

January 31, 2024
Testimony on S.18

I'm Prospero Gogo, a cardiologist at UVMHC and Medical Director of the Cardiac Cath Lab, where we treat patients for coronary artery disease with stents.

I strongly support S.18, with the aim of preventing the awful consequences of tobacco-related disease, including heart disease.

A few words about the current costs of treating patients with heart disease related to tobacco:

From Statewide 2017 Medicare Data:

Inpatient reimbursement for DRGs 280, 281, 282, and 283 (all for acute myocardial infarction) total estimate: \$4.8 million for treatment of 457 Vermonters covered under Medicare. (2017 dollars)

This data does not include private insurance and Medicaid, so the true number would likely be 2-3x.

This data also does not include other CV admissions, including stroke and CHF.

Smoking rate amongst Vermonters with heart attack is ~40-45%. The smoking rate amongst all Vermonters is significantly less at ~17-19%.

UVMHC FY 2023 data:

1014 stent procedures

678 of these were inpatients receiving stents for acute coronary syndrome (ACS; the medical term for "heart attack")

Avg reimbursement for ACS (all payors) is \$27k+, so ballpark figure is \$16-18 million at UVMHC annually for patients receiving stents for acute MI/ACS.

This does not include DHMC data, and a fair number of Vermonters receive their heart attack care there.

This is one small snippet of the annual health care costs in Vermont to treat smoking related illnesses. To this you can add lung diseases, cancer, and other vascular diseases, plus the treatment for nicotine addiction.

Tobacco abuse is the number one preventable cause of multiple diseases, including heart disease, lung disease, and cancer. Please pass S.18 to prevent another wave of tobacco related disease in the future.

Thank you.

Prospero B. Gogo, Jr., MD

Professor of Medicine

UVMHC

Burlington, VT