

As you know, Sens. Lyons and Clarkson introduced this bill with the aim of curtailing the use of tobacco and tobacco-adjacent products among Vermont youth.

After a strong start, multiple other issues — among them the current affordability crisis — have taken precedence over moving this bill forward.

I would like to emphasize that the measures in this bill will, in the end, also help make Vermont a more affordable place to live. This includes personal savings for individuals who are no longer spending in the mid to upper triple digits to fund an addictive habit, as well as health care savings when Vermonters have fewer tobacco- and vaping-related illnesses that require medical care.

My colleague Jill Sudhoff-Guerin detailed many of these costs and savings to the committee, but to reiterate:

- Vermont spends more than \$400 million a year on tobacco-related illnesses, including more than \$90 million spent by state Medicaid alone.
- More than one in three young Vermonters reported recent cigarette use in a survey by Pace Vermont.
- There has been a substantially higher recent uptake of sophisticated, high-dose nicotine delivery products by Vermont youth through carefully planned marketing by profit-driven entities targeting young people.

Finally, 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 UVMMC 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 UVMMC for heart attacks requiring expensive procedures, the majority considered “preventable” due to untreated cardiovascular risk factors, including TUD.

The costs above reflect impacts that Vermonters might experience after years of vaping or using other tobacco-adjacent products, but vaping may also have a more immediate health cost impact on young Vermonters who have only recently become addicted.

E-cigarette or vaping product use-associated lung injury (EVALI) is an acute or subacute respiratory illness characterized by a severe inflammatory response in the lungs following use of these products. Treatment of severe EVALI can include prolonged ICU stays or even require support from a heart-lung machine. The cost of a single such admission can exceed \$500,000. In a recent analysis by the University of Utah, the average cost of an EVALI admission was \$125,000. Younger users are believed to be at higher risk for EVALI due to the hyper-reactivity of their immune systems.

I respectfully request that the committee keep these considerations in mind and move forward with advancing S.198.