



TESTIMONY OF MAINE PUBLIC HEALTH ASSOCIATION

In SUPPORT OF:

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

LD 1938, An Act Regarding the Regulation of Tobacco

Joint Standing Committee on Health and Human Services
Room 209, Cross Building
Tuesday, May 13, 2025

Good afternoon, Senator Ingwersen, Representative Meyer, and distinguished members of the Joint Standing Committee on Health and Human Services. My name is Rebecca Boulos. I am a resident of South Portland and executive director of Maine Public Health Association.

MPHA is the state's oldest, largest, and most diverse association for public health professionals. We represent more than 850 individuals and 70 organizational members across the state, and our mission is to advance the health of all people and places in Maine.

We want to thank Representative Moonen for his leadership in bringing these bills forward. MPHA is in support of LD 166, "An Act to Prohibit the Sale of Tobacco Products in Pharmacies and Retail Establishments Containing Pharmacies" and LD 1938, "An Act Regarding the Regulation of Tobacco."

LD 166

LD 166 would designate pharmacies and retail establishments with a pharmacy as ineligible for a retail tobacco license.

Tobacco use among Maine youth and adults is higher than national averages. Among Maine high school students, nearly 20% use some form of tobacco, including cigarettes, cigars, e-cigarettes, and smokeless tobacco,¹ compared with 13.4% nationally.² Thirty percent (30.4%) of high school students have ever used e-cigarettes (15.6% in the past 30 days).¹ The use of tobacco products among Maine adults is slightly lower than the youth use rate (16.5%) but still higher than the national average (15.5%).³

Smoking causes disease and disability, harming nearly every organ of the body.⁴ In addition to nicotine, tobacco products contain other harmful ingredients, including ultrafine particles that can be inhaled deep into the lungs. There is evidence to suggest that these particles lead to cardiovascular injury, with links to negative effects on resting heart rate, blood pressure and the cells that line the blood vessels. Bystanders can breathe in this aerosol. E-cigarettes also contain flavorants such as diacetyl, a chemical linked to serious lung disease; volatile organic compounds; and heavy metals, such as nickel, tin, and lead.

Despite action by the U.S. Food & Drug Administration (FDA), flavored e-cigarettes – especially menthol e-cigarettes and sweet-flavored disposables – remain widely available. Flavored tobacco products, including cigarettes, cigars, chewing tobacco, and e-cigarettes, undermine Maine's efforts to reduce youth tobacco use. And while almost all e-cigarettes contain liquid nicotine,⁵ which the U.S. Environmental Protection Agency (EPA) classifies as an acute hazardous waste,⁶ too many Maine youth think it's just harmless flavoring.¹

Half of youth who have tried smoking started with menthol cigarettes.⁷ Menthol cigarettes are the most dangerous tobacco product because the flavoring makes it easier for youth to start smoking and become addicted to cigarettes.⁸ Menthol masks the harsh taste of tobacco and numbs the throat, making the smoke easier

to inhale more deeply.⁹ People who smoke menthol cigarettes are also less likely to successfully quit smoking than other people who smoke.¹⁰

Recognizing these alarming tobacco use rates and associated health risks, some pharmacy retailers have already made the decision to stop selling tobacco products. Indeed, research has shown this is an effective strategy for reducing tobacco use.¹¹ Here in Maine, Hannaford stopped selling tobacco products, including cigarettes, cigars, e-cigarettes and pipe tobacco, and won Maine Public Health Association's 2020 Public Health Business Champion Award in part for this decision.

LD 1938

LD 1938 would close a loophole in Maine law that allows smoking in hotel and motel rooms that are rented to guests. It would also prohibit tobacco vending machines and increase penalties for cigarette distributor licensing violations. In Maine, the penalties for tobacco licensing violations have not been raised in 20 years, so it seems reasonable to update those fees now.

Closing the indoor smoking loophole will protect public health. Several leading public health organizations have documented for decades that ventilation is ineffective at preventing smoke from moving between indoor spaces.¹² For example, the American Society of Heating, Refrigerating, and Air Conditioning Engineers (ASHRAE) 2023 Report on Indoor Air Quality states, "At present, the only means of effectively eliminating health risks associated with indoor exposure is to ban smoking activity... No other engineering approaches, including current and advanced dilution ventilation or air cleaning technologies, have demonstrated or should be relied upon to control health risks from ETS [environmental tobacco smoke] exposure in spaces where smoking occurs... Because of ASHRAE's mission to act for the benefit of the public, it encourages elimination of smoking in the indoor environment as the optimal way to minimize ETS exposure."

MPHA is in strong support of both of these bills, which we believe are protective of public health. We respectfully request you to vote LD 166 and LD 1983 "Ought to Pass." Thank you for considering our testimony.

¹ Maine Department of Health & Human Services & Maine Department of Education. [Maine Integrated Youth Health Survey](#). 2023.

² Gentzke AS, Wang TW, Cornelius M, et al. Tobacco product use and associated factors among middle and high school students — National Youth Tobacco Survey, United States, 2021. *MMWR Surveill Summ* 2022;71(No. SS-5):1–29.

³ U.S. Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2020.

⁴ U.S. Centers for Disease Control and Prevention, Office on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion. [Smoking and tobacco use: Health effects](#).

⁵ Romberg AR, Miller Lo EJ, Cuccia AF, Willett JG, Xiao H, Hair EC, Vallone DM, Marynak K, King BA. Patterns of nicotine concentrations in electronic cigarettes sold in the United States, 2013-2018. *Drug Alcohol Depend*. 2019 Oct 1;203:1-7.

⁶ Management Standards for Hazardous Waste Pharmaceuticals and Amendment to the P075 Listing for Nicotine, 84 FR 5816, August 21, 2019.

⁷ Cohn AM, Rose SW, D'Silva J, Villanti AC. Menthol smoking patterns and smoking perceptions among youth: Findings from the Population Assessment of Tobacco and Health Study. *Am J Prev Med*. 2019 Apr;56(4):e107-e116.

⁸ U.S. Centers for Disease Control and Prevention. [Menthol and cigarettes](#).

⁹ Watson CV, Richter P, de Castro BR, Sosnoff C, Potts J, Clark P, McCraw J, Yan X, Chambers D, Watson C. Smoking behavior and exposure: Results of a menthol cigarette cross-over study. *Am J Health Behav*. 2017 May 1;41(3):309-319.

¹⁰ Park-Lee E, Ren C, Sawdey MD, Gentzke AS, Cornelius M, Jamal A, Cullen KA. Notes from the Field: E-Cigarette use among middle and high school students - National Youth Tobacco Survey, United States, 2021. *MMWR Morb Mortal Wkly Rep*. 2021 Oct 1;70(39):1387-1389.

¹¹ Katz MH. Banning tobacco sales in pharmacies: The right prescription. *JAMA*. 2008;300(12):1451–1453.

¹² See 2006 U.S. Surgeon General's Report: [The health consequences of involuntary exposure to secondhand smoke](#); 2010 U.S. Surgeon General's Report: [How tobacco smoke causes disease](#); European Commission Joint Research Centre 2003 Report: [Indoor air pollution: New EU research reveals higher risks than previously thought](#).