

**Testimony on House Bill 2184  
Creation of State Plan for Comprehensive Treatment of Chronic Obstructive Pulmonary  
Disease (COPD)**

**Presented to  
House Committee on Health and Human Services**

**By  
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Chairman Crum and members of the committee, I am Paula Clayton, Director of the Bureau of Health Promotion in the Kansas Department of Health and Environment (KDHE). Thank you for the opportunity to provide neutral testimony on HB 2184, regarding Chronic Obstructive Pulmonary Disease (COPD) and provide information on KDHE's public health response to COPD.

COPD refers to a group of diseases that cause airflow blockage and breathing-related problems. It includes emphysema, chronic bronchitis, and in some cases asthma. KDHE's health surveillance efforts include conducting the Kansas Behavioral Risk Factor Surveillance System (BRFSS), which indicates that 6.6 percent of Kansas adults have diagnosed COPD (2011). Vital Statistics data collected by KDHE indicate that chronic lower respiratory diseases represented the third leading cause of death among Kansans in 2010-2011.

According to the Centers for Disease Control and Prevention (CDC), approximately **75 percent of COPD cases are attributed to cigarette smoking**. Occupation-related exposures may account for another 15 percent of COPD cases. Genetic factors, asthma, respiratory infections, and indoor and outdoor exposures to air pollutants (non-tobacco) also play a role.

COPD largely can be prevented. Prevention of COPD begins with reducing and/or eliminating smoking initiation among teenagers and young adults and encouraging tobacco cessation among current smokers. While smoking prevention and cessation efforts remain paramount to addressing COPD, ongoing work by other KDHE programs and agencies across the state to protect workers from exposure to workplace gases, vapors, fumes, and dusts that may cause COPD are also important.

The Centers for Disease Control and Prevention released a Public Health Strategic Framework for COPD in 2011. ([http://www.cdc.gov/copd/pdfs/Framework\\_for\\_COPD\\_Prevention.pdf](http://www.cdc.gov/copd/pdfs/Framework_for_COPD_Prevention.pdf)), which recognizes that treatment of COPD requires a careful and thorough evaluation by a physician. The most important aspect of treatment is quitting smoking, avoiding tobacco smoke and removing other air pollutants from the patient's home or workplace. Quitting smoking can slow the decline in lung function by up to 50 percent.

The prevention and control of COPD in Kansas is a well recognized strategy for improving the health of Kansans. Because the majority of Kansans living with COPD developed the condition as a result of behaviors or exposures to substances known to threaten lung health, these issues are already included in state public health improvement plans to reduce the negative impact of chronic diseases and their risk factors.

Thank you for the opportunity to appear before the committee today. I will now stand for questions.