

# Vermont Report Card



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

FY2017 State Funding for Tobacco Control Programs:	\$3,373,246
FY2017 Federal Funding for State Tobacco Control Programs:	\$923,070*
FY2017 Total Funding for State Tobacco Control Programs:	\$4,296,316
CDC Best Practices State Spending Recommendation:	\$8,400,000
Percentage of CDC Recommended Level:	51.1%
State Tobacco-Related Revenue:	\$117,600,000

\*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: <b>Prohibited</b>
Private Worksites: <b>Prohibited</b>
Schools: <b>Prohibited</b>
Child Care Facilities: <b>Prohibited</b>
Restaurants: <b>Prohibited</b>
Bars: <b>Prohibited</b>
Casinos/Gaming Establishments: <b>N/A</b>
Retail Stores: <b>Prohibited</b>
Recreational/Cultural Facilities: <b>Prohibited</b>
Penalties: <b>Yes</b>
Enforcement: <b>Yes</b>
Preemption: <b>No</b>
Citation: VT STAT. ANN. tit. 18, §§ 28-1421 to 28-1428 & 37-1741 et seq. (2014).

## Tobacco Taxes: **B**

<b>CIGARETTE TAX:</b>	
Tax Rate per pack of 20:	<b>\$3.08</b>
<b>OTHER TOBACCO PRODUCT TAXES:</b>	
Tax on little cigars: <b>Equalized: Yes; Weight-Based: No</b>	
Tax on large cigars: <b>Equalized: Yes; Weight-Based: No</b>	
Tax on smokeless tobacco: <b>Equalized: Yes; Weight-Based: Yes</b>	
Tax on pipe/RYO tobacco: <b>Equalized: Yes; Weight-Based: No</b>	
Tax on Dissolvable tobacco: <b>Equalized: Yes; Weight-Based: Yes</b>	
For more information on tobacco taxes, go to: <a href="http://slati.lung.org/slati/states.php">http://slati.lung.org/slati/states.php</a>	

## Access to Cessation Services: **B**

### OVERVIEW OF STATE CESSATION COVERAGE:

<b>STATE MEDICAID PROGRAM:</b>	
Medications: <b>All 7 medications are covered</b>	
Counseling: <b>Some counseling is covered</b>	
Barriers to Coverage: <b>Some barriers exist to access care</b>	
Medicaid Expansion: <b>Yes</b>	
<b>STATE EMPLOYEE HEALTH PLAN(S):</b>	
Medications: <b>All 7 medications are covered</b>	
Counseling: <b>Some counseling is covered</b>	
Barriers to Coverage: <b>No barriers exist to access care</b>	
<b>STATE QUITLINE:</b>	
Investment per Smoker: <b>\$5.34; the average investment per smoker is \$3.46</b>	
<b>OTHER CESSATION PROVISIONS:</b>	
Private Insurance Mandate: <b>Yes</b>	
Tobacco Surcharge: <b>Prohibits tobacco surcharges</b>	
Citation: See <a href="#">Vermont Tobacco Cessation Coverage page</a> for coverage details.	

## Minimum Age: **F**

Minimum Age of Sale for Tobacco Products: <b>18</b>
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## Vermont State Highlights:



Tobacco use remains the leading cause of preventable death and disease in the United States and in Vermont. To address this enormous toll, the American Lung Association in Vermont calls for the

following three actions to be taken by our elected officials:

1. To increase fiscal year 2018 funding for Vermont's comprehensive tobacco control program to \$5.6 million;
2. To dedicate a percentage of annual tobacco tax revenue to sustain Vermont's efforts to prevent and reduce tobacco use; and
3. To raise the legal age for sale of tobacco products to 21.

After a complicated journey in the Vermont Legislature, the Governor signed into law a bill that eliminates the use of electronic cigarettes where smoking is prohibited, including in vehicles with children in car seats. The law was effective July 1, 2016.

For a second year, the Governor proposed to cut most of the budget for the state's Tobacco Evaluation and Review Board which oversees the independent evaluation of the tobacco control program. In 2015, the Lung Association and partners fought hard to restore the funding. In 2016, we lost the battle. The cut to the board's funding threatens the future of the board and ultimately, the effectiveness of the comprehensive tobacco control program.

The good news is that the fiscal year 2017 budget bill included language for "the Secretaries of Administration and Human Services, the Tobacco Evaluation and Review Board, and participating stakeholders to develop an action plan for tobacco program funding at a level necessary to maintain the gains made in preventing and reducing tobacco use that have been accomplished since their inception."

Rep. George Till, a physician, sponsored a bill to raise the legal age for sale of tobacco products to 21. The bill passed the House after a full day of debate. It contained several provisions of concern: 1) a graduated increase of the legal age over three years, 2) a corresponding cigarette tax of \$.13 per pack each year, 3) an exemption for active duty military, and 4) an increase of the penalty for misrepresentation of age from \$25 to \$200. The bill died in the Senate but generated a lot of discussion about the state's effort to prevent and reduce tobacco use and provided a platform for strong legislation in 2017.

The American Lung Association in Vermont will continue to work with coalition partners, the American Heart Association

and the American Cancer Society Cancer Action Network to advance tobacco control efforts and protect Vermont's tobacco control program and smokefree policies against rollbacks. We will continue to educate policy makers, business leaders and the media of the importance of Lung Association goals to reduce tobacco use and protect public health.

### Vermont State Facts

Health Care Costs Due to Smoking:	\$348,112,248
Adult Smoking Rate:	16.0%
Adult Tobacco Use Rate:	18.0%
High School Smoking Rate:	10.8%
High School Tobacco Use Rate:	24.7%
Middle School Smoking Rate:	2.0%
Smoking Attributable Deaths:	960

Adult smoking and tobacco use data come from CDC's 2015 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use data come from the 2015 Youth Risk Behavior Surveillance System. Middle school smoking rate is taken from the Vermont 2015 Youth Risk Behavior Surveillance System. Results are rounded to the nearest whole number.

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 2005-2009 and are calculated for persons aged 35 years and older. Smoking-attributable health care expenditures are based on 2004 smoking-attributable fractions and 2009 personal health care expenditure data. Deaths and expenditures should not be compared by state.

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

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