Legislative Priorities
126th Legislative Session Summary

Maine Public Health Association will strictly adhere to our policy of supporting only evidenced-base public health practice and policy. Each committee of our four policy committees are responsible for reviewing recent and relevant data, research, trends and how a stated policy/law may impact public health outcomes. Committees, with the knowledge of MPHA staff, have the authority and responsibility to make policy decisions on behalf of the association.

Priority Rating:
A = A top legislative priority: MPHA is a lead organization regarding coordination of grassroots activation, bill monitoring, written and oral testimony, media advocacy (eg op eds, letters to the editor, interviews) and lobbying.

B = A moderate legislative priority: MPHA will monitor these proposals and provide written or oral testimony. MPHA will monitor legislative activity and work with engaged agencies and stakeholders as needed.

C = Monitor only: these policy proposals may have the potential for moving to a higher priority for either positive or negative reasons either through original language or amendments.

Introduction
During the 126th legislative session the State Budget will once again be our major focal point. Our attention will be directed to specific line items in the budgets of the Maine Department of Human Services (eg Fund for a Healthy Maine, Medicaid support for tobacco treatment, tobacco and obesity spending, etc). MPHA will work diligently to assure that state and local agencies have the resources they need to protect public health and prevent chronic disease.

Tobacco Issues
Tobacco use remains the number one cause of preventable disease and death in the United States and Maine. It is also a primary driver of healthcare costs and chronic disease.

Priority A= Increase the excise tax on other tobacco products to achieve price equity with cigarettes. The tobacco industry is constantly developing new products and redesigning existing products to lure new customers. Their promotion of “little cigars” is one of the most blatant efforts to fight back against cigarette excise tax increases. These products are taxed at a much lower rate and provide strong incentives to switch from cigarettes or to begin smoking them.

Priority A= Restore funding for tobacco treatment medications in the MaineCare program.
There is no more cost-effective health care intervention than smoking cessation. Despite overwhelming evidence of effectiveness, the Governor and Legislature cut all MaineCare funding for tobacco treatment medications. This false savings of about “$450,000” will actually result in over $4.5 million dollars’ worth of preventable health care for this
population. There is a well documented 3:1 return on investment for funding tobacco treatment. The state cut of $450,000 will result in over $1.2 million not being spent on tobacco treatment medications due to the Federal matching funds for MaineCare. Maine became one of only 3 states (Georgia and Alabama) that do not extend coverage for tobacco treatment medications to all Medicaid clients beyond pregnant women (which is required by law). Prior to the last legislative session, Maine was cited in December 2011 by the ALA’s Helping Smokers Quit report as the nation’s “most quit-friendly” state. Maine will not be getting that recognition in the 2012 report. Maine will receive a D on the 2013 Tobacco Report Card.

**Priority B**= Increase the state tobacco tax by at least $1 per pack.
Since 2005 Maine’s cigarette excise tax has been stuck at $2.00 per pack making it the second lowest in the northeast. The evidence is clear that increasing the price of cigarettes by increasing the tax is the single most effective strategy for preventing youth smoking and increasing the quit rate for current smokers of all ages. This initiative is also one of the top priorities of our partners, the American Cancer Society Cancer Action Network, the American Heart Association and the American Lung Association. Maine will receive a grade of C for its tobacco tax level in the 2013 ALA Tobacco Control Report Card.

**Obesity Issues**
Overweight and obesity present an epidemic of health problems in Maine. The science linking excess weight, physical activity and poor nutrition to chronic disease, cancer and other preventable disease is clear.

**Priority A**= Increase the physical activity requirements (physical activity opportunities such as recess, PE and/or active learning in the classroom) among elementary schools to 30 minutes per day.

**Priority A** = Mandate that physical activity periods (such as PE and recess) may not be denied to students as punishment or discipline. These periods will also not be used for student remediation or enrichment.

**Priority A**= Require that food will no longer be used as a reward for behavior or performance in schools.

**Priority A**= Require that outside food not be brought into school classrooms.

**Priority A**= Coordinate a Sugar Sweetened Beverage (SSB) Consumption Reduction campaign to increase knowledge and awareness of consumption dangers among the general public, public health professionals and decision makers and how policy can influence positive health outcomes

**Priority B**= Pass a legislative resolve mandating that the Maine Centers for Disease Control and the Maine Department of Education work together to increase obesity prevention efforts in schools and report back to the legislature on their progress in combating the childhood obesity epidemic in Maine.

**Priority B** = Clarification of transportation statutory language in regards to bike/pedestrian issues.

**Priority C** = monitor all obesity related bills

**Fund for a Healthy Maine**

**Priority A**= Protect and defend the Fund for a Healthy Maine in the 2012 Budget
Last years’ raid on the Fund for a Healthy Maine was unprecedented in the 11 year history of the Fund. This Fund was established using Tobacco Master Settlement Agreement money for the purposes of improving health and preventing disease. It was not designed as a second “rainy day fund” to be used to fill budget gaps. It was also not intended to
supplant other funds in an effort to avoid cuts to existing programs. Nevertheless, that is exactly what the Legislature and Governor did in 2012. Working with our partners we were able to restore two-thirds of the Governor’s proposed cuts but more than $11,000,000 was cut from the Fund for other purposes. Maine will receive a D on the 2013 Tobacco Report Card for tobacco prevention and control program funding. The state is currently spending $9.3 million which is 50% of the Federal Centers for Disease Control and Prevention’s recommendation of $18.5 million. It is important to remember that the Fund is NOT part of the General Fund and that it begins each fiscal year with the total allocation of about $50 million. So we are not asking to restore the cuts from last year; we are defending against any cuts being initiated in the new budget.

Priority A= Supporting efforts and legislation which require appropriate allocation of FHM resources that will improve health outcomes and decrease healthcare costs
*Passing a constitutional amendment around protecting the FHM

Broad Public Health

Priority A/B/C= Monitor all public health related bills that do not fall into categories above. Prioritize these bills as they are identified based upon data/research, membership support and committee capacity.

Priority B/C = Monitor and act upon all federal public health bills and APHA priorities

Any legislative questions can be directed to MPHA Executive Director
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