

MICROFILM DIVIDER

OMB/RECORDS MANAGEMENT DIVISION
SFN 2053 (2/85) 5M



ROLL NUMBER

DESCRIPTION

4017

2007 SENATE HUMAN SERVICES

SCR 4017

2007 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. SCR 4017

Senate Human Services Committee

Check here for Conference Committee

Hearing Date: 2-06-07

Recorder Job Number: 2917

Committee Clerk Signature

Mary K. Monson

Minutes:

Vice Chairman Senator Erbele opened the hearing on SCR 4017 expressing support for the continued statewide efforts to prevent the initiation of smoking among minors and to promote quitting among minors and adults and expressing concern about employers that allow their teenage employees to take smoking breaks.

Senator Nething (District #12) introduced SCR 4017 at the request of a constituent. It deals with a different approach when we talk about association with work related duties.

Betty McCommon testified on her own behalf in support of SCR 4017. She told about her daughter whose first job was at a fast food restaurant and the only way the employees got a break was if they smoked. She had this experience in later jobs also. They noticed that a lot of young people started smoking at these jobs because that was the only way they could get a break. She distributed information from the 2006 US Attorney General report and the 2006 Mayo Clinic report on teenage smoking. (Attachment #1)

Senator Erbele asked how many smoking breaks were allowed.

Ms. McCommon answered as many as they want.

Senator Dever stated that this is a resolution and simply makes a statement. He asked her if that was her intent.

Ms. McCommon said her intent was that she was hoping it would be a law, but she is happy to get people thinking. If this is a resolution, maybe it will be in the back minds of some people. If they are going to allow smoke breaks then they better allow breaks for non smokers as well. Senator Dever said his understanding is the state law dictates the minimum number of breaks that are allowed for people in that situation. He asked if she was suggesting a maximum number of breaks if the purpose is to smoke.

Ms. McCommon said what she was suggesting was to just make it equal. If they don't want to allow breaks for everybody then don't allow breaks for smokers either. Don't reward this behavior (Meter 9:00)

Jack McDonald (ND Society of Respiratory Care) testified in support of SCR 4017 to try to encourage efforts to stop minors from starting to smoke.

Senator Pomeroy asked how he saw this resolution going forward.

Mr. McDonald understands this is just a resolution but thinks it would express the intent of the Legislative Assembly that it supports any efforts made by any state agency or private individuals along the lines of helping teenagers to not start smoking and help them to stop smoking if they are.

Senator Erbele said that typically resolutions are sent somewhere. Where would this be sent?

Mr. McDonald said he couldn't see who to send it to. In the past this has been done and it simply expressed the intent of the legislature for a certain position. There is no central person that should receive it. It could be sent to the state health officer or state labor commissioner.

He also said that Senator Dever was correct that state law does mandate that you have to have so many breaks for so many hours that you work. The problem that was outlined is that they are giving extra breaks.

Senator Dever asked Mr. McDonald if he was aware of any initiatives on the part of the state, local chambers of commerce, or anyone else to encourage employers to consider the impact of providing those kinds of breaks.

Mr. McDonald was not aware of that.

Senator J. Lee asked how much responsibility a business has to make sure that a person doesn't smoke during that break.

Mr. McDonald said what his reading of this was to stop the employers from encouraging the smoking by allowing unlimited smoke breaks. He agreed that you can't and shouldn't try to limit what people do on their break as long as it doesn't affect the workplace.

Valerie Fischer (Director of School Health, DPI) testified in support of SCR 4017. See attached testimony #2.

Senator Erbele said it is illegal to purchase it and asked if it is also illegal to use it and what is the penalty.

Ms. Fischer said that under the age of 18 it is illegal to purchase and use cigarettes. If caught smoking or purchasing them, there is a penalty. She didn't know the exact fine.

Senator Dever asked if she is aware of any initiatives specifically regarding employers and smoke breaks.

Ms. Fischer wasn't aware of any. Their biggest concern is continuing to let employers know that it is illegal for youth to be smoking under the age of 18 and that should not be encouraged.

Stacy Johnson (ND Dept. of Health) provided written testimony about tobacco control efforts in ND. (Attachment #3)

Senator J. Lee said that in previous years they talked about smoking issues and it became quite clear that there was a really big number of college students starting.

Ms. Johnson said, in the last couple years, they have had a concerted effort for campuses to curtail smoking. (Meter 27:50)

Senator Dever asked if she considered employers and smoke breaks being a problem.

Ms. Johnson said they had not when it came to smoke breaks. They have worked with some business with cessation programs.

Senator J. Lee asked if they work through the Chamber of Commerce of ND and the local chambers.

Ms. Johnson said there have been ongoing meetings and that is one place they want to expand.

Betty McCommon testified earlier but wanted to add that, in her research, she found out that it is a crime for a youth to smoke. It is more or less a slap on the wrist. And if an employer allows smoking there are no consequences for them.

Senator Dever said his collection was that in 2001 there was a bill that fined \$25 and required smoking cessation classes.

There was no opposing or neutral testimony.

The hearing on SCR 4017 was closed.

(Meter 33:55) There was a short discussion on lines 16-17.

Senator Warner moved to amend SCR 4017 by taking out the comma after behaviors on line 16, replacing it with a semicolon and deleting "including being involved in fights, carrying weapons, engaging in high-risk sexual behavior, and using alcohol and other drugs;"

Seconded by Senator Heckaman.

Roll call vote 6-0-0. Motion carried.

(Meter 36:25) There was a short discussion on lines 18-20 and the studies.

Senator Warner moved a Do Pass as amended on SCR 4017.

Senator Heckaman seconded the motion.

Roll call vote 5-1-0. Motion carried. Carrier is Senator Dever.

Date: 2-6-07

Roll Call Vote #: 2

2007 SENATE STANDING COMMITTEE ROLL CALL VOTES

BILL/RESOLUTION NO. SCR 4017

Senate HUMAN SERVICES Committee

Check here for Conference Committee

Legislative Council Amendment Number 73078.0101 Title .0200

Action Taken Do Pass as Amended

Motion Made By Sen. Warner Seconded By Sen. Heckaman

Senators	Yes	No	Senators	Yes	No
Senator Judy Lee, Chairman	✓		Senator Joan Heckaman	✓	
Senator Robert Erbele, V. Chair		✓	Senator Jim Pomeroy	✓	
Senator Dick Dever	✓		Senator John M. Warner	✓	

Total (Yes) 5 No 1

Absent 0

Floor Assignment Senator Dever

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

SCR 4017: Human Services Committee (Sen. J. Lee, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (5 YEAS, 1 NAY, 0 ABSENT AND NOT VOTING). SCR 4017 was placed on the Sixth order on the calendar.

Page 1, line 16, remove ", including being involved in fights, carrying weapons, engaging"

Page 1, line 17, remove "in high-risk sexual behavior, and using alcohol and other drugs"

Renumber accordingly

2007 HOUSE HUMAN SERVICES

SCR 4017

2007 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. SCR 4017

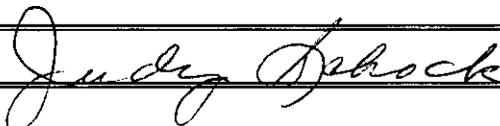
House Human Services Committee

Check here for Conference Committee

Hearing Date: March 19, 2007

Recorder Job Number: 5264 & 5267

Committee Clerk Signature



Minutes:

Chairman Price: We will open the hearing on SCR 4017.

Senator Dave Nething, District 12 Jamestown: This bill was put in behalf of a constituent, who will be here to testify. I draw your attention to the fact nothing gets mailed with this resolution. I think it is important that this becomes an expression of this legislature as to our view of teenage smoking, and also to encourage the quitting of smoking in minors and adults. I am not sure we have another vehicle in this interim directed that way, and as such for those that are in the business of encouraging people to quit smoking, this then becomes a merit of support for them.

Betty McCommon, mother of 2: What prompted this was 5 years ago when my daughter got her first job in a fast food restaurant here. She came home from her first day, asking her how it went. She met a girl 14 years of age and my daughter said she smoked. That is the only way you get a break. I thought that to be weird. My daughter has recently come back home and is attending school here at BSC, and working at a local upscale restaurant. Again the only people that get breaks are the smokers. Her boyfriend didn't start smoking until he was 19 because that was the only way he got a break. My son was home this weekend and talking with him about it. He has worked in several businesses in Fargo and here, and said oh yes; smokers

can take all the breaks they want. Everyone else has to stay in and work. I began to reflect on where I work and you know what, the people that smoke are taking 5-6 breaks a day and I am sitting inside. It is not just a ND problem, it is a national problem. We are rewarding children for bad behavior. If you smoke you get a break if you don't smoke you don't get a break.

Michelle Walker, Cessation/Disparities Coordinator of the Division of Tobacco

Prevention and Control for the Department of ND Health: See attached testimony.

Rep. Conrad: Have you had any conversation with the Chamber of Commerce about this?

This is discouraging to people who don't want to smoke.

Ms. Walker: Yes, on our local level of department of health unit generally have worked with the Chamber of Commerce on that level. It is something we have taken a look at state wide too. I was not aware this was going on either. It is good information for our local public health unit.

Rep. Potter: This is news to me too about the smoke breaks. Since this bill has come up, have you done any research into this? For the state what would be their policy for smoke breaks?

Ms. Walker: This is surprise to us as well. I don't know of any research that has been done. It is now on our radar. I am not positive, as far as I know 2 breaks during the day and a half hour lunch break. I don't know how many times individuals are actually going out and taking advantage of breaks.

Rep. Kaldor: I am interested about the employers responsibility, if they are hiring a minor, and they give them a smoke break, are they not contributing to delinquent behavior? That kind of concerns me.

Ms. Walker: It is more of a legal question; I am not able to answer that. We could check into the legality of it.

Rep. Damschen: Just a comment, I would guess the employer does not know what they do on a break.

Rep. Uglem: Can an employer discriminate against smokers when they hire them?

Ms Walker: That is a good question. I don't know.

Chairman Price: Yes they can.

Rep. Kaldor: Concluding from your testimony, smoking on the work place is made more difficult, is it making it easier for them to quit? What are you doing to help smokers who want to quit, as far as giving them access to patches or other things?

Ms Walker: There are actually quite a few programs available to people state wide and to obtain therapy products. According to incomes, we do offer a months supply for the gum or the patch.

Chairman Price: Anyone else to testify or opposition on SCR 4017.

Chairman Price: Committee take out SCR 4017 for action.

Rep. Pietsch: How does one know if they are going to the bath room or taking smoke breaks? How would an employer know for sure what they are doing?

Rep. Porter: It would be a little more encouraging if this really did something. What is it actually doing? Who is getting the message? What is it going to change? Even from the States point, does ND know how much lost productivity do they have walking out the East door? Each employer has to step up to the plate and make those determinations. What are the legal ramifications of an employer knowing their minor employees are breaking the law on their property.

Rep Conrad: Seems like the health department had not heard it before, which surprised me.

It is a supporting effort. I make a motion for a do pass consent to calendar, seconded by

Representative Schneider. The vote was taken with 10 yeas, 1 nay, and 1 absent.

Representative Potter will carry the bill to the floor,

Rep. Kaldor: I too am wondering about its effect and maybe it should go to the Department of Labor for communication with employers knowing about minors breaking the law.

Date: 3/19
Roll Call Vote #: 1

2007 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. "Click here to type Bill/Resolution No."

House HUMAN SERVICES SBR 4017 Committee

Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken Do pass Consent to Agenda

Motion Made By Rep. Conrad Seconded By Rep. Schneider

Representatives	Yes	No	Representatives	Yes	No
Clara Sue Price - Chairman			Kari L Conrad		
Vonnie Pietsch - Vice Chairman			Lee Kaldor		
Chuck Damschen			Louise Potter		
Patrick R. Hatlestad			Jasper Schneider		
Curt Hofstad					
Todd Porter		✓			
Gerry Uglem					
Robin Weisz					

Total (Yes) 10 "Click here to type Yes Vote" No 1 "Click here to type No Vote"

Absent 1

Floor Assignment Rep. Potter

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE (410)
March 20, 2007 8:16 a.m.

Module No: HR-52-5706
Carrier: Potter
Insert LC: . Title: .

REPORT OF STANDING COMMITTEE

SCR 4017, as engrossed: Human Services Committee (Rep. Price, Chairman) recommends **DO PASS** and **BE PLACED ON THE CONSENT CALENDAR** (10 YEAS, 1 NAY, 1 ABSENT AND NOT VOTING). Engrossed SCR 4017 was placed on the Tenth order on the calendar.

2007 TESTIMONY

SCR 4017

From US Attorney General 2006 report:

Smoking among teenagers, however, has not declined since 1980. Approximately 90 percent of all smokers start before age 18; the average age for a new smoker is 13.

FROM MAYO CLINIC 2006 report

If you can help your teenager resist taking that first puff of a cigarette, you will dramatically improve his or her odds for a longer and healthier life.

Nearly 90 percent of adult smokers took up the habit before they turned 19 — in other words, before they were old enough to realize they might not live forever. By middle age, they've learned otherwise, often in the hardest way possible. One out of every three smokers can expect to die of a disease caused by cigarettes.

If you can help your teenager resist taking that first puff, you will dramatically improve his or her odds for a longer and healthier life.

What's the attraction?

Adolescents turn to tobacco for a variety of reasons. Perhaps it's a form of rebellion, or maybe they just want to fit in with a particular group of friends. They may believe cigarettes will improve their concentration or help them lose weight.

Some teenagers see smoking as part of their identity or persona. They may feel more macho, sexy, independent or grown-up when they smoke.

**An addictive drug
Helping them quit**

Nearly 23 percent of high-school students and more than 10 percent of the middle-school students in the United States smoke cigarettes.

Lecturing about the evils of tobacco does more harm than good. Warning about the long-term health effects of smoking isn't effective, either. A better approach is to focus on problems that cigarettes may be causing them now:

- Chronic cough
- Reduced stamina
- Bad breath
- Yellow teeth

- Stinky clothes

Another factor is the expense. A pack of cigarettes a day costs more than \$75 a month — nearly \$1,000 a year. That would buy two movie tickets or a music CD every week.

Associated risks

Teenagers who have a best friend or parent who smokes are more likely to start smoking themselves, partly because they have easier access to cigarettes. Poor school performance and cigarette smoking also seem to be related. Teenagers who do well in school seem less likely to start smoking.

Race is another risk factor. White adolescents are much more likely to start smoking than their black or Asian counterparts.

Children who begin smoking at an early age also are more likely to engage in other risky behaviors, such as alcohol use, drug use and unprotected sex. They also have a greater risk of becoming long-term smokers.

TESTIMONY ON SCR 4017
Senate Human Services Committee
February 6, 2007
Valerie Fischer, Director of School Health
328.4138
Department of Public Instruction

Madam Chair and members of the Senate Human Services Committee - my name is Valerie Fischer, Director of School Health for the Department of Public Instruction. On behalf of DPI, I am here to applaud your efforts initiating Senate Concurrent Resolution 4017.

This resolution gives acknowledgement that while North Dakota has made great strides to lessen youth tobacco use, on-going work must become a priority and the responsibility of many stakeholders. The concurrent resolution expressing support for the continued statewide efforts to prevent the initiation of smoking and to promote quitting among minors is symbolic of the value we place on our youth and their well-being.

Every other year, DPI School Health conducts student focus groups across the state visiting with over 800 students in grades 8-12 on topics related to their attitudes and opinions regarding various risk behaviors. Most youth who smoke tell us they began smoking because their parents smoke and approve, or they started smoking when they began employment – usually working with older peers who smoke and give/buy them cigarettes. Seldom, if ever, did employers express concern about the illegal use of tobacco given their age or the negative consequences of smoking.

The Division of Tobacco Prevention and Control in the ND Department of Health has done an exemplary job in the past several years to inform, educate and offer solutions to teens who smoke. As evidenced by the 2005 Youth Risk Behavior Survey, smoking rates among North Dakota youth have decreased substantially – from over 40% in 1999 to 22% in 2005 (and now clustered in the middle of other states nationally). Comprehensive efforts by all North Dakota partners will continue to decrease youth rates of tobacco use. The Department of Public Instruction has worked in concert with the Department of Health to curb youth smoking and we look forward to our partnership to further accomplish this goal. I'd like to believe that in my lifetime tobacco may become obsolete.

All research indicates that tobacco use is a gateway to other risk behaviors involving alcohol and other drugs. Preventing the initiation of smoking will also address this as well. Additionally, the increases of youth who smoke cigars and use spit tobacco need to be monitored and addressed as part of the comprehensive approach to tobacco reduction.

This Resolution and related legislative bills acknowledges that tobacco use has absolutely no benefits and is a drain on any smoker's financial, medical, and social systems. I've never met a smoker yet who didn't wish he/she could quit – or didn't start. This concludes my testimony and I'm available for questions.

Testimony

Senate Concurrent Resolution 4017

Human Services Committee

February 6, 2007; 10:15 a.m.

North Dakota Department of Health

Good morning, Madam Chair and members of the Human Services Committee. My name is Stacy Johnson, and I am an outreach coordinator for the North Dakota Department of Health's Division of Tobacco Prevention and Control. I am here today to provide information about tobacco control efforts in North Dakota.

Costs of Tobacco Use

Smoking costs North Dakota \$372 million annually in direct medical expenditures and lost productivity. Tobacco use is the number one preventable cause of premature death and disease in North Dakota and the nation. Nationwide, smoking kills more people than alcohol, AIDS, motor vehicle crashes, illegal drugs, murders, suicides and fires, combined.

Funding

The Community Health Grant Program receives about 8 percent of Master Settlement Agreement funding per year, which goes to local public health units for school and community tobacco-prevention programs. Local public health units also may receive funding through a CDC grant on a competitive basis.

Youth Tobacco Prevention and Control Efforts

The goal of a comprehensive tobacco control program is to reduce disease, disability and death related to tobacco use. Because most people who start smoking are younger than 18, programs that prevent the onset of smoking during the school year are a crucial part of a comprehensive tobacco prevention program. Research has shown that evidence-based school programs are effective when combined with other program components that are reinforced by adults and the community.

In North Dakota, tobacco-prevention program activities in the schools include implementing the U.S. Centers for Disease Control and Prevention's Guidelines for School Health Programs to Prevent Tobacco Use and Addiction, which calls for tobacco-free policies, evidence-based curricula, teacher training, parental involvement and cessation services. Implementation of comprehensive school tobacco policies that include all school property is another method to help reduce the number of youth who begin using tobacco. Currently, 144 school districts (56%) have implemented tobacco-free ground policies, covering more than 80 percent of our North Dakota students.

Cessation Efforts

Current cessation efforts in the state include programs and services assisting both adults and youth in their efforts to quit, as well as training health-care providers in effective cessation approaches. A portion of funding that local public health units receive is used to help with cessation efforts. The North Dakota Tobacco Quitline provides free, confidential cessation counseling to any North Dakota resident interested in quitting tobacco. The Quitline averages 265 calls per month and has a cumulative quit rate of 31 percent.

Tobacco-Use Rates

The percentage of youth in grades nine through 12 who are current smokers has significantly declined from 41 percent in 1999 to 22 percent in 2005. That means there are 8,700 fewer youth smoking. Current smokeless tobacco users in grades nine through 12 has declined from 15 percent in 1999 to 11 percent in 2005. That means there are 2,200 fewer youth using smokeless tobacco. An estimated \$121 million in future tobacco-related health-care costs will be saved due to the reduced number of youth using tobacco.

The percentage of adults who smoke also has declined, from 22 percent in 1999 to 20 percent in 2005.

Conclusion

Tobacco-control efforts in North Dakota have made much progress in reducing tobacco use and the effects of secondhand smoke. By doing so, we are saving lives and money as we continue to build a healthy North Dakota.

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

2005 NORTH DAKOTA

YOUTH RISK BEHAVIOR

Contact Dept of Health for copy



SURVEY RESULTS

Testimony

Senate Concurrent Resolution 4017

Human Services Committee

March 19, 2007; 10 a.m.

North Dakota Department of Health

Good morning, Madam Chair and members of the House Human Services Committee. My name is Michelle Walker, and I am Cessation/Disparities Coordinator of the Division of Tobacco Prevention and Control for the North Dakota Department of Health. I am here today to provide information about tobacco control efforts in North Dakota.

Costs of Tobacco Use

Smoking costs North Dakota \$372 million annually in direct medical expenditures and lost productivity. Tobacco use is the number one preventable cause of premature death and disease in North Dakota and the nation. Nationwide, smoking kills more people than alcohol, AIDS, motor vehicle crashes, illegal drugs, murders, suicides and fires, combined.

Funding

The Community Health Grant Program receives about 8 percent of Master Settlement Agreement funding per year, which goes to local public health units for school and community tobacco-prevention programs. Local public health units also may receive funding through a CDC grant on a competitive basis.

Youth Tobacco Prevention and Control Efforts

The goal of a comprehensive tobacco control program is to reduce disease, disability and death related to tobacco use. Because most people who start smoking are younger than 18, programs that prevent the onset of smoking during the school year are a crucial part of a comprehensive tobacco prevention program. Research has shown that evidence-based school programs are effective when combined with other program components that are reinforced by adults and the community.

In North Dakota, tobacco-prevention program activities in the schools include implementing the U.S. Centers for Disease Control and Prevention's Guidelines for School Health Programs to Prevent Tobacco Use and Addiction, which calls for tobacco-free policies, evidence-based curricula, teacher training, parental involvement and cessation services. Implementation of comprehensive school tobacco policies that include all school property is another method to help reduce the number of youth who begin using tobacco. Currently, 144 school districts (56%) have implemented

tobacco-free ground policies, covering more than 80 percent of our North Dakota students.

Cessation Efforts

Current cessation efforts in the state include programs and services assisting both adults and youth in their efforts to quit, as well as training health-care providers in effective cessation approaches. A portion of funding that local public health units receive is used to help with cessation efforts. The North Dakota Tobacco Quitline provides free, confidential cessation counseling to any North Dakota resident interested in quitting tobacco. The Quitline averages 265 calls per month and has a cumulative quit rate of 31 percent.

Tobacco-Use Rates

The percentage of youth in grades nine through 12 who are current smokers has significantly declined from 41 percent in 1999 to 22 percent in 2005. That means there are 8,700 fewer youth smoking. Current smokeless tobacco users in grades nine through 12 has declined from 15 percent in 1999 to 11 percent in 2005. That means there are 2,200 fewer youth using smokeless tobacco. An estimated \$121 million in future tobacco-related health-care costs will be saved due to the reduced number of youth using tobacco.

The percentage of adults who smoke also has declined, from 22 percent in 1999 to 20 percent in 2005.

Conclusion

Although tobacco-control efforts in North Dakota have made much progress, there is still much more we need to do to reduce the effects of tobacco use and secondhand smoke in North Dakota. Through these efforts, we are saving lives and money as we continue to build a healthy North Dakota.

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