

LINDA LINGLE
GOVERNOR OF HAWAII



CHIYOME LEINAALA FUKINO, M.D.
DIRECTOR OF HEALTH

STATE OF HAWAII
DEPARTMENT OF HEALTH
P.O. Box 3378
HONOLULU, HAWAII 96801-3378

In reply, please refer to
File:

HOUSE COMMITTEE ON FINANCE

**HB 1731, RELATING TO
THE HAWAII TOBACCO SETTLEMENT SPECIAL FUND**

**Testimony of Chiyome Leinaala Fukino, M.D.
Director of Health**

**February 26, 2009
12:00 PM**

1 **Department's Position:** The Department offers comments on the impact of this measure.

2 **Fiscal Implications:** The net revenue to the Department of Health (DOH) would be reduced from a

3 projected \$13,297,373 to \$9,574,109, a 28% reduction to the Healthy Hawaii Initiative (HHI) project.

4 The measure would reduce the 25% portion of the TSSF to the Department to 18%. The net revenue to

5 the Tobacco Prevention and Control Trust Fund would be reduced from a projected \$6,648,686 to

6 \$3,191,369, a 51% reduction, from 12.5% to 6%. The net revenue for each allocation represents the

7 funding available after assessments of 5% for central service and 1.3% for departmental administration

8 are taken; assessments go the state general fund.

9 Beside the proposed cuts in this measure, the Executive Biennium Budget submitted for the

10 DOH already proposes moving \$1,022,813 of general funded positions and operating costs from the

11 Chronic Disease Control and Management Branch to the DOH HHI budget beginning in fiscal year

12 2010. With the cuts proposed to the special fund, personnel and additional operating costs would

13 comprise 39% of the \$9,574,109. The combined effect would be a 35% reduction to the DOH HHI

14 budget.

1

2 **Purpose and Justification:** The DOH HHI has an integrated and comprehensive structure and
3 works to create sustainable public health changes in policies, institutions and environments to help all
4 adults, children and youth live more physically active lifestyles, eat healthy and to be tobacco free. The
5 impact of the proposed special fund distribution change would negatively affect the ability of the DOH
6 HHI and the Tobacco Prevention and Control Trust Fund (Trust Fund) to maintain the current level of
7 personnel and population-based interventions to reach the programmatic objective of reducing the use of
8 tobacco, improving nutrition, and increasing physical activity to reduce suffering and premature death
9 due to coronary heart disease, stroke, type II diabetes, and lung and colorectal cancers.

10 The impact would be a loss in momentum after several years of aggressively working on
11 interventions and policies to reach all public school children, building awareness and working with
12 planners, policy makers, developers and advocates around policies to create pedestrian and bike friendly
13 environments where we live work and play, bringing evidence physical activity and nutrition education
14 into the City and County Summer Fun program, and social marketing campaigns on healthy eating and
15 integrating physical activity into daily routines.

16 According to analysis conducted for the Department of Health Hawaii Physical Activity and
17 Nutrition Surveillance Plan, if all Hawaii residents became regularly physically active, there would be
18 approximately 4,314 fewer hospitalizations per year related to heart disease, stroke and diabetes. The
19 Trust for America's Health, July 2008 Issue Brief, states that if strategic disease prevention programs
20 are put into place at \$10 per person per year for five years, Hawaii would conservatively save \$70
21 million dollars in medical care costs alone and the return on investment would be \$5.60 for every \$1.00
22 spent. According to Finkelstein, Fiebelkorn and Wang, it was calculated that for 2003, Hawaii had

1 obesity-attributable expenditures equal to \$290 million¹. The Milken Institute estimates that the
2 combined cost of chronic disease in Hawaii was \$4.9 billion in 2003 due to treatment expenditures and
3 lost productivity. By 2023 the avoidable costs are estimated at \$14.7 billion dollars for Hawaii².

4 In 2007 the Centers for Disease Prevention and Control recommended that comprehensive
5 tobacco prevention and control program spending in Hawaii should be \$15 million. In calendar year
6 2008, the expenditure and encumbrances of the Trust Fund was approximately \$8.8 million and the
7 projected revenue reduction to \$3.2 million would severely curtail the ability to provide the breadth and
8 depth of evidence based programs now in place.

9 Thank you for the opportunity to provide testimony.

¹ Finkelstein, EA, et al. State Level Estimates of Annual Medical Expenditures Attributable to Obesity. Obesity Research. January 2004; 12(1):18-24.

² DeVol, R. and Bedroussian, A. An Unhealthy America: The economic burden of chronic disease, October 2007, Milken Institute.

TESTIMONY BY GEORGINA K. KAWAMURA
DIRECTOR, DEPARTMENT OF BUDGET AND FINANCE
STATE OF HAWAII
TO THE HOUSE COMMITTEE ON FINANCE
ON
HOUSE BILL NO. 1731

February 26, 2009

RELATING TO THE HAWAII TOBACCO SETTLEMENT SPECIAL FUND

House Bill No. 1731 temporarily reallocates the distribution of money in the Hawaii Tobacco Settlement Special Fund by generally decreasing the percentages going to the Department of Health, the Hawaii Tobacco Prevention and Control Trust Fund, and the University Revenue-Undertakings Fund. The Emergency and Budget Reserve Fund portion is increased, and the general fund will receive a percentage.

We support moving this bill forward to foster continued discussions. During these difficult times and considering the grave fiscal condition we are facing, all options must be kept open. While it is recognized that this bill may be unpopular, we will need to make difficult decisions to address our budget shortfall and ensure the fiscal health of our State. We defer to the affected departments regarding specific programmatic and fiscal impacts of this bill.

It is estimated that this bill would increase the amount of revenues to the general fund by \$7 million per year.



HB 1731
RELATING TO THE HAWAII TOBACCO SETTLEMENT SPECIAL FUND
House Finance Committee

February 26, 2009
Room: 308

12:00 p.m.

The Office of Hawaiian Affairs (OHA) **OPPOSES**, H.B. 1731, Hawaii Tobacco Settlement Special Fund; Reallocation; General Fund. It reallocates and distributes moneys in the Hawaii tobacco settlement special fund for 6 years from 07/01/09 to 06/30/2015.

OHA believes that the intent of this bill would divert from the educational intention for use of monies allowing intervention against multi-million dollar marketing campaigns targeting our youth, Hawaiians, Filipinos and other populations. Our future rests in teaching our young the effects of tobacco so as not to smoke tobacco and help those who are smokers to quit.

Therefore, OHA urges the Committee to hold on to H.B. 1731 and should you choose to pass this measure out, please consider restoring the 12.5% to the Tobacco Prevention and Control Trust Fund.

Thank you for the opportunity to testify.



UNIVERSITY OF HAWAII SYSTEM

Legislative Testimony

Testimony Presented Before the House Committee on Finance

February 26, 2009 at 12:00 pm

By
Virginia S. Hinshaw, Chancellor

And
Jerris Hedges, MD, MS, MMM
Dean and Professor, John A. Burns School of Medicine
Barry & Virginia Weinman Endowed Chair

University of Hawai'i at Mānoa

HB 1731 RELATING TO THE HAWAII TOBACCO SETTLEMENT SPECIAL FUND

Chair Oshiro, Vice Chair Lee and Members of the Committee:

Thank you for this opportunity to testify on House Bill 1731 relating to the Hawai'i Tobacco Settlement Special Fund.

The John A. Burns School of Medicine must respectfully testify against this proposed significant reduction (from 28% to 22%) in what has become a vital source of monies to meet our mission. As you know, our mission includes educating physicians for Hawai'i, attracting grants and other outside sources of funding to conduct research, training medical technicians, producing speech-communication specialists to serve in our state, educating public health workers and providing hyperbaric (recompression) services for the state of Hawai'i.

Like other state agencies, we are anticipating that our general fund allocations will be reduced by at least 20% in fiscal biennium 2010-2011. Our total operating expenditures for FY 2008-09 are projected to be \$94.5 million. We are facing an operating deficit of more than \$2 million for this period even if we receive the tobacco settlement proceeds at current levels.

With the decrease in tobacco settlement funds proposed under HB 1731, even with planned reductions in expenditures, John A. Burns School of Medicine (JABSOM) deficits are projected to be \$5 million in 2010 and \$7 million in 2011. This would threaten operations at the school.

We respectfully request that JABSOM continue receiving its current share of tobacco settlement funds. We believe the School of Medicine uses those monies in the proper spirit of the tobacco agreement, and we find our responsibilities and current financial situation require the use of those monies.

Thank you for the opportunity to testify.

TAXBILLSERVICE

126 Queen Street, Suite 304

TAX FOUNDATION OF HAWAII

Honolulu, Hawaii 96813 Tel. 536-4587

SUBJECT: MISCELLANEOUS, Reallocate moneys in the Hawaii tobacco settlement special fund

BILL NUMBER: HB 1731

INTRODUCED BY: Say

BRIEF SUMMARY: Amends HRS section 328L-2 to reallocate the moneys in the Hawaii tobacco settlement special fund to: (1) increase the amount appropriated into the emergency and budget reserve fund from 24.5% to 30%; (2) reduce the amount appropriated to the department of health programs from 35% to 28%; (3) reduce the amount appropriated into the Hawaii tobacco prevention and control trust fund from 12.5% to 6%; (4) reduce the amount appropriated into the university revenue-undertakings fund from 28% to 22%; and (5) 14% shall be deposited into the state's general fund.

This act shall be repealed on June 30, 2015 provided that the amendment made by this act shall not be repealed when that section is repealed and reenacted on June 30, 2011 pursuant to Act 16, SLH 2008.

EFFECTIVE DATE: Upon approval

STAFF COMMENTS: The legislature by Act 304, SLH 1999, established a Hawaii tobacco settlement special fund into which all tobacco settlement money is to be deposited. It further provided that 40% of the monies shall be appropriated into the emergency and budget reserve fund (also established by Act 304), 35% shall be appropriated to the department of health, and 25% appropriated to the Hawaii tobacco prevention and control trust fund (also established by Act 304).

The legislature by Act 14, Third Special Session of 2001, reduced the allocation of tobacco settlement monies to the emergency and budget reserve fund from 40% to 24.5% and the allocation to the Hawaii tobacco prevention and control trust fund from 25% to 12.5%, to provide monies to be deposited into the university revenue undertakings fund for the payment of principal and interest on and to generate required coverage on revenue bonds issued to finance the construction of a University of Hawaii health and wellness center and a new medical school facility.

The proposed measure reallocates the distribution of revenues in the Hawaii tobacco settlement special fund "to generate additional general funds to ensure the delivery of critical services statewide" as stated in the measure.

It should be remembered that since the amounts earmarked for the various departments or programs are based on a percentage, the absolute dollar amount allocated for the stated purposes will fluctuate depending on the amount of revenues available. In addition, it is questionable whether the amounts earmarked are sufficient to fund the stated programs. If they are not sufficient, will the percentage of earmarking be increased to generate additional revenues in subsequent years?

Further, since the amounts of monies allocated are based on a percentage, this "automatic funding" mechanism would provide funds for the various programs of the department of health and the University of Hawaii without legislative oversight. Rather than perpetuating the automatic funding mechanism, consideration should be given to subjecting requests for these various programs to the legislative appropriation process. This will insure adequate funding for programs as needs change and return control over the allocation of these funds.

Obviously the settlement of the litigation against the tobacco producers has produced a feeding frenzy in an environment of lawmakers hungry to get their hands on any kind of money. As a result, lawmakers and constituents have lost sight of what the tobacco settlement monies were supposed to accomplish. First and foremost the litigation was brought to make tobacco producers pay the costs incurred as a result of health problems occurring from the use of their products. Second, the settlement was a one-shot deal even though it will run for more than two decades. Once all payments are made, that will be the end of the payments.

Thus, this measure ignores all of those factors and instead proposes to use the moneys for programs that have no direct relationship to the smoking problem and which are ongoing programs of the state. This is an irresponsible use of these one-time monies because once they are gone, what then will lawmakers use to pay for these ongoing programs? This is blatant evidence that lawmakers do not know how to set priorities for public programs with what limited resources are available. This is the very reason that the state is faced with its current financial crisis.

Finally, as lawmakers scrounge for funds to help balance the general fund budget, they should remember that the higher they push the price of cigarettes, there is no doubt going to be a change in consumption patterns. That being the case, the higher cost of the product will ultimately have an impact on consumption. Since the amount of tobacco settlement moneys available for allocation to the states is based on the amount of product consumed, local lawmakers should exercise caution in not only depending on tobacco settlement monies, but also on adding to the cost of the product with higher taxes which, in turn, may reduce consumption.

Digested 2/25/09



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**The Twenty-Fifth Legislature, State of Hawaii
Hawaii State House of Representatives
Committee on Finance**

**Testimony by
Hawaii Government Employees Association
February 26, 2009**

**H.B. 1731 – RELATING TO TOBACCO
SETTLEMENT SPECIAL FUND**

The Hawaii Government Employees Association supports the purpose and intent of H.B. 1731, which is to reallocate the distribution of moneys in the Hawaii tobacco settlement special fund to generate additional general fund revenue. Hawaii faces considerable economic turmoil warranting that all available resources be examined to address vital statewide needs and to reduce the necessity of deep program cuts.

Under H.B. 1731, a higher percentage of the fund would be directed to the emergency and budget stabilization fund. It would also allocate for the first time a percentage to the State's general fund. These changes would take effect upon its approval and will be repealed on June 30, 2015.

Thank you for the opportunity to testify in support of H.B. 1731.

Respectfully submitted,

Nora A. Nomura
Deputy Executive Director



TESTIMONY IN STRONG OPPOSITION TO HB 1731

House Finance Committee
Feb. 26, 2009, 12 p.m.
Hawai'i State Capital
House Conference Rm. 308

Reginald Ho, MD, Principal Investigator
Reuben Guerrero, MD, Clinical Director
Miles Muraoka, PhD, Research Director
Charlene Cuaresma, MPH, Community Director
Amy Agbayani, Ph.D., Community Leader
Asian American Network for Cancer Awareness, Research and Training
A National Cancer Institute Community Network Program
c/o 728 Nunu St., Kailua, Hawai'i 96734

Measure Title: RELATING TO THE HAWAII TOBACCO SETTLEMENT SPECIAL FUND..

Report Title: Hawaii Tobacco Settlement Special Fund; Reallocation; General Fund

Description: Reallocates for 6 years from 07/01/09 to 06/30/2015, distribution of moneys in the Hawaii tobacco settlement special fund, including depositing 14% into the state general fund.

To: Honorable Rep. Marcus R. Oshiro, Chair & Honorable Rep. Marilyn B. Lee, Vice-Chair
Honorable House Finance Committee Members

My name is Reginald Ho, Principal Investigator for the Asian American Network for Cancer Awareness Research and Training (AANCART), which is a Community Network Program of the National Cancer Institute. AANCART was established to address cancer disparities among Asian Americans through research, education, training, and advocacy. I am an oncologist at Straub Clinic and Hospital. I also served as the first national president of the American Cancer Society of Asian descent.

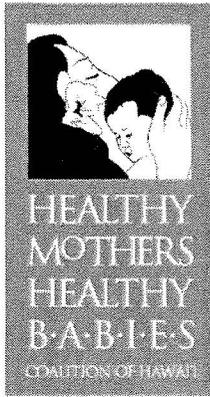
Along with my AANCART colleagues listed above, we submit strong opposition to this bill. Tobacco policy strategies to fund education, prevention and cessation initiatives have demonstrated effectiveness in influencing attitudes and behaviors to reduce dependence on tobacco products. Studies show, for example, that most people want to quit smoking, but it takes an average of seven attempts to successfully quit.

AANCART is helping to build the capacity of Filipino community leaders to address tobacco disparities through partnerships that increase civic engagement. Hawai'i has seen a doubling of lung cancer rates among Filipino men, and an increase in smoking among Filipino and Native Hawaiian adolescent girls, which have surpassed smoking rates for high school boys. While we, too, acknowledge tough decisions must be made during these bad economic times, now is the time to protect, not cut, tobacco education funds. The catastrophic consequences to a diagnosis of cancer will impact Hawai'i's economy even worse.

Thank you for hearing this bill, and for considering the unintended consequences of using tobacco education funds to pay for our State's financial crisis. We urge you to protect the health of our youth and their families, especially from vulnerable communities, so they will be more able to work toward rebuilding a healthy economy for all.

Sincerely,

Reginald Ho, Miles Muraoka, Reuben Guerrero, Charlene Cuaresma, Amy Agbayani
AANCART Hawai'i



HEALTHY MOTHERS,
HEALTHY BABIES
COALITION OF HAWAII

TO: Chair Marcus and Vice Chair Lee and Members of the Committee
Date: February 26, 2009
Committee: House Finance
Hearing: Thursday, February 26, 2009 at 12 noon in room 308

HB 1731: RELATING TO THE HAWAII TOBACCO SETTLEMENT SPECIAL FUND

Honorable Chairperson Marcus and Vice Chair Lee and Members of the House Finance Committee:

My name is Kari Wheeling, Project Coordinator of Healthy Mothers Healthy Babies Coalition of Hawaii (HMHB). HMHB is in strong opposition of HB 1731 which will drastically reduce funding of tobacco prevention and control programs.

HMHB has been working on tobacco control, offering brief intervention trainings for over 5 years. We have a vested interest in protecting the health of pregnant and parenting women and their families. Dramatically reducing funding for tobacco prevention and control programs mean that less community-based organizations will be able to provide important services like helping people quit smoking.

Our comprehensive tobacco prevention and control efforts have resulted in significant gains, our high school youth smoking rates are below 10% and Hawaii has the second lowest tobacco-related deaths at 1,200 a year. If money is diverted, Hawaii will see a jump in smoking rates across all sectors. HMHB is recommending that HB 1731 be held in committee.

We appreciate your consideration of this measure. Mahalo for this opportunity to testify today.



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Testimony on HB 1731, "Relating To Management of State Funds"

The American Heart Association opposes cuts to state tobacco prevention, education and cessation services.

The American Heart Association maintains a national policy not to accept government funding, instead relying on the support of private donors to support its lifesaving mission. Under that policy, the AHA has never received funds from Hawaii's Tobacco Trust Fund. Its role in regards to state funding is that of a watchdog, insuring that the state properly invests the funds that are intended to limit taxpayers' subsidization of the tobacco industry.

When the state settled its law suit against the tobacco industry in 1998, the funds the industry agreed to pay the state were intended to help offset the years of economic and health damage that the industry's products inflicted on the Hawaii public. Hawaii taxpayers subsidize healthcare costs and lost productivity originating from the use of tobacco products by over an estimated half-billion dollars each year. Admirably, Hawaii lawmakers at the time wisely saw to invest 25 percent of those dollars received from the industry into tobacco prevention, education and cessation programs to begin to curtail those losses inflicted on the public. Unfortunately, following the attacks on New York's World Trade Center and the Pentagon, legislators felt the need to cut that investment in half to fund the construction of the UH medical school. Since then, the amounts being invested annually in tobacco control have continued to be whittled away through administration fees, enforcement allocations to the attorney general's office, and additional operational funding allocations to the medical school. To date, Hawaii has never met the Centers for Disease Control's recommended minimum levels of annual investment in tobacco-control funding (estimated at \$10 to \$15 per capita annually). Successes in reducing tobacco use among both adults and children have occurred through the strong efforts of community organizations, however, one must wonder how much further along the state might have been had it maintained its original funding commitments to tobacco control.

A key point to contemplate is that tobacco-control program funding received through the States Tobacco Industry Master Settlement Agreement cost taxpayers nothing. It is covered by the tobacco companies. However, cuts to that funding to redirect it to other programs or services will costs taxpayers dearly.

Smoking reductions save thousands of people from suffering from the wide range of smoking-caused illnesses and other health problems, thereby producing enormous declines in state health care costs and other smoking-caused expenditures.

Substantial cost savings from getting adult smokers to quit begin to appear as soon as the smoking declines occur. While most of the healthcare savings from getting kids to quit smoking or never start do not appear until many years later, some savings from reducing youth smoking also appear immediately. Most notably, reducing smoking among pregnant women (including pregnant teens, who have especially high smoking

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*"Building healthier lives,
free of cardiovascular
diseases and stroke."*

rates) produce immediate reductions in smoking-caused pregnancy and birth complications and related healthcare costs. Research studies estimate that the direct additional healthcare costs in the United States associated just with the birth complications caused by pregnant women smoking or being exposed to secondhand smoke could be as high as \$2 billion per year or more, with the costs linked to each smoking-affected birth averaging \$1,142 to \$1,358. And state Medicaid programs cover well over half of all births in the United States.

Similarly, smoking declines among parents (including teen parents) rapidly produce healthcare cost savings by immediately reducing smoking-triggered asthma and respiratory illness and other secondhand-smoke health problems among their children. Parental smoking has been estimated to cause direct medical expenditures of more than \$2.5 billion per year to care for smoking-caused problems of exposed newborns, infants, and children. And these estimates do not even include the enormous costs associated with the physical, developmental, and behavioral problems of smoking-affected offspring that not only occur during infancy but can extend throughout their entire lives.

By quickly reducing the number of cigarettes smoked by adults and kids in the state each year, statewide tobacco-control programs also reduce other health problems, and related costs, caused by secondhand smoke. Adults and children with emphysema, asthma or other respiratory illnesses, for example, can suffer immediate distress from being exposed to cigarette smoke, which can even lead to hospitalization in some cases. Reducing the number of cigarettes smoked in a state can also reduce the number of smoking-caused fires and the amount of smoking-caused smoke damage, soiling, and litter. While no good estimates of the related cost savings exist, smoking-caused fires cause more than \$500 million in residential and commercial property losses each year; and business maintenance and cleaning costs caused by smoking annually total roughly \$5 billion nationwide.

Sharp drops in the major smoking-caused diseases (such as strokes, heart disease, and lung and other cancers), with large related savings, do not appear for several years after state adult smoking levels decline. But some small declines in these smoking-caused diseases do begin to occur immediately, with significant cost savings. In California, for example, the state tobacco control program's reductions to adult smoking in its first seven years produced healthcare costs savings of \$390 million just through the related declines in smoking-caused heart attacks and strokes, with more than \$25 million of those savings appearing in the first two years.

As noted, California's tobacco-control program secured substantial savings over the first seven years of its operation just from reducing smoking-affected births and smoking-caused heart attacks and strokes. Taken together, these savings more than covered the entire cost of the state's program over that time period, by themselves, and produced even larger savings in the following years. For every single dollar the state has been spending on the California program it has been reducing statewide healthcare costs by more than \$3.60 -- with reductions in other smoking-caused costs saving another six dollars or more. Between 1990 and 1998 the California Tobacco Control Program saved an estimated \$8.4 billion in overall smoking-caused costs and more than \$3.0 billion in smoking-caused healthcare costs. In addition, these savings estimates for California do not even reflect the fact that since 1988 (the year before the California tobacco-prevention began), the rates of lung and bronchus cancer in California have declined more than five times as fast as they have in a sample of other areas of the U.S. (-14.0% vs. - 2.7%). This decline is not only saving thousands of lives but also saving the state millions of dollars in medical costs with projected future savings in the billions.

Because it started later, and is a smaller state (which faces higher per-capita costs to implement some key tobacco-control elements), the Massachusetts program has not yet enjoyed as large per-capita savings as the California tobacco prevention program. But a report by an economist at the Massachusetts Institute of Technology in 2000 found that the state's program was already reducing

statewide healthcare costs by \$85 million per year – which means the state was annually reducing smoking-caused healthcare costs by at least two dollars for every single dollar it invested in its comprehensive tobacco-prevention efforts.

More recent research has added to these findings to show that state programs secure even larger returns on investment for sustained funding of tobacco prevention at adequate levels over ten or more years. Most notably, a more recent study of California's tobacco prevention found that for every dollar the state spent on its tobacco control program from 1989 to 2004, the state received tens of dollars in savings in the form of sharp reductions to total healthcare costs in the state. This study confirms that the cost-saving benefits from sustained state investments in effective tobacco control programs quickly grow over time to dwarf the state expenditures; producing massive gains for the state not only in terms of both improved public health and increased worker productivity but in reduced government, business, and household costs.

While impressive, the estimates of current savings compared to current costs overlook a critically important component of the cost savings from state tobacco-control. By prompting current adult and youth smokers to quit, helping former smokers from relapsing, and getting thousands of kids to never start smoking, state tobacco-prevention programs lock in enormous savings over the lifetimes of each person stopped from smoking. Put simply, the lifetime healthcare costs of smokers total at least \$16,000 more than nonsmokers, on average, despite the fact that smokers do not live as long, with a somewhat smaller difference between smokers and former smokers. That means that for every thousand kids kept from smoking by a state program, future healthcare costs in the state decline by roughly \$16 million (in current dollars), and for every thousand adults prompted to quit future health costs drop by roughly \$8.5 million.

Along the same lines, the findings of a 2004 study show that if every state funded its tobacco prevention efforts at the minimum amount recommended by the U.S. Centers for Disease Control and Prevention (CDC), just the related declines in youth smoking would lock in future reductions in smoking-caused healthcare costs of more than \$31 billion. The related declines in adult smoking and in secondhand smoke exposure from the states making these CDC investments in tobacco prevention would lock in tens of billions of dollars in additional smoking-caused cost savings.

On the flip side, experiences in other states that have curtailed funding to successful tobacco prevention programs have shown that hard fought gains in smoking rate reductions can quickly be reversed if commitment to those programs is not maintained. The tobacco industry continues to market and advertise its products to potential new young nicotine addicts, investing an estimated \$42 million each year in Hawaii alone. Further cuts in tobacco-control funding will allow the tobacco industry to run roughshod through our communities with limited response from the state.

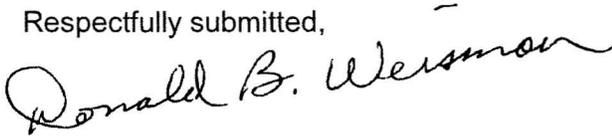
Hawaii prides itself in having one of the most progressive healthcare systems in the nation. With employers covering the vast majority of employee healthcare costs through state law, that system will be hard pressed to stay viable should smoking rates be allowed to again climb to levels that once existed. More importantly, the social toll on Hawaii families that increases in tobacco use rates would have will be far more damaging.

Think of the amazing changes we have witnessed over the last 10 years in our social environment thanks to wise investment and use of tobacco settlement funds. Adult smoking has dropped from rates in the mid-20s to a rate of almost 15 percent; youth smoking rates have dropped by over half to below 10 percent; and smoking in most workplaces is virtually non-existent. This generation is perhaps the most cognizant of the dangers of tobacco use of any in our state's history.

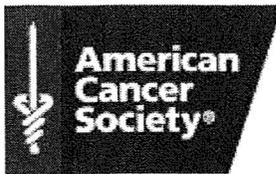
Now is not the time to reverse course on one of the most successful health success stories in our islands' long history. Now is the time to stay committed, celebrate that success and see this journey of enlightenment through to its full fruition.

The American Heart Association strongly urges legislators to stay the course on tobacco control and maintain current levels of investment in the public's health.

Respectfully submitted,

A handwritten signature in cursive script that reads "Donald B. Weisman". The signature is written in black ink and is positioned above the printed name.

Donald B. Weisman
Hawaii Communications and Marketing/Government Affairs Director



February 25, 2009

Committee on Finance
Representative Marcus Oshiro, Chair
Representative Marilyn Lee, Vice Chair

Hearing:

12:00 P.M., Thursday, February 26, 2009
Hawaii State Capitol, Room 308

RE: HB1731, Relating to the Hawaii Tobacco Settlement Special Fund

TESTIMONY IN STRONG OPPOSITION

Chair Oshiro, Vice Chair Lee, and members of the Committee on Finance. My name is George Massengale and I am the Director of Government Relations with the American Cancer Society Hawaii Pacific Inc. Thank you for the opportunity to testify in strong opposition to HB1731, which reallocates for 6 years until 2015, distribution of moneys in the Hawaii tobacco settlement special fund, including depositing 14% into the state general fund.

The American Cancer Society Hawaii Pacific Inc., was founded in 1948, and is a community-based, voluntary health organization dedicated to eliminating cancer as a major health problem by preventing cancer, saving lives, and diminishing suffering from cancer, through research, education, advocacy, and service. This mission also includes advocating for strong tobacco control programs that focus on prevention, education and cessation.

The American Cancer Society was one of the primary health advocacy organizations that has worked tirelessly in all 50 states to secure adequate appropriation of tobacco settlement funds for comprehensive tobacco control programs. For the past four years, this issue has dominated our public policy agenda across the country and we have funded and executed comprehensive campaigns nationwide with a singular message to fund and implement comprehensive community tobacco control programs that meet national standards for effectiveness and demonstrate good stewardship of state dollars.

The Society does acknowledge that Hawaii is facing an economic downturn that could be protracted. Because of this we need to ensure that there is adequate funding for tobacco control. Prevention does work, if we reduce program funding now we will lose all the gains we have made. In addition reducing the 12.5% tobacco trust fund allocation will result in layoffs throughout the state as organizations that provide tobacco prevention, education and cessation services shut-down those programs. Currently there are 44 grantee organizations that receive program funds via the Hawaii Community Foundation. Just to name a few:

- American Lung Association
- Boys & Girls Club (Oahu, Maui and the Big Island)
- Community Clinic of Maui, Inc

- Hale Kips, Inc
- Hawaii State Primary Care Association
- Hawaii Youth Services Network
- Kalihi-Palama Health Center
- Kauai Rural Health Association
- Maui Economic Opportunity, Inc.
- Maui Youth and Family Services
- Palama Settlement
- Papa Ola Lokahi
- The Salvation Army
- Waianae Coast Community Health Center
- West Hawaii Community Health Center

Let's not compound our economic crisis by eliminating jobs that provide employment in our disparate communities. We strongly urge this committee to retain the 12.5 % that is currently being allocated for the tobacco control trust fund.

Mahalo for giving me the opportunity to provide testimony regarding our concerns and anxieties over this difficult issue.

Very truly yours,



George S. Massengale, JD
Director of Government Relations



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**Improving Life
One Breath at a Time**

Founded in 1904, the
American Lung Association
includes affiliated associations
throughout the U.S.

TO: HEALTH COMMITTEE ON FINANCE

**FOR: HEARING SCHEDULED FOR 12:00 PM
THURSDAY, FEBRUARY 26, 2009**

**RE: TESTIMONY IN STRONG OPPOSITION TO HB 1731, REALTING
TO HAWAII TOBACCO SETTLEMENT SPECIAL FUND**

Chair Oshiro, Vice Chair Lee and Committee Members:

I am Jean Evans, Executive Director of the American Lung Association in Hawaii. Thank you for the opportunity to voice our strong opposition to HB 1731.

It is no accident that in less than a decade - from 2000 to 2008 - Hawaii's teen smoking rate has gone from 21% to 9.7%. The reason is simple: the programs to educate Hawaii's children against the dangers of smoking while also combating teen addiction to smoking through quit programs just work.

In the 10 months from November 2007 to September 2008, the ALA in Hawaii's Not On Tobacco (NOT) quit smoking program helped just under 300 7th-12th graders ages 13 to 18 who wanted help to quit smoking in 12 schools statewide.

72% of the group said they had a family member who smokes - and 50% said someone smokes in their home. 82% said they had a close friend who smokes. 67% percent of these 13-18 year olds identified themselves as Hawaiian. Hawaiians smoke 7% more than the general population. \$336 million is annually spent in Hawaii for smoking-related health care.

In 2008, over 2200 4th - 8th graders statewide participated in Word of Mouth (WOM) - the ALA in Hawaii youth tobacco prevention program in nearly 30 schools across Hawaii. By the end of the program, 13% more students than at the beginning of the program reported they were better able to say "no" to cigarettes. Students also reported increases in their comfort level with life skills such as goal-setting and informed decision-making.

These are just two of our school-based programs. If any were markedly curtailed because of funding cuts, we know we would see adolescent and general smoking rates increase. Other states have already proven this point.

Massachusetts was once a leader in combating tobacco use. In 2004 lawmakers cut funding from a high of 54 million to 2.5 million. Per capita cigarette consumption increased by 3.2% - at the same time as national rates decreased by 3.5% - and Massachusetts's youth smoking rates also dramatically stalled.

According to the report issued by the Massachusetts Executive Office of Health & Human Services¹ 22 Massachusetts residents die *each day* from smoking-related deaths and cost the state 1.7 billion in lost productivity. Many of these people started smoking well before there were the early intervention youth quit programs and childhood tobacco prevention programs currently available. Funding tobacco control and prevention programs now actually will save money for the State by reducing medical and loss of productivity costs.

California, Florida, Indiana and Minnesota have similar stories to tell. Let's not add Hawaii to that list and let's not turn back the clock in Hawaii. And especially, let's not turn our backs on our children.

American Lung Association in Hawaii and other organizations are fulfilling the purpose of the master tobacco settlement funds by preventing thousands of children from starting to smoke and helping thousands of teens and adults on their way to stop smoking. To divert any of the funds from this purpose will dismantle the gains we have worked diligently to achieve to support a healthy Hawaii. Please hold HB 1731 in Committee.

Continue to help all our communities to counter the tobacco industry's predatory tactics and keep our children and future generations tobacco-free. Needing money to combat hard economic times is not a rationale to short circuit the intent of the master tobacco settlement and to marginalize our children's and our future generations' health.

Thank you

¹http://www.mass.gov/Eeohhs2/docs/dph/tobacco_control/sammec_2006.pdf based on the 2006 Centers for Disease Control Smoking-Attributable Mortality, Morbidity and Economic Costs data



To: The Honorable Representative Marcus Oshiro, Chair,
Members of the House Committee on Finance

Re: HB 1731 RELATING TO THE HAWAII TOBACCO SETTLEMENT SPECIAL FUND

From: Daniel Leung, M.S.W., Vice Chair
Nutrition and Physical Activity Coalition of Hawaii
Phone number: 734-9473; Email: leungdan@hawaii.edu

Testimony in opposition to HB 1731

Reallocating public health prevention funds from the Tobacco Settlement Special Funds will adversely affect the health and well being of the children and adults in Hawaii, and critically more so for those who are obese or are at risk. Elimination or reduction of prevention programs funded by the Tobacco Settlement Special Funds will have long term financial consequences on Hawaii's health care cost, and productivity of Hawaii's workforce.

Obesity among Hawaii's children as well as adults is a well documented problem that is growing at a disturbing rate, putting them at risk of heart disease and other related illness such as diabetes, chronic kidney diseases etc. A state Department of Health survey taken last year indicates that 15.6 percent of Hawaii's high school students are obese, up from 13.5 percent in 2005 and 10.5 percent in 1999. The only way to combat this problem is through prevention, as remedial treatment is costly and often ineffective.

The Tobacco Settlement Special Funds has been supporting the Department of Health's statewide efforts, through the Nutrition and Physical Activity Coalition (NPAC) of Hawaii, to address the problem in relations to better diets and healthy exercise aimed at improving the nutritional and health status of Hawaii's children and adults. NPAC is a statewide public-private coalition of health professionals, educators, and community advocates who have been staffed by funds from the public health prevention funds to carry out advocacy, community education, and program planning on issues relating to nutrition, physical activities, work place wellness, health care, school lunches and physical exercises programs.

The Tobacco Settlement Special Funds has also been funding a majority of prevention programs implemented jointly by the Department of Health and Department of Education to improve the quality of school lunches and snacks, conduct public health education campaigns, and provide nutrition education to parents. There is no other alternative funding for these programs.

While we understand that there is a need to make up for the shortfall in state funds due to the economic crisis, reallocating the Tobacco Settlement Special Funds will end up costing the state a lot more in terms of health care cost and loss of productivity.

Thank you for your consideration.



HAWAII COMMUNITY FOUNDATION

February 25, 2009

The Honorable Marcus Oshiro, Chair
House Committee on Finance
State Capitol
Honolulu, Hawaii 96813

Dear Chairman Oshiro and Finance Committee Members:

HB 1731 Relating to the Hawaii Tobacco Settlement Special Fund

I am a Sr. Program Officer at the Hawaii Community Foundation (HCF) and since 2000, HCF has been contracted by the Department of Health to manage the Tobacco Prevention and Control Trust Fund (Trust Fund). HCF provides both management and investment oversight of the Trust Fund and deploys these dollars to support Hawaii's comprehensive tobacco program.

Trust Fund dollars have built a strong foundation of community-based tobacco prevention and cessation programs. These community-based programs, built over the past several years and delivering direct services to the people of Hawaii play a critical role in the Tobacco control infrastructure. They target specific groups or geographic areas with high prevalence of smoking or populations at risk for tobacco use, including youth and young adults. The community grants program comprises 67% of all Trust Fund expenditures (see attached chart). Thirty five community based tobacco prevention and cessation programs are currently being implemented throughout the state. Preliminary data from the current evaluation by SMS Research and Marketing, Inc. shows that these cessation grantees have conducted outreach to over 7,000 smokers in the state and have assessed over 4,000 in just 2 years. Current prevention grantees have outreached to over 11,000 youth across the state using various best practice methodologies.

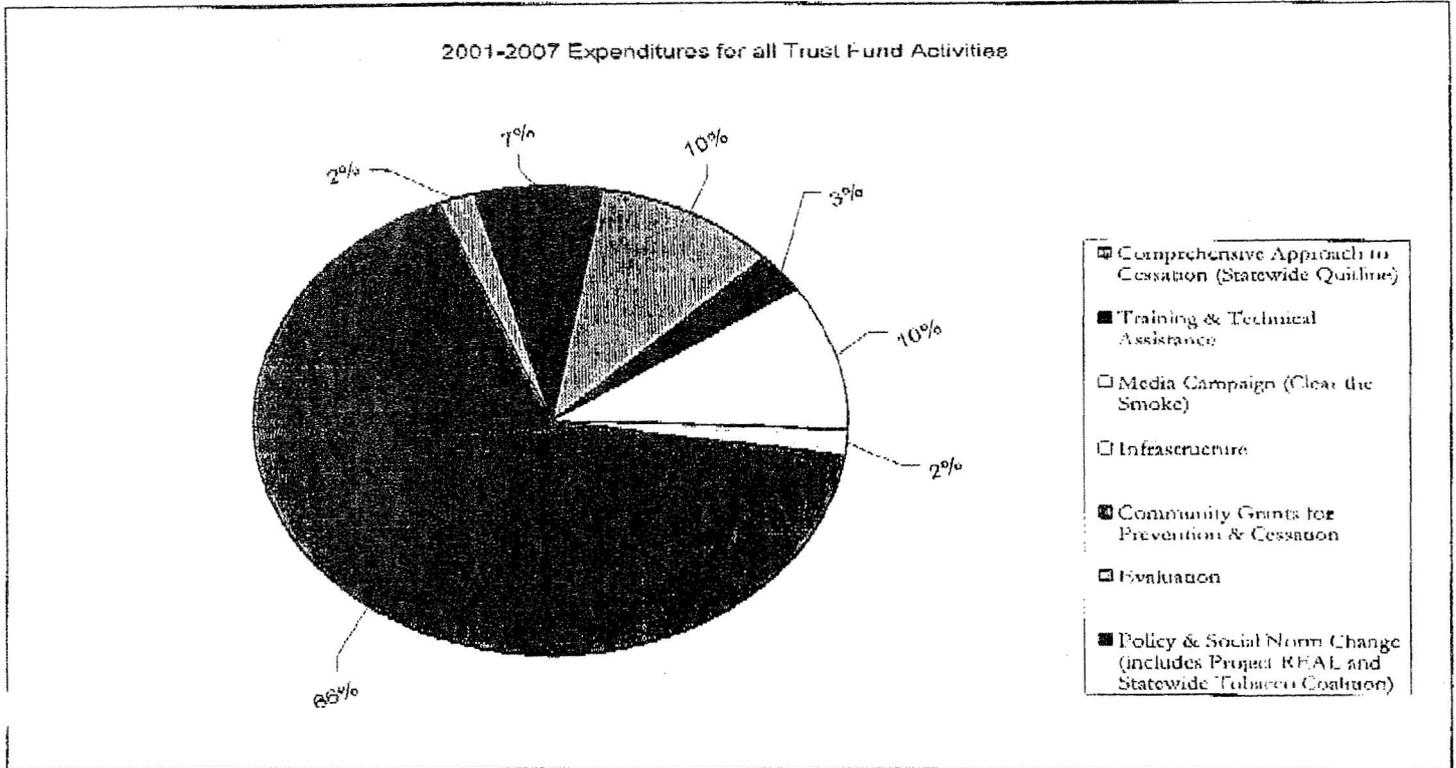
By supporting these community-based programs, Trust Fund dollars are helping the people of Hawaii reduce cigarette smoking and tobacco use among our youth and adults through education and prevention activities and controlling and preventing chronic diseases where tobacco is a risk factor. Hawaii's efforts at tobacco prevention and control have been effective. Since 2001, the youth smoking rate in Hawaii has decreased from 24.5% to 13.8% and adult smoking has decreased from 21% to 17%.

Reducing the allocation into the Trust Fund will result in a significant reduction in the community grants program, including the Hawaii State Quitline, the statewide anti-tobacco media campaign and the youth-driven anti-tobacco movement. Most of the programs that are supported by these funds are completely dependent on this source of funding for their programming.

Hawaii Community Foundation

HB1731

Page 2



HCF appreciates the difficult task before this year's state Legislature to address mounting state needs with declining revenue. We recognize that these are extraordinary times and the problems before our state are unprecedented. But we urge legislators to consider the long term impacts of reduced funding on the momentum of this effort. Tobacco programs in neighborhoods throughout the State will either be cut back or end entirely with a severe reduction in the allocation to the Trust Fund. This will/could negatively impact the immense progress made in the area of tobacco prevention and cessation, especially among Hawaii's youth. Reductions that leave our youth vulnerable to the barrage of messaging from the tobacco industry are likely to result in our State losing the important gains that many have worked very hard to secure.

Very truly yours,

Jennifer Schember-Lang

Jennifer Schember-Lang
Sr. Program Officer

Faxed Testimony: 2 copies + original to Room 306
FIN Hearing
Noon, Thursday, Feb. 26, 2009
HB 1731



Hawai'i Primary Care Association

345 Queen Street | Suite 601 | Honolulu, HI 96813-4718 | Tel: 808.536.8442 | Fax: 808.524.0347
www.hawaiipca.net

To: **The House Committee on Finance**
The Hon. Marcus R. Oshiro, Chair
The Hon. Marilyn B. Lee, Vice Chair

Testimony in Opposition to House Bill 1731
Relating to the Hawaii Tobacco Settlement Special Fund
Submitted by Beth Giesting, CEO
February 26, 2009, 12:00 p.m. agenda, Room 308

The Hawaii Primary Care Association opposes this bill. We believe that it is more cost-effective to invest in reducing the use of tobacco products now than to face even greater health care costs related to tobacco use in a few years.

Thank you for the opportunity to testify on this measure.



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E-Mail:

luna@ala-hawaii.org

**When You Can't
Breathe,
Nothing Else
Matters®**

Founded in 1904, the American Lung Association includes affiliated associations throughout the U.S., and a medical section, the American Thoracic Society.

Wednesday, February 25, 2009

To: Chair Marcus R. Oshiro, Chair, House Committee on Finance

Vice Chair Marilyn B. Lee, Vice Chair, House Committee on Finance

Members, House Committee on Finance

Testimony in STRONG OPPOSITION TO HB 1731

Thank you for the opportunity to testify in strong opposition to HB 1731.

The comprehensive efforts of the tobacco control movement in Hawaii have helped save lives and money. Our high school smoking rates are below 10%. This means less future smokers and lower costs in health care.

As the Hawaii Island program coordinator for the American Lung Association in Hawaii (ALAH), I see first hand the benefit of the Tobacco Trust Fund dollars. I facilitate teen smoking cessation groups at Hilo, Waiakea, and Keaau High School, as well in treatment centers such as the Big Island Substance Abuse Council. The teens are at risk and the program we run, Not On Tobacco (N-O-T), helps them not only quit smoking, but gain value for themselves. Nearly 60% of the teens enrolled in N-O-T, 287 state-wide, were able to quit smoking. The teens were also exercising more and felt better about themselves.

The Tobacco Trust Fund dollars are helping teens and adults break the grip of tobacco disease. As the ALAH program coordinator I also oversee our asthma education program, Open Airways for Schools, on the Big Island. In this program children grades 3-5 learn how to manage and control their asthma condition. Nearly 85% of the kids in OAS have a family member who currently smokes tobacco around them, the number one trigger for a childhood asthma attack. We need to continue to fund tobacco control programs so parents of children with asthma can quit, as it takes 8-10 quit attempts to become tobacco free.

HB 1731 proportionally cuts the percentage to the Tobacco Prevention and Control Trust Fund by 52%. This means, the community is hit the hardest. Community groups that receive money from the Tobacco Prevention and Control Trust Fund include the Quitline, the Boys and Girls Club of the Big Island, and the American Lung Association in Hawaii.

I urge you to hold HB 1731 in Committee. If you choose to pass this measure out, please consider restoring the 12.5% to the Tobacco Prevention and Control Trust Fund.

Thank you,

Sally C. Ancheta, Program Coordinator, ALA in Hawaii, Hawaii Island Branch



Cancer Research Center of Hawai'i
UNIVERSITY OF HAWAII

Prevention and Control Program

February 24, 2009

To: Chair Marcus R. Oshiro, Chair, House Committee on Finance
Vice Chair Marily B. Lee, Vice Chair, House Committee on Finance
Members, House Committee on Finance

Testimony in STRONG OPPOSITION TO HB 1731

Thank you for the opportunity to testify in strong opposition to HB 1731.

The comprehensive efforts of the tobacco control movement in Hawaii have helped save lives and money. Our high school smoking rates are below 10%. This means less future smokers and lower costs in health care.

Despite these gains, 1,200 will die every year in Hawaii due to smoking-related causes. There are young people who need to learn about the dangers of smoking and tobacco-use as they grow up. And there are many who need help quitting smoking-- particularly Native Hawaiians and Filipino men who smoke at higher rates than the general population.

We must not be short-sighted and reduce the 12.5% that is dedicated to the Tobacco Prevention and Control Trust Fund to 6%. I am concerned that if funding is cut, we will see less programs designed to help educate youth on the risks of second-hand smoke and to help smokers quit.

HB 1731 proportionally cuts the percentage to the Tobacco Prevention and Control Trust Fund by 52%. This means, the community is hit the hardest. Community groups that receive money from the Tobacco Prevention and Control Trust Fund include the Quitline, the Boys and Girls Club of the Big Island, the American Lung Association, the COPD Coalition, Kalihi Palama Health Center, and the Coalition for a Tobacco-Free Hawaii. These groups provide services that the State cannot.

I urge you to hold HB 1731 in Committee. If you choose to pass this measure out, please consider restoring the 12.5% to the Tobacco Prevention and Control Trust Fund.

Thank you.

Cheryl Albright, Ph.D., MPH
Associate Professor
Interim Director
Prevention and Control Program

HB 1731
RELATING TO THE HAWAII TOBACCO SETTLEMENT SPECIAL FUND

House Committee on Finance

Public Hearing – February 26, 2009
12:00pm., State Capitol, Conference Room 308

By
Jay Maddock, Ph.D.
Director, Office of Public Health Studies, University of Hawaii at Manoa

HB 1731 would reallocate essential public health prevention funds from the Tobacco Settlement Special Fund to the State General Fund. My statement on this measure does not represent an institutional position of the University of Hawaii.

Tobacco, physical inactivity and inadequate nutrition account for 68% of premature death in the United States. The Tobacco Settlement Funds that are currently appropriated to the Hawaii Department of Health are the only funds spent by the state of Hawaii for physical activity, nutrition and the prevention of obesity. As the bill is currently written, the allocation to the Department of Health would be reduced from 35% to 28% with 10% allocated for the Children's Health Insurance Project. Already internal reallocations by the governor have added \$1 million in general funded positions to this allocation to reduce the Department of Health's general funds expenditure. Therefore the result of this bill would be a **40% cut to the funds provided to the Department of Health.**

The funds allocated to the Department of Health have been used to create the Healthy Hawaii Initiative. This program takes a comprehensive approach to health promotion by intervening at the individual, social and environmental levels. All facets of the Initiative are rigorously evaluated. The good news is that the program is working. Over the past 9 years, significant population increases in adult fruit and vegetable consumption, youth physical activity and a reduction in youth smoking have been demonstrated. The increases in obesity rates have been slowed compared to the rest of the Nation. In 2006, the Secretary of the US Department of Health and Human Services recognized the Healthy Hawaii Initiative as the best government program in the nation to address the obesity epidemic. Unfortunately, the work is not done. A cut of this magnitude would be devastating to these programs. With the secular trends for obesity continuing to rise we would expect dramatic increases in obesity, diabetes, heart disease and cancer rates. Research has shown that for every dollar spent on prevention \$3 are saved. This immediate need to address the budget shortfall will cost the state dearly in lives lost and excessive health care expenditures.

I oppose taking funds from the Department of Health and Tobacco Trust Fund allocation. Thank you for the opportunity to comment on this bill.

To: Chair Marcus R. Oshiro, Chair, House Committee on Finance
Vice Chair Marily B. Lee, Vice Chair, House Committee on Finance
Members, House Committee on Finance
Re: Testimony in **STRONG OPPOSITION TO HB 1731**
Date: Thursday, February 26, 2009, 12:00 p.m.

Thank you for the opportunity to testify in strong opposition to HB 1731.

The comprehensive efforts of the tobacco control movement in Hawaii have helped save lives and money. Our high school smoking rates are below 10%. This means less future smokers and lower costs in health care.

Despite these gains, 1,200 will die every year in Hawaii due to smoking-related causes. There are young people who need to learn about the dangers of smoking and tobacco-use as they grow up. And there are many who need help quitting smoking-- particularly Native Hawaiians and Filipino men who smoke at higher rates than the general population.

We must not be short-sighted and reduce the 12.5% that is dedicated to the Tobacco Prevention and Control Trust Fund to 6%. I am concerned that if funding is cut, we will see less programs designed to help educate youth on the risks of second-hand smoke and to help smokers quit.

HB 1731 proportionally cuts the percentage to the Tobacco Prevention and Control Trust Fund by 52%. This means, the community is hit the hardest. Community groups that receive money from the Tobacco Prevention and Control Trust Fund include the Quitline, the Boys and Girls Club of the Big Island, the American Lung Association, the COPD Coalition, Kalihi Palama Health Center, and the Coalition for a Tobacco-Free Hawaii. These groups provide services that the State cannot.

I urge you to hold HB 1731 in Committee. If you choose to pass this measure out, please consider restoring the 12.5% to the Tobacco Prevention and Control Trust Fund.

Thank you.

Daniel Gluck
Resident of House District 30

2/24/09

To: Marcus R. Oshiro, Chair, House Committee on Finance
Vice Chair Marilyn Lee, Vice Chair, House Committee on Finance
Rep. James Tokioka
Rep. Ronald Sagum
Members, House Committee on Finance

Testimony in STRONG OPPOSITION TO HB 1731

My name is Mary Williamson and I live on Kauai. I have worked for the American Cancer Society for almost 10 years and serve as vice chair of the Tobacco-Free Kauai community coalition.

The vigilant and broad-based efforts of our tobacco control movement on Kauai have helped save lives and money. Our physicians routinely refer to local cessation classes and the QuitLine. Our residents are aware of the smoke-free workplace law and, with less than 17 percent smoking, social norms are changing for the better. Our high school smoking rates are below 10 percent -- this means fewer future smokers and lower healthcare costs. The heightened awareness and changing behaviors we see are a direct result of funding through the master settlement agreement. The air is clearing.

Despite these gains, 1,200 people still will die every year in Hawaii due to smoking-related causes. Youth still need to learn about the dangers of tobacco-use. And the 7 out of 10 smokers who want to stop still ask for our help...particularly Filipino men and Native Hawaiians who smoke at higher rates than the population at large.

We absolutely cannot further slash the remaining 12.5 percent that is dedicated to the Tobacco Prevention and Control Trust Fund down to only 6 percent. If funding is cut, important tried-and-true programs will falter or cease...nonprofit on-the-ground programs that provide what the State cannot...such as Child and Family Service's group cessation classes in Waimea and Kapaa, Freedom From Smoking courses at worksites, and innovative programs in schools. Our island's coalition of local agencies, programs, and ordinary citizens already battles the phenomenal \$40 million-plus spending by Big Tobacco with one hand; please do not weaken what grip we have left.

On behalf of my constituents choosing a healthier lifestyle, the kids we must protect -- and the cancer patients for whom our efforts are too late -- I urge you to hold HB 1731 in Committee. If you choose to pass this measure out, consider restoring the 12.5 percent to the Tobacco Prevention and Control Trust Fund. Let's preserve this hard-won settlement money for its intended purpose, not raid it. Let's live up to our slogan of "The Health State".

Mahalo for the opportunity to testify.

To: Chair Marcus R. Oshiro, Chair, House Committee on Finance

Vice Chair Marily B. Lee, Vice Chair, House Committee on Finance

Members, House Committee on Finance

Testimony in STRONG OPPOSITION TO HB 1731

Thank you for the opportunity to testify in strong opposition to HB 1731.

The comprehensive efforts of the tobacco control movement in Hawaii have helped save lives and money. Our high school smoking rates are below 10%. This means less future smokers and lower costs in health care.

Despite these gains, 1,200 will die every year in Hawaii due to smoking-related causes. There are young people who need to learn about the dangers of smoking and tobacco-use as they grow up. And there are many who need help quitting smoking-- particularly Native Hawaiians and Filipino men who smoke at higher rates than the general population.

We must not be short-sighted and reduce the 12.5% that is dedicated to the Tobacco Prevention and Control Trust Fund to 6%. I am concerned that if funding is cut, we will see less programs designed to help educate youth on the risks of second-hand smoke and to help smokers quit.

HB 1731 proportionally cuts the percentage to the Tobacco Prevention and Control Trust Fund by 52%. This means, the community is hit the hardest. Community groups that receive money from the Tobacco Prevention and Control Trust Fund include the Quitline, the Boys and Girls Club of the Big Island, the American Lung Association, the COPD Coalition, Kalihi Palama Health Center, and the Coalition for a Tobacco-Free Hawaii. These groups provide services that the State cannot.

I urge you to hold HB 1731 in Committee. If you choose to pass this measure out, please consider restoring the 12.5% to the Tobacco Prevention and Control Trust Fund.

Thank you.

Sara

To: Chair Marcus Oshiro
Vice Chair Marilyn B. Lee,
Members, House Committee on Finance
Fr: Debbie Odo, Director of Tobacco Control
Date: February 24, 2009
Hrg: House Finance Committee, Thursday, February 26, 2009 at 12:00 noon (Agenda #3)
Re: Strong Opposition to HB 1731

Thank you for the opportunity to testify in strong opposition to HB 1731 which will drastically reduce funding of tobacco prevention and control programs.

Please hold HB 1731 in committee. HB 1731 takes money away from community-based programs that help people quit smoking, educate youth about the dangers of tobacco use, and counter the tobacco industry's predatory tactics. Decreases in funding will dismantle the gains we've made to support a healthy Hawaii.

Our comprehensive tobacco prevention and control efforts have resulted in significant gains—our high school youth smoking rates are below 10% and Hawaii has the second lowest tobacco-related deaths at 1,200 a year.

Still, tobacco costs. If money is diverted, youth rates will increase. Massachusetts cut their funding from 48 million dollars in 2004 to 2.5 million dollars in 2004. Per capita cigarette consumption increased by 3.2% and significant declines in youth smoking rates were dramatically stalled.

The American Lung Association in Hawaii graduated 330 students statewide in our Not On Tobacco® (NOT), a quit smoking program designed for teens. Quit rates were at 63% after a six month follow up was completed and 37% of the remaining students reduced their use on weekdays and weekends.

The American Lung Association in Hawaii's Adult Smoking Cessation Services reached 3,111 individuals from 176 workplace and community events statewide. From the 3,111, 100 of the participants were enrolled in our intensive program called Freedom From Smoking Clinic. After six months, 67% of the participants are smoke free and 33% reduced the number of cigarettes smoked per day.

- Please preserve funding of tobacco prevention and control programs.
- Please do not pass HB 1731 out of committee.

Thank you for the opportunity to testify in opposition to HB 1731.

FINTestimony

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 24, 2009 1:46 PM
To: FINTestimony
Cc: alanm@crch.hawaii.edu
Subject: Testimony for HB1731 on 2/26/2009 12:00:00 PM

Testimony for FIN 2/26/2009 12:00:00 PM HB1731

Conference room: 308
Testifier position: oppose
Testifier will be present: No
Submitted by: Alan Mogi
Organization: Individual
Address:
Phone:
E-mail: alanm@crch.hawaii.edu
Submitted on: 2/24/2009

Comments:

FINTestimony

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 24, 2009 1:12 PM
To: FINTestimony
Cc: kwalk@hawaii.edu
Subject: Testimony for HB1731 on 2/26/2009 12:00:00 PM

Testimony for FIN 2/26/2009 12:00:00 PM HB1731

Conference room: 308
Testifier position: oppose
Testifier will be present: No
Submitted by: Ka'ano'i Walk
Organization: Individual
Address: Kane'ohe, Hawai'i
Phone:
E-mail: kwalk@hawaii.edu
Submitted on: 2/24/2009

Comments:

I am opposed to House Bill 1731 as it will cut the funds to the Tobacco Prevention and Control Trust Fund by 52%. As a result, it will only leave approximately 6% of the Tobacco Settlement money for community programs like Kalihi Kokua Valley, the Boys and Girls Club of the Big Island, and the American Lung Association. It is programs like these that really matter and I believe that these efforts should not take the back seat even in these hard economical times. It is not pono and I cannot stand by this.

FINTestimony

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 24, 2009 3:25 PM
To: FINTestimony
Cc: vierrar@hawaiireserves.com
Subject: Testimony for HB1731 on 2/26/2009 12:00:00 PM

Testimony for FIN 2/26/2009 12:00:00 PM HB1731

Conference room: 308
Testifier position: oppose
Testifier will be present: No
Submitted by: Richard Vierra
Organization: Individual
Address: 55-510 Kamehameha Hwy Laie, Hawaii 96762
Phone: 293-6436
E-mail: vierrar@hawaiireserves.com
Submitted on: 2/24/2009

Comments:

Please don't cut this money. It was earmarked for a specific purpose at the time it was issued. While the economy has soured, the purpose and intent of this money has not. Please oppose any efforts to cut this very important budget!

Thank you,
Richard Vierra
293-6436

FINTestimony

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 24, 2009 4:44 PM
To: FINTestimony
Cc: fred@ejlounge.com
Subject: Testimony for HB1731 on 2/26/2009 12:00:00 PM

Testimony for FIN 2/26/2009 12:00:00 PM HB1731

Conference room: 308
Testifier position: support
Testifier will be present: No
Submitted by: Fred Remington
Organization: Individual
Address: 92-1353 Hoalii St Kapolei, HI
Phone: 479-0782
E-mail: fred@ejlounge.com
Submitted on: 2/24/2009

Comments:

These organizations are funded by the tobacco taxes that are placed on the individuals. Tobacco is a legal product and these organizations are trying to take away the freedom of choice of the smokers. Let them go find their own funding and not from the taxpayers.

FINTestimony

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 24, 2009 3:58 PM
To: FINTestimony
Cc: diane_omura@notesk12.hi.us
Subject: Testimony for HB1731 on 2/26/2009 12:00:00 PM

Testimony for FIN 2/26/2009 12:00:00 PM HB1731

Conference room: 308
Testifier position: comments only
Testifier will be present: No
Submitted by: Diane Y. Omura
Organization: Dept. of Education
Address: 1650 Kaahumanu Ave. Wailuku, HI
Phone: 984-5656
E-mail: diane_omura@notesk12.hi.us
Submitted on: 2/24/2009

Comments:

Dear Representatives,

I am a teacher at Baldwin High School and I strongly oppose HB 1731. We cannot afford to cut the Tobacco Prevention and Control Trust Fund by 52% as proposed. We have made significant gains in reducing smoking among teens through education. Organizations such as Kalihi-Palama Center, Coalition for Tobacco Free Hawaii and American Lung Association, to name a few has been supportive of our effort in curbing smoking. Passing this bill would be costly mistake.

FINTestimony

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 25, 2009 9:56 AM
To: FINTestimony
Cc: twills@crch.hawaii.edu
Subject: Testimony for HB1731 on 2/26/2009 12:00:00 PM

Testimony for FIN 2/26/2009 12:00:00 PM HB1731

Conference room: 308
Testifier position: oppose
Testifier will be present: No
Submitted by: Thomas A. Wills
Organization: Individual
Address: 2529 Saul Place Honolulu, HI 96816
Phone: 737-7420
E-mail: twills@crch.hawaii.edu
Submitted on: 2/25/2009

Comments:
Hon. Marcus R. Oshiro
Chair, House Finance Committee

I strongly oppose HB1731. This will take away funds from tobacco prevention for youth in the Islands.

Smoking is the largest cause of preventable death and disability. It causes more deaths each year than AIDS, alcohol abuse, and vehicle accidents combined.

Removing support from effective prevention programs is short-sighted; it will only result in higher health care costs later on, as well as human suffering from cancer, heart disease, or problems with breathing.

I urge you to keep this bill in committee because the tobacco tax currently provides funds for effective programs to help adults quit smoking and give young people the ability to resist pressures for smoking. Keeping these funds will have a positive impact on the health of the people of Hawaii.



OFFICERS

Gary Okamoto, MD
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April Donahue
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Thursday, February 26, 2009, 12:00 p.m. CR 308

To: COMMITTEE ON FINANCE
Rep. Marcus R. Oshiro, Chair
Rep. Marilyn B. Lee, Vice Chair

From: Hawaii Medical Association
Gary A. Okamoto, MD, President
Philip Hellreich, MD, Legislative Co-Chair
Linda Rasmussen, MD, Legislative Co-Chair
April Donahue, Executive Director
Richard C. Botti, Government Affairs
Lauren Zirbel, Government Affairs

Re: HB1731 RELATING TO THE HAWAII TOBACCO SETTLEMENT SPECIAL FUND

In strong opposition.

Chairs & Committee Members:

Hawaii Medical Association strongly opposes HB 1731, which would drastically reduce funding of much-needed tobacco prevention and control programs.

HB 1731 takes money away from community-based programs that help people quit smoking, educate youth about the dangers of tobacco use, and counter the tobacco industry's predatory tactics. This money comes from tobacco company settlements, and is not money that has been raised by Hawaii taxpayers.

Hawaii's tobacco prevention and control efforts have resulted in significant gains—our high school youth smoking rates are below 10% and Hawaii has the second lowest tobacco-related deaths at 1,200 a year.

If money is diverted, we will lose ground on these achievements. Massachusetts cut their funding from 48 million dollars in 2002 to 2.5 million dollars in 2004. Per capita cigarette consumption increased by 3.2% and significant declines in youth smoking rates were dramatically stalled. For every percentage point decrease to smoking rates, our state will see 2,600 more adult deaths related to smoking and an increase of \$3.9 billion over 5 years in health costs from more heart attacks and strokes.

Despite these hard economic times, Hawaii's lawmakers must invest in the health of its people. There is still much work to be done: Native Hawaiians smoke 7% more than the general population and \$336 million is spent in Hawaii in annual smoking-related health care costs.

Please preserve funding of tobacco prevention and control programs.

Thank you for the opportunity to provide this testimony.

Hawaii Medical Association
1360 S. Beretania St.
Suite 200
Honolulu, HI 96814
(808) 536-7702
(808) 528-2376 fax
www.hmaonline.net

February 25, 2009

**TO: Marcus Oshiro, Chair
Marilyn B. Lee, Vice Chair
House Committee on Finance**

**RE: TESTIMONY in Opposition to HB 1731
Relating to Tobacco
Hearing on Thursday, Feb. 26, 2009, 12 noon
Agenda #3, State Capitol**

My name is Charles E. Roessler and I live on the island of Kauai. I am testifying in opposition to HB 1731, which would reduce funding that was specifically set for tobacco control, including prevention and cessation programs.

I have been involved in tobacco control for the past 10 years, working with Tobacco-Free Kauai, a community coalition. Already this Tobacco Settlement fund has suffered a drop in funding from 25% to 12.5%. Now the state is proposing a further reduction to 6.2%. Passing this legislation would be penny-wise, pound foolish.

During the past decade we have seen the smoking rate in the state drop from about 23% to 16%. This is a significant drop in smoking which will result in great health-care savings in the future.

In the past year, 3 of my friends have been diagnosed with lung cancer – and none of them smoked tobacco. Second-hand smoke has been blamed for almost all of these types of lung cancer cases.

In short, HB 1731 would take money away from community-based programs that help people quit smoking, educate youth about the dangers of tobacco use, and counter the tobacco industry's predatory tactics. Comprehensive efforts in tobacco control have led to a significant drop in our high school smoking rates, which have dropped from 28 % in 2001 to below 10% today.

Please preserve funding of tobacco prevention and control programs. Please do not pass HB 1731 out of committee.

Please accept this as my written testimony. Thank you in advance for your consideration. Please contact me if you have any questions.

Sincerely,

Charles E. Roessler
4725 Kuawa Rd.
Kilauea, HI. 96754
808 828-6462
Charles.roessler@hawaiiantel.net

To: Chair Marcus Oshiro
Vice Chair Marilyn B. Lee,
Members, House Committee on Finance
Fr: Abegail Kopf, Educator in Respiratory Care
Date: February 25, 2009
Hrg: House Finance Committee, Thursday, February 26, 2009 at 12:00 noon (Agenda #3)
Re: Strong Opposition to HB 1731

- Thank you for the opportunity to testify in strong opposition to HB 1731 which will drastically reduce funding of tobacco prevention and control programs.
- Please hold HB 1731 in committee.
- I oppose HB 1731 because of the following reasons:
 - Money for community-based programs that help people quit smoking, educate youth about the dangers of tobacco use, and counter the tobacco industry's predatory tactics will be taken away.
 - Decreases in funding will dismantle the gains we've made to support a healthy Hawaii.
 - We lose the gains (10% decrease in high school youth smoking and yearly decrease in tobacco-related deaths) we have attained from our comprehensive tobacco prevention and control efforts
 - If money is diverted, youth rates for smoking will increase. Massachusetts cut their funding from 48 million dollars in 2004 to 2.5 million dollars in 2004. Per capita cigarette consumption increased by 3.2% and significant declines in youth smoking rates were dramatically stalled.
- Despite these hard economic times, Hawaii's lawmakers must invest in the health of its people.
- There is still much work to be done: Native Hawaiians smoke 7% more than the general population and \$336 million is spent in Hawaii in annual smoking-related health care costs.
- Please preserve funding of tobacco prevention and control programs.
- Please do not pass HB 1731 out of committee.
- Thank you for the opportunity to testify in opposition to HB 1731.

Hello my name is Jan Enele. I am currently an employee at Kokua Kalihi Valley Comprehensive Center. I want to oppose HB1731 which takes away money from the Tobacco Prevention and Control Trust Fund. This funds important programs that help people quit smoking and educate youth on the dangers of tobacco use. In our Kalihi area I believe that if we're not teaching the kids the right things to do, our community won't last for the next couple of years.

Not having these programs can affect the life of our future generations to come. Without these programs our communities won't be a safe place for anyone to live in. So, that is why I Jan Enele want to oppose that we keep these programs going, so that our future generation know that these are the things that could affect them in their daily lives. It's not only for my own good but also for the best of our future generations to come. Thank you.

Dear Honorable House Finance Chair Representative Marcus Oshiro, Vice-Chair Representative Marilyn Lee and Committee Members,

RE: **Strong OPPOSITION to HB 1731 Relating to the Tobacco Settlement Special Fund**

My name is Delmar J. Bayang, RRT, a healthcare provider who strongly oppose HB1731. I am aware that the Hawaii COPD Coalition serves Hawaii's people affected by Chronic Obstructive Pulmonary Disease, more commonly known as emphysema, chronic bronchitis and similar conditions. COPD is the fourth leading cause of death in the US and expected to be the third leading cause of death in the US and world by 2020. The American Lung Association has estimated that over 50,000 people in Hawaii have COPD. Our 2007 and 2008 survey data reveal that slightly under 4% of our adult population have been told they have COPD, emphysema and/or chronic bronchitis. Smoking is the major cause of these health conditions. COPD is currently the 4th leading cause of death in the US and projected to rise to 3rd in the US and world by 2020. For more information to go <http://learnaboutcopd.org> or <http://hawaiicopd.org>.

I strongly **OPPOSE** HB 1731 relating to the Tobacco Settlement Special Fund which would substantially reduce funding for our state's tobacco prevention, cessation and education programs, including Project SUCCESS. This project is funded primarily by a grant from the Tobacco Prevention and Control Trust Fund of the Hawaii Community Foundation. Under the project, clinics are offered at Longs Drug stores where free breathing tests are provided to interested community by healthcare professionals (nurses, respiratory therapists and pharmacists). Medical students collect information and answer questions of participants. The project offers resources about COPD, smoking cessation, blood pressure, and other health topics. The project also has a support group that meets monthly, discussing topics relating to lung health. An annual COPD Education Day is also offered, with speakers and exhibitors on lung health and smoking cessation issues. We collaborate with Kapiolani Community College's Respiratory Therapy program, UH-Manoa's School of Nursing, DOH's Tobacco Prevention and Education Program, Straub, Kaiser Permanente, Longs Drugs/CVS Caremark, American Legacy, American Lung Association, American Thoracic Society, American Association for Respiratory Care, Hawaii Society for Respiratory Care, Community Links Hawaii, K-P, KKV, WCC Health Clinics, Queen's Medical Center, Hawaii Primary Care Association, Hawaii Thoracic Society, and many others.

Project SUCCESS have benefitted me by providing me with more resources about COPD and additional information about lung health.

We do appreciate the difficult financial situation the state is in but ***strongly feel that these funds devoted to tobacco prevention, education and cessation must remain as they are so that the good work we are doing is not undercut and the health of our people is not compromised.*** Smoking causes so many health, social and financial problems in addition to COPD. Thank you for carefully considering this matter. Please do not hesitate to contact me if I can provide any additional information.

Aloha,
Delmar J. Bayang
Registered Respiratory Therapist
President, Hawaii Society for Respiratory Care
808.342.2558
Delmar.bayang@kapiolani.org
95-1050 Melekomo St.
Mililani, HI 96789

Testimony in strong opposition to HB1731
House Committee on Finance
Thursday, February 26, 2009, at 1200 PM, Conf Rm. 308

Date: February 24, 2009

To : Committee on Health
Representative Marcus R. Oshiro, Chair
Representative Marilyn B. Lee, Vice Chair

By: Jo Ann Ikehara, BS, RRT, CPFT
Respiratory Therapist
Kalihi, Oahu, HI

RE: HB1731 which seeks to reduce and relocate monies from the Tobacco Prevention and Control Trust Fund to the General Fund.

Honorable Chair and Committee Members:

I write in strong opposition to this legislation. I don't believe that you should shift funds that were set aside to help prevent tobacco experimentation and addiction; and those who suffer the effects of long term tobacco use. Understandably, in these rough economic times conscientious legislators would want to look at ways to cover budget shortfalls. The Tobacco Prevention and Control Trust Fund is not the place to take from.

I understand that the Hawaii COPD Coalition is a recipient of these funds as are the Hawaii Quitline, the American Lung Association of Hawaii, Kalihi Palama Health Center and the Coalition for a Tobacco Free Hawaii. These agencies identify and serve those at risk for developing smoking related health problems which like COPD (Chronic Obstructive Pulmonary Disease) are on the rise.

As a participant with the HI COPD Coalition's **Project Success** which provides outreach into the community in partnership with Longs Drug Stores, respiratory therapy students from Kapiolani Community College, and nursing and medical students from the University of Hawaii, we have been trying to raise the awareness of smoking related respiratory disease. We offer pulmonary function testing, smoking cessation information and resources. Additionally, we provide support group meetings for those with emphysema and chronic bronchitis to help these afflicted persons to better deal with their shortness of breath and manage their lung disease.

Tobacco addiction is a malicious disease. Please don't jeopardize the programs which are designed to reach young wanna-be smokers and those who now smoke. If you do decide to pass this measure out, please consider restoring the 12.5% to the Tobacco Prevention and Control Trust Fund. Mahalo!

FINTestimony

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 25, 2009 8:15 AM
To: FINTestimony
Cc: erin.moncada@cancer.org
Subject: Testimony for HB1731 on 2/26/2009 12:00:00 PM

Testimony for FIN 2/26/2009 12:00:00 PM HB1731

Conference room: 308
Testifier position: oppose
Testifier will be present: No
Submitted by: Erin Moncada
Organization: Individual
Address: Hale Manu Drive Hilo, HI
Phone: 8083335829
E-mail: erin.moncada@cancer.org
Submitted on: 2/25/2009

Comments:

As a cancer survivor and staff director of the American Cancer Society Hawaii Pacific, I strongly oppose the raid on the Tobacco Settlement Fund. The tobacco industry continues to use unethical marketing practices to addict and kill the people of Hawaii. One third of all cancer deaths are attributable to tobacco. One of the most powerful actions we can take to protect the health of our population is to use the tobacco settlement fund appropriately to provide programs and resources for tobacco cessation.

FINTestimony

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 24, 2009 9:32 PM
To: FINTestimony
Cc: tipsam@earthlink.net
Subject: Testimony for HB1731 on 2/26/2009 12:00:00 PM

Testimony for FIN 2/26/2009 12:00:00 PM HB1731

Conference room: 308
Testifier position: oppose
Testifier will be present: No
Submitted by: Michelle Steuermann
Organization: Individual
Address: HC1 Box 956 Kula, HI
Phone:
E-mail: tipsam@earthlink.net
Submitted on: 2/24/2009

Comments:

Thank you for the opportunity to testify in strong opposition to HB 1731.

The comprehensive efforts of the tobacco control movement in Hawaii have helped save lives and money. Our high school smoking rates are below 10%. This means less future smokers and lower costs in health care.

Despite these gains, 1,200 will die every year in Hawaii due to smoking-related causes. There are young people who need to learn about the dangers of smoking and tobacco-use as they grow up. And there are many who need help quitting smoking-- particularly Native Hawaiians and Filipino men who smoke at higher rates than the general population.

We must not be short-sighted and reduce the 12.5% that is dedicated to the Tobacco Prevention and Control Trust Fund to 6%. I am concerned that if funding is cut, we will see less programs designed to help educate youth on the risks of second-hand smoke and to help smokers quit.

HB 1731 proportionally cuts the percentage to the Tobacco Prevention and Control Trust Fund by 52%. This means, the community is hit the hardest. Community groups that receive money from the Tobacco Prevention and Control Trust Fund include the Quitline, the Boys and Girls Club of the Big Island, the American Lung Association, the COPD Coalition, Kalihi Palama Health Center, and the Coalition for a Tobacco-Free Hawaii. These groups provide services that the State cannot.

I urge you to hold HB 1731 in Committee. If you choose to pass this measure out, please consider restoring the 12.5% to the Tobacco Prevention and Control Trust Fund.

To: Chair Marcus R. Oshiro
Vice Chair Marilyn B. Lee
Members, House Committee on Finance
FROM: A. Aukahi Austin, Ph.D., Clinical Psychologist, Waimānalo Health Center
Date: February 25, 2009
Hrg: House Finance Committee, Thursday, February 26, 2009 at 12:00 noon (Agenda #3)
Re: Strong Opposition to HB 1731

Aloha Kakou-

Thank you for the opportunity to testify in strong opposition to HB 1731 which will drastically reduce funding of tobacco prevention and control programs. **Please hold HB 1731 in committee.**

I am a Native Hawaiian clinical psychologist who works at Waimānalo Health Center. As Native Hawaiian health practitioner, I wish to express my strong opposition to H.B. 1742, Relating to Taxation, which would repeal the excise tax exemption of Hawaii nonprofit organizations.

As part of Waimānalo Health Center's Integrated Behavioral Health Program, I provide smoking prevention and cessation services to the medically underserved community of Ko'olaupoko and know how essential these efforts are to substantially improve the health of Hawai'i's people. HB 1731 takes money away from community-based programs that help people quit smoking, educate youth about the dangers of tobacco use, and counter the tobacco industry's predatory tactics.

Decreases in funding will dismantle the gains we've made to support a healthy Hawai'i. Our comprehensive tobacco prevention and control efforts have resulted in significant gains—our high school youth smoking rates are below 10% and Hawai'i has the second lowest tobacco-related deaths at 1,200 a year.

If money is diverted, youth rates will increase. Massachusetts cut their funding from 48 million dollars in 2002 to 2.5 million dollars in 2004. Per capita cigarette consumption increased by 3.2% and significant declines in youth smoking rates were dramatically stalled.

Despite these hard economic times, Hawai'i's lawmakers must invest in the health of its people.

There is still much work to be done: Native Hawaiians smoke 7% more than the general population and \$336 million is spent in Hawai'i in annual smoking-related health care costs.

Please preserve funding of tobacco prevention and control programs.

Please do not pass HB 1731 out of committee.

Mahalo for the opportunity to testify in opposition to HB 1731.

A. Aukahi Austin, Ph.D.
Licensed Clinical Psychologist
Waimānalo Health Center
41-1347 Kalaniana'ole Hwy
Waimānalo, HI 96795
aaustin@waimanalohc.org
(808)259-7948

FINTestimony

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 24, 2009 10:05 PM
To: FINTestimony
Cc: michael808a@hawaiiantel.net
Subject: Testimony for HB1731 on 2/26/2009 12:00:00 PM

Testimony for FIN 2/26/2009 12:00:00 PM HB1731

Conference room: 308
Testifier position: support
Testifier will be present: No
Submitted by: Michael Zehner
Organization: Individual
Address: 750 Amana st. #608 Honolulu, HI 9814
Phone: 9520275
E-mail: michael808a@hawaiiantel.net
Submitted on: 2/24/2009

Comments:
Hearing on 2-26-09, rm 308

Dear House Committee on Finance,

HB1731
Position : Strong Support

This bill is very fair as written. In particular the reduction in regards to the "Tobacco Prevention and Control Trust Fund" reduction. It's a shame to see so much of these funds wasted on professional lawyers and lobbyists - the same private groups as we see here today taking care of #1. The same groups have admitted that they receive very high funding levels compared to most states. In spite of this, smoking rates have NOT dropped among adults in Hawaii since 2003 per the CDC.

The intent of this legislation is to help balance our budget in these difficult times. No one can claim that this type of discretionary spending is essential to the function of our State. It would be unfair to ask so many other persons and their worthy projects to take cuts while other interest groups and programs that are discretionary take no cuts at all.

Respectfully, Michael Zehner



Testimony to the House Committee on Finance
Thursday, February 26, 2009
3:00 p.m.
Conference Room 308
Agenda #3

**RE: HOUSE BILL NO. 1731 RELATING TO THE HAWAII TOBACCO
SETTLEMENT SPECIAL FUND**

Chair Oshiro, Vice Chair Lee, and members of the committee:

My name is Jim Tollefson and I am the President and CEO of The Chamber of Commerce of Hawaii ("The Chamber"). The Chamber and its Health Issues Committee are opposed to HB 1731 relating to the Hawaii Tobacco Settlement Special Fund.

The Chamber is the largest business organization in Hawaii, representing more than 1,100 businesses. Approximately 80% of our members are small businesses with less than 20 employees. As the "Voice of Business" in Hawaii, the organization works on behalf of its members, which employ more than 200,000 individuals, to improve the state's economic climate and to foster positive action on issues of common concern.

This measure will drastically reduce funding of a tobacco prevention and control program, which helps people quit smoking and educate youth about the dangers of tobacco use. We feel that decreases in funding will dismantle the gains we've made to support a healthy Hawaii.

We believe investments in health initiatives will result in a healthier state of our people. Thank you for the opportunity to submit testimony.

-

FINTestimony

From: Mark Levin [mlevin5@juris.hokudai.ac.jp]
Sent: Wednesday, February 25, 2009 10:13 AM
To: FINTestimony
Subject: Strong Opposition to House Bill 1731, House Finance Committee, Thursday, 2/26/09, 12:00 noon, Room 308

Representative Marcus Oshiro, Chair
Representative Marilyn Lee, Vice-chair
House Finance Committee

Mark A. Levin
Identifying information below

Hearing, Thursday February 26, 2009 12:00 noon, Room 308

Strong Opposition to HB 1731

Aloha Chair Oshiro and members of the Committee:

My name is Mark Levin. I teach at the William S. Richardson School of Law. I also serve, by gubernatorial appointment, as a member of the State of Hawai'i Tobacco Prevention and Control Trust Fund Advisory Board. In November 2007, I was elected by the Board to serve as its vice-chair, a position that I continue to hold.

I strongly oppose HB 1731 and ask that you hold this bill in Committee.

If you choose to pass this measure out, please consider restoring the 12.5% to the Tobacco Prevention and Control Trust Fund.

Your predecessors in the legislature had the foresight to set aside a portion of the tobacco settlement monies for tobacco control initiatives. This in part reflected the source of the funds -- a suit by our state against the tobacco industry for the massive public harms caused by that industry's longstanding commerce as merchants of death. Thus, it was only a matter of justice that a meaningful portion of the settlement funds would go towards addressing the harms that the settlement arose from. Already, the original proportion has been reduced by subsequent enactments. Further cuts to the flow the trust fund gets now will severely impair its ability to carry out that purpose.

Tobacco control represents a crucial forward-looking investment in health and welfare -- one most particularly important for our state's most vulnerable communities who are disproportionately impacted by tobacco use. Tobacco use harms families -- not only owing to children's exposures to secondhand smoke, but by siphoning into the tobacco industry's deep pockets significant fractions of lower-income household incomes away from beneficial uses such as housing and education.

Finally, our state's tobacco control efforts also provide significant short and long-term benefits to the economy. Tobacco control efforts help youth avoid lifetime nicotine addictions and help adults quit, significantly reducing health care costs for private employers and the state.

I recognize that you are addressing a significant fiscal challenges this year. But while some elements of government spending are merely money spent, not much gained, tobacco control spending is a supremely worthy investment. Money invested there brings real returns -- significant health and welfare benefits to the community together with meaningful fiscal savings.

Aloha and mahalo for your consideration.

Mark A. Levin

(For identification purposes only)

Vice-Chair, State of Hawai'i Tobacco Prevention and Control Trust Fund Advisory Board

Associate Professor

The William S. Richardson School of Law

The University of Hawai'i at Mānoa

2515 Dole St., Honolulu, HI 96822

Opinions presented here are personal views and not the official views of the University of Hawai'i or any other organization or entity.

To: Chair Marcus R. Oshiro
Vice Chair Marilyn B. Lee
Members, House Committee on Finance

Fr: Jan Osorio, Youth Prevention Specialist

Date: February 25, 2009

Hrg: House Finance Committee, Thursday, February 26, 2009 at 12:00 noon (Agenda #3)

Re: Strong Opposition to HB 1731

Thank you for the opportunity to testify in STRONG opposition to HB 1731 which will drastically reduce funding of tobacco prevention and control programs.

HB 1731 will take away money from community-based programs that help people quit smoking and programs that educate the youth of Hawaii about the dangers of tobacco use.

I have been educating youth in tobacco prevention for the past several years and through these efforts, have contributed to our state making significant gains in tobacco control and prevention. Currently our high school youth smoking rates are below 10% and Hawaii has the second lowest tobacco-related deaths at 1,200 a year. A decrease in funding for anti-tobacco programs will dismantle the gains we have made for a healthier future in Hawaii.

Despite our gains, there is much more work to be done. Currently Hawaii spends \$336 million annually on smoking-related health care costs. Opposing HB 1731 will allow programs in tobacco control and prevention to continue, thus resulting in a decrease in this annual smoking-related health care cost. Please preserve funding of tobacco prevention and control programs and do not pass HB 1731 out of committee. Opposition of HB 1731 will give our youth in Hawaii the opportunity to make the choice of living a healthier future. Thank you for this opportunity to testify in opposition of HB 1731.

To: Chair Marcus R. Oshiro
Vice Chair Marilyn B. Lee
Members, House Committee on Finance

Fr: Rose Bricker
Pahoa Club Director
Boys & Girls Club of the Big Island

Date: Feb. 25, 2009

Hrg: House Finance Committee, Thursday, February 26, 2009 at 12:00 noon (Agenda #3)

Re: Strong Opposition to HB 1731

- Thank you for the opportunity to testify in strong opposition to HB 1731 which will drastically reduce funding of tobacco prevention and control programs.
- Please hold HB 1731 in committee.
- HB 1731 takes money away from community-based programs that help people quit smoking, educate youth about the dangers of tobacco use, and counter the tobacco industry's predatory tactics.
- Decreases in funding will dismantle the gains we've made to support a healthy Hawaii.
- Our comprehensive tobacco prevention and control efforts have resulted in significant gains—our high school youth smoking rates are below 10% and Hawaii has the second lowest tobacco-related deaths at 1,200 a year.
- In 2008, Boys & Girls Club of the Big Island educated 524 youths with tobacco and drug prevention curriculums TNT (Towards No Tobacco), SMART Girls, and Passport to Manhood. BGCBI conducts drug prevention programs at Club sites in Paauilo, Hilo, Keaau, Naalehu, Pahala, and Pahoa. BGCBI also teaches SMART Moves in Big Island public, private, and charter schools.
- If money is diverted, youth rates will increase. Massachusetts cut their funding from 48 million dollars in 2002 to 2.5 million dollars in 2004. Per capita cigarette consumption increased by 3.2% and significant declines in youth smoking rates were dramatically stalled.
- Despite these hard economic times, Hawaii's lawmakers must invest in the health of its people.
- There is still much work to be done: Native Hawaiians smoke 7% more than the general population and \$336 million is spent in Hawaii in annual smoking-related health care costs.
- Please preserve funding of tobacco prevention and control programs.
- Please do not pass HB 1731 out of committee.
- Thank you for the opportunity to testify in opposition to HB 1731.

I have been able to educate youth on the effects of tobacco use. Without prevention programs, youth will be on their own in refusing peer pressure and will have limited knowledge about tobacco's effects. We have come so far in understanding how tobacco products affect smokers and the people around them. All programs that receive funds from the Master Settlement Fund help people prevent or quit smoking. Please Do Not Cut Funds!!

2-25-09

Attention: Hawaii State Legislatures

Re:HB 1731

It is extremely imperative we preserve the Tobacco Settlement Funds intended for tobacco control efforts in the State of Hawaii. Any reduction in funding to our numerous tobacco cessation and prevention community programs hinders monumental strides made toward decreasing, preventing and quitting tobacco products among our residents. Tobacco use is a substantial public health concern and the most preventable cause of morbidity and mortality rates.

With approximately only a decade toward tobacco control efforts in the Hawaiian Islands, we have just begun to touch the surface in developing effective tobacco intervention programs. These programs target access to services for perinatal women, young parents, adolescents, mentally ill and homeless our high-risk populations. Plus, focus attention and curtail tobacco cessation and prevention efforts for ethnicities, such as our Hawaiians, Filipinos, other Asian Pacific Islanders and our increasing Micronesian groups, that all demonstrate higher tobacco use rates. Kalihi-Palama Health Center and Kokua Kalihi Valley Comprehensive Health Center sister organizations with a Joint Tobacco Advisory Board and Waianae Coast Comprehensive Health Center are just a few organizations with established Tobacco Cessation and Prevention Programs that serve high-risk populations. Tobacco Settlement Funds provide sustainable and ability to expand existing tobacco intervention programs and create new ones in harder to reach areas.

Tobacco use impacts everyone from persons with the nicotine addiction to family members and friends who observe health deterioration of the tobacco user or their own health, due to secondhand smoke exposure. Additionally, it attributes to our society's astronomical health care costs; lost productivity from higher missed days of work, as compared to a non-tobacco user. Hawaii is paradise, though an expensive place to live. By preserving our Tobacco Settlement Funds it will save us all from the devastating economic and health impacts in the State of Hawaii.

Sincerely,

Ann Jimenez McMillan

FINTestimony

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 25, 2009 11:48 AM
To: FINTestimony
Cc: ginny_hori@notes.k12.hi.us
Subject: Testimony for HB1731 on 2/26/2009 12:00:00 PM

Testimony for FIN 2/26/2009 12:00:00 PM HB1731

Conference room: 308
Testifier position: oppose
Testifier will be present: No
Submitted by: Ginny Hori
Organization: Waimea High School
Address: 9202 Tsuchiya Road Waimea, Kauai, Hi
Phone: 1-808-338-6800
E-mail: ginny_hori@notes.k12.hi.us
Submitted on: 2/25/2009

Comments:

I oppose the bill, we need to keep the tobacco monies working to prevent the use of tobacco products that is killing one person every 8 minutes. Take a stand and do the right thing

FINTestimony

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 25, 2009 11:39 AM
To: FINTestimony
Cc: kapaakris@gmail.com
Subject: Testimony for HB1731 on 2/26/2009 12:00:00 PM

Testimony for FIN 2/26/2009 12:00:00 PM HB1731

Conference room: 308
Testifier position: oppose
Testifier will be present: No
Submitted by: Christine Farina
Organization: Kapaa High School
Address: 4695 Mailihuna Kapaa, HI
Phone: 808 8214400
E-mail: kapaakris@gmail.com
Submitted on: 2/25/2009

Comments:

I think that it is a CRIME that support for this project is being considered for cuts. What have we without our youth? They are our future! What is the governor planning to do with the "stimulus money" from the Federal government? Shouldn't this be a program that is fully supported? Cutting support for this program is certainly not in the best interest of our youth, our future, or our State

Dear House Finance Committee members:

I recently found out that there is a bill to take money away from the Tobacco Trust Fund. I am writing in opposition to HB 1731.

As a resident of Kauai I am proud of the efforts the community has put in to reducing tobacco use. I have seen how the different programs have helped many individuals who are struggling to quit their smoking addiction. Some of these individuals have been smoking for over 40 years and if it wasn't for the programs, they would still be smoking. Deciding to quit is hard enough and then to find out there is no one to help them with the difficulties of quitting would make tobacco users feel hopeless and thus continue with their addiction. Taking these valuable resources away from the community would leave smokers who have nowhere else to turn.

Unfortunately, I have also witness the losses. The loss of lives and the heartbreak it causes to the families and community. There is no amount of money that replaces a life. If you are talking about money though, you would save a lot of money in the long run because of medical costs of smokers and those adults & children around them. For example, Kauai has a high low birth rate. The studies have showed that household with a smoker increases the likelihood of a baby born with low birth weight. I have had a family member who was born prematurely and the hospital cost were over \$100,000!

I plead with you to keep funding in the Tobacco Trust Fund for the sake of our families and our community.

Thank you,

Novelyn Hinazumi

Chair Marcus
Vice Chair Marilyn B. Lee,
Members, House Committee on Finance

Date: February 25, 2009

Hearing: House Finance Committee, Thursday, February 26, 2009 at 12:00 noon
(Agenda #3)

Re: Strong Opposition to HB 1731

My name is Hye-ryeon Lee and I live at 3094 Kaloaluiki Street in Manoa valley. I am a health communication researcher and on the faculty at the University of Hawaii at Manoa.

I am writing this letter to urge you to oppose HB 1731. HB 1731 will dramatically decrease the funding of community programs that help people quit smoking and educate youth about the dangers of tobacco use. The allocations to the Tobacco Prevention and Control Trust Fund must not be reduced. Decreases in funding will dismantle the gains we've made to support a healthy Hawaii. Our comprehensive tobacco prevention and control efforts have resulted in significant gains—our high school youth smoking rates are below 10% and Hawaii has the second lowest tobacco-related deaths at 1,200 a year.

The Centers for Disease Prevention and Control (CDC) Best Practices Guidelines for tobacco control recommends that to be most effective, the state of Hawaii should be spending between \$10.8 and \$23.4 million on a comprehensive, statewide tobacco control program. At the current allocation of 12.5%, the Trust Fund is receiving approximately \$5 million per year. By spending the money on prevention we can save money on health care in the end. The data is clear on this: Based on the experience in CA and MA every dollar spent on tobacco prevention and cessation can save up to \$3.00 in health care and other associated costs spend because of tobacco use. Prevention saves our state money and lives.

The purpose of the tobacco settlement with the tobacco industry was to offset the costs the state incurred in association with tobacco use. In settling this case, the 46 states involved indicated the funds would be used to reduce the impact of tobacco use. While there are many programs deserving of funding, the tobacco settlement funds should first and foremost be used for its intended purpose - tobacco prevention and control. Tobacco use costs the state and its residents over \$328 million each year in health and other associated costs, not to mention the pain and suffering to tobacco users and their families from disability and premature death. Good news is that all these human and financial costs associated with tobacco use can be prevented. However, to prevent tobacco use in Hawaii, we need an adequate level of funding. I strongly believe that it is your responsibility as a representative of your constituents to ensure this.

If money is diverted, smoking rates will increase. Massachusetts cut their funding from 48 million dollars in 2002 to 2.5 million dollars in 2004. Per capita cigarette consumption

increased by 3.2% and significant declines in youth smoking rates were dramatically stalled. We cannot afford to lose ground in the fight against tobacco and its serious effects on people! Despite these hard economic times, Hawaii's lawmakers must continue to invest in the health of Hawai'i people. There is still a lot of work to do. Native Hawaiians smoke 7% more than the general population and \$336 million is spent in annual health care costs directly-caused by smoking.

Please preserve funding of tobacco prevention and control programs and oppose efforts to decrease the 12.5% dedicated to the Tobacco Prevention and Control Trust Fund. Please oppose HB 1731. I thank you for your work to make Hawaii one of the healthiest in the nation. Please continue to support the funding of comprehensive tobacco prevention and control funds.

Please feel free to contact me if you have any questions regarding this letter or if you need additional information on this issue. I can be reached at 956-3313 by phone and hyeryeon@hawaii.edu by e-mail.

Hye-ryeon Lee, Ph.D.
Associate Professor
Department of Speech & Cancer Research Center of Hawaii
University of Hawaii at Manoa
Honolulu, HI 96822

Opinions presented here are personal views and not the official views of the University of Hawai'i or any other organization or entity.

FINTestimony

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 25, 2009 1:02 PM
To: FINTestimony
Cc: • jillf2184@yahoo.com
Subject: Testimony for HB1731 on 2/26/2009 12:00:00 PM

Testimony for FIN 2/26/2009 12:00:00 PM HB1731

Conference room: 308
Testifier position: oppose
Testifier will be present: No
Submitted by: Jill Friedman
Organization: Individual
Address:
Phone:
E-mail: jillf2184@yahoo.com
Submitted on: 2/25/2009

Comments:



Tobacco-Free Big Island

ADDRESS

1097 Pukana Street, Hilo, HI 96720

PHONE

(808) 896-1670

FAK

1-866-375-7216

EMAIL

livetobaccofree@hawaii.rr.com

WEB

www.tobaccofreebigisland.net

MISSION

"To provide tools to inspire all segments of our diverse community to eliminate tobacco use and exposure in East Hawaii."

ACTIVE MEMBERS

American Cancer Society, East Hawaii Unit
American Lung Association in Hawaii
American Heart Association, Hawaii Island
Hamakua Health Center
Bay Clinic, Inc.
Hui Malama Ola Na O'iwi
Tobacco Education & Assistance Program
Boys & Girls Club of the Big Island
Salvation Army Family Intervention Services
Keahu Youth Business Center
Hale Kipa, Neighbor Island Office
REAL East Hawaii
Plus many dedicated individuals

FOCUS

Youth Prevention & Education
Youth & Adult Treatment/Cessation
Clean Air: Reducing Secondhand Smoke
Disparate Populations
Protection of MSA for Tobacco Control

FUNDED BY

Coalition for a Tobacco-Free Hawaii
Hawaii Department of Health's
Tobacco Prevention & Education Program

TO: Representative Marcus Oshiro, Chair
Representative Marilyn B. Lee, Vice Chair
Members, House Committee on Finance

RE: TESTIMONY IN STRONG OPPOSITION - HB 1731
Relating to the Hawaii Tobacco Settlement Special Fund
Hearing on Thursday, February 26, 12:00 p.m.
Conference Room 308, State Capitol

My name is Tracie Yoshimoto, Coalition Coordinator of Tobacco-Free Big Island, an alliance of organizations, businesses and dedicated volunteers who work together to eliminate the harms of tobacco use in East Hawaii (Hamakua, Hilo, Puna and Ka'u).

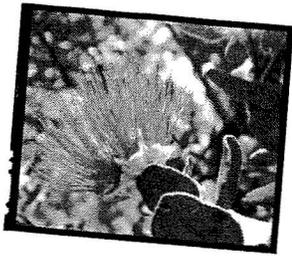
Please accept this testimony in **strong opposition** to HB 1731, which would reallocate the distribution of moneys in the Hawaii tobacco settlement fund, one of which would decrease the portion for tobacco prevention and control by 52%.

In 1998, Hawaii sought redemption from Big Tobacco for the years of suffering, deaths - human and economic costs on society. The State vowed to use the Tobacco Master Settlement Agreement (MSA) for its intended purpose - tobacco prevention and control. Over the years, the portion of the tobacco settlement decreased from 25% to its current 12.5%, and this session is under threat of decreasing to 6%.

THE FIGHT IS NOT OVER... A lot of progress has been made, but we are at just at the cusp of change and there is more to be done....

Native Hawaiians smoke 7% more than the general population. In Hawaii, the Tobacco Industry spends \$42.2 million per year marketing to Native Hawaiians, youth and those that can least afford their nicotine addiction. This costs Hawaii \$336 million annually in health care costs directly caused by smoking. The portion covered by the state Medicaid program is \$117 million. Hawaii Residents' state & federal tax burden from smoking-caused government expenditures is \$662 per household, and smoking-caused productivity losses in Hawaii is \$308 million!

HB 1731 will dramatically decrease or eliminate the funding of community programs like Hui Malama Ola Na O'iwi (Native Hawaiian Health Care System), Kick-the-Nic! and American Lung Association in Hawaii's tobacco treatment groups in Hilo and Puna. They are reaching out to help the Native Hawaiian and Filipino communities, and high school smokers.



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MISSION
"To provide tools to inspire all segments of
our diverse community to eliminate
tobacco use and exposure in East Hawaii."

Hamakua Health Center provides tobacco treatment services, but need funding to build their programs.

Boys and Girls Club of the Big Island, Kea'au Youth Business Center, Salvation Army Family Intervention Services and REAL are showing our youth how to make healthy choices and teaching important advocacy skills to stand up against tobacco industry targeting. These are great programs which are making a difference and need continued funding.

No doubt these are tough economic times, which require difficult decisions to be made. It is NOT okay take funding from areas where services are needed the most during these times. The economic burden of tobacco on our healthcare system, on family households will further rise if the tobacco settlement is not safeguarded and community programs in tobacco dependence treatment/cessation, youth prevention and education are unable to continue their work.

TFBI members have advocated for smoke-free workplaces, provided training to increase the number of tobacco dependence treatment resources for youth and adults. Our East Hawaii youth are taking a stand against the tobacco industry and rejecting tobacco use as normal. And most recently, Hawaii County took a big step, being the first in the State with tobacco-free parks, beaches and recreational facilities.

It will all be for not. Decreases to the tobacco settlement funding will dismantle the gains we've made to support a healthy Hawaii.

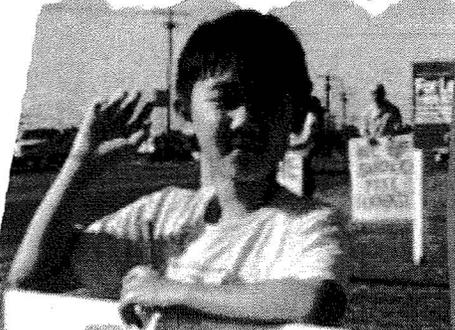
We cannot afford to lose ground in the fight against tobacco and its serious effects on our ohana, friends and keiki! Despite these hard economic times, Hawaii's lawmakers must continue to invest in the health of Hawaii's people. There is still a lot of work to do.

Thank you for your work to make Hawaii one of the healthiest in the nation. Please continue to support and safeguard the Tobacco Master Settlement Agreement dollars for its intended purpose - comprehensive tobacco prevention and control. Prevention saves our state money and lives. Oppose HB 1731.

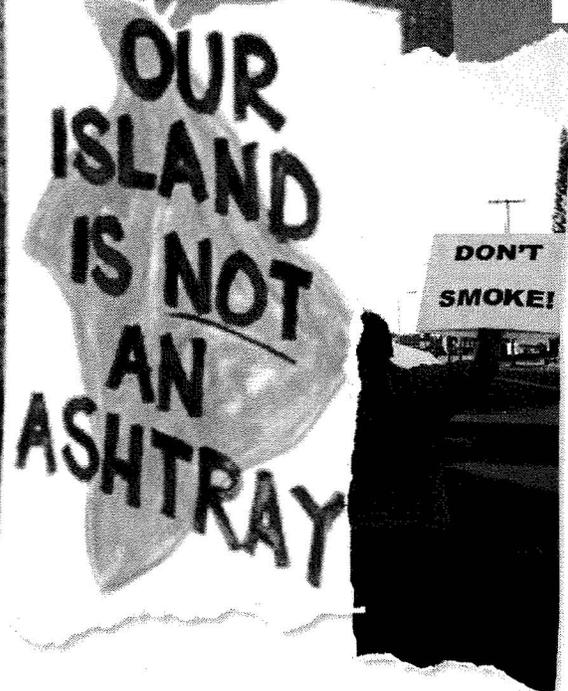
Sincerely yours,

Tracie Yoshimoto
Coalition Coordinator





KEEP IT 12.5%



SAFEGUARD OUR KEIKI FROM TOBACCO...
AND STOP THE RAID!

KEEP BOYS AND GIRLS CLUB OF THE BIG ISLAND'S SMART MOVES PROGRAM

KEEP SALVATION ARMY FAMILY INTERVENTION SERVICES' HANDS OFF TOBACCO PROGRAM

KEEP KEAAU YOUTH BUSINESS CENTER'S ANTI-TOBACCO MEDIA PRODUCTION PROGRAM

To: Chair Marcus R. Oshiro
Vice Chair Marilyn B. Lee
Members, House Committee on Finance

Fr: Jay Ihara
SMART Moves & Prevention Director
Boys & Girls Club of the Big Island

Date: Feb. 25, 2009

Hrg: House Finance Committee, Thursday, February 26, 2009 at 12:00 noon (Agenda #3)

Re: Strong Opposition to HB 1731

- Thank you for the opportunity to testify in strong opposition to HB 1731 which will drastically reduce funding of tobacco prevention and control programs.
- Please hold HB 1731 in committee.
- HB 1731 takes money away from community-based programs that help people quit smoking, educate youth about the dangers of tobacco use, and counter the tobacco industry's predatory tactics.
- Decreases in funding will dismantle the gains we've made to support a healthy Hawaii.
- Our comprehensive tobacco prevention and control efforts have resulted in significant gains—our high school youth smoking rates are below 10% and Hawaii has the second lowest tobacco-related deaths at 1,200 a year.
- In 2008, Boys & Girls Club of the Big Island educated 524 youths with tobacco and drug prevention curriculums TNT (Towards No Tobacco), SMART Girls, and Passport to Manhood. BGCBI conducts drug prevention programs at Club sites in Paauilo, Hilo, Keaau, Naalehu, Pahala, and Pahoia. BGCBI also teaches SMART Moves in Big Island public, private, and charter schools.
- If money is diverted, youth rates will increase. Massachusetts cut their funding from 48 million dollars in 2002 to 2.5 million dollars in 2004. Per capita cigarette consumption increased by 3.2% and significant declines in youth smoking rates were dramatically stalled.
- Despite these hard economic times, Hawaii's lawmakers must invest in the health of its people.
- There is still much work to be done: Native Hawaiians smoke 7% more than the general population and \$336 million is spent in Hawaii in annual smoking-related health care costs.
- Please preserve funding of tobacco prevention and control programs.
- Please do not pass HB 1731 out of committee.
- Thank you for the opportunity to testify in opposition to HB 1731.



To: The Honorable Marcus R. Oshiro, Chair, Committee on Finance
The Honorable Marilyn B. Lee, Vice Chair, Committee on Finance
Members, House Committee on Finance
From: Deborah Zysman, MPH, Executive Director 
Date: February 24, 2009
Hrg: House Committee on Finance; February 26, 2009 in Rm 308 at 12:00 p.m.
Re: **Strong Opposition to HB 1731**
Relating to the Hawaii Tobacco Settlement Special Fund

Thank you for the opportunity to testify in strong opposition to HB 1731, which will cut funds dedicated to tobacco prevention and control.

The Coalition for a Tobacco Free Hawaii (Coalition) is the only independent organization in Hawaii whose sole mission is to reduce tobacco use through education, policy and advocacy. Our organization is a small nonprofit organization of over 3,000 organizations and advocates that works to create a healthy Hawaii through comprehensive tobacco prevention and control efforts. The Coalition started in 1996, under the auspices of the American Cancer Society. The Coalition, along with its founding members, played key roles in setting up the Tobacco Prevention and Control Trust Fund, which now receives 12.5% of the Tobacco Settlement.

I. The Tobacco Settlement Special Fund: Tobacco Settlement Dollars Should Fund Tobacco Prevention and Cessation

The Tobacco Settlement Special Fund is the result of a joint lawsuit, which Hawaii joined, to recover health-care costs for tobacco-related illnesses paid by State taxpayers. The Tobacco Master Settlement Agreement that settled the lawsuit contains language that reflects the intent of the states and the major cigarette companies. The parties to the suit expected and intended that the Tobacco Settlement moneys would be used to prevent and reduce tobacco use, especially among children, and otherwise reduce the toll of tobacco on the states. The Tobacco Settlement says, "the undersigned Settling States . . . have agreed to settle their respective lawsuits and potential claims pursuant to terms which will achieve for the Settling States and their citizens significant funding for the advancement of public health, the implementation of important tobacco-related public health measures . . ."

By signing onto the Tobacco Settlement, Hawaii made an implicit promise to dedicate the funds for the advancement of public health and made its commitment to reducing tobacco use. Our State cannot afford to make knee-jerk decisions to fix our economic crisis at the expense of long-term money and lives saved. Given our serious economic situation, we can ill-afford to disregard prevention efforts that will significantly reduce the alarming costs associated with smoking-related illnesses and health issues like heart attack and lung cancer.

II. Prevention Is Not a Luxury; It's a Necessity that Saves Lives & Money

The significant gains we've seen in the health of Hawaii are a direct result from the comprehensive efforts of the tobacco prevention and control community. Most recently, Hawaii has the second-lowest smoking-related death rate in the nation. In addition, our high-school youth smoking rates have dropped to 9.7% from 24.5% in 2000.

Between 1990 and 1998, California Tobacco Control Program saved an estimated \$8.4 billion in smoking-caused costs and more than \$3.0 billion in smoking-caused healthcare costs. State programs secure large returns for investment in tobacco prevention. For every dollar California spent from 1989 to 2004, the State received tens of dollars in savings in reductions in healthcare costs to the State.

Though not funded at the CDC recommended levels, Hawaii has invested in tobacco control and we have seen our smoking-related deaths drop. The CDC recommends that Hawaii spend \$15.9 million dollars on tobacco prevention and control. Currently, it is estimated that we spend \$11.3 million dollars. Funding cuts will take us well below the \$15.9 billion recommendation.

III. Cuts in Funding Will Undermine Successes

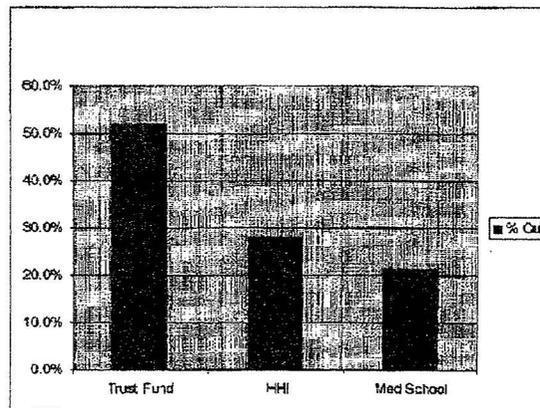
We have learned from other states that cuts in funding will undermine successes made in reducing smoking rates. When Indiana cuts its funding of tobacco prevention programs by 70%, their smoking rates increased to 23.9% in 2006. California had a well-funded Tobacco Control program in 1999 that reduced youth smoking; however, funding cuts in 2003 led to an increase in high-school smoking rates from 13.2% to 15.4% between 2004 and 2006, and declines in cigarette consumption came to a virtual standstill between 2002 and 2005.

IV. The Tobacco Prevention and Control Trust Fund Must Be Restored

The Tobacco Prevention and Control Trust Fund ("Trust Fund") currently receives 12.5% of the Tobacco Settlement Fund. (Prior to 2006 and a law to dedicate 28% of the funds to pay off the debt service for the UH Medical School, the Trust Fund received 25%.) The State is allowed by statute to expend up to 50% of the trust corpus on tobacco prevention and cessation.

HB 1731 will reduce the 12.5% going to the Tobacco Prevention and Control Trust Fund by over 52%. In other words, the community is burdened with the largest cut proportionally. (See below.)

Proposed Cuts to Tobacco Prevention and Control Funding in HB 1731





COALITION FOR A
TOBACCO-FREE HAWAII

Distribution of Tobacco Settlement Fund

	Current law HRS 328L	HB 1731	% Cut
Tobacco Prevention and Control Trust Fund	12.5%	6%	52%
Department of Health Healthy Hawaii Initiative	25%	18%	28%
S-CHIP (DOH distributes to DHS)	10%	10%	0%
UH School of Medicine	28%	22%	21.4%
Rainy Day Fund	24.5%	30%	
General Fund	0	14%	

The Trust Fund has funded numerous nonprofits which are able to fill in gaps that State agencies cannot. Often, they work in communities and offer culturally appropriate and relevant services to help people quit and to educate youth on the dangers associated with smoking. We ask that you restore the 12.5% to the Tobacco Prevention and Control Trust Fund so that these community-based services can continue.

Thank you for the opportunity to testify on this matter.

To: Chair Marcus R. Oshiro
Vice Chair Marilyn B. Lee
Members, House Committee on Finance

From: Hardy Spoehr, Executive Director, Papa Ola Lōkahi

Date: February 25, 2009

Hearing: House Finance Committee, Thursday, February 26, 2009 at 12:00 noon (Agenda #3)

Re: STRONGLY OPPOSE HB 1731 – Relating to the Hawai‘i Tobacco Settlement Funds

Mahalo for the opportunity to testify in strong opposition of HB 1731, introduced by Speaker Say, which will drastically reduce funding of community tobacco prevention and control programs that will ultimately result in reduced tobacco control education and services.

HB 1731 takes money away from community-based programs that help people quit smoking, educate youth about the dangers of tobacco use, and counter the tobacco industry’s predatory tactics that target vulnerable populations, such as Native Hawaiians, women and youth. You need only remember the community’s outrage at R.J. Reynolds Kaua‘i Kolada candy-flavored cigarettes that were marketed in 2005.

Community-based programs are essential because: 1) grassroots, community activism is what effectively creates change, 2) they have the capacity to target priority populations with culturally competent and appropriate materials, resources, and services, and 3) they not only address tobacco use, but also reduce disparities in tobacco use.

Hawai‘i with its melting pot of ethnicities cannot continue to be passive to generic health promotion that is not effective in Hawaiian, Filipino or Pacific Islander communities, especially when smoking rates for these populations continue to be high; surpassing state and national rates.

In the past four decades, it is community-based actions by tobacco control practitioners and community advocates that have had the greatest effect on tobacco use. The comprehensive tobacco prevention and control efforts have resulted in significant gains—our overall high school youth smoking rates are below 10% and Hawaii has the second lowest tobacco-related deaths at 1,200 a year. However, smoking rates for adolescent Filipino girls are one of the highest in the nation.

However, if funding for tobacco prevention and control programs is diverted, smoking rates are guaranteed to increase. Massachusetts provides a blatant example—they cut their funding from 48 million dollars in 2002 to 2.5 million dollars in 2004. Their per capita cigarette consumption increased and the significant declines in youth smoking rates were dramatically stalled.

Despite these hard economic times, Hawai‘i’s lawmakers must invest in the health of its people. There is still much work to be done. The smoking rates of Native Hawaiians continue to be higher than the general population by 7%, and the US population by 14%. And it costs our state a whopping \$336 million annually for smoking-related health care costs.

Your support and commitment is needed to preserve the funding level for tobacco prevention and control programs at 12.5%. In 1999, State lawmakers passed legislation intended to protect the tobacco settlement dollars in the Trust Fund from being diverted because it is proven that tobacco control education and programs reduces smoking and saves lives. So where is our state’s commitment to tobacco prevention and control?

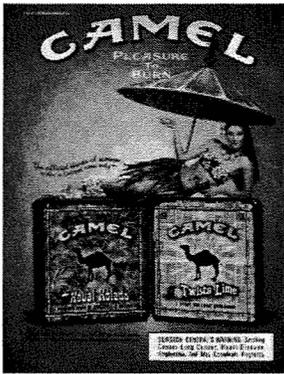
It took one lone individual to get the tobacco company Philip Morris to formally apologize and remove their Maori (New Zealand) branded cigarette from the market. Your individual and collective opposition to HB 1731 can prevent millions of avoidable premature deaths.

Mahalo for the opportunity to testify in opposition of HB 1731.

HAWAIIANS WHAT ABOUT US?

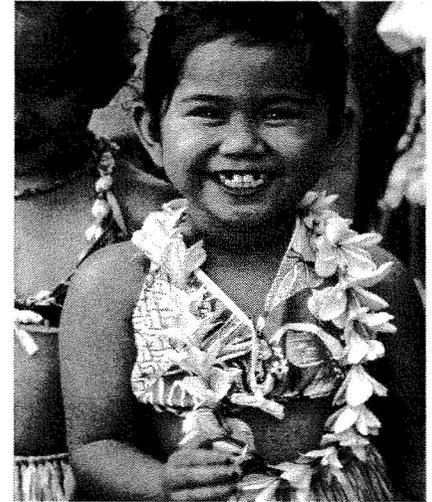
OPPOSE CUTS TO TOBACCO CONTROL \$\$...BEFORE THERE ARE NONE

It's been over ten years since the tobacco settlement, yet Native Hawaiians continue to have the highest smoking rates, and the highest incidence of smoking-related diseases (cancers, heart and lung disease, diabetes, and asthma) - causing preventable and premature deaths.



The tobacco industry methodically targets Native Hawaiians, women and youth – using Hawaiian words, images and cultural symbols which unfortunately, works.

How do we help Hawaiians and other vulnerable groups if you take the tobacco settlement funds that support tobacco education, prevention and cessation?



Tobacco use is a social justice issue and a resistance movement for Native Hawaiians. Dr. Kekuni Blaisdell's message that "It's Anti-Hawaiian to Smoke" reminds us that using tobacco was not a traditional Hawaiian practice and alerts us to the fact that we have adopted harmful Western ways that contribute to our poor health status. His message is championed by Leimomi Shearer of Hui Malama Ola Na 'Oiwi who tells her clients that "Smoking is NOT a Hawaiian Tradition."

Ina he koko 'oiwi, he kuleana 'oiwi

The challenge is daunting, but so too is the price of failure, in millions of avoidable premature deaths.



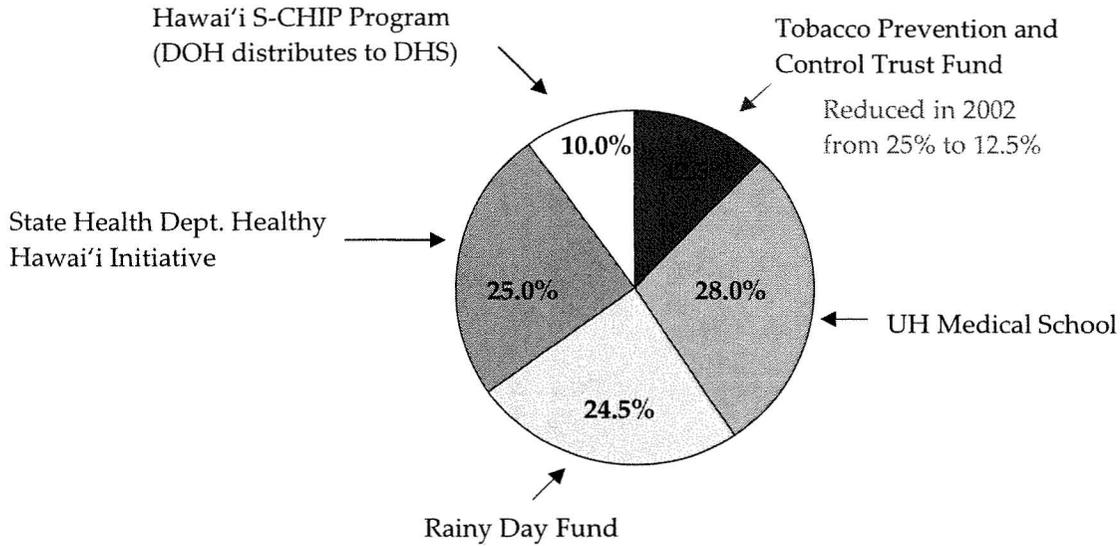
Imi Hale
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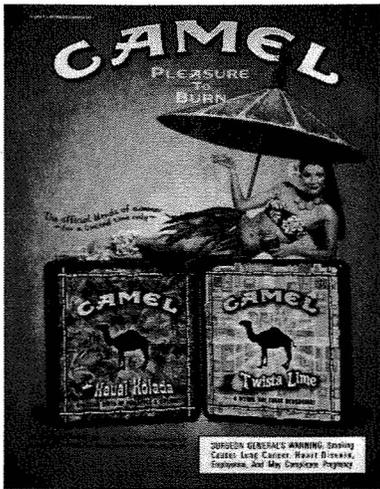
Papa Ola Lokahi
Nana I Ka Pono Na Ma

Taking tobacco settlement \$\$ away from education and programs is **Wrong!**

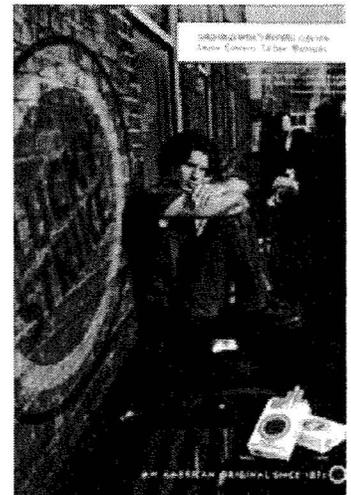
Hawai'i Tobacco Settlement Agreement Distribution



State lawmakers intended to protect the tobacco settlement dollars in the Trust Fund from being diverted to purposes other than tobacco control because it is proven that tobacco control education and programs reduces smoking and saves lives.



Education funding fights ads like these from the tobacco industry that target Native Hawaiians, women and youth.



Keep the current funding at 12.5% for community programs that provide tobacco prevention and control services.

To: Chair Marcus R. Oshiro
Vice Chair Marilyn B. Lee
Members, House Committee on Finance

From: JoAnn Tsark, Project Director, `Imi Hale Native Hawaiian Cancer Network

Date: February 25, 2009

Hearing: House Finance Committee, Thursday, February 26, 2009 at 12:00 noon (Agenda #3)

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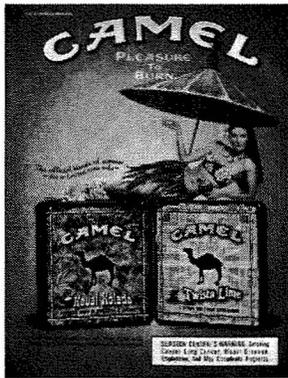
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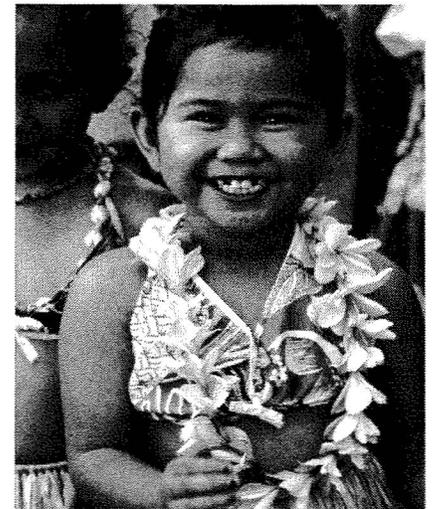
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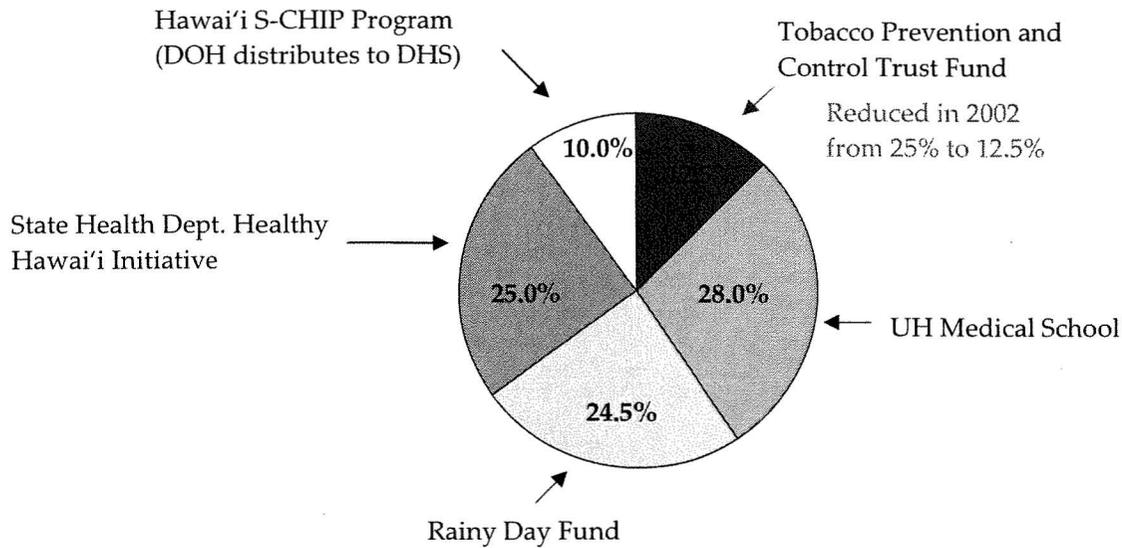
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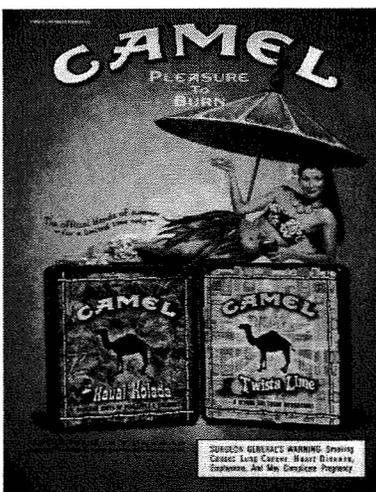
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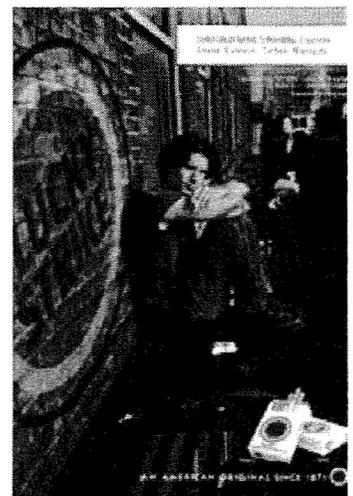
Hawai'i Tobacco Settlement Agreement Distribution



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Keep the current funding at 12.5% for community programs that provide tobacco prevention and control services.

Filipinos for Affirmative Action

3432 B-1 Kalihi Street Honolulu, HI 96819

TESTIMONY IN STRONG OPPOSITION TO HB 1731

House Finance Committee
Feb. 26, 2009, 12 p.m.
Hawai'i State Capital
House Conference Rm. 308

To:

Honorable Rep. Marcus R. Oshiro, Chair
Honorable Rep. Marilyn B. Lee, Vice-Chair
Honorable House Finance Committee Members

From:

Helena Manzano, Member, Filipinos for Affirmative Action

My name is Helena Manzano. As a social worker and as a member of Filipinos for Affirmative Action, a proponent of civil rights, I submit strong opposition to HB 1731.

We believe that access to health information, like access to emergency preparedness information and civil defense communications, is a human right. Tobacco Settlement funds were hard fought for nationally and locally to be intended to reach all people, including impressionable youth, low income communities, and people whose first language is not English. Marketing evidence shows these vulnerable groups are systematically targeted with insidious advertising that co-opts their own cultural symbols by the tobacco industry to become consumers who are dependent on carcinogenic tobacco products.

Diverting tobacco education, prevention, and cessation funds is not prudent, given the compounding hardships during Hawaii's economic crises. People need socially responsible approaches to strengthening and rebuilding their lives. Likewise, we look to the legislature to help keep our communities smoke free, and to have the political courage to tighten other parts of the budget without jeopardizing people's health. Please vote no to HB 1731. Thank you for hearing this bill and for the opportunity to testify.

Respectfully submitted,

Helena Manzano
Filipinos for Affirmative Action

TESTIMONY IN STRONG OPPOSITION TO HB 1731

House Finance Committee

Feb. 26, 2009, 12 p.m., Hawai'i State Capital, House Conference Rm. 308

Measure Title: RELATING TO THE HAWAII TOBACCO SETTLEMENT SPECIAL FUND.

Description: Reallocates for 6 years from 07/01/09 to 06/30/2015, distribution of moneys in the Hawai'i tobacco settlement special fund, including depositing 14% into the state general fund

To:

Honorable Rep. Marcus R. Oshiro, Chair

Honorable Rep. Marilyn B. Lee, Vice-Chair

Honorable House Finance Committee Members

From: 'Iwalani Else, Ph.D.

I submit this testimony to strongly oppose this bill.

The scientific evidence on funding for tobacco policies on prevention and control is very clear – it works to decrease use and tobacco-related diseases and the associated costs. Smoking is linked with at least 25 chronic health problems including cancer, heart disease, hypertension, stroke, respiratory diseases (asthma, etc.), diabetes, and depression.

The cost of tobacco use in Hawai'i alone is staggering – \$328 million in medical expenses, premature death, disability, and loss of productivity. The tobacco industry enormously profits from communities in Hawai'i that are vulnerable to the industry's deceptive marketing tactics. Of note are the high rates for Native Hawaiians who have been specifically targeted by tobacco marketing. Unfortunately, it works. Native Hawaiians continue to have the highest smoking rates of Hawai'i's major ethnic groups, start smoking younger (which makes quitting harder), and have the highest rates of chronic health problems related to tobacco. Despite high rates, research shows that nearly half of Native Hawaiian smokers would like to quit. This is an opportunity to make positive health changes, not only for Native Hawaiians, but for all people in Hawai'i by continuing funding for tobacco education, prevention, and cessation.

Research shows that quitting smoking, at any age, extends life and that statewide tobacco control programs that are comprehensive, sustained, and accountable have been shown to reduce smoking rates, tobacco-related deaths, and diseases caused by smoking.

In 2007, the Institute of Medicine recommended that each state fund a comprehensive tobacco control program at the level recommended by CDC in *Best Practices for Comprehensive Tobacco Control Programs–2007*. Indeed, President Obama is calling for "the largest investment ever in preventive care." Hawai'i can lead in comprehensive tobacco control. Tobacco Settlement funds have resulted in smoking rates decreasing overall for adults and youth, and for Hawai'i having the second lowest death rate from tobacco in the nation. If HB 1731 passes, these rates will surpass the existing \$328 million, deaths will increase along with medical costs for treatment of tobacco-related diseases and loss of productivity.

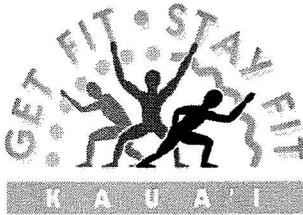
While diverting Tobacco Settlement funds may seem like a short-term fiscal solution during Hawai'i's economic crisis, diverting funds will actually cost our state far more – even in the short term.

Hawai'i's citizens look to the legislature to help keep our communities and workplaces smoke free, and to have the political courage to tighten other parts of the budget without jeopardizing health.

Please keep the Tobacco Settlement funds intact. Please vote no to HB 1731. Thank you for hearing this bill and for the opportunity to testify.

Sincerely,

'Iwalani Else, Ph.D.



Get Fit Kauai
NPAC: Nutrition and Physical Activity Coalition of Kauai
P.O. Box 392, Kilauea, HI 96754
A project of the University of Hawaii at Manoa
Office of Public Health Studies, John A Burns School of Medicine
Phone: 808-828-2027 Email: bbrody1@hawaii.rr.com

HB 1731
RELATING TO THE HAWAII TOBACCO SETTLEMENT SPECIAL FUND

House Committee on Finance

Public Hearing – February 26, 2009
12:00pm., State Capitol, Conference Room 308

By
Bev Brody-Skerik
Get Fit Kaua'i Island Coordinator, University of Hawaii at Manoa

Testimony in STRONG OPPOSITION TO HB 1731

My name is Bev Brody and I represent the Nutrition and Physical Activity Coalition on Kauai, "Get Fit Kauai". I am writing with deep concern and strong opposition to reallocating essential public health prevention funds from the Tobacco Settlement Special Fund to the State General Fund. Today, approximately two-thirds of American adults are overweight or obese and the proportion of children who are overweight has tripled since 1980. This is considered a fast-growing epidemic by the American Public Health Association (APHA) and public health organizations, agencies and associations have developed programs "to shape up the community" as an opportunity to improve healthy lifestyles.

It is well known that effective prevention programs are far cheaper than after-the-fact treatment programs. The funds allocated to the Department of Health have been used to create the Healthy Hawaii Initiative which has provided the means for each island to develop very effective prevention programs and THEY'RE WORKING!!! Kaua'i residents are actually changing long held habits and experiencing the rewards of those changes in terms of lower blood pressure, weight loss, increasing levels of energy and self esteem and decreasing dependency on tobacco and other drugs. By effectively supporting people in adopting healthy lifestyles, it is improving the quality and quantity of life for many residents of Hawai'i. The program has had a definite impact on lowering health risks and medical costs. Unfortunately, the work is not done.

The result of this bill would be devastating! After doing the math, it would mean a **40% cut to the funds provided to the Department of Health**. This means, the community is hit the hardest. The people who need it most will suffer. I reiterate; *a cut of this magnitude would be devastating to these programs.*

We urge you to VOTE AGAINST HB 1731.

Thank you for the opportunity to testify in strong opposition to HB 1731.

To: Chair Marcus R. Oshiro
Vice Chair Marilyn B. Lee
Members, House Committee on Finance

From: LorrieAnn Santos

Date: February 25, 2009

Hearing: House Finance Committee, Thursday, February 26, 2009 at 12:00 noon (Agenda #3)

Re: STRONGLY OPPOSE HB 1731 – Relating to the Hawai'i Tobacco Settlement Funds

Mahalo for the opportunity to testify in strong opposition of HB 1731, introduced by Speaker Say, which will drastically reduce funding of community tobacco prevention and control programs that will ultimately result in reduced tobacco control education and services.

HB 1731 takes money away from community-based programs that help people quit smoking, educate youth about the dangers of tobacco use, and counter the tobacco industry's predatory tactics that target vulnerable populations, such as Native Hawaiians, women and youth. You need only remember the community's outrage at R.J. Reynolds Kaua'i Kolada candy-flavored cigarettes that were marketed in 2005.

Community-based programs are essential because: 1) grassroots, community activism is what effectively creates change, 2) they have the capacity to target priority populations with culturally competent and appropriate materials, resources, and services, and 3) they not only address tobacco use, but also reduce disparities in tobacco use.

Hawai'i with its melting pot of ethnicities cannot continue to be passive to generic health promotion that is not effective in Hawaiian, Filipino or Pacific Islander communities, especially when smoking rates for these populations continue to be high; surpassing state and national rates.

In the past four decades, it is community-based actions by tobacco control practitioners and community advocates that have had the greatest effect on tobacco use. The comprehensive tobacco prevention and control efforts have resulted in significant gains—our overall high school youth smoking rates are below 10% and Hawaii has the second lowest tobacco-related deaths at 1,200 a year. However, smoking rates for adolescent Filipino girls are one of the highest in the nation.

However, if funding for tobacco prevention and control programs is diverted, smoking rates are guaranteed to increase. Massachusetts provides a blatant example—they cut their funding from 48 million dollars in 2002 to 2.5 million dollars in 2004. Their per capita cigarette consumption increased and the significant declines in youth smoking rates were dramatically stalled.

Despite these hard economic times, Hawai'i's lawmakers must invest in the health of its people. There is still much work to be done. The smoking rates of Native Hawaiians continue to be higher than the general population by 7%, and the US population by 14%. And it costs our state a whopping \$336 million annually for smoking-related health care costs.

Your support and commitment is needed to preserve the funding level for tobacco prevention and control programs at 12.5%. In 1999, State lawmakers passed legislation intended to protect the tobacco settlement dollars in the Trust Fund from being diverted because it is proven that tobacco control education and programs reduces smoking and saves lives. So where is our state's commitment to tobacco prevention and control?

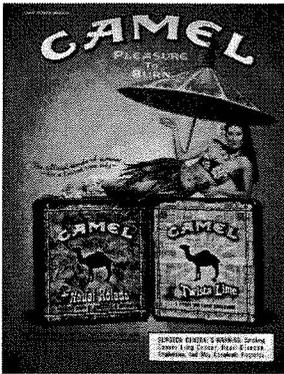
It took one lone individual to get the tobacco company Philip Morris to formally apologize and remove their Maori (New Zealand) branded cigarette from the market. Your individual and collective opposition to HB 1731 can prevent millions of avoidable premature deaths.

Mahalo for the opportunity to testify in opposition of HB 1731.

HAWAIIANS WHAT ABOUT US?

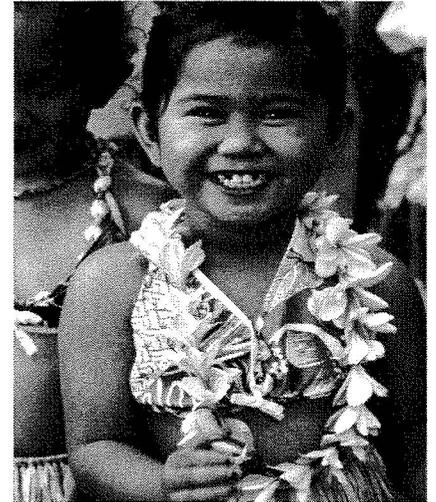
**OPPOSE CUTS TO TOBACCO CONTROL
\$\$...BEFORE THERE ARE NONE**

It's been over ten years since the tobacco settlement, yet Native Hawaiians continue to have the highest smoking rates, and the highest incidence of smoking-related diseases (cancers, heart and lung disease, diabetes, and asthma) - causing preventable and premature deaths.



The tobacco industry methodically targets Native Hawaiians, women and youth – using Hawaiian words, images and cultural symbols which unfortunately, works.

How do we help Hawaiians and other vulnerable groups if you take the tobacco settlement funds that support tobacco education, prevention and cessation?



Tobacco use is a social justice issue and a resistance movement for Native Hawaiians. Dr. Kekuni Blaisdell's message that "It's Anti-Hawaiian to Smoke" reminds us that using tobacco was not a traditional Hawaiian practice and alerts us to the fact that we have adopted harmful Western ways that contribute to our poor health status. His message is championed by Leimomi Shearer of Hui Malama Ola Na 'Oiwi who tells her clients that "Smoking is NOT a Hawaiian Tradition."

Ina he koko 'oiwi, he kuleana 'oiwi

The challenge is daunting, but so too is the price of failure, in millions of avoidable premature deaths.



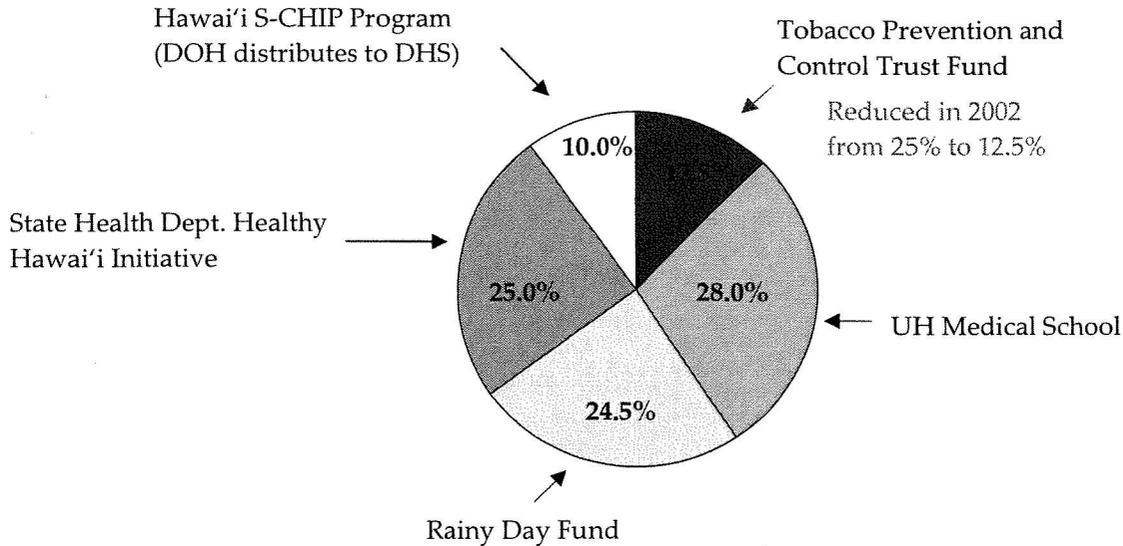
Imi Hale
Native Hawaiian Cancer Network
A Program of Papa Ola Lokahi



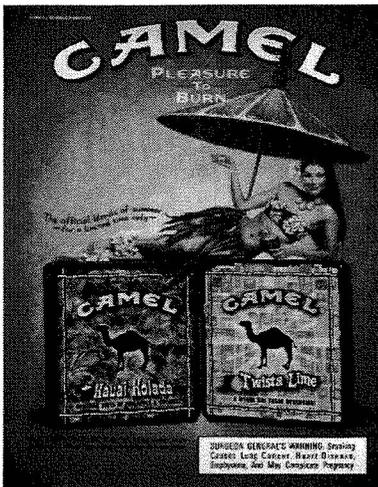
Papa Ola Lokahi
Nana I Ka Pono Na Ma

Taking tobacco settlement \$\$ away from education and programs is **wrong!**

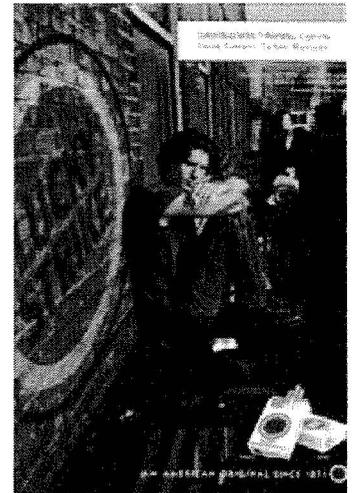
Hawai'i Tobacco Settlement Agreement Distribution



State lawmakers intended to protect the tobacco settlement dollars in the Trust Fund from being diverted to purposes other than tobacco control because it is proven that tobacco control education and programs reduces smoking and saves lives.



Education funding fights ads like these from the tobacco industry that target Native Hawaiians, women and youth.



Keep the current funding at 12.5% for community programs that provide tobacco prevention and control services.

FINTestimony

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 25, 2009 8:53 AM
To: FINTestimony
Cc: ahiga@wcchc.com
Subject: Testimony for HB1731 on 2/26/2009 12:00:00 PM

Testimony for FIN 2/26/2009 12:00:00 PM HB1731

Conference room: 308
Testifier position: oppose
Testifier will be present: No
Submitted by: Alicia Higa
Organization: Individual
Address: 86-260 Farrington Hwy. Waianae, Hawaii 96792
Phone: 808-697-3599
E-mail: ahiga@wcchc.com
Submitted on: 2/25/2009

Comments:

Aloha,

Last year, the Waianae Coast Comprehensive Health Center provided smoking cessation services to over 200 Native Hawaiians and homeless on the Leeward Coast. Our smoking cessation program has been very successful which is reflected in our overall QUIT rate of over 40%. We have provided nicotine replacements to all adults who have come through our program as well as educate over 700 students and adults on the devastating effects of smoking. It has been through the funding of HCF that we have been able to provide these services to our Native Hawaiians, homeless and children of the Leeward Coast. Please do not reduce the funding that allow us to provide these services to our community. Mahalo.

Testimony To: Chair Marcus R. Oshiro, Chair, House Committee on Finance
Vice Chair Marily B. Lee, Vice Chair, House Committee on Finance
Members, House Committee on Finance

Testimony By: Dr. Reid Ikeda

Re: Testimony in STRONG OPPOSITION TO HB 1731

Thank you for the opportunity to testify in strong **opposition** to HB 1731.

The comprehensive efforts of the tobacco control movement in Hawaii have helped save lives and money. Our high school smoking rates are below 10%. This means less future smokers and lower costs in health care.

Despite these gains, 1,200 will die every year in Hawaii due to smoking-related causes. There are young people who need to learn about the dangers of smoking and tobacco-use as they grow up. And there are many who need help quitting smoking-- particularly Native Hawaiians and Filipino men who smoke at higher rates than the general population.

In my practice as a Critical Care Physician and a Pulmonologist, I treat many patients who have suffered from the harmful effects of tobacco exposure, many of whom are disabled or in the process of dying. These patients are often difficult to treat and continue to place a significant financial burden on healthcare resources. Many smokers have difficulty quitting, even while their health is failing and they are very functionally impaired. Programs aimed at smoking cessation are essential, and programs which educate our youth are critical in preventing our children from developing a harmful habit at an early age.

We must not be short-sighted and reduce the 12.5% that is dedicated to the Tobacco Prevention and Control Trust Fund to 6%. I am concerned that if funding is cut, we will see less programs designed to help educate youth on the risks of second-hand smoke and to help smokers quit.

HB 1731 proportionally cuts the percentage to the Tobacco Prevention and Control Trust Fund by 52%. This means, the community is hit the hardest. Community groups that receive money from the Tobacco Prevention and Control Trust Fund include the Quitline, the Boys and Girls Club of the Big Island, the American Lung Association, the COPD Coalition, Kalihi Palama Health Center, and the Coalition for a Tobacco-Free Hawaii. These groups provide services that the State cannot.

I urge you to hold HB 1731 in Committee. If you choose to pass this measure out, please consider restoring the 12.5% to the Tobacco Prevention and Control Trust Fund.

Thank you.


Reid Ikeda, M.D.



To: Chair Marcus R. Oshiro
Vice Chair Marilyn B. Lee
Members, House Committee on Finance
Fr: James Rarick, President, Hawaii Public Health Association
Date: February 24, 2009
Hrg: House Finance Committee, Thursday, February 26, 2009 at 12:00 noon (Agenda #3)
Re: Strong Opposition to HB 1731

Thank you for the opportunity to testify on HB 1731. This testimony is submitted on behalf of the Hawaii Public Health Association (HPHA), which is in strong opposition to HB 1731. This measure will drastically reduce funding of tobacco prevention and control programs and as a result will have a hugely negative impact on public health in Hawaii.

The HPHA consists of more than 150 public health professionals working in governmental agencies and non-profit organizations statewide, and our mission is to promote public health in Hawaii through leadership, collaboration, education and advocacy, and we are closely aligned with a number of coalitions that support healthy communities, populations and environments, including the Coalition for a Tobacco Free Hawaii.

The HPHA is strongly opposed to HB 1731 because it will take money away from community-based programs that help people quit smoking, educate youth about the dangers of tobacco use, and counter the tobacco industry's predatory tactics. We believe that decreases in funding will have a very detrimental effect on the significant gains Hawaii has made in reducing smoking rates and in preventing the initiation of smoking among our young people.

These gains have been made possible by comprehensive tobacco prevention and control efforts and they have been well documented. Hawaii has one of the lowest adult tobacco use rates in the nation and high school youth smoking rates are now below 10%. Hawaii also has the second lowest tobacco-related deaths at 1,200 a year.

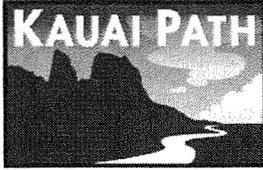
These gains should not lead to sense that we have won the on-going battle against a tobacco industry that spends an estimated \$42.2 billion each year to market its products in our communities. This hard lesson has been learned in other states that have cut funding for tobacco control efforts, only to see an increase in smoking rates and smoking related diseases. This was seen when Massachusetts cut their funding from 48 million dollars in 2002 to 2.5 million dollars in 2004, and subsequently per capita cigarette consumption increased by 3.2% and significant declines in youth smoking rates were dramatically stalled.

There are still 1,100 people who die each year in Hawaii from tobacco use, and it is estimated that 27, 400 kids currently under the age of 18 will die prematurely from smoking. The HPHA believes that diverting these dollars from tobacco prevention and control programs puts the health of Hawaii's people at risk. Tobacco use is still by far the number one preventable risk factor for cancer and contributes to a long list of other serious chronic diseases. More than \$336 million is estimated to be spent in Hawaii annually on smoking-related health care costs. The HPHA is asking that you preserve funding of tobacco prevention and control programs. Please do not pass HB 1731 out of committee. Thank you for the opportunity to testify in opposition to HB 1731.

Aloha,



James Rarick, MPH



P. O. Box 81 :: Lihue, HI 96766
phone 808.639.1018 :: fax 808.822.5075
www.KauaiPath.org
ThomasNoyes@hawaiiintel.net

A Project of Garden Island Resource Conservation & Development, Inc.

Thursday, February 26, 2009

TESTIMONY

HB 1731: RELATING TO THE HAWAII TOBACCO SETTLEMENT SPECIAL FUND

House Committee on Finance

Public Hearing – February 26, 2009
12:00pm., State Capitol, Conference Room 308

Aloha Committee Members,

On behalf of Kauai Path, Inc, **please accept this testimony OPPOSING taking funds from the Department of Health and Tobacco Trust Fund allocation.**

These funds support vital programs that are successfully combating our state's most dire health threats. The funds allocated to the Department of Health have been used to create the Healthy Hawaii Initiative. This program takes a comprehensive approach to health promotion by intervening at the individual, social and environmental levels. All facets of the Initiative are rigorously evaluated. The good news is that the program is working. Over the past 9 years, significant population increases in adult fruit and vegetable consumption, youth physical activity, and a reduction in youth smoking have been demonstrated.

Please do not pass measures that would diminish funding the Healthy Hawaii Initiative.

Thank you for the opportunity to comment on this bill.

<signed>

Thomas A. Noyes, Secretary, Kauai Path, Inc.

Kauai residents working together to preserve, protect, and extend access island-wide through the design, implementation, and stewardship of non-vehicular paths.

FINTestimony

From: mestralynne@aol.com
Sent: Thursday, February 26, 2009 7:59 AM
To: FINTestimony
Subject: HB 1731

To whom it may concern,

The United Filipino Council of Hawaii, an umbrella of Filipino organizations in the State of Hawaii which compose of 3,000 + members is in strong opposition for HB 1731.

submitted by:
Lynne Gutierrez, secretary
Social Issues committee chairperson

Looking for work? [Get job alerts, employment information, career advice and job-seeking tools at AOL Find a Job.](#)

FINTestimony

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 25, 2009 11:54 PM
To: FINTestimony
Cc: raymondbihis@yahoo.com
Subject: Testimony for HB1731 on 2/26/2009 12:00:00 PM

Testimony for FIN 2/26/2009 12:00:00 PM HB1731

Conference room: 308
Testifier position: oppose
Testifier will be present: No
Submitted by: Raymond R. Bihis
Organization: Individual
Address: 95-1041 Kahakuhi St Mililani, HI 96789
Phone: 808.626.6680
E-mail: raymondbihis@yahoo.com
Submitted on: 2/25/2009

Comments:

These funds are allocated to the Department of Health have been used to create and support the State Nutrition and Physical Activity Coalition (NPAC). NPAC consists of a many diverse group of stakeholders who represent public health and school educators and administrators, community organizations, healthcare professionals and providers, employers, city planners, and the building industry. Our goals are to improve the quality of life among residents of Hawaii by increasing opportunities for physical activity and access to healthy foods through policy and environmental change. The passage of this bill will directly impact the coalition's funding and progress towards improving the health of our communities. So I respectfully OPPOSE the passage of the bill.

To: Chair Marcus R. Oshiro
Vice Chair Marilyn B. Lee
Members, House Committee on Finance
Fr: Marilyn J. Gagen, CPA; Community Volunteer
Date: February 26, 2009
Hrg: House Finance Committee, Thursday, February 26, 2009 at 12:00 noon (Agenda #3)
Re: Strong Opposition to HB 1731

Thank you for the opportunity to testify in writing in strong opposition to HB 1731 which will drastically reduce funding of tobacco prevention and control programs.

Please hold HB 1731 in committee. HB 1731 takes money away from community-based programs that help people quit smoking, educate youth about the dangers of tobacco use, and counter the tobacco industry's predatory tactics. Decreases in funding will undo the progress we have made to support a healthy Hawaii.

The comprehensive tobacco prevention and control efforts in Hawaii have resulted in significant progress—our high school youth smoking rates are below 10% and Hawaii has the second lowest tobacco-related deaths at 1,200 a year. If money is diverted away from tobacco prevention, youth smoking rates will increase. Massachusetts cut their funding from 48 million dollars in 2002 to 2.5 million dollars in 2004. Per capita cigarette consumption increased by 3.2% and significant declines in youth smoking rates were dramatically stalled.

Despite these hard economic times, Hawaii's lawmakers must invest in the health of its people. The long term cost would far outweigh the short term financial gains. There is still much work to be done:

- ◆ Native Hawaiians smoke 7% more than the general population
- ◆ \$336 million is spent in Hawaii on annual smoking-related health care costs.

Please preserve funding of tobacco prevention and control programs. Please do not pass HB 1731 out of committee. Please continue to protect the health of Hawaii, especially the youth of Hawaii.

Thank you for the opportunity to testify in opposition to HB 1731.

Sincerely,

Marilyn J. Gagen
41-926 Laumilo Street
Waimanalo, HI 96795

Testimony To: Chair Marcus R. Oshiro, Chair, House Committee on Finance
Vice Chair Marily B. Lee, Vice Chair, House Committee on Finance
Members, House Committee on Finance

Testimony By: Charnda Basham

Re: Testimony in STRONG OPPOSITION TO HB 1731

Thank you for the opportunity to testify in strong **opposition** to HB 1731.

The comprehensive efforts of the tobacco control movement in Hawaii have helped save lives and money. Our high school smoking rates are below 10%. This means less future smokers and lower costs in health care.

Despite these gains, 1,200 will die every year in Hawaii due to smoking-related causes. There are young people who need to learn about the dangers of smoking and tobacco-use as they grow up. And there are many who need help quitting smoking-- particularly Native Hawaiians and Filipino men who smoke at higher rates than the general population.

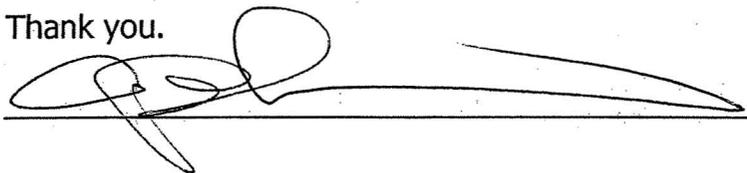
As a Respiratory Care Practitioner working in Hawaii, I see first hand the horrible effects of tobacco on the patients I treat and believe that every step taken to prevent tobacco use is paramount.

We must not be short-sighted and reduce the 12.5% that is dedicated to the Tobacco Prevention and Control Trust Fund to 6%. I am concerned that if funding is cut, we will see less programs designed to help educate youth on the risks of second-hand smoke and to help smokers quit.

HB 1731 proportionally cuts the percentage to the Tobacco Prevention and Control Trust Fund by 52%. This means, the community is hit the hardest. Community groups that receive money from the Tobacco Prevention and Control Trust Fund include the Quitline, the Boys and Girls Club of the Big Island, the American Lung Association, the COPD Coalition, Kalihi Palama Health Center, and the Coalition for a Tobacco-Free Hawaii. These groups provide services that the State cannot.

I urge you to hold HB 1731 in Committee. If you choose to pass this measure out, please consider restoring the 12.5% to the Tobacco Prevention and Control Trust Fund.

Thank you.



Respiratory Care Practitioner

Testimony To: Chair Marcus R. Oshiro, Chair, House Committee on Finance
Vice Chair Marily B. Lee, Vice Chair, House Committee on Finance
Members, House Committee on Finance

Testimony By: Constance M. Alatas

Re: Testimony in STRONG OPPOSITION TO HB 1731

Thank you for the opportunity to testify in strong **opposition** to HB 1731.

The comprehensive efforts of the tobacco control movement in Hawaii have helped save lives and money. Our high school smoking rates are below 10%. This means less future smokers and lower costs in health care.

Despite these gains, 1,200 will die every year in Hawaii due to smoking-related causes. There are young people who need to learn about the dangers of smoking and tobacco-use as they grow up. And there are many who need help quitting smoking-- particularly Native Hawaiians and Filipino men who smoke at higher rates than the general population.

As a Respiratory Care Practitioner working in Hawaii, I see first hand the horrible effects of tobacco on the patients I treat and believe that every step taken to prevent tobacco use is paramount.

We must not be short-sighted and reduce the 12.5% that is dedicated to the Tobacco Prevention and Control Trust Fund to 6%. I am concerned that if funding is cut, we will see less programs designed to help educate youth on the risks of second-hand smoke and to help smokers quit.

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I urge you to hold HB 1731 in Committee. If you choose to pass this measure out, please consider restoring the 12.5% to the Tobacco Prevention and Control Trust Fund.

Thank you.

Constance M. Alatas

Respiratory Care Practitioner

Testimony To: Chair Marcus R. Oshiro, Chair, House Committee on Finance
Vice Chair Marily B. Lee, Vice Chair, House Committee on Finance
Members, House Committee on Finance

Testimony By: JOHNNY MOY

Re: Testimony in STRONG OPPOSITION TO HB 1731

Thank you for the opportunity to testify in strong **opposition** to HB 1731.

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Despite these gains, 1,200 will die every year in Hawaii due to smoking-related causes. There are young people who need to learn about the dangers of smoking and tobacco-use as they grow up. And there are many who need help quitting smoking-- particularly Native Hawaiians and Filipino men who smoke at higher rates than the general population.

As a Respiratory Care Practitioner working in Hawaii, I see first hand the horrible effects of tobacco on the patients I treat and believe that every step taken to prevent tobacco use is paramount.

We must not be short-sighted and reduce the 12.5% that is dedicated to the Tobacco Prevention and Control Trust Fund to 6%. I am concerned that if funding is cut, we will see less programs designed to help educate youth on the risks of second-hand smoke and to help smokers quit.

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I urge you to hold HB 1731 in Committee. If you choose to pass this measure out, please consider restoring the 12.5% to the Tobacco Prevention and Control Trust Fund.

Thank you.

Johnny Moy RRT Respiratory Care Practitioner

Testimony To: Chair Marcus R. Oshiro, Chair, House Committee on Finance
Vice Chair Marily B. Lee, Vice Chair, House Committee on Finance
Members, House Committee on Finance

Testimony By: Shelley Nagafuchi, RRT.

Re: Testimony in STRONG OPPOSITION TO HB 1731

Thank you for the opportunity to testify in strong **opposition** to HB 1731.

The comprehensive efforts of the tobacco control movement in Hawaii have helped save lives and money. Our high school smoking rates are below 10%. This means less future smokers and lower costs in health care.

Despite these gains, 1,200 will die every year in Hawaii due to smoking-related causes. There are young people who need to learn about the dangers of smoking and tobacco-use as they grow up. And there are many who need help quitting smoking-- particularly Native Hawaiians and Filipino men who smoke at higher rates than the general population.

As a Respiratory Care Practitioner working in Hawaii, I see first hand the horrible effects of tobacco on the patients I treat and believe that every step taken to prevent tobacco use is paramount.

We must not be short-sighted and reduce the 12.5% that is dedicated to the Tobacco Prevention and Control Trust Fund to 6%. I am concerned that if funding is cut, we will see less programs designed to help educate youth on the risks of second-hand smoke and to help smokers quit.

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I urge you to hold HB 1731 in Committee. If you choose to pass this measure out, please consider restoring the 12.5% to the Tobacco Prevention and Control Trust Fund.

Thank you.

 RRT

Respiratory Care Practitioner

Testimony To: Chair Marcus R. Oshiro, Chair, House Committee on Finance
Vice Chair Marily B. Lee, Vice Chair, House Committee on Finance
Members, House Committee on Finance

Testimony By: Gerardo Vazquez

Re: Testimony in STRONG OPPOSITION TO HB 1731

Thank you for the opportunity to testify in strong **opposition** to HB 1731.

The comprehensive efforts of the tobacco control movement in Hawaii have helped save lives and money. Our high school smoking rates are below 10%. This means less future smokers and lower costs in health care.

Despite these gains, 1,200 will die every year in Hawaii due to smoking-related causes. There are young people who need to learn about the dangers of smoking and tobacco-use as they grow up. And there are many who need help quitting smoking-- particularly Native Hawaiians and Filipino men who smoke at higher rates than the general population.

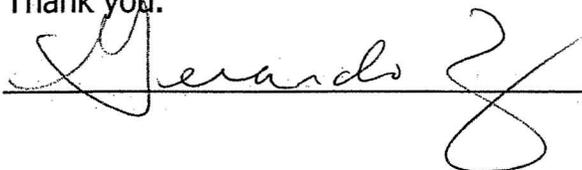
As a Respiratory Care Practitioner working in Hawaii, I see first hand the horrible effects of tobacco on the patients I treat and believe that every step taken to prevent tobacco use is paramount.

We must not be short-sighted and reduce the 12.5% that is dedicated to the Tobacco Prevention and Control Trust Fund to 6%. I am concerned that if funding is cut, we will see less programs designed to help educate youth on the risks of second-hand smoke and to help smokers quit.

HB 1731 proportionally cuts the percentage to the Tobacco Prevention and Control Trust Fund by 52%. This means, the community is hit the hardest. Community groups that receive money from the Tobacco Prevention and Control Trust Fund include the Quitline, the Boys and Girls Club of the Big Island, the American Lung Association, the COPD Coalition, Kalihi Palama Health Center, and the Coalition for a Tobacco-Free Hawaii. These groups provide services that the State cannot.

I urge you to hold HB 1731 in Committee. If you choose to pass this measure out, please consider restoring the 12.5% to the Tobacco Prevention and Control Trust Fund.

Thank you.



Respiratory Care Practitioner

Testimony To: Chair Marcus R. Oshiro, Chair, House Committee on Finance
Vice Chair Marily B. Lee, Vice Chair, House Committee on Finance
Members, House Committee on Finance

Testimony By: Lori Wilson

Re: Testimony in STRONG OPPOSITION TO HB 1731

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Thank you.

Lori Wilson

Respiratory Care Practitioner

Testimony To: Chair Marcus R. Oshiro, Chair, House Committee on Finance
Vice Chair Marily B. Lee, Vice Chair, House Committee on Finance
Members, House Committee on Finance

Testimony By: Leeann Forsythe

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Leeann Forsythe Respiratory Care Practitioner

Testimony To: Chair Marcus R. Oshiro, Chair, House Committee on Finance
Vice Chair Marilyn B. Lee, Vice Chair, House Committee on Finance
Members, House Committee on Finance

Testimony By: CAROL AGARD

Re: Testimony in STRONG OPPOSITION TO HB 1731

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I urge you to hold HB 1731 in Committee. If you choose to pass this measure out, please consider restoring the 12.5% to the Tobacco Prevention and Control Trust Fund.

Thank you.

Carol Agard

Respiratory Care Practitioner

Testimony To: Chair Marcus R. Oshiro, Chair, House Committee on Finance
Vice Chair Marily B. Lee, Vice Chair, House Committee on Finance
Members, House Committee on Finance

Testimony By: Diane Brenessel

Re: Testimony in STRONG OPPOSITION TO HB 1731

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I urge you to hold HB 1731 in Committee. If you choose to pass this measure out, please consider restoring the 12.5% to the Tobacco Prevention and Control Trust Fund.

Thank you.

Diane Brenessel Respiratory Care Practitioner



Fw: Testimony in opposition to HB1731 - from Joan

Tuesday, February 24, 2009 4:49 PM

From: "Joan Loke" <catnap@hawaii.rr.com>

To: "Valerie Chang" <copd.hawaii@yahoo.com>

----- Original Message -----

From: Joan Loke

To: CPNTestimony@Capitol.hawaii.gov

Sent: Tuesday, February 24, 2009 4:43 PM

Subject: Testimony in opposition to HB1731 - from Joan

Dear Honorable House Finance Chair Representative Marcus Oshiro, Vice-Chair Representative Marilyn Lee and Committee Members,
RE: Strong OPPOSITION to HB 1731 Relating to the Tobacco Settlement Special Fund

My name is Joan Loke. I am a respiratory therapist. I am aware that the Hawaii COPD Coalition serves Hawaii 's people affected by Chronic Obstructive Pulmonary Disease, more commonly known as emphysema, chronic bronchitis and similar conditions. COPD is the fourth leading cause of death in the US and expected to be the third leading cause of death in the US and world by 2020. The American Lung Association has estimated that over 50,000 people in Hawaii have COPD. Our 2007 and 2008 survey data reveal that slightly under 4% of our adult population have been told they have COPD, emphysema and/or chronic bronchitis. Smoking is the major cause of these health conditions. COPD is currently the 4th leading cause of death in the US and projected to rise to 3rd in the US and world by 2020. For more information to go <http://learnaboutcopd.org> or <http://hawaiicopd.org>.

I strongly **OPPOSE** HB 1731 relating to the Tobacco Settlement Special Fund which would substantially reduce funding for our state's tobacco prevention, cessation and education programs, including Project SUCCESS.

I am one of the instructor for the COPD support group. We meet every month. The patients benefit a lot by information they obtained from the speakers we provide them. We have physicians, nutritionist and physical therapist speak to them. The speakers can answer their questions. Questions that the physician cannot answer due to time limitations at appointments. The attendees also get support from discussing their own situations with others.

I also help with spirometry testing at Longs Drug funded by Project Success. I find that some of the people in the community do not know they have breathing problems. Once they find out they have a breathing problem, they can deal with it better.

Prevention is better than cure. Example : One a young smoker consider quitting once he found out his carbon monoxide level going up the roof! Project Success prevents people's breathing problem from getting worse. These programs will lbe cost saving for Medicare. By leading people to take care of themselves, their length of stay at the

hospital will be shortened or eliminated.

We do appreciate the difficult financial situation the state is in but ***strongly feel that these funds devoted to tobacco prevention, education and cessation must remain as they are so that the good work we are doing is not undercut and the health of our people is not compromised.*** Smoking causes so many health, social and financial problems in addition to COPD. Thank you for carefully considering this matter. Please do not hesitate to contact me if I can provide any additional information.

Aloha,
Joan Loke
5090 Likini St. #1103E
Honolulu HI 96818
808-833-4120

Dear Honorable House Finance Chair Representative Marcus Oshiro, Vice-Chair Representative Marilyn Lee and Committee Members,

RE: Strong OPPOSITION to HB 1731 Relating to the Tobacco Settlement Special Fund

My name is Edmund Kido. I am a sixty three year old male suffering from Asthma/COPD for the past few years, the most difficult and miserable years of my life. Little did I know that my many years of smoking since high school would leave a devastating illness later in my life. This disease has robbed me of a normal life and has negatively affected me physically, emotionally and socially. But the COPD Coalition has been my life saver to help me COPE! I am aware that the Hawaii COPD Coalition serves Hawaii's people affected by Chronic Obstructive Pulmonary Disease, more commonly known as emphysema, chronic bronchitis and similar conditions. COPD is the fourth leading cause of death in the US and expected to be the third leading cause of death in the US and world by 2020. The American Lung Association has estimated that over 50,000 people in Hawaii have COPD. Our 2007 and 2008 survey data reveal that slightly under 4% of our adult population have been told they have COPD, emphysema and/or chronic bronchitis. Smoking is the major cause of these health conditions. COPD is currently the 4th leading cause of death in the US and projected to rise to 3rd in the US and world by 2020. For more information to go <http://learnaboutcopd.org> or <http://hawaiicopd.org>.

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Project SUCCESS have benefitted me by providing a resource for personal interaction with other COPD patients, the tremendous amount of helpful information pertaining to this horrible disease and hands training on "how to" use of various necessary and helpfull procedures. Many people are mistaken in their belief that their physician will provide them with all the information and "how to" they need to know to care for themselves. But we all know that the physician does not have the time to work with the patient and dialogue on everything he should know about this disease. The COPD Coalition has provided that void left by our physicians. Have you ever tried to quit smoking? Well, through Project SUCCESS resources are available to help you in this effort. The consequences are dire. I should know.

We do appreciate the difficult financial situation the state is in but ***strongly feel that these funds devoted to tobacco prevention, education and cessation must remain as they are so that the good work we are doing is not undercut and the health of our people is not compromised.*** Smoking causes so many health, social and financial problems in addition to COPD. Thank you for carefully considering this matter. Please do not hesitate to contact me if I can provide any additional information.

aloha,
Edmund Kido
COPD patient
94-540 Mahinahou St.
Mililani, HI 96789

Dear Honorable House Finance Chair Representative Marcus Oshiro, Vice-Chair Representative Marilyn Lee and Committee Members,

RE: **Strong OPPOSITION to HB 1731 Relating to the Tobacco Settlement Special Fund**

My name is Clarence N. Rodrigues. I am a respiratory therapist who works with people with breathing problems all day, every day. I am aware that the Hawaii COPD Coalition serves Hawaii's people affected by Chronic Obstructive Pulmonary Disease, more commonly known as emphysema, chronic bronchitis and similar conditions. COPD is the fourth leading cause of death in the US and expected to be the third leading cause of death in the US and world by 2020. The American Lung Association has estimated that over 50,000 people in Hawaii have COPD. Our 2007 and 2008 survey data reveal that slightly under 4% of our adult population have been told they have COPD, emphysema and/or chronic bronchitis. Smoking is the major cause of these health conditions. COPD is currently the 4th leading cause of death in the US and projected to rise to 3rd in the US and world by 2020. For more information to go <http://learnaboutcopd.org> or <http://hawaiicopd.org>.

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Project SUCCESS have benefitted me by providing me with more resources about COPD, providing me with places to refer patients with lung conditions, providing me with additional information about lung health, providing me with resources to help quit smoking. We do appreciate the difficult financial situation the state is in but ***strongly feel that these funds devoted to tobacco prevention, education and cessation must remain as they are so that the good work we are doing is not undercut and the health of our people is not compromised.*** Smoking causes so many health, social and financial problems in addition to COPD. Thank you for carefully considering this matter. Please do not hesitate to contact me if I can provide any additional information.

Aloha,
Clarence N. Rodrigues
45-1014 Waialele Road
96744

Dear Honorable House Finance Chair Representative Marcus Oshiro, Vice-Chair Representative Marilyn Lee and Committee Members,

RE: **Strong OPPOSITION to HB 1731 Relating to the Tobacco Settlement Special Fund**

My name is Keith Sullivan. I am a respiratory therapist who works with people with breathing problems all day, every day. I am aware that the Hawaii COPD Coalition serves Hawaii's people affected by Chronic Obstructive Pulmonary Disease, more commonly known as emphysema, chronic bronchitis and similar conditions. COPD is the fourth leading cause of death in the US and expected to be the third leading cause of death in the US and world by 2020. The American Lung Association has estimated that over 50,000 people in Hawaii have COPD. Our 2007 and 2008 survey data reveal that slightly under 4% of our adult population have been told they have COPD, emphysema and/or chronic bronchitis. Smoking is the major cause of these health conditions. COPD is currently the 4th leading cause of death in the US and projected to rise to 3rd in the US and world by 2020. For more information to go <http://learnaboutcopd.org> or <http://hawaiicopd.org>.

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Aloha,
Keith Sullivan
1849 Kaiio Drive, #9
96805

Dear Honorable House Finance Chair Representative Marcus Oshiro, Vice-Chair Representative Marilyn Lee and Committee Members,

RE: **Strong OPPOSITION to HB 1731 Relating to the Tobacco Settlement Special Fund**

My name is Dollie Hinch. I have seen many whose lives have been affected by smoking. I am aware that the Hawaii COPD Coalition serves Hawaii's people affected by Chronic Obstructive Pulmonary Disease, more commonly known as emphysema, chronic bronchitis and similar conditions. COPD is the fourth leading cause of death in the US and expected to be the third leading cause of death in the US and world by 2020. The American Lung Association has estimated that over 50,000 people in Hawaii have COPD. Our 2007 and 2008 survey data reveal that slightly under 4% of our adult population have been told they have COPD, emphysema and/or chronic bronchitis. Smoking is the major cause of these health conditions. COPD is currently the 4th leading cause of death in the US and projected to rise to 3rd in the US and world by 2020. For more information to go <http://learnaboutcopd.org> or <http://hawaiicopd.org>.

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Project SUCCESS have benefitted me by providing me with more resources about COPD, places to meet with other patients and healthcare professionals about COPD and lung health, and provided me with resources to share with family members to help them quit smoking. Smoking has affected me personally because I see its effects on two family members in the form of persistent hacking cough and shortness of breath and constant threat of pneumonia from COPD. I suffer persistent anxiety about the state of their health because of it. My WHOLE family have suffered from health problems because of it.

In addition, the regularly scheduled once a month COPD meetings at Kaiser are very helpful as a form of emotional support, and for receiving and sharing information. With the growing hold that COPD and other lung problems has on the local populace, I am also offering my support to correct a gap in health care in Hawaii by providing a much needed pulmonary rehabilitation center, so we don't have to go to the mainland for this service.

We do appreciate the difficult financial situation the state is in but ***strongly feel that these funds devoted to tobacco prevention, education and cessation must remain as they are so that the good work we are doing is not undercut and the health of our people is not compromised.*** Smoking causes so many health, social and financial problems in addition to COPD. Thank you for carefully considering this matter. Please do not hesitate to contact me if I can provide any additional information.

Aloha,

Dollie Hinch

? Young Street, Apartment 505
Honolulu, HI 96826



Dear Honorable House Finance Chair Representative Marcus Oshiro, Vice-Chair Representative Marilyn Lee and Committee Members,

RE: **Strong OPPOSITION to HB 1731 Relating to the Tobacco Settlement Special Fund**

My name is Valerie Chang. I am Executive Director of the Hawaii COPD Coalition. I was diagnosed out of the blue with severe emphysema at age 42 in 2000, from no known cause. It was the scariest time in my life. There were and still are very few resources to turn to and was very little information available to me. To serve patients with emphysema and chronic bronchitis, I co-founded the Hawaii COPD Coalition in 2007.

Our organization provides services and support to Hawaii's people affected by Chronic Obstructive Pulmonary Disease (COPD), more commonly known as emphysema, chronic bronchitis and similar conditions. COPD is the fourth leading cause of death in the US and expected to be the third leading cause of death in the US and world by 2020. The American Lung Association has estimated that over 50,000 people in Hawaii have COPD. Our 2007 and 2008 survey data reveal that slightly under 4% of our adult population have been told they have COPD, emphysema and/or chronic bronchitis. Smoking is the major cause of these health conditions. COPD is currently the 4th leading cause of death in the US and projected to rise to 3rd in the US and world by 2020. For more information to go <http://learnaboutcopd.org> or <http://hawaiicopd.org>.

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Aloha,

Valerie Chang, JD 
Executive Director, Hawaii COPD Coalition

Website: <http://hawaiicopd.org>, e-mail: copd.hawaii@yahoo.com

(808)699-9839

733 Bishop Street, Suite 1550; Honolulu, HI 96813

Testimony To: Chair Marcus R. Oshiro, Chair, House Committee on Finance
Vice Chair Marily B. Lee, Vice Chair, House Committee on Finance
Members, House Committee on Finance

Testimony By: David Cheek

Re: Testimony in STRONG OPPOSITION TO HB 1731

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Despite these gains, 1,200 will die every year in Hawaii due to smoking-related causes. There are young people who need to learn about the dangers of smoking and tobacco-use as they grow up. And there are many who need help quitting smoking-- particularly Native Hawaiians and Filipino men who smoke at higher rates than the general population.

As a Respiratory Care Practitioner working in Hawaii, I see first hand the horrible effects of tobacco on the patients I treat and believe that every step taken to prevent tobacco use is paramount.

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I urge you to hold HB 1731 in Committee. If you choose to pass this measure out, please consider restoring the 12.5% to the Tobacco Prevention and Control Trust Fund.

Thank you.

David Cheek

Respiratory Care Practitioner

Testimony To: Chair Marcus R. Oshiro, Chair, House Committee on Finance
Vice Chair Marily B. Lee, Vice Chair, House Committee on Finance
Members, House Committee on Finance

Testimony By: Ian B. Tabbal

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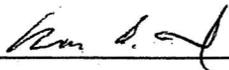
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Respiratory Care Practitioner

Testimony To: Chair Marcus R. Oshiro, Chair, House Committee on Finance
Vice Chair Marily B. Lee, Vice Chair, House Committee on Finance
Members, House Committee on Finance

Testimony By: Scott Amuro

Re: Testimony in STRONG OPPOSITION TO HB 1731

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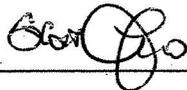
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I urge you to hold HB 1731 in Committee. If you choose to pass this measure out, please consider restoring the 12.5% to the Tobacco Prevention and Control Trust Fund.

Thank you.



Respiratory Care Practitioner

Testimony To: Chair Marcus R. Oshiro, Chair, House Committee on Finance
Vice Chair Marily B. Lee, Vice Chair, House Committee on Finance
Members, House Committee on Finance

Testimony By: Jessica - Pua Kahaulaio

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Thank you,
Jessica Pua Kahaulaio Respiratory Care Practitioner

Testimony To: Chair Marcus R. Oshiro, Chair, House Committee on Finance
Vice Chair Marily B. Lee, Vice Chair, House Committee on Finance
Members, House Committee on Finance

Testimony By: Carmen A. Lee

Re: Testimony in STRONG OPPOSITION TO HB 1731

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Carmen A. Lee

Respiratory Care Practitioner

Testimony To: Chair Marcus R. Oshiro, Chair, House Committee on Finance
Vice Chair Marily B. Lee, Vice Chair, House Committee on Finance
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Testimony By: APRIL MABE

Re: Testimony in STRONG OPPOSITION TO HB 1731

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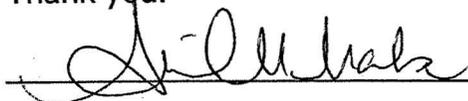
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Respiratory Care Practitioner

Testimony To: Chair Marcus R. Oshiro, Chair, House Committee on Finance
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Members, House Committee on Finance

Testimony By: GRACE MILAN

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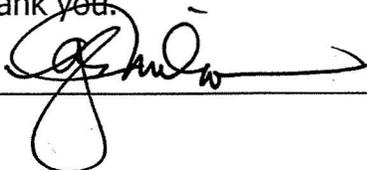
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Respiratory Care Practitioner

Testimony To: Chair Marcus R. Oshiro, Chair, House Committee on Finance
Vice Chair Marilyn B. Lee, Vice Chair, House Committee on Finance
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Testimony By: Mario Chavez

Re: Testimony in STRONG OPPOSITION TO HB 1731

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Mario Chavez Respiratory Care Practitioner

Testimony To: Chair Marcus R. Oshiro, Chair, House Committee on Finance
Vice Chair Marily B. Lee, Vice Chair, House Committee on Finance
Members, House Committee on Finance

Testimony By: Stephen Kaya

Re: Testimony in STRONG OPPOSITION TO HB 1731

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Stephen Kaya Respiratory Care Practitioner

Testimony To: Chair Marcus R. Oshiro, Chair, House Committee on Finance
Vice Chair Marily B. Lee, Vice Chair, House Committee on Finance
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Testimony By: DR. Prashant Verma

Re: Testimony in STRONG OPPOSITION TO HB 1731

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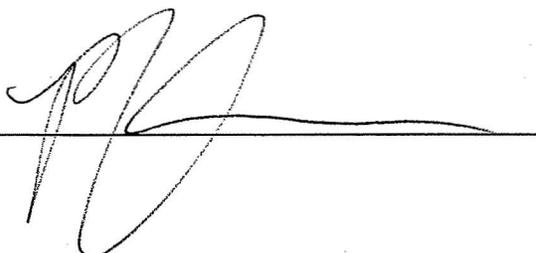
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Thank you.


M.D.

Testimony To: Chair Marcus R. Oshiro, Chair, House Committee on Finance
Vice Chair Marily B. Lee, Vice Chair, House Committee on Finance
Members, House Committee on Finance

Testimony By: DR. Bruce Soll

Re: Testimony in STRONG OPPOSITION TO HB 1731

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Testimony To: Chair Marcus R. Oshiro, Chair, House Committee on Finance
Vice Chair Marily B. Lee, Vice Chair, House Committee on Finance
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Testimony By: ~~D.R.~~ Tom Powers, 3RD year Medical Student.

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Tom Powers / Thomas Powers ~~M.D.~~ Medical Student

Testimony To: Chair Marcus R. Oshiro, Chair, House Committee on Finance
Vice Chair Marily B. Lee, Vice Chair, House Committee on Finance
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Testimony By: DR. SHIRLEY DOMINGO

Re: Testimony in STRONG OPPOSITION TO HB 1731

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Testimony To: Chair Marcus R. Oshiro, Chair, House Committee on Finance
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Testimony By: DR. KASSONDRRA GRZANKOWSKI

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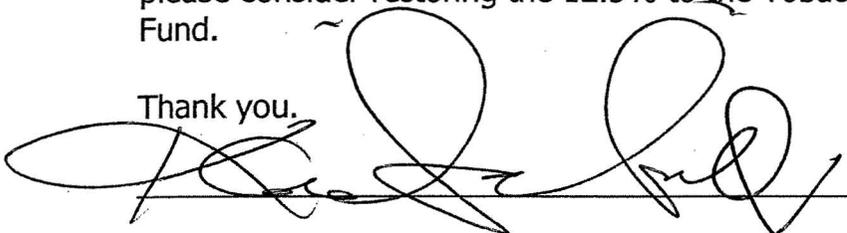
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Testimony By: DR. Mihai Yu

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Testimony To: Chair Marcus R. Oshiro, Chair, House Committee on Finance
Vice Chair Marilyn B. Lee, Vice Chair, House Committee on Finance
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Testimony By: DR. Julie Chang, MD

Re: Testimony in STRONG OPPOSITION TO HB 1731

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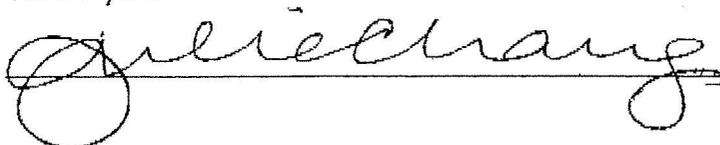
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Testimony By: RANDY GUEVARRA

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Randy Guevarra Respiratory Care Practitioner

Testimony To: Chair Marcus R. Oshiro, Chair, House Committee on Finance
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Testimony By: JULIUS PAUL LEDDA

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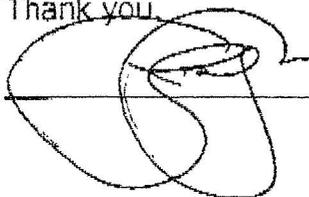
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Respiratory Care Practitioner

Testimony To: Chair Marcus R. Oshiro, Chair, House Committee on Finance
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Members, House Committee on Finance

Testimony By: Melody Fawcett

Re: Testimony in STRONG OPPOSITION TO HB 1731

Thank you for the opportunity to testify in strong **opposition** to HB 1731.

The comprehensive efforts of the tobacco control movement in Hawaii have helped save lives and money. Our high school smoking rates are below 10%. This means less future smokers and lower costs in health care.

Despite these gains, 1,200 will die every year in Hawaii due to smoking-related causes. There are young people who need to learn about the dangers of smoking and tobacco-use as they grow up. And there are many who need help quitting smoking-- particularly Native Hawaiians and Filipino men who smoke at higher rates than the general population.

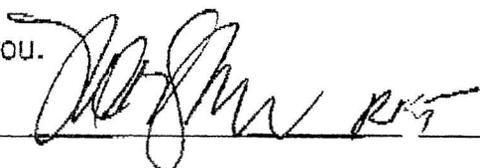
As a Respiratory Care Practitioner working in Hawaii, I see first hand the horrible effects of tobacco on the patients I treat and believe that programs promoting prevention of tobacco use and providing smoking cessation education are paramount in reversing this healthcare crisis.

We must not be short-sighted and reduce the 12.5% that is dedicated to the Tobacco Prevention and Control Trust Fund to 6%. I am concerned that if funding is cut, we will see less programs designed to help educate youth on the risks of second-hand smoke and to help smokers quit.

HB 1731 proportionally cuts the percentage to the Tobacco Prevention and Control Trust Fund by 52%. This means, the community is hit the hardest. Community groups that receive money from the Tobacco Prevention and Control Trust Fund include the Quitline, the Boys and Girls Club of the Big Island, the American Lung Association, the COPD Coalition, Kalini Palama Health Center, and the Coalition for a Tobacco-Free Hawaii. These groups provide services that the State cannot.

I urge you to hold HB 1731 in Committee. If you choose to pass this measure out, please consider restoring the 12.5% to the Tobacco Prevention and Control Trust Fund.

Thank you.

 Respiratory Care Practitioner

Testimony To: Chair Marcus R. Oshiro, Chair, House Committee on Finance
Vice Chair Marilyn B. Lee, Vice Chair, House Committee on Finance
Members, House Committee on Finance

Testimony By: STELLA ESCOBAR

Re: Testimony in STRONG OPPOSITION TO HB 1731

Thank you for the opportunity to testify in strong **opposition** to HB 1731.

The comprehensive efforts of the tobacco control movement in Hawaii have helped save lives and money. Our high school smoking rates are below 10%. This means less future smokers and lower costs in health care.

Despite these gains, 1,200 will die every year in Hawaii due to smoking-related causes. There are young people who need to learn about the dangers of smoking and tobacco-use as they grow up. And there are many who need help quitting smoking-- particularly Native Hawaiians and Filipino men who smoke at higher rates than the general population.

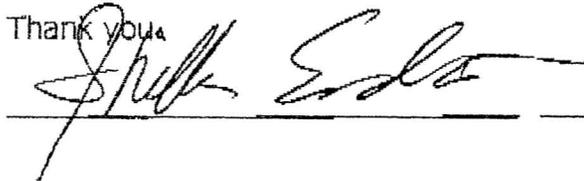
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We must not be short-sighted and reduce the 12.5% that is dedicated to the Tobacco Prevention and Control Trust Fund to 6%. I am concerned that if funding is cut, we will see less programs designed to help educate youth on the risks of second-hand smoke and to help smokers quit.

HB 1731 proportionally cuts the percentage to the Tobacco Prevention and Control Trust Fund by 52%. This means, the community is hit the hardest. Community groups that receive money from the Tobacco Prevention and Control Trust Fund include the Quitline, the Boys and Girls Club of the Big Island, the American Lung Association, the COPD Coalition, Kalihi Palama Health Center, and the Coalition for a Tobacco-Free Hawaii. These groups provide services that the State cannot.

I urge you to hold HB 1731 in Committee. If you choose to pass this measure out, please consider restoring the 12.5% to the Tobacco Prevention and Control Trust Fund.

Thank you,



Respiratory Care Practitioner

To: Chair Marcus R. Oshiro
Vice Chair Marilyn B. Lee
Members, House Committee on Finance

Fr: NANITA KAVA
Name

Date: 2/25/09

Hrg: House Finance Committee, Thursday, February 26, 2009 at 12:00 noon (Agenda #3)

Re: Strong Opposition to HB 1731

Dear House Committee on Finance,

Please preserve tobacco prevention and control programs by opposing HB 1731.

I am a student at Waianae High School and I live in WAIANAE. I participate in a program called the Youth Health Corps~TeenBEAT (Teens Being Educated About Tobacco). This program has helped me because

I AM A SENIOR AND MY CHOICE OF CAREER
WAS SOMETHING IN THE MEDICAL FIELD. IN
THIS PROGRAM WE HAVE GONE OUT AND EDUCATED
OUR COMMUNITY ABOUT THE EFFECTS OF
TOBACCO THROUGH THIS PROGRAM I HAVE
LEARNED NEW SKILLS, AND HAD SOME
OPPORTUNITIES TO WORK WITH REAL
DOCTORS AT THE WAIANAE COAST
COMPREHENSIVE HEALTH CENTER.

Thank you.

Name: NANITA KAVA

Home Address:

67-141 KAWAUST APT B

Email: makitokava@yahoo.com

Day Phone: 808-2087

Evening phone: 808-2087

To: Chair Marcus R. Oshiro
Vice Chair Marilyn B. Lee
Members, House Committee on Finance

Fr: Chelsey Silva
Name

Date: 2/25/09

Hrg: House Finance Committee, Thursday, February 26, 2009 at 12:00 noon (Agenda #3)

Re: Strong Opposition to HB 1731

Dear House Committee on Finance,

Please preserve tobacco prevention and control programs by opposing HB 1731.

I am a student at Waianae High School and I live in Waianae.
I participate in a program called the Youth Health Corps~TeenBEAT (Teens Being Educated About Tobacco). This program has helped me because

This program has helped me because it showed me
how tobacco can really effect someones life &
it also helped me by making me have more
experiance in the medical field & becoming an
Pharmacis. an making me want to pruce my
dreams in school.

Thank you.

Name: Chelsey Silva

Home Address: 86-171 Kuwale Rd
Waianae hi, 96792

Email: siva.chelsey@yahoo.com

Day Phone:

352-4706

Evening phone:

696-2621

352-4706

To: Chair Marcus R. Oshiro
Vice Chair Marilyn B. Lee
Members, House Committee on Finance

Fr: Alana Kealoha
Name

Date: 2/25/09

Hrg: House Finance Committee, Thursday, February 26, 2009 at 12:00 noon (Agenda #3)

Re: Strong Opposition to HB 1731

Dear House Committee on Finance,

Please preserve tobacco prevention and control programs by opposing HB 1731.

I am a student at Waianae High School and I live in Makaha.
I participate in a program called the Youth Health Corps~TeenBEAT (Teens Being Educated About Tobacco). This program has helped me because

My goal in the future is to become a Pediatrician.
This program helps me ~~because~~ to assist others
and patients and customers. I'm also learning
leadership skills and facts about tobacco. By
learning about tobacco I can go out and teach
my community about it and make Waianae
a healthier place to live.

Thank you.

Name: Alana Kealoha

Home Address: 84-530 Farmington Highway D1

Email: alanaallen@yahoo.com

Day Phone: 688-8439

Evening phone: 696-2963

To: Chair Marcus R. Oshiro
Vice Chair Marilyn B. Lee
Members, House Committee on Finance

Fr: Chasity Espinosa
Name

Date: 2/25/09

Hrg: House Finance Committee, Thursday, February 26, 2009 at 12:00 noon (Agenda #3)

Re: Strong Opposition to HB 1731

Dear House Committee on Finance,

Please preserve tobacco prevention and control programs by opposing HB 1731.

I am a student at Waianae High School and I live in Na'aloa.
I participate in a program called the Youth Health Corps~TeenBEAT (Teens Being Educated About Tobacco). This program has helped me because

It has helped me a lot to know about tobacco and the ~~the~~ bad things there is in tobacco. This program has made me a strong person against tobacco and other drug uses. I really want this program to continue. This program Youth Health Corps~Teen BEAT is also helping me persue my dreams. which is to become a doctor. This program is really cool and important to and my community.

Thank you.

Name: Chasity Espinosa

Home Address: 85-145 #B Ala Akau Ct.
Waianae Hi, 96792

Email: chasity-espinoza@yahoo.com

Day Phone:

Evening phone:

To: Chair Marcus R. Oshiro
Vice Chair Marilyn B. Lee
Members, House Committee on Finance

Fr: Aishalei Atanes
Name

Date: 2/25/09

Hrg: House Finance Committee, Thursday, February 26, 2009 at 12:00 noon (Agenda #3)

Re: Strong Opposition to HB 1731

Dear House Committee on Finance,

Please preserve tobacco prevention and control programs by opposing HB 1731.

I am a student at Waianae High School and I live in Mauii.
I participate in a program called the Youth Health Corps~TeenBEAT (Teens Being Educated About Tobacco). This program has helped me because

I'm currently learning leadership skills by going out into my community and educating them about tobacco. TeenBEAT has also let me do first-hand experience with nursing. When I grow up, I really want to be a nurse, so when I experience it first hand, it helps me prepare for stuff in the future. The program also helps me by educating me more on tobacco and the facts on why it's so harmful for your body.

Thank you.

Name: Aishalei Atanes

Home Address:

87542 Manuua St
Waianae, HI 96792

Email:

Day Phone:

783 8097

Evening phone:

608-4181

To: Chair Marcus R. Oshiro
Vice Chair Marilyn B. Lee
Members, House Committee on Finance

Fr: Victoria Harris
Name

Date: 2/25/09

Hrg: House Finance Committee, Thursday, February 26, 2009 at 12:00 noon (Agenda #3)

Re: Strong Opposition to HB 1731

Dear House Committee on Finance,

Please preserve tobacco prevention and control programs by opposing HB 1731.

I am a student at Waianae High School and I live in waianae.
I participate in a program called the Youth Health Corps~TeenBEAT (Teens Being Educated About Tobacco). This program has helped me because

It gave me an opportunity to go out and reach out to the younger generation and I really enjoy doing that. It also gave me a chance to advance my education in health before I even get out of high school and I really want to be a nurse when I grow up.

Thank you.

Name:

Victoria Harris

Home Address:

84-522 Manuku St. 96192
waianae HI

Email:

fung-maga@yahoo.com

Day Phone:

808-255-8727

Evening phone:

808-744-1421

To: Chair Marcus R. Oshiro
Vice Chair Marilyn B. Lee
Members, House Committee on Finance

Fr: Tiara Tagalca
Name

Date: 2/25/09

Hrg: House Finance Committee, Thursday, February 26, 2009 at 12:00 noon (Agenda #3)

Re: Strong Opposition to HB 1731

Dear House Committee on Finance,

Please preserve tobacco prevention and control programs by opposing HB 1731.

I am a student at Waianae High School and I live in Maui.
I participate in a program called the Youth Health Corps-TeenBEAT (Teens Being Educated About Tobacco). This program has helped me because

I want to become a pharmacist and this program provides me an opportunity to get a jump-start on the career I want to pursue. This program provides its students hands-on training and is very helpful to the community as well. It teaches the community about tobacco awareness, myself included, and the dangers it causes. We also educate students and do fun activities with them to help better their knowledge about tobacco.

Thank you.

Name: Tiara Tagalca

Home Address: 87-569 Manunu St

Email: mz.t.14@hotmail.com

Day Phone: 668-8486

Evening phone:

To: Chair Marcus R. Oshiro
Vice Chair Marilyn B. Lee
Members, House Committee on Finance

Fr: Marcus DesForge
Name

Date: 2/25/09

Hrg: House Finance Committee, Thursday, February 26, 2009 at 12:00 noon (Agenda #3)

Re: Strong Opposition to HB 1731

Dear House Committee on Finance,

Please preserve tobacco prevention and control programs by opposing HB 1731.

I am a student at Waianae High School and I live in Waianae.
I participate in a program called the Youth Health Corps~TeenBEAT (Teens Being Educated About Tobacco). This program has helped me because

It has given me some experience in the
medical field from shadowing departments at the
clinic. It's real good in Community Service
in educating people about tobacco and it's
dangers. I also made new friends in this
program. It also feels good giving back to the
community.

Thank you.

Name: Marcus DesForge

Home Address: 64198-A Kefue Pl.

Email: mgnf1bhw@yahoo.com

Day Phone: 429-9092

Parent/Guardian

Evening phone: 230-7710

My Cell #

To: Chair Marcus R. Oshiro
Vice Chair Marilyn B. Lee
Members, House Committee on Finance

Fr: Sharmaine Calantoc
Name

Date: 2/25/09

Hrg: House Finance Committee, Thursday, February 26, 2009 at 12:00 noon (Agenda #3)

Re: Strong Opposition to HB 1731

Dear House Committee on Finance,

Please preserve tobacco prevention and control programs by opposing HB 1731.

I am a student at Waianae High School and I live in NANAKULI.
I participate in a program called the Youth Health Corps-TeenBEAT (Teens Being Educated About Tobacco). This program has helped me because

It helps me face my peers, I learned to have more confidence to myself, because, ~~as~~ as a group we educate young teens about tobacco. Through this program, I learned a lot of things about medical field, like we shadow at the clinic for the ~~work~~ ^{career} that I wanted. Also through this program, it helps me find ~~what~~ what I want to do and what interest me. I love working and educating young teens about tobacco. This program gave me opportunity to go out in the community and do something. This program is a good opportunity for young teens like me to learn about things.

Thank you.

Name: Sharmaine Rose Calantoc

Home Address: 81-1165 Mahini St Waianae HI 96792

Email: sharmaineyos@yahoo.com

Day Phone: 808-429-6709

Evening phone: 808-429-6709

Testimony To: Chair Marcus R. Oshiro, Chair, House Committee on Finance
Vice Chair Marily B. Lee, Vice Chair, House Committee on Finance
Members, House Committee on Finance

Testimony By: Jackie Scotka, Kailua, HI

Re: Testimony in STRONG OPPOSITION TO HB 1731

Thank you for the opportunity to testify in strong **opposition** to HB 1731.

The comprehensive efforts of the tobacco control movement in Hawaii have helped save lives and money. Our high school smoking rates are below 10%. This means less future smokers and lower costs in health care.

Despite these gains, 1,200 will die every year in Hawaii due to smoking-related causes. There are young people who need to learn about the dangers of smoking and tobacco-use as they grow up. And there are many who need help quitting smoking-- particularly Native Hawaiians and Filipino men who smoke at higher rates than the general population.

As a Respiratory Care Practitioner working in Hawaii, I see first hand the horrible effects of tobacco on the patients I treat and believe that programs promoting prevention of tobacco use and providing smoking cessation education are paramount in reversing this healthcare crisis.

We must not be short-sighted and reduce the 12.5% that is dedicated to the Tobacco Prevention and Control Trust Fund to 6%. I am concerned that if funding is cut, we will see less programs designed to help educate youth on the risks of second-hand smoke and to help smokers quit.

HB 1731 proportionally cuts the percentage to the Tobacco Prevention and Control Trust Fund by 52%. This means, the community is hit the hardest. Community groups that receive money from the Tobacco Prevention and Control Trust Fund include the Quitline, the Boys and Girls Club of the Big Island, the American Lung Association, the COPD Coalition, Kalihi Palama Health Center, and the Coalition for a Tobacco-Free Hawaii. These groups provide services that the State cannot.

I urge you to hold HB 1731 in Committee. If you choose to pass this measure out, please consider restoring the 12.5% to the Tobacco Prevention and Control Trust Fund.

Thank you.

Jackie Scotka, RRT-NPS Respiratory Care Practitioner

Testimony To: Chair Marcus R. Oshiro, Chair, House Committee on Finance
Vice Chair Marily B. Lee, Vice Chair, House Committee on Finance
Members, House Committee on Finance

Testimony By: Dwight Watanabe

Re: Testimony in STRONG OPPOSITION TO HB 1731

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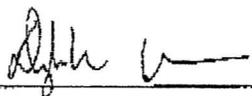
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Thank you.

 Respiratory Care Practitioner



Nursing Advocates & Mentors, Inc.

... a non-profit organization with a mission to address the global nursing shortage by providing guidance and assistance for nursing colleagues to obtain their professional license in nursing.

P. O. Box 2034 Aiea, HI 96701
E-mail: bramosrazon@aol.com

Bea Ramos-Razon, RN,
FACDONA
President

Tessie Oculito, RN
Vice President

D Jun Obaldo, RN, BSN
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Brenda Monegas, RN

Oscar Querido, RN

Lucy Porte, RNC

Violeta Sadural, RN, BSN

Tina Salvador, RN, BSN, CNN

Ramon Sumibcay, CPT, AN

TESTIMONY IN STRONG OPPOSITION TO HB 1731

House Finance Committee

Feb. 26, 2009, 12 p.m., Hawai'i State Capital, House Conference Rm. 308

Measure Title: RELATING TO THE HAWAII TOBACCO SETTLEMENT SPECIAL FUND.

Description: Reallocates for 6 years from 07/01/09 to 06/30/2015, distribution of moneys in the Hawaii tobacco settlement special fund, including depositing 14% into the state general fund

To: Honorable Rep. Marcus R. Oshiro, Chair

Honorable Rep. Marilyn B. Lee, Vice-Chair

Honorable House Finance Committee Members

From: Beatrice Ramos-Razon, RN, FACDONA

President, Nursing Advocates and Mentors, Inc. (NAMI)

My name is Beatrice Ramos Razon. As the founder and president of NAMI (Nursing Advocates & Mentors, Inc.), we are in strong opposition to this bill. NAMI's membership is comprised of over 75 volunteer nurses, instructors, allied health care professionals, and Filipino leaders, who are dedicated to improve the health of Hawai'i's people by addressing not only a statewide, but worldwide nursing shortage through the training and mentoring of foreign medical graduate nurses, many of whom come from underprivileged backgrounds, to pass Hawai'i's nurses board exams.

Filipino lung cancer cases have doubled between 1995-2000, while other ethnic groups have seen a reduction, as a result of effective tobacco free policies. Tobacco education, prevention, and cessation funds are needed to address these disparities.

Thank you for the opportunity to express our opposition to this bill. Your role in safeguarding public health is greatly appreciated. NAMI appreciates the difficult options you are weighing. Please keep the Tobacco Settlement funds intact. Please vote no to this bill.

Sincerely,

Beatrice Ramos-Razon, RN, FACDONA
President, Nursing Advocates and Mentors, Inc.



OAHU FILIPINO COMMUNITY COUNCIL

P.O. Box 17531 • Honolulu • Hawaii 96817

Unit Organizations

Alliance of Residential
Carehome Administrators
Aloha Saguibsib Cultural
Foundation, Inc.
Annac ti Bado iti Hawaii
Annac ti Batac
Annac ti Caoayan 2002
Annak ti Kailokuan iti
America
Annak ti Sinait iti Hawaii
Asingan Organization of
Hawaii
Badoc-Pinili Aid
Association of Hawaii
Banna Association of
Hawaii
Bannatiran Association of
Hawaii
Batangas Association of
Hawaii
Bulacan Circle of Hawaii
Caballeros de Dimasalang
Cabugao Sons & Daughters
of Hawaii
Candonians of Hawaii
Caoayan ISAH
Cavitenians of Hawaii
Dingras Association of
Hawaii
Divine Word College
Alumni Association
FilAm Sports USA
Fil American Citizens
League
Filipino Business Women's
Club
Filipino Nurses Organization
of Hawaii
Filipino Women's Civic
Club
GUMIL Hawaii
GUMIL Oahu
Hawaii Filipino Women's
Club
Hawaii Council of Bilingual
Educators
ILAH
Ilocos Norteniens of
America
INCAT Alumni Association
of Hawaii
International Filipino
Society of Hawaii
Kalayaan Phil.-Hi. Int.
La Union Circle of
Hawaii
Lingayen Gulf Club of
Hawaii

TESTIMONY IN STRONG OPPOSITION TO HB 1731

House Finance Committee
Feb. 26, 2009, 12 p.m., Hawai'i State Capital
House Conference Rm. 308

Measure Title:

RELATING TO THE HAWAII TOBACCO SETTLEMENT SPECIAL FUND.

Description: Reallocates for 6 years from 07/01/09 to 06/30/2015, distribution of moneys in the Hawaii tobacco settlement special fund, including depositing 14% into the state general fund

To:

Honorable Rep. Marcus R. Oshiro, Chair
Honorable Rep. Marilyn B. Lee, Vice-Chair
Honorable House Finance Committee Members

From:

Cirvalina Longboy, OFCC President

My name is Cirvalina Longboy, president of the Oahu Filipino Community Council. OFCC is an umbrella organization that represents a network of civic groups with a unified vision to improve the lives of our Filipino communities.

I submit this testimony to strongly oppose this bill.

In Filipino culture, our elders taught us that health is our wealth. But since coming to America, Filipinos have fallen victim to disproportionate suffering and death, due to preventable cancers caused by tobacco use. Furthermore, as Filipinos comprise a disproportionate part of Hawai'i's unemployment ranks, those out of the labor force are the least who can afford to get sick. The cost of health insurance is beyond their reach. When cancer and tobacco-related illness strikes, the cost shifts back to everyone. Access to tobacco education is of utmost importance to reduce our health risks and stop the compounding costs of tertiary health care from the addictions of tobacco use. Please do not redistribute the Tobacco Settlement funds to the State's general fund. Prevention and cessation is a better return on everybody's investment during these dire economic times. Thank you for this opportunity to testify against this bill. We support your leadership to find other ways to balance the budget without compromising our communities' health risks.

Sincerely,

Cirvalina Longboy, President, Oahu Filipino Community Council

Unit Organizations

Magsingal Association of
Hawaii
Narvacan/San Antonio Club of
Hawaii
Nueva Vizcaya Association of
Hawaii
Pasuquinos Association of
Hawaii
Philippine Cultural Foundation
Philippine Nurses
Association of Hawaii
Piddig Association of Hawaii
Sanchez Mira Association of
Hawaii
San Manuel Pangasinan
Association of Hawaii
San Nicolaneos USA
San Nicolas Goodwill
Foundation
San Nicolas Teachers of
Hawaii
Santa Lucia Association of
Hawaii
Sarrat Association of Hawaii
Sarrat International Inc.
Sinait Nt. High School Alumni
of Hawaii
Solsona of Hawaii
Tarlac Mutual Club of Hawaii
TPCC
Kalihi Ballroom, Inc.
Sadiri ti San Nicolas iti Hawaii
Samar Leyte Association of
Hawaii
Sampaguita/Sunflower Club of
Hawaii
San Juan Association of
Hawaii
San Nicolas Nat. High
Santa Marians of Hawaii
School Alumni
Santa Nicolas Nat. High
School Bingao Annex
Tagalog Association of Oahu
United Bacarreneos of Hawaii
United Group of Home
Operators
United Pangasinan of Hawaii
United Urdaneta Club of
Hawaii
United Vintarinians of Hawaii
Vigan Association of Hawaii

Filipino American Citizens League

Jake Manegdeg, President
P. O. Box 270126 * Honolulu, Hawai'i 96827

TESTIMONY IN STRONG OPPOSITION TO HB 1731

House Finance Committee

Feb. 26, 2009, 12 p.m., Hawai'i State Capital, House Conference Rm. 308

Measure Title: RELATING TO THE HAWAII TOBACCO SETTLEMENT SPECIAL FUND.

Description: Reallocates for 6 years from 07/01/09 to 06/30/2015, distribution of moneys in the Hawaii tobacco settlement special fund, including depositing 14% into the state general fund

To:

Honorable Rep. Marcus R. Oshiro, Chair

Honorable Rep. Marilyn B. Lee, Vice-Chair

Honorable House Finance Committee Members

From:

Jake Manegdeg, President, Filipino American Citizens League

My name is Jake Manegdeg. I am the president of the Filipino American Citizens League. The Filipino American Citizens League was formed over ten years ago to contribute to the advancement of civil rights and social justice for minority groups, underserved populations, and vulnerable communities through education, advocacy, and social action.

I submit this testimony to strongly oppose this bill. As a former legislator and former smoker, I appreciate the challenge of finding solutions to address budget shortfalls, and at the same time protect public health. During hard times, our communities can become resilient to meet such challenges. But our people cannot be allowed to succumb to the serious and harmful medical consequences of tobacco use, as well as secondhand and tertiary exposure to cigarette smoke. If we lose Tobacco Settlement funds to balancing the budget, we will never afford the health care cost from tobacco-related diseases, loss of productivity in the work force, and suffering by caretakers and victims of addictive behaviors.

The tobacco industry is profiting at a dear price from communities that are vulnerable to the industry's deceptive marketing tactics. We support collaborations to save both lives and our economy.

Thank you for hearing this important bill. Thank you for the opportunity to explain why we oppose shifting the distribution of the Tobacco Settlement Special Fund. Please vote no.

Very Sincerely,

Jake Manegdeg
President, Filipino American Citizens League



TESTIMONY IN STRONG OPPOSITION TO HB 1731

House Finance Committee
Feb. 26, 2009, 12 p.m., Hawai'i State Capital
House Conference Rm. 308

Measure Title:

RELATING TO THE HAWAII TOBACCO SETTLEMENT SPECIAL FUND.

Description: Reallocates for 6 years from 07/01/09 to 06/30/2015, distribution of moneys in the Hawaii tobacco settlement special fund, including depositing 14% into the state general fund

To:

Honorable Rep. Marcus R. Oshiro, Chair
Honorable Rep. Marilyn B. Lee, Vice-Chair
Honorable House Finance Committee Members

From:

Charlene Cuaresma, MPH, President, Filipino Coalition For Solidarity

My name is Charlene Cuaresma. As president of the Filipino Coalition for Solidarity, I want to express appreciation to you for hearing this important bill. Since its inception in 1990, the Coalition has represented more than 50 Filipino community leaders, whose aim is to work for social justice issues to empower Filipinos to make socially responsible contributions to Hawai'i and our global neighbors through education, advocacy, and social action.

I am submitting testimony in strong opposition to this bill, in keeping with the Coalition's ongoing resolutions to address health disparities in the Filipino community. Tough tobacco policies have proven to be effective in decreasing the use of tobacco products, and thus preventing tobacco-related diseases that have catastrophic costs to individuals and their families, as well as to our health care system and taxpayers.

According to the Hawai'i State Dept. of Health, Filipino and Native Hawaiian high school girls had the highest smoking rates, which was higher than high school boys, from 1991 to 2001. By age, more Filipino smokers occurred among 18 to 24 years, and 45 to 54 years. While the trend of lung cancer cases have declined for the major ethnic groups in Hawai'i between 1995 through 2000, lung cancer rates among Filipino men have doubled. For these reasons, please reconsider the unintended consequences of weakening, rather than strengthening our Filipino community, whose health risk factors are among the most vulnerable in Hawai'i. Diverting the Tobacco Settlement funds is not good fiduciary stewardship practices. Access to these funds for tobacco prevention, education, and cessation is our community's right, as determined by the courts.

We appreciate your legislative leadership, and hope that other strategies for community partnerships can be identified that will make our vulnerable communities stronger to contribute to saving our economy. Please oppose this bill.

Respectfully,

Charlene Cuaresma, MPH
President, Filipino Coalition for Solidarity