Speakers

SIGN UP SHEET

To Register Opinion If Not Speaking

Bill # HB 618-FN-A Date March 3, 1999

Committee Health & Human Services

**** Please Print All Information ****

Name	Address	Phone	Representing	(check one) Pro	Con
James Gray	360 Route 101 Bedford, NH	472-8899	American Cancer Society	X	
Lisa M. Murphy	24 Essex St Concord	228 0208	NH HMO Association	X	

Hearing Minutes

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

PUBLIC HEARING ON HB 618-FN-A

BILL TITLE: establishing a voucher program for smoking cessation and continually appropriating a special fund.

DATE: March 3, 1999

LOB ROOM: 205 **Time Public Hearing Called to Order:** 09:35 a.m.

Time Adjourned: 11:03 a.m.

(please circle if present)

Committee Members: Reps. Emerton, Batula, Chabot, Manning, Case, Perkins, Dawe, P. Katsakiores, Feuerstein, Pilliod, Dalrymple, Wendelboe, Martel, Ruffner, Copenhaver, Kane, Haettenschwiller, Burnham, French, Donovan, Seldin and Potter.

Bill Sponsors: Rep. Wendelboe

TESTIMONY

* Use asterisk if written testimony and/or amendments are submitted.

REP. FRANCINE WENDELBOE (Sponsor): I support this bill. Terry Morton stated that he wished a percentage of the Tobacco Settlement money be sent to Health and Human Services. There will be an omnibus bill coming from Senator Squires also providing access. I am confident that the Finance Committee will pass this legislation. As we are a policy committee, we must choose our battles carefully. This program would allow individuals to purchase cessation materials through a voucher program. The target of this legislation would initially be high schoolers, next would be college campuses. The third target population would be low-income adults. A potential fourth group might be incarcerated adults. Referring to the fiscal note, I was surprised to see the figures that Health and Human Services used. They were very close to the figures I had derived. I think there will be strong support for this legislation.

REP. PETER BATULA: If the state would be the "vehicle" for these vouchers, don't you see a conflict with the Governor's budget having provisions for refurbishing and building liquor stores which promote the sale of cigarettes?

REP. WENDELBOE: I do see the irony. A tobacco tax is income that needs to be looked at. I agree that New Hampshire does have a budgeted tobacco prevention program now.

REP. MARION COPENHAVER: This legislation is a creative approach, but I do not share the sponsor's optimism.

REP. WENDELBOE: (In response to a question from Rep. Martel) The data from the department must be tracked.

REP. FRANCES POTTER: Would you be willing to add an amendment specifying the programs already written in Health and Human Services?

REP. JANEEN DALRYMPLE: How much money is now being used for cessation programs?

REP. WENDELBOE: I don't have those figures. Through the American Lung Association there might be some information available.

REP. DALRYMPLE: Are there any insurance companies that pay for behavior modifications?

REP. WENDELBOE: There are some, Healthsource for example. I will check on it.

REP. DALRYMPLE: Is $2 million a realistic figure for costs?

REP. WENDELBOE: Yes, but it is $1 million for each of two years.

REP. GLORIA SELDIN: What are the figures on children who chew tobacco?

REP. WENDELBOE: The people who chew need cessation programs as well.

REP. SELDIN: Would a bureaucracy be created?

REP. WENDELBOE: It is important that Health and Human Services be only a coordinator. Other programs now available should be included. This bill would be to assist these programs to take part in the cessation effort.

REP. JAMES PILLIOD: Should there be more money?

REP. WENDELBOE: $1 million is a figure that could be reached.

*MS. JANET MONAHAN (NH Medical Society): I support this bill. She then presented the committee with the Tobacco Settlement money picture.

*MS. MARTHA WELLS (Dept. of Health and Human Services): We support this bill. She then submitted written testimony.

CHAIRMAN LARRY EMERTON: Was your position cleared with the new Director of Health and Human Services, Mr. Shumway.

MS. WELLS: All of these permits were covered with him.

CHAIRMAN EMERTON: Did the department have a proposal in this year's budget?

MS. WELLS: No, I am not aware of any in the present budget.

MR. THOMAS DONOVAN: If the money is appropriated, will Health and Human Services support this program?

MS. WELLS: The department would need to review the criteria named in the legislation.

REP. ALPHONSE HAETTENSCHWILLER: What tobacco bills is the department supporting?

REP. WELLS: The Senator Squires bill.

REP. JOSEPH MANNING: If this bill was passed and another with significantly more money passed, couldn't they be fused?

MS. WELLS: I suppose they could. The bill addresses only one problem, not an approach that has been effective. More research is needed for effective programs for young people.

REP. ANDRE MARTEL: Would you believe this bill is a good start and could be built upon?

MS. WELLS: I would need to speak to the director.

REP. ROBERT CHABOT: Do you have other programs for tobacco cessation?

MS. WELLS: The department has grant money from the CDC, but they are not using these funds for cessation. The CDC does not feel that cessation programs have been effective.

*MR. BARRY GORDON (Dept. of Health and Human Services): He spoke, referring to the figures on the yellow sheet he passed out.

MR. JOHN VOVEL (NH Tobacco Prevention Task Force): I am here for informative purposes only. There is a better way than this legislation. I met with former Commissioner Morton where there was a review of Senator Squires LSR. I need to review again when it becomes legislation. Sen. Squires had entered an amendment that five cents of the twenty- five cents tax on cigarettes be used for tobacco use education and prevention. Any bill that leads us to succeed in the prevention and cessation of tobacco use would be grateful. It is important to provide the educational piece to any legislation.

Respectfully Submitted,

Margaret Case

Rep. Margaret Case, Clerk

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

PUBLIC HEARING ON HB 618-FN-A

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HB 618. Rep. Wendelboe, sponsor. Terry Morton stated that he wished a percentage of the Tobacco Settlement Money be sent AHS.

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She said that she is confident that the Finance Committee will pass this legislation.

She continued by saying that as we are a policy committee we must choose our battles carefully.

This program would allow individuals to purchase cessation materials through a voucher program.

The target of this legislation would initially be High schoolers, next college campus. The third target population would be low income adults.

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Rep. Wendelboe said that she thought there would be strong support for this legislation.

Rep. Batula: Is the state would be the vehicle for these vouchers. Don't you see a conflict with the governor's budget having provisions for refurbishing and building liquor stores which promote the sale of cigarettes.

Wendelboe: Does see the irony. Tobacco tax, she said, income needs to be looked at. She agreed that N.H. does have budgeted a tobacco prevention program now.

Copenhaver: Commented that this legislation was a creative approach, but does not share the sponsors optimism.

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(2) Janet Donahue, in support. Presented the committee with the Tobacco Settlement money picture

(3) Martha Wells and Barry Gordon (Written testimony)

Emerton? Was your position cleared with the new director of HHS Shumway

Wells: All these points were covered with him

Emerton: Did the department have a proposal in this year's budget?

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Martel? Would you believe this bill is a good start and could be built upon.
Wells: Would need to speak with the director.
Chabot? Do you have data ready for the CDC other programs for tobacco cessation?
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The CDC does not feel that cessation programs have been effective
Barry Gordon
(Refer to figures on yellow sheet)

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11:03

Testimony

TOBACCO SETTLEMENT

Annual Payments to State of New Hampshire

YEAR	AMOUNT
1998	$15,982,416.92
1999	$0
2000	$42,698,025.70
2001	$46,107,008.63
2002	$55,361,059.77
2003	$55,884,992.33
2004	$46,642,020.04
2005	$46,642.020.04
2006	$46,642.020.04
2007	$46,642,020.04
2008	$47,567,668.35
2009	$47,567,668.35
2010	$47,567,668.35
2011	$47,567,668.35
2012	$47,567,668.35
2013	$47,567.668.35
2014	$47,567,668.35
2015	$47,567,668.35
2016	$47,567,668.35
2017	$47,567,668.35
2018	$53,301,360.40
2019	$53,301.360.40
2020	$53,301.360.40
2021	$53,301,360.40
2022	$53,301,360.40
2023	$53,301,360.40
2024	$53,301,360.40
2025	$53,301,360.40
25 YEAR TOTAL	$1,304,689,150.27

New Hamsphire Department of Health and Human Services
November 19, 1998

State Comprehensive Tobacco Prevention and Control Budget Guidelines
November 19, 1998

New Hampshire

NOTE: Each program element is explained in the accompanying paper.
The rationale for the budget estimates also are provided in the accompanying paper.
An upper and a lower estimate are presented for each budget category.

Estimated Program Element Costs:

I. Community Programs to Reduce Tobacco Use			
	Upper Estimate	$4,370,833	Formula: $1,500,000 (statewide training and infrastructure) + $2.50 per capita
	Lower Estimate	$2,148,263	Formula: $1,000,000 (statewide training and infrastructure) + $1.00 per capita
II. Community Programs to Reduce the Burden of Tobacco-Related Diseases			
	Upper Estimate	$4,170,901	Formula: See attached paper
	Lower Estimate	$2,795,901	Formula: See attached paper
III. School Programs			
	Upper Estimate	$2,070,000	Formula: $750 000 (statewide training and infrastructure) + $6 per student (K-12)
	Lower Estimate	$1,380,000	Formula: $500,000 (statewide training and infrastructure) + $4 per student (K-12)
IV. Enforcement			
	Upper Estimate	$1,500,000	
	Lower Estimate	$760,000	
V. Partnership Grants			
	Upper Estimate	$1,148,263	Formula: $1.00 per capita
	Lower Estimate	$459,301	Formula. $.40 per capita
VI. Counter-Marketing			
	Upper Estimate	$3,444,759	Formula: $3.00 per capita
	Lower Estimate	$1,148,253	Formula: $1.00 per capita
VII. Cessation Programs			
	Upper Estimate	$5,005,868	Formula: $1 per adult (screening) + $2 per smoker (brief counseling) + $137.50 per served smoker (50% of program cost for 10% of smokers) + $275 per served smoker (100% of program cost for 10% of publicly financed smok
	Lower Estimate	$1,223,870	Formula: $1 per adult (screening) + $2 per smoker (brief counseling)
	Subtotal (I to VII above)		
	Upper Estimate	$21,710,411	
	Lower Estimate	$8,905,379	
VIII. Surveillance and Evaluation			
	Upper Estimate	$2,171,041	Formula: 10% High Estimates Subtotal
	Lower Estimate	$990,538	Formula: 10% Low Estimates Subtotal
IX. Administration and Management			
	Upper Estimate	$1,085,521	Formula: 5% High Estimates Subtotal
	Lower Estimate	$495,269	Formula: 5% Low Estimates Subtotal

Calc by TPP

Total Program Annual Cost	
Upper Estimate	$24,966,973
Lower Estimate	$11,391,185
Per Capita Cost Estimates	
Upper Estimate	$21.74
Lower Estimate	$9.92

CDC Project Officer: Karen Siener
Office on Smoking and Health, Atlanta, GA
Telephone Number: 770-488-1124
E-Mail Address: KHS3@CDC.GOV

Dear State Tobacco Control Contact:

Below are the updated versions of the Program and Funding Guidelines for Comprehensive Tobacco Control Programs. Please discard all previous versions of the document.

States have requested funding information for the four settlement states: Mississippi, Florida, Texas, and Minnesota. We are in the process of collecting this information and will FedEx it by COB November 24.

November 19, 1998

Program and Funding Guidelines for Comprehensive Tobacco Control Programs

Background

Each year more than 400,000 Americans die as a result of tobacco use, a process which almost always begins in the teen years. California and Massachusetts are pioneers among states that have launched long-term comprehensive public health programs to prevent and reduce tobacco use. These programs are funded with increases in their states' excise tax on tobacco products and have served as models for the nation. Per-capita consumption in both states has declined more rapidly than in the rest of the country. Increase in tobacco use among youth in California and Massachusetts has also slowed in comparison to national trends and, most recently, are showing actual declines in some age groups.

Successful Practices

Through evidence-based analyses in California and Massachusetts and intense involvement with settlement states, CDC recommends that states establish tobacco control programs that are comprehensive, are sustained over time, and utilize community partnerships.

Effective state tobacco control programs contain the following elements:

- Community Programs to Reduce Tobacco Use
- Community Programs to Reduce the Burden of Tobacco-Related Diseases
- School Programs
- Enforcement
- Partnership Grants
- Counter-Marketing
- Cessation Programs
- Surveillance and Evaluation
- Administration and Management

I. Community Programs to Reduce Tobacco Use

Rationale: For meaningful change to occur, community involvement is essential. Communities are frequently the best source of leadership and innovation. Effective community programs

involve people in their homes, worksites, schools, places of worship, entertainment venues, civic organizations, and other public places.

Examples of community program activities include:

- Mobilizing culturally, ethnically, professionally, and geographically diverse local partnerships to reduce the use of tobacco products.
- Providing educational programs to youth, parents, retailers, other business persons, enforcement officials, community leaders, health care providers, civic group members, school personnel, and members of special populations to equip and motivate groups to promote changes in their communities that alter the way tobacco is promoted, sold, and used.
- Promoting public health policies that encourage tobacco-free community norms. Such policies can focus on clean indoor air, excise taxes, access restrictions, product regulation, insurance coverage for treatment, cessation activities, restrictions on local advertising and promotions, and tobacco product ingredients disclosure.

Budget: Core funding for community programs may be allocated to local government units such as local health departments and community organizations for staff and resources to implement programs and support local partnership initiatives. Best practices dictate that an approximate base funding of $1,000,000 to $1,500,000 be allocated annually for statewide infrastructure, training, and technical assistance plus about $1.00 to $2.50 per capita annually to local government units or community organizations.

II. <u>Community Programs to Reduce the Burden of Tobacco-Related Diseases</u>

Rationale: In addition to the most frequently recognized tobacco related deaths including cardiovascular disease, cancer, and stroke, smoking contributes significantly to oral cancers and asthma.

Examples of programs to reduce the burden of tobacco-related diseases include:

- Targeted tobacco-related disease community interventions that include all facets of tobacco-related disease prevention.
- Counter-marketing to increase awareness of ETS exposure for asthma patients.
- Increased dental counseling to prevent oral disease.
- Expanded cancer registries to monitor tobacco-related cancers.

Budget: Best practices dictate that a budget supporting tobacco-related cardiovascular disease allocate $500,000 to establish states' core capacity functions, and expand by an additional $1,000,000 to $1,500,000 to develop a comprehensive program. Best practices also dictate that about $75,000 to $300,000 (depending on the population of the state) be allocated to expand cancer registries and about $400,000 to $750,000 (depending on the population of the state) be allocated to address the oral disease consequences of tobacco use. In addition, best practices dictate that for asthma prevention pilot programs an approximate base funding of $200,000 to $300,000 be allocated for state infrastructure, training, and capacity building activities and as

local initiatives are developed about $600,000 to $800,000 be allocated to support these activities.

III. School Programs

Rationale: School-based prevention programs which identify the social influences that promote tobacco use among youth and teach skills to resist such influences are an effective means to prevent tobacco use. It is important for school programs and policies to consistently support non-tobacco use for faculty, staff, and students at all school-related events and facilities.

Examples of school programs include:

- Implementing ***CDC's Guidelines for School Health Programs to Prevent Tobacco Use and Addiction*** including tobacco-free polices, evidence-based curricula, teacher training, parental involvement, and cessation services.

- Linking school-based efforts with local community coalitions and statewide counter-advertising programs.

Budget: Funds can be awarded directly to school districts and be supported by statewide technical assistance. Coordinating school program funding with funding to other community programs is encouraged. Best practices dictate that $500,000 to $750,000 be allocated annually for statewide infrastructure and technical assistance. In addition, $4.00 to $6.00 per student (grades K-12) can be awarded to school districts annually.

IV. Enforcement

Rationale: The enforcement of public and private policies that restrict access to tobacco products and reduce exposure to environmental tobacco smoke discourages youth from initiating tobacco use and protects the health of nonsmokers.

Examples of enforcement activities include:

- Investigating complaints received through telephone hotlines regarding violations of clean indoor air ordinances and laws.

- Conducting frequent retailer compliance checks to identify violations of ordinances and laws that prohibit retailers from selling tobacco products to youth.

- Educating and imposing penalties on violators.

Budget: California and Massachusetts effectively have addressed enforcement issues as part of community program grants. Funds also can be awarded to agencies responsible for enforcing tobacco laws and ordinances and to community organizations for educational programs relating to tobacco laws. Current FDA contracts with states to implement their youth access regulations have been averaging about $400,000 to $600,000 per state per year. Enforcement of all policy areas (e.g., clean indoor air, etc.) would raise the cost. For preliminary planning, an estimate range is from $750,000 to $1,500,000 per year.

V. Partnership Grants

Rationale: Statewide partners can use their organizational assets to build community resources. Statewide partners may be better equipped than state governments to reach specific populations that are targeted by the tobacco industry such as women, racial/ethnic minority populations, and blue-collar workers. Providing funding to organizations, businesses, and other partners is an efficient way to support some activities.

Examples of partnership grants include:

- Proactive quitlines, physician training, minority health workers, and general technical assistance for evaluation and legal issues (e.g., worksite policies, local ordinances).

- Building statewide organizations' resources so that they may better serve communities and address the needs of special populations.

Budget: Funds can be awarded to statewide organizations, businesses, and other partners. Best practices dictate that about $0.40 to $1 per capita be allocated for these grants annually.

VI. Counter-Marketing

Rationale: Counter-marketing activities can promote quitting and decrease the likelihood of initiation. Media messages can have a powerful influence on public support for tobacco control policy changes and set a supportive climate for school and community efforts.

Examples of counter-marketing include:

- Strategic media efforts that integrate local media advocacy, paid counter-advertising, and efforts to reduce or replace tobacco industry sponsorships and promotions.

- Statewide TV, radio, print, and other types of ad placement.

- Special events and promotions to engage local media and reinforce school and community programs.

Budget: Funds may be given to firms with experience in reaching culturally diverse audiences to integrate advertising, marketing and public relations strategies. These strategies must be coordinated and support local programs. States may also want to contract with researchers to assist them in developing targeted messages. As a minimum, $1.00 to $3.00 per capita annually will fund a moderately high-intensity counter-marketing campaign addressing all program goals in all major media markets in the state. It may be appropriate to conduct programs of greater intensity. The cost of ad placement will vary significantly across states and media markets. By using existing television, radio, print, and other types of ads from CDC's Media Campaign Resource Center, states can lower program development costs (a new, high-quality TV spot commonly costs more than $100,000 to develop).

VII. Cessation Programs

Rationale: Creating greater demand for cessation services and programs will increase an individual's motivation and readiness to quit the use of tobacco products. These programs and

services must be accessible, culturally and linguistically appropriate, and effective. Effective cessation programs for youth should be disseminated as they are identified or developed. Experience has shown that when cost barriers are removed and the program is highly publicized, the maximum participation rate for cessation programs is 10% of smokers or less per year.

Examples of cessation programs and services include:

- Full implementation of the Agency for Health Care Policy and Research (AHCPR) guidelines in all clinical settings.
- Statewide telephone quitlines that provide proactive cessation counseling.
- Dissemination of culturally and linguistically appropriate cessation materials and programs.

Budget: Funding may be awarded to government agencies, managed care organizations, and public and private organizations. The manner in which funds are provided to the private sector (i.e., matching grants) should be considered. The annual budget for the various levels of services can be estimated based on three factors related to the cost of identifying smokers, counseling smokers, and reimbursement for treatment. To identify patients during clinical visits as smokers and to chart and advise them about tobacco as a vital sign (similar to blood pressure, height, and weight) would cost an estimated $1 per person over the age of 18. To provide brief counseling to smokers over 18 years of age during each clinical visit would cost $2 per smoker. To provide a full range of cessation services would cost $275 per served smoker per year. It is estimated that only 10% of all smokers would elect to receive full cessation services that include pharmaceutical aids, behavioral counseling, and follow-up visits. Estimates for publicly financed cessation services would be $275 for 10% of smokers 18 years and over eligible for public support health care. For 10% of the smokers 18 years and over covered under private insurance, it is estimated that private and public funds would match at 50% of the total cost per smoker; therefore, public costs would be $137.50.

VIII. <u>Surveillance and Evaluation</u>

Rationale: Surveillance is the continuous monitoring of measures such as behavior, attitudes, and health outcomes over a regular interval of time. Surveillance provides information on the achievement of ultimate outcomes such as prevalence of tobacco use among youth and adults, per-capita consumption, and exposure to environmental tobacco smoke. Evaluation surveys provide in-depth information about intermediate outcomes such as attitudes, beliefs, and behaviors (e.g., quit attempts). Surveillance and evaluation activities are an excellent way to target resources and demonstrate progress toward goals.

Examples of surveillance and evaluation activities include:

- Surveillance systems designed to ensure continuous monitoring of performance objectives addressing all program goals (e.g., Youth Risk Behavior Survey, Behavioral Risk Factor Survey, Pregnancy Risk Assessment Monitoring Survey).
- Evaluation surveys are designed to monitor intermediate program objectives in all strategy areas. Data collection methods to compliment surveillance systems can include school-based youth tobacco surveys, adult tobacco surveys, school administrator surveys, teacher surveys, opinion leader surveys, health provider surveys, local program monitoring

surveys, state and local policy tracking, monitoring of pro-tobacco activities, local media monitoring.

Budget: State health departments currently manage most tobacco surveillance systems. It is important for health departments to expand their resources to meet additional demands. Many states work in conjunction with universities to implement and coordinate surveillance, evaluation, and research activities. Standard practice dictates that about 10% of total annual program funds be allocated for surveillance and evaluation.

IX. Administration and Management

Rationale: Implementation of an effective tobacco control program requires a strong management structure.

Examples of administration and management activities include:

- Recruitment and development of qualified and diverse technical, program, and administrative staff.
- Awarding and monitoring program contracts and grants, coordinating implementation across program areas, and assessing program performance.
- Creating an effective internal and external communication system.
- Developing a sound fiscal management system and the ability to minimize start-up delays.

Budget: Best practices dictate that about 5% of total annual program funds be allocated to state program administration and management. These funds should be used to ensure collaboration and coordination among public health program managers, policy makers, and other state agencies.

Summary

Dollar ranges and programmatic recommendations are based on experience gained from working with California, Massachusetts, Oregon, Maine, and settlement states. The purpose of the proposed ranges are to guide states in planning comprehensive tobacco control programs.

- As a general planning guide, available funds can be divided into thirds. One-third can be used for community and school programs, one-third can be used for counter-marketing, and one-third can be used for statewide programs, surveillance and evaluation, enforcement, and cessation.
- Approximate annual costs for a comprehensive program range from:
  $7 to $33 per capita in smaller states (under 3 million population)
  $6 to $17 per capita in medium-sized states (3 million to under 7 million population)
  $5 to $16 per capita in larger states (7 million and above population)

Please refer to attachment 1 for approximate budget ranges within each program element for all 50 states.

For additional guidance materials please contact the CDC's Office on Smoking and Health at 770-488-5705.

Wells

TESTIMONY ON HB 618

BEFORE

THE HOUSE HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS COMMITTEE

MARCH 3, 1999

Good morning Mr. Chairman and members of the committee. For the record, my name is Martha Wells, and I am here today on behalf of the Department of Health and Human Services to offer testimony in opposition to House Bill 618. I know you have a busy schedule, so my remarks will be brief.

The Department is in opposition to this bill for 4 fundamental reasons. First, the scope of services proposed and the amount appropriated for the bill, $2 million, do not provide the necessary resources for **comprehensive** cessation programs for adults and youth that the Centers For Disease Prevention and Control and Prevention (CDC) recommends. Such programs should include behavioral counseling, physician consultation, and the use of pharmaceutical aids. The cost for such a comprehensive cessation program is approximately $305 per adult smoker.

25% or **228,000** NH adults smoke. 40% or **22,000** high school students smoke, for a total of almost **250,000** individuals. The CDC has recommended that enough funding be provided so that 10% of smokers could avail themselves of any free comprehensive cessation program offered. After administrative costs, the amounts available under this bill for cessation services for adults and youth in NH would be $940,000 for FY 2000 and $987,000 for FY 2001.

In contrast, the level of services demonstrated to be effective by the Centers for Disease Control for 10% of NH smokers would cost **$7,076,084** each year. This bill would cover little more than 1% of NH's smokers.

The second reason for the Department's opposition to this bill is that directing money solely at cessation is not an appropriate use of settlement funds when we are experiencing an increasing number of **youth** using tobacco products. The efficacy of smoking cessation programs for youth

has not been clearly established. The 1994 Surgeon General's Report, *Preventing Tobacco Use Among Youth* states and I quote, **"the data reviewed indicate consistently that adolescent smokers frequently try to quit but are usually unsuccessful, often have withdrawal reactions much like adult smokers, are difficult to recruit and retain in formal cessation programs, and are not responsive to programs thus far developed".**

Thirdly, the Department opposes HB 618 because of the bureaucratic unwieldiness that a voucher system such as this would create. The application process; manner of selection of recipients; monitoring program results and effectiveness, would create significant management challenges for the Department.

Finally, the CDC recommends, and the Department supports an evidenced-based, comprehensive approach to effectively reduce teenage smoking, incorporating 8 core components including:

- community programs;
- school programs;
- counter-marketing;
- enforcement;
- partnership grants;
- cessation;
- surveillance; and
- evaluation.

We are working together with public health partners on other legislation that will address tobacco use in a comprehensive manner, rather than support this premature effort.

It is for these reasons that the Department speaks in strong opposition to HB 618. I will be pleased to answer any questions you may have at this time. Thank you.

For Reg

Study he is talking about

Youth Cigarette Smokers

1997 Youth Risk Behavior Survey (YRBS) results:

~ 70.2% had tried cigarette smoking

~ 72.9% had ever tried to quit smoking & 13.5% were former smokers (among those who had ever smoked daily)

~ Females were more likely than males to have tried to quit smoking.

~ Success rates have been low in the few cessation programs designed for young people (quit rates at follow-up 13%).

National Evaluation Data:

In 1988 a Technical Advisory Group (TAG) on youth smoking cessation programs was formed that included representatives from The Smoking Policy Institute at Harvard University, the Oregon Research Institute, the University of Minnesota and Lung Associations in Washington, Oregon and Minnesota. They evaluated 4 locally developed youth cessation programs including **Tobacco Free Teens™**. They collected TFT™ data from 22 high schools in Kentucky, Minnesota, Wisconsin and Missouri (241 students). **End of TFT™ program quit rate = 13.5%**

They also learned the following:

- over half of the participants enrolled in the program because they had been caught smoking on school property
- 52% of the participants were female
- 44% reported that their father smoked, 43% reported that their mother smoked, and 53% reported that a sibling smoked
- 55% had parental permission to smoke
- all programs took place during the school day
- all respondents completing the program reported making at least one quit attempt during the cessation program
- across sites there was a significant reduction in the # of cigarettes smoked from the beginning to the end of the program
- 18 participants were using spit tobacco at the onset of the program, 10 completed the program, ½ of them quit using at the end of the program
- attitudes about the "negative attributes" of tobacco use increased significantly as a result of the program
- 93% believed at the beginning of the program that they were addicted to nicotine
- facilitators felt more sessions and follow-up sessions were needed

American Lung Association of New Hampshire TFT™ Data

1991-1992:
#171 TFT™ participants program; 12% quit by end of program

January 1992 - November 1993:
#153 TFT™ participants; 24% quit by end of program

July 1, 1993 - June 30, 1995
#41 TFT™ participants; 14.6% quit by end of program

1997-1998
#49 TFT™ participants; 36.7% quit by end of program

Voting Sheets

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

EXECUTIVE SESSION on HB 618-FN-A

BILL TITLE: **establishing a voucher program for smoking cessation and continually appropriating a special fund.**

DATE: April 6, 1999

LOB ROOM: 205

Amendments:

Sponsor: Rep. OLS Document #:

Sponsor: Rep. OLS Document #:

Sponsor: Rep. OLS Document #:

Motions: (OTP,) OTP/A, ITL, Re-Refer, Interim Study (Please circle one.)

Moved by Rep. Francine Wendelboe

Seconded by Rep. Phyllis Katsakiores

Vote: 15-1 (Please attach record of roll call vote.)

Motions: OTP, OTP/A, ITL, Re-Refer, Interim Study (Please circle one.)

Moved by Rep.

Seconded by Rep.

Vote: (Please attach record of roll call vote.)

CONSENT CALENDAR VOTE: No

(Vote to place on Consent Calendar must be unanimous.)

Statement of Intent: Refer to Committee Report

Respectfully submitted,

Margaret A. Case

Rep. Margaret A. Case, Clerk

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

EXECUTIVE SESSION on HB 618-FN-A

BILL TITLE: **establishing a voucher program for smoking cessation and continually appropriating a special fund.**

DATE: 4-6-99

LOB ROOM: 205

Amendments:

Sponsor: Rep. OLS Document #:

Sponsor: Rep. OLS Document #:

Sponsor: Rep. OLS Document #:

Motions: (OTP) OTP/A, ITL, Re-Refer, Interim Study (Please circle one.)

Moved by Rep. Wendelboe

Seconded by Rep. Katsakiores

Vote: 15 -1 (Please attach record of roll call vote.)

Motions: OTP, OTP/A, ITL, Re-Refer, Interim Study (Please circle one.)

Moved by Rep.

Seconded by Rep.

Vote: (Please attach record of roll call vote.)

CONSENT CALENDAR VOTE:

(Vote to place on Consent Calendar must be unanimous.)

Statement of Intent: Refer to Committee Report

Respectfully submitted,

Rep. Margaret A. Case, Clerk

HEALTH, HUMAN SERVICES & ELDERLY AFFAIRS 1999 SESSION

HB 618 Bill #

Public Hearings _____ Executive Session 4-6-99

COMMITTEE REPORT: _____

	YEAS	NAYS
Emerton, Lawrence A, Chairman		
Batula, Peter L, V Chairman	✓	
Chabot, Robert F		
Manning, Joseph P	✓	
Case, Margaret A, Clerk	✓	
Perkins, Paul R		
Dawe, Eileen P	✓	
Katsakiores, Phyllis M	✓	
Feuerstein, Martin		✓
Pilliod, James P		
Dalrymple, Janeen A		
Wendelboe, Francine	✓	
Martel, Andre A	✓	
Ruffner, Walter D	✓	
Copenhaver, Marion L	✓	
Kane, Cecelia D	✓	
Haettenschwiller, Alphonse A	✓	
Burnham, Daniel M	✓	
French, Barbara C	✓	
Donovan, Thomas E, Jr		
Seldin, Gloria	✓	
Potter, Frances D	✓	
TOTAL VOTE	OTP	15 - 1

Appeared in Favor | Appeared in Opposition

Committee Report

COMMITTEE REPORT

COMMITTEE: **Health, Human Services and Elderly Affairs**

BILL NUMBER: **HB 618-FN-A**

TITLE: establishing a voucher program for smoking cessation and continually appropriating a special fund.

DATE: April 6, 1999 CONSENT CALENDAR YES ☐ NO ☒

☒ OUGHT TO PASS

☐ OUGHT TO PASS WITH AMENDMENT

☐ INEXPEDIENT TO LEGISLATE

☐ RE-REFER

☐ REFER TO COMMITTEE FOR INTERIM STUDY
(Available only in second year of biennium.)

STATEMENT OF INTENT
(Include Committee Vote)

This bill allows for a voucher program for smoking cessation, including behavior modification courses, the nicotine patch, inhalers, physician visits when required and so on. The initial target group would be high school programs, college campuses and welfare clients. Part of the funding would go to a tobacco prevention program for 5th and 6th graders. The state of New Hampshire currently funds $0.00 for tobacco prevention. The Department of Health & Human Services testified against the bill because they are in hope the Senate will pass a $10 million plan. However, the committee feels the $2 million in this bill is a good start by using a small part of the multi-million dollar tobacco settlement money towards helping smokers "kick the habit".

Vote 15-1.

Rep. Francine Wendelboe
FOR THE COMMITTEE

Original: House Clerk
cc: Committee Bill file

USE ANOTHER REPORT FOR MINORITY REPORT

Health, Human Services and Elderly Affairs

HB 618-FN-A, establishing a voucher program for smoking cessation and continually appropriating a special fund. OUGHT TO PASS

Rep. Francine Wendelboe for **Health, Human Services and Elderly Affairs:** This bill allows for a voucher program for smoking cessation, including behavior modification courses, the nicotine patch, inhalers, physician visits when required and so on. The initial target group would be high school programs, college campuses and welfare clients. Part of the funding would go to a tobacco prevention program for 5th and 6th graders. The state of New Hampshire currently funds $0.00 for tobacco prevention. The Department of Health & Human Services testified against the bill because they are in hope the Senate will pass a $10 million plan. However, the committee feels the $2 million in this bill is a good start by using a small part of the multi-million dollar tobacco settlement money towards helping smokers "kick the habit". Vote 15-1.

COMMITTEE REPORT

COMMITTEE: **Health, Human Services and Elderly Affairs**

BILL NUMBER: **HB 618-FN-A**

TITLE: establishing a voucher program for smoking cessation and continually appropriating a special fund.

DATE: 4-6-99 CONSENT CALENDAR YES ☐ NO ☒

☒ OUGHT TO PASS

☐ OUGHT TO PASS WITH AMENDMENT

☐ INEXPEDIENT TO LEGISLATE

☐ RE-REFER

☐ REFER TO COMMITTEE FOR INTERIM STUDY
(Available only in second year of biennium.)

STATEMENT OF INTENT
(Include Committee Vote)

Vote 15-1

Rep. Fran Wendelboe
FOR THE COMMITTEE

Original: House Clerk
cc: Committee Bill file

USE ANOTHER REPORT FOR MINORITY REPORT

HB618-FN-A

This bill allows for a voucher program for smoking cessation – including behaviour modification courses, the nicotine patch, inhalers, physician visit when required and so on. The initial target group would be high school programs, college campuses, and welfare clients. Part of the funding would go to a tobacco prevention program for 5th and 6th graders. The state of NH currently funds $0 for tobacco prevention. The Dept of HHS testified against the bill because they are in hopes the Senate will pass a 10 million dollar plan. However, the committee feels ~~felt~~ the 2 million dollars in this bill is a good start ~~and the could do more~~ using a small part of the* tobacco settlement money towards helping smokers "Kick the habit".

Rep. Wadelbook

* multi-million dollar