

Feb 1, 2021

Re: HB 1152 House Industry, Business, and Labor Committee

Dear Mr. Chairman and Honorable Committee Members:

My name is Eric L. Johnson, M.D. I'm unable to join you in person today, but I wanted to take a few minutes to re-articulate my position on tobacco related disease and secondhand smoke. I represent myself as a private citizen and a practicing physician in North Dakota and do not represent my employers or other affiliations.

You'll hear plenty of other fact based testimony today regarding the benefits of reducing tobacco use in our communities to reduce death, disability, disease, but maybe not always thought of or mentioned, health care costs. I know in the session this year, health care costs are front and center. If we are having a serious discussion about health care cost, we can't ignore tobacco related injury, be it from primary tobacco use by the user or in the form of secondhand smoke.

I have been a primary care physician for 28 years here in North Dakota, and I have seen overwhelming numbers of persons with tobacco related disease. I've also seen tobacco related disease who never used tobacco but did have known secondhand smoke exposure.

I want to join everyone here today in acknowledge the fact that North Dakota has had one of the most well-written and comprehensive smoke free laws in the country, I don't think any of us would disagree with that, and the benefits are real.

At the time of implementation of the Grand Forks Smoke Free ordinance a year or so ahead of the state law, I promised the City Council and Mayor of Grand Forks that myself and another researcher from the medical school would study any possible benefit from have a such an ordinance. So, we did.

One of the better markers for smoke free benefit is the incidence of heart attack in a community before and after smoke free. At the time, many of these research studies existed from other communities around the country. A summary of these studies is attached, which includes ours from Grand Forks.

In short, our study showed an approximate decrease of the heart attack rate in Grand Forks by about 30%. This was measured at the largest hospital in the county. This study went on the be published in one of the leading tobacco research journals, Nicotine and Tobacco Research, which is peer reviewed, in 2012. This data is consistent with many other studies published in the last 20 years. Presumably, fewer heart attacks means less cost, and we must consider that as well. This data helped considerably in forming our smoke free law. Evidence-based was very important to us and remains so.

Please consider all of these medical factors as you vote regarding the strength of North Dakota's widely-admired smoke free law. None of these laws are written with purpose of harming or demonizing smokers. They are explicitly about reducing tobacco related disease and related health care costs.

Thank you for your time today.

Respectfully Submitted,

Eric L. Johnson, M.D.
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