



AB 573 (Rogers) Fact Sheet

Young people still have access to flavored tobacco products

- The California Department of Tax and Fee Administration (CDTFA) is responsible for ensuring that tobacco retailers comply with the state's tobacco excise tax and licensing laws. CDTFA was recently given additional authority to seize illegal flavored tobacco products. Transporting, storing and disposing of e-cigarettes and their batteries is very expensive.
- Unfortunately, CDTFA currently only has the resources to inspect 11% of tobacco retailers each year. Without additional funding of the state tobacco license, those inspection numbers will continue to decline.
- A national 2024 study by the Centers for Disease Control and Prevention found that among middle school and high school students who currently use e-cigarettes, nearly 9 in 10 use flavored e-cigarettes.¹
- Illegal flavored e-cigarettes still comprise 39.8% of total e-cigarette sales in California. Disposable e-cigarettes represent 90.9% of sales of prohibited flavored e-cigarettes in California.²
- In 2024, California tobacco retailers still sold tobacco to underage buyers at a rate of 18.9%.³
- In addition to CDTFA, the Office of Youth Enforcement in the Department of Public Health, the Department of Justice and local entities all play a role in enforcing the flavored tobacco law and restricting youth access. At this point there is no systemic cooperation amongst the various enforcement agencies.

What AB 573 would do

- AB 573 would increase the fees that tobacco retailers pay each year from \$265 a year to \$600 to maintain enforcement operations at CDTFA.
- Increasing the fee would also enhance CDTFA's ability to identify bad actors in the retail landscape and to target its enforcement efforts more effectively.
- AB 573 would also commission a study of the tobacco retailer enforcement landscape and make recommendations for better coordination among the various enforcing agencies as well as an appropriate fee to ensure maximum compliance of all California's retailers.

How AB 573 would help

- There are approximately 30,000 tobacco retailers in California. Currently CDTFE inspects about 3,300 a year. If AB 573 were to pass, CDTFE would have the resources to maintain a significant presence in its tobacco enforcement operations at the retail level.
- More effective retail licensing enforcement will reduce the availability of tobacco products that are not lawful for sale.
- The study commissioned by AB 573 would bring much-needed clarity to California's tobacco law enforcement landscape and make recommendations on how to improve coordination and efficiency amongst California's various tobacco enforcement agencies.

¹ Park-Lee, E., et al., "E-Cigarette and Nicotine Pouch Use Among Middle and High School Students — United States, 2024," MMWR 73(35):774-778, September 5, 2024, <https://www.cdc.gov/mmwr/volumes/73/wr/pdfs/mm7335a3-H.pdf>.

² CDC Foundation, "Monitoring Tobacco Product Use: California," <https://tobaccomonitoring.org/state/california/>. from Circana, which includes e-cigarette sales data from convenience stores, gas stations and other retail store chains. Sales from the internet and tobacco-specialty stores, including vape shops, are not included.

³ 2024 California Synar Tobacco Purchase Survey. . California Tobacco Prevention Program. https://www.cdph.ca.gov/Programs/CCDC/DCDC/CTCB/CDPH%20Document%20Library/ResearchandEvaluation/FactsandFigures/2024_STPS_Factsheet.pdf.



AB 957 (Ortega) Fact Sheet

Tobacco does not belong in pharmacies

- Pharmacies are an important part of our healthcare infrastructure as people utilize them for health information and medical needs. Selling products at these facilities that kill over 40,000 Californians every year sends the wrong message.
- The long-standing policy statement from the California State Board of Pharmacy states “that pharmacists are health care providers and pharmacies are in the business of improving customer health; therefore, the Board recommends that pharmacies and chain stores that include pharmacies eliminate the sale of tobacco, e-cigarettes and tobacco products, as these products are known to cause cancer, heart disease, lung disease, and other health problems.”
- Selling tobacco products in pharmacies sends mixed messages about the health dangers of tobacco. In addition, pharmacies often sell tobacco products and cessation aids side-by-side, which can cue cravings to smoke and undermine quit attempts.¹
- Californians overwhelmingly support prohibiting the sale of tobacco products in pharmacies. In a 2023 survey, 67.8% of California adults agreed that pharmacies and drug stores should not sell tobacco products.²

What AB 957 would do

- AB 957 would prohibit the sale of all tobacco products in pharmacies. Pharmacies would no longer be able to purchase a tobacco retailer license.
- California would join New York and Massachusetts in prohibiting the sale of tobacco in pharmacies. 65 jurisdictions in California already prohibit the sale of tobacco in pharmacies.

How AB 957 would help

- Pharmacies have a poor record of preventing sales to minors. From 2012 to 2017 chain pharmacies failed 7.7% of FDA inspections on sales to minors.³
- Pharmacies often sell tobacco products at cheaper prices, making them more appealing to price-sensitive youth. A California study found that cigarettes cost up to \$1.19 less in retail pharmacies compared to other outlets.⁴
- From 2005 to 2013, decreases in tobacco retailer density in cities in California with tobacco-free pharmacy laws were 1.44 times greater than in California cities without such laws.⁵
- Research does not suggest that a tobacco-free pharmacy law would hurt businesses. In fact, the number of chain pharmacies in San Francisco grew from 57 in 2008 when the city passed its law to over 70 in 2013.⁶ The CVS decision to stop selling tobacco in 2014 was associated with decreased cigarette purchases by CVS-exclusive consumers⁷ and increased quit attempts in counties with high CVS densities.⁸
- This law would reduce tobacco retail density in California, since over 1,300 pharmacies sell tobacco in the state. According to the Surgeon General, tobacco retail density promotes youth smoking.⁹

¹ Katz MH. 2008. "Banning Tobacco Sales in Pharmacies: The Right Prescription." *Journal of the American Medical Association*. 300(12): 1451-1453; Hudmon KS, Fenlon CM, Corelli RL, et al. 2006. "Tobacco Sales in Pharmacies: Time to Quit." *Tobacco Control* 15(1): 35-38.

² California Department of Public Health, California Tobacco Prevention Program. *California Tobacco Facts and Figures 2024*. Sacramento, CA: California Department of Public Health; 2024.

³ Lee JGL, Schleicher NC, Leas EC, Henriksen L. US Food and Drug Administration inspection of tobacco sales to minors at top pharmacies, 2012–2017. *JAMA Pediatr*. 2018;172(11):1089–1090.

⁴ Henriksen L. Prices for Tobacco and Nontobacco Products in Pharmacies Versus Other Stores: Results from Retail Marketing Surveillance in California and in the United States, *Am J Public Health*. 2016; 106(10): 1858-64.

⁵ Jin Y, Lu B, Klein EG, et al. Tobacco-free pharmacy laws and trends in tobacco retailer density in California and Massachusetts. *Am J Public Health*. 2016;106(4):679–685.

⁶ Katz MH. 2008. "Banning Tobacco Sales in Pharmacies: The Right Prescription." *Journal of the American Medical Association*. 300(12): 1451-1453

⁷ Polinski JM, Howell B, Gagnon MA, et al. Impact of CVS Pharmacy's discontinuance of tobacco sales on cigarette purchasing (2012–2014). *Am J Public Health*. 2017;107(4):556–562.

⁸ Ali FRM, Neff L, Wang X, et al. Tobacco-free pharmacies and U.S. adult smoking behavior: evidence from CVS Health's removal of tobacco sales. *Am J Prev Med*. 2020;58(1):41–49.

⁹ U.S. Department of Health and Human Services. Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2012.



AB 703 (Lee) Fact Sheet

A Diagnosis of Pediatric Cancer is Devastating to Families

- The leading cause of death by disease for children under 20 is cancer.
- Approximately one in 285 children will be diagnosed with cancer by the time they turn 20 years old.
- Globally, every two minutes a family learns their child has cancer
- 1 in 5 children diagnosed with cancer in the U.S. will not survive it.

Funding for Childhood Cancer Research is Lacking

- There is a severe gap in funding for childhood cancer research. Only 8% of the federal government's cancer research budget is allocated towards pediatric cancer.
- The largest share of funding for late-stage drug development for adult cancers typically comes from private industry. However, there is little financial incentive for private companies to invest in pediatric research as the patient population impacted by childhood cancer is much smaller.
- Research does make a difference. Cancer death rates in children have declined 71% since 1970. However, cancer incidences have been slightly rising since then. More funding is critical.
- Most survivors of childhood cancer develop chronic conditions or experience severe or life-threatening conditions due to treatment. Additional funding for pediatric cancer research can lead to less harmful treatments for children.

How AB 703 will help

- AB 703 would create the Pediatric Cancer Research Voluntary Tax Contribution Fund, allowing taxpayers to allocate a portion of their California state tax return to support childhood cancer research.
- There are two other voluntary contribution funds in California that raise money for cancer research. They have raised nearly \$6 million over the last six years for cancer research and approximately 25,000 individuals donate annually to each fund.