Testimony of the Campaign for Tobacco-Free Kids

In Opposition to LD 2134: "An Act to Create an Exception to the Prohibition of Tobacco Sales in Retail Establishments Containing Pharmacies for Certain Small Grocery Stores"

Good afternoon, Chair Ingwersen, Chair Meyer, and distinguished members of the Joint Standing Committee on Health and Human Services. My name is BJ McCollister, and I am testifying on behalf of the **Campaign for Tobacco-Free Kids**. Thank you for the opportunity to testify **in opposition to LD 2134**.

Tobacco use remains one of the leading causes of preventable death and disease in Maine. Each year, 2,400 Maine adults die from their own smoking. Maine still has significant youth nicotine use, including 16.4% of high school students using e-cigarettes, and 5.6% smoking cigarettes. The financial toll is enormous: Maine faces $942 million in annual smoking-caused health care costs, including $281.2 million in Medicaid costs, and an additional $1.5 billion in productivity losses. That is why the Legislature's 2025 action to end tobacco sales in pharmacies and in retail establishments containing pharmacies was so important.

Even with the conditions in LD 2134, this is still a rollback of the principle Maine just established: There is a clear and unavoidable conflict between pharmacies' role in promoting health and the sale of products that kill nearly half a million Americans every year. A store "containing a pharmacy" remains a health care touchpoint for families, older Mainers, and people managing chronic disease. Allowing tobacco sales in that same establishment sends the wrong message, normalizes tobacco use, and undermines cessation efforts.

We understand the concerns raised about impacts in some rural communities, including potential unintended consequences for creating a "pharmacy desert". If the Committee wants to address the hardship concerns raised by a handful of locations, there are better options that do not weaken the statewide public health standard, for example:

- States like **North Dakota and Iowa** have used tele-pharmacy models to keep a "pharmacy front door" in rural communities by allowing remote sites to be supervised by an off-site pharmacist through secure audio/video systems, rather than forcing communities into an all-or-nothing choice.
- States like **Wisconsin** have explored and advanced approaches that strengthen rural pharmacy capacity through focused incentive and support models, including programs designed to place and retain pharmacists in underserved areas and modernize rural dispensing systems.
- **Use narrow, health-focused solutions rather than rewriting tobacco licensure policy.** If lawmakers want to respond to a small number of situations, the better path is a limited, case-by-case health access strategy—using tools like rural health infrastructure funding, pharmacy access grants, or other targeted interventions—without creating a statutory carve-out that weakens the tobacco-free pharmacy standard statewide.

Creating an exception in statute will invite pressure for broader carve-outs over time and make future tobacco-control measures harder to implement and enforce consistently.

For these reasons, the Campaign for Tobacco-Free Kids respectfully urges the Committee to vote **Ought Not to Pass** on LD 2134 and instead pursue solutions that protect rural pharmacy access **without** rolling back Maine's tobacco-free pharmacy policy.

Thank you for your time, and I am happy to answer any questions.