



Date: April 22, 2026

To: Chair Wood and House Human Services Committee Members

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

Re: Testimony on S.198, tobacco retailer licensure and prevention

This important tobacco prevention legislation prioritizes the health of Vermont kids by preventing deceptive tobacco products from being sold, strengthening Vermont's tobacco retail license laws and removing barriers to youth getting the help they need to quit.

The American Heart Association supports this bill but feels it could be made stronger with some changes.

An important cornerstone of S.198 is the provision that prevents the sale of tobacco products that look like video games, toys, candy and school supplies. "Puff to play" tobacco products are clearly not intended for adult use and could hook Vermont youth on tobacco and nicotine for a lifetime.

Many of these products have a high nicotine content, kids are hooked in no time and are struggling to quit. We want kids to seek help when they want to quit and not fear getting in trouble if they come forward.

The bill currently eliminates penalties against youth for possessing or using tobacco as we realize many youth suffer from nicotine addiction after being aggressively marketed to by the industry such as with the products noted above.

If there is any doubt that the industry's tactics and design of these products are meant to lure kids, we only have to look to the comment that was made by a House Commerce Committee member after smelling and looking at the same vape products I brought here today, "OMG, I want Skittles right now."

And these youth penalties are not effective public health prevention. They:

- Distract from more effective enforcement measures: Penalizing kids is not an effective strategy to reduce youth tobacco use, a finding that is even more relevant when the behavior in question is addictive.¹
- Make kids, many of whom are addicted to tobacco, the victims. PUP laws unfairly punish and stigmatize kids, many of whom become addicted because of the tobacco industry's aggressive marketing to kids.
- Prevent youth from seeking counseling or cessation resources for fear of being fined.
- Are not a proven measure for reducing youth smoking. Tobacco companies, including Reynolds America, and their allies have a history of supporting PUP laws as alternatives to tougher tobacco industry regulations that would produce greater declines in youth smoking.

Taking away these penalties will encourage addicted youth to come forward to get the help they need.

We believe the Senate reached a good compromise in this bill in that it penalizes only youth who misrepresent their age when purchasing tobacco with a fake ID.

Regarding that section, (page 9) we would urge the committee to offer youth the option of cessation services realizing they may be addicted to tobacco/nicotine. We support the language below offered by the Coalition for a Tobacco Free VT:

Draft language: "Whenever a person under 21 years of age who uses false identification to purchase tobacco products, tobacco substitutes, e-liquids, or tobacco paraphernalia under 7 V.S.A. § 1005, they shall be given the option of attending a nationally recognized youth tobacco cessation program to be determined by the Department of Health as an alternative to existing civil penalties and fines."

S.198 takes the focus away from penalizing kids and instead puts the onus on retailers who should not be selling to anyone underage. It's a fair bill that tells Vermont retailers "We're concerned about the potential impact of tobacco on kids," while modernizing the tobacco retail environment."

We also support the escalating monetary compliance check failure penalties paid by the retailer with consecutive-day license suspensions and license revocation for the 5th offense and appreciate the support of retailers of this section.

¹ 1 Wakefield, M, and Giovino, G, "Teen penalties for tobacco possession, use, and purchase: evidence and issues," Tobacco Control, 12(Suppl1):i6-i13, 2003; Jason, LA, et al., "Youth Tobacco Sales-to-Minors and Possession-Use-Purchase Laws: A Public Health Controversy," J Drug Education, 35(4):275-290, 2005.

We would prefer that the now increased fine of \$150 for the first offense of selling to a youth on page 9, line 10, is directed back to “a person” vs. “an individual” so the clerk – often times a youth -- is not fined, but rather the owner.

We would also appreciate the committee reinserting language from the original version of the bill that:

- created a new investigator position in the Department of Liquor and Lottery that would largely enforce violations of VT laws relating to online sales and other direct-to-consumer sales of tobacco
- imposed a tax stamp on tobacco substitutes

Considering the economic health of this state must include the impact of escalating health care costs, and ways to reduce those.

You may recall, just a few years ago, we noted that the annual cost of treating illnesses caused by tobacco-use in Vermont was \$348 million. It’s now risen to \$404 million annually to treat tobacco-caused diseases in Vermont, including \$93.7 million in direct Medicaid expenditures.ⁱ

Testimony before the Senate Economic Development Committee from UVMHC cardiologist and American Heart Association Advocacy Chair Prospero Gogo noted:

“Tobacco-related illnesses are a significant driver of health care costs in Vermont and contribute to cost-shifting toward privately insured Vermonters. Tobacco use remains disproportionately high among individuals of lower socioeconomic status, and tobacco-related illnesses have a long lead time, with many of the most expensive consequences occurring in late adulthood. Combined, these factors result in a disproportionate number of patients with tobacco-related illnesses relying on federal and state insurance programs.

For example, the majority of patients treated at UVMHC each year for heart attack are insured by Medicare, as their average age is 68–72 years. About 50% of these patients had tobacco use disorder (TUD) as part of their risk profile in 2024, despite a general-population TUD rate of less than 20%. Medicare reimbursement for a single hospital admission ranges from \$15,000 to \$25,000, and in many cases this does not cover the full cost of care. This shortfall leads Vermont hospitals to seek higher reimbursement from private insurance. Last year, we treated almost 800 patients at UVMHC for heart attacks requiring expensive procedures, the

majority considered “preventable” due to untreated cardiovascular risk factors, including TUD.”

With over 16% of high school students and 27.3% of young adults reporting vape use, these costs will only continue to grow.

Vermont youth report it is “very easy” to get tobacco products. We need to do more to ensure they can’t.

We urge you to support this legislation as it will strengthen Vermont’s tobacco laws to ensure dangerous tobacco products are not sold to Vermont youth. It sends a message that the health of Vermont’s youth is a priority, and selling illegal tobacco products to them will not be tolerated.

ⁱ <https://www.tobaccofreekids.org/problem/toll-us/vermont>