Approved: 4-2-09
Date

MINUTES OF THE HOUSE HEALTH AND HUMAN SERVICES COMMITTEE

The meeting was called to order by Chairman Brenda Landwehr at 1:30 p.m. on March 12, 2009, in Room 784 of the Docking State Office Building.

All members were present.

Committee staff present:
Norm Furse, Office of the Revisor of Statutes
Melissa Calderwood, Kansas Legislative Research Department
Reed Holwegner, Kansas Legislative Research Department
Janet Grace, Committee Assistant

Conferees appearing before the Committee:
Robert Stiles, Kansas Department of Health and Environment (Attachment 1)
Debra Billingsley, Kansas Board of Pharmacy (Attachment 2)
Robert Waller, Board of Emergency Medical Services (Attachment 3)
Ron Hein , Kansas Pharmacy Coalition (Attachment 4)
Representative Tom Burroughs, (Attachment 5)
Bob Harvey, American Association of Retired People (Attachment 6)
Diane Daldrup, March of Dimes (Attachment 7)
Rachel Smit, Kansas Health Institute (Attachment 8, 9)
Dr. Marcie Nielsen, Kansas Health Policy Authority (Attachment 10)
Bob Vancrum, Kansas Government Affairs Consultant for Greater Kansas City Chamber (Attachment 11)

Others attending:
See attached list.

Chairman Landwehr called the meeting to order. A hearing was opened on **SB 16 - Pharmacy act; violations; exemptions for donation and distribution of drugs under certain circumstances.** Norm Furse, Revisor, provided an overview of this bill.

Robert Stiles, Kansas Department of Health and Environment, provided written testimony in support of this bill. (Attachment 1)

The Chairman closed the hearing for **SB 16**.

Representative Mast moved to report the bill favorably. The motion was seconded by Representative Gordon. The motion carried.

Hearing on **SB 33 - Board of pharmacy; fingerprinting and criminal history record checks; authority of pharmacists and regulating pharmacy technicians; term and membership of the board.**

Revisor Norm Furse provided an overview of the bill and the insertions.

Debra Billingsley, of the Kansas Board of Pharmacy, reported that the Board is created by statute and is comprised of six members, each of whom is appointed by the Governor. (Attachment 2) Of the six, five are licensed pharmacists and one is a member of the general public. The Board would like to add another pharmacist, preferably a hospital pharmacist. This bill would permit the Board of Pharmacy to require any new or reinstated license, registration, and permit applicant to submit to a criminal history check.

This bill also deletes the requirement that a pharmacy post daily, on a job board, the names of the pharmacy technicians that are on duty each day. The Board has replaced this language with the requirement that the pharmacy display an actual pharmacy technician registration card, provided by the Board of Pharmacy to the technician. By requiring the posting of the technician registration card the board believes that there will be better compliance with the registration process.

The Board of Pharmacy members are appointed by the Governor for a term of three years. The individual may

be reappointed to an additional three-year term. The Board has requested that the term length in years be extended to four years. The purpose of this change would be to permit the Kansas Board members to become active participants in our national board issues.

The Board wants the fingerprinting left in the bill, with the cost of the fingerprinting being passed on to the recipient. Fingerprinting and background checks help identify potential problems with applicants. Theft and other issues have been an issue with pharmacy technicians that are hired without having the background check.

Robert Waller, Board of Emergency Medical Services, requested wording for the fees for fingerprinting of EMS applicants be the same as the Board of Pharmacy. (Attachment 3)

Ron Hein, representing the Kansas Pharmacy Coalition, provided written only testimony in favor of this bill. (Attachment 4)

The Chair closed the hearing on **SB 33**.

Continued hearing on **SB 25- State-wide prohibition on smoking in indoor public areas.**

Representative Burroughs testified he supports a ban that has the potential to reduce respiratory illness, allergies, heart disease and, most importantly, various forms of cancer. (Attachment 5) It costs next to nothing to implement and provides a pathway to a healthier lifestyle, lower insurance premiums and can reduce overall healthcare costs. **SB 25** is a state-wide prohibition on smoking in indoor public areas. It does not eliminate/ban smoking in Kansas. KU Hospital has announced they are pursuing the National Cancer Institute designation. Kansas should join them in their fight against a disease that has taken many before their time. A partnership with KU Hospital in their endeavors to achieve this designation would involve supporting statewide indoor smoking restrictions. The message to others across the country will echo that Kansas and its leaders, citizens and healthcare communities are serious a bout reducing and hopefully eliminating cancer.

Bob Harvey, testifying on behalf of AARP, stated that AARP's top priority is health care. (Attachment 6) One of the greatest U.S. public health achievements of the 20th century is the recognition of tobacco use as a health hazard. Smoking is the number one preventable cause of death and disease in Kansas and the U.S. Approximately $582 per household in state and federal taxes goes toward smoking-related government expenditures. Environmental tobacco smoke (ETS), a human carcinogen, is known as a "geriatric disease" because that is when the disease and death caused by tobacco most often occurs. ETS is a toxic substance responsible for 53,000 deaths annually among U.S. nonsmokers. As early as 1986, the Surgeon General reported that the effects of smoking on nonsmokers are as severe as the direct effects on smokers.

Diane Daldrup, March of Dimes, stated the mission of the March of Dimes is to improve the health of babies by preventing birth defects, premature birth and infant mortality. (Attachment 7) **SB 25** requests an amendment to current law concerning cigarette and tobacco infractions relating to smoking restrictions in public places and places of employment. Passive or secondhand smoke while pregnant can be very unhealthy for pregnant women. Women who smoke during pregnancy increase the risk of giving birth to a low birth weight or premature baby. According to the U.S. Surgeon General's 2006 Report, *The Health Consequences of Involuntary Exposure to Tobacco Smoke,* exposure to secondhand smoke by nonsmoking pregnant women may lead to premature birth. Premature birth affects 1 in every 8 babies born in Kansas, making it one of the most serious health problems facing our state today. CDC has stated it will cost $1 million to raise a premature child from birth to age 21. The cost of a premature baby is ten times more than a normal baby. Exposure to secondhand smoke during pregnancy and after birth increases the risk of sudden infant death syndrome (SIDS), a key contributor to infant mortality. Secondhand smoke represents a dangerous health hazard to an unborn baby, infants and children because secondhand smoke can also damage developing organs, such as the lungs and brain. One of the most effective ways to reduce the use of tobacco products, prevent pregnant women and teens from using tobacco products, and reduce exposure to secondhand smoke is through passage of state laws and local ordinances that increase the number of smoke-free work sites and public places. The March of Dimes does not support the exceptions to the bill.

Minutes of the House Health and Human Services Committee at 1:30 p.m. on March 12, 2009, in Room 784 of the Docking State Office Building.

Rachel Smit, Kansas Health Institute, provided neutral testimony on **SB 25.** (Attachments 8, 9) Ms. Smit provided the committee with a summary of a study on the economic impact of the state's first comprehensive smoke-free ordinance on Lawrence's restaurants and bars. Their analysis indicates that:

- Lawrence's smoke-free ordinance had no impact on overall sales in the restaurant and bar industry;
- Their findings are consistent with those published in scientific, peer-reviewed journals about the experiences of other communities;
- Scientific studies in peer-reviewed publications overwhelmingly find that smoke-free policies have no economic impact on the restaurant and bar industry; and
- In terms of the impact on bars and alcohol-serving businesses, none of the scientific studies reviewed found that smoke-free policies have a negative impact in the long-term.

Barbara Langner represented Dr. Nielsen, Kansas Health Policy Authority, as a proponent of **SB 25**. Her testimony concentrated on the costs. (Attachment 10) KHPA is dedicated to improving our health system, promoting healthy behaviors, managing chronic disease and working to insure more Kansans. Enactment of a Clean Indoor Air Law will help to further these goals. Secondhand smoke costs lives and all workers deserve safe workplaces, Kansas spend approximately $927 million each year in smoking, attributable Medicaid expense. Kansas also loses an estimated $863 million each year in lost productivity. The attachment provided the committee answers to frequently asked questions, cost issues, and national findings on secondhand smoke. KHPA prefers a smoke-free environment.

Bob Vancrum, Kansas Government Affairs Consultant for The Greater Kansas City Chamber of Commerce, reported that the increasing cost of health insurance is the number one concern of area businesses. (Attachment 11) The Chamber will support any reasonable measure that promises to bring health care insurance costs down. The insurance industry has reported that smoking is a prime contributor to rising healthcare costs and increased health risks for our area workforce and families. Smoking drives up both health care costs and health insurance costs. The rapidly escalating costs of health care and health insurance will eventually lead to an unhealthy business climate in Kansas.

The next meeting is scheduled for March 17, 2009.

The meeting was adjourned at 3:10 pm.

HOUSE HEALTH & HUMAN SERVICES COMMITTEE

DATE: 3-12-09

NAME	REPRESENTING
Chris Green	Harris News
Sharon Homan	S Homan KHI
Bob Vancrum	Greater KC Chamber
Gina Maree	KHI
Rachel Smit	KHI
Bob St. Peter	KHI
Mary Jayne Kleeberger	TFKC
Barb Langner	KHPA
Andrea Bozarth	AARP
Dustin Meyer	KHPA
Barb Langner	KHPA
Marvin Turner	AARP
Bob Harvey	AARP
Ernest Kutzley	AARP
Barb Conant	KDOA
Debra Billingsley	KBOP
Frank Whitchurch, RPh	KBOP
ROBERT STILES	KDHE
Chris Tilden	KDHE

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HOUSE HEALTH & HUMAN SERVICES COMMITTEE

DATE: 3/12/09

NAME	REPRESENTING
Michelle Butler	Capitol Strategies
Candace Ayers	KDHE
Linda DeCoursey	American Heart Assoc.
Amy Cantrell	KMS
Anne Spiess	American Cancer Society
Tracy Russell	American Cancer Society
Carrie Edwards	KS Health Consumer Coalition
Tom Bunnaughs	Self
Carolyn Smith	VCHS
DIANE DALDREW	MARCH OF DIMES
Patrick Vogelsberg	Kearney and Assoc
Mike Reecht	Jackie Braden

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KANSAS

Kathleen Sebelius, Governor
Roderick L. Bremby, Secretary

DEPARTMENT OF HEALTH
AND ENVIRONMENT

www.kdheks.gov

Division of Health

Written Testimony on Senate Bill 16

Presented to
House Health and Human Services Committee

Presented By
Kansas Department of Health and Environment

March 12, 2009

Chairwoman Landwehr and members of the committee, I am Robert Stiles, the Primary Care Director in the Kansas Department of Health and Environment. Thank you for the opportunity to present written testimony in support of SB 16. This bill will resolve a potential conflict between the Pharmacy Act (65-1636) and statutes implementing the Cancer Drug Repository and Unused Medications Programs. It clarifies that the activities of these programs as outlined in statute shall not constitute a violation of the Pharmacy Act's provisions on the sale and distribution of drugs. KDHE supports the removal of this barrier to the implementation and functioning of these programs.

KDHE has responsibility for maintaining records of participation in the Unused Medications Program and has worked closely with the State Board of Pharmacy in its implementation of the program. KDHE recently awarded funding for a pilot clearinghouse project for the distribution of donated pharmaceuticals to eligible clinics.

The Unused Medications and Cancer Drug Repository Programs show great potential to provide a means for poor and uninsured Kansans to receive needed pharmaceuticals. We appreciate the Joint Committee on Administrative Rules and Regulations' notice of this potential conflict, and this committee's attention to the matter. For these reasons, the department supports passage of SB 16.

OFFICE OF THE DIRECTOR OF HEALTH
CURTIS STATE OFFICE BUILDING, 1000 SW JACKSON ST., STE. 300, TOPEKA, KS 66612-1368
Voice 785-296-1086 Fax 785-296-1562

HEALTH AND HUMAN SERVICES
DATE: 03/12/09
ATTACHMENT: 1

(2)

Testimony concerning SB 33: Pharmacy Technicians, Term and Membership of the Board of Pharmacy
House Health and Human Services
Presented by Debra Billingsley
On behalf of the
Kansas State Board of Pharmacy
March 12, 2009

Chairperson Landwehr, Members of the Committee:

My name is Debra Billingsley, and I am the Executive Secretary for the Kansas State Board of Pharmacy. Our Board is created by statute and is comprised of six members, each of whom is appointed by the Governor. Of the six, five are licensed pharmacists and one is a member of the general public. They are charged with protecting the health safety and welfare of the citizens of Kansas and to educate and promote an understanding of pharmacy practices in Kansas.

Senate Bill 33 would permit the Board of Pharmacy to require any new or reinstated license, registration, and permit applicant to submit to a criminal history. The Board of Pharmacy would respectfully request that this section be removed from the bill at this time.

The second issue that SB 33 addresses is that it deletes the requirement that a pharmacy post daily, on a job board, the names of the pharmacy technicians that are on duty each day. The Board has replaced this language with the requirement that the pharmacy display an actual pharmacy technician registration card, provided by the Board of Pharmacy to the technician. The registration card will verify that each technician is properly registered and will provide the expiration date. The current job board does not serve a useful purpose and has been deemed outdated. By requiring the posting of the technician registration card the Board believes that there will be better compliance with the registration process.

Third, the Board of Pharmacy members are appointed by the Governor for a term of 3 years. The individual may be reappointed to an additional 3 year term. The Board has requested that the term length in years be extended by one year. The purpose of this change would be to permit the Kansas Board members to become active participants in our National Board issues. There are 43 states that have longer term limits than Kansas

and those states are able to dominate in elections and participation in the National Boards of Pharmacy meetings. Kansas has had an active board for many years and it is unfortunate that they cannot play an active role in our national issues by virtue of their not being on the Board the number of years necessary to participate.

The Board of Pharmacy is also requesting that an additional Board member be added to the Board of Pharmacy. The member should be a practicing pharmacist. The Board currently has 6 members and it has been found that an odd number of members would assist in elections whenever there is a tie. This would allow the Board of Pharmacy to run their meetings in a more cohesive manner. Further, an additional person would provide for another member who would be representative of the state pharmacists such as a hospital pharmacist.

The Board of Pharmacy endorses this legislative as an effective means to assist the Board in performing its functions. The Board would encourage the committee to support Senate Bill 33.

Thank you very much for permitting me to testify and I will be happy to yield to questions.

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KANSAS

DENNIS ALLIN, M.D., CHAIR
ROBERT WALLER, EXECUTIVE DIRECTOR

KATHLEEN SEBELIUS, GOVERNOR

BOARD OF EMERGENCY MEDICAL SERVICES

Testimony

Date: March 12, 2009

To: House Health and Human Services Committee

From: Robert Waller, Executive Director

Re: 2009 Senate Bill (SB) 33

Madam Chairman Landwehr and members of the House Health and Human Services Committee, my name is Robert Waller. I am the Executive Director for the Kansas Board of Emergency Medical Services (KBEMS). I would like to provide testimony on 2009 Senate Bill 33.

The mission of the Board of Emergency Medical Services is to ensure that quality out-of-hospital care is available throughout Kansas. This care is based on the optimal utilization of community resources that are consistent with the patient's needs. The delivery of optimal care is supported through the adoption of standards; definition of scopes of practice; and provision of health, safety, and prevention education and information to the public, and is achieved in collaboration with Emergency Medical Services services/agencies, Emergency Medical Services providers/instructors, related health care professionals, and other public service, health care and political entities.

Teachers, banking and financial institutions, law enforcement, and some motor carriers require criminal history background checks. The surrounding states of Arkansas, Colorado, Idaho, Missouri, Nebraska, and Texas require national criminal history background checks for those individuals seeking EMS certification at any attendant level. Although, KBEMS requires those with felony convictions to "check the box" in regards to prior felony conviction, to later be reviewed and a determination of certification made by the KBEMS Investigation Committee, applicants may motivated to not provide a complete truth. Criminal history background checks provide validity and security to the citizens of the State in ensuring that the person providing them intimate and personal pre-hospital care has both been truthful in the information provided on their application, but more important, is trustworthy in the comfort and care provided. As KBEMS moves to allow a more "open state" in regards to legal recognition/reciprocity (found in 2008 SB 512), the disclosure of arrests and convictions becomes critical.

Annually, KBEMS process 1,500+ initial certifications, legal recognition/reciprocity (out-of-state), regain requests, and increases in the level of certification applications per year. According to our investigation statistics, in CY 2005, the KBEMS Investigation Committee reviewed 8 "reported" (check the box) felony

applications, 16 in CY 2006, and 14 in CY 2007, and 17 in CY 2008. Of those, the Investigation Committee reviewed felony cases involving aggravated robbery, aggravated child endangerment, breaking and entering, sexual exploitation of a minor, aggravated sexual battery, child endangerment, and numerous drug possession charges. However, the concern for the Board are the number of felony charges the Board has not been able to review or been "notified" of their existence. One instance occurred in October 2007, where an "individual" reported to the Board that an attendant had been convicted of child molestation during the 1980's, but was currently certified. Upon verification of his certification status, KBEMS confirmed that he obtained his certification in 1990 and upon further investigation of the applications submitted by the attendant…he marked "No" to the felony question. Unfortunately, the only way KBEMS was informed of the felony was by word of mouth, as opposed to the initiation and verification that a criminal background check provides. The Board believes that access to all records of adult convictions and non-conviction history is paramount to having the necessary information on an applicant to ensure public safety is held to the highest regard.

Amendments

Page, 1, Section 1 (a), Line 20, strike "licensure" and insert "a certificate"
Page, 1, Section 1 (a), Line 30, strike "licensure" and insert "certificate"
Page, 1, Section 1 (c), Line 39, strike "licenses" and insert "certificate holder"
Page, 1, Section 1 (c), Line 40, strike "necessary to reimburse the board for the" and insert "equal to the"
Page, 2, Section 1 (d), Line 4, strike "board of" and insert "board" after the word "services" in the same line
Page, 2, Section 1 (d), Line 5, strike "of emergency medical services"

Conclusion

Simply, members of the Committee, the passage of 2009 Senate Bill 222 provides assurance to the general public that KBEMS has provided the appropriate screening of applicants and ensured KBEMS' responsibility to public safety

Cordially,

Robert Waller

Robert Waller
Executive Director

HEIN LAW FIRM, CHARTERED

5845 SW 29th Street, Topeka, KS 66614-2462
Phone: (785) 273-1441
Fax: (785) 273-9243

Ronald R. Hein
Attorney-at-Law
Email: rhein@heinlaw.com

Written Testimony re: SB 33
House Health and Human Services Committee
Presented by Ronald R. Hein
on behalf of
Kansas Pharmacy Coalition
March 12, 2009

Madame Chairman, Members of the Committee:

My name is Ron Hein, and I am legislative counsel for the Kansas Pharmacy Coalition (KPC). The Kansas Pharmacy Coalition is an ad hoc coalition comprised of the Kansas Pharmacists Association and the Kansas Association of Chain Drug Stores.

The KPC supports the provisions of SB 33.

Specifically, the KPC supports the increase in the size of the Board of Pharmacy to 7 members and the change to four year terms. These changes are necessary to deal not only with tie votes, but to conform this board to most fee boards, and to benefit efforts for Kansas Board of Pharmacy members to serve on National Boards.

The KPC also has reviewed the fingerprinting requirements, and the pharmacy technician notice posting requirements, and finds both of these provisions of the bill to be acceptable to our associations and our members.

Therefore, we urge this committee to approve SB 33 with the recommendation that it be passed.

Thank you very much for permitting me to submit this written testimony.

HEALTH AND HUMAN SERVICES
DATE: 03/12/09
ATTACHMENT: 4

5

STATE OF KANSAS

TOM BURROUGHS
REPRESENTATIVE, THIRTY-THIRD DISTRICT
WYANDOTTE COUNTY
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(913) 375-1956

STATE CAPITOL–RM. 322-S
TOPEKA, KANSAS 66612
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TOPEKA

HOUSE OF
REPRESENTATIVES

COMMITTEE ASSIGNMENTS
MEMBER: APPROPRIATIONS
GENERAL GOVERNMENT BUDGET
INSURANCE AND FINANCIAL INSTITUTIONS
BOARD OF DIRECTORS: KANSAS INC.
MEMBER: LEGISLATIVE POST AUDIT
KANSAS ATHLETIC COMMISSION

TESTIMONY for SB 25

I am here today to support an issue that has the potential to reduce respiratory illness, allergies, heart disease and most importantly various forms of cancer. It costs next to nothing to implement and provides a pathway to a healthier lifestyle, lower insurance premiums and can reduce overall healthcare costs.

SB 25 is a state-wide prohibition on smoking in indoor public areas. SB 25 doesn't eliminate/ban smoking in Kansas as some would lead you to believe. It does however designate where smoking will be restricted, and that is indoor public areas. Many communities across our state have or are in the process of passing ordinances to deal with the issue of smoking. These ordinances are not uniform and frustrate consumers and visitors that choose to do business in our communities. As each community struggles with which exemptions to include or business to protect we should be giving consideration to the overall health care concerns this issue raises.

We are home to a health care facility that has declared a war on cancer. KU Hospital has announced that they are pursuing NCI (National Cancer Institute) designation .We can ,NO, we SHOULD, join them in their fight against a disease that has taken many before their time. We should partner with KU Hospital in their endeavors to achieve NCI designation by supporting statewide indoor smoking restrictions. The message to others across the country will echo that Kansas and its leaders, citizens and healthcare communities are serious about reducing and hopefully eliminating cancer.

IT IS THE HEALTHY THING TO DO, IT IS THE RIGHT THING TO DO! After all, everyone deserves the right to breathe clean air!

On behalf of the citizens of Kansas and our Health Care community I strongly urge that the committee pass out Senate Bill 25 favorably.

Respectfully,

Tom

Tom Burroughs
State Representative

HEALTH AND HUMAN SERVICES
DATE: 03/12/09
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(6)

March 9, 2009

The Honorable Brenda Landwehr, Chair
House Health and Human Services Committee

Reference – SB 25

Good afternoon Madam Chair and members of the House Health and Human Services Committee. My name is Bob Harvey and I am a member of the AARP National Policy Council (NPC). The NPC is an advisory committee to the AARP Board of Directors and assists the board in formulating national, state and local policy. I am here today representing AARP Kansas. We represent the views of more than 375,000 members in Kansas. AARP's top priority is health care and I am here to offer testimony in support of a very important health issue, SB 25 and creation of a statewide clean indoor act.

Major improvements in the health of Americans are a direct result of public health measures initiated during the 20th century, when the health and life expectancy of people in the US improved dramatically. Since 1900 the average lifespan of people in the US has lengthened by more than 30 years; most of this gain (25 years) is attributable to advances in public health. One of the greatest US public health achievements of the 20th century is the recognition of tobacco use as a health hazard.

Smoking is the number one preventable cause of death and disease in Kansas and the US. Each year between 290 and 520 Kansans die as a result of others smoking. Besides these lives, Kansas spends over $900 million annually in related health care costs, and of that amount over $190 million is covered by the state Medicaid program. Approximately $582 per household in state and federal taxes goes toward smoking-related government expenditures.

According to a Centers for Disease Control and Prevention (CDC) report, about 90 percent of nonsmoking people in the United States are exposed to environmental tobacco smoke (ETS). Environmental tobacco smoke, a human carcinogen (a cancer causing substance), is known as a **"geriatric disease"** because that is when the disease and death caused by tobacco most often occurs.

ETS is a toxic substance responsible for 53,000 deaths annually among U.S. nonsmokers. ETS, or second-hand smoke, is now officially listed as a Group A carcinogen, which is a classification reserved for those compounds, like asbestos and benzene, which have been shown to cause cancer in humans.

Older Americans and children are especially affected by ETS. Of the 53,000 persons who die yearly from ETS, most are older persons who die from heart disease or cancer, including 3,000 to 5,000 whose deaths occur due to lung cancer. As early as 1986, the Surgeon General reported that the effects of smoking on nonsmokers are as severe as the direct effects on smokers.

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Cancer is not the only concern: According to the National Cancer Institute, more than 4,000 chemicals have been identified in tobacco smoke – and more than 50 are carcinogens and six others interfere with normal cell development. Research shows a connection between secondhand smoke and nasal sinus cancer, and possible a connection between secondhand smoke and cancers of the cervix, breast, and bladder. Non-cancerous health conditions caused by secondhand smoke include chronic coughing and wheezing, chest discomfort, decreased lung function, and severe lower respiratory tract infections such as bronchitis or pneumonia. Women who inhale secondhand smoke may be at risk of preterm labor and delivering a low-birthweight baby.

Dementia: The American Academy of Neurology reported that exposure to secondhand tobacco smoke increased the risk of developing dementia, according to research that was presented at the American Academy of Neurology's 59th Annual Meeting in Boston, April 28-May 5, 2007.

Based on preliminary results, the study authors found that elderly people with high lifetime exposure to secondhand smoke were approximately 30 percent more likely to develop dementia than those with no lifetime secondhand smoke exposure. The study also found that exposure to secondhand smoke resulted in a greater occurrence of dementia for people who had not been diagnosed with cardiovascular disease but who had detectable abnormalities of their carotid arteries, based on carotid ultrasound imaging, compared to those without these underlying abnormalities.

Tobacco /ETS is also a **"pediatric disease"** because young children are especially at risk**:** secondhand smoke is responsible for between 150,000 and 300,000 lower respiratory tract infections in children under 18 months of age, resulting in between 7,500 and 15,000 hospitalizations each year. It also causes between 1,900 and 2,700 Sudden Infant Death Syndrome (SIDS) deaths in the United States each year.

It only takes five minutes: Most people assume that they must be exposed to secondhand smoke for a long time before it can actually cause harm, but this is not true. According to the Centers for Disease Control, just five minutes of exposure stiffens the aorta as much as smoking a cigarette. Twenty minutes of exposure is equal to smoking a pack a day, for it activates blood platelets involved in the clotting process and increases the risk of heart attack. Thirty minutes of exposure causes stiffened, clogged arteries and compromises the blood's ability to manage LDL ("bad") cholesterol. And two hours of exposure can speed up the heart rate and reduce heart rate variability, increasing the chance of an irregular heart beat (arrhythmia) that can itself be fatal or trigger a heart attack. These health effects can take as long as 48 hours to reverse themselves. All of these effects increase the long-term risk of heart disease and the immediate risk of heart attack. A study from the University of California at San Francisco showed disturbing results as well: After being exposed to 15 cigarettes in a closed room for one hour, even healthy men experienced stiffness of the aortic arteries – some after only four minutes.

A study in Pueblo, Colorado by Colorado doctors and public health authorities found that heart attacks serious enough to require hospitalization fell by 41 percent in the three years

after Pueblo adopted an indoor smoking ban. The U.S. Centers for Disease Control concluded that even relatively small doses of tobacco smoke such as those received form secondhand smoke can heighten the risk of heart disease.

Second hand smoke also harms **services animals** and pets. Dogs that inhale secondhand smoke are three times more likely to develop lung or nasal cancer than dogs that do not. Animals develop strong reactions to smoke particles in the air. Just like humans, they can develop respiratory infections, lung inflammation, and asthma when exposed to second hand smoke.

At least 36 states, including neighboring states Colorado and Nebraska, and many Kansas communities have imposed restrictions on smoking in public places. A statewide clean indoor air law would create a level playing field among cities and counties, eliminating the fear that a local ban would put a community at a competitive disadvantage to its neighbor. "The Economic Impact of Indoor Smoking Bans", October 13, 2004, by Michael H. Fox, Sc.D., Associate Professor, Department of Health Policy and Management, University of Kansas Medical Center, summarized that evaluating the existing literature on economic impact of indoor smoking bans lead to the following:

1. Though no studies are without limitations, the overwhelming majority of studies that maintain a rigorous scientific element suggest that the economic impact of a smoking ban is minimal if it exists at all;

2. The leading researchers who appear to argue consistently against smoking bans give little evidence of objectivity in their work in this or other areas they are involved in.

This proposed smoking ban in Kansas is not a battle against business or smokers. Businesses would not see a significant financial loss, if any, and could evolve to become a smoker friendly establishment as have those businesses in communities where smoking bans exist.

Impact of a Smoking Ban on Restaurant and Bar Revenues—El Paso, Texas 2002. El Paso has the strongest smoke-free indoor air ordnance in Texas. A 2004 study on the impact of the El Paso smoking ban on all sectors of the local restaurant and bar industry found no decline in total restaurant and bar revenues had occurred in El Paso after the ban was implemented in January 2002. These findings were consistent with the results of studies in other municipalities that determined that smoke-free ordinances had no effect on restaurant revenues. Opponents of smoke-free indoor air ordnances have claimed that enacting smoke-free indoor air ordinances will harm restaurant and bar revenue; however, the findings in the El Paso study indicated that restaurant and bar revenues were not affected by the smoking ban. Such analysis of economic data can provide local policymakers with statistical evidence to evaluate the merit of implementing a smoke-free indoor air ordinance in Kansas.

Who pays to oppose these bans? If loss of revenue or local control is the issue then who funds oppositions to antismoking campaigns? The April 1, 2008, edition of the Prime Buzz of the KC Star reports that tobacco giant Reynolds American, of Winston-Salem N.C. contributed more than $220,000 to the "No on 3 campaign" which was fighting a proposal to ban smoking from Kansas City's bars and restaurants.

Kansas travel and tourism. Kansas as big as you think! What about visitors who come to our communities and our great state that have health issues, do not smoke or come from nonsmoking states? Do they have a choice where to stop with their families and loved ones for breakfast, lunch or dinner as they travel across Kansas? No. Many of the diners and restaurants in our communities that have not passed smoking bans do not have sufficient air handling equipment to truly create a clean air environment.

AARP believes that federal and state agencies should take specific and effective steps to control all forms of pollution, including biological and chemical agents, which threaten health, safety and quality of life and should enact legislation banning smoking in nonresidential public buildings, on public transportation and in restaurants.

Therefore, AARP supports SB 25 and efforts to pass a statewide clean indoor air act in Kansas. We support reductions in health care costs from secondhand smoke, healthier Kansans and happier and healthier visitors who may linger longer and enjoy supporting the Kansas economy. We respectfully request the support of the Senate Public Health and Welfare Committee on this very urgent issue.

Thank you. I stand for questions.

The Public Policy, AARP Policies 2009.
Douglas County Community Health Improvement Project
The Tacoma News Tribune, January 5, 2009 "Commentary: More secondhand smoke reality".
American Animal Hospital Association
Morbidity and Mortality Weekly Report, 2/16/04 "Impact of a Smoking Ban on Restaurant and Bar Revenues---El Paso, Texas, 2002".
Prime Buzz, KC Starr, April 1, 2008, "Tobacco Giant weighs in on KC smoking Ban".

7

Testimony on behalf of the
March of Dimes

Before the House Health and Human Services Committee
RE: Senate Bill 25 "Kansas Indoor Clean Air Act"

March ~~10~~ 12, 2009

Submitted by:

Diane M. Daldrup
State Director of Program Services
March of Dimes – Greater Kansas Chapter

March of Dimes – Greater Kansas Lead Public Affairs Staff

The March of Dimes is a national, voluntary health organization whose mission is to improve the health of babies by preventing prematurity, birth defects and infant mortality. Founded in 1938, the Foundation is a partnership of scientists, clinicians, parents, members of the business community, and other volunteers and has a track record of lifesaving advances for America's infants and children.

HEALTH AND HUMAN SERVICES
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My name is Diane Daldrup. I am the State Director of Program Services for the March of Dimes Greater Kansas Chapter. Our organization has offices in Overland Park, Wichita and Topeka and we represent the state of Kansas and the bi-state Kansas City community.

The mission of the March of Dimes is to improve the health of babies by preventing birth defects, premature birth and infant mortality. I am here to testify to you about a very important item related to our mission that directly affects the health of our tiniest Kansans, the SB 25 which requests an Act to amend current law concerning cigarette and tobacco infractions relating to smoking restrictions in public places and places of employment.

Senate Bill 25 will prohibit smoking in public and private places including restaurants, hotels, taxicabs, restrooms and building access points providing individuals smoke-free air in all of these areas. Passive or second-hand smoking while pregnant can be very unhealthy for pregnant women. Women who smoke during pregnancy increase the risk of giving birth to a low birth weight or premature baby.

Kansas' preterm birth rate is at 12.2%, which is significantly higher that the Healthy People 2010 objective of 7.6% and has increased by 23% between 1995 and 2005. According to the U.S. Surgeon General's 2006 Report, *The Health Consequences of Involuntary Exposure to Tobacco Smoke*, exposure to secondhand smoke by non-smoking pregnant women may lead to premature birth. Premature birth affects **1** in every **8** babies born Kansas, making it one of the most serious health problems facing our state today. The Institute of Medicine reports that in 2005, the annual societal economic cost (medical, educational, and lost of productivity) from birth through early childhood associated with preterm birth in the United States was at least $26.2 billion. During that same year the average first year costs, including both inpatient and outpatient care was about 10 times greater for preterm ($32,325) than for term infants ($3,325). The average length of stay was 9 times as long for a preterm infant (13 days) compared with an infant

born at term (1.5 days). While research continues as to the causes of preterm births and low birth weight babies, the state of Kansas can address one of the known contributing factors which is exposure to tobacco and second-hand smoke and take measures toward prevention.

In addition, exposure to secondhand smoke during pregnancy and after birth increases the risk of sudden infant death syndrome (SIDS), a key contributor to infant mortality. Secondhand smoke represents a dangerous health hazard to an unborn baby, infants and children because secondhand smoke can also damage developing organs, such as the lungs and brain.

March of Dimes believes in doing its part. We promotes the health benefits of smoking prevention and cessation by providing educational materials for consumers, promoting evidence-based smoking cessation methods, and encouraging research related to smoking cessation during pregnancy. However, this is far from enough to compensate for the growing need of maintaining a strong tobacco prevention and cessation program in the state to offset the increasing number of women of child bearing age who are smoking in Kansas.

One of the most effective ways to reduce the use of tobacco products, prevent pregnant women and teens from using tobacco products and reduce exposure to secondhand smoke is through passage of state laws and local ordinances that increase the number of smoke-free worksites and public places.

The March of Dimes asks that Senate Bill 25 be enacted to protect public health of pregnant women and infants from the dangers of second hand smoke by placing smoking restrictions in public places and places of employment.

On behalf of the March of Dimes, thank you for the opportunity to comment on the need to protect public health especially pregnant women and infants from the dangers of second hand smoke in Kansas. We thank you for all that you are doing to improve maternal and child health in the state.

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KANSAS HEALTH INSTITUTE

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House Health and Human Services Committee

March 10, 2009

Economic Impact of Lawrence Smoke-free Ordinance

Rachel Smit, M.P.A., and Sharon Homan, Ph.D.
Kansas Health Institute

Information for policymakers. Health for Kansans.

The Kansas Health Institute is an independent, nonprofit health policy and research organization based in Topeka, Kansas. Established in 1995 with a multiyear grant from the Kansas Health Foundation, the Kansas Health Institute conducts research and policy analysis on issues that affect the health of Kansans.

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The Honorable Chairwoman Landwehr and members of the committee, thank you for this opportunity to share our research findings with you. As neutral conferees, we would like to shed some light on the discussion surrounding the potential economic impact of the state's first comprehensive smoke-free ordinance on Lawrence's restaurants and bars.

The attached issue brief summarizes the results of our study and on page two of the brief there is a chart that tells the story best. This chart shows sales at restaurants and bars in Lawrence before and after the implementation of the ordinance in July 2004 – sales were calculated from tax data obtained from the Kansas Department of Revenue. Our analysis indicates that:

Lawrence's smoke-free ordinance had no impact on overall sales in the restaurant and bar industry.

- Total sales at restaurants and bars in Lawrence do not appear to have been affected by the ordinance. (Total sales include food and other non-liquor sales as well as liquor sales.)
- After implementation of the ordinance, food and other non-liquor sales continued to grow at rates in line with pre-ordinance growth.
- Liquor sales, which comprise only 15 percent of total sales, did not follow a consistent pattern in the years before or after implementation of the ordinance.
    - They declined by 1.3 percent in FY03, two years before the ordinance was implemented, and then grew by 5.1 percent in FY04.
    - After implementation of the ordinance, liquor sales declined by 3.0 percent in the first year and by 0.6 percent in the second. In the third year, they grew by 3.3 percent.
    - Because liquor sales were variable even before the ordinance was implemented, it is not clear whether the ordinance played a role in the initial decline after implementation.

Our findings are consistent with those published in scientific, peer-reviewed journals about the experiences of other communities.

You may hear about studies concluding that smoke-free laws harm the hospitality industry and alcohol-serving businesses in particular. Many of these studies have been conducted by consulting firms for restaurant and bar associations or the tobacco industry. These studies vary tremendously in terms of quality.

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Because economic impact studies are very difficult to do well, those studies that have been published in peer-reviewed journals and publications such as the Centers for Disease Control and Prevention's Mortality and Morbidity Weekly Report provide a better basis from which to summarize findings about the impact of smoke-free policies. In our literature review, we focused on studies in these peer-reviewed publications that examine outcomes data such as sales or employment. Based on this literature review, we can say that:

Scientific studies in peer-reviewed publications overwhelmingly find that smoke-free policies have no economic impact on the restaurant and bar industry.

However, some researchers and opponents of smoking bans suggest that smoke-free policies may have an impact on bars or alcohol-serving restaurants, but not on the restaurant and bar industry as a whole. In order to evaluate this potential concern, we identified studies in peer-reviewed publications that specifically examined the impact of smoke-free policies on alcohol-serving businesses, as measured by outcomes data such as sales or employment. None of these six studies found a long-term negative impact on bars or alcohol-serving restaurants. One study actually found that California's smoke-free bar law was associated with an increase in bar revenues. One study found evidence of a short-term drop in revenue at alcohol-serving restaurants of about 4 percent associated with California's smoke-free restaurant law, but no change for all restaurants combined. Another study found a short-run drop in bar employment of about 4 percent in counties covered by a smoke-free policy. Three other studies found no significant impact of smoke-free policies on bars and/or alcohol-serving businesses, as measured by employment, business openings and closings, taxable sales, or the sales price of the business. In short:

In terms of the impact on bars and alcohol-serving businesses, none of the scientific studies reviewed found that smoke-free policies have a negative impact in the long-term.

- There is mixed evidence for a short-term, negative economic impact on bars and alcohol-serving restaurants.
- There is some evidence of a positive impact of a statewide smoke-free bar law based on California's experience.

We hope that this information is helpful to you as you evaluate the merits of a statewide clean indoor air act. Please do not hesitate to contact us if you have any additional questions about the information that we have provided.

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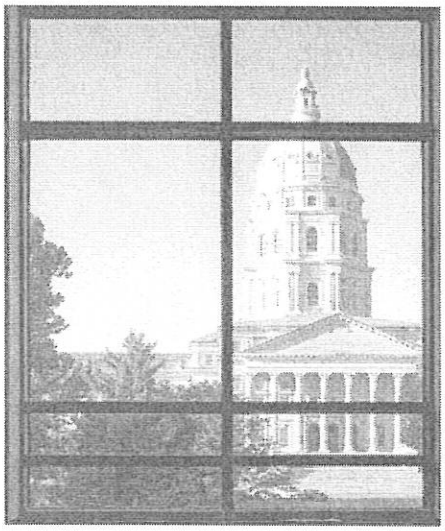


Issue Brief

KANSAS HEALTH INSTITUTE

Economic Impact of Lawrence Smoke-Free Ordinance

Rachel J. Smit, M.P.A.
Sharon M. Homan, Ph.D.
Gina C. Maree, M.S.W., LSCSW

More Information

This Issue Brief describes the results of a Kansas Health Institute study on the impact that a smoke-free ordinance in the city of Lawrence had on restaurant and bar sales. It is intended to help policymakers better understand the health and economic implications of such ordinances.

For a list of references used in writing this brief and a supplemental report, which includes information about the study methodology, please visit our Web site at www.khi.org.

Results in Brief

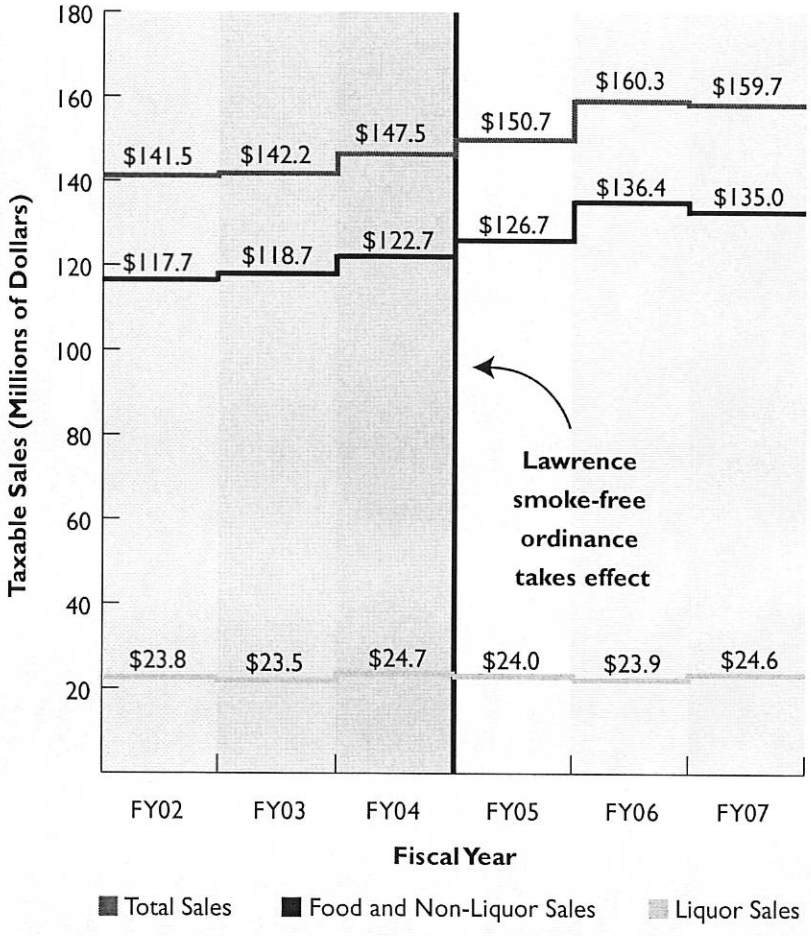
There has been much debate about whether the comprehensive smoke-free ordinance implemented in Lawrence in July 2004 caused financial harm to the restaurant and bar industry. The question about the potential economic impact has been clouded by claims of individual proprietors who indeed may have experienced a decrease in business following implementation of the ordinance. This study addresses the broader question of the ordinance's impact on the restaurant and bar industry. It found that:

- Total sales at restaurants and bars in Lawrence continued to increase in the first two years after a smoke-free ordinance was implemented in July 2004.
- The trend in total sales did not change notably after implementation of the ordinance.
- Food and other non-liquor sales continued to increase in the first two years after implementation of the ordinance.
- Liquor sales declined in the first two years after implementation of the ordinance but it is not clear whether the smoke-free policy played a role in the slowdown because liquor sales also declined two years prior to its implementation.
- The Lawrence findings are similar to those of other studies, which have failed to show any long-term negative impact on the overall restaurant and bar industry.

BACKGROUND

Guided by evidence of the health dangers of second-hand smoke, state and local decision makers across the country are implementing smoke-free policies. And those policies, according to recent studies, are having a positive impact on the health of those they were designed to protect.

Figure 1. **Taxable Sales at Restaurants and Bars in Lawrence**



Note: Total sales are food, non-liquor, and liquor sales combined. Sales have been adjusted for inflation and are in June 2007 dollars. Fiscal years are July to June.

A new study in Colorado documented a significant drop in heart attack hospitalizations in the community of Pueblo in the three years after the adoption of a ban on workplace smoking. And while some believe that factors other than the ban may have contributed to the drop, the researchers who conducted the study have said the results suggest a cause-and-effect relationship.

Another study, this one in New York state, also showed a notable decline in heart attack hospital admissions in the year after the state adopted a comprehensive smoke-free law.

Though the health effects of smoke-free policies are beginning to emerge, a debate continues about whether such policies adversely affect certain hospitality industry businesses, such as restaurants and bars. Economic theory suggests that either a positive or negative impact on overall sales is possible. However, no study published in a peer-reviewed journal has yet found consistent evidence that smoke-free policies have a long-term negative impact on the restaurant and bar industry.

The KHI study detailed in this brief examines the economic impact of Kansas' first comprehensive smoke-free ordinance. Adopted by the city of Lawrence in 2004, it prohibits smoking in all enclosed public places and workplaces, including restaurants and bars.

Though data limitations make it difficult to document a cause-and-effect relationship, the study shows that total sales at restaurants and bars continued to increase in the first two years after implementation of the ordinance before leveling off in the third. Food and non-liquor sales followed a similar trajectory. The study also shows that liquor sales declined in the first two years after implementation. However, it is difficult to draw any conclusions about the role that the ordinance played in the downturn given that liquor sales also declined two years prior to its implementation.

Generally, it appears that the results of the Lawrence study are similar to those of the peer-reviewed studies referenced earlier that failed to show any long-term negative impact on the restaurant and bar industry.

DATA AND METHODOLOGY

To examine the potential impact of the Lawrence smoke-free ordinance on restaurants and bars we analyzed taxable sales, both food (and other non-liquor sales) and liquor.

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We analyzed two sets of monthly tax receipts provided by the Kansas Department of Revenue:

1) Food and non-liquor sales subject to the state sales tax at Food Services and Drinking Places, or FSDP establishments. Businesses in this category include full-service and fast-food restaurants, bars, caterers and mobile vendors. Throughout this brief, businesses in this category are referred to as restaurants and bars.
2) Liquor sales subject to the state's liquor excise tax at businesses licensed for on-premise liquor sales. The liquor excise tax, also referred to as the "liquor-by-the-drink tax," is levied on alcoholic beverages consumed on-premise, not on liquor and beer sold for off-premise consumption.

The department of revenue did not make individual-level business data available because of concerns that establishments could be identified based on levels of tax receipts.

In order to evaluate the potential impact of the smoke-free ordinance, we analyzed:

1) Total sales (both liquor and non-liquor) at restaurants and bars;
2) Food and non-liquor sales at restaurants and bars; and
3) Liquor sales at restaurants and bars.

We compared taxable sales in the three years after implementation of the Lawrence ordinance to sales in the three years prior to when it took effect, examining data from July 2001 to June 2007. We adjusted taxable sales for inflation using the monthly Midwest Consumer Price Index. All dollar figures presented in this brief are in June 2007 dollars.

We summed the inflation-adjusted monthly data over state fiscal years (July to June) to examine annual sales over time. To further test our findings, we also analyzed the monthly data using multiple linear regression techniques. The results of those analyses can be viewed in a supplemental report available at www.khi.org.

THE LAWRENCE EXPERIENCE

The trend in total sales did not change notably after implementation of the smoke-free ordinance.

- As is depicted in Figure 1 on the preceding page, total sales at restaurants and bars grew by 2.2 percent in the first year after implementation of the ordinance. That growth rate is in line with those in the years prior to the ordinance: 3.7 percent in FY04 and 0.5 percent in FY03.
- In the second year under the ordinance total sales grew by 6.4 percent, the highest growth rate during the six years that we analyzed.
- In the third year under the ordinance, sales dropped by 0.4 percent. The reason for this leveling-off is not clear. But it is unlikely that any change directly related to the ordinance would first be detected three years after its implementation.

Food and non-liquor sales continued to increase in the first two years after implementation of the ordinance.

- As depicted in Figure 1 on the preceding page, the pattern of food and non-liquor sales mirrors total sales. This is because food and non-liquor items comprise roughly 85 percent of total sales.
- Prior to implementation of the ordinance, food and non-liquor sales grew by 0.9 percent in FY03 and by 3.4 percent in FY04.

In Lawrence, the trend in total sales at restaurants and bars did not change notably with the implementation of the smoke-free ordinance in July 2004.

KANSAS HEALTH INSTITUTE

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- In the first two years after implementation of the ordinance, food and non-liquor sales continued to grow, by 3.2 percent in FY05 and by 7.7 percent in FY06. Sales then dropped by 1.0 percent in FY07.

Liquor sales dropped after implementation of the ordinance, but the cause is unclear.

- As depicted in Figure 1 on page 2, liquor sales in Lawrence fluctuated both before and after the ordinance was implemented.
- Prior to the ordinance, liquor sales declined by 1.3 percent in FY03 and then increased by 5.1 percent in FY04.
- Liquor sales declined in the first two years after implementation of the ordinance — by 3.0 percent in the first year and 0.6 percent in the second. But they grew by 3.3 percent in FY07, nearly reaching the level they were at in FY04 before the ordinance.
- It is difficult to establish a clear cause-and-effect relationship between the ordinance and the slowdown in sales.

POLICY IMPLICATIONS

This study indicates that Lawrence's smoke-free ordinance did not have an overall negative impact on the restaurant and bar industry. While it may have affected individual businesses in different ways, policymakers should be careful not to generalize those experiences to the restaurant and bar industry as a whole. There are clearly winners and losers in the rough-and-tumble marketplace of the restaurant and bar industry. However, there are no studies in scientific, peer-reviewed journals that document a consistent negative, community-wide impact on restaurants and bars following the implementation of a smoke-free ordinance.

On the other hand, the harmful effects of secondhand smoke in workplaces and public places are well established. And the U.S. Surgeon General has reported that smoke-free policies are the most effective means of protecting people from secondhand smoke exposure. That determination has been reinforced by the results of recent studies that have documented a reduction in heart attacks in communities with smoke-free policies.

As of the writing of this brief, at least 33 cities and two counties in Kansas have restricted smoking in public places, workplaces or both.

State policymakers contemplating smoke-free policies will continue to grapple with questions about local control and the appropriate role for government in protecting the public's health. But on the key question of whether smoke-free policies have negatively impacted the restaurant and bar industry as a whole, the verdict appears to be in.

Acknowledgments

The authors would like to thank Mr. Steven Brunkan at the Kansas Department of Revenue for his invaluable assistance with the data for this study. We would also like to thank Ms. Jessica Hembree, Dr. Candace Ayars, Dr. Leigh Murray, Dr. Michael Fox, Dr. Melissa Clark, Mr. Ron Liebman and Mr. Nathan Wozny for their assistance with earlier phases of this study.

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Coordinating health & health care for a thriving Kansas

KHPA™

KANSAS HEALTH POLICY AUTHORITY

Statewide Clean Indoor Air Fact Sheet

KHPA is dedicated to improving our health system, promoting healthy behaviors, managing chronic disease and working to insure more Kansans. Enactment of a Clean Indoor Air Law will help to further these goals. Research demonstrates that smoking and exposure to secondhand smoke can lead to significant health problems and premature death. Highlights from the *Tobacco Use in Kansas 2007 Status Report*, produced by the Kansas Department of Health and Environment (KDHE), help illustrate the seriousness of the problem to both our health and our economy. Among the findings included in the report:

IMPACT ON HEALTH:

- **Second-hand smoke Costs lives.**
  - Tobacco use remains the most preventable cause of death and disease in the U.S. and in Kansas.
  - Close to 4,000 Kansans die every year from smoking-related diseases, including 290 deaths attributable to second-hand smoke.
  - The American Cancer Society estimates that approximately 87 percent of lung cancer deaths are caused by smoking and exposure to second hand smoke.
  - 54,000 youth are projected to die from smoking given this trend.

- **All workers deserve safe workplaces.**
  - More than one in four workers are NOT protected by worksite smoking policies in Kansas.
  - Non-smokers exposed to secondhand smoke at home or work increases their risk of developing lung cancer by 20 to 30 percent and heart disease by 25 to 30 percent.

IMPACT TO THE ECONOMY:

- Kansans spend approximately $927 million each year in smoking-attributable medical expenses, including an estimated $196 million on smoking-attributable Medicaid expenses.
- Kansas also loses an estimated $863 million each year in lost productivity from an experienced workforce that dies prematurely.
- Additional costs occur each year in medical treatment and lost productivity as a result of exposure to secondhand smoke.

HOW CLEAN INDOOR AIR LAWS CAN REDUCE THE TOBACCO-RELATED DISEASE BURDEN:

Clean indoor air laws protect the population from the harmful impacts of second-hand smoke. Cigarette smoke contains over 4,000 chemicals and is a known carcinogen.

- Evidence has shown that a clean indoor air ordinance will reduce the smoking rate among active smokers by 5%, a potential decrease of 18,500 smokers in Kansas (KDHE).
- Other studies indicate that clean indoor air laws have been shown to prompt some smokers to quit and others to cut back.
- At least 36 states, including neighboring states, have imposed restrictions on smoking in public places

KANSAS HEALTH POLICY AUTHORITY BACKGROUND:

■ KHPA is a quasi-independent unclassified agency created by the legislature in 2005, and led by a Board of Directors appointed by the Governor and legislative leadership.

■KHPA is charged in statute with gathering and compiling a wide array of Kansas health related data that is used to guide policy development and inform the public. Additionally, KHPA is charged in statute with providing development of a statewide health policy agenda including health care and health promotion components.

Background:

- During the 2008 legislative session two bills were proposed; SB 493 and SB 660
- SB 493 mandated public facilities to provide complete clean air; the bill stalled in the Senate Judiciary Committee
- SB 660 was immediately introduced following the defeat of SB 493; the bill was successfully passed out of the Senate Ways and Means Committee but the bill received no further action for the remainder of the session.

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PUBLIC OPINION:

- In a Kansas Adult Tobacco Survey conducted in 2002-2003, 94% of those polled believe that secondhand smoke is harmful to health.
- 83% of Kansans believe smoking is a serious health hazard (Sunflower Foundation, 2007).
- In Kansas, around 20 cities/counties have adopted clean indoor air ordinances and several others are considering them.
- A recent poll indicated that 73% of Kansas adults favor such a state law or local ordinance.

NATIONAL FINDINGS:

Other findings that confirm the negative impact smoking and exposure to secondhand smoke has on our health are:

- A 2006 Surgeon General's report notes that "the scientific evidence indicates there is no risk-free level of exposure to secondhand smoke."
- In the US, 126 million nonsmokers are exposed to secondhand smoke.
- Secondhand smoke results in 3,000 annual cancer deaths in the US and 35,000 deaths from heart disease.
- Exposure to cigarette smoke results in an increase of asthma attacks, infections of the lower respiratory tract in children under 18 months old, coughing and reduced lung function.
- Pregnant women are particularly susceptible to having low birth weight babies due to secondhand smoke exposure.

FREQUENTLY ASKED QUESTIONS:

- ***Should state government set this policy?*** KHPA supports local ordinances that have been adopted in the absence of a statewide standard. However, a uniform policy must be enacted to ensure protection from secondhand smoke for all Kansans. A statewide policy would address the concern of business owners who believe that local control of smoke free policies results in an uneven playing field as businesses compete with other jurisdictions that may not have a smoke free policy in place. State government often takes the lead in pre-empting local control when public health is at stake.

- ***Will a statewide smoke free law have an economic impact on hospitality businesses?*** The data from other states and localities do not indicate a negative financial impact. The Surgeon General's 2006 Report examined several studies and concluded "smoke-free policies and regulations do not have an adverse economic impact on the hospitality industry." In a 2006 Zagat Survey of America's top restaurants, 58% of respondents stated they would dine out at the same frequency if restaurants were smoke free and 39% indicated they would dine out more frequently if smoke-free. Only 3% claimed they would dine out less often. Again, a statewide, uniform standard helps businesses attract clientele.

- ***Are smoke free policies an infringement on individual rights?*** An absence of a smoke free policy is an infringement on the rights of 80% of the population that does not smoke. Research confirms that there are health consequences to secondhand smoke exposure. Workers and the general public should be allowed to work and gather in places without taking on the risk of secondhand smoke. Seventy-six percent of white collar workers already enjoy protection from secondhand smoke, but only 52% of blue collar workers get the same consideration.

Research on Clean Indoor Air Laws

Health

- In Pueblo, Colorado, a 2006 study found that a clean indoor air ordinance that reduced exposure to secondhand smoke was associated with a 27 percent decrease in heart attacks in hospitalizations.
- In Scotland, a 2008 study found that the number of admissions for heart disease decreased from 3,235 to 2,684 – a 17 percent reduction, after one year of a nationwide indoor smoking ban.

Business Revenues

- On March 30, 2003, New York passed one of the strongest clean indoor air ordinances in the country. One year after the law went into effect, tax receipts increased by 8.7%, or approximately $1.4 million. There was no evidence of restaurants closing as a result of the ordinance and the rate of restaurant openings remained unchanged. 234 more liquor licenses were issued to the city's restaurant and bar establishments in 2003 than in 2002.
- In North Carolina researchers compared the impact of clean indoor air ordinances on restaurant sales in 10 counties – 5 with clean indoor air ordinances and 5 without – and concluded there were no differences in restaurant sales among the 10 counties after the ordinances took effect.
- Over the years, many studies have reached the same conclusions – that clean indoor air laws do not harm restaurant sales. The studies looked at clean indoor air ordinances from different parts of the country during different economic cycles. Communities included those in California, New York, Massachusetts, Texas, Arizona, Indiana, Wisconsin, Florida, Maryland, and Kentucky.
- Clean indoor air laws may increase the resale value of businesses. Clean indoor air restaurants in California and Utah had a 16% median, or $15,300, increase in sale price compared to restaurants in communities where smoking was permitted.
- In Ireland (2004), the first country to pass such a ban, researchers found an 11% increase in the number of customers who visited Dublin pubs after the ban.
- In 15 California and Colorado communities (between 1985-1992), researchers found no evidence that the ordinances had a negative impact on the restaurant business.
- In New York City (1995), researchers found that there was an 18% rise in restaurant employment in NYC (compared with the rest of the state, that had a 5% increase). Additionally:
  - There was also employment growth in surrounding counties.
  - Hotel revenues and employment rose in the year following the ban.
- In Lexington-Fayette county (2004), researchers found that employment in restaurants rose significantly while bar employment was unchanged.
- A 2003 literature review reports that all of the studies concluding that smoke-free policies had a negative impact were supported by the tobacco industry and that the overwhelming majority (94%) of industry-sponsored studies reached this conclusion.

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Testimony to House Health and Human Services Committee
SB 25

Robert J. Vancrum, Kansas Government Affairs Consultant for The Greater Kansas City Chamber of Commerce

March 10, 2009

Chairman Landwehr and Other Honorable Representatives :

I am here today on behalf of The Greater Kansas City Chamber of Commerce in support of SB 25, a bill which would ban smoking in public places in the state of Kansas. The Greater Kansas City Chamber of Commerce, represents over 3000 business members in Kansas and at least half of our board members have businesses based in Kansas. Under the recommendation of our committee structure, The Chamber Board of Directors has made a statewide smoking ban a priority for our health care public policy agenda this session.

The reason is straightforward enough. The Chamber Small Business Committee and Chamber members in general report that the increasing cost of health insurance is the number one concern of area businesses. With this guidance from our members, The Chamber will support any reasonable measure that promises to bring health care insurance costs down.

Further, and more specifically, The Chamber's Health Council of Greater Kansas City, chaired by Tom Bowser, President and CEO of Blue Cross and Blue Shield of Kansas City, has studied this issue and surveyed Chamber member businesses about their preferences for a smoking ban. Our members, including several restaurants, have indicated overwhelming support for measures to ban smoking in public places, as long as the playing field is level. This committee made up of healthcare professionals, hospitals, other healthcare providers and the insurance industry has reported that smoking is a prime contributor to rising healthcare costs and increased health risks for our area workforce and families. According to our Health Care Council, Smoking creates over $900 million in health care costs each year. Secondhand smoke results in 3000 Cancer deaths and 35,000 deaths from heart disease each year. A study reported in Preventive Medicine shows a 39 percent reduction in hospitalization from coronary artery disease in communities just one year after enacting a ban on smoking in public places. Smoking drives up both health care costs and health insurance costs. The rapidly escalating costs of health care and health insurance will eventually lead to an unhealthy business climate in Kansas.

The Greater Kansas City Chamber encourages you to pass SB 25 to the floor promptly with a favorable recommendation and encourages the full Kansas House to act favorably upon this bill. Thank you for your consideration and support.

As always, thank you very much for the opportunity to offer this testimony.

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