

# **2015 Legislative Report**

October 2015

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The Maine Public Health Association is dedicated to improving and sustaining the health and well-being of all Maine residents by advocating for policies and environments that promote public health and health equity.

#### Dear members and partners of the Maine Public Health Association,

On behalf of the board of directors, staff, and volunteers of MPHA, it is our pleasure to present our fourth annual public health legislative report. This report summarizes our work at the State House during the First Regular Session of the 127<sup>th</sup> Maine Legislature. With the help of many partners, we achieved some tremendous victories for public health in 2015 that will strengthen our communities and make Maine a healthier, more productive place to live, work, and raise families.

MPHA was proud to be part of many inspiring and courageous legislative efforts. Every day our partners showed us their dedication and perseverance, and every day Maine people came to the State House to speak up and speak out for policies that would improve their lives and those of their families and neighbors.

From passing new standards to reduce childhood lead poisoning, to eliminating the use of e-cigarettes in public places, protecting the Healthy Maine Partnerships and School-Based Health Centers from virtual elimination, and rejecting an effort to rescind Maine's seatbelt law, MPHA brought our commitment and our passion to Augusta at every opportunity.

This session certainly came with its share of close calls, come-from-behind victories, and disappointing losses. But as a result, we've come away with a better understanding of our policy strengths and weaknesses, and a roadmap for where we must focus our education and advocacy efforts in the months and years to come.

MPHA will continue to be a steadfast partner, a strong advocate, and a champion for Maine people during the Second Session of the 127th Legislature. We hope you will join us as we work harder than ever in 2016 to advance common sense and forward-thinking public health policies that prevent disease and promote better health among the people of Maine.

Sincerely,

Tina Pettingill, MPH

Executive Director, MPHA

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# **Public Health Policy Wins**

# E-cigarette victory! Maine becomes 4<sup>th</sup> state to prohibit e-cigarette use in public spaces

E-cigarette usage among youth has reached alarming levels and is now understood to be a dangerous pathway to addiction.

In 2014, e-cigarettes were the most commonly used tobacco product by both high school and middle school students and usage tripled among middle and high school students from 2013 to 2014. Both the Centers for



Disease Control and Prevention and the U.S. Food and Drug Administration are urging states to develop comprehensive tobacco control and prevention strategies for youth that focus on all tobacco products, not just traditional cigarettes.

In response, MPHA strongly supported LD 1108, "An Act To Protect Children and the Public from Electronic Cigarette Vapor". LD 1108 updated the definition of "smoking" in Maine law to include e-cigarette vapor, and in this way swept e-cigarettes into Maine's restrictions on smoking in public places.

After passing in both the House and the Senate, MPHA and our partners waited for what we thought would be an inevitable veto by the governor. But in a very public gamble near the end of the session, Governor LePage missed the deadline to veto dozens of bills and LD 1108 became law without his signature.

In Maine, electronic smoking devices will now be treated just like any other type of traditional smoking mechanism and will be banned in public places. This was an unexpected victory that will have a significant impact on our efforts to reign in the sky-rocketing use of e-cigarettes among youth and young adults.

Bill sponsor: Representative McCabe of Skowhegan

Final disposition: Becomes law on October 15th without the governor's signature

### MPHA helps Maine kids get the lead out

There is no known level of lead exposure that is considered safe. It accumulates in our bodies, affects multiple systems, and is particularly harmful to young children. And lead poisoning is entirely preventable. Until this year, Maine law had done little to address the consequences of older housing units that contain lead-based paint.

MPHA was pleased to join many other stakeholders in advocating for passage of LD 1115, "An Act To Make the State's Standard for Lead Exposure Consistent with the Federal Standard". The premise behind LD 1115 was simple: identify children with lead in their blood at an earlier age and with lower blood levels, figure out where the exposure is occurring and eliminate it.

LD 1115 had strong support among lawmakers and it was ultimately integrated into the state budget and funded within the Fund for a Healthy Maine. Its passage makes Maine the first state in the nation to adopt the federal Centers for Disease Control and Prevention's updated lead poisoning intervention protocol. These new standards will ensure we are intervening early, when children have lower levels of lead in their blood, and move us more quickly toward elimination of childhood lead poisoning in Maine.

Bill sponsor: Senator Volk of Cumberland

Final disposition: Passed as part of state budget and became law

#### Maine's public health system preserved!

Maine is one of only three states without a system of local or county public health departments. Instead, the Fund for a Healthy Maine supports the Healthy Maine Partnerships, which provide the necessary platform for communities to draw down additional private, state, and federal resources for education, prevention, school-based health care, emerging health threats, local policy change, and other traditional public health department services.

As part of this year's state budget, the governor proposed dismantling Maine's public health system and moving Healthy Maine Partnership funds into primary care. Forcing this choice between disease prevention and primary care created a false dilemma for policymakers. MPHA and our advocacy partners undertook an extensive education effort so lawmakers would understand that both must co-exist in order to effectively prevent tobacco use and substance abuse, support physical activity and healthy eating, and promote health in every region of the state.



MPHA's advocacy and education efforts were powerful and relentless. We engaged grassroots and grasstops activists, pushed out the story of what was happening via traditional and social media, and produced hard-hitting fact sheets and infographics to ensure the issue was well-understood by decision-makers, reporters, and community members. The response from health care providers, public health professionals, students, business leaders, locally-elected officials, and members of the public was tremendous. On the day of the public hearing MPHA organized a 200-person rally and press conference in the Hall of Flags. Our advocacy efforts were very effective and in the end, this short-sighted, high-risk proposal was dropped by the Appropriations Committee. The final bipartisan budget passed overwhelmingly and a veto by the governor was easily overridden.

This proposal was undoubtedly one of the most dangerous and credible threats we have seen to Maine's public health system. It highlights how diligent we must continue to be in our policymaker education efforts. But it also offered us a chance to improve legislators' understanding of how Maine's efforts to prevent tobacco addiction have stalled in recent years, and how Maine youth and young adults are at far greater risk as a result. There is reason to hope that our extensive education efforts this session will lead to real and positive improvements in Maine's commitment to best practice public health interventions in the years to come.

Bill Sponsor: (Governor's Budget Bill) Representative Chase of Wells

Final disposition: Rejected by Appropriations Committee; Dead

#### Proposal to overturn seatbelt law rejected

Despite the clear health and safety benefits of Maine's seatbelt law, as well as overwhelming public support, a bill was introduced this session to overturn Maine's 20-year-old seatbelt law for adults.

LD 112 "An Act To Eliminate the Requirement that Adults Wear Seat Belts" was immediately and forcefully opposed by health care professionals, members of law enforcement, and first responders. In addition to MPHA, testifiers at the public hearing before the Transportation Committee included Eastern Maine Medical Center, AAA of Northern New England, and Lifeflight of Maine. Testimony highlighted the simplicity of the seatbelt's role in saving lives, the successful increase in seatbelt usage within Maine, and the federal funding implications if Maine's seatbelt law was to be rescinded. Common sense prevailed and the committee voted unanimously "ought not to pass", thus sealing the bill's fate before the full House and Senate.

Bill sponsor: Senator Brakey of Androscoggin Final disposition: Failed in committee; Dead

#### Maine school children will now be taught CPR

Though it takes less than 15 minutes and is free to learn with online tools from the American Heart Association, only 30 percent of Americans know cardiopulmonary resuscitation, or CPR. When we increase the percentage of bystanders who can help in an emergency because they know CPR, we can increase the chances of survival for people experiencing a heart attack. But prior to this legislative session, Maine was one of 29 states that did not mandate CPR training for high school and middle school students.



LD 556 requires public schools to offer training to students on how to perform CPR and use automated external defibrillators, all without additional expense to local taxpayers. LD 556 easily passed in the House and Senate but was vetoed by the governor. Both chambers voted overwhelmingly to override the governor's veto and this sensible bill will become law. MPHA was proud to assist in this effort to improve survival rates for people who experience cardiac arrest.

Bill sponsor: Representative Pouliot of Augusta

Final disposition: Vetoed by governor; Overridden by legislature; Becomes law on October 15th

#### New loophole in smoke-free law prevented

Mainers working in the restaurant industry can breathe a sigh of relief, thanks to the work of MPHA and our partners in ensuring the rejection of LD 821 "An Act To Promote Equity in Business Opportunity for Tobacco Specialty Stores".

In this latest attempt to carve a loophole in Maine's smoke-free laws, LD 821 would have allowed certain tobacco specialty stores to be licensed as a "cigar lounge", and they would then have been allowed to serve non-alcoholic and alcoholic beverages. This would have provided customers with a legal means to drink alcohol and smoke indoors and workers would be exposed to secondhand smoke. LD 821 was the "camel's nose under the tent" as it would have undermined our state's strong workplace smoke-free laws by creating confusion and enforcement challenges in the short run, and opening up a cascade of loophole proposals in the years to come.

Despite its clear threat to public health, LD 821 came very close to passing. This serves as an important reminder that we must remain attentive in our efforts to protect the framework of Maine's tobacco laws.

Bill sponsor: Senator Hamper of Oxford

Final disposition: Dead in non-concurrence (Senate passed; House rejected)

## More attempts to legalize marijuana fail

MPHA is firmly opposed to creating a third legal drug in Maine so we worked closely with our advocacy partners to ensure that two bills designed to legalize the recreational use of marijuana did not pass. LD 1380 "An Act To Legalize, Tax, and Regulate Marijuana" and LD 1401 "An Act To Allow For and Regulate the Adult Use of Cannabis" were both rejected by the Criminal Justice and Public Safety Committee as well as the full House and Senate.

MPHA is opposed to recreational marijuana use based on several factors, including the decreased perception of harm by youth; the inevitable marketing to children; and the increased risk to society from impairment. MPHA will continue to oppose legalization of any drug that escalates social, public health, and health care costs.

Bill sponsor (LD 1380): Representative Russell of Portland

Final disposition: Failed in House and Senate; Dead

Bill sponsor (LD 1401): Representative Dion of Portland Final disposition: Failed in House and Senate; Dead

# Missed Opportunities for Public Health

## Governor vetoes school food marketing bill

Almost half of fifth grade students in Maine can be classified as obese or overweight. The Centers for Disease Control and Prevention has declared that advertising of less healthy foods on school grounds impacts students' ability to make healthy food choices, and this is a contributing factor for obesity.

LD 985 would have required Maine's Department of Education to comply with federal standards for the marketing, advertising, and promotion of food in school buildings and on school grounds. LD 985 would also have prohibited the marketing or promotion of beverages except for water, 100% juice, and low-fat milk in school buildings or on school grounds.

After an excellent public hearing, including strong testimony from our partners at the University of New England, American Heart Association, and the Cancer Action Network, the committee passed LD 985 unanimously. Regrettably, Governor LePage chose to veto the bill and lawmakers failed to override.

MPHA won't give up on Maine kids as easily and will continue to advocate for these important policies that will help reduce childhood overweight and obesity.

Bill sponsor: Representative Daughtry of Brunswick

Final disposition: Vetoed by governor; Sustained by legislature; Dead

### Improving parent education and reducing vaccination opt-outs vetoed

Maine's immunization rate for children 19-35 months old is the 7<sup>th</sup> lowest in the nation. As a result, several bills related to childhood vaccinations were on MPHA's radar screen this year, including LD 471, "An Act To Improve Childhood Vaccination Rates in Maine".

In order to better educate parents about the risks and benefits of immunization and decrease the number who opt out of having their child vaccinated, LD 471 required parents to speak to a health care provider prior to receiving a philosophical exemption to routine childhood vaccination when enrolling a child in school or a licensed day care facility.

Led by the Maine Immunization Coalition, MPHA joined MaineHealth, Maine Medical Association, the Maine Chapter of American Academy of Pediatrics and others in supporting this bill. LD 471 passed through the House and Senate but was subsequently vetoed by the governor. In a disappointing setback for public health, the legislature fell five votes short of overriding the governor's position and the veto was sustained.

Bill sponsor: Representative Sanborn of Gorham

Final Disposition: Vetoed by governor; Sustained by legislature; Dead

### Bill to protect Maine teens from harmful UV rays fails

Melanoma is the second most common form of cancer in young people 15-29 years old. According to the Skin Cancer Foundation, people who use indoor ultraviolet (UV) tanners are 74 percent more likely to develop melanoma. The use of indoor UV tanning devices is considered among the most dangerous cancer-causing exposures by the World Health Organization.

Twelve states now prohibit indoor tanning for minors younger than age 18 and LD 123 would have created the same common sense protections in Maine. Unfortunately, the Maine Senate rejected the majority ought-to-pass report from the Health and Human Services Committee and LD 123 died in non-concurrence.

Bill sponsor: Senator Gratwick of Penobscot

Final disposition: **Dead in non-concurrence** (House passed; Senate rejected)

# Partnerships Make the Difference

## Thank you to MPHA activists, funders, and advocacy partners!

There is no question that MPHA could not accomplish what we do in Augusta without our many partners.

Our funding partners, like Maine Cancer Foundation and The Bingham Program allow us to produce and disseminate high quality educational materials so lawmakers can better understand what's at stake and how MPHA's legislative priorities support Maine communities and Maine's economy.



Angela Westhoff, Tina Pettingill, Becky Smith and Hillary Schneider

Our advocacy partners, including the American Heart Association, American Cancer Society Cancer Action Network, American Lung Association, Maine Osteopathic Association, Maine Medical Association, and MaineHealth work together like a well-oiled machine —sharing information, collaborating on strategy, and making sure every critical legislative meeting is covered, no matter what time of day.

Our activist partners, including hundreds of public health and health care professionals from around the state respond quickly to our action alerts and create a drumbeat of momentum in support of MPHA positions that policymakers simply can't ignore.

To all of our partners, we extend a deep and heartfelt thank you!

# Touched by Tobacco videos bring Republicans, Democrats, and Independents together to reduce tobacco addiction

With support from the Maine Cancer Foundation, MPHA produced an educational video series this spring titled *Touched by Tobacco*. These powerful one-minute videos feature Maine legislators and other public figures sharing their personal stories of tobacco addiction, illness and family loss.



Senator Brian Langley: "Last Words"

The stories are poignant and often heartbreaking, showing the enormous toll of tobacco addiction on Maine families. By sharing their



stories, these leaders have brought us into their lives, helping viewers understand that tobacco is an equal opportunity killer. MPHA hopes these stories will spark more discussions about what else we can be doing in Maine communities to help smokers quit and keep kids from starting to use tobacco products.

The full Touched by Tobacco series can be found at <a href="http://bit.ly/1gbn2vr">http://bit.ly/1gbn2vr</a>

Maine Public Health Association represents over 400 health professionals from Kittery to Fort Kent. Together, we work to protect Maine people from serious health threats and assure a robust public health system, including community-based health promotion, is widely available.