



***Mission:*** To improve public health in Maryland through education and advocacy ***Vision:*** Healthy Marylanders living in Healthy Communities

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**WRITTEN TESTIMONY IN SUPPORT OF HOUSE BILL 918**  
**Baltimore City - Cigarettes, Other Tobacco Products, and Electronic Smoking Devices -**  
**Local Laws Authorization**  
**Committee: Economic Matters**  
**By: Maryland Public Health Association (MdpHA)**  
**Hearing Date: March 4, 2026**

Dear Chair Valderrama and Members of the House Economic Matters Committee, thank you for the opportunity to testify in favor of House Bill 918, which would authorize Baltimore City to enact and enforce local laws regulating the sale and distribution of tobacco products and electronic smoking devices to address local public health needs.

Baltimore City has been disproportionately impacted by tobacco use and its associated health consequences for decades. Rates of tobacco-related illness, premature mortality, and youth exposure remain higher in Baltimore City than in many other parts of the state. This reflects long-standing structural inequities, a concentrated retail environment, and aggressive marketing of tobacco and electronic smoking devices in urban communities<sup>1-3</sup>. These realities require tailored, place-based solutions.

House Bill 918 is a necessary and timely policy that empowers Baltimore City to respond directly to this public health challenge. By authorizing the City to enact and enforce local laws regulating the sale and distribution of cigarettes, other tobacco products, and electronic smoking devices, provided those laws are at least as stringent as state law, the bill offers flexibility to meet local needs while maintaining statewide consistency. Evidence from jurisdictions across the United States shows that local authority to adopt stronger tobacco control measures leads to meaningful public health improvements. Cities that have implemented stricter local tobacco and smoke-free policies have documented reductions in tobacco consumption, decreased exposure to secondhand smoke, and measurable improvements in cardiovascular health outcomes, including significant declines in hospital admissions for acute myocardial infarction following implementation of local ordinances<sup>4-6</sup>. Local control also helps communities close enforcement gaps, reduce youth access, and respond more quickly to emerging products such as flavored electronic smoking devices<sup>7</sup>. This avoids one-size-fits-all approaches that have historically limited Baltimore City's ability to implement effective, locally responsive tobacco control strategies.

Importantly, HB 918 preserves state authority over licensing and taxation, ensuring regulatory balance while removing barriers that prevent Baltimore City from protecting its residents. This approach strengthens, rather than fragments, Maryland's tobacco control framework. As an

association deeply engaged in policy and community-based work focused on equity, we strongly believe local governments must be empowered to implement evidence-based strategies that reflect local realities. HB 918 does exactly that.

For these reasons, we respectfully urge a favorable report on House Bill 918.

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## References

- <sup>1</sup> Maryland Department of Health. (2024). Maryland Department of Health releases 2022–2023 Youth Risk Behavior Survey and Youth Tobacco Survey data.  
<https://health.maryland.gov/newsroom/Pages/Maryland-Department-of-Health-releases-2022-2023-Youth-Risk-Behavior-Survey-and-Youth-Tobacco-Survey-data.aspx>
- <sup>2</sup> ASPIRE Center (National Cancer Institute–funded). (2020). Tobacco Retailer Density Fact Sheet: Baltimore City, Maryland.  
[https://aspirecenter.org/wp-content/uploads/2020/05/RetailerDensityFactSheet\\_Baltimore.pdf](https://aspirecenter.org/wp-content/uploads/2020/05/RetailerDensityFactSheet_Baltimore.pdf)
- <sup>3</sup> Galiatsatos, P., et al. (2018). Neighborhood characteristics and health outcomes in urban communities. *Journal of Urban Health*, 95(1), 33–44.
- <sup>4</sup> Sargent, R. P., Shepard, R. M., & Glantz, S. A. (2004). Reduced incidence of admissions for myocardial infarction associated with a public smoking ban. *BMJ*, 328(7446), 977–980.
- <sup>5</sup> Bartecchi, C., et al. (2006). Reduction in hospital admissions for acute myocardial infarction after implementation of a smoke-free ordinance. *Circulation*, 114(14), 1490–1496.
- <sup>6</sup> Lightwood, J. M., et al. (2009). Declines in acute myocardial infarction after smoke-free laws. *Circulation*, 120(14), 1373–1379.
- <sup>7</sup> U.S. Surgeon General. (2016). E-cigarette use among youth and young adults: A report of the Surgeon General. U.S. Department of Health and Human Services.

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The Maryland Public Health Association (MdPHA) is a nonprofit, statewide organization of public health professionals dedicated to improving the lives of all Marylanders through education, advocacy, and collaboration. We support public policies consistent with our vision of healthy Marylanders living in healthy, equitable, communities. MdPHA is the state affiliate of the American Public Health Association, a nearly 145-year-old professional organization dedicated to improving population health and reducing the health disparities that plague our state and our nation.

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