



**Public Health Committee**  
**John Bailey, Government Relations Director**  
**American Heart Association**  
**March 11, 2015**

### ***House Bill 6283, 6283, 6290 Electronic Cigarettes***

I would like to thank Chairwoman Gerratana and Chairman Ritter and the Committee for providing me with the opportunity to comment on House Bill 5449 An Act prohibiting the use of Electronic Cigarettes in the Same Places Where Smoking is Prohibited, House Bill 6283 An Act Regulating Electronic Cigarettes, and House Bill 6290 An Act Limiting the Advertising of Electronic Nicotine Delivery Systems.

The American Heart Association commends the goals of the three proposed bills intending to regulate electronic cigarettes but we continue to be concerned e-cigarettes will become a separate category in statute for Electronic Nicotine Delivery Systems or e-cigarettes. The American Heart Association considers e-cigarettes that contain nicotine to be a tobacco product and therefore supports their regulation under existing laws relating to the use and marketing of tobacco products. To address this concern we believe the best way is to refine the definition of tobacco products to include e-cigarettes (e.g., products “made or derived from tobacco”) and NOT by establishing a separate classification for e-cigarettes, which has the potential to undermine existing tobacco control laws and policies.

The major public health issues around regarding e-cigarettes include reducing overall tobacco-related harm, de-normalization of smoking, reduction in prevalence of use of combustible products, especially cigarettes, reduction of second-hand smoke exposure and diminishing the influence of the tobacco industry. While some feel that acceptance of e-cigarettes has the potential to reverse the social norm for eliminating smoking in public places achieved over decades of advocacy work, others see these products as a way to de-normalize smoking because they are a potential mechanism for quitting.<sup>i</sup>

Major U.S. cigarette manufacturers have now entered the marketplace - Altria Group with its “MarkTen” electronic cigarette, Reynolds American with “VUSE,” and Lorillard acquiring the “blu” e-cigarette. This complicates the argument that these products will be marketed for cessation alone, as industry could use them to keep cigarette smokers using combustible products (dual use) rather than having them encouraged to quit when they can try to use these products to bridge across clean indoor air policies.

They could also be used to steer e-cigarette users to combustible products. Because the FDA could regulate e-cigarettes under the Tobacco Control Act, e-cigarette makers are spending millions of dollars on Capitol Hill, working with major lobbying firms.<sup>ii</sup> E-cigarette makers hope to get their products either exempt from regulation or to carve out a special classification for regulation. E-cigarettes do not contain or have lower levels of several tobacco-derived harmful and potentially harmful constituents (HPHCs) than are present in cigarettes and smokeless tobacco. Compared to nicotine replacement therapies their

uptake has been unprecedented, presenting an opportunity for public health if smokers used them as substitutes for cigarettes.

To prevent the potential negative public health impact of e-cigarettes, we strongly support laws and regulation that prohibit the sale and marketing of e-cigarettes to youth. We support effective regulation that addresses marketing, labeling, quality control of manufacturing, and standards for contaminants. We also support including e-cigarettes in smoke-free air laws. Moreover, we consider it important to monitor and prevent these products from serving as gateway products, initiation of nicotine addiction in non-smokers and re-initiation in smokers. We will continue to assess the scientific evidence relating to their long-term health effects and their efficacy as a smoking cessation aid and encourage the development of a robust research agenda to understand the public health impact of e-cigarettes, especially in at-risk populations.

We have a major concern with increasingly robust marketing and advertising of e-cigarettes that may be attractive to children and adolescents, often using celebrities and appealing flavors including mint, chocolate, strawberry, vanilla, and apple. Overall, 1.78 million high school and middle school students nationwide had tried e-cigarettes by 2012. For those students who had ever-used e-cigarettes, 9.3% reported never smoking conventional cigarettes, while 76.3% of current e-cigarette users responded that they also smoked conventional cigarettes. Until recently, much of the marketing for e-cigarettes had been by Internet and social media outlets including YouTube. Now, e-cigarette ads are on television, radio, and in the print media where regular cigarette ads have been banned since 1969.

We appreciate the work the public health committee is undertaking to address the complexity of e-cigarettes and see much of the complexity being resolved by including e-cigarettes into existing tobacco regulations. In our opinion e-cigarettes are dangerous because they target young people, can keep people hooked on nicotine, and threaten to re-normalize' tobacco use. In terms of a cessation tool AHA policy states there's no strong scientific evidence that e-cigarettes are effective as a first-line smoking cessation method, instead smoking strategies approved by the Food and Drug Administration should be the first line of treatment.

Respectfully submitted by,



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<sup>i</sup> Abrams DB. Promise and peril of e-cigarettes: can disruptive technology make cigarettes obsolete? JAMA: 2014; 311(2): 135-136

<sup>ii</sup>Palmer A, et al. E-cigarettes reignite tobacco wars. POLITICO Pro. January 24, 2014