



March of Dimes Foundation

Vermont Chapter  
57 So. Main Street  
Waterbury, VT 05676  
Telephone (802) 560-4822  
Fax (802) 560-4824  
www.marchofdimes.com/Vermont

February 11, 2016

To: Representative Keenan and House Appropriations Committee Members  
From: Erin Jones, Regional Director, Advocacy and Government Affairs,  
March of Dimes  
Date: February 11, 2016  
Re: FY 17 Budget - Tobacco cessation programs that serve pregnant women

The Vermont Chapter of the March of Dimes supports the efforts of the Vermont Department of Health in providing smoking cessation programs throughout the state. **In previous years, language directing VDH to include funding for tobacco cessation programs that serve pregnant women was in the budget. This year, no such language appears in the budget.**

All states are now required to cover smoking cessation services for pregnant women in Medicaid. To effectively implement this important benefit, the Vermont Department of Health needs to use their funding for smoking cessation to educate and motivate both providers and pregnant women.

Smoking is a health risk factor for mom and their infants.

- Approximately 20% of Vermont women of childbearing age smoke, and 18% of women smoke during pregnancy.
- Women who smoke during pregnancy are more likely than nonsmokers to have a preterm or low birthweight baby.
- Prematurity is the leading cause of death in the first month of life, and a significant determinant of morbidity and mortality, including developmental delays, chronic respiratory problems, blindness and deafness.
- Maternal tobacco use has been associated with intrauterine growth retardation, prematurity, perinatal mortality, and congenital malformations.
- In addition, exposure to secondhand smoke during pregnancy and after birth increases the risk of sudden infant death syndrome (SIDS), a key contributor in infant mortality.

Smoking is the single most modifiable risk factor for adverse pregnancy outcomes in our nation. Studies have shown the effectiveness and cost effectiveness of smoking cessation strategies. Therefore, we request that the following language be added to the budget:

**Sec. E.312. Health - public health**

**(b) Funding for the tobacco programs in fiscal year 2017 shall include funding for tobacco cessation programs that serve pregnant women.**