American Cancer Society Cancer Action Network℠

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Testimony of Hilary Schneider, Regional Government Relations Director,
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Portions of LD 258 "An Act Making Unified Appropriations and Allocations from the General Fund and Other Funds for the Expenditures of State Government and Changing Certain Provisions of the Law Necessary to the Proper Operations of State Government for the Fiscal Years Ending June 30, 2023, June 30, 2024 and June 30, 2025" Related to the Prevention, Early Detection, Treatment and Survivorship of Cancer

February 28, 2023

Senator Rotundo, Senator Baldacci, Representative Sachs, Representative Meyer, members of the Appropriations and Financial Affairs Committee, and members of the Health and Human Services Committee, my name is Hilary Schneider, and I am the Regional Government Relations Director of the Atlantic/North Region for the American Cancer Society Cancer Action Network (ACS CAN). In this role, I serve as the lead Government Relations Director for Maine. ACS CAN, the nonprofit, nonpartisan advocacy affiliate of the American Cancer Society, supports evidence-based policy and legislative solutions designed to eliminate cancer as a major health problem. As the nation's leading advocate for public policies that are helping to defeat cancer, ACS CAN ensures that cancer patients, survivors, and their families have a voice in public policy matters at all levels of government.

We appreciate this opportunity to provide testimony on portions of the Governor's biennial budget proposal related to cancer prevention, early detection and survivorship. One in two men and 1 in 3 women are expected to be diagnosed with cancer in their lifetime.[i] The American Cancer Society estimates that 8,920 Mainers will be diagnosed with cancer and that 3,500 will die from the disease in this year alone.[ii] Cancer is the leading cause of death in Maine.[iii]

Tobacco Control

Maine's cancer incidence rate is significantly higher than the national average, driven largely by higher-than-average incidence of tobacco-related cancers. Maine has the 16th highest rate of adult smoking in the nation and the 9th highest rate of smoking-related cancer deaths.[iv] You may be surprised to learn that Maine's adult smoking rate is higher than that of Georgia, Florida, North Carolina, and Texas. An estimated 2,400 deaths are caused by smoking each year in Maine including nearly 34% of cancer deaths.[v] Smoking is estimated to cost Maine $942 million in direct health care costs, including $281 million in Medicaid costs annually.[vi]

Due to sharp increases in youth tobacco use in recent years, largely due to skyrocketing rates of e-cigarette use, the decades of progress that has been made in reducing tobacco use rates is now in jeopardy. Here in Maine, nearly 1 in 5 high school students used some form of tobacco product in the last 30 days, including nearly 30% of 12th graders.[vii] More than one in 20 Maine high school students smoke cigarettes.[viii] Nearly one in 20 male high school students smoke cigars in Maine.[ix] One in 3 Maine

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high school students and 1 in 10 middle school students have used e-cigarettes.[x] Nearly 20 percent of high school students are current users of e-cigarettes.[xi]

Due to historical and ongoing patterns of tobacco industry marketing to targeted populations, tobacco use and tobacco-related disease tend to disproportionately impact some groups more than others. Maine youth tobacco use rates are highest among high schoolers who identify as bisexual or transgender, as well as Native American high schoolers. Overall, female high school use rates are higher than male use rates. According to polling of likely Maine voters conducted by Campaign for Tobacco-Free Kids, three-quarters of Maine voters are concerned, with nearly half "very concerned" about young people in their community becoming addicted to tobacco products.[xii]

In the over 50 years since the first Surgeon General's report on tobacco use was published, scientists and policymakers have learned a lot about what works to reduce tobacco use. The Centers for Disease Control and Prevention (CDC) fact-based recommendations for a comprehensive tobacco control program provides states with the needed framework to educate people on the dangers of tobacco use as well as connect people who are already addicted to tobacco to resources to help them quit. When appropriately funded in accordance with CDC recommendations, comprehensive tobacco control programs are able to reduce tobacco use.[xiii]

ACS CAN is pleased to see the Governor's biennial budget proposal including funding for the state tobacco control program at the US CDC recommended level of funding of $15.9 million/year.[xiv] This level of funding was achieved through the actions taken by the Legislature over the past few sessions, which demonstrated a clear prioritization of adequate, sustainable funding for tobacco prevention and treatment. These efforts restored cuts made to program funding and further increased the funding through the passage of LD 1868 last session. LD 1868 was a bipartisan bill passed with unanimous support out of the HHS committee, unanimous support of the Appropriations committee in voting on the "table," and the more than 2/3 support of the Legislature needed to pass it into law on emergency basis. This state tobacco control program is funded through part of the revenue the state receives from the tobacco Master Settlement Agreement, a portion of the excise tax on non-cigarette tobacco products, and federal funding. The increased level of funding is being used to increase investments in tobacco cessation, targeted interventions to communities that are disproportionately impacted by tobacco use and a needed increased investment in surveillance and evaluation, which will further allow the program to ensure evidence-based interventions are being carried out in the most effective and efficient manner possible.

In addition, ACS CAN supports the Fund for a Healthy Maine allocation to the Department of Attorney General (p. A-118), which funds tobacco enforcement efforts necessary to carry out the state's requirements as part of the tobacco Master Settlement Agreement.

Maine Breast and Cervical Health Program (DHHS – Breast Cancer Services Special Program Fund Z069, p. A-306)

In 2023, an estimated 1,450 women[xv] in Maine will be diagnosed with breast cancer and 190 will die from the disease.[xvi] Cancers that are found at an early stage are easier to treat and lead to greater survival.[xvii] Uninsured and underinsured women have lower screening rates, resulting in a greater risk of being diagnosed at a later, more advanced stage of disease.[xviii]

The Maine Breast and Cervical Health Program provides low-income, uninsured, and underinsured women access to breast and cervical cancer screenings and diagnostic services, including mammograms, Pap tests, HPV tests and diagnostic testing if abnormal results are found. From 2016-2020, over 5,600 Maine women were served by the program.[xix] During this time period, over 100 breast cancers and 80 cervical cancers or

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precancerous lesions have been detected by the program.[xx]

Although access to preventive services has increased through expanded health care coverage and elimination of most cost-sharing, millions of individuals with low-incomes or who are underserved still do not have adequate access to breast and cervical cancer screening services. Nationally, the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) can only serve less than one in ten eligible individuals for cervical cancer screening and less than two in ten eligible for breast cancer screenings. Maintaining state funding for the Maine Breast and Cervical Health Program will preserve a critical safety net for Maine people who continue to lack access to lifesaving cancer screening, diagnostic, and treatment services for breast and cervical cancers.

Maine Hospice Council (Account 0663, p. A-430)

ACS CAN supports the ongoing funding for the Maine Hospice Council, contained in the Governor's biennial budget proposal. The mission of the Maine Hospice Council is to address access to quality end-of-life and palliative care through innovation, education, creativity and advocacy. As part of their work, the Maine Hospice Council convenes and staffs the state's Palliative Care and Quality of Life Interdisciplinary Advisory Council. This council was established in law in 2015, as a result of legislation supported by ACS CAN to increase awareness of and access to palliative care. Palliative care is a growing field of specialized medical care that improves the quality of life of patients and their families by focusing on relief from pain, stress and other often debilitating symptoms of treatment for a serious disease such as cancer. Palliative care is appropriate *at any age and any stage of a serious or chronic illness* and can be provided alongside curative treatment. It is delivered by trained specialists who work together with doctors and nurses in a team-based approach that focuses on the patients' needs, explains treatment options and gives patients and their families a voice in realizing their treatment goals.

Numerous studies have found that palliative care:

- Reduces symptoms and pain
- Improves quality of life
- Reduces unnecessary emergency department visits, hospitalizations, and time spent in the intensive care unit
- And typically results in overall cost savings [xxi,xxii,xxiii,xxiv]

The Palliative Care Advisory Council has been meeting quarterly since 2015, convening leaders in palliative care across the state, as well as other stakeholders, to advance access to palliative care. Their work has resulted in enhanced analysis of strengths and gaps in palliative care access, advocacy in support of policies to increase access to palliative care (e.g., successful passage of legislation to require MaineCare coverage of palliative care), and convenings and collaboration among stakeholders. For more information on the work on the council, see: Maine Palliative Care and Quality of Life Advisory Council (mainehospicecouncil.org)

Children's Health Insurance Program (CHIP) (p. A-366)

ACS CAN supports funding in the Governor's proposed biennial budget to expand access to the Children's Health Insurance Program (CHIP). Because the changes to eligibility were passed in last year's Supplemental Budget, we expected to see them implemented by now. We urge the Department to implement the changes before the unwinding of continuous eligibility in MaineCare begins on April 1st since many children who may lose coverage under the current eligibility rules would be eligible for CHIP under these improved eligibility levels. It would be

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easier for families who are now over income for MaineCare to know that they will be eligible for CHIP when they go through their redetermination process rather than needing to shift to some other private insurance provider - or even worse go without coverage - and then shift back to CHIP when the changes go into effect. We believe it would also be easier for the Department. Increased access to CHIP coverage will make a significant difference to many Maine families and will help reduce health disparities for Maine's children, disparities that if not addressed early in life often continue (and even worsen) into adulthood.

Tobacco Taxes

If revenue is needed to support budget initiatives, ACS CAN recommends consideration of increasing the cigarette excise tax by $2.00/pack. The 2014 U. S. Surgeon General Report, *The Health Consequences of Smoking – 50 years of Progress* concludes that increases in the price of tobacco products, including those resulting from excise tax increases, prevent initiation of tobacco use, promote cessation, and reduce the prevalence and intensity of tobacco use among youth and adults.[xxv] This conclusion reaffirms findings from previous Surgeon General's reports on tobacco use that raising the price of tobacco is one of the most effective tobacco prevention and control strategies, and that increasing the price of cigarettes and tobacco products decreases the prevalence of tobacco use, particularly among youth and young adults.[xxvi] Despite the clear evidence-base for this policy, Maine has not increased its cigarette excise tax since 2005.[xxvii]

When a $2.00/pack increase of the cigarette tax was considered during the 130th Maine Legislature, it was estimated that the proposal would generate nearly $48 million in new annual revenue, decrease youth smoking by nearly 20%, and generate $3.4 million in state savings to the Medicaid program over the next five years.[xxviii] Increasing Maine's cigarette excise tax will result in even more revenue as Maine statute ties all tobacco taxes together so as not to create loopholes in our tax code. Raising tobacco taxes can help reduce tobacco-related health disparities. Big Tobacco has successfully targeted marketing of their products to low-income communities, and, as such, low-income populations are more likely to use tobacco and, thus, bear a larger share of the burden of cancer and other tobacco-related illnesses. Increasing the tax counteracts industry price reduction strategies and provides a strong incentive to quit or to never start in the first place, especially for those who are most price sensitive. Increased quitting saves those who use tobacco money, reduces disease, and helps decrease health disparities.

We appreciate your time and consideration of our comments. I would be happy to answer any questions about this testimony.

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[ii] American Cancer Society, "Cancer Facts & Figures, 2023." Atlanta: American Cancer Society, 2023. https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2023/2023-cancer-facts-and-figures.pdf.
[iii] Maine CDC, Maine Mortality Report: Leading Causes of Death 2020, July 2022, https://www.maine.gov/dhhs/mecdc/public-health-systems/data-research/data/documents/2020%20Mortality%20Report%20Final%20071722.pdf.
[iv] State adult smoking rates from the CDC 2021 Behavioral Risk Factor Surveillance System (BRFSS) data available online. Smoking-related cancer deaths data from the American Cancer Society.
[v] Campaign for Tobacco-Free Kids. The Toll of Tobacco in Maine. Updated Feb. 17, 2023, https://www.tobaccofreekids.org/facts_issues/toll_us/maine
[vi] Campaign for Tobacco-Free Kids. The Toll of Tobacco in Maine. Updated Feb. 17, 2023, https://www.tobaccofreekids.org/facts_issues/toll_us/maine
[vii] Maine CDC, 2021 Maine Integrated Youth Health Survey (MIYHS), https://www.maine.gov/miyhs/2021-results.
[viii] Ibid.
[ix] Ibid.

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[x] Ibid.
[xi] Ibid.
[xii] Lake Research Partners poll conducted on behalf of Campaign for Tobacco-Free Kids of 800 likely 2022 voters in Maine, December 2021, poll has a margin of error of +/-3.5%
[xiii] Centers for Disease Control and Prevention (CDC), Best Practices for Comprehensive Tobacco Control Programs, 2014.
[xiv] This funding is included as part of the ME CDC appropriation (Account 0143), p. A-345.
[xv] Throughout this section, women refers to individuals assigned female at birth.
[xvi] American Cancer Society. *Cancer Facts & Figures 2023.*Atlanta: American Cancer Society; 2023.
[xvii] American Cancer Society. *Cancer Prevention & Early Detection Facts & Figures 2021-22*. Atlanta: American Cancer Society; 2021.
[xviii] Ibid.
[xix] Centers for Disease Control and Prevention. *Screening Program Summaries*. www.cdc.gov/cancer/nbccedp/data/summaries/
[xx] Ibid.
[xxi] Meier, DE, Brawley, OW. Palliative care and the Quality of Life. J Clin Onc:20:20:2750-2752 (2011).
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[xxv] U.S Department of Health and Human Services (HHS). *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, Centers for Disease Control and Prevention and Health Promotion, Office of Smoking and Health; 2014. Available at http://www.surgeongeneral.gov/library/reports/50-years-of-progress/exec-summary.pdf.
[xxvi] HHS, 2014.
[xxvii] Campaign for Tobacco-Free Kids, *CIGARETTE TAX INCREASES BY STATE PER YEAR 2000-2021*, March 15, 2021, https://www.tobaccofreekids.org/research/factsheets/pdf/0275.pdf.
[xxviii] American Cancer Society Cancer Action Network, Campaign for Tobacco-Free Kids, and Tobacconomics, New Revenues, Public Health Benefits & Cost Savings from a $2.00 Cigarette Tax Increase in Maine, January 12, 2021.

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