



Testimony of  
American Lung Association  
American Cancer Society Cancer Action Network  
and American Heart Association

**In Support of**

**LD 1658, An Act to Preserve and Strengthen the Fund for a Healthy Maine**

and

**LD 1772, An Act to Implement the Recommendations of the Blue Ribbon Commission to Design a Plan for Sustained Investment in Preventing Disease and Improving the Health of Maine Communities**

Good afternoon, Senator Ingwersen and Representative Meyer, and distinguished members of the Joint Standing Committee on Health and Human Services:

On behalf of the American Lung Association (ALA), American Cancer Society Cancer Action Network (ACS CAN), and the American Heart Association (the Association), thank you for the opportunity to testify in support of both **LD 1658 and 1772**. The American 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 Cancer Society Cancer Action Network is the nonprofit, nonpartisan advocacy affiliate of the American Cancer Society, which 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. The American Heart Association is the nation's oldest and largest voluntary organization dedicated to fighting heart disease and stroke and whose mission is to be a relentless force for a world of longer, healthier lives.

The two pieces of legislation before you are separate, but related. In short, they will aid in setting the structure and mechanism by which tobacco-related funding—specifically a portion of tobacco excise tax revenues and Tobacco Master Settlement Agreement (MSA) payment revenues—are received, held, and (to an extent) utilized by the State of Maine.

For more than two decades, Maine has received annual payments from the MSA, which support various public health and prevention efforts through the Fund for a Healthy Maine (FHM, the Fund). However, these payments, which are calculated based on national tobacco sales and do not consider the sales of e-cigarette/vaping products and nicotine pouches in payment calculations, are dwindling. Without intervention like LD 1658, program efforts currently funded through the Fund for a Healthy Maine would be threatened.

LD 1658 is simple: it stabilizes the fund and its public health investments by creating an ongoing transfer of a portion of tobacco excise tax revenue from the General Fund to the Fund for a Healthy Maine. This would ensure the Fund, which is a special revenue account, has the resources needed each year to maintain its baseline investments in public health and prevention. As amended, the incremental transfer in LD 1658 would increase by 1% each biennium. This approach is appropriate as both revenue streams are designed to prevent tobacco use and illness and support the health and well-being of Maine people across generations. To that end, our organizations firmly believe these funds should be used as intended: **to decrease youth smoking and promote public health as it relates to tobacco use.**

As amended, LD 1772 would do two main things: create a new stabilization fund to better manage MSA settlement dollars and create a commission to strengthen long-term public health planning and build state public health capacity. Goals of the stabilization fund include supporting the work of a new Maine Commission on Public Health and Prevention, supporting the development and rollout of a comprehensive state health plan, and eliminating the need for working capital advances and same-year use of settlement dollars. While not directly connected to LD 1658, LD 1772 would support Fund stabilization and enhance the state's ability to respond to current and emerging public health challenges and threats.

While our organizations are in support of both pieces of legislation, one piece absent in both is a dedicated commitment to tobacco prevention and control programming. Since the creation of the Fund for a Healthy Maine, Maine has often allocated funding levels closer to the amount recommended by the United States Center for Disease Prevention and Control (US CDC) Best Practices guide than most states. However, we have also seen years where these funds are diverted from FHM for other purposes, which greatly limits our ability to respond to public health crises. In recent years, Maine has fully funded its tobacco prevention program at the recommended level, and our organizations believe it is essential that this **robust, full funding remains the top priority of use for tobacco-related revenues.** Tobacco use remains the leading cause of preventable death and disease in Maine and the nation, and the tobacco industry is continuing to innovate products to ensure current users stay addicted and target youth to initiate tobacco use.

Again, we are fortunate that Maine maintains strong public support for tobacco prevention and control policies. At times, Maine has been regarded as 'best in the nation' in fighting tobacco use and nicotine addiction. Indeed, in 2005, Maine was the first (and still the only) state to receive straight 'As' on the American Lung Association's "State of Tobacco Control" report card.<sup>1</sup> Our organizations strongly encourage and recommend the committee explore, to the extent possible, avenues by which prioritization of tobacco prevention and control programming can be made within the Fund, especially given rapid shifts at the federal level and the elimination of federal tobacco control funds and technical assistance support, among other things, through the now-abolished Office of Smoking and Health within the CDC.

It is important to note that no state has found the 'silver bullet' to perfectly allocate funding received from tobacco excise taxes and the Tobacco Master Settlement Agreement. Maine has had mixed experience with the Fund for a Healthy Maine, at times because of the current structure these bills seek to improve and enhance. Our organizations agree that efforts to fully stabilize and streamline the Fund, as well as enhance the public health problem solving capacity of Maine policymakers and state programs through the creation of a well-crafted and funded Commission, are important investments and goals now more than ever, especially if they integrate the prioritization of tobacco prevention and control program allocations.

We encourage the committee to vote 'Ought to Pass' on both LD 1658 and 1772 and thank both Representative Graham and Senator Bennett for their commitment to ending the threat of tobacco and nicotine use in Maine.

Thank you for your time and attention. Should you have any questions, please do not hesitate to contact us.

Lance Boucher  
Assistant Vice President of State Public Policy  
**American Lung Association**  
[Lance.Boucher@lung.org](mailto:Lance.Boucher@lung.org)

Julia MacDonald  
Government Relations Director  
**American Cancer Society Cancer Action Network**  
[Julia.MacDonald@cancer.org](mailto:Julia.MacDonald@cancer.org)

Whitney A. Parrish Perry  
Government Relations Director  
**American Heart Association**  
[Whitney.ParrishPerry@heart.org](mailto:Whitney.ParrishPerry@heart.org)

---

<sup>1</sup> The 2025 report, ALA's 27<sup>th</sup> edition, will be released on January 28, 2026.