

Rhode Island Chapter

INCORPORATED IN RHODE ISLAND

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



Officers

President

Scott Rivkees, MD, FAAP
Phone: 203/641-2545

scott_rivkees@brown.edu

Vice President

Michael Koster, MD, FAAP
Phone: 401/444-8360

michael_koster@brown.edu

Secretary

Shuba Kamath, MD, FAAP
Phone: 401/444-8531

shuba_kamath@brown.edu

Treasurer

Sara Ford, MD, FAAP
Phone: 401/444-4612

SFord@lifespan.org

Immediate Past President

Peter Pogacar, MD, FAAP
Phone: 401/884-8900

prpogacar@gmail.com

Chapter Executive Director

Jennifer L. Mann, MPH
Phone: 401/743-1507

jmann.aapri@gmail.com

Board of Directors

Emily Allen, MD, FAAP
Allison Brindle, MD, FAAP
Ailis Clyne, MD, FAAP
Susan Duffy, MD, FAAP
Gregory Fox, MD, FAAP
Robert Griffith Jr., MD, FAAP
Allison, Heinly, MD, FAAP
Pamela High, MD, FAAP
Chandan Lakhiani, MD, FAAP
Elizabeth Lange, MD, FAAP
Kristin Lombardi, MD, FAAP
Karen Maule, MD, FAAP
Beth Toolan, MD, FAAP

Mailing Address:

American Academy of Pediatrics
Rhode Island Chapter
PO Box 20365
Cranston, RI 02920

Testimony in support of Senate Bill 2860
Senate Committee on Health and Human Services
March 10, 2026

Dear Chairperson Murray and Members of the Committee,

The Rhode Island Chapter of the American Academy of Pediatrics **strongly supports S2860**, requiring the Department of Health to implement a tobacco control program that incorporates evidence-based best practices for tobacco prevention and cessation to prevent tobacco-related diseases and diminish tobacco use in the state.

Tobacco use continues to be an enormous problem, with over 47 million adults currently using a tobacco product in the US.¹ In Rhode Island, about 1,800 deaths each year are attributed to smoking and other tobacco use.² Tobacco use not only affects users, secondhand exposure can lead to numerous health problems in children including sudden infant death syndrome, increased incidence and severity of asthma and bronchiolitis, ear infections, and childhood cancers.³ For Rhode Island youth, 17.3% of high school students report current tobacco and nicotine use, with 16.5% using e-cigarettes.⁴

As a pediatrician, I hear from my patients about their struggles with e-cigarettes and other tobacco products almost every day. One 16-year-old explained that his vaping had “gotten out of control” and was pleading for help to quit. When I asked a 13-year-old why he was vaping with friends at his middle school, he explained that he liked the flavors saying, “I have a sweet tooth”.

To combat this significant problem, the Centers for Disease Control and Prevention (CDC) states, “evidence-based, statewide tobacco control programs that are comprehensive, sustained, and accountable have been shown to reduce smoking rates, as well as tobacco-related diseases and deaths.”⁵ The National Academy of Medicine recommends that each state should fund a comprehensive tobacco control program at the level that the CDC recommends.⁶ Funding for tobacco prevention and cessation programs is one of the most cost-effective investments states can make. One study of California’s long-running tobacco control program found the state saved an estimated \$155 in healthcare costs for every \$1 invested.⁷

We urge you to pass S2860 to support tobacco prevention, education and cessation efforts in Rhode Island.

Sincerely,

Allison Heinly, MD, FAAP

Board of Directors
Rhode Island Chapter of the American Academy of Pediatrics

1. Cornelius ME, Loretan CG, Wang TW, Jamal A, Homa DM. Tobacco Product Use Among Adults — United States, 2020. *MMWR Morb Mortal Wkly Rep* 2022;71:397–405
2. Campaign for Tobacco-Free Kids. https://www.tobaccofreekids.org/problem/toll-us/rhode_island
3. US Department of Health and Human Services. *The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General*. Atlanta, GA. 2006
4. Rhode Island Department of Health. Center for Health Data Analysis. [Youth Risk Behavior Survey](#). 2023.
5. Institute of Medicine. [Funding the Tobacco Problem: A Blueprint for the Nation](#). Washington, DC: The National Academies Press. 2007.
6. Centers for Disease Control and Prevention. [Best Practices for Comprehensive Tobacco Control Programs Executive Summary](#). 2014.
7. Lightwood JM, Anderson S, Glantz SA (2023) Smoking and healthcare expenditure reductions associated with the California Tobacco Control Program, 1989 to 2019: A predictive validation. *PLoS ONE* 18(3): e0263579.