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Senate Committee on Assessment and Taxation
Hearing on SB 233
March 24, 2015

Chairman Donovan and members of the Committee, thank you for the opportunity to testify in favor of SB 233. My name is Tanya Dorf Brunner, and I am the Executive Director of Oral Health Kansas, Inc. We are the statewide advocacy organization dedicated to promoting the importance of lifelong dental health by shaping policy and educating the public so Kansans know that all mouths matter. We achieve our mission through advocacy, public awareness, and education. Oral Health Kansas has over 1,100 supporters, including dentists, dental hygienists, educators, safety net clinics, charitable foundations, and advocates for children, people with disabilities and older Kansans.

Our organization favors raising taxes on cigarettes and other tobacco products (OTP) as a proven way to prevent Kansans, especially children and pregnant women, from taking up the tobacco habit and motivating current users to quit. Cigarettes and OTPs are known carcinogens. According to the Oral Cancer Foundation, every hour of every day, one person dies of oral or pharyngeal cancer. Of the people diagnosed this year, only about half will survive—a rate virtually unchanged in the past decade. The survival rates for these cancers is dismal because they are often diagnosed too late for effective treatment.

With the creation of the KanCare program, adult beneficiaries now can access comprehensive dental exams once per year, which includes screening for cancers of the head and neck. Oral Health Kansas applauds this new pathway to diagnosis. Ideally, though, individuals would benefit from not developing these diseases in the first place. Estimates from the Campaign for Tobacco Free Kids show that increasing taxes would keep 26,800 teens from becoming adult smokers, reduce the youth smoking rate 20.2 percent, and 24,800 current adult smokers would quit. These are real people, with lives to lead, jobs to create, children to raise and Kansas basketball teams to cheer on. Tobacco products rob them of their future and cost Kansans taxpayers dearly.

Annual smoking-related Medicaid expenditures are $196 million. The Campaign for Tobacco Free Kids analysis shows Kansas saving $3.17 million in tobacco-related Medicaid costs over the next five years—a drop in the bucket, compared to the $1 billion in long-term cost savings the state will enjoy by preventing tobacco-related health conditions over the decades. The

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obvious upshot to these numbers is that the state will simultaneously generate revenue.

Kansas has spent far too many years not taking advantage of a revenue stream with virtually no downsides. Taxes on tobacco products are widely supported by voters (70 percent in a 2013 survey) and are one of the most stable revenue streams for state governments. Yet Kansas has not raised taxes on other tobacco products in 42 years. We encourage this committee to significantly increase the tax on OTPs—to 58 percent of wholesale value—and show the public that these products cause cancer and are not a low cost alternative to cigarettes. Oral Health Kansas also supports a $1.50 per pack increase in the cigarette tax.

The relationship between increased taxes and declines in tobacco use among youth are well documented. This is an easy tool for policymakers to use to dissuade young people from fighting a lifelong addiction borne of immature decision-making abilities. A 2007 Kansas Adult Tobacco Survey showed that 73 percent of current adult smokers started before or around age 18. A deluge of research in the last two decades has revealed more about the way adolescent brains work. The prefrontal cortex—often referred to as the brain's CEO—is the last area to fully develop, often not reaching maturity until a young person's early 20's. The final cerebral "skills" to develop are those responsible for the risk/reward calculations, impulse control, planning and judgment. It is no wonder, then, that 2,900 Kansas children become smokers every year. As part of the community of adults responsible for the well-being of the state's children, we encourage lawmakers to help children make the right decision for their lifelong health and avoid cigarettes and other tobacco products.

The other children who are vulnerable to and affected by tobacco are the unborn. Kansas has an above-average (12.5 percent) number of women who smoke during pregnancy. Tobacco exposure in utero contributes to premature births, low-birth weights and sudden infant death syndrome, all of which drive up health care costs and can have negative, long-term consequences for babies and families. According to the Campaign for Tobacco Free Kids, pregnant women are as price sensitive as children; tobacco consumption among pregnant women decreases 7 percent with every 10 percent price increase.

Finally, Oral Health Kansas encourages the committee to invest a portion of the revenue from tobacco tax increases in comprehensive tobacco control programs. The declines in tobacco use in the past few decades represent some of the biggest "wins" for public health since water sanitation and shoes. Kansans should reap the benefits from tobacco control programs with proven results. Thank you for your consideration.