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TO: The Honorable Laurie Monnes Anderson, Chair
Senate Committee on Health Care

FROM: Karen Girard, Manager
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Subject: SB 799, Exemptions to the Indoor Clean Air Act for testing and sampling
inhalant delivery systems

Chair Monnes Anderson and members of the committee, I am Karen Girard, the Health Promotion and Chronic Disease Prevention Manager for the Oregon Health Authority. I am here today to present information related to SB 799, concerning exemptions to 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 near 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).¹

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.

¹ Oregon Health Authority, Public Health Division, Health Promotion and Chronic Disease Prevention Section. Behavioral Risk Factor Surveillance System (BRFSS). 2016. [unpublished data]

SB 799 would put people in Oregon at risk by creating exemptions to the ICAA for testing inhalant delivery systems and sampling inhalants. Oregon's past experience with hookah lounges (known as "smoke shops") offers an example of what can occur when exemptions in the ICAA are allowed. The exemption for smoke shops in the ICAA led to the proliferation of hookah lounges, and the prevalence of youth hookah smoking increased. Oregon surveys showed hookah smoking increased significantly among eighth grade students living in the five counties known to have hookah lounges, compared to the rest of the state. The increased number of places where inhalant delivery systems could be used would likely result in an increase in ICAA violation complaints from the public. It would be difficult to visually distinguish between various types of "inhalants" during ICAA site visits, potentially making enforcement challenging and time consuming.

It is imperative that the health of all Oregonians, especially youth, be protected by preserving Oregon's smokefree workplace law.

Thank you for the opportunity to testify today. I am happy to answer any questions you may have.