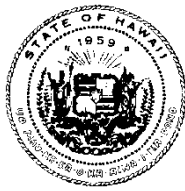


# **SB 651**

Measure Title: RELATING TO HEALTH.  
Report Title: Public Housing; Smoking Prohibited  
Description: Prohibits smoking in and around public housing projects under the jurisdiction of the Hawaii public housing authority.  
Companion:  
Package: None  
Current Referral: HMS, JDL  
Introducer(s): GREEN, CHUN OAKLAND, RUDERMAN, Nishihara, Shimabukuro

NEIL ABERCROMBIE  
GOVERNOR



HAKIM OUANSAFI  
EXECUTIVE DIRECTOR

**STATE OF HAWAII**  
DEPARTMENT OF HUMAN SERVICES  
HAWAII PUBLIC HOUSING AUTHORITY  
1002 NORTH SCHOOL STREET  
Honolulu, Hawaii 96817

BARBARA E. ARASHIRO  
EXECUTIVE ASSISTANT

Statement of  
**Hakim Ouansafi**  
Hawaii Public Housing Authority  
Before the

**SENATE COMMITTEE ON HUMAN SERVICES**

January 26, 2013 1:15 P.M.  
Room 229, Hawaii State Capitol

In consideration of  
**Senate Bill 651**  
**Relating to Health**

Honorable Chair and Members of the Senate Committee on Human Services, thank you for the opportunity to provide you with comments regarding Senate Bill (S.B.) 651, relating to health.

The Hawaii Public Housing Authority (HPHA) supports the intent of this measure, which would prohibit smoking in and around public housing projects under the jurisdiction of the HPHA. However, the agency believes that this measure is not necessary, since the HPHA will be implementing a "No Smoking" policy.

The agency has been working for the past six months with stakeholders on revising the relevant administrative documents. This effort incorporated the input from tenants, the U.S. Department of Housing and Urban Development (HUD), and the Attorney General to ensure compliance with all relevant regulations.

Throughout this time, the HPHA has also been working diligently with, the Hawaii State Department of Health (DOH) and the Coalition for a Tobacco Free Hawaii (Coalition) to create a "No Smoking" policy that will cover all Federal and State low income public housing units under the HPHA.

We are currently waiting for our Resident Advisory Boards (RABs) to return comments from their open meeting in regards to where each Asset Management Project (AMP) may designate their smoking area.

Starting on Monday, the HPHA will begin to implement this policy with a coordinated effort that includes three main factors:

1. We will start by distributing letters of the “No Smoking” policy by having it printed onto the back of every rent notice, and also distribute the letter to every common area. During this time, the DOH will assist our AMP managers with “No Smoking” signage, and these signs will be distributed around the AMP common areas.
2. For the next two months, our (AMP) managers will remind our tenants that the “No Smoking” policy has taken effect, and ask policy violators to smoke in the designated smoking areas. The Coalition, with the help of the American Lung Association, will assist those tenants that would like to quit smoking.
3. There will then be a final month where our AMP managers will distribute warning citations to any tenant who violates the policy. They will also inform the tenant that smoking outside of designated smoking areas will count as a lease violation against them, and that if they acquire three citations, they will be evicted.

The HPHA appreciates the opportunity to provide the Senate Committee on Human Services with the agency’s position regarding S.B. 651. We respectfully request the Committee to hold this measure, and we thank you very much for your dedicated support.

NEIL ABERCROMBIE  
GOVERNOR OF HAWAII



LORETTA J. FUDDY, A.C.S.W., M.P.H.  
DIRECTOR OF HEALTH

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

In reply, please refer to:  
File:

WRITTEN ONLY

SENATE COMMITTEE ON HUMAN SERVICES

SB0651, RELATING TO HEALTH

Testimony of Loretta J. Fuddy, A.C.S.W., M.P.H.  
Director of Health

January 26, 2013  
1:15PM, Room 229

1 **Department's Position:** The Department of Health (DOH) appreciates the intent of SB0651 but has  
2 reservations regarding the designation of permissible smoking areas.

3 **Fiscal Implications:** No appropriations requested.

4 **Purpose and Justification:** This measure requires the HPHA to prohibit smoking in any public  
5 housing project or state low-income housing project, but allows HPHA to designate one or more  
6 permissible smoking areas not less than twenty feet from any residential building or community facility.

7 DOH supports the scientific findings and recommendations of the U.S. Surgeon General regarding the  
8 hazard of involuntary exposure of tobacco smoke by nonsmokers. Those findings disclosed that:

9 1) There is no safe level or amount of exposure to secondhand smoke (SHS), and breathing even a little  
10 amount can be dangerous; 2) Children are more likely to have lung problems, ear infections, and severe  
11 asthma from being around tobacco smoke; 3) Breathing SHS is a known cause of sudden infant death  
12 syndrome; 4) SHS is a known human carcinogen (cancer-causing agent); 5) Inhaling SHS causes lung  
13 cancer and coronary heart disease in nonsmoking adults.

1 Hawaii's current smoke-free workplace and public places law, enacted in 2006, protects the  
2 public in enclosed and partially-enclosed areas, but does not cover and excludes private residences. The  
3 federal Housing and Urban Development Authority (HUD) actively supports and encourages the  
4 creation of smoke-free residential public housing properties governed under that authority.

5 DOH appreciates the intent of this bill to improve the living conditions of the residents of public  
6 housing projects and state low-income housing projects by prohibiting smoking and will continue to  
7 collaborate with the HPHA in its implementation of smoking cessation efforts. However, the DOH has  
8 reservations regarding the designation of permissible smoking areas due to the difficulty of enforcement  
9 and the diminishment of the full impact of making public housing smoke-free.

10 Thank you for the opportunity to testify.



Testimony in support of SB 0651, with reservations

Senate Committee on Human Services

**Hearing scheduled Saturday, January 26, 2013, 1:15 pm,  
Conference Room 229**

January 24, 2013

To: Senate Committee on Human Services  
Senator Suzane Chun Oakland, Chair, Senator Josh Green, M.D. Vice Chair

By: Valerie Chang, JD, Executive Director  
Hawaii COPD Coalition, [www.hawaiicopd.org](http://www.hawaiicopd.org), [copd.hawaii@yahoo.com](mailto:copd.hawaii@yahoo.com)  
733 Bishop Street, Suite 1550, Honolulu, HI 96813; (808)699-9839

Re: **Supporting SB 0651 with reservations**

Dear Chair Chun Oakland, Vice Chair Green and Members of the Committee:

My name is Valerie Chang. I am Executive Director of the Hawaii COPD Coalition. Our organization provides services and support to Hawaii's people affected by Chronic Obstructive Pulmonary Disease (COPD), more commonly known as emphysema, chronic bronchitis and similar conditions. We support SB 0651 with reservations.

COPD has risen to the third leading cause of death in the US and is also the second leading cause of disability in the US; many COPD patients have multiple chronic health conditions and out of pocket expenses for these medications can be HUGE. The 2011 data reported by the Hawaii Department of health estimates that over 46,015 (or 4.4%) of Hawaii adults have been diagnosed with COPD; likely an equal or greater number remain undiagnosed. The report also estimates over \$55.9 million each year in Hawaii hospitalizations due to COPD. It is estimated that 24 million people in the United States suffer from COPD, with at least half of them not yet diagnosed.

The Burden of COPD in Hawaii 2010 Report of the Hawaii Department of Health shows that the poorest have the highest rates of COPD and the fewest options for housing. Those with respiratory conditions are especially sensitive to lung irritants such as smoke, which can blow from any direction and come from ductwork in their dwelling units, from lanais, from nearby units or parking lots. For people with asthma, emphysema, chronic bronchitis or any combination of these or other sensitivities, exposure to irritants including tobacco smoke can cause them infections that require emergency room and hospital care. For these vulnerable people, there is no safe level of exposure at all.

It is heartening to know that this legislature and especially this committee so strongly supports the rights of all people to breathe healthy, smoke-free air, including those who live in public housing due to limited resources. It is very concerning that trying to allow permissible smoking areas will severely dilute any health benefits that would be gained in having smoke-free public housing, since smoke will drift at will and/or be carried by wind and/or ducting to affect sensitive individuals. Accordingly, on behalf of the Hawaii COPD Coalition, it is respectfully urged that this bill, **SB 0651** be amended to declare ALL public housing smoke-free.



COALITION FOR A  
TOBACCO-FREE HAWAII

To: The Honorable Suzanne Chun Oakland, Chair, Committee on Human Services  
The Honorable Josh Green, M.D., Vice Chair, Committee on Human Services  
Members, Senate Committee on Human Services  
From: Jessica Yamauchi, Executive Director  
Date: January 25, 2013  
Hrg: Senate Committee on Human Services; Sat., January 26, 2013 at 1:15 p.m. in Rm 229  
Re: **Support for SB 651, Relating to Health**

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Thank you for the opportunity to offer testimony in support of SB 651 which prohibits smoking in and around public housing or State low-income housing projects as defined in Section 356D-51. The Coalition would like to urge you to consider eliminate designated smoking areas from the bill.

The Coalition for a Tobacco Free Hawaii (Coalition) is the only independent organization in Hawaii whose sole mission is to reduce tobacco use through education, policy and advocacy. Our organization is a small nonprofit organization of over 100 member organizations and 2,000 advocates that works to create a healthy Hawaii through comprehensive tobacco prevention and control efforts. The Coalition also supports the public through its Smoke-Free Homes Initiative, designed to create smoke-free apartments and condos through voluntary action.

A 2007 letter from the Honolulu HUD office indicates that “[r]egulating smoking in public housing units or in common areas is a local decision. In addition, according to the Fair Housing and Equal Opportunity Civil Rights analyst, smokers are not a protected class under the Fair Housing Act.” Going smoke-free is lawful and promotes health. Housing units can already adopt their own rules to prohibit smoking.

During the 2012 session, a law was passed to prohibit smoking in public housing. The Governor vetoed the bill allowing the Hawaii Public Housing Authority a chance to implement an administrative policy. The Coalition and Department of Health have been working with the Hawaii Public Housing Authority to develop a policy and assist with education and outreach to ensure a more successful outcome. However, these efforts have been slow and currently we still have no smoke-free public housing facilities.

Public Housing Authorities across the Country have been implementing smoke-free policies and have developed enforcement processes whereby residents are given multiple notices prior to eviction. Although there have been eviction cases due to smoking violations, they have been rare. The goal is not to punish residents but to encourage residents to have a healthier home free from the dangers of secondhand smoke and to protect all residents.

Secondhand smoke is dangerous; the **U.S. Surgeon General in 2010 notes that any level of exposure to secondhand smoke is dangerous and can be harmful.** The International Agency for Research on Cancer and the U.S. Environmental Protection Agency both note that environmental tobacco smoke (or secondhand smoke) is carcinogenic to humans. Secondhand smoke contains 7,000 identifiable chemicals, 69 of which are known or probable carcinogens.



The Coalition receives calls from residents who reside in public housing units and who have asthma and other health issues affected by secondhand smoke exposure. There is little assistance the Coalition can provide them. It is clear, however, that all residents—regardless if they have asthma, COPD or other health issues—are impacted by the hazards of secondhand smoke.

**All families deserve to live free of second-hand smoke. The only way to ensure this is to prohibit smoking in units.** The American Society of Heating, Refrigerating, and Air Conditioning Engineers (ASHRAE) adopted a position that states, “[a]t present, the only means of effectively eliminating health risks associated with indoor exposure is to ban smoking activity. . . No other engineering approaching, including current and advanced dilution ventilation or air cleaning technologies, have demonstrated or should be relied upon to control health risks from ETS [environmental tobacco smoke] exposure in spaces where smoking occurs.”

Thank you for the opportunity to testify on this matter.

A handwritten signature in black ink that reads "Jessica Yamauchi". The signature is written in a cursive, flowing style.

Jessica Yamauchi, M.A.  
Executive Director



COMMITTEE ON HUMAN SERVICES

Senator Suzanne Chun Oakland, Chair

Senator Josh Green, M.D., Vice Chair

DATE: Saturday, January 26, 2013  
TIME: 1:15 pm  
PLACE: Conference Room 229  
State Capitol  
415 South Beretania Street

Dear Honorable Committee Chair and Members,

The Hawaii Smokers Alliance is **Strongly Opposed to SB651** as written. In particular the exceeding draconian section (a)-1 that would ban the quiet enjoyment of a otherwise legal activity in the homes and bedrooms of your constituents.

The bill has dubious constitutionality at best since it violates a person's right to privacy. The bill as written makes NO effort to determine if smoke is going from unit to unit. From talking to actual residents of public housing we find that the major housing projects on Oahu do not have central air conditioning/ shared ventilation. Smoke cannot penetrate solid brick or concrete walls. Furthermore, family members of a smoker could also be evicted for one family member that refuses to have their civil rights unjustly taken away.

Claims about the need for such a ban based on "Multiple Chemical Sensitivities" are equally dubious. MCS is a controversial diagnosis and is not recognized as an organic, chemical-caused illness by the Academy of Allergy and Immunology, the American Medical Association, the California Medical Association, the American College of Physicians, and the International Society of Regulatory Toxicology and Pharmacology. Blinded clinical trials have shown MCS patients react as often and as strongly to placebos, including clean air, as they do to the chemicals they say harm them. This has led many experts to believe MCS symptoms are due to odor hypersensitivity or are mainly psychological. The fact that government health care programs are failing to give these people the psychological help they need is an issue in its' self.

The Hawaii Smokers Alliance is not opposed to the Housing Authority creating certain floors or sections of non-smoking rooms as availability would dictate based on the discretion of the Housing authority for people that insist on having one.

What is clear that this bill is purely an attempt at social engineering the lifestyles of others, spearheaded by a tiny ring of professional lobbyists called "Tobacco Free Hawaii" who make their living primarily off the settlement agreement. Please let constituents decide this issue for themselves.

Respectfully, Michael Zehner, Co-Chair of the Hawaii Smokers Alliance  
808-952-0275

Note: The Hawaii Smokers Alliance is a citizens group formed in 2006 to promote through education and advocacy the civil rights and liberties of those who enjoy tobacco. The group is self funded by its' members. Hawaiiismokersalliance.net

For Hearing Date: Saturday, January 26, 2013  
1:15 p.m., Conference Room 229

**Testimony Submitted By: Daria A. Fand**

To:

**Senate Committee on Human Services**

The Honorable Senator Suzanne Chun Oakland, Chair  
The Honorable Senator Josh Green, M.D., Vice Chair

Subject: SB651, RELATING TO HEALTH

**Position: Support, with Amendments**

Honorable Chair Chun Oakland, Vice Chair Green, and Members of this Committee, thank you for allowing me to submit testimony regarding the measure SB651.

I, as a public health advocate living in Kalakaua Homes and who has served for six years on its Resident Association Board, am extremely pleased and heartened that the Senate has re-introduced this very strong piece of legislation in support of protecting thousands of disadvantaged Hawaii residents living in public housing properties, under the Hawaii Public Housing Authority (HPHA). As you are all aware, last session was a monumental advance towards this goal of eradicating the grievous and deadly imposition, within public dwellings, of second-hand smoke (SHS) on children, the elderly, the disabled, the health-compromised of all ages, and those who are not yet sick. I speak not only for myself, but on behalf of the thousands who suffer or will suffer, until there is a non-smoking policy.

I'm extremely grateful for the overwhelming legislative support last session that championed this cause in last year's HB46. My hope for this session is that we continue the momentum to victory, to a law that mandates a smoke-free living environment in public housing **as a birthright to health, life, and to breathe uncontaminated, clean air, just as Hawaii's other smoke-free laws protect the rights of the public elsewhere.** Of all environments where law protects citizens from the hazards of SHS, public housing may be the most dire and overlooked, since many residents in public housing spend most of their waking hours in these hazardous environments which they don't have the mobility or means to leave.

While HPHA has stated a mission to create smoke-free policy internally, however well-intentioned this pledge, it is insufficient for two reasons. First, it will require many months to years, going through protracted administrative and bureaucratic hoops, to accomplish. Full implementation is years away. This is not an acceptable timeframe for people who are suffering acute SHS-related symptoms and illness aggravation TODAY. Daily exposure to SHS is known to be acutely life-threatening in the cases of cardiopulmonary disorders and asthma, not to mention the toll for other chronic disorders. So time is of the essence in sparing people's lives and health NOW.

Second, the call to apply smoke-free law to public housing is philosophically unconnected to the administrative plans of HPHA. The purpose of legislating a smoke-free policy for public housing is justice and responsibility on the part of our State, as stewards of public health and welfare. Therefore, whatever HPHA's plans, the goals and the commitments of the Legislature and the Executive branch regarding this very important mandate should remain.

Having said this, it is clear that the challenge is to craft a bill that is not only optimal for the sake of residents, but that the Executive branch will be able to support. When the Governor vetoed HB46 last session, he made clear what points he objected to; and therefore, the task before us is to resolve those objections in this new bill, while not compromising its contents and strength.

To that end, I endorse SB651, as a virtual replica of HB46, which I firmly supported. This bill contains all the most important provisions – particularly, that all dwelling units be included in a smoking ban. This point is critical for any smoke-free policy to protect residents in their homes from SHS seepage, which is unambiguously known to permeate multi-unit dwellings, regardless of ventilation systems or building layouts.

Additionally, this bill stipulates that designated smoking areas be created on all properties. I support this provision, and believe it is integral to a successful smoke-free policy. However, this was one of the key objections the Governor had when he vetoed HB46 last session, so this could be problematic. In his letter, he said designated areas constituted “inflexible distance limitations.” He also objected to the effective date of HB46, which is the same as in this bill (i.e., “upon its approval.”)

I am proposing to this Committee specific provisions that would favorably amend the bill and close these two loopholes, while retaining material that I believe is essential.

**On the matter of designated “permissible smoking areas”:** In an ideal world, we would have zero tolerance for smoking on the properties, and be able to enforce such, as smokers phase out their habits or dutifully go off premises. But as we all know, this is the real world, not an ideal one, and there will be smokers in housing that will struggle with the policy. Unlike beaches, workplaces, restaurants, universities and other public areas of accommodation where smoking restrictions have been put in place or are being advocated, smokers struggling to comply in public housing can't as easily exercise the option of physically leaving the environment to smoke. As this is where people LIVE -- and sometimes, spend nearly 24/7, often due to physical mobility problems – giving them no alternatives of where to smoke on the property beyond indoor areas, will likely increase the chances of their non-compliance, and therefore risk of eventual eviction.

The National Center for Health Housing (NCHH) very recently submitted the following comment to HUD, per HUD's solicitation of input from individuals and organizations on how to advance smoke-free policies in public housing:

“Many times, the creation of an outdoor designated smoking area helps those who may otherwise have difficulty adjusting to the smokefree policy. It is crucial however that any such designated smoking area be located far enough away from any windows and doors that other tenants are not exposed to the drifting smoke.”

I have dialogued with other experts on the matter, including Cheryl Sbarra, Senior Staff Attorney and Director of the Tobacco Cessation and Prevention Program and Chronic Disease Prevention Program for the Massachusetts Association of Health Boards (MAHB), who was the keynote speaker at the last annual Coalition for a Tobacco-Free Hawaii meeting. As a policy guidance and technical assistance veteran – who was very supportive of our Legislature’s endeavors -- she fully agreed with me that it would be preferable to have smoking areas that are defined, to deter violations. She also expressed her concern about single parents leaving unattended young children in the home to go extensive distances outside to smoke. These and other accessibility issues would argue in favor of having options that don’t require residents going completely off-premises, if they can’t refrain from smoking.

Of worthy note is that HPHA has based all their oppositional testimony to date on the “unenforceability” of a smoke-free law, and emphasized how difficult it will be through internal channels; and yet, they have shifted from this conservative stance to the most radical version of smoking restriction possible, which is to ban it in an absolute fashion, on every property, everywhere. If enforcement is such a concern, I would think they would want some reasonable, pragmatic middle ground – a compromise which would reduce the chance of infractions and therefore, evictions. If people know there is a smoking area on the property, they’ll likely be more educable, see the reasonableness of the policy, and will feel less denied. In the absence of officially designated areas, it’s more likely people will create their own “smoking areas,” unofficially and surreptitiously – under people’s windows at night, in their units sporadically, and in other places that expose others to SHS. These violations would be very hard to report, track, and remediate. So the current plan to go 100% smoke-free campus-wide threatens enforcement and compliance to the point that it could be counter-productive to the whole mission of having a smoke-free policy in the first place, rendering it “toothless” and dissolute.

I am aware that there are some Mainland PHAs that have 100% smoke-free properties; however, we do not know their size or density of population. They are also in the minority of smoke-free housing, as most sample and real leases of models and toolkits I have studied from the Mainland make allowances for some form of designated areas. In especially large properties, enforcement may be a greater issue, and HPHA has properties of all sizes. So while a 100% smoke-free policy might work on one small property, on another large and diverse one, it may be more difficult to enforce adequately.

Because of HPHA’s dramatic shift in orientation in the reach of smoke-free measures, I imagine the reason they are moving towards this one-size-fits-all strategy is to ease the administrative burdens that would be required on the front end to customize designated areas to each property, per its layout. This is understandable, but not a sound basis upon

which to craft policy. I do not believe that the temporary inconveniences or extra logistical efforts required in the initial stages to establish smoking areas justifies cutting corners at this crucial juncture. This is the time to be creating a sound foundation for each individual community. Rather than taking a short-range view of serving this particular administration's ease of adoption, the law and HPHA should be committed to making smoke-free policies that are most likely to succeed and be sustainable over the long haul at each locale. That means balancing the needs of smokers to have places to smoke that do not harm other residents, with the needs of all residents to be staunchly protected from SHS.

**The caveat to mandating designated areas is that they MUST be a distance from windows and doors such that residents do not suffer from drifting SHS into their units or the common areas. This would be the only legitimate reason to abolish smoking areas outdoors. The bill currently specifies at least a 20-foot distance from buildings, but depending on the placement of areas and environmental conditions, this may or may not be sufficient to protect residents in some cases.**

**To balance these competing interests and consider all parties, I propose the following as a step-wise system of due process by which the law could allow a property to become 100% smoke-free:**

**Add the following process as a caveat to subsection (b), regarding designated smoking-permissible areas:**

- If a resident complains about drifting SHS into their unit from a designated smoking area, that resident shall be relocated to another unit; the resident and management would work together on a timetable acceptable to the resident, and provided management can offer another unit.
- If the management of same property receives three (3) such complaints over an indefinite time period, and has relocated 3 residents for this reason; or if management cannot relocate any of these three complainants, that property has two options:
  1. Relocate the designated smoking area, to which the above procedures shall apply, or
  2. Eliminate that smoking area
- If a property has multiple smoking areas, residents may utilize others, if one has been eliminated. The same policy and procedures shall apply to all smoking areas.
- If a property has eliminated the problematic smoking area(s) and this leaves it with no appropriate smoking area(s), then a property can opt to go 100% smoke-free property-wide.

This process would allow a given property to institute a 100% property-wide smoke-free policy on a CONDITIONAL basis, which is complaints, community, and resident-driven,

rather than just being arbitrarily imposed for the sake of administrative simplicity. It allows a uniform policy and procedure, while taking into account case-by-case property possibilities or difficulties that may arise. Quite the opposite of presenting “inflexible distance limitations,” this would be a much more flexible system, responsive to each housing community’s ability to balance safe smoking distance from buildings and smokers’ difficulties. Such law would maximally benefit both smokers and non-smokers, while giving HPHA and property managers more latitude to adjust their designated areas and properties as needed – including eliminating them if, by due process, they prove too onerous or inadequate in protecting residents from SHS.

I believe these stipulations make a stronger bill than either a 100% smoke-free policy or a designated-areas policy alone, and combine the best of both.

**On the matter of “effective date”:** The Governor did have an objection to HB46’s effective date being “on its approval”, which is copied in this bill. It is my opinion that with all the community resources standing by to assist HPHA with the smoke-free transition – such as the Department of Health, the Coalition for a Tobacco-Free Hawaii, and many other associated health agency partners – by the time legislation has further progressed, HPHA will not need many months to inform, educate, train, and prepare the public and their staff for implementation of a legal mandate. If they are progressing as they claim to be, much information will be disseminated and steps forward will already be underway.

Nonetheless, it is prudent to provide a window for this process in the event that HPHA has not sufficiently prepared residents and staff. According to the standard timelines of models on the Mainland, according to Serena Chen, Policy Director of The American Lung Association in San Diego, 6 months is average, though some PHAs take a year. In private correspondence with me, she advised against more than a year, citing the fact that staff turnover within the PHA and the loss of momentum for residents makes continuity harder. So an implementation plan that lasts longer than a year is not recommended by this policy expert, who is echoing timeframes widely accepted nationally.

I propose to this Committee that the effective date be changed from immediately “upon approval” to 6 months to a year, maximum. A year as an outer limit is extremely reasonable and generous, considering that the entire past year, HPHA has been already preparing, residents are hearing about the plans to go smoke-free, community resources are prepared and this legislation will add more months, and so we are not starting at square one.

I believe these stipulations improve on the bill as it stands, by removing some potentially problematic limitations; they reconcile chief concerns and objections about implementation that arose over the last bill, HB46; and they provide a framework for a workable system that can more easily respond to individual communities, which is imperative to a successful transition and program.

To conclude, the time for “gradual implementation” of smoke-free policies has been going on for a year, with no concrete changes on the ground, even though many resourced have been marshaled and are prepared to bring information and guidance to our public housing populations. We do not need multiple years and a dragged-out process which puts our most vulnerable populations in harm’s way every single day to provide a workable, comprehensive policy in the form of this bill as law – the law being an appropriate authority to establish basic rights. This will expedite HPHA’s internal delays and labors, and the painful, gratuitous waiting process that SHS-afflicted residents are undergoing. So it is really a win-win – residents will win, their collective communities and neighbors will win, and HPHA will win **by being relieved of the onerous bureaucracy that serves no purpose or benefit toward achievement of the goal.** Having a law behind HPHA’s policy change will only impress residents with the gravity of this matter.

I urge you to adopt these amendments and retain all the other language in SB651, in accordance with what is most realistic and at the same time, optimally conducive to even-handed protections of and care for all residents in public housing.

