



Testimony of Maine Public Health Association, American Heart Association, American Lung Association, and American Cancer Society-Cancer Action Network, Neither For Nor Against:

LD 377: An Act to Establish a University of Maine Medical School and to Dedicate Funds from Raising the Cigarette Tax to the School

On behalf of Maine Public Health Association (MPHA), American Heart Association (AHA), American Lung Association (ALA) and American Cancer Society-Cancer Action Network (ACS-CAN) we write neither for nor against LD 377, “An Act to Establish a University of Maine Medical School and to Dedicate Funds from Raising the Cigarette Tax to the School.”

MPHA is the state’s oldest, largest, and most diverse association for public health professionals; our mission is to advance the health of all people and places in Maine. AHA 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. ACS-CAN is the nonprofit, nonpartisan advocacy affiliate of the American Cancer Society that advocates for evidence-based public policies to reduce the cancer burden for everyone. ALA is the nation’s oldest voluntary public health organization with a mission to save lives by improving lung health and preventing lung disease.

We support a comprehensive approach to tobacco control that includes significantly increasing excise taxes on all tobacco products to protect kids and save lives. A higher tax is one of the most effective ways to prevent youth from starting to use tobacco and encourage those already addicted to tobacco to quit. Maine has the highest adult smoking rate of any New England state and the second highest high school smoking rate.¹ If the tobacco tax is raised by \$1 in Maine, it will still be behind every state in New England except New Hampshire.

Smoking harms nearly every organ in the body and increases the risk for many types of cancer, heart attack, stroke, COPD, emphysema, chronic bronchitis, and other diseases.² In 2025, it is estimated that approximately 2,400 Mainers will die prematurely from smoking-related illness.³ Cigarette smoke and secondhand smoke contribute to 1 out of 5 deaths in the United States, including 30% of all cancer deaths and 81% of lung cancer deaths.⁴ In contrast, a \$1 increase in the tobacco tax would lead to a 7% decrease in youth smoking and encourage 3,200 adults to quit smoking. Data show more than two-thirds (68%) of people who currently use tobacco indicate they would like to quit.⁵ Considering the prevention of youth tobacco use and the encouragement of current tobacco users to quit, this policy is estimated to lead to almost \$50 million in long-term cost savings to the State.

Strengthening prevention and cessation resources in the state is particularly important to reducing tobacco-related health disparities so that all people in Maine have access to resources to help them successfully quit tobacco, or to avoid starting tobacco use altogether, regardless of income or other social determinants. Investing a portion of the tax revenue in tobacco prevention and control can also further amplify the economic benefits of the tax. For every \$1 spent on

comprehensive tobacco control programs, states receive up to \$55 in savings from averted tobacco-related health care costs.⁶

In conclusion, while we strongly support raising the excise tax on tobacco products and allocating a portion of the revenue to tobacco prevention and cessation programs, we do not take a position on how the remaining funds from the tax increase are proposed to be allocated under this bill. Thank you.

¹ Campaign for Tobacco-Free Kids. The Toll of Tobacco in Maine. Updated August 2024.
<https://www.tobaccofreekids.org/problem/toll-us/maine>

² American Cancer Society. Cancer Facts and Figures 2025. Atlanta, Georgia. 2025.

³ Campaign for Tobacco-Free Kids. The Toll of Tobacco in Maine. Updated August 2024.
<https://www.tobaccofreekids.org/problem/toll-us/maine>

⁴ American Cancer Society. Cancer Facts and Figures 2025. Atlanta, Georgia. 2025.

⁵ U.S. Centers for Disease Control and Prevention. Quitting smoking among adults – United States 2000-2015. *Morbidity and Mortality Weekly Report*, January 6, 2017: 65(52); 1457–1464.

⁶ U.S. Centers for Disease Control and Prevention. Quitting smoking among adults – United States 2000-2015. *Morbidity and Mortality Weekly Report*, January 6, 2017: 65(52); 1457–1464.