Approved: March 3, 2004
Date

MINUTES OF THE SENATE WAYS AND MEANS COMMITTEE

The meeting was called to order by Chairman Stephen Morris at 10:40 a.m. on February 5, 2004, in Room 123-S of the Capitol.

All members were present except:
Senator David Adkins- excused

Committee staff present:
J. G. Scott, Chief Fiscal Analyst, Kansas Legislative Research Department
Amy Deckard, Kansas Legislative Research Department
Susan Kannarr, Kansas Legislative Research Department
Jill Wolters, Senior Assistant, Revisor of Statutes
Judy Bromich, Administrative Analyst
Mary Shaw, Committee Secretary

Conferees appearing before the committee:
Senator Jim Barnett
Paula Marmet, Director, Office of Health Promotion, Kansas Department of Health and Environment
Tony Wellever, Vice President, Kansas Health Institute
Judy Keller, Executive Director, American Lung Association of Kansas
Norm Hess, MSA, State Director of Program Services, March of Dimes Greater Kansas Chapter
Terri Roberts, J.D., R.N., Executive Director, Kansas State Nurses Association (written)
Gwendolyn Cargnel, Director of Government Relations, American Cancer Society (written)
Jon Hauxwell, M.D., Vice-Chair, Kansas Citizens' Committee on Alcohol and Other Drug Abuse(written)
Carol A. Johnson, M.D., President, Kansas Academy of Family Physicians (written)
Kevin Walker, Senior Director of Advocacy, American Heart Association (written)

Others attending:
See Attached List.

Chairman Morris opened the public hearing on:

SB 336--Establishment of a tobacco use prevention and control program

Staff briefed the committee on the bill.

The Chairman welcomed Senator Jim Barnett who testified in support of **SB 336** (Attachment 1). Senator Barnett explained that smoking is the largest cause of preventable death and disease in Kansas. It was noted that the direct medical costs of tobacco are tremendous at $724 million per year and smoking leads not only to death, but also to disability and contributes to the burdensome Medicaid budget. Senator Barnett emphasized that **SB 336** would implement the Center for Disease Control's smoking cessation plan that could save thousands of lives and greater than $1 billion in healthcare costs.

Paula Marmet, Director, Office of Health Promotion, Kansas Department of Health and Environment (KDHE), testified on behalf of **SB 336** (Attachment 2). Ms. Marmet explained that **SB 336** provides for the establishment of a comprehensive statewide tobacco use prevention program and provides for the establishment of a tobacco use prevention and control fund, but does not specify what source of funds or how much money will be deposited in this new fund. She emphasized that, currently, KDHE does not have resources to support a program of this scale. Ms. Marmet mentioned if funds should come available, local communities, working with existing staff, would be in a position to expand the program in a efficient and effective way towards development and implementation of a statewide, comprehensive tobacco use prevention program.

CONTINUATION SHEET

MINUTES OF THE SENATE WAYS AND MEANS COMMITTEE at 10:40 a.m. on February 5, 2004, in Room 123-S of the Capitol.

Tony Wellever, Vice President, Kansas Health Institute, testified in support of **SB 336**, and explained tobacco use prevention expenditures in Medicaid savings estimates and healthcare savings in graph form (Attachment 3).

Judy Keller, Executive Director, American Lung Association of Kansas, presented testimony in favor of **SB 336** (Attachment 4). Ms. Keller explained that the bill establishes the framework for comprehensive, statewide tobacco use prevention and control that they know works. She noted that it is based on the U. S. Centers for Disease Control best practices in fighting tobacco. In closing, Ms. Keller emphasized that **SB 336** is comprehensive and flexible. It brings to Kansas a proven success that is data driven and community based.

Norm Hess, MSA, State Director of Program Services, March of Dimes, Greater Kansas Chapter, spoke in support of **SB 336** (Attachment 5). Mr. Hess explained that the March of Dimes strongly supports **SB 336** as providing vital support for smoking prevention and cessation programs for women of childbearing age. He mentioned that in 2001 the U. S. Surgeon General issued a report on women and smoking which reviews the evidence relating smoking to a wide range of diseases and health conditions among women. Mr. Hess noted that while smoking is certainly not the only risk factor associated with prematurity and low birth weight, its impact is significant.

Written testimony in support of **SB 336** was submitted by the following conferees:

Terri Roberts, J.D., R.N., Executive Director, Kansas State Nurses Association (Attachment 6).

Gwendolyn Cargnel, Director of Government Relations, American Cancer Society (Attachment 7).

Jon Hauxwell, M.D., Vice-Chair, Kansas Citizens' Committee on Alcohol and Other Drug Abuse, Hays, Kansas (Attachment 8).

Carol A. Johnson, M.D., President, Kansas Academy of Physicians (Attachment 9).

Kevin Walker, Senior Director of Advocacy, American Heart Association (Attachment 10).

There being no further conferees to come before the committee, the Chairman closed the public hearing on **SB 336**.

The meeting adjourned at 11:45 a.m. The next meeting is scheduled for February 9, 2004.

Unless specifically noted, the individual remarks recorded herein have not been transcribed verbatim. Individual remarks as reported herein have not been submitted to the individuals appearing before the committee for editing or corrections.

SENATE WAYS AND MEANS COMMITTEE
GUEST LIST
DATE February 5, 2004

NAME	REPRESENTING
Aaron Dunkel	Budget
Julia Thomas	"
Keith Bradshaw	JJA
Norm Hess	March of Dimes
Julia Francisco	KDHE
Richard Morrissey	KDHE
Paula Marmet	KDHE
Whitney Damron	Concord Co, SMNA
Mike Hutfles	Ks. Gov't. Consulting
Amy Campbell	KMHC / KABR
[illegible]	Hein Law Firm
Kathy Damron	Philip Morris

STATE OF KANSAS

JIM BARNETT
SENATOR, 17TH DISTRICT
CHASE, COFFEY, GEARY, GREENWOOD
LYON, MARION, MORRIS, OSAGE, AND
WABAUNSEE COUNTIES

COMMITTEE ASSIGNMENTS
VICE CHAIR: PUBLIC HEALTH AND WELFARE
VICE CHAIR: FINANCIAL INSTITUTIONS AND INSURANCE
MEMBER: FEDERAL AND STATE AFFAIRS

TOPEKA

SENATE CHAMBER

Testimony: Senate Bill 336

Chairman Morris and other distinguished members of the Senate Ways and Means Committee, thank you for the opportunity to speak in support of SB 336.

Smoking is the largest cause of preventable death and disease in Kansas. The direct medical costs of tobacco are tremendous at $724 million per year. Smoking leads not only to death, but also to disability and contributes to our burdensome Medicaid budget.

SB 336 would enable the State of Kansas to implement the Center for Disease Control's smoking cessation plan that could save thousands of lives and greater than $1 billion in healthcare costs. The program would help 98,700 adults quit smoking.

The program would implement the CDC model for smoking cessation over a period of 5 years. If implemented, 35,600 youth would be prevented from addicted use. The program would prevent 33,100 early smoking deaths, and $1.241 billion would be saved in total medical spending over 5 years.

Similar programs have been implemented in a number of other states, including California, Massachussets, and Florida. Science supports the success of this program.

We continue to struggle with unlimited demands on our limited state budget. We will never come close to limiting long-term healthcare costs unless we invest in near-term prevention efforts.

I ask for your support of this program and then, I am willing to work to provide sources of funding. The minimum recommended state annual tobacco control budget equals $18.1 million per year for 5 years. To achieve that goal, monies could be obtained from various sources including the following:

1. State General Fund.
2. Tobacco settlement monies.
3. Bonding.
4. A 10-cent to 11-cent per pack cigarette tax increase.

Thank you for your consideration of SB 336.

Signed:

Senator Jim Barnett

JAB/gkp

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Senate Ways and Means
2-5-04
Attachment 1

CAMPAIGN for TOBACCO-FREE Kids®

PROJECTED MEDICAID PROGRAM SAVINGS IN KANSAS FROM ADEQUATE STATE INVESTMENTS TO PREVENT AND REDUCE TOBACCO USE

Minimum State Annual Tobacco Control Expenditures	5-Year Minimum State Tobacco Control Expenditures	Adults That Quit	Youths Prevented from Addicted Use	Early Smoking Deaths Prevented	5-Year Heart & Stroke Medicaid Savings	5-Year Pregnancy Medicaid Savings	5-Year Medicaid H&S and Pregnancy Savings	Lifetime Total Adult Quit Medicaid Savings	Lifetime Total Youth Prevention Medicaid Savings	Total Future Medicaid Savings Locked In
$18.1	$90.3	98,700	35,600	33,100	$15.8	$6.7	$22.5	$92.8	$48.7	$141.5

All dollar amounts in millions.

Assumptions

- For five years in a row, Kansas invests at least the minimum annual amount recommended by the U.S. Centers for Disease Control and Prevention (CDC) to support a comprehensive state tobacco prevention program ($18.1 million).
- These investments produce results similar to those obtained by states that have invested similar amounts in statewide tobacco prevention efforts (e.g., California and Massachusetts) and reduce adult and youth smoking rates, on average, by one percentage point per year.

Notes

- Adults that quit equals those adults who quit because of the state's tobacco prevention efforts. Youths prevented from addicted use equals the number of kids alive today in Kansas who will not become addicted adult smokers because of the state's tobacco prevention investments.
- Savings equal reductions to the smoking-caused expenditures of the state's Medicaid program.
- 5-Year heart/stroke and pregnancy savings accrue in the first five years after the state begins its investments in tobacco prevention. These savings represent only the tip of the iceberg. Substantial additional savings will also accrue over the first five years of the state tobacco prevention efforts, but available research and data does not yet provide an adequate basis for making projections of these additional savings.
- Lifetime adult quit savings obtained by the state Medicaid program over the lifetimes of those adults who quit because of the state's investments in tobacco prevention efforts (primarily over the next 35 years with annual savings rising steadily and then beginning to peak in 10-15 years).
- Lifetime youth prevention savings obtained by the state Medicaid program over the lifetimes of those kids who quit or never start because of the state's investments in tobacco prevention (with most of these savings starting to accrue in 30 years).

For sources and more detail, see the TFK factsheet *Comprehensive State Tobacco-Control Programs Save Money*, http://tobaccofreekids.org/research/factsheets/pdf/0168.pdf. And see http://tobaccofreekids.org/research/factsheets or http://tobaccofreekids.org/research/factsheets/index.php?CategoryID=6 for additional related information.

National Center for Tobacco-Free Kids, 12.15.03 / Eric Lindblom, December 15, 2003

1400 I Street NW · Suite 1200 · Washington, DC 20005
Phone (202) 296-5469 · Fax (202) 296-5427 · www.tobaccofreekids.org

RODERICK L. BREMBY, SECRETARY

K A N S A S

DEPARTMENT OF HEALTH AND ENVIRONMENT

KATHLEEN SEBELIUS, GOVERNOR

Testimony on SB 336
Establishment of a Tobacco Use Prevention Program

To

Senate Ways and Means Committee

By Paula F. Marmet
Director, Office of Health Promotion

Kansas Department of Health and Environment

February 5, 2004

Chairman Morris and members of the Senate Ways and Means Committee, my name is Paula Marmet and I am the director of the Office of Health Promotion in the Division of Health at the Kansas Department of Health and Environment. Thank you for the opportunity to appear before you today regarding Senate Bill 336, which proposes to establish a tobacco use prevention program within the Department of Health and Environment.

Cost of Tobacco Use in Kansas

Tobacco use is the single most preventable cause of death and disease in Kansas. Most people who use tobacco begin using it in early adolescence, typically by age 16; almost all first use occurs before high school graduation. Currently, 22% of Kansas adults use tobacco, 21 % of high school students are current tobacco users. History shows us that of current teen smokers, one third will quit, one third will continue to use tobacco and suffer illness and reduced health, while one third will eventually die prematurely due to diseases caused by tobacco addiction. If current trends continue, nearly 50,000 youth who are alive today will die prematurely due to tobacco related diseases. Tobacco use is addictive; nearly 500,000 Kansas adults currently smoke. More than ½ of all smokers report that they have tried to quit in the past year. Less than 6% of smokers are able to quit in any given year.

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Voice 785-296-0461 Fax 785-368-6368 http://www.kdhe.state.ks.us

Senate Ways and Means
2-5-04
Attachment 2

The health costs of tobacco are enormous. Tobacco currently costs Kansas $724 million in direct medical costs, plus another $741 million in indirect (lost productivity) costs per year. This includes $153 million in Medicaid program expenditures. These costs will continue at this level or increase into the second quarter of this century if smoking rates are not reduced.

States who have invested in comprehensive tobacco use prevention programs have made tremendous gains in cutting tobacco use and in decreasing health care expenditures due to tobacco related diseases. For example: since 1990, California has cut its youth smoking by more than ½ and has experienced a faster decline in adult smoking than anywhere else in the country. The drop in lung cancer was significant within the first 10 years of their tobacco prevention program as a result of the declines in smoking. Similarly, Massachusetts accomplished a decline in adult smoking of 22% and decline in youth smoking by 27% in less than 10 years. More recently, Florida, Oregon, Mississippi and Minnesota have implemented comprehensive programs and are experiencing similar impressive results. The studies to date indicate that a state will save $3 for every $1 invested into tobacco use prevention at a comprehensive level.

Prevention Works

A strong science base has been established over the past 2 decades that substantiate the effectiveness of state tobacco use prevention programs. The Centers for Disease Prevention and Control has prepared a guidance document, *Best Practices for Comprehensive Tobacco Control Programs* to assist state programs in implementing effective, comprehensive programs. Nine components have been identified in building an effective statewide Program. These include:

1) Community programs to reduce tobacco
2) Chronic disease programs to reduce the burden of tobacco-related diseases
3) School programs
4) Enforcement
5) Statewide programs
6) Counter-marketing
7) Cessation programs
8) Surveillance and evaluation
9) Administration

States who have invested in comprehensive tobacco use prevention programs have made tremendous gains in cutting tobacco use and in decreasing health care expenditures due to tobacco related diseases. For example: since 1990, California has cut its youth smoking by more than ½ and has experienced a faster decline in adult smoking than anywhere else in the country. The drop in lung cancer was significant within the first 10 years of their tobacco prevention program as a result of the declines in smoking. Similarly, Massachusetts accomplished a decline in adult smoking of 22% and decline in youth smoking by 27% in less than 10 years. More recently, Florida, Oregon, Mississippi and Minnesota have implemented comprehensive programs and are experiencing similar impressive results. The studies to date indicate that a state will save $3 for every $1 invested into tobacco use prevention at a comprehensive level.

Investment Cost of Tobacco Use Prevention

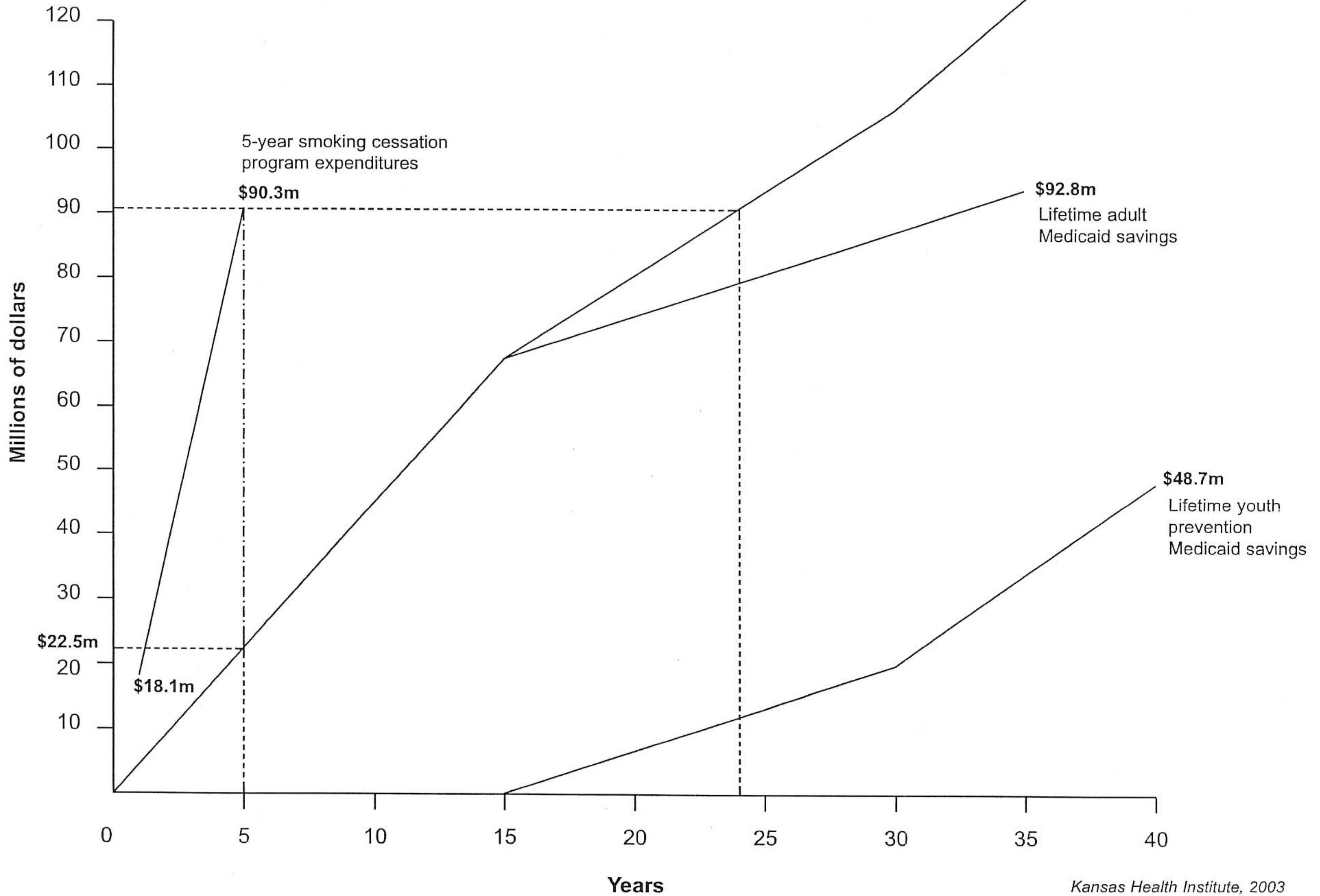
Based upon the experience of other states, there is every expectation that Kansas would cut tobacco use rates by half within 10 years of implementing a comprehensive tobacco use prevention program, thereby producing the medical cost savings projected above. In their *Best Practices* recommendations, the CDC recommends an investment of $18.1 million per year to adequately fund tobacco use prevention in Kansas. An annual investment of $18.1 million per year for 5 years is projected to save 33,100 adult lives and the lives of 35,600 youth who are alive at the time of the investment. From a medical expenditure perspective, this same 5 year investment is projected to accrue into a lifetime savings of $814.3 million in health care savings among adults and an additional $427.2 million additional healthcare savings over the adult lifetimes of the youth who would be prevented from starting to smoke. If the strategies shown to be effective were fully implemented, the rates of tobacco use among young people and adults could be cut in half by 2010.

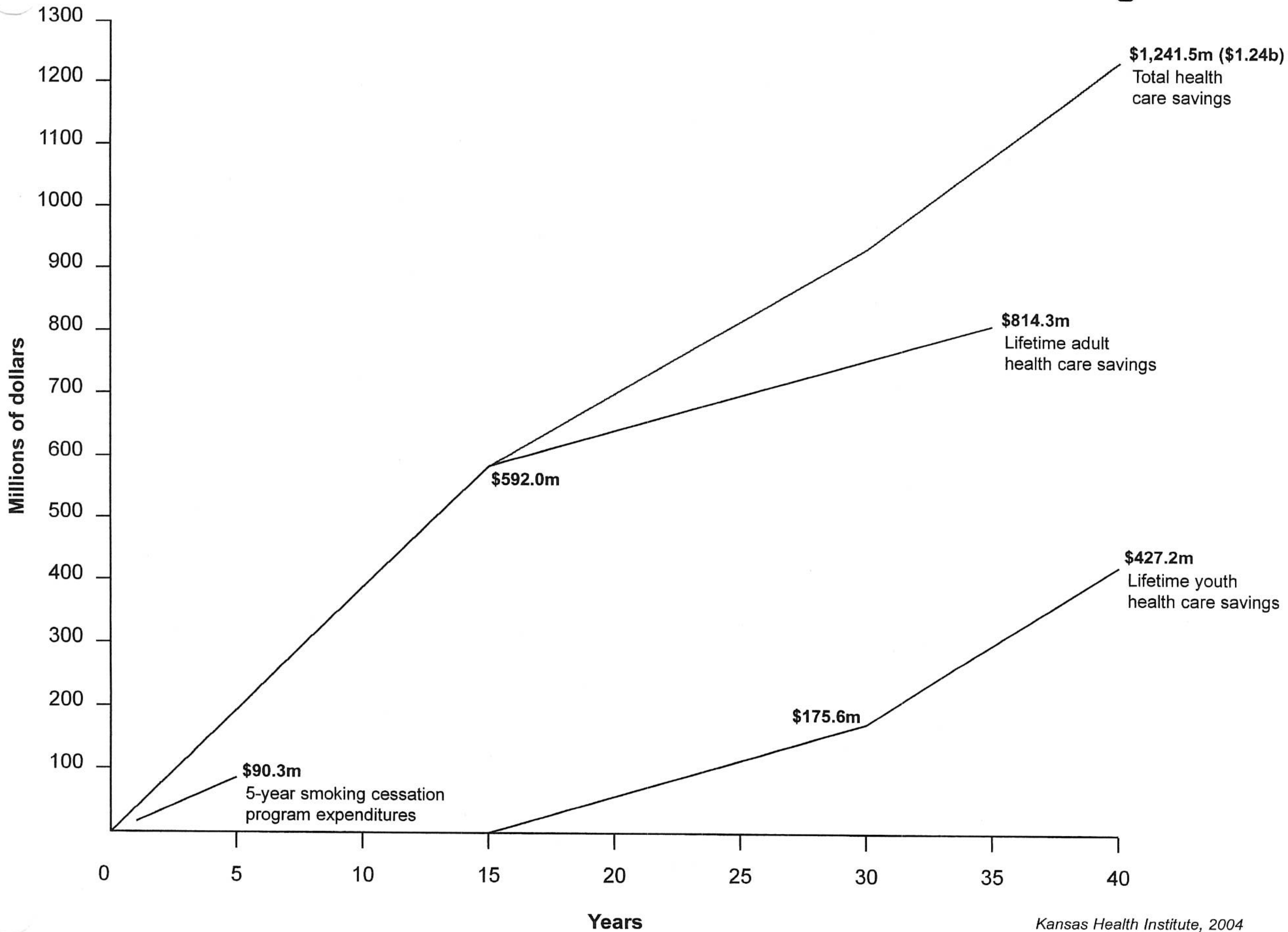
SB336 provides for the establishment of a comprehensive statewide tobacco use prevention program, and provides for the establishment of a tobacco use prevention and control fund. It does not specify what source of funds or how much money will be deposited in this new fund. Currently, the KDHE does not have resources to support a program of this scale. Current funding consists of approximately $1.7 million in federal and private grants that fund specific program activity. While the grant funds are used in a manner completely consistent with elements of a comprehensive tobacco use prevention program, they are not adequate to support all components proposed in SB 336. Our program focus to date has been in working with local health agencies to build partnerships at the local level and building partnerships with other state agencies and organizations that will provide the network to initiate all components of a comprehensive program. More than 50 counties have identified tobacco use prevention as a priority to improve the health of their community and receive technical assistance from the state staff. Should funds become available, local communities, working with existing staff would be in a position to expand the program in an efficient and effective way towards development and implementation of a statewide, comprehensive tobacco use prevention program.

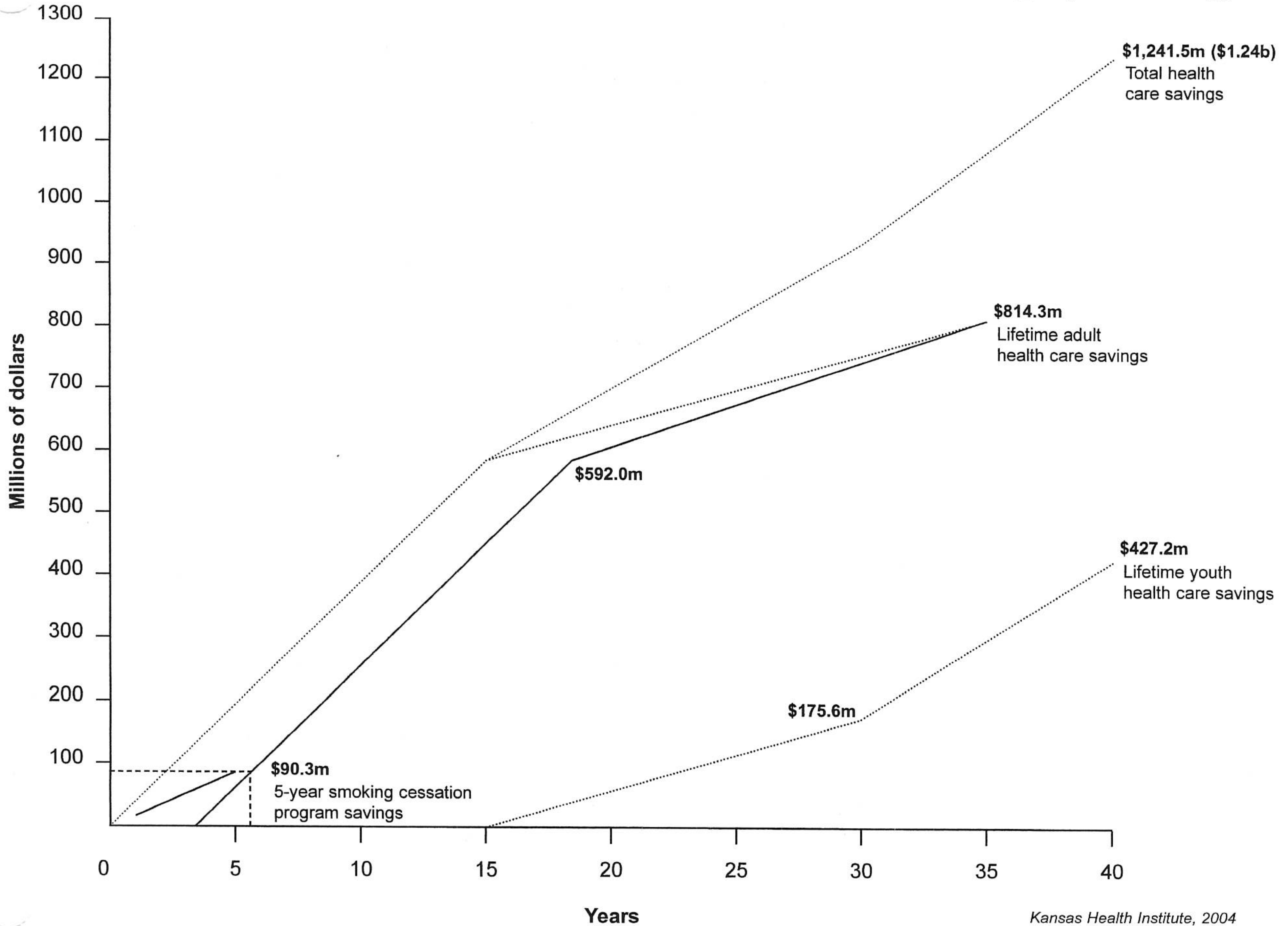
Thank you for the opportunity to speak on behalf of SB 336. I will be happy to answer questions at this time.

Tobacco Use Prevention Expenditures and Medicaid Savings Estimate

Senate Ways and Means
2-5-04
Attachment 3




Tobacco Use Prevention Expenditures and Health Care Savings
1300
1200
1100
1000
900
800
700
600
500
400
300
200
100
Millions of dollars
0
5
10
15
20
25
30
35
40
Years
$1,241.5m ($1.24b)
Total health
care savings
$814.3m
Lifetime adult
health care savings
$592.0m
$427.2m
Lifetime youth
health care savings
$175.6m
$90.3m
5-year smoking cessation
program expenditures
Kansas Health Institute, 2004



3-3
Tobacco Use Prevention Expenditures and Health Care Savings (Time Lag)
Millions of dollars
1300
1200
1100
1000
900
800
700
600
500
400
300
200
100
0
5
10
15
20
25
30
35
40
Years
$1,241.5m ($1.24b)
Total health
care savings
$814.3m
Lifetime adult
health care savings
$592.0m
$427.2m
Lifetime youth
health care savings
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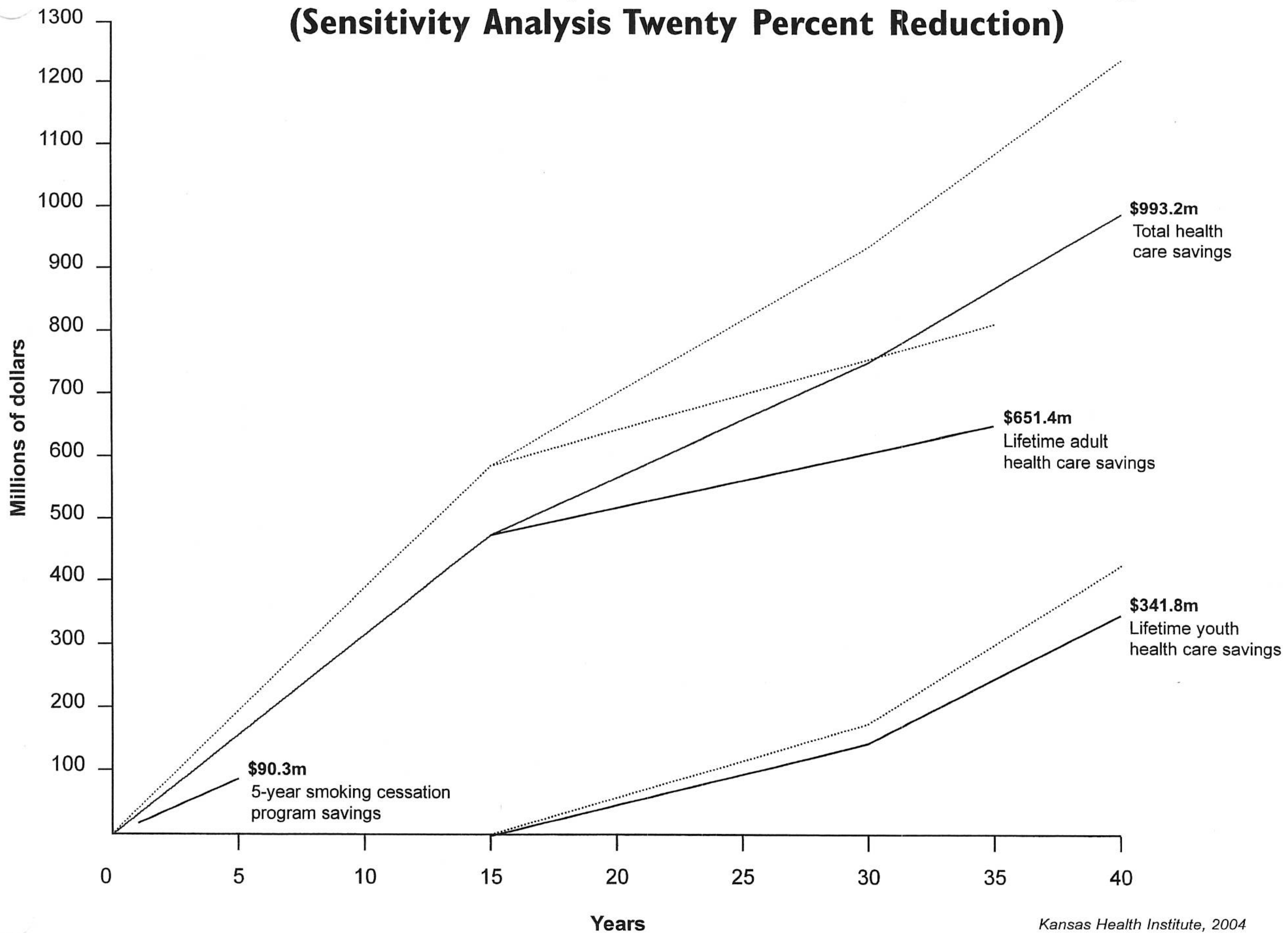
5-year smoking cessation
program savings
Kansas Health Institute, 2004



Kansas Health Institute, 2004

Lynn C. ...oover
President

Terry J. Sutcliffe
President-Elect

Kathy J. Sapp
Vice President

Gaylee Dolloff
Secretary

Douglas V. Gaston
Treasurer

Judy S. Keller, CFRE
Executive Director

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Fax: (785) 272-9297
www.kslung.org

To Members of the Kansas Senate
Ways and Means Committee
Re: SB 336
Presented by Judy Keller, Executive Director
American Lung Association of Kansas
February 5, 2004

Thank you for the opportunity to tell you of the American Lung Association of Kansas's support for Senate Bill 336 to establish a comprehensive tobacco control program for the state.

By now, fortunately, most Americans know that tobacco is a deadly product. In Kansas it is responsible for one of every five deaths. It costs the state of Kansas $153 million in Medicaid payments annually. Health care expenditures in Kansas directly related to smoking cost $724 million every year, with an additional $741 million for lost productivity.

Senate Bill 336 establishes the framework for comprehensive, statewide tobacco use prevention and control that we know works. It is based on the US Centers for Disease Control best practices in fighting tobacco. The states that have implemented these practices have witnessed dramatic reductions in smoking prevalence and are now seeing a reduction in medical and financial costs associated with tobacco use.

SB 336 provides for a multi-tiered approach to reduce tobacco and cigarette use by leveraging existing resources, coordinating existing efforts in a variety of state agencies, and focusing on community-based initiatives implemented at the local level. It would rely on existing relationships between the Kansas Department of Health and Environment, the Kansas Department of Revenue, the Kansas Department of Social and Rehabilitation Services, and the Department of Education.

In short, SB 336 is comprehensive and flexible. It brings to Kansas a proven success that is data driven and community based. The bill represents an opportunity to make profound improvements in the public and financial health of our state, and we encourage your support.

Thank you.

Improving Life, One Breath at a Time™

Please fight lung disease by remembering us in your will.

Senate Ways and Means
2-5-04
Attachment 4

ESTABLISHING A TOBACCO USE PREVENTION AND CONTROL PROGRAM IN KANSAS

Testimony on behalf of the

March of Dimes

Before the Senate Ways and Means Committee

February 5, 2004

Presented by:

Norm Hess, MSA
State Director of Program Services
March of Dimes Greater Kansas Chapter

Senate Ways and Means
2-5-04
Attachment 5

My name is Norm Hess, and I serve as the State Director of Program Services for the March of Dimes Greater Kansas Chapter. I am here today to express our support for SB 336 and the establishment of a comprehensive tobacco use prevention and control program within the Kansas Department of Health and Environment.

In 2001, the U.S. Surgeon General issued a report on women and smoking, which reviews the evidence relating smoking to a wide range of diseases and health conditions among women. The report also summarized past research that has helped to clarify the effects of smoking during pregnancy on the health of the mother and her baby. The health consequences of smoking during pregnancy are of particular interest to the March of Dimes, as our mission is to improve the health of babies by preventing birth defects and infant mortality.

Best estimates indicate that 13-22% of women smoke during pregnancy. The Surgeon General concludes that these women are more likely than non-smokers to deliver their babies prematurely (before 37 weeks gestation). Pregnant women who smoke are also at higher risk of delivering a low birth weight baby - even if the baby is not born too early. Infants of women who smoke during pregnancy are 20-30% more likely to die before birth or within the first month of life. And, the risk of SIDS (Sudden Infant Death Syndrome) triples for babies whose mothers smoke during and after pregnancy.

A 2003 legislative post audit concluded that services for low birthweight and premature babies cost Kansas Medicaid about five times more in the first year of life than services for normal birthweight, full-term babies. Of the $54.1 million Medicaid spent on babies born in 2000, approximately $19.5 million (36%) was spent on low birthweight babies. There is no doubt that low birthweight and premature babies are very costly to the

State of Kansas. While smoking is certainly not the only risk factor associated with prematurity and low birthweight, its impact is significant. The Surgeon General concludes that approximately 20% of the incidence of low birthweight in the U.S. can be attributed to smoking.

Women who stop smoking during pregnancy can significantly reduce their risk of delivering a premature and/or a low birthweight baby. However, services to support a pregnant woman's decision to quit smoking are not widely available in the state. The 2003 legislative post audit revealed that smoking cessation services for pregnant women is one of the four most critical prenatal service gaps cited in a survey of local county health officials in Kansas.

The March of Dimes strongly supports SB 336 as providing vital support for smoking prevention and cessation programs for women of childbearing age. In particular, we are concerned about smoking as a risk factor for preterm birth and underscore the need for smoking cessation programs for pregnant women and for women who may become pregnant. Thank you for the opportunity to speak to you today and for your consideration of this important issue.

Norm Hess
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The Voice and Vision of Nursing in Kansas

Janice Jones, R.N., M.N., C.N.S.
President

Terri Roberts J.D., R.N.
Executive Director

February 5, 2004

S.B. 336 Establishment of a tobacco use prevention and control program

Senator Morris and members of the Senate Ways and Means Committee, the Kansas State Nurses Association is pleased to support S.B. 336 which provides specific direction to the Secretary of the Kansas Department of Health and Environment regarding components of and evaluation for a comprehensive tobacco prevention program.

Registered nurses have been very involved in tobacco prevention efforts in their professional capacities in public health, acute care nursing–working with patients recovering from disease and injury, primary care and school health. Since the 1963 Surgeon Generals first report on tobacco this country has made considerable improvement in reducing adult usage. The past ten years efforts, at least in Kansas have been focused on reducing the prevalence in adolescents—with success in also bringing down consumption rates.

Tobacco as the leading cause of preventable death is a major public health concern. It certainly warrants resources and emphasis by the state, in particular the state health agency. This bill has a number of excellent initiatives and focus—but clearly the most important aspect of what is being proposed is the *reporting on an annual basis of the "progress" we are making in addressing this health concern.* This bill provides direction, demands accountability and measurable outcomes and sets an expectation that those of us (health professionals, non-profit health organizations, educators, public health officials) working to reduce tobacco usage properly channel information and research/evaluation findings to the state health agency in a coordinated and deliberate fashion.

KSNA is proud of the work of all the Kansas partners in tobacco control and prevention. We know that this legislation will support us and assist in our continued goal of increasing healthier lifestyles for generations to come, in particular as it relates to tobacco usage.

Thank you for your support.

The mission of the Kansas State Nurses Association is to promote professional nursing, to provide a unified voice for nursing in Kansas and to advocate for the health and well-being of all people.

Constituent of the American Nurses Association

Senate Ways and Means
2-5-04
Attachment 6

February 5, 2004

Senate Committee on Ways and Means
SB 336

Chairman Morris, and Members of the Committees:

My name is Gwendolyn Cargnel, Director of Government Relations for the American Cancer Society. I represent more than 270,000 volunteers and supporters in Kansas, and on their behalf, I would like to thank you for the opportunity to speak in support Senate Bill 336.

Tobacco use not only costs the state financially but it also costs the state in human life. While lung cancer is the leading cause of cancer death in both men and women, it is ironically the most preventable. This year alone an estimated 1,700 Kansans will be diagnosed with lung cancer and 1,600 will die. Unlike other forms of cancer, early detection has not yet been demonstrated to improve survival. The 5-year relative survival rate for all stages combined is only 15%. A comprehensive tobacco control program as outlined in this bill could save thousands of Kansans from suffering from this terrible disease.

While my colleagues from the American Heart Association, the American Lung Association and the Tobacco Free Kansas Coalition have touched on various positive outcomes that enacting this legislation would produce, I would like to focus on the flexibility and reporting that is required by the bill.

Grants will be dispersed to communities increasing local control. This allows individual communities to build the program to suit their specific needs, giving maximum flexibility because the City of Wichita will have different needs and different demographics than the City of Jetmore.

While allowing flexibility there is still a mechanism in place for oversight by the state. The Secretary of the Kansas Department of Health and Environment will be required to annually submit to the governor and the legislature evaluations and reports on the effectiveness of the program. The secretary will be required to show that the department is being a good steward of taxpayer's money. This annual tobacco report will also allow the state to track and evaluate the progress of the program, which will show where modifications need to be made.

Establishing a comprehensive tobacco control program enables the State of Kansas to invest in the health of its citizens. I urge this Committee to recommend SB 336 for passage to the Senate

Heartland Division, Inc.
Kansas City Metro Office
6700 Antioch Road, Suite 100, Merriam, KS 66204-1200 **t)** (913) 432-3277 / 1 (877) 580-7095 **f)** (913) 432-1732
Cancer Information 1 (800) ACS-2345 www.cancer.org

Senate Ways and Means
2-5-04
Attachment 7

Tobacco Free Kansas Coalition, Inc.

Testimony in Support of SB 336
Senate Ways and Means Committee
Thursday, February 5, 2004
from Jon Hauxwell, M.D.

I am writing to support the passage of SB 336.

As a Kansas physician from Hays, as the Vice-chair of the Tobacco Free Kansas Coalition, Inc., and as the Vice-chair of the Kansas Citizens' Committee on Alcohol and Other Drug Abuse, I am all too familiar with the human and fiscal toll caused by tobacco addiction. A measure like SB 336 is long overdue to address this problem.

Since tobacco disease is the leading cause of preventable death in Kansas, it is not surprising that many individuals across the state are turning their concerns into action in the struggle to free us from this public health anachronism. But regrettably our efforts have often taken the form of fragmented, piecemeal initiatives, well-intended but poorly orchestrated. At the local level, it is common for counter-tobacco activities to be redundant, inefficient, or prone to gaps in coverage merely due to a lack of coordination.

What we have long needed is a comprehensive program that will optimize the use of existing resources, create new networks for support and information, and bring synchrony to disparate endeavors.

Fortunately, we don't have to reinvent the wheel here. Other states have gone through periods of trial and error which we can avoid, while capitalizing on their lessons learned to identify practices of proven effectiveness. Only comprehensive programs have been successful in reducing tobacco use and the resulting spectrum of disease. Such programs create a statewide capacity to share information and support nascent undertakings across the whole state; they include school-based and community-based programs, which can be supported with expertise, funding, and media experience; and they target special populations like minorities, spit tobacco users, and women of child-bearing age.

SB 336 would be a welcome advance in our commitment to protect our citizens while maintaining fiscal responsibility.

I urge you to support this important legislation.

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Phone 785-272-8396 • Fax 785-272-9297 • www.tobaccofreekansas.org

Kansas
Academy Of
Family Physicians

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February 5, 2004

To: Senate Ways and Means Committee
Re: Senate Bill 336
From: Carol A. Johnson, MD

Dear Chairman Morris and Committee Members,

Thank you for this opportunity to present our position on Senate Bill 336 on behalf of the Kansas Academy of Family Physicians. My name is Carol A. Johnson, MD, and I am president of the Kansas Academy of Family Physicians (KAFP). We have over 1,430 members in our organization, including over 825 practicing physicians, 155 resident-physician members, medical student members, and retired members.

As a physician, the *very sickest group* of people that we see in our offices, emergency rooms, and hospitals across our state, *are those individuals who have damaged their hearts, blood vessels, and lungs through tobacco use.*

Even though we all know of a smoker who seems to be living long and well, and even though we know *non*-smokers who have heart and lung disease, we also know that **cigarette smoking is the number one cause of death and disease in the United States.** Nearly half a million people die each year of smoking related causes. More people die of smoking related disease than the combined deaths from alcohol, cocaine, heroin, suicide, homicide, motor vehicle accidents, and AIDs. Tobacco use is responsible for one in five deaths.

Cancer: Tobacco accounts for at least 30% of cancer deaths, and 87% of lung cancer deaths. Smokers who die of lung cancer, die 20-25 years earlier than those who do not smoke. Lung cancer mortality rates are 22 times higher for male smokers and 12 times higher for female smokers than for those who have never smoked. Smoking also increases the risk for cancers of the mouth, nasal cavities, throat, windpipe, esophagus, stomach, pancreas, liver, cervix, kidney, and bladder, and for myeloid leukemia. In addition to cancer, smoking is the major cause of **chronic bronchitis**, and **emphysema.**

Vascular disease. Smokers have five times as many **heart attacks** as non-smokers. Tobacco use is responsible for 75-80% of all heart attack deaths in young smokers, under the age of 50. The use of tobacco damages blood vessels, causing arteriosclerosis – hardening of the arteries – that dramatically increases **heart disease** and **stroke**, as well as other problems associated with poor circulation.

Other: For our **diabetics,** smoking *greatly* accelerates vascular, renal, and cardiac disease. Smoking diabetics have earlier amputations and earlier need for kidney dialysis. Smoking causes stomach ulcers. It increases allergies, asthma, and eye

Kansas

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irritation. It causes chronic coughs, sinus inflammation, and increased tooth and gum disease. The list goes on.

Second hand smoke: Second hand smoke is also a leading cause of preventable death in the United States. Smoke-filled rooms allow people to inhale over 4,000 different pollutants and toxins: 200 of them are poisons; 43 are known to cause cancer. Second hand smoke has been classified by the EPA as a known cause of cancer in humans. Children in homes of smokers, even if the smoking occurs outside, have increased likelihood of developing middle ear disorders, chronic eye irritation, asthmatic symptoms, decreased overall pulmonary function, and more upper and lower respiratory infections. Second hand smoke is responsible for new asthma cases and for worsening existing asthma. It is responsible for childhood hospitalizations for pneumonia and bronchitis. It is responsible for premature births and low-birth-weight infants.

The human toll: Here are some real life examples from my work in ER's across the state during the last week:

I worked in the emergency room in Newton on Monday. A nineteen-year-old man came to the emergency room. He stomach was upset, he had vomited twice, he felt light headed and dizzy, his heart was racing, and he felt jittery and nervous. He had smoked his first cigar!! ***He was experiencing the immediate effects of nicotine on his body.***

Later that night, I saw a 65-year-old woman. Her son and daughter brought her in because she was having increased shortness of breath and her cough was worse. She felt weaker, more tired. She had her oxygen bottle with her, the cannula in her nose, delivering increased oxygen to her lungs. She was on lots of medications: good medications, appropriate medications, costly medications. There was just nothing further I could do for her. ***She was suffering from the long-term effects of nicotine, carbon monoxide and the other toxic substances that her years of cigarette smoking caused.***

Saturday I worked in the emergency room in Dodge City. As in much of our state, RSV (respiratory syncytial virus) is very common in Dodge City during these winter months. It is a virus that causes upper and lower respiratory infection, and is worse among infants. Most infants and young children do fine. Although I saw many infants with RSV, only three had to be admitted to the hospital. Those were the three who had smoking parents. ***They were suffering from the effects of second hand smoke.***

Over and over, physicians care for people with problems caused by tobacco. They are your friends and neighbors. They are your children and grandchildren's playmates. They are like the 7 week-old Dodge City infant who was born two months prematurely, brought to the ER because his apnea monitor alarmed. They are like the 18 year old El Dorado girl who came to the ER for breathing treatments and a steroid injection for an

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asthma attack, after working her first shift in the "smoking area and non-smoking area" of a local pancake house. They are like the 48-year-old father, an Arkansas City man, who had to be air-transported to Wichita after receiving "clot buster" medication for his myocardial infarction (heart attack). They are like the grandpa, a 68 year-old Winfield veteran, who requires oxygen, multiple medications, home health care, and frequent hospitalizations because of his years of smoking.

The physician offices, hospitals, and emergency rooms across our state see the damage that smoking causes.

- The patients with heart attacks that lead to bypass surgery, and bypass surgery again.
- The patients with emphysema and chronic bronchitis, arriving in their wheel chairs with their oxygen tanks in tow.
- The patients, young and old, with repeated hospitalizations due to smoking related illness.

The human toll is staggering. And the price tag is astounding! Nationwide, $89 billion is spent annually on smoking related health care costs. **That's $89 billion a year - spent on preventable disease.**

SB 336: We must develop programs in Kansas to control and reduce tobacco use – to prevent the health problems that I have described. Programs need to be developed in accordance with the best practices and according to evidence-based strategies that work. We need to keep youth from smoking that first cigarette and from buying that first can of "spit tobacco." We need to provide cessation programs to our schools, work places, and communities. We need to protect our citizens from the adverse effects of tobacco use. For all these reasons, I urge you to adopt SB 336.

Thank you for your consideration.

Carol A Johnson, MD.

The mission of the Kansas Academy of Family Physicians is to promote access to and excellence in health care for all Kansans through education and advocacy for family physicians and their patients.

Car[illegible]cular diseases and [illegible] claim the lives of more Americans than the next seven leading causes of death combined.

American Heart Association®
Fighting Heart Disease and Stroke

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Testimony in Support of SB 336
Senate Ways and Means Committee
Thursday, February 5, 2004

Mr. Chairman and members of the Committee my name is Kevin Walker. I am the senior director of advocacy for the American Heart Association. Thank you for the opportunity to present written testimony in support of SB 336. The American Heart Association is concerned with tobacco use in our state for a very simple reason – heart disease and stroke are the first and third leading causes of death in our state and tobacco use is a risk factor that both diseases have in common.

Kansas can achieve two very important goals by implementing and properly funding a comprehensive tobacco control plan as outlined by this bill. First, we can reduce smoking rates. Second we can save taxpayer money by reducing health care costs associated with treating smokers and their multitude of illnesses.

A few examples illustrate the benefits of supporting and funding a statewide, comprehensive tobacco control program:

- In California, smoking rates have declined faster than the national average after implementation of a comprehensive program
- Smoking by California 12-17 year olds has decreased by 46-percent
- Massachusetts cigarette consumption has declined by 36-percent since initiating their comprehensive program
- Smoking among Maine's high school students declined a dramatic 48 percent between 1997 and 2003, falling from 39.2 percent to 20.5 percent. Smoking among Maine's middle school students declined by 59 percent, from 21 percent to 8.7 percent, over the same time period
- Between 1999 and 2002, smoking among public middle school students in Mississippi declined by 48 percent, from 23 percent to 11.9 percent. Smoking among public high school students declined by 29 percent, from 32.5 percent to 23.1 percent over this same time period.

While these examples illustrate the reduction in smoking rates it is also important to see the cost savings obtained by these programs as well:

- For every single dollar California currently spends on a comprehensive tobacco control program it is reducing statewide healthcare costs by more than $3.60
- Between 1990 and 1998 the California Tobacco Control Program saved an estimated $8.4 billion in overall smoking-caused costs and more than $3.0 billion in smoking-caused healthcare costs
- In just two years the Massachusetts program was already reducing statewide healthcare costs by $85 million per year

Please remember the American Heart Association in your will.

Senate Ways and Means
2-5-04
Attachment 10

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This bill provides maximum flexibility so that communities can customize tobacco use prevention activities to meet their local needs and provide the cessation and prevention activities where they can be most effective. Furthermore, the bill provides for evaluation and reporting at the state level so that progress can be tracked and programs can be monitored at the state level. This system provides maximum flexibility with strong oversight.

Until Kansas enacts a comprehensive tobacco prevention program and commits the resources necessary to counter the health consequences of tobacco usage, we will continue to see health care costs spiral out of control and consume a larger percentage of the state budget each year. I urge this Committee to act favorably on SB 336 and recommend its passage to the Senate.

Please remember the American Heart Association in your will.

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