2011 HOUSE TRANSPORTATION

HB 1150

2011 HOUSE STANDING COMMITTEE MINUTES

House Transportation Committee Fort Totten Room, State Capitol

HB 1150 01/21/2011 Job # 13222

☐ Conference Committee

	,
Committee Clerk Signature	2 anotte Cook
Explanation or reason for introd	uction of bill/resolution:
HB 1150 would prohibit smoking it add a fine of \$50.	n a vehicle with a passenger under the age of 13 and to
Minutes:	See attachments # 1-8

Representative Hatlestad, District One, Williston introduced HB 1150 and provided supportive written testimony. He introduced Nancy Selby and students from her previous sixth grade class. See attached testimony #1.

Chairman Ruby: Do we know if there is any state that does this currently?

Representative Hatlestad: I am not aware of any.

Chairman Ruby: Maybe their research will tell us.

Representative Kingsbury, District 16, spoke in support of HB 1150. She feels that it will act as a deterrent for an adult to smoke in the confined area of a car with vulnerable individuals present. She admires the students that brought this bill to the previous session and continue to make a statement for those who cannot protect themselves. She urged a DO PASS on HB 1150.

Nancy Selby, a sixth grade teacher from Wilkerson Elementary in Williston spoke in support of HB 1105 and presented written testimony. See attachment #2

Chairman Ruby: I understand your concern and that you feel very deeply about this. This is the second group of kids that you brought with you. Is this something that you encouraged them to care about?

Nancy Selby: This isn't the second group of kids; they are the same kids that were here two years ago. Last summer I spoke with them, and since they previously stated that they wanted to come back with it, they still felt that it was something that they wanted to do. They spoke with Rep. Hatlestad and Representative Sukut, and Rep. Hatlestad drew up the bill. It didn't come from me; it came from them. They could have come by themselves because they are very mature young people. They have done all the research. It is truly

their passion. They brought it up the first time, and I just follow where my students take me.

Chairman Ruby: I understand the confinement issue, but kids who have parents that smoke are exposed to smoke nearly 24/7. How do you feel that this smaller amount of time that they are in a vehicle is a key area to protect them?

Nancy Selby: Partly because it is a very confined area and there is also third hand smoke that is harmful to kids.

Austin Anderson, a ninth grader at Williston High School spoke in support of HB 1150. He provided written testimony. See attached testimony # 3.

Drey Bratcher, a ninth grader at Williston High School, spoke in support of HB 1150 and provided written testimony. See attachment testimony # 4.

Chairman Ruby: You did some research on SIDS. That is pretty interesting stuff. Is it possible that a baby to die from SIDS in a house with parents that don't smoke?

Drey Bratcher: Yes, it is possible, but if your parents smoke, you have a higher chance of getting SIDS.

Cambree Billehus, a freshman at Williston High School, spoke to support HB 1150 and provided written testimony. See attachment # 5.

Haley Bendixson, a ninth grade student at Williston High School, spoke to support HB 1150 and provided written testimony. See attachment # 6. She reported the names of six states have currently passed this law.

Representative Heller: While researching these states, did you find out why some states were unsuccessful in passing this bill?

Haley Bendixson: I read several articles on this. The number one reason I found was that some states were trying to make this a primary law, and officials felt that it would be too hard to catch someone smoking in a car.

Tahya Tooley is a thirteen year old and a child that struggled to breathe clean air in a vehicle. She spoke in support of HB 1150 and spoke for other children who do not have the opportunity to breathe clean air in a car. She believes that the bill will save hundreds of children from secondhand smoke. She thinks that everyone has the right to breathe clean air.

Issac Eberle, a Bismarck student, spoke in support of HB 1150. He told a story of riding from Denver to Bismarck in a car with his aunt who smoked. During the trip at all different times when he was sleeping, his aunt would flick her ashes, and they would come back in the window in his face. When they stopped for the night at a motel, everything in his whole bag smelled like smoke.

Alexis Dauenhauer, a student from St. Mary's in Bismarck, spoke in support of HB 1150. She explained that when she was younger her mother smoked when she was in the car. She would get headaches and get very crabby. She thinks that her mother knows now that it was wrong. Her mother once took her to the doctor, and they found out that the smoke caused her to have migraines. The doctor said the only way to stop her migraines was for her mother to quit smoking. Her mother did quit. She wants to help spare younger children, who cannot speak for themselves, from secondhand smoke.

Vice Chairman Weiler: Have your migraines gone away and how long has it been since your mother quit smoking?

Alexis Dauenhauer: She quit when I was about six and I am fourteen now. My migraines have gone away.

Amy Huer, a Health and PE teacher at St. Mary's Grade School in Bismarck, explained that the students that are from St. Mary's are in her Tobacco Free Student Group. They are an external group from the school and meet before or after school hours. When she told them that this hearing was taking place, they asked to come to hear the presentation of the bill and also asked on their own to testify. She wanted the legislators to know that kids really do want smoke free cars, and it is not teachers that are telling them that. It is not health people that are telling them to do this. The kids want to breathe smoke free air in vehicles. They are truly concerned about the dangers of second hand smoke. She would like the legislators to put this right at the top of the list with seat beats, and car seats. She feels that we need to protect our kids as much as we can with clean air, and that this is just one more extension of protecting our kids.

Dennis Cooley, Associate Professor of Philosophy and Ethics at North Dakota State University, Associate Director of the Northern Plains Ethics Institute, and 2010 Fargo Moorhead Chamber of Commerce NDSU Distinguished Professor, spoke in support of HB 1150 and presented written testimony. See attachment # 7.

Representative Louser: Smoking is legal. Do you believe that it should be illegal? Since you have a very unique experience and background, I am very interested in your response to my question.

Dennis Cooley: That is a huge question. My answer is to let markets decide those things. I admit that I am a cigar smoker, but I have never smoked in a car. I don't because I have nieces, nephews, and sisters and knew about ETS smoking. Banning smoking in and of itself, I don't see as a terribly useful thing. Being punished for smoking around children though, I think is actually appropriate, given the fact that you have people who can't make decisions for themselves being affected by it. In five minutes, a child has been exposed to something that has increased his risk. Even if the kid has not been physically harmed that you can see, such as coughing and choking, they still have increased risk of getting cancer and other relatively horrible diseases.

Chairman Ruby: You indicated that the goal of many would be to prevent any smoking around children, regardless of where they were, because of those dangers. Correct?

Dennis Cooley: I want to nuance that a little bit. I think that it is unethical to smoke around children, but ethics is not the same thing as law. What you can legally do is different from what is morally right or wrong. When you are looking at home situations, they are significantly different because of the enclosed issue. There was a study that was performed with the house entirely closed. A house is so large that it doesn't give you the same type of exposure that you are getting in a car. Even with the third hand smoke the smoke is so dispersed that the danger is significantly less.

Chairman Ruby: You answered that in the way that I was thinking. Enforcement in a house would be impossible. You also stated that health concerns trump personal property rights.

Dennis Cooley: They trump them in certain cases, but not all of them, I don't think is the state's business to be involved in what adults do. For example, if we are talking about smoking, smoking is dangerous for people. I smoke cigars, but I know what it is doing to me. Is it foolish that I am doing that? Perhaps, but I am an adult, and I get to chose. The major and moral significance here is children. They don't get to make these decisions at all. One of the things for this bill is the fact that it is for children under the age of 13. Children under the age of 13 are not allowed to enter into contracts because they are not able to make those decisions. We make a lot of decisions for them. We make them go to school, wear clothes that are appropriate, or may not allow them to have some technology. That is just the way that it is. Why do we do this? Because we are interested in their flourishing. The duty of all people to their children is to make sure that they are as well set off as they can to flourish in life. The duties of government turn out to be flourishing of their citizens and their community. In this particular case when you are talking about cars, and it is not a primary law as it was before, this seems to be a doable thing. It is a doable thing that shows the state cares about children and children flourishing.

Megan Smith, executive Director for Tobacco Free North Dakota, spoke to support HB 1150. She wanted to let the legislators know the Tobacco Free North Dakota supports protecting children from exposure to secondhand smoke. She explained that their mission is to improve and protect the public health of all North Dakotans by reducing serious health and economic consequences of tobacco use. This is the state's number one cause of death and disease. Strategies that are evidence based work the best and provide the greatest benefit to the greatest number. They include comprehensive smoke free policies and an increase in the cost of tobacco products. Public health approaches not only help people quit, but they are very effective in preventing youth from starting.

Representative R. Kelsch: Can you explain your organization to us, how is it made up?

Megan Smith: It is a volunteer organization.

Beth Hughes, Chair of the Tobacco Prevention and Control Advisory Committee, a respiratory therapist, and an Associate Professor at the University of Mary for 23 years, spoke in to support HB 1150. She wanted to bring two things to mind. Two words that were talked about today were "habit" and "choice". She wanted to remind everyone that tobacco is addiction, and addition mitigates choice. So, as we think about parents smoking in cars, remember that when government helps people with their addiction, we

improve the health of our society. Beth provided additional written testimony. See attachment #8.

Beth Hughes: I would like to address a couple of comments that came up discussing the appropriateness of a law banning smoking in cars with children. We should not hinge a law such as this on the enforceability of such law. We know that other states have done it, and I think that there is an update to Hailey's presentation. My information is that seven Canadian provinces now have laws in place that ban smoking in cars with children. We have many laws that have enforcement challenges, such as seatbelts or texting and driving. We know that those are difficult things to enforce, but it doesn't stop us from passing them. These laws are meant to define behaviors that pose significant hazards, and thus are unacceptable to society.

Chairman Ruby: Where is the most danger, from the tobacco itself or the chemicals that are added to it?

Beth Hughes: It is from both, because we have to recognize that there are 4,000 chemicals in tobacco smoke. There are also particulates that are released from smoking. Harvard School of Public Health put out a study in 2006 that showed the particulate level in a car after five minutes is well above and beyond what the EPA recommended level of particulate exposure is for anyone. In fact even with the windows open the level increased to well above what people would expect to inhale in a smoky bar. Even at one minute the particulate and the chemical exposure is harmful.

Chairman Ruby: It is illegal for minors to smoke. This bill only protects people under thirteen. Why is a thirteen more valuable than a fourteen year old?

Beth Hughes: I don't think that there is an answer to that. The bill two years ago had a higher age limit, and some people felt that adolescents had a voice more so than younger children. That is perhaps the reasoning behind this change in age.

Representative Sukut, District One, Williston: I wanted to talk about this from a common sense standpoint. We talk about this in the legislature, that common sense issues are difficult to work with, that we don't legislate them, and we don't like to work with them, but we really do. We have a seatbelt law; it is common sense to wear your seatbelt. We legislate helmets on motorcycles. It is not like this is something that we haven't done. We are dealing with two issues here. One is common sense of the driver, not smoking in the car, and we are dealing with the problems that could occur with young people who are trapped in the vehicle when they do smoke. We pass common sense things to protect ourselves from our own ignorance. But, we also pass laws that harm us or potentially will harm us. Now we are sitting in this situation and talking about youngsters that are trapped in the back of a car. If you don't believe that there is potential harm there from secondhand smoke, then you haven't listened. There are plenty of facts that have been presented this morning that verify that there is definitely potential harm. When we talk about passing this bill, it is not like we are breaking new ground. It has been done before. We also addressed the issue of it being hard to enforce, but I don't think it is that difficult. I stated one example last session, after watching a lady drive down the street with a cigarette in one hand and a cell phone in the other with kids in the back seat. It was easy for me to see. Just a month

or so ago, I was driving down the street. There happened to be a lady again who was smoking a cigarette. In the backseat there was a youngster with his gloves and beanie on. He was hanging out the open window. If you have ever been on a ride-around with a Highway Patrol you know that the HP are trained to look for things. They are very good at it. I don't think that this is a hard thing to enforce. Obviously there are pros and cons on every issue, but if you weigh them on this bill, I think this bill wins. I hope that the committee will turn this around and handle it differently than the last session.

Vice Chairman Weiler: You are one of the sponsors of this legislation. Have you spoken with the American Heart Association, American Cancer, North Dakota Health Department, North Dakota Cancer, or any of these groups? Have you asked them to come in and testify in support or opposition of this bill.

Representative Sukut: I have not. We basically left those issues up to the kids.

Vice Chairman Weiler: Did you attempt to contact those organizations or not? Or did you contact them and they declined to testify?

Representative Sukut: No, I did not contact them. You would have to ask the young folks here if they made those connections.

Vice Chairman Weiler: The reason that I asked is because in 2003 there was a legislator who put in a bill that outlawed the use, sale, and tobacco in North Dakota. That would have completely taken care of all the issues. Those organizations that I previously mentioned opposed the bill. So, I just wondered if we could find out their stance on this issue.

Chairman Ruby: Is this a secondary offense? Do you have to have violated some other law to be pulled over, and then cited for this offense? I don't see that here. As I see it, this is not secondary. It is primary, correct?

Representative Sukut: I read it the same way that you do.

Representative Onstad: It was clear in the testimony that education is important. We have some prevention programs in the state. Do you agree that we have to continue those programs along with trying to lessen the effects of smoking?

Representative Sukut: I surely don't disagree.

There was no further support of HB 1150.

There was no opposition of HB 1150.

There was no neutral testimony on HB 1150.

The hearing was closed on HB 1150.

2011 HOUSE STANDING COMMITTEE MINUTES

House Transportation Committee Fort Totten Room, State Capitol

HB 1150 01/27/2011 Job # 13595

Conference Committee

Committee Clerk Signature

Minutes:

Vice Chairman Weiler moved a DO NOT PASS on HB 1150.

Representative Louser seconded the motion.

Representative Louser: When looking at this bill, I don't doubt any of the testimony about smoking being unhealthy. I don't smoke or allow smoking in my vehicle. Over time we have banned a legal product from public places. We have extended it to private commercial places, and we are now moving into private property. I heard testimony that said that this won't go into the home, but I have a hard time believing that someone smokes more in their vehicle than in their home. It is just easier to get into the home and private property through the vehicle. This is banning a legal practice in private property, and I can't support that. I also have a problem with the fact that you can't smoke in your vehicle with a thirteen year old on the way to soccer practice, but when you drop the thirteen off and pick up a fourteen year old across the street then you can smoke on the way home. I see a lot of problems with this and a lot of emotion.

Representative R. Kelsch: I have to admire the tenacity of the young people that stood before us and continued with their idea. It is always gratifying to me to see young people that want to be involved in the political process. I hope that they won't be discouraged even though this bill doesn't pass. This bill wasn't "cutsie" like the lady bug bill or the choke cherry as the state tree bills. This bill really does fly in the face of personal rights. I agree with Representative Louser that if the ban goes into the car, when will it go into the homes? So, there comes a time when we need to say that maybe not all parents have good judgment, but they still may be good parents. I hope that the students won't be discouraged by the legislative process and this motion. I hope it will make them even more impassioned to continue their quest and maybe take on a new one.

Representative Sukut: I know it is a difficult thing. I still can look at the bill and say, "Tell me what the real downside is? What is the real bad part?" You can talk about that they are going to smoke at home; yes, that is true. It is a different situation. It is the difference between smoking in the closet and smoking at home. It is a big difference. We are talking about a situation where there indeed is harm done. You can say what you want to say, and think what you want to think, but we do legislate common sense. We do it every day, and the book is full of common sense legislation. I would like to see a little support for the bill.

Chairman Ruby: What it did was to certainly demonstrate to the parents and other parents that we should be conscious of that. I also grew up with two parents that smoked in a vehicle. I was around it so much, I don't think I really noticed it one way or the other. I don't remember it being to the same level as brought up here. The talk about genetic issues and lower IQ, I thought that I am probably supposed to be very smart.

Representative Sukut: I had exactly the opposite experience; I had a lot of medical problems because of my parent's smoke in cars. I have a little bit of a passion for what these kids are talking about.

Chairman Ruby: I liked having the kids here and admire them. I did have a problem with the one gentleman that dealt with ethics and talked about "Public health trumps property rights." He said it and then kind of backed away from it, but when he said it I just cringed. I think that once we start going down that road, there is no limit of where you can go. That's where I really have a problem with it.

A roll call vote was taken. Aye 9 Nay 5 Absent 0 The motion carried.

Representative Louser will carry HB 1150.

			Date:	7-1		
			Roll Call Vote #:			
2011 HOUSE S	TANDING C	OMMI	TEE ROLL CALL VOTES			
BILL/RESOL	UTION NO.		150			
House TRANSPORTATION					Committee	
Check here for Conference	e Committe	e				
Legislative Council Amendment	Number _			<u> </u>		
Action Taken Do Pass	🗷 Do Not i	Pass [Amended Adopt Ar	nendmer	nt	
Motion Made By	Appropriati		Reconsider			
Representatives	Yes	No	Representatives	Yes	No	
Chairman Ruby	7		Representative Delmore			
Vice Chairman Weiler			Representative Gruchalla		><	
Representative Frantsvog			Representative Hogan			
Representative Heller	X_		Representative Onstad			
Representative R. Kelsch					1 1	
Representative Louser	\sim				<u> </u>	
Representative Owens	×	ļ <u></u>				
Representative Sukut		X			 	
Representative Vigesaa						
Representative Weisz		<u> </u>			 	
		<u>.</u>				
		-				
		<u></u>				
Total (Yes)	· · · · · · · · · · · · · · · · · · ·	١	lo			
Absent	$\overline{}$	·				
Floor Assignment	40	<u></u>	SIA			
If the vote is on an amendment	, briefly indic	cate inte	ent:			

Com Standing Committee Report January 28, 2011 1:26pm

Module ID: h_stcomrep_18_008

Carrier: Louser

h_stcomrep_18_008

REPORT OF STANDING COMMITTEE

HB 1150: Transportation Committee (Rep. Ruby, Chairman) recommends DO NOT PASS (9 YEAS, 5 NAYS, 0 ABSENT AND NOT VOTING). HB 1150 was placed on the Eleventh order on the calendar.

2011 TESTIMONY

HB 1150

Chairman Dan Ruby Members of the Committee House Transportation Committee

Thank you, Mr. Chairman and members of the House Transportation Committee.

For the record my name is Representative Patrick Hatlestad, District One, Williston.

I stand before you to introduce HB1150. Basically, an individual may not smoke in a vehicle if a passenger is under the age of 13, whether the windows are open, vehicle moving, vehicle is parked, or sitting on private property. No points are lost as a result of an infraction. Fine is \$50.

I stand in support of HB 1150 and the efforts put forth by the students from Williston. These students are here to discuss the reasons they believe smoking in a car with a young passenger under the age of 13 should be prohibited. Today, they speak for those who cannot.

It is also my pleasure to recognize Mrs. Nancy Selby, "A very special & inspirational teacher," and members of her former 6th grade class. As our distinguished majority leader, Mr Al Carlson, says we, as legislators, take real pride in the belief that we are part of a citizen legislature. A belief that anyone can participate in their government and anyone can make a difference.

These students prove that point and offer a civics lesson in motion, an example of Individuals, inspired by a special teacher, who became deeply involved in North Dakota government. Individuals who picked up on an idea, did the required ground work, remained determined, and have, again, come back to the North Dakota legislature.

They will, today, with your help, leave their mark in the annuals of North Dakota politics.

I would attempt to answer any questions you may have but would prefer to defer to the young experts. Thank you Mr. Chairman and members of the Transportation Committee.

Mr. Chairman for the record, my name is Nancy Selby. I am a sixth grade teacher at Wilkinson Elementary in Williston.

Today I am here with a group of students who were in my 6th grade classroom and are currently 9th graders at Williston High School.

I grew up in a household where my dad smoked in the house, in the car and where ever he pleased; it was a time where we never dared to question our parents. As a child we blamed by coughing and sneezing on allergies; today we know better.

The times my dad did try to quit smoking usually resulted in him smoking a cigar or a pipe. When my daughter was two she innocently made a comment that did prompt my dad to quit and quit for good. However, it was too late for him; my dad was 67 when he died of cancer.

Two years after he passed away, my mom at the age of 67 also died, of heart disease. As the surgeon general states, "There is no risk-free level of exposure to secondhand smoke. Nonsmokers exposed to second hand smoke at home or work increases their risk of developing heart disease by 25 to 30 percent. Studies also have found that constant exposure to environmental tobacco smoke—in the workplace or home—nearly doubled the risk of having a heart attack.

Yes, I have a personal story to tell, but I also have a deep concern for youngsters who live in a tobacco smoke environment and have no say about it. As an educator I have witnessed students with asthma caused by and worsened by secondhand smoke. These students typically miss more days of school. I urge you to support HB 1150.

Austin Anderson will be the first student to speak. Thank You.

House Bill No. 1150 Speech

Mr. or Madam Chairman, for the record my name is Austin Anderson and I am a ninth grade student at Williston High School. Many years ago lead and asbestos were used for just about everything, lead paint and asbestos are just some examples. They have hundreds of toxins in them and were later banned because of related health issues. Cigarettes also have 4000 known chemicals and at least 69 of them are known to cause cancer. They are way more harmful to the body yet we still use them. Cigarettes are classified as a "class A" carcinogen meaning that it is the worst type of a substance that causes cancer. This bill will help us protect our future adults and the smoker's own life.

Some of the major toxic chemicals are arsenic and benzene. The rest of the chemicals in cigarettes are found in objects such as tar and glass shards. Arsenic is a silvery-white very very poisonous chemical. This deadly poison is used to make insecticides and it is also used to kill gophers and rats. Benzene is a flammable liquid obtained from coal tar and used as a solvent. This cancer-causing chemical is used to make everything from pesticides to detergent to gasoline. I found this from many quit smoking resources.

Now, secondhand smoke is the third leading cause of death in the United States. For every eight smokers that die because of their smoking, they kill one non smoker. From the age of zero to five, children can inhale 102 packs of cigarettes just from secondhand smoke. What choice does this child have? We buckle them in a car seat for safety, put a blanket over their heads so they don't breathe cold air and yet we expose them to second hand smoke that is more deadly than the smoke the smoker inhales. Some adults think that if they roll their windows down, the smoke won't harm the passengers, but in reality it sticks to the seats and everything in the car. It also can be transferred through the air system.

All restaurants, in North Dakota, that were smoker-friendly had to be changed to smoke-free on August 1, 2005. According to the book, "Smoking 101" (written by Margret O. Hyde and John F. Setaro, Medicine. Doctor.) a survey that measured support of smoke-free restaurants showed 71% preferred them. Even 41% of smokers preferred them. If a restaurant full of smoke is hazardous to one person a smaller place such as a car should be way worse.

Environmental Protection Agency (EPA) estimates that 200,000 to 1,000,000 asthmatic children have their condition worsened by the exposure to secondhand smoke. In the 1990's, according to "Smoking 101", four hundred thousand to one million people experienced asthma exacerbation because of secondhand smoke. Secondhand smoke exposure among children with respiratory-

related diseases is directly associated with days missed at school. The average days of school missed for one child is about 3 per six month period. Because of secondhand smoke, many kids are getting asthma. The EPA states, "secondhand smoke is a risk factor for new cases of asthma in preschool kids with no signs or symptoms of asthma." Asthma's effect on kids brings the average rate of schooldays missed to six per six months. I got this information in the "Healthday News".

"One of the cruelest things to do to a child with asthma is to smoke in a child's home. And even a person without asthma might be sensitive to cigarette smoke." That was a quote from "My House is Killing Me!", written by Jeffrey C. May. If it is hazardous to breath in a home then why wouldn't be worse in a car? A quote from the EPA website is, "Choose not to smoke in your home or car and don't let others do so." That is listed under "Actions You Can Take [against getting asthma]." Obviously if the EPA says to not smoke in your car that something needs to be done to help protect everyone.

Children of parents that smoke, have more bronchitis, respiratory infections, pneumonia, and reduced pulmonary function than those children whose parents don't smoke, according to the Surgeon General and the Center for Disease Control (CDC). Children that inhale secondhand smoke also have lower levels of

vitamin C so their immune system is weaker and also they are proven to be sleepier and not focused on schoolwork.

Secondhand smoke is responsible for 150,000-300,000 respiratory tract infections in infants and children under eighteen months old resulting in 7,500-15,000 hospitalizations per year EPA.

The Environmental Protection Agency also states that 60% of all children from the age of three to eleven, or 22 million, are exposed to secondhand smoke, and 25 percent of those live with at least one smoker. Because children from ages 0-13 are still developing, the 4,000 known chemicals found in cigarettes are exceptionally bad for their growing lungs. Children, like me, also have higher metabolisms than adults, so they inhale more harmful smoke than adults. Painful ear infections and allergies towards children are more likely to occur just from inhaling secondhand smoke. Children who breathe secondhand smoke often get pneumonia also. Just from inhaling secondhand smoke, you will get nicotine receptors. That also helps the child become a smoker because they need the smoke to supply the addiction to it.

In the bill that we are proposing we will not only protect kids from getting harmful diseases, we will protect the future generation and save lives. According to the CDC, over 54,000 people die per year in the U.S. alone from secondhand

smoke exposure. I personally have had three grandfathers die of smoking and one of my grandmothers also died from smoking. About two years ago my great grandma died of a heart attack. She had never smoked a moment in her life, but yet she was around secondhand smoke every day. The secondhand smoke affected her heart into malfunctioning. In fact about 35,000 smoke related heart failures occur every year, according to the CDC.

It isn't worth dying or hurting anyone else because of an addiction. If this bill was passed years ago, maybe my family would have fewer grandparents and other family members that are lost to secondhand smoke. Let's help protect the families of today. Thank you for your time and please consider the passing of House Bill 1150.

Hello Mr. or Mrs. Chairman.

For the record I am Drey Bratcher a ninth grader from Williston High School.

As you heard from my classmate Austin there are a lot harmful diseases in smoking. I am here today to talk about SIDS. SIDS is Sudden Infant Death Syndrome. SIDS is caused by secondhand smoke. SIDS is responsible for more deaths than any other cause in childhood for babies one month to one year of age, claiming 150,000 victims in the United States in this generation alone. 7,000 babies die each year from this horrible syndrome. Nearly every day every hour one baby in the world dies from SIDS. Smoking is linked to increase the possibility of getting SIDS. If you smoke during your pregnancy your baby has a very high risk of getting SIDS. Boy babies are more likely to get SIDS.

When a child grows up at a young age they are more likely to be addicted to tobacco if someone close to them used tobacco. 1 in 5 teens smoke and 17 percent of kids in the ninth grade smoke cigarettes. My Grandma started smoking at a very young age, and now she is battling cancer and she is only in her 50's.

Smoking around your children or infant causes their brain to become small as they grow. But even with little smoke it is known that the infant or child is most likely to get a learning disability. Such as ADHA, ADD, and when

your mother smokes during pregnancy you get other diseases such as cerebral palsy.

53,800 people die from second hand smoke a year. Second hand smoking causes many breathing problems from young children such as bronchitis, pneumonia, asthma, and more. The EPA estimates that 200,000 to 1,000,000 children have asthma due to secondhand smoke. When kids have asthma their airway become inflamed which leads to shortness of breath and wheezing. Among the children 18 months or younger in the United States, 300,000 cases of bronchitis and pneumonia are treated each year.

I hope you support House Bill 1150 and now my classmate Cambree is going to talk about third hand smoke

Thank you for your time.

Mr. Chairman and Members of the committee,

Good morning. For the record: My name is Cambree Billehus and I am a freshman at Williston High School.

You have heard about the dangers of smoking and of second hand smoke. Recently more information is being published about third hand smoke.

Ever take a whiff of a smoker's hair and feel faint from the pungent scent of cigarette smoke? Or perhaps you have stepped into an elevator and wondered why it smells like someone has lit up when there is not a smoker in sight. Welcome to the world of third-hand smoke explains Jonathan Winickoff.

According to Mayo Clinic's Jennnifer A. Kern, M.A., C.T.T.S: "Third hand smoke is the term given to the residual of tobacco smoke contamination that settles into the environment and stays there even after a cigarette has been extinguished. The chemical particles resulting from the burning of tobacco, including tar and nicotine, linger on clothes, hair, upholstery, drapes, etc, long after the smoke has cleared." These particles are formed from more than 200 poisonous gases, many of which are cancer causing, such as cyanide, ammonia, arsenic, and polonium-210 (which is radioactive.) These chemicals are deposited on surface areas and over time can be released back into the air.

Kate Devlin, Medical Correspondent warned that babies and other young children are more susceptible to 'third hand smoke' than adults because their lungs are still developing.

Children also may be at greater risk because they breathe faster than adults and inhale more chemicals, says Jonathan Winickoff, an assistant professor of pediatrics at Harvard Medical School.

The 2006 surgeon general's report says, "There is no risk-free level of tobacco exposure...There are 250 poisonous toxins found in cigarette smoke. One such substance is lead. Very good studies show that tiny levels of exposure are associated with diminished IQ."

The third-hand smoke is the substance that remains [after visible or "second- hand smoke" has dissipated from the air]...You can't really quantify it, because it depends on the space...In a tiny space like a car the deposition is really heavy.

House Bill 1150 would protect children in North Dakota from second and third hand smoke. I would like to let Hailey speak about how many states have passed this bill.

Please consider a "do pass" for HB 1150.

Thank you

Madam or Mr. Chairman,

For the record my name is Hailey Bendixson. I am a ninth grade student at Williston High School.

When I was younger I went to a baby-sitter. My baby-sitter smoked. By the time I was five, I had gone to the doctor eleven times. I went to the doctor for bronchial related reasons. Also members of my family smoked when I was younger. Because of growing up with so much exposure to smoke. This led to me getting sick more often, and missing school. I did not like to miss school because that meant less time to see my friends and the more homework I had to do. Even though my parents did not smoke in the house, my mom on occasion did however smoke in the car. My mom now knows that was wrong and is a supporter of this bill.

Out of the sixteen states that have tried to pass the bill to outlaw smoking in vehicles with children present, six states have succeed in passing the law, they are:

- Arkansas
- Louisiana

- California
- Maine
- Texas
- Oregon

This means since our last effort to pass the bill that two other states have passed the law. All of the states have different fines and the age of which you can not smoke with the children present. They are as follows:

- Arkansas-up to age 13-\$125 fine
- Louisiana-up to age 13-\$25 fine for the first offense and \$100 fine for any offense that follows
- California-up to age 17-\$100 fine
- Maine-up to age 16-\$50 fine
- Oregon-up to age 17- with the first offense being a \$90 fine, the second offense a \$180 fine, and the third offense up to a \$ 360 fine

Out of the six states, Arkansas was first to pass the bill and Louisiana, California, Maine, Oregon, and Texas followed in that order. We hope we can follow and be the seventh state to pass the bill.

Many other states have tried, or they are still in the process of discussing the bill. There are some states that are trying very hard to pass the bill, for example Washington is in the process of trying to pass the bill for the third time. In the last two years many other states have been trying to pass this bill. Some of them are:

- New York
- Florida
- Kentucky
- Georgia
- New Jersey

These are just a few of the ten states trying to pass the bill. Also other countries such as Canada have been trying to create a smoke free environment in the vehicle with children present. Most of them are doing well in their efforts.

Please remember it is the parents' idea to smoke in the car with the children present, not the children's. I encourage you to lend you support and vote yes on this bill. Thank you.

My name is Dennis Cooley. I am an Associate Professor of Philosophy and Ethics at North Dakota State University, Associate Director of the Northern Plains Ethics Institute, and 2010 Fargo Moorhead Chamber of Commerce NDSU Distinguished Professor. I also have several publications dealing with smoking bans and children, including base 2009's "Environmental Tobacco Smoke as Child Abuse or Endangerment: A Case for Expanded Regulation".

(Before continuing, I must state that my views expressed here do not necessarily represent those of NDSU, the NPEI, for the FM Chamber of Commerce.)

Introduction

I have to admit that I am not a big proponent of the government getting involved in much of our lives. As all good fiscal conservatives, I believe that government should be more like a night watchman, as John Locke, Robert Nozick and our Founding Fathers desired, while people go about doing the vital business of being mature adults competing in free markets in their public lives. I also hold deeply that people, as autonomous individuals, have the right to decide for themselves, even if that decision is not in their best interests. Respecting autonomous decisions not only treats the individuals making them in the proper manner, i.e., as autonomous entities, but also creates better markets as people

consumer in the market additional information so that she can make better decisions about her welfare. The consumer making the bad decision should learn from it. Other consumers see the decision, and then try to avoid it. If each person in the market becomes a better evaluator of personal services, then the society as a whole profits from the increased overall utility. In addition, a market functioning in this manner will satisfy justice, which "is concerned not only with increasing the total amount of good a society enjoys, but also with how that good should be distributed among individuals." (Boxill, p. 463) This is the main reason that I am vehemently opposed to smoking bans on businesses that cater solely to the needs of adults.

However, the reasonable question to ask is why do states and others force protection upon adults from "occasional and easily avoidable exposure to tobacco smoke while largely neglecting children who are involuntarily exposed for longer periods of time and are far more vulnerable"? (ASH (1)) If governments have a duty as night watchmen to ensure that their children's best interests are served because children cannot do it for themselves- or at the very least not to hinder these interests when doing so is unnecessary - then it follows, on at least *prima facie* grounds, that smoking should be banned around children under the age of 13 riding

in cars.¹ That is why I, as a proponent of conservative political philosophy, am in favor of House Bill 1150.

Establishing a case for actual and potential harm to children

Given the amount and nature of the evidence, it is clear that smoking around children creates risks and injuries to them that would not have occurred had the activity not occurred. (DHHS (1), (2), (3), and (4)) First, ETS immediately harms some exposed children and poses a serious health risk to everyone subjected to it, in part, due to the 250 toxic or cancer causing chemicals it produces, such as formaldehyde, arsenic, and hydrogen cyanide. (American Lung Association) Second, many different individuals, groups, and agencies, such as the United States Environmental Protection Agency and Centers for Disease Control, recognize that secondhand smoke causes lower respiratory tract infections, asthma, pneumonia, bronchitis, and a variety of other unnecessary illnesses in children. (EPA, pp. 1-6; Igbenebor, pp. 235-7)² More specifically, each year there are 150,000-300,000 lower respiratory tract infections in children under 18 months of age, with 7,500-15,000 of those having to be hospitalized. (EPA, pp. 1-6)³ In addition, 500,000 new pediatric visits for asthma, 1.3 million new pediatric visits for coughs, 1,500 pneumonia episodes, 14,000 cases of tonsillectomies, 260,000 bronchitis cases, 2 million ear infections, and 5,200 tympanostomies⁴ are caused per annum by ETS exposure (Igbenebor, pp. 235-7)^{5, 6} Mannion, et al. states that ETS exposure

affects children of all ages by, among other things, significantly decreasing lung functions for 8-16 year olds, and increasing asthma and wheezing and the number of school days missed because of illness for 4-6 year olds. (Mannion, et al., p. 36) All of these listed injuries are actual harms that can be easily perceived by any layperson.

Although it is not often understood in the same way, increased risk is also an

injury; it places minors in a less safe position than they otherwise would have been. Given that the American Academy of Pediatrics stated that 43% of children between the ages of 2 months to 11 years live in homes with at least/one smoker, it follows that these juveniles are exposed to greater risks than those children who do not encounter ETS. (American Academy of Pediatrics, p. 639; Bailey-Wilson, et al., pp. 460-1) Very young children are particularly susceptible to harm because of their developing lungs. (DiFranza, et al., pp. 1007-8) Any smoking in household situations raises the negativity ratings of the living area; in contrast with the nonsmoking control house exposure score of 1, outdoor smoking with the door closed, standing near an open door or outdoors, standing near a kitchen fan, and indoor smoking with no other ventilation had exposure scores of 2, 2,4, 3.2, and 15.2, respectively. (Johansson, et al., pp. 291-e295) If this is what happens in a house, then a vehicle, which is much smaller and more contained, poses much greater risk for children under the age of 12. Hence, given these facts, the need to focus on motor vehicle smoking bans becomes clearer.

alute

Additional risks posed by ETS exposure are well documented. Among them is that vulnerable groups can be harmed in 5 minutes from being exposed to the smoke of a single cigarette. (Rees and Connolly, p. 363) ⁷ The risks to children do not end when they become adults. Minors with long-term ETS exposure can have lower HDL-C levels, which in turn can contribute to cardiovascular disease, especially for white males with a family history of the heart disease. (Moskowitz, et al., 446) Given these findings and others, there is little doubt that secondhand smoke poses a severe actual or potential harm to children, as the United States' Surgeon General concluded when he found that there is no risk-free level of secondhand smoke exposure. (U.S. Surgeon General, Chapter 1, p. 11)

Secondhand smoke's dangers have had an influence in legal matters affecting children; some child custody cases have been decided in part on smoking considerations primarily because the state must "protect children who cannot protect themselves". (Burken, p. 1) ETS exposure is a recognized factor in child custody cases in at least 16 states. Although clear, actual barm cases are the most obvious, intuitively compelling cases, minors, even healthy ones, need not have medical conditions exacerbated by ETS to have it considered in custody judgments. (Johnita M.D. v David D.D.; In re Julie Anne; Sonnenfeld v.

Sonnenfeld) In these types of decisions, the potential risk of harm – be it short or long term – was sufficient to influence the courts' custody decisions, once again based on the notion that the state is obligated to protect children who cannot protect themselves. In other juvenile custody situations, thirteen states prohibit children being placed in foster care homes with smokers, while Georgia, Michigan, New York, and North Dakota recommend against smoking in places frequented by the minors but do not ban it. (Bazar) Hence, there is at least some legal groundwork in place from which to interpret and argue for smoking bans around children in cars based on legally recognized harms.

Second, the 1997 Declaration of the Environment states that "environmental tobacco smoke is a significant public health risk to young children". (ASH (3)) Regardless of the particular state or its statutes, the general consensus is that child endangerment occurs when a child is placed in a situation in which there is a significant risk that the child's well-being will be harmed, and the actual harm is unnecessary. In other words, the child's flourishing as desired by the state and community is unwarrantedly threatened by the action. Given the reasonable person standard employed by all states, the risk will be determined by a reasonable person evaluating the situation in a reasonable manner.

Although it is important to clearly define what is entailed by significant risk, define what is entailed by significant risk, define to develop and defend. After all one

person might believe that a significant risk would have to exceed a 50% probability in certain situation, while another would place it much lower for the same set of circumstances. There are, however, general rules of risk acceptability assessment.

As Rescher states about risk to others:

For any given level of benefit, people are prepared to tolerate a greater level of risk for activities that rate more highly in point of being: voluntary; avoidable; controllable; familiar (i.e., not particularly striking, memorable, shocking); well understood; not dreaded; not potentially disastrous; remote (not immediate or near-term). (Rescher, p. 123)

For example, assuming the probability is the same in all cases, if an activity's harm is likely to be relatively insignificant, then people are more willing to allow it than in instances in which the injury is more severe. Moreover, behaviors that have the same potential outcomes can be evaluated according to the probability that harm will ensue. In cases in which the risk to long term health for one action is 5% and for a second action is 6%, then people will favor the former over the latter if there are no other alternatives with lower risk.

The rules of risk assessment are more restrictive for activities that will affect children than they are those impacting only adults. Given our natural desire to protect minors to a much greater degree than autonomous adults, these risk factors will tend to make decision makers allow fewer risks for children in general than

they would for moral agents. For example, an adult smoking a cigarette may be permissible, but the same conclusion would not hold in the case of a juvenile. In addition, if the risks are the same, then the benefits will generally have to be greater or more likely for children than they must be for adults. For example, for an adult, a 6% chance of success might be acceptable, while for a minor, the risk is deemed too great to justify the small probability that benefits will accrue. To provide a plausible rule to evaluate risk acceptability in these and other cases, significant risk to a child occurs when a reasonable person would reasonably believe the chance of the child being injured is too great a negative moral factor to justify any potential goods for the child that might be procured from the injury. Hence, given no benefit and the possible harms from being exposed to ETS, it follows that reasonable people would evaluate the risk to children to be significant, and therefore, ETS exposure is a form of endangerment.

Two additional strong justifications for bans incorporate elements of utilitarianism and Kantianism. First, the increased risk itself is not only a form of endangerment, it is an actual, unnecessary harm. Judith Jarvis Thomson argues that those exposed to ETS have a legitimate complaint from having their risks increased. (Thomson, p. 126) Although no actual physical or emotional harm is suffered, the increased danger caused by ETS is analogous to the injury of someone whose risk of harm from a surgical procedure increases due to some fault

of the surgeon, even if the person suffers no physical harm. (Thomson, ibid.) The patient is worse off than she would have been with the lower chance of injury because her life is more dangerous than it needed to be. In the case of ETS, a child who has less risk of future problems has a better chance of fulfilling her potential than one who has greater risk, *ceteris paribus*. (Railton, p. 94) That is, she is safer, and thus better off; both of which are goods we pursue for ourselves and those for whom we have special duties of care.

In a more Kantian vein, Natalie Abrams argues increased risk is an affront to the dignity of a person even if no actual harm is caused in the course means that it is the database if it happens to a minor. (Abrams, pp. 160-1) Smoking around children is an act of excessive selfishness on smokers' parts because they are no worse off if they do not smoke, while children are significantly worse off from being exposed to ETS. (Railton, p. 102; Goodin, p. 68) In other words, the dangerous habit exposes children to increased risk or they must lose the ability to ... have shelter, food, hydration, or engage in other social activities deemed necessary for them to lead a good life. (Goodin, pp. 69-70) Creating a second-hand smoke environment around children is a failure to exercise due care, which shows a morally impermissible callousness toward the person whose life is less safe as a result. Increasing the risk to her is degrading because the agent does not take her true value into consideration before or during the performance of the action. That

is, minors exposed to ETS are not treated as the inherently valuable persons or potential persons they are.

Although any one of the three arguments above - significant risk, increased harm, and disrespect - could be sufficient on its own to justify smoking bans on the grounds of undangerment, the combination of the three provides a much more convincing case that can withstand the assault of the strongest objections, especially since they defend children against unnecessary harm and risk from ETS exposure. On these grounds, smoking bans around children riding in a motor vehicle, therefore are justified.¹⁰

I want to address quickly a concern that was raised during the last legislative session about whether our police forces will be able to enforce this law if it goes into effect. I'm going to rely on advice given to me by my parents many years ago. They said, if you are not an expert in an area, then find one to tell you what is what. If you are sick, go to a doctor. To what he says. If you need legal help, find a lawyer. Do what she says. Since I need someone with law enforcement experience for this bill, then I go to them. In the 13 January 2011 Fargo Forum,

Lt. Jody Skogen of the North Dakota Highway Patrol said enforcement of the proposed smoking law would be similar to how officers now handle the child-restraint law. "Obviously, there's going to be officer discretion based on our perception at the time," he said of determining a child's age. "You use your best judgment and just go along with it based upon what you find after the stop is made then."

In addition, as most of us know, Senator Lyson has a long and distinguished record working in law enforcement. If he says it can be done -- and done well - then I know that it can be done --- and done well.

Conclusion

There are many who fear that the government has or is becoming too intrusive in our everyday lives. At times, this concern is well justified as in the case of smoking bans for adult only activity in which all parties are aware of the smoking and ETS dangers but autonomously choose to be exposed to them anyway. However, in the case of smoking around children, the state has a clear duty to protect those who cannot defend themselves from suffering needless, significant injury. Since many guardians or others continue to smoke around children when they know or should be aware that they should not, the state ought to make this relatively minor step to declare ETS child endangerment, and then enforce laws banning it. In this case, although we should not be our brother's keeper, we certainly should be our children's.

References:

- Abrams, Natalie. "Problems in Defining Child Abuse and Neglect" in *Having Children: Philosophical and Legal Reflections on Parenthood*, Onora O'Neill and William Ruddick (eds.) (Oxford University Press: New York, NY, 1979): 156-64.
- Ackerman, Bruce A. 1980. Social Justice in the Liberal State. (Yale University Press: New Haven, CT).
- Action on Smoking and Health (ASH) (1) "Children, Not Just Adults, Need Protection from Tobacco Smoke Pollution [04/7-7]." http://no-smoking.org/april04/04-07-04-7.html. Accessed 9/13/2004.
 - (2) "Mother May Lose Custody Over Smoking, Even in Kentucky." http://ash.org/kids/kentucky.html. Accessed 9/13/2004.
 - (3) "Passive Smoking: The Impact on Children." July 2002 update, http://www.ash.org.uk/html/passive/html/kidsbrief.html.
- Aligne, C.A. and Stoddard, J. "Tobacco and children: an economic evaluation of the medical effects of parental smoking," Archives of Pediatrics and Adolescent Medicine, 1997:648-53.
- Aligne, C. Andrew, Moss, Mark E., Auinger, Peggy, and Weitzman, Michael. "Associating of Pediatric Dental Caries With Passive Smoking." *The Journal of the American Medical Association*, 289(10), March 12, 2003: 1258-64.
- American Academy of Pediatrics: Committee on Environmental Health. "Environmental Tobacco Smoke: A Hazard to Children." *Pediatrics*, 99(4), April 1997: 639-41.
- American Lung Association. "Secondhand Smoke and Children Fact Sheet." Publication fact sheet September 2008 Ashely, Mary Jane and Ferrence, Roberta. "Reducing children's exposure to environmental tobacco smoke in homes: issues and strategies." *Tobacco Control*, 7(1), 1998: 61-5.
- Bailey-Wilson, J.E., Amos, C.I., Pinney, S.M., Peterson, G.M., de Andrade, M., Wiest, J.S., Fain, P., Schwartz, A.G., You, M., Franklin, W., Klein, C., Gazdar, A., Rothschild, H., Mandal, D., Coons, T., Slusser, J., Lee, J., Gaba, C., Kupert, E., Perez, A., Zhou, X., Zeng, D., Liu, Q., Zhang, Q., Seminara, D., Minna, J., and Anderson, M.W. "A Major Cancer Susceptibility Locus Maps Chromosome 6q23-25" The American Journal of Human Genetics. 75, 2004: 460-74.
- Bazar, Emily. "Law prohibits smoking around children" USA Today, http://www.usatoday.com/news/health/2006-11-27-smoking-bans x.htm.
- Becker, Allan B., Manfreda, Jure, Ferguson, Alexander C., Dimich-Ward, Helen, Watsom, Wade T.A., and Chan-Yeng, Moira. "Breast-feeding and environmental Tobacco Smoke Exposure." Archives of Pediatrics & Adolescent Medicine, 153(7), July 1999: 689-91.
- Blustein, Jeffrey. "Child Rearing and Family Interests" in Having Children: Philosophical and Legal Reflections on Parenthood, Onora O'Neill and William Ruddick (eds.) (Oxford University Press: New York, NY, 1979): 115-22.
- Boxill, Bernard. 2006. "The Color-Blind Principle" in Applied Ethics: A Multicultural Approach, Larry May, Shari Collins-Chobanian, and Kai Wong (Editors) (Pearson-Prentice Hall: Upper Saddle River, NJ): 458-465.
- Burken, Melissa A. "Northern's Exposure; Illinois' Child Endangerment Status: An Overview of Legislative Changes and Court Application." *Journal of the DuPage County Bar Association*. http://www.dcba.org/brief/janissue/2004/northern0104.htm. 7/12/2004.
- California Environmental Protection Agency's Identification of Environmental Tobacco Smoke as a Toxic Air Contaminant. Executive Summary. June 2005
- Child Welfare Information Gateway. "Definitions of Child Abuse and Neglect State Statutes Series" Child Welfare Information, http://www.Gateway.gov/systemwide/laws_policies/statues/define.cfm.
- Conley, Thomson C., Siegel M., Winickoff, J., Biener, L., and Rigotti, N.A. "Household smoking bans and adolescents perceived prevalence of smoke and social acceptability of smoking". *Preventive Medicine*, 41(2) August 2005: 349-56
- Cooley, Dennis. "Environmental Tobacco Smoke as Child Abuse or Endangerment: A Case for Expanded Regulation" *Public Affairs Quarterly*, Vol. 23, No. 3, 181-221.
 - "Hospitality Industry Smoking Bans and Child Endangerment: A Question of Priorities" Business and Professional Ethics Journal 2006
- De Beni Souza v. Kallweit; Calif Super Ct Sacramento City, No. 807516, 8/14/90.
- DiFranza, Joseph R. and Lew, Robert A. "Morbidity and Mortality in Children Associated with the Use of Tobacco Products by Other People." *Pediatrics*, 97(4), April 1996: 560-8.

- DiFranza, Joseph R., Aligne, C. Andrew, and Weitzman, Michael. "Prenatal and Postnatal Environmental Tobacco Smoke Exposure and Children's Health." *Pediatrics*, 113(4), April 2004: 1007-15.
- Ferrence, Roberta and Ashley, Mary Jane. "Protecting children from passive smoking." British Medical Journal, 321(7257), August 5, 2000: 310-1.
- Gewirth, Alan. Human Rights: Essays on Justification and Applications (University of Chicago Press: Chicago, IL, 1982).
- Gibson, Mary. "Consent and Autonomy" in *To Breathe Freely: Risk, Consent, and Air, Mary Gibson (ed.)* (Rowman & Allanheld: Totowa, NJ, 1985): 141-68.
- Goodin, Robert E. No Smoking: The Ethical Issues (University of Chicago Press: Chicago, II, 1989). Hacking, Ian. "The Making and Molding of Child Abuse." Critical Inquiry, 17(2), Winter 1991: 253-88.
- Hacking, Ian. "The Making and Molding of Child Abuse." Critical Inquiry, 17(2), wither 1991: 253-88 Heck v. Reed. 529 N.W.2d 155 (N.D. 1995).
- Hedman, Carl. "Three Approaches to the Problem of Child Abuse and Neglect" *Journal of Social Philosophy*, 31(3), Fall 2000: 268-85.
- Hill, S.C., and Liang, L. "Smoking in the home and children's health." Tobacco Control, 2008; 17: 32-37.
- Igbenebor, Jeanette. "Smoking as a Factor in Child Custody Cases." Journal of the American Academy of Matrimonial Lawyers, 18, 2002; 235-52.
- In re Julie Anne, 121 Ohio Misc.2d 20, 2002-Ohio-4489.
- Jarvie, Jill A., and Malone, Ruth E. "Children's Secondhand Smoke Exposure in Private Homes and Cars: An Ethical Analysis." *American Journal of Public Health*, 98(12), December 2008, doi:10.2105/AJPH.2007.130856. PMID: 18923115.
- Jarvis, Martin J., Goddard, Eileen, Higgins, Vanessa, Feyerabend, Colin, Bryant, Andres, and Cook, Derek G. "Children's exposure to passive smoking in England since the 1980s: cotinine evidence from population surveys," *Tobacco Control*, 10(4), December 1, 2001: 368-74.
- Johansson, Anna Karin, Hermansson, Goren, and Ludvigsson, Johnny. "How Should Parents Protect Their Children From Environmental Tobacco-Smoke Exposure in the Home?" *Pediatrics*, 113(4), April 2004: e291-e5.
- Johnita M.D. v. David D.D. 191 Misc.2d.302 (Supreme Ct, NY 2002).
- Kaufman Kantor, Glenda and Little, Liza. "When Does Domestic Violence Equate With Parental Failure to Protect?' Refining the Boundaries of Child Neglect." *Journal of Interpersonal Violence*, 8(4), April 2003: 338-55.
- Lee, Dwight R. "Environmental Economics and the Social Cost of Smoking." Contemporary Policy Issues, 9(1), 1991: 83
- Leung, Gabriel M., Ho, Lai-Ming, and Lam, Tai-Hing. "Secondhand Smoke Exposure, Smoking Hygiene, and Hospitalization in the First 18 Months of Life." Archives of Pediatrics and Adolescent Medicine, 158(7), July 2004: 687-93.
- Lizzio v. Lizzio, 618 N.Y.S.2d 934 (F. Ct. Fulton Co. 1994).
- Mannino, David M., Moorman, Jeanne E., Kingsley, Beverly, Rose, Deborah, and Repace, James. "Health Effects Related to Environmental Tobacco Smoke Exposure in Children in the United States." *Archives of Pediatrics and Adolescent Medicine*, 155(1), January 2001: 36-41.
- Marsh, A., and McKay, S. Poor Smokers (London: Policy Studies Institute, 1999).
- Mayo Foundation for Medical Education and Research ."Secondhand smoke: Protect yourself from the dangers" http://MayoClinic.com. 7/12/2004.
- Moshammer, H., Hoek, G., Luttmann-Gibson, H., Neuberger, M.A., Antova, T., Gehring, U., Hruba, F., Pattenden, S., Rudnai, P., Slachtova, H., Zlotkowska, R., and Fletcher, T. "Parental smoking and lung function in children: an international study." *American Journal of Respiratory and Critical Care Medicine*, 173(11), June 1, 2006:1184-5.
- Moskowitz, William B., Schwartz, Pamela F., and Schieken, Richard M. "Childhood Passive Smoking, Race, and Coronary Artery Disease Risk." *Archives of Pediatrics and Adolescent Medicine*, 153(5), May 1999: 446-53.
- Oliver, Mary Margaret and Crossley, V. "Survey of Child Endangerment Statutes Nationally and Analysis of Georgia Legislative Opportunity." *Georgia Bar Journal*, December 2001, http://GABar.org/pdf/gbj/dec01.pdf
- Ownby, Dennis R., Johnson, Christine C., and Peterson, Edward L. "Passive Cigarette Smoke Exposure of Infants." Archives of Pediatrics and Adolescent Medicine, 154(12), December 2000: 1237-41.

Railton, Peter. "Locke, Stock, and Peril: Natural Property Rights, Pollution, and Risk" in To Breathe Freely: Risk, Consent, and Air, Mary Gibson (ed.) (Rowman & Allanheld: Totowa, NJ, 1985): 89-

Rees, V.W., and Connolly, G.N. "Measuring Air Quality to Protect Children from Secondhand Smoke in Cars." American Journal of Preventive Medicine, 31(5), 2006: 363-8.

Repace, James L. "Risks of Passive Smoking" in To Breathe Freely: Risk, Consent, and Air, Mary Gibson (ed.) (Rowman & Allanheld: Totowa, NJ, 1985): 3-30.

Rescher, N. Risk (University of America Press: Lanham, MD, 1983).

Satalino v. Satalino, No. 11440-86 (N.Y. Sup. Ct. Oct. 10, 1990)

Smith v. Smith. No. 03A01-9603-0078 Tenn. App., Western Section 1996.

Sonnenfeld v. Sonnenfeld State of Minnesota in Court of Appeals, CO-97-1089, File No. F9-95-4631.

Sumner, L.W. The Moral Foundation of Rights (Oxford: Oxford University Press, 1987).

Taylor, Lana. "Changes to Utah's Child Endangerment Law." Salt Lake County District Attorney's Office, http://www.slcgov.com/police/specialized/change Ut law.htm 7/12/2004

Thomson, Judith Jarvis. "Imposing Risks" in To Breathe Freely: Risk, Consent, and Air, Mary Gibson (ed.) (Rowman & Allanheld: Totowa, NJ, 1985): 124-40.

U.S. Centers for Disease Control (CDC) (1) "Health Effects of Cigarette Smoking."

http://www.cdc.gov/tobacco/data statistics/fact sheets/health effects/health effects.htm 9/17/2004.

(2) "Preventing Smoking and Exposure to Secondhand Smoke Before, During, and After Pregnancy." July 2007, http://www.cdc.gov/NCCdphp/publications/factsheets/Prevention/pdf/smoking.pdf

(3) "Secondhand Smoke: Fact sheet." http://www.cdc.gov/tobacco /factsheets/secondhand_smoke_factsheet.htm. 9/17/2004

(4) "You don't have to Live with Secondhand Smoke."

http://www.montana.edu/wwwexair/facts_smoke.html. 7/12/2004.

U.S. Department of Health and Human Services (DHHS) (1) "Current Trends in Child Maltreatment Reporting Laws. Child Abuse and Neglect State Statutes Series. Issue Paper." http://nccanch.acf.hhs.gov/general/statutes/trendsb.cfm#bthree. 2002. 10/15/2004.

- (2) "State Statutes." http://nccanch.acf.hhs.gov/general/legal/statutes/index.cfm. 9/10/2004.
- (3) "Statue-at-a-Glance: Infant Safe Haven Laws."

http://naic.acf.hhs.gov/general/legal/statutes/safehaven.cfm. 9/10/2004.

(4) "What is Child Maltreatment?" http://nccanch.acf.hhs.gov/pubs/usermanuals /foundation/chapthree.cfm. National Clearinghouse on Child Abuse and Neglect Information Updated April 26, 2004. 7/12/2004.

- U.S. Environmental Protection Agency (EPA). "What You Can Do About Secondhand Smoke as Parents, Decision-Makers, and Building Occupants." http://www.epa.gov/iaq/pubs/etsbro.html. 7/12/2004.
- U.S. Surgeon General. The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General, U.S. Department of Health and Human Services, Chapter 1, 2006, http://www.surgeongeneral.gov/library/secondhandsmoke/report/.
- Wakefield, Melanie A., Chaloupka, Frank J., Kaufman, Naney J., Orleans, C. Tracy, Barker, Dianne C., and Ruel, Erin E. "Effect of restrictions on smoking at home, at school, and in public places on teenage smoking: cross sectional study." BMJ Journals, 321, August 5, 2000: 333-7.

Endnotes:

¹ Jarvie and Malone argue for a similar conclusion on the grounds of autonomy and nonmaleficence. See Jarvie and Malone's "Children's Secondhand Exposure in Private Homes and Cars: An Ethical Analysis."

Other expert agencies have recognized the dangers of secondhand smoke including but not limited to the United States' Environmental Protection Agency, the United States Centers for Disease Control, and the Mayo Clinic. (EPA; CDC (1), (3), and (4); Mayo Foundation for Medical Education and Research) In an international study of 20,000 school children in 9 countries in Europe and North America, ETS' harmful effects on children's lung function was clear. (Moshammer, et al., pp. 1184-5)

³ Breastfed infants who have smoking mothers have higher cotinine levels-a metabolite of nicotine-in their systems that children with non-smoking mothers. (Becker, et al., p. 689)

⁴ Aligne and Stoddard put this number at 110,000, as well as deaths of 1,100, 2,000, and 2,800 due to viral bronchiolitus, SIDS and low birth weight, respectively. (Aligne and Stoddard, pp. 648-53)

⁵ Leung, et al. have different figures for admissions but are in agreement that the increase in admissions from infants under 18 months raised in a smoking environment is significant over that of infants from smoke free households. (Leung, et al., p. 687)

Aligne and Stoddard have estimated that parental smoking around children causes direct medical expenditures of

\$4.6 billion and loss of life costs of \$8.2 billion. (Aligne and Stoddard, pp. 648-53)

Although the risk is for a less serious injury, children exposed to passive smoking were much more likely to have tooth decay. (Aligne, et al., p. 1258)

⁸ California, Florida, Illinois, Kentucky, Louisiana, Maryland, Massachusetts, Michigan, Mississippi, New Jersey, New York, Oregon, Pennsylvania, South Carolina, Tennessee, and Texas. (ASH (2))

⁹ Alaska, Colorado, Kansas, Maine, Maryland, Montana, New Jersey, Oklahoma, Oregon, Texas, Vermont,

Washington, Wyoming

I want to address one argument that provides little effective support for smoking bans. Although it is intuitively appealing to many, endangerment and smoking bans cannot be established on entitlement lines. In a rights argument, Gewirth states that every person has the basic entitlement not to have cancer inflicted upon her and not to be exposed unnecessarily to harm in the course of her everyday life. (Gewirth, pp. 181 and 185) There might even be a right to a smoke free environment as found by in New York Supreme Court in *Johnita v. David*, which stated that a 13 year old minor could not be required to visit his smoking parent's household. Moreover, according to Gewirth, no one has the right to smoke around another person merely to satisfy an unnecessary habit. (Gewirth, p. 185.) Although it is more controversial to claim rights for non-autonomous children than it is for autonomous adults, if such entitlements as Gewirth claims exist, then it is clear to see that when children are exposed to ETS, their rights are being overridden by activities not based on or supported by any other right. Given that rights' violations cannot be justified by unnecessary actions that injure innocent bystanders, and rights are a central feature of who we are as human persons, then it follows that infringing these entitlements is abusive in the same vein that denying children the food and other goods necessary to their well-being, and to which they are entitled, is endangerment.

Although interesting, Gewirth's rights argument is unconvincing on several grounds. First, people often throw around rights talk without attempting to establish what kind of rights they are - natural, moral, social, political, negative, positive, and so on - and more importantly whether such rights exist. This explanatory and evidential deficit becomes especially apparent when the rights multiply and become very specific to particular constituencies such as in the case of a right to smoke or procreate using in-vitro fertilization. (Sumner, p. 9)¹⁰ Coming on the heels of these definitional and existential questions is the awareness that we can do everything we want to do in morality without mentioning rights at all. That is, rights are reducible to a combination of deontic and value terms. For example, we can talk about duties to promote children's health without saying they have a right to health. Given Occam's razor, we should not multiply entities without necessity. Finally, Gewirth is correct in asserting that there is no right to smoke, if any rights do exist, but more primary rights, such as those to privacy and private property, can be used to create a much more plausible argument - as will be seen below - that could defeat the right not to be exposed to ETS.



Testimony House Bill 1150 House Transportation Committee 10:30 a.m. Friday, January 21, 2011 North Dakota Tobacco Prevention and Control Advisory Committee

Good morning Chairman Ruby and members of the House Transportation Committee. My name is Beth Hughes and I am the chair of the Tobacco Prevention and Control Advisory Committee. I am also a respiratory therapist. I am here to provide testimony in support of HB 1150 preventing smoking in vehicles when children under age 13 are present.

The Tobacco Prevention and Control Advisory Committee has primary goals of:

- o preventing youth from starting to use tobacco,
- o eliminating exposure to secondhand smoke,
- o helping youth and adults to quit, and
- building the capacity and infrastructure to implement an evidence-based comprehensive tobacco use prevention and control program.

The Advisory Committee's mission is to save lives and save money by significantly reducing tobacco use, the leading cause of preventable disease and death in North Dakota, over a matter of years, rather than over many decades. The Advisory Committee, in its five-year statewide plan to reduce tobacco use, outlines only approaches that are proven effective and cost effective in protecting the greatest number of people. This includes comprehensive smoke-free policies and an increase in the price of tobacco products. These approaches not only help large numbers of people quit, but they are very effective in preventing many youth from starting.

The U.S. Surgeon General Dr. Regina Benjamin, in the 2010 report on secondhand smoke, reinforced the 2006 Surgeon General's Report, which stated: there is no safe level of exposure to tobacco smoke." The 2010 report added that any exposure to tobacco smoke – even an occasional cigarette or exposure to secondhand smoke – is harmful, and that damage from tobacco smoke is immediate.

Some other findings from the 2010 Surgeon General's Report, entitled *How Tobacco Smoke Causes Disease: The Biology and Behavioral Basis for Smoking-Attributable Disease* include the following:

- The chemicals in tobacco smoke reach your lungs quickly every time you inhale. Your blood then carries the toxicants to every organ in your body.
- The chemicals and toxicants in tobacco smoke damage DNA, which can lead to cancer. Nearly one-third of all cancer deaths every year are directly linked to smoking. Smoking causes about 85% of lung cancers in the U.S.

 The chemicals in tobacco smoke inflame the delicate lining of the lungs and can cause permanent damage that reduces the ability of the lungs to exchange air efficiently and leads to chronic obstructive pulmonary disease (COPD), which includes emphysema and chronic bronchitis.

For children, secondhand smoke exposure has serious and costly health implications and is a known cause of:

- Sudden Infant Death Syndrome (SIDS)
- Ear infections, including fluid build-up, a sign of chronic middle ear disease
- More frequent and more severe asthma attacks, which can endanger children's lives
- Upper and lower respiratory infections.

Children of smokers get sick more often. They have more bronchitis and pneumonia, more ear infections, and have more operations to put drainage tubes in their ears than children who are not exposed to secondhand smoke. Their lung growth is slowed, resulting in a reduction in lung function. Exposure to secondhand smoke is a risk factor for new cases of asthma in children with no prior symptoms. Because secondhand smoke alters the activity of the central nervous system, it can also damage a child's cognitive functions.

We commend the students on their effort to engage in the policy process and work to protect children and youth from exposure to dangerous secondhand smoke. We applaud their efforts to prevent tobacco-related disease and save lives by introducing this legislation. The Advisory Committee supports this bill to the extent that this legislation will help establish one part of a comprehensive program by helping to eliminate exposure to secondhand smoke in the vehicle when children/youth are present. Each part of a comprehensive program must be based on science and must have been proven effective to reduce tobacco use in our state.

Thank you.

Both Hughes