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Health and Human Services Committee
September 21, 2007

[LR130]

SENATOR JOHNSON: Good morning, everyone. Let's go ahead and get going. One of our problems this morning is that we are on a rather tight schedule to end, so the sooner we get going, why, the better off it is for our discussion today. I'm Senator Joel Johnson from Kearney, and I'm the Chair of the Health and Human Services Committee. With us this morning is Senator Pankonin; Senator Gay; this is Jeff, our legal counsel for our committee; Arnie Stuthman and Senator Tom Hansen, from Columbus and North Platte, respectively. Now, what we want to do this morning...and first of all, I guess I better go through a few of the club rules here. One is please sign the sheet so that we know who you are, and also when you do appear, would you please give your name and spell your name, as well. That's helpful. And we have a rule about cell phones, and that is you will be excommunicated if we hear one of them go off. Arnie said he personally would take care of it; I think he has a connection someplace. At any rate, with that we're pleased to have Senator Synowiecki start out today, and this is regarding LR130. And Senator Synowiecki, welcome. [LR130]

SENATOR SYNOWIECKI: Thank you, Senator Johnson, members of the Health and Human Services Committee. Number one, I appreciate you, very much, taking this issue up. It's an important issue. I think in the interests of the health of the citizens of the state of Nebraska, that we have viable and legitimate tobacco prevention and cessation programs. And the state of Nebraska, I think, is relatively unique in the way we managed, if you will, our tobacco settlement funds and that. I think the money that is derived from that fund is funding issues related directly to the health of our citizens. Unfortunately, over the past few years, as our state ran into a little bit of economic problems there in the 2002-03 era, we had decreased some of the funding for these tobacco prevention and cessation programs. And I think now we have to reexamine where we're at with these programs so that we can have an infrastructure in these programs that are viable and that will get the end product that we all want, and that is an enhancement of the health of the citizens of the state of Nebraska from the addictions of

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tobacco. I think, number one, is a good, sound prevention program, is what we want to do. There is obviously a need for more funding in that area. And then secondly, on the back end of it, are the cessation programs that are critical to the health of the citizens of Nebraska. There are quite a few people here to testify that will offer to you viable options for the committee in terms of the direction we should go with these programs. I would just hope that the committee would give serious consideration. And then I, being in kind of the unique position, being on the Appropriations Committee, would serve as a liaison between the Health and Human Services Committee and the Appropriations Committee, so that perhaps we can come up with a funding mechanism that would promote viable cessation and prevention programs in our state. With that, I'm just going to defer to the individuals that will testify behind me, unless any member of this distinguished committee has a question of me. [LR130]

SENATOR JOHNSON: Well, I have only one comment, and what it is, is this. As you look and see what other states have done with their funds over the last several years, first of all, people prior to all of us at this table were here, some people made some great decisions. We're the envy of many, many states, and the original program has been of great benefit to the state of Nebraska. And so now if it needs some tuning up because of the problems around 2002-03, great; let's reexamine it now so that we do have the best program possible. Senator. [LR130]

SENATOR SYNOWIECKI: I might just, if you don't mind, Mr. Chairman, I might add to those comments, and specifically reference Senator Jim Jensen as kind of the mastermind behind all of this, with the cooperation of the legal counsel that currently sits with the Health and Human Services Committee, and I think you are absolutely correct. What we did with those settlement funds was unique, in that it truly does go to enhance and benefit the citizens of the state of Nebraska relative to health. [LR130]

SENATOR JOHNSON: Thank you for formally recognizing them. It's absolutely correct. All right, let's go ahead with other people, and Dr. Schaefer. And let me just say that

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there is also an official letter of support for these ideas from the Metro Omaha Tobacco Action Coalition (Exhibit 6). And with that, Dr. Schaefer. [LR130]

JOANN SCHAEFER: (Exhibit 1) Good morning. I'm Dr. Joann Schaefer, spelled J-o-a-n-n S-c-h-a-e-f-e-r. I'm the chief medical officer and the director of the Division of Public Health in the Nebraska Department of Health and Human Services. Thank you for the opportunity to provide information to LR130. Tobacco use is the leading preventable cause of death in Nebraska, claiming more than 2,350 lives, and costs an estimated \$537 million in healthcare bills each year. Cigarettes are a major cause of heart attacks, and can also damage blood vessels. Smoking can lead to strokes and emphysema. Tobacco use also causes cancers in the lungs, throat, mouth, bladder, cervix, stomach, and kidney. Tobacco use not only takes a devastating toll on the health and lives in Nebraska, it also increases public and private sector costs, burdens budgets, and reduces worker productivity. Nonsmokers are hurt through secondhand smoke exposure, a scientific argument which is over, and these effects add to the increased costs of healthcare. The good news is that the health and economic consequences of tobacco use are preventable and there are known actions that Nebraska can take and has taken to reduce the use in this state. The components of the Nebraska program were delineated in LB1436. The current statute includes all of the CDC's nine recommended components. These nine components are, in the legislation: community programs, chronic disease programs, school-based programs, enforcement, statewide programs, media and counter-marketing, cessation, surveillance, and evaluation and administration. Nebraska has seen positive additional and behavioral changes regarding tobacco use from our data. Smoking rates among both youth and adults in Nebraska are declining, and support, knowledge, and attitudes regarding smoke-free environments, both in the home and at work, continue to increase. The following data shows the impact this program and its funding have achieved through the many partnerships across the state. According to the Nebraska Youth Risk Behavior Survey, adolescent smoking rates experienced a sharp decline between 1997, at 39.2 percent, to 2005 where it dropped to 21.8 percent. However, the

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decline between 2003 and 2005, that last bit of data, is not as pronounced as previous years, indicating that the gains that were previously achieved may be leveling off. The reduction in smoking rates in young people is important as the state moves forward towards the Healthy People 2010 objective of 21 percent. As smoking rates in youth in Nebraska have declined, there has also been a decline in the proportion of youth that have ever smoked. The proportion of youth that report having never smoked a cigarette, increased substantially from 30.5 percent in 1997, to 53.4 percent in 2005. Preventing youth smoking initiation is important because it corresponds to future-reduced proportion of smokers in the adult population, and subsequent reductions in tobacco-attributable diseases and deaths. And surveys tell us that 75-80 percent of smokers start before the age of 18. Compliance among tobacco retailers regarding illegal sales of tobacco to minors has substantially increased since 1996, and has remained high. In 1996, 32.2 percent did not comply with the law, but in 2005 only 10.2 percent were not in compliance. The data source of that is the Nebraska Survey Report. Despite an occasional increase or decrease, the smoking rate of the past 12 years has been relatively stable at approximately 21.5 percent. The percentage of adults in Nebraska who smoke cigarettes have varied from a high of 23.2 percent in 1999, to a low of 20.2 percent in 2001. The data source was the Nebraska Behavior Risk Factor Survey. Included in your packet are data sources for you: information on the program, a letter from the CDC acknowledging our program, and our data sources, of which we pulled the data from. You can...there is a tremendous amount of data in there, so I limited the amount that we spoke of. I would be happy to answer any questions. [LR130]

SENATOR JOHNSON: Senator Stuthman. [LR130]

SENATOR STUTHMAN: Thank you, Senator Johnson. Dr. Schaefer, do you feel that the most emphasis that we should putting towards this smoking cessation program should be targeted toward the youth, or should we be having a broad target? [LR130]

JOANN SCHAEFER: Well, if you look at the data that we've seen, and knowing that in

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prior years it was about 80 percent of smokers started before the age of 18, that started to level off a little bit, and actually the age has dropped, so about 75 percent start before age 18, and that's largely because there are college students that have picked up smoking, and they define themselves as social smokers. So it's probably a youth to college age is a real good target area to focus cessation and prevention programs. [LR130]

SENATOR STUTHMAN: Okay. Thank you, Doctor. [LR130]

SENATOR JOHNSON: Senator Hansen. [LR130]

SENATOR HANSEN: Thank you Senator Johnson. Good to see you again. The legal age of buying tobacco is 18, is that correct? [LR130]

JOANN SCHAEFER: Yes. [LR130]

SENATOR HANSEN: So we're having a lot of sales, a lot of people, young people, starting their addiction before the legal age. Should we think about raising that legal age to 21, and then working on the 10.2 percent of the tobacco outlets that sell to underage people? [LR130]

JOANN SCHAEFER: You know, that's a difficult one to comment on, raising the age limit. The 10.2 percent below the age of 18 are still having access to it somewhere. That means another adult is purchasing for them. So education of folks, telling them that it's not a good idea to purchase the tobacco product for the minor, is probably an even more important tactic to take. [LR130]

SENATOR HANSEN: Okay, excuse me for one follow-up question. [LR130]

JOANN SCHAEFER: Sure. [LR130]

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SENATOR HANSEN: What percentage...? If the 10.2 percent, could you explain that a little bit more then? Is that from tobacco outlets that are not complying with the law, or...? [LR130]

JOANN SCHAEFER: Oh. Yes, they're not complying with the law. I'm sorry. [LR130]

SENATOR HANSEN: Okay. But it's gone from 32 to 10, which is a substantial change. I know in North Platte, we have a lot of checks on outlets selling to underage of 18. But I was just wondering what your thoughts were on working on that 10.2 percent, and raising the age to 21. [LR130]

JOANN SCHAEFER: Yeah. You know, I don't know if that would be the right course to take necessarily. I would have to go back and look at the data. I don't know if there's any data that shows that that would make an impact on it or not. [LR130]

SENATOR HANSEN: I don't know if we could find any data or not, either, but it's just a social question whether if we could keep people from smoking till they're 21, maybe they've gotten it out of their system and don't want to start after 21. So by the time they find out that the social impacts of smoking where you have the bad breath and everything, you can't get a date, maybe by the time they're 21 they would not start. (Laughter) [LR130]

JOANN SCHAEFER: Well, and some of the data that shows the college-aged student includes people that are over 21. So that's why, looking back at that data to see where that age group follows, is why I mentioned looking back at that, because if the age is still showing that people are over 21, I don't know how much of an impact that would have. [LR130]

SENATOR HANSEN: One other policy question if I may, Senator Johnson. What about

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raising the taxes on cigarettes, to a place where it would be highly expensive to start or to keep smoking? I know they'll go across state lines to states that don't have high taxes on cigarettes, but...and I don't know how the tax on cigarettes on Nebraska compares to Iowa or Kansas or Colorado, but that's a policy question. [LR130]

JOANN SCHAEFER: And you know, I'm not here to comment on a tax question, so really I would have to defer that comment. [LR130]

SENATOR HANSEN: Thank you. [LR130]

SENATOR JOHNSON: Senator Hansen, I think ours is 64 cents a pack. Iowa just raised theirs, I think, to about \$1.35 a pack. I don't know the other states. But I just remember seeing it in the paper, that they raised theirs very significantly. Any other questions of Dr. Schaefer? Senator Gay. [LR130]

SENATOR GAY: Dr. Schaefer, and you can defer this maybe, because there are other speakers and testifiers coming, but we're talking about juveniles. The question I had was a lot of companies are going to implementing plans where you encourage your employees to stop smoking, lose weight, and healthy initiatives. Anyway, can they access some of these funds that are out there in the group, like let's say through a local community...in my county, it would be the Sarpy-Cass health board, or something. Can they access, private companies access those funds to help teach their employees and give the access to their employees to stop smoking? Is that out there, and do we make an effort to educate the employers, to say, hey, here's some money available? [LR130]

SENATOR JOHNSON: And could I add to that? Does the state of Nebraska have such programs for their employees? [LR130]

SENATOR GAY: Yes. That's a good one. [LR130]

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JOANN SCHAEFER: Well, it's a complicated answer to the first one. Yes, we have a lot of disease-prevention programs that are more in line with prevention throughout the agency that address those topics, and wellness is one of them. And yes, we are doing wellness programs within, for the state of Nebraska, and smoking cessation classes are offered, so. But as far as direct access to the tobacco funds, I would have to defer that to Judy as far as within the private... [LR130]

JUDY MARTIN: Yeah. We really provide technical assistance to business as they're going smoke-free, and encourage them to offer cessation classes. We promote the Tobacco Quitline, because that's open 24 hours. It works much better, especially if there are shift workers that people can call, and so we send that to businesses, the Quitline cards, the Quitline posters, table tents. But we work real closely with WorkWell, the Lincoln work site company, WellCOM in Omaha, and WorkWell Nebraska out in Kearney. So we're connected but they don't get actual direct funds. We sometimes pay for cessation trainers among their staff. [LR130]

SENATOR GAY: Is that as important as going to the youth? I mean, are we...is it a proportionate amount? Because many of the adults, I think, are more apt to quit smoking. We don't want them to start, but I think they really have a desire to quit smoking. And access is one of these things. [LR130]

JOANN SCHAEFER: The challenge is a two-prong approach: preventing those coming in the front door, and helping those quit that want to quit. [LR130]

SENATOR JOHNSON: Just for the record, the young lady in the first row there, would you give your name and so on, so that we have it. [LR130]

JUDY MARTIN: Yes. I'm sorry. I'm Judy Martin, the program administrator for the Health and Human Services Systems Tobacco Free Nebraska program. [LR130]

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SENATOR JOHNSON: Great. Thanks. Okay, we are short of time, and so on. We usually beat up on the first person, particularly, so. But let's go on with Charlotte Burke. [LR130]

CHARLOTTE BURKE: (Exhibit 2) Good morning, Senator Johnson and members of the committee. I appreciate the opportunity to talk with you. My name is Charlotte Burke, the last name B-u-r-k-e, and I'm here representing the Lincoln-Lancaster County Health Department here in Lincoln. And before I begin, I first...or I too would like to congratulate our legislative body for keeping the tobacco settlement money in the health realm, and I certainly thank you for your interest in hearing more about what's been happening with the money that has gone into our tobacco prevention program and your potential interest in increasing those dollars also. We feel, really from our Health Department, that we have, and our partners, that we have had some great successes, and I would like to summarize those for you. You do have more testimony, but I'm going to, in the interest of time, abbreviate this a bit. In Lincoln, in Lancaster County, because we do the...every year we do the adult behavioral risk factor survey, we're able to really monitor carefully how many people are smoking in Lincoln and Lancaster County. And we have been very pleased that our adult smoking rate has gone down to 16.8 percent, which is down from 23.7 percent just four years ago. And significant about this is that equates to about 12,270 people in Lincoln and Lancaster County who have quit smoking over the past four years. Now, from a fiscal standpoint, if you consider it only economically, that's really certainly huge. And certainly from a personal health standpoint, that is very significant. It's also encouraging to us that because people don't usually quit on the first try, that we're finding that people are doing more and more, trying to quit. And in our last survey we found that 21,640 Lancaster County smokers tried to quit at least once in the past year. Another figure that we believe to be very significant is that 62 percent of the smokers in Lancaster County have rules against smoking in their homes and vehicles, and that compares to, I think, 41 percent of the state. So we believe that the culture of not smoking is becoming really quite ingrained in the people here in Lancaster County, as I think it is across the state. As you know,

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Lincoln has a city ordinance that protects employees from secondhand smoke in workplaces or public places, but it does provide very few exemptions. One is for private businesses and private homes, another is 20 percent of hotel/motel rooms, and the other is for research in a designated laboratory in Lincoln. And our Health Department staff do respond to all the complaints from the public regarding infractions of the law, and the Lincoln Police Department responds by writing tickets when necessary. The Health Department, it is also responsible for collecting and monitoring all data related to tobacco use in Lincoln and Lancaster County. And our health educators continue to work with businesses, and of course the public, throughout the county, to ensure that they are familiar with the law and abide by the law. This has been extremely helpful. Just to give you a quick summary, we have had, in the past two and a half years that the ordinance has been in effect, fewer than 100 public complaints and fewer than 60 tickets written, which we believe to be very significant, and we believe that a significant component of that is because of the education that has been done with the businesses and with the public throughout the county. Other indicators that the culture on smoking is changing in Lincoln are that more and more businesses are choosing not only to be smoke-free, but to have smoke-free campuses. In fact, three of our hospitals have recently announced that they are going to have smoke-free campuses starting January 1. And as was mentioned, Lincoln's worksite wellness council, WorkWell, has seen the offering of assistance for tobacco cessation to their member employees increase to an all-time high. In 2004, there were only four smoke-free lodging facilities in the community, and now, even though the businesses, the lodging facilities could have smoking rooms, now we are finding that 12 of them have chosen to become completely smoke-free, and there are others considering that. And not only are they believing it to be beneficial to their customers, but their customers are really demanding that. Tobacco compliance checks in Lancaster County, we continue to do those in the city on a monthly basis, and also in the county on a periodic basis. Our failure rate in 2007 is a little bit higher than what you had heard statewide. It was at 17.3 percent. What we find is that the numbers go up and down a lot. We assess many businesses every time we assess, and we also have the ability to provide classes to our retailers to help them to

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ensure that they aren't selling tobacco to minors. We believe this to be very important and we're finding that the businesses really are responding in a very appropriate manner. I have spent the last few minutes providing you with some numbers, but I want to remind you that these numbers and percents are people's lives. Every person we help quit tobacco use provides a chance for them to live a more productive life and avoid a premature death. Like Margaret from Lincoln who called to thank a staff person for helping her find cessation services and share her success in quitting, the little things are important, as she was grateful for now being able to go up and down her stairs to do laundry without getting winded, and actively play with her grandkids. I would like to mention just very briefly that regarding the question that I believe Senator Gay asked regarding businesses. There are...we're finding the momentum among the business people in town, and in the county, is continuing to increase around helping their employees become smoke-free, and certainly having the Quitline in place has been of great benefit. But having the dollars from the tobacco settlement agreement coming into our coffers to be able to then share with our partners in the community so that they can then be the providers of the services to the businesses in terms of helping them to facilitate classes to teach the businesses basically how to facilitate their own support groups, that has become a very significant and beneficial process. And we appreciate that our worksite partners are very, very much interested in helping not only their own employees, but the family members also, to quit smoking. Without additional funding for comprehensive programming, it will be difficult to maintain the progress we have made in Lincoln and Lancaster County, and program results can easily revert back, as seen in other states with not enough invested in tobacco prevention. Additional tobacco funding is needed for the purpose of increasing state efforts to prevent and reduce tobacco use and its harms. Please understand that this is a critical investment that will improve Nebraska's health to generations to come. And I would be happy to take any questions.
[LR130]

SENATOR JOHNSON: Any questions of Charlotte? I see none. Thank you very much.
[LR130]

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CHARLOTTE BURKE: All right, thank you. [LR130]

SENATOR JOHNSON: Well, I don't know if I'm going to get this next name right or now: Belma Galeano. How did I do? Welcome. [LR130]

BELMA GALEANO: (Exhibit 3) Good morning, gentlemen. My name is Belma, B-e-l-m-a, Galeano, G-a-l-e-a-n-o, a resident of Bellevue, Nebraska. I am a mother of three children. As a citizen I understand the importance of being active in the community. I had always wanted to participate in a group that represented a good cause that could be of good benefit to me, my family, and my community. At the beginning of the year 2007, I received an invitation to attend a meeting of Latinas, Tobacco and Cancer. This is a group of Latino women that makes every effort for an environment free of smoke. This activity was held at the Latino Museum; as a matter of fact, I had never been at this museum before. Something that I observed is that the people that organized this meeting were aware of my needs. I was able to attend a meeting because they provided childcare for my two-year-old son. I was pleased to participate in this activity where professional taught us an educational session about the effects of secondhand smoke in our body, and an explanation of the partial ban of smoking in public places and work in Omaha. A delicious lunch was also served. Also, we had a session of meditation and self-esteem. In every meeting, we had enjoyed brainstorming sessions to develop projects in our community, workshops of personal achievements, talks about different illnesses caused by smoking, and the wonderful lunch has always been part of our meetings. One thing that I enjoy the most is being able to get to know more ladies, make friends, and visit with each other. I feel very happy to be one of the participants of the committee that organized the first car was commemorating the World No Tobacco Day on May 26, 2007, in South Omaha. My experience in the first meeting was wonderful, and motivated me to continue to participate in all of them every other month. I always gain knowledge of valuable information by the expert professional in prevention of tobacco use and the exposure

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of secondhand smoke. Participating in the projects of LTC allows me to opportunity to actively contribute on behalf of my community. All these reasons bring me today before you to ask now that our program--Latinas, Tobacco and Cancer--as well as all the initiatives to protect the citizens of the hazards of tobacco use and the exposure of secondhand smoke, to continue to receive the necessary funds in order to reach our goals. Thank you. [LR130]

SENATOR JOHNSON: Belma, thank you very much. I believe Senator Stuthman has a question of you. [LR130]

SENATOR STUTHMAN: Thank you, Senator Johnson. Belma, this just entered my mind...first of all, thank you for coming and testifying and giving us some information. Do you feel that there is a greater percentage of Latina women smoke, than other groups, or less? [LR130]

BELMA GALEANO: Well, I've seen a lot of ladies, and the most that worries me are the young ladies, at school, high school, starting to smoke. [LR130]

SENATOR STUTHMAN: Starting to smoke. Okay, thank you. [LR130]

BELMA GALEANO: Thank you. [LR130]

SENATOR JOHNSON: Senator Pankonin. [LR130]

SENATOR PANKONIN: Belma, likewise; thanks for coming. And I can tell this is a nice experience for you, to share. And as has Senator Stuthman has said, my question is a little more general, but the Latino community itself, do you think is there a...? I know we probably don't have data, but do you think it is a problem, smoking, and there is maybe a higher percentage, or...? You talked about the young ladies. But overall, do you think that's a bigger problem in the Latino community? [LR130]

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BELMA GALEANO: Yes. In a general sense, yes. We have young people, boys too, and also probably parents encouraging them to do the same that they are doing. [LR130]

SENATOR PANKONIN: So we need to really do a lot of education in this area for these newcomers and people in our society. [LR130]

BELMA GALEANO: Yes, exactly. [LR130]

SENATOR PANKONIN: Thank you. [LR130]

SENATOR JOHNSON: Belma, there's a--I can't quite remember the saying--but where there's great challenges, there's great opportunities for success. So good luck to you; do it. [LR130]

BELMA GALEANO: Thank you. [LR130]

SENATOR JOHNSON: Thank you very much. Bonnie Thompson. [LR130]

BONNIE THOMPSON: (Exhibit 4) Good morning, everybody. My name is Bonnie Thompson, T-h-o-m-p-s-o-n, and I'm here to represent the city of North Platte, and also the Community Connections Lincoln County Tobacco Coalition. And I would also like to thank all of you for giving me this wonderful opportunity to address, very briefly with you, the tobacco prevention efforts that I have seen happen in Lincoln County, and share with you some of our successes. We, in the city of North Platte, and also the Lincoln County Tobacco Coalition, feel it is critical that we strengthen, that we continue to strengthen prevention funding in our area to increase awareness of the harmful effects of tobacco use and also the exposure to secondhand smoke. With the tobacco prevention funding currently allocated to our area, we have been able to focus on the

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priority needs of our community. In collaboration with the North Platte Police Department, we have included a portion of tobacco sales training in the responsible beverage server training course. This requires establishments that hold a tobacco license to have their employees who sell tobacco participate in this training. We also work with the North Platte Police Department in conducting compliance checks to ensure that all businesses that sell tobacco do not sell tobacco products to minors, and are also in compliance with the Nebraska state tobacco laws. Another area of focus has been preventing secondhand smoke exposure. The Lincoln County Tobacco Coalition was asked to speak at Mid-Plains Community College about what steps the college needed to take to enact a tobacco-free campus policy. The Lincoln County Tobacco Coalition also has a great partnership with Great Plains Regional Medical Center that works to educate the community about the dangers of secondhand smoke exposure and work to set an example of a safe and healthy environment. Currently, the Lincoln County Tobacco Coalition is participating in a communitywide assessment and planning process to prioritize future efforts. This process is a collaborative process that includes the North Platte Police Department, Mid-Plains, Mid-Plains United Way, Great Plains Regional Medical Center, members of the North Platte City Council, and other establishments who are very, very interested in a tobacco-free environment. If more funding were provided, the Lincoln County Tobacco Coalition sees greater potential to further educate our youth about tobacco prevention and also further educate our community and businesses about the hazards of secondhand smoke exposure and how to provide a safe and healthy environment to employees and their families. Statewide prevention efforts also allow our community to engage the media in local tobacco prevention efforts, promote the Tobacco Free Nebraska Quitline as a resource for people who are seeking ways to quit their tobacco addiction, and also empower youth by hosting events that teach children about the dangers of tobacco use. We believe that other communities in the state could benefit from the kinds of programs we have been able to provide North Platte and provide to Lincoln County. I really urge your support of continued and expanded funding for tobacco prevention and control within our state. Thank you Senator Johnson, members of the Health and Human Services Committee,

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for bringing this important issue forward for your consideration. And I too welcome any questions that you may have. [LR130]

SENATOR JOHNSON: Great. Senator Stuthman. [LR130]

SENATOR STUTHMAN: Thank you, Senator Johnson. Bonnie, how long have you been with this program? [LR130]

BONNIE THOMPSON: I have been with this program for five months. [LR130]

SENATOR STUTHMAN: For five months. Do you feel there is some success with the program? [LR130]

BONNIE THOMPSON: Oh, that is an understatement. I feel that the momentum in Lincoln County and in North Platte, and even in our district, is huge in regards to tobacco prevention, and also for secondhand smoke exposure. People are wanting to learn. They are wanting to learn how it affects the health of their employees and their families. I feel very honored that people have come to me as a resource for this, and I feel that if other resources, such as people as myself, were provided for other counties in the western part of the state, that people would learn even more. [LR130]

SENATOR STUTHMAN: Do you feel if we could pass a law in the state to make this a smoke-free environment, would help even more? [LR130]

BONNIE THOMPSON: Yes, I firmly agree. Thank you. [LR130]

SENATOR JOHNSON: Senator Hansen. [LR130]

SENATOR HANSEN: Thank you, Senator Johnson. Good to see you again. [LR130]

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BONNIE THOMPSON: Good to see you too. [LR130]

SENATOR HANSEN: Explain to the committee very briefly what happened when Ruby Tuesday started up a new business in North Platte. [LR130]

BONNIE THOMPSON: Oh, that was very, very exciting for the city of North Platte. The Lincoln County Tobacco Coalition, as I mentioned before, has collaborative partnerships with members of the North Platte City Council, Mid-Plains United Way, Great Plains Regional Medical Center. I was able to have many, many people from those establishments come with me and publicly recognize Ruby Tuesday, as not only providing a safe and healthy work environment for their employees, but also for the community members of North Platte. And not only recognize them for providing a tobacco-free environment, but also being the first restaurant in North Platte to open as a tobacco-free environment. And everyone was very excited. I've been able to speak to managers of Ruby Tuesday, and they have said that business has been, quote, booming. [LR130]

SENATOR JOHNSON: I think that's just a great way of doing it. That positive reinforcement and spreading the word, I think it's one of the most effective techniques there is. [LR130]

BONNIE THOMPSON: Thank you. [LR130]

Senator Johnson: Senator Gay, do you have your hand up? [LR130]

SENATOR GAY: Yes, I've got some. Bonnie, are you the director in Lincoln County of the...? [LR130]

BONNIE THOMPSON: I'm the Lincoln County Tobacco Coalition coordinator. [LR130]

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SENATOR GAY: The question I have, in the five months, maybe you want to defer this one too, but on the current dollars that you are getting from the state, do you think there is enough flexibility that we give you to be creative for what might work in North Platte? I'm from Sarpy County, and Papillion-La Vista. Maybe we've got different ideas. But do you think there's flexibility with the funds that you receive now, or do you kind of feel, gee, I've got to do this, this, and this, because it's directed where it has to be spent. Would you like more flexibility in there, or could you see that, or is it currently fine, the amount that we're giving you, I guess? [LR130]

BONNIE THOMPSON: Well, I am not going to complain about tobacco prevention dollars given to me, and we do find ways to make our funds flexible. I don't necessarily feel stifled, but if future or further prevention funding were given to me, I think that we could empower more youth. I feel like that is an area in North Platte where we haven't necessarily been spending the majority of our dollars, and I feel that if we did have more funding provided, that we could have the flexibility to target more youth and empower them, and also engage them in events that promote the hazards of tobacco use. [LR130]

SENATOR JOHNSON: Great. Thank you. Let me explain, when you came up. I was teasing our staff a little bit, how they spelled your name. They've got letters transposed, and so I've been sitting here looking, and there is no way that I could pronounce your name by how it's spelled. (Laugh) [LR130]

BONNIE THOMPSON: Okay. Well, I didn't know that. I thought you were...my last name spelling. I thought, I hope not. [LR130]

SENATOR JOHNSON: Oh, no, not a bit. Thank you very much. [LR130]

BONNIE THOMPSON: Thank you very much. [LR130]

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SENATOR JOHNSON: Okay. I have Cindy Jeffrey. And by the way, is Cindy here? Okay. Oh, great. Hi, Cindy. You are doing just fine. You know, we particularly like people that make the effort of coming a couple hundred miles to be with us so early in the morning, so thanks. [LR130]

BONNIE THOMPSON: Thank you. [LR130]

CINDY JEFFREY: (Exhibit 5) Good morning, Chairman Johnson and members of the Health and Human Services Committee. I am Cindy Jeffrey, J-e-f-f-r-e-y, and I'm the executive director of Health Education Inc., a statewide nonprofit dedicated to promoting public health of Nebraskans. I'm also the chairwoman of the Nebraska Task Force for the American Cancer Society. Tobacco use and exposure is deadly, and evidence continues to mount, showing how deadly it is. Tobacco products are highly addictive. Most tobacco users start using tobacco products as teens, when they don't fully appreciate the health implications and addictiveness of tobacco use. Smoking is dangerous, both for the smoker, and all those who come into contact with the smoke. Further, we are learning more and more about how third parties are hurt by smoking and tobacco use through secondhand smoke and increased healthcare costs. These facts are well-known. What may be less widely known however, is the extent to which research has identified effective strategies by which to tackle the problem. The fact is, we have considerable research and experience that demonstrates key remedies that are effective at reducing the number of those using tobacco products and those exposed to secondhand smoke. A primary evidence-based strategy for dealing with those problems is for states to fully fund programs to reduce tobacco use and exposure to secondhand smoke. In 1998, Nebraska was part of a multistate settlement with the tobacco industry. In 2000, through LB1436, Nebraska initiated funding of tobacco prevention and control, and based its program allocation on recommendations from the U.S. Centers for Disease Control and Prevention. The CDC had recommended in 1999 report, that Nebraska spend between \$13 million and \$31 million annually on tobacco prevention and control. Initial spending in Nebraska was set at \$7 million annually for

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three years. Since the passage of LB1436, Nebraska has seen a number of achievements in tobacco control. These achievements include a statewide media campaign that reaches throughout the state; a toll-free tobacco cessation Quitline, available to all Nebraska smokers; substantial funding for community-based best-practice activities targeting youth and adults; significant funding for outreach to minority populations; and statewide surveys and other evaluation activities to monitor changes in various tobacco-related attitudes and behaviors. Nebraska reached a point at which coalitions were supported in 16 communities throughout the state. Local coalitions represent one key way for our communities to address this primary public health problem. As of today, Nebraska-based tobacco prevention and control funding has dropped to \$2.5 million annually, or about 18.8 percent of the minimum recommended funding level recommended by the U.S. Centers for Disease Control and Prevention, for Nebraska. As funding has dropped for these efforts, so has the number of coalitions dedicated to this issue in this state. Currently, ten coalitions are active locally in the state with support from Tobacco Free Nebraska and MSA funding. When state funding was initially provided to Tobacco Free Nebraska, the program was heralded by the CDC as a leader, nationally, in its efforts. Currently, Nebraska ranks only thirty-second of the fifty states in its per capita funding level for tobacco prevention. At the same time, the tobacco industry spent \$75.8 million per year in marketing expenditures in Nebraska. What does this mean for Nebraska? You've heard from previous testifiers the real and significant successes that have been achieved as the state has funded tobacco prevention and control efforts. It is true and it's important that we have fewer cigarettes being sold to kids, fewer adults smoking, and more smoke-free homes. It is of great significance that between 1997 and 2005 the teen smoking rate dropped from 39.2 percent to 21.8 percent, and that the drop in the smoking rate between 1999 and 2005 represents 15,500 fewer teen smokers. Is it not adequate to simply continue funding tobacco control efforts at the current allocation of \$2.5 million a year? In a report released this summer, the Institute of Medicine stated that there is clear evidence that tobacco control funding is inversely related to the percentage of youth who smoke and the average number of cigarettes smoked by

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young smokers, and that's a quote. That means that the more we invest in tobacco control, the greater the real return in lives saved, disabilities prevented, quality of life improved, and dollars saved. That means that we in Nebraska have done well, but we can do better. Despite the strides made against tobacco use, tobacco continues to make a significant impact on Nebraskans. A full 22,400 Nebraska high school students smoke; 14.5 percent of Nebraska high school boys use smokeless or spit tobacco; and each year 2,200 Nebraska kids, younger than 18, become new daily smokers. At the same time, 9,600 Nebraska kids are exposed to secondhand smoke at home; and 4.6 million packs of cigarettes are bought or smoked by Nebraska kids. A full 282,600 adult Nebraskans smoke, and that totals 21.3 percent of the adult population. And alarmingly, the smoking rate among pregnant women in Nebraska is 14.8 percent, which is higher than the national average of 11.4 percent. This tobacco use leads to real impact on the lives of Nebraskans. Each year, 2,400 adult Nebraskans die from their own smoking. In that time, 220 to 400 adults, children, and babies in Nebraska, will die from others smoking, both secondhand smoke and smoking in pregnancy. And we know that unless changes are made, 36,000 Nebraska kids who are now younger than 18 will ultimately die from premature smoking. We know this is not what Nebraskans want. Nebraskans strongly support using tobacco revenues for tobacco prevention and cessation programs. Nine in ten Nebraskans say they support using a portion of Nebraska's tobacco settlement funds for tobacco prevention and control, and 8 in 10 say they support increasing state tobacco taxes to fund education programs to prevent young people from starting to use tobacco. In fact, the vast majority of smokers wish that they were nonsmokers. We know that 90 percent of all adult smokers eventually regret having become smokers; that about 70 percent of adult smokers have tried to quit; and that at any give moment 40 percent of smokers are actively trying to quit or thinking about making a quit attempt in the next six months. Progress has been made, but Nebraskans deserve more. In this report this summer, the Institute of Medicine evaluated the impact of tobacco control efforts. The institute found that if tobacco control efforts, nationwide, intensified to levels demonstrated in California in 2004, the nation could reach 10 percent prevalence of tobacco use in 2050. The institute found

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that if tobacco control efforts remain at levels seen nationwide this time, prevalence could likely plateau at 15 percent, shortly after 2025. And I found that if tobacco control efforts retrenched to the levels that are seen in Kentucky at this time, according to the institute, smoking prevalence is projected to be 17 percent in 2025. That would result in approximately 4 million more people, nationally, smoking than if tobacco control levels remain constant at today's levels. Research of various remedies in different states has demonstrated that smoking rates in states with the most aggressive comprehensive programs, declined more than the national average. In Maine, for example, the rates of smoking declined 59 percent among middle school students, and 48 percent among high school students between 1997, when the state began its campaign in 2003. In California, an early leader in tobacco control programming, the state saw nearly twice the rate of decline in smoking prevalence as that in the rest of the United States between 1989 and 1993. Experience in state after state reinforces these findings. The evidence is clear, and I quote: Multifaceted state tobacco control programs are effective in reducing tobacco use. The most important result of an adequately funded tobacco program to prevent tobacco use and exposure, and to help people quit using tobacco products, is the real impact the program has on the lives of those it serves. An important additional benefit is its impact on state expenditures in healthcare. Healthcare costs directly related to smoking in Nebraska total \$537 million per year. The portion of those costs covered by the state Medicaid program is \$134 million. The state and federal tax burden on Nebraskans from smoking-caused government expenditures is \$586 per household, and smoking-caused productivity losses in Nebraska total almost one-half billion dollars. It's all well and good to know that we have a problem, and also that we have effective remedies to address this problem, but can we afford to increase our financial commitment to this program? We can and we should. Nebraska has two primary sources of income that can be used to fund tobacco use and prevention. These are taxes on cigarettes and other tobacco products, and revenue from the master settlement agreement with the tobacco industry. These two revenue sources generate a combined \$104.7 million annually for the state, far more than a fully funded program would require. In fact, the master settlement agreement explicitly states that at least a

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portion of the dollars received through the agreement should be used for tobacco use prevention. And at the moment, only 2.8 percent of this combined revenue is dedicated to helping smokers quit and keeping kids from using tobacco. In this report, "Ending the Tobacco Problem," the Institute of Medicine stated that, "Ending the tobacco problem will require the persistence and nimbleness needed to counteract industry innovations in marketing and product design, as well as larger cultural and economic forces that tend to promote and sustain tobacco use, especially among young people." Nebraskans deserve such a commitment. Nebraskans deserve that tobacco program funding continue and be expanded. The program should continue to be based on best practices as enunciated by the CDC's 1999 report, while adapting to new research and best-practice recommendations, such as the updated best-practices recommendations expected to be released this fall. Nebraskans deserve a dedicated, long-term effort, one that includes a variety of strategies, and funding for tobacco control at an adequate level. Our commitment must remain strong. When support for tobacco control wanes, earlier progress in reducing tobacco use can quickly be reversed by the social forces that tend to promote smoking. We know the problem; we know strategies that are effective in addressing the problem. I urge you on behalf of Health Education Inc., and the American Cancer Society, to strengthen our commitment to making the twenty-first century the end point for the tobacco problem in Nebraska by strengthening our commitment to funding tobacco use prevention and control. Thank you, Senator Johnson and members of the Health and Human Services Committee, and Senator Synowiecki for bringing this issue forward for consideration. [LR130]

SENATOR JOHNSON: Cindy, thank you. The next testifier is Bill Moninger. Bill, welcome. [LR130]

BILL MONINGER: My name is Bill Moninger. The last name is spelled M-o-n-i-n-g-e-r. I live in Bellevue, and I want to thank you, Senator Johnson, and the other members, for an opportunity to present a small video that my wife and I made back in February, with the help of Channel 7. Sue died June 25, as a result of smoking for almost 40 years.

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She has been sick for the last 4 years, and this video shows her and it tells some of how we feel about tobacco settlement fund money and what should be done with it. [LR130]

SENATOR JOHNSON: Great. Thank you. [LR130]

MONINGER VIDEO PRESENTATION [LR130]

SENATOR JOHNSON: Bill, that's a great video, and there's just lots of things there for all of us to observe, and I think those are the kind of things that do make a difference. There's been another one that's been aired of a gentleman with similar problems, which I thought was extremely good. [LR130]

BILL MONINGER: Well, one of the things that Sue had really wanted to be able to do was to be able to go out to high schools and show what smoking did to her. I don't know if there's any way to get something like that distributed to the schools where they can see what really happened to somebody, the effects of all that advertising. When I was a kid I remember the Marlboro man. If you wanted to be macho, you've got to smoke. Lucky Strike. Remember the LSMFT? Lucky Strike Means Fine Tobacco. They used to sponsor those Friday night fights. Again, if you want to be macho, you've got to smoke. I just hope that we could see some more of the money coming to help people like her, because it is...if you only made \$35,000 a year, how could you afford \$100 a week for Commits? You would have to make a choice between having a house or food or taking care of your kids. Some of that tobacco settlement fund money needs to go help these people get off of it and do more prevention work. [LR130]

SENATOR JOHNSON: Great. Thank you for coming. You've been a good conclusion to our hearing. I do want to ask, is there anyone else that does want to testify here this morning? Well, thank you all very much. It's been a very good hour, and thank you for coming. With that, that will end the hearing on LR130. And we'll prepare to go ahead

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with LR119. Is Senator Pahls here yet? [LR130]

BREAK