, 2026 from <https://www.tobaccofreekids.org/problem/toll-us/maryland>

⁷ Evidence Based Guide for States. Centers for Disease Control and Prevention. Retrieved February 24, 2026 from <https://www.cdc.gov/tobacco/php/state-and-community-work/guides-for-states.html>

⁸ Fakunle DO, Milam AJ, Furr-Holden CD, Butler J 3rd, Thorpe RJ Jr, LaVeist TA. The inequitable distribution of tobacco outlet density: the role of income in two Black Mid-Atlantic geopolitical areas. *Public Health*. 2016 Jul;136:35-40. doi: 10.1016/j.puhe.2016.02.032. Epub 2016 Apr 10. PMID: 27076440; PMCID: PMC4930734.

⁹ Glasser AM, Roberts ME. Retailer density reduction approaches to tobacco control: A review. *Health Place*. 2021 Jan;67:102342. doi: 10.1016/j.healthplace.2020.102342. Epub 2020 Apr 27. PMID: 33526207; PMCID: PMC7856310.