



## Childhood Asthma Leadership Coalition

August 19, 2019

The Honorable Nancy Pelosi  
Speaker  
U.S. House of Representatives  
Washington, DC 20515

The Honorable Mitch McConnell  
Majority Leader  
U.S. Senate  
Washington, DC 20510

The Honorable Kevin McCarthy  
Republican Leader  
U.S. House of Representatives  
Washington, DC 20515

The Honorable Chuck Schumer  
Democratic Leader  
U.S. Senate  
Washington, DC 20510

Dear Speaker Pelosi, Leader McConnell, Leader McCarthy, and Leader Schumer:

On behalf of the Childhood Asthma Leadership Coalition (CALC), we urge you to support raising the national minimum legal sale age (MLSA) for all tobacco products to 21 years. CALC members are leading advocates and experts in childhood asthma, public health, and health care who collectively work to protect and improve the health and wellbeing of the over six million American children with asthma. By restricting young peoples' access to these harmful products, raising the MLSA of tobacco products to 21 is one of many important actions that can help to protect all children from tobacco addiction, second-hand smoke exposure, and their associated negative health consequences.

Youth tobacco use remains a major public health issue in the United States. Of all the adult Americans who smoke, 90 percent started before the age of 21. At the same time, e-cigarettes are now the most commonly-used tobacco products among young people. Over 3.6 million middle- and high-school students report using e-cigarettes, out of 4.9 million adolescent tobacco users total.<sup>1,2</sup> In 2018, up to 27.7 percent of those children used an e-cigarette over 20 times per month. Research shows that youth e-cigarette use often leads to other tobacco use.<sup>3</sup>

Tobacco smoke is harmful to everyone: by causing peoples' airways to swell and narrow, it makes it harder to breathe. The health implications of youth smoking are particularly stark for children with asthma. Tobacco smoke is one of the most common asthma triggers and can cause asthma symptoms and attacks that are more severe and harder to control. As a result, children exposed to tobacco smoke are twice as likely to be hospitalized for asthma.<sup>4</sup> Equally troubling, being exposed to tobacco smoke

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<sup>1</sup> Cullen, K.A., et al. Notes from the Field: Increase in use of electronic cigarettes and any tobacco product among middle and high-school students – United States, 2011-2017. *MMWR Morbidity and Mortality Weekly Report*. 2018; 16(45): 1276-1277.

<sup>2</sup> Tobacco Use By Youth Is Rising. *CDC Vital Signs*. Feb 2019. Available at: <https://www.cdc.gov/vitalsigns/youth-tobacco-use/index.html>

<sup>3</sup> Berry, Kaitlyn M., et al. Association of Electronic Cigarette Use With Subsequent Initiation of Tobacco Cigarettes in US Youths. *JAMA Network Open*. Feb 2019; 2(2): e187794.

<sup>4</sup> Wang, Zhen, et al. Effects of secondhand smoke exposure on asthma morbidity and health care utilization in children: a systematic review and meta-analysis. *Annals of Allergy, Asthma & Immunology*. Nov 2015; 115(5): 396-401.e2.

increases a healthy child's risk of developing asthma later in adulthood.<sup>5</sup> Reducing access—and exposure—to tobacco products and secondhand smoke is an important step towards protecting children from developing and suffering from asthma.

Raising the age at which people can legally purchase tobacco products can help prevent young people from ever smoking. Young people are frequently introduced to smoking by their peers, and rely on their older peers to provide them cigarettes. Over two-thirds of adolescent smokers receive cigarettes from friends and classmates who can legally purchase cigarettes themselves. Raising the MLSA to 21 reduces the number of high school seniors who can legally access and share tobacco products, and moves the pool of legal purchasers outside the typical adolescent peer group. In other words, limiting teenagers' ability to purchase tobacco reduces access among those most likely to bring cigarettes and e-cigarettes into the daily lives of American teens, which will help prevent more young people from becoming lifelong smokers.

Raising the MLSA also has the potential to reduce smoking rates overall, negative health outcomes, and associated healthcare costs. According to a report by the National Academies of Sciences, Engineering, and Medicine (NASEM, formerly IOM), raising the MLSA to 21 would reduce smoking prevalence 12 percent overall, and prevent nearly 300,000 deaths and 4.2 million years of life lost among children currently ages 0 to 19.<sup>6</sup> Tobacco use is attributed to diseases suffered by over 16 million Americans, including cancer, heart disease, lung diseases, and chronic obstructive pulmonary disease.<sup>7</sup> Exposure to second-hand smoke alone is responsible for over 202,000 asthma incidents among children each year.<sup>8</sup> Accordingly, by reducing the number of people smoking, raising the MLSA could dramatically reduce the \$300 billion per year spent of preventable medical costs related to tobacco smoke—by one estimate, up to \$212 billion by 2055.<sup>9,10</sup>

We are grateful that members on both sides of the aisle have made this issue a priority this Congress. We are especially supportive of provisions included in the bipartisan compromise that was recently reported out of the Senate HELP Committee as part of the Lower Health Care Costs Act (S. 1895), Senators Schatz's and Young's Tobacco to 21 Act (S. 1258), Representative DeGette's companion bill in the House (H.R. 2411), and Representative Pallone's Reversing the Youth Tobacco Epidemic Act (H.R. 2339). These proposals take bold action to reduce tobacco use among youth and young adults, and we urge Congress to enact similarly strong legislation this year.

We recognize raising the national MLSA as one, among several, important federal policy changes needed to address the public health crisis of tobacco use in the United States, including prohibiting the manufacture and sale of all flavored tobacco products; restricting online sale of all tobacco products,

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<sup>5</sup> Jaakola, Maritta S., et al. Environmental Tobacco Smoke and Adult-Onset Asthma: A Population-Based Incident Case-Control Study. *American Journal of Public Health*. December 2003; 93(12): 2055-2060.

<sup>6</sup> Committee on the Public Health Implications of Raising the Minimum Age for Purchasing Tobacco Products. Public Health Implications of Raising the Minimum Age for Purchasing Tobacco Products. *Institute of Medicine of the National Academies*. March 2015.

<sup>7</sup> Smoking & Tobacco Use. Fast Facts: Diseases and Death. *Centers for Disease Control and Prevention*. Available at: [https://www.cdc.gov/tobacco/data\\_statistics/fact\\_sheets/fast\\_facts/index.htm](https://www.cdc.gov/tobacco/data_statistics/fact_sheets/fast_facts/index.htm)

<sup>8</sup> Health Effects of Secondhand Smoke. *American Lung Association*. Available at: <https://www.lung.org/stop-smoking/smoking-facts/health-effects-of-secondhand-smoke.html>

<sup>9</sup> Hall, Wayne and Chris Doran. How Much Can the USA Reduce Health Care Costs by Reducing Smoking? *PLoS One*. May 2016; 13(5): e1002021. doi: [10.1371/journal.pmed.1002021](https://doi.org/10.1371/journal.pmed.1002021)

<sup>10</sup> C Ahmad, Sajjad. losing the youth access gap: the projected health benefits and cost savings of a national policy to raise the legal smoking age to 21 in the United States. *Health Policy*. 2005; 75(1): 74-84. doi: [10.1016/j.healthpol.2005.02.004](https://doi.org/10.1016/j.healthpol.2005.02.004)

particularly to underage purchasers; and increasing funding of the prevention and cessation activities of the CDC Office on Smoking and Health.

Prohibiting the sale of tobacco to young people under age 21 is one of many federal changes with the potential to dramatically impact our nation's long-term health and wellbeing. Already, 16 states and hundreds of cities and municipalities have passed legislation raising the MLSA to 21.<sup>11</sup> A federal change would ensure that purchasing laws are consistent across city and state lines, helping to protect children from the dangers of tobacco regardless of where they live.

Thank you for your attention to this important issue. We look forward to working with you and your colleagues towards the shared goal of protecting young people—especially children with asthma—against the dangerous health effects of tobacco.

Sincerely,

Allergy & Asthma Network (AAN)  
American College of Asthma, Allergy, and Immunology (ACAAI)  
American Lung Association  
Association of Asthma Educators (AAE)  
Asthma and Allergy Foundation of America (AAFA)  
Children's National Health System  
Families USA  
First Focus Campaign for Children  
Health Resources in Action  
National Association of School Nurses (NASN)  
Regional Asthma Management & Prevention (RAMP)  
Trust for America's Health (TFAH)

Cc: The Honorable Lamar Alexander  
The Honorable Patty Murray  
The Honorable Brian Schatz  
The Honorable Todd Young  
The Honorable Diana DeGette  
The Honorable Frank Pallone

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<sup>11</sup> Tobacco 21 Laws: Tracking Progress Toward Raising the Minimum Sales Age for All Tobacco Products to 21. *American Lung Association*. June 21, 2019. Available at: <https://www.lung.org/our-initiatives/tobacco/cessation-and-prevention/tobacco-21-laws.html>