



To: Senate Federal and State Affairs Committee

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Executive Director
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Date: January 23, 2025

Subject: SB 1: Exempting the state of Kansas from daylight saving time but providing for moving to permanent daylight saving time upon an act of Congress requiring such move.

Proponent Testimony

Chairman Thompson and other committee members, I appreciate the opportunity to present proponent testimony on SB 1.

The Kansas Chiropractic Association represents over 1,200 Doctors of Chiropractic in Kansas and their patients.

Degrees are awarded to Doctors of Chiropractic by several colleges and universities in the United States and around the world, and they are subject to a rigorous accreditation process by both the Council on Chiropractic Education and the National Board of Chiropractic Examiners.

Doctors of Chiropractic in Kansas are licensed as Practitioners of the Healing Arts alongside Doctors of Medicine and Doctors of Osteopathy. They are licensed to "diagnose and treat the human condition and all its diseases." The only restrictions on our practice are the prescription of medication and the performance of surgery or obstetrics.

We stand today with strong support for legislation that would end the practice of Daylight-Saving Time.

The current system of shifting clocks twice a year significantly negatively impacts public health. By disrupting our natural circadian rhythms, these time changes can lead to:

- Sleep disturbances: Insomnia, increased daytime sleepiness, and difficulty waking up.
- Increased risk of accidents: Studies have linked the "spring forward" time change to a slight increase in car accidents due to fatigue.
- Mood disruptions: Disrupted sleep can negatively impact mood, increasing the risk of irritability, anxiety, and even depression.
- Potential cardiovascular risks: Some research suggests a possible link between time changes and an increased risk of heart attacks and strokes.

Maintaining a consistent time throughout the year would allow our bodies to better align with natural daylight, promoting more restful sleep, improving overall well-being, and potentially reducing the risk of accidents and health problems.

We ask the Senate Federal and State Affairs Committee to recommend SB 1 favorable for passage.

Travis R. Oller, DC



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Kansas Chiropractic Association

References:

Harrison Y. The impact of daylight saving time on sleep and related behaviours. *Sleep Med Rev.* 2013 Aug;17(4):285-92. doi: 10.1016/j.smr.2012.10.001. Epub 2013 Mar 7. PMID: 23477947.

Ferguson SA, Preusser DF, Lund AK, Zador PL, Ulmer RG. Daylight saving time and motor vehicle crashes: the reduction in pedestrian and vehicle occupant fatalities. *Am J Public Health.* 1995 Jan;85(1):92-5. doi: 10.2105/ajph.85.1.92. PMID: 7832269; PMCID: PMC1615292.

Berk, M., Dodd, S., Hallam, K., Berk, L., Gleeson, J. and Henry, M. (2008), Small shifts in diurnal rhythms are associated with an increase in suicide: The effect of daylight saving. *Sleep and Biological Rhythms*, 6: 22-25.

Additional References:

Manfredini R, Fabbian F, De Giorgi A, et al. Daylight saving time and myocardial infarction: should we be worried? A review of the evidence. *Eur Rev Med Pharmacol Sci.* 2018;22(3):750–755.

Janszky I, Ljung R. Shifts to and from daylight saving time and incidence of myocardial infarction. *N Engl J Med.* 2008;359(18):1966–1968. 10.1056/NEJMc0807104

Sipilä JO, Ruuskanen JO, Rautava P, Kytö V. Changes in ischemic stroke occurrence following daylight saving time transitions. *Sleep Med.* 2016;27-28:20–24. 10.1016/j.sleep.2016.10.009

Chudow JJ, Dreyfus I, Zaremski L, et al. Changes in atrial fibrillation admissions following daylight saving time transitions. *Sleep Med.* 2020;69:155–158. 10.1016/j.sleep.2020.01.018

Ellis DA, Luther K, Jenkins R. Missed medical appointments during shifts to and from daylight saving time. *Chronobiol Int.* 2018;35(4):584–588. 10.1080/07420528.2017.1417313