



Testimony of the Lance Boucher American Lung Association

In Support of LD 166 “An Act to Prohibit the Sale of Tobacco Products in Pharmacies and Retail Establishments Containing Pharmacies”

and

In Support of LD 1938 “An Act Regarding the Regulation of Tobacco”

Good afternoon Chairs Ingwersen and Meyer and distinguished members of the Joint Standing Committee on Health and Human Services. My name is Lance Boucher of Manchester and I am the Assistant Vice President, State Public Policy for the American Lung Association. The Lung Association is the nation’s oldest voluntary public health organization with a mission to save lives by improving lung health and preventing lung disease. We do this through education, advocacy, and research.

The American Lung Association appreciates the opportunity to offer comments to you regarding two bills scheduled today for public hearing. We are in support of LD 166 and LD 1938. Both these measures will advance tobacco prevention efforts in Maine protecting public health and the best interests of our citizens. We urge you to vote Ought to Pass on both these measures.

The Need is Clear:

Tobacco use is a serious health hazard, causing or worsening a wide range of health conditions, including lung cancer, respiratory infections, and asthma. At the American Lung Association, we know that when you cannot breathe, nothing else matters.

In 2025, tobacco use is a very present and real issue in Maine impacting too many, especially our most vulnerable populations. Our adult smoking and youth tobacco use rate remain higher than the national average. The health and financial impact to our state is substantial:

- 2,400 Mainers die due to tobacco annually.
- Tobacco costs Maine more than \$2.4 billion annually in health cost and lost productivity, including \$281 million to the state Medicaid program, every year¹.

¹ [The Toll of Tobacco in Maine - Campaign for Tobacco-Free Kids](#)

LD 166

The American Lung Association is in strong support of LD 166, “An Act to Prohibit the Sale of Tobacco Products in Pharmacies and Retail Establishments Containing Pharmacies.” Across the nation, hundreds of thousands of smokers last purchased their cigarettes from a pharmacy. As trusted healthcare facilities, pharmacies are a place for customers to purchase products and medications to get well. Given the critical healthcare role pharmacies play in communities, they should not be selling a deadly product that kills up to one half of its users.

Selling tobacco in pharmacies sends a mixed message to consumers about the dangers of tobacco products. According to a study in the Journal of the American Medical Association, when filling prescriptions for chronic illnesses worsened by smoking, 1 in 20 customers also purchased cigarettes². Some of the strongest evidence in support of Tobacco-Free Pharmacy laws comes from a study from the American Journal of Preventive Medicine which found that after CVS Health stopped selling tobacco in September 2014, cigarette pack sales decreased, and nicotine patch purchases increased in states where the chain had a large retail presence³.

Additionally, adolescents and young adults are uniquely vulnerable to the effects of nicotine and nicotine dependence, causing lasting, adverse consequences on brain development. Here in Maine, 16.5% of youth use at least one tobacco product. Through FDA compliance data, we know that some large pharmacy chains that still sell tobacco products are one of the leading sellers of tobacco products to underage individuals⁴.

Pharmacies should be part of the network of support that individuals can rely on to help end their addiction to nicotine, not fuel it. Recent work of the Maine Legislature has helped to increase the role of the pharmacist in tobacco treatment and cessation and now ending the sale of products at these locations will help further that goal. Ending the sale of tobacco in pharmacies is a critical step to reduce youth access and help smokers quit. According to a study in the Journal of Preventive Medicine, tobacco products in pharmacies make quit attempts for current smokers less successful⁵.

Tobacco-Free Pharmacy laws have been spreading around the country. Since 2008, more than 250 municipalities spread across four states have prohibited the sale of tobacco products in pharmacies. In 2018, Massachusetts became the first to pass a Tobacco-Free Pharmacy law at the state level and in April 2020, New York followed suit.

The Lung Association urges you to vote “Ought to Pass” on LD 166.

² <https://www.ncbi.nlm.nih.gov/pubmed/25329817>

³ Ali, Fatma Romeh M., et al “Tobacco-Free Pharmacies and U.S. Adult Smoking Behavior: Evidence from CVS Health’s Removal of Tobacco Sales.” American Journal of Preventative Medicine, vol. 58, no. 1, 2020, pp. 41-49., doi:10.1016/j.amepre.2019.09.003.

⁴ <https://jamanetwork.com/journals/jamapediatrics/fullarticle/2698451>

⁵ <https://doi.org/10.1016/j.ypmed.2017.05.005>

LD 1938

The Lung Association is also in support of LD 1938, “An Act Regarding the Regulation of Tobacco.” This measure updates our tobacco regulations and corrects loopholes that currently exist in statute to improve our tobacco prevention efforts. Most notably, LD 1938 ends the sale of tobacco products in vending machines. Often viewed as a relic from the past, like everything else the tobacco industry is changing and updating their sales and delivery systems and self-service kiosks selling products from traditional cigarettes to electronic vaping devices and Zyn nicotine pouches have started to emerge in other places. LD 1938 will end the licensure of sales through vending machines in the state. Requiring clerk intervention for sale of all tobacco products and eliminating vending machines will ensure age compliance checks are done at each transaction as well as reduce youth purchase of tobacco products.

Additionally, LD 1938, addresses a loophole in our state’s popular smokefree law by ending the exemption for smoking in hotels and motel rooms. 8 states and 309 municipalities across 20 states⁶ have statutes that call for 100% smokefree lodging. While most hotels are now smokefree voluntarily, not all lodging facilities are and as a result visitors and staff are subjected to the health harms of second- and thirdhand smoke at facilities that still have smoking rooms.

People who use tobacco are not the only ones who breathe the deadly smoke-- everyone around them is forced to inhale it too. Secondhand smoke causes nearly 20,000 deaths, including over 4,100 lung cancer deaths among nonsmoking adults each year in the United States⁷. Exposure to secondhand smoke causes many of the same tobacco-related diseases as active smoking, including heart disease, stroke, and cancer. In addition, secondhand smoke increases the risk for sudden infant death syndrome (SIDS), acute respiratory infections, ear problems, and more severe asthma⁸. Multiple Surgeon General’s reports have concluded after a thorough review of the scientific evidence that there is no risk-free level of exposure to secondhand smoke.

Separating smoking rooms from nonsmoking rooms, cleaning the air, and ventilating buildings cannot eliminate exposure of workers and nonsmoker guests to secondhand smoke. While ventilation systems can reduce odor, they fail to eliminate the particles and toxins from secondhand smoke and fail to protect neighboring businesses from

⁶ [State and Local 100% Smokefree Hotel and Motel Guest Room Laws](#)

⁷ [Health Problems Caused by Secondhand Smoke | Smoking and Tobacco Use | CDC](#)

⁸ [Health Problems Caused by Secondhand Smoke | Smoking and Tobacco Use | CDC](#)

smoke infiltration. The American Society of Heating, Refrigerating and Air-Conditioning Engineers states that the only way to eliminate indoor exposure to environmental tobacco smoke is to eliminate all indoor smoking activity⁹.

The Lung Association urges you to vote “Ought to Pass” on LD 1937.

I appreciate the opportunity to testify before you today on behalf of the American Lung Association. The Lung Association believes that the two measures before you to end the sale of tobacco products in pharmacies and updating and closing loopholes in our tobacco statutes statewide has the potential to significantly reduce tobacco use and save thousands of lives in our state. We urge your swift passage of the measure to help protect Maine’s citizens from a lifetime of dependence to tobacco products. Thank you.

⁹ [pd_environmental-tobacco-smoke-2023-06-28.pdf](#)