

IN THE SUPREME COURT OF THE STATE OF OKLAHOMA

NO. 116,102

JAMES P. NAIFEH; STANDARD DISTRIBUTING COMPANY;
BRIAN HUTCHINSON; HUTCHINSON OIL COMPANY, LLC;
PHILLIP MORRIS USA, INC.; R. J. REYNOLDS TOBACCO CO;
ROGERS OIL CO., INC.; COREY L. COOPER;
STEPHENSON WHOLESALE COMPANY, INC.,

PETITIONERS,

-vs-

STATE OF OKLAHOMA, ex rel., OKLAHOMA TAX COMMISSION;
THE HONORABLE MARY FALLIN, GOVERNOR, in her official capacity;
THE HONORABLE SENATOR MIKE SCHULTZ, SENATE PRESIDENT
PRO TEMPORE, in his official capacity; THE HONORABLE REPRESENTATIVE
CHARLES MCCALL, SPEAKER OF THE HOUSE, in his official capacity,

RESPONDENTS.

**BRIEF AMICUS CURIAE OF OKLAHOMA STATE MEDICAL ASSOCIATION,
AMERICAN CANCER SOCIETY CANCER ACTION NETWORK, AMERICAN
HEART ASSOCIATION, AMERICAN LUNG ASSOCIATION AND CAMPAIGN FOR
TOBACCO-FREE KIDS, IN OPPOSITION TO PETITIONERS' APPLICATION FOR
DECLARATORY RELIEF AND WRITS OF PROHIBITION AND/OR MANDAMUS
AND IN SUPPORT OF RESPONDENTS**

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Pursuant to the Court's Order of July 11, 2017, granting the application of the Oklahoma State Medical Association ("OSMA") and the Campaign for Tobacco-Free Kids ("Tobacco-Free Kids") for leave to file a Brief *amicus curiae* in this case, *amici* OSMA, Tobacco-Free Kids, American Cancer Society Cancer Action Network, American Heart Association and American Lung Association hereby submit this Brief in opposition to Petitioners' Application for Declaratory Relief and Writs of Prohibition and/or Mandamus.

IDENTIFICATION OF AMICI AND STATEMENT OF INTEREST

The *amici* are public health and medical organizations active in educating the public about the health hazards of tobacco products and advocating public policies that will reduce tobacco-related disease and premature death.¹ Because it is well-established that higher cigarette prices are a proven and effective way to reduce smoking, particularly among young people, these organizations have strongly supported legislation that increases cigarette prices by raising taxes and fees on cigarettes, as well as legislation to limit price discounting by tobacco companies. Consistent with this policy agenda, each of the *amicus* organizations actively supported the enactment of SB 845 and engaged in various activities to educate Oklahoma legislators, and the Oklahoma public, about the importance of this legislation as a public health measure that will help to prevent initiation of smoking by young people, give smokers an important financial incentive to quit smoking, and thereby save many thousands of lives and avoid untold suffering by Oklahomans due to tobacco-related disease. Because of the importance of SB 845 to the public health mission of the *amici* organizations, and the important role they played in supporting this legislation, they each have a strong interest in providing the Court with their unique public health perspective on the issues in this case and in demonstrating to this Court that this legislation was promoted by the public health community primarily because it will help curb

¹ A description of the *amici* organizations is provided in the attached Exhibit "A" to this Brief.

tobacco-related disease and death, not primarily as a “bill for raising revenue” under Art. V, §33 of the Oklahoma Constitution.

ARGUMENT

I. SMOKING EXACTS A TERRIBLE TOLL IN DISEASE AND DEATH, ACROSS THE NATION AND IN OKLAHOMA.

Each day, 400 kids under the age of 18 become regular, daily smokers and almost one-third will eventually die from smoking.² The 2014 Report of the Surgeon General projected that, if current trends continue, 5.6 million of today’s youth will die prematurely from a smoking-related illness.³

Tobacco use remains the leading cause of preventable death in the United States, killing more than 480,000 people each year.⁴ Indeed, smoking kills more Americans than alcohol, AIDS, car accidents, illegal drugs, murder and suicides *combined*.⁵ Cigarette smoke contains over 7,000 chemicals, at least 69 of which are known carcinogens.⁶ Smoking impacts nearly every organ of the body; more than 87% of lung cancer deaths, 61% of all pulmonary disease deaths, and 32% of all deaths from coronary heart disease are attributable to smoking and exposure to secondhand smoke.⁷

² Campaign for Tobacco-Free Kids, *Toll of Tobacco in the United States*, June 20, 2017, http://www.tobaccofreekids.org/facts_issues/toll_us, derived from U.S. Dep’t of Health & Human Services (HHS), “Results from the 2015 National Survey on Drug Use and Health: Summary of National Findings and Detailed Tables,” <http://www.samhsa.gov/data/sites/default/files/NSDUH-DefTabs-2015/NSDUH-DefTabs-2015/NSDUH-DefTabs-2015.pdf>) and Centers for Disease Control and Prevention (CDC). “Projected Smoking-related Deaths Among Youth--United States.” *Morbidity and Mortality Weekly Report (MMWR)* 45(1996) at 972. Resp. App’x A, Exhibit 43.

³ U.S. Department of Health and Human Services, *The Health Consequences of Smoking: 50 Years of Progress. A Report of the Surgeon General* (2014), at 12 (2014 SG Report). Resp. App’x A, Exhibit 33.

⁴ *Id.* at 11. Resp. App’x A, Exhibit 33.

⁵ Campaign for Tobacco-Free Kids, *Health Harms from Smoking and Other Tobacco Use* and sources cited therein, <http://www.tobaccofreekids.org/research/factsheets/pdf/0194.pdf>. Resp. App’x A, Exhibit 38.

⁶ 2014 SG Report, at 148. Resp. App’x A, Exhibit 33.

⁷ *Id.* at 660. Resp. App’x A, Exhibit 33.

In addition to this staggering toll of premature mortality, millions of Americans suffer from debilitating medical conditions throughout their lives due to smoking. The 2014 Surgeon General Report estimated that over 16 million persons in the United States suffer from serious medical conditions due to smoking.⁸

Although much progress has been made in recent years in reducing smoking prevalence, the continuing devastating impact of smoking on the nation's health is due, in large part, to the highly addictive nature of nicotine in tobacco products. Most smokers want to quit, but are unable to. The 2015 National Health Interview surveys revealed that 68% of adult smokers wanted to stop smoking and over 55% made an attempt to quit during the past year, but only 7.4% recently stopped smoking.⁹

Use of tobacco products also exacts a staggering economic toll on the health care system and on the economy. During the years 2009-2012, annual smoking-attributable economic costs in the United States were between \$289-332.5 billion, including \$132.5-175.9 billion for direct medical care, \$151 billion for lost productivity due to premature death, and \$5.6 billion for lost productivity due to exposure to secondhand smoke.¹⁰

Oklahoma communities are suffering greatly from tobacco-related disease and death. Every year, smoking causes the premature death of 7,500 Oklahomans;¹¹ 4,500 Oklahoma kids have lost at least one parent to a smoking-caused death. Given current smoking levels, 88,000 Oklahoma children alive today will ultimately die from smoking. Every year, smoking costs the State an estimated \$1.62 billion in health care expenditures and \$2.1 billion in lost productivity.

⁸ 2014 SG Report, at 870. Resp. App'x A, Exhibit 33.

⁹ CDC. "Quitting Smoking Among Adults - United States, 2000-2015." *MMWR*. 65 (2017) at 1457. Resp. App'x A, Exhibit 34.

¹⁰ 2014 SG Report, at 12. Resp. App'x A, Exhibit 33

¹¹ Oklahoma-specific data in this paragraph from Tobacco-Free Kids, *The Toll of Tobacco in Oklahoma* and sources cited therein. Resp. App'x A, Exhibit 40.

Although great progress has been made nationally to reduce smoking, it continues at unacceptably high levels in Oklahoma; over 22% of Oklahoma adults smoke, the 6th highest prevalence rate among U.S. states.¹²

II. RAISING CIGARETTE PRICES IS A PROVEN, EFFECTIVE WAY TO REDUCE SMOKING PREVALENCE AND REDUCE THE HEALTH HARMS, AND ECONOMIC COST, OF SMOKING.

It is now generally recognized that government policies to increase the price of cigarettes, and to maintain high prices, are among the most effective means to reduce tobacco-related disease and premature death. Consistent with fundamental economic theory, numerous studies demonstrate that increases in the price of cigarettes reduce consumption, by discouraging price-sensitive youth from starting to smoke and by providing a financial incentive for smokers to quit. The 2014 Surgeon General's Report concluded that "[r]aising prices on cigarettes is one of the most effective tobacco control interventions."¹³ Whether prices are raised through increases in taxes or fees,¹⁴ or through some other means, the downward impact on consumption is the same, as are the public health benefits. The Surgeon General found "[t]he evidence is sufficient to conclude that increases in the prices of tobacco products, including those resulting from excise tax increases, prevent initiation and promote cessation, and reduce the prevalence and intensity of tobacco use among youth and adults."¹⁵ Indeed, the general consensus of the research literature is that nationally, every 10 percent increase in the real price of cigarettes reduces adult

¹² CDC, BRFSS Prevalence & Trends Data, 2015, <https://www.cdc.gov/brfssprevalence/index.html>. Resp. App'x A, Exhibit 36.

¹³ 2014 SG Report, at 869. Resp. App'x A, Exhibit 33.

¹⁴ As Respondents' Brief makes clear, the legal issue in this case does not turn on whether SB 845 raised "taxes" or "fees," but rather on whether it was a "bill for raising revenue" or rather to advance public health objectives. Res. at 12. Since the public health benefits of increased cigarette prices are identical regardless of the label applied, this Brief will use these terms interchangeably in discussing those benefits.

¹⁵ *Id.* at 12.

smoking by about two percent, reduces overall cigarette consumption by about 4 percent and youth smoking by 7 percent.¹⁶

Researchers found, for example, that when a \$0.61 federal cigarette tax increase became effective on April 1, 2009, it had a substantial and immediate impact on youth smoking. The percentage of students who reported smoking in the past 30 days dropped between 9.7 percent and 13.3 percent immediately following the tax increase, resulting in an estimated 220,000 to 287,000 fewer current smokers among middle and high school students in May, 2009.¹⁷ The impact of higher prices on youth is particularly consequential, since 80 percent of adult smokers begin smoking before age 18.¹⁸

The accumulation of evidence that increasing cigarette prices is an effective way to reduce disease and premature death from smoking has led to concerted efforts to raise taxes and fees on tobacco products in order to enhance public health.¹⁹ Many studies have found that the overall consumption of cigarettes declines with increases in the price of cigarettes. [Citation omitted.]²⁰

¹⁶ Institute of Medicine, *Ending the Tobacco Problem: A Blueprint for the Nation* (2007) (IOM Report), at 120. Resp. App'x A, Exhibit 31. See also, Tobacco-Free Kids, *Raising Cigarette Taxes Reduces Smoking, Especially Among Kids (and the Cigarette Companies Know It)* and sources cited therein. <http://www.tobaccofreekids.org/research/factsheets/pdf/0146.pdf>. Resp. App'x A, Exhibit 41.

¹⁷ Huang, J. & Chaloupka, FJ, *The Impact of the 2009 Federal Tobacco Excise Tax Increase on Youth Tobacco Use*, National Bureau of Economic Research Working Paper 18026 (April 2012), at 2, 25, 28. Resp. App'x A, Exhibit 32.

¹⁸ Tobacco-Free Kids, *The Path to Addiction Starts At Very Young Ages*, <http://www.tobaccofreekids.org/research/factsheets/pdf/0127.pdf>. Derived from United States Department of Health and Human Services. Substance Abuse and Mental Health Services Administration. Center for Behavioral Health Statistics and Quality. National Survey on Drug Use and Health, 2014. ICPSR36361-v1. Ann Arbor, MI: Inter-university Consortium for Political and Social Research [distributor], 2016-03-22. <http://doi.org/10.3886/ICPSR36361.v1>. Resp. App'x A, Exhibit 42.

¹⁹ See generally, Center for Public Health Systems, George Warren Brown School of Social Work at Washington University in St. Louis and Tobacco Control Legal Consortium, *Pricing Policy: A Tobacco Control Guide* (2014) ("Tobacco Control Guide") at 3. Resp. App'x A, Exhibit 37.

²⁰ IOM Report at 119-20. Resp. App'x A, Exhibit 31.

Increasing tobacco taxes or fees is seen as a means to the end of increasing tobacco prices, which in turn diminishes tobacco consumption to the great benefit of public health. Indeed, this public health strategy of raising tobacco prices involves policies that extend beyond raising taxes or fees and are designed to keep prices high. Thus, as cigarette companies have sought to counter the impact of tax and fee increases by such strategies as cents-off or dollar-off promotions, redemption of discount coupons, buy-one-get-one free deals and multi-pack discounting (two-for-one deals), states and localities have responded to the public health community's call for the enactment of laws prohibiting price discounting through coupons or other promotional offers and establishing minimum prices for tobacco products.²¹ Such anti-discounting measures, for example, were enacted by Providence, Rhode Island and New York City for public health reasons and upheld against industry legal attack.²² Thus, efforts to increase cigarette taxes and fees should be seen in the broader context of a concerted public health campaign to raise tobacco prices, and keep them high, to diminish consumption of these deadly products.

This is not to suggest that the public health advocacy of higher tobacco taxes and fees has ignored the likely impact on state or national revenues. Pointing out to a state legislature that an increase in tobacco taxes not only will save lives, but will also lead to increased revenue for the state, typically is necessary to counter tobacco industry claims that increasing tobacco taxes and fees will so substantially depress tobacco sales, or cause black market smuggling, that there will

²¹ Tobacco Control Guide at 12. Resp. App'x A, Exhibit 37.

²² See *National Association of Tobacco Outlets v. City of Providence*, 731 F.3d 71 75 (1st Cir. 2013) (Providence ordinance limiting coupon redemption and multi-pack discounts "designed to reduce youth tobacco use" because "youth are particularly sensitive to tobacco price increases . . ."; *National Association of Tobacco Outlets v. City of New York*, 27 F.Supp. 3d 415, 417-17 (SDNY 2014) ("The City Council explained that numerous studies have demonstrated that high tobacco prices reduce consumption among both youths, who are especially price-sensitive, and adults. For instance, a 10% increase in cigarette prices reduces demand among adult smokers by 3-5% and among youth smokers by 7%. [citation omitted] In all, high tobacco prices reduce the prevalence of tobacco use, the likelihood of trying tobacco for the first time, the average number of cigarettes consumed per smoker, the initiation of daily smoking, and the initiation of daily heavy smoking." [citation omitted]).

be a negative impact on revenues. There can be no doubt, however, that the public health community has been central to the advocacy of tobacco tax and fee increases and that the primary justification offered for such increases has been their utility as life-saving public health measures. As the following discussion shows, this was as true in Oklahoma as it has been in other jurisdictions.

III. AMICI AND OTHER GROUPS SUPPORTED SB 845 BECAUSE IT WILL REDUCE THE PREVALENCE OF SMOKING IN OKLAHOMA, PARTICULARLY AMONG YOUNG PEOPLE, PREVENT TOBACCO-RELATED DISEASE AND PREMATURE DEATH, AND REDUCE TOBACCO-RELATED COSTS.

Before SB 845, Oklahoma's state cigarette tax was \$1.03 per pack, making it 36th among the states and the District of Columbia in the level of cigarette taxation.²³ Consistent with public health advocacy in other jurisdictions, *amici* and other public health and medical organizations supported SB 845 as a public health measure to reduce the burden on Oklahomans of tobacco-related disease and death. The title of the bill – the “Smoking Cessation Act of 2017” – and its numerous provisions directly implementing its public health objectives (set out in Respondents’ Brief at 20), reflect the public health focus of those who championed its enactment.

For example, amicus OSMA’s House of Delegates adopted a Resolution authorizing the Association to “initiate or strongly support legislative and/or regulatory efforts to increase the tax on tobacco products,” noting that legislature’s failure “to assist in the effort to decrease the needless deaths of over 6,000 Oklahomans each year prematurely from the effects of tobacco,” as well as its failure “to address the problem of over 14,000 school age children with nicotine

²³ Tobacco-Free Kids et al., *New Revenues, Public Health Benefits & Cost Savings From a \$1.50 Cigarette Tax Increase in Oklahoma* and sources cited therein. <http://www.tobaccofreekids.org/research/factsheets/pdf/0386.pdf>. Resp. App’x A, Exhibit 39.

addiction”²⁴ OSMA repeatedly communicated directly to Oklahoma legislators its support for substantial increases in the excise tax on tobacco, with a strong public health message:

Numerous studies have shown that price is the single-largest predictor of the likelihood that minors will take up the tobacco habit. By increasing the price, you will help ensure that fewer Oklahoma youth will become addicted to a deadly product. Very simply, your yes vote *will save lives*.²⁵ [emphasis in original]

Similar public health reasons were the basis for the American Lung Association’s (“ALA”) support for a cigarette tax increase in Oklahoma. In its report “State of Tobacco Control 2017,” the ALA called for action by Oklahoma elected officials to “[i]ncrease the cigarette tax by at least a \$1.00 per pack,” noting that a \$1.50 per pack cigarette tax had been introduced in the legislature and arguing that such an increase “would provide big benefits to the state, including preventing nearly 32,000 Oklahoma kids from starting to smoke, prompting nearly as many adults to quit and preventing approximately 18,000 tobacco-related deaths.”²⁶

In addition, *amici* Campaign for Tobacco-Free Kids and American Cancer Society Cancer Action Network (“ACS CAN”) issued a document, along with the tobacco economists at Tobacconomics, which quantified the public health benefits from a \$1.50 per pack increase in cigarette taxes in Oklahoma. Using an economic model developed jointly by Tobacco-Free Kids, ACS CAN and Tobacconomics, which is updated annually, the three groups projected that such an increase would (1) reduce youth smoking in Oklahoma by 15.8 percent; (2) prevent 28,200 Oklahoma youth under age 18 from becoming adult smokers; (3) cause 30,400 adult smokers in Oklahoma to quit; (4) prevent 16,700 premature deaths in the state; and (5) save the state \$1.22

²⁴ Oklahoma State Medical Association House of Delegates Resolution: 10 (A-2002). Resp. App’x A, Exhibit 29.

²⁵ Memorandum from Oklahoma State Medical Association to Oklahoma House of Representatives (May 9, 2017); Resp. App’x B, Exhibit 15. Memorandum from Oklahoma State Medical Association to Oklahoma House of Representatives (May 3, 2017); Resp. App’x B, Exhibit 14. Memorandum from Oklahoma State Medical Association to House Appropriations and Budget Committee (February 11, 2017). Resp. App’x B, Exhibit 13.

²⁶ American Lung Association, *State of Tobacco Control 2017*, at 2015. Resp. App’x A, Exhibit 28.

billion in long-term health care costs from adult and youth smoking declines.²⁷ Although a projection also was made for new annual revenue from the proposed tax increase, public health groups sought the increase because of its anticipated impact on the health of Oklahomans. In a press release in May of this year, several of the amicus groups expressed their opposition to a proposal to raise cigarette taxes by only \$.67 per pack because such a small increase would not keep kids from becoming addicted to cigarettes or help adults quit, even though it obviously would have added to state revenues.²⁸

Indeed, in the midst of the campaign for a tobacco tax increase in Oklahoma, Tobacco-Free Kids President Matt Myers, in an opinion-editorial appearing in the March 18, 2017 issue of *The Oklahoman* entitled “Oklahoma should increase its cigarette tax, for kids and health,” argued for the tax increase purely on public health grounds:

This critical action will prevent kids from smoking, prompt smokers to quit and reduce medical expenses associated with smoking, saving the state hundreds of millions of dollars. . . Tobacco is the No. 1 preventable cause of death in Oklahoma, killing 7,500 residents each year and sickening many more. The overwhelming majority of these smokers started as kids. Oklahoma’s smoking rates rank among the highest in the nation: 22.2 percent of adults and 14.6 percent of high school students smoke (compared with national rates of 15.1 percent and 10.8 percent, respectively). About 2,400 Oklahoma kids become daily smokers each year, and over 88,000 kids alive today in the state will die prematurely from smoking without strong action to prevent it.²⁹

Although Mr. Myers also notes that the tax increase will bring in millions in revenue, he argues that the increase is justified by its impact on reducing smoking alone, regardless of revenue considerations, even including whether the revenue is itself used for anti-smoking purposes:

²⁷ CTFK, et al., “New Revenues, Public Health Benefits & Cost Savings From a \$1.50 Cigarette Tax Increase in Oklahoma.” Resp. App’x A, Exhibit 39.

²⁸ ACS CAN Press Release, “Proposed Meager Cigarette Tax Increase Won’t Make Oklahoma Healthier” (May 16, 2017). Resp. App’x B, Exhibit 8.

²⁹ Matthew Myers, “Oklahoma should increase its cigarette tax, for kids and health,” *The Oklahoman*, March 18, 2017. Resp. App’x B, Exhibit 6.

While we support devoting some of the revenue to prevention and cessation, a \$1.50 cigarette tax increase in itself will have a huge impact in reducing smoking, especially among kids. *Regardless of where the revenue goes*, the benefits of a substantial tobacco tax increase are too important to be sacrificed. [emphasis added]³⁰

Thus, an increase in the cigarette tax was sought for public health reasons, not revenue reasons. The State Health Department, in urging a cigarette tax increase, argued that a \$1.50 per pack increase would drive about 30,400 adults to quit smoking (a 5 percent reduction), and prevent 28,200 young people from becoming smokers as adults.³¹ The Oklahoma public also viewed the tax as a public health measure. An editorial in *The Oklahoman* reported public support in excess of 60 percent for the tobacco tax hike, with pollster Pat McFerron reporting that “[t]he tobacco tax is seen as a health issue.”³²

Therefore, it is apparent that the public health supporters of SB 845 urged the measure because of its public health benefits and that the Oklahoma populace understood it as a public health measure.

CONCLUSION

SB 845, by imposing a fee on cigarettes that will substantially increase their price, may well be the most effective action the legislature could have taken to reduce the tragic toll of tobacco use in Oklahoma. Its lifesaving promise, not its revenue-raising potential, was the foundation of advocacy for the bill by its strongest supporters -- the public health community -- and the primary reason it was enacted. Petitioners’ alternative reality, which barely recognizes the importance of this measure in reducing the harm from their deadly and addictive products, should not be allowed to deny Oklahomans the lifesaving benefits of this legislation.

³⁰ *Id.* Resp. App’x B, Exhibit 6.

³¹ *The Oklahoman* editorial, “Boost to Oklahoma tobacco tax worth supporting,” February 28, 2017. Resp. App’x B, Exhibit 2.

³² *Id.* Resp. App’x B, Exhibit 2.

Respectfully submitted,



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EXHIBIT "A" TO BRIEF AMICUS CURIAE

Description of Amici Curiae

1. American Cancer Society Cancer Action Network

The American Cancer Society Cancer Action Network (ACS CAN) is the nation's leading cancer advocacy organization dedicated to eliminating suffering and death from cancer. ACS CAN is the nonpartisan, nonprofit advocacy affiliate of the American Cancer Society, encouraging the public and government officials to make fighting cancer a top priority. ACS CAN has more than one million volunteers nationwide, many of whom advocate for effective tobacco control at the federal, state, and local levels.

2. The American Heart Association

The American Heart Association ("AHA") is a voluntary health organization that, since 1924, has helped protect people of all ages and ethnicities from the ravages of heart disease and stroke. AHA is one of the world's premier health organizations, with offices in all 50 states, as well as in Washington D.C., and Puerto Rico. AHA invests in research, professional and public education, and advocacy so people across American can live stronger, longer lives.

3. American Lung Association/American Lung Association in Oklahoma

The American Lung Association is the nation's oldest voluntary health organization and, in Oklahoma, does business as the American Lung Association in Oklahoma. Because smoking is a major cause of lung cancer and chronic obstructive pulmonary disease (COPD), the American Lung Association has long been active in research, education and public policy advocacy regarding the adverse health effects caused by tobacco use, including efforts to substantially increase the price of tobacco products.

4. Campaign for Tobacco-Free Kids

The Campaign for Tobacco-Free Kids is a leading force in the fight to reduce tobacco use and its deadly toll in the United States and around the world. The Campaign envisions a future free of the death and disease caused by tobacco, and it works to save lives by advocating for public policies that prevent kids from smoking, help smokers quit and protect everyone from secondhand smoke.

5. Oklahoma State Medical Association

The Oklahoma State Medical Association (OSMA) promotes the welfare of patients, the science and art of medicine, the betterment of public health, and the mutual interests of component societies. OSMA serves as this State's leading advocate on issues of primary importance to Oklahoma patients and their physicians. As such, it regularly engages with state legislators and other policy makers to promote public health initiatives that will benefit OSMA's members' patients and the state as a whole. OSMA has long been on record in support of increasing the cost of tobacco products, including raising excise taxes, as the best deterrent to tobacco use by Oklahoma residents, including minors.

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