

MaineHealth

Testimony of Stacey Rees

LincolnHealth

In Support of LD 1028

“An Act to Prevent and Reduce Tobacco Use with Adequate Funding and by Raising the Tax on Tobacco Products”

April 11, 2019

MaineHealth Member Organizations:

Franklin Community Health Network
LincolnHealth
MaineHealth Care At Home
Maine Behavioral Healthcare Memorial Hospital
Maine Medical Center
NorDx
Pen Bay Medical Center
Southern Maine Health Care
Synernet
Waldo County General Hospital
Western Maine Health

Part of the MaineHealth Family:

MaineHealth Accountable Care Organization

MaineHealth Affiliates:

MaineGeneral Health
Mid Coast-Parkview Health
New England Rehabilitation Hospital of Portland
St. Mary's Health System

Senator Chipman, Representative Tipping, and distinguished members of the Joint Standing Committee on Taxation, my name is Stacey Rees and I'm a midwife who provides prenatal care and delivers babies at The Women's Center at Lincoln Health in Damariscotta, and I'm here today to testify in support of LD 1028, "An Act to Prevent and Reduce Tobacco Use with Adequate Funding and by Raising the Tax on Tobacco Products."

MaineHealth is Maine's largest integrated non-profit health care system that provides the full continuum of health care services to the residents of eleven counties in Maine and one in New Hampshire. The legislation before you today supports MaineHealth's mission and vision of "Working Together So Maine's Communities are the Healthiest in America," because increasing the cost of tobacco products will ultimately reduce the number of tobacco users in Maine.

I care for hundreds of women in my community each year. I see many of them for prenatal care and so I am fortunate to have frequent visits with them and to get to know them well. I am here today because I am tired of seeing so many of my pregnant clients struggle, and often fail, to quit smoking and I'm tired of seeing the negative effects of smoking on too many of Maine's babies.

Many of you may not be aware that smoking during pregnancy is a significant problem in Maine. According to the Maine Center for Disease Control and Prevention, the rate of smoking during the last 3 months of pregnancy in Maine is more than double the US rate (21% vs 10%). About 33% of women that I care for are smokers when they find out they are pregnant. That means that 1/3 of the babies I deliver are exposed to the harmful effects of tobacco during the most vulnerable, earliest part of pregnancy. Slightly less than half of the pregnant smokers I see are able to quit smoking during pregnancy. 17% of the women in my practice will continue to smoke throughout their pregnancies and will continue to expose their babies to second hand smoke postpartum.

Although I encourage partners to quit smoking as well, it is a rare occasion when one does, leading to second hand smoke exposure even when the pregnant mom is able to quit. In my practice, having a partner who smokes is the most powerful predictor of whether or not a woman who has quit will start smoking again after her baby is born. Looking ahead, as those babies grow up and become teenagers, we know that if a parent smokes, a teen is twice as likely to become dependent on nicotine as a teen from a non-smoking family.

Additionally, the advent of electronic nicotine products has resulted in a spike in youth use, with national data highlighting a 78% increase in use of electronic products by high schoolers in the past year (National Youth Tobacco Survey, 2018). In 2017, 15.9% of Maine High School students reported use of an electronic vapor product in the past 30 days. If the National data is any indication, use rates among Maine high schoolers will likely be much higher than 15% in 2018. Furthermore, studies have found that e-cigarette use in youth may lead to combustible cigarettes. It is important to note that electronic nicotine products are not taxed at the same rate as other tobacco products.

And so the cycle continues... But it doesn't have to. We can have an impact. According to a 2012 report by the US Congressional Budget Office, increasing tobacco product costs affects our younger smokers the most powerfully. This is precisely the age cohort that I see for prenatal care. The math is simple, if tobacco products cost 10% more, 4% fewer 19-39 year olds would smoke.

If fewer young women smoked, I would see fewer pregnant smokers in my office and Maine would see fewer preterm births, fewer low birth weight babies and fewer Sudden Infant Death Syndrome deaths. I talk to women about smoking and support them in their efforts to quit every time I see them for prenatal care. I'm doing my part. It's not easy and I don't succeed as often as I would like. I need your help and I am here today to respectfully ask for it. Please do your part to decrease the number of Mainers who smoke during pregnancy by supporting LD 1028, "An Act to Prevent and Reduce Tobacco Use with Adequate Funding and by Raising the Tax on Tobacco Products."