

Good morning, Chairman Klein and members of the Committee. My name is Neil Charvat, and I am the Director of the Tobacco Prevention and Control Program for the North Dakota Department of Health. I am here to provide testimony in opposition to Senate Bill 2137.

Tobacco prevention and control efforts in North Dakota focus on guidance provided by the Centers for Disease Prevention and Control (CDC) *Best Practices for Comprehensive Tobacco Control Programs* (Best Practices). Best Practices provide evidence-based interventions to prevent tobacco product use initiation; increase quitting tobacco use; and reduce exposure to secondhand smoke. Senate Bill 2137 attempts to create an environment to expose the public, especially employees, to secondhand smoke in the workplace.

Reducing exposure to secondhand smoke helps eliminate sickness and death related to this exposure. According to the CDC, secondhand smoke exposure contributes to approximately 41,000 deaths among nonsmoking adults and 400 deaths in infants each year. Secondhand smoke causes strokes, lung cancer, and coronary heart disease in adults. Non-smokers who breathe in secondhand smoke take in nicotine and toxic chemicals the same way smokers do. The more secondhand smoke you breathe, the higher the levels of these harmful chemicals in your body. There is no known safe level of secondhand smoke. Any exposure is harmful.

In November 2012, North Dakotans overwhelmingly approved Initiated Measure 4. This measure removed exemptions from the 2005 State Smoke-Free Law. The remaining exemptions mainly applied to bars, truck stops, and public lodging. The intent was to protect ALL North Dakota citizens from unnecessary exposure to secondhand smoke in indoor public venues. Senate Bill 2137 would again endanger the lives of North Dakota citizens.

The 2012 North Dakota Smoke-Free Law is an exceptional public health policy achievement. It not only protects the public from the dangers of secondhand smoke exposure, but also addresses the emerging issues of the dangers of electronic nicotine delivery systems (ENDS), also known as e-cigarettes and

vaping. Many states that have good smoke-free laws, but do not address indoor ENDS use, are having a challenging time changing their current laws. The 2016 *E-Cigarette Use Among Youth and Young Adults: A Report of the Surgeon General* applauds the North Dakota 2012 Smoke-Free Law as a major policy success to protect our citizens. Making changes to such an effective policy tool will lessen the ability of this tool to protect public health.

We have proof that policies like this reduce death and disability in our communities. A research paper from the University of North Dakota, *Impact of a Comprehensive Smoke Free Law on Incidence of Heart Attacks at Rural Community Hospitals*, that studied the effects of smoke-free workplaces in Grand Forks cited:

*Approximately 46,000 deaths from cardiovascular disease are associated with secondhand smoke exposure annually in the U.S.. This corresponds to roughly 150 deaths annually in North Dakota. Secondhand smoke, even in brief exposure, can increase risk of heart attack. Heart attack admissions fell by 30.61% as a percentage of total admissions after implementation of a comprehensive smoke free law, from 0.49% (83/16,702) to 0.34% (63/18,513).*

Senate Bill 2137 uses methods to give the appearance of mitigating the dangers of secondhand smoke indoors through ventilation. Ventilation systems do not work to protect the public from this danger. According to the American Society of Heating, Refrigerating, and Air Conditioning Engineers (ASHRAE) in their position statement on the subject:

*"At present, the only means of effectively eliminating health risks associated with indoor exposure is to ban smoking activity... No other engineering approaches, including current and advanced dilution ventilation or air cleaning technologies, have demonstrated or should be relied upon to control health risks from ETS [environmental tobacco smoke] exposure in spaces where smoking occurs... Because of ASHRAE's mission to act for the benefit of the public, it encourages elimination of smoking in the indoor environment as the optimal way to minimize ETS exposure."*

A cigar bar as proposed will be exposing all employees and patrons to the dangers discussed above. Additionally, there would be secondhand smoke affecting the employees and patrons of other businesses if the cigar bar is in the same building.

Though the language of Senate Bill 2137 relates primarily to smoking cigars, the bill contains reference to "and any premium tobacco product". "Premium tobacco product" is an industry term and does not have an official definition of products in state statute. The vagueness of this language could lead to interpreting various tobacco products as "premium". This could include cigarettes and ENDS. The vague language could lead to difficult enforcement for both employees of the establishment and law enforcement. It would be very difficult to determine if bar patrons were using premium or non-premium products in the establishment.

Senate Bill 2137 seeks to change the current smoke-free law to create places that put patrons, employees, and anyone in the immediate area at risk of sickness and death. Therefore, we oppose Senate Bill 2137.

This concludes my testimony, I am happy to answer any questions you may have.