

SB 1

(FILE 1) -

BILL

**INFORMATION &
PRESENTATIONS**

<TARGET><BILL>SB 1</BILL><SUBJECT>SB 1 (FILE 1) - BILL
INFORMATION and
PRESENTATIONS</SUBJECT><COMM>SSTA29</COMM></TARGET>

SENATE COMMITTEE REPORT

DATE: 3/13/15

FURTHER: Finance

DATE TURNED IN TO OFFICE: 4/15/15

State Affairs Committee considered SPONSOR SUBSTITUTE FOR SENATE BILL NO. 1

SB 1-REGULATION OF SMOKING

"An Act prohibiting smoking in certain places; relating to education on the smoking prohibition; and providing for an effective date."

and recommends:

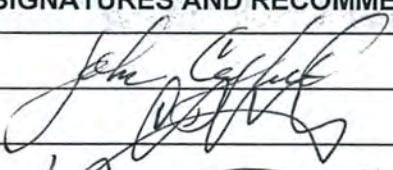
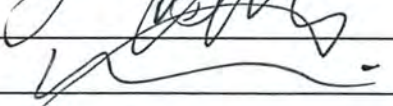
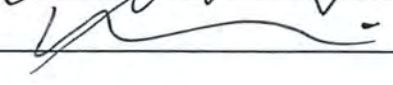

- be replaced with CS SSSB 1 (STA) [Same Title [] New Title
- [] adopt previous CS _____ (SCS/CS- Forthcoming) [] Same Title [] New Title
- [] attached amendment(s)
- [] adopt _____ Letter of Intent
- [] further referral to _____ Committee

Dept Abbr.	
ADM	LWF
CED	LAW
COR	LEG
EED	MVA
DEC	DNR
DFG	DPS
GOV	REV
DHS	DOT
AJS	UA

NEW FISCAL NOTE(S)				
Dept.	Fiscal	Indet.	Zero	FN #
DOT			✓	
DHS			✓	

PREVIOUS FISCAL NOTE(S)				
Dept.	Fiscal	Indet.	Zero	FN #
DOT	✓			1
DOT	✓			3
DOT	✓			4
CED			✓	5
AJS			✓	6
DEC			✓	8

[] APPROPRIATION - no fiscal note

SIGNATURES AND RECOMMENDATIONS:	PRINTED LAST NAME	DO PASS	DO NOT PASS	NO REC	AMEND
	Coghill			✓	
	Huggins			✓	
	Wielechowski	✓			
CHAIR: 	Staltze			✓	

Senate Peter A. Micciche

Alaska State Legislature

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Revised March 13, 2015

CS SSSB 1(HSS) Sponsor Statement

Regulation of smoking

CS SSSB 1(HSS) seeks to safeguard working Alaskans and their children from the adverse health effects of secondhand smoke by providing a statewide smoke-free workplace law for businesses and public places. As a conservative Alaskan, I actively support a philosophy that works to limit the role of government in our daily lives. I process each legislative decision through a litmus test of whether the result falls under an appropriate role of government. In this case, we believe that both the right to breathe smoke-free air and the significant, documented public health risks of second hand smoke exposure compel us to view the protection of Alaska's labor force and their families as an appropriate governmental responsibility. Similar comparisons include the government role in establishing speed limits, seat belt laws, motor vehicle design safety improvements, electrical codes, pipeline safety laws and agency responsibilities ensuring industrial employee safety regulations. As judicial philosopher Zechariah Chafee said in the Harvard Law Review in 1919, "Your right to swing your arm ends just where the other man's nose begins". CS SSSB 1(HSS) helps to protect the rights of Alaskans who choose not to smoke.

Current law prohibits smoking in the workplace in many areas of the state, as well as in healthcare facilities, schools, childcare facilities and public meeting rooms in government buildings. Over one-half of the population of Alaska including those in Bethel, Anchorage, Juneau, Barrow, Dillingham, Haines, Skagway, Petersburg, Klawock, Nome, Unalaska, and Palmer are currently living under smoke-free laws similar to CS SSSB 1(HSS). These laws are well established and strongly supported by citizens and businesses. For Alaskans residing in the remaining areas of the state, CS SSSB 1(HSS) offers a uniformly applied safeguard from second hand smoke that is currently not available.

CS SSSB 1(HSS) does not prohibit outdoor smoking, except within certain areas near building entrances/exits, air intakes, and other specifically designated public gathering places as defined in the

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statute. The bill does not legislate hiring or employment of smokers or non-smokers. Local governments with adequate jurisdiction retain the authority to adopt more restrictive local provisions than the statewide law (e.g., provisions specific to local public gathering places or events). Free-standing tobacco and e-cigarette shops are excluded from the bill.

Why is a conservative willing to take on this issue? The reason is simply to protect the rights of the non-smoker, save lives and reduce the staggering health costs of secondhand exposure to tobacco use. The 2012 Alaska Division of Public Health report, *Alaska Tobacco Facts*, found more Alaskans die annually from the direct effects of tobacco use than from suicide, motor vehicle crashes, chronic liver disease and cirrhosis, homicide, and HIV/AIDS combined.

The annual economic loss to Alaskans because of secondhand smoke is estimated to be in the millions of dollars, with an estimated 60 lives lost each year. Nationally, exposure to secondhand smoke kills more than 41,000 adult non-smokers from coronary heart disease and lung cancer each year. This is more than 4 times the number of DUI fatalities each year in America.

Many Alaskan families, including mine, continue to be adversely affected. My children prematurely lost their grandfather and I lost my father in November of 2013. My siblings suffer from the early childhood effects of secondhand smoke.

CS SSSB 1(HSS) does not remove the right of the smoker to choose to smoke. Rather, it limits a smoker's ability to adversely affect the health of Alaska's non-smoking employees. In other words, the bill simply asks smokers to "take it outside" in an effort to protect Alaskan employees.

More than eight hundred Alaskan businesses and organizations representing all regions of the state have already signed on in support of a statewide smoke-free workplace law. Through CS SSSB 1(HSS), we believe it is time to have this discussion. I urge fellow members to join me in protecting the health of innocent, non-smoking Alaskans by supporting this bill.

Staff Contact: Chuck Kopp (907)465-3792

Senator.Peter.Micciche@akleg.gov

Senate Peter A. Micciche

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SECTIONAL ANALYSIS

CS for Sponsor Substitute Senate Bill 1(HSS) Version "I"

Section 1 creates new Article 4, *Prohibition of Smoking in Certain Places*, within AS 18.35 describing where smoking is prohibited or regulated.

18.35.301 Prohibition of Smoking

Page 1, lines 6-14 & page 2, lines 1-3: (a) prohibits smoking in enclosed areas in public places, including enclosed areas at an entertainment venue or sports arena; in vehicles used for public transportation; at public transportation facilities and depots; at a retail store or shopping center; at places of public assembly on property owned by the state or other unit of local government.

Page 2, lines 4-17: (b) prohibits smoking in certain enclosed areas: office buildings, hotels, motels, restaurants, bars, retail stores or common areas in apartment and multiple family dwellings, a place of employment, a building or residence used to provide paid childcare, at healthcare facilities, in a vehicle that is a place of employment, at a public or private educational facility; at a residence where paid adult care is provided; at a residence in a healthcare facility, hotel, or motel; and on a marine vessel operating as a shore-based fisheries business under AS 43.75.

Page 2, lines 18-31: (c) prohibits smoking outdoors in certain areas: at public or private schools; state or municipal parks primarily designated as a place for children to play; in seating areas for outdoor arenas, stadiums and amphitheatres; within 50 feet of an entrance to a healthcare facility, 20 feet of an entrance, open window, or heating or ventilation system air intake vent at a place where smoking is prohibited under this section; or within a reasonable distance of an entrance, open window, or heating or ventilation air intake on a marine vessel as determined by the vessel operator in charge.

Page 3, lines 1-24: (d) allows smoking at a retail tobacco or e-cigarette store unless the owner or operator prohibits it, and defines "retail tobacco or e-cigarette store".

- **Page 3, lines 25-30: (e)** permits an enclosed smoking area at Alaska International Airport System airports for international passengers who are in-transit and restricted by federal law from leaving the airport and establishes ventilation requirements.
- **Page 3, line 31 & Page 4, lines 1-5: (f)** allows smoking in a vehicle that is a place of employment used exclusively by one person; and on a marine vessel when it is engaged in commercial fishing or sport charter fishing or is otherwise used as a place of employment.
- **Page 4, lines 6-7: (g)** allows smoking in a private residence that is not used for paid childcare, adult care, and as a healthcare facility.
- **Page 4, lines 8-15: (h)** requires the department (HSS) to adopt regulations authorizing smoking in stand-alone shelters.

18.35.306 Notice of Prohibition

- **Page 4, lines 16-29:** describes the obligations of employers, owners and operators of places and vehicles where smoking is prohibited to post “no smoking” signs within those places or vehicles and at or near the entrances. This section also requires the Department of Health & Social Services to furnish signs upon request.

18.35.311 Duty of employers and building managers

- **Page 4, lines 30-31 & Page 5, line 1: (a)** an employer may not permit an employee, customer or other person to smoke inside an enclosed area at a place of employment;
- **Page 5, lines 2-4: (b)** an owner, operator, or manager of a building or other place where smoking is prohibited may not provide ashtrays or other smoking accessories for use in that building or place.

18.35.316 Powers and duties of the commissioner

- **Page 5, lines 5-13:** requires the commissioner of health and social services to administer and enforce the requirements of AS 18.35.301-18.35.399, and adopt necessary regulations to implement these requirements; allows the commissioner to delegate enforcement authority to another agency.

18.35.321 Public Education

- **Page 5, lines 14-23:** requires the commissioner of health and social services to provide a program of education regarding AS 18.35.301 – 18.35.399 to employers, other affected parties and members of the public; and that this program may be provided in combination with the current comprehensive smoking education program established in AS 44.29.020(a)(14) which seeks in part to “prevent youth initiation of tobacco use, promote cessation among tobacco users, and educate the public about the lethal effects of exposure to secondhand smoke.”

18.35.326 Nonretaliation

- **Page 5, lines 24-30:** prohibits employers from discriminating against an employee because the employee cooperated with or initiated enforcement of a requirement in AS 18.35.301-18.35.399; and similarly prohibits owners or operators of vehicles or other places subject to AS 18.35.301 – 18.35.399 from retaliating against customers or other members of the public due to their cooperation with or initiation of enforcement of the requirements in AS 18.35.301-18.35.399.

18.35.331 Conflicts with local requirements

- **Page 5, line 31, and Page 6, lines 1-5:** a municipality is not prohibited from adopting and enforcing local laws with additional prohibitions on smoking or additional duties for employers, owners, operators, and other persons subject to requirements of 18.35.306 and 18.35.311.

18.35.336 Violations and civil penalties

- **Page 6, lines 6-28:** requires the commissioner of health and social services to establish regulatory process for investigating reported violations of AS 18.35.301, 18.35.306, 18.35.311, and 18.35.326; establishes that the commissioner, upon determination that a violation has occurred, may file a civil complaint in district court to enforce the requirements of AS 18.35.301, 18.35.306, 18.35.311, and 18.35.326; establishes a maximum fine of \$100 for violation of AS 18.35.301; establishes a bail schedule for violations of AS 18.35.306 or 18.35.311 to be not more than \$100 for a first failure to comply, \$200 for a second failure that occurs within 24 months of the first violation, and \$500 for the third and each consecutive failure to comply within 24 months of the second violation; establishes a civil penalty of not more than \$1,000 for a violation of AS 18.35.326; and allows the department to accept fine payments by mail.

18.35.351 Injunctions

- **Page 6, lines 29-31:** re-enacts existing law to permit the commissioner or another affected party to bring a civil action in superior court to enjoin a violation of the law.

18.35.399 Definitions

- **Page 7, lines 1-31 & page 8, lines 1-12:** Definitions are provided for business, commissioner, department, e-cigarette, employee, employer, enclosed area, health care facility, place of employment, public place, and smoking.

Section 2 repeals existing statutes regulating smoking in public facilities (AS 18.35.300, 18.35.305, 18.35.310, 18.35.320, 18.35.330, 18.35.340, 18.35.341-343, 18.35.350, 18.35.355, and 18.35.365).

Section 3 amends the uncodified law and clarifies that the new provisions of this bill apply to violations or failures to comply that occur on or after the effective date of Section 1 of the bill.

Section 4 amends the uncodified law by adding a new section that permits the Department of Health and Social Services to adopt regulations to implement Section 1 of the bill. Regulations

take effect under AS 44.62 (Administrative Procedure Act) cannot take effect before the effective date of this bill.

Section 5 provides the immediate effective date of the bill under AS 01.10.070(c).

Section 6 provides that, with the exception of Section 5, the rest of the bill will be effective on October 1, 2015.

Senate Peter A. Micciche

Alaska State Legislature

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CS for SSSB 1(HSS)

29-LS0003\I

Explanation of Changes

1. P.3, line 24 – **Sec. 18.35.301(e) Prohibition of smoking**
New subsection (e) permits an enclosed smoking area at Alaska International Airport System airports for international passengers who are in-transit and restricted by federal law from leaving the airport and establishes ventilation requirements.
2. P.4, line 5 – **Sec. 18.35.301(f)(2) Prohibition of smoking**
Provides an additional exemption for a marine vessel – a vessel engaged in commercial or sport chart fishing or is otherwise used as a place of employment. Will cover all workboats.
3. P.4, line 6 – **Sec. 18.35.301 Prohibition of smoking**
Deletes exemption for “private club”.
4. P.4, line 8 – **Sec. 18.35.301(h) Prohibition of smoking**
Deletes [may] and inserts shall. Requires Commissioner to adopt regulations authorizing smoking in a stand-alone shelter.
5. P.5, lines 24-26 – **Sec. 18.35.326(a) Nonretaliation**
Limits applicability of this section to employees, removing reference to ‘applicants’.
6. P.6, line 29 – **Sec. 18.35.346. Citations; fines.**
Deletes all of this section, removing reference to citations and fines from peace officers.

ALASKA STATE LEGISLATURE

SENATE STATE AFFAIRS COMMITTEE

Senator Bill Stoltze, Chair
State Capitol, Room 125
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Official Business

Members:

Sen. John Coghill, Vice Chair
Sen. Charlie Huggins
Sen. Lesil McGuire
Sen. Bill Wielechowski

April 9, 2015

Bill Packet Information

SB 83 PEACE OFFICER/FIREFIGHTER RETIREMENT

- Sponsor Statement
- SB 83 version \H - *Initial Version*
- Sponsor Presentation to SSTA
- Fiscal Note(s):
 - *Forthcoming*
- Historical fiscal notes (28th Legislature - HB 247):
 - DOA-DRB 2-28-2014
 - DOA-DRB 2-28-2014 with Actuarial by Buck Consultants

SB 89 PARENT RIGHTS: EDUCATION; SCHOOL ABSENCE

<Scheduled Pending Referral from (S)EDC>

This bill is not yet in the committee

SB 1 REGULATION OF SMOKING

<Previously Heard/Scheduled on 4/2/2015>

Documents posted since last hearing:

- New / Replacement Fiscal Note:
 - Replaces FN #2 - DOT-IASO 3-27-15 (*Zero*) - *was previously fiscal*
- Additional Consolidated Public Input:
 - Letters of Support to SSTA (3-31-15 to 4-8-15) (95)
 - Letters of Opposition to SSTA (3-31-15 to 4-8-15) (11)

<Bills Previously Heard/Scheduled>

Fiscal Note

State of Alaska
2015 Legislative Session

Bill Version:	CSSSSB 1(HSS)
Fiscal Note Number:	1
(S) Publish Date:	3/13/2015

Identifier: SB001SS-DOT-MVO-2-6-15
 Title: REGULATION OF SMOKING
 Sponsor: MICCICHE
 Requester: Senate Health & Social Services

Department: Department of Transportation and Public Facilities
 Appropriation: Marine Highway System
 Allocation: Marine Vessel Operations
 OMB Component Number: 2604

Expenditures/Revenues

Note: Amounts do not include inflation unless otherwise noted below. (Thousands of Dollars)

	FY2016	Included in	Out-Year Cost Estimates				
	Appropriation Requested	Governor's FY2016 Request	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
OPERATING EXPENDITURES	FY 2016	FY 2016					
Personal Services							
Travel							
Services							
Commodities	2.4		1.0	1.0	1.0	1.0	1.0
Capital Outlay							
Grants & Benefits							
Miscellaneous							
Total Operating	2.4	0.0	1.0	1.0	1.0	1.0	1.0

Fund Source (Operating Only)

1004 Gen Fund	2.4		1.0	1.0	1.0	1.0	1.0
Total	2.4	0.0	1.0	1.0	1.0	1.0	1.0

Positions

Full-time							
Part-time							
Temporary							

Change in Revenues							
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Estimated SUPPLEMENTAL (FY2015) cost: 0.0 *(separate supplemental appropriation required)*
(discuss reasons and fund source(s) in analysis section)

Estimated CAPITAL (FY2016) cost: 0.0 *(separate capital appropriation required)*
(discuss reasons and fund source(s) in analysis section)

ASSOCIATED REGULATIONS

Does the bill direct, or will the bill result in, regulation changes adopted by your agency? No
 If yes, by what date are the regulations to be adopted, amended or repealed?

Why this fiscal note differs from previous version:

Initial version.

Prepared By:	Mike Lesmann	Phone:	(907)465-4772
Division:	Commissioner's Office	Date:	02/06/2015 01:00 PM
Approved By:	Mary Siroky	Date:	02/06/15
Agency:	DOT&PF		

FISCAL NOTE ANALYSIS

STATE OF ALASKA
2015 LEGISLATIVE SESSION

Analysis

This legislation would ban smoking in enclosed areas onboard the Alaska Marine Highway System (AMHS) ferries, inside of AMHS terminals and other buildings belonging to the AMHS.

With the passage of this legislation, current no-smoking signs at terminals as well as onboard the 11 vessels of the fleet will have to be replaced with new signs citing the increased fine.

26 12" x 12" building signs at terminals @ \$25/signs	\$.7
66 (6 per vessel) 12" x 12" signs onboard @ \$25/sign	\$1.7
Total one time cost	\$2.4
Cost per year to replace stolen/damage/worn signs	\$1.0

Fiscal Note

State of Alaska
2015 Legislative Session

Bill Version:	CSSSSB 1(HSS)
Fiscal Note Number:	2
(S) Publish Date:	3/13/2015

Identifier: SB001SS-DOT-IASO-2-6-15
 Title: REGULATION OF SMOKING
 Sponsor: MICCICHE
 Requester: Senate Health & Social Services

Department: Department of Transportation and Public Facilities
 Appropriation: International Airports
 Allocation: International Airport Systems Office
 OMB Component Number: 1649

Expenditures/Revenues

Note: Amounts do not include inflation unless otherwise noted below. (Thousands of Dollars)

	FY2016	Included in	Out-Year Cost Estimates				
	Appropriation Requested	Governor's FY2016 Request	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
OPERATING EXPENDITURES	FY 2016	FY 2016					
Personal Services							
Travel							
Services							
Commodities	8.5		0.9	0.9	0.9	0.9	0.9
Capital Outlay							
Grants & Benefits							
Miscellaneous							
Total Operating	8.5	0.0	0.9	0.9	0.9	0.9	0.9

Fund Source (Operating Only)

1027 IntAirport	8.5		0.9	0.9	0.9	0.9	0.9
Total	8.5	0.0	0.9	0.9	0.9	0.9	0.9

Positions

Full-time							
Part-time							
Temporary							

Change in Revenues							
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Estimated SUPPLEMENTAL (FY2015) cost: 0.0 *(separate supplemental appropriation required)*
(discuss reasons and fund source(s) in analysis section)

Estimated CAPITAL (FY2016) cost: 0.0 *(separate capital appropriation required)*
(discuss reasons and fund source(s) in analysis section)

ASSOCIATED REGULATIONS

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Initial version.

Prepared By: <u>Mike Lesmann</u>	Phone: (907)465-4772
Division: <u>Commissioner's Office</u>	Date: 02/06/2015 01:00 PM
Approved By: <u>Mary Siroky</u>	Date: 02/06/15
Agency: <u>DOT&PF</u>	

FISCAL NOTE ANALYSIS

STATE OF ALASKA
2015 LEGISLATIVE SESSION

Analysis

This legislation would ban smoking in enclosed areas of the Fairbanks International Airport terminal and the Ted Stevens Anchorage International Airport terminal as well as within airport fuel facilities. It also prohibits smoking in other enclosed areas in a place of employment at these airports.

Title 17 currently prohibits smoking within 50 ft of an aircraft on airport property. The international airports follow municipal codes prohibiting smoking in public buildings and displays signage and have periodic public address system announcements in the terminals.

Currently smokers are provided with a designated outside smoking area adjacent to the terminals but away from any building entrances. A smoking room equipped with ventilation is provided in the North Terminal of the Ted Stevens Anchorage International Airport for passengers that deplane and cannot leave the terminal secure area before re-boarding their through-flight (some international flights and military charters).

With the passage of this legislation, the airport will be required to discontinue the use of the North Terminal smoking room, remove current no-smoking signage and replace with new signs in highly visible locations at the terminal and numerous other state managed buildings.

Total 340 12" x 12" signs (\$25/sign)

Ted Stevens Anchorage International Airport	300 signs	\$7.5
Fairbanks International Airport	40 signs	\$1.0
Total one time cost	340 signs	\$8.5
Cost per year to replace stolen/damage/worn signs	34 signs	\$.9

Fiscal Note

State of Alaska
2015 Legislative Session

Bill Version:	CSSSSB 1(HSS)
Fiscal Note Number:	3
(S) Publish Date:	3/13/2015

Identifier: SB001SS-DOT-SEF-2-6-15
 Title: REGULATION OF SMOKING
 Sponsor: MICCICHE
 Requester: Senate Health & Social Services

Department: Department of Transportation and Public Facilities
 Appropriation: State Equipment Fleet
 Allocation: State Equipment Fleet
 OMB Component Number: 2791

Expenditures/Revenues

Note: Amounts do not include inflation unless otherwise noted below. (Thousands of Dollars)

	FY2016	Included in	Out-Year Cost Estimates				
	Appropriation Requested	Governor's FY2016 Request	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
OPERATING EXPENDITURES	FY 2016	FY 2016					
Personal Services							
Travel							
Services							
Commodities	1.5		1.5	1.5	1.5	1.5	1.5
Capital Outlay							
Grants & Benefits							
Miscellaneous							
Total Operating	1.5	0.0	1.5	1.5	1.5	1.5	1.5

Fund Source (Operating Only)

1026 HwyCapital	1.5		1.5	1.5	1.5	1.5	1.5
Total	1.5	0.0	1.5	1.5	1.5	1.5	1.5

Positions

Full-time							
Part-time							
Temporary							

Change in Revenues							
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Estimated SUPPLEMENTAL (FY2015) cost: 0.0 *(separate supplemental appropriation required)*
(discuss reasons and fund source(s) in analysis section)

Estimated CAPITAL (FY2016) cost: 0.0 *(separate capital appropriation required)*
(discuss reasons and fund source(s) in analysis section)

ASSOCIATED REGULATIONS

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Initial version.

Prepared By:	Mike Lesmann	Phone:	(907)465-4772
Division:	Commissioner's Office	Date:	02/06/2015 01:00 PM
Approved By:	Mary Siroky	Date:	02/06/15
Agency:	DOT&PF		

FISCAL NOTE ANALYSIS

STATE OF ALASKA
2015 LEGISLATIVE SESSION

Analysis

This legislation would ban smoking in state-owned vehicles under (a)(4) - other enclosed area in a place of employment.

5653 vehicles in the state equipment fleet

\$1.5 for decals for entire state equipment fleet vehicles

This fiscal note assumes that the decals would need to be replaced annually.

Fiscal Note

State of Alaska
2015 Legislative Session

Bill Version:	CSSSSB 1(HSS)
Fiscal Note Number:	4
(S) Publish Date:	3/13/2015

Identifier: SB001SS-DOT-TMS-2-6-15
Title: REGULATION OF SMOKING
Sponsor: MICCICHE
Requester: Senate Health & Social Services

Department: Department of Transportation and Public Facilities
Appropriation: Administration and Support
Allocation: Transportation Management and Security
OMB Component Number: 2607

Expenditures/Revenues

Note: Amounts do not include inflation unless otherwise noted below. (Thousands of Dollars)

	FY2016	Included in	Out-Year Cost Estimates				
	Appropriation Requested	Governor's FY2016 Request	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
OPERATING EXPENDITURES	FY 2016	FY 2016					
Personal Services							
Travel							
Services	1.8		0.2	0.2	0.2	0.2	0.2
Commodities	8.8		0.9	0.9	0.9	0.9	0.9
Capital Outlay							
Grants & Benefits							
Miscellaneous							
Total Operating	10.6	0.0	1.1	1.1	1.1	1.1	1.1

Fund Source (Operating Only)

1004 Gen Fund	10.6		1.1	1.1	1.1	1.1	1.1
Total	10.6	0.0	1.1	1.1	1.1	1.1	1.1

Positions

Full-time							
Part-time							
Temporary							

Change in Revenues							

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(discuss reasons and fund source(s) in analysis section)

Estimated CAPITAL (FY2016) cost: 0.0 (separate capital appropriation required)
(discuss reasons and fund source(s) in analysis section)

ASSOCIATED REGULATIONS

Does the bill direct, or will the bill result in, regulation changes adopted by your agency? No
If yes, by what date are the regulations to be adopted, amended or repealed?

Why this fiscal note differs from previous version:

Initial version.

Prepared By: Mike Lesmann
Division: Commissioner's Office
Approved By: Mary Siroky
Agency: DOT&PF

Phone: (907)465-4772
Date: 02/06/2015 01:00 PM
Date: 02/06/15

FISCAL NOTE ANALYSIS

STATE OF ALASKA
2015 LEGISLATIVE SESSION

Analysis

This legislation would ban smoking in enclosed areas at all 247 State of Alaska rural airports including state-owned airport terminals, fuel facilities, and other enclosed areas in a place of employment (sand storage sheds, equipment storage/maintenance facilities, airport rescue/firefighting facilities). The department would provide durable signs at these locations.

Total 6" x 20" signs (\$30/sign, installation & shipping)

Northern Region Highways & Aviation	125 signs	\$3.8
Central Region Highways & Aviation	160 signs	\$4.8
Southeast Region Highways & Aviation	65 signs	\$2.0
Total one time cost	350 signs	\$10.6
Cost per year to replace stolen/damage/worn signs	35 signs	\$1.1

Fiscal Note

State of Alaska
2015 Legislative Session

Bill Version:	CSSSSB 1(HSS)
Fiscal Note Number:	5
(S) Publish Date:	3/13/2015

Identifier: SB001-DCCED-ABC-02-06-2015
 Title: REGULATION OF SMOKING
 Sponsor: MICCICHE
 Requester: (S) Health and Social Services

Department: Department of Commerce, Community and
 Economic Development
 Appropriation: Alcoholic Beverage Control Board
 Allocation: Alcoholic Beverage Control Board
 OMB Component Number: 2690

Expenditures/Revenues

Note: Amounts do not include inflation unless otherwise noted below. (Thousands of Dollars)

	FY2016	Included in	Out-Year Cost Estimates				
	Appropriation Requested	Governor's FY2016 Request	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
OPERATING EXPENDITURES	FY 2016	FY 2016					
Personal Services							
Travel							
Services							
Commodities							
Capital Outlay							
Grants & Benefits							
Miscellaneous							
Total Operating	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Fund Source (Operating Only)

None							
Total	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Positions

Full-time							
Part-time							
Temporary							

Change in Revenues							
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Estimated SUPPLEMENTAL (FY2015) cost: 0.0 *(separate supplemental appropriation required)*
(discuss reasons and fund source(s) in analysis section)

Estimated CAPITAL (FY2016) cost: 0.0 *(separate capital appropriation required)*
(discuss reasons and fund source(s) in analysis section)

ASSOCIATED REGULATIONS

Does the bill direct, or will the bill result in, regulation changes adopted by your agency? No
 If yes, by what date are the regulations to be adopted, amended or repealed?

Why this fiscal note differs from previous version:

Not applicable, initial version.

Prepared By: Cynthia Franklin, Director	Phone: (907)269-0351
Division: Alcoholic Beverage Control Board	Date: 01/30/2015 09:00 AM
Approved By: Catherine Reardon, Director	Date: 02/06/15
Agency: Division of Administrative Services	

FISCAL NOTE ANALYSIS

STATE OF ALASKA
2015 LEGISLATIVE SESSION

Analysis

SB1 updates and alters the current statutes guiding smoking in public and shared spaces in Alaska. The Department of Health and Social Services is responsible for adopting and enforcing regulations to enact the provisions of this bill. While it is possible that the definition used for smoking in this bill would include the smoking of marijuana, which falls under the Alcoholic Beverage Control Board's regulatory purview, there is no anticipated fiscal impact to the Alcoholic Beverage Control Board at this time.

Fiscal Note

State of Alaska
2015 Legislative Session

Bill Version:	CSSSSB 1(HSS)
Fiscal Note Number:	6
(S) Publish Date:	3/13/2015

Identifier: SB001SS-ACS-TRC-02-06-15
 Title: REGULATION OF SMOKING
 Sponsor: MICCICHE
 Requester: Senate Health & Social Services

Department: Judiciary
 Appropriation: Alaska Court System
 Allocation: Trial Courts
 OMB Component Number: 768

Expenditures/Revenues

Note: Amounts do not include inflation unless otherwise noted below. (Thousands of Dollars)

	FY2016 Appropriation Requested	Included in Governor's FY2016 Request	Out-Year Cost Estimates				
			FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
OPERATING EXPENDITURES	FY 2016	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Personal Services							
Travel							
Services							
Commodities							
Capital Outlay							
Grants & Benefits							
Miscellaneous							
Total Operating	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Fund Source (Operating Only)

None							
Total	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Positions

Full-time							
Part-time							
Temporary							

Change in Revenues							
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Estimated SUPPLEMENTAL (FY2015) cost: 0.0 *(separate supplemental appropriation required)*
(discuss reasons and fund source(s) in analysis section)

Estimated CAPITAL (FY2016) cost: 0.0 *(separate capital appropriation required)*
(discuss reasons and fund source(s) in analysis section)

ASSOCIATED REGULATIONS

Does the bill direct, or will the bill result in, regulation changes adopted by your agency? No
 If yes, by what date are the regulations to be adopted, amended or repealed?

Why this fiscal note differs from previous version:

Initial version.

Prepared By:	Nancy Meade, General Counsel	Phone:	(907)463-4736
Division:	Alaska Court System	Date:	02/06/2015 01:00 PM
Approved By:	Nancy Meade for Christine Johnson, Administrative Director	Date:	02/06/15
Agency:	Alaska Court System		

FISCAL NOTE ANALYSIS

STATE OF ALASKA
2015 LEGISLATIVE SESSION

Analysis

The Sponsor Substitute for Senate Bill 1 repeals all of the current statutes under the article captioned "Regulation of Smoking in Public Facilities" (AS 18.35.300-.365), and replaces that article with a new one entitled "Prohibition of Smoking in Certain Places" (AS 18.35.301-.399). The bill would prohibit smoking in more places and in more circumstances than are regulated in the current statutes.

SSSB 1 provides that the Department of Health and Social Services may file civil complaints in the district court to enforce the law, and may issue citations for certain offenses established by the bill. In Section 1, AS 18.35.346(f) requires the Supreme Court to establish a schedule of bail amounts for violations of offenses established in the bill.

The court system is unable to predict the number of new civil complaints that may be filed under SSSB 1 alleging violations of the prohibitions on smoking, or the number of new citations that may be filed with the court under the bill.

Nonetheless, the court system anticipates that the number of new case filings and the number of additional citations that will result from this bill will be relatively small, and that the courts can absorb the additional workload without fiscal impact. In addition, the Supreme Court anticipates that it can create the schedule of bail amounts required under SSSB 1 without fiscal impact. The court system therefore submits a zero fiscal note.

Fiscal Note

State of Alaska
2015 Legislative Session

Bill Version:	CSSSSB 1(HSS)
Fiscal Note Number:	7
(S) Publish Date:	3/13/2015

Identifier: SB001-DHSS-CDPHP-02-06-15
 Title: REGULATION OF SMOKING
 Sponsor: MICCICHE
 Requester: Senate Health & Social Services Committee

Department: Department of Health and Social Services
 Appropriation: Public Health
 Allocation: Chronic Disease Prevention and Health Promotion
 OMB Component Number: 2818

Expenditures/Revenues

Note: Amounts do not include inflation unless otherwise noted below. (Thousands of Dollars)

	FY2016 Appropriation Requested	Included in Governor's FY2016 Request	Out-Year Cost Estimates					
			FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
OPERATING EXPENDITURES								
Personal Services								
Travel								
Services								
Commodities								
Capital Outlay								
Grants & Benefits								
Miscellaneous								
Total Operating	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Fund Source (Operating Only)

None							
Total	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Positions

Full-time							
Part-time							
Temporary							

Change in Revenues							
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Estimated SUPPLEMENTAL (FY2015) cost: 0.0 (separate supplemental appropriation required)
 (discuss reasons and fund source(s) in analysis section)

Estimated CAPITAL (FY2016) cost: 0.0 (separate capital appropriation required)
 (discuss reasons and fund source(s) in analysis section)

ASSOCIATED REGULATIONS

Does the bill direct, or will the bill result in, regulation changes adopted by your agency? Yes
 If yes, by what date are the regulations to be adopted, amended or repealed? Dec. 2017

Why this fiscal note differs from previous version:

Not applicable, initial version.

Prepared By:	Jay C. Butler, MD, Director/Chief Medical Officer	Phone:	(907)269-6680
Division:	Public Health	Date:	02/03/2015 01:00 PM
Approved By:	Sarah Woods, Deputy Director Finance & Management Services	Date:	02/06/15
Agency:	Health & Social Services		

FISCAL NOTE ANALYSIS

STATE OF ALASKA
2015 LEGISLATIVE SESSION

Analysis

This bill repeals Article 3 and adds a new Article 4 (Regulation of Smoking in Public), which designates the Commissioner of the Department of Health and Social Services as responsible to implement and enforce a statewide smoking prohibition in enclosed public spaces, public transportation vehicles and facilities, places of employment, government owned or operated places, buildings or residences used to provide paid child care, health care facilities, Alaska Pioneer Homes and Veterans' Homes, vehicles that are places of employment, and certain marine vessels. Also included are school grounds or public parks for children, outdoor arena seating, and areas within certain distances from entrances, open windows, and air intake vents of places where smoking is prohibited. The bill requires the Commissioner to adopt regulations for filing, processing, and investigating reports of violations of the smoking prohibition, which may include filing complaints and issuing citations.

The Department's role in enforcing and implementing the statewide smoking prohibition is to provide education and respond to complaints. The bill allows the Commissioner to delegate to other agencies any of the responsibilities to enforce the bill's provisions. DEC is currently responsible for enforcing Article 3. Repeal of Article 3 may have the effect of reducing base costs for DEC, while addition of Article 4 allows for DHSS's delegation of enforcement.

Until regulations are established, it is difficult to know the full extent of the work involved in enforcement. Currently, enforcement of this nature is not a core function of any of the DHSS divisions. The Division of Behavioral Health's Prevention and Early Intervention Section currently monitors retail tobacco sales to minors required by federal Synar legislation. The Tobacco Enforcement Team, comprised of three staff, would monitor and respond to all complaints and provide ongoing education to businesses. Regulations adopted by the Commissioner can create a series of notices, warnings and other interventions in order to minimize costs prior to investigations and sanctions. Local law enforcement would be utilized to issue citations. Ideally, the Division of Behavioral Health would consider this as a form of "passive enforcement" which could be performed in addition to the other duties assigned to the Tobacco Investigators. Under this complaint-driven enforcement model, the division does not expect to require an additional appropriation.

The bill also subjects a person who is in charge of a place where smoking is prohibited to a requirement to display specific signage. Sec. 18.35.306(c) requires the department to furnish signs to any person who requests them. If the intent is that the type of sign provided is an electronic downloadable copy of a sample sign, the cost would be minimal regardless of the number of signs requested. However, if the intent is for more durable manufactured or printed signage, then additional resources would be needed.

The Division of Public Health's Tobacco Prevention and Control Program would be responsible for developing public education materials regarding the requirements within the law and for educating business owners, our grantees and the public on the specifics of the law. Current grantees and contractors will refocus their efforts to the implementation related to this statewide smoking prohibition, possibly at the expense of current educational efforts. A website along with other resources and materials would educate business owners, the public and law enforcement on the specifics of the law.

This is a zero fiscal note. The department believes these efforts could be accomplished with existing resources in combination with ongoing comprehensive tobacco prevention and control efforts across the state.

Fiscal Note

State of Alaska
2015 Legislative Session

Bill Version:	CSSSSB 1(HSS)
Fiscal Note Number:	8
(S) Publish Date:	3/13/2015

Identifier: SB001SS-DEC-FSS-03-06-15
 Title: REGULATION OF SMOKING
 Sponsor: MICCICHE
 Requester: Senate Health & Social Services Committee

Department: Department of Environmental Conservation
 Appropriation: Environmental Health
 Allocation: Food Safety & Sanitation
 OMB Component Number: 2343

Expenditures/Revenues

Note: Amounts do not include inflation unless otherwise noted below. (Thousands of Dollars)

	FY2016	Included in	Out-Year Cost Estimates				
	Appropriation Requested	Governor's FY2016 Request	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
OPERATING EXPENDITURES	FY 2016	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Personal Services							
Travel							
Services							
Commodities							
Capital Outlay							
Grants & Benefits							
Miscellaneous							
Total Operating	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Fund Source (Operating Only)

None							
Total	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Positions

Full-time							
Part-time							
Temporary							

Change in Revenues							
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Estimated SUPPLEMENTAL (FY2015) cost: 0.0 (separate supplemental appropriation required)
 (discuss reasons and fund source(s) in analysis section)

Estimated CAPITAL (FY2016) cost: 0.0 (separate capital appropriation required)
 (discuss reasons and fund source(s) in analysis section)

ASSOCIATED REGULATIONS

Does the bill direct, or will the bill result in, regulation changes adopted by your agency? No
 If yes, by what date are the regulations to be adopted, amended or repealed?

Why this fiscal note differs from previous version:

Not applicable, initial version.

Prepared By: Elaine Busse Floyd, Director
 Division: Environmental Health
 Approved By: Alice Edwards, Deputy Commissioner
 Agency: Department of Environmental Conservation

Phone: (907)269-7644
 Date: 03/06/2015 09:00 AM
 Date: 03/06/15

FISCAL NOTE ANALYSIS

STATE OF ALASKA
2015 LEGISLATIVE SESSION

Analysis**Analysis/Assumptions:**

This legislation transfers the administration and enforcement authority out of the Department of Environmental Conservation (DEC) and into the Department of Health & Social Services (HSS). Current enforcement activities are limited to ensuring that facilities are compliant during routine inspections, so there are no cost savings to DEC by transferring enforcement authority to HSS.

Fiscal Note

State of Alaska
2015 Legislative Session

Bill Version: SB 1
Fiscal Note Number: _____
() Publish Date: _____

Identifier: SB001SSCS(HSS)-DOT-IASO-3-27-15
Title: REGULATION OF SMOKING
Sponsor: MICCICHE
Requester: Senate State Affairs

Department: Department of Transportation and Public Facilities
Appropriation: International Airports
Allocation: International Airport Systems Office
OMB Component Number: 1649

Expenditures/Revenues

Note: Amounts do not include inflation unless otherwise noted below. (Thousands of Dollars)

	FY2016 Appropriation Requested	Included in Governor's FY2016 Request	Out-Year Cost Estimates					
			FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
OPERATING EXPENDITURES								
Personal Services								
Travel								
Services								
Commodities								
Capital Outlay								
Grants & Benefits								
Miscellaneous								
Total Operating	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Fund Source (Operating Only)

None								
Total	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Positions

Full-time								
Part-time								
Temporary								

Change in Revenues

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Estimated SUPPLEMENTAL (FY2015) cost: 0.0 *(separate supplemental appropriation required)*
(discuss reasons and fund source(s) in analysis section)

Estimated CAPITAL (FY2016) cost: 0.0 *(separate capital appropriation required)*
(discuss reasons and fund source(s) in analysis section)

ASSOCIATED REGULATIONS

Does the bill direct, or will the bill result in, regulation changes adopted by your agency? No
If yes, by what date are the regulations to be adopted, amended or repealed? N/A

Why this fiscal note differs from previous version:

The Department's original calculations on the original version of this proposal mistakenly included the cost of new signage to be placed outside, around the perimeters of both international airports. Also, the committee substitute version has exempted an enclosed area within the north terminal of the Ted Stevens International Airport. (See Section 1, page 3, line 25)

Prepared By:	Mike Lesmann	Phone:	(907)465-4772
Division:	Commissioner's Office	Date:	03/27/2015 01:00 PM
Approved By:	Mary Siroky	Date:	03/27/15
Agency:	DOT&PF		

FISCAL NOTE ANALYSIS

STATE OF ALASKA
2015 LEGISLATIVE SESSION

BILL NO. SB 1 _____

Analysis

This legislation would ban smoking in enclosed areas of the Fairbanks International Airport terminal and the Ted Stevens Anchorage International Airport terminal as well as within airport fuel facilities. It also prohibits smoking in other enclosed areas in a place of employment at these airports.

Title 17 currently prohibits smoking within 50 ft of an aircraft on airport property. The international airports follow municipal codes prohibiting smoking in public buildings and displays signage and have periodic public address system announcements in the terminals.

Currently smokers are provided with a designated outside smoking area adjacent to the terminals, but away from any building entrances. Additionally, a smoking room equipped with ventilation is provided in the North Terminal of the Ted Stevens Anchorage International Airport for passengers that deplane and cannot leave the terminal secure area before re-boarding their through-flight (some international flights and military charters).

With the passage of this legislation, the airport will be required to remove current signage and replace with new signs that meet the newly proposed requirements under Section 18.35.306 at the terminals and other state managed buildings on the properties.

Total 100 12" x 12" signs (\$10/sign)

Ted Stevens Anchorage International Airport	80 signs	\$800.00
Fairbanks International Airport	20 signs	\$200.00
Total one time cost	100 signs	\$1,000.00

Fiscal Note

State of Alaska
2015 Legislative Session

Bill Version:	CSSSSB 1(HSS)
Fiscal Note Number:	1
(S) Publish Date:	3/13/2015

Identifier: SB001SS-DOT-MVO-2-6-15
 Title: REGULATION OF SMOKING
 Sponsor: MICCICHE
 Requester: Senate Health & Social Services

Department: Department of Transportation and Public Facilities
 Appropriation: Marine Highway System
 Allocation: Marine Vessel Operations
 OMB Component Number: 2604

Expenditures/Revenues

Note: Amounts do not include inflation unless otherwise noted below. (Thousands of Dollars)

	FY2016	Included in	Out-Year Cost Estimates				
	Appropriation Requested	Governor's FY2016 Request	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
OPERATING EXPENDITURES	FY 2016	FY 2016					
Personal Services							
Travel							
Services							
Commodities	2.4		1.0	1.0	1.0	1.0	1.0
Capital Outlay							
Grants & Benefits							
Miscellaneous							
Total Operating	2.4	0.0	1.0	1.0	1.0	1.0	1.0

Fund Source (Operating Only)

1004 Gen Fund	2.4		1.0	1.0	1.0	1.0	1.0
Total	2.4	0.0	1.0	1.0	1.0	1.0	1.0

Positions

Full-time							
Part-time							
Temporary							

Change in Revenues							
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Estimated SUPPLEMENTAL (FY2015) cost: 0.0 *(separate supplemental appropriation required)*
(discuss reasons and fund source(s) in analysis section)

Estimated CAPITAL (FY2016) cost: 0.0 *(separate capital appropriation required)*
(discuss reasons and fund source(s) in analysis section)

ASSOCIATED REGULATIONS

Does the bill direct, or will the bill result in, regulation changes adopted by your agency? No
 If yes, by what date are the regulations to be adopted, amended or repealed?

Why this fiscal note differs from previous version:

Initial version.

Prepared By: Mike Lesmann
 Division: Commissioner's Office
 Approved By: Mary Siroky
 Agency: DOT&PF

Phone: (907)465-4772
 Date: 02/06/2015 01:00 PM
 Date: 02/06/15

FISCAL NOTE ANALYSIS

STATE OF ALASKA
 2015 LEGISLATIVE SESSION

Analysis

This legislation would ban smoking in enclosed areas onboard the Alaska Marine Highway System (AMHS) ferries, inside of AMHS terminals and other buildings belonging to the AMHS.

With the passage of this legislation, current no-smoking signs at terminals as well as onboard the 11 vessels of the fleet will have to be replaced with new signs citing the increased fine.

26 12" x 12" building signs at terminals @ \$25/signs	\$.7
66 (6 per vessel) 12" x 12" signs onboard @ \$25/sign	\$1.7
Total one time cost	\$2.4
Cost per year to replace stolen/damage/worn signs	\$1.0

Fiscal Note

Replaces #2

State of Alaska
2015 Legislative Session

Bill Version: SB 1
Fiscal Note Number: _____
() Publish Date: _____

Identifier: SB001SSCS(HSS)-DOT-IASO-3-27-15
Title: REGULATION OF SMOKING
Sponsor: MICCICHE
Requester: Senate State Affairs

Department: Department of Transportation and Public Facilities
Appropriation: International Airports
Allocation: International Airport Systems Office
OMB Component Number: 1649

Expenditures/Revenues

Note: Amounts do not include inflation unless otherwise noted below. (Thousands of Dollars)

	FY2016 Appropriation Requested	Included in Governor's FY2016 Request	Out-Year Cost Estimates					
			FY 2016	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020
OPERATING EXPENDITURES								
Personal Services								
Travel								
Services								
Commodities								
Capital Outlay								
Grants & Benefits								
Miscellaneous								
Total Operating	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Fund Source (Operating Only)

None								
Total	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Positions

Full-time								
Part-time								
Temporary								

Change in Revenues								
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Estimated SUPPLEMENTAL (FY2015) cost: 0.0 (separate supplemental appropriation required)
(discuss reasons and fund source(s) in analysis section)

Estimated CAPITAL (FY2016) cost: 0.0 (separate capital appropriation required)
(discuss reasons and fund source(s) in analysis section)

ASSOCIATED REGULATIONS

Does the bill direct, or will the bill result in, regulation changes adopted by your agency? No
If yes, by what date are the regulations to be adopted, amended or repealed? N/A

Why this fiscal note differs from previous version:

The Department's original calculations on the original version of this proposal mistakenly included the cost of new signage to be placed outside, around the perimeters of both international airports. Also, the committee substitute version has exempted an enclosed area within the north terminal of the Ted Stevens International Airport. (See Section 1, page 3, line 25)

Prepared By: Mike Lesmann
Division: Commissioner's Office
Approved By: Mary Siroky
Agency: DOT&PF
Phone: (907)465-4772
Date: 03/27/2015 01:00 PM
Date: 03/27/15

FISCAL NOTE ANALYSIS

STATE OF ALASKA
2015 LEGISLATIVE SESSION

BILL NO. SB 1

Analysis

This legislation would ban smoking in enclosed areas of the Fairbanks International Airport terminal and the Ted Stevens Anchorage International Airport terminal as well as within airport fuel facilities. It also prohibits smoking in other enclosed areas in a place of employment at these airports.

Title 17 currently prohibits smoking within 50 ft of an aircraft on airport property. The international airports follow municipal codes prohibiting smoking in public buildings and displays signage and have periodic public address system announcements in the terminals.

Currently smokers are provided with a designated outside smoking area adjacent to the terminals, but away from any building entrances. Additionally, a smoking room equipped with ventilation is provided in the North Terminal of the Ted Stevens Anchorage International Airport for passengers that deplane and cannot leave the terminal secure area before re-boarding their through-flight (some international flights and military charters).

With the passage of this legislation, the airport will be required to remove current signage and replace with new signs that meet the newly proposed requirements under Section 18.35.306 at the terminals and other state managed buildings on the properties.

Total 100 12" x 12" signs (\$10/sign)

Ted Stevens Anchorage International Airport	80 signs	\$800.00
Fairbanks International Airport	20 signs	\$200.00
Total one time cost	100 signs	\$1,000.00

Fiscal Note

State of Alaska
2015 Legislative Session

Bill Version:	CSSSSB 1(HSS)
Fiscal Note Number:	3
(S) Publish Date:	3/13/2015

Identifier: SB001SS-DOT-SEF-2-6-15
 Title: REGULATION OF SMOKING
 Sponsor: MICCICHE
 Requester: Senate Health & Social Services

Department: Department of Transportation and Public Facilities
 Appropriation: State Equipment Fleet
 Allocation: State Equipment Fleet
 OMB Component Number: 2791

Expenditures/Revenues

Note: Amounts do not include inflation unless otherwise noted below. (Thousands of Dollars)

	FY2016	Included in	Out-Year Cost Estimates				
	Appropriation Requested	Governor's FY2016 Request	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
OPERATING EXPENDITURES	FY 2016	FY 2016					
Personal Services							
Travel							
Services							
Commodities	1.5		1.5	1.5	1.5	1.5	1.5
Capital Outlay							
Grants & Benefits							
Miscellaneous							
Total Operating	1.5	0.0	1.5	1.5	1.5	1.5	1.5

Fund Source (Operating Only)

1026 HwyCapital	1.5		1.5	1.5	1.5	1.5	1.5
Total	1.5	0.0	1.5	1.5	1.5	1.5	1.5

Positions

Full-time							
Part-time							
Temporary							

Change in Revenues							
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Estimated SUPPLEMENTAL (FY2015) cost: 0.0 *(separate supplemental appropriation required)*
(discuss reasons and fund source(s) in analysis section)

Estimated CAPITAL (FY2016) cost: 0.0 *(separate capital appropriation required)*
(discuss reasons and fund source(s) in analysis section)

ASSOCIATED REGULATIONS

Does the bill direct, or will the bill result in, regulation changes adopted by your agency? No
 If yes, by what date are the regulations to be adopted, amended or repealed?

Why this fiscal note differs from previous version:

Initial version.

Prepared By: Mike Lesmann
 Division: Commissioner's Office
 Approved By: Mary Siroky
 Agency: DOT&PF

Phone: (907)465-4772
 Date: 02/06/2015 01:00 PM
 Date: 02/06/15

FISCAL NOTE ANALYSIS

STATE OF ALASKA
2015 LEGISLATIVE SESSION

Analysis

This legislation would ban smoking in state-owned vehicles under (a)(4) - other enclosed area in a place of employment.

5653 vehicles in the state equipment fleet

\$1.5 for decals for entire state equipment fleet vehicles

This fiscal note assumes that the decals would need to be replaced annually.

Fiscal Note

State of Alaska
2015 Legislative Session

Bill Version:	CSSSSB 1(HSS)
Fiscal Note Number:	4
(S) Publish Date:	3/13/2015

Identifier: SB001SS-DOT-TMS-2-6-15
 Title: REGULATION OF SMOKING
 Sponsor: MICCICHE
 Requester: Senate Health & Social Services

Department: Department of Transportation and Public Facilities
 Appropriation: Administration and Support
 Allocation: Transportation Management and Security
 OMB Component Number: 2607

Expenditures/Revenues

Note: Amounts do not include inflation unless otherwise noted below. (Thousands of Dollars)

	FY2016 Appropriation Requested	Included in Governor's FY2016 Request	Out-Year Cost Estimates				
			FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
OPERATING EXPENDITURES	FY 2016	FY 2016					
Personal Services							
Travel							
Services	1.8		0.2	0.2	0.2	0.2	0.2
Commodities	8.8		0.9	0.9	0.9	0.9	0.9
Capital Outlay							
Grants & Benefits							
Miscellaneous							
Total Operating	10.6	0.0	1.1	1.1	1.1	1.1	1.1

Fund Source (Operating Only)

1004 Gen Fund	10.6		1.1	1.1	1.1	1.1	1.1
Total	10.6	0.0	1.1	1.1	1.1	1.1	1.1

Positions

Full-time							
Part-time							
Temporary							

Change in Revenues							
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Estimated SUPPLEMENTAL (FY2015) cost: 0.0 *(separate supplemental appropriation required)*
(discuss reasons and fund source(s) in analysis section)

Estimated CAPITAL (FY2016) cost: 0.0 *(separate capital appropriation required)*
(discuss reasons and fund source(s) in analysis section)

ASSOCIATED REGULATIONS

Does the bill direct, or will the bill result in, regulation changes adopted by your agency? No
 If yes, by what date are the regulations to be adopted, amended or repealed?

Why this fiscal note differs from previous version:

Initial version.

Prepared By: Mike Lesmann
 Division: Commissioner's Office
 Approved By: Mary Siroky
 Agency: DOT&PF

Phone: (907)465-4772
 Date: 02/06/2015 01:00 PM
 Date: 02/06/15

FISCAL NOTE ANALYSIS

STATE OF ALASKA
2015 LEGISLATIVE SESSION

Analysis

This legislation would ban smoking in enclosed areas at all 247 State of Alaska rural airports including state-owned airport terminals, fuel facilities, and other enclosed areas in a place of employment (sand storage sheds, equipment storage/maintenance facilities, airport rescue/firefighting facilities). The department would provide durable signs at these locations.

Total 6" x 20" signs (\$30/sign, installation & shipping)

Northern Region Highways & Aviation	125 signs	\$3.8
Central Region Highways & Aviation	160 signs	\$4.8
Southeast Region Highways & Aviation	65 signs	\$2.0
Total one time cost	350 signs	\$10.6
Cost per year to replace stolen/damage/worn signs	35 signs	\$1.1

Fiscal Note

State of Alaska
2015 Legislative Session

Bill Version:	CSSSSB 1(HSS)
Fiscal Note Number:	5
(S) Publish Date:	3/13/2015

Identifier: SB001-DCCED-ABC-02-06-2015
 Title: REGULATION OF SMOKING
 Sponsor: MICCICHE
 Requester: (S) Health and Social Services

Department: Department of Commerce, Community and
Economic Development
 Appropriation: Alcoholic Beverage Control Board
 Allocation: Alcoholic Beverage Control Board
 OMB Component Number: 2690

Expenditures/Revenues

Note: Amounts do not include inflation unless otherwise noted below. (Thousands of Dollars)

	FY2016 Appropriation Requested	Included in Governor's FY2016 Request	Out-Year Cost Estimates				
			FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
OPERATING EXPENDITURES	FY 2016	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Personal Services							
Travel							
Services							
Commodities							
Capital Outlay							
Grants & Benefits							
Miscellaneous							
Total Operating	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Fund Source (Operating Only)

None							
Total	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Positions

Full-time							
Part-time							
Temporary							

Change in Revenues							
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Estimated SUPPLEMENTAL (FY2015) cost: 0.0 *(separate supplemental appropriation required)*
(discuss reasons and fund source(s) in analysis section)

Estimated CAPITAL (FY2016) cost: 0.0 *(separate capital appropriation required)*
(discuss reasons and fund source(s) in analysis section)

ASSOCIATED REGULATIONS

Does the bill direct, or will the bill result in, regulation changes adopted by your agency? No
 If yes, by what date are the regulations to be adopted, amended or repealed?

Why this fiscal note differs from previous version:

Not applicable, initial version.

Prepared By: Cynthia Franklin, Director
 Division: Alcoholic Beverage Control Board
 Approved By: Catherine Reardon, Director
 Agency: Division of Administrative Services

Phone: (907)269-0351
 Date: 01/30/2015 09:00 AM
 Date: 02/06/15

FISCAL NOTE ANALYSIS

STATE OF ALASKA
2015 LEGISLATIVE SESSION**Analysis**

SB1 updates and alters the current statutes guiding smoking in public and shared spaces in Alaska. The Department of Health and Social Services is responsible for adopting and enforcing regulations to enact the provisions of this bill. While it is possible that the definition used for smoking in this bill would include the smoking of marijuana, which falls under the Alcoholic Beverage Control Board's regulatory purview, there is no anticipated fiscal impact to the Alcoholic Beverage Control Board at this time.

Fiscal Note

State of Alaska
2015 Legislative Session

Bill Version:	CSSSSB 1(HSS)
Fiscal Note Number:	6
(S) Publish Date:	3/13/2015

Identifier: SB001SS-ACS-TRC-02-06-15
 Title: REGULATION OF SMOKING
 Sponsor: MICCICHE
 Requester: Senate Health & Social Services

Department: Judiciary
 Appropriation: Alaska Court System
 Allocation: Trial Courts
 OMB Component Number: 768

Expenditures/Revenues

Note: Amounts do not include inflation unless otherwise noted below. (Thousands of Dollars)

	FY2016	Included in	Out-Year Cost Estimates				
	Appropriation Requested	Governor's FY2016 Request	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
OPERATING EXPENDITURES	FY 2016	FY 2016					
Personal Services							
Travel							
Services							
Commodities							
Capital Outlay							
Grants & Benefits							
Miscellaneous							
Total Operating	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Fund Source (Operating Only)

None							
Total	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Positions

Full-time							
Part-time							
Temporary							

Change in Revenues							
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Estimated SUPPLEMENTAL (FY2015) cost: 0.0 *(separate supplemental appropriation required)*
(discuss reasons and fund source(s) in analysis section)

Estimated CAPITAL (FY2016) cost: 0.0 *(separate capital appropriation required)*
(discuss reasons and fund source(s) in analysis section)

ASSOCIATED REGULATIONS

Does the bill direct, or will the bill result in, regulation changes adopted by your agency? No
 If yes, by what date are the regulations to be adopted, amended or repealed?

Why this fiscal note differs from previous version:

Initial version.

Prepared By:	Nancy Meade, General Counsel	Phone:	(907)463-4736
Division:	Alaska Court System	Date:	02/06/2015 01:00 PM
Approved By:	Nancy Meade for Christine Johnson, Administrative Director	Date:	02/06/15
Agency:	Alaska Court System		

FISCAL NOTE ANALYSIS

STATE OF ALASKA
2015 LEGISLATIVE SESSION

Analysis

The Sponsor Substitute for Senate Bill 1 repeals all of the current statutes under the article captioned "Regulation of Smoking in Public Facilities" (AS 18.35.300-.365), and replaces that article with a new one entitled "Prohibition of Smoking in Certain Places" (AS 18.35.301-.399). The bill would prohibit smoking in more places and in more circumstances than are regulated in the current statutes.

SSSB 1 provides that the Department of Health and Social Services may file civil complaints in the district court to enforce the law, and may issue citations for certain offenses established by the bill. In Section 1, AS 18.35.346(f) requires the Supreme Court to establish a schedule of bail amounts for violations of offenses established in the bill.

The court system is unable to predict the number of new civil complaints that may be filed under SSSB 1 alleging violations of the prohibitions on smoking, or the number of new citations that may be filed with the court under the bill. Nonetheless, the court system anticipates that the number of new case filings and the number of additional citations that will result from this bill will be relatively small, and that the courts can absorb the additional workload without fiscal impact. In addition, the Supreme Court anticipates that it can create the schedule of bail amounts required under SSSB 1 without fiscal impact. The court system therefore submits a zero fiscal note.

Fiscal Note

Replaces #7

State of Alaska
2015 Legislative Session

Bill Version: SB 1
Fiscal Note Number: _____
() Publish Date: _____

Identifier: SB001CSSS(STA)-DHSS-CDPHP-04-14-15
Title: REGULATION OF SMOKING
Sponsor: MICCICHE
Requester: Senate Finance Committee

Department: Department of Health and Social Services
Appropriation: Public Health
Allocation: Chronic Disease Prevention and Health Promotion
OMB Component Number: 2818

Expenditures/Revenues

Note: Amounts do not include inflation unless otherwise noted below. (Thousands of Dollars)

	FY2016 Appropriation Requested	Included in Governor's FY2016 Request	Out-Year Cost Estimates					
			FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
OPERATING EXPENDITURES								
Personal Services								
Travel								
Services								
Commodities								
Capital Outlay								
Grants & Benefits								
Miscellaneous								
Total Operating	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Fund Source (Operating Only)

None								
Total	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Positions

Full-time								
Part-time								
Temporary								

Change in Revenues								
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Estimated SUPPLEMENTAL (FY2015) cost: 0.0 (separate supplemental appropriation required)
(discuss reasons and fund source(s) in analysis section)

Estimated CAPITAL (FY2016) cost: 0.0 (separate capital appropriation required)
(discuss reasons and fund source(s) in analysis section)

ASSOCIATED REGULATIONS

Does the bill direct, or will the bill result in, regulation changes adopted by your agency? No
If yes, by what date are the regulations to be adopted, amended or repealed?

Why this fiscal note differs from previous version:

This version makes the Department of Environmental Conservation responsible for enforcement, signage, and education. Previously the Department of Health and Social Services was responsible. This is a zero fiscal note.

Prepared By: Jay C. Butler, MD, Director / Chief Medical Officer
Division: Public Health
Approved By: Sarah Woods, Deputy Director Finance & Management Services
Agency: Health & Social Services

Phone: (907)269-6680
Date: 04/14/2015 06:00 PM
Date: 04/14/15

FISCAL NOTE ANALYSIS

STATE OF ALASKA
2015 LEGISLATIVE SESSION

BILL NO. CSSSSB001(STA)

Analysis

The bill establishes a statewide law prohibiting smoking in all indoor workplaces, businesses and public spaces and puts restrictions on allowable distance of smoking from entrances and outdoor spaces where children and adults gather.

This version makes the Department of Environmental Conservation responsible for enforcement, signage, and education. Previously the Department of Health and Social Services was responsible. This is a zero fiscal note.

Fiscal Note

State of Alaska
2015 Legislative Session

Bill Version:	CSSSSB 1(HSS)
Fiscal Note Number:	8
(S) Publish Date:	3/13/2015

Identifier: SB001SS-DEC-FSS-03-06-15
 Title: REGULATION OF SMOKING
 Sponsor: MICCICHE
 Requester: Senate Health & Social Services Committee

Department: Department of Environmental Conservation
 Appropriation: Environmental Health
 Allocation: Food Safety & Sanitation
 OMB Component Number: 2343

Expenditures/Revenues

Note: Amounts do not include inflation unless otherwise noted below. (Thousands of Dollars)

	FY2016	Included in	Out-Year Cost Estimates				
	Appropriation Requested	Governor's FY2016 Request	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
OPERATING EXPENDITURES	FY 2016	FY 2016					
Personal Services							
Travel							
Services							
Commodities							
Capital Outlay							
Grants & Benefits							
Miscellaneous							
Total Operating	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Fund Source (Operating Only)

None							
Total	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Positions

Full-time							
Part-time							
Temporary							

Change in Revenues							
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Estimated SUPPLEMENTAL (FY2015) cost: 0.0 *(separate supplemental appropriation required)*
(discuss reasons and fund source(s) in analysis section)

Estimated CAPITAL (FY2016) cost: 0.0 *(separate capital appropriation required)*
(discuss reasons and fund source(s) in analysis section)

ASSOCIATED REGULATIONS

Does the bill direct, or will the bill result in, regulation changes adopted by your agency? No
 If yes, by what date are the regulations to be adopted, amended or repealed?

Why this fiscal note differs from previous version:

Not applicable, initial version.

Prepared By: Elaine Busse Floyd, Director
 Division: Environmental Health
 Approved By: Alice Edwards, Deputy Commissioner
 Agency: Department of Environmental Conservation

Phone: (907)269-7644
 Date: 03/06/2015 09:00 AM
 Date: 03/06/15

FISCAL NOTE ANALYSIS

STATE OF ALASKA
2015 LEGISLATIVE SESSION

Analysis**Analysis/Assumptions:**

This legislation transfers the administration and enforcement authority out of the Department of Environmental Conservation (DEC) and into the Department of Health & Social Services (HSS). Current enforcement activities are limited to ensuring that facilities are compliant during routine inspections, so there are no cost savings to DEC by transferring enforcement authority to HSS.



THE STATE of ALASKA

GOVERNOR SEAN PARNELL

Department of Health and Social Services

DIVISION OF PUBLIC HEALTH
Director's Office

3601 C Street, Suite 756
Anchorage, Alaska 99503-5924
Main: 907.269.8126
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Electronic Cigarette and Aerosol Emissions Product Update and Position

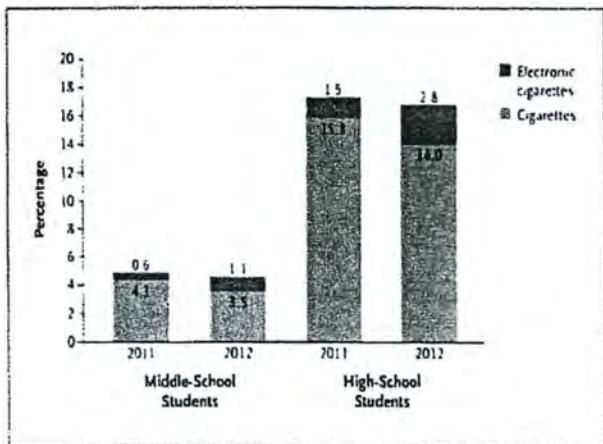
Electronic cigarettes (e-cigarettes, e-cigs, e-hookah or vape pens) are marketed by the Tobacco Industry and other manufacturers as a new nicotine delivery system. These battery-powered devices heat nicotine, flavor additives and other chemicals, to produce an aerosol inhaled by the user. Their production is unregulated and varies widely - recent research and consumer experience reflect questionable product quality, content and safety.¹ With only limited research to date, the presence of toxins and cancer-causing agents as well as the health effects of their use are not yet fully known.

Chemical and Toxin Emissions in E-Cigarette Aerosol

- E-cigarettes do not just emit "harmless water vapor." Secondhand e-cigarette aerosol (incorrectly called vapor by the industry) contains nicotine, ultrafine particles and low levels of toxins that are known to cause cancer.² The FDA's initial investigation into the content of e-cigarettes found the aerosol potentially hazardous to the public's health due to tobacco-specific nitrosamines and other volatile organic compounds.³
- Studies have shown the presence of heavy metals and carcinogens in e-cigarette aerosol.^{4,5,6}
- Propylene glycol, a chemical that is used as a base in e-cigarette solution, is one of the primary components in the aerosol emitted by e-cigarettes.
 - Short term exposure causes eye, throat and airway irritation.⁷
 - Long term inhalation exposure can result in children developing asthma.⁸
- Because they look like traditional cigarettes and emit the aerosol, e-cigarettes have the potential to negatively impact social norms and make smokefree workplace policies harder to enforce. In some states and communities, the public is being protected from potential health harms through local ordinances and regulations prohibiting e-cigarette use in indoor environments.

Industry Marketing and the Rise in Youth E-Cigarette Use

- The U.S. Food and Drug Administration (FDA) does not currently regulate these products.
- Marketers use child-friendly flavors such as "Gumi Bearz" or "Mount N' Do"⁹, themes of rebellion, and celebrity endorsements - strategies long used to market traditional cigarettes to children.
- Sales of e-cigarettes in the U.S. have doubled since 2011 to \$1.7 billion in 2013.³
- Although youth smoking rates have decreased, e-cigarette use has risen across the U.S. and, alarmingly, doubled among middle and high school students between 2011 and 2012.¹⁰



Use of Cigarettes and Electronic Cigarettes by U.S. Students in 2011 and 2012. Data are from the Centers for Disease Control and Prevention⁷

Lack of Reliability, Safety Require Regulation and Extensive Research

E-cigarettes contain varying levels of nicotine - a tobacco-derived product – which can initiate and/or prolong nicotine addiction.¹

- These unregulated products may provide uncontrolled doses of nicotine and other harmful chemicals - users have no way of being certain how much is being inhaled or exhaled.¹¹
- Ingestion or skin contact with nicotine solution from a cartridge can lead to nicotine poisoning and can be deadly, especially to children and animals. Accidental nicotine poisonings and lethal doses are a serious concern because the refill “juice” is not sold in child-resistant containers.
- Dozens of Alaskan youth are treated for nicotine poisoning every year.¹²
- Nicotine affects the nervous system and heart, and can negatively affect the developing brain. It should not be made available to minors.

E-Cigarettes are Not an FDA-approved Cessation Device

- The FDA has not approved e-cigarettes as an effective method to help smokers quit.
- FDA-approved tobacco cessation products provide controlled doses of nicotine and have been tested and regulated as cessation products.
- Alaska’s Tobacco Quit Line is a free service for all Alaskans ready to quit tobacco. Counseling and FDA-approved Nicotine Replacement Therapies, when used in combination, have been shown to be a safe and effective way to quit. Call 1-800 QUIT NOW or visit www.alaskaquitline.com to enroll today.

Alaska has seen tremendous progress in reducing smoking but we must remain ever vigilant to protect our young people. Because they are unregulated, the e-cigarette industry has grown markedly over the last few years using old tactics like celebrities to promote and glamorize their use, addicting those most impressionable. More research is needed on the long-term health effects, but we can take steps today to protect our young people.



Ward B. Hurlburt, M.D., MPH
Chief Medical Officer, Alaska Department of Health and Social Services

May 21, 2014

¹US Food and Drug Administration Evaluation of e-cigarettes. 2009. Available at: <http://www.fda.gov/downloads/Drugs/ScienceResearch/UCM173250.pdf>. Accessed March 4, 2014

² Grana, R; Benowitz, N; Glantz, S. “Background Paper on E-cigarettes,” Center for Tobacco Control Research and Education, University of California, San Francisco and WHO Collaborating Center on Tobacco Control. December 2013.

³ Fairchild, Amy L PhD, MPH, Bayer, Ronald PhD, Colgrove, James PhD, MPH, New England Journal of Medicine January 23, 2014; 370: 293-295. Accessed from: <http://www.nejm.org/doi/full/10.1056/NEJMp1313940?query=TOC&>

⁴ Williams, M, Villarreal, A, Bozhilov, K, Lin, S, Talbot, P. Metal and silicate particles including nanoparticles are present in electronic cigarette cartomizer fluid and aerosol. *PLoS ONE*. Sept. 2013.

⁵ Goniewicz, ML, Knysak, J, Gawron, M, et al. Levels of selected carcinogens and toxicants in vapour from electronic cigarettes. *Tobacco Control*. 2013.

⁶ Schripp, T, Markewitz, D, Uhde, E, Salthammer, T. Does e-cigarette consumption cause passive vaping? *Indoor Air*. 2013.

⁷ Wieslander, G; Norbäck, D; Lindgren, T. “Experimental exposure to propylene glycol mist in aviation emergency training: acute ocular and respiratory effects.” *Occupational and Environmental Medicine* 58:10 649-655, 2001.

⁸ Choi, H; Schmidbauer, N; Spengler, J; Bornehag, C., “Sources of Propylene Glycol and Glycol Ethers in Air at Home,” *International Journal of Environmental Research and Public Health* 7(12): 4213–4237, December 2010.

⁹ Fatboy Vapors: eLiquid Menu <http://www.fatboyvaporsalaska.com/#eliquid-2/c1dvn>

¹⁰ Centers for Disease Control and Prevention. Tobacco Product Use Among Middle and High School Students—United States, 2011 and 2012. *Morbidity and Mortality Weekly Report* 2013;62(45):893–7 [accessed 2014 Feb 14].

http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6245a2.htm?cid=%20mm6245a2.htm_w

¹¹ U.S. Food and Drug Administration. “FDA and Public Health Experts Warn About Electronic Cigarettes.” July 22, 2009. Available at:

<http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/2009/ucm173122.htm>.

¹² Nicotine Exposures, Alaska Poison Control System, State of Alaska DHSS

Distributed to members in committee and laid on the table for the public @ 9:20 Am 4/14/15

29-LS0003\G
Strasbaugh/Martin
4/13/15

CS FOR SPONSOR SUBSTITUTE FOR SENATE BILL NO. 1(STA)

IN THE LEGISLATURE OF THE STATE OF ALASKA

TWENTY-NINTH LEGISLATURE - FIRST SESSION

BY THE SENATE STATE AFFAIRS COMMITTEE

This version was not moved and was replaced by version "5"

Offered:
Referred:

Sponsor(s): SENATORS MICCICHE, McGuire, Costello, Bishop, Stevens, Meyer, Olson, Ellis, Gardner, Hoffman, Wielechowski

A BILL

FOR AN ACT ENTITLED

1 "An Act prohibiting smoking in certain places; relating to education on the smoking
2 prohibition; and providing for an effective date."

3 **BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:**

4 * **Section 1.** AS 18.35 is amended by adding new sections to read:

5 **Article 4. Prohibition of Smoking in Certain Places.**

6 **Sec. 18.35.301. Prohibition of smoking.** (a) Smoking is prohibited in an

7 enclosed area in a public place, including an enclosed area

8 (1) at an entertainment venue or a sports arena;

9 (2) on a bus, in a taxicab, on a ferry, or in another vehicle used for
10 public transportation;

11 (3) at a public transit depot, bus shelter, airport terminal, or other public
12 transportation facility;

13 (4) at a retail store or shopping center;

14 (5) at a place of government or public assembly located on property

1 that is owned or operated by the state, a municipality, or a regional educational
2 attendance area, or by an agent of the state, a municipality, or a regional educational
3 attendance area.

4 (b) Smoking is prohibited in an enclosed area

5 (1) at an office building, office, hotel, motel, restaurant, bar, retail
6 store, or common area in an apartment building or multiple-family dwelling;

7 (2) in a place of employment;

8 (3) in a building or residence that is used to provide paid child care,
9 whether or not children are present in the building or residence;

10 (4) at a health care facility;

11 (5) in a vehicle that is a place of employment;

12 (6) at a public or private educational facility;

13 (7) in a residence at which the care of adults is provided on a fee-for-
14 service basis;

15 (8) at a residence in a health care facility, hotel, or motel;

16 (9) on a marine vessel operating as a shore-based fisheries business
17 under AS 43.75.

18 (c) Smoking is prohibited outdoors

19 (1) at an area located at a public or private school or a state or
20 municipal park that is primarily designated as a place for children to play;

21 (2) in a seating area for an outdoor arena, stadium, or amphitheater;

22 (3) within

23 (A) 50 feet of an entrance to a health care facility;

24 (B) 10 feet of an entrance to a bar or restaurant that serves
25 alcoholic beverages;

26 (C) 20 feet of an entrance, open window, or heating or
27 ventilation system air intake vent at an enclosed area at a place where smoking
28 is prohibited under this section; or

29 (D) a reasonable distance of an entrance, open window, or
30 heating or ventilation system air intake vent on a marine vessel covered by this
31 section as determined by the vessel owner or operator in charge.

1 (d) Notwithstanding (a) of this section, unless the owner or operator prohibits
2 it, smoking is allowed at a retail tobacco or e-cigarette store. In this subsection, "retail
3 tobacco or e-cigarette store"

4 (1) means a retail store

5 (A) that sells primarily cigarettes, e-cigarettes, cigars, tobacco
6 and products containing tobacco, and pipes and other smoking or e-cigarette
7 accessories;

8 (B) in which the sale of other products is incidental;

9 (C) that derives at least 90 percent of its gross revenue from the
10 sale of cigarettes, e-cigarettes, cigars, tobacco and products containing tobacco,
11 and pipes and other smoking or e-cigarette accessories; and

12 (D) that is a freestanding building not attached to another
13 business or to a residence;

14 (2) does not include

15 (A) a tobacco or e-cigarette department or section of a business
16 that does not meet the criteria in (1) of this subsection;

17 (B) a business that is also a restaurant or grocery store;

18 (C) a business that is licensed under AS 04.11 to serve alcoholic
19 beverages at an outdoor location;

20 (D) a business that is licensed under AS 05.15 to sell pull-tabs;

21 (E) a business that is licensed under AS 43.70.075 to sell
22 tobacco but that does not meet the requirements of this subsection; or

23 (F) a retail store that is within an indoor public place or
24 workplace.

25 (e) Notwithstanding (a) and (b) of this section, smoking may be permitted in a
26 separate enclosed smoking area located in a terminal for international passengers who
27 are in transit in a state-owned and state-operated international airport and who are
28 restricted by federal law from leaving the airport, if the smoking area is vented directly
29 to an outdoor area that is not an area where smoking is prohibited under (c) of this
30 section.

31 (f) Notwithstanding (b) of this section, unless the owner or operator prohibits

1 it, smoking is allowed

2 (1) in a vehicle that is a place of employment when the vehicle is used
3 exclusively by one person;

4 (2) on a marine vessel when the vessel is engaged in commercial
5 fishing or sport charter fishing or is otherwise used as a place of employment.

6 (g) Nothing in this section prohibits smoking at a private residence, except a
7 private residence described in (b) of this section.

8 (h) Notwithstanding (b) of this section, the department shall adopt regulations
9 authorizing smoking in a stand-alone shelter. At a minimum, the regulations must
10 provide

11 (1) that no food or drink be sold in the stand-alone shelter;

12 (2) that at least 50 percent of one side of the shelter be completely open
13 to the outside; and

14 (3) for minimum distance requirements consistent with (c) of this
15 section.

16 **Sec. 18.35.306. Notice of prohibition.** (a) A person who is in charge of a place
17 or vehicle where smoking is prohibited under AS 18.35.301 shall conspicuously
18 display in the place or vehicle a sign that

19 (1) reads "Smoking Prohibited by Law--Maximum Fine \$100"; and

20 (2) includes the international symbol for no smoking or the words "No
21 Puffin" with a pictorial representation of a Horned Puffin or Tufted Puffin holding a
22 burning cigarette enclosed in a red circle crossed with a red bar.

23 (b) A person in charge of a building at which smoking is prohibited within a
24 specific distance from the entrance of the building under AS 18.35.301(c) shall
25 conspicuously display a sign that reads "Smoking within (number of feet) Feet of
26 Entrance Prohibited by Law--Maximum Fine \$100" visible from the outside of each
27 entrance to the building.

28 (c) The department shall furnish signs required under this section to a person
29 who requests them with the intention of displaying them.

30 **Sec. 18.35.311. Duty of employers and building managers.** (a) An employer
31 may not permit an employee, customer, or other person to smoke inside an enclosed

1 area at a place of employment.

2 (b) The owner, operator, manager, or other person who manages a building or
3 other place where smoking is prohibited under AS 18.35.301 may not provide ashtrays
4 or other smoking accessories for use in that building or place.

5 **Sec. 18.35.321. Public education.** (a) The commissioner shall ensure that
6 employers, property owners, property operators, and other members of the public are
7 provided ongoing access to

8 (1) a program of education regarding the requirements in AS 18.35.301
9 - 18.35.399;

10 (2) an electronically published printable brochure that summarizes the
11 requirements in AS 18.35.301 - 18.35.399.

12 (b) The program of education under (a) of this section may be provided in
13 combination with the comprehensive smoking education, tobacco use prevention, and
14 tobacco control program established in AS 44.29.020(a)(14).

15 **Sec. 18.35.326. Nonretaliation.** (a) An employer may not discharge or in any
16 other manner retaliate against an employee because the employee cooperates with or
17 initiates enforcement of a requirement in AS 18.35.301 - 18.35.399.

18 (b) The owner or operator of a vehicle or other place that is subject to a
19 requirement in AS 18.35.301 - 18.35.399 may not retaliate against a customer or other
20 member of the public for cooperating with or initiating enforcement of a requirement
21 in AS 18.35.301 - 18.35.399.

22 **Sec. 18.35.331. Conflicts with local requirements.** Nothing in AS 18.35.301
23 - 18.35.399 prohibits a municipality from adopting an ordinance imposing

24 (1) additional limitations on smoking; or

25 (2) additional duties on employers, owners, operators, and other
26 persons who are subject to the requirements of AS 18.35.306 or 18.35.311 related to
27 smoking.

28 * **Sec. 2.** AS 18.35.340(a) is amended to read:

29 (a) The commissioner shall develop and maintain a procedure for processing
30 reports of violations of AS 18.35.301, 18.35.306, 18.35.311, and 18.35.326
31 [AS 18.35.300, 18.35.305, AND 18.35.330].

1
2 * Sec. 3. AS 18.35.340(b) is amended to read:

3 (b) If, after investigating a report made under this section, the commissioner
4 determines that a violation has occurred, (1) the commissioner may file a civil
5 complaint in the district court to enforce the provisions of AS 18.35.301 - 18.35.399
6 [AS 18.35.300 - 18.35.365]; or (2) an employee of the department designated by the
7 commissioner to enforce the provisions of AS 18.35.301 - 18.35.399 [AS 18.35.300 -
8 18.35.365] may issue a citation under AS 18.35.341(b). If an employee of the
9 department issues a citation, the violation shall be processed and disposed of under
10 AS 18.35.341.

11 * Sec. 4. AS 18.35.340(c) is amended to read:

12 (c) A person who violates AS 18.35.301, 18.35.311, or 18.35.326
13 [AS 18.35.300 OR 18.35.305] and against whom the commissioner has filed a civil
14 complaint under this section is punishable by a civil fine of not less than \$10 nor more
15 than \$50. A person who violates AS 18.35.306 [AS 18.35.330] and against whom the
16 commissioner has filed a civil complaint under this section is punishable by a civil
17 fine of not less than \$20 nor more than \$300. Each day a violation of AS 18.35.306
18 [AS 18.35.330] continues after a civil complaint for the violation has been filed and
19 served on the defendant constitutes a separate violation.

20 * Sec. 5. AS 18.35.341(a) is amended to read:

21 (a) A peace officer may issue a citation for a violation of AS 18.35.301,
22 18.35.311, or 18.35.326 [AS 18.35.300 OR 18.35.305] committed in the officer's
23 presence or for a violation of AS 18.35.306 [AS 18.35.330]. The provisions of
24 AS 12.25.175 - 12.25.230 apply to the issuance of a citation under this subsection.

25 * Sec. 6. AS 18.35.341(b) is amended to read:

26 (b) An employee of the department designated by the commissioner to enforce
27 the provisions of AS 18.35.301 - 18.35.399 [AS 18.35.300 - 18.35.365] may issue a
28 citation for a violation of AS 18.35.301, 18.35.306, 18.35.311, or 18.35.326
29 [AS 18.35.300, 18.35.305, OR 18.35.330] regardless of whether the violation was
30 committed in the employee's presence. A citation issued under this subsection shall be
31 in the same form and shall be processed in the same manner as a citation issued by a

1 peace officer under (a) of this section. An employee of the department may not arrest a
2 person for a violation of AS 18.35.301, 18.35.306, 18.35.311, or 18.35.326
3 [AS 18.35.300, 18.35.305, OR 18.35.330].

4 * **Sec. 7.** AS 18.35.341(c) is amended to read:

5 (c) A person who violates AS 18.35.301, 18.35.306, 18.35.311, or 18.35.326
6 [AS 18.35.300, 18.35.305, OR 18.35.330] is guilty of a violation as defined in
7 AS 11.81.900(b) and upon conviction is punishable by a fine of not less than \$10 nor
8 more than \$50 for a violation of AS 18.35.301, 18.35.311, or 18.35.326
9 [AS 18.35.300 OR 18.35.305] and by a fine of not less than \$20 nor more than \$300
10 for a violation of AS 18.35.306 [AS 18.35.330]. Each day a violation of AS 18.35.306
11 [AS 18.35.330] continues after a citation for the violation has been issued constitutes a
12 separate violation.

13 * **Sec. 8.** AS 18.35.341(d) is amended to read:

14 (d) The supreme court shall establish a schedule of bail amounts for violations
15 of AS 18.35.301, 18.35.306, 18.35.311, and 18.35.326 [AS 18.35.300, 18.35.305,
16 AND 18.35.330], but in no event may the bail amount exceed the maximum fine that
17 may be imposed for the violation under (c) of this section. The bail amount for a
18 violation must appear on the citation.

19 * **Sec. 9.** AS 18.35.342 is amended to read:

20 **Sec. 18.35.342. Multiple fines prohibited.** A person may not be fined more
21 than once for each violation of AS 18.35.301, 18.35.306, 18.35.311, or 18.35.326
22 [AS 18.35.300, 18.35.305, OR 18.35.330].

23 * **Sec. 10.** AS 18.35.343 is amended to read:

24 **Sec. 18.35.343. Injunctions.** The commissioner or any affected party may
25 institute an action in the superior court to enjoin repeated violations of AS 18.35.301,
26 18.35.306, 18.35.311, or 18.35.326 [AS 18.35.300, 18.35.305, or 18.35.330].

27 * **Sec. 11.** AS 18.35.350 is amended to read:

28 **Sec. 18.35.350. Enforcement authority.** The commissioner or the
29 commissioner's designee is responsible for enforcing the provisions of AS 18.35.301 -
30 18.35.399 [AS 18.35.300 - 18.35.365]. This section does not limit the authority of
31 peace officers.

1 * **Sec. 12.** AS 18.35 is amended by adding a new section to read:

2 **Sec. 18.35.399. Definitions.** In AS 18.35.301 - 18.35.399,

3 (1) "business" means a for-profit or nonprofit sole proprietorship,
4 partnership, joint venture, corporation, professional corporation, private club, retail
5 seller of goods or services, or other business entity;

6 (2) "commissioner" means the commissioner of environmental
7 conservation or the commissioner's designee;

8 (3) "department" means the Department of Environmental
9 Conservation;

10 (4) "e-cigarette" means an electronic device that uses a heating element,
11 battery, or electronic circuit to issue a vapor or aerosol for inhalation in a manner that
12 simulates smoking a lighted or heated cigar, cigarette, or pipe, or other lighted or
13 heated tobacco or plant product intended for inhalation;

14 (5) "employee" means a person who is employed by a business for
15 compensation or works for a business as a volunteer without compensation;

16 (6) "employer" means the state, a municipality, a regional educational
17 attendance area, and a person or a business with one or more employees;

18 (7) "enclosed area" means space between a floor and a ceiling that is
19 bounded on two or more sides by a combination of walls, doorways, windows, or
20 other physical barriers that may be open, partially open, closed, retractable, temporary,
21 or permanent;

22 (8) "health care facility" means an office or institution providing care or
23 treatment for physical, mental, emotional, or other medical, dental, physiological, or
24 psychological diseases or conditions; a private, municipal, or state hospital;
25 independent diagnostic testing facility; primary care outpatient facility; skilled nursing
26 facility; kidney disease treatment center, including freestanding hemodialysis units;
27 intermediate care facility; ambulatory surgical facility; Alaska Pioneers' Home or
28 Alaska Veterans' Home administered by the Department of Health and Social Services
29 under AS 47.55; long-term care facility; psychiatric hospital; residential psychiatric
30 treatment center, as defined in AS 18.07.111 or AS 47.32.900, and other facilities,
31 places of employment or offices operated for use by doctors, nurses, surgeons,

1 chiropractors, physical therapists, physicians, psychiatrists, or dentists or other
2 professional health care providers to provide health care;

3 (9) "place of employment" means work areas, private offices, hotel and
4 motel rooms, employee lounges, restrooms, conference rooms, classrooms, cafeterias,
5 hallways, vehicles, and other employee work areas that are under the control of an
6 employer;

7 (10) "public place" includes

8 (A) an area to which the public is invited or into which the
9 public is admitted;

10 (B) a place where services, goods, or facilities are offered to the
11 public;

12 (11) "smoking" means using an e-cigarette or other oral smoking
13 device or inhaling, exhaling, burning, or carrying a lighted or heated cigar, cigarette,
14 pipe, or tobacco or plant product intended for inhalation.

15 * **Sec. 13.** AS 18.35.300, 18.35.305, 18.35.310, 18.35.320, 18.35.330, 18.35.355, and
16 18.35.365 are repealed.

17 * **Sec. 14.** The uncodified law of the State of Alaska is amended by adding a new section to
18 read:

19 APPLICABILITY. AS 18.35.301, 18.35.306, 18.35.311, 18.35.321, 18.35.326, and
20 18.35.331, added by sec. 1 of this Act, AS 18.35.340(a), 18.35.340(b), 18.35.340(c),
21 18.35.341(a), 18.35.341(b), 18.35.341(c), 18.35.341(d), 18.35.342, 18.35.343, and 18.35.350,
22 as amended by secs. 2 - 11 of this Act, and AS 18.35.399, added by sec. 12 of this Act, apply
23 to violations or failures to comply that occur on or after the effective date of secs. 1 - 12 of
24 this Act.

25 * **Sec. 15.** The uncodified law of the State of Alaska is amended by adding a new section to
26 read:

27 TRANSITION; REGULATIONS. The Department of Environmental Conservation
28 may adopt regulations necessary to implement AS 18.35.301(h), added by sec. 1 of this Act.
29 The regulations take effect under AS 44.62 (Administrative Procedure Act), but not before the
30 effective date of sec. 1 of this Act.

31 * **Sec. 16.** Section 15 of this Act takes effect immediately under AS 01.10.070(c).

1 * **Sec. 17.** Except as provided in sec. 16 of this Act, this Act takes effect October 1, 2015.

ALASKA STATE LEGISLATURE

SENATE STATE AFFAIRS COMMITTEE

Senator Bill Stoltze, Chair
State Capitol, Room 125
Juneau, AK 99801-1182
Phone (907) 465-4958
Fax (907) 465-4928



Official Business

Members:
Sen. John Coghill, Vice Chair
Sen. Charlie Huggins
Sen. Lesil McGuire
Sen. Bill Wielechowski

Explanation of Changes for CSSSSB 1(STA) ver. S

By the Senate State Affairs Committee

“An Act prohibiting smoking in certain places; relating to education on the smoking prohibition; and providing for an effective date.”

Section 1: Page 1, line 4

- Page 4, line 7:
 - Change “shall” to “may”
- Page 4, lines 18 & 25:
 - Under Sec. “18.35.306 Notice of prohibition”, all “smoking prohibited by law” signs reduce maximum penalty from \$100 to \$50.
- Sec. 18.35.316 “Powers and duties of the commissioner” has been deleted.

Section 2: Page 5, line 27

- Sec. 18.35.336 “Violations and civil penalties” has been deleted, and amended to reflect existing AS 18.35.340 (a) “Civil complaints; penalties”, which requires the commissioner to develop and maintain a procedure for processing reports of violations. Conforming changes added.

Section 3: Page 6, line 1

- Reinstates AS 18.35.340 (b) “Civil complaints; penalties”, and adds conforming changes.

Section 4: Page 6, line 10

- Reinstates AS 18.35.340 (c) “Civil complaints; penalties”, and adds conforming language.

Section 5: Page 6, line 19

- Reinstates AS 18.35.341(a) “Citations; penalties”, and adds conforming language.

Section 6: Page 6, line 24

- Reinstates AS 18.35.341(b) “Citations; penalties”, and adds conforming language.

Section 7: Page 7, line 3

- Reinstates AS 18.35.341(c) “Citations; penalties”, and adds conforming language.

Section 8: Page 7, line 12

- Reinstates AS 18.35.341(d) “Citations; penalties”, and adds conforming language.

Section 9: Page 7, line 19

- Reinstates AS 18.35.342 “Multiple fines prohibited”, and adds conforming language.

Section 10: Page 7, line 22

- Reinstates AS 18.35.343 “Injunctions”, and adds conforming language.

Section 11: Page 7, line 26

- Reinstates AS 18.35.350 “Enforcement authority”, and adds conforming language.

Section 12: Page 7, line 31

- Amends definition of “commissioner” from Health and Social Services to Environmental Conservation.
- Amends definition of “department” from Health and Social Services to Environmental Conservation.

Section 13: Page 9, line 14

- Repealing language with conforming changes.

Section 14: Page 9, line 16

- Applicability clause with conforming language.

Section 15: Page 9, line 24

- Transition of Regulations clause with conforming language.

Section 16: Page 9, line 30

- Immediate effective date for Section 15.

Section 17: Page 9, line 31

- October 1, 2015 effective date, excluding Section 16.

CS FOR SPONSOR SUBSTITUTE FOR SENATE BILL NO. 1(STA)

IN THE LEGISLATURE OF THE STATE OF ALASKA

TWENTY-NINTH LEGISLATURE - FIRST SESSION

BY THE SENATE STATE AFFAIRS COMMITTEE

Offered:
Referred:

Sponsor(s): SENATORS MICCICHE, McGuire, Costello, Bishop, Stevens, Meyer, Olson, Ellis, Gardner,
Hoffman, Wielechowski

A BILL

FOR AN ACT ENTITLED

1 "An Act prohibiting smoking in certain places; relating to education on the smoking
2 prohibition; and providing for an effective date."

3 **BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:**

4 * **Section 1.** AS 18.35 is amended by adding new sections to read:

5 **Sec. 18.35.301. Prohibition of smoking.** (a) Smoking is prohibited in an
6 enclosed area in a public place, including an enclosed area

7 (1) at an entertainment venue or a sports arena;

8 (2) on a bus, in a taxicab, on a ferry, or in another vehicle used for
9 public transportation;

10 (3) at a public transit depot, bus shelter, airport terminal, or other
11 public transportation facility;

12 (4) at a retail store or shopping center;

13 (5) at a place of government or public assembly located on property
14 that is owned or operated by the state, a municipality, or a regional educational

1 attendance area, or by an agent of the state, a municipality, or a regional educational
2 attendance area.

3 (b) Smoking is prohibited in an enclosed area

4 (1) at an office building, office, hotel, motel, restaurant, bar, retail
5 store, or common area in an apartment building or multiple-family dwelling;

6 (2) in a place of employment;

7 (3) in a building or residence that is used to provide paid child care,
8 whether or not children are present in the building or residence;

9 (4) at a health care facility;

10 (5) in a vehicle that is a place of employment;

11 (6) at a public or private educational facility;

12 (7) in a residence at which the care of adults is provided on a fee-for-
13 service basis;

14 (8) at a residence in a health care facility, hotel, or motel;

15 (9) on a marine vessel operating as a shore-based fisheries business
16 under AS 43.75.

17 (c) Smoking is prohibited outdoors

18 (1) at an area located at a public or private school or a state or
19 municipal park that is primarily designated as a place for children to play;

20 (2) in a seating area for an outdoor arena, stadium, or amphitheater;

21 (3) within

22 (A) 50 feet of an entrance to a health care facility;

23 (B) 10 feet of an entrance to a bar or restaurant that serves
24 alcoholic beverages;

25 (C) 20 feet of an entrance, open window, or heating or
26 ventilation system air intake vent at an enclosed area at a place where smoking
27 is prohibited under this section; or

28 (D) a reasonable distance of an entrance, open window, or
29 heating or ventilation system air intake vent on a marine vessel covered by this
30 section as determined by the vessel owner or operator in charge.

31 (d) Notwithstanding (a) of this section, unless the owner or operator prohibits

1 it, smoking is allowed at a retail tobacco or e-cigarette store. In this subsection, "retail
2 tobacco or e-cigarette store"

3 (1) means a retail store

4 (A) that sells primarily cigarettes, e-cigarettes, cigars, tobacco
5 and products containing tobacco, and pipes and other smoking or e-cigarette
6 accessories;

7 (B) in which the sale of other products is incidental;

8 (C) that derives at least 90 percent of its gross revenue from the
9 sale of cigarettes, e-cigarettes, cigars, tobacco and products containing tobacco,
10 and pipes and other smoking or e-cigarette accessories; and

11 (D) that is a freestanding building not attached to another
12 business or to a residence;

13 (2) does not include

14 (A) a tobacco or e-cigarette department or section of a business
15 that does not meet the criteria in (1) of this subsection;

16 (B) a business that is also a restaurant or grocery store;

17 (C) a business that is licensed under AS 04.11 to serve
18 alcoholic beverages at an outdoor location;

19 (D) a business that is licensed under AS 05.15 to sell pull-tabs;

20 (E) a business that is licensed under AS 43.70.075 to sell
21 tobacco but that does not meet the requirements of this subsection; or

22 (F) a retail store that is within an indoor public place or
23 workplace.

24 (e) Notwithstanding (a) and (b) of this section, smoking may be permitted in a
25 separate enclosed smoking area located in a terminal for international passengers who
26 are in transit in a state-owned and state-operated international airport and who are
27 restricted by federal law from leaving the airport, if the smoking area is vented directly
28 to an outdoor area that is not an area where smoking is prohibited under (c) of this
29 section.

30 (f) Notwithstanding (b) of this section, unless the owner or operator prohibits
31 it, smoking is allowed

1 (1) in a vehicle that is a place of employment when the vehicle is used
2 exclusively by one person;

3 (2) on a marine vessel when the vessel is engaged in commercial
4 fishing or sport charter fishing or is otherwise used as a place of employment.

5 (g) Nothing in this section prohibits smoking at a private residence, except a
6 private residence described in (b) of this section.

7 (h) Notwithstanding (b) of this section, the department may adopt regulations
8 authorizing smoking in a stand-alone shelter. At a minimum, the regulations must
9 provide

10 (1) that no food or drink be sold in the stand-alone shelter;

11 (2) that at least 50 percent of one side of the shelter be completely
12 open to the outside; and

13 (3) for minimum distance requirements consistent with (c) of this
14 section.

15 **Sec. 18.35.306. Notice of prohibition.** (a) A person who is in charge of a place
16 or vehicle where smoking is prohibited under AS 18.35.301 shall conspicuously
17 display in the place or vehicle a sign that

18 (1) reads "Smoking Prohibited by Law--Maximum Fine \$50"; and

19 (2) includes the international symbol for no smoking or the words "No
20 Puffin" with a pictorial representation of a Horned Puffin or Tufted Puffin holding a
21 burning cigarette enclosed in a red circle crossed with a red bar.

22 (b) A person in charge of a building at which smoking is prohibited within a
23 specific distance from the entrance of the building under AS 18.35.301(c) shall
24 conspicuously display a sign that reads "Smoking within (number of feet) Feet of
25 Entrance Prohibited by Law--Maximum Fine \$50" visible from the outside of each
26 entrance to the building.

27 (c) The department shall furnish signs required under this section to a person
28 who requests them with the intention of displaying them.

29 **Sec. 18.35.311. Duty of employers and building managers.** (a) An employer
30 may not permit an employee, customer, or other person to smoke inside an enclosed
31 area at a place of employment.

1 (b) The owner, operator, manager, or other person who manages a building or
2 other place where smoking is prohibited under AS 18.35.301 may not provide ashtrays
3 or other smoking accessories for use in that building or place.

4 **Sec. 18.35.321. Public education.** (a) The commissioner shall ensure that
5 employers, property owners, property operators, and other members of the public are
6 provided ongoing access to

7 (1) a program of education regarding the requirements in AS 18.35.301
8 - 18.35.399;

9 (2) an electronically published printable brochure that summarizes the
10 requirements in AS 18.35.301 - 18.35.399.

11 (b) The program of education under (a) of this section may be provided in
12 combination with the comprehensive smoking education, tobacco use prevention, and
13 tobacco control program established in AS 44.29.020(a)(14).

14 **Sec. 18.35.326. Nonretaliation.** (a) An employer may not discharge or in any
15 other manner retaliate against an employee because the employee cooperates with or
16 initiates enforcement of a requirement in AS 18.35.301 - 18.35.399.

17 (b) The owner or operator of a vehicle or other place that is subject to a
18 requirement in AS 18.35.301 - 18.35.399 may not retaliate against a customer or other
19 member of the public for cooperating with or initiating enforcement of a requirement
20 in AS 18.35.301 - 18.35.399.

21 **Sec. 18.35.331. Conflicts with local requirements.** Nothing in AS 18.35.301
22 - 18.35.399 prohibits a municipality from adopting an ordinance imposing

23 (1) additional limitations on smoking; or

24 (2) additional duties on employers, owners, operators, and other
25 persons who are subject to the requirements of AS 18.35.306 or 18.35.311 related to
26 smoking.

27 * **Sec. 2.** AS 18.35.340(a) is amended to read:

28 (a) The commissioner shall develop and maintain a procedure for processing
29 reports of violations of AS 18.35.301, 18.35.306, 18.35.311, and 18.35.326
30 [AS 18.35.300, 18.35.305, AND 18.35.330].

31

1 * **Sec. 3.** AS 18.35.340(b) is amended to read:

2 (b) If, after investigating a report made under this section, the commissioner
3 determines that a violation has occurred, (1) the commissioner may file a civil
4 complaint in the district court to enforce the provisions of AS 18.35.301 - 18.35.399
5 [AS 18.35.300 - 18.35.365]; or (2) an employee of the department designated by the
6 commissioner to enforce the provisions of AS 18.35.301 - 18.35.399 [AS 18.35.300 -
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9 AS 18.35.341.

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5 (2) "commissioner" means the commissioner of environmental
6 conservation or the commissioner's designee;

7 (3) "department" means the Department of Environmental
8 Conservation;

9 (4) "e-cigarette" means an electronic device that uses a heating
10 element, battery, or electronic circuit to issue a vapor or aerosol for inhalation in a
11 manner that simulates smoking a lighted or heated cigar, cigarette, or pipe, or other
12 lighted or heated tobacco or plant product intended for inhalation;

13 (5) "employee" means a person who is employed by a business for
14 compensation or works for a business as a volunteer without compensation;

15 (6) "employer" means the state, a municipality, a regional educational
16 attendance area, and a person or a business with one or more employees;

17 (7) "enclosed area" means space between a floor and a ceiling that is
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19 other physical barriers that may be open, partially open, closed, retractable, temporary,
20 or permanent;

21 (8) "health care facility" means an office or institution providing care
22 or treatment for physical, mental, emotional, or other medical, dental, physiological, or
23 psychological diseases or conditions; a private, municipal, or state hospital;
24 independent diagnostic testing facility; primary care outpatient facility; skilled nursing
25 facility; kidney disease treatment center, including freestanding hemodialysis units;
26 intermediate care facility; ambulatory surgical facility; Alaska Pioneers' Home or
27 Alaska Veterans' Home administered by the Department of Health and Social Services
28 under AS 47.55; long-term care facility; psychiatric hospital; residential psychiatric
29 treatment center, as defined in AS 18.07.111 or AS 47.32.900, and other facilities,
30 places of employment or offices operated for use by doctors, nurses, surgeons,
31 chiropractors, physical therapists, physicians, psychiatrists, or dentists or other

1 professional health care providers to provide health care;

2 (9) "place of employment" means work areas, private offices, hotel and
3 motel rooms, employee lounges, restrooms, conference rooms, classrooms, cafeterias,
4 hallways, vehicles, and other employee work areas that are under the control of an
5 employer;

6 (10) "public place" includes

7 (A) an area to which the public is invited or into which the
8 public is admitted;

9 (B) a place where services, goods, or facilities are offered to
10 the public;

11 (11) "smoking" means using an e-cigarette or other oral smoking
12 device or inhaling, exhaling, burning, or carrying a lighted or heated cigar, cigarette,
13 pipe, or tobacco or plant product intended for inhalation.

14 * **Sec. 13.** AS 18.35.300, 18.35.305, 18.35.310, 18.35.320, 18.35.330, 18.35.355, and
15 18.35.365 are repealed.

16 * **Sec. 14.** The uncodified law of the State of Alaska is amended by adding a new section to
17 read:

18 APPLICABILITY. AS 18.35.301, 18.35.306, 18.35.311, 18.35.321, 18.35.326, and
19 18.35.331, added by sec. 1 of this Act, AS 18.35.340(a), 18.35.340(b), 18.35.340(c),
20 18.35.341(a), 18.35.341(b), 18.35.341(c), 18.35.341(d), 18.35.342, 18.35.343, and 18.35.350,
21 as amended by secs. 2 - 11 of this Act, and AS 18.35.399, added by sec. 12 of this Act, apply
22 to violations or failures to comply that occur on or after the effective date of secs. 1 - 12 of
23 this Act.

24 * **Sec. 15.** The uncodified law of the State of Alaska is amended by adding a new section to
25 read:

26 TRANSITION; REGULATIONS. The Department of Environmental Conservation
27 may adopt regulations necessary to implement AS 18.35.301(h), added by sec. 1 of this Act.
28 The regulations take effect under AS 44.62 (Administrative Procedure Act), but not before the
29 effective date of sec. 1 of this Act.

30 * **Sec. 16.** Section 15 of this Act takes effect immediately under AS 01.10.070(c).

31 * **Sec. 17.** Except as provided in sec. 16 of this Act, this Act takes effect October 1, 2015.

SSSB 1

The "Take It Outside" Act




On behalf of bill sponsor Senator Micciche

In Cooperation with the Smoke-Free Alaska effort - Alaska Native Health Board, American Cancer Society, American Heart Association, American Lung Association, and AARP

SSSB 1 - Saving Lives, Saving Dollars

- Senate Bill 1 is about healthier citizens and spending less on healthcare
- Senate Bill 1 will provide a smoke free work environment for every worker in Alaska
- Senate Bill 1 creates a statewide standard with regard to secondhand smoke that puts all businesses and workplaces across Alaska on a level playing field



❑ Right now, only half of Alaska's population is covered by a smoke-free workplace law. A 2012 Dittman Research survey shows 82% of Alaskans support a statewide smoke-free indoor air law that includes restaurants and bars.

❑ Over 860 Alaska businesses and organizations have signed resolutions in support of statewide smoke-free indoor workplaces.

❑ There is conclusive proof that smoke-free air laws do not have adverse economic consequences for restaurants and bars subject to them.

What does SSSB 1 not do?

- ❑ It does not ban smoking, it only requires that those who choose to smoke do so in a manner that does not threaten or harm others.
- ❑ It does not ban e-cigarettes.



What does SSSB 1 do?

- ❑ Provides a statewide smoking prohibition in enclosed public spaces, public transportation vehicles and facilities, places of employment, government owned or operated places, buildings or residences used to provide paid child care, health care facilities, Alaska Pioneer Homes and Veterans' Homes, and vehicles that are places of employment, with certain exceptions.
- ❑ Included are school grounds or public parks for children, outdoor arena seating, and areas within certain distances from entrances, open windows, and air intake vents of places where smoking is prohibited.
- ❑ The bill requires the Commissioner to adopt regulations for filing, processing, and investigating reports of violations of the smoking prohibition, which may include filing complaints and issuing citations.

SSSB1 Cont'd

- ❑ The Department of HSS role in implementing the statewide smoking prohibition is to provide education and respond to complaints.
- ❑ The bill allows the HSS Commissioner to delegate to other agencies any of the responsibilities to implement the bill's provisions.
- ❑ The bill also requires a person who is in charge of a place where smoking is prohibited to display specific signage. Sec. 18.35.306(c) requires the department to furnish signs to any person who requests them.
- ❑ The Division of Public Health's Tobacco Prevention and Control Program would be responsible for developing public education materials regarding the new requirements and for educating business owners, grantees and the public on the specifics of the law.

Public
safety?
intent?

2014 Surgeon General Report

The Health Consequences of Smoking - 50 Years of Progress

- ❑ Over the past 50 years, 31 Surgeon General's reports have utilized the best available evidence to expand our understanding of the health consequences of smoking and involuntary exposure to tobacco smoke.
- ❑ We have all heard the staggering statistics about the repercussions of exposure to second-hand smoke.
- ❑ The recent data on public health impacts from secondhand smoke suggest a public health emergency.

Premature deaths caused by smoking and exposure to secondhand smoke, 1965–2014

Cause of death	Total
☐ Smoking-related cancers	6,587,000
☐ Cardiovascular and metabolic diseases	7,787,000
☐ Pulmonary diseases	3,804,000
☐ Conditions related to pregnancy and birth	108,000
☐ Residential fires	86,000
☐ Lung cancers caused by exposure to secondhand smoke	263,000
☐ Heart disease caused by exposure to secondhand smoke	2,194,000
☐ Total	20,830,000

Between 1965 and 2014

- ◆ Over 20 million Americans died because of smoking, including
 - 2.5 million nonsmokers
 - More than 100,000 babies
- ◆ In context:
 - 68 times the number of American combat deaths in WWII
 - 30 times the number of US deaths from 1918 flu pandemic

What We've Learned in 50 Years

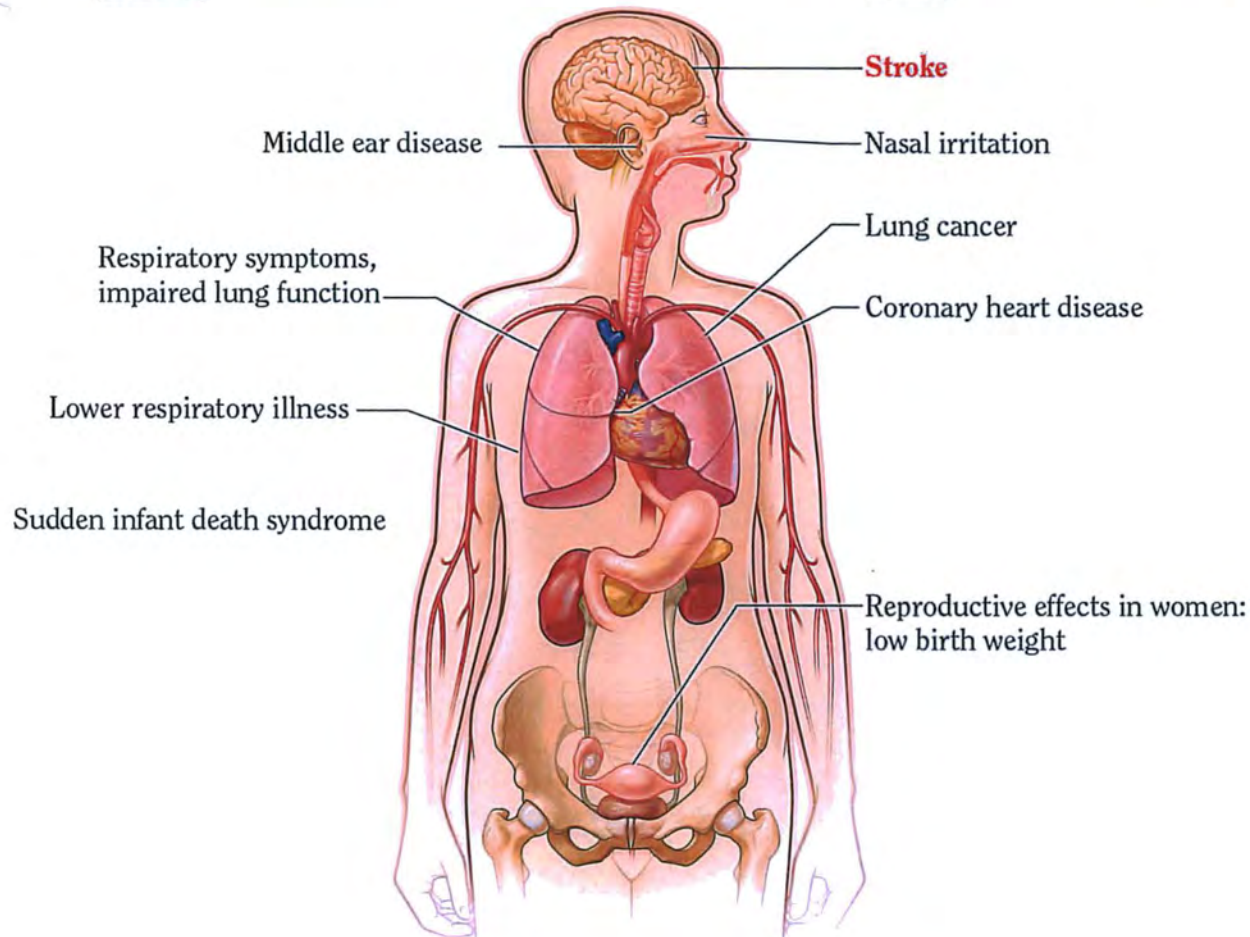
- ❑ Smoking and passive smoking causes disease in nearly every organ. Exposure to SHS is now causally linked to cancer, respiratory, and cardiovascular diseases, and to adverse effects on the health of infants and children.
- ❑ Secondhand smoke kills nearly 41,000 nonsmokers every year.
- ❑ This is four (4) X the number of DUI fatalities in 2013 (10,046).
- ❑ 50 yr history of our DUI laws - .15, .10, .08, mandatory jail – national standard in all 50 states.





Health Consequences Causally Linked to Secondhand Smoke Exposure

Children

Adults



- 
- ❑ The annual number of deaths attributable to smoking and exposure to secondhand smoke is now approaching 500,000.
 - ❑ Exposure to secondhand smoke has an immediate (within 30 minutes) adverse impact on the cardiovascular system, damaging blood vessels, making blood more likely to clot, and increasing the risks for heart attack and stroke.
 - ❑ There is no safe level of SHS exposure.
 - ❑ Exposure to secondhand smoke is now causally associated with a 20 – 30% increased risk for stroke.



- ❑ National cost - \$5.6 billion (in 2006) for lost productivity due to exposure to secondhand smoke.

- ❑ Alaska cost – 60 deaths and more than \$1,000,000/year based on estimates of American Cancer Society.

- ❑ The evidence is sufficient to infer a causal relationship between the implementation of a smoke-free law or policy and a reduction in coronary events among people younger than 65 years of age.

- ❑ This is a question of rights – the choice to smoke vs the need to breathe. A clean indoor air policy does not prohibit smoking, it only requires that those who choose to smoke do so in a manner that does not threaten or harm others.

What About E-cigarettes?

- ❑ Unlike traditional cigarettes, e-cigarettes are generally battery-operated and use an atomizer to heat liquid from a cartridge until it becomes a chemical-filled aerosol.
- ❑ The aerosol exhaled contains nicotine, ultra-fine metal particles, volatile organic compounds and other carcinogenic toxins.
- ❑ There are almost 470 different brands of e-cigarettes on the market today, including 7,700 flavors.
- ❑ One study found e-cigarette aerosol that contained hazardous nickel and chromium at four times the level they appear in traditional cigarette smoke.

E-Cigarettes cont'd

- According to Alaska state law, it is illegal to sell or give any product containing nicotine to anyone under 19 years old (AS 11.76.109).
- Because e-cigarette retailers do not need a sales license endorsement to sell their products like tobacco retailers do, there is no program of compliance checks for youth sales in place for these retailers.

Why Smoke-Free Workplaces?

- ❑ Implementation of comprehensive clean indoor air laws has been shown to significantly reduce the incidence of heart attacks (acute myocardial infarction or “AMI”).
- ❑ Separating smokers from non-smokers, air cleaning technologies and ventilation systems cannot effectively and reliably protect public health.
- ❑ In addition to eliminating exposure of nonsmokers to secondhand smoke, smoke-free workplace laws also help to reduce tobacco use among smokers.

Why Smoke-Free Workplaces?

- ❑ Clean indoor air laws recognize that while an individual smoker or e-cigarette user may elect to harm themselves, they should not be allowed to injure others while doing so.
- ❑ “The right of smokers to smoke ends where their behavior affects the health and well-being of others; furthermore, it is the smokers’ responsibility to ensure that they do not expose nonsmokers....”

-Surgeon General C. Everett Koop

Smoke-free Laws in Alaska

- ❑ Only half of Alaska's population is protected by a local law from secondhand smoke at work.
- ❑ The remaining large population boroughs do not have the legal health powers to enact local smoke-free laws.

AK Smoke-free Local Laws

- Bethel
 - Anchorage
 - Juneau*
 - Barrow
 - Dillingham
 - Haines
 - Skagway
 - Petersburg
 - Klawock
 - Nome*
 - Unalaska
 - Palmer*
- * Includes e-cigarettes*

Alaskans Support Smoke-Free Workplaces

- 82% agree that “All Alaskan workers should be protected from secondhand smoke in the workplace.”
- Support for smoke-free indoor workplaces includes a strong majority of current smokers in Alaska.
- Alaskan support for smoke-free indoor workplaces is high throughout all regions of the state, ranging from 75% to 84%.

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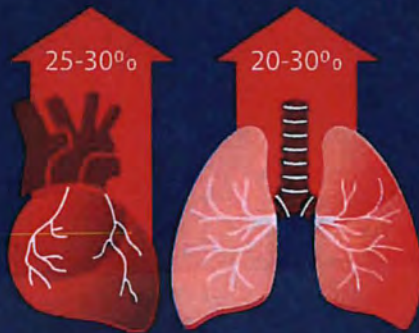
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Secondhand Smoke

Secondhand smoke (SHS) is the combination of smoke from the burning end of a cigarette, cigar or pipe tip and the smoke exhaled by the smoker. SHS is harmful to the health of everyone who comes in contact with it.¹

Health Effects: Adults and Workers



Nonsmokers who are exposed to SHS at work or home increase their risk of heart disease by 25-30% and risk of lung cancer by 20-30%.²

Smokefree workplace laws lead to less smoking, increases in quit attempts and an increase in cessation rates among protected workers.



Nine out of 10 Alaska adults think smoking should be prohibited in Alaska workplaces.³



For every eight smokers who die from smoking, one nonsmoker dies from exposure to SHS.⁴

BOTTOM LINE: There is no risk-free level of secondhand smoke; even brief exposure can be harmful.² Eliminating smoking in indoor spaces is the only way to fully protect nonsmokers from SHS exposure. Separating smokers from nonsmokers, cleaning the air and ventilating rooms or buildings does not eliminate SHS exposure.²



What Can You Do?

- Encourage businesses to go smokefree.
- Before signing a lease or purchase agreement, ensure the rental property or association has a smokefree housing policy.
- Maintain a 100% smokefree home and car, even if you smoke.
- Choose restaurants and bars that are smokefree.
- Support federal, statewide and local tobacco-prevention efforts like smokefree laws, higher tobacco taxes and funding for tobacco prevention programs.

If You Smoke, Take Precautions

- Always smoke outdoors – never in the home or other enclosed environments.
- Do not smoke around others, especially pregnant women, infants, the elderly and children.
- Consider using a nicotine replacement therapy (NRT) such as patches or gum, which help to lessen nicotine withdrawal and cravings and make it easier to quit.
- If you smoke, quit. If you can't quit, keep trying.

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Secondhand Smoke (SHS) Facts

- [Overview](#)
- [Health Effects: Children](#)
- [Health Effects: Adults](#)
- [Estimates of Secondhand Smoke Exposure](#)
- [Disparities in Secondhand Smoke Exposure](#)
- [References](#)
- [For Further Information](#)

Overview

Secondhand smoke is a mixture of gases and fine particles that includes:

- Smoke from a burning tobacco product such as a cigarette, cigar, or pipe^{1,2}
- Smoke that has been exhaled or breathed out by the person or people smoking²
- More than 7,000 chemicals, including hundreds that are toxic and about 70 that can cause cancer¹

Most exposure to secondhand smoke occurs in homes and workplaces. Secondhand smoke exposure also continues to occur in public places such as restaurants, bars, and casinos, as well as multiunit housing and vehicles.³

Eliminating smoking in indoor spaces is the only way to fully protect nonsmokers from secondhand smoke exposure.³

Separating smokers from nonsmokers within the same air space, cleaning the air, opening windows, and ventilating buildings does not eliminate secondhand smoke exposure.³

Since 1964, 2.5 million nonsmokers have died from exposure to secondhand smoke.¹

Health Effects: Children

In children, secondhand smoke causes the following:^{1,3}

- Ear infections
- More frequent and severe asthma attacks
- Respiratory symptoms (e.g., coughing, sneezing, shortness of breath)
- Respiratory infections (i.e., bronchitis, pneumonia)
- A greater risk for sudden infant death syndrome (SIDS)

In U.S. children aged 18 months or younger, secondhand smoke exposure is responsible for:³

- An estimated 150,000–300,000 new cases of bronchitis and pneumonia annually
- Approximately 7,500–15,000 hospitalizations annually

Health Effects: Adults

In adults who have never smoked, secondhand smoke can cause cardiovascular disease and lung cancer.^{1,5}

Cardiovascular Disease

- For nonsmokers, breathing secondhand smoke has immediate harmful effects on the cardiovascular system that can increase the risk for heart attack. People who already have heart disease are at especially high risk.^{1,3}
- Nonsmokers who are exposed to secondhand smoke increase their heart disease risk by 25–30%.³
- It is estimated that secondhand smoke exposure caused nearly 34,000 heart disease deaths annually (during 2005–2009) among adult nonsmokers in the United States.¹
- Stroke is caused by exposure to secondhand smoke.¹

Lung Cancer

- Nonsmokers who are exposed to secondhand smoke at home or work increase their lung cancer risk by 20–30%.³
- Secondhand smoke exposure causes an estimated more than 7,300 lung cancer deaths annually (for 2005–2009) among adult nonsmokers in the United States.¹

There is no risk-free level of secondhand smoke exposure; even brief exposure can be harmful to health.^{1,3,4}

Smoke-free laws can reduce the risk of heart disease and lung cancer among nonsmokers.¹

Estimates of Secondhand Smoke Exposure

When a nonsmoker breathes in secondhand smoke, the body begins to metabolize or break down the nicotine that was in the smoke. During this process, a nicotine byproduct called cotinine is created. Exposure to nicotine and secondhand smoke can be measured by testing saliva, urine, or blood for the presence of cotinine.³

Secondhand Smoke Exposure Has Decreased in Recent Years

- Measurements of cotinine have shown how exposure to secondhand smoke has steadily decreased in the United States over time.^{5*}
 - During 1988–1991, approximately 87.9% of nonsmokers had measurable levels of cotinine.
 - During 1999–2000, approximately 52.5% of nonsmokers had measurable levels of cotinine.
 - During 2007–2008, approximately 40.1% of nonsmokers had measurable levels of cotinine.
- The decrease in exposure to secondhand smoke is due to the growing number of laws that prohibit smoking in workplaces and public places, including restaurants and bars, the increase in the number of households with voluntary smoke-free home rules, and the decreases in adult and youth smoking rates.^{1,5,6,7,8}

*This information will be updated in 2014.

Many in the United States Continue to be Exposed to Secondhand Smoke*

- An estimated 88 million nonsmokers in the United States were exposed to secondhand smoke in 2007–2008.⁵
- Children are at particular risk for exposure to secondhand smoke: 53.6% of young children (aged 3–11 years) were exposed to secondhand smoke in 2007–2008.⁵
- While only 5.4% of adult nonsmokers in the United States lived with someone who smoked inside their home, 18.2% of children (aged 3–11 years) lived with someone who smoked inside their home in 2007–2008.⁵
- Among children who live in homes in which no one smokes inside, those who live in multiunit housing have 45% higher cotinine levels compared to those who live in detached homes.⁹
- Today about half of the children between ages 3 and 18 in the U.S. are exposed to cigarette smoke regularly, either at home or in places such as restaurants that still allow smoking.¹⁰

*This information will be updated in 2014.

Disparities in Secondhand Smoke Exposure

Racial and Ethnic Groups⁵

- Although declines in cotinine levels have occurred in all racial and ethnic groups, cotinine levels have consistently been found to be higher in non-Hispanic black Americans than in non-Hispanic white Americans and Mexican Americans. In 2007–2008:
 - 55.9% of non-Hispanic blacks were exposed to secondhand smoke.
 - 40.1% of non-Hispanic whites were exposed to secondhand smoke.
 - 28.5% of Mexican Americans were exposed to secondhand smoke.

Low Income⁵

- Secondhand smoke exposure tends to be high for persons with low incomes: 60.5% of persons living below the poverty level in the United States were exposed to secondhand smoke in 2007–2008.

Occupational Disparities⁸

- Occupational disparities in secondhand smoke exposure decreased over the past two decades, but substantial differences in exposure among workers remain.
- African-American male workers, construction workers, and blue collar workers and service workers are some of the groups who continue to experience particularly high levels of secondhand smoke exposure relative to other workers.

Eliminating smoking in indoor spaces is the only way to fully protect nonsmokers from secondhand smoke exposure. Separating smokers from nonsmokers within the same air space, cleaning the air, opening windows, and ventilating buildings does not eliminate secondhand smoke exposure.³

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For Further Information

Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion
Office on Smoking and Health
E-mail: tobaccoinfo@cdc.gov (<mailto:tobaccoinfo@cdc.gov>)
Phone: 1-800-CDC-INFO

Media Inquiries: Contact CDC's Office on Smoking and Health press line at 770-488-5493.

Fact Sheets

Adult Data	Fast Facts
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Youth and Young Adult Data	

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Lancet. 2014 May 3;383(9928):1549-60. doi: 10.1016/S0140-6736(14)60082-9. Epub 2014 Mar 28.

Effect of smoke-free legislation on perinatal and child health: a systematic review and meta-analysis.

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Author information

Abstract

BACKGROUND: Smoke-free legislation has the potential to reduce the substantive disease burden associated with second-hand smoke exposure, particularly in children. We investigated the effect of smoke-free legislation on perinatal and child health.

METHODS: We searched 14 online databases from January, 1975 to May, 2013, with no language restrictions, for published studies, and the WHO International Clinical Trials Registry Platform for unpublished studies. Citations and reference lists of articles of interest were screened and an international expert panel was contacted to identify additional studies. We included studies undertaken with designs approved by the Cochrane Effective Practice and Organisation of Care that reported associations between smoking bans in workplaces, public places, or both, and one or more predefined early-life health indicator. The primary outcomes were preterm birth, low birthweight, and hospital attendances for asthma. Effect estimates were pooled with random-effects meta-analysis. This study is registered with PROSPERO, number CRD42013003522.

FINDINGS: We identified 11 eligible studies (published 2008-13), involving more than 2.5 million births and 247,168 asthma exacerbations. All studies used interrupted time-series designs. Five North American studies described local bans and six European studies described national bans. Risk of bias was high for one study, moderate for six studies, and low for four studies. Smoke-free legislation was associated with reductions in preterm birth (four studies, 1,366,862 individuals; -10.4% [95% CI -18.8 to -2.0]; $p=0.016$) and hospital attendances for asthma (three studies, 225,753 events: -10.1% [95% CI -15.2 to -5.0]; $p=0.0001$). No significant effect on low birthweight was identified (six studies, >1.9 million individuals: -1.7% [95% CI -5.1 to 1.6]; $p=0.31$).

INTERPRETATION: Smoke-free legislation is associated with substantial reductions in preterm births and hospital attendance for asthma. Together with the health benefits in adults, this study provides strong support for WHO recommendations to create smoke-free environments.

FUNDING: Thrasher Fund, Lung Foundation Netherlands, International Paediatric Research Foundation, Maastricht University, Commonwealth Fund.

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The Economic Impact of Clean Indoor Air Laws

Michael Eriksen and Frank Chaloupka

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The Economic Impact of Clean Indoor Air Laws

Michael Eriksen, ScD; Frank Chaloupka, PhD

ABSTRACT Clean indoor air laws are easily implemented, are well accepted by the public, reduce nonsmoker exposure to secondhand smoke, and contribute to a reduction in overall cigarette consumption. There are currently thousands of clean indoor air laws throughout the United States, and the majority of Americans live in areas where smoking is completely prohibited in workplaces, restaurants, or bars. The vast majority of scientific evidence indicates that there is no negative economic impact of clean indoor air policies, with many studies finding that there may be some positive effects on local businesses. This is despite the fact that tobacco industry-sponsored research has attempted to create fears to the contrary. Further progress in the diffusion of clean indoor air laws will depend on the continued documentation of the economic impact of clean indoor air laws, particularly within the hospitality industry. This article reviews the spread of clean indoor air laws, the effect on public health, and the scientific evidence of the economic impact of implementation of clean indoor air laws. (*CA Cancer J Clin* 2007;57:367-378.) © American Cancer Society, Inc., 2007.

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THE SPREAD OF CLEAN INDOOR AIR LAWS

States and localities have restricted smoking in a variety of places for many years. The earliest policies usually restricted smoking in a few venues (eg, theaters or food preparation areas) and were intended to prevent fires or food contamination rather than to protect the health of nonsmokers. As evidence emerged about the health consequences of smoking, including limited evidence on the consequences of exposure of nonsmokers to tobacco smoke, the public health community and advocates called for protection from exposure to secondhand smoke. In 1971, Surgeon General Jesse Steinfeld called for a complete ban on smoking in confined public places and went on to tell the Interagency Committee on Smoking and Health, "Nonsmokers have as much right to clean air and wholesome air as smokers have to their so-called right to smoke, which I would define as a 'right to pollute.' It is high time to ban smoking from all confined public places such as restaurants, theaters, airplanes, trains and buses."¹

The next year, Surgeon General Steinfeld released the 1972 Surgeon General's Report² and sparked national awareness of the possible adverse health effects due to "public exposure to air pollution from tobacco smoke."

Policy makers ultimately listened and adopted new policies limiting smoking, with the specific intent of protecting nonsmokers. The earliest of these state policies was the 1973 law in Arizona that limited smoking in a number of public places. This was soon followed by the 1974 Connecticut law restricting smoking in restaurants and the 1975 Minnesota law that was the first comprehensive clean indoor air law that included restrictions on smoking in private workplaces.³

Perhaps surprisingly given that California has been at the leading edge of state tobacco-control efforts, statewide clean indoor air referenda were defeated in California in 1978 and 1980. These defeats resulted in a shift from statewide to local efforts to restrict public smoking in the state. In the early 1980s, local clean indoor air ordinances were passed in San Francisco, Los Angeles, Sacramento, and San Diego. This focus on local municipalities started in California and spread throughout the nation.

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As public advocacy and scientific discovery advanced, the tobacco industry took note. In 1978, the Tobacco Institute commissioned the Roper Organization to conduct a national public-opinion survey on smoking.⁴ The Roper Organization warned the Tobacco Institute that the tobacco industry should give serious consideration to public concerns about secondhand smoke, stating, "...what the smoker does to himself may be his business, but what the smoker does to the nonsmoker is quite a different matter." The Roper Report went on to conclude the following:

"Nearly six out of ten believe that smoking is hazardous to the nonsmoker's health, up sharply over the last four years. More than two-thirds of nonsmokers believe it and nearly one half of all smokers believe it. This we see as the most dangerous development to the viability of the tobacco industry that has yet occurred."⁴

Momentum for clean indoor air policies grew following the release of the 1986 Surgeon General's report, *The Health Consequences of Involuntary Smoking*, which concluded that exposure to tobacco smoke caused diseases, including lung cancer, and that children of smoking parents were at increased risk of respiratory diseases.³ Importantly, the report concluded that the simple separation of smokers and nonsmokers might reduce but did not eliminate the health risks from nonsmokers' exposure to tobacco smoke. In the years following the report, new federal regulations were adopted banning smoking on domestic flights of 2 hours or fewer and, eventually, virtually all domestic flights (in 1990) and all international flights departing from or arriving in the United States (in 2000). The report spurred more action at the state and local level as governments strengthened existing policies and adopted new policies, including complete bans on smoking in some venues (eg, health care facilities). At the same time, it led numerous private companies to adopt policies governing smoking in their workplaces. Much of the push for strong state and local policies was the result of effective grassroots advocacy efforts of groups like the Americans for Nonsmokers' Rights Foundation and the coalitions supported by the American Stop Smoking Intervention Study and SmokeLess States programs.³

As evidence grew about the health consequences of exposure to tobacco smoke, state and local policies became stronger and stronger. The 1997 release of the California Environmental Protection Agency's report on the health consequences of exposure⁵ was followed in 1998 by California's law banning smoking in bars without separately ventilated smoking areas. In 2002, New York City made history by banning smoking in bars, restaurants, and virtually all other workplaces beginning in July 2003, while Florida voters overwhelmingly supported a ballot initiative that with some exceptions (most notably bars) did the same. By 2003, every state and thousands of localities had adopted policies limiting or banning smoking in a variety of locales. The growth and strengthening of these state policies is illustrated in Figure 1.

Most recently, the 2006 Surgeon General's Report, *The Health Consequences of Involuntary Exposure to Tobacco Smoke*,³ stimulated further action, leading a growing number of states and communities to adopt comprehensive bans on cigarette smoking in virtually all public places and private worksites. In some places, these policies have included some outdoor spaces (eg, sports stadiums, beaches, and public parks). As of July 2007, 23 states, Puerto Rico, and Washington, DC, have laws in effect that require 100% smoke-free workplaces, restaurants, or bars (or some combination thereof), with another 6 states having enacted similar laws that are not yet in effect. There are also over 2,500 municipalities with clean indoor air laws.⁶ The growth in these comprehensive policies since 1985 is illustrated in Figure 2.

These comprehensive state policies (including those scheduled to take effect in the future), along with comparable local policies, currently apply to well over half of the US population.⁶ Further limits on smoking are being considered, including extending the policies to a greater variety of outdoor spaces and prohibiting smoking in private cars when children are present. In addition, as awareness of the health consequences of exposure to tobacco smoke grew and as public and private policies were implemented and strengthened, a growing number of households, including those of smokers, have adopted rules governing smoking in the home. By 2003, nearly

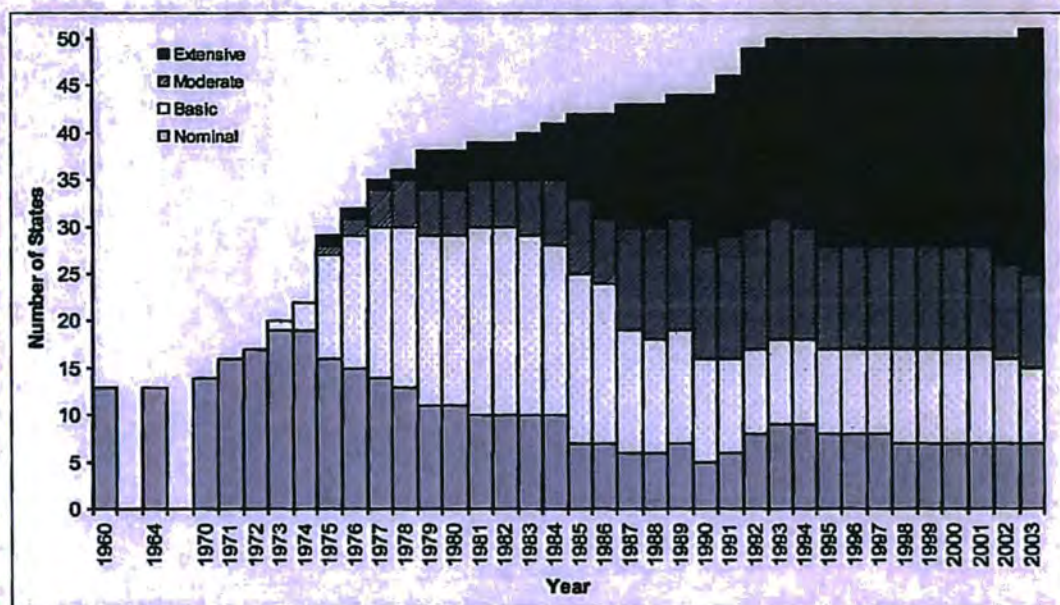


FIGURE 1 Restrictiveness of State Laws Regulating Smoking in Public Places, 1960 to 2003. Note: classification scheme from 1989 Surgeon General's Report (US Department of Health and Human Services, 1989) used to define restrictiveness as follows: nominal indicates 1 to 3 public places, not including restaurants or worksites; basic, 4 or more public places, not including restaurants or worksites; moderate, regulates smoking in restaurants, but not worksites; extensive, regulates smoking in private worksites. Figure courtesy of Roswell Park Cancer Institute and the ImpactTeen Project.

three fourths of US households had smoke-free home rules in place.⁷

GLOBAL CLEAN INDOOR AIR LAWS

In March 2004, Ireland became the first country to implement laws prohibiting smoking in enclosed workplaces, including bars and restaurants. Although some feared that the policy would be harmful to the economy and that people would not adhere to the law, the majority of the public supported the ban, and over 26,000 inspections reported a 94% compliance level.⁸ In addition, there was an 11% increase in the number of customers who visited Dublin pubs after the ban.⁹ Other studies have supported positive findings from Ireland's ban, including the following: (1) increase of public support of smoke-free laws from 67% to 89%, (2) increase of support from smokers from 40% to 70%, (3) high compliance to the smoke-free laws, (4) decreases of particulate concentrations and benzene levels in indoor air, and (5) improvements in nonsmokers' pulmonary functions.¹⁰ Since the enactment of Ireland's smoke-free laws, other countries have followed

suit or are planning to do so, such as New Zealand, Bermuda, Iran, Italy, South Africa, Finland, and others.¹¹

On May 21, 2003, the world's first international public health treaty, the Framework Convention on Tobacco Control (FCTC), was adopted unanimously by the World Health Assembly. Article 8 of the FCTC addresses secondhand-smoke exposure as a health risk and identifies interventions to reduce the exposure. The FCTC calls for ratifying parties to implement clean indoor air laws that will protect citizens from secondhand-smoke exposure in indoor workplaces and public places.¹² On August 14, 2007, Grenada became the 149th country to ratify the FCTC.¹³ Unfortunately, while the United States signed the treaty in May 2004, it has not yet been sent to the Senate for ratification. At the second meeting of the Conference of Parties in July 2007 in Bangkok, the countries that ratified the FCTC adopted standards for implementation of the smoke-free provisions as outlined in Article 8 of the FCTC. The standards acknowledge that only 100% smoke-free environments provide effective protection from secondhand

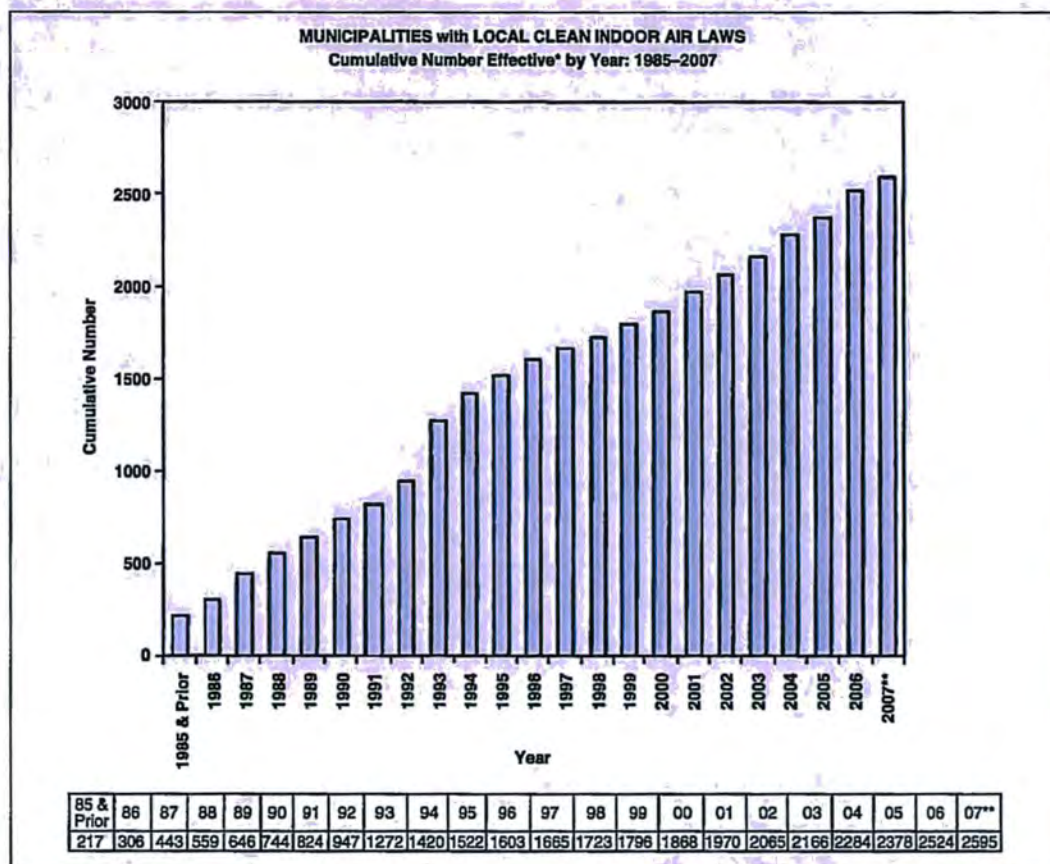


FIGURE 2 Municipalities with Local Clean Indoor Air Laws, Cumulative Number Effective* by Year: 1985-2007. *Includes ordinances effective for any part of the year (ie, if an ordinance was effective for the first half of 2001, but then repealed halfway through the year, that ordinance still gets counted in 2001 since it was in effect for part of the year).⁸ **Year to date. Reprinted with permission from the American Nonsmokers' Rights Foundation.

smoke and that there is no safe level of exposure, which is consistent with the conclusions of the 2006 Surgeon General's Report.¹⁴

PROGRESS IN REDUCING EXPOSURE TO SECONDHAND SMOKE

Not only have clean indoor air laws become prevalent, their implementation has had a positive effect on public health. For example, Healthy People 2010 has established objectives to help achieve the goal of reducing illness, disability, and death related to tobacco use and exposure to secondhand smoke.¹⁵ There are 17 specific objectives, with 5 pertaining to reducing exposure to secondhand smoke in the United States. During the Healthy People 2010 Midcourse Review,¹⁶ progress toward all the tobacco objectives was

assessed, and the *only* objective that was actually met was reducing the proportion of nonsmokers exposed to secondhand smoke from 88% to 54% (Objective 27-10), exceeding its target by 36%.

The Centers for Disease Control and Prevention's *Third National Report on Human Exposure to Environmental Chemicals*¹⁷ shows that the presence of serum cotinine in nonsmokers has decreased dramatically over the past decade. Cotinine is a metabolite of nicotine and is primarily present in nonsmokers as a result of inhaling secondhand tobacco smoke. Compared with 1988 to 1991, the 1999 to 2002 data illustrate that cotinine levels in nonsmokers have decreased by approximately 70% (see Figure 3).¹⁸ These investigators reported that nearly all (88%) of nonsmokers had measurable levels of cotinine in their blood in 1988 to 1991, but

only 43% had measurable cotinine levels in 1999 to 2002.

To better understand the reason for this precipitous drop in serum cotinine levels since 1988, Pickett and her colleagues²⁰ analyzed the National Health and Nutrition Examination Survey data in the 57 locations in which the survey was conducted and compared serum cotinine levels in relation to the presence of clean indoor air laws. These investigators found a dose-response relationship between exposure to secondhand smoke (as measured by serum cotinine) and the extensiveness of the clean indoor air law in the subject's county of residence. In counties with extensive laws, 12.5% of the residents had serum cotinine levels consistent with secondhand smoke exposure compared with 35.1% in counties with limited coverage and 45.9% in counties with no clean indoor air law at all. Recent data from New York State indicate a reduction of nearly 50% in serum cotinine levels following the implementation of a comprehensive statewide smoking ban and an increase from under one third to over one half of the study population with undetectable levels of cotinine.²¹

In general, research suggests that these policies are self-enforcing and that compliance is high within a short time after their implementation.^{22,23} As a result, these policies are highly effective in reducing nonsmokers' exposure to tobacco smoke.^{3,24} Somewhat surprisingly perhaps, even many smokers residing in communities with comprehensive smoke-free policies indicate that they support such bans.²³ For example, in one recent survey, 83% of Irish smokers indicated that the comprehensive smoking ban implemented in Ireland in March 2004 was a good or very good policy.²⁵

In addition to protecting nonsmokers from exposure to tobacco smoke, these policies are effective in reducing cigarette smoking both by encouraging adult smokers to quit smoking and preventing youth from initiating smoking. These reductions result, in part, from the strengthening of social norms against smoking that follows the adoption of these policies, as well as from limiting opportunities for smoking and raising the "costs" of smoking (eg, the inconvenience or discomfort associated with smoking outdoors). Comprehensive reviews of the research evidence

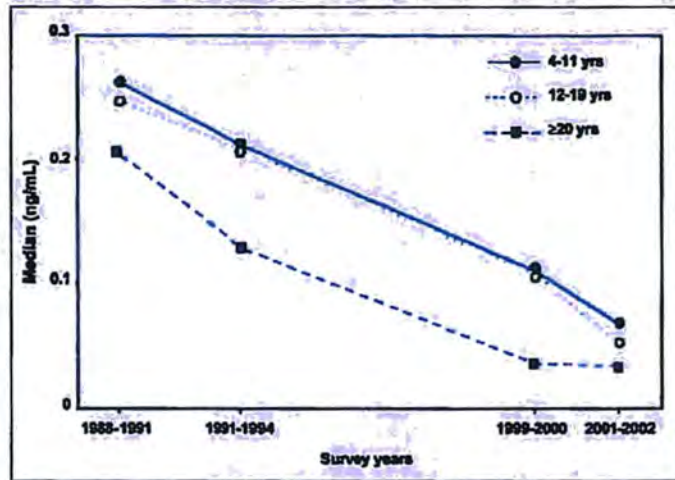


FIGURE 3 Median Serum Cotinine Levels in Nonsmokers, by Age Group—National Health and Nutrition Examination Survey (NHANES), United States, 1988–1991 through 2001–2002.¹⁸ Reprinted with permission from the Centers for Disease Control and Prevention, Department of Health and Human Services.¹⁹

on the impact of smoke-free workplace policies by the National Cancer Institute,²⁶ the Task Force on Community Preventive Services,^{24,27} and the Surgeon General³ find that these policies are effective in inducing some smokers to quit smoking and in reducing the number of cigarettes consumed by some smokers who continue to smoke.

Likewise, among youth and young adults, these policies are associated with stronger perceptions of the risks from smoking and lower perceived smoking prevalence among adults. These factors and the increased "costs" of smoking associated with the policies help explain the consistent findings from a growing number of studies showing that comprehensive smoke-free air policies are effective in reducing youth smoking prevalence, initiation, and uptake.³

The association between state smoke-free air policies and adult smoking prevalence is illustrated in Figure 4. While this simple graph does not control for the other factors that affect smoking prevalence or for the potential reverse causality between prevalence and state policies, it is consistent with the extensive and growing body of research that does take these into account. The figure uses an index developed by the ImpacTeen project that reflects both the number of places covered by state smoke-free air policies and the extent of the restrictions in each of these places (ranging from no restrictions to a complete ban).

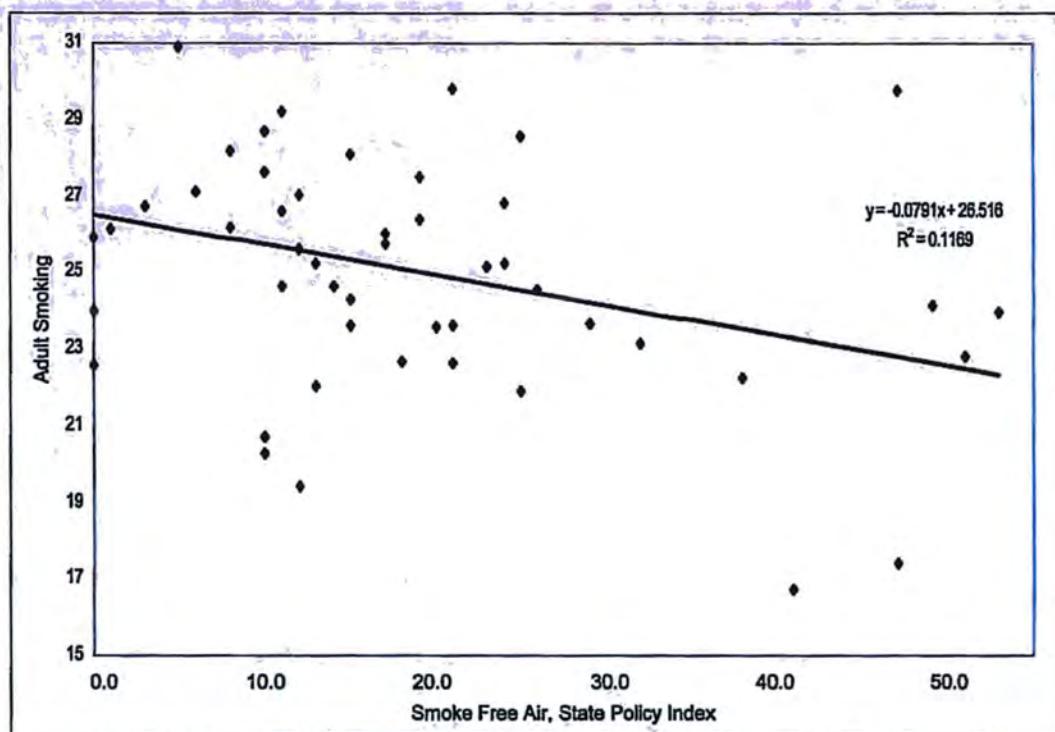


FIGURE 4 Strength of Smoke-free Air Policies and Adult Smoking Prevalence, 2003 to 2004. Figure courtesy of Substance Abuse and Mental Health Services Administration, Roswell Park Cancer Institute, and the ImpacTeen Project.

The actual experience in implementing clean indoor air laws has confirmed the anticipated public health benefit. Levy and colleagues²⁸ estimate that state clean indoor air laws adopted between 1993 and 2003 accounted for about 9% of the decline in adult smoking prevalence during this period. Levy²⁹ further predicts that prevalence would decline by an additional 4.2% by 2025 if all states that had not implemented comprehensive clean indoor air laws by the end of 2005 did so. While not the subject of this review, the 2006 Surgeon General's Report reviews the health benefits to nonsmokers as a result of reducing exposure to secondhand smoke and concludes "... that smoke-free workplace laws appear to yield health benefits soon after implementation."³ As with active smoking, the health benefits associated with clean indoor air laws can be simply attributed to reduced exposure to the toxins contained in tobacco smoke. For example, a recent study in the Pacific Northwest found significantly higher levels of a tobacco-specific lung carcinogen (NNAL) in nonsmoking bar and restaurant workers exposed

to secondhand smoke compared with workers employed in smoke-free establishments.³⁰

THE ECONOMIC COSTS OF EXPOSURE TO SECONDHAND SMOKE

In addition to the morbidity and mortality associated with chronic exposure to secondhand smoke, there are also real and substantial economic costs. In 2005, the Society of Actuaries³¹ analyzed the costs associated with involuntary exposure to secondhand smoke and concluded that such exposure imposes significant costs on nonsmokers and society as a whole. Total annual costs for conditions with well-documented increases in morbidity are estimated at nearly \$5 billion in direct medical costs and nearly \$5 billion in indirect costs (See Table 1).

ECONOMIC IMPACT OF SMOKE-FREE AIR LAWS

The spread of smoke-free air policies at the local, state, and national levels has been slowed by concerns about the economic impact of these

TABLE 1 Estimated Annual Direct Medical Cost and Economic Value of Lost Wages, Fringe Benefits, and Services for the Nonsmoking US Population Based on Present Value³¹

Major Disease Category	Specific Health Condition	Medical Cost (\$1,000,000)	Indirect Costs (\$1,000,000)	Total Annual US Combined Costs (\$1,000,000)
Cancer	Lung cancer	191	469	660
Cancer	Cervical cancer	14	110	124
Respiratory system	Asthma	773	161	934
Respiratory system	Otitis media	53	N/A	53
Respiratory system	Chronic obstructive pulmonary disease	1,215	886	2,101
Cardiovascular system	Coronary heart disease	2,452	2,752	5,204
Perinatal manifestations	Low birth weight	284	174	458
Postnatal manifestations	Sudden infant death syndrome	N/A	131	131
Total		4,982	4,683	9,665

N/A = not applicable.

policies, particularly on the hospitality industry. Some restaurant and bar owners, for example, thought that smoking restrictions or bans would result in lost revenues as their smoking patrons would cut short their stay or seek other venues (including those in other jurisdictions) where smoking was unrestricted. Others felt that the decision about smoking in their establishments was a business decision that was best left up to them, rather than one that required policy intervention. As the evidence on the health consequences of exposure to tobacco smoke amassed, arguments against smoke-free air policies became increasingly focused on their economic impact, rather than on the need to protect nonsmokers.

The tobacco industry has fueled this debate with its claims that smoke-free air policies will result in declining restaurant, bar, and other hospitality industry revenues; lost jobs in the hospitality sector; and business closings.^{32,33} This was not a new strategy—the industry has long made and continues to make the same arguments about the dire economic consequences of other tobacco-control policies, most notably increased tobacco taxes and comprehensive bans on advertising, despite the growing evidence to the contrary.^{34,35}

Studies Based on Objective Data

The spread of smoke-free air policies has provided numerous natural experiments that have allowed researchers to assess the economic impact of these policies on the hospitality industry, generally, and on restaurants, bars, casinos, and tourism, specifically. The best of these studies use objective

data on outcomes such as sales tax revenues, employment, and the number of licensed establishments from the periods before and after the implementation of the policy, along with comparable data from other jurisdictions where there was no policy change as a control group. Given the volatility of the hospitality industry, inclusion of appropriate controls is critical to separating any effects of these policies from the economic and other factors that impact on business activity.

The first such study, by Glantz and Smith,³⁶ focused on the effects of local smoke-free restaurant ordinances adopted between 1985 and 1992 in 15 California and Colorado communities. The authors used multiple regression methods to look at taxable restaurant sales revenues as a share of total revenues before and after the implementation of smoke-free policies in these communities and in 15 comparable communities that did not have a smoke-free restaurant policy. The authors found no evidence that the ordinances had a negative economic impact on the restaurant business in communities that had banned smoking in restaurants. In a follow-up study,³⁷ the authors updated their analysis and also examined the impact of local smoke-free bar ordinances in 7 California localities that had also banned smoking in drinking establishments, using a comparable measure of revenues from businesses licensed to serve alcohol. Again, the authors found no significant economic impact of the local ordinances on either restaurants or bars.

Other studies have used measures of employment to assess the economic impact of smoke-free

policies. Hyland and Cummings,³⁸ for example, looked at employment in New York City restaurants before and after the adoption of the city's smoke-free restaurant ordinance in April 1995, comparing trends in the city to those in neighboring counties and the rest of the state. They found that between April 1993 and April 1997, there was an 18% rise in restaurant employment in New York City compared with a 5% increase in the rest of the state, leading them to conclude that the policy did not result in the job losses opponents had argued would occur. In a follow-up analysis, Hyland and Tuk³⁹ presented similar evidence of employment growth following the adoption of smoke-free restaurant policies in nearby counties (Nassau, Westchester, and Rockland). Similarly, Connolly and his colleagues⁴⁰ found that the Massachusetts smoke-free workplace law that went into effect in July 2004 and included restaurants and bars had no statistically significant impact on employment in food and drinking establishments. Likewise, in the heart of tobacco country, Pyles and his colleagues⁴¹ found that employment in restaurants rose significantly while bar employment was unchanged following the implementation of Lexington-Fayette County Kentucky's comprehensive smoke-free policy in April 2004. In addition, they found no impact on employment in contiguous counties, contrary to opponents' arguments that the county ordinance would drive smokers to restaurants and bars in nearby jurisdictions where smoking was not restricted.

Still other studies have analyzed the impact of smoke-free policies on the number of licensed restaurants and/or bars. In their analysis of the New York City smoke-free restaurant policy, Hyland and Cummings,³⁸ for example, found that the rate of growth in restaurants in the city was equivalent to that in nearby counties and the rest of the state. Similarly, in their analysis of the Lexington-Fayette County ordinance, Pyles and his colleagues⁴¹ found no effects on the overall rate of business openings and closings in the affected sector, as well as for both establishments licensed to serve alcohol and those that do not serve alcohol.

In 2 recent innovative studies, researchers looked at the impact of local smoke-free air policies on the economic value of restaurants⁴² and bars⁴³ where economic value is determined by the sale price of these establishments. Alamar

and Glantz found a median increase of 16% in the sale prices of restaurants covered by a smoke-free air restaurant policy, while finding no significant differences in the sale prices of bars subject to a smoke-free bar policy. Given this, the authors conclude that these policies increase the profitability of restaurants, while not adversely affecting the profitability of bars.

The impact of smoke-free air policies on tourism has been the subject of several studies over the past decade. Glantz and Charlesworth,⁴⁴ for example, looked at hotel revenues as a share of total retail sales revenues in 3 states and 6 cities that had adopted smoke-free restaurant policies. They concluded that there was no adverse impact on the hotel business in any jurisdiction studied, while finding a statistically significant increase in revenues in several of them. In addition, they looked at the impact of policies in California, Utah, and New York City on the number of international tourists visiting each, again finding either no impact of the policies or, in some cases, increases following the implementation of a smoke-free restaurant policy. Similarly, Hyland and his colleagues⁴⁵ looked at hotel revenues and employment in their analysis of the impact of local smoke-free policies in several New York state jurisdictions. Their multivariate analyses showed that both hotel revenues and employment rose in the year following the implementation of the policies. In a relatively comprehensive analysis of Florida's voter-approved smoke-free air law that went into effect in July 2003, Dai and his colleagues⁴⁶ examined a number of outcomes, including revenues from recreational admissions and employment in the hospitality industry, concluding that there was no adverse economic impact of the law on tourism in the state.

Relatively few studies have looked at the impact of smoke-free policies on gaming establishments given that most policies provide exceptions for smoking in these venues; nevertheless, a few studies provide some mixed evidence. Glantz and Wilson-Loots,⁴⁷ for example, looked at the impact of local smoke-free policies in Massachusetts that limit smoking in bingo halls and gambling events sponsored by local charities. While profits from these activities fell during the period covered by the analysis (given increased availability of other gambling opportunities), the authors found no

relationship between the local smoke-free policies and profits from bingo and charitable games. Similarly, Connolly and his colleagues⁴⁰ found no impact on Keno sales following the implementation of the statewide smoke-free air law in July 2004. However, 2 recent studies reach opposing conclusions concerning the impact of Delaware's comprehensive smoke-free air law that went into effect in November 2002 and included the state's 3 racetracks that offered video lottery gambling. In their linear regression analysis, Mandel and colleagues⁴⁸ found no impact of the state law on either total revenues from the video lottery machines or the average revenues per machine. After correcting a data entry error, the authors reaffirmed this conclusion in a subsequent letter.⁴⁹ In contrast, Pakko's⁵⁰ reanalysis of the same data using somewhat different methods and a more complete approach to modeling seasonality in gambling concludes that the state law led to an almost 13% drop in gaming revenues in the year following implementation compared with the previous year. In a response, Alamar and Glantz⁵¹ note that the state attributed the observed decline in revenues to inclement weather, not the smoke-free air law, and that at least one of the racetracks was advertising its smoke-free environment, in contrast to what would be expected if the racetrack viewed this as harmful to its business.

To summarize, numerous studies using objective measures of economic activity have been done over the past 10+ years looking at the impact of local, state, or national smoke-free policies on restaurants, bars, and tourism. From small towns such as West Lake Hills, Texas,⁵² to large cities like New York,^{38,53,54} in states as diverse as Arkansas,⁵⁵ Oregon,⁵⁶ and Texas,⁵⁷ the vast majority of studies find that there is no negative economic impact of clean indoor air policies, with many finding that there may be some positive effects on local businesses (see Scollo and Lal⁵⁸ for a comprehensive review of studies published through mid-2005). While the early evidence is mixed on the impact on gaming establishments, the recent expansion of smoke-free policies to cover these venues will provide new natural experiments for researchers to examine.

Studies Based on Survey Data

In addition to the extensive studies based on objective data, a number of studies have used sur-

vey data to assess the economic impact of smoke-free air policies. These include surveys of restaurant and bar owners, as well as the patrons of these establishments. In general, these studies collect subjective data about owners' perceptions of the impact of smoke-free policies on their businesses, self-report measures of business revenues, individual dining and drinking-out patterns and/or expected changes in these behaviors in response to a smoke-free air policy, individual preferences for smoke-free dining/drinking, and related outcomes.

Studies based on subjective data from surveys of business owners and managers are more likely to produce mixed findings on the economic impact of smoke-free air policies than are studies based on objective measures of business activity. In their comprehensive review of studies published through August 2002, Scollo and her colleagues⁵⁹ estimated that the odds of finding a negative economic impact in studies based on this type of subjective data are 4 times greater than in studies based on objective measures. Glantz⁶⁰ provides some explanation for why this would be the case, arguing that there is a "negative placebo effect" created during the debate over smoke-free policies by the tobacco industry—often through restaurant, bar, and other hospitality industry associations stoking fears of economic losses among those in the hospitality industry. Similarly, it seems likely that owners of businesses that are faring poorly in a highly volatile market may be more likely to blame external forces (such as the adoption of a smoke-free policy) rather than their own business decisions for their problems.

Despite this, the findings from many of these studies are consistent with the conclusion that there is no negative economic impact of smoke-free air policies on the hospitality sector. Hyland and Cummings,⁵³ for example, surveyed 434 restaurant owners/managers in New York City in late 1996 as one component of their comprehensive assessment of the impact of the city's smoke-free restaurant policy adopted in 1995 and concluded from the survey that there was no evidence of a negative impact on New York City's restaurants.

Surveys that collect information on individual dining/drinking-out behavior and other entertainment activities are helpful in explaining the absence of any adverse economic impact (and, in many studies, a small positive impact) of smoke-free air

policies. The best of these surveys will use random samples of the general population rather than convenience samples of selected patrons from a nonrandom sample of establishments affected by the policies. In general, most respondents in population-based surveys indicate that their dining/drinking-out practices do not change following the adoption of a smoke-free policy. Among those who do indicate some change, the fraction who dine/drink out more frequently is well above that for those indicating that they go out less often. Cowling and Bond⁶¹ hypothesized that this would be the case given that smokers have relatively few opportunities to substitute alternative venues when smoke-free policies are adopted. As a result, few smokers would alter their behavior in response to these policies, while these same policies would be more likely to attract more nonsmokers to the now smoke-free venues. This was the pattern observed by Hyland and Cummings⁵⁴ in their survey of New York City residents following the implementation of the city's 1995 smoke-free restaurant policy. The same happened after the expansion of the city's Smoke-Free Air Act in 2003. Zagat's 2004 New York City restaurant survey found that almost a quarter of respondents were dining out more often compared with 4% who indicated they dined out less often following the implementation of the city's comprehensive smoke-free workplace policy that covered all restaurants and bars.

Tobacco Industry-sponsored Research

Despite the strong and growing evidence to the contrary, the fear of economic consequences continues to deter many state and local governments from adopting strong, comprehensive smoke-free policies. Much of the "evidence" used to oppose these policies comes from studies that have been supported by tobacco companies or by groups that are supported by the tobacco industry. In their thorough analysis of this literature, Scollo and her colleagues⁵⁹ report that all of the studies concluding that smoke-

free policies had a negative economic impact were supported by the tobacco industry and that the overwhelming majority (94%) of industry-sponsored studies reached this conclusion. They go on to note that in contrast with the research discussed above, these studies are much less likely to be published in the peer-reviewed literature, with the odds of a study not being peer-reviewed 20 times larger for studies that find a negative economic impact.

SUMMARY

Clean indoor air laws creating completely smoke-free environments are rapidly spreading throughout the world and are low-cost, safe, and effective, many of the characteristics associated with rapidly diffusing innovations. Experience to date demonstrates that clean indoor air laws protect nonsmokers from involuntary exposure to secondhand smoke, contribute to a reduction in overall cigarette consumption, protect hospitality workers from adverse respiratory conditions, and are well accepted by the general public. Contrary to the fears raised by the tobacco industry and others, comprehensive reviews of research on the economic impact of smoke-free air policies from the Surgeon General,³ the Task Force on Community Preventive Services,²⁴ and others^{58,59} consistently conclude that these policies do not have a negative economic impact. The 2006 Surgeon General's Report, for example, states that "evidence from peer-reviewed studies shows that smoke-free policies and regulations do not have an adverse economic impact on the hospitality industry."³

It is likely that clean indoor air laws will continue to spread throughout the United States and around the globe, where smoke-free environments will be the norm and smoking in indoor public areas will be the rare exception. Future progress can be expected in creating smoke-free environments in homes, multifamily dwellings, cars in which children are riding, and outdoor public venues.

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Report: E-cigarettes appealing to kids

E-cigarette companies face no federal limits on how they can advertise, market their products

By Lisa Desjardins CNN Capitol Hill Reporter

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REUTERS/Mike Segar

WASHINGTON (CNN) -

Redeploying a major argument from the battle over traditional cigarettes, a dozen Democratic members of Congress released a report on Monday concluding that electronic cigarettes "aggressively (promote) their products by using techniques and venues that appeal to youth" and should be strictly regulated like the non-electronic versions.

"E-cigarette manufactures don't have to play by the same rules (as traditional cigarette makers)," said Rep. Henry Waxman, D-Calif., one of the leaders behind the investigation.

"E-cigarette makers are free to sponsor youth-oriented events and produce flavors that appeal to kids. And that is exactly what's happening," Waxman told reporters on a conference call.



Currently, e-cigarette companies²⁷ face no federal limits on how they can advertise or market their products. Twenty-eight states restrict the age of purchase for e-cigarettes and a few companies have self-imposed limits, but otherwise the marketplace is wide open.

With this report, the 12 Democrats involved are trying to build pressure on the Food & Drug Administration to "deem" that e-cigarettes be regulated like conventional smokes and therefore face the same strict limits on advertising and sales.

To make the case for tougher regulation, the Congressional report listed several e-cigarette marketing approaches:

Companies offer dozens of sweet flavored e-cigarettes, including tastes like "Iced Berry" and "Peachy Keen," which the lawmakers say appeal to children.

Celebrities who appeal to young people, including singer Chris Brown and actor Robert Pattinson, have been paid to be seen with the devices²⁸.

E-cigarette makers have either sponsored or given away their product at hundreds of kid-friendly events, including baseball games and one day at a Six Flags amusement park. Though, scanning the list, the majority of events cited in the report seemed to be at bars, large concerts and music festivals, which may be geared toward adults.



The evidence was enough for the lawmakers.

"(This report) makes it clear the e-cigarette companies... have made a determined effort... to lure children into this nicotine addiction," said Sen. Dick Durbin, D-Illinois, the other leading sponsor of the report.


"It's time for the FDA to step up."

Durbin also cited statistics from the Centers for Disease Control showing a rise in e-cigarette use, from 4.7 percent of all high school students in 2012 to 10 percent in 2013.

In a sign of how the landscape has changed, the e-cigarette industry partially agrees.

"We agree with a number of the report's recommendations," said David Sylvia, speaking for Altria, which owns Philip Morris and sells the MarkTen e-cigarette, "including the FDA asserting regulatory authority over these products and all other tobacco products not yet regulated by the agency."

Sylvia, who is Altria's spokesman, stresses that the company wants an age limit on e-cigarette sales and does not advertise on TV now. Those are widely-held stances in the industry.



"Electronic cigarettes and vaporizing products are not for children," wrote Phil Daman, president of the Smoke Free Alternatives Trade²⁹ Association. "They should be available to consumers of legal age."



As for the flavors that opponents say mimic candy, Daman insists they are targeted to adults.

"Flavors are very common, and increasingly popular, in many adult product categories, including coffee, liqueurs, and other forms of beverage alcohol," he said.

A spokesman for R.J. Reynold's Vapor Company told CNN their corporation similarly does not want to sell e-cigarettes to children and wants sales limited by age.


But while the industry is on board with age restrictions, e-cigarette makers strongly oppose a sweeping decision to group them with traditional cigarettes in general.

"It's important that they consider e-cigarettes as e-cigarettes, not just take the regulations for convention cigarettes and put them on top of it," Sylvia said.

Much is still unknown about the effects of e-cigarettes.

Research has been limited so far. There is an open debate over whether the products help smokers move away from traditional cigarettes, which contain different combinations of chemicals, or if the electronic devices encourage nicotine addiction and are a gateway to other cigarettes.

It is not clear when the FDA will announce a decision on e-cigarette regulation.



The 12 Democrats backing Monday's report were Durbin, Waxman, Sen. Richard Blumenthal of Connecticut, Sen. Barbara Boxer of California, Sen. Sherrod Brown of Ohio, Sen. Tom Harkin of Iowa, Sen. Heidi Heitkamp of North Dakota, Sen. Ed Markey of Massachusetts, Sen. Jeff Merkley of Oregon, Rep. Frank Pallone of New Jersey, Sen. Jack Reed of Rhode Island and Sen. John Rockefeller of West Virginia.



Electronic (e-) Cigarettes and Secondhand Aerosol

"If you are around somebody who is using e-cigarettes, you are breathing an aerosol of exhaled nicotine, ultra-fine particles, volatile organic compounds, and other toxins," Dr. Stanton Glantz, Director for the Center for Tobacco Control Research and Education at the University of California, San Francisco.

Current Legislative Landscape

- As of January 2, 2014, **108 municipalities and three states include e-cigarettes** as products that are prohibited from use in smokefree environments.

Constituents of Secondhand Aerosol

E-cigarettes do not just emit "harmless water vapor." **Secondhand e-cigarette aerosol (incorrectly called vapor by the industry) contains nicotine, ultrafine particles and low levels of toxins that are known to cause cancer.**

- E-cigarette aerosol is made up of a high concentration of ultrafine particles, and the particle concentration is higher than in conventional tobacco cigarette smoke.¹
- Exposure to fine and ultrafine particles may exacerbate respiratory ailments like asthma, and constrict arteries which could trigger a heart attack.²
- At least 10 chemicals identified in e-cigarette aerosol are on California's Proposition 65 list of carcinogens and reproductive toxins, also known as the **Safe Drinking Water and Toxic Enforcement Act of 1986**. The compounds that have already been identified in **mainstream (MS)** or **secondhand (SS)** e-cigarette aerosol include: **Acetaldehyde (MS), Benzene (SS), Cadmium (MS), Formaldehyde (MS,SS), Isoprene (SS), Lead (MS), Nickel (MS), Nicotine (MS, SS), N-Nitrosornicotine (MS, SS), Toluene (MS, SS)**.^{3,4}
- **E-cigarettes contain and emit propylene glycol**, a chemical that is used as a base in e-cigarette solution and is one of the primary components in the aerosol emitted by e-cigarettes.
 - Short term exposure causes eye, throat, and airway irritation.⁵
 - Long term inhalation exposure can result in children developing asthma.⁶
- Even though propylene glycol is FDA approved for use in some products, the inhalation of vaporized nicotine in propylene glycol is not. Some studies show that heating propylene glycol changes its chemical composition, producing small amounts of propylene oxide, a known carcinogen.⁷
- There are **metals in e-cigarette aerosol, including chromium, nickel, and tin nanoparticles**.⁸
- FDA scientists found detectable levels of carcinogenic tobacco-specific nitrosamines in e-cigarette aerosol.⁹

- People exposed to e-cigarette aerosol absorb nicotine (measured as cotinine), with one study showing levels comparable to passive smokers.¹⁰
- **Diethylene Glycol**, a poisonous organic compound, was also detected in e-cigarette aerosol.¹¹
- **Exhaled e-cigarette aerosol contained propylene glycol, glycerol, flavorings, and nicotine, along with acetone, formaldehyde, acetaldehyde, propanal, diacetyl, and triacetyl.**¹²
- Many of the elements identified in the aerosol are known to **cause respiratory distress and disease**. The aerosol contained particles >1 µm comprised of tin, silver, iron, nickel, aluminum, and silicate and nanoparticles (<100 nm) of tin, chromium and nickel. The concentrations of nine of eleven elements in e-cigarette aerosol were higher than or equal to the corresponding concentrations in conventional cigarette smoke.¹³
- E-cigarettes cause exposure to different chemicals than found in conventional cigarettes and there is a need for risk evaluation for both primary and passive exposure to the aerosol in smokers and nonsmokers.¹⁴
- Short term use of e-cigarettes has been shown to increase respiratory resistance and impair lung function, which may result in difficulty breathing.¹⁵
- Overall, e-cigarettes are a new source of **Volatile Organic Compounds (VOCs) and ultrafine/fine particles in the indoor environment**, thus resulting in "passive vaping."¹⁶

E-cigarette aerosol is a new source of pollution and toxins being emitted into the environment. We do not know the long-term health effects of e-cigarette use and although the industry marketing of the product implies that these products are harmless, the aerosol that e-cigarettes emit is not purely water vapor.

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E-Cigarettes & Smoke-free Laws

ACS CAN's Current Views

E-cigarette use should be prohibited in all workplaces, restaurants, and bars.

ACS CAN advocates for comprehensive smoke-free laws in all workplaces to protect workers and the public from the harmful effects of secondhand exposure and to create communities that support tobacco-free living. Electronic cigarettes, or e-cigarettes, including supposed non-nicotine e-cigarettes, should also be prohibited in all workplaces, restaurants, and bars to protect against secondhand exposure to nicotine and other potentially harmful chemicals, to ensure the enforcement of existing smoke-free laws are not compromised, and that the public health benefits of a smoke-free laws are not undermined.

E-cigarette aerosol can contain nicotine and other potentially harmful chemicals.

E-cigarettes are typically battery-operated products designed to deliver a heated solution, or aerosol of nicotine and other chemicals, to the user. E-cigarettes can be disposable or consist of a rechargeable, battery-operated heating element; a replaceable or refillable cartridge that may contain nicotine, flavoring agents, and other chemicals (sometimes called "e-juices"); and an atomizer that uses heat to convert the contents of the cartridge into an aerosol that is inhaled by the user.¹

A growing number of studies have examined the contents of e-cigarette aerosol. Unlike a vapor, an aerosol contains fine particles of liquid, solid, or both. Propylene glycol, nicotine, and flavorings were most commonly found in e-cigarette aerosol. Other studies have found the aerosol to contain heavy metals, volatile organic compounds and tobacco-specific nitrosamines, among other potentially harmful chemicals.^{2,3} A 2009 study done by the FDA found cancer-causing substances in several of the e-cigarette samples tested.⁴ Additionally, Food and Drug Administration (FDA) tests found nicotine in some e-cigarettes that claimed to contain no nicotine.

Firsthand exposure to the aerosol comes from personal use of an e-cigarette. Secondhand exposure occurs when the user exhales the aerosol, at which time, a nonuser can be exposed. The level of secondhand exposure to a nonuser will depend on a number of factors including the type of e-cigarette used, particle sizes in the aerosol, how the e-cigarette is used, and other environmental factors such as air flow and room size.

Chemicals identified in some e-cigarette aerosol include:

- Propylene glycol
- Nicotine
- Tobacco-specific nitrosamines
- Metals
- Volatile organic compounds
- Polycyclic aromatic hydrocarbons
- Flavorings

While the health effects of e-cigarettes are currently under study, there are still serious questions about the safety of inhaling the substances in e-cigarette aerosol. Studies have shown that the use of e-cigarettes can cause short-term lung changes and irritations, while the long-term health effects are unknown.⁵ Both exposure to and health effects of secondhand aerosol from e-cigarettes require further research, but preliminary studies indicate nonusers can be exposed to the same potentially harmful chemicals as users, including nicotine, ultrafine particles and volatile organic compounds.^{6,7} This exposure could be especially problematic for vulnerable populations such as children, pregnant women, and people with heart disease depending on the level of exposure.

Finally, it is important to establish the potential exposure and associated risks of e-cigarette aerosol to users and nonusers, in addition to comparing those risks to exposure to cigarette smoke, as several studies have done.

E-cigarette use in workplaces, restaurants, and bars can undermine the public health benefits of smoke-free laws and compromise enforcement.

Tobacco users are not the only ones who breathe its deadly smoke—all the people around them are forced to inhale it too. Recognizing that there is no safe level of secondhand smoke exposure, 24 states and more than 673 localities have comprehensive smoke-free laws.⁸ These laws not only protect nonusers from exposure to secondhand smoke, they also reduce the acceptability of smoking which reduces the number of people, especially youth, who start smoking and increases quit attempts by smokers. The increased protection and reduced acceptability have led to lower smoking rates and improved health status, including fewer heart attacks and cancers.⁹

The use of e-cigarettes in workplaces, restaurants, and bars can undermine the public health benefits that have been and continue to be achieved by smoke-free laws. E-cigarette users who continue to use cigarettes will not experience the health benefits of quitting, and nonusers can be exposed to their secondhand aerosol. Because some e-cigarettes are designed to look like cigarettes and cigars, the unacceptability of smoking in these places could be compromised which could lead to new users or a reduction in current users who quit. Additionally, from a practical standpoint, business owners can face difficulty when enforcing smoke-free laws if e-cigarette use is permitted because of their designs. These risks do not prevent some e-cigarette manufacturers from specifically marketing their products for use in places where smoking is prohibited.

E-cigarette use is on the rise and requires federal, state, and local action.

Since the introduction of e-cigarettes to the U.S. market approximately 7 years ago, the marketing and use of these products have increased.

- Youth: A study from the Centers for Disease Control and Prevention (CDC) found that e-cigarette use increased from 3.3 to 6.8 percent among middle and high school students between 2011 and 2012, resulting in an estimated 1.78 million youth who have tried e-cigarettes.¹⁰
- Adults: A study looking at data from 2010-2013 found an increase in the number of adults who have ever used e-cigarettes, from 3.3 to 8.5 percent. In 2013, 36.5 percent of current smokers had ever tried e-cigarettes, as compared to 79.8 percent of former smokers and 1.2 percent of never smokers.¹¹

While e-cigarette manufacturers may claim the ingredients are just “water vapor” or “safe,” without federal regulation there is no sure way for e-cigarette users to know what they are consuming. Nor is there any way of knowing what nonusers are exposed to and the extent of the risk to their health. Additionally, there are hundreds of types of e-cigarettes on the market today and the products vary considerably by ingredients, and quality control and assurance. Prohibiting the use of e-cigarettes in workplaces, restaurants, and bars can protect the public health by preventing nonusers from being exposed nicotine and other potentially harmful chemicals in these products.

1 U.S. Food and Drug Administration. E-Cigarettes: Questions and Answers. September 17, 2010. Available online at <http://www.fda.gov/ForConsumers/ConsumerUpdates/ucm225210.htm>.

2 Cheng, T. Chemical evaluation of electronic cigarettes. *Tobacco Control* 2014; 23: ii11-ii17.

3 Goniewicz, ML et al. Levels of selected carcinogens and toxicants in vapour from electronic cigarettes. *Tobacco Control* 2014; 23:122-9.

4 U.S. Food and Drug Administration. Summary of Results: Laboratory Analysis of Electronic Cigarettes Conducted by FDA. July 22, 2009. Available online at <http://www.fda.gov/NewsEvents/PublicHealthFocus/ucm173146.htm>.

5 Callahan-Lyon, P. Electronic cigarettes: human health effects. *Tobacco Control* 2014; 23: ii36-ii40.

6 Saffari, A et al. particulate metals and organic compounds from electronic and tobacco-containing cigarettes: comparison of emission rates and secondhand smoke exposure. *Environmental Science Processes & Impacts* 2014; DOI: 10.1039/c4em00415a.

7 Flouris, AD et al. Acute impact of active and passive electronic cigarette smoking on serum cotinine and lung function. *Inhalation Toxicology* 2013; 25(2): 91-101.

8 American Cancer Society Cancer Action Network. How Do You Measure Up 2014. <http://www.acscan.org/content/wp-content/uploads/2014/08/HDYMU-2014-Report.pdf>

9 U.S. Department of Health and Human Services. The Health Consequences of Smoking: 50 Years of Progress. A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014.

10 Centers for Disease Control and Prevention. Electronic Cigarette Use Among Middle and High School Students – United States – United States, 2011-2012. *MMWR* 2013; 62(35): 729-730

11 King, BA et al. Trends in Awareness and Use of Electronic Cigarettes among U.S. Adults, 2010-2013. *Nicotine & Tobacco Research* 2014; Advance Access: 1623-1627.



Commonly Asked Questions about Electronic Cigarettes

What are electronic cigarettes or e-cigarettes?

Electronic cigarettes, also known as e-cigarettes, are typically battery-operated products designed to deliver a heated solution, or vapor, of nicotine and other chemicals to the user. E-cigarettes can be disposable or consist of a rechargeable battery-operated heating element; a replaceable or refillable cartridge that may contain nicotine, flavoring agents, and other chemicals (sometimes called "e-juices"); and an atomizer that uses heat to convert the contents of the cartridge into a vapor that is inhaled by the user.ⁱ Some e-cigarettes are designed to look like cigarettes, cigars, pipes, or hookahs.

This factsheet will review:

- What is an e-cigarette
- Are they safe
- Is nicotine safe
- Use (initiation & quitting)
- Marketing
- Regulation
- Where ACS CAN stands

Are e-cigarettes safe, as manufacturers claim?

There are more than 250 types of e-cigarettes on the market today and the products vary considerably by ingredients, quality control and assurance, and ability to reliably deliver nicotine to users. E-cigarette manufacturers claim the ingredients are "safe," but without federal regulation, there is no sure way for e-cigarette users to know what they are consuming and the extent of potential risk.

Currently, only a limited number of studies have examined the contents of e-cigarette vapor. Some of the studies have found the vapor to contain only propylene glycol, nicotine, and flavorings, and other studies found them to contain heavy metals, volatile organic compounds and tobacco-specific nitrosamines, among other ingredients. A 2009 study done by the FDA found cancer-causing substances in several of the e-cigarette samples tested.ⁱⁱ Additionally, Food and Drug Administration (FDA) tests found nicotine in some e-cigarettes that claimed to contain no nicotine. Propylene glycol is used for food preservation among other uses, and while generally recognized as safe by the FDA for those uses, there is no evidence to date on the safety of inhaling propylene glycol in e-cigarettes, especially in a heated solution and over a long period of time.

The health effects of e-cigarettes are scientifically uncertain, especially their long-term effects. There is general agreement among scientists in the field that, in the short run, at least, e-cigarettes are almost certainly less harmful than combusted cigarettes. But there are still serious questions about the safety of inhaling the substances in some e-cigarette vapor. E-cigarettes have not been subject to thorough, independent testing, so users cannot be sure of what they are actually inhaling. Some studies have shown that some e-cigarettes can cause short-term lung changes and irritations and the long-term health effects, as noted above, are unknown.

Additionally, the effects of secondhand vapor from e-cigarettes require further study, especially to determine differences among the many brands and types of e-cigarettes. Finally, the health impact on individuals using e-cigarettes while also using other tobacco products, such as cigarettes, is not documented in the scientific literature. This is a particularly important area of study because initial reports

of e-cigarette use indicate that e-cigarettes are used by some cigarette smokers in addition to smoking cigarettes, rather than as a replacement for cigarettes. More research is needed to determine if continuing to smoke cigarettes, even fewer, along with e-cigarette use poses a risk for premature death and disease.

Is the nicotine used in e-cigarettes safe?

Nicotine is a drug found naturally in tobacco. Its dependence-producing properties are similar to those of heroin or cocaine.ⁱⁱⁱ The risk for addiction depends on the dose of nicotine delivered, the way it is delivered, and the length of time over which it is used. Nicotine addiction can cause withdrawal symptoms when an individual tries to quit. Several nicotine replacement therapies – such as gum, patches, sprays, inhalers, or lozenges – have been approved by the FDA as safe and effective for use to help relieve withdrawal symptoms, without providing the cancer-causing chemicals found in tobacco products. However, exposure to nicotine can still have harmful consequences for some users. Scientific evidence has shown that nicotine affects maternal and fetal health during pregnancy, potentially leading to preterm delivery or stillbirth and adverse consequences to brain development of the fetus.^{iv} Additionally, scientific evidence suggests that nicotine can have long-term adverse effects on brain development among adolescents. Therefore, pregnant women and adolescents are cautioned from using any nicotine containing products, including e-cigarettes.

Who is using e-cigarettes, and how are they used?

There is very little surveillance of e-cigarette use in the United States to date. A study from the Centers for Disease Control and Prevention (CDC) found that e-cigarette experimentation increased among middle and high school students between 2011 and 2012 (from 3.3 percent to 6.8 percent), resulting in an estimated 1.78 million youth who have tried e-cigarettes.^v Current e-cigarette use increased for this population of youth from 1.1 percent to 2.1 percent. These increases were greater among high school students.

A study of 2010-11 data found the number of adults who have ever used e-cigarettes increased from 3.3 percent to 6.2 percent.^{vi} In 2011, 21.2 percent of current smokers had ever tried e-cigarettes, as compared to 7.4 percent of former smokers and 1.3 percent of never smokers, suggesting that, at the present, e-cigarette use among adults is largely confined to current and former cigarette smokers. Another study found that the majority of e-cigarette users across four countries reported using e-cigarettes to help them quit cigarettes and because they thought they were less harmful than cigarettes.^{vii}

Will e-cigarettes help people stop using tobacco products entirely?

There have been only a few randomized controlled trials of e-cigarettes as a smoking cessation aid.^{viii} Only one of these compared the effectiveness of e-cigarettes as a quitting aid to an already- tested, approved quitting medication. The study compared the use of nicotine-replacement therapy patches and e-cigarettes with the outcome of abstinence from cigarettes at 6 months. It concluded that e-cigarettes may be at least as effective as nicotine patches aiding in quitting cigarettes (7.3 percent and 5.8 percent 6 months abstinence, respectively). Other studies that have attempted to look at the potential of e-cigarettes as a cessation aid have found that, while e-cigarettes may aid in reducing the number of

cigarettes smoked, there was not a significant difference between smokers who used e-cigarettes and smokers who did not use e-cigarettes in terms of quitting cigarette use entirely.^{ix}

Therefore the question still remains whether, and to what degree, e-cigarettes are an effective smoking cessation aid, and whether reducing the number of cigarettes smoked by using both e-cigarettes and cigarettes at the same time reduces an individual's risk for premature death and disease. The answers to these questions and others must come from a wide-ranging, independent research agenda.

In the absence of FDA guidance and sufficient research evidence establishing e-cigarettes as an effective method to help smokers quit, **ACS CAN does not at this time recommend e-cigarettes for smoking cessation.** Instead, for those smokers for whom it is appropriate to use a cessation medication, ACS CAN recommends use of one FDA-approved and thoroughly tested smoking cessation medications (i.e. nicotine replacements – gum, patch, lozenge, inhaler, nasal spray - or bupropion or varenicline).

Will youth use e-cigarettes as an introduction to regular cigarettes?

The rapid increase in youth trying e-cigarettes in recent years raises questions as to whether these youth will be drawn into long-term nicotine addiction and whether they will supplement or replace e-cigarette use with cigarettes or other tobacco products. The lack of surveillance of e-cigarette use makes this question hard to answer at this time, but there are several key factors, based on past experience with tobacco industry products and marketing, that raises the concern of some in the public health and health community.

First, more than 80 percent of adult smokers report starting before the age of 18 and adolescents who use smokeless tobacco are more likely to become adult smokers than adolescents who do not use smokeless tobacco.^x This suggests that nicotine experimentation in youth can lead some youth to a lifetime of nicotine addiction and use of tobacco products. Second, the widespread, unregulated use of e-cigarettes has the potential to result in smoking once again as a socially acceptable behavior which has potentially significant implications for youth initiation and adult continuation of cigarette smoking. Third, e-cigarettes are accessible to youth since they are not covered under all state and local youth access laws and are available for purchase through the internet. Finally, many of the makers of e-cigarettes are utilizing tobacco company product and marketing tactics that have been proven effective at targeting youth, including the use of candy flavoring and celebrity endorsements. The increase in youth trying e-cigarettes is not surprising given the increased access to, promotion of, and exposure to e-cigarettes; and raises serious questions on the potential for long-term nicotine addiction and use of cigarettes and other tobacco products.

How are e-cigarettes being marketed?

E-cigarettes are widely available to nearly anyone who wishes to purchase them, since they are often not subject to the same legal restrictions as cigarettes and other tobacco products. E-cigarettes are advertised on television, radio, online, in print magazines, including those with high youth readership, and at sports and music events. Some e-cigarette manufacturers are using the same marketing practices effectively used by the tobacco companies to target youth and mislead consumers about the potential safety and health impact of their products. Such practices include celebrity endorsements, sports and musical

sponsorships, and images of e-cigarettes as rebellious, sexy and cool, as well as the use of flavorings in their products.^{x1} Some e-cigarette manufacturers claim e-cigarettes are a safe, less harmful alternative to cigarettes despite the lack of regulation to ensure their safety or health impact. Additionally, e-cigarettes are advertised as a way to “legally smoke” or “take back your freedom” where smoke-free laws exist in states and localities. As part of its request for FDA to regulate e-cigarettes, several leading members of Congress have developed a side-by-side presentation of e-cigarette and cigarette marketing practices (democrats.energycommerce.house.gov).

Why the controversy?

The potential benefits of e-cigarettes are the ability to deliver nicotine to the user without many of the other harmful chemicals in cigarettes, the absence of secondhand cigarette smoke, and the potential to aid smokers in quitting cigarettes.

There are concerns, however, that because these products are unregulated and current research provides mixed views of whether the potential benefits will be borne out in the long run, the safety claims made by manufacturers are unsubstantiated by objective scientific evidence and may be misleading the public. FDA regulation of e-cigarettes and sufficient science-based, independent research is essential in order for the public health and health community, cigarette smokers, and the public at-large to be accurately informed about e-cigarettes, including the ingredients and the potential benefits or harms of use. Research is also needed to assess whether youth can be drawn into long-term nicotine use through e-cigarettes, whether wide use of e-cigarettes can re-normalize cigarette use, and whether e-cigarette use will be a net harm or benefit for population-based public health. There is a growing scientific literature surrounding e-cigarettes and considerable research is underway. The controversy surrounding e-cigarettes and harm reduction more broadly will not go away, but as these results become available and FDA asserts its authority to regulate these products, more accurate, science-based policies and public education can be developed.

Are e-cigarettes regulated?

When e-cigarettes were first introduced on the market, the FDA tried to regulate e-cigarettes as a drug-delivery device, like other tobacco cessation aids such as nicotine gum or patches. NJOY, one e-cigarette maker, presented a legal challenge and a federal court ruled e-cigarettes can only be regulated as a drug-delivery device when a therapeutic claim is made (ex. aids in cessation); without such claim, the only way the FDA can assert its regulatory authority over e-cigarettes is to regulate them as tobacco products. Currently, however, e-cigarettes remain unregulated. FDA has stated its intent to assert the authority of the Center for Tobacco Products to regulate all tobacco products, but a rule has yet to be issued. FDA assertion would allow the agency to require e-cigarette manufacturers to register their products with the FDA, provide FDA with their ingredients, establish good manufacturing practices, address impure/untested product additions and misbranding issues, and restrict marketing and sales only to those 18 years and older, among other potential regulations.

What are ACS CAN's views on e-cigarettes?

In the absence of FDA guidance and sufficient research evidence establishing e-cigarettes as an effective method to help smokers quit, ACS CAN does not at this time recommend e-cigarettes for smoking

cessation. Instead, for those smokers for whom it is appropriate to use a cessation medication, ACS CAN recommends use of one or more of the seven FDA-approved and thoroughly tested smoking cessation medications (i.e. nicotine replacements – gum, patch, lozenge, inhaler, nasal spray - or bupropion or varenicline).

ACS CAN agrees there is a need for a wide-ranging, independent research agenda on e-cigarettes, but we recognize that even without sufficient scientific evidence of the safety or health impact of e-cigarettes, inaction on e-cigarettes is not in the best interest of protection of the public's health. Therefore, ACS CAN supports the FDA asserting its authority to regulate e-cigarettes and other tobacco products and the inclusion of e-cigarettes in state and local evidence-based tobacco prevention and control measures, including prohibiting the use of e-cigarettes wherever smoking is prohibited.

ⁱ U.S. Food and Drug Administration. E-Cigarettes: Questions and Answers. September 17, 2010. Available online at <http://www.fda.gov/ForConsumers/ConsumerUpdates/ucm225210.htm>.

ⁱⁱ U.S. Food and Drug Administration. Summary of Results: Laboratory Analysis of Electronic Cigarettes Conducted by FDA. July 22, 2009. Available online at <http://www.fda.gov/NewsEvents/PublicHealthFocus/ucm173146.htm>.

ⁱⁱⁱ U.S. Department of Health and Human Services. *The Health Consequences of Smoking: Nicotine Addiction. A Report of the Surgeon General*. Atlanta (GA): U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 1988. DHHS Publication No. (CDC) 88-8406.

^{iv} U.S. Department of Health and Human Services. *The Health Consequences of Smoking: 50 Years of Progress. A Report of the Surgeon General*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014.

^v Centers for Disease Control and Prevention. Electronic Cigarette Use Among Middle and High School Students – United States – United States, 2011-2012. *MMWR* 2013; 62(35): 729-730.

^{vi} King, BA et al. Awareness and Ever Use of Electronic Cigarettes Among U.S. Adults, 2010-2011. *Nicotine & Tobacco Research* 2013; 15(9): 1623-1627.

^{vii} Adkison S, et al. Electronic nicotine delivery systems: international tobacco control four-country survey. *American Journal of Preventive Medicine*. 2013 March; 44(3): 207-215.

^{viii} Bullen C., et al. Electronic cigarettes for smoking cessation: a randomised controlled trial. *The Lancet*, Early Online Publication, 9 September 2013.

^{ix} Adkison S, et al. Electronic nicotine delivery systems: international tobacco control four-country survey. *American Journal of Preventive Medicine*. 2013 March; 44(3): 207-215.

^x U.S. Department of Health and Human Services. *Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2012.

^{xi} U.S. Surgeon General. *Preventing Tobacco Use Among Youth and Young Adults*. Atlanta, GA: Department of Health and Human Services, Centers for Disease Control and Prevention; 2012



Electronic Cigarettes: Research and Policy Are Needed Now

Electronic cigarettes, or e-cigarettes, are typically battery-operated products designed to deliver a heated solution, or vapor, of nicotine and other chemicals to the user. E-cigarettes can be disposable or consist of a rechargeable, battery-operated heating element; a replaceable or refillable cartridge that may contain nicotine, flavoring agents, and other chemicals (sometimes called "e-juices"); and an atomizer that uses heat to convert the contents of the cartridge into a vapor that is inhaled by the user.ⁱ Some e-cigarettes are designed to look like cigarettes, cigars, pipes, or hookahs.

This factsheet will review:

- What is an e-cigarette
- Safety
- Use and marketing
- Research & policy needs
- Where ACS CAN stands

Currently, no U.S. federal agency regulates e-cigarettes. In 2010, a federal court ruled that e-cigarettes cannot be regulated as drugs or devices unless marketed for therapeutic purposes (ex. cessation); in the absence of a therapeutic claim, e-cigarettes can be regulated as tobacco products.ⁱⁱ The Food and Drug Administration (FDA) has stated its intent to assert the authority of the Center for Tobacco Products to regulate all tobacco products, but a rule has yet to be issued.

Safety

There are more than 250 types of e-cigarettes on the market today and products vary considerably by ingredients, quality control and assurance, and ability to reliably deliver nicotine to users. E-cigarette manufacturers claim the ingredients are "safe," but e-cigarettes have not been subject to thorough, independent testing so users cannot be sure of what they are actually inhaling.

Currently, only a limited number of studies have examined the contents of e-cigarette vapor. Some studies have found the vapor to contain only propylene glycol, nicotine, and flavorings, and other studies found the vapor contained heavy metals, volatile organic compounds and tobacco-specific nitrosamines, among other harmful ingredients.

The health effects of e-cigarettes – especially the longer-term effects – are scientifically uncertain. There is general agreement among scientists in the field that, in the short run, most e-cigarettes are almost certainly less harmful than combusted cigarettes. But there are still serious questions about the safety of inhaling the substances in e-cigarette vapor. Without federal regulation, there is no sure way for e-cigarette users to know what they are consuming and the extent of potential risk.

Questions also exist about whether e-cigarettes are an effective cessation aid for cigarettes, or whether reducing the number of cigarettes smoked – by using a combination of both e-cigarettes and cigarettes – reduces an individual's risk for premature death and disease. Some smokers report they have used e-cigarettes as a way to reduce the harm from or quit cigarettes, but there is a lack of evidence to date demonstrating that e-cigarettes are either a wholly safe product or an effective cessation aid.ⁱⁱⁱ There have been several randomized controlled trials of e-cigarettes as a smoking cessation aid, the most extensive of which reported that e-cigarettes were at least as effective as the nicotine patch.^{iv} Other studies that have looked at the potential of e-cigarettes as a cessation aid have found that, while e-cigarettes may aid in

reducing the number of cigarettes smoked, there was no significant difference between smokers who used e-cigarettes and smokers who did not use e-cigarettes in terms of quitting cigarettes entirely.^v

Additional research is needed on the short and long term health effects of e-cigarette use among cigarettes smokers and nonsmokers, comparison of e-cigarettes to the well-known and documented health dangers of combusted cigarette use, and e-cigarettes' effectiveness as quitting aids. This is particularly necessary in light of increased e-cigarette use among youth.

Increased Use and Marketing of E-Cigarettes

Since the introduction of e-cigarettes to the U.S. market approximately 7 years ago, the marketing and use of these products have increased. A study from the Centers for Disease Control and Prevention (CDC) found that e-cigarette use increased from 3.3 to 6.8 percent among middle and high school students between 2011 and 2012, resulting in an estimated 1.78 million youth who have tried e-cigarettes.^{vi} A study looking at data from the previous year (2010-2011) found an increase in the number of adults who have ever used e-cigarettes, from 3.3 to 6.2 percent.^{vii} In 2011, 21.2 percent of current smokers had ever tried e-cigarettes, as compared to 7.4 percent of former smokers and 1.3 percent of never smokers.

E-cigarettes are widely available and often are not subject to the legal restrictions to which cigarettes and other tobacco products are required to adhere. E-cigarettes are advertised on television, radio, online, in print magazines, including those with high youth readership, and at sports and music events. Particularly troublesome is that some e-cigarette manufacturers are using the same marketing practices effectively used by the tobacco companies to target youth and mislead consumers about the potential health impact of their products. These practices include celebrity endorsements, sports and musical sponsorships, use of images of e-cigarettes as rebellious, sexy and cool and the use of flavorings in their products.^{viii} Additionally, e-cigarettes are advertised as a way to "legally smoke" or "take back your freedom" where smoke-free laws exist in states and localities. Some e-cigarette manufacturers claim e-cigarettes are a safe, less harmful alternative to cigarettes despite the lack of regulation to ensure their safety or health impact.

Research and Public Health Policy are Needed Now

There is broad agreement in the public health and health community on the need for a wide-ranging, independent research agenda on e-cigarettes and other novel products. FDA's assertion of authority over all tobacco products, including e-cigarettes, is fundamental to the development and implementation of that agenda, but others in the scientific community must also address important research questions. Studies should assess product safety, use, marketing strategies, health impact, and reduced risk of death and disease and should ensure all potentially affected populations are adequately involved. A comprehensive research agenda should also include effectiveness of interventions to influence individuals' use of e-cigarettes, once safety and risk are determined, and surveillance measures to monitor use.

Where ACS CAN Stands

ACS CAN recognizes that even without sufficient scientific evidence of the safety or health impact of e-cigarettes, inaction is not in the best interest of protecting the public health. The lack of regulation of e-cigarettes, the increase in use by adults and youth, the aggressive claims and marketing tactics of the e-cigarette manufacturers, and the public perception of unsubstantiated claims of e-cigarettes require the public health community to proceed with actions to reduce any potential harm from e-cigarettes, unless and until the product's safety and public health benefit is supported by sound scientific evidence.

ACS CAN supports:

- **Strong Federal Regulation:** *The FDA should assert its authority over all tobacco products, including e-cigarettes, as granted by the Family Smoking Prevention and Tobacco Control Act.* FDA has stated its intent to expand the authority of its Center for Tobacco Products to regulate a broader range of tobacco products, including e-cigarettes, but a regulation has yet to be issued. FDA assertion would allow for important consumer protections including, but not limited to, requiring e-cigarette manufacturers to register their products with the FDA, provide FDA with their ingredients, establish good manufacturing practices, address impure/untested product additions and misbranding issues, and restrict marketing and sales to those 18 years and older.
- **Strengthening State and Local Tobacco Control Measures:** *Many states and localities are moving forward and enacting regulations on the sale and use of e-cigarettes. E-cigarettes should be included in evidence-based state and local tobacco control laws.*
 - E-cigarettes should be defined as tobacco products and included in definitions of smoking in order to:
 - Prohibit e-cigarette use where smoking and/or tobacco use is prohibited.
 - Prohibit the sale of e-cigarettes to minors.
 - Prohibit the sale of flavored e-cigarettes and e-juices.
 - Include e-cigarettes in tobacco sales or marketing restrictions.
 - State tobacco control programs should include e-cigarettes in their surveillance and evaluation tools, as appropriate.

Finally, in the absence of FDA guidance and sufficient research evidence establishing e-cigarettes as an effective method to help smokers quit, ACS CAN does not at this time recommend e-cigarettes for smoking cessation. Instead, for those smokers for whom it is appropriate to use a cessation medication, ACS CAN recommends use of FDA-approved and thoroughly tested smoking cessation medications (i.e. nicotine replacements – gum, patch, lozenge, inhaler, nasal spray - or bupropion or varenicline).

ⁱ U.S. Food and Drug Administration. E-Cigarettes: Questions and Answers. September 17, 2010. Available online at <http://www.fda.gov/ForConsumers/ConsumerUpdates/ucm225210.htm>.

ⁱⁱ *Sottera, Inc. v. Food and Drug Administration*, 627 F.3d 891 (D.C. Circ. 2010).

ⁱⁱⁱ Adkison S, et al. Electronic nicotine delivery systems: international tobacco control four-country survey. *American Journal of Preventive Medicine*. 2013 March; 44(3): 207-215.

^{iv} Bullen C., et al. Electronic cigarettes for smoking cessation: a randomized controlled trial. *The Lancet*, Early Online Publication, 9 September 2013.

^v Adkison S, et al. Electronic nicotine delivery systems: international tobacco control four-country survey. *American Journal of Preventive Medicine*. 2013 March; 44(3): 207-215.

^{vi} Centers for Disease Control and Prevention. Electronic Cigarette Use Among Middle and High School Students – United States – United States, 2011-2012. *MMWR* 2013; 62(35): 729-730.

^{vii} King, BA et al. Awareness and Ever Use of Electronic Cigarettes Among U.S. Adults, 2010-2011. *Nicotine & Tobacco Research* 2013; 15(9): 1623-1627.

^{viii} U.S. Surgeon General. *Preventing Tobacco Use Among Youth and Young Adults*. Atlanta, GA: Department of Health and Human Services, Centers for Disease Control and Prevention; 2012

Legislators to Consider State-Wide Public Smoking Ban, Includes E-Cig

Shannon Riddle, Weekend Digital Producer

POSTED: 12:13 PM AKDT Apr 13, 2014



Joseph Morris/Creative Commons

ANCHORAGE -

A state senator from Soldotna is one step closer to achieving a state-wide smoking ban in public places. While many large communities in Alaska have their own statutes banning smoking inside public buildings and near children's play areas, Sen. Peter Micciche (R-Soldotna) says Senate Bill 209 will provide a far-reaching measure to include all communities in the state not currently protected from second-hand smoke, including Fairbanks.

"Senate Bill 209 will protect Alaskans from the well-known health harms of secondhand smoke by amending existing state law to provide comprehensive protection for Alaskan workers and [the] public in all indoor workplaces, businesses and public places," Sen. Micciche stated in [his sponsor statement](#).

Only 23 states and Puerto Rico have laws that banning second-hand smoke while eating at restaurants, visiting bars, or just working at their place of business. Many other states have similar statutes to Alaska's that prohibit smoking in certain areas only within the boundaries of specified cities and counties, and there is no existing federal law mandating such practices.

Owners of businesses that exist outside areas with the ban around the country may choose to allow customers to smoke inside, and private residences are also exempt unless otherwise specified by landlord/tenant agreements.

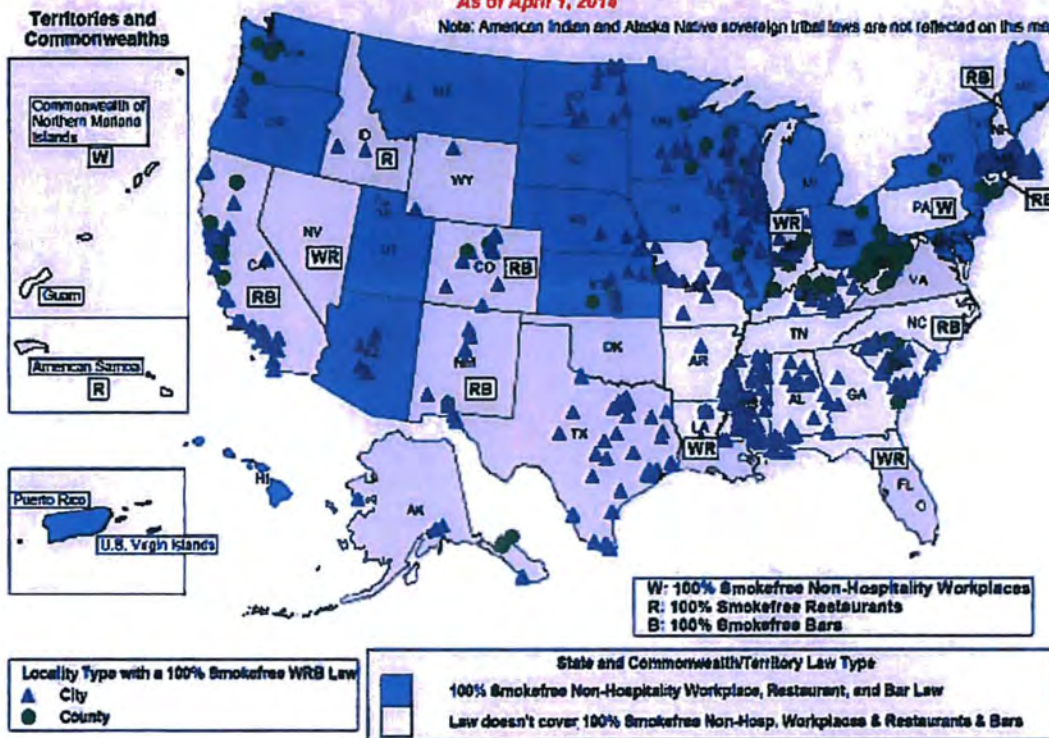
Supporters of the bill say this is a step in the right direction for Alaska's health and protecting their families from the ill-effects of second-hand smoke.

"If I eat poorly or drink a beer in a public setting, I do not endanger the health of those who are around me. That is the difference between smoking and other behaviors," said Hall Smalley, a supporter of the bill who says he lost his parents to cancer stemming from second-hand smoke inhalation. "And currently, in about 1/2 the state, if I am an employee my choice has been made for me. Clean air in Alaska has a nice ring to it."

U.S. 100% Smokefree Laws in Non-Hospitality Workplaces AND Restaurants AND Bars
American Nonsmokers' Rights Foundation


As of April 1, 2014

Note: American Indian and Alaska Native sovereign tribal laws are not reflected on this map.



Opponents of the measure believe this will actually weaken local sales of tobacco products, discourage smokers from many public entertainment venues, and even deter some smokers from quitting. The bill includes the newly popular e-cigarette, which is defined as any "electronic device that...simulates smoking."

Fatboy Vapors Alaska owner Matt Waggoner cites recent research studies in a letter opposing the new measure, pointing out what he calls "overwhelming differences" between traditional smoking and "vaping".




"As the former American Lung Association president Charles Dean Connor has recently stated, electronic cigarettes are one of the most promising tools to arrive in some time to combat smoking," Waggoner stated. "They are proving to be effective tools in the battle as they replicate the patterns and feel of smoking, without the tremendously harmful byproducts of combustion."

Dr. Joel Nitzkin is inclined to agree. As the past co-chair for the Tobacco Control Task Force, Dr. Nitzkin brought his own findings before the California Assembly Governmental Organization Committee in August 2013 in opposition to SB 648, a similar bill that has yet to be passed in that state.

"The e-cigarette is one of a number of smoke-free tobacco/nicotine alternatives to the cigarette that can reduce the risk of tobacco-attributable illness and death by 98% or better, while satisfying the user's urge for nicotine," Dr. Nitzkin told the committee. "Misrepresenting e-cigarettes has the practical effect of reinforcing real tobacco cigarettes as the dominant product for nicotine consumption."

Dr. Nitzkin went on to note the absence of pharmaceutical nicotine inhalers from the ban, questioning the true intentions of the committee in their stated claims to improve public health. He stated the exclusion of the inhalers readily dissolves the feared hazard of e-cigarette vapors. The current version of SB209 excludes similar devices from Alaska's proposed state-wide ban.

Among the supporting documents for the bill are numerous letters representing healthcare providers and committees, including the Alaska Tobacco Control Alliance, represented in print by co-chairs Betty MacTavish and Jenny Olendorff.



"We are relieved that e-cigarettes are included in this discussion, as research shows that e-cigarettes do not just emit 'harmless water vapor'," the ATCA representatives stated in a formal letter of support for the bill. "National health advocates, including the Centers for Disease Control and Prevention, consider it a best practice to include e-cigarettes in all comprehensive smoke-free workplace policies."

As opinions clash over the inclusion of e-cigarettes in the bill, Sen. Micciche has stated the intended goal of the measure is to find equal ground for all involved.

"This bill does not remove the right of the smoker to choose to smoke. They remain free to choose their individual path as my father chose," Sen. Micciche said. "What the bill accomplishes is a limit to the smokers' ability to adversely affect the health of Alaska's non-smoking employees."

The bill was discussed and approved to move forward by the finance committee early Sunday, and will be scheduled for debate and voting as early as Monday.

KTUU's Lacie Grosvold and Matt Smith contributed to this story.

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February 27, 2014

The studies below and more studies are cited to at http://njgasp.org/E-Cigs_White_Paper.pdf. Please note that international jurisdictions that ban electronic smoking device (use, sale and/or importation) are listed in IV.

I. Key studies concluding health concerns with use of and exposure of third parties to electronic smoking devices:

1. University of California, San Francisco, (a WHO Collaborating Center on Tobacco Control World Health Organization) prepared a *Background Paper on E-cigarettes, dated December 2013, for the World Health Organization's Tobacco Free Initiative*. Executive summary states:

- **People passively exposed to e-cigarettes aerosol absorb nicotine (measured as cotinine), with one study showing levels comparable to passive smokers.**
- "In 2010, the WHO organized a global panel of experts to review the evidence and **there is no evidence to show that it can help you quit smoking,**" http://www.njgasp.org/Philippines_WHO_ecigs_warning_7-4-13.pdf

2. Roswell Park Cancer Institute study published this month! (Roswell Park is one of the most prestigious and respected Cancer institutes in the world; study in the journal *Nicotine and Tobacco Research*). **Found "significant amounts of nicotine" emitted in 2ndhand e-cigarette vapor smoke. Raises concerns about 2ndhand e-cig vapor smoke exposure,** especially to vulnerable populations including children, pregnant women and people with cardiovascular conditions." Researchers concludes that their study can "guide policymakers as decisions are made about the regulation of nicotine delivery devices.

3. Roswell Park Cancer Institute study published in March 2013. Found that e-cigarettes delivers 14 times as much formaldehyde, 7 times as much acetaldehyde, 6 times as much o-methylbenzene, 3 times as much cadmium and twice as much lead as an FDA-approved nicotine inhaler, as well as acrolein, toluene, p,m-xylene, NNN and NNK, which were not detected in the inhaler.

4. German Cancer Research Center (DKFZ) study (published in April 2013) evaluated the current state of e-cigarettes. **Concluded that e-cigarettes emit fine and ultrafine inhalable liquid particles, nicotine and cancer-causing substances into the air that can have an adverse health effect on 3rd parties exposed to the vapor, and that nonsmoker protection legislation should apply to e-cigarettes.** The e-cigarette liquids contain ingredients that on short-term use irritate airways and may lead to allergic reactions which may be harmful to health when inhaled repeatedly over a prolonged period of time.

5. The Fraunhofer Wilhelm-Klauditz-Institut of Germany, a preeminent research facility (published their July 2012 study in the journal *Indoor Air*) found in their study **that e-cigarettes are putting**

detectable levels of significant carcinogens and toxins into the air: acetic acid, acetone, isoprene, formaldehyde and acetaldehyde. They concluded that **e- cigarettes marks a new source for chemical and aerosol exposure in the indoor environment.**

6. Dutch Health Ministry's National Institute for Public Health issued an "E-Cigarette Factsheet" on December 3, 2103. **Key finding: e-cigarette ingredients may irritate the respiratory system, and some ingredients contain carcinogenic substances** like formaldehyde and tobacco- specific nitrosamines.

7. The National Center for Biotechnology Information study (published December 2011) examined the acute pulmonary effects of using an e-cigarette. The study found that there are **immediate adverse physiologic effects after short-term use of electronic cigarettes that are similar to some of the effects seen with tobacco smoking.**

II. E-cigarettes are NOT less harmful than regular cigarettes:

- o University of California (Riverside) study (published in March 2013) tested e-cigarette vapor for 22 elements in periodic table. Found that **nickel was about 2-100 times higher in concentration in e-cigarette aerosol than in Marlboro brand cigarettes** (Table 1).

III. Serious health concerns with nicotine's harmful effects on the body:

Electronic smoking devices emit "significant amounts of nicotine" into the air (as per the December 2013 Roswell Park study), resulting in exposing innocent third parties to nicotine, in public places and workplaces. Some of nicotine's harmful effects on the body:

- o Nicotine causes headaches in persons exposed to secondhand smoke. Nicotine, one of the components of tobacco, triggers blood vessels to constrict, reducing blood flow to the brain and the covering of the brain (the meninges). Decreased blood flow leads to depressed brain activity, which is a major component of migraines. Usually, by removing the stimulus (nicotine), headaches will be relieved.
http://my.clevelandclinic.org/healthy_living/smoking/hic_smoking_and_headache.aspx
- o Nicotine releases epinephrine (adrenaline), which raises blood pressure, heart rate and respiration and glucose levels.
- o Nicotine is a vasoconstrictor – harder for the heart to pump through constricted arteries.
- o Nicotine promotes blood vessel damage by promoting cellular damage in vascular smooth muscle cells, promoting plaque formation, and causing blood vessel damage.
- o Nicotine is known to affect oxidative stress and to have adverse effects on brain and lung development in children.
- o Women who use nicotine gum and patches during the early stages of pregnancy face an increased risk of having babies with birth defects, says a study that looked at about 77,000 pregnant women in Denmark. Roswell Park Cancer Institute's study raises concerns about 2ndhand vapor smoke exposure to pregnant women.
- o Nicotine and the increased cholinergic activity it causes have been shown to impede apoptosis, which is one of the methods by which the body destroys unwanted cells (programmed cell death).

IV. International jurisdictions that ban the sale, importation, and/or use of all ESD:

- Argentina - bans import, distribution, commercialization, advertising
- Singapore - bans sales, import, distribution
- Brazil - bans sale, import, advertising
- Israel - bans sale, import
- Panama -bans sale, import, distribution

- Jordan - bans importation
- Victoria, Australia - bans sale, use and advertising
- Turkey - bans sale and use
- Hong Kong bans use and sale, unless a pharmaceutical product
- Canada - bans sale, import, advertising if ecigs contain nicotine

11/27/13 – Holland's Ministry of Health calls for studies on health concerns with e-cigarettes.

11/28/13 - European Commission proposes to overturn a vote that rejected outlawing electronic smoking devices in their present form, due to the devices normalizing the action of smoking.
<http://www.telegraph.co.uk/news/worldnews/europe/eu/10481328/EU-seeks-ban-on-all-currently-available-e-cigarettes.html>

2/26/14- The European Parliament approved rules that will regulate Europe's rapidly growing electronic cigarette market. Starting in mid-2016, advertising for e-cigarettes is to be banned in all EU nations in the same manner as ads for ordinary tobacco products are banned. They also approved health warnings, childproof packaging, and the amount of nicotine will be limited to 20 milligrams per milliliter.

http://www.nytimes.com/2014/02/27/business/european-union-approves-tough-rules-on-electronic-cigarettes.html?hpw&ref=business&_r=0

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Morbidity and Mortality Weekly Report (MMWR)

Notes from the Field: Electronic Cigarette Use Among Middle and High School Students — United States, 2011–2012

Weekly

September 6, 2013 / 62(35);729–730

Electronic cigarettes, or e-cigarettes, are battery-powered devices that provide doses of nicotine and other additives to the user in an aerosol. Depending on the brand, e-cigarette cartridges typically contain nicotine, a component to produce the aerosol (e.g., propylene glycol or glycerol), and flavorings (e.g., fruit, mint, or chocolate) (1). Potentially harmful constituents also have been documented in some e-cigarette cartridges, including irritants, genotoxins, and animal carcinogens (1). E-cigarettes that are not marketed for therapeutic purposes are currently unregulated by the Food and Drug Administration, and in most states there are no restrictions on the sale of e-cigarettes to minors. Use of e-cigarettes has increased among U.S. adult current and former smokers in recent years (2); however, the extent of use among youths is uncertain.

Data from the 2011 and 2012 National Youth Tobacco Survey (NYTS), a school-based, pencil-and-paper questionnaire given to U.S. middle school (grades 6–8) and high school (grades 9–12) students, were used to estimate the prevalence of ever and current (≥ 1 day in the past 30 days) use of e-cigarettes, ever and current (≥ 1 day in the past 30 days) use of conventional cigarettes, and use of both. NYTS consists of a cross-sectional, nationally representative sample of students in grades 6–12 from all 50 states and the District of Columbia (3).

During 2011–2012, among all students in grades 6–12, ever e-cigarette use increased from 3.3% to 6.8% ($p < 0.05$) (Figure); current e-cigarette use increased from 1.1% to 2.1% ($p < 0.05$), and current use of both e-cigarettes and conventional cigarettes increased from 0.8% to 1.6% ($p < 0.05$). In 2012, among ever e-cigarette users, 9.3% reported never smoking conventional cigarettes; among current e-cigarette users, 76.3% reported current conventional cigarette smoking.

Among middle school students, ever e-cigarette use increased from 1.4% to 2.7% during 2011–2012 ($p < 0.05$) (Figure); current e-cigarette use increased from 0.6% to 1.1% ($p < 0.05$), and current use of both e-cigarettes and conventional cigarettes increased from 0.3% to 0.7% ($p < 0.05$). In 2012, among middle school ever e-cigarette users, 20.3% reported never smoking conventional cigarettes; among middle school current e-cigarette users, 61.1% reported current conventional cigarette smoking.

Among high school students, ever e-cigarette use increased from 4.7% to 10.0% during 2011–2012 ($p < 0.05$) (Figure); current e-cigarette use increased from 1.5% to 2.8% ($p < 0.05$), and current use of both e-cigarettes and conventional cigarettes increased from 1.2% to 2.2% ($p < 0.05$). In 2012, among high school ever e-cigarette users, 7.2% reported never smoking

conventional cigarettes; among high school current e-cigarette users, 80.5% reported current conventional cigarette smoking.

E-cigarette experimentation and recent use doubled among U.S. middle and high school students during 2011–2012, resulting in an estimated 1.78 million students having ever used e-cigarettes as of 2012. Moreover, in 2012, an estimated 160,000 students who reported ever using e-cigarettes had never used conventional cigarettes. This is a serious concern because the overall impact of e-cigarette use on public health remains uncertain. In youths, concerns include the potential negative impact of nicotine on adolescent brain development (4), as well as the risk for nicotine addiction and initiation of the use of conventional cigarettes or other tobacco products.

CDC and the Food and Drug Administration will continue to explore ways to increase surveillance and research on e-cigarettes. Given the rapid increase in use and youths' susceptibility to social and environmental influences to use tobacco, developing strategies to prevent marketing, sales, and use of e-cigarettes among youths is critical.

Reported by

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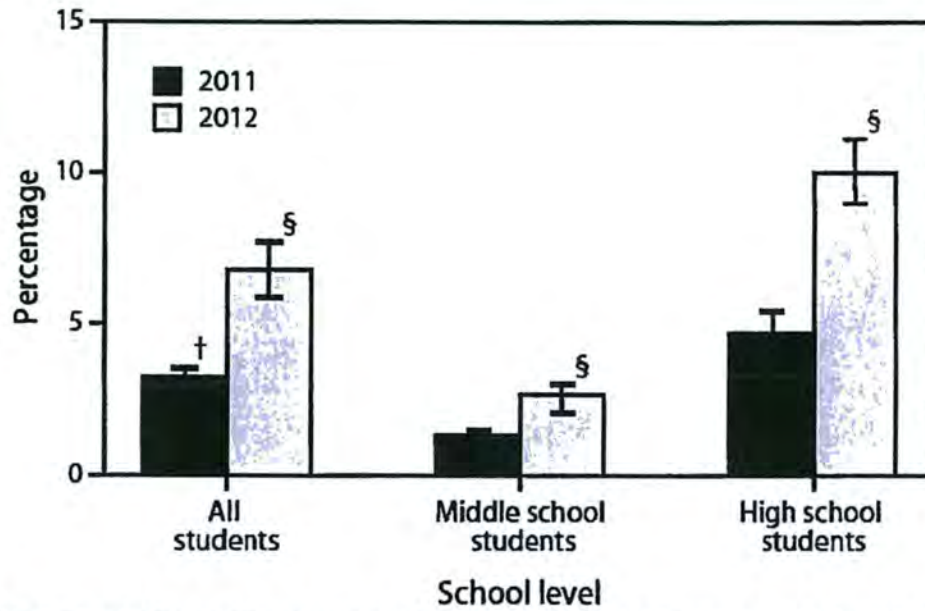
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* Ever electronic cigarette use defined as having ever used electronic cigarettes, even just one time.

† 95% confidence interval.

§ Statistically significant difference between 2011 and 2012 (chi-square, $p < 0.05$).

FIGURE. Ever electronic cigarette use* among middle and high school students, by year — National Youth Tobacco Survey, United States, 2011–2012



Alternate Text: The figure above shows ever electronic cigarette (e-cigarette) use among middle and high school students, by year, in the United States during 2011-2012. During 2011-2012, among all students in grades 6-12, ever e-cigarette use increased from 3.3% to 6.8% ($p < 0.05$); current e-cigarette use increased from 1.1% to 2.1% ($p < 0.05$), and current use of both e-cigarettes and conventional cigarettes increased from 0.8% to 1.6% ($p < 0.05$).

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U.S. State and Local Laws Regulating Use of Electronic Cigarettes

As of January 1, 2015

The following list includes states and municipalities with laws currently in effect that regulate where use of electronic cigarettes (e-cigarettes) is prohibited. E-cigarettes are battery-powered devices that are designed to mimic cigarettes by vaporizing a nicotine-laced liquid that is inhaled by the user. The use of e-cigarettes in workplaces and public places is a significant public health concern, not only because of their unregulated constituents and the potential health impact of the vapor on users and bystanders, but also because e-cigarette use causes public confusion as to where smoking is allowed, resulting in compliance problems with smokefree laws.

Most local and state smokefree laws were enacted before e-cigarettes were on the market, so while such laws do not explicitly mention e-cigarettes, it should not be assumed that their use is permitted. Existing smokefree laws are often interpreted to prohibit e-cigarette use in their smokefree provisions.

NOTE: In the 100% Smokefree Venues column, the following abbreviations are used: W=non-hospitality workplaces; R=restaurants; B=bars; G=gambling facilities.

For more information, please visit [ANR's e-cigarettes page](#).

State Laws Regulating Use of E-cigarettes

State Laws Restricting E-cigarette Use in 100% Smokefree Venues

Other state laws that do not explicitly address e-cigarettes might be interpreted as prohibiting the use of e-cigarettes in existing smokefree provisions.

State	100% Smokefree Venues in Which Use of E-cigarettes Prohibited	Use of E-cigarettes Specifically Permitted	Permitted In:
1. North Dakota	WRBG	No	
2. New Jersey	WRB	No	
3. Utah	WRB	Yes	Retailers that sell e-cigarettes, until 7/1/17.

State Laws Regulating E-cigarette Use in Other Venues

State	Prohibited In:	Use of E-cigarettes Specifically Permitted	If Partial, Permitted In:
1. Arkansas	Use of e-cigarettes prohibited on school district property.	No	

State	Prohibited In:	Use of E-cigarettes Specifically Permitted	If Partial, Permitted In:
2. Colorado	Definition of tobacco product for purposes of prohibition of use on school property amended to include e-cigarettes, unless approved by FDA as cessation devices.	No	
3. Delaware	Tobacco use, including use of e-cigarettes and hookahs, prohibited in all State workplaces, including all buildings, facilities, indoor and outdoor spaces and surrounding grounds, as well as parking lots and state vehicles operated on State workplace property.	No	
4. Georgia	Tobacco use, including use of e-cigarettes and hookahs, prohibited everywhere on campuses of University System of Georgia, with limited exceptions for educational purposes and research.	No	
5. Hawaii	Use of e-cigarettes prohibited on all Dept. of Health property where smoking is prohibited.	No	
6. Kansas	Tobacco use, including use of e-cigarettes, prohibited on all Dept. of Corrections property and grounds, by both employees and inmates. Per opinion of Attorney General, Indoor Clean Air Act of 2010 does not apply to e-cigarettes.	Partial	All places where smoking is prohibited per 3/12/10 law, including workplaces, restaurants, bars, gambling facilities, and public places generally.
7. Kentucky	Tobacco use, including use of e-cigarettes, prohibited on all properties of State Executive Branch, including buildings, vehicles, and land, but excluding specific outdoor areas such as parks, Kentucky Horse Park, and Kentucky State Fairgrounds. Per Governor's Office, does not apply to State colleges and universities.	No	
8. Maryland	Smoking, including use of e-cigarettes prohibited on MARC commuter rail system trains.	No	
9. New Hampshire	Use of e-cigarettes prohibited in public educational facilities and on grounds thereof.	No	

State	Prohibited In:	Use of E-cigarettes Specifically Permitted	If Partial, Permitted In:
10. Oklahoma	Tobacco use, including use of e-cigarettes, prohibited in all Dept. of Corrections facilities, including vehicles and grounds.	No	
11. Oregon	State agency employees prohibited from using tobacco products, including e-cigarettes, in State agency buildings and on State agency grounds adjacent to buildings.	No	
12. South Dakota	Tobacco use, including use of e-cigarettes, prohibited in Dept. of Corrections facilities and on grounds thereof, by both employees and inmates.	No	
13. Virginia	Smoking, including use of e-cigarettes, prohibited on Virginia Railway Express trains and limited to 100 feet on north end of station platforms.	No	
14. Vermont	Smoking, including use of e-cigarettes, prohibited on school grounds and at child care facilities, both indoors and outdoors.	No	
15. Wisconsin	Smoking, including use of e-cigarettes, prohibited at indoor facilities of State Fair and at main stage area.	No	

Local Laws Regulating Use of E-cigarettes

Laws Restricting E-cigarette Use in 100% Smokefree Venues

Note: The jurisdiction(s) affected by county-level laws vary widely. Look for a plus symbol (+) next to each county with a law that includes both incorporated and unincorporated areas. A county without a symbol means that the county law covers unincorporated areas only.

State	City/County	100% Smokefree Venues in Which Use of E-cigarettes Prohibited	Use of E-cigarettes Specifically Permitted	If Partial, Permitted In:
1. AK	Juneau	RBG	No	
2. AK	Palmer	WRB	No	
3. AL	Anniston	WRBG	No	
4. AL	Bessemer	WRG	No	

State	City/County	100% Smokefree Venues in Which Use of E-cigarettes Prohibited	Use of E-cigarettes Specifically Permitted	If Partial, Permitted In:
5. AL	Clay	WRBG	No	
6. AL	Creola	WRBG	No	
7. AL	Foley	WRG	No	
8. AL	Fultondale	WRBG	No	
9. AL	Gadsden	WRBG	No	
10. AL	Midfield	WRBG	No	
11. AL	Monroeville	WRBG	No	
12. AL	Opelika	WR	No	
13. AL	Troy	WRBG	No	
14. AL	Vestavia Hills	WRBG	No	
15. AZ	Coconino County	WR	No	
16. AZ	Tempe	WRB	No	
17. CA	Arcata	WRB	No	
18. CA	Berkeley	WRBG	No	
19. CA	Beverly Hills	RBG	No	
20. CA	Campbell	RBG	No	
21. CA	Carlsbad	RBG	No	
22. CA	Contra Costa County	WRBG	No	
23. CA	Corte Madera	WRB	No	
24. CA	Davis	WRBG	No	
25. CA	Del Mar	WRB	No	
26. CA	Dublin	RBG	No	
27. CA	El Cajon	RBG	No	
28. CA	El Cerrito	WRBG	No	
29. CA	Eureka	WRBG	No	
30. CA	Fairfax	WRBG	No	
31. CA	Folsom	RBG	No	
32. CA	Foster City	RB	No	
33. CA	Fremont	WRB	No	
34. CA	Goleta	RB	No	
35. CA	Laguna Hills	WRBG	No	
36. CA	Long Beach	WRBG	No	
37. CA	Los Angeles	RBG	Partial	Retail e-cigarette stores and theatrical production sites.
38. CA	Manhattan Beach	WRBG	No	

State	City/County	100% Smokefree Venues in Which Use of E-cigarettes Prohibited	Use of E-cigarettes Specifically Permitted	If Partial, Permitted In:
39. CA	Marin County	WRB	Partial	Individual apartment units in multi-unit residences.
40. CA	Mill Valley	WRB	No	
41. CA	Morgan Hill	WRB	No	
42. CA	Mountain View	WRB	No	
43. CA	Oroville	W	No	
44. CA	Petaluma	W	No	
45. CA	Richmond	WRBG	No	
46. CA	San Bernardino	W	No	
47. CA	San Diego	WRBG	Partial	E-cigarette lounges and shops.
48. CA	San Francisco	WRB	No	
49. CA	San Mateo County	W	No	
50. CA	Santa Clara County	WRB	No	
51. CA	Santa Maria	RB	No	
52. CA	Santa Monica	WRB	Partial	Two existing e-cigarette lounges/businesses.
53. CA	Seal Beach	RBG	No	
54. CA	Sebastopol	WRBG	No	
55. CA	Solana Beach	RB	No	
56. CA	Temecula	WRBG	No	
57. CA	Tiburon	WRB	No	
58. CA	Union City	WRB	No	
59. CA	Walnut Creek	RBG	No	
60. CO	Edgewater	WRBG	No	
61. CO	Lakewood	RBG	No	
62. FL	Alachua County	WRG	No	
63. FL	Belleview	WRG	No	
64. FL	Clay County	WR	No	
65. FL	Hawthorne	WRG	No	
66. FL	High Springs	WRG	No	
67. FL	Lighthouse Point	WRG	No	
68. FL	Marion County	WRG	No	
69. FL	Newberry	WRG	No	
70. FL	Orange Park	WRG	No	
71. FL	Waldo	WRG	No	
72. GA	Chatham County	WRBG	No	

State	City/County	100% Smokefree Venues in Which Use of E-cigarettes Prohibited	Use of E-cigarettes Specifically Permitted	If Partial, Permitted In:
73. GA	DeKalb County	W	No	
74. GA	Pooler	WRBG	No	
75. GA	Savannah	WRBG	No	
76. ID	Ketchum	WRBG	No	
77. IL	Arlington Heights	WR	No	
78. IL	Chicago	WRBG	Partial	Theater performances; retail tobacco stores.
79. IL	Elk Grove Village	WRB	No	
80. IL	Evanston	WRB	No	
81. IL	Schaumburg	WRBG	No	
82. IN	Indianapolis/Marion	WRB	No	
83. KS	Overland Park	WRBG	No	
84. KY	Bardstown	WRBG	No	
85. KY	Berea	WRBG	No	
86. KY	Glasgow	RBG	No	
87. KY	Kenton County*	W	No	
88. KY	Lexington/Fayette	WRBG	No	
89. KY	Madison County*	WRBG	No	
90. KY	Manchester	WRBG	No	
91. KY	Richmond	WRBG	No	
92. KY	Versailles	WRB	No	
93. LA	Abbeville	WRBG	No	
94. LA	Cheneyville	WRBG	No	
95. LA	Monroe	WRBG	No	
96. LA	Ouachita Parish	WRBG	No	
97. LA	West Monroe	WRBG	No	
98. MA	Acton	WRBG	No	
99. MA	Adams	WRBG	No	
100. MA	Amherst	WRBG	No	
101. MA	Arlington	WRBG	No	
102. MA	Athol	WRBG	No	
103. MA	Auburn	WRBG	No	
104. MA	Barre	WRBG	No	
105. MA	Billerica	WRBG	No	
106. MA	Bolton	WRBG	No	
107. MA	Boston	WRB	No	

State	City/County	100% Smokefree Venues in Which Use of E-cigarettes Prohibited	Use of E-cigarettes Specifically Permitted	If Partial, Permitted In:
108. MA	Bourne	WRB	No	
109. MA	Bridgewater	WRBG	No	
110. MA	Buckland	WRBG	No	
111. MA	Burlington	WRBG	No	
112. MA	Cohasset	WRBG	No	
113. MA	Concord	WRBG	No	
114. MA	Dartmouth	WRBG	No	
115. MA	Dedham	WRB	No	
116. MA	Deerfield	WRBG	No	
117. MA	Dighton	WRBG	No	
118. MA	Dover	RB	No	
119. MA	Dracut	WRBG	No	
120. MA	Easthampton	WRBG	No	
121. MA	Fitchburg	WRBG	No	
122. MA	Foxborough	WRBG	No	
123. MA	Franklin	WRBG	No	
124. MA	Gardner	WRBG	No	
125. MA	Gill	WRBG	No	
126. MA	Grafton	WRBG	No	
127. MA	Great Barrington	WRBG	No	
128. MA	Greenfield	WRBG	No	
129. MA	Hatfield	WRBG	Partial	Smoking bars and hotels/motels.
130. MA	Haverhill	WRBG	No	
131. MA	Hubbardston	WRBG	No	
132. MA	Hudson	WRBG	No	
133. MA	Lee	WRBG	No	
134. MA	Leicester	WRBG	No	
135. MA	Lenox	WRBG	No	
136. MA	Lynn	WRBG	No	
137. MA	Marblehead	WRBG	No	
138. MA	Mashpee	WRBG	No	
139. MA	Medway	WRBG	No	
140. MA	Montague	WRBG	No	
141. MA	Needham	WRB	No	
142. MA	New Bedford	WRBG	No	
143. MA	Newton	WRBG	No	

State	City/County	100% Smokefree Venues in Which Use of E-cigarettes Prohibited	Use of E-cigarettes Specifically Permitted	If Partial, Permitted In:
144. MA	North Attleborough	WRBG	No	
145. MA	Northampton	WRBG	No	
146. MA	Orleans	WRBG	No	
147. MA	Oxford	WRBG	No	
148. MA	Pittsfield	WRBG	No	
149. MA	Provincetown	WRBG	No	
150. MA	Salem	WRBG	No	
151. MA	Saugus	WRBG	No	
152. MA	Sharon	WRBG	No	
153. MA	Shelburne	WRB	No	
154. MA	Sherborn	WRBG	No	
155. MA	Somerset	WRBG	No	
156. MA	South Hadley	WRBG	No	
157. MA	Stockbridge	WRBG	No	
158. MA	Sunderland	WRBG	No	
159. MA	Sutton	WRBG	No	
160. MA	Swampscott	WRBG	No	
161. MA	Taunton	WRBG	No	
162. MA	Tewksbury	WRBG	No	
163. MA	Townsend	WRBG	No	
164. MA	Wendell	WRBG	No	
165. MA	Westminster	WRBG	No	
166. MA	Westport	WRBG	No	
167. MA	Westwood	WRBG	No	
168. MA	Weymouth	WRBG	No	
169. MA	Whately	WRBG	No	
170. MA	Winchendon	WRBG	No	
171. MA	Winchester	WRBG	No	
172. MD	Baltimore	W	Partial	Restaurants, bars, video lottery facilities, retail e-cigarette stores.
173. MN	Duluth	WRBG	No	
174. MN	Eden Prairie	WRBG	No	
175. MN	Edina	RBG	No	
176. MN	Ely	WRBG	No	
177. MN	Hermantown	WRB	No	
178. MN	Houston County	WRBG	No	

State	City/County	100% Smokefree Venues in Which Use of E-cigarettes Prohibited	Use of E-cigarettes Specifically Permitted	If Partial, Permitted In:
179. MN	Mankato	WRB	No	
180. MN	Sleepy Eye	WRBG	No	
181. MN	St. Anthony	WRB	No	
182. MN	Waseca	WRBG	No	
183. MO	Creve Coeur	WRB	No	
184. MO	Gainesville	RB	No	
185. MO	Jefferson City	WRBG	No	
186. MO	St. Joseph	WRBG	No	
187. MO	Washington	WRBG	No	
188. MS	Anguilla	WRBG	No	
189. MS	Arcola	WRBG	No	
190. MS	Baldwyn	WRBG	No	
191. MS	Bassfield	WRBG	No	
192. MS	Bruce	WRBG	No	
193. MS	Byram	WRBG	No	
194. MS	Calhoun City	WRBG	No	
195. MS	Centreville	WRBG	No	
196. MS	Coahoma County	WRB	No	
197. MS	Crawford	WRBG	No	
198. MS	Duncan	WRBG	No	
199. MS	Durant	WRBG	No	
200. MS	Ethel	WRBG	No	
201. MS	Farmington	WRBG	No	
202. MS	Flowood	WRG	No	
203. MS	Forest	WRBG	No	
204. MS	Friars Point	WRBG	No	
205. MS	Georgetown	WRBG	No	
206. MS	Indianola	WRBG	No	
207. MS	Itta Bena	WRBG	No	
208. MS	Louisville	WRBG	No	
209. MS	Magee	WRBG	No	
210. MS	Mendenhall	WRBG	No	
211. MS	Monticello	RBG	No	
212. MS	Moorhead	WRBG	No	
213. MS	New Augusta	WRBG	No	
214. MS	Plantersville	WRBG	No	

State	City/County	100% Smokefree Venues in Which Use of E-cigarettes Prohibited	Use of E-cigarettes Specifically Permitted	If Partial, Permitted In:
215. MS	Prentiss	WRBG	No	
216. MS	Rolling Fork	WRBG	No	
217. MS	Sledge	WRBG	No	
218. MS	Southaven	WRB	No	
219. MS	Sumner	WRBG	No	
220. MS	Tupelo	WRB	Yes	Retail e-cigarette stores.
221. MS	Walnut	WRBG	No	
222. MS	Wesson	WRBG	No	
223. MS	Woodville	WRBG	No	
224. ND	Bismarck	WRBG	No	
225. ND	Dickinson	WRBG	No	
226. ND	Walhalla	WRBG	No	
227. ND	Williston	WRBG	No	
228. NJ	Newark	WRBG	No	
229. NM	Carlsbad	W	No	
230. NM	Santa Fe	WRB	No	
231. NY	Cattaraugus County	RBG	No	
232. NY	New York City	WRB	Partial	Retail e-cigarette stores.
233. NY	Suffolk County*	WRB	No	
234. NY	Tompkins County*	WRB	No	
235. OH	Oberlin	WRB	No	
236. OR	Benton County	WRB	No	
237. OR	Corvallis	WRB	No	
238. PA	Philadelphia	R	Partial	Specialty e-cigarette establishments; tobacco products distribution businesses.
239. SC	Denmark	WRB	No	
240. SC	Estill	WRBG	No	
241. SC	West Pelzer	WRB	No	
242. SC	Yemassee	WRB	No	
243. TX	Frisco	WRB	No	
244. TX	Harlingen	WRBG	No	
245. TX	Joshua	WR	No	
246. TX	Lufkin	WRBG	No	
247. TX	San Angelo	WRB	No	
248. TX	San Marcos	WRB	No	
249. TX	Socorro	WRB	No	

State	City/County	100% Smokefree Venues in Which Use of E-cigarettes Prohibited	Use of E-cigarettes Specifically Permitted	If Partial, Permitted In:
250. TX	Waxahachie	WRBG	No	
251. TX	Weatherford	R	No	
252. TX	Wichita Falls	WRB	No	
253. WA	King County ⁺	WRBG	No	
254. WA	Pasco	WRBG	No	
255. WI	Ashwaubenon	WRBG	No	
256. WI	Greenfield	WRBG	No	
257. WI	Onalaska	WRBG	No	
258. WV	Barbour County ⁺	WRBG	No	
259. WV	Berkeley County ⁺	WRBG	No	
260. WV	Calhoun County ⁺	WRBG	No	
261. WV	Greenbrier County ⁺	WRBG	No	
262. WV	Lewis County ⁺	WRBG	No	
263. WV	Marshall County ⁺	W	No	
264. WV	Mineral County ⁺	WRBG	No	
265. WV	Nicholas County ⁺	WRBG	No	
266. WV	Pleasants County ⁺	WRBG	No	
267. WV	Randolph County ⁺	WRBG	No	
268. WV	Ritchie County ⁺	WRBG	No	
269. WV	Roane County ⁺	WRBG	No	
270. WV	Taylor County	WRBG	No	
271. WV	Upshur County ⁺	WRB	No	
272. WV	Webster County ⁺	WR	No	
273. WV	Wirt County ⁺	WRBG	No	
274. WV	Wood County ⁺	WRBG	No	

⁺Law pertains to both incorporated and unincorporated areas of county.

Laws Currently in Effect

State Laws Restricting E-cigarette Use in 100% Smokefree Venues: 3

State Laws Restricting E-cigarette Use in Other Venues: 15

Local Laws Restricting E-cigarette Use in 100% Smokefree Venues: 274

In addition, 162 local laws restrict E-cigarette Use in Other Venues (not listed above)

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[LS-44]

LEGAL SERVICES

DIVISION OF LEGAL AND RESEARCH SERVICES
LEGISLATIVE AFFAIRS AGENCY
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MEMORANDUM

April 2, 2014

SUBJECT: CSSB 209(): Constitutional problems with local option addition
(Work Order No. 28-LS1539\C)

TO: Senator Peter Micciche
Attn: Mindy Rowland

FROM:  Kathleen Strasbaugh
Legislative Counsel

This memo addresses an issue with the local option provisions added to the newest draft of CSSB 209(): whether permitting a municipality to negate a law of statewide application is constitutional.

The Alaska statutes provide communities with the ability to adopt a local option with respect to alcoholic beverages and to certain gaming activity.¹ State law also authorizes municipal governments to adopt certain measures within parameters set by state law.² The Alaska Court of Appeals upheld a conviction under the alcohol local option law challenged on the grounds that it was unconstitutional because it unlawfully delegated the legislature's authority:

The fact that the local community is not itself enacting a state law when it holds a local option election disposes of Shettters' other arguments that local options are unconstitutionally enacted. It does not violate due process for local voters to elect to adopt a state law regulating alcoholic beverages without the opportunity to specifically vote on all the provisions of the state law. Nor does the possibility that a community might frequently change its local option establish an unlimited delegation of legislative power. Finally, because the community voters were not empowered to and in fact did not enact a state law, the elections were not subject to the constitutional provisions on initiative measures.

Shettters v. State, 832 P. 2d 181, 185 (Alaska Ct. App. 1992). In contrast, the local option requested for this bill would allow a community to opt to nullify the application of a state law. There is no precedent for this that I am aware of. Further it is not clear from the

¹ AS 04.11.490 - 04.11.509; AS 05.15.620 - 05.15.625.

² See generally, state law restrictions identified in AS 29.10.200.

Senator Peter Micciche

April 2, 2014

Page 2

legislation that the exercise of the local option serves a beneficial public purpose, unlike the public health purpose that is served by permitting a community to limit access to alcohol. And unlike the alcohol local option law, this bill's local option is essentially just an up or down vote on whether state law should apply. Given these factors, a challenge based on improper delegation of legislative authority may be more likely to be successful than it was in *Shetters*. See *State v. Fairbanks North Star Borough*, 736 P.2d 1140 (Alaska 1987).

Time does not permit an extended exploration or discussion of this issue, but I did want to alert you that the local option provision may be fatally flawed.

If I may be of further assistance, please advise.

KJS:lem

14-169.lem

Enclosure

LEGAL SERVICES

DIVISION OF LEGAL AND RESEARCH SERVICES
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MEMORANDUM

April 7, 2014

SUBJECT: CSSB 209(): Smoking in Public Places
(Work Order No. 28-LS1539P)

TO: Senator Peter Micciche
Attn: Mindy Rowland

FROM: Kathleen Strasbaugh
Legislative Counsel

Please find enclosed a new version of SB 209 that adds e-cigarettes stores to the exemptions and delays the effective date of the local option provisions of the bill for two years. I have also made some adjustments to AS 18.35.201 to acknowledge the local option exception, and eliminated "airport fuel facility" from the list of prohibited places because such facilities are covered by other safety laws -- and this bill is designed to deal with the health, not safety, aspects of smoking.

This memo addresses further the potential legal problem with the local option provisions of the law discussed in a previous memo.¹ As previously noted, there are other local option election provisions in the Alaska Statutes.² There are also circumstances under which by ordinance a local government can elect to participate in a state program.³ There is some precedent for the exercise of an option that permits a municipal government to opt out of a state law program, an example I had not recalled when I wrote to you last. *See, e.g.*, the local option provisions of the Public Employment Relations Act (PERA):

This Act is applicable to organized boroughs and political subdivisions of the state, home rule or otherwise, unless the legislative body of the political subdivision, by ordinance or resolution, rejects having its provisions apply.

¹ The earlier memo was sent to you with version "C" on April 2, 2014.

² AS 04.11.490 - 04.11.509; AS 05.15.620 - 05.15.625.

³ *See* AS 28.10.431, which allows a municipality to elect to assess a vehicle registration tax and have the state collect it.

Ch. 113, § 4, SLA 1972.⁴

Here, however, the municipality would be opting out of a statute of otherwise statewide application that is enacted to benefit the public health, the violation of which can result in the imposition of a penalty that is enforced through the criminal justice system. In other circumstances, Alaska's appellate courts have struck down municipal enactments that conflict with, or are significantly inconsistent with laws of statewide application. For example, an ordinance that provided for a maximum penalty that was higher than that in state law for the same offense was struck down as unlawful in *Anderson v. Municipality of Anchorage*, 645 P.2d 205, 213 (Alaska Ct. App. 1982). In overruling a municipal drunk driving ordinance that differed from state law, the Alaska Court of Appeals held that despite the liberal powers of self government granted to Alaska municipalities, the Municipality of Anchorage could not enforce an ordinance that was inconsistent with state law. *Simpson v. Municipality of Anchorage*, 635 P.2d 1197, 1200 (Alaska Ct. App. 1981).⁵ In *Adkins v. Lester*, 530 P.2d 11, 14 (Alaska 1974), the Alaska Supreme Court struck down a Fairbanks ordinance that required that emergency vehicles use audible signals at all times where state law permitted such vehicles to be driven without audible signals under some circumstances, on the grounds that the commissioner of public safety was authorized to adopt a statewide scheme of traffic safety regulations, and the local ordinance interfered with the regulation in question.⁶

There are significant distinctions between the PERA exemptions and the gaming and alcoholic beverage local option laws. The improper delegation of legislative authority issue as explained in the previous memorandum issued to you on this subject remains significant.

In addition, if the law were challenged, it might be on the grounds that a person's right to equal protection would be violated because of the different treatment a person might receive if the person lived in a community that did not opt out (and was subject to a penalty for violation of the law), or the public health benefits a person might lose if the person lived in a community that opted out. Alcoholic beverage local option law has been upheld against equal protection challenges because of the great harm caused by

⁴ However, a municipality was not permitted to opt out of the law where the purpose of doing so was to thwart organizing activities by employees seeking to avail themselves of the rights conferred by PERA. *Kodiak Island Borough v. State, Department of Labor*, 853 P.2d 1111, 1114 (Alaska 1993).

⁵ *But see Cremer v. Anchorage*, 575 P.2d 306, 307 - 08 (Alaska 1978) (local "driving while suspended or revoked" ordinance upheld that applied on private property held not inconsistent with state law, which was limited to public property).

⁶ Additionally, state motor vehicle statutes have specific provisions concerning consistency between state and local law.

Senator Peter Micciche
April 7, 2014
Page 3

alcohol abuse warrants criminalizing alcohol offenses in communities where the option has been exercised:

[T]he state has a “compelling interest in curbing the problem of alcohol abuse.” *Harrison v. State*, 687 P.2d 332, 340 (Alaska App. 1984).

In *Harrison*, we discussed the numerous problems facing this state as a result of alcohol abuse. We pointed out that “in response to the growing evidence of a strong relationship between alcohol abuse and crime, Alaska’s local option law was enacted in 1980.” *Id.* at 335. The statutes that Burnor questions in this case are part of the fabric of the local option law. See *Tuckfield v. State*, 805 P.2d 982, 983–84 (Alaska App. 1991). In discussing *Harrison*’s contention that the local option law violated equal protection because it permitted one community to ban the importation of alcoholic beverages and simultaneously permitted other communities to allow importation of alcoholic beverages, we stated:

The question is whether differences in treatment are reasonable in light of the balance between the importance of the legislative intent, on the one hand, and the interest of the individual on the other.... We see no basis for concluding that differences in the treatment of citizens from different communities under the local option law should be considered constitutionally significant when those differences result only from the extent to which individual communities elect to implement that law. When the state attacks a complex problem it need not choose between attacking every aspect of that problem and doing nothing at all.

Harrison, 687 P.2d at 341 (citation omitted).

Burnor v. State, 829 P.2d 837, 840 (Alaska Ct. App. 1992). Here, the local option is to allow smoking in public places to continue, an objective that does not appear to be in keeping with the overall purpose of the legislation, making it more vulnerable than it might otherwise be to challenge.

If I may be of further assistance, please advise.

KJS:ray
14-162.ray

Enclosure

◆ Positive Last updated January 27, 2015 11:50:40 am AKST
◆ Positive When saved to folder January 27, 2015 11:48:23 am AKST
◆ Positive
As of: January 27, 2015 3:54 PM EST

Fraternal Order of Eagles v. City & Juneau-Douglas Aerie 4200

Supreme Court of Alaska
July 1, 2011, Decided
Supreme Court No. S-13748, No. 6574

Reporter

254 P.3d 348; 2011 Alas. LEXIS 57

FRATERNAL ORDER OF EAGLES, JUNEAU-DOUGLAS AERIE 4200, MARK PAGE, BRIAN TURNER, R.D. TRUAX, and LARRY PAUL, Appellants, v. CITY AND BOROUGH OF JUNEAU, Appellee.

Prior History: [**1] Appeal from the Superior Court of the State of Alaska, First Judicial District, Juneau, Philip M. Pallenberg, Judge. Superior Court No. 1JU-08-00730 CI.

Core Terms

smoking, private club, ban, ordinance, right to privacy, tobacco, regulation, intimate association, privacy, superior court, fundamental rights, intimate, smokers, rights, ingestion, interfere, freedom of association, restaurants, second-hand, personal autonomy, summary judgment, smoking ban, membership, infringed, alcoholic beverage, associational, implicate, alcohol, Cancer, places

Case Summary

Procedural Posture

Appellants, a private club and its members, sued respondent, the City and Borough of Juneau, Alaska, claiming a smoking ban infringed upon their freedom of association under the First Amendment and their privacy rights under *Alaska Const. art. I, § 22*. The Superior Court of the State of Alaska, First Judicial District, Juneau, denied appellants' motion for summary judgment and granted summary judgment to the City. Appellants filed an appeal.

Overview

Appellants, a private club and its members, challenged an ordinance banning smoking in private clubs, City and Borough of Juneau, Alaska, Code § 36.60. The Supreme Court of Alaska upheld the ordinance. Because the smoking ban regulated only conduct, it did not implicate the freedom of association protected by *U.S. Const. amend. I*. The smoking ban did not violate appellants' right to privacy under *Alaska Const. art. I, § 22*, because private clubs did not enjoy privacy protections afforded in the home. As smoking tobacco was not a fundamental right of personal autonomy, strict scrutiny did not apply. The ban on smoking in private clubs bore a close and substantial relationship to the legitimate state purpose of protecting the public health.

Outcome

The judgment was affirmed.

LexisNexis® Headnotes

Business & Corporate Compliance > ... > Governments > Agriculture & Food > Smoking Bans
Governments > Local Governments > Ordinances & Regulations

Micciche Peter

HN1 The City and Borough of Juneau, Alaska, has adopted a "Smoking in Public Places Code," City and Borough of Juneau, Alaska, Code § 36.60.

Business & Corporate Compliance > ... > Governments > Agriculture & Food > Smoking Bans

Governments > Legislation > Effect & Operation > Amendments

Governments > Local Governments > Ordinances & Regulations

HN2 City and Borough of Juneau, Alaska, Code § 36.60, the anti-smoking ordinance, has been amended several times. Originally it exempted enclosed areas used for conferences or meetings in restaurants, service clubs, hotels, or motels while the spaces are in use for private functions as well as bars and bar restaurants. In 2004 it was amended to ban smoking in "bar restaurants" effective January 2, 2005, and to ban smoking in "bars" effective January 2, 2008. In 2007 it was amended to prohibit smoking and the use of smokeless tobacco products at several public and private medical facilities, including the public streets and sidewalks adjacent to those facilities. It has also been amended to prohibit smoking in bus passenger shelters.

Business & Corporate Compliance > ... > Governments > Agriculture & Food > Smoking Bans

Governments > Legislation > Effect & Operation > Amendments

Governments > Local Governments > Ordinances & Regulations

HN3 In 2008, an amendment to City and Borough of Juneau, Alaska, Code § 36.60 changed the name from the "Smoking in Public Places Code" to the "Second-Hand Smoke Control Code" and eliminated the exception for smoking in retail tobacco stores. The amended ordinance broadened the definition of a "bar;" eliminated the exception to the smoking ban for "private functions;" and specifically prohibited smoking in private clubs that offer food or alcoholic beverages for sale, regardless of the number of employees.

Civil Procedure > Appeals > Summary Judgment Review > Standards of Review

Civil Procedure > Appeals > Standards of Review > De Novo Review

HN4 The Supreme Court of Alaska reviews a grant of summary judgment de novo while drawing all factual inferences in favor of, and viewing the facts in the light most favorable to the non-prevailing party. A grant of summary judgment will be affirmed when there are no genuine issues of material fact, and the prevailing party was entitled to judgment as a matter of law.

Civil Procedure > Appeals > Standards of Review > De Novo Review

Civil Procedure > Appeals > Standards of Review > Questions of Fact & Law

HN5 The Supreme Court of Alaska applies its independent judgment to questions of constitutional law and will adopt the rule of law that is most persuasive in light of precedent, reason, and policy.

Governments > Local Governments > Duties & Powers

HN6 *Alaska Const. art. X, § 11* provides home rule municipalities with broad powers: A home rule borough or city may exercise all legislative powers not prohibited by law or by charter. The Alaska Constitution also requires that a liberal construction shall be given to the powers of local government units. *Alaska Const. art. X, § 1*.

Constitutional Law > ... > Case or Controversy > Constitutionality of Legislation > Inferences & Presumptions

Governments > Local Governments > Ordinances & Regulations

HN7 A duly enacted law or rule, including a municipal ordinance, is presumed to be constitutional. Courts should construe enactments to avoid a finding of unconstitutionality to the extent possible.

Constitutional Law > Bill of Rights > Fundamental Freedoms > Freedom of Association

Constitutional Law > ... > Fundamental Rights > Procedural Due Process > General Overview

HN8 The right to associate is a fundamental right protected by the First Amendment and the Due Process Clause of the Fourteenth Amendment. The United States Supreme Court has recognized that individuals have a First Amendment right to associate in two situations: (1) intimate association, when individuals enter into and maintain certain intimate human relationships; and (2) expressive association, when individuals associate for the purpose of engaging in those activities protected by the First Amendment — speech, assembly, petition for the redress of grievances, and the exercise of religion.

Constitutional Law > Bill of Rights > Fundamental Freedoms > Freedom of Association

Business & Corporate Compliance > ... > Governments > Agriculture & Food > Smoking Bans

HN9 While smoking bans restrict where a person may smoke, it is a far cry to allege that such restrictions unduly interfere with smokers' right to associate freely with whomever they choose. Nothing in the Constitution engrafts upon First Amendment protections any other collateral social interaction, whether eating, drinking, dancing, gambling, fighting, or smoking.

Constitutional Law > Bill of Rights > Fundamental Freedoms > Freedom of Association

Business & Corporate Compliance > ... > Governments > Agriculture & Food > Smoking Bans

HN10 An ordinance prohibiting smoking in bars and restaurants, no matter how applied, cannot infringe on the right of expressive association.

Constitutional Law > Bill of Rights > Fundamental Freedoms > Freedom of Association

Business & Corporate Compliance > ... > Governments > Agriculture & Food > Smoking Bans

Governments > Local Governments > Ordinances & Regulations

HN11 An ordinance banning smoking in private clubs does not implicate the right to intimate association under the First Amendment.

Constitutional Law > Bill of Rights > Fundamental Freedoms > Freedom of Association

HN12 The First Amendment protects the ability to choose one's intimate associates freely, not the ability to engage in any conduct in any place so long as one is interacting with his or her intimate associates.

Constitutional Law > Substantive Due Process > Privacy > General Overview

HN13 See Alaska Const. art. I, § 22.

Constitutional Law > Substantive Due Process > Privacy > General Overview

HN14 The explicit guarantee of privacy under Alaska Const. art. I, § 22 provides Alaskan citizens with greater protection than the federal constitution. Although the Supreme Court of Alaska has recognized a strong right to personal autonomy and privacy under the Alaska Constitution, it has also clearly stated that the rights to privacy and liberty are neither absolute nor comprehensive; their limits depend on a balance of interests that will vary depending on the importance of the rights infringed. When the state interferes with a fundamental aspect of the right to privacy, the government must demonstrate a compelling governmental interest and the absence of a less restrictive means to advance that interest. For interference with a non-fundamental aspect of privacy, the state must show a legitimate interest and a close and substantial relationship between its interest and its chosen means of advancing that interest.

Constitutional Law > Substantive Due Process > Privacy > General Overview

HN15 The Supreme Court of Alaska has held two categories of privacy rights are fundamental: those concerning personal autonomy and those protecting a distinctive situs — the home. There is some overlap between these two areas because the right to privacy in the home is directly linked to a notion of individual autonomy.

Constitutional Law > Substantive Due Process > Privacy > General Overview

Business & Corporate Compliance > ... > Governments > Agriculture & Food > Smoking Bans

HN16 Smoking tobacco is not a fundamental right of personal autonomy.

Constitutional Law > Bill of Rights > Fundamental Rights > General Overview

Criminal Law & Procedure > ... > Controlled Substances > Possession > General Overview

HN17 There is no fundamental right, either under the Alaska or federal constitutions, either to possess or ingest marijuana.

Constitutional Law > Bill of Rights > Fundamental Rights > General Overview

HN18 There is no fundamental right to possess or consume alcohol.

Constitutional Law > Bill of Rights > Fundamental Rights > General Overview

Business & Corporate Compliance > ... > Governments > Agriculture & Food > Smoking Bans

HN19 There is not a fundamental right of personal autonomy under the Alaska Constitution to ingest tobacco.

Constitutional Law > Substantive Due Process > Privacy > General Overview

Criminal Law & Procedure > ... > Controlled Substances > Possession > General Overview

HN20 Because of the distinctive nature and importance of the home, Alaskans have a fundamental right to privacy in their homes. This fundamental right to privacy in the home encompasses the possession and ingestion of substances such as marijuana, subject to two important limitations: First, the use or possession must be limited to a purely personal, non-commercial context in the home; and second, the right must yield when it interferes in a serious manner with the health, safety, rights and privileges of others or with the public welfare.

Constitutional Law > Substantive Due Process > Privacy > General Overview

Criminal Law & Procedure > ... > Controlled Substances > Possession > General Overview

HN21 The right to possess and ingest certain substances encompassed by the right to privacy is strictly limited to a purely personal, non-commercial context in the home. It is the distinctive nature of an individual's home that is recognized as deserving of special protection.

Constitutional Law > Substantive Due Process > Privacy > General Overview

Governments > Police Powers

HN22 Alaska cases do not support the argument that the government may not abridge any aspect of personal privacy unless it involves conduct posing a threat of harm to another. The Supreme Court of Alaska has rejected the argument that the state cannot regulate conduct that poses a threat of harm to others if the potential victims consent to the harm.

Constitutional Law > Substantive Due Process > Privacy > General Overview

HN23 No one has an absolute right to do things in the privacy of his own home which will affect himself or others adversely.

Healthcare Law > Medical Treatment > End-of-Life Decisions > Assisted Suicide

HN24 A physician who assists in a suicide undeniably causes harm to others even with the patient's consent.

Counsel: Paul H. Grant, Law Office of Paul H. Grant, Juneau, for Appellants.

John W. Hartle, City Attorney, Juneau, for Appellee.

Peter J. Maassen, Ingaldson, Maassen & Fitzgerald, P.C., Anchorage, for Amicus Curiae American Cancer Society Cancer Action Network.

Judges: Before: Carpeneti, Chief Justice, Fabe, Winfree, Christen, and Stowers, Justices.

Opinion by: FABE

Opinion

[*350] FABE, Justice.

I. INTRODUCTION

The City and Borough of Juneau has an ordinance that prohibits smoking in certain places. In March 2008 the City Assembly amended that ordinance to prohibit smoking in "private clubs" that offer food or alcoholic beverages for sale. The Fraternal Order of Eagles, Juneau-Douglas Aerie 4200 and three of its members challenged the ban on smoking in private clubs both on its face and as applied to their Aerie facility. The Eagles argued that the prohibition on smoking in private clubs violates both their First Amendment rights under the United States Constitution and their privacy rights under the Alaska Constitution. We conclude that the ban on smoking in private clubs is a regulation [*2] of conduct that does not implicate the freedom of association under the First Amendment to the United States Constitution and that the ban on smoking in private clubs does not violate the Eagles' right to privacy under article I, section 22 of the Alaska Constitution. We therefore affirm the superior court's order granting the City and Borough of Juneau's motion for summary judgment.

II. FACTS AND PROCEEDINGS

In October 2001 **HN1** the City and Borough of Juneau (the City) adopted the first version of its "Smoking in Public Places Code," City and Borough of Juneau Code (CBJ) 36.60. The City Assembly found that "in order to protect the public health it is necessary to control the amount of tobacco smoke in public places." The City Assembly also included in its findings the conclusions of a 1992 report published by the United States Environmental Protection Agency, titled *Respiratory Health Effects of Passive Smoking: Lung Cancer and Other Disorders*, that outlined the dangers of second-hand smoke, including increased risks for lung cancer and coronary heart disease among nonsmokers, increased risk of death from lung cancer and coronary heart disease, respiratory problems in children, and lower [*3] respiratory tract infections.

Since 2001 **HN2** the City's anti-smoking ordinance has been amended several times. Originally it exempted "enclosed areas used for conferences or meetings in restaurants, service clubs, hotels, or motels while the spaces are in use for private functions" as well as "bars and bar restaurants." In 2004 it was amended to ban smoking in "bar restaurants" effective January 2, 2005, and to ban smoking in "bars" effective January 2, 2008. In 2007 it was amended to prohibit smoking and the use of smokeless tobacco products at several public and private medical facilities, including the public streets and sidewalks adjacent to those facilities.¹ Later that year it was also amended to prohibit smoking in bus passenger shelters.

¹ The prohibitions on smokeless tobacco appear only in the provisions regulating medical facilities and are not at issue in this appeal. CBJ 36.60.010(b) (2008).

But the ban on smoking in "bars" and "bar restaurants" did not include private clubs until 2008, when a concern was raised that private clubs selling food or alcohol had an unfair business advantage. In response the City Assembly directed the City Attorney to prepare a new amendment to the [*4] ordinance that would "clearly prohibit smoking in all places where either alcoholic beverages or food are offered for sale." **HN3** In March 2008 the City Assembly adopted the amendment to the ordinance now at issue in this appeal. This amendment made several changes to the ordinance, including changing the name from the "Smoking in Public Places Code" to the "Second-Hand Smoke Control Code" and eliminating the exception for smoking in retail tobacco stores. The amended ordinance [*351] broadened the definition of a "bar"; eliminated the exception to the smoking ban for "private functions"; and specifically prohibited smoking in private clubs that offer food or alcoholic beverages for sale, regardless of the number of employees.²

The Fraternal Order of Eagles, Juneau-Douglas Aerie 4200 is a private nonprofit charitable corporation organized under the laws of the State of Alaska. Aerie 4200 is a local chapter of the international organization known as the Fraternal [*5] Order of Eagles. Aerie 4200 has 262 full members, including both men and women, and 134 ladies auxiliary members. Members pay a \$15 initiation fee and \$35 in annual dues. New members must be approved by a unanimous vote of the existing members. All members must subscribe to the club rules. The club rules contain an expectation that members will treat the Aerie facility as "an extension of the members' homes" and that the members will have an expectation of privacy while in the facility.

Aerie 4200 holds a license to sell alcoholic beverages in the Aerie facility and is thus subject to Title 4 of the Alaska Statutes, titled "Alcoholic Beverages." Alaska Statute 04.16.010 requires that establishments licensed to sell alcohol, such as the Aerie facility, be closed between 5:00 a.m. and 8:00 a.m. every day. Aerie 4200 employs four part-time bartenders, in addition to a business manager who also serves as a bartender. All five of these employees are members of Aerie 4200 and all five are smokers.³

Aerie 4200's activities are "intended to produce a financial base" [*6] from which contributions to worthy causes are made. In 2007 Aerie 4200 contributed almost \$25,000 to various charities. Aerie 4200 has observed a decline in applications for new membership and estimate that revenues from their Aerie facility have declined 25% since the extension of the smoking ban to private clubs.

The Aerie facility is available only to members, auxiliary members, and their guests. Guests must be signed into the guestbook and sponsored by a member who is present. Each guest is permitted to visit three times before being expected to apply for membership. These requirements are occasionally relaxed in situations such as "providing assistance to people in distress or allowing prospective members to evaluate the club." The Aerie facility is also opened up to the general public four times each year for fundraising events, but no smoking is allowed in the facility during these events. Except on these public occasions, smoking is allowed by a "House Rule" adopted unanimously by Aerie 4200's membership in April 2008.

In July 2008 Aerie 4200 and three of its members (collectively, the Eagles) filed suit against the City, alleging that the portion of the Second-Hand Smoke Control [*7] Code that bans smoking in private clubs is unconstitutional both on its face and as applied to Aerie 4200. Specifically, the Eagles claimed that the smoking ban infringed upon their freedom of association under the First Amendment to the United States Constitution and their privacy rights under article I, section 22 of the Alaska Constitution.

Both the Eagles and the City agreed that the case could be resolved as a matter of law on summary judgment. The superior court considered memoranda from both parties as well as an amicus memorandum from the American

² For places of employment other than private clubs, the ordinance currently contains an exception to the smoking ban if there are four or fewer employees, unless the place of employment is an "enclosed public place." CBJ 36.60.030(a)(2) (2008).

³ According to an affidavit from the Grand Worthy President of Aerie 4200, approximately 85% of Aerie 4200's members are smokers.

Cancer Society.⁴ The amicus memorandum addressed the legal issues presented but also provided more recent factual information about the dangers of second-hand smoke, including various studies detailing the positive public health effects of anti-smoking ordinances. On October 14, 2009, [*352] the superior court denied the Eagles' motion for summary judgment and granted summary judgment to the City on both the federal association claim and the state privacy claim.⁵ The superior court entered final judgment on December 11, 2009. The Eagles appeal.

III. STANDARD OF REVIEW

HN4 We review a grant of summary judgment de novo while drawing "all factual inferences in favor of, and viewing the facts in the light most favorable to the non-prevailing party."⁶ A grant of summary judgment will be affirmed "when there are no genuine issues of material fact, and the prevailing party . . . was entitled to judgment as a matter of law."⁷ Here, the parties [*9] agreed that the case could be decided on summary judgment and do not contend that there are material facts in dispute. **HN5** We apply our independent judgment to questions of constitutional law⁸ and will "adopt the rule of law that is most persuasive in light of precedent, reason, and policy."⁹

HN6 *Article X, section 11 of the Alaska Constitution* provides home rule municipalities with broad powers: "A home rule borough or city may exercise all legislative powers not prohibited by law or by charter." The Alaska Constitution also requires that "[a] liberal construction shall be given to the powers of local government units."¹⁰ We have made clear that **HN7** "[a] duly enacted law or rule, including a municipal ordinance, is presumed to be constitutional"¹¹ and that "[c]ourts should construe enactments to avoid a finding of unconstitutionality to the extent possible."¹²

IV. [*10] DISCUSSION

A. The Ban On Smoking In Private Clubs Is A Regulation Of Conduct That Does Not Implicate The Eagles' Freedom Of Association Under The *First Amendment To The United States Constitution*.

HN8 "The right to associate is a fundamental right protected by the *First Amendment* and the *due process clause of the Fourteenth Amendment*."¹³ The United States Supreme Court has recognized that individuals have a First Amendment right to associate in two situations: (1) "intimate association," when individuals "enter into and maintain certain intimate human relationships," and (2) "expressive association," when individuals "associate for

⁴ The superior court granted the American Cancer Society's motion for leave to participate as amicus [*8] curiae on December 22, 2008. The American Cancer Society also submitted an amicus brief to this court.

⁵ The Eagles also raised several other claims in their complaint, including that their right to association under the Alaska Constitution was violated, that the anti-smoking ordinance was preempted by a comprehensive state scheme for regulating alcohol and tobacco, and that the Juneau police have unlawfully intruded into the Aerie facility when seeking to enforce the ban on smoking. In its decision on summary judgment, the superior court requested that the Eagles file a status report indicating whether they were choosing to proceed with these remaining claims. The Eagles filed a Notice Regarding Additional Claims on November 20, 2009, advising the court that they did not intend to pursue these claims.

⁶ *Rockstad v. Erikson*, 113 P.3d 1215, 1219 (Alaska 2005).

⁷ *Id.*

⁸ *State, Dep't of Health & Soc. Servs. v. Planned Parenthood of Alaska, Inc.*, 28 P.3d 904, 908 (Alaska 2001).

⁹ *Alaskans for Efficient Gov't, Inc. v. State*, 153 P.3d 296, 298 (Alaska 2007) (quoting *Sonneman v. State*, 969 P.2d 632, 636 (Alaska 1998)).

¹⁰ Alaska Const. art. X, § 1.

¹¹ *Treacy v. Municipality of Anchorage*, 91 P.3d 252, 260 (Alaska 2004).

¹² *Id.*

¹³ *In re Mendel*, 897 P.2d 68, 76 (Alaska 1995) (citing *NAACP v. Alabama ex rel. Patterson*, 357 U.S. 449, 460, 78 S. Ct. 1163, 2 L. Ed. 2d 1488 (1958)).

the purpose of engaging in those activities protected by the *First Amendment* — speech, assembly, petition for the redress of grievances, and the exercise of religion." ¹⁴

For the Eagles to prevail on their challenge to the City's ban on smoking in private clubs they "must demonstrate that the ordinance infringes on one of these two protected [*353] areas of association." ¹⁵ The Eagles focus their arguments [*11] on the "intimate association" prong. ¹⁶ The Eagles argue that (1) the "specific and unique characteristics" of their group and the Aerie facility, such as its small membership and restrictive policies for admitting guests and new members, make the relationships among their members the type of intimate association protected under the *First Amendment*; and (2) because approximately 85% of their members are smokers, prohibiting smoking in the Aerie facility unduly interferes with those relationships by essentially "telling members to 'go elsewhere.' "

To support this argument the Eagles point to the United States Supreme Court decision in *Roberts v. United States Jaycees*, which [*12] held that state human rights legislation requiring the Jaycees to admit women did not abridge the male members' freedom of association. ¹⁷ In *Roberts*, the Court noted that "choices to enter into and maintain certain intimate human relationships must be secured against undue intrusion by the State" because such relationships are "a fundamental element of personal liberty." ¹⁸ In order to enjoy this protection, however, a relationship must be "highly personal." ¹⁹ Noting that family bonds are the clearest example of such highly personal relationships, the Court explained that relationships "distinguished by such attributes as relative smallness, a high degree of selectivity in decisions to begin and maintain the affiliation, and seclusion from others in critical aspects of the relationship" will trigger the protections of the *First Amendment*. ²⁰ Therefore, "[d]etermining the limits of state authority over an individual's freedom to enter into a particular association . . . unavoidably entails a careful assessment of where that relationship's objective characteristics locate it on a spectrum from the most intimate to the most attenuated of personal attachments." ²¹ The Eagles argue that [*13] this language requires us to first determine whether Aerie 4200 consists of the type of intimate relationships protected under the freedom to associate.

The City counters that the ordinance does not implicate the freedom of association because it "does not regulate who may associate with whom" but instead only "regulates certain *conduct* in certain places." (Emphasis in original.) The superior court also emphasized the distinction between the cases cited by the Eagles, including *Roberts*, which involve "the regulation of the *membership* of private clubs," and regulations that only pertain to "the *conduct* of members." (Emphasis in original.) As the superior court explained, cases involving the regulation of membership have a direct impact on individuals' choice of whom to associate with, while this case concerns "what people can choose to do while associating." Because of this conclusion, the superior court did not reach the question whether Aerie 4200 consists of intimate relationships possessing the "distinctive characteristics" ²² that would afford heightened constitutional protection.

¹⁴ *Roberts v. U.S. Jaycees*, 468 U.S. 609, 617-18, 104 S. Ct. 3244, 82 L. Ed. 2d 462 (1984).

¹⁵ *Taverns For Tots, Inc. v. City of Toledo*, 341 F. Supp. 2d 844, 849 (N.D. Ohio 2004).

¹⁶ While the Eagles maintain that their exercise of expressive (as opposed to intimate) association rights has been "hampered by the ordinance because members have been made to feel unwelcome and have been discouraged from attendance," they admit that "all evidence on this point is anecdotal" and that "any attempt to conclusively link the ordinance with a chilling of [the Eagles'] expressive associational rights is difficult at best."

¹⁷ 468 U.S. 609, 104 S. Ct. 3244, 82 L. Ed. 2d 462 (1984).

¹⁸ *Id.* at 617-18.

¹⁹ *Id.* at 618.

²⁰ *Id.* at 619-20.

²¹ *Id.* at 620.

²² See *id.* at 621.

Numerous [*14] state and federal courts have reached similar conclusions when considering *First Amendment* challenges to ordinances that restrict smoking. As the Washington Supreme Court noted: "Other courts have universally rejected challenges to smoking bans on the grounds they interfere with freedom of association."²³

[*354] The first group of these cases considered ordinances banning smoking in places of public accommodation such as restaurants or bars. In *NYC C.L.A.S.H., Inc. v. City of New York*, the federal district court rejected the "expressive association" argument that state and city laws prohibiting smoking in bars and restaurants interfered with the rights of smokers to associate while exercising their First Amendment rights.²⁴ In *C.L.A.S.H.*, a smokers'-rights organization [*15] argued that "to bar the act of smoking in all privately owned places that are open to the public deprives smokers of a necessary venue for conducting their private social lives."²⁵ The federal district court concluded that *HN9* "[w]hile the Smoking Bans restrict where a person may smoke, it is a far cry to allege that such restrictions unduly interfere with smokers' right to associate freely with whomever they choose" and that "[n]othing in the Constitution engrafts upon First Amendment protections any other collateral social interaction, whether eating, drinking, dancing, gambling, fighting, or smoking."²⁶ As the *C.L.A.S.H.* court noted, the effect of this "'association PLUS' theory would be to embellish the *First Amendment* with extra-constitutional protection for any ancillary practice adherents may seek to entwine around fundamental freedoms, as a consequence of which the government's power to regulate socially or physically harmful activities may be unduly curtailed."²⁷

In *Taverns for Tots v. City of Toledo*, a federal district court in Ohio similarly found that *HN10* an ordinance prohibiting [*16] smoking in bars and restaurants, "no matter how applied, cannot infringe on the right of expressive association."²⁸ That court quoted the opinion in *NYC C.L.A.S.H.* and further explained that the ordinance "do[es] not interfere with the ability of members [of Taverns for Tots] to get together for any lawful purpose, including the exercise of expressive activity The ordinance only prevents smoking in public places."²⁹

Several other decisions, both at the federal and state level, have addressed the direct question whether an ordinance prohibiting smoking in private clubs unconstitutionally interferes with intimate associational rights. In *Players, Inc. v. City of New York*, the federal district court for the Southern District of New York again ruled that New York City's smoking ban was [*17] constitutional, even when it banned smoking in a private club "with a long and storied past."³⁰ The court rejected the club's argument under the intimate association prong, writing:

[E]ven if Players had not waived the opportunity to present facts in support of its claim to the right of intimate association . . . the Court finds that the Club could not demonstrate that any such right was infringed by the Smoking Bans. Players does not cite to, and the Court cannot locate, any provision of the Smoking Bans or their regulatory schemes that purports to regulate members, or interaction among

²³ *Am. Legion Post #149 v. Washington State Dep't of Health*, 192 P.3d 306, 323 (Wash. 2008); see, e.g., *Players, Inc. v. City of New York*, 371 F. Supp. 2d 522, 544-45 (S.D.N.Y. 2005); *Taverns for Tots, Inc. v. City of Toledo*, 341 F. Supp. 2d 844, 849-53 (N.D. Ohio 2004); *City of Tucson v. Grezaffi*, 200 Ariz. 130, 23 P.3d 675, 681 (Ariz. App. 2001); *Am. Lithuanian Naturalization Club v. Board of Health of Athol*, 446 Mass. 310, 844 N.E.2d 231, 242 (Mass. 2006).

²⁴ 315 F. Supp. 2d 461, 472-76 (S.D.N.Y. 2004).

²⁵ *Id.* at 473 (citation omitted).

²⁶ *Id.* at 473-74.

²⁷ *Id.* at 474.

²⁸ 341 F. Supp. 2d at 852.

²⁹ *Id.* at 851. The federal district court in *Taverns for Tots* also rejected the plaintiff's intimate association claim, but on the basis that the purpose of Taverns for Tots was to evade the anti-smoking ordinance and that such an organization "is not the kind of intimate associational activity that either enjoys or deserves protection under the *First Amendment*." *Id.* at 850.

³⁰ 371 F. Supp. 2d 522, 525 (S.D.N.Y. 2005).

members, in any clubs covered by the statutes. Smokers' ability to join Players is completely unaffected by the Smoking Bans. At worst, interaction among members could be affected by the laws only incidentally.³¹

With regard to Players' expressive associational rights, the court cited *NYC C.L.A.S.H.* to again reject the club's First Amendment [*355] argument.³²

State courts have also upheld anti-smoking ordinances, even when applied to private clubs. In *American Lithuanian Naturalization Club v. Board of Health of Athol*, the Supreme Judicial [**18] Court of Massachusetts upheld a challenge to a smoking ban that prohibited smoking in all enclosed areas of local private clubs.³³ The court rejected the intimate association argument advanced by three private clubs that their members would no longer socialize at their facilities if smoking was banned, holding that there was "no showing that enforcement of the town regulation will infringe the members' right to maintain relationships with each other."³⁴

In the closest factual analogy to this case, *American Legion Post #149 v. Washington State Department of Health*, the Washington Supreme Court considered a challenge to a statute and ordinance prohibiting smoking in any place of employment.³⁵ Although the Washington Supreme Court considered the relevant factors and determined that American Legion Post #149 was not an intimate association because of its large membership, the court indicated that there would be no violation of the group's rights even if it had been deemed an intimate association: "Even if the Post were deemed to facilitate intimate human relationships, the ban does not directly interfere with such relationships or a person's [**19] ability to join the Post. Instead, it merely prohibits smoking in the Post's building when employees are present."³⁶

We agree with these other courts that **HN11** an ordinance banning smoking in private clubs does not implicate the right to intimate association under the *First Amendment*. Even assuming the Eagles' relationships are of the highly personal type that receive heightened constitutional protection, the ordinance does not regulate or interfere with the members' "choices to enter into and maintain"³⁷ those relationships. The ordinance does not regulate the membership of Aerie 4200 or who may associate with whom; it only regulates the conduct of members in certain places.

The Eagles argue that the ordinance unduly interferes with "how, when, and where club members choose to partake of their intimate associations." The Eagles essentially urge us (1) to adopt the "association plus" theory in spite of the uniform decisions of other courts and (2) to hold that "the right of intimate association includes a right to engage in any lawful activities the participants may choose." But **HN12** the *First Amendment* [**20] protects the ability to choose one's intimate associates freely, not the ability to engage in any conduct in any place so long as one is interacting with his or her intimate associates. As Judge Pallenberg persuasively explained:

One could not seriously argue that application of other penal laws, such as the laws against drug possession, theft, sexual contact with minors, or prostitution, to the conduct of members within the confines of a private club infringes upon the members' freedom of association. All such laws regulate the actions of the members, not their choice of the people with whom they associate. In terms of its impact on freedom of association, regulation of smoking as an activity is not different in kind from regulation of these

³¹ *Id.* at 545.

³² *Id.* at 545-46.

³³ 446 Mass. 310, 844 N.E.2d 231 (Mass. 2006).

³⁴ *Id.* at 242.

³⁵ 164 Wn.2d 570, 192 P.3d 306 (Wash. 2008).

³⁶ *Id.* at 323.

³⁷ *Roberts v. U.S. Jaycees*, 468 U.S. 609, 617, 104 S. Ct. 3244, 82 L. Ed. 2d 462 (1984).

other activities. . . . People are free to join the Eagles or not; they are just prohibited from smoking inside the club.

Because the smoking ban regulates only conduct, we hold that it does not implicate the freedom of association protected by the First Amendment to the United States Constitution. We do not reach the question whether Aerie 4200 consists of the highly personal relationships that receive heightened protection under the right to intimate [**21] association.

[*356] **B. The Ban On Smoking In Private Clubs Does Not Violate The Eagles' Right To Privacy Under Article I, Section 22 Of The Alaska Constitution.**

HN13 Article I, section 22 of the Alaska Constitution states that "the right of the people to privacy is recognized and shall not be infringed." We have held that **HN14** this explicit guarantee of privacy provides Alaskan citizens with greater protection than the federal constitution.³⁸ But although we have recognized a strong right to personal autonomy and privacy under the Alaska Constitution, we have also clearly stated that "the rights to privacy and liberty are neither absolute nor comprehensive . . . their limits depend on a balance of interests" that will vary depending on the importance of the rights infringed.³⁹ When the state interferes with a fundamental aspect of the right to privacy, the government must demonstrate a "compelling governmental interest and the absence of a less restrictive means to advance that interest."⁴⁰ For interference with a non-fundamental aspect of privacy, "the state must show a legitimate interest and a close and substantial relationship between its interest and its chosen means of advancing that interest." [**22]⁴¹ Thus, to determine whether the Eagles' right to privacy has been violated, we must first evaluate the nature of the Eagles' rights, if any, that are abridged by the ban on smoking in private clubs, and then consider whether that abridgement is justified.⁴²

HN15 We have held that two categories of privacy rights are fundamental: those concerning personal autonomy and those protecting a distinctive situs — the home.⁴³ We have recognized that there is some overlap between these two areas because "the right to privacy in the home is directly linked to a notion of individual autonomy."⁴⁴ In this case, the Eagles ask us to hold that there is a fundamental privacy right "to ingest a legal substance — tobacco — in a private club facility." The Eagles argue that the Aerie facility serves as an extension of the members' homes and that the ingestion of tobacco within the [**23] Aerie facility should be protected under our decision in *Ravin v. State*, which held that the right to privacy protects the possession by adults of small quantities of marijuana in the home for personal use.⁴⁵ The City counters that smoking is not a fundamental right of personal autonomy and that the Aerie facility should not receive the same special protection as the home. The superior court found that the regulation of smoking does not "implicate the fundamental right of personal autonomy" and that the Aerie facility is not the equivalent of a home.

1. Smoking tobacco is not a fundamental right of personal autonomy.

We agree with the superior court that, standing alone, **HN16** smoking tobacco is not a fundamental right of personal autonomy. This conclusion flows directly from our previous cases. Our decision in *Ravin* was firmly rooted in the constitutional protection for privacy in the home, and specifically held that **HN17** "there is no fundamental

³⁸ *Woods & Rohde, Inc. v. State, Dep't of Labor*, 565 P.2d 138, 150 (Alaska 1977).

³⁹ *Sampson v. State*, 31 P.3d 88, 91 (Alaska 2001).

⁴⁰ *Id.*; see *State v. Erickson*, 574 P.2d 1, 11-12 (Alaska 1978); *Ravin v. State*, 537 P.2d 494, 497-98 (Alaska 1975).

⁴¹ *Sampson*, 31 P.3d at 91.

⁴² See *Harrison v. State*, 687 P.2d 332, 337 (Alaska App. 1984).

⁴³ See *Sampson*, 31 P.3d at 93-94 (describing the holdings in several personal autonomy cases and in *Ravin*).

⁴⁴ *Id.* at 94 (citing *Ravin*, 537 P.2d at 503-04).

⁴⁵ 537 P.2d at 504.

right, either under the Alaska or federal constitutions, either to possess or ingest [**24] marijuana."⁴⁶ Similarly, in *State v. Erickson*, we rejected the argument that the right to privacy protected the use of cocaine within the home and held that "the defendants' particular rights to privacy and autonomy involved cannot be read so as to make the ingestion, sale or [*357] possession of cocaine a fundamental right."⁴⁷

Aerie 4200 argues that these holdings in *Ravin* and *Erickson* are distinguishable because tobacco, unlike marijuana or cocaine, is a legal substance. The court of appeals addressed a similar argument in *Harrison v. State*, which upheld the constitutionality of Alaska's local option law, and concluded that **HN18** "there is no fundamental right to possess or consume alcohol."⁴⁸ We agree with this conclusion of the court of appeals in *Harrison* and conclude that it applies here as well. **HN19** There is not a fundamental right of personal autonomy under the Alaska Constitution to ingest tobacco.

2. The ban on smoking in private clubs does not violate the fundamental right to privacy in the home.

In *Ravin*, however, we recognized that we could not dispose of *Ravin*'s privacy claims simply by holding that there [**25] was no constitutional right to possess or smoke marijuana.⁴⁹ We thus conducted "a more detailed examination of the right to privacy and the relevancy of where the right is exercised."⁵⁰ This examination led us to conclude that **HN20** because of the distinctive nature and importance of the home, Alaskans have a fundamental "right to privacy in their homes."⁵¹ We concluded that this fundamental right to privacy in the home encompassed "the possession and ingestion of substances such as marijuana," subject to two important limitations: First, the use or possession must be limited to "a purely personal, non-commercial context in the home"; and second, the right "must yield when it interferes in a serious manner with the health, safety, rights and privileges of others or with the public welfare."⁵²

The Eagles urge us to extend this reasoning to the ingestion of tobacco within their Aerie facility. We decline to do so because the Aerie facility is not a home and because smoking tobacco within the Aerie facility does not occur in "a purely personal, non-commercial context."

Our decision in *Ravin* does not invalidate the ordinance at issue here because [**26] a private club is not a home. The Eagles argue that "*Ravin* does not set up a dichotomy between 'homes' and 'everywhere else' " but instead recognizes a spectrum of location-based privacy rights, with possession or ingestion within a private home at one end.⁵³ Our conclusion in *Ravin*, however, made clear that **HN21** the right to possess and ingest certain substances encompassed by the right to privacy was strictly limited to a "purely personal, non-commercial context *in the home*."⁵⁴ It is the "distinctive nature" of an individual's home that we have recognized as deserving of special protection.⁵⁵

For this reason, the Eagles' arguments that the Aerie facility is "an extension" of the members' homes and "has many attributes of a home" are not persuasive. A home is a private residence. Private clubs, including the Aerie

⁴⁶ *Id.* at 502.

⁴⁷ 574 P.2d 1, 12 (Alaska 1978).

⁴⁸ 687 P.2d 332, 338 (Alaska App. 1984).

⁴⁹ *Ravin*, 537 P.2d at 502.

⁵⁰ *Id.*

⁵¹ *Id.* at 504.

⁵² *Id.*

⁵³ See *Ravin*, 537 P.2d at 502-03.

⁵⁴ *Id.* at 504 (emphasis added).

⁵⁵ *Id.* at 503.

facility, are not homes. The Aerie facility is owned by a non-profit corporation organized under the laws of Alaska; it sells liquor and holds a liquor license that subjects it to the State of Alaska's comprehensive regulations for the sale of alcohol; and it employs five people, including a designated [*27] business manager.

Furthermore, when members of Aerie 4200 smoke tobacco in the Aerie facility, they are not ingesting that substance in a "purely personal, non-commercial context."⁵⁶ Aerie 4200 could choose not to sell alcohol in the Aerie facility. But Aerie 4200 functions as both a social club and a commercial enterprise that conducts activities "intended to produce a financial base." The fact that Aerie 4200 uses its revenue to support charitable [*358] causes does not change the commercial nature of its Aerie facility. Because the Aerie facility is not a home and operates in a commercial context, it does not fall under the privacy protections established in *Ravin*.

3. The ban on smoking in private clubs bears a close and substantial relationship to the legitimate state purpose of protecting the public health.

Because the ban on smoking in private clubs does not implicate a fundamental aspect of the right to privacy, we do not evaluate the ban under strict scrutiny. Instead, we apply the less stringent test of whether the City has demonstrated a legitimate interest in protecting the public health and welfare and a close and substantial relationship between that interest and the [*28] ban on smoking in private clubs.⁵⁷

The superior court found that "[t]he toll of death and injury caused by consumption of tobacco is not subject to serious dispute," and the amicus brief filed by the American Cancer Society discusses in detail the "harmful effects of exposure to second-hand smoke and the beneficial impact of smoke-free legislation." The Eagles do not dispute these health claims and concede that there is a legitimate state interest in enacting "a broad smoking ban in places where the public may be found, such as bars and restaurants."

The Eagles argue, however, that there is not a close and substantial relationship between protecting the public from the harmful effects of tobacco smoke and banning smoking in their private club. The Eagles emphasize that their club rule allowing smoking was adopted by a unanimous vote; that 85% of Aerie 4200's members, including all five of its employees, are smokers; and that the Aerie facility does not allow smoking when it opens to the general public a few times each year. From the perspective of the Eagles, this demonstrates that the ban on smoking in private clubs has no relationship [*29] to the welfare of the "general public," let alone a close and substantial one, but instead applies only to "private and consenting adults." The Eagles essentially claim that they have the right to engage in conduct which harms only themselves.

We rejected a similar argument in *Sampson v. State*, which held that the right to privacy does not include a right to physician-assisted suicide.⁵⁸ In *Sampson*, we explained that *HN22* our cases do not support the argument "that the government may not abridge any aspect of personal privacy unless it involves conduct posing a threat of harm to another."⁵⁹ Our decision in *Sampson* also rejected the argument that the state cannot regulate conduct that poses a threat of harm to others if the potential victims consent to the harm.⁶⁰ The Supreme Judicial Court of Massachusetts rejected a similar argument in *American Lithuanian Naturalization Club v. Board of Health of Athol*,

⁵⁶ *Id.* at 504.

⁵⁷ See *Sampson v. State*, 31 P.3d 88, 91 (Alaska 2001).

⁵⁸ 31 P.3d 88.

⁵⁹ *Id.* at 95; see also *State v. Erickson*, 574 P.2d 1, 21 (1978) [*30] ("*HN23* No one has an absolute right to do things in the privacy of his own home which will affect *himself* or others adversely.") (emphasis added).

⁶⁰ *Sampson*, 31 P.3d at 95 (finding that *HN24* "a physician who assists in a suicide undeniably causes harm to others" even with the patient's consent).

holding that there was a rational connection between the state's interest in public health and the ban on smoking in private clubs, particularly given the exposure of non-smoking club members to second-hand smoke.⁶¹

All of Aerie 4200's members, including the smokers and the non-smokers, are harmed by exposure to second-hand smoke in the enclosed space of the Aerie facility. Their consent does not change the analysis of the City's interest in protecting their health. As the superior court observed:

It is not enough to say that the persons exposed to second-hand smoke have chosen to be in the Eagles Aerie Home. If it were, then no anti-smoking ordinance could be upheld as long as other persons present were there voluntarily. If a workplace, or a bar, or a restaurant is posted as [*359] a smoking zone, then everyone present has chosen to be there knowing there is smoke.

The City has a legitimate interest in protecting the public, non-smokers and smokers alike, from the well-established dangers of second-hand tobacco smoke. Aerie 4200 has elected to obtain a state-regulated liquor license [**31] and sell alcoholic beverages in its Aerie facility. Establishments that offer alcoholic beverages for sale are likely to be places where members of the public frequently gather. Therefore, the City's decision to ban smoking in any enclosed place that offers food or alcohol for sale, including private clubs, bears a close and substantial relationship to the public health.

V. CONCLUSION

For the foregoing reasons, we AFFIRM the superior court's order granting summary judgment to the City and Borough of Juneau.

⁶¹ See 446 Mass. 310, 844 N.E.2d 231, 238-39 (Mass. 2006).

Alaska Stat. § 44.29.020

Current through the 2014 Second Regular Session of the Twenty-Eighth State Legislature

Alaska Statutes > TITLE 44. STATE GOVERNMENT > CHAPTER 29. DEPARTMENT OF HEALTH AND SOCIAL SERVICES > ARTICLE 1. ORGANIZATION

Sec. 44.29.020. Duties of department

- (a) The Department of Health and Social Services shall administer the state programs of public health and social services, including
- (1) maternal and child health services;
 - (2) preventive medical services;
 - (3) public health nursing services;
 - (4) nutrition services;
 - (5) health education;
 - (6) laboratories;
 - (7) mental health treatment and diagnosis;
 - (8) management of state institutions, except for adult penal institutions;
 - (9) medical facilities;
 - (10) adult public assistance;
 - (11) Alaska temporary assistance program;
 - (12) child welfare services;
 - (13) general relief;
 - (14) a comprehensive smoking education, tobacco use prevention, and tobacco control program; to the maximum extent possible, the department shall administer the program required under this paragraph by grant or contract with one or more organizations in the state; the department's program must include
 - (A) a community-based tobacco use prevention and cessation component addressing the needs of youth and adults that includes use of cessation aids such as a nicotine patch or a nicotine gum tobacco substitute;
 - (B) youth-based efforts that involve youth in the design and implementation of tobacco control efforts;
 - (C) anti-tobacco counter-marketing targeting both youth and adult populations designed to communicate messages to help prevent youth initiation of tobacco use, promote cessation among tobacco users, and educate the public about the lethal effects of exposure to secondhand smoke;
 - (D) tobacco use surveys of youth and adult populations concerning knowledge, awareness, attitude, and use of tobacco products; and
 - (E) an enforcement component;
 - (15) the Alaska Pioneers' Home and the Alaska Veterans' Home;
 - (16) licensure and regulation of child care facilities.
- (b) The Department of Health and Social Services shall comply with AS 15.07.055 to serve as a voter registration agency to the extent required by state and federal law, including 42 U.S.C. 1973gg (National Voter Registration Act of 1993).
- (c) The Department of Health and Social Services shall cooperate with the Department of Public Safety in

Alaska Stat. § 44.29.020

enforcement of the prohibition on the possession, offer, display, marketing, advertising, or sale of illicit synthetic drugs under AS 17.21.

History

(§ 12 ch 64 SLA 1959; am § 3 ch 104 SLA 1971; am § 47 ch 71 SLA 1972; am E.O. No. 51, § 41 (1981); am § 98 ch 59 SLA 1982; am § 7 ch 138 SLA 1982; am E.O. No. 55, §§ 39, 40 (1984); am § 16 ch 111 SLA 1994; am § 27 ch 107 SLA 1996; am § 85 ch 58 SLA 1999; am § 3 ch 87 SLA 2000; am E.O. No. 108, § 4 (2003); am §§ 11, 25 ch 59 SLA 2004; am § 2 ch 86 SLA 2014)

Annotations

Notes

REVISOR'S NOTES. --

In 2004, the paragraphs in (a) of this section were renumbered to reflect the repeal of former paragraph (a)(14).
In 2014, the paragraphs in this section were renumbered to reflect the repeal of former paragraph (a)(16).

EFFECT OF AMENDMENTS. --

The 2014 amendment, effective October 14, 2014, added (c).

Research References & Practice Aids

CROSS REFERENCES. --

For legislative findings and purpose in connection with the enactment of former AS 44.21.035, on which this section is based, see § 1, ch. 98, SLA 1992 in the Temporary and Special Acts.

ADMINISTRATIVE CODE. --

For purpose, applicability, and administrative provisions, see 7 AAC 10, art. 1.

For environmental health and safety, see 7 AAC 10, art. 4.

For inspections and investigations, see 7 AAC 10, art. 6.

For physical examination of school children, see 7 AAC 27, art. 5.

For licensing process, see 7 AAC 50, art. 1.

For administration, see 7 AAC 50, art. 2.

For personnel, see 7 AAC 50, art. 3.

For admission and discharge, see 7 AAC 50, art. 4.

For care and services, see 7 AAC 50, art. 5.

For environment, see 7 AAC 50, art. 6.

For specializations, see 7 AAC 50, art. 7.



The Health and Economic Benefits of Making Alaska Smoke-Free

Making all Alaska workplaces, restaurants, and bars 100% smoke-free would prevent about 1,900 youth from becoming smokers, and within five years, save an estimated \$5.04 million in lung cancer, heart attack, and stroke costs.

According to the Surgeon General, the science is clear: There is no safe level of exposure to second-hand smoke. Just as tobacco smoke causes lung cancer, heart attacks, strokes, and other preventable diseases in smokers, secondhand smoke causes disease and death in non-smokers, as well. Smoke-free laws not only decrease exposure to tobacco smoke and the resulting disease and death, they also decrease the number of youth who start smoking, increase the number of smokers who quit, and cut health care costs for smokers and non-smokers alike.

Alaska is one of only 15 states that currently has no law prohibiting smoking in all workplaces or restaurants or bars. Making all workplaces, restaurants, and bars in the state 100% smoke-free is the **only** way to protect all Alaska residents from the dangers of secondhand smoke.

SAVING LIVES

Making all Alaska workplaces, restaurants, and bars 100% smoke-free would be expected to provide the following reductions in the number of smokers and the number of deaths caused by smoking or exposure to tobacco smoke:*

Adults Who Would Quit Smoking	Youth Who Would Never Start Smoking	Reduction in Smoking-Related Deaths	Reduction in Deaths of Non-Smokers
4,500	1,900	2,800	300

SAVING MONEY

In addition to saving lives, making Alaska smoke-free would cut health care costs for both smokers and non-smokers. Over five years, a comprehensive smoke-free law covering all Alaska workplaces, restaurants, and bars would be expected to produce the following economic benefits:*

Lung Cancer Treatment Savings	Heart Attack and Stroke Treatment Savings	State's Medicaid Program Savings	Smoking-Related Pregnancy Treatment Savings
\$1.35M	\$3.69M	\$520,000	\$980,000

*Estimates are based on analysis performed on behalf of the American Cancer Society Cancer Action Network. Totals in charts have been rounded.



Alaska Smoke-Free Indoor Workplaces

Only half of Alaska's population is covered by a current smoke-free workplace law. A statewide smoke-free indoor workplaces law would update existing Alaska state law to provide comprehensive protection from secondhand smoke for employees and customers in all enclosed workplaces and places of public accommodation.

This law would prohibit smoking in all indoor workplaces, businesses and public spaces. It would require that those who choose to smoke "take it outside" in order to better protect the health and safety of all workers, patrons and visitors from the disease and premature death caused by secondhand smoke. No one should have to choose between their health and a good job. Due to limitations in local authority, it is time for a statewide law.

A statewide law would create a standard with regard to secondhand smoke that puts all businesses and workplaces across Alaska on a level playing field.

Everyone has the right to breathe smoke-free air.

Smoke-Free Laws Save Lives

There is conclusive scientific evidence that secondhand smoke causes heart disease.

- Studies of at least 10 communities published in peer-reviewed journals have proven a decrease in heart attack incidence after the implementation of smoke-free laws.²
- Helena, MT enjoyed a 40% decrease in heart attacks among Helena residents while smoke-free laws were in place.²
- Heart attack hospitalizations fell by 41% in Pueblo, CO after a comprehensive smoke-free law was enacted. This decrease was sustained over a three-year-period.²

Anchorage Experiences

Smoke-Free Laws Benefit Businesses

Using employment data on Anchorage bars from 2001 to 2010, a report commissioned by the Alaska Department of Health and Social Services Tobacco Prevention and Control Program (2011) found:

Bar employment within the Municipality was 10% higher than it would have been if the smoke-free law had not been implemented.

The Institute of Social and Economic Research interviewed representatives of 50 full-service restaurants and bars in Anchorage on their perceptions of the impact of the smoke free indoor ordinance.

- 76% of restaurant and bars reported very positive or somewhat positive feedback from customers and employees.
- A total of 96% (48/50) of surveyed full-service restaurant and bar representatives identified at least one benefit from the passage of the smoke-free ordinances in Anchorage.
- Most respondents identified a cleaner environment, increased customer and employee satisfaction, improved employee health, more new customers, and lower maintenance costs as benefits of a smoke-free Anchorage.



Alaskans strongly support smoke-free indoor workplaces.

- 4 in 5 Alaska adults support smoke-free workplaces.⁴
- Support for smoke-free indoor workplaces includes a strong majority of current smokers (59%) as well as former smokers (80%).⁴
- Alaskan support for smoke-free indoor workplaces is high throughout all regions of the state, ranging from 75% to 84%.⁴



The Need for Legislation

- Secondhand smoke is a major cause of needless, preventable death, causing or worsening a wide range of adverse health effects, including lung cancer, heart disease, respiratory infections, and asthma. Most significantly, it has been shown that even brief exposure can be dangerous.
- Non smokers exposed to secondhand smoke increase their risk of heart disease and lung cancer by up to 30 percent.
- The U.S. Surgeon General's Report, "The Health Consequences of Involuntary Exposure to Tobacco Smoke," (2006) concluded that there is no risk free level of exposure to secondhand smoke; ventilation and other air cleaning technologies cannot eliminate exposure of nonsmokers to secondhand smoke; and that comprehensive smoke-free workplace policies are the only effective way to eliminate secondhand smoke exposure in the workplace¹
- Published research in communities before and after adoption of comprehensive smoke free workplace laws has documented a significant decline in heart disease-related hospital admissions.

Sources:

1. U.S. Department of Health and Human Services, *The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General*, HHS, CDC, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2006.
2. Institute of Medicine (IOM), *Secondhand Smoke Exposure and Cardiovascular Effects: Making Sense of the Evidence*, Washington, DC: The National Academies Press, 2009
3. Institute of Social and Economic Research, University of Alaska Anchorage, *The Impact of Anchorage's 2000 and 2007 Smoke-free Policies on Select Restaurants and Bars*, 2014.
4. Alaska Tobacco Facts, Update 2013 http://dhss.alaska.gov/dph/Chronic/Documents/Tobacco/PDF/2013_alaska_tobacco_facts.pdf

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Green = Comprehensive smoke-free workplaces ordinances in place

Yellow = Sitka has an exemption for bars in stand-alone buildings, but all other workplaces are covered




Orange = Boroughs without the authority to pass smoke-free workplace ordinances on the local level due to lack of health powers

Gray = Legal analysis not conducted, but likely in the same category as the orange-shaded boroughs with inadequate health powers to enact smoke-free

<u>Borough</u>	<u>Borough seat</u>	<u>Class</u>	<u>Population</u>	<u>Area</u>	<u>Map</u>
<u>Aleutians East Borough</u>	<u>Sand Point</u>	Second	3,141	6,988 sq mi (18,099 km ²)	
<u>Anchorage</u>	<i>(Consolidated city-borough)</i>	Unified Home Rule	291,826	1,697 sq mi (4,395 km ²)	
<u>Bristol Bay Borough</u>	<u>Naknek</u>	Second	997	505 sq mi (1,308 km ²)	
<u>Denali Borough</u>	<u>Healy</u>	Home Rule	1,826	12,750 sq mi (33,022 km ²)	
<u>Fairbanks North Star Borough</u>	<u>Fairbanks</u>	Second	97,581	7,366 sq mi (19,078 km ²)	
<u>Haines Borough</u>	<i>(Consolidated city-borough)</i>	Home Rule	2,508	2,344 sq mi (6,071 km ²)	
<u>Juneau</u>	<i>(Consolidated city-borough)</i>	Unified Home Rule	31,275	2,716 sq mi (7,034 km ²)	

<u>Borough</u>	<u>Borough seat</u>	<u>Class</u>	<u>Population</u>	<u>Area</u>	<u>Map</u>
<u>Kenai Peninsula Borough</u>	<u>Soldotna</u>	Second	55,400	16,013 sq mi (41,473 km ²)	
<u>Ketchikan Gateway Borough</u>	<u>Ketchikan</u>	Second	13,477	4,840 sq mi (12,536 km ²)	
<u>Kodiak Island Borough</u>	<u>Kodiak</u>	Second	13,592	6,560 sq mi (16,990 km ²)	
<u>Lake and Peninsula Borough</u>	<u>King Salmon</u>	Home Rule	1,631	23,782 sq mi (61,595 km ²)	
<u>Matanuska-Susitna Borough</u>	<u>Palmer</u>	Second	88,995	24,682 sq mi (63,926 km ²)	
<u>North Slope Borough</u>	<u>Barrow</u>	Home Rule	9,430	88,817 sq mi (230,035 km ²)	
<u>Northwest Arctic Borough</u>	<u>Kotzebue</u>	Home Rule	7,523	35,898 sq mi (92,975 km ²)	
<u>Sitka</u>	<i>(Consolidated city-borough)</i>	Unified Home Rule	8,881	2,874 sq mi (7,444 km ²)	
<u>Skagway</u>	-	First	968	452 sq mi (1,171 km ²)	

January, 2013

<u>Borough</u>	<u>Borough seat</u>	<u>Class</u>	<u>Population</u>	<u>Area</u>	<u>Map</u>
<u>Unorganized Borough</u>	-	-	78,149	323,440 sq mi (837,706 km ²)	
<u>Wrangell</u>	<i>(Consolidated city-borough)</i>	Unified Home Rule	2,369	2,570 sq mi (6,656 km ²)	
<u>Yakutat</u>	<i>(Consolidated city-borough)</i>	Home Rule	662	7,650 sq mi (19,813 km ²)	

ALASKA SMOKE-FREE WORKPLACES

EVERYONE HAS THE RIGHT TO BREATHE SMOKE-FREE AIR.



Resolutions of Support for a Statewide Smoke-Free Workplace Law

This is a list of well over 800 Alaska businesses and organizations who have signed a resolution in support of a statewide smoke-free indoor workplace law.

They come from businesses and organizations large and small, representing nearly every industry in Alaska. They cross all community and cultural lines. Broken out regionally, you will find they are also representative of every corner of The Great Land. From north to south, east to west, it's time for Alaska to have smoke-free workplaces!

Statewide Supporters

- AARP
- Agnew::Beck
- Akeela
- Alaska Academy of Family Physicians
- Alaska AFL-CIO
- Alaska Association of Naturopathic Physicians
- Alaska Asthma Coalition
- Alaska Commercial Company
- Alaska Community Foundation
- Alaska Dental Association
- Alaska Dental Society
- Alaska Federation of Natives
- Alaska Native Health Board
- Alaska Native Tribal Health Consortium
- Alaska Native Veterans Association
- Alaska Nurse Practitioner Association
- Alaska Nurses Association
- Alaska Primary Care Association
- Alaska Public Health Association
- Alaska Sports Hall of Fame
- Alaska State Dental Hygienists Association
- Alaska State Hospital and Nursing Home Association (ASHNHA)
- Alaska State Medical Association
- Alaska Teen Media Institute
- Alaska Tobacco Control Alliance
- Alaska's Center for Resource Families
- American Academy of Pediatrics - Alaska Chapter
- American Cancer Society
- American Diabetes Association Alaska
- American Heart Association
- American Lung Association
- Arctic Office Products
- Asthma and Allergy Foundation of America - Alaska Chapter
- BDO USA, LLP
- Big Brothers Big Sisters of Alaska
- CIRI Alaska Tourism Corporation
- Doyon Limited
- Evangelical Lutheran Church of America - Alaska Synod
- Grant Aviation, Inc.
- Hilcorp Alaska
- March of Dimes
- Mountain Pacific Quality Health - Alaska
- Premera Blue Cross Blue Shield of Alaska
- Ravn Alaska
- RurAL CAP
- RurAL CAP Head Start Child Development & Policy Council
- The Alaska Club
- Tobacco Free Rainbow Alliance
- Volunteers of America - Alaska Chapter
- YWCA Alaska

Anchorage Supporters

- 8 Star Alaska Adventures
- Advanced Physical Therapy of Alaska
- Alaska Advanced Dentistry
- Alaska Bagel Restaurant
- Alaska Enterprise Solutions, Inc.
- Alaska Fresh Seafood & The Bubbly Mermaid
- Alaska Lens Rental
- Alex Hotel & Suites
- Allergy, Asthma, and Immunology Center of Alaska
- Anchor Inn - Whittier
- Anchorage Medical Society
- Anchorage Neighborhood Health Center
- Anchorage Pediatric Group
- Anchorage School District
- Anchorage Senior Activity Center
- Anchorage Youth Court
- Anchorage Youth Development Coalition
- Arctic Management, LLC
- Arctic Roadrunner
- Batteries Plus Bulbs - Anchorage
- Bear Paw Bar & Grill
- Bernie's Pharmacy, Inc.
- Catfish Haven Restaurant
- Chilkoot Charlie's
- Club Paris
- Diagnostic Health Anchorage
- Downtown Grill
- Fell, William P., DDS
- Flattop Pizza & Pool
- Fromagio's Artisan Cheese
- Gallo's Mexican Restaurant
- Generous Health
- George, Rev. Carol
- Graceworks Alaska
- Grandview Baptist Church
- Helander, Ken
- Heritage Birth Center
- Hotel Captain Cook
- Humpty's Great Alaskan Alehouse
- Identity Inc.
- JC Rentals
- KACN TV
- Kanady Chiropractic Center
- Kay's Family Restaurant
- Lawn Wizard Lawn Care
- Living Water Baptist Church
- Lone Star Steak House
- Medical Park Family Care
- Michelsohn & Daughter Construction, Inc.
- Middle Way Cafe
- Midnight Sun Brewing Company
- Mike's Maniacs Slow Pitch Softball
- Mitchell Chiropractic
- Moose's Tooth Pub & Pizzeria
- Mountain View Family Dentistry
- Natural Pantry
- Northwest Strategies
- Obeidi Limited
- Peanut Farm Bar and Grill
- Pediatric OT Services, LLC
- Pil's Deli
- Porcaro Communications
- Pro-Care Home Medical
- Providence Pulmonary Rehab
- Puffin Inn
- Pulmonary Associates
- Repairs Unlimited, LLC
- Sacks Cafe
- Safe & Sound Inc.
- Seagalley Restaurant
- Seward's Folly Bar & Grill
- Side Street Espresso
- Smoke-Free Anchorage Coalition
- Snow City Cafe
- Snow Wizard Snow Plowing
- Sonia's Magic Hairstyles
- Spenard Roadhouse
- Starting Point, Inc.
- Sub Zero Bistro & Microlounge
- Terra Bella, Inc.
- The Builders Collaborative
- The Flying Dutchman Pastry
- Tobacco Free Rainbow Alliance
- UAA Department of Health Sciences
- UAA Physical Education Department
- UAA School of Social Work
- Uncle Joe's Pizzeria
- Walsh Sheppard
- Weaver Brothers
- Yak & Yeti Himalayan Restaurant

Gulf Coast Supporters

- A Balanced Approach - Kodiak
- A Smiling Bear Bed & Breakfast - Kodiak
- Alaska One Realty LLC - Kodiak
- Alaskan Real Estate
- Arc N Spark Welding - Kodiak
- AT&T - Kodiak
- Bases Loaded
- Beachside Rental House - Kodiak
- Brother Francis Shelter - Kodiak
- Center Star Training, LLC - Kodiak
- Coastal Creation - Kodiak
- Connecting Ties, Inc. - Kodiak
- Daniels Jewelry - Kodiak
- E-Clips Haircare Studio - Cordova
- Emily's Alterations & Design - Kodiak
- Family Chiropractic - Kodiak
- Galley Gourmet - Kodiak
- Henry's Great Alaskan Restaurant, Inc. - Kodiak
- Humane Society of Kodiak
- Images Hair and Tanning
- Island Air Service- Kodiak
- Kendra's Kreations - Kodiak
- Kings Diner Inc.
- KMK Rentals - Cordova
- Kodiak Area Native Association
- Kodiak Bed & Breakfast
- Kodiak Island Ambulatory Care Clinic, Inc. (KIACC Inc.)
- Kodiak Island Borough School District
- Kodiak Lawn Care
- Kodiak Motors, Inc.
- Kodiak Printmasters
- Kodiak Teen Court
- Kodiak Women's Resource & Crisis Center
- M & S Enterprises
- Mill Bay Coffee & Pastries - Kodiak
- Nordic Dancer Bed & Breakfast - Kodiak
- Norman's Fine Gifts & Jewelry - Kodiak
- Northwoods Massage - Kodiak
- Old Harbor Native Corporation - Kodiak
- Orca Book and Sound
- Orion's Mountain Sports - Kodiak
- Ouzinkie Native Corporation
- Pearson Cove Bed & Breakfast - Kodiak
- Providence Kodiak Island Counseling Center
- Re/Max of Kodiak
- Sparrows - Kodiak
- St Denny Surveying - Kodiak
- St. James the Fisherman Episcopal Church - Kodiak
- St. Mary's Catholic Parish - Kodiak
- Stringbeadz by Susan - Kodiak
- Sutliff's Hardware - Kodiak
- Sweeney Insurance - Kodiak
- TC Enterprises, LLC - Kodiak
- Threshold Services, Inc. - Kodiak
- Ton of Fun - Kodiak
- Total Interior Furnishings - Kodiak
- Wells Fargo Bank - Kodiak
- Wild Iris Salon

Interior Supporters

- A&K Electric, LLC - Fairbanks
- Access Alaska
- Aframe Gas Station
- Airport Equipment Rentals
- Alaska Acupuncture and Herb
- Alaska Fur Gallery
- Alaska Homegrown - Russell Bickness
- Alaska Universal Productions, Inc
- Alpine Chiropractic and Massage
- American Village of Alaska Inc. / Caribou Hotel - Glennallen
- Arctic Burner Service - Fairbanks
- Arctic Chiropractic
- Arctic Fire Hot Sauce-Fairbanks
- Arctic Lights Candle Company-Fairbanks
- Arts Venture - Fairbanks
- Baan O Yeel Kon Corporation - Rampart
- Bergeron, Daniel M., DDS
- Bettisworth North Architects
- Black Diamond Resort Company
- Bonnie's Baskets & Things-Fairbanks
- Brewster's
- Canyon Gift Company
- Castlerock Self Storage
- Cheesh'na Tribal Council
- Co-Op Diner
- Coghill's Store - Nenana
- Concierge Medicine of Alaska - Fairbanks
- Copper River Native Association
- Copper Valley Historical Society
- Cross Road Medical Center - Glennallen
- Denali Adventure Tours
- Denali ATV Adventures
- Denali Borough
- Denali Chamber of Commerce
- Denali Dome Home B&B
- Denali Gift Company
- Denali Glacier Scoops & Gifts
- Denali Jeep Excursions
- Denali Lakeview Inn
- Denali Mountain Works
- Denali Outdoor Center
- Denali Princess Wilderness Lodge
- Denali Raft Adventure
- Denali Taxi Shuttle - Healy
- do TERRA Essential Oils
- Grassroots Guitar Co.
- Greater Fairbanks Board of Realtors
- Hair Salon - Glennallen
- Hatcher Photography - Fairbanks
- Healy Heights Family Cabins
- Heartstream Yoga
- Hub of Alaska - Glennallen
- I ACT FREE Coalition
- If Only... a fine store
- Information Insight
- Interior Alaska Center for Non-Violent Living - Fairbanks
- Interior Community Health Center
- Interior Excavation & Trucking - Fairbanks
- Jazzercise Fairbanks
- Jeff King Inc. / Husky Homestead
- Jolly Roger, Inc.
- Karibu Gallery & Gifts
- Kristi's Quisine
- Lake Louis Lodge
- Last Frontier Denali Photography
- Lavelle's Bistro
- Lemongrass Thai Cuisine - Fairbanks
- McAfee Chiropractic-Fairbanks
- McCarthy Ventures LLC
- McKinley Gifts
- Miles of Alaska - Nenana
- Minto Development Corporation
- Monderosa Bar & Grill
- Motel Nord Haven - Healy
- Mount Pleasant Baptist Church - Fairbanks
- Nenana A Frame
- Nenana City Public Schools
- Nenana Native Village
- Nenana Taekwondo
- Nenana Tortella Council on Aging, Inc.
- Nenana Urban Farm
- Northern Alaska Environmental Center - Fairbanks
- Northern Alaska Tour Company - Fairbanks
- Northern Business Systems
- Northstar Youth Court - Fairbanks
- Perspicacity Contract Services
- Pichette Counseling Services - Fairbanks
- Positive Changes Coaching and Training - Fairbanks

- Donna's House of Petals & Gifts
- Duncan Designs - Fairbanks
- Eagle Tribal Buildings
- Elegant Memories
- Elem Robotics
- Enchanted Forest - Fairbanks
- Evans Industries
- Fairbanks Choral Society
- Fairbanks Clinic Insurance
- Fairbanks Daily News-Miner, Inc.
- Fairbanks Economic Development Corporation
- Fairbanks Family Dental Care
- Fairbanks Forrest and Farm
- Fairbanks Memorial Hospital
- Fairbanks Native Association
- Fairbanks Potters Guild
- Fairbanks Youth Soccer Association
- Finish Line - Fairbanks
- First Fruits Consulting -Fairbanks
- Fisher's Fuel Inc
- Food Factory-Fairbanks
- Frontier Farms
- Furred and Feathered Friends 4-H Club - Nenana
- GCI Fairbanks
- Geraldo's - Fairbanks
- Glenallen Chiropractic Clinic
- Glenn Transport LLC - Glennallen
- Granma's Quilt Shop
- Railbelt Mental Health and Addictions
- Raven Retirement Community of Fairbanks
- Resource Center for Parents and Children - Fairbanks
- Robotics Think Bots
- Ronn Murray Photography
- Rose's Cafe
- Santa's Senior Center
- Shear Heaven Salon
- Sipping Streams Tea Company- Fairbanks
- Stanley Nissan
- Sue Cole Creations-Fairbanks
- Tanana Chiefs Conference
- Tartan Tundra Music
- The Himalayan
- Tosina Lodge
- Trax Outdoor Center - Fairbanks
- Tri-Valley Fire Department
- Turning Point Counseling Services - Fairbanks
- Valley Chapel
- Walsh, Kelliher & Sharp, CPAs, APC
- Warbelow's Air Ventures
- West Valley Vision Center, Inc. - Fairbanks
- White Palms Art Gallery
- Wolfrun Restaurant-Fairbanks
- Workshop Acres - Nenana
- World Eskimo Olympics
- Wright Air Service

Kenai Peninsula Supporters

- 811 Auk Apartments 6 Plex
- A Flyin Skein LLC - Seward
- A Home Away From Home - Homer
- ABC Pregnancy Care Center
- AK Exports, LLC
- Alaska Advanced Care Chiropractic
- Alaska Christian College
- Alaska Fjord Charters - Seward
- Alaska Lanes
- Alaska Maxi Storage
- Alaska West Air - Nikiski
- Alaskan Cottages - Homer
- Alex Russell Pediatrics
- Aloha Bed & Breakfast - Homer
- Anderson Tug & Barge - Seward
- Angels Rest on Resurrection Bay LLC - Seward
- Aurora Health & Nutrition
- Aurora Taxes & Accounting - Anchor Point
- Bayan Asian Market
- Beach House Rentals - Seward
- Bear Creek Winery & Lodging - Homer
- Beemun's Variety
- Behrens, Dr. Bobbie J.
- Big 'G' Electric & Engineering Inc
- Blazy Construction Inc.
- Box Canyon Cabins - Seward
- Boys and Girls Club of the Kenai Peninsula
- Bridges Community Resource Network
- Brown and Hawkins / Sweet Darlings
- Bunnell Street Arts Center - Homer
- Captain Coffee Roasting Company - Homer
- Central Peninsula Health Foundation
- Central Peninsula Hospital
- Chez Moi Boutique
- Chilson Computer Services
- Chugachmuit
- Clinic of Chiropractic Health - Homer
- Community Action Coalition
- Cook Inlet Council on Alcohol & Drug Addiction (CICADA)
- Cooper Landing Chamber of Commerce
- Cosmic Kitchen - Homer
- Linda Loris B&B Seward
- Lisa Turner, MS
- Love, Inc of the Kenai Peninsula
- Lucky 13 Fashions
- McDonald's Restaurants of the Kenai Peninsula
- Michael P Moriarty, PC Seward
- Moose Pass Chamber of Commerce & Visitors Bureau
- Mykel's Restaurant & Soldotna Inn
- Nancy Field Insurance
- Nature's Way Rehab Services, LLC
- Neal, Gwen M., Attorney at Law - Homer
- Ninilchik Family Dentistry
- Odie's Bead-It
- Oral Surgery Associates Inc.
- Orange Poppy
- Parker and Associates
- Paul Turner, PhD
- Peninsula Accounting Services
- Peninsula Allergy & Asthma Center
- Peninsula Community Health Services
- Peninsula Dental Center
- Peninsula Health Center Inc
- Peninsula Internal Medicine, P.C.
- Peninsula Medical Center
- Peninsula Pediatric Dentistry
- Peninsula Power Sports
- Peninsula Radiation Oncology Center
- Peninsula Radio Group
- Phormation Chiropractic Inc
- Pioneers of Alaska Igloos #9 - Seward
- Pizza Boys Inc
- Preventative Dental Services PC - Homer
- Professional Escrow Services., Inc
- Qutekcak Native Tribe
- Rangeview Bed & Breakfast - Homer
- Renewal Skincare Studio
- Resurrection Bay Lions Club - Seward
- Rez Fitness
- Schiff RV & Boats
- Sea Otter Community Center - Seldovia
- Seaview Cafe & Bar

- Cottler, Dr. Harry - Soldotna
- Delta Leasing LLC
- Diamond M Ranch Resort, LLC
- Donna's Country & Victorian Gifts
- Family Medical Clinic
- Fine Thyme Cafe
- First American Title - Seward
- Foster Construction
- Frontier Community Services
- Good Karma Inn - Homer
- Havenwood Guest House - Seward
- Health North Family Medicine
- Homer Bookstore
- Homer Head Start
- Horace Mann Insurance Co. - Brenda Johnson
- Hospice of the Central Peninsula
- Hutchings Auto Group
- Integrated Robotics Imaging Systems
- Jammin Java
- Jeannie Annette Enterprises
- Jo Doug Inn - Seward
- Kaladi Brothers Coffee
- Kenai Civil Air Patrol
- Kenai Peninsula School District
- Kenai Peninsula United Way
- Kenai Peninsula Urology LLC
- Kenai Peninsula Youth Facility
- Kenai Public Health Center
- Kenai River Drifters Lodge
- Kenai Spine
- Kenai Sports & Family Chiropractic
- Kenai Watershed Forum
- Kenda's Studio
- King's Treasures Christian Bookstore
- KPO Rehabilitation and Sports Medicine
- Kruzof Fisheries LLC - Seward
- Kuskokwim Wilderness Adventures
- Le Barn Appetit Inn & Creperie - Seward
- Legends Dental
- Seaview Community Services
- Semaka Charters - Seward
- Seward Chamber of Commerce, CVB
- Seward Rotary Club
- Seward Vacation Properties
- Seward Wellness for All Coalition
- Silhouette Shingles, LLC - Seward
- Snack Shack
- Snowder Chiropractic
- Soldotna Chiropractic & Therapeutic Massage
- Soldotna Dental Arts
- Soldotna Dental Clinic
- Soldotna Mini Storage
- Soldotna Y Chevron
- Spenard Builders Supply - Kenai
- Stan's Barber Shop
- Starbird Studios - Seward
- Sunny Cove Sea Kayaking - Seward
- SVT Health and Wellness
- Sweeny's Clothing
- Tammy's Flowers and Gifts
- The Daily Buzz
- The Duck Inn
- The Fitness Place
- The Medicenter - Kenai
- The UPS Store # 2752
- Thorn's Showcase Lounge - Seward
- Tina's Hair Pros
- Trustees Services of Alaska Inc
- Turnagain Heights., LLC
- Ulmer's Drug & Hardware
- Upstream Family Medicine
- Veronica's
- VIDA!
- Weaver Brothers
- West Chiropractic Clinic
- White Crane Academy
- Wilderness Way
- Winter's Grace Guidance Center

Mat-Su Valley Supporters

- Above Alaska Aviation, LLC - Talkeetna
- Alaska Center for Dentistry
- Alaska Center for Resource Families
- Alaska Family Services
- Alaska Midnite Scents - Wasilla
- Alaska Premier Real Estate LLC
- Alaska Sunset View Resort
- Alaska's Mat-Su Bed & Breakfast Association
- All I Saw Cookware - Wasilla
- Allison Little Steel Art
- Alpha Counseling and Education Services
- Animal Food Warehouse
- Architects Alaska
- Area 51 Hobby and Games, LLC - Wasilla
- Arkose Brewery - Palmer
- Aurora Dora - Talkeetna
- Beadberry Patch - Talkeetna
- Big Brothers and Sisters of Alaska - Mat-Su
- Board Media Group LLC
- C'est La Vie Affordable Fashions - Wasilla
- CAP Solutions
- Capstone Medical Group
- CCS Early Learning
- Chickaloon Village Traditional Council
- Choose Food Wisely LLC
- Christensen Chiropractic
- Church of the Covenant
- Classified Employees' Association of Matanuska-Susitna Borough School District
- Colony Inn
- Country Financial
- Country Legends 100.9 FM - Wasilla
- Crumb LLC
- Denali Images Art Gallery - Talkeetna
- DermaGlow Alaska - Wasilla
- Ehman Outdoors
- Envision Matsu
- Family Promise Mat-Su
- Fancy Lou Boutique - Wasilla
- Fence Emporium of Alaska Inc.
- Fireside Books
- First Presbyterian Church of Wasilla
- Flagship Properties LLC
- Flying Squirrel Bakery Cafe - Talkeetna
- Forget Me Knot Hair Salon - Wasilla
- Geneva Woods Pharmacy
- Mat-Su Education Association (MSEA)
- Mat-Su Health and Social Service Board
- Mat-Su Heath Foundation
- Mat-Su Integrative Medicine, LLC - Wasilla
- Mat-Su Midwifery and Family Health
- Mat-Su Regional Medical Center
- Mat-Su Regional Medical Center Cardiac Rehab
- Mat-Su Senior Services
- Mimi's Closet - Wasilla
- Mocha Me Crazy
- Moonstone Farm
- Murphy & Associates Engineering
- My House/The Gathering Place
- New Horizons Telecom LLC - Palmer
- Non Essentials LLC
- North Star Animal Hospital
- Northern Susitna Institute - Talkeetna
- Now Health, LLC - Palmer
- OnMission Church
- Palmer Pentecostal Church
- Percussion in the Valley - Palmer
- Pia's Custom Picture Framing - Wasilla
- Pioneer Peak Dental
- Pippel Insurance
- PJ's Crafty Corner - Wasilla
- RMG Real Estate
- Rock-On Climbing, LLC
- Rose Ridge Vacation Center
- Sea Star Strategies LLC
- Set-Free Alaska
- Sheep Mountain Lodge
- Spenard Builders Supply - Wasilla
- Stage 2 Studios, LLC
- Steve's Toyo Stove Repair
- Summit Worship Center - Wasilla
- Sunshine Community Health Center
- Susitna Mechanical
- Tailgaters Sports Bar & Grill LLC
- Take Shape for Life
- Talkeetna Roadhouse
- The Alaska Boathouse Restaurant
- The Alcove Salon - Wasilla
- The Algone Center
- The Baby Store Toys and More - Wasilla
- The Beader's Paradise - Wasilla
- The Dancing Leaf Gallery - Talkeetna

- Greater Palmer Chamber of Commerce
- Hatcher Pass Bed & Breakfast
- Hitchcock Piano Studio - Palmer
- Howdie Inc. - Wasilla
- JC Brandt Insurance & Financial Services, Inc. - Wasilla
- Jensi Automotive
- Just Imagine Toys
- Knik Tribal Council
- Latitude 62 Lodge - Talkeetna
- Learning Essentials
- Locals Pub & Pizzeria
- Lodestar Family Eye Care, PC - Palmer
- Lucas Chiropractic Clinic
- Mat-Su Borough School Board
- Mat-Su Coalition on Housing & Homelessness
- Mat-Su Conservation Services
- Mat-Su Convention & Visitor Bureau
- The Grand View Inn & Suites
- The Grill @ The Grand View
- The Metro Cafe - Wasilla
- Thrive Mat-Su
- Unaccompanied Youth Task Force
- United Way of Alaska
- Urban Roots Hair Studio
- Valley Christian Conference
- Valley Orthodontics
- Valley Rotaract
- Village Arts & Crafts Gift Shop - Talkeetna
- Wasilla Chiropractic Clinic
- Wasilla Chrysler Dodge Jeep Ram
- Wasilla Physical Therapy
- Wasilla Presbyterian Church
- Wild Iris Family Medicine & Maternity Care - Wasilla
- Windbreak Café/Trouthouse Lounge

Northern Alaska Supporters

- AC Q-Stop - Barrow
- AC Value Center Barrow
- Airport Pizza
- Alaska Airlines - Barrow
- Alaska Technical Center - Kotzebue
- Alaska Technical Center-Kotzebue
- Arctic Cab - Barrow
- Arctic Chiropractic - Kotzebue
- Arctic Grocery Inc. - Barrow
- Arctic Kitchen and Apartments - Barrow
- Arctic Pizza - Barrow
- Barrow Kitchen
- Bearing Song & Gifts
- Bering Air-Kotzebue
- Bering Air, Inc. - Nome
- City of Kiana
- Era Alaska Kotzebue
- FBX Aviation Services - Kotzebue
- Illisagvik College - Barrow
- Inupiat Cleaners - Barrow
- Inupiat Cleaners - Barrow
- KBRW FM - Barrow
- KNOM Radio Mission, Inc.
- Leeza's Beauty Salon - Barrow
- Maruskiya's of Nome Alaska Native Art
- McIntyre Optometry Services, Inc. - Barrow
- Native Village of Brevig Mission
- Native Village of Kotzebue
- Native Village of Koyuk IRA Council
- Native Village of St Michael
- Noorvik Native Community
- Northwest Arctic Borough
- Northwest Inupiat Housing Authority
- Northwest Inupiat Housing Authority - Kotzebue
- Northwestern Aviation - Kotzebue
- Osaka Asian Cuisine - Barrow
- OTZ Telecommunications, Inc. - Kotzebue
- Ravn Alaska - Kotzebue
- Ravn Alaska / Hageland Aviation - Barrow
- Ryan Air
- Ryan Air - Kotzebue
- Sam & Lee's Restaurant - Barrow
- Samuel Simmonds Memorial Hospital - Barrow
- Savoonga Native Store
- Sitmasialk Native Corporation
- The Fur Shop - Barrow
- UAF Chukchi Campus - Kotzebue
- Village of Nome IRA Council
- Village of Solomon
- Water Service - Barrow
- Wells Fargo Bank - Barrow
- Wolf Creek Sales & Service - Kotzebue

Southeast Alaska Supporters

- 1st City 1st Aid - Ketchikan
- Adventure Karts - Ketchikan
- Aimee Shull Photography
- Alaska Arts Southeast
- Alaska Electric Light & Power Company - Juneau
- Alaska Galore Tours - Juneau
- Alaska Grafix - Juneau
- Alaska Island Community Services
- Alaska Laundry and Cleaners - Juneau
- Alaska Native Brotherhood & Alaska Native Sisterhood Grand Camp - Ketchikan
- Alaska Native Girls - Metakatia
- Alaska Native Sisterhood Camp #16
- Alaska Rainforest Sanctuary
- Alaska Robotics
- Aquatic Alaska Adventures
- Armstrong - Keta, Inc. - Baranof Island
- At the White House B& B - Skagway
- Aurora Chiropractic Center
- AWARE Inc-Juneau
- BCD Construction, Inc. - Juneau
- Bev's Flowers and Gifts
- Braveheart Volunteers
- Breakaway Adventures - Wrangell
- Brenner's Fine Clothing and Gifts
- Catholic Charities
- Changing Tides LLC - Juneau
- Chilkoot Indian Association
- City Center Chiropractic - Juneau
- Creek Street Historic Properties
- Creekside Family Health Clinic - Ketchikan
- Diamond C Cafe - Wrangell
- Diversified Investments & Insurance - Ketchikan
- Easeful Being - Juneau
- Fairweather Gallery - Juneau
- Foggy Mountain Shop - Juneau
- Frontier Shipping & Copyworks - Ketchikan
- Garnet School
- Gateway Center for Human Services/Akeela
- Glacier Auto Parts
- McDonald's of Southeast Alaska
- National Council on Alcohol and Drug Dependence
- Native Craft Co-Op - Juneau
- Natural Healthcare - Juneau
- North Star Television Network
- North to Alaska
- Northern Light United Church - Juneau
- Northwind Architects - Juneau
- Organized Village of Kasaan
- Paper Pirates-Sanctuary
- Peace Health Ketchikan Medical Center
- Petersburg Indian Association
- Petersburg Mental Health
- Petersburg School District
- Radio Shack Ketchikan
- Rainbird Community Broadcast Corp. - Ketchikan
- Rainbow Foods - Juneau
- Rainforest Crafts - Ketchikan
- Rainforest Naturopathic Medicine
- Red Onion Saloon
- Rob Cohen Music - Juneau
- Robertson's Gallery & Custom Framing
- Rodfather's Broiler Restaurant
- Seaside Yarns, LLC - Juneau
- Shattuck & Grummett Insurance
- Sitka Dental Clinic
- Sitka Tribe of Alaska
- Sitkans Against Family Violence
- Skagway Brewing Company
- Southeast Alaska Guidance Association (SAGA)
- Southeast Alaska Regional Health Consortium (SEARHC)
- Southeast Furniture Warehouse
- Southeast Medical Clinic
- Starboard Frames and Gifts - Ketchikan
- State Farm Insurance - Ketchikan
- Stereo North Inc.
- Stikine Drug - Wrangell
- Studio Max - Ketchikan

- Goldbelt Inc - Juneau
- Haines Brewing Company, Inc.
- Healing Touch Alaska - Juneau
- Hearthside Books & Toys - Juneau
- Heritage Coffee
- Heritage Northwest Inc. - Juneau
- Hi-Tide Construction - Juneau
- Hoonah Indian Association
- Hoonah Liquor Store
- Icy Straits Lodge
- Ike's Fuel
- Inn at Creek Street - Ketchikan
- Inside Passage Midwifery & Natural Medicine
- Island Pharmacy - Ketchikan
- Jerry's Books and Games - Ketchikan
- Juneau Arts & Humanities Council
- Juneau Family Health and Birth Center
- Juneau's Imagination Station
- Ketchikan Public Health
- Ketchikan Ready Mix Inc.
- Ketchikan Wellness Coalition
- Ketchikan Youth Court
- Knockout Productions - Juneau
- Lifetime Eye Care
- Love in Action - Ketchikan
- Sylvan Enterprises
- Taku Lanes - Juneau
- Taquan Air - Ketchikan
- The Fox Hole - Ketchikan
- The Office Bar - Hoonah
- The Wild Oven Bakehouse - Juneau
- Tideland Tackle Marine - Hoonah
- Tongass Federal Credit Union - Ketchikan
- Tongass Mobile Estates - Hoonah
- Trickster Company - Juneau
- TSS, Inc. - Ketchikan
- University of Alaska - Southeast Campus
- Urban Eskimo - Juneau
- Videl Entertainment
- Wanzer, Terral - Ketchikan
- Weaver, Douglas, DDS - Juneau
- Wellspring Inc Integrative Medicine
- Wellwood Center Bed & Breakfast - Copper Center
- Willow Mountain Lodge
- Wostmann & Associates Inc
- Wrangell Early Childhood Education Coalition
- Wrangell Public Health Center
- Wrangell School District
- Yoga Union Inc.

Southwest Alaska Supporters

- 4th and Broadway Boutique
- Alakanuk Tribal Council
- Aleut Community of St. Paul
- Aleutian Pribilof Island Association
- Arctic Belle Boutique - Bethel
- ArXotica Inc
- Association of Village Council Presidents (AVCP)
- Bethel Alaska PC
- Bethel Car Rental
- Bethel Chamber of Commerce
- Bethel Community Services Foundation
- Bethel Family Clinic
- Bethel Friends of Canines
- Bethel Native Corporation
- Bethel Public Health Center
- Bristol Alliance Fuels, LLC - Dillingham
- Bristol Bay Area Health Corporation
- Bristol Express - Dillingham
- Bristol Express Fuels, Inc. - Dillingham
- Bristol Express Gas Station & C-Store - Dillingham
- Brown Slough Bed & Breakfast - Bethel
- City of Dillingham Senior Center
- Donlin Gold
- Herron, Bob
- Iqurmiut Traditional Council - Russian Mission
- Kuskokwim Commercial Supply - Bethel
- Kuskokwim Wilderness Adventures - Bethel
- Let's Get Growing
- Lime Village Traditional Council - McGrath
- Lucy's Cache - Bethel
- Marilyn's Hair Salon
- Native Village of Bill Moore's Slough
- Native Village of Eek
- Native Village of Emmonak
- Native Village of Kwinhagak
- Native Village of Marshall
- Native Village of Nunam Iqua
- Native Village of Tununak
- Northern Lights Essential Oil Products
- Ohogamiut Traditional Council - Marshall
- Orutsaramiut Native Council - Bethel
- Portraits by Pipa
- Pribilof School District
- Sammy's Market - Bethel
- Sattler Strategies - Bethel
- Snack Shack - Bethel
- Stan's Barber Shop - Bethel
- The Delta Discovery, Inc. - Bethel
- Toksook Bay Head Start
- Unalaska City School Board
- Unalaskans Against Sexual Assault and Family Violence
- USA Pools - Bethel
- Volcarce Law Office - Bethel
- Yukon-Kuskokwim Health Corporation
- Yupiit of Andreafski Tribe - St. Marys
- Yupiit Piciryarait Cultural Center - Bethel
- Yupiit Piciryarait Museum - Bethel
- Yuut Elitnaurviat - The People's Learning Center, Inc. - Bethel