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Kansas Health Foundation

Testimony for Senate Assessment and Taxation Committee in favor of increasing tobacco taxes

Chairman Les Donovan and Members of the Committee:

Background on Kansas Health Foundation

The Kansas Health Foundation is the largest health philanthropy in our state. Since 1985, we have provided more than \$500 million in grants to Kansas communities and organizations. We are working to improve the health of all Kansans and hope every Kansan will have the opportunity to lead a healthy, productive life.

Reducing the tremendous toll tobacco use has on Kansas is one of our foundation's most important goals. Tobacco use, specifically cigarette smoking, is the leading cause of preventable disease and death in Kansas. Smoking rates are high among those covered by KanCare and the uninsured. Treatment for smoking-related illnesses costs Kansas over \$1 billion annually. Every Kansan pays for these costs through higher health insurance premiums and taxes. Reducing these costs will help all Kansans.

Kansas Is Falling Behind

Unfortunately, Kansas has fallen behind much of the nation in reducing cigarette smoking and the costs of tobacco use. In fact, over the last two decades, 37 states have made greater progress than Kansas. Figure 1 attached to my testimony compares Kansas with the five states that have seen the greatest reductions in adult smoking since 1995. Texas and the other top five states have cut their smoking rates by 25 percent or more. Kansas has seen less than a 10 percent reduction.

We know most smokers want to quit, and many smokers try to quit every year. We also know nicotine is an addictive drug, and it often takes multiple quit attempts before smokers quit for good.

The states making greater progress see more smokers trying to quit – and many more of them actually quitting – than we see in Kansas. A 2012 report found Kansas ranked 48th in the nation – nearly last – in the percent of adult smokers trying to quit. Figure 2 in my written testimony illustrates how Kansas compared to the national average and to the best state in the nation. These differences represent tens of thousands of Kansans. If Kansas were simply at the national average, there would be nearly 40,000 more Kansans making quit attempts every year.

Why Is Kansas Falling Behind?

There are many factors that motivate smokers to quit – some personal and some environmental. I do not believe Kansas smokers are less likely to understand the health risks of smoking than smokers in other states. I don't believe family members of Kansas smokers are less likely to encourage their loved ones to quit than family members of smokers in other states. I don't believe there are significant personal differences between the roughly 400,000 smokers in Kansas and smokers in the rest of the United States. However, there are differences between Kansas and many other states.

Kansas has not increased the tax on cigarettes in over a decade. Kansas ranks 41st in the nation in per capita state funding for smoking cessation programs. Most other states have taken greater action to address tobacco use. Compared to these states, Kansas is slipping in smoking-related health indicators, particularly in deaths related to cancer and heart disease. Unless we act to make greater progress, Kansas will likely see higher health care costs than the states making more progress.

Smokers With Low Incomes and Disabilities Want to Quit

Smoking rates are highest among Kansans with the lowest levels of income. This pattern exists in every state. National estimates suggest one-third of all adults on Medicaid and one-in-five pregnant women on Medicaid smoke cigarettes. As you know, smoking is one of the key cost drivers for Medicaid programs. The average annual state and federal tax burden related to tobacco use is \$825 for every Kansas household.

Members of the Committee, there is a tremendous opportunity to change this. Recent data from the Kansas Department of Health and Environment show 70 percent of Kansas smokers with lower incomes or disabilities want to quit [presented in Table 1 of attachments]. In fact, one-third of these smokers want to quit in the next six months.

Raising Taxes Makes Health and Economic Sense for Kansas

Increasing tobacco taxes will reduce smoking and improve health in Kansas. Raising the cigarette tax by \$1.50 will reduce the number of Kansas children who smoke by 20 percent. That is 26,000 Kansas kids who will never experience the devastating personal toll of tobacco. Dramatically reducing youth smoking will benefit the entire generation of children alive today by reducing future health care costs.

As a result of raising tobacco taxes at the rates considered, nearly 25,000 adult smokers will quit. These Kansans will experience nearly immediate improvement in health.

Members of the Committee, we respectfully ask you to support increasing tobacco taxes as outlined in SB 233 to help make Kansas a healthier state.

Figure 1. Change in Adult Smoking Prevalence

	1995 Smoking Rate	2013 Smoking Rate	Amount of Reduction 1995-2013	Rank
Texas	23.7	15.9	-32.9%	1st
Rhode Island	24.7	17.4	-29.6%	2nd
Arizona	22.9	16.3	-28.8%	3rd
Florida	23.2	16.8	-27.6%	4th
Nevada	26.4	19.4	-26.5%	5th
Kansas	22.0	20.0	-9.1%	38th

Source: Behavioral Risk Factor Surveillance System, <http://www.cdc.gov/brfss>.
Accessed March 20, 2015.

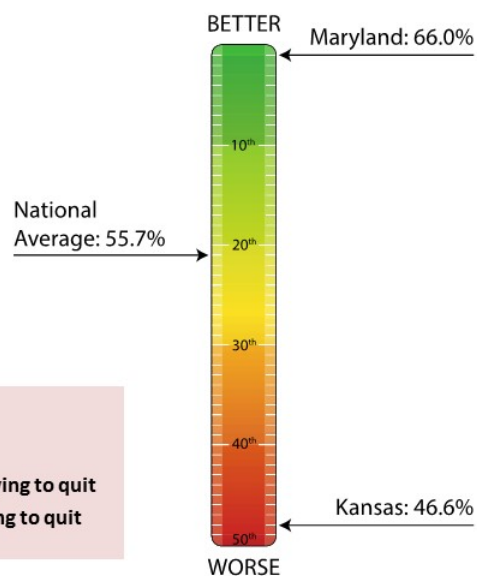
Figure 2. Percent of Smokers Trying to Quit

The percentage of adult smokers in Kansas trying to quit smoking is very low.

**In 2012, Kansas ranked
48th among states**

Population Impact:

Kansas vs. National Average: **-39,494 fewer** Kansans trying to quit
Kansas vs. Best in Nation: **-84,196 fewer** Kansans trying to quit



Source: Centers for Disease Control and Prevention. Tobacco Control State Highlights 2012.

Table 1. Kansas Smoking Cessation Rates Based on Income and Disability Status

	Percent of smokers who tried to quit during past 12 months	Percent of smokers who want to quit	Percent of smokers who plan to quit in the next 6 months
Household Income			
Less than 15K	42.6%	69.4%	32.6%
15K to 24,999	43.7%	59.3%	27.7%
25K to 34,999	35.8%	59.1%	30.6%
35K to 49,999	47.6%	70.7%	33.5%
50K or more	39.1%	64.0%	28.8%
Disability status ^a			
Yes	43.7%	71.0%	35.1%

^a Disability status defined by responding yes to "Are you limited in any way in any activities because of physical, mental, or emotional problems?"

Source: The 2012-2013 Kansas Adult Tobacco Survey, Bureau of Health Promotion, Kansas Department of Health and Environment, with funding support from the Kansas Health Foundation.