

Nevada Tobacco Prevention Coalition

PUBLIC COMMENT

TESTIMONY BY: Nevada Tobacco Prevention Coalition
HEARING DATE: June 12, 2014
GRANTS MANAGEMENT ADVISORY COMMITTEE

Members of the Nevada Tobacco Prevention Coalition urge you to emphasize within the needs assessment the importance of allocating funds to support tobacco control programs in our state.

Since July 2012, the state of Nevada has provided \$1 million for tobacco prevention and cessation, ranking Nevada as – 40th among all states in funding tobacco control programs. In FY2014, Nevada collected more than \$164 million in tobacco-generated revenue from MSA payments and tobacco tax revenues, but has only allocated \$1 million to tobacco prevention and cessation programs and services.

This is despite the fact that the U.S. Centers for Disease Control and Prevention (CDC) recommends that the state of Nevada spend \$30 million a year to have an effective, comprehensive tobacco prevention program. Current funding for tobacco prevention and control in Nevada, including both MSA dollars and CDC core funding, amounts to only 6.2% of CDC's recommended levels.

Since 1999, the majority of all programmatic funding for tobacco prevention and smoking cessation programs in Nevada has been allocated through the Fund for a Healthy Nevada, which emanates from the Tobacco Master Settlement Agreement (MSA) dollars Nevada receives each year. Of the total amount of MSA dollars received by the state each year, less than 7.5% of the total had been allocated to tobacco prevention and cessation programs. This allocation was dramatically reduced in the 2007 and 2009 legislative sessions, culminating in an entire sweep of the funds during the 2010 Special Session. After two years with no funding, the state re-instated \$1 million to tobacco prevention and control efforts in 2012.

Reduced funding for tobacco prevention and control programs almost always results in the same negative outcomes. Research indicates that once tobacco prevention funding is eliminated or reduced significantly, smoking rates begin to increase quickly, resulting in a dramatic reversal of positive tobacco trends and increasing health care costs to the state, including the Medicaid program. This drains funds for other health and human service programs. Other states that have reduced or eliminated tobacco prevention funding such as Florida, Massachusetts, and California saw an increase in youth and adult smoking rates and an alarming increase in illegal sales of tobacco products to children.

Tobacco use is the single most preventable cause of death and disease in our society and a major contributor to health care costs. The most important thing we can do to protect and improve people's health is to reduce the use of tobacco and eliminate exposure to secondhand smoke. Evidence-based, statewide tobacco control programs that are comprehensive, sustained, and accountable have been shown to reduce smoking rates, tobacco related deaths, and diseases caused by smoking. If Nevada does not invest in efforts to prevent and control tobacco use, we will experience not only increased smoking rates, but also increased complications, reduced quality of life and increased medical costs associated with the chronic diseases that result from tobacco use.

The Nevada Tobacco Prevention Coalition and the Tobacco Control Community urges the State to invest in tobacco prevention and control efforts. We recommend allocating MSA revenue "to programs that are consistent with the guidelines established by the CDC and United States Department of Health and Human Services relating to evidence-based best practices to prevent, reduce, or treat the use of tobacco and the consequences of the use of tobacco." We also urge you to allow this funding to be allocated through the health authorities utilizing the Local Lead Agency Model approved in Senate Bill 340 in the 2009 Nevada Legislative Session.

Thank you for your time and consideration.

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