

Approved \_\_\_\_\_ Date 3-26-91

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE

The meeting was called to order by SENATOR ROY M. EHRLICH at \_\_\_\_\_  
Chairperson

10:00 a.m./p.m. on March 20, 1991 in room 526-S of the Capitol.

All members were present except:

Committee staff present:

Emalene Correll, Legislative Research  
Bill Wolff, Legislative Research  
Norman Furse, Revisor's Office  
Jo Ann Buntten, Committee Secretary

Conferees appearing before the committee:

Tom Hitchcock, Board of Pharmacy  
Bob Williams, Kansas Pharmacists Association  
Harold Riehm, Kansas Association of Osteopathic Medicine  
Cheryl DeBrot, National Board of Respiratory Care  
Dr. Charles Konigsberg, Department of Health and Environment  
Representative Henry Helgerson

Chairman Ehrlich called the meeting to order at 10:00 a.m.

Hearing and Final Action:

HB 2075 - Refilling prescription orders by pharmacists.

Tom Hitchcock, Kansas Board of Pharmacy submitted written testimony and appeared before the committee in support of HB 2075. Mr. Hitchcock explained the bill amends one of the statutes to change the manner in which prescribers must authorize the refilling of prescriptions. (Attachment 1) Transfer of prescription information to other states and subsection (e) of the bill were discussed by the committee.

Bob Williams, Kansas Pharmacists Association, submitted written testimony and appeared in support of HB 2075. Mr. Williams stated his organization supports the concepts of the purpose of the bill to clarify the Kansas Pharmacy Practice Act in regard to the refilling of prescription medication. (Attachment 2)

The wishes of the committee were asked on HB 2075. Senator Anderson made the motion to recommend HB 2075 favorably for passage, seconded by Senator Walker. No discussion followed. The motion carried. The bill will be carried by Senator Anderson.

HB 2141 - Reinstatement of licenses under the healing arts act.

The Chairman announced written testimony was distributed to the committee from Chip Wheelen, Kansas Medical Society, in support of HB 2141. (Attachment 3)

Harold E. Riehm, Kansas Association of Osteopathic Medicine, submitted written testimony and appeared in support of HB 2141. Mr. Riehm stated he now supports the bill because of the changes made in the House committee that would permit the Board to assess costs if the board's order is adverse to the licensee or applicant for reinstatement of license. (Attachment 4).

CONTINUATION SHEET

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE,  
room 526-S, Statehouse, at 10:00 a.m./~~p.m.~~ on March 20, 1991

The wishes of the committee were asked on HB 2141. Senator Hayden moved to recommend HB 2141 favorably for passage. Staff Furse explained that in Section 2 (a), the cost section, which was amended by the House Public Health and Welfare Committee, an amendment could be made to clarify language dealing with the board's order if adverse to the licensee by the insertion of current law language, "if the board is the unsuccessful party, the costs shall be paid out of any money in the healing arts fee fund." Senator Hayden withdrew his original motion and made a substitute motion to include the reinsertion of the original language, "if the board is the unsuccessful party, the costs shall be paid out of any money in the healing arts fee fund," and recommended HB 2141 as amended favorably for passage. Senator Anderson seconded the motion. No discussion followed. The motion carried. Senator Hayden will carry the bill.

Chairman Ehrlich recognized Senator Hayden who introduced his pages from Lakin who served in the Senate and assisted at the committee meeting. Senator Hayden also introduced Mr. Brad Welch, father of one of the pages.

Hearing and Final Action:

HB 2336 - Smoking in state capitol.

Cheryl DeBrot, respiratory therapist with the National Board of Respiratory Care, submitted written testimony and appeared in support of HB 2336. She stated if smokers are allowed to continue to smoke in the hallways, rotunda, and other public areas of the state capitol, both the non-smoking and smoking public would suffer ill-effects. (Attachment 5)

Dr. Charles Konigsberg, Director of the Division of Health, Department of Health and Environment, submitted written testimony and appeared in support of HB 2336. Dr. Konigsberg stressed the dangers of smoking and passive smoking. He stated the department recommends the committee members give consideration to the clear intent of this bill and steps be taken for its implementation. (Attachment 6) Discussion centered on smoking in an enclosed space and public chambers.

Robert Greve, Kansans for Non-Smokers Rights, appeared in support of HB 2336. Mr. Greve stated his organization believes people should be able to go out in public and breathe fresh air, not polluted air, and when adults smoke in public areas, they set a bad example for children.

Representative Henry Helgerson, sponsor of HB 2336, presented written testimony and appeared in support of his bill. Representative Helgerson stated the bill would limit smoking in the state capitol, and stressed the hazards created by smoking, not only to the body, but damage to the building as well. He stated information provided by the federal government indicated passive smoking was hazardous to health, and presented information given in the annual report of the Kansas State Employees Health Care Commission that compared smoker versus non-smoker statistics. Blue Cross and Blue Shield provided the Health Care Commission information that illustrated smokers continue to incur higher claim payments than non-smokers. (Attachments 7 and 8) After considerable committee discussion regarding smoking in certain areas of the state capitol, Senator Vidricksen offered an amendment to HB 2336 that would ban smoking in the state capitol, seconded by Senator Walker. No discussion followed. The motion carried. The wishes of the committee were asked on HB 2336. Senator Walker made the motion to recommend HB 2336 as amended favorably for passage. The motion was seconded by Senator Vidricksen. No discussion followed. The motion carried. Senator Vidricksen will carry the bill. Senator Anderson wished to be recorded as voting "No" on the motion.

The meeting was adjourned at 11:00 a.m.

SENATE  
PUBLIC HEALTH AND WELFARE COMMITTEE

DATE 3-20-91

(PLEASE PRINT)  
NAME AND ADDRESS

ORGANIZATION

Tom Hitchcock

Bd. of Pharmacy

Cheryl DeBart

Kansas Resp. Care Society

Charles Feingold

KDHE

DAVID M. TRASTER

KDHE

Paula Marmot

KDHE

~~Paula Marmot~~

DoHA

Bob Williams

Ks. Pharmacists Assoc.

Harold Kiehm

KAOM

David Hanzlick

KS Dental Ass'n

Scott Brunner

Sen Hayden

Brad Welch

Keamy Co

Kathy Olson-Wilson

Self

Ann Fogarty

Hant + Stanton Co

Jeremy Sullivan

KMS

Richard Morrissey

KDHE

ROBERT GREVE

~~██████████~~ KNSR

Mary Neuhauer

Assoc. Press

# Kansas State Board of Pharmacy

LANDON STATE OFFICE BUILDING  
900 JACKSON AVENUE, ROOM 513  
TOPEKA, KANSAS 66612-1220  
PHONE (913) 296-4056

STATE OF KANSAS

HOUSE BILL 2075

MEMBERS

SENATE PUBLIC HEALTH  
AND WELFARE COMMITTEE

DANA L. CREITZ, JR., PARSONS  
LAURENCE L. HENDRICKS,  
WAKEENEY  
HOYT A. KERR, TOPEKA  
KARLA K. KNEEBONE, NEODESHA  
KATHLEEN M. MAHANNA, HOXIE  
BARBARA A. RENICK, GARDEN CITY  
EXECUTIVE SECRETARY  
TOM C. HITCHCOCK  
BOARD ATTORNEY  
DANA W. KILLINGER



JOAN FINNEY  
GOVERNOR

MARCH 19, 1991

MR. CHAIRMAN, MEMBERS OF THE COMMITTEE, MY NAME IS TOM HITCHCOCK AND I SERVE AS THE EXECUTIVE SECRETARY OF THE BOARD OF PHARMACY. I APPEAR BEFORE YOU TODAY ON BEHALF OF THE BOARD IN SUPPORT OF HB 2075.

THIS BILL INCLUDES ONLY TWO CHANGES TO ONE STATUTE IN THE PHARMACY ACT AND ARE BOTH FOUND ON PAGE TWO OF THE BILL. IN SUBSECTION (c) ON LINES 8 AND 9, IT IS REQUESTED TO STRIKE SOME VERBAGE AND ADD THE VERBAGE IN LINES 9 THROUGH 11. THIS CHANGES THE AMBIGUITY OF THE SENTENCE AND MAKES IT VERY SPECIFIC WHAT THE PHARMACIST MAY OR MAY NOT PERFORM WITH RESPECT TO REFILLING A PRACTITIONER'S PRESCRIPTION ORDER. WITH THIS STATUTORY CHANGE, IT REMOVES ALL DOUBT WHETHER A PHARMACIST MAY OR MAY NOT REFILL A PRESCRIPTION WHICH CONTAINS NO SUCH DIRECTIONS.

THE SECOND CHANGE ON LINES 20 AND 21 AGAIN REMOVES THE AMBIGUITY AND DOUBT WHICH IS CREATED BY THE CURRENT SUBSECTION (e). THE PHARMACIST DID NOT MAKE THE PATIENT DIAGNOSIS AND DOES NOT HAVE THE KNOWLEDGE NOR AUTHORITY TO BE THE DECISION MAKER RELATING TO HOW LONG A PATIENT SHOULD CONTINUE TO TAKE ANY MEDICATION. BY CHECKING WITH A PRESCRIBER, USUALLY BY PHONE, ONCE A YEAR, THE PHARMACIST AND THE PATIENT ARE ALLOWING THE PHYSICIAN TO PRACTICE THEIR PROFESSION AND BE THE DECISION MAKER TO THE CONTINUATION OF ANY MEDICATION REGIMEN. THE PHYSICIAN HAS THE PATIENT'S CHART AND CAN DETERMINE HOW LONG IT HAS BEEN

Senate P H&W  
Attachment #1  
3-20-91

HOUSE BILL 2075  
SENATE PUBLIC HEALTH  
AND WELFARE COMMITTEE  
MARCH 19, 1991

SINCE THE PATIENT HAS BEEN CHECKED, WHICH THE PHARMACIST HAS NO KNOWLEDGE AND THE PATIENT USUALLY CANNOT REMEMBER. IT SHOULD GO WITHOUT SAYING THAT SUCH ACTIVITY PROMOTES IMPROVED PATIENT CARE AND HEALTH CARE.

THE FEDERAL FOOD AND DRUG ADMINISTRATION (FDA) HAS TAKEN A POSITION ON THE USE OF "PRN" DESIGNATION FOR PRESCRIPTION REFILLS. FDA HAS SAID THAT "NEITHER THE FEDERAL FOOD, DRUG AND COSMETIC ACT NOR THE IMPLEMENTING REGULATIONS UNDER TITLE XXI OF THE CODE OF FEDERAL REGULATIONS DISCUSS THIS MATTER." HOWEVER, THIS ADMINISTRATION HAS LONG HELD THAT A DESIGNATION SUCH AS "PRN" OR "REFILL AD LIB" THAT PUTS NO LIMIT ON THE FREQUENCY OF REFILLING, NOR THE LENGTH OF TIME THAT A PRESCRIPTION MAY BE REFILLED IS NOT A VALID AUTHORIZATION FOR REFILLING A PRESCRIPTION. THE LAW GIVES ONLY A DULY-LICENSED PHYSICIAN AUTHORITY TO DETERMINE HOW MUCH OF A PRESCRIPTION DRUG A PATIENT SHOULD GET. A PHYSICIAN CANNOT DELEGATE THIS AUTHORITY TO SOMEONE ELSE.

THE BOARD OF PHARMACY RESPECTFULLY REQUESTS THE FAVORABLE PASSAGE  
OUT OF COMMITTEE OF HB 2075.

THANK YOU.



THE KANSAS PHARMACISTS ASSOCIATION

1308 WEST 10TH

PHONE (913) 232-0439

TOPEKA, KANSAS 66604

ROBERT R. (BOB) WILLIAMS, M.S., C.A.E.  
EXECUTIVE DIRECTOR

## TESTIMONY

Senate Public Health and Welfare Committee

HB2075

March 19, 1991

My name is Bob Williams, I am the Executive Director of the Kansas Pharmacists Association. Thank you for this opportunity to address the committee regarding HB2075.

We support the changes in the existing law found in HB2075. The purpose of HB2075 is to clarify the Kansas Pharmacy Practice Act in regards to the refilling of prescription medication.

The Kansas Pharmacists Association encourages your support of HB2075.

Thank you.



## KANSAS MEDICAL SOCIETY

1300 Topeka Avenue • Topeka, Kansas 66612 • (913) 235-2383  
Kansas WATS 800-332-0156 FAX 913-235-5114

March 20, 1991

TO: Senate Public Health and Welfare Committee  
FROM: Kansas Medical Society *Chyp W. Steeler*  
SUBJECT: House Bill 2141; Healing Arts Act Amendments

Thank you for this opportunity to express our general support for the provisions of HB 2141. Section 1 of the bill would preclude the need to expend staff time and other resources for unnecessary proceedings to determine that a former licensee should not be reinstated. We would stress, however, that there may be instances when a former licensee has been sufficiently rehabilitated within less than three years and his or her health care services should be made available to prospective patients. In those instances, the Board would have the opportunity to "stay the effectiveness of an order of revocation." We believe that this is an essential feature of the amendatory language in that it would grant the Board the necessary flexibility to review individual cases based on the circumstances.

We also agree with section 2 of the bill as amended by the House Committee. This means that when the Board of Healing Arts prevails in the outcome of quasi-judicial proceedings, the Healing Arts Fee Fund would not suffer a major expense. Under current law, the Healing Arts Fee Fund finances the majority of such costs. The amendatory language in HB 2141 would be more equitable and would also discourage frivolous applications for hearings.

We believe that passage of HB 2141 would improve the efficiency of the State Board of Healing Arts. Thank you for considering our comments.

/cb

Senate P H&W  
Attachment #3  
3-20-91


# Kansas Association of Osteopathic Medicine

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Harold E. Riehm, Executive Director

1260 S.W. Topeka  
Topeka, Kansas 66612  
(913) 234-5563

March 20, 1991

To: Chairman Ehrlich and Members, Senate Public Health Committee  
From:  Kansas Association of Osteopathic Medicine  
Subject: Testimony in Support of H.B. 2141

Thank you for this opportunity to express our support of H.B. 2141.

In testimony before the House Public Health Committee, KAOM expressed its concern with the original language of Sec. 2(a). We suggested that language be added that further defines and limits the prerogatives of the Board in assessing costs incurred in proceedings before the Board.

The House Committee amended H.B. 2141, Sec. 2(a) by adding language that permits the Board to assess such costs if the board's order is adverse to the licensee or applicant for reinstatement of license. This, added to the use of the word "may" on page 2, line 6, and the requirement that the Board examine "all relevant circumstances" of the hearing or finding, eliminates most of our concerns.

With the changes made in the House Committee, we support H.B. 2141.

I will be pleased to respond to any questions you may have.

Senate P H&W  
Attachment #4  
3-20-91



My name is Cheryl DeBrot and I am a Respiratory Therapist registered with the National Board of Respiratory Care as well as the State Board of Healing Arts. I am here as a representative of the Kansas Respiratory Care Society to testify in support of HB 2336. My area of work in Respiratory Therapy is in Pulmonary Rehabilitation. On a daily basis, I work to help people who have chronic lung disease live as best as possible with the devastating physical, emotional, and psychological effects of it. In the great majority of cases, active and/or passive smoking is the major contributing factor in the development of their lung disease.

It takes 20-35 years for lung disease to develop bad enough for the signs and symptoms to be experienced. By the time these symptoms and signs are evident, the disease is in the middle to late stages. There is no cure present today for chronic lung disease. One out of every seven smokers is developing chronic lung disease such as emphysema, chronic bronchitis, bronchiectasis, asthma, and/or combinations thereof. Without a doubt, there are smoking employees of the State of Kansas who are developing any one or more of these disease states and have yet to be diagnosed. Since moving here to Topeka from Wichita in October, I have already cared for many former employees of the State and in some cases current employees who are suffering now because they were unable to quit smoking. These former employees are not all of retirement age but in some cases have had to quit work because of cancer and inability to do their work due to lung disease.

With the current statute regarding smoking in the State Capitol, smoking employees as well as the public can smoke in the hallways, Rotunda, and other public areas. They are not only damaging their own health but also those who passively have to smoke the toxic substances in their cigarette smoke. A study published by the Center for Disease Control states that in 1988, 3825 Americans who didn't smoke died of lung cancer. This number does

not include those who died of chronic lung disease. I have recently cared for an individual who has developed severe emphysema because of living with smokers. This individual who is 61 years of age has lost approximately 30 lbs. over the past year and was working here in Topeka until **recently**. This individual is now disabled and since being hospitalized for lung illness suffered a stroke. This individual is paying the ultimate sacrifice and degree of suffering because of someone else's smoking.

If smokers are allowed to continue to smoke in the hallways, Rotunda, and other public areas of the State Capitol, both the non-smoking and smoking public are affected. Smokers are not able to smell how offensive the odors of cigarette smoke are. It can be an absolute health risk for a person with asthma, allergies, and/or chronic lung disease to walk by someone who is smoking. The State Capitol is a building intended to be used by all the people, so that they can participate in their state government. With the passage of HB 2336, the health of all Kansans will be protected in a better way in this building. Perhaps some of the smoking employees will do something to learn to become non-smokers as a result of having to go to designated smoking areas of the State Capitol.

It is because of our concern for the respiratory health of Kansans, that on behalf of the Kansas Respiratory Care Society, that I strongly urge to vote in favor of HB 2336.



# State of Kansas

Joan Finney, Governor

Department of Health and Environment

Division of Health

Landon State Office Bldg., Topeka, KS 66612-1290

Stanley C. Grant, Ph.D., Acting Secretary

Reply to: \_\_\_\_\_

FAX (913) 296-6231

Testimony presented to  
Senate Public Health and Welfare committee

by

The Kansas Department of Health and Environment

House Bill 2336

Smoking has proven negative effects on the public health and safety. It is the number one preventable cause of death. As documented in the Surgeon General's 1989 report, smoking is responsible for about 390,000 deaths each year in the United States. That accounts for more than one of every six deaths in our country.

If everyone in the U.S. quit smoking today, there would be 90 percent less lung cancer, 50 percent less bladder cancer, 33 percent less heart disease, 41 percent fewer childhood deaths, and 22 percent fewer low birth weight infants. At least 3,200 Kansans die of tobacco-related illness annually.

Of the 54 million Americans who smoke, 90% began smoking as teenagers. The average age to start smoking is 13 years. The younger people are when they start smoking, the more likely they are to die of lung cancer. Smokers starting before age 15 have cancer rates 19 times higher than non-smokers.

A draft report prepared by the Environmental Protection Agency (EPA) classified environmental tobacco smoke (ETS) as a "class A" carcinogen. The report was recently endorsed by a panel of the Environmental Protection Agency's Scientific Advisory Board (SAB). Only 15 other carcinogens have been labelled as class A, which is the category that the agency reserves for the most dangerous cancer causers, including radon, asbestos and benzene. The report estimated that ETS causes 3,700 lung cancer deaths each year, making it the third largest cause of lung cancer after direct smoking and radon.

Exposure to environmental tobacco smoke now has been linked to heart disease in non-smokers as well. A report in the January issue of Circulation, a journal of the American Heart Association concludes that passive smoking causes about 10 times as many deaths from heart disease as it does from lung cancer. These deaths contribute greatly to the estimated 53,000 annual deaths caused by passive smoking which ranks it as the third leading preventable cause of death in the United States today, following active smoking and alcohol.

Senate P H&W  
Attachment #6

3-20-91

Charles Konigsberg, Jr., M.D., M.P.H.  
Director of Health  
(913) 296-1343

James Power, P.E.  
Director of Environment  
(913) 296-1535

Lorne Phillips, Ph.D.  
Director of Information  
Systems  
(913) 296-1415

Roger Carlson, Ph.D.  
Director of the Kansas Health  
and Environment Laboratory  
(913) 296-1619

On the average, each smoker who dies from a smoking-related disease loses 15 years of life compared with his or her non-smoking counterparts. Costs to society amount to an astounding \$53 billion nationally each year. The smoking attributable economic cost to Kansas is over \$370 million each year.

The Kansas Department of Health and Environment supports the intent of House Bill 2336 which serves as a step toward the elimination of smoking in public places. However, the provision in House Bill 2336 to designate small, enclosed office spaces as allowable smoking areas does pose an increased risk for those working within an enclosed, smoke-filled space.

As the State public health agency, the Kansas Department of Health and Environment clearly supports measures which reduce the risk of public health and environmental damage. To that end, the Kansas Department of Health and Environment recommends that the committee members give consideration to the clear intent of this bill, and that they take steps necessary for its implementation.

Testimony presented by: Charles Konigsberg, Jr., M.D., M.P.H.  
Director  
Division of Health  
March 20, 1991

Since 1964, when the federal government issued its first report linking smoking to lung cancer and other diseases, millions of smokers have quit, and many who might otherwise have started have not. Airlines have banned smoking on flights that last less than six hours. In public areas and workplaces all across the country, smoking is restricted or prohibited.

The happy result is that more than 750,000 smoking-related deaths have been avoided. Experts estimate that by the year 2000, the number of lives saved will be close to 3 million. These statistics don't cover the millions more who will live healthier, happier lives because they don't smoke.

What have these fortunate people avoided?

#### **TOBACCO AND CANCER**

Every year about 136,000 Americans die of cancer because they smoked. Nearly 30 percent of all cancer deaths are caused by smoking.

Smokers coat their airway, mouth, throat, and the delicate passageways of their lungs with tar, the solid component of cigarette smoke. Tar contains thousands of different chemicals, of which 43 are known carcinogens. Cigarette smoke damages and finally destroys the cilia, which are tiny hairlike structures that sweep foreign substances from the lungs, leading to a buildup of carcinogenic tar. About 90 percent of all lung cancer deaths are caused by smoking. Other cancers known to be caused by smoking are those of the larynx, mouth, esophagus, bladder, pancreas, kidney, and cervix.

## **COPC CAN KILL**

Every year, 60,000 American smokers die from chronic obstructive pulmonary disease (COPD). Put simply, they destroy their lungs by smoking.

Some are deaths from emphysema. In emphysema, the alveoli, tiny air sacs in the lungs where the exchange of carbon dioxide and oxygen takes place, break down. Breathing gets harder and harder, until the overburdened body can no longer cope. Death comes from heart failure or suffocation.

Some are deaths from chronic bronchitis. One of the ways the lungs clean themselves is by producing mucus, which traps dirt and then is swept out of the lungs by the cilia. With the cilia destroyed by smoking, only coughing can expel the mucus. Infection sets in. The lungs are inflamed and great quantities of mucus are produced, providing a good place for bacteria to grow. The passageways of the lungs narrow and breathing becomes difficult. Serious, even life threatening, infection can be the result.

## **THE SMOKER'S HEART**

Every year, about 115,000 Americans die of heart disease because of smoking. Nicotine makes the heart beat faster so it requires more oxygen. At the same time, it causes the blood vessels to narrow, carrying less oxygen-rich blood to the heart muscle. The carbon monoxide in smoke takes the place of oxygen in the red blood cells, further reducing the oxygen that gets to the heart muscle. The scene is set for serious heart damage that can end in death.

About 27,000 Americans die from stroke every year because they were smokers. Smoking causes the blood to clot more easily. If a clot travels to the blood vessels in the head or neck, it can obstruct circulation, causing tissue damage by depriving areas of the brain of oxygen. Another effect of smoking is atherosclerosis, or hardening of the arteries. This condition narrows arteries in the brain, in some cases completely closing them, and causes stroke.

#### **FETAL DAMAGE AND SICK CHILDREN**

Pregnant smokers expose their unborn babies to grave risks. They have more miscarriages, premature births, low-birth-weight babies, and babies who die early in infancy. Their babies are more likely to develop slowly.

Parents who smoke have children at high risk for a variety of lung disorders. Hospital admissions for pneumonia, bronchitis, and other lung disorders are twice as frequent for children whose parents smoke. The symptoms of childhood allergies and asthma are worsened by breathing cigarette smoke.

#### **PASSIVE SMOKING: MAKING OTHER PEOPLE SICK**

It's not just the children of smokers who are at risk. Everybody who comes into contact with them--spouses, co-workers, other diners at a restaurant--shares their smoke, taking in tar, carbon monoxide, and nicotine, although in smaller doses than the smoker. Nonsmokers who have heavy exposure to smokers in effect become smokers themselves.

The facts are in and several recent studies give new emphasis to this: Passive smoking is a health hazard. It increases

the nonsmoker's chance of getting lung cancer and other respiratory diseases.

There are four major reasons why I believe this legislation should be passed.

First, we are setting a bad example to children, state employees, and the general citizens of Kansas by prohibiting smoking in most public areas but not in our own state capitol. We ban it in over 1500 schools, almost all state offices, and our state office building. Most cities and counties have adopted smoking bans in public areas and offices. In fact, if it was not for a provision that allowed the state buildings an exception of local ordinance, the capitol would be required to be non-smoking in public areas.

Second, our capitol is a treasure, not only for its architecture, but for the murals on the wall. Smoking increases the damage done our facility and increases our cost of maintenance.

According to one researcher, William Weis of Seattle University, those costs are \$1,250 more annually for a smoking employee than for a nonsmoking employee. In addition, various employers have reported reductions in maintenance costs after implementing strong restrictions on smoking:

- When a West Coast insurance company adopted a policy that permitted smoking only in a designated area, in the lunchroom, the company's cleaning service voluntarily dropped its cleaning charge by 10% per month.

- An electronic components wholesaler banned smoking in the workplace and reduced its cleaning costs by more than half.



- A motel chain that now provides only nonsmoking rooms reduced its cleaning staff after adopting its no-smoking policy. Moreover, it claims that smoking rooms needed painting five time more often than did non-smoking rooms.

A third reason is that we should do everything possible to limit and discourage smoking because of the additional health care costs.

Most people will grant that smoking causes cancer, more illnesses, and more hospitalization to smokers. But, for the first time I know of, we have information provided by our own state employees' health plan that corroborates the cost. Smokers incurred 33% more hospital admissions than non-smokers.



**KANSAS STATE EMPLOYEES  
HEALTH CARE COMMISSION**

COMMISSIONER  
Arthur H. C. [unclear] Acting  
Chairman  
Ron Todd  
Robert C. Harder  
  
Dave Charay,  
Benefits Administrator

M E M O R A N D U M

TO: Arthur H. Griggs, Acting Chairman  
Health Care Commission and  
Secretary of Administration  
  
Ron Todd, Member  
Health Care Commission  
  
Robert Harder, Member  
Health Care Commission

FROM: Dave Charay  
Health Benefits Administrator

DATE: February 12, 1991

SUBJECT: Blue Cross Annual Report comparing  
Smoker versus Non-Smoker Utilization  
for the Kansas State Health Plan

Enclosed is the annual report comparing smoker versus non-smoker Utilization from Blue Cross and Blue Shield of Kansas. The report covers claims (for employees only) during the period January 1, 1990 through November 30, 1990 as paid through November 30, 1990.

As you review the statistics you will notice certain categories reported significant differences between smokers and non-smokers. For example, in the admissions per 1,000 category, smokers incurred 33% more hospital admissions than non-smokers, 106.50 to 71.06. In the days per 1,000, smokers averaged 41% more days than non-smokers, 597.30 to 352.51 as shown in Exhibit A and B. The other categories also showed differences between smokers and non-smokers.

The Health Care Commission should note that the total average claim payment per employee was \$282.62 more for smokers than non-smokers as illustrated in Exhibit C. Consideration may want to be given to changing the disincentive given to smokers in order to recognize the additional cost (\$25.69 more per month) smokers are adding to the health plan.

A recent report by the Environment Protection Agency reported 3,800 cancer deaths a year are caused by direct smoking as reported in the Washington Post, December 6, 1990. (Please see attachment.)

Senate PH&W  
Attachment

Health Care Commission  
February 12, 1991  
Page Two

Texas instruments recently implemented a non-smokers discount plan in their health similar to the State of Kansas. One major difference is that Texas Instruments health plan also decreases the premium rates \$10 for each dependent that does not smoke.

The Topeka Capital Journal last week reported that the number of smokers in the United States has decreased over 20% in the past 20 years. More significantly, was the increase in deaths attributable to smoking, going from 188,000 in 1965 to 434,000 in 1988 (a 65% increase). (Please see Exhibit D.)

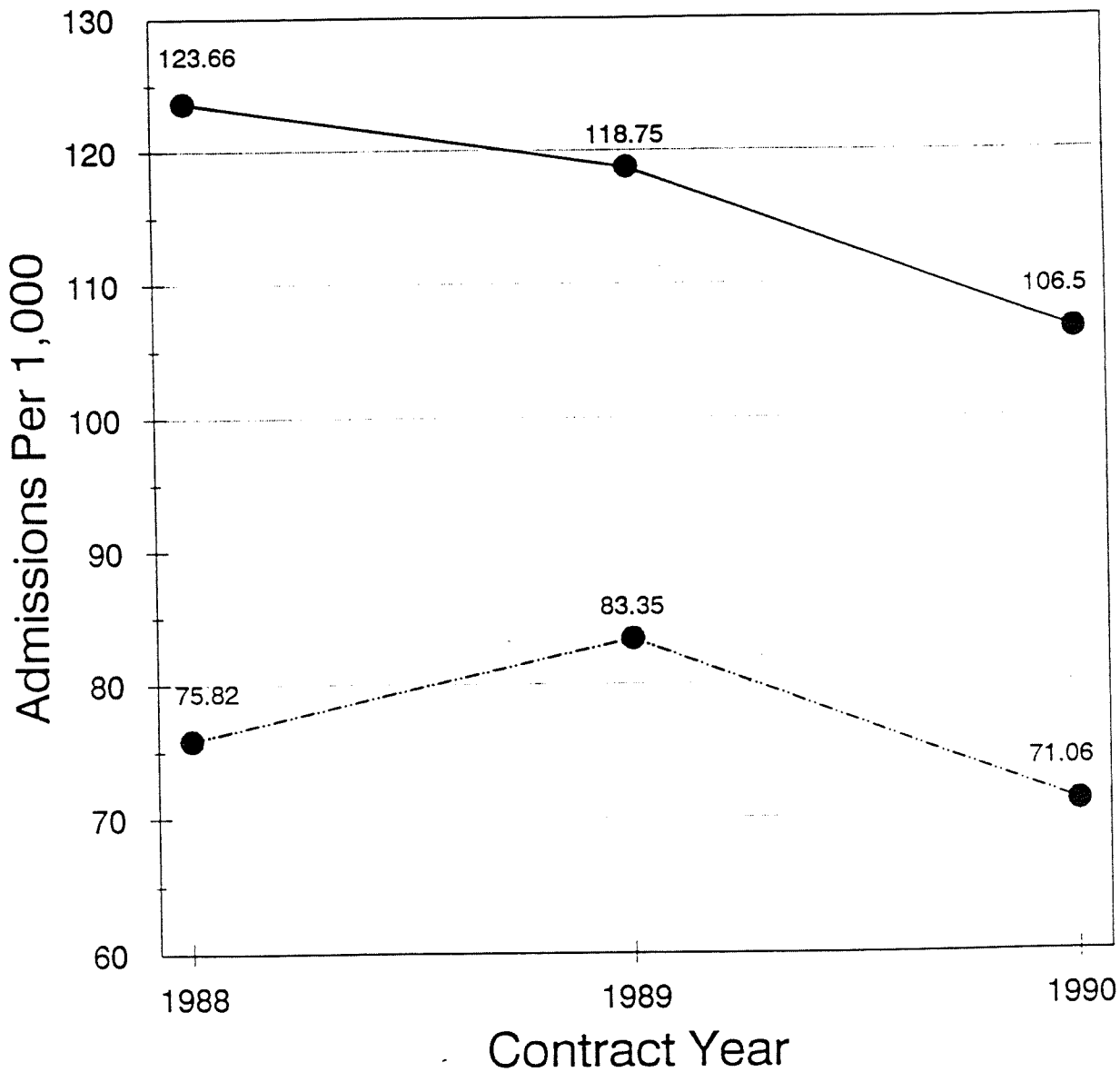
This is the third year Blue Cross and Blue Shield has provided the Health Care Commission statistics on smokers and non-smokers. As charts A, B, C and D illustrate, smokers continue to incur higher claim payments than non-smokers.

Please call me if you have any questions or would like to discuss this memorandum further.

DC:bcm  
Enclosures

cc: Dick Brock ✓

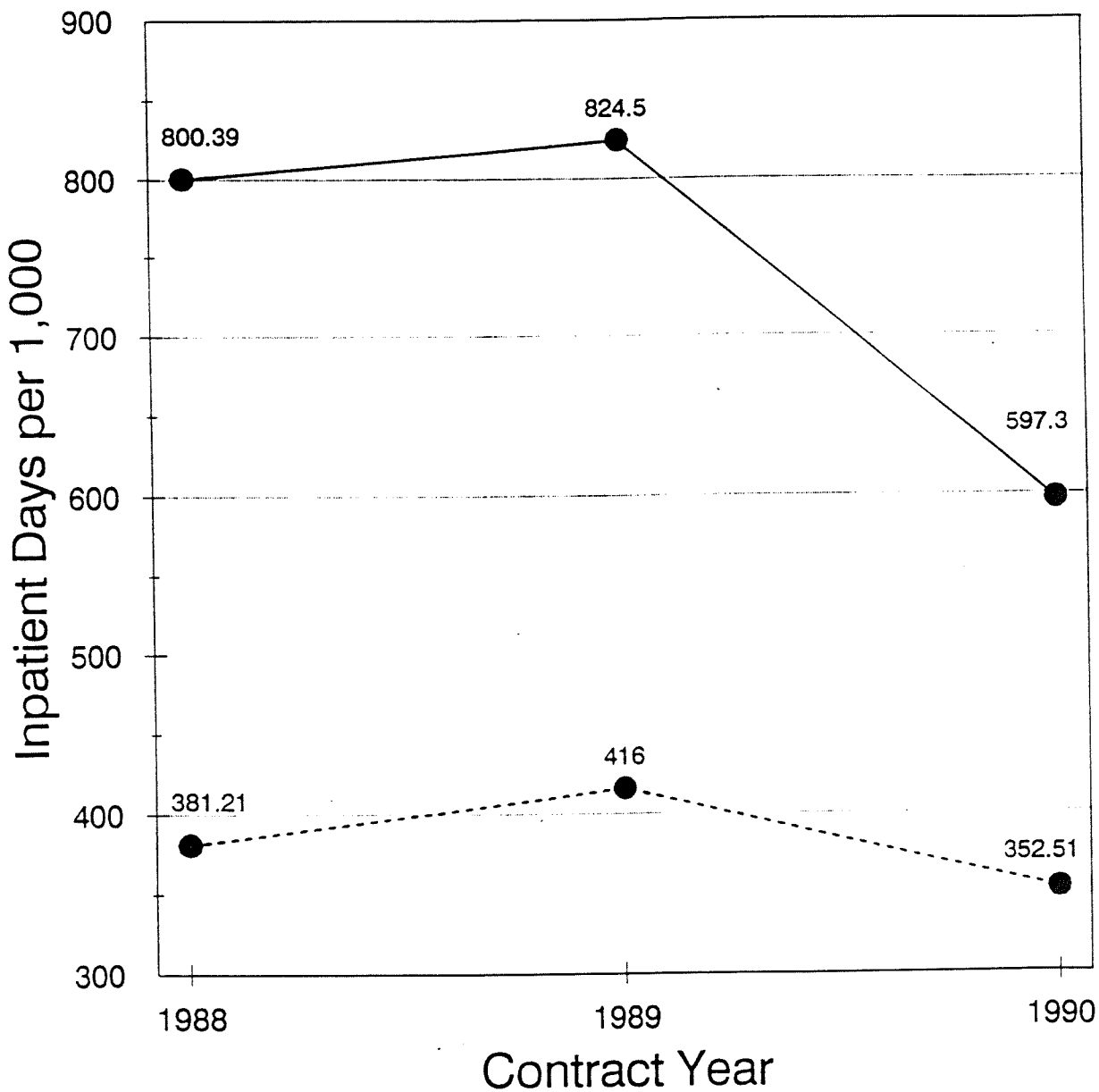
**STATE OF KANSAS ACTIVE EMPLOYEE GROUP  
TOBACCO USERS VS. NON TOBACCO USERS  
ADMISSIONS PER 1,000 MEMBERS**



Tobacco Users    Non Tobacco Users  
—●—                    - - -●- - -

Based on 1989, 1990, and 1991 Blue Cross Data

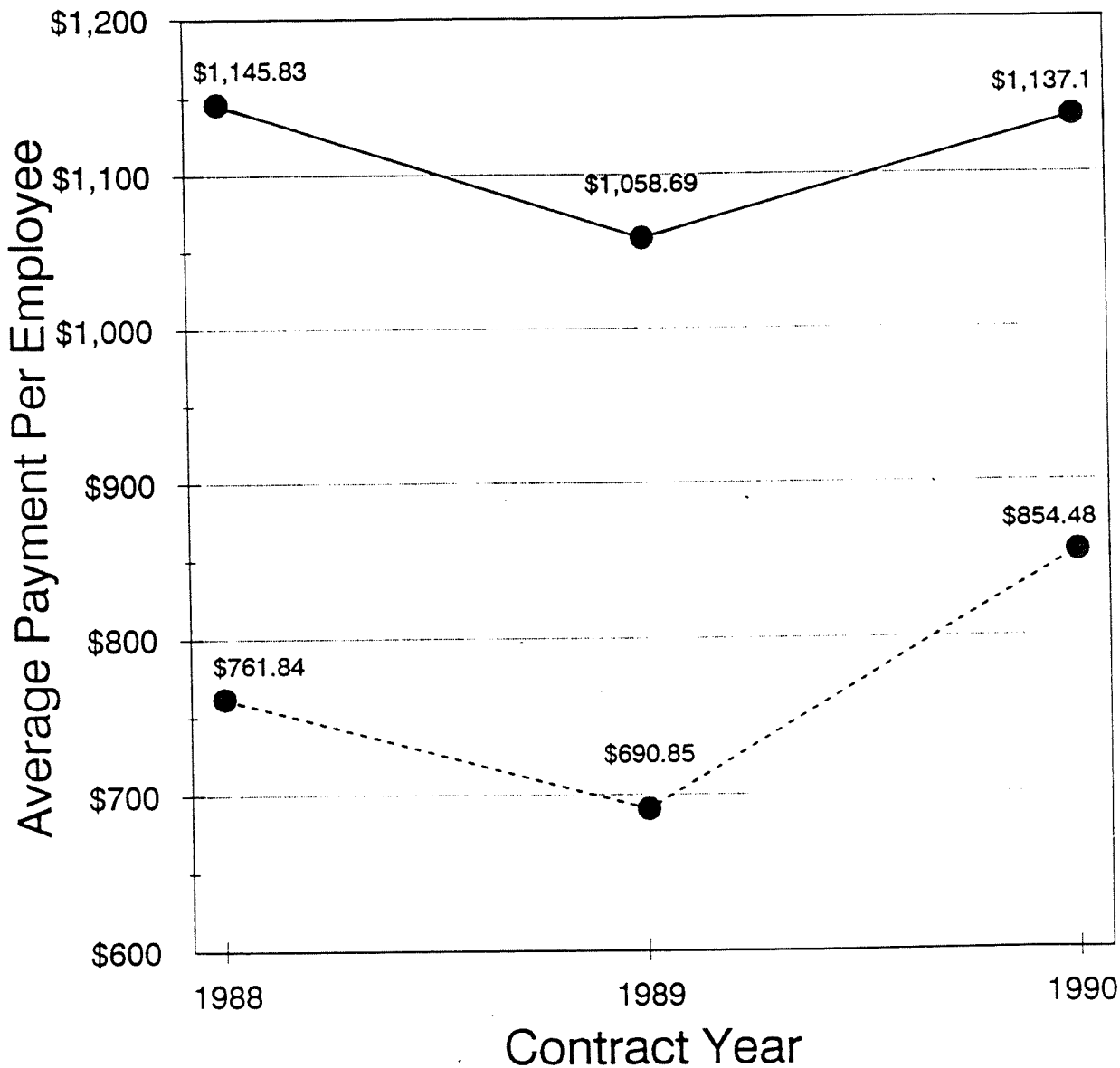
**STATE OF KANSAS ACTIVE EMPLOYEE GROUP  
TOBACCO USERS VS. NON TOBACCO USERS  
INPATIENT DAYS PER 1,000 MEMBERS**



Tobacco Users    Non Tobacco Users  
—●—                    - - -●- - -

Based on 1989, 1990, and 1991 Blue Cross Data

**STATE OF KANSAS ACTIVE EMPLOYEE GROUP  
TOBACCO USERS VS. NON TOBACCO USERS  
AVERAGE PAYMENT PER EMPLOYEE**

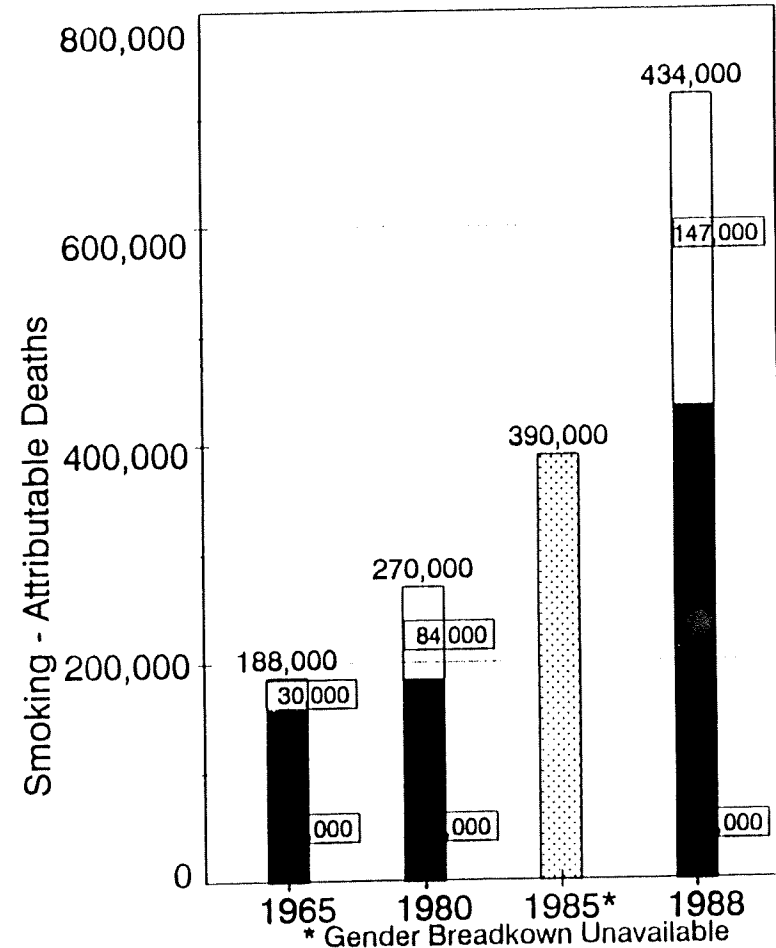
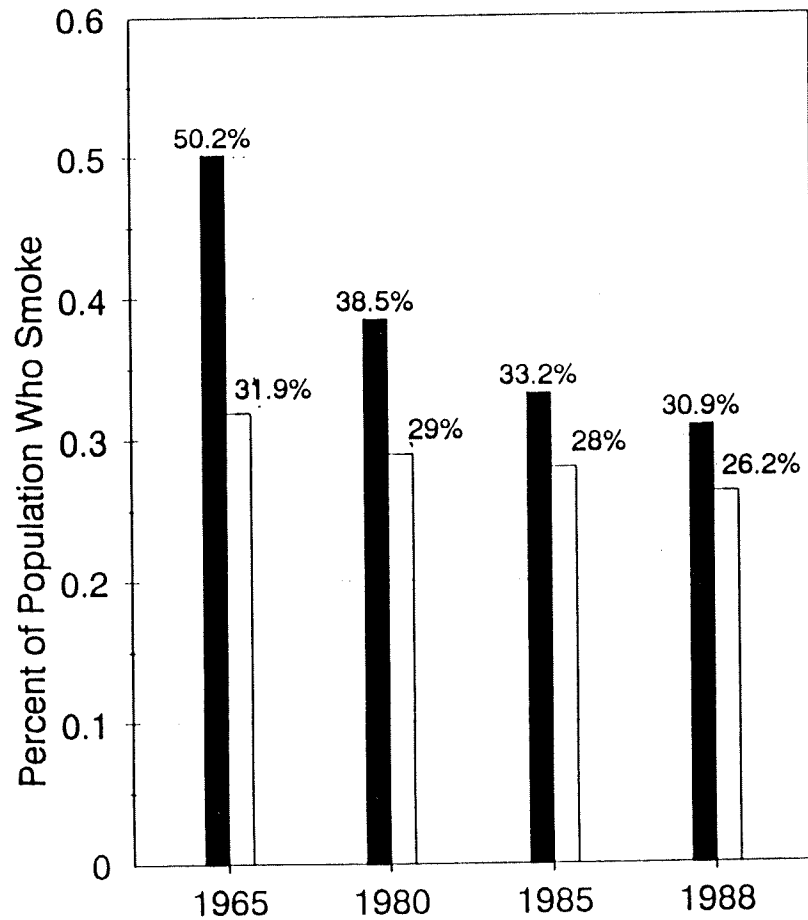


Tobacco Users
Non Tobacco Users  
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Based on 1988, 1989, and 1990 Blue Cross Data

# THE UPS AND DOWNS OF SMOKING

■ Men □ Women



Source: The National Centers for Disease Control, Office on Smoking and Health  
AP/T.L

*the previous year.*

In 1986, dental-related illnesses accounted for 22.7 million lost workdays, 6.4 million days of bed disability, and 14.3 million days of restricted activity. The total cost of dental care for the nation in 1988 was approximately \$27 billion.

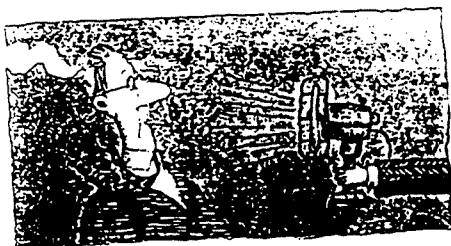
In addition to dental caries and periodontal disease, cancers of the oral cavity have a major impact on oral health. Approximately 30,500 new cases of cancer of the oral cavity and pharynx will be diagnosed in

1990 and only about one-half of these victims will be alive in five years. Tobacco and alcohol use are responsible for about 75 percent of oral cancers. Men are twice as likely to develop oral cancers as women and the incidence in blacks is 30 percent higher than for whites.

Regular contact with dental health professionals increases the chances of identifying cancerous lesions at an

dentist in the previous year. The largest percentage of visits were made by those with higher incomes and educational levels, children age 6-11, and people with dental insurance. The populations least likely to receive regular dental care included blacks, Hispanics, older Americans, and people who had lost their teeth.

With well under half the population (about 100 million people) receiving dental health insurance benefits, the cost of regular use of services may be a primary barrier."



JARROD LEE

Passive Smoke a Cause of Cancer, Panel Concludes  
Michael Weisskopf, *The Washington Post*, December 6, 1990

"A panel of independent science advisers to the Environmental Protection Agency concluded that involuntary exposure to tobacco smoke causes lung cancer in non-smokers and increases risk of respiratory illness in children.

The decision is expected to solidify plans by the EPA to rank environmental tobacco smoke (ETS) as a known human carcinogen, a move that would have major implications

## Passive Poison

for employers nationwide. The Labor Department is waiting for a final EPA assessment, at least six months off, to

determine whether ETS should be regulated in the workplace.

Morton Lippmann, a scientist who chairs the indoor air quality panel of the EPA's Science Advisory Board, emphasized that the panel's judgment was tentative, based on its initial review of an EPA study that he said was 'not fully developed.' He called for further refinement of the data, saying EPA 'should be able to make that case.'

The 16-member panel was asked to review the EPA study because of controversy last May over its designation of passive smoke as one of just a handful of substances known as human carcinogens. That study also offered the first official estimate of ETS's toll: 3,800 lung cancer deaths a year, the third largest cause after radon and direct smoking."

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*Environmental tobacco smoke's toll: 3,800 lung cancer deaths a year, the third largest cause after radon and direct smoking.*

*Health and Environment*

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