

Vermont Report Card

Tobacco Prevention and Control Program Funding: **D**

FY2014 State Funding for Tobacco Control Programs:	\$3,971,996
FY2014 Federal Funding for State Tobacco Control Programs:	\$1,456,065*
FY2014 Total Funding for State Tobacco Control Programs:	\$5,428,061
CDC Best Practices State Spending Recommendation:	\$10,400,000
Percentage of CDC Recommended Level:	52.2%

*Includes tobacco prevention and cessation funding provided to states from the Centers for Disease Control and Prevention and U.S. Food and Drug Administration.

Smokefree Air: **A**

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government Worksites:	Prohibited
Private Worksites:	Prohibited
Schools:	Prohibited
Child Care Facilities:	Prohibited
Restaurants:	Prohibited
Bars:	Prohibited
Casinos/Gaming Establishments:	N/A
Retail Stores:	Prohibited
Recreational/Cultural Facilities:	Prohibited
Penalties:	Yes
Enforcement:	Yes
Preemption:	No
Citation:	VT STAT. ANN. tit. 18, §§ 28-1421 to 28-1428 & 37-1741 et seq.

Cigarette Tax: **B**

Tax Rate per pack of 20:	\$2.62
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Cessation Coverage: **C**

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **Covers all 7 recommended cessation medications***

Counseling: **Covers individual and group counseling**

Barriers to Coverage: **Limits on duration, minimal co-payments required and prior authorization required for certain medications and instances**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **Covers all 7 recommended cessation medications***

Counseling: **Covers individual and phone counseling**

Barriers to Coverage: **Co-payments required**

STATE QUITLINE:

Investment per Smoker: **\$5.36; CDC recommends an investment of \$10.53/smoker**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **Yes**

Citation: See [Vermont Tobacco Cessation Coverage page](#) for specific sources.



Thumbs up for Vermont for expanding coverage of tobacco cessation counseling to all Medicaid enrollees.

*The 7 recommended cessation medications are: NRT Gum, NRT Patch, NRT Nasal Spray, NRT Inhaler, NRT Lozenge, Varenicline (Chantix) and Bupropion/Zyban.

Vermont State Highlights:



Since the early 2000s, the American Lung Association in Vermont, the American Cancer Society, the American Heart Association and other partners in the Coalition for a Tobacco Free Vermont have advocated successfully to pass state and local laws to reduce the burden of tobacco use throughout Vermont.

During the 2013 legislative session, our priorities were to increase tobacco control program funding and to protect the Tobacco Trust Fund where some Master Settlement Agreement dollars were directed previously. However, a revenue bill that passed the state House of Representatives included a small cigarette tax increase and we suddenly had a new - and very high - priority.

In an effort to balance the state budget, the state House of Representatives passed a revenue package that included a 50 cent per pack cigarette tax increase. At the rate of \$2.62 per pack, a 50 cent increase would not be enough to impact public health. The Campaign for a Tobacco Free Kids fielded a public opinion poll in record time and the results were impressive. Seventy-five percent of those polled supported a \$1.25 per pack increase if revenue were directed to making healthcare more affordable and funding tobacco prevention and cessation.

Though the governor opposed all tax increases, the president pro tempore and the Senate Committee on Health and Welfare supported at least \$1.00 per pack increase. After several weeks of testimony from advocates, the industry and local business owners, the Senate Finance Committee agreed to an 80 cent per pack increase and equivalent increases for snuff and new tobacco products. Sadly, this significant increase died as quickly as it was born. The tax language, added to a health insurance bill, was deemed non-germane by the lieutenant governor on the Senate floor.

The legislature level funded the tobacco control program at \$3.9 million for Fiscal Year 2014. In addition, the legislature reallocated a portion of funding from the Department of Liquor Control and the Agency of Education to the Department of Health. This shift helped to compensate for cuts to the health department by more than a third since Fiscal Year 2008. The Tobacco Trust Fund continues to be drained, but the House Committee on Appropriations included language in the appropriations bill

that requires future payments made to Vermont that have been withheld by the tobacco industry to be deposited in the trust fund.

In 2014, the American Lung Association in Vermont and partners will continue to work hard to ensure that the Master Settlement Agreement and trust fund dollars are used for tobacco control and prevention. In addition, the Lung Association will advocate to eliminate smoking in vehicles in the presence of children under 18.

Vermont State Facts

Economic Costs Due to Smoking:	\$434,237,000
Adult Smoking Rate:	16.5%
High School Smoking Rate:	13.0%
Middle School Smoking Rate:	3.0%
Smoking Attributable Deaths:	830
Smoking Attributable Lung Cancer Deaths:	264
Smoking Attributable Respiratory Disease Deaths:	248

Adult smoking rate is taken from CDC's 2012 Behavioral Risk Factor Surveillance System. High school and middle school smoking rates (rounded to nearest whole number) are taken from the 2011 Youth Risk Behavioral Surveillance System.

Health impact information is taken from the Smoking Attributable Mortality, Morbidity and Economic Costs (SAMMEC) software. Smoking attributable deaths reflect average annual estimates for the period 2000-2004 and are calculated for persons aged 35 years and older. They do not take into account deaths from burns or secondhand smoke. Respiratory diseases include pneumonia, influenza, bronchitis, emphysema and chronic airway obstruction. The estimated economic impact of smoking is based on smoking-attributable health care expenditures in 2004 and the average annual productivity losses for the period 2000-2004.

To get involved with your American Lung Association, please contact:

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