

February 8, 2022

To: Senate and House Appropriations Committees

From: Tina Zuk, Government Relations Director, American Heart Association

Re: Proposed FY2023 Budget

Thank you very much for the opportunity to testify. I'm Tina Zuk, VT Government Relations Director for the American Heart Association. We'd appreciate your support for the following three area.

- Postpartum -- Please support the governor's proposal to include \$951,000 for DVHA for the expansion of postpartum Medicaid coverage. It's supported by our organization as a necessary measure to ensure the best health for new moms and their babies.
- Early childcare -- Please support, as well, the governor's proposed \$12 million for early childcare and afterschool programs.

We know that an important driver in lifelong health, including heart health, is high-quality early childhood education. While the state works toward long-term transformation of the childcare system, we encourage you to provide immediate, one-time supports to help retain the early childhood educators who are so important to children's healthy development.

You can do this with investments in health insurance premium assistance and free childcare, and a recruitment campaign to draw more people into this essential field.

 Tobacco control funding - Critical to reducing health care spending and tobaccouse in Vermont is additional funding and resources for Vermont's tobacco control program. We are asking for at least an additional \$1 million for this program.

- None of the \$3.5 million for substance misuse prevention in the governor's budget proposal would go to the tobacco control program even though there is a clear link between tobacco addiction and initiation of other substances.
- The health department's media budget in the tobacco control program is half of what it was four years ago as a result of losing \$1 million in onetime Master Settlement funds.

Replacing this funding is critical because media, or health communications interventions, shift social norms around tobacco use, reduce tobacco-related disparities, reduce tobacco use by both adults and youth, and increase quit attempts and use of cessation resources. (More on the importance of media can be found here: Best Practices User Guides: Health Communications in Tobacco Prevention and Control (cdc.gov))

- Additional reasons for more resources:
 - Cigarette sales have increased for the first time in 20 years.
 - Vermont's adult smoking rate of 16% is now higher than the national average of 14%, and there are a number of populations with much higher rates of smoking:

42% - less than a high school education,

32% - uninsured,

53% - COPD,

32% - disability,

31% - seeking mental health services,

41% - Native Americans.

- And though we've made incredible progress reducing the youth smoking rate, 27% of youth now use electronic vapor products.
- We are spending \$348 million annually in Vermont treating illnesses caused by tobacco-use.
- Though Vermont receives \$100 million in revenue from Master Settlement payments and tobacco taxes, it spends only \$3.8 million on the program (\$2.8 million of which goes to VDH for important cessation, community and media interventions.)

- Research shows that the additional funding we are asking for would result in a significant return on investment by reducing health care spending:
 - Minnesota saved an estimated total of \$5.1 billion over 19 years
 - For every dollar spent by Washington's program, more than five dollars were saved by reducing hospitalizations for heart disease, stroke, respiratory disease and cancer
 - California spent \$2.4 billion over 19 years and saved \$134 billion over the same period
 - Early evaluation of Vermont's program found that over a 13-year period, it realized \$1.43 billion in savings from health care costs I return for its \$73 million investment.

Prevention is the best investment we can make in health. Vermont's tobacco control program is one of the best choices our state has made but it needs more resources.

Thank you.