



House Judiciary and Civil Jurisprudence Committee
House Bill 900 – Representative Celia Israel
Testimony by Ryan Lowery, MD
March 18, 2019

Chairman Leach, Vice Chair Farrar, and Committee Members,

Thank you for the opportunity to provide testimony today. I am Dr. Ryan Lowery, a Pediatrician practicing here in Austin, testifying on behalf of the Texas Pediatric Society. We testify in support of House Bill 900 because it will improve child health by discouraging exposure of children to second-hand tobacco.

There has been a tremendous amount of research in the medical community describing the association between tobacco exposure and its negative impact on child health. Exposure to second-hand smoke increases the risk of severe respiratory infections, ear infections, and the development of asthma. In my clinic, I regularly walk into exam rooms which smell strongly of tobacco. More often than not, children in these families tend to require more doctor's visits for respiratory problems than their counterparts with less second-hand tobacco exposure.

It is extremely important that we as a state take every opportunity to protect our children from the dangers of second-hand smoke exposure. Second-hand smoke contains more than 7000 chemicals – about 70 of which are known to cause cancer. Second-hand smoke places children at greater risk of:

- Respiratory infections and severe respiratory infections requiring hospitalization
- Ear infections
- Sudden Infant Death Syndrome (SIDS): a sudden, unexplained and unexpected death of an infant during their first year of life -- the leading cause of death in otherwise healthy infants.

Children who are exposed to second-hand smoke are at risk of long-term effects into adulthood, such as:

- Lung cancer
- Heart disease
- Cataracts

We know that chemicals in second-hand smoke appear to affect the brain in ways that interfere with the regulation of infants' breathing. We also know that smoke exposure can lead to breakdown of some of the body's processes to protect the lungs and upper airways including protection of the nose, ear, and throat. Serious health problems in older children cause them to

miss school more often, require more hospital visits as a result of worsening asthma, and require more operations for ear tube placement due to increased ear infections.

We know that children who are exposed to smoking at an early age are more likely to grow up to be smokers themselves. According to Tobacco-FreeKids.org, in the state of Texas (2018):

- **7.4% of high school students smoke**
- 15.7% (up from 14.5% in 2016) of adults smoke (3.3 million)
- 28,000 adults die each year from their own smoking
- **498,000 children now under 18 will ultimately die prematurely from smoking**

What does that mean in dollars?

- **\$8.85 billion in DIRECT annual health care costs in Texas from smoking**
- \$1.96 billion in Texas Medicaid costs caused by smoking
- \$8.22 billion in smoking-related productivity losses
- Ultimately, taxpayers pay \$747 per household on smoking-caused government expenditures

The American Academy of Pediatrics (AAP) emphasizes the need to educate parents about the dangers of second-hand smoke. Smoking inside the home, car, or any other in-closed space shared with an infant/child is dangerous to oneself and to the child. HB 900 would enact changes that align with the AAP's recommendations for reduction of child exposure to tobacco. Furthermore, we commend the bill for offering parenting classes which may mitigate the civil penalty cost for parents as we would like to promote parental health to promote child health.

As pediatricians, we must promote the health of children and encourage efforts to prevent negative health outcomes for our children. I am happy to answer any questions you may have related to the negative effects of second-hand smoke on children. I appreciate your time and consideration chairman and committee members. Thank you.