LOUISIANA SECONDHAND SMOKE STUDY COMMITTEE
HOUSE CONCURRENT RESOLUTION 76

2018 Regular Session

Final Report

April 1, 2019

Executive Summary

Tobacco is still the leading cause of preventable death here in Louisiana and around the world. Currently, 23.1% of Louisiana adults smoke as compared to the 14% of adults in the United States and 12.3% of high school students in Louisiana smoke. Louisiana continues to remain at the bottom (50th) in the health rankings of states. The state's high smoking prevalence continues to be a significant factor when it comes to the overall health of the state and its citizens.

In 2006, the state legislature approved a law that would make most workplaces, public spaces, universities, and restaurants smoke-free. This policy has created an unnecessary loophole in the law that exposes many of the residents who work in the hospitality and entertainment industries. Many of these employees who work in these areas are doing so in smoke filled environments for hours at a time. The US Surgeon General has stated that there is no safe level to secondhand smoke. Since the passage of the law in 2006, twenty-one municipalities have decided to make their local law more comprehensive and cover all their residence, including those who work in bar and gaming establishments.

In 2018, the legislature approved a secondhand smoke study to review the economic and public health impacts of a statewide comprehensive smoke-free policy that would eliminate smoking in all workplaces including bars and casinos. The committee found that Louisiana spends $1.89B annually in health care cost when it comes to tobacco related illnesses. Also, it was found that $803M annually in state and federal Medicaid dollars. None of the studies reviewed by the commission was able to list a comprehensive smoke-free policy as the only reason for a decline in gaming revenue.

The commission has provided several recommendations to the legislature that would improve the overall health of the state while reducing the harmful effects of secondhand smoke for all of Louisiana residents and visitors. Below is a list of recommendations to the Legislature to ensure that all workers are protected under the law and that no one must choose between their health and a paycheck by:

- Removing the exemption for bars and gaming establishments
- Removing the exemption for nursing home establishments to allow smoking indoors
- Increase the hotel/motel percentage to make all rooms smoke-free rooms
- Eliminate indoor smoking during Mardi Gras Balls
- Eliminate indoor smoking during tobacco expos at convention centers
- Inclusion of e-cigarettes and vaping in a comprehensive statewide policy

Along with these several recommendations, we ask that you continue to support the twenty-one municipalities that have passed a comprehensive policy by allowing municipalities to continue to go beyond what is written at the state level to address the concerns of their citizens. Louisiana is at a tipping point concerning comprehensive smoke-free policy. It is up to you to see that it tips in the right direction.

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I. Introduction

House Concurrent Resolution No. 76 by the Honorable State Representative Dustin Miller created a study committee to evaluate Louisiana's prevalence of tobacco-related illnesses resulting from secondhand smoke exposure and required the committee to report findings and policy recommendations concerning secondhand smoke exposure to the Legislature.[1](not a correct footnote)

As evidenced by Louisiana being ranked last (50th) in the annual *America's Health Rankings* report (1A?), and by numerous other legislative instruments calling for studies and reports on disease prevention and treatment and other means of improving health outcomes, the legislature has an ongoing and deep concern for the health and well-being of the people of this state. Louisiana Smoke-free Air Act (Act 815) of the 2006 Regular Session found and determined that it is in the best interest of the people of this state to protect nonsmokers, including employees, from involuntary exposure to tobacco smoke in most indoor areas open to the public, public meetings, food service establishments, and places of employment.

Although the 2006 Louisiana Smoke-free Air Act prohibits smoking in most public areas, including indoor workplaces, universities, and restaurants to improve the health, comfort, and environment of the people of this state by limiting involuntary exposure to tobacco smoke, the law also creates a policy gap by continuing to allow smoking in bars and gaming establishments. Since the passage of the Act, twenty-one municipalities covering approximately twenty-two percent of the state's population have enacted comprehensive smoke-free ordinances to close the policy loophole by prohibiting smoking in bars and gaming facilities. As of July 1, 2018, 25 states, Puerto Rico, the US Virgin Islands, and the District of Columbia have enacted 100% comprehensive smoke-free workplaces that includes restaurants and bars. Seventeen of these states, as well as Puerto Rico and the US Virgin Islands also include gaming facilities in their comprehensive smoke-free laws. Sixty percent (66% in recommendatons?) of the U.S. population is covered by comprehensive smoke-free laws.

Committee Membership

At its initial meeting, the study committee members elected Ms. Tonia Moore as chairperson and adopted rules of procedure and any other policies as necessary to facilitate the work of the group. The study committee is comprised of the following members:

Robin Rhodes	Healthy Community Manager	Louisiana Department of Health
Shanda McClain, Attorney	Policy Services Division	Louisiana Department of Revenue
Patrick Bell	Assistant Commissioner	Louisiana Department of Insurance
Dee Scallan	Education Coordinator	Louisiana Department of Culture, Recreation and Tourism

[1] America's Health Ranking. United Health Foundation. Annual Report 2018. https://assets.americashealthrankings.org/app/uploads/2018ahrannual_020419.pdf

Tonia Moore	Director	Louisiana Public Health Institute
Shawna Shields	Associate Director	Louisiana Campaign for Tobacco Free Living
Amanda Lapeyrouse, LPC, NCTTP	Tobacco Treatment Team Leader	Cardiovascular Institute of the South
Randy Hayden	Designee	Louisiana Association of Business and Industry
Ashley Hebert	Government Relations Director	American Heart Association
Lance Barbour	Government Relations Director	American Cancer Society - Cancer Action Network
Donna Williams	Director, Associate Dean for Public Health Practice and Community Engagement	LSU School of Public Health
Carolyn C. Johnson, PhD	Director, Tulane Prevention Research Center (PRC)	Tulane University School of Public Health
Linda Brown	Director, Communities of Color Network	Southern University Ag Center
Kathy Richard	Healthcare Initiative Director	Louisiana Cultural Economy Foundation
Sven Davisson	CEO	Louisiana Cancer Research Center
Stacey Roussel	Policy Director	Louisiana Budget Project
John Gallagher	Executive Director	Louisiana Municipal Association
Guy Cormier	Assistant Director	Police Jury Association of Louisiana
Ernest Legier	Senior Attorney	Office of Alcohol and Tobacco Control
Stan Guidroz	VP of Southern Operations	Jacobs Entertainment, Inc. R.S. 27:412(B)(1) Video Poker Entity 1
Donovan Fremin	Video Gaming Operator	R.S. 27:412(B)(2) Video Poker Entity 2

II. Findings

Smoking and Health

Smoking is the leading cause of preventable death, causing 6 million deaths in the United States annually.[2] Cigarette smoking harms nearly every organ in the body and increases a person's risk for numerous chronic health conditions and premature death. For every smoking-related death, at least 30 people live with a serious smoking-related illness[3]. In the 2018 *America's Health Rankings* report[4], Louisiana ranks No. 50, replacing Mississippi as the state with the greatest health challenges. Louisiana ranks No. 50 in both behaviors and community & environment categories, No. 47 in clinical care and No. 48 in health outcomes. Listed as one of the state's challenges: High prevalence of smoking at 23.1% of adults, compared with 14% nationally as well as 12.3% of high school students smoke. Approximately 2,000 Louisiana youth (those under the age of 18) become daily smokers each year. Beyond its more recognizable effects, tobacco usage can impact bone density, oral health and child development--especially among unborn children and infants."[5]

In addition, smoking disparately impacts health outcomes. Populations who are medically vulnerable, including behavioral health (36%), disabled (28%), lung conditions (45%) and populations disparately marginalized such as African-American men (29.6%), persons who identify as LGBT (43.4%), households reporting less than $15,000/year (low-income 31.8%), and less educated persons (36.3%) had even higher rates of smoking, compared to the state's general population. As a result, Louisiana spends more than $1.89 billion on smoking-related health care costs (with $803 million attributable to both Federal and State Medicaid dollars) and loses close to $2.5 billion in related productivity costs, every year. Moreover, 7,200 adult deaths, and nearly a third of all cancer deaths in the state,[4] are due to smoking.[6]

Additionally, with a state tobacco tax of $1.08, Louisiana ranks 37th in excise taxes on cigarettes charging $0.71 cents less than the national average of $1.79 per pack. On average, federal and state excise taxes on cigarettes contribute to 44.3% of the retail price. In Louisiana that percentage amounts to 35.5% as of 2017[7]. Although cigarette taxes can be touted as solutions

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[2] CDC Factsheet: Health Effects of Cigarette Smoking https://www.cdc.gov/tobacco/data_statistics/fact_sheets/health_effects/effects_cig_smoking/index.htm

[3] CDC Factsheet: Health Effects of Cigarette Smoking https://www.cdc.gov/tobacco/data_statistics/fact_sheets/fast_facts/index.htm

[4] America's Health Rankings. United Health Foundation 2018 report. file:///C:/Users/Ashley.Hebert/Documents/2018ahrannual_020419.pdf. Accessed 3/12/19

[5] Health Effects of Cigarette Smoking | CDC. (2018, January 17). Retrieved March 15, 2019, from https://www.cdc.gov/tobacco/data_statistics/fact_sheets/health_effects/effects_cig_smoking/index.htm

[6] Louisiana Behavioral Risk Factor Surveillance System (BRFSS) 2017. https://www.cdc.gov/brfss/annual_data/annual_2017.html

[7] The Tax Burden on Tobacco, 1970-2017. Orzechowski and Walker. Tax Burden on Tobacco. Tax burden data was obtained from the annual compendium on tobacco revenue and industry statistics, The

to improve public health, policymakers should be skeptical of using these taxes as long-term solutions to budget shortfalls. But it should not be ignored that is it easier to obtain cigarettes than it is to treat the chronic disease stemming from their use. The highest combined state-local tax rate is $6.16 in Chicago, IL, with New York City second at $5.85 per pack. An increase in the cigarette tax in lieu of the passage of a comprehensive smoke-free law would fill the gap of the potential loss in revenue and ease the concerns of legislators.

Secondhand Smoke Exposure

Secondhand smoke involves the contamination of the air in the immediate environment with more than 7,000 chemicals. Hundreds of these chemicals are toxic and ~70 are recognized as human carcinogens[8]. The US Environmental Protection Agency, the US Toxicology Program, the US Surgeon General and the International Agency for Research on Cancer classifies "secondhand smoke as a "known human carcinogen". This puts both smokers and non-smokers at risk for smoking-related diseases. Among non-smokers, 1 in 4 are exposed to secondhand smoke. Nonsmokers who are exposed to secondhand smoke at home or at work increase their risk of developing heart disease by 25-30%, lung cancer by 20-30%, and stroke by 20-30%.[9]

In the United States, secondhand smoke causes nearly 42,000 deaths among nonsmokers, including 7,300 lung cancer deaths. The only solution to reduce exposure to secondhand smoke is to make all public places, including workplaces, restaurant, bars and gaming facilities 100% smoke-free. Smoke-free policies have shown reduction in the incidence of coronary events for individuals under the age of 65. (attribution?)

The 2014 U.S. Surgeon General estimated that $5.7B per year was the economic value of lost wages, fringe benefits, and services associated premature death due to the exposure to secondhand smoke. Research strongly shows that comprehensive smoke-free policies are good for businesses, worker health, and customers. Research also shows that comprehensive smoke-free policies have shown consistently and conclusively that smoke-free laws have no adverse effects on the hospitality industry, and often benefit businesses. (Attribution?)

Casino Workers Endure Hazardous Levels of Secondhand Smoke Exposure

In 2009, the National Institute for Occupational Safety and Health (NIOSH) released the findings[10] of its landmark study showing that casino workers are exposed to hazardous levels of toxic

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Tax Burden on Tobacco. Data are reported on an annual basis; Data include federal and state-level information regarding taxes applied to the price of a pack of cigarettes.

[8] Centers for Disease Control and Prevention (2015). Vital Signs: Disparities in Nonsmokers' Exposure to Secondhand Smoke — United States, 1999–2012. Retrieved from: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6404a7.htm?s_cid=mm6404a7_w

[9] CDC: Secondhand Smoke: An Unequal Danger. https://www.cdc.gov/vitalsigns/tobacco/index.html. Feb 2015. https://www.cdc.gov/tobacco/data_statistics/fact_sheets/secondhand_smoke/health_effects/index.htm

[10] Environmental and Biological Assessment of Environmental Tobacco Smoke Exposure Among Casino Dealers. Health Hazard Evaluation Report HETA 2005-0076; 2005-0201-3080 Bally's, Paris, and Caesars

secondhand smoke at work, including tobacco-specific carcinogens that increased in the body as the shift went on. Casino dealers were found to have increasing levels of a cigarette carcinogen (NNAL) in their urine over the course of an 8-hour work shift. The tests showed that cigarette smoke and carcinogens were being taken up into their bodies. NIOSH also conducted indoor air quality sampling which found that components of secondhand smoke were present in the air of the three casinos, despite the claims of ventilation effectiveness. The study also found that casino dealers had more respiratory symptoms than the non-floor employees such as administrative and engineering employees. As a result of the study, NIOSH recommends making all casinos 100% smoke-free to ensure indoor air within casinos is safe for workers to breathe.

E-Cigarettes

E-cigarettes entered the U.S. marketplace around 2007, and since 2014, they have been the most commonly used tobacco product among U.S. youth[11]. E-cigarette use among U.S. middle and high school students increased 900% during 2011-2015, before declining for the first time during 2015-2017[12]. However, current e-cigarette use increased 78% among high school students during the past year, from 11.7% in 2017 to 20.8% in 2018[13]. In 2018, more than 3.6 million U.S. youth, including 1 in 5 high school students and 1 in 20 middle school students, currently use e-cigarettes.

For adults, e-cigarettes may have the potential to reduce risk for current smokers if they completely transition from cigarettes to e-cigarettes; however, most adults who use e-cigarettes also smoke cigarettes[14]. According to the Surgeon General, "E-cigarette aerosol is not harmless,[15] most e-cigarettes contain nicotine – the addictive drug in regular cigarettes, cigars, and other tobacco products." In addition to nicotine, the aerosol that users inhale and exhale from e- cigarettes can potentially expose both themselves and bystanders to other harmful substances, including heavy metals, volatile organic compounds, and ultrafine particles that can be inhaled deeply into the lungs.

Thirdhand Smoke

Palace Casinos Las Vegas, Nevada May 2009. https://www.cdc.gov/niosh/hhe/reports/pdfs/2005-0201-3080.pdf

[11] Office of the Surgeon General. E-cigarette Use among Youth and Young Adults: A Report of the Surgeon General. Washington, DC: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention; 2016. https://www.cdc.gov/tobacco/data_statistics/sgr/e-cigarettes/pdfs/2016_sgr_entire_report_508.pdf

[12] Wang TW, Gentzke A, Sharapova S, et al. Tobacco Use Among Middle and High School Students - United States, 20112017. MMWR Morbidity and Mortality Weekly Report. 2018;67(22):629-633.

[13] Cullen KA, Ambrose BK, Gentzke AS, Apelberg BJ, Jamal A, King BA. Notes from the Field: Increase in use of electronic cigarettes and any tobacco product among middle and high school students – United States, 2011-2018. MMWR Morbidity & Mortality Weekly Report 2018; 67(45):1276-1277.

[14] National Academies of Sciences, Engineering, and Medicine. 2018. Public Health Consequences of E-Cigarettes. Washington, DC: The National Academies Press. https://doi.org/10.17226/24952

[15] Office of the Surgeon General. E-cigarette Use among Youth and Young Adults: A Report of the Surgeon General. Washington, DC: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention; 2016.

Thirdhand Smoke is the residual contamination from tobacco smoke that lingers in rooms long after smoking stops and remains on clothes, in textiles, musical equipment such as keyboards, mics and guitar strings, and sticks to walls. It may seem merely like an offensive smell, but it also indicates the presence of toxins[16]. A study published in 2010 found that thirdhand smoke causes the formation of carcinogens. The nicotine in tobacco smoke reacts with nitrous acid - a common component of indoor air - to form the hazardous carcinogens. Nicotine remains on surfaces for days and weeks, so the carcinogens continue to be created over time, which are then inhaled, absorbed or ingested. Employees who work in smoke-filled environments do not leave these toxins when they exit the workplace; they are also carrying these toxins home with them exposing youth and elder family members. Thirdhand smoke exposure can occur through the skin, by ingestion, and by inhalation. Although thirdhand smoke causes a potential threat to adults living in spaces shared with smokers, infants and small children could be at greater risk than adults because their skin is thinner, their surface to volume ratio is higher, and because they spend more time in contact with thirdhand smoke-contaminated surfaces and where they can mouth thirdhand smoke-contaminated objects[17].

Medical Costs Related to Smoking in Louisiana versus Louisiana Gaming Revenue

Smoking related illnesses, including involuntary exposure to secondhand smoke, annually costs the state of Louisiana millions of dollars. Medicaid recipients tend to have a higher smoking prevalence than the general population and are disproportionately affected by tobacco-related disease. In addition to the individual health toll, the disproportionately higher smoking prevalence among Medicaid recipients imposes substantial costs on all Louisiana tax payers. The 2009 study, *State-Level Medicaid Expenditures Attributable to Smoking,* estimated 12 percent of state Medicaid expenditures were attributable to smoking in Louisiana that year.[18] Twelve percent of the Louisiana's share of 2016-2017 Medicaid expenditures was $348 million.[19] As a percentage of state budgets, Medicaid expenditures have continued to increase, from 8% in 1985 to 21.5% in 2006, surpassing elementary and secondary education as the largest single budget item.[20],[21]Medicaid expenditures are expected to consume an ever-increasing share of state budgets, and many states will have difficulty meeting their Medicaid commitments without cutting

[16] Mohamad Sleimana, Lara A. Gundela, James F. Pankowb, Peyton Jacob IIIc, Brett C. Singera, and Hugo Destaillatsa. Formation of carcinogens indoors by surface-mediated reactions of nicotine with nitrous acid, leading to potential thirdhand smoke hazards. https://www.pnas.org/content/pnas/107/15/6576.full.pdf. Accessed 3/13/2019.

[17] Bahl, Vasundhra et al. "Thirdhand cigarette smoke: factors affecting exposure and remediation" PloS one vol. 9,10 e108258. 6 Oct. 2014, doi: 10.1371/journal.pone.0108258

[18] Armour BS, Finkelstein EA, Fiebelkorn IC. State-level Medicaid expenditures attributable to smoking. Prev Chronic Dis 2009;6(3). http://www.cdc.gov/pcd/issues/2009/jul/08_0153.htm. Accessed 3/12/19.

[19] Louisiana Department of Health. Medicaid Annual Report, 2016-17.

[20] State expenditure report 2006. Washington (DC): National Association of State Budget Officers; 2007. http://www.nasbo.org/Publications/PDFs/fy2006er.pdf. Accessed June 4, 2008

[21] State expenditure report 2003. Washington (DC): National Association of State Budget Officers; 2004. http://www.nasbo.org/Publications/PDFs/2003ExpendReport.pdf. Accessed June 4, 2008.

other state-funded programs.[22],[23],[24] The chart below contains Louisiana-specific data on the economic toll of tobacco. A Louisiana resident's state and federal tax burden from smoking-caused government expenditures is $1,212.[25]

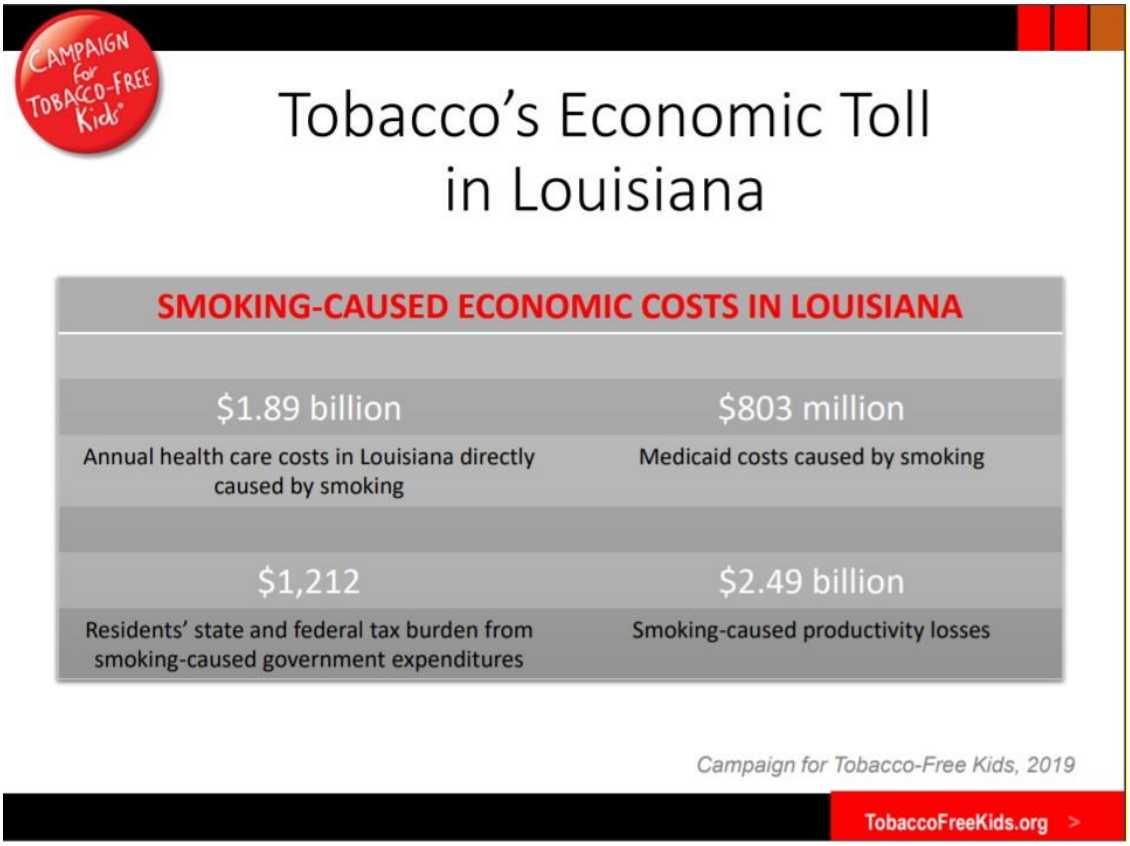


Table 2.1

[22] Smith VK, Moody G. Medicaid in 2005: principles and proposals for reform. A report prepared for the National Governors Association. Lansing (MI): Health Management Associates; 2005. http://www.healthmanagement.com/files/NGA-HMA-23Feb2005.pdf. Accessed June 4, 2008

[23] State expenditure report 2003. Washington (DC): National Association of State Budget Officers; 2004. http://www.nasbo.org/Publications/PDFs/2003ExpendReport.pdf. Accessed June 4, 2008.

[24] Medicaid reform: statement of Governor Mark R. Warner, chairman, and Governor Mike Huckabee, vice chairman, before the Committee on Finance of the United States Senate. Washington (DC): National Governors Association; June 15, 2005.

[25] Smoking-Caused Health Care Costs. CDC, Best Practices for Comprehensive Tobacco Control Programs—2014, http://www.cdc.gov/tobacco/stateandcommunity/best_practices/. See also Xu, X., et al., "Annual Healthcare Spending Attributable to Cigarette Smoking: An Update," Am J Prev Med, 2014. State estimates in 2009 dollars; national estimate in 2010 dollars. Health costs do not include estimated annual costs from lost productivity due to premature death and exposure to secondhand smoke. For other non-health care smoking caused costs, see, e.g., U.S. Department of the Treasury, The Economic Costs of Smoking in the U.S. and the Benefits of Comprehensive Tobacco Legislation, 1998; Chaloupka, FJ & Warner, KE, "The Economics of Smoking," in Culyer, A & Newhouse, J (eds), The Handbook of Health Economics, 2000; Leistikow, BN, et al., "Estimates of Smoking Attributable Deaths at Ages 15-54, Motherless or Fatherless Youths, and Resulting Social Security Costs in the United States in 1994," Preventive Medicine 30:353-60, 2000.

In response to growing concern among state governments, the chairman and vice-chairman of the National Governors Association, in testimony before the U.S. Senate Finance Committee, recommended placing a greater emphasis on disease prevention to contain rising Medicaid costs. Tobacco-cessation programs are effective in lowering the prevalence of cigarette smoking and its consequent serious and costly medical conditions, including pregnancy-related complications, heart disease, respiratory illness, and several types of cancer. [26],[27]

[28]

Table 2.2

Shaping this issue in context of state spending, much of the revenue generated by the gaming industry is being absorbed by the rising costs of providing smoke-related healthcare. With comprehensive smoke-free policies in these places, gaming facilities could potentially bring more consumers into their establishments, in turn raising revenues and allow the state to retain more of these gaming dollars.

[26] The health consequences of smoking: a report of the Surgeon General. Atlanta (GA): Centers for Disease Control and Prevention, US Department of Health and Human Services; 2004.
[27] Issue brief: state employee wellness initiatives. Washington (DC): National Governors Association Center for Best Practices; 2005.

Secondhand Smoke and Health Equity

Secondhand smoke exposure is a public health and health equity issue. Hospitality workers, entertainers, and particularly workers in gaming and bar environments are over exposed to secondhand smoke in their respective workplaces. Forty-five percent of the hospitality workforce are minorities and 48% are women. Exposure to secondhand smoke also varies by race and ethnicity. Over 50% of non-Hispanic African American women were exposed to secondhand smoke compared to about 30% of non-Hispanic White and Hispanic women. Non-smoking African American women were also more likely than their non-Hispanic White counterparts to report living in a household with a smoker (10.2% versus 5.4%, respectively). African Americans are disproportionately exposed to secondhand smoke (SHS) and heavily marketed to by the tobacco industry, resulting in greater rates of illness and death than the general population.

According to the Center for Disease Control's report *Vital Signs: Disparities in Nonsmokers' Exposure to Secondhand Smoke—United States, 1999–2012*, African American children and adults are more likely to be exposed to secondhand smoke than any other racial or ethnic group, with nearly half of Black nonsmokers exposed to SHS, including 7 in 10 Black children.

This report found that during 2011–2012:

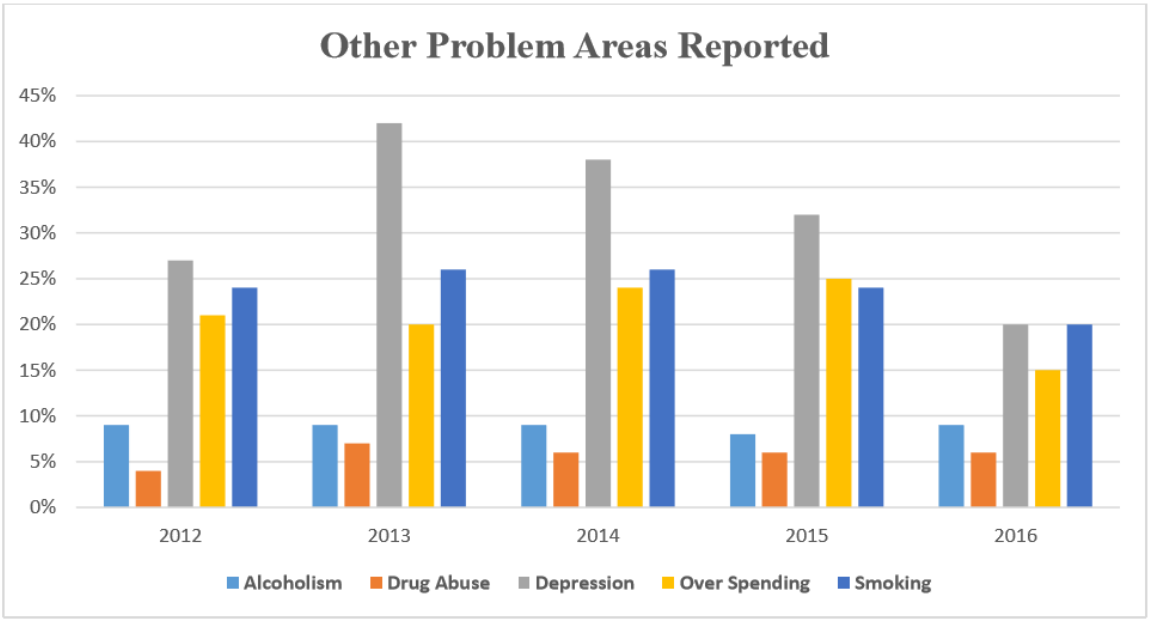
- 67.9% of African American children aged 3–11 years were exposed.
- 54.6% of African American adolescents aged 12–19 years were exposed.
- 39.6% of African American adults aged 20 years and older were exposed.
- African American nonsmokers generally have higher cotinine levels (an indicator of recent exposure to tobacco smoke) than nonsmokers of other races/ethnicities.

Smoking Prevalence Among Problem Gamblers

The Impact of Gambling in Louisiana: 2016 Study of Problem Gaming, a study prepared by the University of Louisiana at Lafayette for the Louisiana Department of Health made a direct correlation between public health consequences and problem gambling. When studying the precipitating event for calling the Louisiana Problem Gambler Helpline, callers are specifically asked if they have experienced "other problems" (current or past) in addition to gambling. The majority are problems related to mental health including depression, alcoholism and drug abuse. As shown below, depression is the most common problem reported in addition to gambling. However, smoking is the next most frequent problem area reported, followed by overspending. Interestingly, alcoholism and drug abuse are reported by fewer than 10% of callers, indicating the probable primary addiction (if present) is related to smoking.

The study concluded that "More emphasis should be placed not only on the social and economic consequences of gambling, but also on the public health consequences of gambling and gambling addiction. Framing gambling and gambling addiction as a public health issue is not only an accurate practice but might lead to the development of new prevention and treatment

strategies."[28] Given the correlation between smoking and problem gambling, both issues can be reduced by the elimination of smoking in Louisiana gaming facilities.



[29]

Potential economic and health impact of a statewide smoke-free air law in Louisiana

Since the 2006 passage of Act 815, tourism statistics indicate that since 2007 there has been a steady growth in both domestic and international tourism, and it is expected this trend will continue for the foreseeable future. State and local tax revenues, generated by travel and tourism activities in Louisiana, have also shown annual increases. When tourism employment is compared to all employment sectors, it ranks 4th in the number of jobs created. In 2017, tourism spending supported 7% percent of all jobs in Louisiana.

Parish by parish economic data indicates that tourism spending has increased 31% since 2007. Ten years after the passage of the Act 815, $1.8 billion total state and local tax revenue was generated by travel and tourism activities in Louisiana in 2017, resulting in a 4.5 percent increase year over year. The Louisiana Department Culture, Recreation and Tourism has concluded the Louisiana Smoke-Free Air Act of 2006 has not significantly impacted tourism in Louisiana at either the state or parish level.[30]

[28] The Impact of Gambling in Louisiana: 2016 Study of Problem Gaming. Accessed 3/25/19. http://www.ldh.la.gov/assets/docs/BehavioralHealth/LA_Study_Gambling.pdf
[29] The Impact of Gambling in Louisiana: 2016 Study of Problem Gaming. Accessed 3/25/19. http://www.ldh.la.gov/assets/docs/BehavioralHealth/LA_Study_Gambling.pdf
[30] Louisiana Department Culture, Recreation and Tourism presentation to committee. Dee Scallan. October 2, 2018.

In terms of a health impact, the Bureau of Chronic Disease Prevention and Healthcare Access of the Louisiana Department of Health presented data to the committee that making all Louisiana workplaces, restaurants and bars 100% smoke-free would reduce smoke-related deaths, reduce youth smoking, and lead to higher numbers of adult cessation in the state of Louisiana.[31]

The Innovation Group presented an analysis of a comprehensive smoke-free law to include casinos and discussed several states that passed comprehensive smoke-free laws (Delaware, West Virginia, Illinois, Colorado). In these studies, it was found that it could not be determined that the loss in revenue was caused solely by smoke-free policies. According to the study, Delaware's three casinos saw a loss in revenue when the law was passed (a decline of 11.3%); however, the study also indicated that revenues returned to previous levels the following year (an increase of 11.4%). West Virginia revenues declined 21.16% in 2009 when the law was implemented. However, . the study also acknowledged that the recession of 2008 played a factor in the decline. (Revenues began increasing in 2011 in West Virginia.) Illinois also passed a comprehensive smoke-free law in 2008 and saw declines of 21.8%. The study also acknowledges the influence of the recession on gaming behavior as well as expansion of gaming in neighboring states. In Colorado, a similar pattern emerged with the passage of their smoke-free law. The law was passed in 2008, and casinos in the Colorado market saw declines of 12.3% but revenues began on an upward trend in 2009.

Potential Health Impact for Louisiana

2011 Estimates by American Cancer Society

SAVING LIVES

Making all Louisiana workplaces, restaurants, and bars 100% smoke-free would be expected to provide the following reductions in the number of smokers and the number of deaths caused by smoking or exposure to tobacco smoke:*

Adults Who Would Quit Smoking	Youth Who Would Never Start Smoking	Reduction in Smoking-Related Deaths	Reduction in Deaths of Non-Smokers
6,800	2,600	4,100	500

Table 2.3

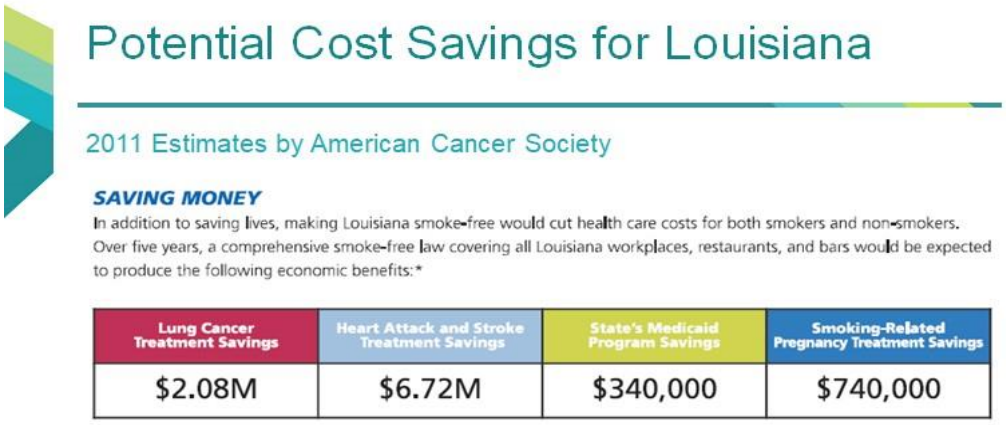
In terms of economic growth from this health impact, a comprehensive statewide law would reduce lung cancer and cardiovascular disease treatment, yielding significant savings to the state

[31] ACSCAN Smoke-free Laws Report. American Cancer Society Cancer Action Network. (2011). Saving Lives, Saving Money. A state-by-state report on the health and economic impact of comprehensive smoke-free laws [online] Available at: https://www.fightcancer.org/sites/default/files/National%20Documents/acscan-smoke-free-laws-report.pdf

Medicaid program. Studies have also shown significant cost savings by the reduction of hospitalizations for acute myocardial infarctions following the implementation of a smoke-free law.

For example, a 2007 study[32] following New York's statewide smoke-free law, prohibiting smoking in all indoor workplaces, restaurants, and bars, the state experienced an 8% reduction in hospital admissions for acute myocardial infarction in 2004, the year after the state smoke-free law took effect. This reduction accounted for 3,813 fewer admissions and $56 million in savings on hospital costs.

A 2012, the Illinois Department of Health released a study[33] showing a substantial decrease in tobacco-related hospitalizations and healthcare costs following implementation of its statewide law prohibiting smoking in all indoor workplaces, restaurants, bars, and casinos. In the two years following the law, hospitalizations for tobacco-related disease were well below those in the two years prior to the law. Hospitalizations for heart disease experienced the greatest decline. It is estimated that more than 30,200 heart disease hospitalizations in Illinois were prevented after the law. Based on an average cost for a heart disease admission of nearly $39,000, there was an estimated savings of $1.18 billion in hospital costs alone.



Potential Cost Savings for Louisiana

2011 Estimates by American Cancer Society

SAVING MONEY

In addition to saving lives, making Louisiana smoke-free would cut health care costs for both smokers and non-smokers. Over five years, a comprehensive smoke-free law covering all Louisiana workplaces, restaurants, and bars would be expected to produce the following economic benefits:*

Lung Cancer Treatment Savings	Heart Attack and Stroke Treatment Savings	State's Medicaid Program Savings	Smoking-Related Pregnancy Treatment Savings
$2.08M	$6.72M	$340,000	$740,000

[32] (Source: Health.ny.gov. (2019). THE HEALTH AND ECONOMIC IMPACT OF NEW YORK'S CLEAN INDOOR AIR ACT. [online] Available at: https://www.health.ny.gov/prevention/tobacco_control/docs/ciaa_impact_report.pdf)

[33] Chronic Disease Burden Update. IMPACT OF SMOKE-FREE ILLINOIS ACT. Illinois Department of Public Health. http://www.dph.illinois.gov/sites/default/files/publications/12-4-12-cd-burden-update-vol1-issue4-050216.pdf

Ventilation is not the Solution

In 2006, the U.S. Surgeon General released a report entitled *The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General.*[34] The report stated that the scientific evidence now supports the following major conclusion:

"Eliminating smoking in indoor spaces fully protects nonsmokers from exposure to secondhand smoke. Separating smokers from nonsmokers, cleaning the air, and ventilating buildings cannot eliminate exposures of nonsmokers to secondhand smoke."

This conclusion was substantiated, in part, by the fact that conventional air cleaning systems can remove large particles but not the smaller particles or the gases found in secondhand smoke[35].

The World Health Organization (WHO) in 2007 released a report entitled Protection from Exposure to Secondhand Tobacco Smoke: Policy Recommendations.[36] In light of the available scientific evidence on ventilation, the report made the following recommendation to protect workers and the public from exposure to secondhand smoke:

"Remove the pollutant—tobacco smoke—by implementing 100% smoke free environments. This is the only effective strategy to reduce exposure to tobacco smoke to safe levels in indoor environments and to provide an acceptable level of protection from the dangers of secondhand smoke exposure. Ventilation and smoking areas, whether separately ventilated from nonsmoking areas or not, do not reduce exposure to a safe level of risk and are not recommended." According to the East Baton Rouge, Louisiana Indoor Air Quality Monitoring Study conducted by Dr. Robert McMillian of Mississippi State University, indoor air pollution decreased by 99.7% in bars and casinos after implementation of the Parish Smoke-free Ordinance.[37]

The American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE) is the national standard-setting body for indoor air quality, including ventilation issues. In 2010, ASHRAE released a report entitled ASHRAE Position Document on Environmental Tobacco

[34] U.S. Department of Health and Human Services. The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Coordinating Center for Health Promotion, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2006 [accessed 2019 March 12].

[35] U.S. Department of Health and Human Services. The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Coordinating Center for Health Promotion, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2006 [accessed 2019 March 12].

[36] World Health Organization (WHO). Protection from Exposure to Secondhand Tobacco Smoke: Policy Recommendations External. WHO Press, 2007 [accessed 2019 March 12].

[37] Dr. McMillen, R. East Baton Rouge, Louisiana Indoor Air Quality Monitoring Study. Before and After Implementation of the Comprehensive Smoke-Free Ordinance. July 2018

Smoke[38]. The report included the following major conclusions:

"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 been demonstrated or should be relied upon to control health risks from 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 environmental tobacco smoke exposure."

III. Conclusion

The topic of passive or involuntary smoking was first addressed in the 1972 U.S. Surgeon General's report *The Health Consequences of Smoking*[39]. According to the 1972 report, nonsmokers inhale the mixture of side stream smoke given off by a smoldering cigarette and mainstream smoke exhaled by a smoker, a mixture now referred to as "secondhand smoke". Involuntary smoking was the topic for the entire 1986 Surgeon General's report, *The Health Consequences of Involuntary Smoking*[40]. In its 359 pages, the report covered the full breadth of the topic, addressing toxicology and dosimetry of tobacco smoke; the relevant evidence on active smoking; patterns of exposure of nonsmokers to tobacco smoke; the epidemiologic evidence on involuntary smoking and disease risks for infants, children, and adults; and policies to control involuntary exposure to tobacco smoke.

Since 1986, the conclusions with regard to both the carcinogenicity of secondhand smoke and the adverse effects of parental smoking on the health of children have been echoed and expanded and in 1992, the U.S. Environmental Protection Agency (EPA) published a comprehensive meta-analysis of the 31 epidemiologic studies of secondhand smoke and lung cancer that time was

[38] American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE). ASHRAE Position Document on Environmental Tobacco Smoke External. Atlanta: ASHRAE, 2010 [accessed 2019 March 12].
[39] US Department of Health, Education, and Welfare. A Report of the Surgeon General: 1972. Washington: U.S. Department of Health, Education, and Welfare, Public Health Service, Health Services and Mental Health Administration; 1972. The Health Consequences of Smoking. DHEW Publication No. (HSM) 72–7516.
[40] US Department of Health and Human Services. A Report of the Surgeon General. Rockville (MD): U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control, Center for Health Promotion and Education, Office on Smoking and Health; 1986. The Health Consequences of Involuntary Smoking. DHHS Publication No. (CDC) 87–8398.

central to the decision to classify secondhand smoke as a group A carcinogen—namely, a known human carcinogen.[41]

Over time, research has repeatedly affirmed the conclusions of the 1986 Surgeon General's reports, and studies have further identified causal associations of involuntary smoking with diseases and other health disorders. The epidemiologic evidence on involuntary smoking has markedly expanded since 1986, as have the data on exposure to tobacco smoke in the many environments where people spend time. An understanding of the mechanisms by which involuntary smoking causes disease has also deepened:

1. Exposure of adults to secondhand smoke has immediate adverse effects on the cardiovascular system and causes coronary heart disease and lung cancer.
2. The scientific evidence indicates that there is no risk-free level of exposure to secondhand smoke.
3. Many millions of Americans, both children and adults, are still exposed to secondhand smoke in their homes and workplaces despite substantial progress in tobacco control.
4. Eliminating smoking in indoor spaces fully protects nonsmokers from exposure to secondhand smoke. Separating smokers from nonsmokers, cleaning the air, and ventilating buildings cannot eliminate exposures of nonsmokers to secondhand smoke.

Now, research on the effects of thirdhand smoke and the ineffectiveness of ventilation systems to remove air toxins has been added to the body of research against indoor smoking.

Smoke-free policies reduce cigarette consumption[42]. It has been shown that smoke-free ordinances have no effect or a positive effect on restaurant and bar revenues[43], bingo revenue[44], and restaurant values[45].

IV. Recommendations

In recent years a groundswell of support for smoke-free restaurant and bar laws has developed from states and localities across the country. As of October 1, 2018, 66% (60% mentioned in introduction) of the U.S. population (formatting to attach next page)

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[41] The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General. https://www.ncbi.nlm.nih.gov/books/NBK44328/

[42] Fichtenberg CM, Glantz SA. Effect of smoke-free workplaces on smoking behaviour: systemic review. BMJ2002; 325:1–7

[43] Scollo M, Lal A, Hyland A, et al. Review of the quality of studies on the economic effects of smoke-free policies on the hospitality industry. Tobacco Control 2003;12:13–20

[44] Glantz SA, Wilson-Loots R. No association of smoke-free ordinances with profits from bingo and charitable games in Massachusetts. Tobacco Control 2003; 12:411–13.

[45] Alamar BC, Glantz SA. Smoke free ordinances increase restaurant values. Contemporary Economic Policy 2004; 28:520–

(or more than 200 million people) live in areas that have passed strong smoke-free laws covering restaurants and bars.[46]

Throughout the course of American history, numerous industries have had to address government concerns that the risks inherent in those industries outweighed the benefits. The Louisiana Legislature has an obligation to consider the interests and overall well-being of the public. Adopting comprehensive smoke-free policies are critical to ensuring improved air quality, cleaner and healthier communities, increased productivity, decreased health risks and improved quality of life.

It is the recommendation of the committee that the Louisiana Legislature close the policy loophole created by the 2006 Louisiana Smoke-free Air Law by adopting more comprehensive and overarching policies that directly address the health disparities faced by those exposed to secondhand smoke. Between the heightened rates of chronic disease and copious amounts of state health care spending, the physical and financial burden of smoking in bars and gaming establishments has far surpassed any benefits that these industries may offer. The continued allowance of smoking in these establishments has disproportionately affected visitors, consumers, employees, and entire communities who are subject to breathing in harmful, disease- causing carcinogens.

The current statewide smoke-free law does not go far enough to protect all of Louisiana's workers from the harmful effects of secondhand smoke. In order to close this unnecessary loophole, Louisiana needs to ensure that all workers are protected under the law and that no one must choose between their health and a pay check by:

- Removing the exemption for bars and gaming establishments
- Removing the exemption for nursing home establishments to allow smoking indoors
- Increasing the hotel/motel percentage to make all rooms smoke-free rooms
- Eliminating indoor smoking during Mardi Gras Balls
- Eliminating indoor smoking during tobacco expos at convention centers
- Including e-cigarettes and "vaping" in a comprehensive statewide policy

A comprehensive smoke-free air law is a critical component in improving the health of Louisianans and its visitors. Also, by improving tobacco prevention funding and increasing taxes on all tobacco products, including but not limited to e-cigarettes, Louisiana could see a significant increase in the health of its citizens and lower overall healthcare costs. By implementing these three policies, Louisiana can lower both adult and youth smoking rates and decrease the amount of expenditures on health care costs related to tobacco ($1.89 Billion).

So far, twenty-one municipalities, including five major cities, have adopted a comprehensive smoke-free policy that covers over 22% of the state's population. With an overall health rating of 50th in the nation, Louisiana has nothing but opportunity to rise above the issue and make meaningful and impactful change. As stated on several occasions from both sides of the aisle, Louisiana is at a tipping point concerning comprehensive smoke-free policy. It is up to you to see that it tips in the right direction.

[46] Figures based on ordinances recorded by Americans for Nonsmokers Rights (ANR), http://www.no- smoke.org/lists.html