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(FORM UPDATED: 08/11/2010)

WISCONSIN STATE LEGISLATURE ... PUBLIC HEARING - COMMITTEE RECORDS

2009-10

(session year)

Senate

(Assembly, Senate or Joint)

Committee on ... Health, Health Insurance, Privacy, Property Tax Relief, and Revenue (SC-HHIPTRR)

COMMITTEE NOTICES ...

- Committee Reports ... **CR**
- Executive Sessions ... **ES**
- Public Hearings ... **PH**

INFORMATION COLLECTED BY COMMITTEE FOR AND AGAINST PROPOSAL

- Appointments ... **Appt** (w/Record of Comm. Proceedings)
- Clearinghouse Rules ... **CRule** (w/Record of Comm. Proceedings)
- Hearing Records ... bills and resolutions (w/Record of Comm. Proceedings)
(**ab** = Assembly Bill) (**ar** = Assembly Resolution) (**ajr** = Assembly Joint Resolution)
(**sb** = Senate Bill) (**sr** = Senate Resolution) (**sjr** = Senate Joint Resolution)
- Miscellaneous ... **Misc**

Senate

Record of Committee Proceedings

Committee on Health, Health Insurance, Privacy, Property Tax Relief, and Revenue

Senate Bill 181

Relating to: prohibiting smoking in indoor areas, in sports arenas, in public conveyances, and at certain outdoor locations and providing a penalty.

By Senators Risser, Ellis, Robson, Jauch, Miller, Darling and Coggs; cosponsored by Representatives Richards, A. Ott, Seidel, Zigmunt, Milroy, Benedict, Parisi, Berceau, Black, Roys, Soletski, Gottlieb, Clark, Bernard Schaber, Mursau, Toles, Hilgenberg, Cullen, Sinicki, Townsend, Pope-Roberts, Smith, Pasch, Hintz, Spanbauer and Montgomery.

May 04, 2009 Referred to Committee on Health, Health Insurance, Privacy, Property Tax Relief, and Revenue.

May 5, 2009 **PUBLIC HEARING HELD**

Present: (6) Senators Erpenbach, Carpenter, Robson, Lassa, Lazich and Darling.

Absent: (1) Senator Kanavas.

Appearances For

- Fred Risser — Senator
- Al Ott — Rep.
- Jon Richards — Rep.
- Karen Timberlake, Madison — Secretary, Department of Health Services
- Jari Johnston-Allen, Oconomowoc — American Cancer Society
- Sandy Bernir, North Fond du Lac — ACS Volunteer
- Amy Basken, Prairie du Sac — Mended Little Hearts; American Heart

Association

- Trisha Pugal, Brookfield — WI Innkeepers Association
- Mike Miller, Madison — Dr., ASAM
- Jeff Melby, Portage
- Melva Stockwell, Salem
- Jill Martin, Marshfield — Breathe Free
- Dave Wille, Marshfield — Breathe Free
- Marilyn Townsend, Madison
- Sue Swan, Brookfield
- Keri Schneider, Ixonia
- Darcie Galowitch, Madison
- Dona Wininsky, Brookfield — American Lung Association

- Beverly Jambois, Middleton — Middleton Smoke Free
- Marilyn Frenn, Wauwatosa — Dr.
- Vanessa Llanas, Milwaukee
- Pete Hanson, Madison — WI Restaurant Association
- Jackie Blackburn, Oak Creek
- Taku Ronsman, Green Bay

Appearances Against

- Rob Swearingen, Rhinelander — Tavern League of Wisconsin
- Pete Madland, Chetek — Tavern League
- Chris Marsicano, Delavan — Tavern League of Wisconsin
- Roger Westmont, Madison — Modern Specialty Company
- Jeff Steinbock, Wauwatosa — Cigar Store Alliance of Wisconsin; Uhle Tobacco Co., Inc.
- Jeff Barta, Waukesha — Cigar Store Alliance of WI; Nice Ash Cigar Bar
- Joette Barta, Waukesha — Nice Ash Cigar Bar
- Robin Goldberg, Madison — Dream Lanes
- Tom Miller, West Allis — Cigar Store Alliance of Wisconsin; Nice Ash Cigar Bar
- Don Kane, Oconomowoc — Cigar Store Alliance of WI

Appearances for Information Only

- None.

Registrations For

- Jim Smith, Madison — American Cancer Society
- Emily Reynolds, Madison
- Kevin Little, Madison — Greater Madison Chamber of Commerce
- Curt Witynski, Madison — League of Wisconsin Municipalities
- Michael Welsh, Madison — WI Association of Local Health Depts. and Boards
- Jaime Brunet, Waunakee
- Teresa Ryan, Waunakee
- Michael Welsh, Madison — WI Public Health Association
- Michael Welsh — WI Academy of Family Physicians
- Kathryn Kuhn, Milwaukee — Medical College of Wisconsin
- Paul Merline, Madison — WI Hospital Association
- Chet Gerlach, Madison — Association of Wisconsin Tourism Attractions
- Eric Schutt, McFarland — American Cancer Society
- Andrea Skalitzky, Madison — WI Association of Health Plans
- Brenda Wood, Milwaukee — City of Milwaukee
- Jeremy Levin — Rural Wisconsin Health Cooperative
- Kathryn Stockwell, Salem
- Erich Pitcher, Madison
- Mark Grapentine, Madison — Wisconsin Medical Society
- John Reinemann, Madison — Wisconsin Counties Association

- Kathi Kilgore, Madison — WI Innkeepers Association
- Ryan Sheahan, Madison
- Ted Zigmunt, Francis Creek
- Lisa Maroney, Madison
- Jill Ness, Madison
- Elizabeth Sanger, Madison
- Amy Boyer, Madison — WI Association of Convention and Vistors Bureau
- Jack O'Meara, Madison — WI Association of Schooll Nurses
- Sabrina Gentile, Madison — WI Council on Children and Families
- Barbara Toles — Rep.
- Michelle Mettner, Milwaukee — Children's Hospital and Health System
- Mickey Biel, Madison — Dane County
- Maureen Busalacchi, Madison — Smoke Free WI
- Luke Rollins, Sun Prairie — American Heart/Stroke Association
- Tom Petri — WI Primary Health Care Association
- Lydia Poehls, Milwaukee
- Kara Pitt-D'Andrea, Milwaukee

Registrations Against

- Tony Driessen, Madison — The Bowling Centers Association of Wisconsin
- Tony Driessen, Madison — Wisconsin Amusement and Music Operators

Registrations for Information Only

- None.

May 8, 2009

EXECUTIVE SESSION HELD

Present: (7) Senators Erpenbach, Carpenter, Robson, Lassa, Lazich, Kanavas and Darling.

Absent: (0) None.

Moved by Senator Darling, seconded by Senator Erpenbach that **Senate Substitute Amendment 1** be recommended for adoption.

Ayes: (6) Senators Erpenbach, Robson, Lassa, Lazich, Kanavas and Darling.

Noes: (1) Senator Carpenter.

ADOPTION OF SENATE SUBSTITUTE AMENDMENT 1 RECOMMENDED,
Ayes 6, Noes 1

Moved by Senator Darling, seconded by Senator Erpenbach that **Senate Bill 181** be recommended for passage as amended.

Ayes: (5) Senators Erpenbach, Robson, Lassa, Kanavas and Darling.

Noes: (2) Senators Carpenter and Lazich.

PASSAGE AS AMENDED RECOMMENDED, Ayes 5, Noes 2

Kelly Johnson-Becker
Committee Clerk

Vote Record
Committee on Health, Health Insurance, Privacy, Property
Tax Relief, and Revenue

Date: 5/8/09

Moved by: Carpenter

Seconded by: _____

AB _____

SB 181

Clearinghouse Rule _____

AJR _____

SJR _____

Appointment _____

AR _____

SR _____

Other _____

A/S Amdt _____

A/S Amdt _____ to A/S Amdt _____

A/S Sub Amdt _____

A/S Amdt _____ to A/S Sub Amdt _____

A/S Amdt _____ to A/S Amdt _____ to A/S Sub Amdt _____

*effective date
Jan 3, 2010*

Be recommended for:

- Passage Adoption Confirmation Concurrence Indefinite Postponement
 Introduction Rejection Tabling Nonconcurrence

Committee Member

Senator Jon Erpenbach, Chair

Aye No Absent Not Voting

Senator Tim Carpenter

Senator Judith Robson

Senator Julie Lassa

Senator Mary Lazich

Senator Ted Kanavas

Senator Alberta Darling

Totals: _____ _____ _____ _____

Motion Carried

Motion Failed

Vote Record
Committee on Health, Health Insurance, Privacy, Property
Tax Relief, and Revenue

Date: 5/8/09

Moved by: Carpenter

Seconded by: _____

AB _____

SB 181

Clearinghouse Rule _____

AJR _____

SJR _____

Appointment _____

AR _____

SR _____

Other _____

A/S Amdt _____

A/S Amdt _____ to A/S Amdt _____

A/S Sub Amdt _____

A/S Amdt _____ to A/S Sub Amdt _____

A/S Amdt _____ to A/S Amdt _____ to A/S Sub Amdt _____

*elimination of
 pre-emption*

Be recommended for:

- Passage Adoption Confirmation Concurrence Indefinite Postponement
 Introduction Rejection Tabling Nonconcurrence

Committee Member

Senator Jon Erpenbach, Chair

Aye No Absent Not Voting

Senator Tim Carpenter

Senator Judith Robson

Senator Julie Lassa

Senator Mary Lazich

Senator Ted Kanavas

Senator Alberta Darling

Totals: _____ _____ _____ _____

Motion Carried

Motion Failed

Vote Record
Committee on Health, Health Insurance, Privacy, Property
Tax Relief, and Revenue

Date: 5/18/09

Moved by: Darling

Seconded by: Erpenbach

AB _____ SB 181 _____ Clearinghouse Rule _____
 AJR _____ SJR _____ Appointment _____
 AR _____ SR _____ Other _____

A/S Amdt _____
 A/S Amdt _____ to A/S Amdt _____
 A/S Sub Amdt _____
 A/S Amdt _____ to A/S Sub Amdt _____
 A/S Amdt _____ to A/S Amdt _____ to A/S Sub Amdt _____

Be recommended for:
 Passage Adoption Confirmation Concurrence Indefinite Postponement
 Introduction Rejection Tabling Nonconcurrency

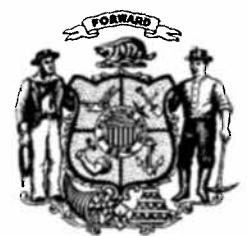
<u>Committee Member</u>	<u>Aye</u>	<u>No</u>	<u>Absent</u>	<u>Not Voting</u>
Senator Jon Erpenbach, Chair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senator Tim Carpenter	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senator Judith Robson	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senator Julie Lassa	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senator Mary Lazich	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senator Ted Kanavas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senator Alberta Darling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Totals:	<u>5</u>	<u>2</u>	_____	_____

Motion Carried

Motion Failed



WISCONSIN STATE LEGISLATURE





OFFICE OF THE MAYOR

201 DELAFIELD STREET
WAUKESHA, WISCONSIN 53188-3633
TELEPHONE 262/524-3700 FAX 262/524-3899

Larry Nelson, Mayor

mayor@ci.waukesha.wi.us

April 30, 2009

Dear Wisconsin Senators and Representatives,

I am writing to urge you to support an exemption in the upcoming smoking ban bill for a business in my city. The Nice Ash Cigar Bar is an asset to Waukesha and our historic downtown in particular. Nice Ash opened up 3 years ago and is an important part of our downtown's renaissance. Jeff and Joette Barta believed in our downtown when few others did. It has been very successful and has helped to draw other key businesses and restaurants to the downtown area. They run a good business that has never had any issues with law enforcement. In addition, they are active in the community and sponsor numerous charity events throughout the year.

As a cigar bar they are a smoking destination, meaning no one will wander into the business and be surprised they allow smoking. It simply would not be fair to prohibit smoking in a cigar bar or tobacco shop. These businesses could not survive a smoking ban and many jobs would be lost.

The Barta's have invested heavily in their business. They have two walk in humidors, air cleaning equipment and thousands of cigars in their inventory. Smoking at their establishment is a necessary component of their business model.

Please consider providing an exemption for Cigar Bars in the smoking ban legislation. I would hate to lose an asset for economic development that is helping to revitalize our downtown. They have recently purchased their building and are planning an expansion which depends upon their ability to provide a smoking environment. The expansion will definitely benefit our downtown by demonstrating the viability of businesses and hopefully attract even more investment.

Please feel free to contact me with any questions. Thank you for taking the time to consider my opinions and your daily efforts that help make Wisconsin a great state.

Sincerely,

Mayor Larry Nelson

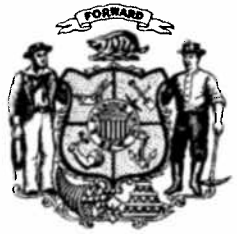
LN/cc

Legislators/nice ash





WISCONSIN STATE LEGISLATURE





OFFICE OF THE SHERIFF



515 W. Moreland Blvd.
Box 1488
Waukesha, WI 53187

Waukesha County Jail
Box 0217
Waukesha, WI 53187

Waukesha County Huber
1400 Northview Road
Waukesha, WI 53188

DANIEL J. TRAWICKI, *Sheriff*

May 1, 2009

Governors Office
PO Box 7863
Madison, WI 53707

RE: Smoke Free Wisconsin Act (LRB0086/LRB1080)

To Whom it May Concern:

I am aware of the pending legislation introduced regarding Smoke Free areas in Wisconsin, which generally speaking I support. I do understand however, there is the possibility of some exemptions to this bill. I can tell you first hand that in our county, we've had several different situations in which fund raisers have been held for our Sheriff's Department specialty units such as our K9 Unit or Tactical Unit, in which the fundraiser was actually held by either tobacco stores, or tobacco type establishments. In that regard, their contribution to our department is dependent upon their ability to have or host a charitable event that would include smoking.

In the situations I've been involved in as invitations and information goes out regarding the specific charitable event, all of the people invited are made aware of the fact that it is a tobacco store hosting the event and certainly are made aware of the fact that smoking will be occurring at this charitable event. They would be able to make a decision on their own as to whether or not they chose to attend. I realize there are many different exemptions likely to be introduced and reviewed in this matter and I would ask you to consider an exemption for certain charitable events, which has helped our agency in our ongoing efforts to maintain our level of service in difficult budget situations.

Should you have any questions regarding this matter, please feel free to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "Daniel J. Trawicki", written over a horizontal line.

Daniel J. Trawicki, Sheriff
Waukesha County Sheriff's Department

An Accredited Law Enforcement Agency

Administration: 262-548-7126 Records: 262-548-7156 Process: 262-548-7151 Jail: 262-548-7170 Huber: 262-548-7181 Fax: 262-548-7887

CHARITABLE EVENTS LANGUAGE FROM PENNSYLVANIA

17 (7) A place where a fundraiser is conducted by a
18 nonprofit and charitable organization one time per year if
19 all of the following apply:

20 (i) The place is separate from other public areas
21 during the event.

22 (ii) Food and beverages are available to attendees.

23 (iii) Individuals under 18 years of age are not
24 permitted to attend.

25 (iv) Cigars are sold, auctioned or given as gifts,
26 and cigars are a feature of the event.

27 (8) An exhibition hall, conference room, catering hall
28 or similar facility used exclusively for an event to which
29 the public is invited for the primary purpose of promoting or
30 sampling tobacco products, subject to the following:

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1 (i) All of the following must be met:

2 (A) Service of food and drink is incidental.

3 (B) The sponsor or organizer gives notice in all
4 advertisements and other promotional materials that
5 smoking will not be restricted.

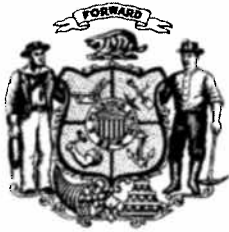
6 (C) At least 75% of all products displayed or
7 distributed at the event are tobacco or tobacco-
8 related products.

9 (D) Notice that smoking will not be restricted
10 is prominently posted at the entrance to the
11 facility.

12 (ii) A single retailer, manufacturer or distributor
13 of tobacco may not conduct more than six days of a
14 promotional event under this paragraph in any calendar
15 year.



WISCONSIN STATE LEGISLATURE





Tom Barrett
Mayor

Bevan K. Baker, FACHE
Commissioner of Health

Health Department Administration

Frank P. Zeidler Municipal Building, 841 North Broadway, 3rd Floor, Milwaukee, WI 53202-3653 phone (414) 286-3521 fax (414) 286-5900
web site: www.milwaukee.gov/health

May 4, 2009

Senator Jon Erpenbach, Chair
Senate Committee on Health, Health Insurance, Privacy, Property Tax Relief & Revenue
Room 8 South
State Capitol
Madison, WI 53707

Dear Members of the Senate Committee on Health, Health Insurance, Privacy, Property Tax Relief & Revenue,

I am writing to ask for your support for Senate Bill 181, which would create a statewide smoking ban in indoor places.

This legislation will help alleviate both the economic and societal costs associated with smoking. We will see a savings due to a reduction in health care costs, lost productivity, disability and death both in terms of potential reductions in the price of health insurance premiums, as well as a reduction in the medical assistance contribution made by taxpayers.

According to the 2006 report *Burden of Tobacco in Wisconsin*, there are approximately 7,215 deaths annually in Wisconsin because of smoking, with 807 occurring annually in the City of Milwaukee. In addition, secondhand smoke is the third leading cause of preventable death in the United States. Every year, secondhand smoke kills 53,000 nonsmoking Americans. The U.S. Surgeon General has concluded that eliminating smoking in indoor places is the only way to protect nonsmokers from exposure to secondhand smoke. This bill offers a solution to protect members of our community from the dangers of smoking.

I urge your support for enacting a statewide smoking ban. This ban will promote an improvement in public health and reduce the burdens that smoking places on an already stretched health care system.

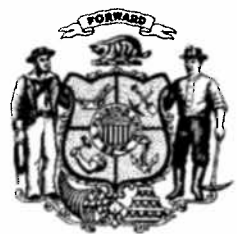
Sincerely,

Bevan K. Baker, FACHE
Commissioner of Health

Cc: Members of the Senate Committee on Health, Health Insurance, Privacy, Property Tax Relief & Revenue



WISCONSIN STATE LEGISLATURE



Marilyn Townsend
ATTORNEY AT LAW

Admitted to practice in
WI, D.C., MD, GA

122 WEST WASHINGTON AVENUE
MADISON, WISCONSIN 53703

Phone (608) 255-5111
Fax (608) 255-3358

www.mtownlaw.com

Support of State-wide Smoking Ban in Wisconsin
May 4, 2009

My name is Marilyn Townsend. I am an attorney in Madison, Wisconsin, and a local elected official. I support a law that would institute a state wide smoking ban in Wisconsin.

For more than ten years, I have served as a Trustee for the Village of Shorewood-Hills. In the early 1990s, our community passed one of the first no smoking ordinances in the state.

Smoking is clearly a public health issue. Both of my parents died prematurely from smoke related illnesses. Their final years were spent, (at great expense to taxpayers) on oxygen at the Veterans' Home in King, Wisconsin.

When I was growing up, we did not know that smoking was so dangerous. I recall as a child mouthing a jingle from smoking commercials, "Take a Puff – It's Spring Time Again."

I am aware that a state wide smoking ban is opposed by many of the tavern owners in Wisconsin. I do not believe a smoking ban would hurt such businesses, which I have patronized since I was a child.

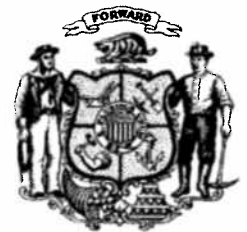
I was born and raised in northern Wisconsin. When I was a child, one of the most pleasing words my Mother would say, is "Let's go to the Tavern." Wisconsin taverns are a gathering place for families in small towns. My mother's funeral lunch was held at a local tavern, as was the funeral lunch of my father and my brother. In my trips up north, I often stop in at the taverns, and meet with my nephews and other family members. Some of my relatives smoke, most do not.

I do not believe it is a hardship to ask those individuals who smoke, my relatives included, to go outside. Many times only a few people in a crowded bar are smoking, and if they are permitted to smoke inside they ruin it for the rest of us.

Lastly, I am acutely aware that taverns and other businesses have voiced their complaints that a state wide smoking ban will not apply to the tribal casinos. I share their distress. I urge lawmakers to impress upon the tribal casinos the importance of being good neighbors. I think we should ask the Wisconsin casinos to ban smoking, as currently occurs at the Illinois casinos. In the event the Wisconsin casinos refuse to do so willingly, I believe we should pursue all political and legal leverage to ban smoking at Wisconsin tribal casinos.



WISCONSIN STATE LEGISLATURE



Committee on Health, Health Insurance, Privacy, Property Tax Relief, and Revenue
Public Hearing Regarding Senate Bill 181
Tuesday, May 5, 2009
10:00 AM
411 South
State Capitol

Thank you Senator Erpenbach and members of the committee for this opportunity to speak in favor of smoke free workplaces for all workers and all customers in Wisconsin. I am Amy Basken. I am the cofounder of Mended Little Hearts of Southern Wisconsin, I am the national chair of the advocacy committee for Mended Little Hearts and I serve on the advocacy advisory committee for the American Heart Association here in Wisconsin. But most importantly I am mother of Nicholas, a congenital heart defect survivor.

People often ask "Since you don't smoke, why do you care about a smoke-free workplace?"

As a mother, and asthma sufferer, I care. Exposure to secondhand smoke causes heart disease, lung cancer and other tobacco-related diseases. Breathing secondhand smoke worsens asthma, damages arteries, the heart, brain and other major blood vessels. Even the U.S. Surgeon General realizes that there is no safe level of exposure to secondhand smoke. The only way to prevent these deadly illnesses is to completely eliminate smoking in all enclosed workplaces. No one should have to choose between the health of themselves and their paychecks. Especially during these difficult times. Don't our children deserve to be spared as well?

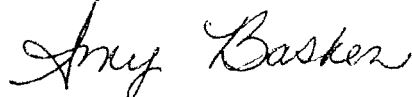
As a speech therapist, helping people who suffer from the effects of stroke, I care. Smoking is a major cause of cardiovascular disease, which includes coronary heart disease, and stroke, the nation's No. 1 and No. 3 killers. Survivors of heart disease and stroke are often debilitated, dramatically changing their lives and those around them.

As a tax-payer I care. The current employment and healthcare climate increase the burden of chronic health disease on the employer, co-worker and tax payer in both the public and private sector.

I care, and you should, too. I urge you to support Smoke Free Wisconsin, for yourself, your children, and for all your loved ones.

Thank You..

Sincerely,

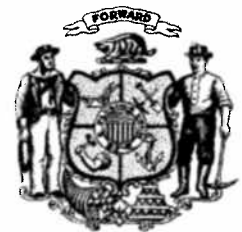


Amy Basken
Mother of 3
National Advocacy Chair Mended Little Hearts
American Heart Association Advocate

363 Park Avenue
Prairie du Sac, WI 53578
608-370-3739
amybasken@charter.net



WISCONSIN STATE LEGISLATURE





Preserving the right to live and breathe tobacco free

To: Senator Jon Erpenbach, Chair

Members of Senate Committee on Health, Health Insurance, Privacy, Property Tax Relief and Revenue

From: Maureen Busalacchi, Executive Director, SmokeFree Wisconsin

Date: May 5, 2009

RE: Support for SB 181

Good morning. Thank you, Senator Erpenbach for holding a hearing on SB 181. This is important public health policy and we are pleased to see this moving forward.

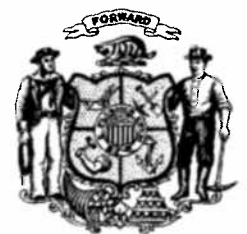
Let me start off by saying smoke-free air laws are very popular with the public as we have seen sky high satisfaction rates in cities that have passed these laws. (The Marshfield ordinance that was implemented in two weeks over a year ago had a 77% rate of satisfaction among voters. More people approve of it now than voted for it a year ago.) The statewide poll that was conducted last year showed a 69% of the population wants a statewide smoke-free air law. Since then, over 250,000 people are now covered by comprehensive local ordinances that were passed since the last legislative session ended. That certainly helps make a smoke-free air laws easier to enforce because the public wants them and enjoys them.

Making all Wisconsin work places smoke-free is incredibly important and critical to the health of workers in Wisconsin. We know from studies done around the world that smoke-free air laws bring immediate health benefits to workers. We see lower respiratory distress symptoms that go away almost immediately. We know that heart attack rates for the population as a whole drop. And it makes for a cleaner, healthier environment to work in. You have the power to change that.

But the real reason to pass this law is because of the people that have been adversely affected by secondhand smoke. Exposure to secondhand smoke is dangerous and no worker should have to deal with that. We have collected literally hundreds of stories of people who have been harmed or have someone they care about harmed by secondhand smoke. Cancer rates are 3 – 4 times higher in waitresses and bartenders when compared to the general population. *I've traveled around the state and have heard real stories about waitresses who have had to quit their jobs because they became pregnant and worried about the effects of their work environment on their child. I've heard about bartenders becoming chronically ill from the secondhand smoke they've inhaled at during work hours.* In these tough economic times, no one should have to choose between their health and a paycheck. There is no reason we can't change this in Wisconsin and create healthy environments for all workers. Wisconsin does that for bank tellers and cashiers at our local grocery and retail stores. Bartenders and waitresses deserve the same protection. It's time for a strong statewide smoke-free air bill, and I urge you to pass SB 181.



WISCONSIN STATE LEGISLATURE





Written Testimony of Dr. Michael Jaeger, Managing Medical Director of Anthem Blue Cross and Blue Shield in Wisconsin, on Senate Bill 181 and Assembly Bill 253

May 5, 2009

As a family doctor and parent, as well as someone who has worked in both a large hospital system and as a medical professional at a major health insurance company, I urge the Legislature to quickly pass Senate Bill 181 and Assembly Bill 253 enacting a statewide smoke-free law.

All the scientific evidence we have shows that there is absolutely no safe level of secondhand smoke. In fact, a recent study of air quality at several Milwaukee-area businesses found all venues that allowed smoking to have air quality that would be considered unhealthy by the Wisconsin Department of Natural Resources. Furthermore, in 75 percent of those establishments in the study that allowed smoking, the air quality was so bad it was considered akin to standing downwind from a forest fire.

While many will argue that smoking is a personal decision, it is not. The unnecessary and enormous health care costs related to smoking and secondhand smoke affects us all. As I wrote in a February 24, 2009 opinion column in the Milwaukee Journal Sentinel:

“It is estimated that secondhand smoke causes 50,000 deaths in adult non-smokers in the United States each year – including 3,400 lung cancer deaths and 20,000 to 50,000 heart disease deaths. With an average lung cancer treatment cost of \$100,000 per case, the 3,400 lung cancer deaths caused by secondhand smoke result in \$340 million in unnecessary health care costs each year. In Wisconsin, the state Department of Administration reports that smoking is directly responsible for \$2 billion in health care costs each year, one quarter of which is directly shouldered by the taxpayers through the Medicaid system. And – just in case you still think smoking is a personal decision that doesn’t impact you – remember that health care costs of these magnitudes affect everyone, both smokers and non-smokers alike, in the form of higher health insurance premiums and medical costs.”

Our neighbors in Minnesota, Iowa and Illinois are out ahead of us on this issue and have already enacted smoke-free laws. Nobody in Wisconsin likes losing to Minnesota, Iowa or Illinois in football or basketball. Why should we continue to let them beat us in public health policy?

Anthem Blue Cross and Blue Shield provides health benefits to nearly one million members in Wisconsin and cares deeply about the communities we serve. Therefore, on behalf of our members, our employees throughout the state, and all those who silently suffer from illnesses caused by second-hand smoke, please pass Senate Bill 181 and Assembly Bill 253 and make smoke-free workplaces the law.

Thank you.

Attachments:

- Milwaukee Journal Sentinel opinion column, “Statewide smoke free law is due,” by Dr. Michael Jaeger, published February 24, 2009
- Dr. Michael Jaeger biography

OPINION COLUMN**Published in the Milwaukee Journal Sentinel on February 24, 2009****Statewide smoke-free law is due****Dr. Michael Jaeger**

We've all watched scenes of wildfires on television and held our breath as brave emergency response crews struggled to hold back flames long enough to evacuate victims from clouds of poisonous smoke. The real tragedy in these situations is not the property damage, but the human toll, counted in lives lost, injuries incurred and plans interrupted.

Be it the recent tragedy in Australia, or wildfires closer to home in California and Florida, the damage is always horrific and with long term consequences. Yet no matter how high definition the television screen or vivid the printed pictures of the fires, it is hard to not feel somewhat detached from the damage because we are fortunate enough to rarely experience that kind of tragedy in Wisconsin. Or at least that's what we think.

Though Wisconsin's public health is seldom threatened by wildfire, a different cloud of toxic smoke is filling our public places and threatening the health of the entire state: secondhand smoke.

While our friends and neighbors in Minnesota, Iowa and Illinois have gone smoke-free, Wisconsin has been unable to pass a statewide smoke-free law – allowing dangerous, cancer-causing chemicals found in cigarette smoke like arsenic, benzene and vinyl chloride to continue floating through the air. It is a legislative failure that shows a complete disregard for the public health and ignores the will of 69 percent of voters who favor a smoke-free law.

The medical community is unified in its assessment – there is no safe level of secondhand smoke. In fact, even in restaurants with separate smoking and non-smoking sections there is no noticeable difference in indoor air quality.

A recent study of 32 Milwaukee-area businesses conducted by the Smoke Free Milwaukee Project found all 29 establishments in its sample that allowed smoking to have air quality that would be considered unhealthy by the Wisconsin Department of Natural Resources. The air quality in 22 of those 29 unhealthy establishments was so bad it was characterized as being equivalent to standing downwind from a forest fire.

It is estimated that secondhand smoke causes 50,000 deaths in adult non-smokers in the United States each year – including 3,400 lung cancer deaths and 20,000 to 50,000 heart disease deaths. With an average lung cancer treatment cost of \$100,000 per case, the 3,400 lung cancer deaths caused by secondhand smoke result in \$340 million in unnecessary health care costs each year. In Wisconsin, the state Department of Administration reports that smoking is directly responsible for \$2 billion in health care costs each year, one quarter of which is directly shouldered by the taxpayers through the Medicaid system. And – just in case you still think smoking is a personal decision that doesn't impact you – remember that health care costs of these magnitudes affect everyone, both smokers and non-smokers alike, in the form of higher health insurance premiums and medical costs.

Wisconsin is long overdue to join our peers by enacting a statewide smoke-free law. Governor Doyle's inclusion of such a measure in his state budget should be applauded, as should his proposal to increase the cigarette tax by 75 cents a pack. Increases in the cigarette tax have been proven to prevent kids from starting to smoke and prompting adults to quit, and a statewide smoke-free law would provide a level playing field for businesses currently competing in a patchwork of local smoking laws and regulations.

Governor Doyle's budget proposals make sense – both in times of economic deficit and surplus – and will greatly improve the public health. It is time for the Legislature to reflect the will of the people and make these proposals the law.

Dr. Michael Jaeger is the managing medical director of Anthem Blue Cross and Blue Shield in Wisconsin and a member of the boards of Smoke Free Wisconsin and the American Lung Association of Wisconsin.

Michael Jaeger, M.D., Medical Director

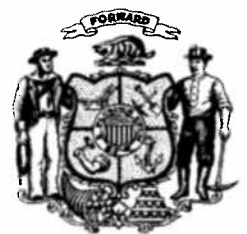
Dr. Michael Jaeger serves as medical director for Anthem Blue Cross and Blue Shield in Wisconsin. He is responsible for the administration of medical services for all Anthem Blue Cross and Blue Shield products and provider networks in Wisconsin along with ensuring clinical integrity of broad and significant clinical programs, including the overall medical policies.

Dr. Jaeger has more than 25 years of combined experience as a practicing physician, residency educator and health plan medical manager. Prior to joining Anthem Blue Cross and Blue Shield, Dr. Jaeger served as senior medical officer for care management at Aurora Health Care, where he was responsible for the overall quality management and wellness for the entire Aurora Health Care System and more specifically, Aurora Health Care employees.

Dr. Jaeger is a licensed and board certified specialist in Family Medicine. He earned his bachelor's degree and medical degree from the University of Wisconsin-Madison and completed his residency at St. Mary's in Grand Rapids, Mich.



WISCONSIN STATE LEGISLATURE



Testimony before the Wisconsin State Senate Health, Health Insurance, Privacy, Property Tax, and Revenue Committee

Tuesday, May 5, 2009

Jari Johnston-Allen , CEO, American Cancer Society MW Division

As CEO of the American Cancer Society and a resident of Wisconsin I am committed to doing everything possible to alleviate the burden of cancer in our state.

This year in Wisconsin close to 28,000 people will be diagnosed with cancer, more than 11,000 of whom will die.

One of the most deadly forms of the disease is lung cancer. Less than 25% of the 4,000 people in Wisconsin told they have lung cancer this year will live to see next year. The five year survival rate for lung cancer is 15%. These are odds no one should have to face especially if their illness is because of secondhand smoke.

Secondhand smoke is a serious health hazard that contains at least 69 known carcinogens including benzene, cadmium, and vinyl chloride. These chemicals have all been linked to increased risk of lung, liver and brain cancer as well as leukemia and lymphoma.

Every day countless workers in Wisconsin are forced to inhale these toxins as part of their work environment. They spend long shifts doing hard work only to be rewarded with poor health and increased risk for cancer. Nonsmoking bar and restaurant workers have as much as 50 percent greater risk of dying of lung cancer than the general public due in part to their exposure to secondhand smoke on the job.

These are people like Jennifer Sullivan of Milwaukee, June Farkas of Superior and Rebecca Pagel of Lena, all of whom submitted their stories to the Holding Our Breath website.

Jennifer Sullivan is a manager at a popular pub and restaurant in Milwaukee and she's pregnant. She writes that she wants a statewide smoke-free law because right now she's forced to choose between going to work in order to make money to support her baby and her baby's health.

June Farkas of Superior writes that her would-be mother in-law was a nonsmoking waitress and bartender but died of lung cancer when June's husband was just seven years old. June wonders how many little boys will have to grow up without a mom and wants to know what Wisconsin is waiting for when it comes to a statewide smoke-free law.

Rebecca Pagel of Lena would also like an answer to that question. Rebecca writes that her father smoked a pack a day and she took care of him during the last three weeks of his life while he struggled to breathe. She says that if smoking affected only those who made the choice to smoke, she would have no problem with that, but the price others are forced to pay is unacceptable.

The price Wisconsin is forced to pay in smoking related health care costs is \$2 billion annually, \$500 million of which comes direct from taxpayers in the form of Medicaid payments.

In 2004, which is the most recent data available, the Centers for Disease Control estimated the annual cost of treating lung cancer in the United States at \$9.6 billion dollars. The average Medicare payments per individual with lung cancer was nearly \$25,000. And overall cancer treatment accounted for an estimated \$72.1 billion—just under 5 percent of U.S. spending for all medical treatment.

At a time of record budget deficits we need to do everything possible to reduce the burden of tobacco in Wisconsin. Eliminating secondhand smoke at work is an effective way to reduce the risk of cancer and improve public health.

A University of Wisconsin study of bartenders in Madison and Appleton found a significant reduction in upper respiratory problems including wheezing, coughing and shortness of breath among non-smoking bar workers in the weeks after both cities went smoke-free.

A University of Minnesota study found an 83% reduction in tobacco-specific cancer causing chemicals in nonsmoking bar workers after Minnesota's 2007 smoke-free law went into effect.

These are just two studies among decades of research that has proven the health hazards of secondhand smoke and the benefits of going smoke-free.

Moreover, going smoke-free is popular. A series of recent polls conducted in Eau Claire, Appleton and Marshfield, show well over 70% of people in these communities support their city's smoke-free ordinance. There are now a half million people in Wisconsin living in smoke-free cities and 25 states that have passed strong smoke-free laws.

Clearly going smoke-free is becoming the norm not the anomaly, which is great for the workers and public in some Wisconsin communities, but is insufficient for the rest of the state.

Without a statewide law, Danielle Berkovitz a Hodgkin's Lymphoma survivor in Kewaunee whose treatment reduced her lung function cannot go enjoy an evening out with friends without risking her health.

Katie Wojtak a breast cancer survivor in Kenosha will have to stay home rather than fully live the life she fought to keep because her cancer treatment aggravated her asthma and she can no longer tolerate secondhand smoke.

And Kelly LaPorta, a cancer survivor in Cedarburg, will keep wondering when Wisconsin will fully commit to further eradicating a disease she never wants her young son to face.

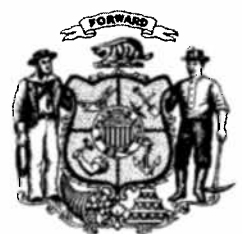
Danielle, Katie and Kelly along with every cancer survivor and every person in the state of Wisconsin deserves the right to smoke-free air at work and in public.

As the CEO of the Midwest Division of the American Cancer Society, a citizen of Wisconsin and someone with a deep commitment to reducing the number of needless deaths from cancer in our state I urge you to support a strong statewide smoke-free workplace bill.

We've been holding our breath long enough!



WISCONSIN STATE LEGISLATURE



May 5, 2009

Senate Committee on Health, Health Insurance, Privacy, Property Tax Relief, and Revenue

Committee Members, thank you for the opportunity to speak to you this morning.

My name is Jeff Melby. I live in Portage and work in the Columbia – Sauk County area. I'm here today to urge you to support SB 181 promptly and without unnecessary exemptions. This issue is important to Wisconsin citizens.

I would also like to put a face on this issue as I gave to the members of the Joint Finance Committee. My daughter Michaela was born with a congenital heart condition that affected her re-circulation of oxygen. When she was 7 months old, our family spent three weeks at Milwaukee Children's Hospital to have her condition operated on - one week in intensive care and two more weeks in recovery. Fortunately, she had one of the finest Pediatric Cardiologists in the Midwest and is doing well today.



Since her surgery, the importance for her health (and our family's) has us avoiding ANY public place where tobacco smoke is present because of the very detrimental, even short-term effects it can have on anyone's heart, but especially hers. We have always been cautious that she is not exposed to tobacco smoke - but that has not always been an easy task.

Please take a moment to think about an excited 7 year old child who receives a birthday party invitation to go to the bowling alley - an obviously fun activity. Now imagine trying to explain to her she won't be able to attend her friend's party. We tell her it is only because this public place unfortunately has "heart poisons" in the air, but a child has quite a hard time understanding this as you might guess.

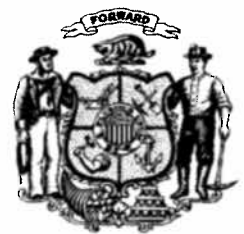
This issue has also come up in a different way recently when her school class was to go to the bowling alley as part of their PE curriculum. We contacted the teachers and principal of the school and inquired why students were participating in an activity that was being held at a potentially unhealthy venue. We also questioned if school districts from all over the state regularly do this – leave tobacco-free school grounds (by state law) and hold activities at facilities that allow smoking. It brings up the hard question between a school's required participation for student's PE curriculums in what is meant to be a fun, healthy physical activity and the unhealthy environments where they might participate.

Hopefully these are more examples of why all citizens deserve protection in the form of smoke-free public places. My daughter's hope is to be able to have a future that does not need to worry about any "heart dangers" wherever she wants to be. Again, please support this legislation before you. Thank you.

Jeff Melby, Portage



WISCONSIN STATE LEGISLATURE



May 5, 2009

Dear Senate Health Committee,

My name is Barbara Moser. I am a family practice physician, and a mother of three teenagers. I live in Whitefish Bay, Wisconsin, and I practice medicine at the University of Wisconsin-Milwaukee's student health center.

A smoke-free air law is very important to me because breathing secondhand smoke in restaurants and bars adversely affects my patients, UWM students, on a daily basis.

I recently saw Mary in my office. Mary is a 20 year old woman who came to me complaining of "poor health in the lungs." For the past 4 months, she has been sick with respiratory tract infections and increased asthma symptoms. When she walked into the room, she smelled strongly of cigarette smoke, and I thought, well, she smokes, so I'm not surprised she has poor lung health.

Was I wrong! It turns out, instead, that she works 20 hours a week at a local popular bar that allows smoking. Mary was diagnosed with asthma 2 years ago, and since working in the bar with all of the smoke, she feels short of breath a lot of the time, and has frequent lung infections. When I saw her in the office, she was sick again, coughing and wheezing.

I asked Mary, "Why don't you change jobs?" The answer was, "I just can't."

Like many UWM students, Mary is self-supporting, and is putting herself through school. The money she makes in this bar is great, and she really likes the owner, who gives her the flexible hours she needs to be able to get to her classes. Mary is also afraid that in the current economy, she will never be able to find another job that pays as well. Mary has had to choose between her health and her economic situation. Food and rent and school tuition come before coughing and wheezing.

No one should have to choose between a job and breathing clean air.

A smoke-free air law is also very important to me because secondhand smoke is a huge public health threat to all citizens of Wisconsin, including myself, my husband, my kids, and my friends.

Secondhand smoke is known to cause lung cancer, heart disease, worsening asthma, and increased respiratory tract infections.

I'm sure some of you have loved ones with known coronary artery disease, I know I do.
Tell them to avoid secondhand smoke.

I totally avoid restaurants and bars that permit smoking, because I know the health risks of secondhand smoke.

You might consider doing the same.

The fact is that even spending minutes in a smoke-filled room causes our platelets to become stickier, with an increased chance of forming a clot in a coronary artery. If a person already has a partially clogged coronary artery, he or she is at that much more risk from the secondhand smoke causing a completely clogged artery and a heart attack.

Everyone deserves the right to breathe smoke-free air.

Thank you for your dedication to the citizens of Wisconsin.

Respectfully,

Barbara Moser, MD

Work:

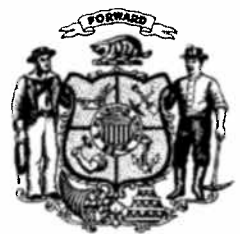
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WISCONSIN STATE LEGISLATURE





WISCONSIN PUBLIC HEALTH ASSOCIATION



WISCONSIN ASSOCIATION OF LOCAL
HEALTH DEPARTMENTS & BOARDS

TO: Chairman Erpenbach and members of the Senate Health, Health Insurance, Property Tax Relief and Revenue Committee

FROM: Eric Ostermann, WPHA & WALHDAB Executive Director

DATE: May 5, 2009

RE: Please support Senate Bill 181 – *the Statewide Smoke-Free Legislation*

The Wisconsin Public Health Association and the Wisconsin Association of Local Health Departments and Boards would respectfully request your **support for Senate Bill 181**, the statewide smoke-free legislation.

As you know, this important legislation would require indoor public locations and workplaces to be smoke-free and, in the process, improve the public health of Wisconsin and protect the right of citizens to breathe clean air. Just as your constituents expect to have clean drinking water and a safe food supply, they also expect to breathe clean air – whether they are at work or out to eat with their families.

The science on secondhand smoke is patently clear. Decades of medical research have confirmed secondhand smoke is a proven human health hazard that causes premature death and disease in non-smokers. The Environmental Protection Agency has classified secondhand smoke as a carcinogen known to cause cancer in humans. It also significantly increases the risk of life-threatening heart disease among non-smokers and fosters the development of asthma in children.

WALHDAB and WPHA strongly believe Wisconsin citizens deserve protection from secondhand smoke. More importantly, over two-thirds of Wisconsin voters (69%) support a statewide smoke-free law. Twenty-five states, as well as Washington D.C. and Puerto Rico have already enacted comprehensive smoke-free workplace laws. It's time for Wisconsin to provide those same protections for our citizens.

More than twenty years of scientific research illustrating the dangers of secondhand smoke cannot be ignored. Wisconsin citizens deserve the right to *Breath Free* and work in a smoke-free environment. Once again, the Wisconsin Public Health Association and the Wisconsin Association of Local Health Departments and Boards would urge you to support Senate Bill 181.

If you have any questions, please do not hesitate to contact our government affairs consultants, Michael Welsh or Ryan Natzke, at (608) 310-8833.

Together, WPHA and WALHDAB represent over 1,100 members statewide, from state and local public health officials to public health professionals in academia and the private sector. We are dedicated to promoting and protecting public health in Wisconsin, which is vital to a healthy population, lower health care costs and a thriving economy.



**TESTIMONY ON THE SCIENTIFIC EVIDENCE ON THE HEALTH EFFECTS OF
SECONDHAND SMOKE**

**TERRY PECHACEK, PhD
ASSOCIATE DIRECTOR FOR SCIENCE
OFFICE ON SMOKING AND HEALTH
NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION
COORDINATING CENTER FOR HEALTH PROMOTION
AND HEALTH PROMOTION
U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION**

**HEARING OF THE WISCONSIN SENATE COMMITTEE ON HEALTH, HEALTH
INSURANCE, PRIVACY, PROPERTY TAX RELIEF, AND REVENUE
MADISON, WI
MAY 5, 2009**

AND

**HEARING OF THE WISCONSIN ASSEMBLY COMMITTEE ON HEALTH AND
HEALTHCARE REFORM
MADISON, WI
MAY 6, 2009**

Thank you for the opportunity to discuss the health impact of exposure to secondhand smoke. I am Dr. Terry Pechacek with the Office on Smoking and Health, Centers for Disease Control and Prevention (CDC) in Atlanta, Georgia. I am an author of the original and updated versions of the CDC guidance document *Best Practices for Comprehensive Tobacco Control Programs* and have been involved in the writing or scientific review of all U.S. Surgeon General's Reports on the health consequences of tobacco use since 1979, including the 2006 Surgeon General's Report, *The Health Consequences of Involuntary Exposure to Tobacco Smoke*. In addition, I have provided senior technical advice on the planning, implementation, and evaluation of comprehensive tobacco control programs in Arkansas, Oklahoma, Kentucky, Iowa, Georgia, North Carolina, Virginia, Mississippi, Indiana, Tennessee, Ohio, Texas, Arizona, New Jersey, Pennsylvania, Washington, Vermont, West Virginia, Minnesota, Florida, Maine, Massachusetts, Oregon, and California.

For the record, I am submitting written testimony at the request of Vicki Stauffer of the Wisconsin Tobacco Prevention and Control Program to discuss the scientific evidence regarding the health risks that secondhand smoke exposure poses to nonsmokers. Also for the record, my testimony is not for or against any specific legislative proposal.

The 2006 Surgeon General's Report on *The Health Consequences of Involuntary Exposure to Tobacco Smoke* was only the second Surgeon General's Report to focus on the health effects of secondhand smoke, and the first to do so in 20 years. The Report systematically reviewed the scientific evidence that has accumulated since the 1986 Surgeon General's Report on *The Health Consequences of Involuntary Smoking* using established criteria of causality. The 2006 Report concludes that secondhand smoke contains more than 50 cancer-causing substances. The National Toxicology Program of the National Institutes of Health, the International Agency for Research on Cancer, and the U.S. Environmental Protection Agency have all designated secondhand smoke as a known human carcinogen, and the National Institute for Occupational Safety and Health has designated secondhand smoke as an occupational carcinogen. Importantly, the 2006 Surgeon General's Report concludes that there is no risk-free level of secondhand smoke exposure.

The Report provides a comprehensive review of the health effects of secondhand smoke. The Report concludes that secondhand smoke causes premature death and disease in children and nonsmoking adults. The Report finds that children who are exposed to secondhand smoke are at an increased risk for sudden infant death syndrome (SIDS), acute respiratory infections such as pneumonia and bronchitis, middle ear disease, more severe asthma, respiratory symptoms, and slowed lung growth. The Report also concludes that secondhand smoke causes heart disease and lung cancer in nonsmoking adults. Specifically, nonsmokers who are exposed to secondhand smoke in the home or workplace increase their risk of developing heart disease by 25 to 30 percent and their risk of developing lung cancer by 20 to 30 percent. In 2005 the California Environmental Protection Agency estimated that exposure to secondhand smoke causes an estimated 46,000 heart disease deaths and an estimated 3,400 lung cancer deaths among U.S. nonsmokers each year.¹ The Report finds that secondhand smoke has immediate adverse effects on the cardiovascular system. Persons who have or are at special risk for heart disease should

take special precautions to avoid secondhand smoke exposure.

The Report also examines trends in secondhand smoke exposure. Exposure among U.S. nonsmokers has declined sharply over the past 20 years. Levels of cotinine, a biological marker of secondhand smoke exposure, fell by 70 percent from 1988-91 to 2001-02. The proportion of nonsmokers with detectable cotinine levels has been halved from 88 percent to 43 percent over that period.

However, more than 126 million nonsmoking Americans, including both children and adults, are still exposed to secondhand smoke. The Report concludes that the home and the workplace are the main settings where nonsmokers are exposed to secondhand smoke. Children and teens, African Americans, and blue collar, service, and hospitality workers remain disproportionately exposed. Restaurant, bar, and casino workers are especially likely to work in environments where smoking is allowed and to be exposed to high levels of secondhand smoke on the job.

Finally, the Report also addresses approaches to protecting nonsmokers from secondhand smoke exposure. **The Report concludes that eliminating smoking in indoor spaces is the only way to fully protect nonsmokers from secondhand smoke exposure, and that smoke-free workplace policies are the only effective way to ensure that secondhand smoke exposure does not occur in the workplace. The Report finds that other approaches are not effective and that separating smokers from nonsmokers, cleaning the air, and ventilating buildings cannot eliminate secondhand smoke exposure.**

Smoke-free policies in hospitality venues such as restaurants, bars, and casinos protect employees and patrons alike from the unnecessary health risks posed by exposure to secondhand smoke. Several studies, including those conducted in Delaware² and New York³, have found that smoke-free policies in hospitality venues are associated with improvements in indoor air quality, reductions in nonsmoking employees' secondhand smoke exposure, and improvements in employees' sensory and respiratory symptoms and respiratory function. These improvements occur rapidly once smoke-free policies are implemented, typically within months of the effective date.

Comprehensive smoke-free laws that make all indoor workplaces and public places smoke-free also appear to have broader effects on secondhand smoke exposure and health on a population level. A study in New York state found that cotinine levels among nonsmokers in the general population fell by 47 percent in the year following implementation of a comprehensive statewide smoke-free law. **Eleven published studies conducted in a number of different communities, states, regions, and countries have reported that implementation of smoke-free laws is associated with rapid and substantial reductions in hospital heart attack admissions in the general population.** A recent study from Pueblo, Colorado that appeared in CDC's Morbidity and Mortality Report found that these reductions were sustained over a three-year period.⁴ Some evidence suggests that the observed decreases in heart attack hospitalizations may be more pronounced among nonsmokers than among smokers.⁵

In addition to protecting nonsmokers from secondhand smoke exposure, the Report finds that smoke-free workplace policies help employees who smoke quit. This, in turn, would be expected to save employers money by reducing health care and disability costs, by increasing productivity among their staff through a decreased number of breaks taken and sick days used, and by reducing workers' compensation, life insurance, and maintenance costs. Smoke-free policies in public places and workplaces also promote health by contributing to changes in community norms regarding smoking and by setting a positive example for youth.

The 2006 Surgeon General's Report also concludes, based on the findings of peer-reviewed studies that have examined objective economic indicators such as employment levels and taxable sales revenues for restaurants and bars, that smoke-free policies, laws, and regulations do not have an adverse economic impact on the hospitality industry. In February 2004, CDC published a study from El Paso, Texas, which examined data on sales tax and mixed-beverage tax revenues for twelve years prior to and one year after the implementation of a comprehensive smoke-free law in that city. No significant changes in restaurant and bar revenues were observed after the law took effect⁶. These findings are consistent with those from other communities and states that have implemented smoke-free laws. For example, New York City governmental agencies reported that business tax receipts for the city's restaurants and bars increased by nearly 9 percent in the year following implementation of a comprehensive municipal smoke-free law. The agencies also reported that employment in the city's restaurants and bars increased after the law took effect.⁷

The Surgeon General has concluded that involuntary exposure to secondhand smoke is a common public health hazard that is entirely preventable by appropriate regulatory policies. Both the Surgeon General and the U.S. Task Force on Community Preventive Services have concluded that the most effective strategy to reduce nonsmokers' exposure to secondhand smoke is the establishment of smoke-free environments. Our nation's *Healthy People 2010* objectives seek to assure optimal protection of nonsmokers from secondhand smoke exposure through policies, regulations, and laws requiring smoke-free environments in all worksites and public places.

As of 2007, 73.7 percent of Wisconsin residents were protected by smoke-free policies at work and 75.7 percent of Wisconsin households were protected by smoke-free rules at home.⁸ The Wisconsin figures indicate that a substantial portion of the state's population continues to be exposed to secondhand smoke at work and at home, which are the two most important settings where exposure occurs.

In summary, the findings of the Surgeon General's report along with many other studies, demonstrate that exposure to secondhand smoke poses serious health risks. Exposure to this health hazard is widespread. Hospitality workers are more likely than workers in other occupations to be exposed to secondhand smoke and its associated health risks on the job. And, unlike many other health hazards, secondhand smoke exposure is completely preventable.

Thank you.

¹ California Environmental Protection Agency. *Proposed Identification of Environmental Tobacco Smoke as a Toxic Air Contaminant. Part B: Health Effects*. Sacramento (CA): California Environmental Protection Agency, Office of Environmental Health Hazard Assessment, 2005

² Repace J. Respirable particles and carcinogens in the air of Delaware hospitality venues before and after a smoking ban. *Journal of Occupational and Environmental Medicine* 2004; 46(9):887-905

³ CDC. Indoor air quality in hospitality venues before and after implementation of a clean indoor air law – Western New York, 2003. *Morbidity and Mortality Weekly Report* 2004; 53(50):1175-8

⁴ CDC. Reduced Hospitalizations for Acute Myocardial Infarction After Implementation of a Smoke-Free Ordinance --- City of Pueblo, Colorado, 2002—2006. *Morbidity and Mortality Weekly Report*. 2009; 57(51&52):1373-1377

⁵ Pell JP, Haw S, Cobbe S, et al. Smoke-free legislation and hospitalizations for acute coronary syndrome. *N Engl J Med* 2008;359:482--91

⁶ CDC. Impact of a smoking ban on restaurant and bar revenues – El Paso, Texas, 2002. *Morbidity and Mortality Weekly Report* 2004; 53(44):1038-41

⁷ Hyland A, Cummings KM, Nauenberg E. Analysis of taxable sales receipts: was New York City's Smoke-Free Air Act bad for business? *Journal of Public Health Management and Practice*. 1999; 5(1):14-21

⁸ Tobacco Use Supplement to the Current Population Survey, available at: <http://riskfactor.cancer.gov/studies/tus-cps>



SB181

May 5, 2009

Dear Members of the Senate Health Committee:

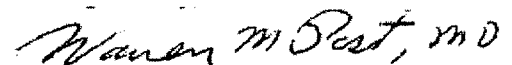
I am writing you as the Chairperson of the Fond du Lac County Board of Health Committee and as a pediatrician who is concerned with the health of our state's youth. I am writing to elicit your support of currently proposed All Workplace No Smoking Bills being introduced into both houses of the State Legislature (and reflecting language in the current budget proposal). The proposed bills should be passed without significant amendments and without delay in initiation of enactment.

Tobacco use is the single greatest cause of preventable death and disease in our society; and secondhand smoke is the third. The type of bill being proposed has proven benefit in multiple communities, states and countries with immediate and sustained reduction in the rate of heart attacks by 25-35%. Respiratory health and multiple cancers will also be reduced, although the degree of benefit is not as readily quantified. Youth living in communities where smoking does not occur in dining places have a significantly lower rate of smoking initiation. The State pays dearly through Medicaid and through reduced productivity of our workers when smoking takes place in the workplace.

The Tavern League has a passion against such legislation, fearing financial ruin of their industry if such legislation is enacted and enforced. In no jurisdiction where such legislation has been enacted have these fears proven to be justified. Madison and Appleton are communities where such legislation has been enacted. Tax records do not support the concept of harm to the hospitality industry.

Please do the right thing and support this legislation without significant amendment or delay in initiation of enforcement. It is the right thing for the health of our population and it is the right thing for fiscal responsibility of our state government. Two-thirds of the populace support this action.

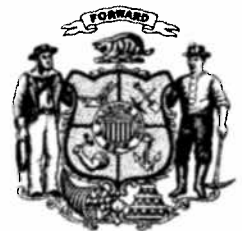
Respectfully,



Warren M. Post, M.D.
420 East Division Street
Fond du Lac, WI 54935



WISCONSIN STATE LEGISLATURE





Serving the
Lodging Industry
for Over 100 Years

May 5, 2009

To: Senate Committee on Health, Health Insurance, Privacy, Property
Tax Relief, and Revenue (Sen. Jon Erpenbach, Chair)

From: Trisha Pugal, CAE
President, CEO

RE: **SB 181 Statewide Smoking Ban**

On behalf of the Board of Directors of the Wisconsin Innkeepers Association, representing over 950 hotels, motels, resorts, inns, and bed & breakfasts around the state, we respectfully encourage your support of SB 181 without any amendment that removes the currently stated allowance for up to 25% of private sleeping rooms in a lodging property to be smoking rooms.

The following points will support this request:

- Private sleeping rooms in lodging properties are much more similar to private residences than to interactive public rooms in facilities such as restaurants or bars
- It is not possible, nor is it legal from a privacy perspective, to monitor for smoking in private sleeping rooms, making this unenforceable.
- As sleeping rooms offer a private environment where sleeping attire is common, going outside to smoke, especially in properties with multiple levels and limited exits, is not a realistic option
- When some smoking rooms are an option, it is much less likely that a guest would smoke in a smoke-free room
- If all sleeping rooms at all properties must be smoke-free, it is likely there will be more smoking violations, which unfortunately cannot be witnessed, making it difficult to collect damages when the guest has already left the premises.
- Lodging properties would be left with: an unanticipated 800% increase in cleaning time needed to deeply clean the room, resulting in rooms not being available for the next guest, having to absorb the costs when the guest denies smoking and the charges imposed, and potential liability if the next guest promised a smoke-free room has a medical reaction to any smoke remnants missed in the rush.
- Most of the other states with statewide smoking bans provide for a similar percentage of private sleeping rooms that may be smoking rooms.
- European travelers smoke more prevalently, and are accustomed to private smoking rooms when traveling in

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the United States. With other states accommodating these travelers, this provides a deterrent to coming to Wisconsin, resulting not only in lost business for tourism, but also lost sales tax revenue.

- The 25% cap formula imposes a new restriction, and is a compromise that already will challenge roadside motels in particular, as their guests are more frequently than not smokers.

Please retain the 25% cap on private sleeping rooms and avoid passing legislation that is unenforceable within the privacy of a lodging sleeping room.

Cc: WIA Executive Committee
Kathi Kilgore