



**Testimony of Hilary Schneider, Regional Government Relations Director,
American Cancer Society Cancer Action Network**

In Opposition to LD 59 “An Act to Prohibit Inclusion of the COVID-19 Vaccine in the Universal Childhood Immunization Program,”

LD 172 “An Act to Allow Health Care Workers to Return to Work by Reinstating Exemptions from Immunization Requirements,”

LD 601 “An Act to Reduce the Shortage of Municipal Emergency Medical Services Personnel by Removing Certain Vaccination Requirements,”

LD 1547 “An Act to Temporarily Prohibit the State from Mandating COVID-19 Vaccinations,” and

LD 1598 “An Act to Allow an Exception to Immunization Requirements for Health Care Workers for Vaccines Approved Under Emergency Use Authorization”

April 24, 2023

Senator Baldacci, Representative Meyer, and members of the Health and Human Services Committee. My name is Hilary Schneider, and I am the Regional Government Relations Director of the North Atlantic 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.

I would like to thank you for this opportunity to submit the following testimony in opposition to LDs 59, 172, 601, 1547, and 1598.

ACS CAN represents millions of patients and cancer survivors and their families nationwide, including the more than 10,000 Mainersⁱ who will be diagnosed with cancer this year. Many cancer patients and their families have been hard hit by the COVID-19 pandemic, which has placed cancer patients at substantial risk for severe illness. Cancer treatments – from chemotherapy to immunotherapy to bone marrow transplants – often weaken a patient’s immune system, making cancer patients especially vulnerable to communicable illnesses like COVID-19. A survey of cancer patients and survivors in 2021 found that two-thirds of patients, and many caregivers, were worried about protecting their health from COVID-19.ⁱⁱ Those worries, combined with disruptions in health care services, led many cancer patients to delay or forego treatment.ⁱⁱⁱ

Fortunately, the availability of a COVID-19 vaccine helped protect many cancer patients from the contracting the virus or from severe illness from COVID-19. The vaccine allowed many cancer patients to resume their normal treatments safely. Vaccines have been shown to decrease the risk of hospitalization and death from COVID-19, even among people with cancer. In addition, there is evidence that the COVID-19 virus can persist in immunocompromised people, which may lead to the rise of new variants. Therefore, vaccinating these

individuals—and the population as a whole—continues to be important to slow the spread of the virus and save lives.^{iv}

There is some evidence that cancer patients – or others with weakened immune systems – may not be fully protected even if they are vaccinated. A study from the Leukemia and Lymphoma Society found that one in four blood cancer patients fail to produce detectable antibodies after COVID-19 vaccination.^v This makes it even more critical that as many healthy people as possible are fully vaccinated in order to protect those who are unable to be vaccinated or for whom the vaccine may be less effective.

The health and safety of people with cancer as well as our staff is our top priority. In order to protect our constituents who are at high risk for the most serious outcomes from COVID-19, the American Cancer Society and ACS CAN require vaccines for all staff. The American Cancer Society and ACS CAN also support mandatory COVID-19 vaccinations for all health care workers. Prohibitions from vaccine requirements, like those in LDs 59, 172, 601, 1547, and 1598 would undermine the ability to protect our constituents who are already facing a life-threatening illness.

For the above reasons, we urge you to vote “ought not to pass” on LDs 59, 172, 601, 1547, and 1598. We appreciate your time and consideration of our comments. I would be happy to answer any questions about this testimony.

ⁱ American Cancer Society, “Cancer Facts & Figures, 2023.” Atlanta: American Cancer Society, 2023.

ⁱⁱ American Cancer Society Cancer Action Network, 2021. *Survivor Views: Understanding Access to Care During the COVID-19 Pandemic: September 2020 Survey Findings Summary*, https://www.fightcancer.org/sites/default/files/Survivor%20Views%20COVID%20Access%20Polling%20Memo%202020.10.08_Final.pdf

ⁱⁱⁱ American Cancer Society Cancer Action Network, 2021. *Survivor Views: Pandemic-Related Challenges Persist for Cancer Patients and Survivors*, <https://www.fightcancer.org/policy-resources/survivor-views-pandemic-related-challenges-persist-cancer-patients-and-survivors>.

^{iv} National Cancer Institute, “COVID-19 Vaccines and People with Cancer: A Q&A with Dr. Steven Pergam,” March 8, 2022, <https://www.cancer.gov/about-cancer/coronavirus/covid-19-vaccines-people-with-cancer>, accessed on April 24, 2023.

^v Greenberger, L.M., Saltzman, L.A., Senefeld, J.W., Johnson, P.W., DeGennaro, L.J., Nichols, G.L., Antibody response to SARS-CoV-2 vaccines in patients with hematologic malignancies, *Cancer Cell* (2021), doi: <https://doi.org/10.1016/j.ccell.2021.07.012>.