

TESTIMONY IN SUPPORT OF HB 1012

Megan L. Schneider, EdD, RRT, TTS
President, Bismarck Tobacco Free Coalition
Bismarck, ND
701-220-5414
mleighsrrt@gmail.com

Chairman Dever and members of the Senate Appropriations Human Resource Division Committee,

My name is Megan Schneider, and I currently serve as the President of the Bismarck Tobacco-Free Coalition. Additionally, I am a respiratory therapist, educator, and Tobacco Treatment Specialist with nearly a decade of experience in the field of respiratory care.

I am submitting this written testimony to express strong support for restoring the line-item allocation of \$6,250,000 for "Tobacco Prevention and Control Grants to Local Public Health Units" in HB 1012. This funding is essential to ensuring that tobacco settlement dollars are used effectively to improve public health through the implementation of evidence-based tobacco prevention and cessation programs at the local level.

In the first version of HB 1012, the \$6,250,000 allocated specifically for these grants was removed from the budget. The total allocation for tobacco prevention programs (lines 24-27) was originally set at \$12,093,000. In the current version of HB 1012, the funding has been consolidated under "Tobacco and Vaping Programs" with a total of \$11,599,698, which includes Tobacco Cessation Grants, Youth Vaping Prevention Grants, and Tobacco Prevention and Control initiatives. This represents an overall reduction of \$493,302.

The Community Health Trust Fund receives the Tobacco Settlement payments, which are intended to support CDC Best Practices to enhance public health and reduce the harmful effects of tobacco use in our communities. The elimination of the specific line item for local public health unit grants places these essential funds at risk of being diverted away from their intended purpose and could lead to significant gaps in community-based tobacco prevention services.

CDC Best Practices outline three key goals for effective tobacco prevention and control:

1. **Assisting individuals with quitting tobacco use:** This includes providing one-on-one counseling from Mayo Clinic Certified Tobacco Treatment Specialists and promoting evidence-based quitting resources.
2. **Preventing the initiation of tobacco use among youth and young adults:** This is achieved through school and community presentations, media education campaigns, and youth engagement initiatives.
3. **Eliminating exposure to secondhand smoke:** Local public health units work on policy initiatives such as tobacco-free schools and college campuses, as well as assisting multi-unit housing property owners in adopting smoke-free policies.

Without dedicated funding for local public health unit grants, there is no guarantee that these critical services will be available at the community level, where they have the greatest impact. Local public health units are uniquely positioned to address the specific needs of their populations, and their ability to implement CDC Best Practices should not be compromised by funding reductions.

For these reasons, I strongly support HB 1012 with the restoration of the "Tobacco Prevention and Control Grants to Local Public Health Units" line item at \$6,250,000. This investment ensures that tobacco settlement dollars are used as intended—to fund programs that effectively reduce tobacco and nicotine use, protect public health, and improve the well-being of North Dakota residents.

I appreciate your consideration and urge you to reinstate this critical funding. Thank you for your time and commitment to protecting public health in North Dakota.