Let’s not forget tobacco in public health debate

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Nevada lawmakers are presently dealing with numerous health-related matters ranging from patient safety to the development of a statewide health insurance exchange to the precarious state of Medicaid and mental health services budgets.

At a time in which all eyes are focused on cost-effective ways we can preserve and protect the public’s health given our state’s fiscal crisis, it is worth remembering that cigarette smoking remains the most common cause of preventable death and avoidable health care costs in Nevada.

There were, for example, nearly 2,000 new lung cancer cases in Nevada in 2010. Thousands more will have developed emphysema, asthma, and other lung diseases during the course of the same year. Most of these cases are a result of cigarette smoking, which is to say, additional disease and disability that will result in millions of dollars of extra health care spending on top of the already obscene toll of tobacco in our state.

Given these population health and fiscal realities, four tobacco-related bills currently working their way through the legislature merit the public’s attention and lawmakers’ support.

The first is Senate Bill 253. This bill would require certain policies of health insurance and health care plans to provide coverage for tobacco cessation treatment. SB 253 not only specifies guidelines for what constitutes tobacco cessation treatment, it would also require that cessation treatments not be subject to any cost-sharing, co-pays, or deductibles.

According to the United States Preventive Services Task Force, tobacco cessation receives its highest grade for cost-effectiveness – indeed, there is arguably no single preventive services benefit more cost effective to both public and private health insurance plans than tobacco cessation. Likewise, the National Commission on Prevention Priorities ranks smoking cessation counseling as the second most important preventive service for adults, preceded only by daily aspirin use.

A second tobacco-related proposal is Assembly Bill 128 which would prohibit smoking on the property of the Nevada System of Higher Education. The Nevada Clean Indoor Air Act passed by voters in 2006 currently prohibits smoking in most indoor public places and workplaces. AB 128 would extend provisions of the act to any property or campus of the higher education system, including notably, entry ways to buildings, outdoor public spaces and venues, and other campus locations where nonsmokers would be subject to second-hand smoke.
The extension of clean indoor air laws to additional sites and outdoor settings, such as those proposed in AB 128, is a well-documented strategy for reducing cigarette smoking and health-damaging exposure to second-hand smoke among nonsmokers. Smoking bans are proven to prevent new smokers and to help current smokers quit. These measures also reduce the health consequences associated with cigarettes, such as heart attacks and stroke.

Two final pieces of tobacco-related legislation are Assembly Bill and Senate Bill 386 which both levy additional taxes on cigarettes and other tobacco products. AB 333 specifically increases the tax on cigarettes from 80 cents to $1.70 per pack.

Like cessation services and the extension of indoor air prohibitions on smoking, raising tobacco taxes is recognized as one of the most effective strategies for reducing tobacco initiation and use – particularly among teenagers and lower socioeconomic groups for whom smoking is already disproportionately concentrated. Research findings indicate that each 10 percent cigarette price increase reduces youth smoking by 6.5 percent, adult smoking by 2 percent, and overall consumption by 4 percent.

These bills are thus twofers. They would not only reduce smoking among price sensitive segments of the population, they would add significant, sorely needed revenue to the state’s general fund. While proponents of taxes are divided over the best use of additional revenue – SB 386 contains ear marks that begin to restore tobacco control and public health programs gutted by Nevada lawmakers over the past five years and AB 333 does not – there is no disagreement about a tax hike’s impact on reducing smoking-initiation rates among young Nevadans and the number of cigarettes purchased by current smokers.

Other tobacco-related bills and amendments undoubtedly await state lawmakers, including the efforts of those who seek to circumvent or overturn provisions of the Nevada Clean Indoor Air Act on a biennial basis. Despite the fact that the act is more popular now than the day it was passed, these unapologetic enemies of public health still roam the lobbies of Carson City.

If enacted, the bills described in this space will not only improve the state’s health profile, they will begin to lighten the burden of tobacco-associated health care costs eventually picked up by the next generation of Nevada taxpayers.

To voice your support for these important bills affecting the health of all Nevadans, visit www.leg.state.nv.us and click on the “Share Your Opinion on Legislative Bills” tab on the right.

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