

Chair Lyons and Committee Members,

We'd appreciate it if you would consider including Tobacco Prevention and Cessation as a priority in your budget recommendations to Senate Appropriations and we thank the committee for its past support.

An additional \$1.7 million in base funding for Vermont's Tobacco Control Program – The legislature last year appropriated an additional \$1 million, it was directed to the Department of Substance Use to address youth vaping which, while positive, does not address the epidemic of tobacco use in Vermont. As the following shows, there is great need and there are resources available that should be directed to address what is still the number one most preventable cause of death and disease.

- **The cost of tobacco use is still high and more needs to be done to address high-use populations** – Though youth smoking is low, electronic vaping products are a significant problem with **26% of VT high school students now vaping**. And studies show that youth who vape are 4x more likely to smoke.
We still have a number of populations with very high smoking rates:
COPD – 54%, diabetes – 31%, less than a HS education – 43%, disabled – 32%, uninsured – 28%, rent – 27%, low income – 25%
- **Impacting these high rates of tobacco use takes resources** – To order to change behavior, we need to change social norms, especially with kids, and that means spending more on media/public education efforts. **The tobacco industry spends \$15 million on advertising in Vermont** annually. The tobacco control program is not able to compete with that with its limited resources for media.
- The \$1 million in one-time funds allocated to DSU this past session went to address vaping of all substances and was spread over three years with \$200k allocated to prevention coalitions and **only \$100k allocated each year for media**. This didn't even come close to replacing the loss of \$1 million in one-time funds that the program had previously for media. We appreciate that the House included an additional \$500,000 in its budget this year, but it is again one-time and sent to DSU, not the Tobacco Control Program that has a history of success utilizing CDC best practices on curbing tobacco use.
- **The majority of tobacco industry Master Settlement (MSA) payments are NOT going towards tobacco prevention** – This past year Vermont received \$26,177,953. Though there are no strings attached to the funds, and states will receive them in perpetuity, the intent of the lawsuits and resulting settlement with states was to address the harms of tobacco.

Yet, of the amount above, **only \$2,053,149 of the MSA funds go to the tobacco control program**. \$213,843 goes to DLL, \$750,388 goes to AOE and \$1,088,918 goes to VDH. **This means \$24,124,804 goes elsewhere!**

In last year's budget, \$21,049,373 of the master settlement funds went to the HHS Secretary's office, \$348,000 went to the AGO, \$949,917 went to ADAP and \$1 million in one-time funds went to the renamed DSU for youth vaping.

- **The cost of not adequately funding tobacco prevention and cessation is increasing** – For years, the estimated annual cost of Vermont treating illnesses caused by tobacco-use was \$348 million, including \$87.2 million in Medicaid costs.

However, the National Campaign for Tobacco Free Kids recently determined that this cost has grown and is **now \$404 million annually, include \$93 million in Medicaid costs to treat tobacco-caused illnesses in Vermont.**

- **The Tobacco Control Program has a track record of effectiveness but adult smoking and youth vaping rates are a problem** -- Early in-depth evaluation of the program found that in its first 14 years, with a \$73 million investment, the program saved **\$1.43 billion in overall smoking-related health care costs, including \$586 million in Medicaid costs.**
- Since the program began in 2001, the adult smoking rate has dropped **from 22% to 16%** currently and the youth rate dropped from **33% to 7%!** **However, the adult smoking rate increased 2% in the past two years and more than a quarter of Vermont high school students now vape.**

The additional funding, especially if it's base funding the program can rely on for planning purposes, would help the Department of Health target priority populations and utilize increased media funding to change norm with youth.

Thank you for considering this request.



Tina Zuk

Government Relations Regional Lead
American Heart Association