

MINUTES OF THE SENATE WAYS AND MEANS COMMITTEE

The meeting was called to order by Chairman Dwayne Umbarger at 10:40 A.M. on February 20, 2007, in Room 123-S of the Capitol.

All members were present except:

Senator Jim Barone- excused

Committee staff present:

Jill Wolters, Senior Assistant, Revisor of Statutes
Alan Conroy, Director, Kansas Legislative Research Department
J. G. Scott, Kansas Legislative Research Department
Michele Alishahi, Kansas Legislative Research Department
Amy Deckard, Kansas Legislative Research Department
Audrey Dunkel, Kansas Legislative Research Department
Michael Steiner, Kansas Legislative Research Department
Amy VanHouse, Kansas Legislative Research Department
Melinda Gaul, Chief of Staff, Senate Ways & Means
Mary Shaw, Committee Assistant

Conferees appearing before the committee:

Senator David Wysong
Representative Arlen Siegfried
Robert Maile, Superintendent, Kansas School for the Deaf
Mark Dessetti, Kansas National Education Association
Senator Jim Barnett
Robert F. St. Peter, M.D., Kansas Health Institute
Linda DeCoursey, Advocacy Director - Kansas, American Heart Association
Jon Hauxwell, M.D., Tobacco Free Kansas Coalition, Inc.
Kimber Richter, M.D., Kansas Public Health Association, Inc.
Lisa Benlon, Legislative/Government Relations Director, American Cancer Society
Thomas M. Palace, Executive Director, Petroleum Marketers and Convenience Store Association of Kansas
Lougene Marsh, Executive Director of Flint Hills Community Health Center/Lyon County Health Department in Emporia
Lambert A. Wu, MD, Cardiologist, Cotton O'Neil Heart Center/Stormont-Vail Health Care
Michelle Bernth, Vice President of Marketing & Advocacy, American Lung Association
Michelle Voth, MPA, Kansas Family Partnership & Synar Advisory Committee
Gary Doolittle, MD, Kansas Cancer Partnership
Brian Holmes, MD, Kansas Academy of Family Physicians

Others attending:

See attached list.

Copies of the Kansas Legislative Research Department Budget Analysis report for FY 2007 and FY 2008 were available to the committee.

Subcommittee reports on:

Kansas Department of Education (Attachment 1).

Subcommittee Chair Dwayne Umbarger reported that the subcommittee on the Kansas Department of Education concurs with the Governor's recommendation in FY 2007 and concurs with the Governor's FY 2008 recommendation with adjustments and notations.

Senator Emler moved, with a second by Senator V. Schmidt, to amend the subcommittee report to delete the language recommended by the Governor in the Mega Appropriations Bill, which was not in the Governor's Budget Report, in FY 2008 and to reflect that the subcommittee did not give consideration to the Local Option

CONTINUATION SHEET

MINUTES OF THE Senate Ways and Means Committee at 10:40 A.M. on February 20, 2007, in Room 123-S of the Capitol.

Budget Authority increase because the subcommittee did not have an opportunity to consider the item prior to reporting back to the full committee, and to consider this item at Omnibus. Motion carried on a voice vote.

Senator Steineger moved, with a second by Senator Kelly, to adopt the subcommittee budget report as amended on the Kansas Department of Education for FY 2007 and FY 2008. Motion carried on a voice vote.

Board of Tax Appeals (Attachment 2)

Subcommittee Chair Vicki Schmidt reported that the subcommittee on the Board of Tax Appeals concurs with the Governor's recommendation in FY 2007 with adjustments and notations in FY 2008.

Senator V. Schmidt moved, with a second by Senator Kelly, to adopt the subcommittee budget report on the Board of Tax Appeals as amended with technical corrections for FY 2007. Motion carried on a voice vote.

Senator V. Schmidt moved, with a second Senator Kelly, to adopt the subcommittee budget report on the Board of Tax Appeals as amended with technical corrections for FY 2008. Motion carried on a voice vote.

Chairman Umbarger opened the public hearing on:

SB 338--Kansas state schools for the blind and the deaf, rates of compensation for teachers

Staff briefed the committee on the bill.

The Chairman welcomed the following conferees:

Representative Arlen Siegfried testified as a proponent on the bill and explained that the problem is based on the fact that schools must maintain the educational standards of public schools, but their employees are paid at the state agency rate (Attachment 3). He noted that it is very difficult to maintain highly trained employees when they are paid substantially less than peers in the same community.

Robert Maile, Superintendent, Kansas School for the Deaf, spoke in support of **SB 338** and on behalf of William Daugherty, Superintendent, Kansas School for the Blind (Attachment 4). Mr. Maile explained that a funding mechanism to address the pay equity assured by the bill is not addressed within the bill itself. He noted that the first option is suggested by the mechanism used to fund State Fair capital improvements whereby the actual transfer of funds to provide pay equity would occur after the beginning of the fiscal year when USD 233 contractual salaries for the ensuing school year are known. The second option would provide funding for the next fiscal year based on the current fiscal year.

Mark Dessetti, Kansas National Education Association, testified in support of the intent of **SB 338** which is to make teacher salaries at the Kansas School for the Deaf and Kansas School for the Blind competitive (Attachment 5). Mr. Dessetti did note that the bill is a fix that would not be needed if teachers at these institutions were treated the same as their peers throughout Kansas.

There being no further conferees to come before the committee, the Chairman closed the public hearing on **SB 338**.

Chairman Umbarger opened the public hearing on:

SB 318--Directing excess state tobacco settlement receipts to increase state tobacco prevention efforts

Staff briefed the committee on the bill.

The Chairman welcomed the following conferees on the bill:

Senator Jim Barnett testified in support of **SB 318** (Attachment 6). Senator Barnett mentioned that the Kansas Legislature has the opportunity to save many lives and reduce health care costs by 1.24 billion dollars if a

CONTINUATION SHEET

MINUTES OF THE Senate Ways and Means Committee at 10:40 A.M. on February 20, 2007, in Room 123-S of the Capitol.

comprehensive tobacco control program is instituted. He also attached copies of Dr. Howard Rodenberg's testimony from the Senate President's Task Force on Health Care on Comprehensive Tobacco Control.

Robert St. Peter, M.D., spoke in support of **SB 318** ([Attachment 7](#)). Dr. St. Peter explained that health care costs in Kansas directly related to smoking are estimated at \$927 million per year. It was noted that there is growing evidence of the efficacy of smoking cessation programs.

Linda DeCoursey, Advocacy Director - Kansas, American Heart Association, testified in support of **SB 318** ([Attachment 8](#)). Ms. DeCoursey explained that the mission of the American Heart Association is to reduce disability and death from cardiovascular disease and stroke; and, that single purpose drives all that they do.

Jon Hauxwell, M.D., Tobacco Free Kansas Coalition, Inc., spoke as a proponent of **SB 318** ([Attachment 9](#)). Mr. Hauxwell addressed the evidence that is conclusive that state tobacco prevention and cessation programs work—to reduce smoking, and to save lives and money.

Kimber Richter, M.D., Kansas Public Health Association, Inc., testified as a proponent of **SB 318** ([Attachment 10](#)). Dr. Richter explained that this bill would provide resources for Kansas to fully implement (or nearly fully implement) the Centers for Disease Control's Best Practices for Comprehensive Tobacco Control.

Lisa Benlon, Legislative/Government Relations Director, American Cancer Society, spoke in support of **SB 318** ([Attachment 11](#)). Ms. Benlon mentioned that Kansas ranks 43rd among the states in the funding of tobacco prevention programs. She also noted that beginning in 2008 and for the next ten years, Kansas is entitled to an additional \$16 million in bonus payments. If tobacco programs allocated through the Department of Health and Environment were provided the bonus money, there would be an opportunity to fund a more comprehensive statewide program.

Thomas M. Palace, Executive Director, Petroleum Marketers and Convenience Store Association of Kansas (PMCA), testified in support of **SB 318** ([Attachment 12](#)). Mr. Palace explained that PMCA agrees that a better job must be made of keeping tobacco products out of the hands of youth. The proper funding for more frequent retailer compliance visits would go a long way to achieving a common goal, increasing federal compliance rate and keep tobacco products out of the hands of people under the age of 18.

Written testimony was submitted by the following:

- Lougene Marsh, Executive Director of Flint Hills Community Health Center/Lyon County Health Department in Emporia, ([Attachment 13](#)).
- Lambert A. Wu, MD, Cardiologist, Cotton O'Neil Heart Center/Stormont-Vail Health Care ([Attachment 14](#)).
- Michelle Bernth, Vice President of Marketing & Advocacy, American Lung Association ([Attachment 15](#)).
- Michelle Voth, MPA, Kansas Family Partnership & Synar Advisory Committee ([Attachment 16](#)).
- Gary Doolittle, MD, Kansas Cancer Partnership ([Attachment 17](#)).
- Brian Holmes, MD, Kansas Academy of Family Physicians ([Attachment 18](#)).

There being no further conferees to come before the Committee, the Chairman closed the public hearing on **SB 318**.

The meeting adjourned at 12:10 p.m. The next meeting is scheduled for February 21, 2007, joint meeting with House Appropriations beginning at 8:00 a.m.

**SENATE WAYS AND MEANS COMMITTEE
GUEST LIST**

Date February 20, 2007

Name	Representing
Late Sunday	Kearney Associates
Elaine Frisbie	Division of the Budget
Paula Mamm	KDHE
Brendan Yorkley	Division of the Budget
Philip A. Horney	Pat Horney & Co.
Kenn Siek	TILRC
Jim Kehon	KCCF
Jennifer Crow	SRS
Ben Grizzle	KSDE
Dale Dennis	KSDE
Jean Barnett	
Norma Brack	AARP
Theresa Schick	AARP
Shirley Gerhardt	AARP
Georgia Taylor	AARP
Kimber Richter	KPHA (Ks Public Health Association)
Elaine Schwartz	KPHA "
Judy Marshall	AARP
Louaine Marshall	AARP
Norma Karloff	AARP
John Martello	KSSB
William Daugherty	KSSBlind
James Bartle	Dept. of Revenue

**SENATE WAYS AND MEANS COMMITTEE
GUEST LIST**

Date 2-20-07

Name	Representing
Jon Hauxwell MD	TOBACCO FREE KANSAS COALITION
Maryanne Kellum	TFKC
LISA BENLON	AMER. CANCER SOCIETY
Linda DeBevoise	Am. Heart Assn.
Robert Maile	KS School f/x Deaf
Jeanette Magathan	KS. School for the Deaf
Warren Hurst	KS School f/e DEAF
Laureita Lyon	AARP - Empower
Robert Taylor ADVOC A	AARP Emporia Ki.
Anna Basler	AARP Empower, Ks.
Robert Basler	_____
MARK BORANTAK	Capitol Strategies
DAN MORIN	KS Medical Society
Rep. Arlen Siegfried	KS House of Rep.
MARI-DESETTI	KNEA
Jody Allen	BOTH
Trevor Workford	BOTA
Luke Thompson	KHPA
TOM PALACE	PMCA OF KS

FY 2007 and FY 2008

SENATE WAYS AND MEANS SUBCOMMITTEE

Department of Education



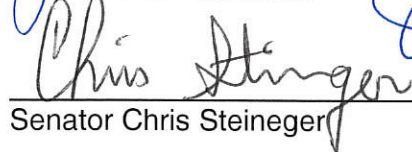
Senator Dwayne Umbarger, Chair



Senator Jay Emler



Senator Jean Schodorf



Senator Chris Steineger



Senator Ruth Teichman

Senate Ways and Means
2-20-07
Attachment 1

Senate Subcommittee Report

Agency: State Department of Education **Bill No.** SB - -

Bill Sec. - -

Analyst: Alishahi

Analysis Pg. No. Vol. -

Budget Page No. 139

Expenditure Summary	Agency Estimate FY 07	Governor's Recommendation FY 07	Senate Subcommittee Adjustments
Operating Expenditures:			
State General Fund	\$ 2,819,090,901	\$ 2,833,563,674	\$ 0
Other Funds	475,020,942	473,420,942	0
Subtotal - Operating	<u>\$ 3,294,111,843</u>	<u>\$ 3,306,984,616</u>	<u>\$ 0</u>
Capital Improvements:			
State General Fund	\$ 0	\$ 0	\$ 0
Other Funds	0	0	0
Subtotal - Capital Improvements	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>
 TOTAL	 <u><u>\$ 3,294,111,843</u></u>	 <u><u>\$ 3,306,984,616</u></u>	 <u><u>\$ 0</u></u>
 FTE Positions	 215.7	 215.7	 0.0
Non FTE Uncl. Perm. Pos.	62.3	64.3	0.0
TOTAL	<u><u>278.0</u></u>	<u><u>280.0</u></u>	<u><u>0.0</u></u>

Agency Estimate

The **agency** estimates FY 2007 operating expenditures of \$3.3 billion, a decrease of \$2,059,033, or 0.1 percent, below the amount approved by the 2006 Legislature. The estimate includes State General Fund expenditures of \$2.8 billion, an increase of \$431,839 above the approved amount. The differences between the approved amount and the agency's revised estimate are as follows:

State General Fund

- An increase of \$316,363 for the agency operating budget, including:
 - An unlimited reappropriation of FY 2006 State General Fund savings of \$303,016 for the Enterprise Data Warehouse System which is available for expenditure without further legislative action; and
 - A supplemental request for an additional \$13,347 to fund a shortfall in the State General Fund appropriation for the pay plan approved by the 2006 Legislature.
- An increase of \$115,476 for the following aid and other assistance programs:

- An unlimited reappropriation of FY 2006 State General Fund savings of \$44,000 for the Governor's Teaching Excellence Scholarships and Awards which is available for expenditure without further legislative action;
- A transfer of FY 2006 Children's Initiative Fund savings of \$41,466 to the State General Fund;
- A \$280,000 increase in the demand transfer for the Capital Outlay State Aid Program;
- A supplemental request for an additional \$100,000 to fully fund the Mentor Teacher Program Grants in FY 2007; and
- A decrease of \$349,990 in estimated expenditures for juvenile detention facilities.

Other State General Fund

- An additional \$16,672,773 for the following aid and other assistance programs, based on the November 2006 consensus estimates:

Staff Note: *The changes listed below were made after the agency submitted its budget and are not reflected in the agency's FY 2007 revised estimate in the table above.*

- A savings of \$16,776,000 in general state aid;
- A supplemental appropriation of \$11,556,000 for supplemental general state aid;
- A supplemental appropriation of \$10,991,289 to raise the special education excess cost level from 89.0 percent to 92.0 percent, the statutory level established by the 2005 Legislature;
- A supplemental appropriation of \$8,701,484 for the Kansas Public Employees Retirement System (KPERs) - School; and
- A \$2,200,000 increase in the revenue transfer from the State General Fund for the Capital Improvements State Aid Program.

All Other Funds

- An increase of \$654,879 in special revenue funds;
- A decrease of \$8,454,107 in federal funds; and
- An increase of \$3,706,356 in gift and agency funds.

Governor's Recommendation

The **Governor** concurs with the agency's current year revised estimate, including the November 2006 consensus estimates, with the following adjustment:

- The Governor recommends a \$1,600,000 increase in the revenue transfer from the State General Fund for the Capital Improvements State Aid Program, a decrease of \$600,000, or 27.3 percent, below the consensus estimates.

Staff Note: *The additional \$600,000 increase in the revenue transfer was inadvertently omitted from the Governor's FY 2007 recommendation.*

Senate Subcommittee Recommendation

The Senate Subcommittee concurs with the Governor's recommendation.

Senate Subcommittee Report

Agency: State Department of Education **Bill No.** SB - -

Bill Sec. - -

Analyst: Alishahi

Analysis Pg. No. Vol.-

Budget Page No. 139

Expenditure Summary	Agency Request FY 08	Governor's Recommendation FY 08	Senate Subcommittee Adjustments
Operating Expenditures:			
State General Fund	\$ 2,996,654,004	\$ 3,035,263,020	\$ (14,878,359)
Other Funds	484,574,559	478,474,179	500,380
Subtotal - Operating	<u>\$ 3,481,228,563</u>	<u>\$ 3,513,737,199</u>	<u>\$ (14,377,979)</u>
Capital Improvements:			
State General Fund	\$ 0	\$ 0	\$ 0
Other Funds	0	0	0
Subtotal - Capital Improvements	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>
 TOTAL	 <u>\$ 3,481,228,563</u>	 <u>\$ 3,513,737,199</u>	 <u>\$ (14,377,979)</u>
 FTE Positions	 215.7	 215.7	 0.0
Non FTE Uncl. Perm. Pos.	63.7	65.7	0.0
TOTAL	<u>279.4</u>	<u>281.4</u>	<u>0.0</u>

Agency Request

The **agency** requests FY 2008 operating expenditures of \$3.5 billion, an increase of \$187.1 million, or 5.7 percent, above the FY 2007 revised estimate. The request includes State General Fund expenditures of \$3.0 billion, an increase of \$177.6 million, or 6.3 percent, above the current year revised estimate. The request includes:

- \$32,704,289 for the agency operating budget in FY 2008, a decrease of \$133,942, or 0.4 percent, below the FY 2007 revised estimate. Included in the agency operating budget request are State General Fund expenditures totaling \$10,972,830, an increase of \$75,316, or 0.7 percent, above the current year revised estimate.
- Five enhancements totaling \$3,666,765, including \$2,827,777 from the State General Fund.
- An additional \$149.0 million from the State General Fund for the second year of the three year school finance plan (2006 SB 549).
- An additional \$1,120,000 in the demand transfer from the State General Fund for the Capital Outlay State Aid Program.

As a result of the November 2006 consensus estimates, the agency's FY 2008 request for the following aid and other assistance programs have been revised as follows:

Staff Note: The changes listed below were made after the agency submitted its budget and are not reflected in the agency's FY 2008 request in the table above.

- \$2,103,388,000 from the State General Fund to fully fund general state aid at the Base State Aid Per Pupil rate of \$4,374 for FY 2008, as approved by the 2006 Legislature.
- \$287,455,000 from the State General Fund to fully fund supplemental general state aid in FY 2008.
- \$377,451,112 from the State General Fund to fund special education excess costs at the 92.0 percent level in FY 2008, as approved by the FY 2005 Legislature.

Staff Note: The consensus estimate for special education excess costs is based on the assumption that Medicaid reimbursements in FY 2008 will decrease by \$23.3 million or 67.0 percent, from \$35.0 million to \$11.7 million.

- \$218,428,360 from the State General Fund for Kansas Public Employees Retirement System (KPERS) -School in FY 2008.
- \$67,000,000 revenue transfer from the State General Fund in FY 2008 for the Capital Improvements State Aid Program.

Governor's Recommendation

The **Governor** recommends FY 2008 operating expenditures of \$3.5 billion, an increase of \$206.8 million, or 6.3 percent, above the FY 2007 recommendation. The recommendation includes State General Fund expenditures totaling \$3.0 billion, an increase of \$201.7 million, or 7.1 percent, above the current year recommendation.

- The Governor concurs with the agency's operating budget request with the following adjustments:
 - An additional \$577,979, including \$278,359 from the State General Fund, for a 1.5 percent base salary adjustment and a 2.5 percent step movement for classified employees, a 4.0 percent merit pool for unclassified employees, and an increase in longevity bonus payments.
 - An additional \$100,000 from the State General Fund for the creation of a Leadership Commission.
- The Governor's recommendation also includes:
 - An additional \$38,988 from special revenue funds to replace three vehicles in FY 2008;
 - An additional \$150,000 from the State General Fund to fully fund the Mentor Teacher Program Grants in FY 2008;
 - An additional \$22,525 from the State General Fund to fully fund the Governor's Teaching Excellence Awards in FY 2008;

- An additional \$15,000,000 from the State General Fund to begin a five-year phase- in of all-day kindergarten in FY 2008; and
- The transfer of \$2,000,000 from the State Safety Fund to the State General Fund in FY 2008.
- The Governor concurs with the November 2006 consensus estimates, except for the following adjustment:
 - The Governor recommends \$355,984,435 from the State General Fund to fund special education excess costs at the 92.0 percent level in FY 2008, a decrease of \$21.5 million, or 73.1 percent, below the consensus estimate.

Staff Note: *The Governor's recommendation for special education excess costs assumes no change in the Medicaid reimbursements. The recommendation includes an additional \$7.9 million from the State General Fund which would fund special education excess costs at the 92.0 percent level if the Medicaid reimbursements remained at \$35.0 million. If the reduction in Medicaid reimbursements is assumed, then the recommendation would fund the special education excess costs at the 86.8 percent level.*

Senate Subcommittee Recommendation

The Senate Subcommittee concurs with the Governor's recommendation with the following adjustments and notations:

1. **Pay Plan Adjustment.** Delete \$577,979, including \$278,359 from the State General Fund, recommended by the Governor for a 1.5 percent base salary increase and a 2.5 percent step movement for classified employees, a 4.0 percent merit pool for unclassified employees, and an increase in longevity bonus payments. Funding for the pay plan adjustment and the longevity bonus increase will be considered at a later time.
2. **Leadership Commission.** Delete \$100,000 from the State General Fund recommended by the Governor for the creation of a Leadership Commission in FY 2008 and consider at Omnibus.
3. **State Safety/Drivers Education Programs.** Add \$800,000 from the State Safety Fund to increase the state's share of funding (from 25.0 percent to 37.0 percent) for driver education programs in FY 2008. Also reduce the Governor's recommended FY 2008 transfer amount from the State Safety Fund to the State General Fund from \$2,000,000 to \$1,200,000. The additional \$800,000 recommended by the Subcommittee will increase the state's portion of funding for driver education programs in FY 2008 from \$1,600,000 to \$2,400,000. The Subcommittee notes that the 2005 Legislature removed the maximum limit that the state could distribute to these programs. In addition, the amounts deposited into the State Safety Fund to support local driver education programs have increased significantly due to recent increases in driver license fees.
4. **Parent as Teachers Program.** Add \$500,000 from the State General Fund for the Parent as Teachers program in FY 2008 to fund the state aid necessary to serve approximately 1,190 students that are on the program's waiting list. Also consider at Omnibus an additional \$881,800 to fund the state aid needed to serve

the remaining 2,100 students on the waiting list. The Subcommittee notes that as of December 31, 2006, there are 3,290 students on the program's waiting list. The agency estimated that the state aid necessary to serve all the students on the current waiting list is \$1,381,800 (at \$420 per student). The additional \$500,000 recommended by the Subcommittee will provide state aid to serve approximately 36.0 percent of the students on the waiting list.

5. **All-Day Kindergarten.** Delete \$15,000,000 from the State General Fund recommended by the Governor to begin a five-year phase-in of all-day kindergarten in FY 2008 and consider at Omnibus. The additional funding would increase the current full-time equivalent (FTE) enrollment weight for all-day kindergarten students from 0.5 to 0.6 in FY 2008. The Subcommittee notes that Senate Bill 345 was recently introduced by the Ways and Means Committee which would amend the school finance formula to increase the current funding weight for students attending all-day kindergarten by 0.1 FTE a year over the next five years. The bill provides that by FY 2012 and thereafter, all-day kindergarten students would be counted as a 1.0 FTE for funding purposes. The Subcommittee feels that the additional funding for all-day kindergarten depends upon the passage of Senate Bill 345. If the Legislature approves the bill, the Subcommittee recommends this item be reviewed at Omnibus.

***Staff Note:** Senate Bill 345 was referred to the Senate Education Committee. There is no hearing scheduled for this bill as of February 20, 2007.*

6. **Special Education Excess Costs.** Consider at Omnibus the additional \$21,466,677 from the State General that is required to fund special education excess costs at the 92.0 percent level in FY 2008, based on the November 2006 consensus estimates. The consensus estimate was based on the assumption that Medicaid reimbursements in FY 2008 would decrease by \$23.3 million, or 67.0 percent, from \$35.0 million to \$11.7 million. The estimated decrease in Medicaid reimbursements reflects the assumption that the Center for Medicare and Medicaid Services (CMS) will no longer allow bundled rates for reimbursements. Instead, CMS will require school districts to request reimbursements on a service-by-service basis. It is believed that because the fee-based system is too time consuming and potentially costly to administer some school districts may discontinue making claims. The agency indicated CMS is likely to make a decision on how school districts are to file claims for Medicaid reimbursement in April 2007. The Subcommittee, therefore, recommends that this item be reviewed at Omnibus when more information is available.
7. **Kansas Career Pipeline.** Consider at Omnibus additional program and funding information on the Kansas Career Pipeline (KCP). The KCP is a free online assessment tool for all students from middle school through college. It is also available to adult workers who have access to an internet connection. The online assessment tool matches aptitude and interests with careers that are needed in the state. The FY 2008 estimated budget for the KCP is \$840,240. The Executive Director of the KCP requested funding for the program be added to the State Department of Education's FY 2008 budget. The KCP budget is currently funded by grants from local Workforce Investment Boards.
8. **Support for Education Programs.** Because of concerns about future State General Fund revenue shortfalls, the Subcommittee has recommended that funding for several education programs be considered at Omnibus. However, the Subcommittee wishes to recognize and note its appreciation for the many valid

arguments that were made by conferees in support of additional funding for various education programs, including the Parents as Teachers Program and all-day kindergarten.

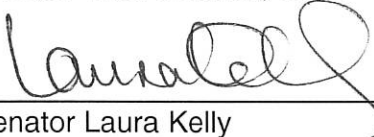
FY 2007 and FY 2008

SENATE WAYS AND MEANS SUBCOMMITTEE

Board of Tax Appeals



Senator Vicki Schmidt, Chair



Senator Laura Kelly



Senator Mark Taddiken

Senate Ways and Means
2-20-07
Attachment 2

Senate Subcommittee Report

Agency: Board of Tax Appeals **Bill No.** SB

Bill Sec.

Analyst: Deckard

Analysis Pg. No. Vol. II-730

Budget Page No. 393

<u>Expenditure Summary</u>	<u>Agency Estimate FY 07</u>	<u>Governor's Recommendation FY 07</u>	<u>Senate Subcommittee Adjustments</u>
Operating Expenditures:			
State General Fund	\$ 1,482,559	\$ 1,482,559	\$ 0
Other Funds	426,139	426,139	0
Subtotal - Operating	<u>\$ 1,908,698</u>	<u>\$ 1,908,698</u>	<u>\$ 0</u>
Capital Improvements:			
State General Fund	\$ 0	\$ 0	\$ 0
Other Funds	0	0	0
Subtotal - Capital Improvements	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>
 TOTAL	 <u><u>\$ 1,908,698</u></u>	 <u><u>\$ 1,908,698</u></u>	 <u><u>\$ 0</u></u>
 FTE Positions	 26.0	 26.0	 0.0
Non FTE Uncl. Perm. Pos.	0.0	0.0	0.0
TOTAL	<u><u>26.0</u></u>	<u><u>26.0</u></u>	<u><u>0.0</u></u>

Agency Estimate

The agency's estimate for FY 2007 operating expenditures is \$1,908,698, including \$1,482,559 from the State General Fund. This estimate is an all funds increase of \$738, or less than 0.1 percent, above the amount approved by the 2006 Legislature. The increase is due to a State General Fund reappropriation of \$738 from FY 2006. The agency is also requesting an additional \$1,800 in State General Fund moneys offset by a corresponding decrease in fee funds.

Governor's Recommendation

The Governor recommends \$1,908,698 for FY 2007 operating expenditures, including \$1,482,559 from the State General Fund. This is an increase of \$738, or less than 0.1 percent, above the amount approved by the 2006 Legislature. The recommendation is the same as the agency's estimate.

Senate Subcommittee Recommendation

The Senate Subcommittee concurs with the Governor's recommendation with the following notations:

1. The Subcommittee commends the agency for receiving a grant from the Information Network of Kansas (INK) for to implement a new case tracking system to more efficiently manage cases.
2. The Subcommittee commends the agency for decreasing its backlog of cases during FY 2006, and encourages the agency to continue its efforts.
3. The Subcommittee notes that the agency has indicated it will be requesting a Governor's Budget Amendment for \$16,880 from the State General Fund in FY 2007 as a result of Sedgewick County's decision to eliminate its hearing officer panel. The agency is also requesting funding for this issue in FY 2008.

Senate Subcommittee Report

Agency: Board of Tax Appeals **Bill No.** SB

Bill Sec.

Analyst: Deckard

Analysis Pg. No. Vol. II-730

Budget Page No. 393

Expenditure Summary	Agency Request FY 08	Governor's Recommendation FY 08	Senate Subcommittee Adjustments
Operating Expenditures:			
State General Fund	\$ 1,732,431	\$ 1,664,296	\$ (149,421)
Other Funds	390,000	500,535	(37,535)
Subtotal - Operating	<u>\$ 2,122,431</u>	<u>\$ 2,164,831</u>	<u>\$ (186,956)</u>
Capital Improvements:			
State General Fund	\$ 0	\$ 0	\$ 0
Other Funds	0	0	0
Subtotal - Capital Improvements	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>
 TOTAL	 <u><u>\$ 2,122,431</u></u>	 <u><u>\$ 2,164,831</u></u>	 <u><u>\$ (186,956)</u></u>
 FTE Positions	 27.0	 26.0	 0.0
Non FTE Uncl. Perm. Pos.	0.0	0.0	0.0
TOTAL	<u><u>27.0</u></u>	<u><u>26.0</u></u>	<u><u>0.0</u></u>

Agency Request

The agency is requesting \$2,122,431 for FY 2008 operating expenditures, including \$1,732,431 from the State General Fund. This request is an increase of \$213,733, or 11.2 percent, above the FY 2007 revised estimate. This amount includes three enhancement packages, totaling \$125,000 from all funding sources. Without the enhancement packages the FY 2008 request is \$1,997,431, an increase of \$88,733, or 4.6 percent, above the FY 2007 revised estimate.

Governor's Recommendation

The Governor recommends FY 2008 operating expenditures of \$2,164,831, including \$1,664,296 from the State General Fund. The recommendation is an all funds increase of \$256,133, or 13.4 percent, above the amount recommended for FY 2007. The FY 2008 recommendation is an all funds increase of \$42,400, or 2.0 percent, above the amount requested by the agency. The recommendation includes a portion of the agency's enhancement requests, including \$40,000 from the BOTA Filing Fees Fund for information technology replacement plan and \$71,265, including \$35,000 from the State General Fund, to hire an attorney. The Governor's FY 2008 recommendation includes the addition of \$56,135, including \$54,865 from the State General Fund, for the 1.5 percent base salary adjustment and a 2.5 percent step movement for classified employees, a 4.0 percent merit pool for unclassified employees, and the longevity enhancement.

Senate Subcommittee Recommendation

The Senate Subcommittee concurs with the Governor's recommendation with the following adjustments and notations:

1. Delete \$56,135, including \$54,865 from the State General Fund, for the 1.5 percent base salary adjustment and a 2.5 percent step movement for classified employees, a 4.0 percent merit pool for unclassified employees, and the longevity enhancement. Funding for pay plan adjustments and longevity payments will be considered later.
2. Delete \$71,265, including \$35,000 from the State General Fund, to hire an additional attorney. The Subcommittee recommends that the issue be reviewed at Omnibus, and that the agency be allowed to fund this from existing resources if necessary.
3. Delete \$59,556 from the State General Fund in FY 2008 for expenditures that were added by the Governor to the agency's base. The expenditures include the following:
 - \$44,775 for increased compensation for small claims hearing officers;
 - \$4,864 for legal research tools;
 - \$3,778 for capital outlay expenditures, including ergonomically correct chairs; and
 - \$3,139 in other expenditures.

The Subcommittee recommends that these expenditures be reviewed at Omnibus.

4. The Subcommittee notes that the Governor included \$40,000 from the Filing Fee Fund for information technology replacement. The Subcommittee concurs with the recommendation, but wishes to review the issue at Omnibus.
5. The Subcommittee notes that the agency has indicated it will be requesting a Governor's Budget Amendment for \$33,760 from the State General Fund in FY 2008 as a result of Sedgewick County's decision to eliminate its hearing officer panel. The agency indicated that it is also requesting funding for this issue in FY 2007.

ARLEN SIEGFREID

REPRESENTATIVE, 15TH DISTRICT
1403 W. PRAIRIE TERRACE
OLATHE, KANSAS 66061
(785) 296-7686
1-800-432-3924
TTY 785-296-8430

STATE OF KANSAS



TOPEKA

HOUSE OF
REPRESENTATIVES

COMMITTEE ASSIGNMENTS

CHAIRMAN: FEDERAL AND STATE AFFAIRS
MEMBER: TAXATION
MEMBER: GOVERNMENTAL EFFICIENCY
AND TECHNOLOGY

Chairman Umbarger, Vice-Chair Emler, and Ranking Minority Kelly, thank you for the opportunity to testify regarding a subject which is near to my heart and very important for my district and the State of Kansas.

The teaching faculties of the Kansas School for the Deaf, and the Kansas School for the Blind, have been compensated at a rate less than their peers in the public schools for many years. Two years ago I successfully carried an amendment to equalize their salaries with the teachers of the Olathe School District. I chose Olathe because that is where the School for the Deaf is located. Most of the faculty lives in Olathe and must pay the same housing and cost of living which Olathe teachers pay. I equalized the School for the Blind because they do very similar work and require dual certification.

The problem is based on the fact that schools must maintain the educational standards of public schools, but their employees are paid at the state agency rate. It is very difficult to maintain highly trained employees when they are paid substantially less than peers in the same community.

These dedicated teachers work with children with at least one disability which requires intensive, focused instruction and therapy for many years. Experience is essential to success. When a trained teacher is lost to a higher paying entity, the school and the children suffer some loss of effectiveness until the replacement attains the basic experience necessary. It is not good public policy to allow turnover to detract from the mission of these fine institutions.

Since I moved to Olathe in 1969 I have admired the excellent quality of work performed by the School for the Deaf. They produce productive, independent citizens. They educate individuals who carry their own weight in society. The money we invest in them pays excellent dividends because most of their graduates function without substantial government subsidies throughout their lives.

When a state agency is accomplishing its mission in an outstanding way, it would be poor public policy to make their work more difficult by under paying their key employees.

Thank you for your consideration,

Rep. Arlen Siegfroid

Senate Ways and Means
2-20-07
Attachment 3

KANSAS STATE SCHOOL FOR THE DEAF
OVER A CENTURY OF SERVICE. ESTABLISHED 1861.

450 EAST PARK STREET
OLATHE, KANSAS 66061-5497
TELEPHONE (913) 791-0573
FAX (913) 791-0577

Date: February 20, 2007

To: Senate Ways and Means Committee

From: Robert A. Maile, Superintendent
Kansas School for the Deaf

William E. Daugherty, Superintendent
Kansas School for the Blind

Re: Senate Bill No. 338

This bill provides consistent pay equity for teachers at the School for the Deaf and the School for the Blind in relation to local public school districts, a status which has depended in past years on one-time supplemental appropriations and the uncertain relationship between state employee pay increments and the pay raises provided by local school districts. This is a fitting culmination of the support provided via special funding over the past several years. Securing and retaining qualified personnel will be on a competitive basis, and the sense of fairness and respect engendered will certainly contribute to the positive morale of those affected.

The definition of "teacher" from K.S.A. 76-11a04 may exclude a number of licensed/certified professionals who provide services and are paid based on the teacher salary schedule. Supplementing the wording in the bill as indicated with italics would increase the comprehensiveness. ". . . as defined by K.S.A. 76-11a04 and amendments thereto *or as another professional service provider requiring professional licensure or certification*, during a school year . . ."

A funding mechanism to address the pay equity assured by this bill is not addressed within the bill itself. This is a concern as a mandated pay increase without the requisite increase in funding would require transferring funds from other priority needs. Two possibilities are suggested to address this, the first providing pay equity current with the year being funded, and the second resulting in a one year lag, for example, during the 2007-2008 school year, teachers would be paid at a level equal to the USD 233 salary for 2006-2007 plus the authorized state employee pay increment.

The first option is suggested by the mechanism used to fund State Fair capital improvements, whereby the actual transfer of funds to provide pay equity would occur after the beginning of the new fiscal year when USD 233 contractual salaries for the ensuing school year are known. This would require legislative approval of a "not to exceed" amount during the legislative session, with the actual amount to be transferred determined later. The base budget for each agency would be

Senate Ways and Means
2-20-07
Attachment 4

augmented by the pre-determined not to exceed amounts automatically each year. Amounts which would cover most anticipated contingencies for the two agencies are \$350,000 for the School for the Deaf and \$200,000 for the School for the Blind.

The second option would provide funding for the next fiscal year based on the current fiscal year. Wording would need to be added to the bill requiring an addition to the base budget of an amount equal to the difference between the state employee pay raise and the USD 233 pay increment. For the FY2008 school year this would be \$116,435 for KSSD and \$84,597 for KSSB. This approach provides the advantage of working with known amounts. Teacher pay would lag each year by an amount equal to the difference between state employee pay increases and USD 233 pay increases.

As an estimate of the fiscal impact resulting from this bill, following are dollar amounts representing a five percent difference between state employee and USD 233 salaries. In most years the actual amount would be less than this, although there may be a periodic aberration of more than five percent. The additional amounts for 2008 represent the known amounts needed to "catch up" from the current salary year deficit.

	<u>KSSB</u>	<u>KSSD</u>
2008	110,661 (+ 84,597)	200,964 (+ 116,435)
2009	116,971	211,013
2010	123,697	221,563
2011	130,810	232,641



KANSAS NATIONAL EDUCATION ASSOCIATION / 715 SW 10TH AVENUE / TOPEKA, KANSAS 66612-1686

**Mark Desetti, Testimony
Senate Ways and Means Committee
February 20, 2007**

Senate Bill 338

Mr. Chairman, members of the committee, thank you for the opportunity to appear before you on **Senate Bill 338**.

We support the intent of this bill which is to make teacher salaries at the Kansas School for the Deaf and Kansas School for the Blind competitive. We think that needs to happen. By tying their salaries to the Olathe School District, you will achieve that.

But this bill is a fix that would not be needed if teachers at those institutions were treated the same as their peers throughout Kansas. We believe that the Legislature should put the teachers at the Schools for the Deaf and Blind under the professional negotiations act. By doing so, you would give those teachers a say in their salaries, benefits, and working conditions and empower them to be a part of the solution.

While SB 338 addresses the issue of salary today, it gives these teachers no control over their own work lives. The Olathe teachers should not be negotiating for teachers not in their bargaining unit. The teachers at the Schools for the Deaf and Blind should be empowered to negotiate their own salaries.

While we support the passage of SB 338 as a means of addressing a bad situation today, it is not the appropriate long term solution.

JIM BARNETT

SENATOR, 17TH DISTRICT
CHASE, COFFEY, GREENWOOD
LYON, MARION, MORRIS, AND OSAGE
COUNTIES



TOPEKA

SENATE CHAMBER

COMMITTEE ASSIGNMENT

CHAIR: SENATE PRESIDENTS TASK FORCE ON
HEALTH CARE
CHAIR: PUBLIC HEALTH AND WELFARE
CHAIR: KANSAS HEALTH POLICY AUTHORITY
OVERSIGHT COMMITTEE
MEMBER: FINANCIAL INSTITUTIONS AND
INSURANCE
HEALTH CARE STABILIZATION FUND
ORGANIZATION, CALENDAR AND RULES
FEDERAL AND STATE AFFAIRS

Testimony Presented To
The Senate Ways and Means Committee
by Senator Jim Barnett
February 20, 2007
concerning Senate Bill 318

Chairman Umbarger and other distinguished members of the Senate Ways and Means Committee, thank you for the opportunity to speak in support of the development of a comprehensive tobacco control program for the State of Kansas.

The Kansas Legislature has the opportunity to save many lives and reduce health care costs by 1.24 billion dollars if a comprehensive tobacco control program is instituted. Because additional funding will become available in April 2008, our State can achieve the level of full support for The Center For Disease Control tested and proven program for tobacco prevention. Since tobacco is the leading cause of preventable death in our state, I ask that you give serious consideration to passage of SB 318.

Projections provided by the Kansas Health Institute indicate that health care savings would exceed the cost of a comprehensive program by over 90 million dollars in the first five years. I have attached a graph that demonstrates longer term savings for both youth and adult tobacco control efforts. We will never achieve the goal of better health for Kansans and more affordable health care until we place adequate resources in the area of prevention. Passage of SB 318 and commitment to long term funding of a comprehensive tobacco program will represent a truly historic step taken by the leaders of Kansas.

Thank you for the opportunity to come before you today and speak in support of SB 318.

HOME
1400 LINCOLN
EMPORIA, KS 66801
620-342-5387
E-MAIL: SENATORJB@SBCGLOBAL.NET

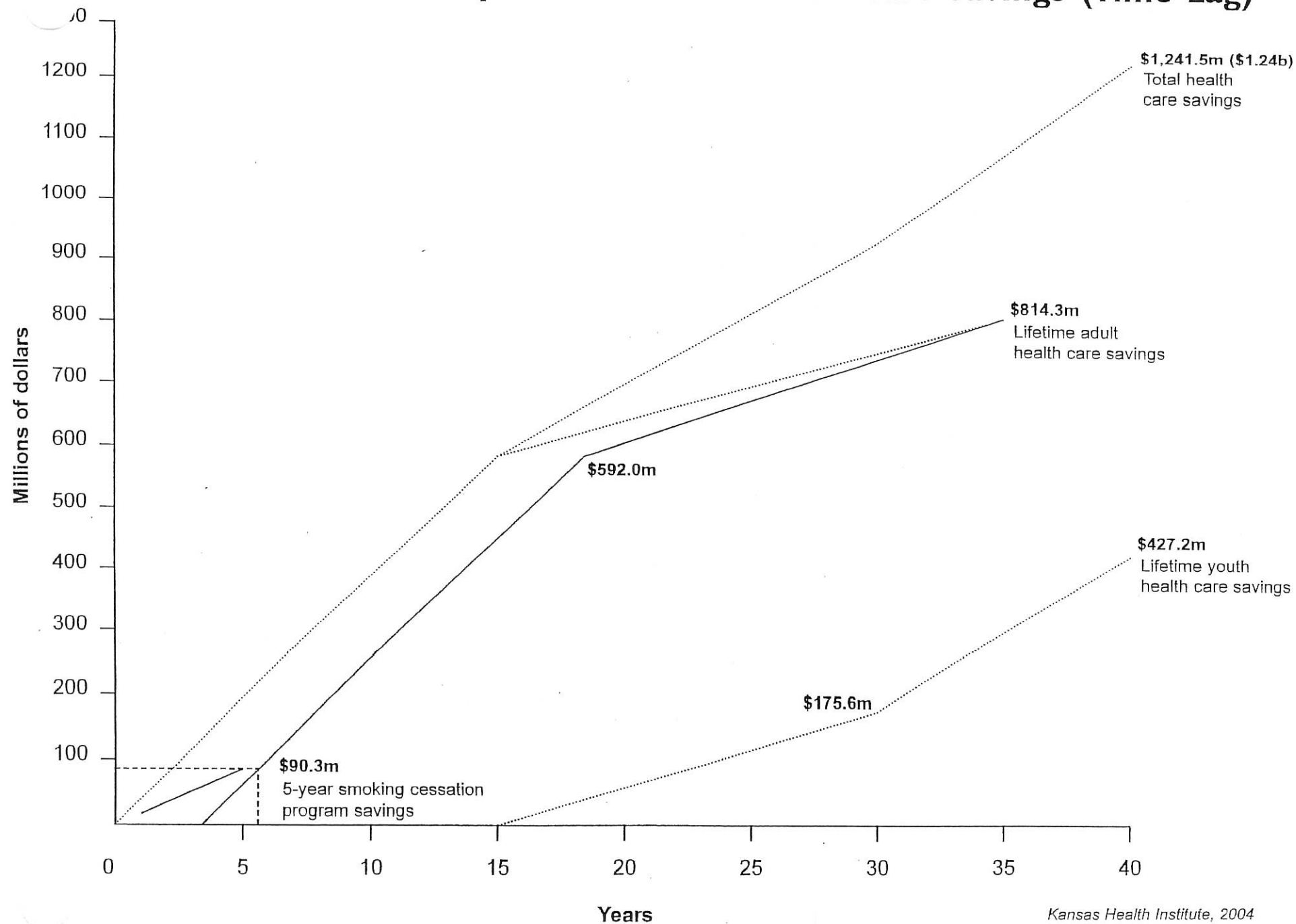
DISTRICT OFFICE
1301 W. 12TH AVE., STE. 202
EMPORIA, KS 66801
620-342-2521
HTTP://WWW.KSLEGISLATURE.ORG/JBARNETT

STATE OFFICE (SESSION ONLY)
STATE CAPITOL, RM. 120-S
TOPEKA, KS 66612
785-296-7384
1-800-432-3924
E-MAIL: BARNETT@SENATE.STATE.KS.US

Senate Ways and means
2-20-07
Attachment 6

Testimony from
Senate President's Task Force on Health Care
Chair - Senator Jim Barnett
on
Comprehensive Tobacco Control

Tobacco Use Prevention Expenditures and Health Care Savings (Time Lag)





DEPARTMENT OF HEALTH
AND ENVIRONMENT

Kathleen Sebelius, Governor
Roderick L. Bremby, Secretary

www.kdheks.gov

Testimony Regarding Comprehensive Tobacco Programs

To
Senate Health Care Task Force
Presented by
Howard Rodenberg, MD, MPH
Kansas Department of Health and Environment

January 30, 2007

Chairman Barnett and members of the Taskforce, my name is Dr. Howard Rodenberg. I serve as the Director of the Division of Health for the Kansas Department of Health and Environment and as Kansas State Health Officer. Thank you for the opportunity to talk with you about comprehensive tobacco control.

History of MSA funds invested in tobacco use prevention in Kansas

Kansas was a participant in the Master Settlement Agreement (MSA) in November 1998, which ruled the State was to receive more than \$50 million per year for 25 years to compensate for the cost of tobacco use. The Kansas Legislature established a Kansas Endowment for Youth (KEY) fund to deposit the revenues received as a result of the MSA. A Children's Initiative Fund (CIF) was established to enable transfer of a portion of the KEY fund for the legislature to appropriate for programs to benefit children. In 1999, the state Tobacco Use Prevention Program (TUPP) was allocated \$500,000 from the CIF to conduct a local comprehensive tobacco use prevention community program. Saline County was selected through a competitive bid process to conduct the comprehensive program and has been supported at this level since 2000.

The CIF appropriation for Tobacco use prevention was increased to \$1,000,000 beginning in SFY2005. In addition to the \$1 million from the CIF, KDHE receives about \$1,350,000 in federal funds through a cooperative agreement for tobacco use prevention from the Centers for Disease Control and Prevention (CDC). KDHE has responded by expanding the number of comprehensively funded communities who can implement best-practice, evidence-based programs in tobacco use prevention and cessation to five. (The five communities that were funded at this level beginning in SFY06 are noted with a star figure on the map accompanying this testimony.)

Voice 785-296-0461 Fax 785-368-6368

Accomplishments to date

By effectively leveraging state and local resources, the state has achieved impressive results despite total funding being less than 20% of the minimum amount recommended for a statewide comprehensive tobacco use program by the CDC. Extensive research forms the basis for the CDC recommendations, which describe the essential components for achieving success in reducing the disease burden of tobacco use. These components include:

- **Community programs to reduce tobacco use.** This component focuses on building capacity and engaging the whole community to change the way tobacco is promoted, sold and used.
- **Chronic disease programs** to reduce the burden of tobacco-related disease. This component focuses on integrating tobacco use prevention and cessation into chronic disease prevention, detection and early intervention activities.
- **School Programs.** This component goes far beyond educating students about the harms of tobacco to focus on the social influences that promote tobacco use among youth and teach skills to resist those influences that promote initiation of tobacco use.
- **Enforcement.** This component addresses both the sale of tobacco to youth as well as availability of tobacco to the 64% of youth who report that they get their tobacco through social sources.
- **Statewide programs.** To achieve progress in eliminating disparities related to tobacco use, this component focuses on supporting statewide initiatives and organizations that have access to diverse communities.
- **Countermarketing.** This component focuses on use of mass media and other means to promote available resources dedicated to tobacco use and dependence, inform Kansans on the harmful, long-term effects of tobacco use and set a supportive climate for community and in-school efforts to address tobacco control policies and education.
- **Cessation Programs.** This component focus is to provide resources to those who want to quit, incorporating tobacco curricula into all health related degree programs, training health care providers on evidence-based strategies for cessation and ensuring access to cessation programs that address needs of special populations, such as pregnant women, minorities, persons residing in rural areas and youth.
- **Surveillance and Evaluation.** This component outlines a surveillance plan to monitor attitudes, beliefs and behaviors related to tobacco use; prevalence of pro-tobacco influences, including advertising, promotions and events that glamorize tobacco; worksite policies; and youth behaviors related to tobacco use.

Examples of accomplishments that have been achieved in Kansas by utilizing these evidence-based practices include:

- A drop in adult smoking rates from 22.1% in 2002 to 17.8% in 2005. (In real terms, this represents potentially 84,000 fewer Kansans are smokers since 2002.
- More than 17 communities to date have adopted smoke-free ordinances
- Children in more than 31 schools and/or districts (approximately 4% of the state's school aged children) now attend schools that have adopted tobacco free school grounds policies.
- 14% of middle school and 15% of high school students participated in an anti-smoking event. This potentially represents up to 38,000 students in grades 6-12.
- Fewer vendors selling tobacco to youth (80% compliance)
- More than 200 health care providers who systematically refer pregnant women who smoke to the Kansas Tobacco Quitline
- More than 2,300 Kansans contacting the Kansas Tobacco Quitline for assistance, over half of whom have taken action to quit
- Compiling data for delivery to the legislature and the state each year as the "Kansas Tobacco Use Report."

To achieve these results, KDHE and its partners in tobacco use prevention have employed a number of interventions, albeit at less than recommended funding levels. Some examples of strategies that have led to the above results include:

- State staff answered over 1,800 calls for assistance and provided technical assistance to communities regarding school programs, and community interventions,
- Local grantee actions generated over 1,300 newspaper articles totaling over 23,000 column inches with a readership of over 5 million each month. An analysis of content revealed the strong public sentiment in favor of clean indoor air policies.
- A 24-hour Quitline was established. The service is available to any Kansan at no cost. Nearly 3,000 Kansans contacted the quit line between June and November 2006 at no cost; 40% of callers reported their annual household income as less than \$15,000.
- Provider training initiative to increase tobacco cessation among pregnant women. The number of pregnant women calling the quit line increased from 2/month to 30 per month pre and post intervention.
- By the end of 2005, 103 TASK (youth "companies") were actively operating to influence their peers to take a stand against tobacco.

- A Synar Advisory Group was formed as a collaborative effort between multiple state agencies and organizations to improve retailer compliance with state law regarding sales to youth.
- Excise tax on cigarettes was raised \$0.79/pack in 2003. This contributed to reductions in use, but is no longer a significant factor, as Kansas has fallen to 29th (bottom half) of states in amount of excise tax.
- State staff conducted 16 statewide training workshops to community coalition members in implementing one or more components of a community based tobacco use prevention program.
- State staff provided on-site technical assistance to over 59 school districts representing over 66,000 students to promote the development of tobacco prevention, physical activity nutrition and policy developed at the school level in a manner that links school-based activities to their respective community's broader health promotion agenda.

Additional funding opportunities

Beginning in 2008, the states that were part of the 1998 MSA (Kansas included) are scheduled to begin receiving annual bonus settlement payments. The bonus payments are a result of additional penalties applied to the tobacco industry for violating terms of the 1998 agreement and are projected to continue for at least 10 years. Kansas' share of the bonus payments is projected to be approximately \$16 million per year and offers an ongoing source for funding further statewide health programming. It should be noted that while these funds are anticipated, they are by no means guaranteed. Legal action continues as tobacco companies dispute the additional payments. Nonetheless, foresight demands that such allocation strategies be considered for the expected arrival of the funds in the future.

Preventing Chronic Disease: The need for support

Increasing health care costs are projected to provide ongoing challenges to the state's budget. Data shows that the cost of treating the complications of chronic diseases have the potential of eliminating all surplus operating funds of even the most solvent of states. More than 75% of all health care costs in 2006 are a result of chronic diseases, amounting to over \$14 billion in Kansas each year. Poor nutrition, lack of physical activity and the use of and exposure to tobacco products are the driving forces behind these preventable diseases. In terms of disease, tobacco use alone costs the state more than \$927 million in medical costs each year (approximately \$582 per household) and obesity adds another \$657 million to medical costs paid by Kansans. In terms of costs borne directly by state government, Kansas spends over \$196 million per year in Medicaid expenditures for tobacco related disease and another \$143 million per year in Medicaid expenditures for obesity related costs. Not included in these totals are the indirect costs of lost productivity due to tobacco related disease, approximately \$863 million per year.

In response to these issues, KDHE staff has been instrumental in the development of a Comprehensive Cancer Control Plan, a Heart Disease and Stroke State Plan and a Tobacco Use Prevention state plan. All these planning processes engaged a broadly representative group of agencies and organizations that share a common interest in reducing the personal and medical burden of chronic disease upon Kansas and its economy. A similar process to develop a state plan for diabetes in Kansas is currently underway. Each of the resultant plans identified primary prevention as key to saving lives and saving dollars for the state.

The Kansas Chronic Disease Risk Reduction Program directs resources to support community programs combating the leading causes of preventable death. It does so using a process focused on supporting local agency's responding to identified community needs. The program puts into practice the philosophy outlined in the Governor's call to action in her "Healthy Kansas" initiative by focusing directly on reducing the risk factors for chronic disease: tobacco use, physical inactivity and unhealthy eating practices. In addition to allocating resources to local health agencies, the program has implemented marketing and media initiatives, engaged health care providers, supported school based health promotion, and promoted worksite wellness programs. State staff provides technical assistance and guidance to county health departments that coordinate local activities through community coalitions and youth organizations aimed at improving Kansans' health. In 2006, 36 Chronic Disease Risk Reduction grant awards reached 42 counties, which comprise approximately 65% of the state's population for support of programs aimed at reducing tobacco use, increasing physical activity and promoting healthy eating practices. Twenty-three of those awards were for amounts less than \$15,000 and 9 more were less than \$30,000. The local coalitions who implemented the grants

leveraged additional resources in excess of ½ million dollars. In spite of limited resources, these communities have built strong coalitions that have demonstrated effectiveness in implementing best practice interventions to reduce chronic disease risk factors. They stand ready to expand their impact as new sources of revenue become available, thus enabling them to implement more components of their respective plans. The investment of additional resources toward these efforts should be expected to yield additional benefit. The Chronic Disease Risk Reduction Program has served as the basis of local infrastructure to address the leading causes of chronic disease for 15 years in our state.

The CDRR Program has been funded predominantly with Federal resources. This local grants program directly responds to the priorities for preventing disease that are identified in the Healthy Kansans 2010 Report as well as the State Comprehensive Cancer Plan and the State Heart Disease and Stroke Plan.

Additional funding for the CDRR program would enable KDHE to increase implementation funding to the 29 grantees that are currently funded at the lowest levels, as well as to provide support to the 63 counties that currently receive no financial support from KDHE for addressing prevention of risk factors for the two leading causes of death.

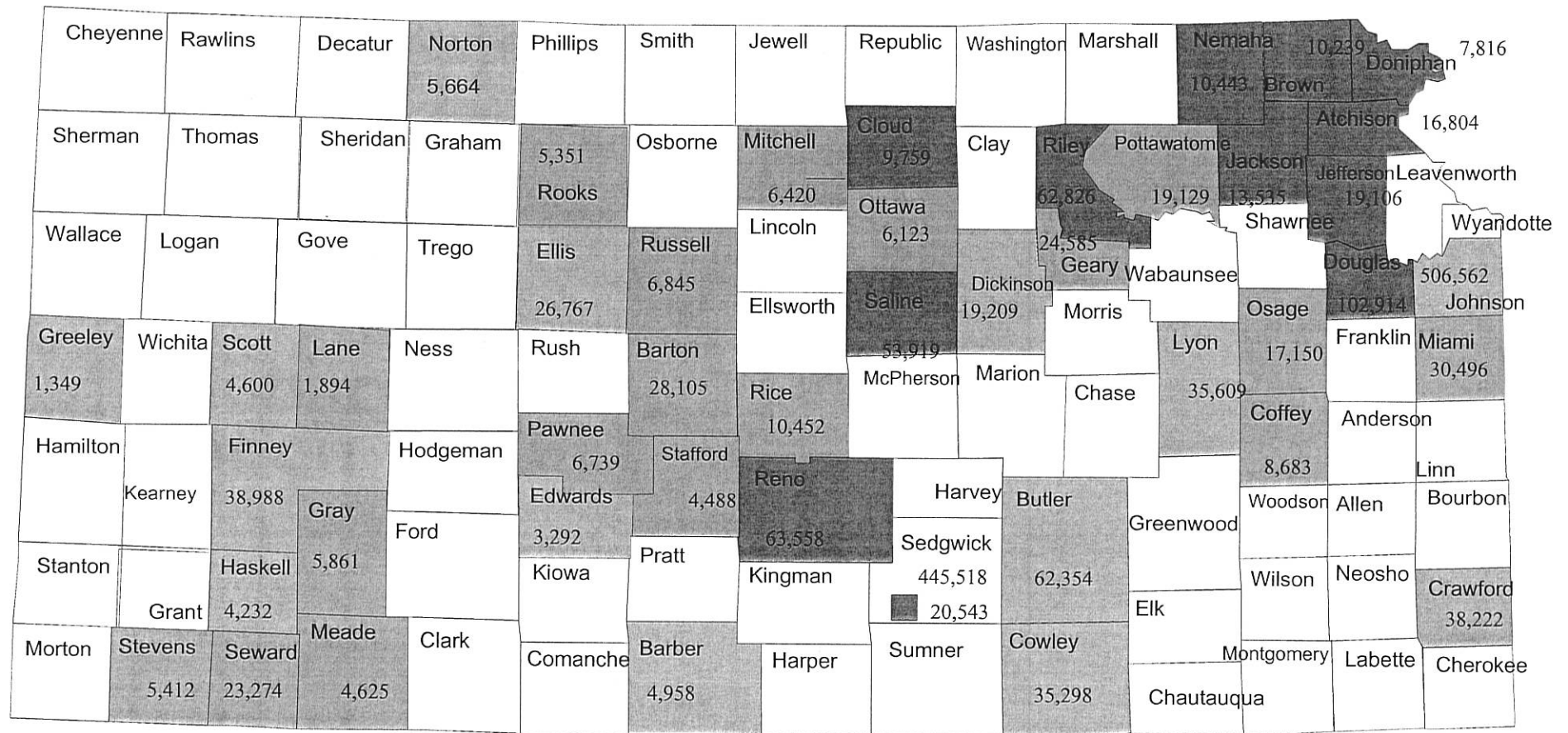
The 10 Leading Health Indicators outlined in Healthy People 2010 provide a snapshot of health status for Kansans. If Kansas is to achieve improvement in overall health status, we must invest in *preventing* chronic diseases, which dominate the list of leading causes of death and are responsible for over 75% of health care expenditures. The science leaves little doubt that prevention of the risk factors addressed in the CDRR program plays a crucial role in assuring our success in improving the overall health of Kansans. While we can take pride in the impressive progress to date, continued investment will enable Kansas to accomplish similar achievements in all 10 of the Healthy People 2010 indicators, particularly those impacted by program activity aimed at reducing the chronic disease risk factors of tobacco use, physical inactivity and unhealthy eating practices.

Thank you, and I'll be happy to stand for any questions.

Chronic Disease Risk Reduction Grants

November 2006 Fiscal Yr '07

6-10



LEGEND

Level A Level B Level C

2005 population estimates



KANSAS HEALTH INSTITUTE

For additional information contact:

Robert F. St. Peter, M.D.
212 SW Eighth Avenue, Suite 300
Topeka, Kansas 66603-3936
Tel. 785.233.5443 Fax 785.233.1168

Cost-benefit of Tobacco Use Cessation

February 20, 2007

Senate Ways and Means Committee

**Robert F. St. Peter
President & CEO
Kansas Health Institute**

Healthier Kansans Through Informed Decisions

The Kansas Health Institute is an independent, non-profit health policy and research organization based in Topeka, KS. Established in 1995 with a multi-year grant from the Kansas Health Foundation, the Kansas Health Institute conducts research and policy analysis on issues that affect the health of Kansans.

*Senate Ways and Means
2-20-07
Attachment 7*

My name is Robert St. Peter, I am a physician and the president and chief executive officer of the Kansas Health Institute. KHI is a non-partisan, non-profit health policy research organization located in Topeka. I am here today to present information that was first developed by Tony Wellever at KHI in 2004, and has been recently updated, when we were asked what the expected cost effectiveness of tobacco control programs in Kansas could be.

You have undoubtedly heard a potentially confusing array of numbers about the health consequences of smoking and their costs. While some of these numbers may not agree, there is widespread agreement on what the numbers do say. And what they say, in the words of the Surgeon General, is that smoking is dangerous to your health.

Smoking is the leading cause of preventable death and disease in Kansas. Smoking is known to cause lung cancer, heart disease, and emphysema. Smoking by pregnant women may result in fetal injury, premature birth, and low birth weight.

Approximately 403,000 Kansans smoke, 369,000 adults and 34,000 high school students. Because smoking is the leading cause of death and disease in Kansas, it affects health care costs.

Health care costs in Kansas directly related to smoking are estimated at \$927 million per year. Of this amount, \$196 million is paid by the Medicaid program. Estimates of the indirect costs of smoking in Kansas run as high as \$863 million per year in lost productivity due to absences, reduced on-the-job performance, and early termination of employment caused smoking-caused disability or illness. Direct and indirect costs of smoking in Kansas total \$1,790,000,000 (one billion seven hundred ninety million) *annually*.

This financial burden falls more heavily on users of tobacco products, as it should, but much of the burden is carried by non-smokers. Let's focus on two aspects of the information I just presented. Kansans – whether they smoke or not – pay the \$196 million in Medicaid expenditures for smoking-related illnesses through a combination of federal and state taxes.

Kansans – whether they smoke or not – pay the \$863 million in lost productivity through the combined effects of higher prices for goods and services produced and/or sold in Kansas and in lower wages. In addition, a portion of the private health care expenditures of smokers is paid by non-smokers.

Health insurance is based on the principle of pooled risk. As a result, the higher costs attributable to smokers are shifted to non-smokers in the same risk pool. One could argue that the cost of all health insurance would decrease if the medical costs associated with smoking were withdrawn from the system.

There is growing evidence of the efficacy of smoking cessation programs. People *can* quit smoking. We also know that there are substantial short-term health and cost benefits of quitting and that these benefits accrue rapidly as one extends out the time horizon.

Based on seven years of data from a statewide tobacco control program in California, researchers at the University of California at San Francisco showed that a reduction in smoking prevalence of one percent per year would begin to reduce hospitalizations for heart attacks and strokes in the very first year of implementation.

Heart attack and stroke savings would continue to grow sharply in subsequent years. Additional savings accrue as other smoking-caused problems and diseases – such as cancers and respiratory diseases – start to diminish.

In 2004, the Campaign for Tobacco-Free Kids estimated that a prevention program in Kansas that resulted in a one percentage point per year reduction over five years would produce an \$814.3 million lifetime savings in health care costs.

A parallel decline in the prevalence of smoking among children would produce health care savings of approximately \$427.2 million over the adult lifetimes of these children.

These estimates were made using a widely cited methodology first published in *The Millbank Quarterly*, a highly respected, peer reviewed health policy journal, in 1992.

In 2004, Senator Barnett asked the Kansas Health Institute to estimate when an investment in smoking prevention equal to the CDC-recommended amount (\$18.1 million/year) would break-even in terms of reduced health care costs.

We took the figures estimated by the Campaign for Tobacco-Free Kids and plotted them on a graph making the following assumptions about the distribution of the savings over time. (Chart 1)

We assumed that approximately 70 percent of the adult lifetime savings would occur in the first 15 years after quitting smoking (\$592 million). Because of numerous factors—including the deaths of people who had previously smoked—we estimated that the cost savings per year would taper off over the next 20 years (\$814.3 million).

We assumed that the health costs of youths not taking up smoking would not become apparent until 15 years after the beginning of a tobacco control program, allowing time for teenagers to become addicted to tobacco and for the long-term consequences of tobacco use on health to begin to show. Approximately 40 percent of the savings, we assumed, would be achieved between years 15 and 30 (\$175.6 million). And in the next 15 years, as the youth cohort continues to age, cost savings per year would increase (\$427.2 million).

Finally, we added the youth curve to the adult curve to get total health care savings (\$1,241.5 million/\$1.24 billion).

In this estimate, there is no break-even point, because savings in every year exceed expenditures (assuming a one percent reduction in smoking prevalence is achieved).

In the real world, however, a tobacco control program will not be up and running the moment it is funded. There will be an implementation time lag. The program has to be designed, tested, and implemented at the local level. And then it will take time for the message to be acted upon and for smokers to actually quit smoking.

Therefore, we assumed that there would be a two and a half year lag between the beginning of the program and the first cost savings. (Chart 2) When you make this assumption, program expenditures *do* exceed program benefits for the first five years and some months. After that, cost savings exceed program expenditures by considerable amounts.

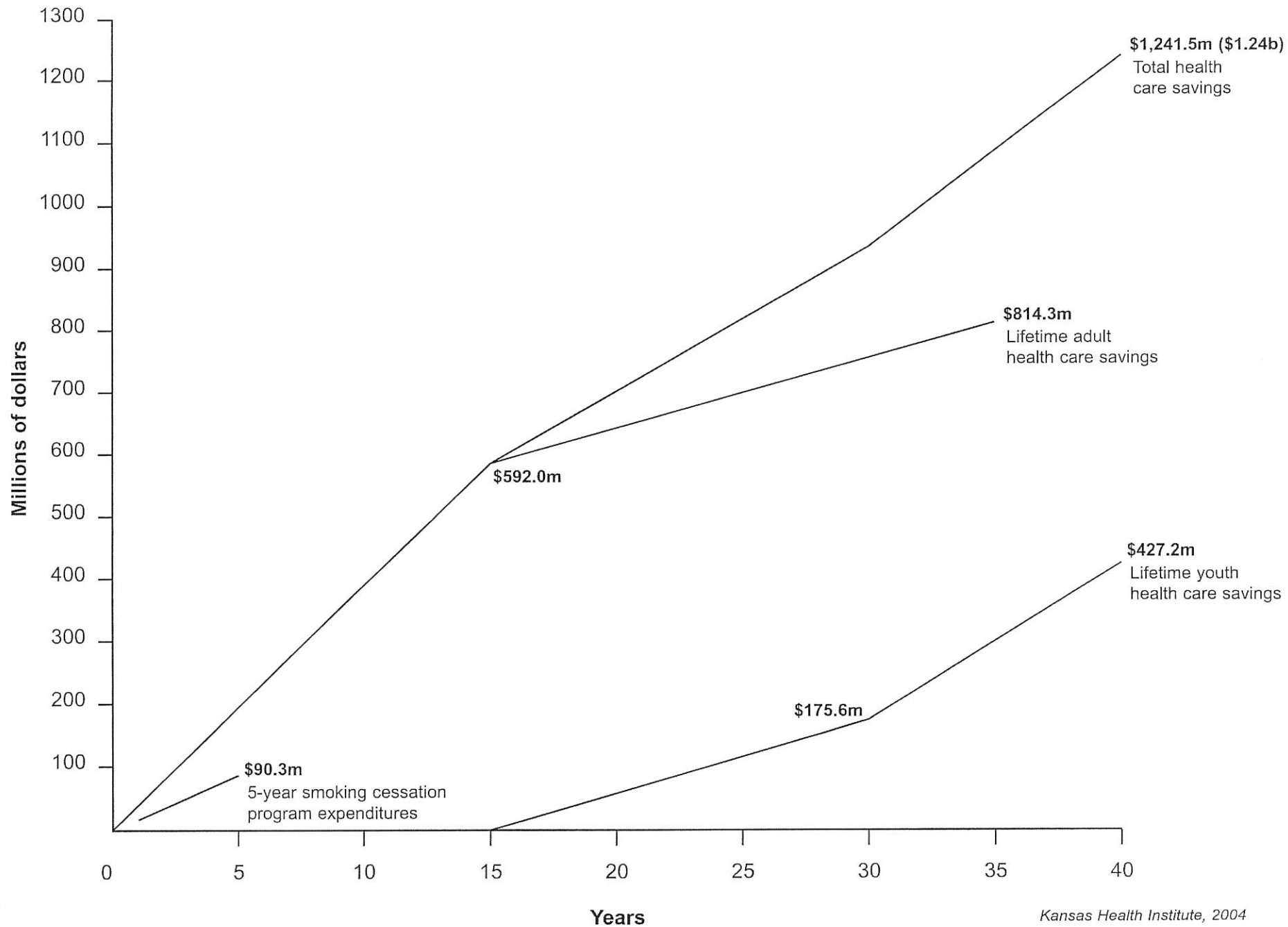
In short, it is highly likely that an investment in tobacco control of this magnitude will yield benefits to the state far in excess of expenditures.

Before I close, I would like to stress that this analysis is based on the assumption that smoking rates will decline by one percentage point per year over five years.

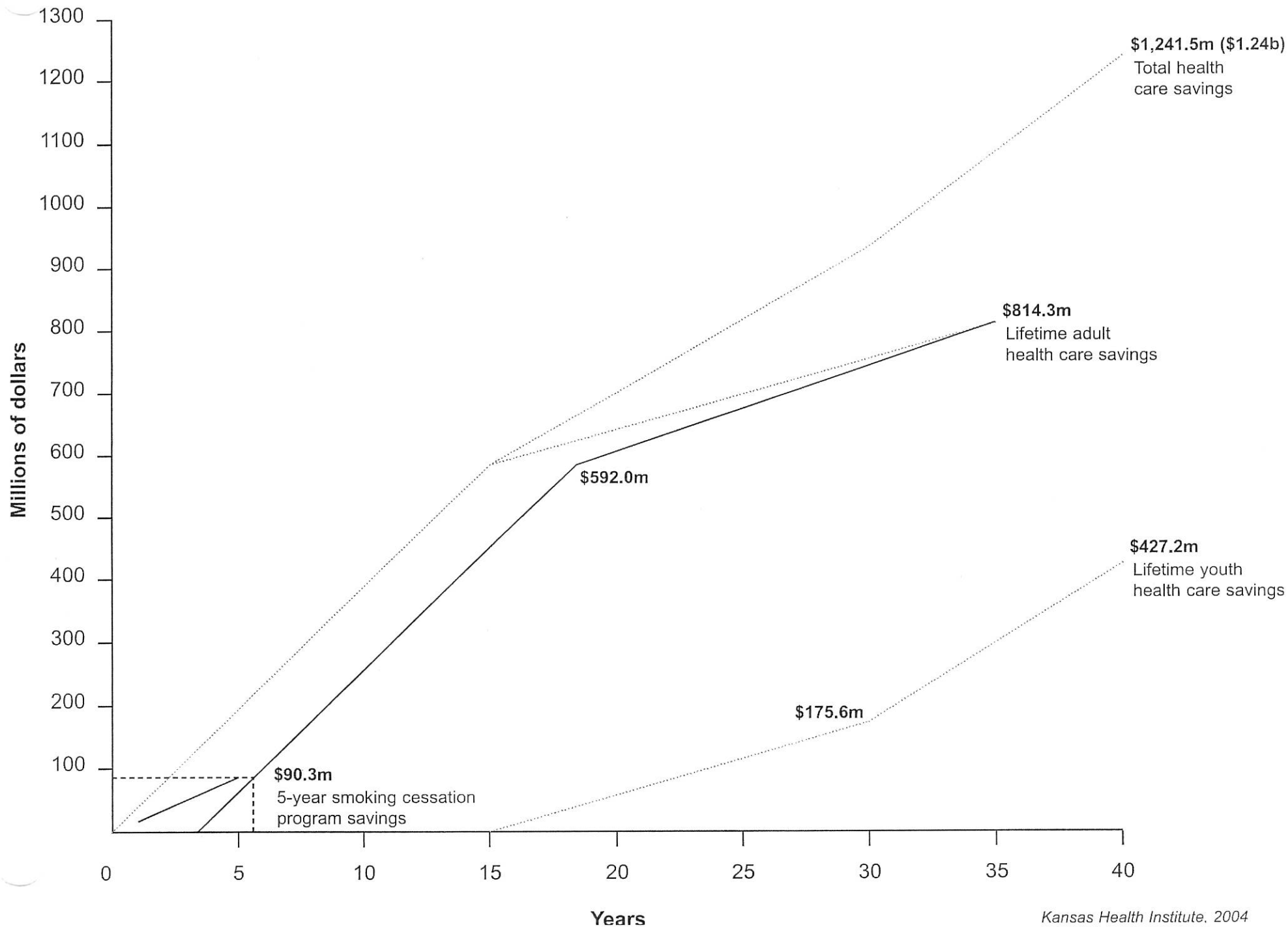
The level of investment assumed to achieve this decline in smoking rates is \$18.1 million – the lowest amount recommended for Kansas by CDC. CDC recommends that Kansas spend between \$18.1 and \$44.7 million. Currently, the state spends \$1.0 million per year on tobacco control programs, approximately 5.5% of the amount recommended by the CDC. Kansas ranks 43rd among states for spending on tobacco prevention.

Different assumptions concerning investment in smoking programs and reductions in the prevalence of smoking, would, of course, change the analysis I just presented.

Tobacco Use Prevention Expenditures and Health Care Savings



Tobacco Use Prevention Expenditures and Health Care Savings (Time Lag)



Heartland Affiliate

5375 SW 7th St.

Topeka, KS 66606

(785) 228-3409

(800) 326-3383

fax (785) 272-2425

www.americanheart.org

February 20, 2007

Chairman of the Board

Sam H. Turner, Sr.
Shawnee Mission, Kansas

President

Anthony M. Fletcher, M.D.
Little Rock, Arkansas

Treasurer

Donna M. Katen-Bahensky
Iowa City, Iowa

National Board Representative

Janet M. Spradlin, Ph.D.
Oklahoma City, Oklahoma

Directors

David B. Atkinson
St. Louis, Missouri

Mary Ann Bauman, M.D.
Oklahoma City, Oklahoma

Irene M. Cumming
Kansas City, Kansas

William P. Fay, M.D.
Columbia, Missouri

Pierre Fayad, M.D.
Omaha, Nebraska

Herren C. Hickingbotham
Little Rock, Arkansas

C. Bruce Lawrence
Oklahoma City, Oklahoma

Willie Lawrence, M.D.
Kansas City, Missouri

Bill G. Lynch
Heber springs, Arkansas

Edward T. Martin, M.D.
Tulsa, Oklahoma

Barbara Miller
Omaha, Nebraska

Peter S. Strassner
St. Louis, Missouri

Jill Sumfest, M.D.
Wichita, Kansas

Marcia Wanamaker
Des Moines, Iowa

Executive Vice President

Kevin D. Harker
Overland Park, Kansas

TO: The Honorable Dwayne Umbarger and
Members of the Senate Committee on Ways and Means

FROM: Linda J. De Coursey
Advocacy Director – Kansas

RE: SB 318 – directing excess state tobacco settlement receipt to increase state tobacco prevention efforts; and establishing an oversight committee.

Senator Umbarger and members of the committee:

My name is Linda De Coursey and I am appearing on behalf of the American Heart Association. The mission of the American Heart Association is to reduce disability and death from cardiovascular disease and stroke. That single purpose drives all that we do. We appreciate your willingness to discuss directing excess Master Settlement Agreement (MSA) funds to tobacco prevention efforts.

Too many people forget that smoking causes cardiovascular diseases – the nation's no. 1 killer. And, it is forgotten or perhaps ignored that secondhand smoke is dangerous and deadly. Nationally, tobacco use kills more than 170,000 people each year from heart disease, stroke and other cardiovascular diseases alone. Tobacco use is the leading cause of preventable death in Kansas, claiming 3,900 lives and costing the state \$927 million in health care bills each year (including \$196 million of Kansas's annual Medicaid expenditures). On a national level, smoking rates are at a standstill after nearly a decade of decline. AHA believes that the nation's progress in the reduction of smoking is at risk unless states increase funding for programs to prevent kids from smoking and help smokers quit.

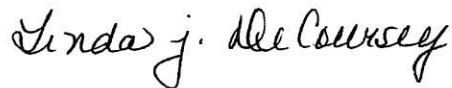
While states have modestly increased funding to tobacco prevention and cessation programs, the vast majority of states have wasted an opportunity in implementing prevention programs that have been proven effective to reducing smoking among youths and adults and health care costs by falling far short of funding such programs at even minimum levels recommended by the U. S. Centers for Disease Control and Prevention (CDC).

Based on CDC's best practice funding recommendations, Kansas should be spending a minimum of \$18.1 million a year on its comprehensive tobacco control program. Kansas has received over \$400 million from the Master Settlement Agreement with less than \$4 million of these funds allocated for comprehensive tobacco control. We also understand the financial time period many states were in when these funds were made available and the decisions made with the funds. But, the public assumes that the money is being used for tobacco prevention programs.

Now, we have a new opportunity with approximately \$16 million being allocated to Kansas. We ask this committee to not miss an opportunity for the health of Kansas citizens. By directing the MSA funds to proven KDHE programs that prevent kids from smoking and help smokers quit, we can reduce the enormous burden of tobacco disease in Kansas. We can save lives and reduce health care costs.

Thank you for your time and we urge the committee to recommend SB 318 favorably for passage.

Sincerely,

A handwritten signature in black ink that reads "Linda J. De Coursey". The signature is written in a cursive, flowing style.

Linda J. De Coursey
Advocacy Director – Kansas



Tobacco *Free* Kansas Coalition, Inc.

**SENATE WAYS AND MEANS COMMITTEE
FEBRUARY 20, 2007
TESTIMONY IN SUPPORT OF SB 318
BY JON HAUXWELL, MD**

Mr. Chairman and Members of the Committee,

My written testimony sets out the reasons for asking that the Committee support SB 318, which would allocate the expected increase in Master Settlement Funds to proven tobacco prevention and cessation programs in order to save lives in Kansas and reduce the health costs from tobacco-related diseases.

Tobacco does not kill gently. If you have ever seen a friend or relative suffering the agonies of lung cancer, you sensed that the only thing more feared than the daggers of the next breath, was the possibility that the next breath would be impossible.

Nearly 3,900 Kansans die from smoking tobacco every year; it's the greatest cause of preventable premature death. As many as 520 others die because of other people's smoke. It is estimated that Kansas 54,000 youth now under age 18 will die from smoking. As many more will be disabled by tobacco to varying degrees before ultimately dying from something else.

Fifty years ago smoking was a social norm. Millions have died while we finally figured out what was going on. Now recognized as an ongoing public health crisis, tobacco addiction is less prevalent, but still afflicts nearly one of five adults, one third of whom will die as a result, as another third will suffer compromised health. Of those who never quit, half will die from the addiction.

We can no longer plead ignorance. We can no longer pretend this is merely a "life-style choice," like deciding how long to wear one's hair. Being addicted to tobacco severely limits any claim to free choice. Tobacco use causes physical changes in the brain, which result in changes in the thinking the brain produces. Few of those addicted had any real knowledge or expectation of the fate that awaited them after the first few cigarettes.

Tobacco Free Kansas Coalition Officers:

President
Jon Hauxwell, MD

Vice-President
Lisa Benlon

Secretary
Diane McNichols, RN

Treasurer
Terri Roberts, JD, RN

Mary Jayne Hellebust, Executive Director
4300 SW Drury Lane ★ Topeka, Kansas 66604

Phone 785-272-8396 ★ Fax 785-272-9297 ★ www.tobaccofreekansas.org

*Senate Ways and Means
2-20-07
Attachment 9*

A responsible society can no longer ignore what's going on. We can no longer afford to tolerate the epidemic of devastated lives and depleted budgets. Now, at last, we have a real, and perhaps unique, opportunity to turn the tables on tobacco once and for all. We can build on what we've learned and achieved with the parsimonious amount of funding tobacco control programs have obtained until now

The evidence is conclusive that state tobacco prevention and cessation programs work – to reduce smoking, and to save lives and money. Thirty years of research in tobacco use reduction has provided a framework for what works, with state efforts serving as virtual laboratories for developing and evaluating comprehensive approaches. Implementation of a comprehensive tobacco reduction strategy would produce a substantial decrease in prevalence rates, and in resultant disabilities and deaths. Only comprehensive programs work. These include statewide use of educational and countermarketing media, and the Quitline; community- and school-based programs; establishing smoke-free workplaces and public spaces; developing cessation expertise and availability; enforcement of youth-access and public smoking laws; and surveillance/evaluation measures.

We need to revisit the concept of the Master Settlement Agreement funds, with the impending advent of the MSA “bonus” funds.

- The MSA funds are a kind of reparations paid by the tobacco industry to partially compensate the states for decades of expenses related to tobacco-related disability and death.
- The stated intent of the Attorneys General who negotiated the Settlement was that they be used to arrest a continuing drain on budgets and lives due to ongoing tobacco use.
- Kansas gets \$45 to \$50 million annually from the MSA; the lion's share of these funds has been used to support various children's programs. Around 2% have been used to establish tobacco control efforts.
- Every year tobacco use costs Kansas \$927 million for direct healthcare, \$863 million in productivity losses, and \$38.9 million for healthcare related to second-hand smoke.
- The tobacco industry spends \$125.9 million annually to market tobacco in Kansas.
- The CDC says the minimum amount needed to adequately fund tobacco control in Kansas amounts to only about \$18 million.
- Recently, total spending on tobacco-control program in Kansas has reached \$2 million annually.

- Until now, minimal funding has allowed at best the development of a tobacco control infrastructure in Kansas.
- While this infrastructure has had the gratifying, and not entirely incidental, effect of achieving modest reductions in tobacco use, it is best described as a foundation which poises us to act rapidly if adequate funding were ever achieved.
- The CDC offers a wide repertoire of “Best Practices,” tested and proven approaches to tobacco use reduction.
- Applied in isolation, any one of these approaches has only limited effectiveness. Applied together in a comprehensive tobacco-control strategy, these components potentiate each other, working synergistically to enhance the total effect: one plus one equals three! The evidence is clear: only truly comprehensive programs will be adequate to the task.

- In April of 2008, an additional “bonus MSA payment” of around \$16 million will begin arriving in Kansas annually.
- This is *not* a gratuitous windfall. It is in a sense “blood money,” obligated by the disabilities and deaths of thousands of Kansans over many decades.
- We owe it to them to finally acknowledge the purpose of these funds – to protect their children’s children’s children from suffering the same fate.
- Failure to fund a truly comprehensive tobacco control program will allow these same extreme expenditures of lives and money to continue into the foreseeable future, dooming future generations to the very same sacrifices that prompted the MSA payments in the first place.
- Were this entire amount, still a small portion of the overall MSA payments, devoted in its entirety to tobacco control, we could approach the CDC-recommended annual investment, and have a far more dramatic impact on this ongoing public health crisis.
- Arresting widespread tobacco use has a major impact on nearly all major sources of morbidity and mortality – cancer, cardiovascular disease, lung disease, diabetes, pediatric illnesses and learning/developmental problems, women’s health, surgical complications, and many more.
- Tobacco use is the great common denominator of pathology in Kansas. It affects every demographic – children, women of childbearing age, minorities, low socioeconomic populations, and seniors.

Page 4, Hauxwell,

- Since this is a “new” enhancement of the established MSA income, devoting it to tobacco control would not take anything away from children’s and other programs to which MSA funds have previously been dedicated.
- Many worthwhile programs are searching for funding. This would be true whether or not the bonus payments were dedicated to control tobacco addiction. Splintering the bonus payment into small amounts for multiple purposes would vastly diminish its effectiveness, and would rob us of a unique opportunity to make an overdue commitment to Kansas’ leading cause of preventable disability and death.
- A responsible society, and its representatives, cannot tolerate the status quo when it comes to reining in tobacco addiction and its broad spectrum of misery.

Jon Hauxwell, MD
1335 Central
Hays, KS 67601
785-623-4230

**KANSAS
PUBLIC
HEALTH
ASSOCIATION, INC.**

Kansas Public Health Association, Inc.
AFFILIATED WITH THE AMERICAN PUBLIC HEALTH ASSOCIATION

215 S.E. 8th Avenue

Topeka, Kansas 66603-3906

Phone: 785-233-3103 fax: 785-233-3439

E-mail: director@kpha.us

Web Site: <http://www.kpha.us>

**To: The Honorable Senator Umbarger,
Chair, Senate Ways and Means Committee
Re: Testimony in support of SB 318**

Thank you, Mr. Chairman, for the opportunity to provide testimony in support of SB 318. I am Kimber Richter and I am here to represent the 600 plus individuals and 131 organizations that belong to the Kansas Public Health Association. I work at the University of Kansas Medical Center, where I conduct smoking cessation research and direct the Hospital's smoking cessation service for patients and employees, KanQuit at KUMed.

KPHA is the professional home to over 500 individual and 130 organizational members. We strongly support SB 318. Every single person in this room can undoubtedly think of a friend who can barely walk to his mailbox because he can't breathe; or has visited a family member in the hospital with a heart problem, pneumonia, or stroke caused by tobacco; or has seen a young person smoking and thought if only. *If only* they had stopped smoking earlier. *If only* they had never started smoking!

This bill is the if only bill. It will provide resources for Kansas to fully implement (or nearly fully implement) the Centers for Disease Control's Best Practices for Comprehensive Tobacco Control. It will help thousands of Kansans quit smoking, and will prevent thousands of children from ever starting. Of course it will save millions in Medicaid dollars and even more in lost productivity and other economic costs. But most importantly, it will give people back their futures and prevent the misery we see every day in our hospitals and communities.

Some people don't understand why we should allocate public funds to stop what they view as a personal choice. But most people understand that tobacco is deadly, it's addictive, and it is extremely profitable. There are a lot of forces at work to get people to smoke, and once they start it is extremely difficult to stop. At the national level, a number of groups are working to reduce the harmfulness of tobacco products, and even to reduce the amount of nicotine in cigarettes to reduce their addictiveness. But until these changes take place, it is very important that states and communities dedicate substantial resources to keep children from starting to smoke and to help smokers quit.

The members of KPHA are grateful that the Senate is considering this statewide move to dedicate tobacco dollars to tobacco control. There is substantial evidence behind the strategies that will be put into place with this money. The Kansas Department of Health and Environment has developed a superb infrastructure and programs with the tobacco dollars the legislature has allocated to it so far – it is perfectly positioned to manage these resources for the maximum public health gains. Also, KDHE is dedicated to making sure all Kansas counties get access to these funds. This bill will save a lot of lives and a lot of money, and it is excellent public policy.

Senate Ways and Means
2-20-07
Attachment 10



Testimony for the Senate Ways and Means Committee
Lisa Benlon, Leg/Government Relations Director
American Cancer Society
Re: **SB 318**-MSA funds for Tobacco Prevention
January 21, 2007

Chairman Umbarger and Committee Members,

The U.S. Surgeon General's report last year stated, "The debate is over" There is no question of the health effects to those who use tobacco and those who must endure second hand smoke.

- ✓ Lung cancer accounts for the most cancer-related deaths in both men and women, accounting for 29% of all cancer deaths. Cigarette smoking is by far the most important risk factor for lung cancer. Risk increases with quantity of cigarette consumption and years of smoking duration. Another risk factor includes environmental exposure to secondhand smoke.

The annual health care costs in Kansas directly caused by smoking is \$927 million, \$196 million of that is covered by the state Medicaid program. Smoking-caused loss in productivity is \$863 million.

The Master Settlement Agreement signed in 1998, because the tobacco industry used deceptive advertising and they lied to the public about the dangers of their product, began paying the State of Kansas roughly \$60 million. From those funds, only \$500,000 was used to target tobacco prevention and cessation programs. Since then, the amount has been increased to \$1 million. Funds Kansas receives annually from the agreement are based on a percentage of the consumption nationally. As consumption lessens, the state receives less money. It is estimated the state will receive between \$42-\$45 million this year. The CDC recommends Kansas spend between \$18.1 million and \$44.7 million per year. Kansas ranks 43rd among the states in the funding of tobacco prevention programs.

Beginning in 2008, and for the next 10 years, Kansas is entitled to an additional \$16 million in bonus payments. If tobacco programs, allocated through the Department of Health and Environment, were provided the bonus money, we would be able to fund a more comprehensive statewide program. The program would help those who are trying to quit smoking and prevent our youth from beginning to smoke.

The American Cancer Society supports Senate Bill 318 and encourages the committee to forward the bill to the Senate floor favorably.

Senate Ways and Means
2-20-07
Attachment 11



Memo To: Senate Assessment and Taxation Committee
From: Thomas M. Palace
Date: February 20, 2007
Re: Comments on SB 318

Mr. Chairman and members of Senate Ways and Means Committee:

My name is Tom Palace. I am the Executive Director of the Petroleum Marketers and Convenience Store Association of Kansas (PMCA of Kansas), a statewide trade association representing over 300 independent Kansas petroleum distribution companies and convenience store owners throughout Kansas.

We appreciate the opportunity to make comments in support of SB 318.

Kansas tobacco retailers have struggled for years to maintain the federal Synar compliance rate of 80% or better. Retailers have participated in many state approved "We Card" seminars to educate their sales clerks in the proper sales techniques of combating sales of tobacco products to minors. Additionally, software programs have been implemented in many retail sites to help clerks sell responsibly. However, even with the help of computer programs to regulate a tobacco sale, clerks often make mistakes reading driver's licenses, some get too busy to follow company procedures and sell a tobacco product without asking for identification or they override the system that is in place to assist a clerk determining if a customer is old enough to purchase a tobacco product. Bottom line: when the human element enters into enforcement of the law, sales to minors are inevitable.

PMCA supports Master Settlement Agreement (MSA) payments to fund proven comprehensive tobacco use prevention programs. We participated in the "It's Everybody's Business" initiative last year and feel the state made big strides to get our tobacco compliance rate up to an acceptable level, 80%. Or is 80% an acceptable level? We feel this rate is too low. We want a better compliance rate for our retailers of tobacco products.

Petroleum Marketers and Convenience Store Association of Kansas
201 NW Highway 24 • Suite 320 • PO Box 8479
Topeka, KS 66608-0479
785-233-9655 Fax: 785-354-4374

Senate Ways and Means
2-20-07
Attachment 12

In 2006, Kansas established a campaign called "It's Everybody's Business." It consisted of TV ads, printed materials, radio advertisements and limited mystery shopper compliance checks. We applaud the efforts to increase tobacco compliance in Kansas. Mission accomplished. But more needs to be done if we are to increase the compliance rate.

Tobacco retailers need your assistance. It has been reported that Kansas received over \$50 million from the MSA. Until last year, not one penny was spent to help tobacco retailers in the prevention process. I am told that approximately \$1 million of the \$50 plus million Kansas receives has been used for prevention. That number must increase if we want to attain our desired goal to increase our compliance rates.

The current "It's Everybody's Business (IEB)" campaign is a good one, but it does not go far enough. One of the components of IEB was to do several mystery shopper compliance checks at each tobacco retail location in Kansas. How is this accomplished? IEB has a person enter a tobacco retail location and ask for a tobacco product. If the clerk asks for an ID, the clerk passes the compliance check and is issued a green card that basically says they passed. If the clerk does not ask for an ID, a red card is issued to the clerk. The red card explains in print form what the clerk did incorrectly and that a fine could have been levied if this were a state compliance sting.

PMCA would like to increase the frequency of these compliance checks from two per year to 12 per year. We have found a national company that has a proven track record that could accomplish this at an affordable price. IEB is effective but expensive (\$45-\$50 per visit). The cost to implement IEB exceeds \$2 million for a limited amount of compliance visits.

Tobacco retailers, in most cases, have a high ratio of employee turnover. If compliance visits are limited to two or three visits per year, many clerks fall "under the radar" with the current program. The national company that we have spoken to is The BARS Program, located in Denver, Colorado. They service all 50 states conducting thousands of compliance checks each month. They have quoted a cost of \$800,000 annually to visit each Kansas tobacco retailer that is not in an age sensitive environment (same guidelines for IEB). This includes additional visits to focus on problem areas that show a poor compliance rate.

Mr. Chairman, PMCA agrees that we must do a better job keeping tobacco products out of the hands of our youth. The proper funding for more frequent compliance visits will go a long way to achieving our common goal, increase our federal compliance rate and keep tobacco products out of the hands of people under the age of 18.

Thank you.

Why The BARS Program?

- Nation's largest Compliance Check Training Firm.
- Service in 50 states, thousands of visits each month.
- Effective, yet inexpensive business model.
- Comprehensive reporting structure.
- Unequaled experience dealing with retailers of tobacco and alcohol products.
- Service can be personalized to Kansas' needs.

Why The BARS Program?

- Consistent In-store training each month.
- Reports sent to State & Retailer.
- Administered through PMCA.
- Self-Policing solution.
- State & Retailers working together to protect Kansas' annual federal block grant.

Statewide Coverage

- The BARS Program can deliver monthly service to every tobacco-selling store in Kansas.
- Our visit procedures work in any type of selling environment (w/ or w/o AVDs).

Comprehensive Reporting

- Our reporting site can be personalized to the State's request.
- Reports can be used for measuring goals.
- Daily Store Visits reported within 24 hours.
- Weekly Trend Reports automatically sent.
- Performance & YTD reports available to authorized users.
- All Visit Records archived on site.
- Data is password-protected.

Service Outcomes

- Failed Tobacco Stings reduced.
- Responsible sales documented by store and community.
- Financially workable service for every store.
- Company policy reinforced & documented, employees ID under 27!
- Age-Verification Devices/Technology used properly.
- Retailer can isolate problem stores, quickly correct employee behaviors.
- Consistent Visits maintain positive results, even in stores with higher employee turnover rates.

■ **PROVEN RETAILER SELF-POLICING, 97.8% CLIENT RETENTION!**



State Plan Pricing

- Our price per visit for each store would be \$20.00.
- This assumes 2500 locations statewide each month. Annually, 30,000 store visits would be completed, which includes every tobacco-selling store in the entire State of Kansas.
- Total Annual Cost would be \$600,000.
- For an additional \$200,000, the State could have an additional 10,000 store visits to focus on problem areas.
- The above pricing includes all set-up costs for an annual program.

Speed to Market

- Since The BARS Program currently operates in the major markets in Kansas, we can be up and running for the State within 3 weeks.

Senate Ways and Means Committee
Testimony Regarding SB 318
2/20/07

Members of the Senate Ways and Means Committee:

My name is Lougene Marsh, and I serve as Executive Director of Flint Hills Community Health Center/Lyon County Health Department in Emporia.

Thank you for the opportunity to share the perspective of individuals in Lyon County who are engaged in community programs to reduce tobacco use and who are committed to reducing the morbidity, mortality and high health care cost related to tobacco use.

In 1996 a group of individuals concerned with the impact of tobacco utilization formed the Lyon County Tobacco Free Coalition, and this group has continued to be a driving force and a respected voice in Lyon County for tobacco prevention activities. Through the work of this coalition, the schools of USD 253 in Emporia became smoke-free, including the grounds, vehicles, all school buildings, and any grounds that are rented by the district.

Through strong coalition involvement more areas in Lyon County have established smoke-free grounds or entrances, including Emporia State University, Newman Regional Health and Flint Hills Community Health Center/Lyon County Health Department. The number of smoke-free businesses has grown from 20 in 1999 to nearly 60 in 2007. These businesses are promoted in an annual smoke-free business guide.

Although these accomplishments are significant, there remains much work to be done. 2005 data show that 17.8% of Lyon County's population has smoked 100 cigarettes in their lifetime and continue to smoke every day or most days. The Youth Tobacco Survey completed with all middle school students in 2004 (7th and 8th grade) showed that 5% of the students categorize themselves as regular smokers. The Communities That Care survey completed in 2006 with 6th, 8th, 10th, and 12th grade students shows that 10.3% of the youth surveyed had smoked in the last 30 days and 5.7% had used smokeless tobacco. Smoking within the last 30 days is more indicative of regular use. Tobacco is ranked as the #2 drug of choice for students in Lyon County.

The Lyon County Tobacco Free Coalition has promoted the Kansas Tobacco Quitline through a variety of strategies, including medical provider education of the staff at Flint Hills Community Health Center/Lyon County Health Department. Yet, only 29 individuals from Lyon County contacted the Quitline in 2006. Obviously, more effort is needed. Additional funding to increase media promotion of the Quitline and to train more providers on an established fax referral system could increase utilization.

The Lyon County Tobacco Free Coalition is currently focusing on the issue of youth access, but the funding to support this effort is ending soon. Part of this effort has been to require a license for tobacco vendors. Funds generated by the fee for the license could

Senate Ways and Means
2-20-07
Attachment 13

be used to strengthen enforcement of the existing ordinance prohibiting the sale of tobacco to minors.

Tobacco is the number one preventable cause of death in Kansas. With additional funds coming to Kansas through the Master Settlement Agreement, the state has an opportunity to step up its tobacco prevention activities to the level recommended by the Centers for Disease Control.

Flint Hills Community Health Center/Lyon County Health Department as part of the Lyon County Tobacco Free Coalition is committed to the goals of tobacco prevention and to developing a comprehensive plan to address these goals. Implementation of a comprehensive plan will require a full-time staff position focused on risk reduction factors, including tobacco prevention/cessation and chronic disease prevention, detection and intervention.

With additional funds a comprehensive plan can be implemented in Lyon County with the following emphases:

- Education of medical providers on the Quitline and cessation strategies
- Youth access – enforcement of existing ordinance
- Education of youth at the late elementary level to focus not just on the harms of tobacco but on the social influences that promote tobacco use and to teach skills to resist those influences
- Promotion of a clean, indoor air

Clearly, much work remains to be done. It's time in Kansas to give tobacco prevention a boost.

Written Testimony Supporting Senate Bill No. 318

Senate Ways and Means

February 20, 2007

Lambert A. Wu, MD, FACP, FACC

Cardiologist

Cotton O'Neil Heart Center/ Stormont-Vail Health Care

Topeka, Kansas

Chairman Umbarger and members of the Senate Ways and Means Committee. It is a privilege for me to provide written testimony in support of Senate Bill No. 318 that would direct excess Tobacco Master Settlement Agreement (MSA) funds fully toward a comprehensive tobacco control program in this great state of Kansas.

I write as a concerned physician-citizen of Kansas. I have seen too many patients, both young and old, who suffer from a multitude of diseases directly caused by tobacco use- heart attacks, strokes, cancers, emphysema, and the like. Indeed one does not even have to be a healthcare provider, but simply an observant individual, to see people who suffer tremendously from tobacco-related diseases each and every day.

The responsibility for this suffering rests squarely upon the shoulders of the tobacco companies. They have created one of the most deadly, poisonous, and addictive products that mankind has ever seen. They have developed a marketing machine second to none, spending over **15 Billion** dollars a year on marketing their destructive product. To combat them and

Senate Ways and Means
2-20-07
Attachment 14

reverse what they have already done to harm society will require a concerted, sustained effort... and adequate funds.

The historic Master Settlement Agreement provided a huge sum of money to potentially assist patients already succumbing to smoking-induced diseases and preventing children and adults from ever becoming its victims. However, over the past 8 years, the MSA money paid to Kansas from the Agreement has not been focused and concentrated on tobacco prevention and control as originally envisioned by the State Attorneys General.

While I trained at the Mayo Clinic in Rochester, Minnesota, Dr. Thomas Kottke, a preventive cardiologist, mentored me. Dr. Kottke demonstrated to me, and in fact the whole world from his own research- for example the World Health Organization's North Karelia Project in Finland- that population-wide efforts focused on preventing and diminishing tobacco use pay massive dividends down the road. These dividends include a tremendously decreased burden of disease and suffering from tobacco-related diseases, which in turn contributes to health cost savings. The research and evidence is widely available to support well-funded, statewide tobacco control programs.

That is why I am writing in support of Senate Bill No. 318. In 2008, Kansas anticipates \$16 million in additional excess MSA receipts. This is a rare opportunity for Kansas to now enact a comprehensive, statewide program specifically targeting tobacco prevention, control, and cessation.

The venerable Centers for Disease Control and Prevention (CDC) has recommended that, to adequately fund statewide tobacco control and prevention programs, each state should specifically allocate 25% of MSA funds, **at a minimum**, for these purposes. For Kansas, that would translate into roughly \$18 million. Given that the legislature has approved \$1 million again this year for smoking cessation/prevention program grants matched by \$1.3 million from federal cooperative funds, the anticipated additional \$16 million would put Kansas right at the recommended CDC minimum amount. This would allow for a truly focused and effective statewide tobacco control and prevention program.

Kansas is blessed to already have the basic infrastructure in place to efficiently implement statewide programs once these additional dollars become available. The Kansas Department of Health and Environment (KDHE) has already demonstrated its ability to establish successful countywide tobacco control and prevention programs. County health agencies and societies such as the Tobacco Free Kansas Coalition, American Heart Association, the American Cancer Society, and the American Lung Association are all working together to control and prevent the spread of tobacco use. The reason programs are successful is because they follow effective population-wide strategies successfully utilized in other cities, counties, states, and nations. For example, the CDC has developed a Best Practices for Comprehensive Tobacco Control Programs that is being used by the KDHE.

As a cardiologist, I see the devastation that tobacco use causes up close and personal on a daily basis. Much of that destruction occurs in those

in our society that are the most vulnerable- the economically disadvantaged and minority populations. The tobacco companies have created a product for maximum potency and addiction. They have misled the public through organized campaigns to discredit and diminish the health risks of tobacco use. They continue to glamorize its use through their own strategic advertising and marketing campaigns, utilizing billions of dollars a year to market their deadly product.

To fight this tremendously well-funded onslaught, Kansas needs a sustained and comprehensive statewide tobacco control program armed with funds enough to at least put up some resistance against the excessively wealthy Tobacco Juggernaut.

With these new bonus MSA funds, you now have an extraordinary opportunity to really make a difference for the good people of Kansas. You have the opportunity to spare tens of thousands of children and adults the morbidity and mortality consequences of tobacco use and abuse. You have the ability to save Kansas hundreds of millions of dollars in direct and indirect costs associated with tobacco use and abuse. You have a historic opportunity to make an immense impact on my patients' lives, on a far greater scale than my colleagues or I could ever hope to do individually. On behalf of my patients and colleagues, I ask you to support Senate Bill No. 318 to allocate the excess MSA funds completely toward tobacco prevention and control programs.

Thank you so much for your time and consideration.

February 20, 2007

Senator Dwayne Umbarger, Chairperson
Senate Ways and Means Committee

The American Lung Association strongly encourages the Committee to support SB 318. This bill would allocate money from the Master Settlement Agreement for tobacco prevention. Tobacco control must be a public health priority because of the cost—both in money and in lives—that tobacco has on Kansas each year. The additional \$16.2 million dollars that will be received from the MSA bonus payments can go a long way toward reducing tobacco's deadly toll in Kansas.

The Centers for Disease Control recommend that Kansas spend between \$18.1 million and \$44.7 million annually on tobacco control; although currently, we are only spending \$1 million. Each year, the health care costs in Kansas that are directly caused by smoking equal \$927 million. Using MSA funding to support tobacco prevention and cessation programs for youth and adults is a proven way to reduce lung cancer, emphysema, other lung health problems and heart disease

This is an opportunity for the state to put the health of the people of Kansas at the top of the priority list. Please join with the American Lung Association by supporting SB 318.

Sincerely,



Michelle Bernth
Vice President of Marketing & Advocacy
American Lung Association of the Central States
serving Kansas, Missouri, Nebraska, Oklahoma and Texas

1118 Hampton Ave.
St. Louis, MO 63139

(p) 314-645-5505
(f) 314-645-7128

www.lungusa.org
1.800.lungusa

CURES
CLEAN AIR
SMOKEFREE

Senate Ways and Means
2-20-07
Attachment 15

Contact Information: Michelle Voth, M.P.A.
Kansas Family Partnership and Synar Advisory Committee
5942 SW 29th Street
Topeka, KS 66614
785-266-6161

Testimony in Support of SB 318; Directing State Tobacco Settlement Receipts

Senator Umbarger and members of the Senate Ways and Means Committee I write to support SB 313 that would direct state tobacco settlement receipts to increase state tobacco prevention efforts. Passage of this bill will provide extra Master Settlement Funds for critical tobacco prevention and cessations programs.

As you are aware, the original purpose of the Master Settlement Funds was to reduce smoking, particularly by youth. In states where Master Settlement Funds have been dedicated to their original purpose dramatic results have occurred. With the passage of SB 318, Kansas has the opportunity to establish an oversight committee and develop, implement and maintain a comprehensive plan for prevent and reduce tobacco use and its harms to the state.

The experience of the state of California with tobacco control efforts provides a positive example of what dedicated funds and comprehensive planning can do for a state. As a result of the California Legislature's commitment to reducing smoking the following occurred:

- Smoking prevalence rates declined by 33.6 % from 1989 – 2005;
- Lung and cancer rates declined four times the rate of decline seen in the rest of the nation;
- Youth smoking rates declined;
- Per capita cigarette consumption declined 40%;
- Illegal sales to minor decreased from 52% to 13%.

The latter statistic is particularly important to Kansas. Two year ago Kansas did not meet its minimum requirement of 80% compliance of retailers not selling to minors. As a result, Kansas was required to commit over \$2.2 million dollars to develop strategies to reduce youth access from retailer sales to minors. Kansas is in compliance now but without sustained effort with the assistance of Master Settlement Funds, Kansas could be in jeopardy of loss of funding in the future.

Thank you for your consideration for advancing SB 318.

Senate Ways and Means
2-20-07
Attachment 16

K A N S A S

**comprehensive
cancer**

**control &
prevention**

Testimony provided on SB 318 on behalf of the
Kansas Cancer Partnership
Gary Doolittle MD, Partnership Chair
Medical Director – Midwest Cancer Alliance
Kansas University Medical School Cancer Center

Senate Ways and Means
2-20-07
Attachment 17

On behalf of the members of the Kansas Cancer Partnership I appreciate the opportunity to talk with you today. Cancer will affect one out of every three individuals during their lifetime – either directly or through a loved one. In Kansas alone, more than 5,000 people die from the disease each year. It is one of the leading causes of death in our state, second only to heart disease. This devastating disease does not discriminate – it affects males and females, young and old, rich and poor, citizens of rural communities as well as those living in urban areas, and people of all ethnic backgrounds. Furthermore, it is an extremely costly disease – an estimated 1.6 billion dollars are spent every year on cancer in Kansas – that's 4.4 million dollars per day. For these reasons, it is essential that we focus our efforts on reducing the burden of cancer throughout our state.

As many of you already know, we have a plan designed to diminish the burden of cancer in our state. Several years ago, many organizations, agencies, and individuals – 165 people, in fact – came together to form the Kansas Cancer Partnership. Over a period of months, a comprehensive cancer plan was developed to include **cancer prevention**, screening, timely diagnosis and treatment; and to promote productive, healthy lifestyles for cancer survivors. The community-based approach of the Kansas Cancer Partnership encompasses areas of patient access to care, policy issues, professional and public education, research, and survivorship. With the approach and mission clearly defined, implementation of the plan is essential at this point.

To realize our fundamental goal of reducing the burden of cancer in Kansas, we must acknowledge the relationship between tobacco and cancer. Tobacco abuse is the most important risk factor – a risk factor that is entirely preventable – for lung cancer, which is the leading cause of cancer death among males and females in Kansas. In fact, up to 35% of all cancers are tobacco-induced. As Chair of the Kansas Cancer Partnership, I am speaking on behalf of the group when I ask that the additional Master Settlement Agreement dollars of 15.5 million per year be dedicated to tobacco programs in Kansas. Why? Reduction of tobacco abuse will result in fewer lives lost to cancer. It is that simple.

The CDC estimates the cost of a comprehensive tobacco use prevention plan for our state would be over 18 million dollars annually, considerably more than the current one million dollars allocated. These dollars would help fund tobacco cessation programs – an integral component of cancer control in the state plan. As a medical oncologist, I deal with patients on a daily basis who suffer from cancers caused by tobacco. I've yet to meet a patient who was happy to have smoked. I've yet to meet a smoker who wouldn't like to quit. Realistically, with an adequately-funded statewide tobacco program, we can expect adult tobacco use to drop to 10 percent. As pointed out by Dr. Hauxwell, these dollars can be used to develop a multi-pronged approach to tobacco control including: education programs – either community-based or school-based – directed toward children to prevent initiation; counter-marketing campaigns to address the dangers of tobacco abuse; and community programs directed toward adults to reduce tobacco abuse.

The number of Kansans affected by cancer will only continue to climb if we do not enact a more proactive approach to reducing its burden throughout the state. We have developed a plan to reduce the burden of cancer—and tobacco prevention and cessation is an integral part of the plan. On behalf of the Kansas Cancer Partnership, I appreciate your attention today.

Kansas Academy Of Family Physicians



7570 W. 21st St. N. Bldg. 1046, Suite C ✦ Wichita, KS 67205 ✦ 316-721-9005
1-800-658-1749 ✦ Fax 316-721-9044 ✦ kafp@kafponline.org
✦ <http://www.kafponline.org> ✦

Brian L. Holmes, MD
President

Michael L. Kennedy, MD
President-Elect

Terry L. Mills, MD
Vice President

Michael L. Munger, MD
Secretary

Todd A. Miller, MD
Treasurer

Joe D. Davison, MD
*Immediate Past-President
& Board Chair*

Joel E. Hornung, MD
Robert P. Moser, Jr., MD
AAFP Delegates

Charles T. Allred, MD
Carol A. Johnson, MD
Alternate Delegates

Ronald C. Brown, MD
Karen E. Bruce, MD
Jennifer L. Brull, MD
Gene Cannata, MD
Merrill R. Conant, MD
Susan L. Lee, MD
LaDonna M. Schmidt, MD
Jon O. Sides, MD
Board of Directors

Marty Turner, MD
KAFP-Foundation President

Joe Parra, MD
Resident Representative

Caleb Bowers
Student Representative

Carolyn N. Gaughan, CAE
Executive Director

*The largest medical
specialty group in
Kansas.*

February 19, 2007

To: Senate Ways and Means Committee
From: Brian Holmes, MD, KAFP President
Re: SB 318

Sen. Umbarger and Members of the Senate Ways and Means Committee:

Thank you for this opportunity to testify on Senate Bill 318 on behalf of the Kansas Academy of Family Physicians (KAFP). My name is Brian Holmes and I am a family physician in Abilene. I am honored to serve as president of the KAFP this year. Our organization has over 1,500 members across the state, of which more than 890 are practicing physicians, 155 are resident-physician members, and the others are medical students and retired members.

We urge you to support SB 318, an act directing excess state tobacco settlement receipts to increase state tobacco prevention efforts; establishing an oversight committee. Comprehensive tobacco prevention and cessation programs work, they save lives, and they save money!

A comprehensive program of tobacco prevention and control is essential for our state, and the CDC has provided a best practice, evidence-based outline of the components of such a program. Their figure for the low end of the cost range for such a comprehensive program is that it would be \$18 million / year. The additional funds expected from the settlement would come very close to covering that need. Here's why we urge you to dedicate these funds in this way:

The toll of tobacco in our state is heavy:

- Tobacco use is the leading preventable cause of death and health care costs in Kansas
- 3,900 tobacco-related deaths in Kansas annually
- 75% of Kansas youth have tried tobacco by the time they are in the 12th grade
- 3,400 kids become regular smokers every year
- 54,000 kids alive today may die from tobacco use
- 21% of Kansas high school students are current smokers
- 17.8% of Kansas adults are current smokers

*The mission of the Kansas Academy of Family Physicians is to promote access to and excellence in health care
for all Kansans through education and advocacy for family physicians and their patients.*

*Senate Ways and Means
2-20-07
Attachment 18*

Kansas Academy Of Family Physicians



7570 W. 21st St. N. Bldg. 1046, Suite C ♦ Wichita, KS 67205 ♦ 316-721-9005
1-800-658-1749 ♦ Fax 316-721-9044 ♦ kafp@kafponline.org
♦ <http://www.kafponline.org> ♦

Brian L. Holmes, MD
President

Michael L. Kennedy, MD
President-Elect

Terry L. Mills, MD
Vice President

Michael L. Munger, MD
Secretary

Todd A. Miller, MD
Treasurer

Joe D. Davison, MD
Immediate Past-President
& Board Chair

Joel E. Hornung, MD
Robert P. Moser, Jr., MD
AAFP Delegates

Charles T. Allred, MD
Carol A. Johnson, MD
Alternate Delegates

Ronald C. Brown, MD
Karen E. Bruce, MD
Jennifer L. Brull, MD
Gene Cannata, MD
Merrill R. Conant, MD
Susan L. Lee, MD
LaDonna M. Schmidt, MD
Jon O. Sides, MD
Board of Directors

Marty Turner, MD
KAFP-Foundation President

Joe Parra, MD
Resident Representative

Caleb Bowers
Student Representative

Carolyn N. Gaughan, CAE
Executive Director

*The largest medical
specialty group in
Kansas.*

Besides those lives affected by death and disease, the state budget is strained by tobacco's financial toll:

- \$927 million in annual health care costs related to tobacco use
- \$196 million in Medicaid costs alone
- \$3.4 million in health care costs attributable to neonatal care from smoking during pregnancy
- Kansas taxpayers pay \$582 per household to treat tobacco related disease

The Tobacco Industry continues to aggressively market and promote their products and oppose real policy change. The tobacco industry spends \$125.9 million per YEAR marketing its products in Kansas. Kansas tobacco control programs are being massively outspent by the tobacco industry. The tobacco industry spends more than \$50 to promote its deadly products in Kansas for every \$1 the state spends to prevent and reduce tobacco use.

Comprehensive tobacco prevention and cessation programs are evidence-based and work when adequately funded. Here are the elements of the kind of comprehensive programs we're proposing:

- Community-Based Programs
- Public Education (Media)
- Helping Smokers Quit
- School-Based Programs
- Enforcement
- Evaluation

Such a program must be well-funded and sustained.

So, we urge you to dedicate these funds to comprehensive tobacco use and prevention programs. There are evidence-based solutions, and the revenue to fund them. It will take your political decision and WILL to fund these important programs.

Comprehensive, well-funded tobacco use and prevention programs will protect our kids, save lives and save money. On behalf of the members of the Kansas Academy of Family Physicians, I urge you to support SB 318. Please feel free to contact me if you have questions. Thank you for your time.

Sincerely,

Brian L. Holmes, MD
President

The mission of the Kansas Academy of Family Physicians is to promote access to and excellence in health care for all Kansans through education and advocacy for family physicians and their patients.