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5/13/2025

Senator Ingwersen, Chair
Representative Meyer, Chair
Members, Joint Standing Committee on Health and Human Services
100 State House Station
Augusta, ME 04333-0100

Re: LD 166 – *An Act to Prohibit the Sale of Tobacco Products in Pharmacies and Retail Establishments Containing Pharmacies*

Senator Ingwersen, Representative Meyer and members of the Joint Standing Committee on Health and Human Services, thank you for the opportunity to provide information *in support of LD 166, An Act to Prohibit the Sale of Tobacco Products in Pharmacies and Retail Establishments Containing Pharmacies.*

LD 166 provides that pharmacies and retail establishments containing a pharmacy are ineligible for a retail tobacco license and provides that a pharmacy or retail establishment containing a pharmacy that engages in retail sales of tobacco products commits a civil violation.

Nationwide, tobacco use remains the single most preventable cause of disease, disability, and death. There is no safe level of secondhand tobacco smoke exposure. Smoking harms the user and everybody else who is exposed, especially children. Presently in Maine, 14.0% of adults (18+) currently smoke (BRFSS, 2023), and 2,400 die annually from smoking (Campaign for Tobacco-Free Kids, 2020). The smoking rate among Maine high school students continued to decrease steadily in 2023 with 5.6% reporting current use, although 15.6% reported use of e-cigarettes (MIYHS, 2023), a concerning trend that is similar to the national data (10.0%) (Centers for Disease Control and Prevention, 2023). In Maine, smoking is related to 33.6% of all cancer deaths (American Cancer Society – Cancer Action Network, 2020). Smoking is a risk factor for many chronic diseases including respiratory and cardiovascular diseases (i.e. heart disease, stroke, lung diseases, diabetes, and chronic obstructive pulmonary disease which includes emphysema and chronic bronchitis). Nationally, one in four deaths from cardiovascular disease is caused by smoking. Additionally, recent evidence has shown that tobacco use and exposure to secondhand smoke also interact with other health conditions, making it easier to get sick and harder for other diseases to improve.

For Maine, the annual health care costs caused by smoking are \$942 million, while productivity losses total \$1.5 billion (Campaign for Tobacco-Free Kids, 2020). Although large successes have been achieved at both federal and state levels since the first Surgeon General's Report in 1964, the burden of smoking-attributable disease, premature death, suffering, and high costs will continue to go on unless tobacco use is prevented, and treatment is provided to those who are trying to quit tobacco use.

According to data published by the US CDC in the American Journal of Preventive Medicine, two-thirds of American adults believe pharmacies should not be allowed to sell tobacco. The same research also found that nearly half of cigarette smokers, as well as nearly half of tobacco

users who don't smoke cigarettes, support such a policy (US CDC-American Journal of Preventative Medicine, 2016).

According to the Center for Public Health Systems Science, higher tobacco retail density is associated with greater tobacco use among adolescents and decreased quit attempts for adult cigarette smokers who want to quit. It also contributes to racial and socioeconomic disparities in tobacco use. Reducing the number of retailers that sell tobacco products in an area may prevent youth initiation and increase quit attempts. Removing tobacco products from retail pharmacies would mean youth no longer see tobacco products behind the drug store counter, and tobacco users who are trying to quit can avoid the visual triggers that result in cravings to continue using tobacco.

The Maine CDC Health Inspection Program (HIP) issues retail tobacco licenses to vendors that sell tobacco products. Walgreens currently has retail tobacco licenses for 73 of their pharmacy locations in Maine. In addition, there are 19 Shaw's supermarkets with pharmacies and 15 Walmarts with pharmacies that currently have retail tobacco licenses. If enacted as written, fewer retail tobacco licenses will be issued by the HIP resulting in a minimal annual loss of less than \$10,725 in licensing revenue which can be absorbed by the program.

In August 2008, San Francisco, CA became the first U.S. city to adopt a tobacco-free pharmacy law. Boston, MA also adopted a similar law, which eventually resulted in the entire State of Massachusetts passing a law that requires all pharmacies to be tobacco-free. In 2014, CVS Health announced that they would stop selling tobacco products at their retail pharmacies.

Studies have shown that, in the two-year period following the removal of tobacco sales from CVS Health, smokers who lived in areas with a high density of CVS pharmacies had increased their number of quit attempts. This study suggests that the removal of tobacco from retail pharmacies may support tobacco cessation efforts among adults who are attempting to quit.

In summary, Maine CDC supports LD 166 and recommends this bill receive a vote of ought to pass. This position is consistent with the majority of Americans who believe pharmacies should not carry tobacco products and with Maine's public health goal of reducing the negative impacts of tobacco use.

Thank you for your consideration of this matter. The Maine CDC is available to provide additional details for the Committee's consideration.

Respectfully,

A handwritten signature in blue ink, appearing to read "Anthony Va.", is positioned above the typed name.

Anthony Va, Director
Maine Center for Disease Control and Prevention
Maine Department of Health and Human Services