

# MaineHealth

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MaineHealth

In Support of LD 945 – An Act to Reduce the Burden of Tobacco-Related Illness by Increasing the Revenue from Cigarette Tax for Use for Tobacco Cessation

Good afternoon Senator Dow and Representative Tipping and members of the Joint Standing Committee on Taxation. My name is Deborah Deatruck and I am Senior Vice President for Community Health Improvement for MaineHealth, the state's largest nonprofit health system.

I am here today to speak in support of LD 945, An Act to Reduce the Burden of Tobacco Related Illness by Increasing Revenue from the Cigarette Tax for Use for Tobacco Cessation.

Why is the state's largest health system taking a position in favor of increasing the tax on cigarettes?

First, our patients who smoke are more likely to have one or more chronic diseases and develop complications from surgery and are more expensive to treat. Second, patients who smoke are more likely to die at an earlier age. Tobacco use is directly linked to many forms of cancer as well as heart disease and other causes of mortality.

As the leading cause of preventable disease and death in the US, tobacco use does not align with MaineHealth's vision – "Working with our communities so that they are the healthiest in America." Reducing tobacco use in Maine is one of MaineHealth's seven health priorities and we have set a very ambitious goal of reducing tobacco use among adults to 14% by 2020. I'm worried about our ability to meet that target because Maine is one of only xx states in the US where smoking rates are increasing, as reported in the America's Health Rankings 2016 Report. We earned the dubious distinction of ranking #37 among the 50 states for our smoking rates.

This year, more than 2,400 people in Maine will die from smoking – that's equivalent to the entire population of Fort Kent, or Kittery, or Hampden.

To effectively reduce cigarette smoking and measurably improve the health of Maine people and communities, we need to declare a full frontal attack on tobacco use – that means the public AND the private sectors working together, and using the armamentarium of evidence-based approaches that are recommended by the US CDC, the US Preventive Health Services Task Force, and every Surgeon General of the United States. These approaches include preventing the initiation of tobacco use, eliminating exposure to second hand smoke, and tobacco use cessation.

Through MaineHealth's Center for Tobacco Independence we partner with the Maine Centers for Disease Prevention and Control to provide statewide, evidence-based tobacco treatment services and as of January of this year, added a statewide prevention program. Within the MaineHealth system, our electronic medical record systems are set up to help doctors refer to the Maine Tobacco Helpline by clicking a button, all of our campuses are tobacco free, and as employer, we provide unlimited tobacco treatment benefits to our employees and their dependents who smoke. Many hospitals, doctors, employers, and community groups throughout Maine are actively involved in prevention and treatment, but it is not enough.

Education, prevention and treatment must be bolstered by public policy to be effective. What I learned in graduate school from One of the nation's leading experts on this issue, Dr. Ken Warner, has been shown is that the single best way to reduce tobacco use is to increase the tax on tobacco products.

Tax increases prevent youth from initiation, reduces young adult prevalence, adult prevalence, and total cigarette consumption. Increasing the excise tax on cigarettes by \$1.50 per pack to \$3.50 will generate more than \$40 million AND would be directed, appropriately, to expand tobacco treatment services, with a carve-out for tobacco medications and counseling for MaineCare members.

Our excise tax rate is the second lowest in New England – only New Hampshire's is lower, at \$1.87 per pack and has not been increased since 2006, eleven years ago.

Finally, as a health care system we are committed to improving the value of care provided to our patients. This includes focusing on quality and engaging in new payment models that are aligned with quality and value of care. One such contract that we are engaged in is the MaineCare Accountable Communities Contract, which incentivizes our providers to improve the health of their MaineCare patients. MaineCare patients have an unusually high rate of tobacco use – X %. While there are many reasons for that, we are committed to ensuring that all of our patients, including and especially those who lack other resources, are engaged in models of care to improve their health. Tobacco cessation is the top of that list.

It's time to take action. I urge you to support LD 945, a critical policy approach to augment and support prevention and treatment efforts that help Maine people break their addiction to nicotine, improve the health of our communities and reduce unnecessary health care costs.

Thank you. I'd be happy to answer any questions you might have.

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