



October 4, 2023

Dear Members of the Wisconsin State Legislature,

We are writing to express opposition to Senate Bill 471 and Assembly Bill 451.

The proposed legislation significantly undermines the strong smokefree workplace protections currently in place in Wisconsin. This bill would weaken Wisconsin's smokefree air law by creating a loophole that would allow cigar and pipe tobacco smoking in so-called "tobacco bars." Current law defines a tobacco bar as a tavern that generates 15 percent or more of its annual gross income from the sale of cigars and pipe tobacco. This proposed law would allow cigar and pipe smoking in any bar that meets the definition of a tobacco bar.

Allowing more tobacco bars creates a significant loophole in indoor smoking protections and weakens decades of progress in preventing exposure to secondhand smoke and reducing tobacco use. Encouraging cigar smoking in our community also sends the wrong message to our youth. An estimated 500,000 U.S. students currently used cigars in 2022, making cigars the second most popular tobacco product among youth. Young people who use tobacco products are more likely to become addicted than adults. Normalizing cigar smoking in our community provides tobacco companies with the continued opportunity to aggressively market their deadly and addictive products. Exposing our youth to a perceived "acceptable smoking culture" is not the direction our community should be moving. We can and must do better.

Reports from two different Surgeons General have found that there is no safe level of exposure to secondhand smoke.<sup>i,ii</sup> Ventilation systems cannot remove the carcinogens from secondhand smoke and do not purify the air at rates fast enough to protect people from harmful toxins. The Surgeon General has concluded that even separating people who smoke from people who don't smoke, cleaning the air, and ventilating buildings cannot eliminate exposure to secondhand smoke. The only effective way to fully protect people from exposure to secondhand smoke is to completely eliminate smoking in indoor public spaces.<sup>iii</sup>

Secondhand smoke should not be an occupational hazard for workers. Job related exposure to secondhand smoke is a significant, but entirely preventable, cause of premature death among U.S. workers. Business owners that allow smoking in the workplace increase their costs of doing business, while workers suffer health problems. Employers pay increased health, life, and fire insurance premiums, make higher workers' compensation payments, incur higher worker absenteeism, and settle for lower work productivity.<sup>iv,v,vi,vii,viii,ix,x</sup>

The National Institute of Occupational Health and Safety and the U.S. Surgeon General found that occupational exposure to secondhand smoke increases workers' risk of lung cancer and other diseases.<sup>xi,xii,xiii</sup> Patrons were also found to have significantly elevated levels of a tobacco-specific lung carcinogen after a four-hour visit to a casino that allowed smoking.<sup>xiv,xv</sup>

This year, 4,630 Wisconsin residents are expected to be diagnosed with lung cancer and it is estimated that over 2,460 will die of the disease.<sup>xvi</sup>

Wisconsin has been a leader in protecting all its citizens from the known, indisputable hazards of secondhand smoke in the workplace and public places. Our law covering all indoor public places has been in place since 2009, and it's working! The law protects both workers and patrons at all business establishments throughout the state. We want to protect our "A" grade on Smokefree Air on the American Lung Association's *State of Tobacco Control* Report. This clean indoor air law has been good for health and good for business.

The clean indoor air law also is broadly popular, with 77.5% of Wisconsinites supporting the current law, 18.3% neither support nor oppose, and only 4.2% oppose the clean indoor air law.<sup>xvii</sup>

Allowing an exemption for tobacco bars seriously undermines the law, and most importantly forces workers to choose between

their health and a paycheck. We urge you to reject this exemption and protect everyone's right to breathe clean, smokefree air.

We must send a message to Big Tobacco that Wisconsinites are not softening their stance, we understand the detrimental impact of commercial tobacco products, and will continue to fight against these harmful products. The State of Wisconsin has fought hard to hold the tobacco industry accountable and to counter the devastating effects of tobacco products for our citizens.

Again, we urge you to oppose this legislation that will create a significant loophole in our smokefree air law.

Thank you for your consideration.

**American Cancer Society Cancer Action Network**  
**American Heart Association**  
**American Lung Association**  
**Americans for Nonsmokers' Rights**  
**Bellin+Gundersen Health System**  
**Children's Hospital of Wisconsin**  
**Marshfield Clinic Health System**  
**UW Health**  
**UW School of Medicine and Public Health**  
**Wisconsin Association of Local Health Departments and Boards**  
**Wisconsin Allergy Society**  
**Wisconsin Asthma Coalition**  
**Wisconsin Chapter of the American Academy of Pediatrics**  
**Wisconsin Medical Society**  
**Wisconsin Primary Healthcare Association**  
**Wisconsin Public Health Association**

**For additional information, please reach out to:**

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<sup>i</sup> U.S. Department of Health and Human Services (HHS). The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General. 2006. Atlanta, GA: HHS, Centers for Disease Control and Prevention (CDC), National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health (OSH).

<sup>ii</sup> HHS. How Tobacco Smoke Causes Disease: The Biology and Behavioral Basis for Smoking-Attributable Disease – A Report of the Surgeon General. 2010. Atlanta, GA: HHS, CDC, National Center for Chronic Disease Prevention and Health Promotion, OSH.

<sup>iii</sup> HHS 2006

<sup>iv</sup> Berman M, Crane R, Seiber E, et al (2014). Estimating The Cost of A Smoking Employee. Tobacco Control (23): 428-433.

<sup>v</sup> Bunn III, WB, Stave GM, Downs KE, Alvir JMJ, & Dirani R. (2006). Effect Of Smoking Status on Productivity Loss. Journal of Occupational and Environmental Medicine, 48(10), 1099-1108.

<sup>vi</sup> Musich, S., Napier, D. and D.W. Edington (2001). The Association of Health Risks With Workers' Compensation Costs. Journal of Occupational and Environmental Medicine 43(6): 534-541.

<sup>vii</sup> Halpern MT, Shikar R, Rentz AM, and Khan ZM. (2001). Impact of Smoking Status on Workplace Absenteeism and Productivity. Tobacco Control 10:233-238.

<sup>viii</sup> Dong XS, Wang X, & Largay J A. (2015). Occupational And Non-Occupational Factors Associated With Work-Related Injuries Among Construction Workers In The USA. International Journal Of Occupational And Environmental Health, 21(2), 142-150.

<sup>ix</sup> Bondi MA, Harris J R, Atkins D, French, ME, & Umland B. (2006). Employer Coverage of Clinical Preventive Services in the United States. American Journal of Health Promotion, 20(3), 214–222. <https://doi.org/10.4278/0890-1171-20.3.214>.

<sup>x</sup> U.S. Department of Health and Human Services (HHS). (2014). 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, Center for Diseases Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health. Printed with corrections, January 2014.

<sup>xi</sup> Centers for Disease Control and Prevention. (2016). Tobacco In the Workplace, Reports From The Surgeon General. Centers for Disease Control and Prevention. Available at <https://www.cdc.gov/niosh/topics/tobacco/reportsfromthesurgeongeneral.html>

<sup>xii</sup> HHS (2014).

<sup>xiii</sup> Achutan C, West C, Mueller C., Boudreau Y, and Mead K (2009). Environmental and Biological Assessment of Environmental Tobacco Smoke Exposure Among Casino Dealers. National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention, U.S. Department of Health and Human Services. Available online at <http://www.cdc.gov/niosh/hhe/reports/pdfs/2005-0201-3080.pdf>

<sup>xiv</sup> Benowitz, N. L., Bernert, J. T., Foulds, J., Hecht, S. S., Jacob III, P., Jarvis, M. J., ... & Piper, M. E. (2020). Biochemical verification of tobacco use and abstinence: 2019 update. Nicotine and Tobacco Research, 22(7), 1086-1097.

<sup>xv</sup> Americans for Nonsmokers' Rights. Smokefree Casinos. <https://nonsmokersrights.org/smokefree-casinos>.

<sup>xvi</sup> Siegel RL, Miller KD, Wagle NS, Jemal A. Cancer Statistics, 2023. CA: A Cancer Journal for Clinicians . 2023; 1-32.

<sup>xvii</sup> Wisconsin Tobacco Facts: Adults. February 2023.

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