



OREGON PUBLIC HEALTH DIVISION

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TO: The Honorable Mitch Greenlick, Chair
House Committee on Health Care

FROM: Karen Girard, MPA
Health Promotion & Chronic Disease Prevention Section Manager
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Subject: HB 3345, Expanding the Indoor Clean Air Act to 25 feet

Chair Greenlick and members of the committee, I am Karen Girard, the Section Manager for the Health Promotion and Chronic Disease Prevention Section of the Public Health Division of the Oregon Health Authority. I am here today to present information related to HB 3345 and the public health benefit of expanding the Indoor Clean Air Act (ICAA).

Oregon's Indoor Clean Air Act protects nearly every Oregonian from the health risks of secondhand smoke. When it was first passed in 2001, the Indoor Clean Air Act was a major public health accomplishment for Oregon, offering a real opportunity to reduce health care costs and deaths from tobacco-related diseases like cancer, heart disease and stroke. By prohibiting smoking in the workplace and public places and within 10 feet of all entrances, exits and accessibility ramps, the Indoor Clean Air Act offers critical public health protections now that will result in reduced deaths later.

Oregon's Indoor Clean Air Act works. According to data from the Behavioral Risk Factor Surveillance System (BRFSS), exposure to secondhand smoke among employed Oregon adults has decreased by 45% from 2001 (before ICAA implementation) to 2015 (after implementation).ⁱ

In 2015, the ICAA was expanded by the legislature to include marijuana and inhalant delivery systems (e.g. e-cigarettes). These expansions strengthened Oregon's law and positioned Oregon as a national leader in smokefree workplace laws.

The Centers for Disease Control and Prevention (CDC) identifies the establishment and expansion of smoke-free policies as an evidence-based best practice for reducing the prevalence of tobacco use along with exposure to secondhand smoke.ⁱⁱ

The U.S. Surgeon General states there is no safe level of exposure to secondhand smoke.ⁱⁱⁱ SB 3345 could potentially reduce exposure to secondhand smoke, tobacco use and the health and economic burdens tobacco products place on Oregonians by expanding the reach of Oregon's ICAA to include an additional 15 feet of space around all building entrances, exits, windows that open, or ventilation intakes that serve an enclosed area. This increase in distance would align with our neighbor to the north, Washington State, and enhance protections from the harms of secondhand smoke for employees and the public. Most Oregonians recognize the benefits of the ICAA, with over 60 percent of Oregonians showing support for increasing the distance beyond 10 feet from doors and windows.^{iv}

Expansion of the ICAA could reduce the number of Oregon children and young adults that become addicted to tobacco, help current tobacco users quit, and reduce health care costs for the State of Oregon.

The Public Health Division appreciates this committee protecting the health of all Oregonians, especially youth, by expanding Oregon's Indoor Clean Air Act. Thank you for the opportunity to testify today. I am happy to answer any questions you may have.

ⁱ Oregon Health Authority, Public Health Division, Health Promotion and Chronic Disease Prevention Section. Behavioral Risk Factor Surveillance System (BRFSS). 2016. [unpublished data]

ⁱⁱ Community Preventive Services Task Force. Tobacco Use and Secondhand Smoke Exposure: Smoke-Free Policies. The Community Guide. 2013. Available at <https://www.thecommunityguide.org/findings/tobacco-use-and-secondhand-smoke-exposure-smoke-free-policies>.

ⁱⁱⁱ U.S. Department of Health and Human Services. The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General. 2006. Available at <https://www.surgeongeneral.gov/library/reports/secondhand-smoke-consumer.pdf>.

^{iv} Oregon Health Authority. Public Health Division. Oregon Health Promotion and Chronic Disease Prevention section. Opinion Poll. 2016. Unpublished data.