

Testimony of Allyson Perron Drag, Government Relation Director, Senior Regional Lead, American Heart Association for 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"

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 Allyson Perron Drag, and I am the Government Relations Director, Senior Regional Lead for the American Heart Association. The American Heart Association is the nation's oldest and largest voluntary organization dedicated to fighting heart disease and stroke, whose mission is to be a relentless force for a world of longer, healthier lives. The American Heart Association is offering testimony on portions of the Governor's biennial budget proposal related to cardiovascular disease.

There is an estimated 2,400 deaths are caused by smoking each year in Maineⁱ and smoking is estimated to cost Maine \$942 million in direct health care costs, including \$281 million in Medicaid costs annually.ⁱⁱ 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.ⁱⁱⁱ More than one in 20 Maine high school students smoke cigarettes.^{iv} Nearly one in 20 male high school students smoke cigars in Maine.^{iv} One in 3 Maine high school students and 1 in 10 middle school students have used e-cigarettes.^v Nearly 20 percent of high school students are current users of e-cigarettes.^{vi} 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.^{vii} 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.^{viii} The American Heart Association was 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.^{ix} 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.

Lastly, if revenue is needed to support budget initiatives, the American Heart Association 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.^{ix} 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.^x Despite the clear evidence-base for this policy, Maine has not increased its cigarette excise tax since 2005.^{xii} 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.^{xiii} 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 cardiovascular disease 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.

Sincerely,
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i Campaign for Tobacco-Free Kids. *The Toll of Tobacco in Maine*. Updated Feb. 17, 2023, https://www.tobaccofreekids.org/facts_issues/toll_us/maine

ii Campaign for Tobacco-Free Kids. *The Toll of Tobacco in Maine*. Updated Feb. 17, 2023, https://www.tobaccofreekids.org/facts_issues/toll_us/maine

iii Maine CDC, 2021 Maine Integrated Youth Health Survey (MIYHS), <https://www.maine.gov/miyhs/2021-results>.

iv Ibid.

v Ibid.

vi Ibid.

vii Ibid.

viii 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%

ix Centers for Disease Control and Prevention (CDC), Best Practices for Comprehensive Tobacco Control Programs, 2014.

x This funding is included as part of the ME CDC appropriation (Account 0143), p. A-345.

xi Throughout this section, women refers to individuals assigned female at birth.

xii 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>.

xiii 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.