Good morning Chairwoman Kolkhorst and Members,

Thank you for the opportunity to testify today. My name is Lindy McGee, MD. I am a pediatrician practicing in the Houston area and a mother of two teenagers, ages 13 and 16. I am proud to say that I am a native Texan testifying on behalf of the Texas Pediatric Society, the Texas Medical Association, the Texas Academy of Family Physicians and the Texas Public Health Coalition. I drove in today from Houston to talk to you because I am alarmed about the rising number of teenagers who are vaping and using e-cigarettes.

I became increasingly concerned about e-cigarettes this time last year, when new numbers were released on vaping. At that time, the National Youth Tobacco Survey reported that 20.8% of US high school students reported using e-cigarettes in the past 30 days. In fact, from 2017 to 2019, current e-cigarette use more than doubled among high school students (from 11.7% to 27.5%) and tripled among middle school students (from 3.3% to 10.5%). Although these numbers are concerning, what really woke me up to this issue was that when I told my high school daughter and her friends these numbers, they rolled their eyes and laughed (like teenage girls can do) and told me that those numbers are lower than what they are actually seeing going on. These statistics and the normalization of vaping according to my daughter is crushing to anyone invested in public health.

While we had been lauding ourselves for the decreasing rates of smoking in teens over the past 20 years, the tobacco industry had been actively recruiting a new generation of nicotine addicts right under our noses. A recent study found that 70% of youth ages 12-17 reported exposure to e-cigarette marketing within the last month. E-cigarette companies have been rapidly increasing their advertising spending. Despite the fact that traditional cigarette advertising has been banned for nearly 50 years on TV and radio, there are no such restrictions on e-cigarettes; and despite the fact that flavors have been banned from traditional cigarettes since 2009, there is no such ban on e-cigarettes. At a visit to a gas station near a Texas university, I saw girl scout cookie, gelato, fruit loop and berry blast flavored pods advertised at the cash register—no wonder our kids are getting addicted.

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1 Cullen KA, Gentzke AS, Sawdey MD, et al. e-Cigarette Use Among Youth in the United States, 2019. JAMA. Published online November 05, 2019. doi:https://doi.org/10.1001/jama.2019.18387
In addition, to anyone’s common sense, we now have good evidence that shows how dangerous and enticing flavored e-cigarettes are to youth and young adults. The American Heart Association’s Tobacco Center for Regulatory Science released a study in September highlighting:

- A survey of adults (aged 18 and older) who use electronic cigarettes found that flavors attracted many to start using e-cigarettes and supported their continued use.
- Flavors were more likely to motivate young adults 18-24 than those over age 35 to start using e-cigarettes.
- **People who had never smoked traditional cigarettes were nearly twice as likely as current and past cigarette smokers to cite flavors as a reason they began using e-cigarettes** — never-smokers were 58% more likely than former smokers and 46% more likely than current smokers to start using e-cigarettes because of flavors.
- About 63% of e-cigarette users typically used flavors other than tobacco (including fruit, mint/menthol, sweet, candy and coffee), with about 24% usually using tobacco flavors and about 13% using non-flavored e-cigarettes.
- **Users of flavored e-cigarettes reported greater satisfaction but also a greater perception of being addicted to these products** than users of non-flavored e-cigarettes.
- Fruit was the most popular flavor among all respondents, with nearly half of those aged 18-24 listing it as their top choice. Tobacco was more popular among those 45 and older.

To compound the problems of addiction I see in my clinic, we are now in the middle of a nationwide outbreak of a new syndrome: e-cigarette and vaping associated lung injury, with over 2,290 cases of e-cigarette, or vaping, product use associated lung injury (EVALI) reported to CDC from 49 states, the District of Columbia, and 2 U.S. territories and over 47 deaths have been confirmed in 25 states (including Texas) and the District of Columbia. Although many of these cases have been tied to vitamin E acetate and THC in street-bought pods, the CDC has not ruled out conventionally sold pods as a source of injury. Because of this, the CDC recommends that everyone consider refraining from use of all vaping products.

Even if my patients do not develop acute lung injury, we know that nicotine exposure during adolescence and early adulthood can harm the developing brain. As adults, we have failed these teenagers by our lack of regulation and oversight of vaping products. As a pediatrician, I can only do so much counseling during the brief time I get with my adolescent patients. We count on leaders such as yourselves to help us protect our children from harmful products.

To that end, our organizations support strong, evidence based public health policies such as:

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1. Increasing taxes on conventional cigarettes by at least $1 per pack and impose an excise tax on e-cigarettes that achieves parity with combustible cigarettes.
   a. Using a significant portion of tax revenue for additional evidence-based tobacco cessation programming at DSHS and retail enforcement activities.
2. Banning all characterizing flavors, including menthol, in tobacco products and e-cigarettes.
3. Requiring all e-cigarette retailers to obtain a permit to sell e-cigarette products, similar to the current tobacco retailer permit.

With the Legislature’s help we can curb the ongoing epidemic of e-cigarette use amongst youth just like we did against traditional tobacco.