

## **Tobacco Prevention and Control Funding Campaign Internal Talking Points**

### **Background**

Pennsylvania receives Master Settlement Agreement (MSA) funds from the tobacco industry in order to compensate the state for the harm caused by tobacco use. Act 77 of 2001 created the Tobacco Settlement Fund (TSF) to receive the revenues from the Master Settlement Agreement that was reached with the five major tobacco companies on December 17, 1999. A portion of the TSF was established to provide funding to tobacco prevention and cessation services. Currently, less than 5% of funding supports these services and due to securitization in 2017, these programs are at an increased risk of losing funding annually.

**Maintaining tobacco prevention and control funding is always critical to preventing death and disease as well as reducing healthcare costs, and it is particularly essential during the COVID-19 pandemic.** The Centers for Disease Control and Prevention (CDC) has identified smokers as a group of people who are at an increased risk for severe illness if they contract the disease.<sup>1</sup>

### **Facts/Statistics**

- While more research into COVID-19 is needed, a recent study published by the New England Journal of Medicine found **people who smoke were more than twice as likely to have severe symptoms from COVID-19** compared to those who did not smoke.
- Cigarette smoking and vaping are linked to lung inflammation, as well as reduced lung and immune function, all of which **can increase the likelihood of complications if exposed to COVID-19**. Therefore, long-term smokers have a higher risk of developing chronic lung conditions and serious infections associated with severe cases.<sup>2</sup>
- Tobacco prevention and cessation programs are a smart investment for states that want to save lives and save money by reducing smoking-related healthcare costs. **Tobacco use kills more than 22,000 adults in Pennsylvania every year and costs taxpayers \$14 billion annually**; including \$6.38 billion in health care costs—\$2.07 million to the State Medicaid Program.<sup>3</sup>

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<sup>1</sup> CDC. (2021). <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>

<sup>2</sup> American Lung Association. (2021). <https://www.lung.org/lung-health-diseases/lung-disease-lookup/covid-19/faq>

<sup>3</sup> Campaign for Tobacco-Free Kids. (2020). <https://www.tobaccofreekids.org/problem/toll-us/pennsylvania>

- Funding for prevention and treatment programs yields significant return on investment. **For every dollar spent on tobacco prevention, states reduce tobacco-related healthcare expenditures and hospitalizations by up to \$55.**<sup>4</sup> Pennsylvania currently funds smoking cessation programs for people who want to quit, including the Pennsylvania Free Quitline and local, in-person group programs across the state. Between July 1, 2019 and June 30, 2020, **nearly 28,000 call attempts were made** to 1-800-QUIT-NOW from Pennsylvania phone numbers.<sup>5</sup>
- **Every year, 3,700 new Pennsylvania youth become regular daily smokers, and one-third of them will die a premature death** as a result.<sup>6</sup> However, studies have shown that when states invest in tobacco prevention programs, they lower youth smoking rates and overall tobacco use.
- Right now, **tobacco prevention programs are making a difference in Pennsylvania.** Since 2001, smoking rates, youth access to tobacco, and youth initiation of cigarettes and most other tobacco products have declined in Pennsylvania.
- This success is overshadowed by the fact that e-cigarette use has risen at alarming rates. From 2017 to 2019, **e-cigarette use increased 135% among high school students** and close to 212% among middle school students. Now, one in five U.S. high school students uses e-cigarettes.<sup>7</sup> **Youth prevention services across the Commonwealth are working tirelessly to end the epidemic** with education and activism through the Tobacco Resistance Unit (TRU) (over 3,232 members in FY20).<sup>8</sup>
- Pennsylvania has the 13th highest tobacco tax rate in the United States, which brought in over \$1.6 billion in revenue in this past year. However, Pennsylvania only spent \$14.672 million in the past year on state funding for tobacco prevention and control programs, equating to 13% of the amount the CDC recommends that Pennsylvania spend on tobacco prevention and control funding based on its size and population. **Earmarking a portion of tobacco taxes is one approach to ensure tobacco prevention and control programs are funded annually.**<sup>9</sup>

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<sup>4</sup> Centers for Disease Control and Prevention. (2020). <https://www.cdc.gov/tobacco/about/osh/state-fact-sheets/pennsylvania/index.html>

<sup>5</sup> MPOWER Annual Summary Report SFY2019-20. [https://www.livehealthypa.com/docs/default-source/tobacco-use/mpower\\_2018.pdf?sfvrsn=12](https://www.livehealthypa.com/docs/default-source/tobacco-use/mpower_2018.pdf?sfvrsn=12)

<sup>6</sup> Campaign for Tobacco-Free Kids. (2020). <https://www.tobaccofreekids.org/problem/toll-us/pennsylvania>

<sup>7</sup> American Lung Association. (2020). <https://www.lung.org/quit-smoking/e-cigarettes-vaping/lung-health>

<sup>8</sup> Tobacco Resistance Unit (TRU). (2020). [www.truinpa.org](http://www.truinpa.org)

<sup>9</sup> State Policy Approaches: Tobacco Tax Appropriation to Support Tobacco Prevention & Control. Public Health Management Corporation.

- Lung health has never been more important. It is essential these lifesaving services continue to be funded to protect current and future generations of Pennsylvanians.

**Advocate Ask:**

**Do you support maintaining level state funding (\$13.754 million) for FY22 and seeking to increase funding for comprehensive tobacco prevention and control programs?**

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