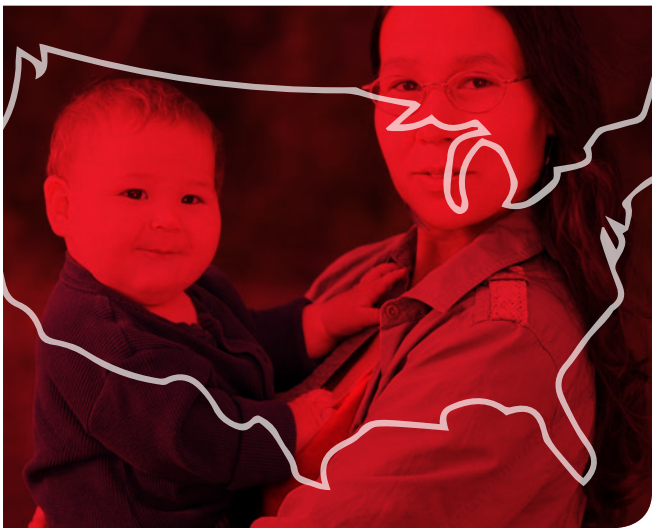
AMERICAN LUNG ASSOCIATION®

STATE OF TOBACCO CONTROL 2018

2018



Preface

"State of Tobacco Control" 2018

By American Lung Association National President and CEO Harold P. Wimmer

The American Lung Association has been tracking tobacco prevention efforts by state and federal governments for 16 years through the "State of Tobacco Control" report. We can clearly see the success of tobacco prevention and quit smoking policies called for in "State of Tobacco Control" because both adult and youth smoking rates are near an all-time low. However, this success is tempered by the fact that tobacco use is still the leading cause of preventable death and disease in the United States, taking 480,000 lives every year. This year's report also explores another daunting fact. Not everyone in America has benefited from this dramatic reduction in tobacco use and secondhand smoke exposure. To complete the promise of a tobacco-free America, we need to do more to ensure that policies proven to reduce tobacco use and the harms of secondhand smoke reach all Americans.

Reducing overall smoking rates has been one of the most stunning success stories in modern public health. However, our work is far from done. Some communities including those with low income and/or education levels, rural communities, Native Americans, the LGBTQ population and persons with behavioral health conditions continue to experience high rates of tobacco use and secondhand smoke exposure. And with more than one in five high school students still using at least one tobacco product, our nation's youth are in continued danger of a lifetime of addiction and tobacco-caused disease, unless more is done to prevent and reduce tobacco use and protect against the harms of secondhand smoke.

The American Lung Association is committed to eliminating tobacco use and tobacco-related diseases. Our 16th annual "State of Tobacco Control" highlights our progress toward this goal, and provides an urgent call to action for state and federal governments.

We are ready to save more lives. Now we need our elected officials to do much more.

As of 2016, 37.8 million adults, or 15.5 percent, were current smokers. To continue reducing rates of smoking and other tobacco use for all communities, especially those that have disproportionately higher smoking rates, we need states to dramatically increase their efforts to prevent and reduce tobacco use.

Tobacco Prevention:

Tobacco is extremely addictive, and once addicted, it's hard to quit. The best way to stop that addiction is to **prevent tobacco use before it starts**. Alaska is the only state funding its tobacco prevention programs at or above the level recommended by the Centers for Disease Control and Prevention (CDC), and California is close to the CDC-recommended level after a substantial increase in funding for its tobacco prevention program just this year. Several states had setbacks on funding for their tobacco prevention and quit smoking programs, including West Virginia which zeroed out all its state funding and Texas, which cut its funding nearly in half. **Tobacco taxes also are highly effective at preventing youth tobacco use,** but only three states increased taxes on cigarettes in 2017, and by only 50 cents or less per pack, not the minimum $1.00 per pack increase recommended to reduce youth smoking.

Tobacco 21:
The National Academy of Medicine reported in 2015 that if the **minimum sales age for tobacco products were increased to 21**, tobacco use would decrease by 12 percent. Nationwide, it could prevent 223,000 deaths among those born between 2000 and 2019. We made considerable progress on this issue in 2017 with three states—Maine, New Jersey and Oregon—passing laws increasing their minimum age for tobacco products to 21. However, only five states overall have so far done so.

Helping Smokers Quit:
It's imperative that all state Medicaid programs cover a comprehensive tobacco cessation benefit, with no barriers, to help smokers quit, including all seven FDA-approved medications and three forms of counseling for Medicaid enrollees. In 2017, only Kentucky, Missouri and South Carolina provided this coverage.

Smokefree Air:
Exposure to **secondhand smoke** is still a serious health risk, accounting for more than 41,000 deaths in the U.S. per year. According to a 2006 report from the U.S. Surgeon General, there is no safe level of secondhand smoke. Still, 22 states have yet to pass comprehensive smokefree laws that eliminate smoking in public places and workplaces. Unfortunately, progress in states has completely stalled with no states passing comprehensive smokefree laws since 2012.

We know what works to save lives by preventing and reducing tobacco use. "State of Tobacco Control" provides a clear blueprint for what state and federal policymakers must do to create a healthier, tobacco-free future for all Americans. It also serves as a guide on how to ensure that the health benefits of reduced tobacco use are shared equally with all our diverse communities. We call on lawmakers, both state and federal, to consider the lives that could be saved if they take action to put in place the proven tobacco control policies called for in "State of Tobacco Control" 2018.

Harold P. Wimmer

National President & CEO
American Lung Association

"State of Tobacco Control" 2018: Closing the Gaps Uneven Progress in Implementing Proven Policies Leaves Many Vulnerable Americans Behind

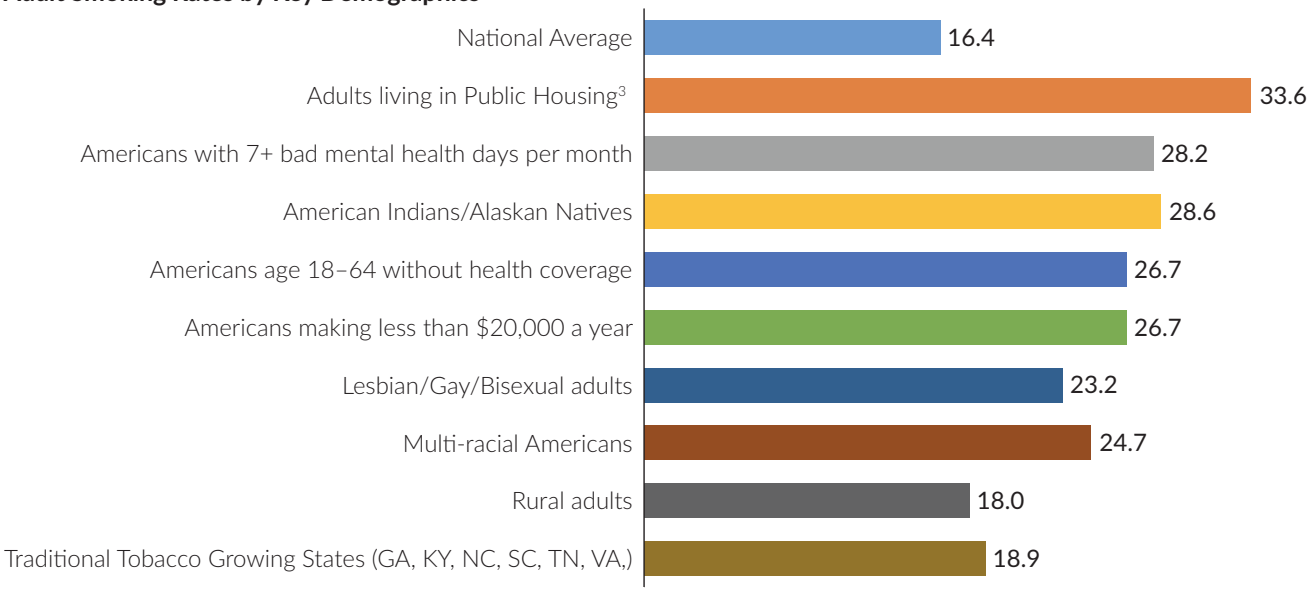
Tobacco use is a serious addiction and remains the leading cause of preventable death and disease in America, killing more than 480,000 Americans each year. More than one in five high school students still use at least one tobacco product, setting them up for what is, in many cases, a lifetime of addiction.

The 16th annual American Lung Association "State of Tobacco Control" report evaluates states and the federal government on proven-effective tobacco control laws and policies that are urgently needed to prevent tobacco-caused disease and save lives.

As a result of the effective policies called for in "State of Tobacco Control," adult and youth cigarette smoking rates are at historically low levels. Overall, 16.4 percent of adults or about 39.0 million people in the United States in 2016 smoked cigarettes.[1] In 2016, eight percent of high school students smoked cigarettes.[2]

However, not all Americans have seen the health benefits associated with this nationwide decline in smoking rates. Significant disparities in tobacco use and exposure to secondhand smoke remain, highlighting the uneven progress in states where policies need to be implemented and/or improved. Americans living in public housing, Americans who make less than $20,000 per year and Lesbian, Gay and Bisexual Americans have some of the highest smoking rates, and as a result, are at the greatest risk for tobacco-caused death and disease. The bar graph/chart below shows specific populations that have the highest smoking rates in the country compared to the national average:*

Adult Smoking Rates by Key Demographics



* In the bar graph, traditional tobacco states include: GA, KY, NC, SC, TN and VA.
Source: CDC. BRFSS 2016. (for all except public housing, source #3)

Two recently released reports highlight and emphasize how certain populations and parts of America continue to smoke at much higher levels:

- A 2017 Tobacco Control Monograph from the National Cancer Institute, "A Sociological Approach to Addressing Tobacco-Related Health Disparities," did a thorough review of the research around tobacco-related health disparities for racial/ethnic minorities and low socioeconomic status

populations and came to similar conclusions. One of the main conclusions was: "Enormous progress has been made in reducing overall tobacco use. However, some population groups have benefited less or at a slower pace from efforts to reduce tobacco use. As a result, they experience higher tobacco-related morbidity and mortality, including mortality from cancer."[3]

- A 2017 report from the organization Truth Initiative, "Tobacco Nation: the Deadly State of Smoking Disparity in the U.S." showed significant geographic disparities in smoking rates still exist in the U.S. In 12 contiguous states stretching from the Upper Midwest to the South the report found that smoking prevalence exceeds not only the national average, but that of many of the most tobacco-dependent countries in the world.[4] Many of these states have yet to pass comprehensive smokefree laws too leaving millions of Americans exposed to secondhand smoke.

Three additional populations that are disproportionately impacted by tobacco use, but are often overlooked are Native American and Alaskan Natives, persons with behavioral health or substance abuse disorders and uninsured Americans.

- Native Americans and Alaskan Natives have long had high rates of commercial tobacco use, with the most recent estimate being 28.6 percent of adults in 2016.[5] State laws generally do not apply to sovereign tribal lands, but many of the proven policies called for in "State of Tobacco Control" can be implemented by tribal governments.
- Persons with behavioral health and substance abuse problems not only have high rates of tobacco use, but can also be particularly heavy smokers depending on the condition. One study estimates this population consumes about 40 percent of the cigarettes sold in the United States.[6]
- Since the implementation of the Affordable Care Act (ACA), the rate of uninsured people has dropped to historic lows, however, there are still approximately, 28 million Americans that are uninsured.[7] This population smokes at a high rate—26.7 percent, which is 56 percent greater than the rate among those with health insurance.[8] Unfortunately, this group is also the least likely to have access to resources, such as quit smoking medications, that can help them quit. This is due in part to the fact that the uninsured are more likely to live in a state that did not expand its Medicaid program.

"State of Tobacco Control" 2018 is focused on proven policies that federal and state governments can enact to reduce tobacco use rates, especially in priority populations that continue to have high tobacco use rates, and therefore higher rates of tobacco-related disease and death. These include:

- Tobacco prevention and quit smoking funding, programs and robust insurance coverage;
- Comprehensive smokefree laws that eliminate smoking in all public places and workplaces;
- Increased tobacco taxes;
- Raising the minimum age of sale for tobacco products to 21; and
- Aggressive implementation of the U.S. Food and Drug Administration's (FDA) Family Smoking Prevention and Tobacco Control Act.

The report assigns grades based on laws and regulations designed to prevent and reduce tobacco use in effect as of January 2018. The federal government, all 50 state governments and the District of Columbia (D.C.) are graded to determine if their laws and policies are adequately protecting citizens from the enormous toll tobacco use takes on lives, health and the economy.

Spotlight on 2017

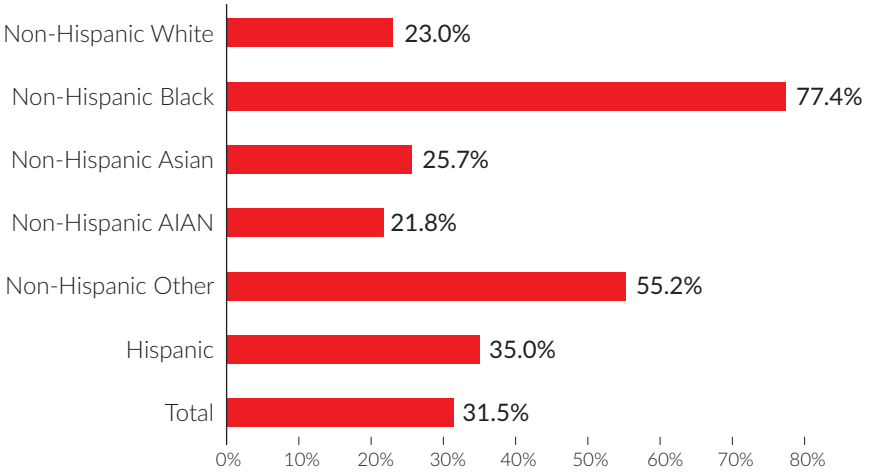
States

2017 saw policies enacted in several states and localities that have traditionally lagged behind in efforts to reduce tobacco use—important steps forward in working to reduce these geographic gaps in progress.

- Kentucky and South Carolina led the way in providing **comprehensive access to quit smoking treatments** for low-income populations. South Carolina's Medicaid program now covers all seven FDA-approved quit smoking medications without the copays that can discourage smokers from using these medications during their quit attempts. Kentucky's law dramatically expands comprehensive quit smoking coverage to smokers with both private insurance and those who are covered by Medicaid. Nine states now have a comprehensive tobacco cessation benefit for all Medicaid enrollees, covering all seven tobacco cessation medications and all three forms of counseling to help smokers quit. Additionally, three states have removed all barriers to access cessation treatments.
- Louisiana and Texas also made progress by passing **strong smokefree laws** at the local level, including two big cities—Baton Rouge, Louisiana, and Fort Worth, Texas. Once again, no state passed comprehensive smokefree laws this past year, leaving 22 states without statewide laws that protect everyone in all public places and workplaces from the dangers of secondhand smoke.
- Indiana, North Carolina and Tennessee all saw $1 million or more increases in funding for their **state prevention programs**. California saw a massive $250 million increase in funding due to the $2.00 tobacco tax increase approved by voters in November 2016. However, a number of states also had setbacks on funding for their tobacco prevention and quit smoking programs, including West Virginia, which eliminated all its state funding and Texas, which cut its meager funding investment nearly in half. The total amount spent by states on tobacco prevention and cessation is $729.1 million, less than three cents of the $27.5 billion states collect from tobacco settlement payments and tobacco taxes. Pennsylvania also passed legislation that sells off the right to receive part of its annual tobacco settlement payment for a lump sum upfront payment to close a budget deficit this year, which could affect tobacco control program funding in future years.
- Oklahoma's legislature passed a $1.50 fee **increase on cigarettes**, however that increase was dismissed by the courts. Connecticut, Delaware and Rhode Island also increased their cigarette taxes but only by 45 cents per pack in Connecticut and 50 cents per pack in the other two states. New York City raised the minimum price for a pack of cigarettes to $13.00, and established minimum prices for many other tobacco products. The average state cigarette tax is now $1.72—with Connecticut and New York having the highest cigarette taxes ($4.35) and Missouri having the lowest ($0.17).
- Three states—New Jersey, Oregon and Maine—and many local communities passed laws raising the minimum age of sale for all tobacco products to 21. This brings the national total to five states that have acted to reduce youth tobacco initiation and save lives.
- Several cities in California, including San Francisco and Oakland, and Minneapolis and St. Paul in Minnesota have passed ordinances that prohibit the sale of flavored tobacco products, including menthol tobacco products, in all or most retail stores. Most of these laws do have exceptions for stores that do not allow persons under age 18 or 21 to enter.

Menthol tobacco products have been proven to both make it easier to start smoking and harder for adult users to quit.[9] African-Americans use menthol tobacco products at much higher rates than other racial/ethnic groups.[10]

Current Adult Smokers Whose Usual Brand is Menthol by Ethnicity, 2015



Source: CDC. NHIS, 2015

Federal Government:

- In July 2017, the U.S. Food and Drug Administration (FDA) significantly weakened its "deeming" rule, which gave FDA's Center for Tobacco Products authority over e-cigarettes, cigars, hookah and other previously unregulated tobacco products. FDA delayed by more than four years the deadline for newly-regulated tobacco products to submit tobacco product applications for FDA review as required under FDA's May 2016 deeming rule. The final May 2016 rule still faces a number of legal challenges.
- FDA will soon seek public comment regarding a possible rule that would require cigarette manufacturers to reduce the nicotine in cigarettes to non-addictive levels. They also indicate they will seek public comment on kid-flavored tobacco products and "premium" cigars—issues that had been previously addressed in FDA's May 2016 deeming rule.
- The Trump Administration has brought in a number of officials who have previously served as tobacco industry lawyers to key positions in the Department of Justice—including the Solicitor General[11] and a senior role in the Civil Division[12]—creating the potential for conflicts of interest.
- After Congress rejected two tobacco riders in its Fiscal Year 2017 funding bill for FDA, the House of Representatives once again succumbed to tobacco industry lobbying and added two appropriations riders to FDA's Fiscal Year 2018 funding bill that would weaken FDA's authority to protect youth and the public health from newly deemed tobacco products. At the end of 2017, Congress deferred final resolution of these riders until 2018.
- The U.S. Department of Housing and Urban Development is proceeding with its rule requiring all public housing to implement smokefree policies by July 31, 2018. The rule will protect close to 716,000 children and more than 320,000 senior citizens from secondhand smoke exposure in their own homes,[13] as well as prompt the hundreds of thousands of smokers living in public housing to make a quit attempt.
- Key quit smoking policies required in the Affordable Care Act remain in effect. As a result, under the law, Medicaid expansion plans and most private insurance plans are still required to offer a comprehensive quit smoking benefit that covers all seven FDA-approved tobacco cessation medications and all three forms of counseling without cost-sharing.

A recent study found that states which expanded Medicaid had a 36 percent increase in the number of tobacco cessation medication prescriptions relative to the states that did not expand Medicaid.[14]

- The House of Representatives cut funding in its fiscal year 2017 funding bill for CDC's "Tips from Former Smokers" campaign, a highly effective media campaign that features stories of people living with smoking-related diseases. Congress deferred final resolution until 2018 after the House and Senate negotiate funding levels for the Centers for Disease Control and Prevention and its Office on Smoking and Health.
- In August 2017, FDA announced its Real Cost Campaign will now include advertisements aimed at preventing youth use of e-cigarettes. E-cigarettes remain the most commonly used tobacco products among high school youth at 11.3 percent.[15] In December, FDA also announced its adult retail point of sale quit smoking campaign "Every Try Counts," which will launch in January 2018.

2018: Policies that Will Help "Close the Gap" so Vulnerable Populations Can Also Benefit from Reductions in Tobacco Use

"State of Tobacco Control" 2018 promotes the policies that will have the greatest impact on reducing tobacco use in the U.S. Below are ways that federal and state governments can enact these proven policies that will also help to reduce the higher smoking rates among priority populations.

States:

- **States Must Increase Funding for Tobacco Control Programs and Focus These Programs on At-Risk Populations:** States must fund programs that prevent youth from starting to use tobacco and help smokers quit at levels recommended by the Centers for Disease Control and Prevention (CDC). Reaching the populations that still use tobacco at higher rates can sometimes take additional effort, so adequate funding for tobacco prevention and quit smoking programs is particularly important. State tobacco control programs must also prioritize reaching and serving the needs of these underserved populations, and should directly involve the target communities in planning and implementing programs to ensure they are relevant to them.
- **The Remaining 22 States Must Pass Comprehensive Smokefree Laws:** While many white-collar workplaces in these states are smokefree, people working in the hospitality (i.e. restaurants and bars) and manufacturing sectors may be and often are exposed to secondhand smoke on a daily basis. Certain racial/ethnic groups are disproportionately represented in the hospitality sector in particular, and are therefore more likely to be exposed to secondhand smoke.[16] They will benefit greatly if the remaining 22 states pass comprehensive smokefree laws that include restaurants, bars and gaming establishments. In 2006, the U.S. Surgeon General concluded that there is no safe level of exposure to secondhand smoke.
- **States Must Expand Comprehensive Cessation Coverage in All Medicaid Programs:** It is well-established that helping smokers quit saves lives and money. Smoking is a serious addiction, and seven out of 10 smokers want to quit. Medicaid covers some of the most vulnerable groups in society including poor families, low-income pregnant women and people with disabilities. Medicaid is also the largest single payer for behavioral health services in the United States.[17] Despite the overwhelming evidence that the number of people quitting smoking increases when coverage provides access to all seven FDA-approved tobacco cessation treatments and all three forms of counseling without barriers, such as copays and prior authorization, only three states require such coverage.

  States must ensure that both standard and expansion Medicaid offer

comprehensive quit smoking coverage without barriers such as copays, prior authorization or stepped therapy (where a patient has to try and fail with one product before using others). As of June 30, 2017, 42 states limit the duration of cessation treatment and 39 states require prior authorization for at least some plans.

- **States Must Increase Tobacco Taxes and Equalize Taxes Across All Tobacco Products:** Significantly increasing tobacco taxes is one of the most effective ways to reduce tobacco use, especially among youth. Georgia, Missouri, North Carolina, North Dakota and Virginia have the five lowest state cigarette tax rates in the country, and are long overdue for significant increases. Bringing parity to—or equalizing—tobacco taxes across all products, including cigars, little cigars and roll-your-own, eliminates any financial incentive for people to switch to a different product, thereby encouraging people to quit tobacco entirely. Equalizing tobacco taxes will also help reduce tobacco-related disparities because these alternate tobacco products are often favored by certain groups including African-Americans and young adults.[18]
- **States Must Increase the Minimum Age of Sale to 21.** The National Academy of Medicine (formerly the Institute of Medicine) found increasing the minimum age of sale for all tobacco products to 21 could prevent 223,000 deaths among people born between 2000 and 2019, including 50,000 fewer dying from lung cancer, the nation's leading cancer killer.[19] Five states and hundreds of localities have already passed such laws.

Federal Government:

- **HUD Must Fully Implement its Smokefree Public Housing Rule:** By fully implementing the rule requiring all public housing to be smokefree by July 31, 2018, the federal government and the U.S. Department of Housing and Urban Development can significantly reduce the number of low-income Americans, especially children, who are exposed to secondhand smoke in their homes. Racial and ethnic minority groups and persons with serious psychological distress or distress with mental hardship live in HUD-assisted housing at higher rates than the general population.[20] Public housing residents also smoke at disproportionately higher rates and this new smokefree policy is likely to encourage residents who smoke to make a quit attempt. It is important that these individuals get the help they need to quit smoking for good, which will also significantly reduce an existing health gap and benefit this vulnerable population.
- **Federal Agencies Must Enforce Current Law Regarding Cessation Coverage.** Current law requires that Medicaid expansion and most private insurance plans cover a comprehensive quit smoking benefit with no cost-sharing. However, a December 2016 study co-authored by the American Lung Association and the Centers for Disease Control and Prevention found of the 31 states and the District of Columbia that have expanded Medicaid, only nine states require health plans to cover all seven FDA-approved cessation treatments as well as individual and group counseling.[21] As mentioned earlier, Medicaid covers some of the most vulnerable groups in society including low-income individuals, pregnant women and people with disabilities, and it is critical they have access to tobacco cessation treatments.

  Similar studies of private insurance plans have also found that plans are not covering this benefit. The Department of Health and Human Services, the Department of Labor, and the Department of Treasury must be proactive in putting plans on notice that they must cover these critical preventive services.

- **FDA Must Issue a Final Product Standard Reducing Carcinogens in Smokeless Tobacco Products.** In 2016, FDA proposed a product standard to reduce tobacco-specific nitrosamines (NNN) in smokeless tobacco products. As FDA's own proposal states, "NNN is a potent carcinogenic agent found in smokeless tobacco products and is a major contributor to the elevated cancer risks associated with smokeless tobacco." The Lung Association and our partners filed two sets of comments (one in January and another in July) strongly in support of FDA's proposal—yet there has been no action from FDA moving the proposal forward. Smokeless tobacco use is highest among rural populations (five percent of adults living in rural locations use smokeless tobacco versus two percent among urban populations), and among men living in rural locations the rate jumps to ten percent.[22] Reducing NNN in smokeless tobacco will reduce exposure to this carcinogen among the rural populations who are at greatest risk.
- **FDA Must Issue a Product Standard Eliminating Menthol Cigarettes.** Each year, more than 72,000 African-Americans are diagnosed with and close to 40,000 die from a tobacco-related cancer.[23] According to a 2013 FDA report, the majority of African-American smokers and most Americans with a lower socio-economic status who smoke use menthol cigarettes.[24] Research has also shown that African-Americans who smoke menthol cigarettes have a more difficult time quitting.[25] A 2011 report from FDA's own Tobacco Products Scientific Advisory Committee concluded that "removal of menthol cigarettes from the marketplace would benefit public health in the United States."[26]
- **CDC and FDA Must Continue Their Successful and Cost-Effective Mass Media Campaigns.** FDA's "Real Cost" and CDC's "Tips from Former Smokers" mass media campaigns are succeeding in reducing smoking rates, including within priority populations. It is important that both campaigns continue and that they retain their emphasis on reaching historically underserved populations including racial/ethnic minorities, LGBTQ people and rural communities.

  In January 2017, CDC published a report that found FDA's "The Real Cost" Campaign prevented almost 350,000 youth from smoking from 2014-2016.[27] A 2016 study found that priority populations including African-Americans and Hispanics perceive the "Tips" ads to be effective in reaching them.[28] The campaigns feature and focus on tobacco use among priority populations.
  - One "Tips" ad featured a woman with depression to call attention to the issue of smoking among those with anxiety, depression and other mental illnesses. Numerous other advertisements have featured African-Americans and Latinos.
  - In 2016, FDA's "The Real Cost" focused on preventing youth smokeless tobacco use among male youth living in rural areas.

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Tobacco Prevention and Cessation Funding Overview

State Name	Tobacco Settlement Funding	Tobacco Tax Funding	Other State Funding	Total State Funding	Federal Funding to States	Total Funding	CDC-Recommended Spending Level	Percentage of CDC-Recommended Level	State Tobacco-Related Revenue	Grade
Alabama	$1,000,000	$0	$272,128	$1,272,128	$2,588,324	$3,860,452	$55,900,000	6.9%	$309,900,000.00	F
Alaska	$0	$0	$9,493,500	$9,493,500	$935,748	$10,429,248	$10,200,000	102.2%	$86,800,000.00	A
Arizona	$0	$17,784,700	$0	$17,784,700	$1,848,394	$19,633,094	$64,400,000	30.5%	$437,500,000	F
Arkansas	$8,909,090	$0	$0	$8,909,090	$1,981,916	$10,891,006	$36,700,000	29.7%	$282,000,000	F
California	$0	$327,824,999	$0	$327,824,999	$8,952,574	$336,777,573	$347,900,000	96.8%	$2,581,800,000	A
Colorado	$0	$24,192,770	$0	$24,192,770	$2,617,429	$26,810,199	$52,900,000	50.7%	$292,600,000	D
Connecticut	$0	$0	$0	$0	$2,125,859	$2,125,859	$32,000,000	6.6%	$516,300,000	F
Delaware	$6,357,600	$0	$0	$6,357,600	$727,843	$7,085,443	$13,000,000	54.5%	$158,300,000	D
District of Columbia	$0	$0	$931,585	$931,585	$722,358	$1,653,943	$10,700,000	15.5%	$68,100,000	F
Florida	$68,631,754	$0	$0	$68,631,754	$2,646,330	$71,278,084	$194,200,000	36.7%	$1,586,300,000	F
Georgia	$750,000	$0	$180,159	$930,159	$2,267,817	$3,197,976	$106,000,000	3.0%	$385,600,000	F
Hawaii	$6,594,437	$0	$0	$6,594,437	$1,413,899	$8,008,336	$13,700,000	58.5%	$163,900,000	D
Idaho	$4,702,800	$0	$0	$4,702,800	$946,287	$5,649,087	$15,600,000	36.2%	$75,600,000	F
Illinois	$9,100,000	$0	$0	$9,100,000	$3,242,717	$12,342,717	$136,700,000	9.0%	$1,129,300,000	F
Indiana	$7,500,000	$0	$0	$7,500,000	$1,397,246	$8,897,246	$73,500,000	12.1%	$568,000,000	F
Iowa	$0	$0	$4,076,225	$4,076,225	$1,573,819	$5,650,044	$30,100,000	18.8%	$280,900,000	F
Kansas	$847,014	$0	$0	$847,014	$1,459,931	$2,306,945	$27,900,000	8.3%	$197,400,000	F
Kentucky	$2,588,100	$0	$0	$2,588,100	$2,103,562	$4,691,662	$56,400,000	8.3%	$371,000,000	F
Louisiana	$500,000	$5,305,725	$0	$5,805,725	$1,233,018	$7,038,743	$59,600,000	11.8%	$477,400,000	F
Maine	$5,251,759	$0	$0	$5,251,759	$1,504,763	$6,756,522	$15,900,000	42.5%	$196,800,000	F
Maryland	$9,700,000	$0	$859,922	$10,559,922	$2,269,007	$12,828,929	$48,000,000	26.7%	$538,300,000	F
Massachusetts	$0	$0	$3,718,862	$3,718,862	$3,108,715	$6,827,577	$66,900,000	10.2%	$884,000,000	F
Michigan	$1,600,000	$0	$0	$1,600,000	$3,373,205	$4,973,205	$110,600,000	4.5%	$1,240,500,000	F
Minnesota	$15,364,681	$0	$5,215,753	$20,580,434	$2,167,698	$22,748,132	$52,900,000	43.0%	$739,400,000	F
Mississippi	$7,165,000	$0	$1,275,000	$8,440,000	$1,866,711	$10,306,711	$36,500,000	28.2%	$254,800,000	F
Missouri	$48,500	$0	$0	$48,500	$2,154,607	$2,203,107	$72,900,000	3.0%	$260,600,000	F
Montana	$5,222,169	$0	$0	$5,222,169	$1,026,657	$6,248,826	$14,600,000	42.8%	$115,800,000	F
Nebraska	$2,570,000	$0	$0	$2,570,000	$1,049,133	$3,619,133	$20,800,000	17.4%	$103,500,000	F
Nevada	$950,000	$0	$0	$950,000	$927,208	$1,877,208	$30,000,000	6.3%	$245,200,000	F
New Hampshire	$0	$0	$140,000	$140,000	$1,109,031	$1,249,031	$16,500,000	7.6%	$261,300,000	F
New Jersey	$500,000	$0	$0	$500,000	$3,146,877	$3,646,877	$103,300,000	3.5%	$941,900,000	F
New Mexico	$5,435,200	$0	$249,300	$5,684,500	$1,469,378	$7,153,878	$22,800,000	31.4%	$131,800,000	F
New York	$39,330,600	$0	$0	$39,330,600	$3,155,603	$42,486,203	$203,000,000	20.9%	$2,067,600,000	F
North Carolina	$0	$0	$2,100,000	$2,100,000	$3,309,154	$5,409,154	$99,300,000	5.4%	$450,500,000	F
North Dakota	$5,286,667	$0	$0	$5,286,667	$928,674	$6,215,341	$9,800,000	63.4%	$54,400,000	C
Ohio	$12,500,000	$0	$0	$12,500,000	$2,046,252	$14,546,252	$132,000,000	11.0%	$1,332,000,000	F
Oklahoma	$22,900,000	$0	$0	$22,900,000	$1,283,271	$24,183,271	$42,300,000	57.2%	$389,500,000	D
Oregon	$0	$8,150,000	$0	$8,150,000	$1,165,203	$9,315,203	$39,300,000	23.7%	$353,100,000	F
Pennsylvania	$15,822,000	$0	$0	$15,822,000	$3,017,955	$18,839,955	$140,000,000	13.5%	$1,786,000,000	F
Rhode Island	$0	$0	$375,622	$375,622	$2,079,205	$2,454,827	$12,800,000	19.2%	$195,500,000	F
South Carolina	$0	$5,000,000	$0	$5,000,000	$3,383,998	$8,383,998	$51,000,000	16.4%	$243,800,000	F
South Dakota	$0	$4,500,000	$0	$4,500,000	$880,166	$5,380,166	$11,700,000	46.0%	$87,600,000	F
Tennessee	$5,000,000	$0	$1,223,220	$6,223,220	$1,506,829	$7,730,049	$75,600,000	10.2%	$428,700,000	F
Texas	$0	$0	$4,426,017	$4,426,017	$4,526,373	$8,952,390	$264,100,000	3.4%	$1,908,200,000	F
Utah	$7,215,800	$0	$0	$7,215,800	$1,105,814	$8,321,614	$19,300,000	43.1%	$144,600,000	F
Vermont	$1,960,149	$0	$1,603,103	$3,563,252	$1,255,554	$4,818,806	$8,400,000	57.4%	$106,100,000	D
Virginia	$8,517,532	$0	$0	$8,517,532	$2,482,143	$10,999,675	$91,600,000	12.0%	$314,100,000	F
Washington	$0	$0	$1,406,388	$1,406,388	$2,725,427	$4,131,815	$63,600,000	6.5%	$563,000,000	F
West Virginia	$0	$0	$0	$0	$1,946,513	$1,946,513	$27,400,000	7.1%	$332,000,000	F
Wisconsin	$5,300,000	$0	$0	$5,300,000	$2,722,344	$8,022,344	$57,500,000	14.0%	$791,100,000	F
Wyoming	$3,124,565	$0	$577,522	$3,702,087	$848,756	$4,550,843	$8,500,000	53.5%	$41,100,000	D

Smokefree Air Grading Chart

State	Government Worksites	Private Worksites	K-12 Schools	Childcare Facilities	Restaurants	Bars	Casinos/Gaming Establishments	Retail stores	Recreational/ Cultural Facilities	Penalties	Enforcement	Total Score	Grade
Alabama	2	0	2	2	0	0	0	2	2	4	2	16	F
Alaska	2	1	3	4	1	0	N/A	1	1	3	4	20	F
Arizona	4	4	5	4	4	4	4	4	4	4	4	45	A
Arkansas	4	3	4	4	3	1	1	4	4	4	3	35	C
California	5	4	4	4	4	4	4	4	4	4	2	43	A
Colorado	5	3	4	4	4	3	4	4	4	4	2	41	A
Connecticut	4	2	4	2	4	3	4	4	4	3	3	37	C
Delaware	4	4	4	4	4	5	4	4	4	4	4	45	A
District of Columbia	4	4	5	4	4	2	N/A	4	4	3	4	38	A
Florida	4	4	4	4	4	1	4	4	4	3	4	40	B
Georgia	4	3	4	4	3	1	N/A	3	4	1	2	29	C
Hawaii	5	5	4	4	4	5	N/A	4	4	4	3	42	A
Idaho	4	3	4	4	4	0	4	4	4	3	2	36	B
Illinois	5	5	4	4	4	5	4	4	4	4	4	47	A
Indiana	4	4	4	4	3	1	0	4	4	4	3	35	C
Iowa	4	4	5	4	4	4	1	4	4	4	4	42	A
Kansas	5	5	4	4	4	4	1	4	4	3	4	42	A
Kentucky	2	0	1	0	0	0	0	0	0	1	0	4	F
Louisiana	4	4	4	4	4	0	1	4	4	3	4	36	B
Maine	5	5	5	4	5	4	3	4	4	4	4	47	A
Maryland	4	4	4	4	4	5	4	4	4	2	4	43	A
Massachusetts	4	4	4	4	4	3	4	4	4	4	3	42	A
Michigan	4	4	4	4	4	4	1	4	4	4	4	41	B
Minnesota	3	3	4	4	4	5	4	4	4	3	4	42	A
Mississippi	3	0	4	4	0	0	0	0	0	1	2	14	F
Missouri	2	1	3	4	1	0	0	1	1	3	1	17	F
Montana	4	4	4	4	4	5	4	4	4	3	4	44	A
Nebraska	4	4	4	4	4	3	4	4	4	4	3	42	A
Nevada	4	4	5	4	4	1	1	4	4	2	2	35	C
New Hampshire	2	2	4	4	4	2	2	2	2	4	4	32	D
New Jersey	4	4	5	4	4	2	2	4	4	3	4	40	A
New Mexico	5	3	4	4	4	3	0	4	4	3	4	38	B
New York	4	4	5	4	4	2	4	4	4	4	4	43	A
North Carolina	2	0	4	3	4	3	N/A	0	0	2	4	22	F
North Dakota	5	5	4	4	4	5	4	4	4	3	3	45	A
Ohio	4	4	4	4	4	5	4	4	4	3	4	44	A
Oklahoma	3	3	5	4	3	0	3	4	4	3	3	35	D
Oregon	5	5	4	4	4	3	4	4	4	4	4	45	A
Pennsylvania	4	4	4	4	3	0	2	4	4	3	4	36	C
Rhode Island	4	4	4	4	4	3	2	4	4	3	4	40	A
South Carolina	1	0	2	4	0	0	N/A	0	1	3	1	12	F
South Dakota	4	4	4	4	4	4	4	4	4	3	2	41	B
Tennessee	4	3	4	4	3	1	N/A	4	4	2	4	33	C
Texas	0	0	1	4	0	0	0	0	1	3	1	10	F
Utah	4	4	5	4	4	5	N/A	4	4	4	4	42	A
Vermont	4	4	4	4	4	4	N/A	4	4	3	3	38	A
Virginia	1	0	3	3	2	2	0	1	1	2	3	18	F
Washington	5	5	4	4	4	5	4	4	4	3	4	46	A
West Virginia	1	0	4	1	0	0	0	0	0	1	0	7	C
Wisconsin	4	4	4	4	4	4	4	4	4	2	4	42	A
Wyoming	0	0	0	0	0	0	0	0	0	0	0	0	F

Note: The Casinos/Gaming Establishments category does not include casinos/gaming establishments located on Native American tribal lands.

Tobacco Taxes Grading Chart

State	Cigarette Tax	Tax on Little Cigars	Tax on Large Cigars	Tax on Smokeless Tobacco	Tax on Pipe/RYO Tobacco	Tax on Dissolvable Tobacco	Total Score	Grade
Alabama	6	1	1	0	0	0	8	F
Alaska	18	2	2	2	2	2	28	C
Arizona	18	1	1	0	0	0	20	F
Arkansas	12	2	1	2	2	2	21	F
California	24	2	2	2	2	2	34	B
Colorado	6	2	2	2	2	2	16	F
Connecticut	30	2	1	0	1	0	34	B
Delaware	18	1	1	0	1	0	21	F
District of Columbia	18	2	0	2	2	2	26	D
Florida	12	0	0	2	2	2	18	F
Georgia	6	1	2	2	2	0	13	F
Hawaii	24	2	1	1	1	1	30	C
Idaho	6	2	2	2	2	2	16	F
Illinois	18	2	1	0	1	0	22	F
Indiana	12	2	2	0	2	0	18	F
Iowa	12	2	1	1	2	0	18	F
Kansas	12	1	1	1	1	1	17	F
Kentucky	6	2	2	0	2	2	14	F
Louisiana	12	1	1	1	2	1	18	F
Maine	18	1	1	2	1	2	25	D
Maryland	18	2	1	1	1	1	24	D
Massachusetts	30	2	1	2	1	2	38	A
Michigan	18	1	1	1	1	1	23	F
Minnesota	24	2	1	2	2	2	33	B
Mississippi	6	2	2	2	2	2	16	F
Missouri	6	2	2	2	2	2	16	F
Montana	12	2	2	0	2	0	18	F
Nebraska	6	2	2	0	2	0	12	F
Nevada	18	1	1	1	1	1	23	F
New Hampshire	18	2	0	2	2	2	26	D
New Jersey	24	1	1	0	1	0	27	D
New Mexico	12	2	1	1	1	1	18	F
New York	30	2	1	0	1	0	34	B
North Carolina	6	2	2	2	2	2	16	F
North Dakota	6	2	2	0	2	0	12	F
Ohio	12	2	1	1	1	1	18	F
Oklahoma	12	1	1	2	2	2	20	F
Oregon	12	2	1	2	2	2	21	F
Pennsylvania	24	2	0	0	0	0	26	D
Rhode Island	30	2	1	0	1	0	34	B
South Carolina	6	1	1	1	1	1	11	F
South Dakota	12	2	2	2	2	2	22	F
Tennessee	6	2	1	1	1	1	12	F
Texas	12	0	0	1	1	1	15	F
Utah	12	2	2	2	2	0	20	F
Vermont	24	2	2	2	2	2	34	B
Virginia	6	2	2	0	2	0	12	F
Washington	24	2	1	0	2	0	29	C
West Virginia	12	1	1	1	1	1	17	F
Wisconsin	18	2	1	2	2	2	27	D
Wyoming	6	2	2	2	2	2	16	F

Access to Cessation Services Grading Chart

State	Medicaid Medications	Medicaid Counseling	Medicaid Barriers to Coverage	Medicaid Expansion	SEHP Medications	SEHP Counseling	SEHP Barriers to Coverage	Investment Per Smoker	Private Insurance Mandate	Tobacco Surcharge	Total Score	Grade
Alabama	14	7	7	-5	4	0	1	5	0	0	33	F
Alaska	14	5	9		2	2	1	20	0	0	53	C
Arizona	14	7	11		4	2	1	15	0	0	54	C
Arkansas	8	9	8		2	2	1	10	0	1	41	F
California	14	13	10		3	2	1	10	0	2	55	C
Colorado	14	11	6		2	2	1	20	2	1	59	B
Connecticut	14	13	12		2	4	1	0	0	1	47	D
Delaware	14	7	6		4	3	1	20	1	0	56	B
District of Columbia	12	7	10		4	2	1	20	0	2	58	B
Florida	5	6	10	-5	4	1	1	20	0	0	42	D
Georgia	11	10	8	-5	4	2	1	5	0	0	36	F
Hawaii	11	7	8		2	2	1	20	0	0	51	C
Idaho	14	5	8	-5	0	0	0	20	0	0	42	D
Illinois	14	0	11		4	4	1	5	1	0	40	F
Indiana	14	13	10		3	2	1	5	0	0	48	D
Iowa	14	4	7		4	4	1	10	0	0	44	D
Kansas	14	5	9	-5	4	3	1	0	0	0	31	F
Kentucky	14	13	13		4	3	1	0	0	1	49	C
Louisiana	14	7	7		4	1	1	0	1	0	35	F
Maine	14	13	11	-5	4	3	1	20	0	0	61	B
Maryland	14	9	9		4	2	2	10	2	0	52	C
Massachusetts	14	13	7		4	4	1	5	0	2	50	C
Michigan	14	11	12		4	4	1	0	0	0	46	D
Minnesota	14	11	12		4	4	1	20	0	0	66	A
Mississippi	14	6	9	-5	4	4	1	5	0	0	38	F
Missouri	14	13	13	-5	4	2	2	0	0	0	43	D
Montana	14	9	8		2	4	1	20	0	0	58	B
Nebraska	14	7	7	-5	4	0	1	5	0	0	33	F
Nevada	12	4	10		3	1	1	0	0	0	31	F
New Hampshire	14	7	7		4	3	1	5	0	0	41	F
New Jersey	14	4	10		4	1	1	0	3	2	39	F
New Mexico*	12	6	6		0	0	0	20	3	0	47	D
New York	12	11	9		2	1	1	10	1	2	49	C
North Carolina	14	11	11	-5	4	2	1	0	0	1	39	F
North Dakota	14	5	4		4	4	1	20	1	0	53	C
Ohio	14	13	11		2	2	1	0	0	0	43	D
Oklahoma	14	11	13	-5	3	2	1	20	0	0	59	B
Oregon	14	11	9		2	3	1	10	2	0	52	C
Pennsylvania	11	9	9		2	1	1	5	0	0	38	F
Rhode Island	13	9	10		4	4	1	0	5	2	48	D
South Carolina	14	13	12	-5	4	4	1	20	0	0	63	A
South Dakota	4	2	10	-5	2	2	1	20	0	0	36	F
Tennessee	14	5	8	-5	4	2	1	0	0	0	29	F
Texas	14	9	8	-5	3	1	1	0	0	0	31	F
Utah	14	5	7	-5	4	2	1	20	1	0	49	C
Vermont	14	5	10		4	3	1	20	3	2	62	B
Virginia	10	4	9	-5	3	1	1	0	0	0	23	F
Washington*	14	4	5		0	0	0	0	0	0	23	F
West Virginia	14	9	7		4	2	1	10	0	0	47	D
Wisconsin	14	5	11	-5	4	3	2	5	0	0	39	F
Wyoming	10	5	7	-5	2	0	1	20	0	0	40	F

* These states were graded based on only two out of three Access to Cessation Services categories.

Tobacco 21 Laws Overview

State	Age of Sale	Military Exemption	Products Exemption	Grade
Alabama	19	No	No	D
Alaska	19	No	No	D
Arizona	18	No	No	F
Arkansas	18	No	No	F
California	21	Yes	No	B
Colorado	18	No	No	F
Connecticut	18	No	No	F
Delaware	18	No	No	F
District of Columbia	18	No	No	F
Florida	18	No	No	F
Georgia	18	No	No	F
Hawaii	21	No	No	A
Idaho	18	No	No	F
Illinois	18	No	No	F
Indiana	18	No	No	F
Iowa	18	No	No	F
Kansas	18	No	No	F
Kentucky	18	No	No	F
Louisiana	18	No	No	F
Maine	18	No	No	I*
Maryland	18	No	No	F
Massachusetts	18	No	No	C**
Michigan	18	No	No	F
Minnesota	18	No	No	F
Mississippi	18	No	No	F
Missouri	18	No	No	F
Montana	18	No	No	F
Nebraska	18	No	No	F
Nevada	18	No	No	F
New Hampshire	18	No	No	F
New Jersey	21	No	No	A
New Mexico	18	No	No	F
New York	18	No	No	D**
North Carolina	18	No	No	F
North Dakota	18	No	No	F
Ohio	18	No	No	F
Oklahoma	18	No	No	F
Oregon	21	No	No	A
Pennsylvania	18	No	No	F
Rhode Island	18	No	No	F
South Carolina	18	No	No	F
South Dakota	18	No	No	F
Tennessee	18	No	No	F
Texas	18	No	No	F
Utah	19	No	No	D
Vermont	18	No	No	F
Virginia	18	No	No	F
Washington	18	No	No	F
West Virginia	18	No	No	F
Wisconsin	18	No	No	F
Wyoming	18	No	No	F

* Maine earns and I for Incomplete because a Tobacco 21 law has been approved by the state legislature, but has not yet taken effect.

** These grades are based on percentage of population covered by local laws increasing the age of sale to 21 rather than the state age of sale.

"State of Tobacco Control" 2018 Methodology

The American Lung Association's "State of Tobacco Control" 2018 is a report card that evaluates state and federal tobacco control policies by comparing them against targets based on the most current, recognized criteria for effective tobacco control measures, and translating each state and the federal government's relative progress into a letter grade of "A" through "F." A grade of "A" is assigned for excellent tobacco control policies while an "F" indicates inadequate policies. The principal reference for all state tobacco control laws is the American Lung Association's *State Legislated Actions on Tobacco Issues* on-line database, available at www.lungusa2.org/slati. The American Lung Association has published this comprehensive summary of state tobacco control laws since 1988. Data for the state cessation section is taken from the American Lung Association's *State Cessation Coverage* database, available at http://www.lungusa2.org/cessation2.

In response to new data and information, the American Lung Association periodically reviews the methodology for the State of Tobacco Control report, and makes revisions to the methodology for state grading categories if necessary to update the report to use the most current evidence and best practices. Because of the revisions to the state grading methodology in "State of Tobacco Control 2015," state grades from "State of Tobacco Control 2018" cannot be directly compared to grades from "State of Tobacco Control 2014" or earlier reports.

Calculation of Federal Grades

Tobacco control and prevention measures at the federal level are graded in four areas: U.S. Food and Drug Administration (FDA) regulation of tobacco products; federal coverage of tobacco cessation treatments; federal excise taxes on tobacco products; and federal mass media campaigns. The sources for the targets and the basis of the evaluation criteria are described below.

U.S. Food and Drug Administration Regulation of Tobacco Products

Since the passage of the Family Smoking Prevention and Tobacco Control Act giving FDA the authority to regulate tobacco products in June 2009, the grading system for this category has been based on how FDA is implementing its new authority, and whether Congress is providing full funding to FDA with no policy riders to limit their authority.

The American Lung Association has identified four important items that FDA was required by the Tobacco Control Act to implement or that FDA indicated they would take action on: 1) a rule asserting authority over all other tobacco products besides cigarettes, smokeless tobacco and roll-your-own tobacco – also known as the "deeming" rule; 2) issuing at least one product standard to reduce the toxicity, addictiveness and/or appeal of cigarettes and other tobacco products; 3) requiring large, graphic cigarette warning labels that cover the top 50 percent of the front and back of cigarette packs; and 4) implementation of the recommendations on menthol in tobacco products from FDA's Tobacco Product Scientific Advisory Committee. Points were awarded on how FDA implemented these four items as well as whether Congress funded FDA's Center for Tobacco Products at the levels called for in the Family Smoking Prevention and Tobacco Control Act.

The FDA regulation of tobacco products grade breaks down as follows:

Grade	Points Earned
A	18 to 20 Total Points
B	16 to 17 Total Points
C	14 to 15 Total Points
D	12 to 13 Total Points
F	Under 12 Total Points

Implementation of Final "Deeming" Rule Giving FDA Authority over All Tobacco Products (4 points)

Target is implementation of final rule that gives FDA authority over all tobacco products in addition to cigarettes and smokeless tobacco.

+4 points: Deeming rule fully implemented without additional delay
+2 points: FDA only implementing portions of deeming rule
+0 points: FDA postpones implementation of the entire rule

Product Standards (4 points)

Target is FDA issues a product standard to reduce the toxicity, addictiveness and/or appeal of cigarettes and other tobacco products.

+4 points: Strong product standard that will be appropriate for the protection of public health that will reduce the toxicity, addictiveness and/or appeal of cigarettes and other tobacco products is finalized.
+1 point: Strong product standard that will be appropriate for the protection of public health that will reduce the toxicity, addictiveness and/or appeal of cigarettes and other tobacco products is proposed.
+0 points: No strong product standard is issued or proposed.

Graphic Cigarette Warning Labels (4 points)

Target is FDA **requires large, graphic cigarette warning labels that cover the** top 50 percent of the front and back of cigarette packs.

+4 points: FDA **requires large, graphic cigarette warning labels that cover the** top 50 percent of the front and back of cigarette packs.
+1 point: FDA proposes **large, graphic cigarette warning labels that cover the** top 50 percent of the front and back of cigarette packs.
+0 points: No graphic warning label requirement is issued.

Implementation of the Menthol Report by the Tobacco Products Scientific Advisory Committee (4 points)

Target is FDA takes action to implement recommendations from 2011 report on menthol in tobacco products from the Tobacco Products Scientific Advisory Committee.

+4 points: Strong product standard is finalized that will be appropriate for the protection of public health that will eliminate menthol as a characterizing flavor in cigarettes.
+1 point: Strong product standard is proposed that will be appropriate for the protection of public health that will eliminate menthol as a characterizing flavor in cigarettes.
+0 points: No strong product standard is issued.

Funding for FDA Center for Tobacco Products (4 points)

Target is Congress provides funding for FDA Center for Tobacco Products at levels called for in Family Smoking Prevention and Tobacco Control Act without attaching limiting policy riders.

+4 points: Congress provides full funding without attaching limiting policy riders.
+2 points: Congress provides full funding but with policy riders.
+1 point: Congress provides funding at a level inconsistent with the Tobacco Control Act
+0 points: No funding at all provided.

Federal Cessation Treatment Coverage

The cessation treatment coverage criteria used in the American Lung Association's "State of Tobacco Control" 2017 report are based on the coverage of tobacco cessation treatments provided by the federal government through its four main public insurance programs: 1) Medicare (for Americans over age 65), 2) Medicaid (for low-income and/or disabled Americans), 3) TRICARE (for members of the military and their families), and 4) Federal Employee Health Benefits Program (for federal employees and their families). A fifth category covers federal requirements for tobacco cessation treatment coverage in state health insurance exchanges under the Patient Protection and Affordable Care Act or health care reform law. Providing help to quit through these programs and state health insurance exchanges will reach large numbers of tobacco users, improve health, prevent unnecessary death, save taxpayer money and set an example for other health plans. The federal government must lead by example and cover a comprehensive benefit for everyone to whom it provides health care.

The definition of a comprehensive tobacco cessation benefit used in these criteria follows the recommendations in the Clinical Practice Guideline entitled *Treating Tobacco Use and Dependence*. In this Guideline, published in 2008 the U.S. Public Health Service recommends the use of seven medications and three types of counseling as effective for helping tobacco users quit. This definition has been reaffirmed in the 2015 United States Preventive Services Task Force (USPSTF) recommendation.

The cessation coverage grade breaks down as follows:

Grade	Points Earned
A	18 to 20 Total Points
B	16 to 17 Total Points
C	14 to 15 Total Points
D	12 to 13 Total Points
F	Under 12 Total Points

Medicare (4 points)

Target is all Medicare recipients have easy access to a comprehensive cessation benefit.

+4 points: All Guideline-recommended medications and counseling are covered.
+3 points: At least 4 medications and 1 type of counseling are covered.
+2 points: At least 2 medications and 1 type of counseling are covered.
+1 point: At least 1 treatment is covered.
+0 points: No coverage.

Medicaid (4 points)

Target is all Medicaid enrollees have easy access to a comprehensive cessation benefit.

- +4 points: All Guideline-recommended medications and counseling are required to be covered.
- +3 points: At least 4 medications and 1 type of counseling are required to be covered.
- +2 points: At least 2 medications and 1 type of counseling are required to be covered.
- +1 point: At least 1 treatment is required to be covered.
- +0 points: No required coverage.

TRICARE (4 points)

Target is all TRICARE enrollees have easy access to a comprehensive cessation benefit.

- +4 points: All Guideline-recommended medications and counseling are covered.
- +3 points: At least 4 medications and 1 type of counseling are covered.
- +2 points: At least 2 medications and 1 type of counseling are covered.
- +1 point: At least 1 treatment is covered.
- +0 points: No coverage.

Federal Employee Health Benefits (FEHB) (4 points)

Target is all federal employees & dependents have easy access to a comprehensive cessation benefit.

- +4 points: All Guideline-recommended medications and counseling are covered.
- +3 points: At least 4 medications and 1 type of counseling are covered.
- +2 points: At least 2 medications and 1 type of counseling are covered.
- +1 point: At least 1 treatment is covered.
- +0 points: No coverage.

Federal Requirements for State Health Insurance Exchanges

Target is all plans in exchanges cover a comprehensive tobacco cessation benefit.

- +4 points: All Guideline-recommended medications and counseling are covered.
- +3 points: Guidance released outlining coverage of a comprehensive tobacco cessation benefit as a preventive service.
- +2 points: Administration has not updated guidance to payers and insurance plans in response to updated USPSTF recommendations in a timely manner.
- +1 point: At least 1 recommended tobacco cessation treatment is required to be covered.
- +0 points: No coverage is required, or regulation is not published.

Bonus Points: 1 bonus point in each category is awarded if coverage is provided with minimal barriers to access.

Federal Tobacco Excise Taxes

Criteria for the federal tobacco excise taxes grade are identical to the state tobacco excise tax grade. For more information, see the State Tobacco Excise Taxes section starting on page 26.

The Excise Tax grades break down as follows:

Grade	Points Earned
A	36 to 40 points
B	32 to 35 points
C	28 to 31 points
D	24 to 27 points
F	23 and below points

Federal Mass Media Campaigns

Health communications interventions, including mass media campaigns designed to encourage tobacco users to quit or discourage youth from starting to smoke have been found to be an effective intervention to prevent and reduce tobacco use, according to the U.S. Surgeon General and U.S. Centers for Disease Control and Prevention (CDC). More information on health communications interventions and their effectiveness can be found in CDC's *Best Practices for Comprehensive Tobacco Control Programs – 2014*.

Two agencies of the federal government ran mass media campaigns for part or all of 2017 that seek to discourage tobacco use among different populations: 1) CDC's Tips from Former Smokers media campaign, which targets adults who use tobacco and 2) FDA's Real Costs campaign, which targets youth ages 12 to 17 with tobacco prevention messages. Both mass media campaigns will continue to run in 2018.

The federal mass media campaign grade criteria are based off the reach, duration and frequency of these mass media campaigns as well as if the campaign refers people to available services that can help them.

The mass media campaign grade breaks down as follows:

Grade	Points Earned
A	22 to 24 points
B	20 to 21 points
C	17 to 19 points
D	15 to 16 points
F	Under 15 points

Reach (3 points for each campaign, 6 points total)

Target: Advertising from each mass media campaign reaches 75 percent or more of its target audience each quarter the campaign is running.

+3 points: Ads reach 75 percent or more of target audience each quarter
+2 points: Ads reach 55-74 percent of target audience each quarter
+1 point: Ads reach 1-54 percent of target audience each quarter
+0 points: No ad campaign

Duration (3 points for each campaign, 6 points total)

Target: Each mass media campaign runs for 12 months of the year.

+3 points:	Ads run 9-12 months per year
+2 points:	Ads run 6-9 months per year
+1 point:	Ads run 1-5 months per year
+0 points:	No ad campaign

Frequency (3 points for each campaign, 6 points total)

Target: Each campaign has an average gross rating point of 1,200 for the 1st quarter the campaign is running and 800 or higher rating points for subsequent quarters.

+3 points:	Average targeted rating point of 1,200 or higher for 1st quarter of campaign; average targeted rating point of 800 or higher for subsequent quarters
+2 points:	Average targeted rating point of 1,000 or higher for 1st quarter of campaign; average targeted rating point of 600 or higher for subsequent quarters
+1 point:	Average targeted rating point of 800 or higher for 1st quarter of campaign; average targeted rating point of 400 or higher for subsequent quarters
+0 points:	No ad campaign

Promotion of Available Services (3 points for each campaign, 6 points total)

Target: Media campaign refers people to available resources that can help them.

+3 points:	Media campaign refers people to available resources directly
+1 point:	Media campaign refers people to location where available resources can be accessed
+0 points:	Campaign does not refer people to additional resources

Calculation of State Grades

State level tobacco control policies are graded in five key areas: tobacco prevention and cessation funding, smokefree air laws, state tobacco excise taxes, access to tobacco cessation treatments and services and laws to increase the tobacco sales age to 21. The sources for the targets and the basis of the evaluation criteria are described below.

Tobacco Prevention and Cessation Funding

In January 2014, the Centers for Disease Control and Prevention (CDC) published an updated version of its *Best Practices for Comprehensive Tobacco Control Programs*, which was first published in 1999, and previously updated in 2007. Based on "Best Practices" as determined by evidence-based analysis of state tobacco control programs, this CDC guidance document recommends that states establish programs that are comprehensive, sustainable and accountable. The CDC lists five components as crucial in a comprehensive tobacco control program: State and Community Interventions, Mass-Reach Health Communication Interventions, Cessation Interventions, Surveillance and Evaluation and Infrastructure, Administration and Management.

The CDC also recommends an overall level of funding for each state's tobacco control program based on a variety of state-specific factors such as prevalence of tobacco use, the cost and complexity of conducting mass media to reach

targeted audiences and the proportion of the population that is below 200 percent of the federal poverty level. For the tobacco prevention and control spending area, the CDC recommendation for state funding of comprehensive programs served as the denominator in the percentage calculation to obtain each state's grade. Each state's total funding for these programs (including federal funding from the CDC and FDA given to states for tobacco prevention and cessation activities) served as the numerator. After calculating the percentage of the CDC recommendation each state had funded, grades were assigned according to the following formula.

Grade	Percent of CDC Recommended Level
A	80 percent or more
B	70 percent to 79 percent
C	60 percent to 69 percent
D	50 percent to 59 percent
F	50 percent or less

Limitation of Grading System on State Tobacco Control Expenditures

The American Lung Association bases its tobacco prevention and control spending grades on the total amount allocated to tobacco control programs, including applicable federal funding, in each state, but does not evaluate the expenditure in each of the CDC-recommended categories. The Lung Association does not evaluate the efficacy of any element of any state's program. Therefore, a state may receive a high grade but be significantly underfunding a component or components of a comprehensive program. It also may be true that a state with a low grade is adequately funding a specific component or program in one community.

However, the CDC recommends a *comprehensive* program and explains that simply funding an element of the program will not achieve the needed results. The CDC explicitly calls for programs that are comprehensive, sustained and accountable. The American Lung Association agrees with the CDC and believes that the total funding is a fair basis for grading state programs and a state's tobacco control funding performance.

Smokefree Air Laws

The smokefree air laws grading system is based on criteria developed by an advisory committee convened by the National Cancer Institute with some modification to reflect the current policy environment. The criteria were presented in the article, "Application of a Rating System to State Clean Indoor Air Laws (USA)" (Chriqui JF, et al. *Tobacco Control*. 2002;11:26-34). This approach provides scoring in nine categories: Government Workplaces, Private Workplaces, Schools, Child Care Facilities, Restaurants, Retail Stores, Recreational/Cultural Facilities, Penalties and Enforcement. All laws are open to interpretation and our analysis may differ from those of the authors noted in the above study.

To reflect the current policy environment, two additions have been made to the advisory committee's recommended categories of smokefree establishments. An additional category for bars has been added to all states. A second category, Casinos/Gaming Establishments, was added to the states which allow casinos or gaming establishments. Adding these categories became necessary after the committee made its recommendations in 2002, because a number of states have prohibited smoking in bars and casinos/gaming establishments since then,

and states need to be recognized in the grading system for protecting workers in these places from secondhand smoke.

The smokefree air grade for each state is based on a total of all points received in all categories. The grades are based on a maximum score of 40 if the state has no casinos or gaming establishments, or 44 if the state has casinos or gaming establishments. Both these high scores have been attained by states in this year's report. The maximum score of 40 or 44 becomes the denominator, and the state's total points serve as the numerator. The percentage was calculated and grades were assigned following a standard grade-school system. States receiving scores in the top 10 percent of the range (90 to 100 percent) earned an "A." Those receiving scores falling between 80 and 89 percent got a grade of "B," between 70 and 79 percent a "C" and between 60 and 69 percent a "D." Those that fell below 60 percent received an "F." The points break down as follows:

Assigned Grade	No State Casino/ Gaming Establishments	State Casino/ Gamin Establishments Present
A	36 to 40	40 to 44
B	32 to 35	36 to 39
C	28 to 31	31 to 35
D	24 to 27	27 to 30
F	23 and below	26 and below

There are two situations that create exceptions to the grading system:

- Preemption: State preemption of stricter local ordinances is penalized by a reduction of one letter grade. States with preemption that have a score of 40 points or higher (or 44 points or higher dependent on whether the Casinos/Gaming Establishments category is applicable for that state) are not penalized for preemption.
- Local Ordinances: States without strong statewide smokefree laws may be graded on the basis of local ordinances. Strong local smokefree air ordinances that include most workplaces, all restaurants and bars are considered according to the percentage of population covered in the state. States with over 95 percent of their population covered by comprehensive local smokefree ordinances will receive an "A," over 80 percent a "B," over 65 percent a "C" and over 50 percent a "D." Local ordinances that cover less than 50 percent of the population will not be considered for evaluation under this exception.[1]

Key to Smokefree Laws Ratings by Category

For all categories, laws that require that smoking be permitted or laws without any restrictions for the particular category receive a score of zero (0).

1. Government Workplaces (4 points): Target is "state and local government workplaces are 100 percent smokefree, no exemptions." Score is lowered if restriction depends on type of ventilation, location of smoking area and/or number of employees. A bonus point (+1) is available if the laws meet the target criteria and require the grounds or a specified distance from entries or exits to be smokefree.
2. Private Workplaces (4 points): Target is "private workplaces are 100 percent smokefree, no exemptions." Score is lowered if restriction depends on type of ventilation, location of smoking area and/or number

of employees. A bonus point (+1) is available if the laws meet the target criteria and require the grounds or a specified distance from entries or exits to be smokefree.

3. Schools (4 points): Target is "no smoking permitted in public and non-public schools during school hours or while school activities are being conducted." Score is lowered if restriction depends on type of school, school hours, type of ventilation and/or location of smoking area. A bonus point (+1) is available if the laws meet the target criteria and extend the law/policy to any time in school facilities, on school grounds, and at school-sponsored activities.
4. Child Care Facilities (4 points): Target is "no smoking permitted during operating hours in childcare facilities (explicitly including licensed, home-based facilities)." Score is lowered if restrictions depend on ventilation standards, location of smoking areas and/or exemptions for certain types of facilities.
5. Restaurants (4 points): Target is "restaurants (explicitly including bar areas of restaurants) are 100 percent smokefree." Score is lowered if restriction depends on type of ventilation, location of smoking areas and/or exemptions for some restaurants. A bonus point (+1) is available if the laws meet the target criteria and extend the law/policy to outdoor seating areas of restaurants.
6. Bars/Taverns (4 points): Target is "bars/taverns and similar types of establishments are 100 percent smokefree." Score is lowered if restriction depends on ventilation standards, location of smoking area and/or if laws only applied to some but not all bars/taverns. A bonus point (+1) is available if the laws meet the target criteria and extend the law/policy to private clubs or similar establishments at all times.
7. Casinos/Gaming Establishments (4 points): Target is "casinos/gaming establishments are 100 percent smokefree." Score is lowered if restriction depends on ventilation standards, location of smoking area and/or if laws only apply to some but not all casinos/gaming establishments. This category does not apply to states that do not have casinos/gaming establishments or only casinos/gaming establishments on Native American lands.
8. Retail Stores (4 points): Target is "retail stores or retail businesses open to the public are 100 percent smokefree." Score is lowered if restriction depends on ventilation standards and/or location of smoking area, and if laws only apply to some but not all retail stores or businesses.
9. Recreational/Cultural Facilities (4 points): Target is "recreational and cultural facilities are 100 percent smokefree." Score is lowered if restriction depends on ventilation standards, location of smoking area and/or if laws only apply to some but not all recreational/cultural facilities.
10. Penalties (4 points): Target is "graduated penalties or fines, applicable to smokers and to proprietors or employers, for any violation of clean indoor air legislation." Score is lowered if penalties included possibilities for delay, exceptions for either smokers or proprietors/employers, or penalties that only apply to some but not all offenses. An intent requirement or affirmative defense against violation reduces the score by one (1) point.
11. Enforcement (4 points): Target is "designate an enforcement authority for clean indoor air, require sign posting and have a phone number and/or online location to report violations." Score is lowered if there is no requirement for sign posting, there is no phone number or online location

to report violations, enforcement authority only applies to some sites, or an enforcement authority or sign requirement exists, but not both. A bonus point (+1) is available if the laws meet the target criteria and require the enforcement authority to conduct compliance inspections.

State Tobacco Excise Taxes

The U.S. Surgeon General, in *The Health Consequences of Smoking – 50 Years of Progress*, released in January 2014 to commemorate the 50th anniversary of the first Surgeon General's report on smoking in 1964, concluded that "increases in the prices of tobacco products, including those resulting from excise tax increases, prevent initiation of tobacco use, promote cessation and reduce the prevalence and intensity of tobacco use among youth and adults."[2]

Research has clearly demonstrated that as the price of cigarettes increases, consumption decreases. For each 10 percent price increase, it is estimated that consumption drops by about 7 percent for youth and 3 to 5 percent for adults.[3] Increasing taxes on tobacco products other than cigarettes is also important as while rates of cigarette smoking are declining slowly, rates of cigar smoking and smokeless tobacco use are stagnant or increasing. In some states, rates of cigar smoking among youth actually exceed rates of cigarette smoking.

Prior to "State of Tobacco Control 2015" report, the American Lung Association assigned grades to states based on the level of a state's cigarette tax only. However, starting with "State of Tobacco Control 2015," taxes on tobacco products other than cigarettes were incorporated into the grading system. The grading system also was switched to a points-based system, with the level of state's cigarette tax worth up to 30 possible points and taxes on other tobacco products worth up to 10 possible points, for a total of 40 points available in the grading category.

The 30 points for the level of a state's cigarette tax will continue to be based on the average (mean) of all state taxes as the midpoint, or the lowest "C." The average cigarette tax was chosen because it is often seen as an indication of where states are in their cigarette taxing policies. The average state excise tax on January 1, 2018 was $1.72 per pack. The range of state excise taxes ($0.17 to $4.35 per pack) is divided into quintiles, and a state is assigned six points for attaining each quintile.

The score earned for the level of a state's cigarette tax is broken down as follows:

Score	Tax
30 points	$3.44 and up
24 points	$2.58 to $3.439
18 points	$1.72 to $2.579
12 points	$0.86 to $1.719
6 points	Under $0.86

For taxes on tobacco products other than cigarettes, a state is evaluated on whether the tax on five specific types of tobacco products is a) equivalent to the state's tax on cigarettes and b) the tax on the specific type of tobacco product is not based on the weight of the product. Taxing tobacco products other than cigarettes by weight is inadequate because it means the tax level does not keep pace with inflation and tobacco industry or other price increases.

The five specific types of tobacco products other than cigarettes which states are evaluated on are: 1) little cigars, 2) large cigars, 3) smokeless tobacco, 4)

pipe/roll-your-own tobacco and 5) dissolvable tobacco products. States can earn up to 2 points total for each type of other tobacco product; 1 point if the tax is equivalent to the cigarette tax and 1 point if the tax is not weight-based. States will not be penalized for having a weight-based tax if they also have a minimum tax that is equal to the current cigarette tax or the weight-based tax is equivalent to the cigarette tax.

The overall grade breaks down as follows:

Grade	Points Earned
A	36 to 40 points
B	32 to 35 points
C	28 to 31 points
D	24 to 27 points
F	23 and below points

Access to Cessation Services

The Access to Cessation Services grading system sets targets for states and awards points in three areas – 1) Medicaid coverage of tobacco cessation treatments, 2) State Employee Health Plan coverage of tobacco cessation treatments and 3) the Investment per Smoker each state makes in its quitline, a service available in all states that provides tobacco cessation counseling over the phone. Bonus points are available in two other target areas, Standards for Private Insurance and Tobacco Surcharges.

In 2008, the U.S. Department of Health and Human Services' Public Health Service published an update to its Clinical Practice Guideline on *Treating Tobacco Use and Dependence*. This Guideline, based on a thorough review of scientific evidence on tobacco cessation, recommends several treatment options that have proven effective in helping people quit smoking. These options include the use of five nicotine-replacement therapies (gum, patch, lozenge, nasal spray, inhaler), bupropion (generic) or Zyban (brand name) and varenicline (non-nicotine medications), and three types of counseling (individual, group and phone). It also recommends that all public and private health insurance plans cover the cessation treatments recommended in the Guideline. Targets established in the Medicaid, State Employee Health Plan and Standards for Private Insurance categories were based on these Public Health Service Guideline recommendations for cessation treatments.

In the 2014 *Best Practices for Comprehensive Tobacco Control Programs* document, discussed previously in the Tobacco Prevention and Control Spending section above, the CDC establishes benchmarks for quitlines that are funded at the recommended levels. Grading in this section is based on the amount of funding provided to the state quitline for services divided by the number of smokers in the state.

In 2015, the Lung Association incorporated information on what tobacco cessation treatments are provided to the Medicaid expansion population into this grade. Points awarded in the Medicaid Coverage section below incorporate this information. If a state has not opted to expand Medicaid up to the levels established in the Affordable Care Act (ACA), the state receives an automatic deduction of 5 points to represent the tobacco users that do not have access to cessation treatments because of this decision. Points available in the Medicaid coverage section have been increased to 40 to represent new Medicaid expansion enrollees. The Lung Association also added 2 bonus points

available to states who prohibit or limit tobacco surcharges, or health insurance policies that charge tobacco users more in premiums than non-tobacco users. States have the ability to limit or remove these surcharges.

All data in the Cessation section of "State of Tobacco Control" 2018 was collected and analyzed by the American Lung Association.

The cessation grades are based on the maximum number of total points, a score of 70, assigned according to the categories described in detail below. Over half of the points (40 points total) under the Access to Cessation Services section are awarded for coverage under a state's Medicaid program. This weighting is due to the much higher smoking rates among the Medicaid population than among the general population, as well as the need to cover treatments to help low-income smokers quit. Twenty points total are awarded for the investment per smoker in the state's quitline and 10 points total are awarded for State Employee Health Plan coverage.

The score of 70 serves as the denominator, and the state's total points serves as the numerator to calculate a percentage score. Grades were given following a standard grade-school system using that percentage score.

The grades break down as follows:

Grade	Points Earned
A	63 to 70
B	56 to 62
C	49 to 55
D	42 to 48
F	41 and under

Key to Cessation Coverage Ratings by Category:

Medicaid Coverage (40 points):[4] Target is barrier-free coverage of all Guideline-recommended medications and counseling for the state's entire Medicaid population (including the Medicaid expansion population).

1. States receive up to 14 points for coverage of medications: 1 point for coverage of each of the 7 medications, and an additional point per medication if ALL Medicaid enrollees have coverage of that medication;
2. States receive up to 13 points for coverage of counseling: 1 point for covering any counseling for all members, and 2 points for each type of counseling covered (individual, group and phone). Two additional points per type of counseling were given if ALL Medicaid enrollees have coverage of that type of counseling;
3. States receive up to 13 points for providing coverage without barriers: 1 to 3 points are deducted for each barrier to coverage that exists in a state. Deductions vary based on type of barrier and severity.
4. If a state has not expanded Medicaid coverage up to the levels established in the Affordable Care Act (138 percent of the federal poverty level for all eligibility categories), 5 points are automatically deducted from the Medicaid coverage score.

State Employee Health Plan Coverage (10 points): Target is barrier-free coverage of all Guideline-recommended medications and counseling for all of a state's employees and dependents.

1. 0 to 4 points are given for coverage of medications; deductions were made

if only some health plans/managed care organizations provide coverage;

2. 0 to 4 points are given for coverage of counseling; deductions were made if only some health plans/managed care organizations provide coverage;
3. 0 to 2 points are given if coverage is free of barriers.

Quitlines (20 points): States are graded based on a curve set by the median investment per smoker, which in 2018 was $2.10 per smoker. Points are awarded based on the scale below:

$$/smoker > $4.2	20 points
$$/smoker $3.15- $4.19	15 points
$$/smoker $2.10 - $3.14	10 points
$$/smoker $1.05- $2.09	5 points
$$/smoker < $1.04	0 points

Standards for Private Insurance Coverage (up to 5 bonus points): Target is a legislative or regulatory standard requiring coverage of all PHS-recommended medications and counseling in private insurance plans within the state.

1. 1 point given for the presence of a legislative or regulatory private insurance standard or if a state insurance commissioner issues a bulletin on the enforcement of the tobacco cessation FAQ issued by the federal government[5];
2. 0 to 2 points given for required coverage of medications;
3. 0 to 2 points given for required coverage of counseling.

Tobacco Surcharges (up to 2 bonus points): Target is a state policy prohibiting small group and individual health insurance plans from charging tobacco users higher premiums than non-tobacco users. States are able to prohibit this practice or limit these surcharges to amounts smaller than federal law allows, which is 50 percent.

1. 2 points given if state prohibits tobacco surcharges; OR
2. 1 point given if state limits tobacco surcharges to less than 50 percent of the premium charged to non-tobacco users.

Tobacco 21 Laws

In March 2015, the National Academy of Medicine (formerly the Institute of Medicine) issued a report looking at the effect increasing the age of sale for tobacco products could have on youth smoking rates. The report concluded that increasing the age of sale for tobacco products to 21 could prevent 223,000 deaths among people born between 2000 and 2019, including 50,000 fewer dying from lung cancer, the nation's leading cancer killer.[6]

Grades were awarded in this category based on whether a state had increased the age of sale for tobacco products to 21. Letter grades were deducted based on if groups, like active duty military, were exempted from the age of sale of 21, some tobacco products, such as e-cigarettes were exempted or the age of sale was 19 or 20 years old.

Grades break down as follows:

A = age of sale for all tobacco products is 21 years of age with no exceptions;

B = age of sale for all tobacco products is 21 years of age, but certain groups, such as active duty military are exempted;

D = age of sale for all tobacco products is 19 or 20 years old and/or one or more types of tobacco products are exempted from a law increasing the age of sale to 21; and

F = age of sale for some or all tobacco products is 18 years of age.

There is one situation that creates an exception to the grading system:

- Local Ordinances: States without a statewide age of sale for tobacco products of 21 years old may be graded based on local ordinances. Local ordinances that increase the age of sale for all tobacco products to 21 are considered according to the percentage of population covered in the state. States with over 95 percent of their population covered by local Tobacco 21 ordinances will receive an "A," over 80 percent a "B," over 65 percent a "C" and over 50 percent a "D." Local ordinances that cover less than 50 percent of the population will not be considered for evaluation under this exception.

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1. Data on percent of state populations covered by local ordinances is obtained from the Americans for Nonsmokers' Rights Foundation, http://www.no-smoke.org/pdf/percentstatepops.pdf.
2. U.S. Department of Health and Human Services. The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014.
3. There is general consensus among tobacco researchers that every 10 percent increase in the price of cigarettes decreases cigarette consumption by about 4 percent in adults and about 7 percent in children. Tauras J, et al. Effects of Price and Access Laws on Teenage Smoking Initiation: A National Longitudinal Analysis, Bridging the Gap Research, ImpacTeen. April 24, 2001.
4. As of January 1, 2014, the Affordable Care Act (ACA) required that state Medicaid programs no longer exclude coverage of tobacco cessation medications. In State of Tobacco Control 2017 a state was only given credit for covering tobacco cessation medications if there is documentable evidence that the Medicaid program is covering that medication, regardless of the federal requirement.
5. On May 2, 2014, the U.S. Departments of Labor, Health and Human Services and Treasury issued an FAQ that clarified what health insurance plans under the Affordable Care Act should cover in terms of tobacco cessation medications and counseling, http://www.dol.gov/ebsa/faqs/faq-aca19.html (see question 5).
6. Institute of Medicine, Public Health Implications of Raising the Minimum Age of Legal Access to Tobacco Products, Washington, DC: The National Academies Press, 2015, http://www.nationalacademies.org/hmd/Reports/2015/TobaccoMinimumAgeReport.aspx.

United States Report Card

AMERICAN LUNG ASSOCIATION.

STATE OF TOBACCO CONTROL 2018

UNITED STATES

Food and Drug Administration Regulation of Tobacco Products — F

Implementation of Rule Asserting Authority over all Tobacco Products: **Rule Partially Implemented**

Product Standards for Tobacco Products: **Product standard to reduce cancer-causing chemical in smokeless tobacco proposed**

Graphic cigarette warning labels: **No warning labels re-proposed or finalized**

TPSAC Menthol Report Implementation: **No product standard on menthol proposed or finalized**

Funding for FDA Center for Tobacco Products: **Federal government funded under a continuing resolution**

Thumbs Down for the federal government for significantly delaying parts of FDA's 2016 deeming rule

Tobacco Taxes — F

CIGARETTE TAX:

Tax rate per pack of 20:	**$1.01**

OTHER TOBACCO PRODUCT TAXES:

Little Cigars: Equalized: **Yes; Weight-Based: Yes**

Large Cigars: Equalized: **No; Weight-Based: No**

Smokeless Tobacco: Equalized: **No; Weight-Based: Yes**

Pipe/RYO Tobacco: Equalized: **No; Weight-Based: Yes**

Dissolvable Tobacco: Equalized: **No; Weight-Based: Yes**

Cessation Coverage — C

Medicaid Coverage: **Partially Required**

Medicare Coverage: **Partially Covered**

TRICARE Coverage: **Covered**

Federal Employee Health Benefits Coverage: **Covered**

State Health Insurance Exchanges: **Partially Required**

Mass Media Campaigns — A

TIPS FROM FORMER SMOKERS MEDIA CAMPAIGN:

Reach: **Meets Target**

Duration: **Under Target**

Frequency: **Meets Target**

Promotion of Services: **Meets Target**

FDA "REAL COSTS" MEDIA CAMPAIGN:

Reach: **Meets Target**

Duration: **Meets Target**

Frequency: **Meets Target**

Promotion of Services: **Under Target**

Federal Highlights:

The American Lung Association has identified four key actions that federal policymakers must take in 2018 that will ultimately eliminate the death and disease caused by tobacco use:

1. Allow the U.S. Food and Drug Administration (FDA) to fully implement the Tobacco Control Act without political interference from the tobacco industry and its champions in Congress;
2. Clarify and ensure that all smokers have access to a comprehensive tobacco cessation benefit without barriers and cost-sharing;
3. Ensure the Centers for Disease Control and Prevention's (CDC) Tips from Former Smokers Campaign and the Food and Drug Administration's (FDA) Real Cost Campaign continue; and
4. Pass legislation raising the minimum of age of sale for all tobacco products to 21.

The federal government remains uniquely positioned to significantly improve the health of Americans by strengthening and implementing federal tobacco control policies. However, the lack of political will and significant power the tobacco industry still asserts in Washington makes significant movement on these policy fronts unlikely.

In July, FDA announced it would significantly delay the deadline for newly-regulated tobacco products to submit tobacco product applications required under the May 2015 deeming rule. FDA pushed the dates back to 2021 for newly-regulated combustible products, such as cigars and hookah, and 2022 for non-combustible tobacco products, such e-cigarettes. This will allow all newly-regulated tobacco products on the market as of August 8, 2016, including all tobacco products with kid-friendly flavors, to stay on the market for years. FDA also announced their intent to seek public comment on reducing the level of nicotine in cigarettes to non-addictive levels.

Once again, leaders in the House of Representatives attached two policy riders to proposed Appropriations bills in 2017. The first would block implementation and enforcement of the entire deeming rule because certain cigars—including those that cost as little as $1.00—are now under FDA's authority. The second would grandfather all newly deemed products—thereby taking away and guaranteeing that flavored e-cigarettes that appeal to kids and that contain dangerous chemicals like diacetyl—remain on the market indefinitely. The fate of these policy riders will not be settled until Congress finalizes its fiscal year 2018 funding bills.

The CDC's Tips from Former Smokers Campaign marked the sixth year of its highly successful and cost-effective mass media campaign—despite efforts by some in Congress to eliminate it by slashing funding to CDC's Office on Smoking and Health. The Tips Campaign has prompted 500,000 Americans to quit smoking for good, and millions more to make a serious quit attempt. The effectiveness and return on investment of this program demonstrate why it is so important to continue "Tips" moving forward.

Over a decade ago, the Lung Association and five of our partners were granted intervenor status in a federal lawsuit filed by the Department of Justice against the major tobacco companies, which ultimately found the companies guilty of civil racketeering. After more than a decade of delay, the tobacco industry was forced to start running corrective statements in newspapers and on TV starting in November 2017.

In November, legislation was introduced in the Senate and the House that would increase the minimum age of sale for all tobacco products to 21.

Looking ahead—on July 31, 2018, the rule that requires all Department of Housing and Urban Development (HUD) public housing to go smokefree will take effect—protecting two million Americans from the dangers of secondhand smoke. It also provides an opportunity to assist the more than 300,000 smokers living in public housing with help to quit smoking for good.

United States Facts

Economic Costs Due to Smoking:	$289,500,000,000
Adult Smoking Rate:	15.5%
Adult Tobacco Use Rate:	21.0%
High School Smoking Rate:	8.0%
High School Tobacco Use Rate:	20.2%
Middle School Smoking Rate:	2.2%
Middle School Tobacco Use Rate:	7.2%
Smoking Attributable Deaths per Year:	480,320
Smoking Attributable Lung Cancer Deaths per Year:	163,700
Smoking Attributable Respiratory Disease Deaths per Year:	113,100

Adult smoking and tobacco use rates are taken from the 2016 National Health Interview Survey. High school and middle school smoking and tobacco use rates are taken from the 2016 National Youth Tobacco Survey.

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.

Alabama Report Card

AMERICAN LUNG ASSOCIATION.

STATE OF TOBACCO CONTROL 2018

ALABAMA

Tobacco Prevention and Control Program Funding: F

FY2018 State Funding for Tobacco Control Programs:	$1,272,128
FY2018 Federal Funding for State Tobacco Control Programs:	$2,588,324*
FY2018 Total Funding for State Tobacco Control Programs:	$3,860,452
CDC Best Practices State Spending Recommendation:	$55,900,000
Percentage of CDC Recommended Level:	6.9%
State Tobacco-Related Revenue:	$309,900,000

*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: F

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government Worksites: **Restricted**

Private Worksites: **No provision**

Schools: **Restricted**

Child Care Facilities: **Restricted**

Restaurants: **No provision**

Bars: **No provision**

Casinos/Gaming Establishments: **No provision**

Retail Stores: **Restricted**

Recreational/Cultural Facilities: **Restricted**

Penalties:**Yes**

Enforcement: **Yes**

Preemption: **No**

Citation: ALA. CODE §§ 22-15A-1 et seq. (2003).

The Smokefree Air grade only examines state tobacco control law and does not reflect local smokefree ordinances. Alabama has made great strides in protecting people from secondhand smoke by passing comprehensive local smokefree ordinances that cover 13.1% of the state's population.

Tobacco Taxes: F

CIGARETTE TAX:

Tax Rate per pack of 20: **$0.675**

OTHER TOBACCO PRODUCT TAXES:

Tax on little cigars: **Equalized: No; Weight-Based: No**

Tax on large cigars: **Equalized: No; Weight-Based: No**

Tax on smokeless tobacco: **Equalized: No; Weight-Based: Yes**

Tax on pipe/RYO tobacco: **Equalized: No; Weight-Based: Yes**

Tax on Dissolvable tobacco: **Equalized: No; Weight-Based: Yes**

For more information on tobacco taxes, go to: http://slati.lung.org/slati/states.php

Access to Cessation Services: F

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **All 7 medications are covered**

Counseling: **Some counseling is covered**

Barriers to Coverage: **Some barriers exist to access coverage**

Medicaid Expansion: **No**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

Counseling: **No counseling is covered**

Barriers to Coverage: **Some barriers exist to access coverage**

STATE QUITLINE:

Investment per Smoker: **$1.44; the median investment per smoker is $2.10**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

Tobacco Surcharge: **No prohibition or limitation on tobacco surcharges**

Citation: See Alabama Tobacco Cessation Coverage page for coverage details.

Minimum Age: D

Minimum Age of Sale for Tobacco Products: **19**

Alabama State Highlights:

AMERICAN LUNG ASSOCIATION.

STATE OF TOBACCO CONTROL 2018

Tobacco use remains the leading cause of preventable death and disease in the United States and in Alabama. To address this enormous toll, the American Lung Association in Alabama calls for the following actions to be taken by our elected officials:

1. Pass a comprehensive statewide smokefree law that protects all workers and patrons from secondhand smoke;
2. Increase funding for the Alabama tobacco prevention and control program; and
3. Increase the tax on cigarettes and other tobacco products.

Tobacco prevention and control legislation was once again not a priority for the members of the Alabama Legislature in 2017. The Alabama Legislature continues to have a residual lack of support for tobacco control measures, such as supporting a statewide smokefree air law or increased funding for tobacco control and prevention programs.

Local municipalities continue to take the lead on public health issues by implementing strong smokefree ordinances. Tobacco control partners are very engaged with community education on the dangers of secondhand smoke across Alabama. The Lung Association plays a leading role by offering technical assistance on securing smokefree protections for all workers and residents in local municipalities across the state.

The Alabama Department of Public Health continues to affect social norm change around tobacco use, address the marketing of tobacco products to youth, and promote policies that eliminate exposure to secondhand smoke through the presence of Tobacco Prevention Coordinators in strategic public health areas across Alabama and the funded non-profit organizations of the Youth Tobacco Prevention Program.

In 2018, the American Lung Association in Alabama will educate state legislators about the benefits of a statewide smokefree law and the need for increased funding for the tobacco control program. In order to reduce the death and disease caused by tobacco use in Alabama, state legislators will need to recognize the health and economic burden of tobacco use and secondhand smoke exposure by enacting public health protections and investing in evidence-based tobacco prevention programs. The Lung Association will continue to work with partners in the Coalition for a Tobacco Free Alabama to ensure successful passage and preservation of comprehensive local smokefree ordinances.

Alabama State Facts

Health Care Costs Due to Smoking:	$1,885,747,576
Adult Smoking Rate:	21.5%
Adult Tobacco Use Rate:	25.5%
High School Smoking Rate:	10.9%
High School Tobacco Use Rate:	35.5%
Middle School Smoking Rate:	3.4%
Smoking Attributable Deaths:	8,650

Adult smoking and tobacco use data come from CDC's 2016 Behavioral Risk Factor Surveillance System. High school and middle school smoking rates are taken from the 2016 Youth Tobacco Survey. High school tobacco use data is taken from the 2015 Youth Risk Behavior Surveillance System.

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:

American Lung Association in Alabama
(205) 968-2266
www.lung.org/alabama

Alaska Report Card

AMERICAN LUNG ASSOCIATION.

STATE OF TOBACCO CONTROL 2018

ALASKA

Tobacco Prevention and Control Program Funding: A

FY2018 State Funding for Tobacco Control Programs:	$9,493,500
FY2018 Federal Funding for State Tobacco Control Programs:	$935,748*
FY2018 Total Funding for State Tobacco Control Programs:	$10,429,248
CDC Best Practices State Spending Recommendation:	$10,200,000
Percentage of CDC Recommended Level:	102.2%
State Tobacco-Related Revenue:	$86,800,000

*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: F

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government Worksites: **Restricted**

Private Worksites: **Restricted**

Schools: **Prohibited**

Child Care Facilities: **Prohibited**

Restaurants: **Restricted**

Bars: **No provision**

Casinos/Gaming Establishments: **N/A (tribal establishments only)**

Retail Stores: **Restricted**

Recreational/Cultural Facilities: **Restricted**

Penalties:**Yes**

Enforcement: **Yes**

Preemption: **No**

Citation: ALASKA STAT. §§ 18.35.300 et seq. (2004).

The Smokefree Air grade only examines state tobacco control law and does not reflect local smokefree ordinances. Alaska has made great strides in protecting people from secondhand smoke by passing comprehensive local smokefree ordinances that cover 42.6% of the state's population.

Tobacco Taxes: C

CIGARETTE TAX:

Tax Rate per pack of 20: **$2.00**

OTHER TOBACCO PRODUCT TAXES:

Tax on little cigars: **Equalized: Yes; Weight-Based: No**

Tax on large cigars: **Equalized: Yes; Weight-Based: No**

Tax on smokeless tobacco: **Equalized: Yes; Weight-Based: No**

Tax on pipe/RYO tobacco: **Equalized: Yes; Weight-Based: No**

Tax on Dissolvable tobacco: **Equalized: Yes; Weight-Based: No**

For more information on tobacco taxes, go to: http://slati.lung.org/slati/states.php

Access to Cessation Services: C

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **All 7 medications are covered**

Counseling: **Some counseling is covered**

Barriers to Coverage: **Some barriers exist to access care**

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **Some medications are covered**

Counseling: **Some counseling is covered**

Barriers to Coverage: **Minimal barriers exist to access care**

STATE QUITLINE:

Investment per Smoker: **$4.66; the median investment per smoker is $2.10**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

Tobacco Surcharge: **No prohibition or limitation on tobacco surcharges**

Citation: See Alaska Tobacco Cessation Coverage page for coverage details.

Minimum Age: D

Minimum Age of Sale for Tobacco Products: **19**

Alaska State Highlights:

AMERICAN LUNG ASSOCIATION.

STATE OF TOBACCO CONTROL 2018

Tobacco use remains the leading cause of preventable death and disease in the United States and in Alaska. To address this enormous toll, the American Lung Association in Alaska calls for the following actions to be taken by our elected officials:

1. Pass comprehensive statewide indoor smokefree law that includes electronic vape products and marijuana; and
2. Pass an amendment to the youth access law, requiring tobacco license endorsements for vape/e-cig vendors and inclusion in the underage enforcement program.

Alaska has been successful in passing twelve local smokefree ordinances but nearly half of Alaska's population remains unprotected by smokefree laws. Because several boroughs outside of Anchorage and in major population centers of the state were originally organized without health authority powers, the focus to achieve a Smokefree Alaska, necessarily shifted in 2014 from the passage of local ordinances, to passage of a statewide law.

Since then, the American Lung Association in Alaska has focused its efforts on educating Alaskans, including state legislators. Statewide polling shows strong and unwavering support for a statewide law with 69 percent of Alaskans in favor of a smokefree workplace law. Over 1,000 Alaska businesses and organizations have signed resolutions in support of a law in Alaska to make all workplaces 100 percent smokefree. Most recently, the cities of Fairbanks and Kodiak and Fairbanks North Star and Mat-Su Borough assemblies all passed resolutions in support a statewide smokefree indoor workplace law.

The vote count in the House and Senate for statewide smokefree remains constant at 15 of 20 members in the Senate and 30 of 40 members in the House, despite many new legislators elected to the House in 2017, as well as new House leadership. Smokefree bill co-sponsors increased from six to eight in the Senate and 11 to 19 in the House. The smokefree workplace bill again passed the Senate 15-5 in 2017, and was given two committees of referral in the House. It passed through the first committee and currently sits in the House Judiciary Committee, the final committee of referral.

The House Majority coalition has 13 members signed onto the bill as cosponsors, which is a majority of the majority. Six minority members also signed on, for a total of nearly half of all House members (19 of 40 members).

Once the House Judiciary Committee hears and moves the smokefree bill in 2018, it can finally get a full floor vote that will reflect the overwhelming support for this bill, and all Alaskans can finally be protected from secondhand smoke.

All Alaskans have the right to breathe smokefree air and deserve this simple health protection, no matter where they live or work. Alaska has made huge progress in reducing smoking rates among youth by over 60 percent. Now, however, the state is facing rising rates of exposure and use of electronic smoking devices and marijuana. Underage enforcement of e-cigarette vendors and smokefree public places will protect the health of young Alaskans especially.

Alaska State Facts

Health Care Costs Due to Smoking:	$438,143,263
Adult Smoking Rate:	19.0%
Adult Tobacco Use Rate:	23.7%
High School Smoking Rate:	11.1%
High School Tobacco Use Rate:	30.9%
Middle School Smoking Rate:	N/A
Smoking Attributable Deaths:	610

Adult smoking and tobacco use data come from CDC's 2016 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use data come from the 2015 Youth Risk Behavior Surveillance System. A current middle school smoking rate is not available for this state.

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:

American Lung Association in Alaska
(907) 276-5864
www.lung.org/alaska

Arizona Report Card

AMERICAN LUNG ASSOCIATION.

STATE OF TOBACCO CONTROL 2018

ARIZONA

Tobacco Prevention and Control Program Funding: F

FY2018 State Funding for Tobacco Control Programs:	$17,784,700
FY2018 Federal Funding for State Tobacco Control Programs:	$1,848,394*
FY2018 Total Funding for State Tobacco Control Programs:	$19,633,094
CDC Best Practices State Spending Recommendation:	$64,400,000
Percentage of CDC Recommended Level:	30.5%
State Tobacco-Related Revenue:	$437,500,000

*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: **Prohibited**

Private Worksites: **Prohibited**

Schools: **Prohibited**

Child Care Facilities: **Prohibited**

Restaurants: **Prohibited**

Bars: **Prohibited**

Casinos/Gaming Establishments: **Prohibited (tribal establishments exempt)**

Retail Stores: **Prohibited**

Recreational/Cultural Facilities: **Prohibited**

Penalties:**Yes**

Enforcement: **Yes**

Preemption: **No**

Citation: ARIZ. REV. STAT. § 36-601.01 & AZ ADMIN RULES §§ R9-2-101 to R9-2-112 (2007).

Tobacco Taxes: F

CIGARETTE TAX:

Tax Rate per pack of 20: **$2.00**

OTHER TOBACCO PRODUCT TAXES:

Tax on little cigars: **Equalized: No; Weight-Based: No**

Tax on large cigars: **Equalized: No; Weight-Based: No**

Tax on smokeless tobacco: **Equalized: No; Weight-Based: Yes**

Tax on pipe/RYO tobacco: **Equalized: No; Weight-Based: Yes**

Tax on Dissolvable tobacco: **Equalized: No; Weight-Based: Yes**

For more information on tobacco taxes, go to: http://slati.lung.org/slati/states.php

Access to Cessation Services: C

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **All 7 medications are covered**

Counseling: **Some counseling is covered**

Barriers to Coverage: **Few barriers exist to access care**

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

Counseling: **Some counseling is covered**

Barriers to Coverage: **Barriers exist to access care**

STATE QUITLINE:

Investment per Smoker: **$4.00; the median investment per smoker is $2.10**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

Tobacco Surcharge: **No prohibition or limitation on tobacco surcharges**

Citation: See Arizona Tobacco Cessation Coverage page for coverage details.

Minimum Age: F

Minimum Age of Sale for Tobacco Products: **18**

Arizona State Highlights:

Tobacco use remains the leading cause of preventable death and disease in the United States and in Arizona. To address this enormous toll, the American Lung Association in Arizona calls for the following actions to be taken by our elected officials:

1. Raise the minimum sales age for tobacco products to 21;
2. Maintain or increase funding for tobacco prevention and cessation programs; and
3. Increase Arizona's tobacco taxes.

The American Lung Association in Arizona continues to champion tobacco control issues in Arizona by leading legislative efforts and partnering with key organizations, state departments, and legislators to ensure tobacco education and prevention remains among the state's top priorities.

In 2017, funding for Arizona's tobacco control program, Tobacco Free Arizona, went from about $18.4 million in fiscal year 2017 to $17.8 million in fiscal year 2018. The program is funded by a percentage of revenue from tobacco taxes, and funding has remained relatively consistent over the years. However, the American Lung Association in Arizona keeps a close eye on funding levels to ensure this vital tobacco prevention and quit smoking program receives the funding dedicated to it. Even at current funding levels, the state remains well short of the Centers for Disease Control and Prevention recommended level.

The Smoke-free Living Collaborative Program continued its strong performance this year toward achieving its mission to empower Arizona communities to live smokefree. Outreach efforts to connect with and inform multi-family property managers and owners about the advantages of adopting smokefree policies yielded strong results. In 2017, 302 communities across Arizona had fully implemented smokefree policies. An additional 185 were in the process of transitioning to smokefree. The program again demonstrated itself as a national model, by being featured in the U.S. Department of Housing and Urban Development's 2017 Guidebook for Implementing Smoke-Free Policies. The program director was also invited to speak at the 2017 Arizona Housing Forum on adopting smokefree policies in Low Income Housing Tax Credit properties.

During the 2018 legislative session, the American Lung Association in Arizona will again work diligently to educate our lawmakers on the enormous negative economic impacts that tobacco use has on Arizona. Raising the minimum sales age for tobacco products to 21 will also be a priority.

Arizona State Facts

Health Care Costs Due to Smoking:	$2,383,033,467
Adult Smoking Rate:	14.7%
Adult Tobacco Use Rate:	16.5%
High School Smoking Rate:	10.1%
High School Tobacco Use Rate:	34.7%
Middle School Smoking Rate:	3.2%
Smoking Attributable Deaths:	8,250

Adult smoking and tobacco use data come from CDC's 2016 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 2015 Youth Tobacco Survey.

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:

American Lung Association in Arizona
(602) 258-7505
www.lung.org/arizona

Arkansas Report Card

AMERICAN LUNG ASSOCIATION.

STATE OF TOBACCO CONTROL 2018

ARKANSAS

Tobacco Prevention and Control Program Funding: F

FY2018 State Funding for Tobacco Control Programs:	$8,909,090*
FY2018 Federal Funding for State Tobacco Control Programs:	$1,981,916**
FY2018 Total Funding for State Tobacco Control Programs:	$10,891,006
CDC Best Practices State Spending Recommendation:	$36,700,000
Percentage of CDC Recommended Level:	29.7%
State Tobacco-Related Revenue:	$282,000,000

*The Arkansas Legislature appropriated $14,340,549 to the Arkansas Tobacco Prevention and Cessation Program, however, only $8,909,090 is allocated for tobacco prevention and control activities. The Arkansas Tobacco Prevention and Cessation Program is mandated by law to distribute funding to other agencies. The total funding amount above includes the activities of the Arkansas Department of Health's Tobacco Prevention and Cessation Program, and tobacco prevention activities of the Minority Health and Health Disparities Program as well as the Arkansas Tobacco Control Board.

**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: C

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government Worksites: **Prohibited**

Private Worksites: **Prohibited (non-public workplaces with three or fewer employees exempt)**

Schools: **Prohibited**

Child Care Facilities: **Prohibited**

Restaurants: **Restricted***

Bars: **Restricted***

Casinos/Gaming Establishments: **Restricted**

Retail Stores: **Prohibited**

Recreational/Cultural Facilities: **Prohibited**

Penalties:**Yes**

Enforcement: **Yes**

Preemption: **No**

Citation: ARK. CODE ANN. §§ 20-27-1801 et seq. (2015).

* Smoking is allowed in restaurants and bars that do not allow persons under 21 to enter at any time.

Tobacco Taxes: F

CIGARETTE TAX:

Tax Rate per pack of 20: **$1.15**

OTHER TOBACCO PRODUCT TAXES:

Tax on little cigars: **Equalized: Yes; Weight-Based: No**

Tax on large cigars: **Equalized: No; Weight-Based: No**

Tax on smokeless tobacco: **Equalized: Yes; Weight-Based: No**

Tax on pipe/RYO tobacco: **Equalized: Yes; Weight-Based: No**

Tax on Dissolvable tobacco: **Equalized: Yes; Weight-Based: No**

For more information on tobacco taxes, go to: http://slati.lung.org/slati/states.php

Access to Cessation Services: F

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **Some medications are covered**

Counseling: **Some counseling is covered**

Barriers to Coverage: **Some barriers exist to access coverage**

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **Some medications are covered**

Counseling: **Some counseling is covered**

Barriers to Coverage: **Some barriers exist to access coverage**

STATE QUITLINE:

Investment per Smoker: **$2.68; the median investment per smoker is $2.10**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

Tobacco Surcharge: **Limits tobacco surcharges**

Citation: See Arkansas Tobacco Cessation Coverage page for coverage details.

Minimum Age: F

Minimum Age of Sale for Tobacco Products: **18**

Arkansas State Highlights:

Tobacco use remains the leading cause of preventable death and disease in the United States and in Arkansas. To address this enormous toll, the American Lung Association in Arkansas calls for the following actions to be taken by our elected officials:

1. Maintain current level of funding for the state's tobacco prevention and cessation program, including the Arkansas Quitline;
2. Strengthen and remove the current exemptions in the state's clean indoor air act to protect all workers in the state from secondhand smoke;
3. Increase taxes on cigarettes and other tobacco products.

Comprehensive tobacco prevention and control legislation was once again not a priority for the members of the Arkansas Legislature in 2017. This was evident by the lack of inclusion of active duty members of the military in the proposed legislation to raise the minimum sale age of tobacco products to 21. House Bill 1711 was unable to gain momentum to pass the House of Representatives. The Lung Association supports legislation increasing the minimum sale age of tobacco products to 21 that would apply to all individuals, including active duty members of the military, and designate compliance and enforcement procedures for the law. Along with other tobacco control partners, the Lung Association continued to advocate for strengthening the statewide smokefree air law to include all public places and workplaces, including bars and gaming facilities, and the use of electronic smoking devices.

The American Lung Association in Arkansas continues to serve as the lead agency for the statewide tobacco control coalition in 2017. The coalition provides support for local tobacco control efforts including; smokefree municipal policies, smokefree/tobacco-free workplace polices and smokefree multi-unit housing policies and implementation. In partnership with tobacco prevention partners, the American Lung Association in Arkansas continued to educate about the dangers of secondhand smoke exposure and the need for comprehensive smokefree policies at the local level.

In 2018, the American Lung Association in Arkansas will continue to educate state legislators about the benefits of comprehensive tobacco control policies and programs, including a comprehensive statewide smokefree law and maintained funding for the tobacco control program. In order to reduce the death and disease caused by tobacco use in Arkansas, state legislators will need to recognize the health and economic burden of tobacco use and exposure to secondhand smoke by enacting public health protections and investing in evidence-based tobacco prevention programs.

Arkansas State Facts

Health Care Costs Due to Smoking:	$1,215,082,968
Adult Smoking Rate:	23.6%
Adult Tobacco Use Rate:	29.1%
High School Smoking Rate:	15.7%
High School Tobacco Use Rate:	36.9%
Middle School Smoking Rate:	N/A
Smoking Attributable Deaths:	5,790

Adult smoking and tobacco use data come from CDC's 2016 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use data come from the 2015 Youth Risk Behavior Surveillance System. A current middle school smoking rate is not available for this state.

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:

American Lung Association in Arkansas
(205) 968-2266
www.lung.org/arkansas

California Report Card

AMERICAN LUNG ASSOCIATION.

STATE OF TOBACCO CONTROL 2018

CALIFORNIA

Tobacco Prevention and Control Program Funding: A

FY2018 State Funding for Tobacco Control Programs:	$327,824,999
FY2018 Federal Funding for State Tobacco Control Programs:	$8,952,574*
FY2018 Total Funding for State Tobacco Control Programs:	$336,777,573
CDC Best Practices State Spending Recommendation:	$347,900,000
Percentage of CDC Recommended Level:	96.8%
State Tobacco-Related Revenue:	$2,581,800,000

*Includes tobacco prevention and cessation funding provided to states from the Centers for Disease Control and Prevention and U.S. Food and Drug Administration.

Thumbs Up for California for increasing its funding for tobacco control programs by over $250 million in fiscal year 2018.

Smokefree Air: A

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government Worksites: **Prohibited**

Private Worksites: **Prohibited**

Schools: **Prohibited (public schools only)**

Child Care Facilities: **Prohibited**

Restaurants: **Prohibited**

Bars: **Prohibited**

Casinos/Gaming Establishments: **Prohibit (tribal establishments exempt)**

Retail Stores: **Prohibited**

Recreational/Cultural Facilities: **Prohibited**

Penalties:**Yes**

Enforcement: **Yes**

Preemption: **No**

Citation: CA LABOR CODE § 6404.5 (2007); CA GOVT. CODE §§ 7596 to 7598 (2007); CA EDUC. CODE §§ 48900 & 48901 (1986); & CA HEALTH & SAFETY CODE § 1596.795 (1993).

Tobacco Taxes: B

CIGARETTE TAX:

Tax Rate per pack of 20: **$2.87**

OTHER TOBACCO PRODUCT TAXES:

Tax on little cigars: **Equalized: Yes; Weight-Based: No**

Tax on large cigars: **Equalized: Yes; Weight-Based: No**

Tax on smokeless tobacco: **Equalized: Yes; Weight-Based: No**

Tax on pipe/RYO tobacco: **Equalized: Yes; Weight-Based: No**

Tax on Dissolvable tobacco: **Equalized: Yes; Weight-Based: No**

For more information on tobacco taxes, go to: http://slati.lung.org/slati/states.php

Access to Cessation Services: C

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **All 7 medications are covered**

Counseling: **All counseling is covered**

Barriers to Coverage: **Some barriers exist to access coverage**

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **Most medications are covered**

Counseling: **Some counseling is covered**

Barriers to Coverage: **Some barriers exist to access coverage**

STATE QUITLINE:

Investment per Smoker: **$3.06; the median investment per smoker is $2.10**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

Tobacco Surcharge: **Prohibits tobacco surcharges**

Citation: See California Tobacco Cessation Coverage page for coverage details.

Minimum Age: B

Minimum Age of Sale for Tobacco Products: **21**

California State Highlights:

AMERICAN LUNG ASSOCIATION. | STATE OF TOBACCO CONTROL 2018

Tobacco use remains the leading cause of preventable death and disease in the United States and in California. To address this enormous toll, the American Lung Association in California calls for the following actions to be taken by our elected officials:

1. Reduce smoking initiation rates by restricting flavored tobacco products, including menthol;
2. Protect residents in public housing from unwanted exposure to secondhand smoke; and
3. Support local-level policies that restrict tobacco use in multi-unit housing.

After a banner year for tobacco control in 2016, the Lung Association in California spent 2017 building on these successes and continued to make important strides toward a future free from the harms of tobacco. In April, California's $2.00 per pack tobacco tax increase went into effect and, as a result, both tobacco sales and cigarette pack distributions have significantly decreased. In addition, with expected additional tobacco tax revenue of $100 to $130 million going toward tobacco prevention and cessation programs, the tax will allow California to make significant progress towards its goal of reducing tobacco-related health disparities.

In 2017, the Lung Association fought in the California Legislature to prohibit smoking at state parks and beaches, to ensure that those living in public housing were not exposed to unwanted secondhand smoke or e-cigarette emissions, and prohibit the use of tobacco industry coupons and discounts. These attempts were met with fierce resistance and the policies were watered down and ultimately failed. However, important discussions were had which will lead to future successes.

Additionally, multiple California communities continued the push toward local-level restrictions on flavored and menthol tobacco products. San Francisco became the largest city in the country to prohibit all sales of flavored tobacco, including menthol. This represents a landmark turning point in the effort to eliminate flavored tobacco products which are targeted at youth, young adults, African Americans, and the LGBTQ community. However, in an unprecedented and very public move, the tobacco industry successfully petitioned to bring this policy to the ballot for a vote in June 2018. Thankfully, this has not slowed momentum on this issue as a number of communities in California especially in the Bay Area have continued to adopt restrictions on all flavored tobacco products, including Oakland and Contra Costa County.

Many of our local communities are also making important strides toward a future free of tobacco-related disease. In 2017, communities such as Beverly Hills and Laguna Beach adopted strong policies to protect their citizens from unwanted secondhand smoke.

Through these efforts to pass strong local and statewide laws, California will continue to prevent kids from ever picking up their first cigarette, motivate current smokers to quit, and fight for better treatments and cures for lung diseases that result from, or are exacerbated by, tobacco use.

California State Facts

Health Care Costs Due to Smoking:	$13,292,359,950
Adult Smoking Rate:	11.0%
Adult Tobacco Use Rate:	12.0%
High School Smoking Rate:	7.7%
High School Tobacco Use Rate:	27.4%
Middle School Smoking Rate:	2.8%
Smoking Attributable Deaths:	39,950

Adult smoking and tobacco use data come from CDC's 2016 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 (7th grade only) is taken from the 2013-15 California Healthy Kids Survey.

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:

American Lung Association in California
(510) 638-5864
www.lung.org/california

CALIFORNIA

Colorado Report Card

AMERICAN LUNG ASSOCIATION. | STATE OF TOBACCO CONTROL 2018

COLORADO

Tobacco Prevention and Control Program Funding: D

FY2018 State Funding for Tobacco Control Programs:	$24,192,770
FY2018 Federal Funding for State Tobacco Control Programs:	$2,617,429*
FY2018 Total Funding for State Tobacco Control Programs:	$26,810,199
CDC Best Practices State Spending Recommendation:	$52,900,000
Percentage of CDC Recommended Level:	50.7%
State Tobacco-Related Revenue:	$292,600,000

*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: **Prohibited**

Private Worksites: **Prohibited (non-public workplaces with three or fewer employees exempt)**

Schools: **Prohibited**

Child Care Facilities: **Prohibited**

Restaurants: **Prohibited**

Bars: **Prohibited (allowed in cigar-tobacco bars)**

Casinos/Gaming Establishments: **Prohibited (tribal establishments exempt)**

Retail Stores: **Prohibited**

Recreational/Cultural Facilities: **Prohibited**

Penalties:**Yes**

Enforcement: **Yes**

Preemption: **No**

Citation: COLO. REV. STAT. ANN. §§ 25-14-201 et seq. (2008).

Tobacco Taxes: F

CIGARETTE TAX:

Tax Rate per pack of 20: **$0.84**

OTHER TOBACCO PRODUCT TAXES:

Tax on little cigars: **Equalized: Yes; Weight-Based: No**

Tax on large cigars: **Equalized: Yes; Weight-Based: No**

Tax on smokeless tobacco: **Equalized: Yes; Weight-Based: No**

Tax on pipe/RYO tobacco: **Equalized: Yes; Weight-Based: No**

Tax on Dissolvable tobacco: **Equalized: Yes; Weight-Based: No**

For more information on tobacco taxes, go to: http://slati.lung.org/slati/states.php

Access to Cessation Services: B

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **Covers all 7 medications**

Counseling: **Covers some counseling**

Barriers to Coverage: **Significant barriers exist to access care**

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **Covers some medications**

Counseling: **Covers most counseling**

Barriers to Coverage: **Some barriers exist to access care**

STATE QUITLINE:

Investment per Smoker: **$5.72; the median investment per smoker is $2.10**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **Yes**

Tobacco Surcharge: **Limits tobacco surcharges**

Citation: See Colorado Tobacco Cessation Coverage page for coverage details.

Minimum Age: F

Minimum Age of Sale for Tobacco Products: **18**

Colorado State Highlights:

AMERICAN LUNG ASSOCIATION. | STATE OF TOBACCO CONTROL 2018

COLORADO

Tobacco use remains the leading cause of preventable death and disease in the United States and in Colorado. To address this enormous toll, the American Lung Association in Colorado calls for the following actions to be taken by our elected officials or voters:

1. Increase the tobacco tax that currently stands at 87 cents below the national average;
2. Enhance Colorado's smokefree laws to include electronic smoking devices;
3. Strengthen state and local laws around youth access to tobacco products; and
4. Protect and increase funding for tobacco prevention and cessation programs.

The American Lung Association in Colorado is a member of the Colorado Tobacco Free Alliance, which consists of statewide advocate partner groups working together to develop sound tobacco control polices. Joining with grassroots organizations at both the state and local level has strengthened the Lung Association's tobacco education, prevention and advocacy efforts statewide.

During the 2017 legislative session, the Colorado Tobacco Free Alliance successfully defeated two bills attempting to weaken Colorado's protections from secondhand smoke and emissions from electronic smoking devices. The two bills would have permitted marijuana smoking and use of electronic smoking devices in many public and workplaces.

Local communities continue to lead the way in Colorado. In 2017, Aspen Colorado voters made history by supporting Colorado's first local tobacco tax and the city council voted to become the first Colorado community to raise the tobacco sales age to 21. The tax will be $3.00 per pack of cigarettes and a 40 percent tax on other tobacco products, including e-cigarettes. Colorado's $0.84 state tobacco tax remains low at 38th in the country. In 2016, a ballot measure to raise the tobacco tax to fund critical healthcare and tobacco prevention and cessation programs in Colorado was narrowly defeated because of a $17 million-dollar deception campaign waged by Altria, parent company of Philip Morris and maker of Marlboro cigarettes.

Aspen also became the second Colorado community to license the sale of cigarettes following Edgewater. Sadly, you do not need a license to sell tobacco in Colorado. More outrageous is state law imposes a financial penalty on any local community that would like to impose a cigarette license, fee, or tax. This archaic cigarette protection in state law has existed for more than 20 years. The Lung Association will continue to press the state legislature to remove this protection of the tobacco industry.

Local communities also continued their trend of strengthening and expanding their smokefree law to include more places and electronic smoking devices. In 2017, the Denver City Council voted to not allow smoking or use of electronic smoking devices at the 16th Street Mall.

In 2018, the American Lung Association in Colorado will continue its work with partners to promote increasing the price of tobacco products, support state and local strengthening of smokefree laws, reduce tobacco use through strategies like raising the sales age for tobacco to 21, and call on the legislature to remove the cigarette protection from state law.

Colorado State Facts

Health Care Costs Due to Smoking:	$1,891,467,308
Adult Smoking Rate:	15.6%
Adult Tobacco Use Rate:	18.4%
High School Smoking Rate:	8.6%
High School Tobacco Use Rate:	30.3%
Middle School Smoking Rate:	1.9%
Smoking Attributable Deaths:	5,070

Adult smoking and tobacco use data come from CDC's 2016 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use and middle school smoking rates are taken from the 2015 Colorado Healthy Kids Survey.

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:

American Lung Association in Colorado
(303) 388-4327
www.lung.org/colorado

Connecticut Report Card

AMERICAN LUNG ASSOCIATION. | STATE OF TOBACCO CONTROL 2018

CONNECTICUT

Tobacco Prevention and Control Program Funding: F

FY2018 State Funding for Tobacco Control Programs:	$0
FY2018 Federal Funding for State Tobacco Control Programs:	$2,125,859*
FY2018 Total Funding for State Tobacco Control Programs:	$2,125,859
CDC Best Practices State Spending Recommendation:	$32,000,000
Percentage of CDC Recommended Level:	6.6%
State Tobacco-Related Revenue:	$516,300,000

*Includes tobacco prevention and cessation funding provided to states from the Centers for Disease Control and Prevention and U.S. Food and Drug Administration.

Thumbs down for Connecticut for providing no state funding for tobacco prevention programs despite smoking costing the state over $2 billion in healthcare costs each year.

Smokefree Air: C

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government Worksites: **Prohibited**

Private Worksites: **Restricted**

Schools: **Prohibited**

Child Care Facilities: **Restricted**

Restaurants: **Prohibited**

Bars: **Prohibited (allowed in tobacco bars)**

Casinos/Gaming Establishments: **Prohibited (tribal establishments exempt)**

Retail Stores: **Prohibited**

Recreational/Cultural Facilities: **Prohibited**

Penalties:**Yes**

Enforcement: **Yes**

Preemption: **Yes**

Citation: CONN. GEN. STAT. §§ 19a-342 & 31-40q (2003); 19a-342a (2015) and CT ADMIN CODE §§ 19a-79-7(d)(6) & 19a-87b-9 (1993).

Tobacco Taxes: B

CIGARETTE TAX:

Tax Rate per pack of 20: **$4.35***

*On December 1, 2017, the cigarette tax increased from $3.90 to $4.35 per pack.

OTHER TOBACCO PRODUCT TAXES:

Tax on little cigars: **Equalized: Yes; Weight-Based: No**

Tax on large cigars: **Equalized: No; Weight-Based: No**

Tax on smokeless tobacco: **Equalized: No; Weight-Based: Yes**

Tax on pipe/RYO tobacco: **Equalized: No; Weight-Based: No**

Tax on Dissolvable tobacco: **Equalized: No; Weight-Based: Yes**

For more information on tobacco taxes, go to: http://slati.lung.org/slati/states.php

Thumbs Up for Connecticut for being tied for the highest state cigarette tax in the country.

Access to Cessation Services: D

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **All 7 medications are covered**

Counseling: **All 3 forms of counseling are covered**

Barriers to Coverage: **Limited barriers exist to access care**

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **Some medications are covered**

Counseling: **All 3 forms of counseling are covered**

Barriers to Coverage: **Some barriers exist to access care**

STATE QUITLINE:

Investment per Smoker: **$0.16*; the median investment per smoker is $2.10**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

Tobacco Surcharge: **Limits tobacco surcharges**

Citation: See Connecticut Tobacco Cessation Coverage page for coverage details.

Thumbs Up for Connecticut for providing comprehensive coverage for all tobacco cessation medications and types of counseling to Medicaid enrollees with minimal barriers.

*The state quitline is using additional unspent funds carried over from past years. Those dollars have been excluded from this report as they were counted in a previous year's report.

Minimum Age: F

Minimum Age of Sale for Tobacco Products: **18**

Connecticut State Highlights:

AMERICAN LUNG ASSOCIATION. | STATE OF TOBACCO CONTROL 2018

Tobacco use remains the leading cause of preventable death and disease in the United States and in Connecticut. To address this enormous toll, the American Lung Association in Connecticut calls for the following actions to be taken by our elected officials:

1. Fund state tobacco cessation and prevention programs;
2. Close the loopholes in Connecticut's indoor smokefree air laws; and
3. Raise the tobacco sales age to 21.

Against the backdrop of a looming multi-billion dollar budget deficit in Connecticut, the 2017 state legislative session was dominated by the budget and all policy was meticulously analyzed with a fiscal impact lens. Surprisingly, there were more than 10 pieces of tobacco-related legislation introduced at the beginning of session—including bills proposing to close the many loopholes in our smokefree air laws, increase tobacco taxes with the caveat that this revenue be used to pay for tobacco prevention and cessation, and raising the tobacco sales age to 21, among others. The Tobacco 21 legislation made the most progress, passing both the Public Health and Finance Committees.

Tobacco taxes and tobacco control program funding were hot topics this budget cycle as well. The state budget that finally passed increased the cigarette tax by 45 cents per pack, which will not increase the price enough to have much of a public health benefit. Connecticut will now be tied with New York for the highest state cigarette tax, yet last in the nation for state tobacco prevention funding at ZERO dollars. This was an especially discouraging policy decision—tobacco remains the leading cause of death and disease in the state, yet we are dedicating zero dollars to prevent youth from tobacco and nicotine addiction. The state did make some progress in addressing the disparate rates at which different tobacco products are taxed with the significant increase in the tax on snuff tobacco products, but failed to increase the tax on other tobacco products like cigars or even introduce a tax on electronic cigarettes.

In 2017, the American Lung Association in Connecticut made a lot of progress in identifying challenges and opportunities in moving our agenda to help smokers quit, reduce secondhand smoke exposure and prevent youth from a lifetime of nicotine addiction. The Lung Association also continued to educate key stakeholders about the fact that tobacco is certainly not an issue of the past; and it is long past time to implement best practices policies that have been proven to save lives and reduce the grave cost of tobacco to our society. The fiscal challenges in Connecticut are clearly not going away soon, but lawmakers must recognize the long-term impact investments in prevention programs and policies could make to the state's fiscal and public health

Connecticut State Facts

Health Care Costs Due to Smoking:	$2,038,803,314
Adult Smoking Rate:	13.3%
Adult Tobacco Use Rate:	14.5%
High School Smoking Rate:	5.6%
High School Tobacco Use Rate:	14.3%
Middle School Smoking Rate:	0.8%
Smoking Attributable Deaths:	4,900

Adult smoking and tobacco use data come from CDC's 2016 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use and middle school smoking rates are taken from the 2015 Youth Tobacco Survey.

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:

American Lung Association in Connecticut
(860) 289-5401
www.lung.org/connecticut

CONNECTICUT

Delaware Report Card

AMERICAN LUNG ASSOCIATION.

STATE OF TOBACCO CONTROL 2018

DELAWARE

Tobacco Prevention and Control Program Funding: D

FY2018 State Funding for Tobacco Control Programs:	$6,357,600
FY2018 Federal Funding for State Tobacco Control Programs:	$727,843*
FY2018 Total Funding for State Tobacco Control Programs:	$7,085,443
CDC Best Practices State Spending Recommendation:	$13,000,000
Percentage of CDC Recommended Level:	54.5%
State Tobacco-Related Revenue:	$158,300,000

*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: **Prohibited**

Private Worksites: **Prohibited**

Schools: **Prohibited**

Child Care Facilities: **Prohibited**

Restaurants: **Prohibited**

Bars: **Prohibited**

Casinos/Gaming Establishments: **Prohibited**

Retail Stores: **Prohibited**

Recreational/Cultural Facilities: **Prohibited**

Penalties:**Yes**

Enforcement: **Yes**

Preemption: **No**

Citation: DEL. CODE ANN. tit. 16, §§ 2901 et seq. (2015).

Tobacco Taxes: F

CIGARETTE TAX:

Tax Rate per pack of 20: **$2.10***

*On September 1, 2017, the cigarette tax increased from $1.60 to $2.10 per pack.

OTHER TOBACCO PRODUCT TAXES:

Tax on little cigars: **Equalized: No; Weight-Based: No**

Tax on large cigars: **Equalized: No; Weight-Based: No**

Tax on smokeless tobacco: **Equalized: No; Weight-Based: Yes**

Tax on pipe/RYO tobacco: **Equalized: No; Weight-Based: No**

Tax on Dissolvable tobacco: **Equalized: No; Weight-Based: Yes**

For more information on tobacco taxes, go to: http://slati.lung.org/slati/states.php

Access to Cessation Services: B

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **All 7 medications are covered**

Counseling: **Some counseling is covered**

Barriers to Coverage: **Significant barriers exist to access care**

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

Counseling: **Most counseling is covered**

Barriers to Coverage: **Some barriers exist to access care**

STATE QUITLINE:

Investment per Smoker: **$8.87; the median investment per smoker is $2.10**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **Cessation bulletin issued**

Tobacco Surcharge: **No prohibition or limitation on tobacco surcharges**

Citation: See Delaware Tobacco Cessation Coverage page for coverage details.

Minimum Age: F

Minimum Age of Sale for Tobacco Products: **18**

Delaware State Highlights:

AMERICAN LUNG ASSOCIATION.

STATE OF TOBACCO CONTROL 2018

Tobacco use remains the leading cause of preventable death and disease in the United States and in Delaware. To address this enormous toll, the American Lung Association in Delaware calls for the following actions to be taken by our elected officials:

1. Increase the sales age for tobacco products to 21 years old; and
2. Fund tobacco prevention and cessation programs at the Centers for Disease Control and Prevention (CDC) recommended level.

The 2017 legislative session was the first year of the 49th General Assembly of Delaware's two-year session. In 2017, House Bill 242, was passed, which only called for a 50-cent increase to the state's tobacco tax—from $1.60 to $2.10 per pack. The legislation falls short on maximizing the value of the tobacco tax as a tool to discourage smoking by youth and adults. In addition, the tax on all tobacco products besides vapor products (e-cigarettes), moist snuff, and cigarettes was increased to 30 percent of the wholesale price from 15 percent previously. Also, the tax on moist snuff was increased to 92 cents per ounce from 54 cents. Finally, a new tax was imposed on vapor products at the rate of 5 cents per fluid millimeter of liquid in the product as of January 1 of this year.

This Act also increased the fees charged for retail tobacco product licenses and tobacco product vending machine licenses. It was a long overdue increase as these license fees were originally established in 1964 and last increased in 1969. The vending machine license fee was last increased in 1976. By including vapor products in the definition of tobacco products, vapor product wholesalers, retailers, and vending machine operators must pay license fees at the same rates as for traditional tobacco products.

The Delaware Health Fund, where tobacco Master Settlement Agreement dollars received by the state are directed, received almost $25 million total in fiscal year 2018. Total tobacco prevention and cessation funding remained about the same as the previous year at $6.36 million.

The American Lung Association in Delaware will continue to educate lawmakers on the ongoing fight against tobacco. Our goal is to build champions within the legislature and a groundswell of advocates to advance our goals, including funding to prevent our youth from starting to smoke as well as helping individuals who want to quit to do so and increasing the minimum age of sale for all tobacco products to 21 years old.

Delaware State Facts

Health Care Costs Due to Smoking:	$532,321,239
Adult Smoking Rate:	17.7%
Adult Tobacco Use Rate:	19.1%
High School Smoking Rate:	6.9%
High School Tobacco Use Rate:	29.8%
Middle School Smoking Rate:	1.5%
Smoking Attributable Deaths:	1,440

Adult smoking and tobacco use data come from CDC's 2015 Behavioral Risk Factor Surveillance System. High school and middle school smoking rates are taken from the 2016 Youth Tobacco Survey. High school tobacco use rate is taken from the 2015 Youth Risk Behavior Surveillance System.

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:

American Lung Association in Delaware
(302) 737-6414
www.lung.org/delaware

District of Columbia Report Card

AMERICAN LUNG ASSOCIATION.

STATE OF TOBACCO CONTROL 2018

DISTRICT OF COLUMBIA

Tobacco Prevention and Control Program Funding: F

FY2018 City Funding for Tobacco Control Programs:	$931,585
FY2018 Federal Funding for City Tobacco Control Programs:	$722,358*
FY2018 Total Funding for City Tobacco Control Programs:	$1,653,943
CDC Best Practices City Spending Recommendation:	$10,700,000
Percentage of CDC Recommended Level:	15.5%
State Tobacco-Related Revenue:	$68,100,000

*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: **Prohibited**

Private Worksites: **Prohibited**

Schools: **Prohibited**

Child Care Facilities: **Prohibited**

Restaurants: **Prohibited**

Bars: **Prohibited (allowed in cigar bars and allows for an economic hardship waiver)**

Casinos/Gaming Establishments: **N/A**

Retail Stores: **Prohibited**

Recreational/Cultural Facilities: **Prohibited**

Penalties: **Yes**

Enforcement: **Yes**

Preemption: **No**

Citation: D.C. CODE ANN. tit. 7 §§ 7-741 to 7-747 (2011).

Tobacco Taxes: D

CIGARETTE TAX:

Tax Rate per pack of 20: **$2.50**

OTHER TOBACCO PRODUCT TAXES:

Tax on little cigars: **Equalized: Yes; Weight-Based: No**

Tax on large cigars: Equalized: **No; Weight-Based: N/A**

Tax on smokeless tobacco: **Equalized: Yes; Weight-Based: No**

Tax on pipe/RYO tobacco: **Equalized: Yes; Weight-Based: No**

Tax on Dissolvable tobacco: **Equalized: Yes; Weight-Based: No**

For more information on tobacco taxes, go to: http://slati.lung.org/slati/states.php

Access to Cessation Services: B

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **Most medications are covered**

Counseling: **Some counseling is covered**

Barriers to Coverage: **Some barriers exist to access care**

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

Counseling: **Some counseling is covered**

Barriers to Coverage: **Some barriers exist to access care**

STATE QUITLINE:

Investment per Smoker: **$4.36; the median investment per smoker is $2.10**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

Tobacco Surcharge: **Prohibits tobacco surcharges**

Citation: See District of Columbia Tobacco Cessation Coverage page for coverage details.

Minimum Age: F

Minimum Age of Sale for Tobacco Products: **18***

* The District of Columbia did approve legislation to increase the tobacco sales age to 21 in 2016, but funding to implement it was never included in the city's budget, and therefore the increase in the minimum age did not take effect.

District of Columbia Highlights:

AMERICAN LUNG ASSOCIATION.

STATE OF TOBACCO CONTROL 2018

Tobacco use remains the leading cause of preventable death and disease in the United States and in the District of Columbia. To address this enormous toll, the American Lung Association in the District of Columbia calls for the following actions to be taken by our elected officials:

1. Increase the tobacco tax by $2.00 per pack;
2. Fund tobacco prevention and cessation programs at the level recommended by the Centers for Disease Control and Prevention; and
3. Allocate funding for the implementation of the city's Tobacco 21 law.

The City Council began its fall 2017 session with the bill introduction of the Department of Health Cessation Fund Amendment Act of 2017. If passed, this bill would increase the DC tobacco tax by $2.00 per pack, designate 10 percent of total revenue for tobacco control programs such as the Quitline, and allocate funding to implement Tobacco 21 legislation passed in the 2016 council year. The American Lung Association in the District of Columbia hopes for swift passage of this strong legislation that would help smokers quit and prevent youth from picking up the addiction.

Passed in 2016, both the Electronic Cigarette Parity Amendment Act of 2016 and the Sporting Events and Smokeless Tobacco Restriction Act of 2016 took effect. The Electronic Cigarette Parity Amendment Act of 2016 included electronic cigarettes and other ENDS products in the smokefree indoor air law. The Sporting Events and Smokeless Tobacco Restriction Act of 2016 prohibits the use of smokeless tobacco products at stadiums and sporting events in the District of Columbia, including at Nationals Park.

Presently, the District awaits appropriation of funds to implement the Prohibition Against Selling Tobacco Products to Individuals Under 21 Amendment Act of 2015. This bill passed in 2016, amends the current District law to prohibit the sale of tobacco products to those under 21 years of age. Presently, the law prohibits the sale of cigarettes to those under 18 years of age. The new law will only take effect though if money is budgeted for its implementation in the 2018 budget.

The American Lung Association in the District of Columbia will continue to educate lawmakers on the ongoing fight against tobacco in 2018. Our goal is to build champions within the city council and a groundswell of advocates to advance our goals: increase the tobacco tax by $2.00 per pack, adequately fund tobacco prevention and cessation programs, and ensure the new Tobacco 21 law is fully implemented.

District of Columbia Facts

Health Care Costs Due to Smoking:	$391,048,877
Adult Smoking Rate:	14.7%
Adult Tobacco Use Rate:	15.6%
High School Smoking Rate:	12.5%
High School Tobacco Use Rate:	N/A
Middle School Smoking Rate:	N/A
Smoking Attributable Deaths:	790

Adult smoking and tobacco use data come from CDC's 2016 Behavioral Risk Factor Surveillance System. High school smoking rate is taken from the 2011 Youth Risk Behavior Surveillance System. Current high school tobacco use and middle school smoking rates are not available for the city.

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:

American Lung Association in District of Columbia
(202) 747-5533
www.lung.org/districtofcolumbia

DISTRICT OF COLUMBIA

Florida Report Card

AMERICAN LUNG ASSOCIATION.

STATE OF TOBACCO CONTROL 2018

FLORIDA

Tobacco Prevention and Control Program Funding: F

FY2018 State Funding for Tobacco Control Programs:	$68,631,754
FY2018 Federal Funding for State Tobacco Control Programs:	$2,646,330*
FY2018 Total Funding for State Tobacco Control Programs:	$71,278,084
CDC Best Practices State Spending Recommendation:	$194,200,000
Percentage of CDC Recommended Level:	36.7%
State Tobacco-Related Revenue:	$1,586,300,000

*Includes tobacco prevention and cessation funding provided to states from the Centers for Disease Control and Prevention and U.S. Food and Drug Administration.

Thumbs Up for Florida for constitutionally protecting the allocation of tobacco settlement dollars to its tobacco control program, so a consistent investment can be made.

Smokefree Air: B

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government Worksites: **Prohibited**

Private Worksites: **Prohibited**

Schools: **Prohibited**

Child Care Facilities: **Prohibited**

Restaurants: **Prohibited**

Bars: **Restricted***

Casinos/Gaming Establishments: **Prohibited (tribal establishments exempt)**

Retail Stores: **Prohibited**

Recreational/Cultural Facilities: **Prohibited**

Penalties:**Yes**

Enforcement: **Yes**

Preemption: **Yes**

Citation: FLA. STAT. ch. 386.201 et seq. (2011).

*Smoking is allowed in bars that make 10% or less of their sales from food.

Tobacco Taxes: F

CIGARETTE TAX:

Tax Rate per pack of 20: **$1.339**

OTHER TOBACCO PRODUCT TAXES:

Tax on little cigars: Equalized: **No; Weight-Based: N/A**

Tax on large cigars: Equalized: **No; Weight-Based: N/A**

Tax on smokeless tobacco: **Equalized: Yes; Weight-Based: No**

Tax on pipe/RYO tobacco: **Equalized: Yes; Weight-Based: No**

Tax on Dissolvable tobacco: **Equalized: Yes; Weight-Based: No**

For more information on tobacco taxes, go to: http://slati.lung.org/slati/states.php

Access to Cessation Services: D

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **Limited medications are covered**

Counseling: **Limited counseling is covered**

Barriers to Coverage: **Some barriers exist to access care**

Medicaid Expansion: **No**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

Counseling: **Limited counseling is covered**

Barriers to Coverage: **Some barriers exist to access care**

STATE QUITLINE:

Investment per Smoker: **$5.94; the median investment per smoker is $2.10**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

Tobacco Surcharge: **No prohibition or limitation on tobacco surcharges**

Citation: See Florida Tobacco Cessation Coverage page for coverage details.

Minimum Age: F

Minimum Age of Sale for Tobacco Products: **18**

Florida State Highlights:

AMERICAN LUNG ASSOCIATION. | STATE OF TOBACCO CONTROL 2018

Tobacco use remains the leading cause of preventable death and disease in the United States and in Florida. To address this enormous toll, the American Lung Association in Florida calls for the following actions to be taken by our elected officials:

1. Substantially increase the costs of tobacco products including electronic smoking devices;
2. Strengthen Florida's smokefree air law by removing exemptions; and
3. Increase tobacco control funding to CDC-recommended levels.

During the 2017 Legislative Session, the American Lung Association in Florida was able to protect funding for Tobacco Free Florida and increase the total budget for the program to $68,631,754. The Lung Association in Florida will continue to ensure that the allocation of these dollars follows the Centers for Disease Control and Prevention (CDC)'s Best Practices for Comprehensive Tobacco Control Programs, are competitively procured and that rigorous performance measures are included in any contracts managed by the Florida Department of Health.

Florida's program continues to be committed to provide people who smoke a wide variety of services free of charge. In addition to the $14.288 million allocated for quitline services, the program dedicates an additional $7.7 million for in-person cessation counseling. During the fiscal year ending June 30, 2017, Tobacco Free Florida provided cessation services to over 100,000 tobacco users, the largest number in its history. The Florida Quitline also had a record year when it provided cessation services to over 79,700 of the 100,000 tobacco users. Florida is the first state to do a statewide implementation of fully integrated tobacco cessation E-Referral through the patient's electronic medical record in 67 county health departments. Once the intervention is completed, the participant's outcome is sent back electronically by Florida's cessation vendors to the patient's medical record.

The American Lung Association in Florida is the lead agency of the Florida Tobacco Cessation Alliance, whose goal is to educate employers on the health and economic benefits of providing tobacco cessation coverage for their workforce. In partnership with the Florida Department of Health, the Alliance maintains an educational website and works statewide, as well as with the 67-county tobacco-free partnerships, on this important health initiative. The Alliance launched a business recognition program which provides an award for employers who provide tobacco cessation coverage through their health plans.

During 2018, the American Lung Association in Florida will continue to ensure the state has a highly effective and well-funded tobacco prevention and control program, vigilantly work to improve the Clean Indoor Air Act and work to significantly increase the cost of tobacco products.

Florida State Facts

Health Care Costs Due to Smoking:	$8,643,645,763
Adult Smoking Rate:	15.5%
Adult Tobacco Use Rate:	17.7%
High School Smoking Rate:	6.9%
High School Tobacco Use Rate:	N/A
Middle School Smoking Rate:	2.0%
Smoking Attributable Deaths:	32,300

Adult smoking and tobacco use data come from CDC's 2016 Behavioral Risk Factor Surveillance System. High school and middle school smoking rates are taken from the 2015 Florida Youth Tobacco Survey. Current high school tobacco use rates are not available for the state.

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:

American Lung Association in Florida
(904) 743-2933
www.lung.org/florida

Georgia Report Card

AMERICAN LUNG ASSOCIATION.

STATE OF TOBACCO CONTROL 2018

GEORGIA

Tobacco Prevention and Control Program Funding: F

FY2018 State Funding for Tobacco Control Programs:	$930,159
FY2018 Federal Funding for State Tobacco Control Programs:	$2,267,817*
FY2018 Total Funding for State Tobacco Control Programs:	$3,197,976
CDC Best Practices State Spending Recommendation:	$106,000,000
Percentage of CDC Recommended Level:	3.0%
State Tobacco-Related Revenue:	$385,600,000

*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: C

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government Worksites: **Prohibited**

Private Worksites: **Restricted**

Schools: **Prohibited**

Child Care Facilities: **Prohibited**

Restaurants: **Restricted**

Bars: **Restricted**

Casinos/Gaming Establishments: **N/A**

Retail Stores: **Restricted**

Recreational/Cultural Facilities: **Prohibited**

Penalties:**Yes**

Enforcement: **Yes**

Preemption: **No**

Citation: GA. CODE ANN. §§ 31-12A-1 et seq. (2005).

Tobacco Taxes: F

CIGARETTE TAX:

Tax Rate per pack of 20: **$0.37**

OTHER TOBACCO PRODUCT TAXES:

Tax on little cigars: **Equalized: No; Weight-Based: No**

Tax on large cigars: **Equalized: Yes; Weight-Based: No**

Tax on smokeless tobacco: **Equalized: Yes; Weight-Based: No**

Tax on pipe/RYO tobacco: **Equalized: Yes; Weight-Based: No**

Tax on Dissolvable tobacco: Equalized: **No; Weight-Based: N/A**

For more information on tobacco taxes, go to: http://slati.lung.org/slati/states.php

Thumbs down for Georgia for having the third lowest cigarette tax in the country at 37 cents per pack.

Access to Cessation Services: F

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **Most medications are covered**

Counseling: **Some counseling is covered**

Barriers to Coverage: **Some barriers exist to access care**

Medicaid Expansion: **No**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

Counseling: **Some counseling is covered**

Barriers to Coverage: **Some barriers exist to access care**

STATE QUITLINE:

Investment per Smoker: **$1.09; the median investment per smoker is $2.10**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

Tobacco Surcharge: **No prohibition or limitation on tobacco surcharges**

Citation: See Georgia Tobacco Cessation Coverage page for coverage details.

Minimum Age: F

Minimum Age of Sale for Tobacco Products: **18**

Georgia State Highlights:

Tobacco use remains the leading cause of preventable death and disease in the United States and in Georgia. To address this enormous toll, the American Lung Association in Georgia calls for the following actions to be taken by our elected officials:

1. Increase tobacco control program funding;
2. Increase the number of local comprehensive smokefree air laws; and
3. Substantially increase the price of tobacco products, including electronic smoking devices.

Georgia has, for several years now, been in the bottom tier of states providing vital funding to reduce tobacco use. Georgia's state tobacco prevention program and quitline run on little state funding compared to previous years when tobacco Master Settlement Agreement dollars first came into the state. Georgia ranks 48th out of 50 states in the amount of taxes levied on cigarettes. Georgia's cigarette tax is 37 cents per pack; the national state average is $1.71 per pack. Despite a growing population with increasing health needs, state leaders have repeatedly overlooked a tobacco tax increase as a source of funds to meet these challenges and reduce smoking rates.

The City of Columbus came very close to passage of a comprehensive smokefree air ordinance in 2017. A May 2017 poll showed an overall 69 percent of voters supported a city ordinance to prevent smoking in public places and 83 percent of voters believed employees should be protected from exposure to secondhand smoke while on the job. However, the proposal was pulled from consideration when weakening amendments threatened to diminish the health impact of the ordinance. A new ordinance is expected to be proposed in 2018. Also, a revival of a comprehensive smokefree air ordinance in Augusta was pending when this report went to press. And, support is high for a similar ordinance to move forward in Atlanta in 2018.

In 2016, Hartsfield-Jackson International Airport announced they would convert their 'smoking rooms' into cigar bars requiring patrons to pay to smoke in the bars, and potentially exposing the rest of the traveling public to secondhand smoke. Legislation to authorize the contract was held in the Atlanta City Council Transportation Committee in 2017 but never acted upon.

The Georgia Legislature should make increased funding for state tobacco prevention programs and Georgia's Quitline a priority in the 2018 legislative session. Adequately funded state programs that prevent kids from smoking and help smokers quit are proven to save lives and money. Few elected officials know that the state's tobacco prevention program receives little state funding from the tobacco Master Settlement Agreement. The American Lung Association in Georgia and tobacco control supporters will continue to educate General Assembly members on the benefits of this change in 2018. At the local level, we will continue to call for strong local smokefree ordinances.

Georgia State Facts

Health Care Costs Due to Smoking:	$3,182,695,641
Adult Smoking Rate:	17.9%
Adult Tobacco Use Rate:	20.6%
High School Smoking Rate:	10.8%
High School Tobacco Use Rate:	N/A
Middle School Smoking Rate:	3.2%
Smoking Attributable Deaths:	11,690

Adult smoking and tobacco use data come from CDC's 2016 Behavioral Risk Factor Surveillance System. High school smoking rate is taken from the 2015 Youth Tobacco Survey. Middle school smoking rate is taken from the 2013 Youth Tobacco Survey. A current high school tobacco use rate is not available for the state.

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:

American Lung Association in Georgia
(770) 434-5864
www.lung.org/georgia

Hawaii Report Card

AMERICAN LUNG ASSOCIATION.

STATE OF TOBACCO CONTROL 2018

HAWAII

Tobacco Prevention and Control Program Funding: D

FY2018 State Funding for Tobacco Control Programs:	$6,594,437
FY2018 Federal Funding for State Tobacco Control Programs:	$1,413,899*
FY2018 Total Funding for State Tobacco Control Programs:	$8,008,336
CDC Best Practices State Spending Recommendation:	$13,700,000
Percentage of CDC Recommended Level:	58.5%
State Tobacco-Related Revenue:	$163,900,000

*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: **Prohibited**

Private Worksites: **Prohibited**

Schools: **Prohibited**

Child Care Facilities: **Prohibited**

Restaurants: **Prohibited**

Bars: **Prohibited**

Casinos/Gaming Establishments: **N/A**

Retail Stores: **Prohibited**

Recreational/Cultural Facilities: **Prohibited**

Penalties:**Yes**

Enforcement: **Yes**

Preemption: **No**

Citation: HAW. REV. STAT. §§ 328J-1 to 328J-15 (2016).

Tobacco Taxes: C

CIGARETTE TAX:

Tax Rate per pack of 20: **$3.20**

OTHER TOBACCO PRODUCT TAXES:

Tax on little cigars: **Equalized: Yes; Weight-Based: No**

Tax on large cigars: **Equalized: No; Weight-Based: No**

Tax on smokeless tobacco: **Equalized: No; Weight-Based: No**

Tax on pipe/RYO tobacco: **Equalized: No; Weight-Based: No**

Tax on Dissolvable tobacco: **Equalized: No; Weight-Based: No**

For more information on tobacco taxes, go to: http://slati.lung.org/slati/states.php

Access to Cessation Services: C

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **Most medications are covered**

Counseling: **Some counseling is covered**

Barriers to Coverage: **Some barriers exist to access care**

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **Some medications are covered**

Counseling: **Some counseling is covered**

Barriers to Coverage: **Some barriers exist to access care**

STATE QUITLINE:

Investment per Smoker: **$5.56; the average investment per smoker is $2.10**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

Tobacco Surcharge: **No prohibition or limitation on tobacco surcharges**

Citation: See Hawaii Tobacco Cessation Coverage page for coverage details.

Minimum Age: A

Minimum Age of Sale for Tobacco Products: **21**

Hawaii State Highlights:

AMERICAN LUNG ASSOCIATION. | STATE OF TOBACCO CONTROL 2018

Tobacco use remains the leading cause of preventable death and disease in the United States and in Hawaii. To address this enormous toll, the American Lung Association in Hawaii calls for the following actions to be taken by our elected officials:

1. Ensure taxes on all tobacco products are equal to the cigarette tax;
2. Maintain funding levels for tobacco prevention and control efforts; and;
3. Expand smokefree environments at the state and local levels.

The 2017 session was a challenging one for tobacco control advocates, including the American Lung Association in Hawaii. Bills were introduced to increase taxes on cigarettes and other tobacco products, and establish a tax on electronic smoking devices. The proposed cigarette and electronic smoking devices tax passed through all the Senate committees and its first House committee. Unfortunately, the House Finance committee did not have a hearing on any of the proposals.

Legislation was also introduced to require licensing and permits for the sale of electronic smoking devices. This legislation would enable the Department of Health to track businesses selling electronic smoking devices and ensure compliance with tobacco retail laws. Despite having a strong champion, Senator Baker, this proposal died on the last day of legislative session.

Legislation to prohibit smoking in vehicles with kids was also introduced and had strong support from some legislators and youth. The bill received earned media attention, but in the end, did not get through the Finance and Ways and Means committees.

In October 2017, the Honolulu City Council unanimously passed legislation to protect children from secondhand smoke and aerosol in cars. Honolulu joins Kauai and the Big Island in passing this health protection for youth.

The American Lung Association in Hawaii will continue to build on the momentum established during the 2017 legislative session. Advocacy efforts with partners and stakeholders will continue to support proposals to increases tobacco taxes and establish licensing for electronic smoking devices.

Hawaii State Facts

Health Care Costs Due to Smoking:	$526,253,732
Adult Smoking Rate:	13.1%
Adult Tobacco Use Rate:	14.5%
High School Smoking Rate:	7.4%
High School Tobacco Use Rate:	N/A
Middle School Smoking Rate:	3.0%
Smoking Attributable Deaths:	1,420

Adult smoking and tobacco use data come from CDC's 2016 Behavioral Risk Factor Surveillance System. High school and middle school smoking rates are taken from the 2015 Youth Tobacco Survey. A current high school tobacco use rate is not available for this state.

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:

American Lung Association in Hawaii
(808) 537-5966
www.lung.org/hawaii

Idaho Report Card

AMERICAN LUNG ASSOCIATION.

STATE OF TOBACCO CONTROL 2018

IDAHO

Tobacco Prevention and Control Program Funding: F

FY2018 State Funding for Tobacco Control Programs:	$4,702,800
FY2018 Federal Funding for State Tobacco Control Programs:	$946,287*
FY2018 Total Funding for State Tobacco Control Programs:	$5,649,087
CDC Best Practices State Spending Recommendation:	$15,600,000
Percentage of CDC Recommended Level:	36.2%
State Tobacco-Related Revenue:	$75,600,000

*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: B

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government Worksites: **Prohibited**

Private Worksites: **Restricted**

Schools: **Prohibited**

Child Care Facilities: **Prohibited**

Restaurants: **Prohibited**

Bars: **No provision**

Casinos/Gaming Establishments: **Prohibited (tribal establishments exempt)**

Retail Stores: **Prohibited**

Recreational/Cultural Facilities: **Prohibited**

Penalties:**Yes**

Enforcement: **Yes**

Preemption: **No**

Citation: IDAHO CODE §§ 39-5501 et seq. (2007).

The Smokefree Air grade only examines state tobacco control law and does not reflect local smokefree ordinances. Idaho has made great strides in protecting people from secondhand smoke by passing comprehensive local smokefree ordinances that cover 13.2% of the state's population.

Tobacco Taxes: F

CIGARETTE TAX:

Tax Rate per pack of 20: **$0.57**

OTHER TOBACCO PRODUCT TAXES:

Tax on little cigars: **Equalized: Yes; Weight-Based: No**

Tax on large cigars: **Equalized: Yes; Weight-Based: No**

Tax on smokeless tobacco: **Equalized: Yes; Weight-Based: No**

Tax on pipe/RYO tobacco: **Equalized: Yes; Weight-Based: No**

Tax on Dissolvable tobacco: **Equalized: Yes; Weight-Based: No**

For more information on tobacco taxes, go to: http://slati.lung.org/slati/states.php

Access to Cessation Services: D

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **All 7 medications are covered**

Counseling: **Limited counseling is covered**

Barriers to Coverage: **Some barriers exist to access care**

Medicaid Expansion: **No**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **No medications are covered**

Counseling: **No counseling is covered**

Barriers to Coverage: **Not applicable**

STATE QUITLINE:

Investment per Smoker: **$5.40; the median investment per smoker is $2.10**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

Tobacco Surcharge: **No prohibition or limitation on tobacco surcharges**

Citation: See Idaho Tobacco Cessation Coverage page for coverage details.

Thumbs down for Idaho for having no coverage of treatments to help state employees quit smoking.

Minimum Age: F

Minimum Age of Sale for Tobacco Products: **18**

Idaho State Highlights:

AMERICAN LUNG ASSOCIATION.

STATE OF TOBACCO CONTROL 2018

Tobacco use remains the leading cause of preventable death and disease in the United States and in Idaho. To address this enormous toll, the American Lung Association in Idaho calls for the following actions to be taken by our elected officials:

1. Raise the legal sales age for tobacco products to 21;
2. Pass comprehensive local and statewide smokefree air laws; and
3. Raise cigarette and tobacco taxes.

The 2017 legislative session saw continuing funding for the American Lung Association in Idaho's youth tobacco control programs with funding of $229,000 allocated for youth tobacco education, prevention, cessation, and youth advocacy programs. In total, over $4.7 million was allocated to tobacco prevention and cessation initiatives through the Idaho Department of Health and Welfare or other entities from the Idaho Millennium Fund. The Idaho Millennium Fund is where Idaho's Master Settlement Agreement dollars are directed.

The effort to raise Idaho's legal sales age for tobacco products to 21 was also introduced during the 2017 legislative session and was narrowly defeated in the Senate State Affairs Committee.

As a member of the Smoke Free Idaho coalition, the American Lung Association in Idaho continues to advocate for the adoption of local smokefree ordinances throughout the state. More progress needs to be made at passing local smokefree ordinances before a statewide law is pursued.

The American Lung Association in Idaho will continue working to increase appropriations for tobacco prevention and cessation programs, to raise the legal sales age of tobacco products to 21, to expand local smokefree ordinances, and to support appropriate efforts to increase tobacco taxes in 2018.

Idaho State Facts

Health Care Costs Due to Smoking:	$508,053,436
Adult Smoking Rate:	14.5%
Adult Tobacco Use Rate:	18.8%
High School Smoking Rate:	9.7%
High School Tobacco Use Rate:	30.4%
Middle School Smoking Rate:	N/A
Smoking Attributable Deaths:	1,800

Adult smoking and tobacco use data come from CDC's 2016 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use data come from the 2015 Youth Risk Behavior Surveillance System. A current middle school smoking rate is not available for this state.

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:

American Lung Association in Idaho
(208) 345-5896
www.lung.org/idaho

Illinois Report Card

AMERICAN LUNG ASSOCIATION.

STATE OF TOBACCO CONTROL 2018

ILLINOIS

Tobacco Prevention and Control Program Funding: F

FY2018 State Funding for Tobacco Control Programs:	$9,100,000
FY2018 Federal Funding for State Tobacco Control Programs:	$3,242,717*
FY2018 Total Funding for State Tobacco Control Programs:	$12,342,717
CDC Best Practices State Spending Recommendation:	$136,700,000
Percentage of CDC Recommended Level:	9.0%
State Tobacco-Related Revenue:	$1,129,300,000

*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: **Prohibited**

Private Worksites: **Prohibited**

Schools: **Prohibited**

Child Care Facilities: **Prohibited**

Restaurants: **Prohibited**

Bars: **Prohibited**

Casinos/Gaming Establishments: **Prohibited**

Retail Stores: **Prohibited**

Recreational/Cultural Facilities: **Prohibited**

Penalties:**Yes**

Enforcement: **Yes**

Preemption: No

Citation: 410 ILL. COMP. STAT. 82/1 et seq. (2014).

Tobacco Taxes: F

CIGARETTE TAX:

Tax Rate per pack of 20: **$1.98**

OTHER TOBACCO PRODUCT TAXES:

Tax on little cigars: **Equalized: Yes; Weight-Based: No**

Tax on large cigars: **Equalized: No; Weight-Based: No**

Tax on smokeless tobacco: **Equalized: No; Weight-Based: Yes**

Tax on pipe/RYO tobacco: **Equalized: No; Weight-Based: No**

Tax on Dissolvable tobacco: **Equalized: No; Weight-Based: Yes**

For more information on tobacco taxes, go to: http://slati.lung.org/slati/states.php

Thumbs Up for the city of Chicago for having the highest combined state and local cigarette tax in the country.

Access to Cessation Services: F

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **All 7 medications are covered**

Counseling: No **counseling is covered**

Barriers to Coverage: **Limited barriers exist to access care**

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

Counseling: **All 3 forms of counseling are covered**

Barriers to Coverage: **Some barriers exist to access care**

STATE QUITLINE:

Investment per Smoker: **$2.05; the median investment per smoker is $2.10**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **Cessation bulletin issued**

Tobacco Surcharge: No **prohibition or limitation on tobacco surcharges**

Citation: See Illinois Tobacco Cessation Coverage page for coverage details.

Minimum Age: F

Minimum Age of Sale for Tobacco Products: **18**

Illinois State Highlights:

AMERICAN LUNG ASSOCIATION. | STATE OF TOBACCO CONTROL 2018

Tobacco use remains the leading cause of preventable death and disease in the United States and in Illinois. To address this enormous toll, the American Lung Association in Illinois calls for the following actions to be taken by our elected officials:

1. Increase the age of sale for all tobacco products to 21;
2. Restore statewide funding for tobacco prevention and cessation efforts; and
3. Continue to work to support smokefree air policies/ laws in all workplaces, medical facilities, college campuses, multi-unit housing, parks, playgrounds, festivals, fairs, and other outdoor facilities.

The 2017 state legislative session was again fraught with overwhelming state budget issues. Health and human service programs, hospitals, public schools, colleges and universities and countless other programs continued to struggle to survive without payment and many more closed their doors forever. On July 4th, a budget passed the legislature with bipartisan votes but Governor Rauner immediately vetoed it. Finally, on July 6th, after an historic 737-day budget standoff, more than $15 billion in unpaid bills, and a total Capitol lockdown caused by a hazmat situation, a bi-partisan override provided the state with a budget.

In the new budget, the tobacco control/cessation/prevention programs were funded at the same level as in the past but then on October 3, 2017, Governor Rauner announced a 36 percent cut to fiscal year 2018 tobacco control programs at local public health departments which will result in fewer tobacco cessation programs and less promotion of the state tobacco quitline. Governor Rauner's cuts are particularly disturbing since the tobacco programs are not funded with taxpayer dollars, but with Tobacco Settlement Recovery dollars. The Tobacco Settlement Recovery Fund is where Illinois directs its annual tobacco Master Settlement Agreement payments.

A bill to increase the minimum age of sale for all tobacco products from 18 to 21 was assigned to a House committee but did not receive a hearing due to strong opposition from tobacco related lobby groups. Local Tobacco 21 laws passed in 2017 include Berwyn, Buffalo Grove, Elk Grove, Lake County, Lincolnshire, Maywood, Mundelein and Vernon Hills bringing the state total to 14 ordinances.

Unfortunately, the 2018 legislative session promises to include future budget gridlock as well as election year shenanigans. The American Lung Association in Illinois will continue to work with our partners to ensure tobacco control programs are funded and continue to pass Tobacco 21 local ordinances while continuing to work towards a statewide law. The Lung Association will continue to defend the Smoke Free Illinois Act from any weakening attempts and continue to create a norm of smokefree workplaces, multi-unit housing and outdoor recreational areas.

Illinois State Facts

Health Care Costs Due to Smoking:	$5,495,627,110
Adult Smoking Rate:	15.8%
Adult Tobacco Use Rate:	17.4%
High School Smoking Rate:	9.9%
High School Tobacco Use Rate:	32.8%
Middle School Smoking Rate:	2.0%
Smoking Attributable Deaths:	18,280

Adult smoking and tobacco use data come from CDC's 2016 Behavioral Risk Factor Surveillance System. High school and middle school smoking rates are taken from the 2015 Youth Tobacco Survey. High school tobacco use rate is taken from the 2015 Youth Risk Behavior Surveillance System.

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:

American Lung Association in Illinois
Springfield Office: (217) 787-5864
Chicago Office: (312) 781-1100
www.lung.org/illinois

Indiana Report Card

AMERICAN LUNG ASSOCIATION.

STATE OF TOBACCO CONTROL 2018

INDIANA

Tobacco Prevention and Control Program Funding: F

FY2018 State Funding for Tobacco Control Programs:	$7,500,000
FY2018 Federal Funding for State Tobacco Control Programs:	$1,397,246*
FY2018 Total Funding for State Tobacco Control Programs:	$8,897,246
CDC Best Practices State Spending Recommendation:	$73,500,000
Percentage of CDC Recommended Level:	12.1%
State Tobacco-Related Revenue:	$568,000,000

*Includes tobacco prevention and cessation funding provided to states from the Centers for Disease Control and Prevention and U.S. Food and Drug Administration.

Thumbs up for Indiana for increasing its funding for tobacco control programs by $2.5 million in fiscal year 2018.

Smokefree Air: C

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government Worksites: **Prohibited**

Private Worksites: **Prohibited**

Schools: **Prohibited**

Child Care Facilities: **Prohibited**

Restaurants: **Prohibited**

Bars: **Restricted***

Casinos/Gaming Establishments: **No provision**

Retail Stores: **Prohibited (retail tobacco and cigar specialty stores exempt)**

Recreational/Cultural Facilities: **Prohibited**

Penalties:**Yes**

Enforcement: **Yes**

Preemption: **No**

Citation: IND. CODE. §§ 7.1-5-12 et seq. (2015).

*Smoking is allowed in bars/taverns that do not employ persons under age 18 and do not allow persons under age 21 to enter.

Note: The Smokefree Air grade only examines state tobacco control law and does not reflect local smokefree ordinances. Indiana has made great strides in protecting people from secondhand smoke by passing comprehensive local smokefree ordinances that cover 31.1% of the state's population.

Tobacco Taxes: F

CIGARETTE TAX:

Tax Rate per pack of 20: **$0.995**

OTHER TOBACCO PRODUCT TAXES:

Tax on little cigars: **Equalized: Yes; Weight-Based: No**

Tax on large cigars: **Equalized: Yes; Weight-Based: No**

Tax on smokeless tobacco: **Equalized: No; Weight-Based: Yes**

Tax on pipe/RYO tobacco: **Equalized: Yes; Weight-Based: No**

Tax on Dissolvable tobacco: **Equalized: No; Weight-Based: Yes**

For more information on tobacco taxes, go to: http://slati.lung.org/slati/states.php

Access to Cessation Services: D

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **All 7 medications are covered**

Counseling: **All 3 forms of counseling are covered**

Barriers to Coverage: **Some barriers exist to access care**

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **Most medications are covered**

Counseling: **Some counseling is covered**

Barriers to Coverage: **Some barriers exist to access care**

STATE QUITLINE:

Investment per Smoker: **$1.56; the median investment per smoker is $2.10**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

Tobacco Surcharge: **No prohibition or limitation on tobacco surcharges**

Citation: See Indiana Tobacco Cessation Coverage page for coverage details.

Minimum Age: F

Minimum Age of Sale for Tobacco Products: **18**

Indiana State Highlights:

Tobacco use remains the leading cause of preventable death and disease in the United States and in Indiana. To address this enormous toll, the American Lung Association in Indiana calls for the following actions to be taken by our elected officials:

1. Raise the cigarette excise tax by at least a $1.50 per pack;
2. Pass a comprehensive smokefree air law that covers bars, taverns and casinos; and
3. Raise the legal age to sell tobacco products from 18 to 21.

The American Lung Association in Indiana fought for effective tobacco control policies during the 2017 legislative session. The Lung Association also partnered with Tobacco Free Indiana and the Alliance for a Healthier Indiana to advocate for our joint campaign "Raise It for Health". This campaign aimed to increase the cigarette tax by $1.50 per pack, raise the legal age to sell tobacco products from 18 to 21 and increase funding for tobacco prevention and cessation programs from $5 million to $35 million annually. The momentum grew due to the foundation of attempts from prior years and the inclusion of a new health business coalition focused on similar goals.

In 2017, the Raise It for Health campaign had legislation pass out of the House of Representatives to increase the cigarette tax by a $1.00 per pack and increase funding to tobacco prevention and cessation programs by $2.5 million per year. Unfortunately, the efforts to increase the cigarette tax were unsuccessful due to the lack of support from the state Senate. However, our efforts lead to a 50 percent increase in funding for tobacco prevention and cessation.

On a more positive note, smokefree efforts in Indiana have been building momentum at the local level. Indiana saw success when Kokomo and Howard County passed strong comprehensive smokefree air ordinances in Indiana which will protect over 80,000 residents and workers. Speedway passed a smokefree parks policy and the Indiana Motor Speedway is implementing a smokefree policy for their race track. The Lung Association in Indiana was instrumental in helping bring about these policy changes.

A recent poll conducted by one of our partners found strong support for a smokefree air law in Lake County, which includes the city of Gary. Seventy-three percent saw secondhand smoke as a health hazard, and 65 percent would support a smokefree air ordinance. About half of respondents frequent the local casinos yet 72 percent believed it is the right of customers and employees to breathe clean air in bars and casinos and 84 percent believed that casino workers should be protected from exposure to secondhand smoke.

The American Lung Association in Indiana looks forward to an active 2018 legislative session as we continue to partner with Tobacco Free Indiana in advocating for a $1.50 increase in Indiana's cigarette tax and additional funding for Indiana's tobacco control program while exploring raising the legal age to sell tobacco products from 18 to 21. The Lung Association will also look for additional opportunities to strengthen Indiana's smokefree laws at the local level in 2018.

Indiana State Facts

Health Care Costs Due to Smoking:	$2,930,404,456
Adult Smoking Rate:	21.1%
Adult Tobacco Use Rate:	23.7%
High School Smoking Rate:	11.2%
High School Tobacco Use Rate:	32.4%
Middle School Smoking Rate:	1.8%
Smoking Attributable Deaths:	11,070

Adult smoking and tobacco use data come from CDC's 2016 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use data is come from the 2015 Youth Risk Behavior Surveillance System. Middle school smoking rate is taken from the 2016 Youth Tobacco Survey.

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:

American Lung Association in Indiana
(317) 819-1181
www.lung.org/indiana

Iowa Report Card

AMERICAN LUNG ASSOCIATION.

STATE OF TOBACCO CONTROL 2018

I O W A

Tobacco Prevention and Control Program Funding: F

FY2018 State Funding for Tobacco Control Programs:	$4,076,225
FY2018 Federal Funding for State Tobacco Control Programs:	$1,573,819*
FY2018 Total Funding for State Tobacco Control Programs:	$5,650,044
CDC Best Practices State Spending Recommendation:	$30,100,000
Percentage of CDC Recommended Level:	18.8%
State Tobacco-Related Revenue:	$280,900,000

*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: **Prohibited**

Private Worksites: **Prohibited**

Schools: **Prohibited**

Child Care Facilities: **Prohibited**

Restaurants: **Prohibited**

Bars: **Prohibited**

Casinos/Gaming Establishments: **Restricted (tribal establishments exempt)**

Retail Stores: **Prohibited**

Recreational/Cultural Facilities: **Prohibited**

Penalties:**Yes**

Enforcement: **Yes**

Preemption: **No**

Citation: IOWA CODE §§ 142D.1 to 142D.9 (2008).

Tobacco Taxes: F

CIGARETTE TAX:

Tax Rate per pack of 20: **$1.36**

OTHER TOBACCO PRODUCT TAXES:

Tax on little cigars: **Equalized: Yes; Weight-Based: No**

Tax on large cigars: **Equalized: No; Weight-Based: No**

Tax on smokeless tobacco: **Equalized: Yes; Weight-Based: Yes**

Tax on pipe/RYO tobacco: **Equalized: Yes; Weight-Based: No**

Tax on Dissolvable tobacco: **Equalized: No; Weight-Based: Yes**

For more information on tobacco taxes, go to: http://slati.lung.org/slati/states.php

Access to Cessation Services: D

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **Covers all 7 medications**

Counseling: **Covers limited counseling**

Barriers to Coverage: **Some barriers exist to access care**

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **Covers all 7 medications**

Counseling: **Covers all 3 forms of counseling**

Barriers to Coverage: **Some barriers exist to access care**

STATE QUITLINE:

Investment per Smoker: **$2.10; the median investment per smoker is $2.10**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

Tobacco Surcharge: **No prohibition or limitation on tobacco surcharges**

Citation: See Iowa Tobacco Cessation Coverage page for coverage details.

Minimum Age: F

Minimum Age of Sale for Tobacco Products: **18**

Iowa State Highlights:

Tobacco use remains the leading cause of preventable death and disease in the United States and in Iowa. To address this enormous toll, the American Lung Association in Iowa calls for the following actions to be taken by our elected officials:

1. Increase the cigarette tax by $1.50 per pack;
2. Reduce exposure to secondhand smoke through comprehensive smokefree and tobacco-free laws and policies in all public places; and
3. Increase funding to the Iowa Department of Public Health, Division of Tobacco Use Prevention and Control.

In 2017, the American Lung Association in Iowa advocated to increase funding for the Division of Tobacco Use Prevention and Control by $2.3 million each year, for the next three consecutive years. A budget bill was introduced late in session proposing a $1 million cut to Tobacco Prevention and Control. This budget bill prompted a change in strategy to advocate for level funding for fiscal year 2018. In the end, the Division of Tobacco Use Prevention and Control suffered over a $1 million cut to fiscal year 2018 funding.

Due to the cut in funding, changes were made to the State of Iowa funded tobacco cessation service, Quitline Iowa. Quitline Iowa is a tobacco cessation service to all Iowans that provides free phone counseling, web counseling and potential cessation medication benefits. As of July 1, 2017, persons who are members of a Managed Care Organization (MCO) must go through their MCO to receive tobacco cessation services. This has created a large barrier for Iowans and providers due to the additional steps members and providers must take and a large volume of provider prior authorization denials.

Other efforts in the 2017 legislative session included a bill to increase the minimum sale age of tobacco from 18 to 21. The bill did not move forward. The American Lung Association in Iowa enters the 2018 Legislative session with a new Governor and Lieutenant Governor due to the previous governor accepting an appointment in the Trump Administration.

In 2018, the American Lung Association in Iowa, along with our partners, will advocate for an increase in the cigarette tax by $1.50 per pack and to direct a portion of the new revenue to tobacco use prevention and cessation programs. This increase would help bring our state back to the high point for tobacco prevention and cessation funding in Iowa last reached in 2008 of $12.8 million. The additional revenue from the tobacco tax increase would be dedicated to other health programs. The Lung Association will also continue to advocate for closing loopholes in the Smoke Free Air Act and increasing the tobacco sales age to 21.

Iowa State Facts

Health Care Costs Due to Smoking:	$1,285,256,462
Adult Smoking Rate:	16.7%
Adult Tobacco Use Rate:	20.0%
High School Smoking Rate:	6.0%
High School Tobacco Use Rate:	10.0%
Middle School Smoking Rate:	2.0%
Smoking Attributable Deaths:	5,070

Adult smoking and tobacco use data come from CDC's 2016 Behavioral Risk Factor Surveillance System. High school (11th grade only) smoking and tobacco rates and middle school (8th grade only) smoking rates are taken from the 2016 Iowa Youth Survey. 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:

American Lung Association in Iowa
(515) 309-9507
www.lung.org/iowa

Kansas Report Card

AMERICAN LUNG ASSOCIATION.

STATE OF TOBACCO CONTROL 2018

KANSAS

Tobacco Prevention and Control Program Funding: F

FY2018 State Funding for Tobacco Control Programs:	$847,014
FY2018 Federal Funding for State Tobacco Control Programs:	$1,459,931*
FY2018 Total Funding for State Tobacco Control Programs:	$2,306,945
CDC Best Practices State Spending Recommendation:	$27,900,000
Percentage of CDC Recommended Level:	8.3%
State Tobacco-Related Revenue:	$197,400,000

*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: **Prohibited**

Private Worksites: **Prohibited**

Schools: **Prohibited**

Child Care Facilities: **Prohibited**

Restaurants: **Prohibited**

Bars: **Prohibited**

Casinos/Gaming Establishments: **Restricted (casino floors and tribal establishments exempt)**

Retail Stores: **Prohibited**

Recreational/Cultural Facilities: **Prohibited**

Penalties:**Yes**

Enforcement: **Yes**

Preemption: **No**

Citation: KAN. STAT. ANN. §§ 21-6109 to 21-6116 (2015).

Tobacco Taxes: F

CIGARETTE TAX:

Tax Rate per pack of 20: **$1.29**

OTHER TOBACCO PRODUCT TAXES:

Tax on little cigars: **Equalized: No; Weight-Based: No**

Tax on large cigars: **Equalized: No; Weight-Based: No**

Tax on smokeless tobacco: **Equalized: No; Weight-Based: No**

Tax on pipe/RYO tobacco: **Equalized: No; Weight-Based: No**

Tax on Dissolvable tobacco: **Equalized: No; Weight-Based: No**

For more information on tobacco taxes, go to: http://slati.lung.org/slati/states.php

Access to Cessation Services: F

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **Covers all 7 medications**

Counseling: **Covers limited counseling**

Barriers to Coverage: **Some barriers exist to access care**

Medicaid Expansion: **No**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **Covers all 7 medications**

Counseling: **Covers some counseling**

Barriers to Coverage: **Some barriers exist to access care**

STATE QUITLINE:

Investment per Smoker: **$0.46; the median investment per smoker is $2.10**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

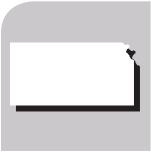
Tobacco Surcharge: **No prohibition or limitation on tobacco surcharges**

Citation: See Kansas Tobacco Cessation Coverage page for coverage details.

Minimum Age: F

Minimum Age of Sale for Tobacco Products: **18**

Kansas State Highlights:



Tobacco use remains the leading cause of preventable death and disease in the United States and in Kansas. To address this enormous toll, the American Lung Association in Kansas calls for the following actions to be taken by our elected officials:

1. Advocate for increased funding for tobacco control at Centers for Disease Control and Prevention recommended levels;
2. Pass local laws raising the tobacco sales age to 21; and
3. Increase taxes on tobacco products.

During the 2017 legislative session, two tobacco tax bills were filed. Both Senate Bill 175 and House Bill 2315 would have increased the tobacco tax by $1.00 per pack; however, neither bill was passed in 2017. The American Lung Association in Kansas will continue to advocate for an increase in the 2018 legislative session.

The Lung Association teamed up with the Greater Kansas City Chamber of Commerce and other partners to promote Tobacco 21 in the Kansas City metro area in 2017. Tobacco 21 raises the legal age of sale for tobacco from 18 to 21. Communities that have done this are expected to see significant reductions in youth smoking as a result. Evidence is very clear that young people who reach the age of 21 without smoking are very likely to never start. Unfortunately, kids who can purchase tobacco products at 18 are often the source for younger teen's tobacco products. Raising the age to 21 makes it more difficult for those under 18 to get their hands on tobacco products and increases the likelihood they will never start.

Sixteen communities in metropolitan Kansas City have adopted Tobacco 21 ordinances. This includes 17 communities on the Kansas side of the state line: Bonner Springs, Garden City, Johnson County, Kansas City/Wyandotte County, Olathe, Leavenworth, Prairie Village; Lansing; Lenexa; Leawood, Iola, Merriam, Mission Hills, Overland Park, Roeland Park, Shawnee County, and Westwood. This represents more than 767,000 Kansans now living in Tobacco 21 communities with more on the way. The Lung Association has been asked to make presentations on Tobacco 21 to multiple other communities in Kansas and Missouri since adoption of these initial ordinances.

During the 2018 legislative session, the American Lung Association in Kansas will continue to focus on lung health and work with partners to advocate for increased tobacco taxes and funding for tobacco control programs. The Lung Association will also continue to advocate for passage of Tobacco 21 laws at the local level.

Kansas State Facts

Health Care Costs Due to Smoking:	$1,128,040,688
Adult Smoking Rate:	17.2%
Adult Tobacco Use Rate:	21.9%
High School Smoking Rate:	10.2%
High School Tobacco Use Rate:	N/A
Middle School Smoking Rate:	1.2%
Smoking Attributable Deaths:	4,390

Adult smoking and tobacco use data come from CDC's 2016 Behavioral Risk Factor Surveillance System. High school smoking rate is taken from the 2013 Youth Risk Behavior Surveillance System. Middle school smoking rate is taken from the 2013 Youth Tobacco Survey. A current high school tobacco use rate is not available for this state.

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:

American Lung Association in Kansas
(913) 353-9165
www.lung.org/kansas

Kentucky Report Card

AMERICAN LUNG ASSOCIATION. | STATE OF TOBACCO CONTROL 2018

KENTUCKY

Tobacco Prevention and Control Program Funding: F

FY2018 State Funding for Tobacco Control Programs:	$2,588,100
FY2018 Federal Funding for State Tobacco Control Programs:	$2,103,562*
FY2018 Total Funding for State Tobacco Control Programs:	$4,691,662
CDC Best Practices State Spending Recommendation:	$56,400,000
Percentage of CDC Recommended Level:	8.3%
State Tobacco-Related Revenue:	$371,000,000

*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: F

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government Worksites: **Restricted (prohibited in state government buildings)**

Private Worksites: **No provision**

Schools: **Restricted**

Child Care Facilities: **No provision**

Restaurants: **No provision**

Bars: **No provision**

Casinos/Gaming Establishments: **No provision**

Retail Stores: **No provision**

Recreational/Cultural Facilities: **No provision**

Penalties: **Yes**

Enforcement: **No**

Preemption: **No**

Citation: KY REV. STAT. ANN. §§ 61.165 (2006), 61.167 (2004), 438.050 (1988) & EXEC. ORDER 2014-0747 (2014).

The Smokefree Air grade only examines state tobacco control law and does not reflect local smokefree ordinances. Kentucky has made great strides in protecting people from secondhand smoke by passing comprehensive local smokefree ordinances that cover 32.5% of the state's population.

Tobacco Taxes: F

CIGARETTE TAX:

Tax Rate per pack of 20: **$0.60**

OTHER TOBACCO PRODUCT TAXES:

Tax on little cigars: **Equalized: Yes; Weight-Based: No**

Tax on large cigars: **Equalized: Yes; Weight-Based: No**

Tax on smokeless tobacco: **Equalized: No; Weight-Based: Yes**

Tax on pipe/RYO tobacco: **Equalized: Yes; Weight-Based: No**

Tax on Dissolvable tobacco: **Equalized: Yes; Weight-Based: No**

For more information on tobacco taxes, go to: http://slati.lung.org/slati/states.php

Access to Cessation Services: C

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **Covers all 7 medications**

Counseling: **Covers all 3 forms of counseling**

Barriers to Coverage: **No barriers to access care exist**

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **Covers all 7 medications**

Counseling: **Covers most forms of counseling**

Barriers to Coverage: **Some barriers to access care**

STATE QUITLINE:

Investment per Smoker: **$0.32; the median investment per smoker is $2.10**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

Tobacco Surcharge: **Limits tobacco surcharges**

Citation: See Kentucky Tobacco Cessation Coverage page for coverage details.

Thumbs Up for Kentucky for passing legislation that requires most health plans, including Medicaid, to provide a comprehensive, barrier-free tobacco cessation benefit.

Minimum Age: F

Minimum Age of Sale for Tobacco Products: **18**

Kentucky State Highlights:

Tobacco use remains the leading cause of preventable death and disease in the United States and in Kentucky. To address this enormous toll, the American Lung Association in Kentucky calls for the following actions to be taken by our elected officials:

1. Increase the tobacco tax by $1.00 per pack or more;
2. Pass a statewide comprehensive smokefree law; and
3. Repeal preemption to allow local communities to raise the smoking age to 21.

The House and Senate became Republican controlled for the first time in decades and the Republican caucus had an agenda that they wanted to get through quickly in the 2017 legislative session. For the first time, legislation was passing during the first two weeks of the legislative session and being signed by the governor. However, a statewide smokefree law was not supported by leadership in either chamber and thus it was decided by the American Lung Association in Kentucky and partners to not pursue this legislation in 2017.

The Lung Association with support from American Heart Association and other organizations worked with Senator Ralph Alvarado on drafting and filing a bill to make all school campuses in Kentucky tobacco-free. This legislation passed through the Senate but was disappointingly blocked in the House.

However, for the first time in years we celebrated a victory in tobacco control in Kentucky by seeing Senate Bill 89 pass. This bill ensures that all FDA-approved tobacco cessation products and U.S. Preventive Service Task Force recommended interventions were covered under Medicaid and private insurance with no barriers.

Finally, the city of Louisville passed an amendment to add hookah and e-cigarettes into their smokefree ordinance. It was a tough battle as the tobacco industry mobilized grassroots from the vaping industry but the city has a strong smokefree law that is now completely comprehensive.

The Foundation for a Healthy Kentucky and Interact for Health conducted their annual Kentucky Health Issues Poll on numerous health topics. Key findings for tobacco included:

- 71 percent of Kentucky adults support a smokefree law;
- Four in 10 Kentucky youth have tried e-cigarettes;
- 60 percent of Kentucky adults support raising the minimum age to buy tobacco products from 18 to 21.

The American Lung Association in Kentucky along with partners is working to raise the price of cigarettes by $1.00 or more, pass a comprehensive smokefree law in the state and repeal preemption to allow local communities to pass Tobacco to 21 laws by mobilizing grassroots support across the state. Our work to advance these policies includes holding summits and forums across the state and strengthening our state tobacco control coalition. The Coalition for a Smoke-free Tomorrow, which the Lung Association in Kentucky is part of, launched with a press conference on the capitol steps in 2017 and announced that its first major initiative was raising the tobacco tax.

Kentucky State Facts

Health Care Costs Due to Smoking:	$1,926,976,238
Adult Smoking Rate:	24.5%
Adult Tobacco Use Rate:	29.7%
High School Smoking Rate:	16.9%
High School Tobacco Use Rate:	35.8%
Middle School Smoking Rate:	N/A
Smoking Attributable Deaths:	8,860

Adult smoking and tobacco use data come from CDC's 2016 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use data come from the 2015 Youth Risk Behavior Surveillance System. A current middle school smoking rate is not available for this state.

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:

American Lung Association in Kentucky
(502) 363-2652
www.lung.org/kentucky

Louisiana Report Card

AMERICAN LUNG ASSOCIATION. | STATE OF TOBACCO CONTROL 2018

LOUISIANA

Tobacco Prevention and Control Program Funding: F

FY2018 State Funding for Tobacco Control Programs:	$5,805,725*
FY2018 Federal Funding for State Tobacco Control Programs:	$1,233,018**
FY2018 Total Funding for State Tobacco Control Programs:	$7,038,743
CDC Best Practices State Spending Recommendation:	$59,600,000
Percentage of CDC Recommended Level:	11.8%
State Tobacco-Related Revenue:	$477,400,000

*State funding does not include cessation services provided by the Smoking Cessation Trust.

**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: B

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government Worksites: **Prohibited**

Private Worksites: **Prohibited**

Schools: **Prohibited**

Child Care Facilities: **Prohibited**

Restaurants: **Prohibited**

Bars: **No provision**

Casinos/Gaming Establishments: **Restricted (tribal establishments exempt)**

Retail Stores: **Prohibited**

Recreational/Cultural Facilities: **Prohibited**

Penalties:**Yes**

Enforcement: **Yes**

Preemption: **No**

Citation: LA REV. STAT. ANN. §§ 40:1291.1 to 1291.24 (2015).

The Smokefree Air grade only examines state tobacco control law and does not reflect local smokefree ordinances. Louisiana has made great strides in protecting people from secondhand smoke by passing comprehensive local smokefree ordinances that cover 18.4% of the state's population.

Tobacco Taxes: F

CIGARETTE TAX:

Tax Rate per pack of 20: **$1.08**

OTHER TOBACCO PRODUCT TAXES:

Tax on little cigars: **Equalized: No; Weight-Based: No**

Tax on large cigars: **Equalized: No; Weight-Based: No**

Tax on smokeless tobacco: **Equalized: No; Weight-Based: No**

Tax on pipe/RYO tobacco: **Equalized: Yes; Weight-Based: No**

Tax on Dissolvable tobacco: **Equalized: No; Weight-Based: No**

For more information on tobacco taxes, go to: http://slati.lung.org/slati/states.php

Access to Cessation Services: F

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **Covers all 7 medications**

Counseling: **Covers limited counseling**

Barriers to Coverage: **Some barriers exist to access care**

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **Covers all 7 medications**

Counseling: **Covers limited counseling**

Barriers to Coverage: **Some barriers exist to access care**

STATE QUITLINE:

Investment per Smoker: **$0.97; the median investment per smoker is $2.10**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **Insurance Commissioner bulletin**

Tobacco Surcharge: **No prohibition or limitation on tobacco surcharges**

Citation: See Louisiana Tobacco Cessation Coverage page for coverage details.

Minimum Age: F

Minimum Age of Sale for Tobacco Products: **18**

Louisiana State Highlights:

AMERICAN LUNG ASSOCIATION.

STATE OF TOBACCO CONTROL 2018

Tobacco use remains the leading cause of preventable death and disease in the United States and in Louisiana. To address this enormous toll, the American Lung Association in Louisiana calls for the following actions to be taken by our elected officials:

1. Strengthen the existing statewide smokefree law to include bar and casino worker protections;
2. Ensure smokefree protections for all bars and casino workers in municipalities throughout Louisiana; and
3. Sustain tobacco prevention and cessation funding.

Tobacco prevention and control legislation was once again not a priority for the members of the Louisiana Legislature in 2017. The Louisiana Legislature once again introduced bills to raise the tax on cigarettes and electronic smoking devices. The Lung Association was unable to support these bills due to the low, insignificant tax increase amounts that would result in no public health benefit. House Bills 118 and 271 did not pass. With leadership from Representative Hoffman, the Louisiana Legislature passed Act 351 to prohibit the use of all tobacco products, including electronic smoking devices and smokeless tobacco products, on school property.

Although there continues to be a residual a lack of support in the Louisiana Legislature for a statewide smokefree law, there is support throughout local municipalities for public health protections from secondhand smoke. The Lafayette City Parish became the 11th city in Louisiana to implement strong smokefree air protections in all workplaces and public places. The Lafayette City Parish passed the ordinance in April 2017 with successful implementation on August 1, 2017. The East Baton Rouge Parish passed an ordinance to protect all residents and workers in the city, including all bar and casino workers, from the dangers of secondhand smoke exposure on August 9, 2017. The ordinance will go into effect on June 1, 2018.

In 2018, the American Lung Association in Louisiana will join our tobacco control partners to educate state legislators about the health and economic benefits of strong tobacco control policies, including a comprehensive statewide smokefree air law. In order to meet the bold goals in Louisiana, state legislators will need to recognize the health and economic burden of tobacco use and the fact that Louisiana still has 22.8 percent of the adult population who smoke with $1.89 billion spent in annual health care costs in Louisiana directly caused by smoking. The Lung Association in Louisiana will continue to work with partners in the Coalition for a Tobacco Free Louisiana to ensure successful passage and preservation of comprehensive local smokefree ordinances.

Louisiana State Facts

Health Care Costs Due to Smoking:	$1,891,666,196
Adult Smoking Rate:	22.8%
Adult Tobacco Use Rate:	26.4%
High School Smoking Rate:	12.1%
High School Tobacco Use Rate:	N/A
Middle School Smoking Rate:	5.2%
Smoking Attributable Deaths:	7,210

Adult smoking and tobacco use data come from CDC's 2016 Behavioral Risk Factor Surveillance System. High school smoking rate is taken from the 2013 Youth Risk Behavior Surveillance System. Middle school smoking rate is taken from the 2015 Youth Tobacco Survey. A current high school tobacco use rate is not available for this state.

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:

American Lung Association in Louisiana
(504) 828-5864
www.lung.org/louisiana

LOUISIANA

Maine Report Card

AMERICAN LUNG ASSOCIATION. | STATE OF TOBACCO CONTROL 2018

MAINE

Tobacco Prevention and Control Program Funding: F

FY2018 State Funding for Tobacco Control Programs:	$5,251,759
FY2018 Federal Funding for State Tobacco Control Programs:	$1,504,763*
FY2018 Total Funding for State Tobacco Control Programs:	$6,756,522
CDC Best Practices State Spending Recommendation:	$15,900,000
Percentage of CDC Recommended Level:	42.5%
State Tobacco-Related Revenue:	$196,800,000

*Includes tobacco prevention and cessation funding provided to states from the Centers for Disease Control and Prevention and U.S. Food and Drug Administration.

Thumbs down for Maine for reducing funding for its tobacco control program by over $2.5 million this fiscal year.

Smokefree Air: A

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government Worksites: **Prohibited**

Private Worksites: **Prohibited**

Schools: **Prohibited**

Child Care Facilities: **Prohibited**

Restaurants: **Prohibited**

Bars: **Prohibited**

Casinos/Gaming Establishments: **Restricted (tribal establishments exempt)**

Retail Stores: **Prohibited**

Recreational/Cultural Facilities: **Prohibited**

Penalties:**Yes**

Enforcement: **Yes**

Preemption: **No**

Citation: ME REV. STAT. ANN. Tit. 22, §§ 1541 to 1545 (2015), 1547 (2007), 1580-A (2009) & CODE of ME RULES 10-144, Ch. 249 (2006).

Tobacco Taxes: D

CIGARETTE TAX:

Tax Rate per pack of 20: **$2.00**

OTHER TOBACCO PRODUCT TAXES:

Tax on little cigars: **Equalized: No; Weight-Based: No**

Tax on large cigars: **Equalized: No; Weight-Based: No**

Tax on smokeless tobacco: **Equalized: Yes; Weight-Based: Yes**

Tax on pipe/RYO tobacco: **Equalized: No; Weight-Based: No**

Tax on Dissolvable tobacco: **Equalized: Yes; Weight-Based: Yes**

For more information on tobacco taxes, go to: http://slati.lung.org/slati/states.php

Access to Cessation Services: B

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **Covers all 7 medications**

Counseling: **Covers all 3 forms of counseling**

Barriers to Coverage: **Limited barriers exist to access care**

Medicaid Expansion: **No**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **Covers all 7 medications**

Counseling: **Most counseling is covered**

Barriers to Coverage: **Some barriers exist to accessing care**

STATE QUITLINE:

Investment per Smoker: **$10.99; the median investment per smoker is $2.10**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

Tobacco Surcharge: **No prohibition or limitation on tobacco surcharges**

Citation: See Maine Tobacco Cessation Coverage page for coverage details.

Thumbs Up for Maine for providing comprehensive coverage for all tobacco cessation medications and types of counseling with minimal barriers to Medicaid enrollees.

Minimum Age: I*

Minimum Age of Sale for Tobacco Products: **18**

* Maine earns an I for Incomplete in this category because while legislation to increase the age of sale for tobacco products to 21 was approved in 2017, it does not take effect until July 1, 2018.

Thumbs Up for Maine for passing legislation to increase the tobacco sales age to 21.

Maine State Highlights:

Tobacco use remains the leading cause of preventable death and disease in the United States and in Maine. To address this enormous toll, the American Lung Association in Maine calls for the following actions to be taken by our elected officials:

1. Restore the tobacco control funding cut last year and reject further attempts to divert funding from the Fund for Healthy Maine;
2. Defend existing tobacco control laws from potential attempts to repeal Tobacco 21, and rollbacks to our smokefree laws through the creation of cigar bars and marijuana social clubs; and
3. Enact a $1.50 cigarette tax increase.

The 2017 session of the Maine Legislature was a roller-coaster of highs and lows for tobacco control efforts. The session opened in early January with the Governor's budget proposal virtually gutting the Maine Tobacco Control program by diverting in excess of $10 million to supplant costs in the MaineCare (Medicaid program). After tense negotiations including a state government shutdown, the end result was still a program cut—but it was reduced to approximately $2.5 million in tobacco control funding for the first year of the biennium. The restoration of these funds remains the top priority of the Lung Association in Maine and partners in the next session.

The sting of tobacco program cuts was relieved somewhat when Maine became the first state in the Northeast to pass legislation raising the retail sales age of tobacco products to 21. The Maine Legislature voted overwhelmingly in support of initial enactment of the bill. However, Governor LePage vetoed the legislation. In the final hours of the legislative session the Legislature overrode the Governor's veto by a one vote margin resulting in the Tobacco 21 bill becoming law. The legislation is effective on July 1, 2018.

Two other successes were realized in Maine during the 2017 session. A perennial bill to allow the creation of cigar bars was soundly defeated by a 25-7 margin. Lastly, a bill to increase access to cessation products for MaineCare (Medicaid) patients became law. Previously in order for MaineCare coverage of Nicotine Replacement Therapy a Medicaid recipient had to have a prescription to receive NRTs without out-of-pocket costs. Legislation was enacted which will allow pharmacists to dispense and be reimbursed for NRTs without a prescription which should result in increased utilization by a vulnerable population with a high smoking rate.

The American Lung Association in Maine will continue to work with our coalition partners the Maine Public Health Association, the American Heart Association, Maine Medical Association, American Cancer Society and others to advance tobacco control and prevention efforts and defend our successful programs and smoke-free policies against rollbacks. As the legislature begins its work in 2018 we will continue to grow our coalition to educate policy makers, business leaders and the media of the importance of the Lung Association's goals to reduce tobacco use and protect public health.

Maine State Facts

Health Care Costs Due to Smoking:	$811,120,557
Adult Smoking Rate:	19.8%
Adult Tobacco Use Rate:	21.2%
High School Smoking Rate:	11.2%
High School Tobacco Use Rate:	24.5%
Middle School Smoking Rate:	2.7%
Smoking Attributable Deaths:	2,390

Adult smoking and tobacco use data come from CDC's 2016 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 2015 Maine Integrated Youth Health Survey.

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:

American Lung Association in Maine
(207) 622-6394
www.lung.org/maine

Maryland Report Card

AMERICAN LUNG ASSOCIATION.

STATE OF TOBACCO CONTROL 2018

MARYLAND

Tobacco Prevention and Control Program Funding: F

FY2018 State Funding for Tobacco Control Programs:	$10,559,922
FY2018 Federal Funding for State Tobacco Control Programs:	$2,269,007*
FY2018 Total Funding for State Tobacco Control Programs:	$12,828,929
CDC Best Practices State Spending Recommendation:	$48,000,000
Percentage of CDC Recommended Level:	26.7%
State Tobacco-Related Revenue:	$538,300,000

*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: **Prohibited**

Private Worksites: **Prohibited**

Schools: **Prohibited**

Child Care Facilities: **Prohibited**

Restaurants: **Prohibited**

Bars: **Prohibited**

Casinos/Gaming Establishments: **Prohibited**

Retail Stores: **Prohibited**

Recreational/Cultural Facilities: **Prohibited**

Penalties:**Yes**

Enforcement: **Yes**

Preemption: **No**

Citation: MD. CODE ANN., HEALTH-GEN. §§ 24-501 to 24-511 (2008) & MD. CODE ANN., LAB. & EMPLOY. §§ 5-101 & 5-608 (2008).

Tobacco Taxes: D

CIGARETTE TAX:

Tax Rate per pack of 20: **$2.00**

OTHER TOBACCO PRODUCT TAXES:

Tax on little cigars: **Equalized: Yes; Weight-Based: No**

Tax on large cigars: **Equalized: No; Weight-Based: No**

Tax on smokeless tobacco: **Equalized: No; Weight-Based: No**

Tax on pipe/RYO tobacco: **Equalized: No; Weight-Based: No**

Tax on Dissolvable tobacco: **Equalized: No; Weight-Based: No**

For more information on tobacco taxes, go to: http://slati.lung.org/slati/states.php

Access to Cessation Services: C

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **Covers all 7 medications**

Counseling: **Covers some counseling**

Barriers to Coverage: **Some barriers exist to access care**

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **Covers all 7 medications**

Counseling: **Covers some counseling**

Barriers to Coverage: **No barriers exist to access care**

STATE QUITLINE:

Investment per Smoker: **$3.05; the median investment per smoker is $2.10**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **Yes**

Tobacco Surcharge: **No prohibition or limitation on tobacco surcharges**

Citation: See Maryland Tobacco Cessation Coverage page for coverage details.

Minimum Age: F

Minimum Age of Sale for Tobacco Products: **18**

Maryland State Highlights:

AMERICAN LUNG ASSOCIATION.

STATE OF TOBACCO CONTROL 2018

Tobacco use remains the leading cause of preventable death and disease in the United States and in Maryland. To address this enormous toll, the American Lung Association in Maryland calls for the following actions to be taken by our elected officials:

1. Increase the age of sale for tobacco products to 21 years of age;
2. Create parity between the tax on cigarettes and other tobacco products; and
3. Fund tobacco prevention and cessation programs at the Centers for Disease Control and Prevention recommended level.

During the 2017 legislative session, identical bills supported by the American Lung Association in Maryland were introduced in the state House of Representatives and Senate to dedicate funding to tobacco prevention and cessation programs with a requirement to spend $21 million each year on tobacco control efforts. Both bills received a hearing, but were unfortunately not acted on further by either the House or Senate during 2017.

A bill was also introduced to raise the age of sale for tobacco products to 21 in the Senate, this bill also did not make it out of committee, but will be a priority for the Lung Association in Maryland in 2018. Several bills were also introduced that dealt with electronic cigarettes and smokefree hotel rooms, one would have added electronic cigarettes to Maryland's smokefree indoor air law. Another would have prohibited smoking in all hotel rooms. Neither bill made it out of committee.

On the local level, Rockville, Maryland passed a smokefree ordinance barring the smoking of tobacco products in open air areas of restaurants and bars. This bill took effect in May of 2017.

The American Lung Association in Maryland will continue to educate lawmakers on the ongoing fight against tobacco. Our goal is to build champions within the legislature and a groundswell of advocates to advance our goals: legislation to increase the minimum age of sale for tobacco products to 21, parity between the tax on cigarettes and other tobacco products, and increased funding for tobacco prevention cessation programs.

Maryland State Facts

Health Care Costs Due to Smoking:	$2,709,568,436
Adult Smoking Rate:	13.7%
Adult Tobacco Use Rate:	14.9%
High School Smoking Rate:	8.7%
High School Tobacco Use Rate:	27.6%
Middle School Smoking Rate:	N/A
Smoking Attributable Deaths:	7,490

Adult smoking and tobacco use data come from CDC's 2016 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use data come from the 2015 Youth Risk Behavior Surveillance System. A current middle school smoking rate is not available for this state.

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:

American Lung Association in Maryland
(717) 541-5864
www.lung.org/maryland

MARYLAND

Massachusetts Report Card

AMERICAN LUNG ASSOCIATION.

STATE OF TOBACCO CONTROL 2018

MASSACHUSETTS

Tobacco Prevention and Control Program Funding: F

FY2018 State Funding for Tobacco Control Programs:	$3,718,862
FY2018 Federal Funding for State Tobacco Control Programs:	$3,108,715*
FY2018 Total Funding for State Tobacco Control Programs:	$6,827,577
CDC Best Practices State Spending Recommendation:	$66,900,000
Percentage of CDC Recommended Level:	10.2%
State Tobacco-Related Revenue:	$884,000,000

*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: **Prohibited**

Private Worksites: **Prohibited**

Schools: **Prohibited**

Child Care Facilities: **Prohibited**

Restaurants: **Prohibited**

Bars: **Prohibited (allowed in smoking bars)**

Casinos/Gaming Establishments: **Prohibited**

Retail Stores: **Prohibited**

Recreational/Cultural Facilities: **Prohibited**

Penalties:**Yes**

Enforcement: **Yes**

Preemption: **No**

Citation: MASS. GEN. LAWS ch. 270, § 22 (2004).

Tobacco Taxes: A

CIGARETTE TAX:

Tax Rate per pack of 20: **$3.51**

OTHER TOBACCO PRODUCT TAXES:

Tax on little cigars: **Equalized: Yes; Weight-Based: No**

Tax on large cigars: **Equalized: No; Weight-Based: No**

Tax on smokeless tobacco: **Equalized: Yes; Weight-Based: No**

Tax on pipe/RYO tobacco: **Equalized: No; Weight-Based: No**

Tax on Dissolvable tobacco: **Equalized: Yes; Weight-Based: No**

For more information on tobacco taxes, go to: http://slati.lung.org/slati/states.php

Access to Cessation Services: C

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **Covers all 7 medications**

Counseling: **Covers all 3 forms of counseling**

Barriers to Coverage: **Some barriers exist to access care**

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **Covers all 7 medications**

Counseling: **Covers all 3 forms of counseling**

Barriers to Coverage: **Some barriers exist to access care**

STATE QUITLINE:

Investment per Smoker: **$1.14; the median investment per smoker is $2.10**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

Tobacco Surcharge: **Prohibits tobacco surcharges**

Citation: See Massachusetts Tobacco Cessation Coverage page for coverage details.

Minimum Age: C*

Minimum Age of Sale for Tobacco Products: **18**

* Massachusetts has 66.7% of the state's population covered by Tobacco 21 ordinances/regulations. If a state has more than 50% of its population covered by local ordinances/regulations, the state is graded based on population covered by those local ordinances/regulations rather than the statewide law.

Thumbs down for Massachusetts for failing to pass statewide legislation in 2017 to increase the tobacco sales age to 21.

Massachusetts State Highlights:

AMERICAN LUNG ASSOCIATION.

STATE OF TOBACCO CONTROL 2018

MASSACHUSETTS

Tobacco use remains the leading cause of preventable death and disease in the United States and in Massachusetts. To address this enormous toll, the American Lung Association in Massachusetts calls for the following actions to be taken by our elected officials:

1. Pass the tobacco omnibus bill that includes raising the age of sale to 21, including ENDS in the smokefree workplace law, and prohibiting the sale of tobacco in healthcare institutions;
2. Protect and/or increase tobacco cessation and prevention funding; and
3. Increase access to tobacco cessation and treatment services.

Massachusetts is in the midst of a two-year state legislative cycle. For the second session in a row, the American Lung Association in Massachusetts along with our partners in Tobacco Free Mass have worked to file a tobacco omnibus bill that would raise the age of sale for tobacco products to 21, expand the smokefree workplace law to apply to e-cigarettes (ENDS), and prohibit the sale of tobacco in healthcare institutions like pharmacies. The House version of the bill has 101 sponsors from both parties, including 92 of 160 Representatives, the remaining sponsors are Senators. The Senate version also has strong support. The same bill passed the Senate last session 32-2. The bill has been heard in the Joint Committee on Public Health, and we are hoping to pass this bill through the finish line by the end of the session in July 2018.

While state work is on-going, local communities keep advancing tobacco control at impressive levels. Over 66 percent of the Commonwealth's population is currently covered by Tobacco 21 at the local level, with over 155 communities passing local regulations. One hundred thirty municipalities have included ENDS in their smokefree workplace regulations covering 56 percent of the population, and 152 communities have prohibited the sale of tobacco in healthcare institutions covering 67 percent of the state's population. The Lung Association will continue to push tobacco control policies at both the state and local levels.

The American Lung Association in Massachusetts believes, like the public, that the tobacco sale age should be raised to age 21, and the omnibus tobacco control bill will make measurable impacts on the devastating toll of tobacco. During the 2017-2018 legislative session, the Lung Association urges the legislature to pass the omnibus tobacco control bill and include increased funding for the tobacco control program in the state budget for fiscal year 2019.

Massachusetts State Facts

Health Care Costs Due to Smoking:	$4,080,690,302
Adult Smoking Rate:	13.6%
Adult Tobacco Use Rate:	15.0%
High School Smoking Rate:	7.7%
High School Tobacco Use Rate:	29.3%
Middle School Smoking Rate:	1.4%
Smoking Attributable Deaths:	9,300

Adult smoking and tobacco use data come from CDC's 2016 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 2015 Massachusetts Youth Health Survey.

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:

American Lung Association in Massachusetts
(781) 890-4262
www.lung.org/massachusetts

Michigan Report Card

AMERICAN LUNG ASSOCIATION.

STATE OF TOBACCO CONTROL 2018

MICHIGAN

Tobacco Prevention and Control Program Funding: F

FY2018 State Funding for Tobacco Control Programs:	$1,600,000
FY2018 Federal Funding for State Tobacco Control Programs:	$3,373,205*
FY2018 Total Funding for State Tobacco Control Programs:	$4,973,205
CDC Best Practices State Spending Recommendation:	$110,600,000
Percentage of CDC Recommended Level:	4.5%
State Tobacco-Related Revenue:	$1,240,500,000

*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: B

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government Worksites: **Prohibited**

Private Worksites: **Prohibited**

Schools: **Prohibited**

Child Care Facilities: **Prohibited**

Restaurants: **Prohibited**

Bars: **Prohibited (allowed in cigar bars)**

Casinos/Gaming Establishments: **Restricted (tribal establishments exempt)**

Retail Stores: **Prohibited**

Recreational/Cultural Facilities: **Prohibited**

Penalties:**Yes**

Enforcement: **Yes**

Preemption: **Yes (restaurants and bars only)***

Citation: MICH. COMP. LAWS §§ 333.12601 to 333.12615 & 333.12905 (2010).

* If preemption were repealed, Michigan's grade would be an "A."

Tobacco Taxes: F

CIGARETTE TAX:

Tax Rate per pack of 20: **$2.00**

OTHER TOBACCO PRODUCT TAXES:

Tax on little cigars: **Equalized: No; Weight-Based: No**

Tax on large cigars: **Equalized: No; Weight-Based: No**

Tax on smokeless tobacco: **Equalized: No; Weight-Based: No**

Tax on pipe/RYO tobacco: **Equalized: No; Weight-Based: No**

Tax on Dissolvable tobacco: **Equalized: No; Weight-Based: No**

For more information on tobacco taxes, go to: http://slati.lung.org/slati/states.php

Access to Cessation Services: D

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **Covers all 7 medications**

Counseling: **Covers most counseling**

Barriers to Coverage: **Minimal barriers exist to access care**

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **Covers all 7 medications**

Counseling: **Covers all 3 forms of counseling**

Barriers to Coverage: **Some barriers exist to access care**

STATE QUITLINE:

Investment per Smoker: **$0.41; the median investment per smoker is $2.10**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

Tobacco Surcharge: **No prohibition or limitation on tobacco surcharges**

Citation: See Michigan Tobacco Cessation Coverage page for coverage details.

Minimum Age: F

Minimum Age of Sale for Tobacco Products: **18**

Michigan State Highlights:

AMERICAN LUNG ASSOCIATION.

STATE OF TOBACCO CONTROL 2018

Tobacco use remains the leading cause of preventable death and disease in the United States and in Michigan. To address this enormous toll, the American Lung Association in Michigan calls for the following actions to be taken by our elected officials:

1. Pass state or local laws to increase the minimum age of sale for tobacco products to 21 in Michigan;
2. Increase funding for tobacco prevention and cessation programs; and
3. Match the tax on non-cigarette forms of tobacco like spit tobacco, cigars and hookah to the cigarette tax.

The American Lung Association in Michigan worked with a diverse group of stakeholders to help cities in Michigan consider passing laws to increase the minimum age of sale for tobacco products to 21 often referred to as Tobacco 21 laws. On Valentine's Day 2017, Genesee County, which includes the City of Flint, became the second community in Michigan to pass such a law.

Unfortunately, soon thereafter, a lawsuit was filed by tobacco retailers to overturn the law on the argument that local Tobacco 21 ordinances are preempted by the state's Age of Majority Act. The act states that "a person who is at least 18 years of age is an adult of legal age for all purposes whatsoever." Michigan's Attorney General has issued a legal opinion supporting that agreement. In June, a Circuit Court judge issued a preliminary injunction and temporary restraining order preventing the enforcement of the ordinance until the case is decided by the court.

While the issue of local preemption is being decided, the Lung Association is moving forward with supporting statewide Tobacco 21 legislation. House Bill 4736, is a part of a four-bill bipartisan package that would also add restrictions on other smoking and tobacco products. In addition to raising the smoking age, the bill would raise the fines for those who sell tobacco or related items to underage customers. It would also make breaking the law a lower offense—from a misdemeanor to a civil infraction—and would raise fines from $50 to $1,000 for a first offense.

Polls show that 65 percent of Michigan voters support raising the minimum age for the sale of tobacco products from 18 to 21. The Lung Association in Michigan believes now is the time to act.

As we look ahead to 2018, the American Lung Association in Michigan will continue to work with a broad coalition of stakeholders to advocate for raising the tax on tobacco products, fully fund evidence-based tobacco prevention and cessation services, and pass a state Tobacco 21 law in Michigan.

Michigan State Facts

Health Care Costs Due to Smoking:	$4,589,784,016
Adult Smoking Rate:	20.4%
Adult Tobacco Use Rate:	22.7%
High School Smoking Rate:	10.0%
High School Tobacco Use Rate:	29.1%
Middle School Smoking Rate:	N/A
Smoking Attributable Deaths:	16,170

Adult smoking and tobacco use data come from CDC's 2016 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use data come from the 2015 Youth Risk Behavior Surveillance System. A current middle school smoking rate is not available for this state.

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:

American Lung Association in Michigan
(248) 784-2000
www.lung.org/michigan

MICHIGAN

Minnesota Report Card

AMERICAN LUNG ASSOCIATION. | STATE OF TOBACCO CONTROL 2018

MINNESOTA

Tobacco Prevention and Control Program Funding: F

FY2018 State Funding for Tobacco Control Programs:	$20,580,434
FY2018 Federal Funding for State Tobacco Control Programs:	$2,167,698*
FY2018 Total Funding for State Tobacco Control Programs:	$22,748,132
CDC Best Practices State Spending Recommendation:	$52,900,000
Percentage of CDC Recommended Level:	43.0%
State Tobacco-Related Revenue:	$739,400,000

*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: **Prohibited (workplaces with two or fewer employees exempt)**

Private Worksites: **Prohibited (workplaces with two or fewer employees exempt)**

Schools: **Prohibited**

Child Care Facilities: **Prohibited**

Restaurants: **Prohibited**

Bars: **Prohibited**

Casinos/Gaming Establishments: **Prohibited (tribal establishments exempt)**

Retail Stores: **Prohibited**

Recreational/Cultural Facilities: **Prohibited**

Penalties:**Yes**

Enforcement: **Yes**

Preemption: **No**

Citation: MINN. STAT. §§ 144.411 to 144.417 (2014).

Tobacco Taxes: B

CIGARETTE TAX:

Tax Rate per pack of 20: **$3.04**

OTHER TOBACCO PRODUCT TAXES:

Tax on little cigars: **Equalized: Yes; Weight-Based: No**

Tax on large cigars: **Equalized: No; Weight-Based: No**

Tax on smokeless tobacco: **Equalized: Yes; Weight-Based: No**

Tax on pipe/RYO tobacco: **Equalized: Yes; Weight-Based: No**

Tax on Dissolvable tobacco: **Equalized: Yes; Weight-Based: No**

For more information on tobacco taxes, go to: http://slati.lung.org/slati/states.php

Access to Cessation Services: A

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **Covers all 7 medications**

Counseling: **Covers most counseling**

Barriers to Coverage: **Limited barriers exist to access care**

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **Covers all 7 medications**

Counseling: **Covers all 3 forms of counseling**

Barriers to Coverage: **Some barriers exist to access care**

STATE QUITLINE:

Investment per Smoker: **$14.66; the median investment per smoker is $2.10***

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

Tobacco Surcharge: **No prohibition or limitation on tobacco surcharges**

Citation: See Minnesota Tobacco Cessation Coverage page for coverage details.

*The Minnesota quitline (QUITPLAN Helpline) is legally restricted to providing services for the uninsured and underinsured. Therefore, investment per smoker was calculated using the quitline budget as the numerator, and the number of uninsured tobacco users in Minnesota as the denominator.

Minimum Age: F

Minimum Age of Sale for Tobacco Products: **18**

Minnesota State Highlights:

AMERICAN LUNG ASSOCIATION.

STATE OF TOBACCO CONTROL 2018

Tobacco use remains the leading cause of preventable death and disease in the United States and in Minnesota. To address this enormous toll, the American Lung Association in Minnesota calls for the following actions to be taken by our elected officials:

1. Keep prices on tobacco products high;
2. Limit access to menthol and other flavored tobacco products;
3. Raise the age of sale for all tobacco products to 21; and
4. Secure funding for proven tobacco prevention strategies.

During the 2017 legislative session as part of the Minnesotans for a Smoke Free Generation coalition, a statewide coalition with over fifty organization partners, the American Lung Association in Minnesota focused on: protecting the tax increases on all tobacco products that had been enacted several years ago and raising awareness about menthol and other flavorings in tobacco products.

A strong effort to reduce tobacco taxes in the forms of rolling back the annual increase on all tobacco products and reducing the tax on premium cigars continued during the 2017 session. The coalition provided strong messaging to defend the current tax and that Big Tobacco did not need or deserve a tax break. In spite of Governor Mark Dayton's repeatedly calling on the legislature to remove the tax breaks for Big Tobacco, ultimately the tobacco tax rollbacks were included in the tax bill.

A highlight in 2017 at the local level was the passage of the first two ordinances in the state limiting the sale of tobacco products to age 21 in Edina and St. Louis Park. A study "Raising the Minimum Legal Sale Age for Tobacco to 21—The Estimated Effect for Minnesota" was published in the Jan/Feb 2017 version of Minnesota Medicine. Conclusions of the study confirmed that raising the minimum age of sale for tobacco to 21 would prevent the initiation of smoking among youth and young adults, resulting in reducing smoking prevalence over time.

Working together as part of the Minnesotans for a Smoke Free Generation, the American Lung Association in Minnesota will seek to reach the goal of securing funding for the tobacco cessation quit line in Minnesota and to make progress on advancing Tobacco 21 laws at the local or state level.

Minnesota State Facts

Health Care Costs Due to Smoking:	$2,519,011,064
Adult Smoking Rate:	15.2%
Adult Tobacco Use Rate:	18.4%
High School Smoking Rate:	8.4%
High School Tobacco Use Rate:	19.3%
Middle School Smoking Rate:	1.6%
Smoking Attributable Deaths:	5,910

Adult smoking and tobacco use data come from CDC's 2016 Behavioral Risk Factor Surveillance System. High school smoking rate is taken from the 2016 Minnesota Student Survey. High school tobacco use rate is taken from the 2015 Youth Risk Behavior Surveillance System. Middle school smoking rate is taken from the 2014 Minnesota Youth Tobacco Survey.

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:

American Lung Association in Minnesota
(651) 227-8014
www.lung.org/minnesota

M I N N E S O T A

Mississippi Report Card

AMERICAN LUNG ASSOCIATION.

STATE OF TOBACCO CONTROL 2018

MISSISSIPPI

Tobacco Prevention and Control Program Funding: F

FY2018 State Funding for Tobacco Control Programs:	$8,440,000
FY2018 Federal Funding for State Tobacco Control Programs:	$1,866,711*
FY2018 Total Funding for State Tobacco Control Programs:	$10,306,711
CDC Best Practices State Spending Recommendation:	$36,500,000
Percentage of CDC Recommended Level:	28.2%
State Tobacco-Related Revenue:	$254,800,000

*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: F

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government Worksites: **Restricted**

Private Worksites: **No provision**

Schools: **Prohibited (public schools only)**

Child Care Facilities: **Prohibited**

Restaurants: **No provision**

Bars: **No provision**

Casinos/Gaming Establishments: **No provision**

Retail Stores: **No provision**

Recreational/Cultural Facilities: **No provision**

Penalties:**Yes**

Enforcement: **Yes**

Preemption: **No**

Citation: MISS. CODE ANN. §§ 29-5-161 (2007), 41-114-1 (2010), 97-32-29 (2000) & MS ADMIN CODE Tit. 15, Part III, Subpart 55 § 103.02 (2009).

The Smokefree Air grade only examines state tobacco control law and does not reflect local smokefree ordinances. Mississippi has made great strides in protecting people from secondhand smoke by passing comprehensive local smokefree ordinances that cover 28.5% of the state's population.

Tobacco Taxes: F

CIGARETTE TAX:

Tax Rate per pack of 20: **$0.68**

OTHER TOBACCO PRODUCT TAXES:

Tax on little cigars: **Equalized: Yes; Weight-Based: No**

Tax on large cigars: **Equalized: Yes; Weight-Based: No**

Tax on smokeless tobacco: **Equalized: Yes; Weight-Based: No**

Tax on pipe/RYO tobacco: **Equalized: Yes; Weight-Based: No**

Tax on Dissolvable tobacco: **Equalized: Yes; Weight-Based: No**

For more information on tobacco taxes, go to: http://slati.lung.org/slati/states.php

Access to Cessation Services: F

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **Covers all 7 medications**

Counseling: **Covers limited counseling**

Barriers to Coverage: **Some barriers exist to access care**

Medicaid Expansion: **No**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **Covers all 7 medications**

Counseling: **Covers all 3 forms of counseling**

Barriers to Coverage: **Some barriers exist to access care**

STATE QUITLINE:

Investment per Smoker: **$2.09; the median investment per smoker is $2.10**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

Tobacco Surcharge: **No prohibition or limitation on tobacco surcharges**

Citation: See Mississippi Tobacco Cessation Coverage page for coverage details.

Minimum Age: F

Minimum Age of Sale for Tobacco Products: **18**

Mississippi State Highlights:

AMERICAN LUNG ASSOCIATION.

STATE OF TOBACCO CONTROL 2018

Tobacco use remains the leading cause of preventable death and disease in the United States and in Mississippi. To address this enormous toll, the American Lung Association in Mississippi calls for the following actions to be taken by our elected officials:

1. Increase Mississippi's cigarette tax by $1.50 per pack;
2. Ensure smokefree protections for all workers and residents with the passage of a comprehensive statewide smokefree law; and
3. Sustain tobacco control prevention and cessation funding for the Mississippi State Department of Health, Office of Tobacco Control.

Members of the Mississippi Legislature once again failed to consider legislation that would prohibit smoking in all public places, workplaces and casinos during the 2017 legislative session. Tobacco control partners continued to educate lawmakers on the harmful effects of secondhand smoke and the impact on health in Mississippi. A comprehensive statewide bill, House Bill 1204, the Mississippi Smoke-free Air Act of 2017, was introduced, but did not garner the support needed for momentum through the policy process. House Bill 1721 and House Bill 81 were also introduced to increase the price of cigarettes by $1.00 and to increase the minimum sales age of tobacco products to 21, respectively. Unfortunately, these bills were not identified as priority legislation by the Mississippi Legislature. The House of Representatives and the Senate did pass legislation to sustain the amount of funding to the Mississippi State Department of Health's Office of Tobacco Control for youth prevention, tobacco free community coalitions, and adult cessation programs statewide.

There continues to be significant support in local municipalities for public health protections from secondhand smoke as evidenced by 143 cities adopting comprehensive smokefree ordinances. This accounts for approximately 34 percent of Mississippians being protected by smokefree policies.

In 2018, the American Lung Association in Mississippi will continue to educate and advocate to state legislators about the benefits of tobacco control policies, including increasing the state's cigarette tax by $1.50 per pack. In order to meet the bold goals in Mississippi, state legislators will need to recognize the health and economic burden of tobacco use and exposure to secondhand smoke. The Lung Association in Mississippi will continue to work with partners in the Smokefree Mississippi coalition to ensure successful passage and preservation of comprehensive local smokefree ordinances.

Mississippi State Facts

Health Care Costs Due to Smoking:	$1,236,940,761
Adult Smoking Rate:	22.7%
Adult Tobacco Use Rate:	27.7%
High School Smoking Rate:	9.9%
High School Tobacco Use Rate:	37.6%
Middle School Smoking Rate:	3.0%
Smoking Attributable Deaths:	5,410

Adult smoking and tobacco use data come from CDC's 2016 Behavioral Risk Factor Surveillance System. High school and middle school smoking rates are taken from the 2016 Youth Tobacco Survey. High school tobacco use rate is taken from the 2015 Youth Risk Behavior Surveillance System.

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:

American Lung Association in Mississippi
(601) 206-5810
www.lung.org/mississippi

Missouri Report Card

AMERICAN LUNG ASSOCIATION.

STATE OF TOBACCO CONTROL 2018

MISSOURI

Tobacco Prevention and Control Program Funding: F

FY2018 State Funding for Tobacco Control Programs:	$48,500
FY2018 Federal Funding for State Tobacco Control Programs:	$2,154,607*
FY2018 Total Funding for State Tobacco Control Programs:	$2,203,107
CDC Best Practices State Spending Recommendation:	$72,900,000
Percentage of CDC Recommended Level:	3.0%
State Tobacco-Related Revenue:	$260,600,000

*Includes tobacco prevention and cessation funding provided to states from the Centers for Disease Control and Prevention and U.S. Food and Drug Administration.

Thumbs down for Missouri for providing little state funding for tobacco prevention and cessation programs despite smoking costing the state over $3 billion in healthcare costs each year.

Smokefree Air: F

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government Worksites: **Restricted**

Private Worksites: **Restricted**

Schools: **Prohibited (public schools only)**

Child Care Facilities: **Prohibited**

Restaurants: **Restricted**

Bars: **No provision**

Casinos/Gaming Establishments: **No provision**

Retail Stores: **Restricted**

Recreational/Cultural Facilities: **Restricted**

Penalties:**Yes**

Enforcement: **Yes**

Preemption: **No**

Citation: MO. REV. STAT. §§ 191.765 to 191.777 (1992).

The Smokefree Air grade only examines state tobacco control law and does not reflect local smokefree ordinances. Missouri has made great strides in protecting people from secondhand smoke by passing comprehensive local smokefree ordinances that cover 28.8% of the state's population.

Tobacco Taxes: F

CIGARETTE TAX:

Tax Rate per pack of 20: **$0.17**

OTHER TOBACCO PRODUCT TAXES:

Tax on little cigars: **Equalized: Yes; Weight-Based: No**

Tax on large cigars: **Equalized: Yes; Weight-Based: No**

Tax on smokeless tobacco: **Equalized: Yes; Weight-Based: No**

Tax on pipe/RYO tobacco: **Equalized: Yes; Weight-Based: No**

Tax on Dissolvable tobacco: **Equalized: Yes; Weight-Based: No**

For more information on tobacco taxes, go to: http://slati.lung.org/slati/states.php

Thumbs down for Missouri for having the lowest cigarette tax in the country at 17 cents per pack.

Access to Cessation Services: D

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **Covers all 7 medications**

Counseling: **Covers all 3 forms of counseling**

Barriers to Coverage: **No barriers exist to access care**

Medicaid Expansion: **No**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **Covers all 7 medications**

Counseling: **Covers some counseling**

Barriers to Coverage: **No barriers exist to accessing care**

STATE QUITLINE:

Investment per Smoker: **$0.48; the median investment per smoker is $2.10**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

Tobacco Surcharge: **No prohibition or limitation on tobacco surcharges**

Citation: See Missouri Tobacco Cessation Coverage page for coverage details.

Thumbs Up for Missouri for providing comprehensive coverage without barriers for all tobacco cessation medications and types of counseling to Medicaid enrollees.

Minimum Age: F

Minimum Age of Sale for Tobacco Products: **18**

Missouri State Highlights:

AMERICAN LUNG ASSOCIATION.

STATE OF TOBACCO CONTROL 2018

Tobacco use remains the leading cause of preventable death and disease in the United States and in Missouri. To address this enormous toll, the American Lung Association in Missouri calls for the following three actions to be taken by our elected officials:

1. Advocate for increased funding for tobacco prevention and cessation;
2. Advocate for comprehensive smokefree laws and policies on the statewide and local levels; and
3. Advocate for local laws that increase the tobacco sales age to 21.

During the 2017 legislative session the American Lung Association in Missouri focused on restoring state tobacco control funding and advocated for an increase. Health advocates were able to get the tobacco control funding line item fully restored after being cut in the Governor's budget. However, the restored amount remains far short of what is truly needed to fight tobacco use in Missouri.

The Lung Association teamed up with our partners to advocate for laws at the local level to raise the legal age of sale for tobacco from 18 to 21. Communities that have done this are expected to see significant reductions in youth smoking as a result. Evidence is very clear that young people who reach the age of 21 without smoking are very likely to never start. Unfortunately, kids who can purchase tobacco products at 18 are often the source for younger teen's tobacco products. Raising the age to 21 makes it more difficult for those under 18 to get their hands on tobacco products and increases the likelihood they will never start.

Missouri now has 14 communities that have passed Tobacco 21 ordinances: Columbia, Des Peres, Excelsior Springs, Gladstone, Grandview, Independence, Kansas City, Jackson County, Jefferson City, Lee's Summit, Liberty, Parkville, St. Louis and St. Louis City covering more than 37 percent of Missourians.

Southeast Missouri State University adopted a Tobacco Free Policy and implemented the policy in fall of 2017. Several more campuses in Missouri are working towards tobacco free campus policies in 2018.

During the 2018 legislative session, the American Lung Association in Missouri will continue to focus on lung health and advocate for increased funding for tobacco prevention and cessation and comprehensive smokefree laws and policies. The Lung Association will also continue to advocate for Tobacco 21 laws at the local level in Missouri.

Missouri State Facts

Health Care Costs Due to Smoking:	$3,032,471,478
Adult Smoking Rate:	22.1%
Adult Tobacco Use Rate:	25.6%
High School Smoking Rate:	11.0%
High School Tobacco Use Rate:	32.1%
Middle School Smoking Rate:	2.4%
Smoking Attributable Deaths:	10,970

Adult smoking and tobacco use data come from CDC's 2016 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 2015 Youth Tobacco Survey.

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:

American Lung Association in Missouri
(314) 645-5505
www.lung.org/missouri

M I S S O U R I

Montana Report Card

AMERICAN LUNG ASSOCIATION.

STATE OF TOBACCO CONTROL 2018

MONTANA

Tobacco Prevention and Control Program Funding: F

FY2018 State Funding for Tobacco Control Programs:	$5,222,169
FY2018 Federal Funding for State Tobacco Control Programs:	$1,026,657*
FY2018 Total Funding for State Tobacco Control Programs:	$6,248,826
CDC Best Practices State Spending Recommendation:	$14,600,000
Percentage of CDC Recommended Level:	42.8%
State Tobacco-Related Revenue:	$115,800,000

*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: **Prohibited**

Private Worksites: **Prohibited**

Schools: **Prohibited**

Child Care Facilities: **Prohibited**

Restaurants: **Prohibited**

Bars: **Prohibited**

Casinos/Gaming Establishments: **Prohibited (tribal establishments exempt)**

Retail Stores: **Prohibited**

Recreational/Cultural Facilities: **Prohibited**

Penalties:**Yes**

Enforcement: **Yes**

Preemption: **No**

Citation: MONT. CODE ANN. §§ 50-40-101 et seq. (2011).

Tobacco Taxes: F

CIGARETTE TAX:

Tax Rate per pack of 20: $1.70

OTHER TOBACCO PRODUCT TAXES:

Tax on little cigars: **Equalized: Yes; Weight-Based: No**

Tax on large cigars: **Equalized: Yes; Weight-Based: No**

Tax on smokeless tobacco: **Equalized: No; Weight-Based: Yes**

Tax on pipe/RYO tobacco: **Equalized: Yes; Weight-Based: No**

Tax on Dissolvable tobacco: **Equalized: No; Weight-Based: Yes**

For more information on tobacco taxes, go to: http://slati.lung.org/slati/states.php

Access to Cessation Services: B

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **Covers all 7 medications**

Counseling: **Covers some counseling**

Barriers to Coverage: **Some barriers exist to access care**

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **Some medications are covered**

Counseling: **All 3 forms of counseling are covered**

Barriers to Coverage: **Some barriers exist to access care**

STATE QUITLINE:

Investment per Smoker: **$4.42; the median investment per smoker is $2.10**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

Tobacco Surcharge: **No prohibition or limitation on tobacco surcharges**

Citation: See Montana Tobacco Cessation Coverage page for coverage details.

Minimum Age: F

Minimum Age of Sale for Tobacco Products: **18**

Montana State Highlights:

AMERICAN LUNG ASSOCIATION.

STATE OF TOBACCO CONTROL 2018

Tobacco use remains the leading cause of preventable death and disease in the United States and in Montana. To address this enormous toll, the American Lung Association in Montana calls for the following actions to be taken by our elected officials:

1. Increase tobacco taxes by $1.00 per pack or more; and
2. Maintain/increase funding for Montana's successful Tobacco Use Prevention Program.

During the 2017 legislative session, Senator Caferro introduced Senate Bill 354 to increase Montana's cigarette tax by $1.50 per pack, and also extend the tax to include electronic smoking devices. This legislation passed the state Senate on a 27 to 22 vote but failed to move through the House, ultimately receiving a do not pass recommendation from the House Committee on Taxation. Governor Bullock had included a 50-cent cigarette tax increase in his proposed budget as well. Montana's last cigarette tax increase was in 2005.

Unfortunately, funding for Montana's Tobacco Use Prevention Program suffered a significant cut in the fiscal year 2018 and 2019 two-year state budget dropping to $5.2 million per year from $6.4 million per year during the previous two-year budget cycle.

Though disappointed in not passing the tobacco tax increase and the cut in tobacco prevention and cessation funding, advocates were able to raise public awareness of the tobacco tax issue through earned media in the state. While there is no regular legislative session in Montana in 2018, a special session to deal with state budget issues is possible. Tobacco prevention advocates, including the American Lung Association in Montana, will continue to build on momentum from 2017 and work to increase Montana's tobacco tax in future legislative sessions.

Montana State Facts

Health Care Costs Due to Smoking:	$440,465,233
Adult Smoking Rate:	18.5%
Adult Tobacco Use Rate:	24.6%
High School Smoking Rate:	13.1%
High School Tobacco Use Rate:	38.5%
Middle School Smoking Rate:	6.2%
Smoking Attributable Deaths:	1,570

Adult smoking and tobacco use data come from CDC's 2016 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 (8th grade only) is taken from the 2014 Montana Prevention Needs Assessment Survey.

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:

American Lung Association in Montana
(206) 441-5100
www.lung.org/montana

MONTANA

Nebraska Report Card

AMERICAN LUNG ASSOCIATION.

STATE OF TOBACCO CONTROL 2018

NEBRASKA

Tobacco Prevention and Control Program Funding: F

FY2018 State Funding for Tobacco Control Programs:	$2,570,000
FY2018 Federal Funding for State Tobacco Control Programs:	$1,049,133*
FY2018 Total Funding for State Tobacco Control Programs:	$3,619,133
CDC Best Practices State Spending Recommendation:	$20,800,000
Percentage of CDC Recommended Level:	17.4%
State Tobacco-Related Revenue:	$103,500,000

*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: **Prohibited**

Private Worksites: **Prohibited**

Schools: **Prohibited**

Child Care Facilities: **Prohibited**

Restaurants: **Prohibited**

Bars: **Prohibited (allowed in cigar shops)**

Casinos/Gaming Establishments: **Prohibited**

Retail Stores: **Prohibited**

Recreational/Cultural Facilities: **Prohibited**

Penalties:**Yes**

Enforcement: **Yes**

Preemption: Limited

Citation: NEB. REV. STAT. §§ 71-5716 to 71-5734 (2015).

Tobacco Taxes: F

CIGARETTE TAX:

Tax Rate per pack of 20: **$0.64**

OTHER TOBACCO PRODUCT TAXES:

Tax on little cigars: **Equalized: Yes; Weight-Based: No**

Tax on large cigars: **Equalized: Yes; Weight-Based: No**

Tax on smokeless tobacco: **Equalized: No; Weight-Based: Yes**

Tax on pipe/RYO tobacco: **Equalized: Yes; Weight-Based: No**

Tax on Dissolvable tobacco: **Equalized: No; Weight-Based: Yes**

For more information on tobacco taxes, go to: http://slati.lung.org/slati/states.php

Access to Cessation Services: F

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **All 7 medications are covered**

Counseling: **Some counseling is covered**

Barriers to Coverage: **Some barriers exist to access care**

Medicaid Expansion: **No**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

Counseling: **Some counseling is covered**

Barriers to Coverage: **Some barriers exist to access care**

STATE QUITLINE:

Investment per Smoker: **$1.35; the median investment per smoker is $2.10**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

Tobacco Surcharge: **No prohibition or limitation on tobacco surcharges**

Citation: See Nebraska Tobacco Cessation Coverage page for coverage details.

Minimum Age: F

Minimum Age of Sale for Tobacco Products: **18**

Nebraska State Highlights:

AMERICAN LUNG ASSOCIATION.

STATE OF TOBACCO CONTROL 2018

Tobacco use remains the leading cause of preventable death and disease in the United States and in Nebraska. To address this enormous toll, the American Lung Association in Missouri calls for the following three actions to be taken by our elected officials:

1. Advocate for increased funding for tobacco control;
2. Advocate for increased tobacco taxes; and
3. Advocate for laws to increase the tobacco sales age to 21.

During the 2017 legislative session the American Lung Association in Nebraska advocated for Legislative Bill 438, a bill that would have increased Nebraska's tobacco tax by $1.50 per pack. The Lung Association also educated senators on the importance of passing youth protection policies, specifically Legislative Bill 73. LB 73 would have changed the minimum sales age for tobacco products from age 18 to 21. Unfortunately, neither bill moved forward during the 2017 session.

The American Lung Association in Nebraska and coalition partners will continue to press for passage of a substantial cigarette tax increase and increased funding for tobacco prevention and cessation programs in the 2018 legislative session to prevent kids from starting to smoke and to motivate adult smokers to quit. The Lung Association will also continue our work defending our state law that protects all Nebraskans from the dangers of secondhand smoke, and continue to educate legislators about the benefits to increasing the tobacco sales age to 21.

Nebraska State Facts

Health Care Costs Due to Smoking:	$795,185,324
Adult Smoking Rate:	17.0%
Adult Tobacco Use Rate:	21.1%
High School Smoking Rate:	9.4%
High School Tobacco Use Rate:	30.5%
Middle School Smoking Rate:	N/A
Smoking Attributable Deaths:	2,510

Adult smoking and tobacco use data come from CDC's 2016 Behavioral Risk Factor Surveillance System. High school smoking rate is taken from the 2015 Youth Tobacco Survey. High school tobacco use rate is taken from the 2015 Youth Risk Behavior Surveillance System. A current middle school smoking rate is not available for this state.

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:

American Lung Association in Nebraska
(402) 502-4950
www.lung.org/nebraska

NEBRASKA

Nevada Report Card

AMERICAN LUNG ASSOCIATION.

STATE OF TOBACCO CONTROL 2018

NEVADA

Tobacco Prevention and Control Program Funding: F

FY2018 State Funding for Tobacco Control Programs:	$950,000
FY2018 Federal Funding for State Tobacco Control Programs:	$927,208*
FY2018 Total Funding for State Tobacco Control Programs:	$1,877,208
CDC Best Practices State Spending Recommendation:	$30,000,000
Percentage of CDC Recommended Level:	6.3%
State Tobacco-Related Revenue:	$245,200,000

*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: C

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government Worksites: **Prohibited**

Private Worksites: **Prohibited**

Schools: **Prohibited**

Child Care Facilities: **Prohibited**

Restaurants: **Prohibited**

Bars: **Restricted (smoking allowed in bars or parts of bars if age-restricted)**

Casinos/Gaming Establishments: **Restricted (tribal establishments exempt)***

Retail Stores: **Prohibited**

Recreational/Cultural Facilities: **Prohibited**

Penalties:**Yes**

Enforcement: **Yes**

Preemption: **No**

Citation: NEV. REV. STAT. § 202.2483 (2011).

* Smoking is allowed on casinos floors, but prohibited anywhere children are allowed to be.

Tobacco Taxes: F

CIGARETTE TAX:

Tax Rate per pack of 20: **$1.80**

OTHER TOBACCO PRODUCT TAXES:

Tax on little cigars: **Equalized: No; Weight-Based: No**

Tax on large cigars: **Equalized: No; Weight-Based: No**

Tax on smokeless tobacco: **Equalized: No; Weight-Based: No**

Tax on pipe/RYO tobacco: **Equalized: No; Weight-Based: No**

Tax on Dissolvable tobacco: **Equalized: No; Weight-Based: No**

For more information on tobacco taxes, go to: http://slati.lung.org/slati/states.php

Access to Cessation Services: F

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **Most medications are covered**

Counseling: **Limited counseling is covered**

Barriers to Coverage: **Limited barriers exist to access care**

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **Most medications are covered**

Counseling: **Limited counseling is covered**

Barriers to Coverage: **Some barriers exist to access care**

STATE QUITLINE:

Investment per Smoker: **$0.59; the median investment per smoker is $2.10**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

Tobacco Surcharge: **No prohibition or limitation on tobacco surcharges**

Citation: See Nevada Tobacco Cessation Coverage page for coverage details.

Minimum Age: F

Minimum Age of Sale for Tobacco Products: **18**

Nevada State Highlights:

Tobacco use remains the leading cause of preventable death and disease in the United States and in Nevada. To address this enormous toll, the American Lung Association in Nevada calls for the following actions to be taken by our elected officials:

1. Pass comprehensive smokefree laws at the local level;
2. Increase funding for the state's tobacco prevention and control program; and
3. Protect and expand the Nevada Clean Indoor Air Act.

The American Lung Association in Nevada along with partners from the Nevada Tobacco Prevention Coalition continued to lead state and local tobacco control initiatives. Priorities of the Coalition continue to center around expansion of the Nevada Clean Indoor Air Act and proper funding for the state's tobacco prevention and control program.

During the 2017 legislative session, the state approved a new two-year state budget. In the new budget, funding for the state's tobacco prevention and cessation program saw a five percent decrease to $950,000 each year over the next two years. This amount remains far below what is needed to prevent and reduce tobacco use in Nevada, so the Lung Association in Nevada will look for opportunities to increase this funding amount during the next legislative session in 2019.

A bill was also introduced in the state Assembly in 2017 that would have added e-cigarettes to Nevada's Clean Indoor Air Act, which would have prohibited e-cigarette use in places where smoking is already prohibited. However, the bill did not advance past the first committee.

In 2017, the American Lung Association in Nevada continued its work on the local smokefree workplace initiative in Mesquite, Nevada. A poll conducted in 2016 showed that 61 percent of registered voters in Mesquite favored a local ordinance requiring 100 percent smokefree air in all workplaces including bars and casinos, with half (50%) strongly favoring such a policy to protect all workers. Additionally, 58 percent said they are more likely to patronize bars and casinos if they are smokefree.

With the state legislature not in session in 2018, the American Lung Association in Nevada will continue to build support and political will in order to advance comprehensive smokefree protections at the local level. Our efforts in Mesquite, Nevada will continue to be a priority.

Nevada State Facts

Health Care Costs Due to Smoking:	$1,080,272,434
Adult Smoking Rate:	16.5%
Adult Tobacco Use Rate:	18.3%
High School Smoking Rate:	7.2%
High School Tobacco Use Rate:	30.4%
Middle School Smoking Rate:	2.4%
Smoking Attributable Deaths:	4,050

Adult smoking and tobacco use data come from CDC's 2016 Behavioral Risk Factor Surveillance System. High school and middle smoking rate is taken from the 2015 Nevada Youth Risk Behavior Surveillance System. High school tobacco use rate is taken from the 2015 Youth Risk Behavior Surveillance System.

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:

American Lung Association in Nevada
(702) 431-6333
www.lung.org/nevada

New Hampshire Report Card

AMERICAN LUNG ASSOCIATION.

STATE OF TOBACCO CONTROL 2018

NEW HAMPSHIRE

Tobacco Prevention and Control Program Funding: F

FY2018 State Funding for Tobacco Control Programs:	$140,000
FY2018 Federal Funding for State Tobacco Control Programs:	$1,109,031*
FY2018 Total Funding for State Tobacco Control Programs:	$1,249,031
CDC Best Practices State Spending Recommendation:	$16,500,000
Percentage of CDC Recommended Level:	7.6%
State Tobacco-Related Revenue:	$261,300,000

*Includes tobacco prevention and cessation funding provided to states from the Centers for Disease Control and Prevention and U.S. Food and Drug Administration.

Thumbs down for New Hampshire for providing little state funding for tobacco prevention and cessation programs despite smoking costing the state close to $730 million in healthcare costs each year.

Smokefree Air: D

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government Worksites: **Restricted**

Private Worksites: **Restricted**

Schools: **Prohibited (public schools only)**

Child Care Facilities: **Prohibited**

Restaurants: **Prohibited**

Bars: **Prohibited (allowed in cigar bars and allows for an economic hardship waiver)**

Casinos/Gaming Establishments: **Restricted**

Retail Stores: **Restricted**

Recreational/Cultural Facilities: **Restricted**

Penalties:**Yes**

Enforcement: **Yes**

Preemption: **Yes**

Citation: N.H. REV. STAT. ANN. §§ 155:64 to 155:78 (2009) & 178:20-a (2010).

Tobacco Taxes: D

CIGARETTE TAX:

Tax Rate per pack of 20: **$1.78**

OTHER TOBACCO PRODUCT TAXES:

Tax on little cigars: **Equalized: Yes; Weight-Based: No**

Tax on large cigars: Equalized: **No; Weight-Based: N/A**

Tax on smokeless tobacco: **Equalized: Yes; Weight-Based: No**

Tax on pipe/RYO tobacco: **Equalized: Yes; Weight-Based: No**

Tax on Dissolvable tobacco: **Equalized: Yes; Weight-Based: No**

For more information on tobacco taxes, go to: http://slati.lung.org/slati/states.php

Access to Cessation Services: F

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **All 7 medications are covered**

Counseling: **Some counseling is covered**

Barriers to Coverage: **Some barriers exist to access care**

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

Counseling: **Most counseling is covered**

Barriers to Coverage: **Some barriers exist to access care**

STATE QUITLINE:

Investment per Smoker: **$1.99; the average investment per smoker is $2.10**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

Tobacco Surcharge: **No prohibition or limitation on tobacco surcharges**

Citation: See New Hampshire Tobacco Cessation Coverage page for coverage details.

Minimum Age: F

Minimum Age of Sale for Tobacco Products: **18**

New Hampshire State Highlights:

AMERICAN LUNG ASSOCIATION.

STATE OF TOBACCO CONTROL 2018

Tobacco use remains the leading cause of preventable death and disease in the United States and in New Hampshire. To address this enormous toll, the American Lung Association in New Hampshire calls for the following actions to be taken by our elected officials:

1. Prohibit rollbacks to New Hampshire statutes that would weaken smokefree air laws;
2. Introduce legislation to raise the minimum sales age for all tobacco products to 21; and
3. Support a cigarette tax increase of at least $1.00 per pack.

The majority of the 2017 legislative session was devoted to fighting rollbacks to New Hampshire's already weak smokefree laws on two fronts. The first bill that we successfully defeated would have repealed portions of New Hampshire's indoor smoking act and allowed the smoking of cigarettes in bars, restaurants and grocery stores again. Unfortunately, this bill got significant traction before ultimately being defeated; however, we did use the opportunity to educate a number of lawmakers that tobacco use continues to remain a problem in New Hampshire and the nation.

Another effort to weaken smokefree laws was through several bills that attempted to ease restrictions on New Hampshire's cigar lounges. These bills included proposals to allow the service of food in the establishments—essentially returning to the days of smoking in restaurants, and the lessening of minimum tobacco sales revenue to allow for a greater focus on alcohol sales. Both efforts were defeated.

In the 2018 legislative session, the American Lung Association in New Hampshire will continue to work to with partners and the legislature and Governor to educate them on the impact of tobacco on New Hampshire's youth and adults. Through the introduction of legislation increasing the retail sales age of tobacco to 21 the Lung Association anticipates many opportunities to discuss the issue. Additionally, the Lung Association expects versions of the negative bills mentioned above to again surface, and will be playing defense to ensure that they do not advance.

New Hampsire State Facts

Health Care Costs Due to Smoking:	$728,895,693
Adult Smoking Rate:	18.0%
Adult Tobacco Use Rate:	19.5%
High School Smoking Rate:	9.3%
High School Tobacco Use Rate:	30.3%
Middle School Smoking Rate:	N/A
Smoking Attributable Deaths:	1,940

Adult smoking and tobacco use data come from CDC's 2016 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use data come from the 2015 Youth Risk Behavior Surveillance System. A current middle school smoking rate is not available for this state.

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:

American Lung Association in New Hampshire
(603) 410-5108
www.lung.org/newhampshire

NEW HAMPSHIRE

New Jersey Report Card

AMERICAN LUNG ASSOCIATION.

STATE OF TOBACCO CONTROL 2018

NEW JERSEY

Tobacco Prevention and Control Program Funding: F

FY2018 State Funding for Tobacco Control Programs:	$500,000
FY2018 Federal Funding for State Tobacco Control Programs:	$3,146,877*
FY2018 Total Funding for State Tobacco Control Programs:	$3,646,877
CDC Best Practices State Spending Recommendation:	$103,300,000
Percentage of CDC Recommended Level:	3.5%
State Tobacco-Related Revenue:	$941,900,000

*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: **Prohibited**

Private Worksites: **Prohibited**

Schools: **Prohibited**

Child Care Facilities: **Prohibited**

Restaurants: **Prohibited**

Bars: **Prohibited (allowed in cigar bars/lounges)**

Casinos/Gaming Establishments: **Restricted***

Retail Stores: **Prohibited**

Recreational/Cultural Facilities: **Prohibited**

Penalties:**Yes**

Enforcement: **Yes**

Preemption: **No**

Citation: N.J. STAT. ANN. §§ 26:3D-55 to 26:3D-64 (2010).

* Smoking in indoor areas of horse tracks is prohibited by state law. Atlantic City, NJ where all the state's casinos are located, has an ordinance restricting smoking to 25 percent of the gaming floors of casinos.

Tobacco Taxes: D

CIGARETTE TAX:

Tax Rate per pack of 20: **$2.70**

OTHER TOBACCO PRODUCT TAXES:

Tax on little cigars: **Equalized: No; Weight-Based: No**

Tax on large cigars: **Equalized: No; Weight-Based: No**

Tax on smokeless tobacco: **Equalized: No; Weight-Based: Yes**

Tax on pipe/RYO tobacco: **Equalized: No; Weight-Based: No**

Tax on Dissolvable tobacco: **Equalized: No; Weight-Based: Yes**

For more information on tobacco taxes, go to: http://slati.lung.org/slati/states.php

Access to Cessation Services: F

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **All 7 medications are covered**

Counseling: **Limited counseling is covered**

Barriers to Coverage: **Some barriers exist to access care**

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

Counseling: **Limited counseling is covered**

Barriers to Coverage: **Some barriers exist to access care**

STATE QUITLINE:

Investment per Smoker: **$0.27; the median investment per smoker is $2.10**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **Yes**

Tobacco Surcharge: **Prohibits tobacco surcharges**

Citation: See New Jersey Tobacco Cessation Coverage page for coverage details.

Minimum Age: A

Minimum Age of Sales for Tobacco Products: **21**

Thumbs Up for New Jersey for passing legislation to increase the tobacco sales age to 21.

New Jersey State Highlights:

AMERICAN LUNG ASSOCIATION.

STATE OF TOBACCO CONTROL 2018

Tobacco use remains the leading cause of preventable death and disease in the United States and in New Jersey. To address this enormous toll, the American Lung Association in New Jersey calls for the following actions to be taken by our elected officials:

1. Increase the tobacco tax and create tax parity between the tax on cigarettes and other tobacco

products, including electronic cigarettes; and

2. Secure state tobacco prevention and cessation funding.

New Jersey receives about $944 million from tobacco Master Settlement Agreement payments and tobacco taxes each year. Fiscal year 2018 is the first time in seven years that funding has been allocated to tobacco use prevention and cessation by the state. $500,000 in state funding will go to support tobacco control programs. In addition, a bill that has the potential to dedicate up to $7 million to tobacco control programs from tobacco tax revenues each year starting in fiscal year 2019 was approved during 2017. The Lung Association in New Jersey will advocate for this bill to be implemented as part of next year's budget.

In 2017, a bill to increase the minimum age of sale for tobacco products to 21 was introduced and passed in both chambers of the legislature. It was uncertain how Governor Chris Christie would react to the bill since he vetoed a similar bill several years earlier. However, the Governor ended up signing the bill into law. With that action, New Jersey became the 3rd state to pass a Tobacco 21 law.

The municipality of Quinton, New Jersey became the 8th municipality in Salem County to adopt an Outdoor Smokefree Recreation Ordinance, on July 6, 2017, which prohibits the use of all tobacco products including electronic cigarettes and vaping devices in Quinton parks, recreation areas, as well as municipal buildings and vehicles.

The American Lung Association in New Jersey will continue to educate lawmakers on the ongoing fight against tobacco. Our goal is to build champions within the legislature and a groundswell of advocates to advance our goals: the equalization of taxes on other tobacco products and funding to prevent our youth from starting to smoke as well as helping individuals who want to quit to do so.

New Jersey State Facts

Health Care Costs Due to Smoking:	$4,065,531,641
Adult Smoking Rate:	14.0%
Adult Tobacco Use Rate:	15.6%
High School Smoking Rate:	8.2%
High School Tobacco Use Rate:	N/A
Middle School Smoking Rate:	1.2%
Smoking Attributable Deaths:	11,780

Adult smoking and tobacco use data come from CDC's 2016 Behavioral Risk Factor Surveillance System. High school and middle school smoking rates are taken from the 2015 Youth Tobacco Survey. A current high school tobacco use rate is not available for this state.

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:

American Lung Association in New Jersey
(908) 685-8040
www.lung.org/newjersey

NEW JERSEY

New Mexico Report Card

AMERICAN LUNG ASSOCIATION.

STATE OF TOBACCO CONTROL 2018

NEW MEXICO

Tobacco Prevention and Control Program Funding: F

FY2018 State Funding for Tobacco Control Programs:	$5,684,500
FY2018 Federal Funding for State Tobacco Control Programs:	$1,469,378*
FY2018 Total Funding for State Tobacco Control Programs:	$7,153,878
CDC Best Practices State Spending Recommendation:	$22,800,000
Percentage of CDC Recommended Level:	31.4%
State Tobacco-Related Revenue:	$131,800,000

*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: B

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government Worksites: **Prohibited**

Private Worksites: **Prohibited (non-public workplaces with two or fewer employees exempt)**

Schools: **Prohibited**

Child Care Facilities: **Prohibited**

Restaurants: **Prohibited**

Bars: **Prohibited (allowed in cigar bars)**

Casinos/Gaming Establishments: **No provision**

Retail Stores: **Prohibited**

Recreational/Cultural Facilities: **Prohibited**

Penalties:**Yes**

Enforcement: **Yes**

Preemption: **No**

Citation: N.M. STAT. ANN. §§ 24-16-1 et seq. (2007).

Tobacco Taxes: F

CIGARETTE TAX:

Tax Rate per pack of 20: **$1.66**

OTHER TOBACCO PRODUCT TAXES:

Tax on little cigars: **Equalized: Yes; Weight-Based: No**

Tax on large cigars: **Equalized: No; Weight-Based: No**

Tax on smokeless tobacco: **Equalized: No; Weight-Based: No**

Tax on pipe/RYO tobacco: **Equalized: No; Weight-Based: No**

Tax on Dissolvable tobacco: **Equalized: No; Weight-Based: No**

For more information on tobacco taxes, go to: http://slati.lung.org/slati/states.php

Access to Cessation Services: D

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **Most medications are covered**

Counseling: **Limited counseling is covered**

Barriers to Coverage: **Significant barriers exist to access care**

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **Data not provided***

Counseling: **Data not provided***

Barriers to Coverage: **Data not provided***

STATE QUITLINE:

Investment per Smoker: **$6.60; the median investment per smoker is $2.10**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **Yes**

Tobacco Surcharge: **No prohibition or limitation on tobacco surcharges**

Citation: See New Mexico Tobacco Cessation Coverage page for coverage details.

*Current data on tobacco cessation coverage for state employees was not provided this year, therefore zero points were awarded in the State Employee Health Plans subcategory.

Minimum Age: F

Minimum Age of Sale for Tobacco Products: **18**

New Mexico State Highlights:

AMERICAN LUNG ASSOCIATION. | STATE OF TOBACCO CONTROL 2018

NEW MEXICO

Tobacco use remains the leading cause of preventable death and disease in the United States and in New Mexico. To address this enormous toll, the American Lung Association in New Mexico calls for the following actions to be taken by our elected officials:

1. Raise the tax on cigarettes and other tobacco products including snuff, chewing tobacco and cigars/cigarillos;
2. Maintain or increase funding for state's tobacco prevention and control program; and
3. Protect New Mexicans from secondhand smoke exposure, including in multi-unit housing.

The American Lung Association in New Mexico provides leadership in convening partners and guiding public policy efforts to continue the state's success in reducing the impact of tobacco among New Mexicans. Together with our partners, the American Lung Association in New Mexico works to ensure tobacco control and prevention remains a priority for state legislators and local decision makers.

In 2017, our focus was to continue to educate legislators, legislative staff, and the general public about smoking and the importance of providing tobacco cessation programs for adults and youth, and the dangers of secondhand smoke. During the legislative session, the Lung Association along with our partners were unsuccessful in passing legislation to raise the state's cigarette tax by $1.50 per pack and impose an equivalent tax on other tobacco products including cigars, smokeless tobacco and electronic cigarettes. The legislation would have generated an estimated $31.66 million in new revenue for the state of New Mexico while dramatically reducing adult and youth tobacco use rates.

The American Lung Association in New Mexico's Smoke-Free at Home NM program provides education and support to property managers and owners on the economic and health benefits of implementing smokefree policies in multi-unit housing. In 2017, the Lung Association continued to help public, affordable, and market rate housing implement smokefree policies building on our efforts from previous years. Smoke-Free at Home NM certified seven properties as smokefree representing 554 units and approximately 1,354 residents, while an additional 15 properties implemented our Thinking About Quitting workshops helping smokers who were interested in quitting.

Moving forward in 2018, the American Lung Association in New Mexico will once again make it a priority to educate our legislature and communities about the dangers of tobacco use and the importance of a well-funded tobacco prevention and cessation program. Additionally, we will be working on raising the excise tax on tobacco products. The American Lung Association in New Mexico will also continue to focus on creating smokefree multi-unit housing. It is our goal to provide all New Mexicans with a safe and healthy living environment, free from the dangers of secondhand smoke.

New Mexico State Facts

Health Care Costs Due to Smoking:	$843,869,235
Adult Smoking Rate:	16.6%
Adult Tobacco Use Rate:	19.4%
High School Smoking Rate:	11.4%
High School Tobacco Use Rate:	32.2%
Middle School Smoking Rate:	N/A
Smoking Attributable Deaths:	2,630

Adult smoking and tobacco use data come from CDC's 2016 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use data come from the 2015 Youth Risk Behavior Surveillance System. A current middle school smoking rate is not available for this state.

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:

American Lung Association in New Mexico
(505) 265-0732
www.lung.org/newmexico

New York Report Card

AMERICAN LUNG ASSOCIATION. | STATE OF TOBACCO CONTROL 2018

NEW YORK

Tobacco Prevention and Control Program Funding: F

FY2018 State Funding for Tobacco Control Programs:	$39,330,600
FY2018 Federal Funding for State Tobacco Control Programs:	$3,155,603*
FY2018 Total Funding for State Tobacco Control Programs:	$42,486,203
CDC Best Practices State Spending Recommendation:	$203,000,000
Percentage of CDC Recommended Level:	20.9%
State Tobacco-Related Revenue:	$2,067,600,000

*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: **Prohibited**

Private Worksites: **Prohibited**

Schools: **Prohibited**

Child Care Facilities: **Prohibited**

Restaurants: **Prohibited**

Bars: **Prohibited (allowed in cigar bars and allows for an economic hardship waiver)**

Casinos/Gaming Establishments: **Prohibited (tribal establishments exempt)**

Retail Stores: **Prohibited**

Recreational/Cultural Facilities: **Prohibited**

Penalties:**Yes**

Enforcement: **Yes**

Preemption: **No**

Citation: N.Y. [PUB. HEALTH] LAW §§ 1399-n et seq. (2003).

Tobacco Taxes: B

CIGARETTE TAX:

Tax Rate per pack of 20: **$4.35**

OTHER TOBACCO PRODUCT TAXES:

Tax on little cigars: **Equalized: Yes; Weight-Based: No**

Tax on large cigars: **Equalized: No; Weight-Based: No**

Tax on smokeless tobacco: **Equalized: No; Weight-Based: Yes**

Tax on pipe/RYO tobacco: **Equalized: No; Weight-Based: No**

Tax on Dissolvable tobacco: **Equalized: No; Weight-Based: Yes**

For more information on tobacco taxes, go to: http://slati.lung.org/slati/states.php

Thumbs Up for New York for being tied for the highest state cigarette tax in the country.

Access to Cessation Services: C

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **Most medications are covered**

Counseling: **Most counseling is covered**

Barriers to Coverage: **Some barriers exist to access care**

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **Some medications are covered**

Counseling: **Limited counseling is covered**

Barriers to Coverage: **Some barriers exist to access care**

STATE QUITLINE:

Investment per Smoker: **$2.36; the median investment per smoker is $2.10**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: Insurance commissioner guidance

Tobacco Surcharge: **Prohibits tobacco surcharges**

Citation: See New York Tobacco Cessation Coverage page for coverage details.

Minimum Age: D*

Minimum Age of Sale for Tobacco Products: **18**

* New York has 57% of the state's population covered by Tobacco 21 ordinances/regulations. If a state has more than 50% of its population covered by local ordinances/regulations, the state is graded based on population covered by those local ordinances/regulations rather than the statewide law.

New York State Highlights:

Tobacco use remains the leading cause of preventable death and disease in the United States and in New York. To address this enormous toll, the American Lung Association in New York calls for the following actions to be taken by our elected officials:

1. Raise the age of sale for tobacco products to 21;
2. Restore funding to New York's Tobacco Control Program; and
3. Expand the amount of smokefree spaces in New York.

2017 was an interesting year for tobacco control in New York State. The state Senate recognized the necessity to close the "loop-hole" and joined the Assembly in voting to include electronic cigarettes in the state Clean Indoor Air Act. The bill was then signed into law by Governor Cuomo in October. This means that the use of electronic cigarettes are now be prohibited indoors, like traditional smoked tobacco products. A bill was also passed to require the registration of electronic cigarette vendors with the Department of Taxation and Finance. This bill was vetoed by the Governor. On the budget side, this year we saw level-funding for tobacco control at $39.3 million and no new tobacco taxes enacted.

There continued to be significant progress on the local level on Tobacco 21 legislation. We saw many counties pass legislation which prohibits the sale of tobacco to those under the age of 21, and now more than 50 percent of New Yorkers are now covered by local Tobacco 21 laws. Additionally, we saw the passage of a comprehensive package of tobacco control legislation in New York City, which among other things, prohibited the sale of tobacco in pharmacies, reduced the number of tobacco licenses available to retailers, increased the minimum price of tobacco products and expanded smokefree housing.

Our local tobacco coalitions, funded by the state Department of Health, continue to educate communities about the importance of limiting point of sale advertising by restricting the number, location and/or type of retailers that sell tobacco products. As a result of these efforts, Rockland County recently became the first county in New York to prohibit the sale of tobacco in pharmacies. Other initiatives include working with communities to develop tobacco free outdoor policies and smoke free multi-unit housing.

In 2018, it is imperative that the state increase funding for the state tobacco control program. The lack of funding has had a direct impact on the ability to fight tobacco use disparities that continue to exist in certain areas and populations across our state. Increased funding will allow for interventions targeted to specific populations that have smoking rates that are double or triple the rest of the population.

The American Lung Association in New York will also push for legislation that prohibits the sale of tobacco products to those under age 21. Additionally, we will continue to pursue comprehensive smokefree laws to expand the number of smokefree spaces in New York. New York has a long history of leading on tobacco control efforts, it is time for decision-makers to take decisive action to save lives. The status quo will not suffice.

New York State Facts

Health Care Costs Due to Smoking:	$10,389,849,268
Adult Smoking Rate:	14.2%
Adult Tobacco Use Rate:	15.6%
High School Smoking Rate:	4.3%
High School Tobacco Use Rate:	25.4%
Middle School Smoking Rate:	1.2%
Smoking Attributable Deaths:	28,170

Adult smoking and tobacco use data come from CDC's 2016 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use data come from the 2016 New York Youth Tobacco Survey. Middle school smoking rate is taken from the New York 2014 Youth Tobacco Survey.

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:

American Lung Association in New York
(518) 465-2013
www.lung.org/newyork

North Carolina Report Card

AMERICAN LUNG ASSOCIATION.

STATE OF TOBACCO CONTROL 2018

NORTH CAROLINA

Tobacco Prevention and Control Program Funding: F

FY2018 State Funding for Tobacco Control Programs:	$2,100,000
FY2018 Federal Funding for State Tobacco Control Programs:	$3,309,154*
FY2018 Total Funding for State Tobacco Control Programs:	$5,409,154
CDC Best Practices State Spending Recommendation:	$99,300,000
Percentage of CDC Recommended Level:	5.4%
State Tobacco-Related Revenue:	$450,500,000

*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: F

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government Worksites: **Restricted (prohibited in state government buildings)**

Private Worksites: **No provision**

Schools: **Prohibited (public schools only)**

Child Care Facilities: **Restricted**

Restaurants: **Prohibited**

Bars: **Prohibited (allowed in cigar bars)**

Casinos/Gaming Establishments: **N/A (tribal casinos only)**

Retail Stores: **No provision**

Recreational/Cultural Facilities: **No provision**

Penalties:**Yes**

Enforcement: **Yes**

Preemption: **Yes (private workplaces and other specific venues)**

Citation: N.C. GEN. STAT. §§ 130A-491 to 130A-498 (2010), 115C-407 (2007), 131D-4.4 (2007) & 131E-114.3 (2007).

Tobacco Taxes: F

CIGARETTE TAX:

Tax Rate per pack of 20: **$0.45**

OTHER TOBACCO PRODUCT TAXES:

Tax on little cigars: **Equalized: Yes; Weight-Based: No**

Tax on large cigars: **Equalized: Yes; Weight-Based: No**

Tax on smokeless tobacco: **Equalized: Yes; Weight-Based: No**

Tax on pipe/RYO tobacco: **Equalized: Yes; Weight-Based: No**

Tax on Dissolvable tobacco: **Equalized: Yes; Weight-Based: No**

For more information on tobacco taxes, go to: http://slati.lung.org/slati/states.php

Thumbs down for North Carolina for having the fifth lowest cigarette tax in the country.

Access to Cessation Services: F

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **All 7 medications are covered**

Counseling: **Most counseling is covered**

Barriers to Coverage: **Minimal barriers exist to access care**

Medicaid Expansion: **No**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

Counseling: **Some counseling is covered**

Barriers to Coverage: **Some barriers exist to access care**

STATE QUITLINE:

Investment per Smoker: **$0.99; the median investment per smoker is $2.10**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

Tobacco Surcharge: **Limits tobacco surcharges**

Citation: See North Carolina Tobacco Cessation Coverage page for coverage details.

Minimum Age: F

Minimum Age of Sale for Tobacco Products: **18**

North Carolina State Highlights:

AMERICAN LUNG ASSOCIATION.

STATE OF TOBACCO CONTROL 2018

Tobacco use remains the leading cause of preventable death and disease in the United States and in North Carolina. To address this enormous toll, the American Lung Association in North Carolina calls for the following actions to be taken by our elected officials:

1. Restore funding for tobacco use prevention and cessation programs, including QuitlineNC;
2. Increase the state cigarette tax by at least $1.00 per pack; and
3. Resist attempts to weaken the smokefree restaurants and bars law and expand the law to include all public places and private worksites.

The American Lung Association has identified restoration of funding for the state's tobacco use prevention and cessation programs as the number one prerequisite to improving the health of North Carolinians. In 2017, the North Carolina General Assembly added funding for the state's tobacco use prevention and cessation program. While funding levels remain far from the $17.3 million the tobacco use prevention and cessation programs received in 2011 and before, these new funds are badly needed and much appreciated.

QuitlineNC, the state's phone counseling service for tobacco users, received an additional $250,000 in state funding in fiscal year 2018 to add to its $1.1 million. Demand for Quitline services is great. In previous years the Quitline had to cut back on services to avoid shutting down before the end of the fiscal year. $500,000 in new funds were provided to the state's tobacco prevention program, and $250,000 in funding was again allocated for You Quit, Two Quit, a program to screen and treat tobacco use in women of reproductive age, pregnant and postpartum mothers. All together, tobacco use prevention and cessation initiatives received $2.1 million in state funding for fiscal year 2018.

The American Lung Association in North Carolina will continue to partner with the North Carolina Alliance for Health as it defends against any threats or attempts to weaken the smokefree restaurants and bars law and seeks options for strengthening protections for nonsmokers. An increase in North Carolina's 45-cent cigarette tax is overdue and should be a significant increase. Price increases of $1.00 per pack or more have repeatedly been shown to reduce youth and adult smoking rates. The Lung Association in North Carolina, along with other partners, will continue to emphasize increased funding for tobacco use prevention programs and for QuitlineNC.

North Carolina State Facts

Health Care Costs Due to Smoking:	$3,809,676,476
Adult Smoking Rate:	17.9%
Adult Tobacco Use Rate:	21.1%
High School Smoking Rate:	9.3%
High School Tobacco Use Rate:	27.5%
Middle School Smoking Rate:	2.3%
Smoking Attributable Deaths:	14,220

Adult smoking and tobacco use data come from CDC's 2016 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use and middle school smoking rates are taken from the 2015 North Carolina Youth Tobacco Survey.

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:

American Lung Association in North Carolina
(980)-237-6611
www.lung.org/northcarolina

NORTH CAROLINA

NORTH DAKOTA

North Dakota Report Card

AMERICAN LUNG ASSOCIATION.

STATE OF TOBACCO CONTROL 2018

Tobacco Prevention and Control Program Funding: C

FY2018 State Funding for Tobacco Control Programs:	$5,286,667
FY2018 Federal Funding for State Tobacco Control Programs:	$928,674*
FY2018 Total Funding for State Tobacco Control Programs:	$6,215,341
CDC Best Practices State Spending Recommendation:	$9,800,000
Percentage of CDC Recommended Level:	63.4%
State Tobacco-Related Revenue:	$54,400,000

*Includes tobacco prevention and cessation funding provided to states from the Centers for Disease Control and Prevention and U.S. Food and Drug Administration.

Thumbs down for North Dakota for eliminating the Center for Tobacco Prevention and Policy and reducing funding for tobacco control programs by over $3.2 million this fiscal year.

Smokefree Air: A

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government Worksites: **Prohibited**

Private Worksites: **Prohibited**

Schools: **Prohibited**

Child Care Facilities: **Prohibited**

Restaurants: **Prohibited**

Bars: **Prohibited**

Casinos/Gaming Establishments: **Prohibited (tribal establishments exempt)**

Retail Stores: **Prohibited**

Recreational/Cultural Facilities: **Prohibited**

Penalties:**Yes**

Enforcement: **Yes**

Preemption: **No**

Citation: N.D. CENT. CODE §§ 23-12-9 to 23-12-11 (2013).

Tobacco Taxes: F

CIGARETTE TAX:

Tax Rate per pack of 20: **$0.44**

OTHER TOBACCO PRODUCT TAXES:

Tax on little cigars: **Equalized: Yes; Weight-Based: No**

Tax on large cigars: **Equalized: Yes; Weight-Based: No**

Tax on smokeless tobacco: **Equalized: No; Weight-Based: Yes**

Tax on pipe/RYO tobacco: **Equalized: Yes; Weight-Based: No**

Tax on Dissolvable tobacco: **Equalized: No; Weight-Based: Yes**

For more information on tobacco taxes, go to: http://slati.lung.org/slati/states.php

Thumbs down for North Dakota for having the fourth lowest cigarette tax in the country.

Access to Cessation Services: C

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **All 7 medications are covered**

Counseling: **Limited counseling is covered**

Barriers to Coverage: **Significant barriers exist to access care**

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

Counseling: **All 3 forms of counseling are covered**

Barriers to Coverage: **Some barriers exist to access care**

STATE QUITLINE:

Investment per Smoker: **$7.62; the median investment per smoker is $2.10**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **Yes**

Tobacco Surcharge: **No prohibition or limitation on tobacco surcharges**

Citation: See North Dakota Tobacco Cessation Coverage page for coverage details.

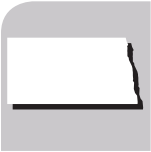
Minimum Age: F

Minimum Age of Sale for Tobacco Products: **18**

North Dakota State Highlights:

AMERICAN LUNG ASSOCIATION.

STATE OF TOBACCO CONTROL 2018



Tobacco use remains the leading cause of preventable death and disease in the United States and in North Dakota. To address this enormous toll, the American Lung Association in North Dakota calls for the following actions to be taken by our elected officials.

1. Raise the state tobacco tax currently among the nation's lowest at 44 cents per pack;
2. Raise the age of sale for all tobacco products to 21 years old; and
3. Replace the dollars taken from the fully-funded state tobacco control program.

The North Dakota Center for Tobacco Prevention and Control Policy was formed as a result of an initiated measure in 2008, requiring that a portion of the funds that the state received from the tobacco Master Settlement Agreement be dedicated to reducing tobacco use utilizing proven tobacco control strategies. During the 2017 Legislative session the Center was dismantled and tobacco control funding reduced, no longer meeting the Centers for Disease Control and Prevention's standard of a "fully funded" program.

The American Lung Association in North Dakota worked hard to educate decision makers on the results that had been achieved over the lifespan of the Center, including a dramatic reduction in youth tobacco use rates, smooth implementation and compliance with the statewide smokefree law, and school tobacco-free policies across the state. The Lung Association emphasized that a vote of the people is a strong statement of support and should be honored, including keeping the tobacco control program fully funded. The legislative action resulted in substantial cuts to the once fully funded program, along with administration of the program put under the state Department of Health.

The Lung Association has worked in raising the awareness of the toll of tobacco on those with mental illness and/or substance use disorders for several years, educating providers on the need to address tobacco use. One highlight of the 2017 legislative session was the Scope of Practice for licensed addiction counselors in North Dakota being expanded to include treatment for nicotine addiction. It is hoped this will result in more patients with mental illness or substance use disorders being asked about their tobacco use, advised to quit and assisted with such effort.

The American Lung Association in North Dakota will continue to educate both state and local decisions makers on the need to increase the price of tobacco products, the benefits of an increase, along with increasing the sales age for tobacco products to 21.

North Dakota State Facts

Health Care Costs Due to Smoking:	$325,798,988
Adult Smoking Rate:	19.8%
Adult Tobacco Use Rate:	24.3%
High School Smoking Rate:	11.7%
High School Tobacco Use Rate:	31.1%
Middle School Smoking Rate:	3.6%
Smoking Attributable Deaths:	980

Adult smoking and tobacco use data come from CDC's 2016 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 2015 Youth Tobacco Survey.

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:

American Lung Association in North Dakota
(701) 223-5613
www.lung.org/northdakota

NORTH DAKOTA

Ohio Report Card

AMERICAN LUNG ASSOCIATION. | STATE OF TOBACCO CONTROL 2018

OHIO

Tobacco Prevention and Control Program Funding: F

FY2018 State Funding for Tobacco Control Programs:	$12,500,000
FY2018 Federal Funding for State Tobacco Control Programs:	$2,046,252*
FY2018 Total Funding for State Tobacco Control Programs:	$14,546,252
CDC Best Practices State Spending Recommendation:	$132,000,000
Percentage of CDC Recommended Level:	11.0%
State Tobacco-Related Revenue:	$1,332,000,000

*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: **Prohibited**

Private Worksites: **Prohibited**

Schools: **Prohibited**

Child Care Facilities: **Prohibited**

Restaurants: **Prohibited**

Bars: **Prohibited**

Casinos/Gaming Establishments: **Prohibited**

Retail Stores: **Prohibited**

Recreational/Cultural Facilities: **Prohibited**

Penalties:**Yes**

Enforcement: **Yes**

Preemption: **No**

Citation: OHIO REV. CODE ANN §§ 3794.01 to 3794.09 (2006).

Tobacco Taxes: F

CIGARETTE TAX:

Tax Rate per pack of 20: **$1.60**

OTHER TOBACCO PRODUCT TAXES:

Tax on little cigars: **Equalized: Yes; Weight-Based: No**

Tax on large cigars: **Equalized: No; Weight-Based: No**

Tax on smokeless tobacco: **Equalized: No; Weight-Based: No**

Tax on pipe/RYO tobacco: **Equalized: No; Weight-Based: No**

Tax on Dissolvable tobacco: **Equalized: No; Weight-Based: No**

For more information on tobacco taxes, go to: http://slati.lung.org/slati/states.php

Access to Cessation Services: D

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **All 7 medications are covered**

Counseling: **All 3 forms of counseling are covered**

Barriers to Coverage: **Limited barriers exist to access care**

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **Some medications are covered**

Counseling: **Some counseling is covered**

Barriers to Coverage: **Some barriers exist to access care**

STATE QUITLINE:

Investment per Smoker: **$0.98; the median investment per smoker is $2.10**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

Tobacco Surcharge: **No prohibition or limitation on tobacco surcharges**

Citation: See Ohio Tobacco Cessation Coverage page for coverage details.

Thumbs Up for Ohio for providing comprehensive coverage for all tobacco cessation medications and types of counseling with minimal barriers to Medicaid enrollees.

Minimum Age: F

Minimum Age of Sale for Tobacco Products: **18**

Ohio State Highlights:

AMERICAN LUNG ASSOCIATION.

STATE OF TOBACCO CONTROL 2018

OHIO

Tobacco use remains the leading cause of preventable death and disease in the United States and in Ohio. To address this enormous toll, the American Lung Association in Ohio calls for the following actions to be taken by our elected officials:

1. Pass Tobacco 21 laws to increase the minimum age of sale for tobacco products to 21 in additional cities in the state;
2. Match the tax on non-cigarette forms of tobacco like spit tobacco, cigars and hookah to the cigarette tax; and
3. Increase funding for tobacco prevention and cessation programs.

During the 2017 legislative session, Governor Kasich proposed a 60-cent increase in the tax on cigarettes and other tobacco products. The American Lung Association in Ohio and a broad coalition of partners encouraged the legislature to go even higher and raise the tax by at least $1.00 per pack. Unfortunately, the proposal did not gain much traction in the legislature and an increase in tobacco taxes was not included in the final state budget that was adopted.

The legislature also proposed drastic cuts to funding for tobacco cessation and prevention programs in Ohio. The Lung Association and partners worked to restore those cuts and funding was ultimately maintained at $12.5 million a year.

While increasing the taxes on cigarettes may not be likely to happen in 2018, the Lung Association will continue to work with our partners to call for parity for taxes on non-cigarette forms of tobacco like spit tobacco, cigars, and e-cigs. These tobacco products attract younger, more price sensitive consumers and raising taxes on these products to achieve parity with cigarette taxes can prevent some kids from becoming addicted in the first place.

The Lung Association worked with coalitions and other interested parties around the state to help move their cities closer to passing laws to increase the minimum sales age for tobacco products to 21 often referred to as Tobacco 21 laws. In June of 2017, the City of Powell became the 8th community in Ohio to pass a Tobacco 21 law. Numerous other cities, such as Cincinnati, Dayton, Delaware, Dublin and Toledo are working towards enacting their own local Tobacco 21 ordinances.

As we look to 2018, the American Lung Association in Ohio will continue to work with a broad coalition of stakeholders to fully fund evidence-based tobacco prevention and cessation programs and pass Tobacco 21 laws in Ohio's cities.

Ohio State Facts

Health Care Costs Due to Smoking:	$5,647,310,236
Adult Smoking Rate:	22.5%
Adult Tobacco Use Rate:	25.7%
High School Smoking Rate:	15.1%
High School Tobacco Use Rate:	N/A
Middle School Smoking Rate:	2.6%
Smoking Attributable Deaths:	20,180

Adult smoking and tobacco use data come from CDC's 2016 Behavioral Risk Factor Surveillance System. High school smoking rate is taken from the 2013 Youth Risk Behavior Surveillance System. Middle school smoking rate is taken from the 2014 Youth Tobacco Survey. A current high school tobacco use rate is not available for this state.

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:

American Lung Association in Ohio
(614) 279-1700
www.lung.org/ohio

Oklahoma Report Card

AMERICAN LUNG ASSOCIATION. | STATE OF TOBACCO CONTROL 2018

OKLAHOMA

Tobacco Prevention and Control Program Funding: D

FY2018 State Funding for Tobacco Control Programs:	$22,900,000
FY2018 Federal Funding for State Tobacco Control Programs:	$1,283,271*
FY2018 Total Funding for State Tobacco Control Programs:	$24,183,271
CDC Best Practices State Spending Recommendation:	$42,300,000
Percentage of CDC Recommended Level:	57.2%
State Tobacco-Related Revenue:	$389,500,000

*Includes tobacco prevention and cessation funding provided to states from the Centers for Disease Control and Prevention and U.S. Food and Drug Administration.

Thumbs Up for Oklahoma for constitutionally protecting its allocation of tobacco settlement dollars, so a consistent investment in tobacco prevention and cessation can be made.

Smokefree Air: D

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government Worksites: **Restricted** (**prohibited** on state government property)

Private Worksites: **Restricted**

Schools: **Prohibited**

Child Care Facilities: **Prohibited**

Restaurants: **Restricted**

Bars: **No provision**

Casinos/Gaming Establishments: **Restricted (tribal establishments exempt)**

Retail Stores: **Prohibited**

Recreational/Cultural Facilities: **Prohibited**

Penalties:**Yes**

Enforcement: **Yes**

Preemption: **Yes**

Citation: OKLA. STAT. ANN. tit. 21, § 1247 & tit. 63, §§ 1-1521 et seq. (2015).

Tobacco Taxes: F

CIGARETTE TAX:

Tax Rate per pack of 20: **$1.03**

OTHER TOBACCO PRODUCT TAXES:

Tax on little cigars: **Equalized: No; Weight-Based: No**

Tax on large cigars: **Equalized: No; Weight-Based: No**

Tax on smokeless tobacco: **Equalized: Yes; Weight-Based: No**

Tax on pipe/RYO tobacco: **Equalized: Yes; Weight-Based: No**

Tax on Dissolvable tobacco: **Equalized: Yes; Weight-Based: No**

For more information on tobacco taxes, go to: http://slati.lung.org/slati/states.php

Access to Cessation Services: B

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **All 7 medications are covered**

Counseling: **Most counseling is covered**

Barriers to Coverage: **Limited barriers exist to access care**

Medicaid Expansion: **No**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **Most medications are covered**

Counseling: **Some counseling is covered**

Barriers to Coverage: **Some barriers exist to access care**

STATE QUITLINE:

Investment per Smoker: **$10.15; the median investment per smoker is $2.10**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

Tobacco Surcharge: **No prohibition or limitation on tobacco surcharges**

Citation: See Oklahoma Tobacco Cessation Coverage page for coverage details.

Minimum Age: F

Minimum Age of Sale for Tobacco Products: **18**

Oklahoma State Highlights:

AMERICAN LUNG ASSOCIATION.

STATE OF TOBACCO CONTROL 2018

Tobacco use remains the leading cause of preventable death and disease in the United States and in Oklahoma. To address this enormous toll, the American Lung Association in Oklahoma calls for the following actions to be taken by our elected officials:

1. Maintain dedicated funding for tobacco prevention and cessation programs;

2. Increase the cigarette by at least a $1.00 per pack; and

3. Pass a comprehensive statewide smokefree law that protects all workers and patrons from secondhand smoke.

During the 2017 legislative session, the American Lung Association along with our partners worked to increase the price of cigarettes by $1.50 per pack. The bill was passed by the legislature and enacted by Gov. Mary Fallin. However, the Oklahoma Supreme Court later in 2017 ruled the increase, which had been called a fee and passed by a simple majority, unconstitutional. Revenue-raising bills in Oklahoma have to meet several special requirements, including being supported by three-quarters of members in each house of the state legislature. An increase in price would provide big benefits to the state, including preventing nearly 32,000 Oklahoma kids from starting to smoke, prompting nearly as many adults to quit and preventing approximately 18,000 tobacco-related deaths.

Dedicated funding from the tobacco Master Settlement Agreement (MSA) for the Oklahoma Tobacco Settlement Endowment Trust (TSET) remained intact for fiscal year 2018. Oklahoma voters made a wise decision by putting 75 percent of MSA payments each year into TSET, and the Lung Association will oppose any attempts to raid these funds by the legislature.

Program initiatives of TSET and the Oklahoma Department of Health to prevent and reduce tobacco use include the Oklahoma Tobacco Helpline at 1-800-QUIT-NOW, cessation systems grants, community grants covering over 85 percent of the state's population, funding for tribal nations and other priority populations and statewide media campaigns intended to change the social norms related to tobacco use.

In 2018, the American Lung Association in Oklahoma, along with public health partners, will continue to raise public awareness regarding the need for a comprehensive statewide smokefree law. We will continue to support legislation that would increase the price cigarette by a $1.50 per pack, and continue to protect funding for TSET and the Oklahoma Department of Health.

Oklahoma State Facts

Health Care Costs Due to Smoking:	$1,622,429,589
Adult Smoking Rate:	19.6%
Adult Tobacco Use Rate:	23.8%
High School Smoking Rate:	13.1%
High School Tobacco Use Rate:	31.4%
Middle School Smoking Rate:	4.1%
Smoking Attributable Deaths:	7,490

Adult smoking and tobacco use data come from CDC's 2016 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 2016 Youth Tobacco Survey.

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:

American Lung Association in Oklahoma
(405) 748-4674
www.lung.org/oklahoma

OKLAHOMA

Oregon Report Card

AMERICAN LUNG ASSOCIATION. | STATE OF TOBACCO CONTROL 2018

OREGON

Tobacco Prevention and Control Program Funding: F

FY2018 State Funding for Tobacco Control Programs:	$8,150,000
FY2018 Federal Funding for State Tobacco Control Programs:	$1,165,203*
FY2018 Total Funding for State Tobacco Control Programs:	$9,315,203
CDC Best Practices State Spending Recommendation:	$39,300,000
Percentage of CDC Recommended Level:	23.7%
State Tobacco-Related Revenue:	$353,100,000

*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: **Prohibited**

Private Worksites: **Prohibited**

Schools: **Prohibited**

Child Care Facilities: **Prohibited**

Restaurants: **Prohibited**

Bars: **Prohibited (allowed in cigar bars)**

Casinos/Gaming Establishments: **Prohibited (tribal establishments exempt)**

Retail Stores: **Prohibited (allowed in smoke shops)**

Recreational/Cultural Facilities: **Prohibited**

Penalties:**Yes**

Enforcement: **Yes**

Preemption: **No**

Citation: OR. REV. STAT. §§ 433.835 to 433.990 (2015).

Tobacco Taxes: F

CIGARETTE TAX:

Tax Rate per pack of 20: **$1.33***

*On January 1, 2018, the cigarette tax increased from $1.32 to $1.33 per pack.

OTHER TOBACCO PRODUCT TAXES:

Tax on little cigars: **Equalized: Yes; Weight-Based: No**

Tax on large cigars: **Equalized: No; Weight-Based: No**

Tax on smokeless tobacco: **Equalized: Yes; Weight-Based: Yes**

Tax on pipe/RYO tobacco: **Equalized: Yes; Weight-Based: No**

Tax on Dissolvable tobacco: **Equalized: Yes; Weight-Based: Yes**

For more information on tobacco taxes, go to: http://slati.lung.org/slati/states.php

Access to Cessation Services: C

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **All 7 medications are covered**

Counseling: **Most counseling is covered**

Barriers to Coverage: **Some barriers exist to access care**

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **Some medications are covered**

Counseling: **Most counseling is covered**

Barriers to Coverage: **Some barriers exist to access care**

STATE QUITLINE:

Investment per Smoker: **$2.25*; the median investment per smoker is $2.10**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **Yes**

Tobacco Surcharge: **No prohibition or limitation on tobacco surcharges**

Citation: See Oregon Tobacco Cessation Coverage page for coverage details.

*Investment per smoker amount does not include money contributed by Coordinated Care Organizations (CCOs) to the state quitline.

Minimum Age: A

Minimum Age of Sales for Tobacco Products: **21**

Thumbs Up for Oregon for increasing the tobacco sales age to 21.

Oregon State Highlights:

AMERICAN LUNG ASSOCIATION. | STATE OF TOBACCO CONTROL 2018

Tobacco use remains the leading cause of preventable death and disease in the United States and in Oregon. To address this enormous toll, the American Lung Association in Oregon calls for the following actions to be taken by our elected officials:

1. Raise tobacco taxes with a portion of the new revenue dedicated to tobacco prevention and cessation programs;
2. Secure additional funding for Oregon's Tobacco Prevention and Education Program; and
3. Defend Oregon's Indoor Clean Air Act.

During the 2017 legislative session, the American Lung Association in Oregon's main focus was Senate Bill 754, which proposed raising the minimum sales age for all tobacco products to 21 years old. Senator Elizabeth Steiner Hayward championed this legislation that had the support of many public health and other organizations. Oregon youth engaged and testified in support of this legislation, and spoke at a press conference where Gov. Kate Brown spoke in support of this policy. Senate Bill 754 passed both houses with bi-partisan support and was signed by Governor Brown on August 9, 2017. The law took effect on January 1, 2018. The American Lung Association in Oregon is pleased to have Oregon join four other states in taking this additional step to protect youth from purchasing tobacco products.

Oregon's successful Tobacco Prevention and Education Program received a $3.6 million cut to its program over the next two years, despite advocates fighting for maintaining current funding levels. The Tobacco Reduction Advisory committee is working on strategies to minimize the public health effect of this significant reduction.

Several other tobacco policy bills were introduced during the 2017 session. Several bills were introduced to raise tobacco taxes, after an increase was included in Governor Brown's proposed state budget. While the legislature is generally supportive of raising the cigarette tax, the Lung Association and partners were unable to move a successful increase through the legislative process. Taxation of electronic smoking devices, tobacco retail licensure and removing preemption were also unsuccessful.

The American Lung Association in Oregon joins together with the Oregon Healthy Authority and partners to celebrate the 10th anniversary of Oregon's Indoor Clean Air Act. The legislature passed comprehensive smokefree protections in 2007 and the law continues to protect the health of Oregonians and reduces the number of residents affected by secondhand smoke.

The American Lung Association in Oregon will continue to support policies and legislation to improve the health of the state. During the short thirty-day legislative session in 2018, tobacco prevention advocates will continue to educate legislators on the benefits of increasing tobacco taxes and adequately funding tobacco prevention and cessation programs.

Oregon State Facts

Health Care Costs Due to Smoking:	$1,547,762,592
Adult Smoking Rate:	16.2%
Adult Tobacco Use Rate:	19.2%
High School Smoking Rate:	8.8%
High School Tobacco Use Rate:	23.7%
Middle School Smoking Rate:	4.3%
Smoking Attributable Deaths:	5,470

Adult smoking and tobacco use data come from CDC's 2016 Behavioral Risk Factor Surveillance System. High school (11th grade only) smoking and tobacco use and middle school (8th grade only) smoking rates are taken from the 2015 Oregon Healthy Teens Survey.

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:

American Lung Association in Oregon
(503) 924-4094
www.lung.org/oregon

Pennsylvania Report Card

AMERICAN LUNG ASSOCIATION.

STATE OF TOBACCO CONTROL 2018

PENNSYLVANIA

Tobacco Prevention and Control Program Funding: F

FY2018 State Funding for Tobacco Control Programs:	$15,822,000
FY2018 Federal Funding for State Tobacco Control Programs:	$3,017,955*
FY2018 Total Funding for State Tobacco Control Programs:	$18,839,955
CDC Best Practices State Spending Recommendation:	$140,000,000
Percentage of CDC Recommended Level:	13.5%
State Tobacco-Related Revenue:	$1,786,000,000

*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: C

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government Worksites: **Prohibited**

Private Worksites: **Prohibited**

Schools: **Prohibited**

Child Care Facilities: **Prohibited**

Restaurants: **Restricted**

Bars: **No provision**

Casinos/Gaming Establishments: **Restricted (tribal establishments exempt)**

Retail Stores: **Prohibited**

Recreational/Cultural Facilities: **Prohibited**

Penalties:**Yes**

Enforcement: **Yes**

Preemption: **Yes**

Citation: 35 PA. STAT §§ 637.1 to 637.11 (2008).

Tobacco Taxes: D

CIGARETTE TAX:

Tax Rate per pack of 20: **$2.60**

OTHER TOBACCO PRODUCT TAXES:

Tax on little cigars: **Equalized: Yes; Weight-Based: No**

Tax on large cigars: Equalized: **No; Weight-Based: N/A**

Tax on smokeless tobacco: **Equalized: No; Weight-Based: Yes**

Tax on pipe/RYO tobacco: **Equalized: No; Weight-Based: Yes**

Tax on Dissolvable tobacco: **Equalized: No; Weight-Based: Yes**

For more information on tobacco taxes, go to: http://slati.lung.org/slati/states.php

Access to Cessation Services: F

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **Most medications are covered**

Counseling: **Some counseling is covered**

Barriers to Coverage: **Some barriers exist to access care**

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **Some medications are covered**

Counseling: **Limited counseling is covered**

Barriers to Coverage: **Some barriers exist to access care**

STATE QUITLINE:

Investment per Smoker: **$1.47; the median investment per smoker is $2.10**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

Tobacco Surcharge: **No prohibition or limitation on tobacco surcharges**

Citation: See Pennsylvania Tobacco Cessation Coverage page for coverage details.

Minimum Age: F

Minimum Age of Sale for Tobacco Products: **18**

Pennsylvania State Highlights:

AMERICAN LUNG ASSOCIATION. | STATE OF TOBACCO CONTROL 2018

Tobacco use remains the leading cause of preventable death and disease in the United States and in Pennsylvania. To address this enormous toll, the American Lung Association in Pennsylvania calls for the following actions to be taken by our elected officials:

1. Support a Youth Tobacco Prevention Package to include;
   a. Increase funding for tobacco prevention and cessation programs;
   b. Increase the licensure fee to sell tobacco products;
   c. Increase the age of sale for tobacco products to age 21; and
2. Remove the exemptions from the current Clean Indoor Air Act that restricts smoking in public places and workplaces.

The 2017 legislative session brought the introduction of a Tobacco 21 bill. Senator Mario Scavello introduced a model bill that would raise the minimum legal sale age of tobacco products to 21. The announcement of Tobacco 21 bill came the same day as over 500 American Lung Association advocates attended an event at the State Capitol to demand a Tobacco 21 bill.

In 2017, the Pennsylvania Tobacco Prevention and Control Program (PATPC) focused on several types of collaborations to maximize new opportunities and sustain core tobacco control work. Collaborations occurred at the state and local levels, in addition to many PATPC presentations to national audiences. In 2017, PATPC worked closely with those implementing the new HUD smokefree regulations and continued clean air work with worksites and healthcare facilities not covered by the current clean indoor air law. PATPC also worked with the Department of Corrections to use findings from an initial pilot

study to inform draft guidance for offering cessation in state correction institutions. PATPC continues to prioritize prevention, clean air policy, cessation, and addressing health disparities both on stand-alone and collective efforts.

In a positive development, the Allegheny County Council passed a local ordinance that prohibits the use of e-cigarettes in the same places where smoking is prohibited by state law. Allegheny County includes the city of Pittsburgh.

The American Lung Association in Pennsylvania will continue to educate lawmakers on the ongoing fight against tobacco. Our goal is to build champions within the legislature and a groundswell of advocates to advance our goals: to support a youth tobacco prevention package that increases funding for tobacco prevention and cessation programs, increases the license fee to sell tobacco products, and increases the sales age for tobacco products to 21. The Lung Association will also continue to work to remove the exemptions from the current clean indoor air law.

Pennsylvania State Facts

Health Care Costs Due to Smoking:	$6,383,194,368
Adult Smoking Rate:	18.0%
Adult Tobacco Use Rate:	20.3%
High School Smoking Rate:	10.3%
High School Tobacco Use Rate:	32.3%
Middle School Smoking Rate:	1.3%
Smoking Attributable Deaths:	22,010

Adult smoking and tobacco use data come from CDC's 2016 Behavioral Risk Factor Surveillance System. High school and middle school smoking rates are taken from the 2015 Youth Tobacco Survey. High school tobacco use rate is taken from the 2015 Youth Risk Behavior Surveillance System.

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:

American Lung Association in Pennsylvania
(717) 541-5864
www.lung.org/pennsylvania

PENNSYLVANIA

Rhode Island Report Card

AMERICAN LUNG ASSOCIATION. | STATE OF TOBACCO CONTROL 2018

RHODE ISLAND

Tobacco Prevention and Control Program Funding: F

FY2018 State Funding for Tobacco Control Programs:	$375,622
FY2018 Federal Funding for State Tobacco Control Programs:	$2,079,205*
FY2018 Total Funding for State Tobacco Control Programs:	$2,454,827
CDC Best Practices State Spending Recommendation:	$12,800,000
Percentage of CDC Recommended Level:	19.2%
State Tobacco-Related Revenue:	$195,500,000

*Includes tobacco prevention and cessation funding provided to states from the Centers for Disease Control and Prevention and U.S. Food and Drug Administration.

Thumbs down for Rhode Island for spending little state money on tobacco prevention and cessation programs despite smoking costing the state close to $640 million in healthcare costs each year.

Smokefree Air: A

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government Worksites: **Prohibited**

Private Worksites: **Prohibited**

Schools: **Prohibited**

Child Care Facilities: **Prohibited**

Restaurants: **Prohibited**

Bars: **Prohibited (allowed in smoking bars)**

Casinos/Gaming Establishments: **Restricted**

Retail Stores: **Prohibited**

Recreational/Cultural Facilities: **Prohibited**

Penalties:**Yes**

Enforcement: **Yes**

Preemption: **No**

Citation: R.I. GEN. LAWS §§ 23-20.10-1 et seq. (2015).

Tobacco Taxes: B

CIGARETTE TAX:

Tax Rate per pack of 20: **$4.25***

* On August 1, 2017, the cigarette tax increased from $3.75 to $4.25 per pack.

OTHER TOBACCO PRODUCT TAXES:

Tax on little cigars: **Equalized: Yes; Weight-Based: No**

Tax on large cigars: **Equalized: No; Weight-Based: No**

Tax on smokeless tobacco: **Equalized: No; Weight-Based: Yes**

Tax on pipe/RYO tobacco: **Equalized: No; Weight-Based: No**

Tax on Dissolvable tobacco: **Equalized: No; Weight-Based: Yes**

For more information on tobacco taxes, go to: http://slati.lung.org/slati/states.php

Access to Cessation Services: D

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **Most medications are covered**

Counseling: **Some counseling is covered**

Barriers to Coverage: **Some barriers exist to access care**

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

Counseling: **All 3 forms of counseling are covered**

Barriers to Coverage: **Some barriers exist to access care**

STATE QUITLINE:

Investment per Smoker: **$1.00; the median investment per smoker is $2.10**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **Yes**

Tobacco Surcharge: **Prohibits tobacco surcharges**

Citation: See Rhode Island Tobacco Cessation Coverage page for coverage details.

Minimum Age: F

Minimum Age of Sale for Tobacco Products: **18**

Rhode Island State Highlights:

AMERICAN LUNG ASSOCIATION.

STATE OF TOBACCO CONTROL 2018

Tobacco use remains the leading cause of preventable death and disease in the United States and in Rhode Island. To address this enormous toll, the American Lung Association in Rhode Island calls for the following actions to be taken by our elected officials:

1. Raise the minimum age of sale for tobacco products from 18 to 21;
2. Increase funding to the Rhode Island Department of Health's tobacco control program; and
3. Increase the amount of local tobacco retail ordinances on: raising the age to 21, retailer licensing, flavor restrictions, product placement and couponing/ promotions restrictions.

The 2017 Rhode Island legislative session included one victory: the passage of legislation which prohibits the use of ENDS (electronic nicotine delivery systems) products in schools and prohibits the sale of ENDS liquid that's not contained in child-resistant packaging. This bill was signed by Governor Raimondo in October 2017 and took effect January 1, 2018.

Other tobacco bills that were introduced, but not passed included: adding electronic cigarettes to the Rhode Island smokefree workplace law, adding sales and use taxes to ENDS products and little cigars, raising the minimum age of sale for tobacco products from 18 to 21, not allowing smoking in Rhode Island casinos and several smokefree multi-unit housing safety acts.

The proposed fiscal year 2018 budget from Governor Raimondo included a 50-cent cigarette tax increase and providing passage, a $500,000 dedication to tobacco control programs. As in previous years, health advocates including the American Lung Association in Rhode Island, were opposed due to the resulting price increase being too small to impact youth and adult smoking rates. The requested excise tax was passed raising the tax from $3.75 to $4.25 per pack, however funding dedicated to tobacco control programs was not included making the increase even less effective.

Additionally, on the local level, there were numerous victories, many of which were supported by the Lung Association and Tobacco Free RI. The City of Woonsocket and Town of Bristol both strengthened existing outdoor smokefree ordinances to include ENDS products. The Town of Barrington raised the legal minimum age of sale for tobacco products from 18 to 21. The Cities of Woonsocket and West Warwick and the Towns of Barrington, Johnston and Middletown, adopted comprehensive tobacco control regulations which included requiring local tobacco retail licensing, tobacco enforcement funding, flavored tobacco product restrictions and some of which included the elimination of tobacco discounts and promotions. Several other Rhode Island cities and towns considered similar regulations which are expected to gain traction in 2018.

The American Lung Association in Rhode Island will build on positive hearings in 2017 and support legislation that raises the age of sale for tobacco products to 21; increases funding for the state's tobacco control program; and strengthens point of sale tobacco regulations. Strong public support exists for these measures, which the Lung Association will seek to publicize and leverage with state legislators and policy makers.

Rhode Island State Facts

Health Care Costs Due to Smoking:	$639,604,224
Adult Smoking Rate:	14.4%
Adult Tobacco Use Rate:	15.3%
High School Smoking Rate:	4.8%
High School Tobacco Use Rate:	25.1%
Middle School Smoking Rate:	0.9%
Smoking Attributable Deaths:	1,780

Adult smoking and tobacco use data come from CDC's 2016 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 Rhode Island 2015 Youth Risk Behavior Surveillance System.

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:

American Lung Association in Rhode Island
(401) 421-6487
www.lung.org/rhodeisland

South Carolina Report Card

AMERICAN LUNG ASSOCIATION.

STATE OF TOBACCO CONTROL 2018

SOUTH CAROLINA

Tobacco Prevention and Control Program Funding: F

FY2018 State Funding for Tobacco Control Programs:	$5,000,000
FY2018 Federal Funding for State Tobacco Control Programs:	$3,383,998*
FY2018 Total Funding for State Tobacco Control Programs:	$8,383,998
CDC Best Practices State Spending Recommendation:	$51,000,000
Percentage of CDC Recommended Level:	16.4%
State Tobacco-Related Revenue:	$243,800,000

*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: F

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government Worksites: **Restricted**

Private Worksites: **No provision**

Schools: **Restricted**

Child Care Facilities: **Prohibited**

Restaurants: **No provision**

Bars: **No provision**

Casinos/Gaming Establishments: **N/A (tribal casinos only)**

Retail Stores: **No provision**

Recreational/Cultural Facilities: **Restricted**

Penalties:**Yes**

Enforcement: **Yes**

Preemption: **No**

Citation: S.C. CODE ANN. §§ 44-95-10 et seq. (2012).

The Smokefree Air grade only examines state law and does not reflect local smokefree ordinances. South Carolina has made great strides in protecting people from secondhand smoke by passing comprehensive local smokefree ordinances that cover 32.1% of the state's population.

Tobacco Taxes: F

CIGARETTE TAX:

Tax Rate per pack of 20: **$0.57**

OTHER TOBACCO PRODUCT TAXES:

Tax on little cigars: **Equalized: No; Weight-Based: No**

Tax on large cigars: **Equalized: No; Weight-Based: No**

Tax on smokeless tobacco: **Equalized: No; Weight-Based: No**

Tax on pipe/RYO tobacco: **Equalized: No; Weight-Based: No**

Tax on Dissolvable tobacco: **Equalized: No; Weight-Based: No**

For more information on tobacco taxes, go to: http://slati.lung.org/slati/states.php

Access to Cessation Services: A

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **All 7 medications are covered**

Counseling: **All 3 forms counseling are covered**

Barriers to Coverage: **Minimal barriers exist to access care**

Medicaid Expansion: **No**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

Counseling: **All 3 forms of counseling are covered**

Barriers to Coverage: **Some barriers exist to access care**

STATE QUITLINE:

Investment per Smoker: **$6.68; the median investment per smoker is $2.10**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

Tobacco Surcharge: **No prohibition or limitation on tobacco surcharges**

Citation: See South Carolina Tobacco Cessation Coverage page for coverage details.

Thumbs Up for South Carolina for implementing a comprehensive tobacco cessation benefit with minimal barriers under its Medicaid program.

Minimum Age: F

Minimum Age of Sale for Tobacco Products: **18**

South Carolina State Highlights:

AMERICAN LUNG ASSOCIATION. | STATE OF TOBACCO CONTROL 2018

Tobacco use remains the leading cause of preventable death and disease in the United States and in South Carolina. To address this enormous toll, the American Lung Association in South Carolina calls for the following three actions to be taken by our elected officials:

1. Increase the price of tobacco products to reduce tobacco use among youth and adults;
2. Increase the number of comprehensive local smokefree air laws; and
3. Increase funding for the state's tobacco prevention program.

South Carolina took a major step forward in reducing tobacco use with the increase in tobacco cessation coverage for Medicaid beneficiaries. As of July 1, 2017, the South Carolina Department of Health and Human Services (SC DHHS) enhanced tobacco cessation coverage for full-benefit Medicaid beneficiaries to align with recommendations from the Centers for Disease Control and Prevention and the American Lung Association. SC DHHS and the SC Department of Health and Environmental Control (DHEC) worked together to craft a plan to benefit both fee-for-service and managed care Medicaid benefits.

The new policy provides tobacco cessation medications without prior authorization or co-payment; provides one-on-one telephone and web-based counseling to Medicaid beneficiaries without charge through the SC Tobacco Quitline; strongly encourages Medicaid prescribers and pharmacists to refer patients to the Quitline at 1-800-QUIT-NOW; and covers tobacco cessation counseling in individual and group settings when billed with the allowable CPT codes.The plan has truly made South Carolina a leader in this arena.

The American Lung Association in South Carolina and partners in the South Carolina Tobacco-Free Collaborative continue to support passage of smokefree air ordinances at the local level. The state has 62 local comprehensive smokefree ordinances covering about 40 percent of the state's population. State funding for DHEC's Tobacco Prevention and Control programs remained at $5 million in fiscal year 2018. The program receives all of its state funding from cigarette tax revenues.

The American Lung Association joined many organizations under the umbrella of the South Carolina Tobacco-Free Collaborative to urge consideration of a significant increase in the state's 57-cent cigarette tax with comparable increases for other tobacco products. Price increases from the 2010 tax increase led to appreciable reductions in youth smoking in South Carolina. The 2013 South Carolina Youth Tobacco Survey found that between 2011 and 2013, cigarette use among high school students fell from 23.7 percent to 15.4 percent.

The American Lung Association will continue to advocate for comprehensive smokefree air ordinances, improvements in quit smoking benefits for workers, increased tobacco taxes and increasing the $5 million-dollar allocation in state tobacco prevention funding.

South Carolina State Facts

Health Care Costs Due to Smoking:	$1,906,984,487
Adult Smoking Rate:	20.0%
Adult Tobacco Use Rate:	22.8%
High School Smoking Rate:	9.6%
High School Tobacco Use Rate:	29.1%
Middle School Smoking Rate:	4.8%
Smoking Attributable Deaths:	7,230

Adult smoking and tobacco use data come from CDC's 2016 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 2013 South Carolina Youth Tobacco Survey.

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:

American Lung Association in South Carolina
(843) 556-8451
www.lung.org/southcarolina

SOUTH CAROLINA

South Dakota Report Card

AMERICAN LUNG ASSOCIATION.

STATE OF TOBACCO CONTROL 2018

SOUTH DAKOTA

Tobacco Prevention and Control Program Funding: F

FY2018 State Funding for Tobacco Control Programs:	$4,500,000
FY2018 Federal Funding for State Tobacco Control Programs:	$880,166*
FY2018 Total Funding for State Tobacco Control Programs:	$5,380,166
CDC Best Practices State Spending Recommendation:	$11,700,000
Percentage of CDC Recommended Level:	46.0%
State Tobacco-Related Revenue:	$87,600,000

*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: B

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government Worksites: **Prohibited**

Private Worksites: **Prohibited**

Schools: **Prohibited**

Child Care Facilities: **Prohibited**

Restaurants: **Prohibited**

Bars: **Prohibited (smoking of certain tobacco products allowed in certain bars)**

Casinos/Gaming Establishments: **Prohibited**

Retail Stores: **Prohibited**

Recreational/Cultural Facilities: **Prohibited**

Penalties:**Yes**

Enforcement: **Yes**

Preemption: **Yes***

Citation: S.D. CODIFIED LAWS §§ 34-46-13 to 34-46-19 (2010).

* If preemption were repealed, South Dakota's grade would be an "A."

Tobacco Taxes: F

CIGARETTE TAX:

Tax Rate per pack of 20: **$1.53**

OTHER TOBACCO PRODUCT TAXES:

Tax on little cigars: **Equalized: Yes; Weight-Based: No**

Tax on large cigars: **Equalized: Yes; Weight-Based: No**

Tax on smokeless tobacco: **Equalized: Yes; Weight-Based: No**

Tax on pipe/RYO tobacco: **Equalized: Yes; Weight-Based: No**

Tax on Dissolvable tobacco: **Equalized: Yes; Weight-Based: No**

For more information on tobacco taxes, go to: http://slati.lung.org/slati/states.php

Access to Cessation Services: F

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **Limited medications are covered**

Counseling: **Limited counseling is covered**

Barriers to Coverage: **Some barriers exist to access care**

Medicaid Expansion: **No**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **Some medications are covered**

Counseling: **Some counseling is covered**

Barriers to Coverage: **Some barriers exist to access care**

STATE QUITLINE:

Investment per Smoker: **$16.34; the median investment per smoker is $2.10**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

Tobacco Surcharge: **No prohibition or limitation on tobacco surcharges**

Citation: See South Dakota Tobacco Cessation Coverage page for specific sources.

Thumbs down for South Dakota for providing the worst cessation coverage for Medicaid enrollees in the country.

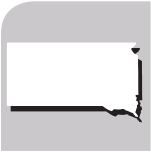
Minimum Age: F

Minimum Age of Sale for Tobacco Products: **18**

South Dakota State Highlights:

AMERICAN LUNG ASSOCIATION.

STATE OF TOBACCO CONTROL 2018



Tobacco use remains the leading cause of preventable death and disease in the United States and in South Dakota. To address this enormous toll, the American Lung Association in South Dakota calls for the following actions to be taken by our elected officials:

1. Increase the tax on cigarettes and other tobacco products;
2. Raise the age of sale for all tobacco products to 21 years old; and
3. Protect South Dakota's comprehensive smokefree workplace law.

The South Dakota Department of Health along with national, state, and local partners continue to work together on implementation of the five-year tobacco strategic plan. The four goal areas of the plan include: preventing initiation of tobacco use, promoting quitting among adults and youth, eliminating exposure to secondhand smoke and identifying and eliminating tobacco-related disparities among population groups. Priority populations include: American Indians, Medicaid enrollees, pregnant women, people with mental illness and substance use disorders, spit tobacco users, and youth and young adults.

During the 2017 legislative session, the Speaker of the House of Representatives submitted a proposal to the Secretary of State that would increase the tobacco tax by $1.00 per pack via a ballot initiative with part of the revenues dedicated to lower technical school tuition and provide scholarships along with funding tobacco prevention and awareness programs. If the adequate number of signatures are collected, the question of raising the tobacco tax will be on the ballot in November 2018.

The coalition in South Dakota, including the American Lung Association in South Dakota, has strong roots across the state and is working together to support tobacco control best practices and continues to work together to implement the strategic plan to reduce the harm from tobacco in South Dakota.

South Dakota State Facts

Health Care Costs Due to Smoking:	$373,112,273
Adult Smoking Rate:	18.1%
Adult Tobacco Use Rate:	22.6%
High School Smoking Rate:	10.1%
High School Tobacco Use Rate:	30.3%
Middle School Smoking Rate:	2.8%
Smoking Attributable Deaths:	1,250

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 2016 Youth Tobacco Survey.

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:

American Lung Association in South Dakota
(651) 227-8014
www.lung.org/southdakota

SOUTH DAKOTA

Tennessee Report Card

AMERICAN LUNG ASSOCIATION.

STATE OF TOBACCO CONTROL 2018

TENNESSEE

Tobacco Prevention and Control Program Funding: F

FY2018 State Funding for Tobacco Control Programs:	$6,223,221
FY2018 Federal Funding for State Tobacco Control Programs:	$1,506,829*
FY2018 Total Funding for State Tobacco Control Programs:	$7,730,049
CDC Best Practices State Spending Recommendation:	$75,600,000
Percentage of CDC Recommended Level:	10.2%
State Tobacco-Related Revenue:	$428,700,000

*Includes tobacco prevention and cessation funding provided to states from the Centers for Disease Control and Prevention and U.S. Food and Drug Administration.

Thumbs Up for Tennessee for increasing its funding for tobacco control programs by over $5 million in fiscal year 2018.

Smokefree Air: C

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government Worksites: **Prohibited**

Private Worksites: **Prohibited (non-public workplaces with three or fewer employees exempt)**

Schools: **Prohibited**

Child Care Facilities: **Prohibited**

Restaurants: **Restricted***

Bars: **Restricted***

Casinos/Gaming Establishments: **N/A**

Retail Stores: **Prohibited**

Recreational/Cultural Facilities: **Prohibited**

Penalties:**Yes**

Enforcement: **Yes**

Preemption: **Yes**

Citation: TENN. CODE ANN. §§ 39-17-1801 to 39-17-1810 (2008).

* Smoking is allowed in restaurants and bars that do not allow persons under 21 to enter at any time.

Tobacco Taxes: F

CIGARETTE TAX:

Tax Rate per pack of 20: **$0.62**

OTHER TOBACCO PRODUCT TAXES:

Tax on little cigars: **Equalized: Yes; Weight-Based: No**

Tax on large cigars: **Equalized: No; Weight-Based: No**

Tax on smokeless tobacco: **Equalized: No; Weight-Based: No**

Tax on pipe/RYO tobacco: **Equalized: No; Weight-Based: No**

Tax on Dissolvable tobacco: **Equalized: No; Weight-Based: No**

For more information on tobacco taxes, go to: http://slati.lung.org/slati/states.php

Access to Cessation Services: F

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **All 7 medications are covered**

Counseling: **Minimal counseling is covered**

Barriers to Coverage: **Some barriers exist to access care**

Medicaid Expansion: **No**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

Counseling: **Some counseling is covered**

Barriers to Coverage: **Some barriers exist to access care**

STATE QUITLINE:

Investment per Smoker: **$0.43; the median investment per smoker is $2.10**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

Tobacco Surcharge: **No prohibition or limitation on tobacco surcharges**

Citation: See Tennessee Tobacco Cessation Coverage page for coverage details.

Minimum Age: F

Minimum Age of Sale for Tobacco Products: **18**

Tennessee State Highlights:

AMERICAN LUNG ASSOCIATION.

STATE OF TOBACCO CONTROL 2018

Tobacco use remains the leading cause of preventable death and disease in the United States and in Tennessee. To address this enormous toll, the American Lung Association in Tennessee calls for the following actions to be taken by our elected officials:

1. Increase the tobacco tax by $1.00 per pack or more;
2. Repeal preemption to allow local communities to pass stronger smokefree ordinances; and
3. Pass legislation to make tobacco cessation medications and counseling covered under Medicaid barrier free.

Unfortunately, the 2017 legislative session saw few victories against tobacco. The city of Cookeville was given the authority by the state legislature to prohibit smoking at Dogwood Park. Also, public universities in Tennessee were given the authority to create their own tobacco use policies. There were two bills that sought to give local governments more power regarding tobacco, both received broad support and were sent to a summer study committee in hopes of combining the two. No other tobacco bills were heard before committees in 2017.

The American Lung Association in Tennessee with partners is working to raise the price of cigarettes by $1.00 per pack or more, repeal preemption to allow local communities to pass stronger smokefree laws and pass legislation or regulations making all U.S. Food and Drug Administration and U.S. Preventive Services Task Force approved tobacco cessation interventions covered by Medicaid with no barriers. This is being accomplished by mobilizing grassroots support across the state and strengthening our state tobacco control coalition to include more organizations. Tennessee began restructuring and recruitment of the coalition with a planning committee to set goals in October 2017.

Tennessee State Facts

Health Care Costs Due to Smoking:	$2,672,824,085
Adult Smoking Rate:	22.1%
Adult Tobacco Use Rate:	26.8%
High School Smoking Rate:	11.5%
High School Tobacco Use Rate:	31.9%
Middle School Smoking Rate:	N/A
Smoking Attributable Deaths:	11,380

Adult smoking and tobacco use data come from CDC's 2016 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use data come from the 2015 Youth Risk Behavior Surveillance System. A current middle school smoking rate is not available for this state.

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:

American Lung Association in Tennessee
(615) 329-1151
www.lung.org/tennessee

Texas Report Card

AMERICAN LUNG ASSOCIATION. | STATE OF TOBACCO CONTROL 2018

T E X A S

Tobacco Prevention and Control Program Funding: F

FY2018 State Funding for Tobacco Control Programs:	$4,426,017
FY2018 Federal Funding for State Tobacco Control Programs:	$4,526,373*
FY2018 Total Funding for State Tobacco Control Programs:	$8,952,390
CDC Best Practices State Spending Recommendation:	$264,100,000
Percentage of CDC Recommended Level:	3.4%
State Tobacco-Related Revenue:	$1,908,200,000

*Includes tobacco prevention and cessation funding provided to states from the Centers for Disease Control and Prevention and U.S. Food and Drug Administration.

Thumbs down for Texas for cutting funding for its state tobacco control program by close to $5.8 million this fiscal year.

Smokefree Air: F

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government Worksites: **No provision**

Private Worksites: **No provision**

Schools: **Restricted**

Child Care Facilities: **Prohibited**

Restaurants: **No provision**

Bars: **No provision**

Casinos/Gaming Establishments: **No provision**

Retail Stores: **No provision**

Recreational/Cultural Facilities: **Restricted**

Penalties:**Yes**

Enforcement: **Yes**

Preemption: **No**

Citation: TEX. PENAL CODE ANN. § 48.01 (2015); TX EDUC. CODE § 38.006 (2015); and TX ADMIN. CODE tit. 40, Part 19, Subchapter S, Div. 1 §§ 746.3703(d) (1995) & 747.3503(d) (1990).

The Smokefree Air grade only examines state tobacco control law and does not reflect local smokefree ordinances. Texas has made great strides in protecting people from secondhand smoke by passing comprehensive local smokefree ordinances that cover 39.9% of the state's population.

Tobacco Taxes: F

CIGARETTE TAX:

Tax Rate per pack of 20: **$1.41**

OTHER TOBACCO PRODUCT TAXES:

Tax on little cigars: **Equalized: No; Weight-Based: Yes**

Tax on large cigars: **Equalized: No; Weight-Based: Yes**

Tax on smokeless tobacco: **Equalized: Yes; Weight-Based: Yes**

Tax on pipe/RYO tobacco: **Equalized: Yes; Weight-Based: Yes**

Tax on Dissolvable tobacco: **Equalized: Yes; Weight-Based: Yes**

For more information on tobacco taxes, go to: http://slati.lung.org/slati/states.php

Access to Cessation Services: F

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **All 7 medications are covered**

Counseling: **Some counseling is covered**

Barriers to Coverage: **Some barriers exist to access care**

Medicaid Expansion: **No**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **Most medications are covered**

Counseling: **Limited counseling is covered**

Barriers to Coverage: **Some barriers exist to access care**

STATE QUITLINE:

Investment per Smoker: **$0.63; the median investment per smoker is $2.10**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

Tobacco Surcharge: **No prohibition or limitation on tobacco surcharges**

Citation: See Texas Tobacco Cessation Coverage page for coverage details.

Minimum Age: F

Minimum Age of Sale for Tobacco Products: **18**

Texas State Highlights:

Tobacco use remains the leading cause of preventable death and disease in the United States and in Texas. To address this enormous toll, the American Lung Association in Texas calls for the following actions to be taken by our elected officials:

1. Restore funding for tobacco prevention and cessation programs that was significantly cut in years 2018 and 2019;
2. Continue to pass comprehensive local smokefree ordinances to builds towards a statewide smokefree law; and
3. Increasing the minimum legal sales age for tobacco products to 21.

The American Lung Association in Texas along with our partners at Smoke-Free Texas provides leadership and guidance for public policy efforts to continue the state's success in reducing the impact of tobacco among Texans. Together with our partners, the American Lung Association in Texas works to ensure tobacco control and prevention remains a priority for state legislators and local decision makers.

During the 2017 legislative session, the American Lung Association along with our partners of the Texas 21 Coalition supported legislation increasing the minimum age of sale for tobacco products to 21 years old. House Bill 190 passed the House Committee on Public Health but failed to get additional committee hearings. On the local level, the city of San Antonio was considering passage of a local Tobacco 21 ordinance when this report went to press.

The Lung Association in partnership with the Texas Cancer Partnership coalition worked to extend the sunset review date for the Cancer Prevention & Research Institute of Texas (CPRIT) by two years. This allows the agency to fully invest $3 billion in cancer prevention programs and research.

Significant progress continued to be made in 2017 on passing smokefree ordinances at the local level. Fort Worth, the largest metro area in Texas without a comprehensive smokefree ordinance previously, passed an ordinance that prohibits smoking in virtually all public places and workplaces in December 2017. This was a multi-year effort by tobacco control advocates, including the Lung Association, and a significant step forward. Another large city, Arlington, also passed a mostly comprehensive smokefree law in 2017, but disappointingly included exemptions for e-cigarettes and bingo halls. Texas currently has 88 cities that have passed comprehensive smokefree ordinances protecting more than 12.4 million citizens from the harmful effects of secondhand smoke.

The Texas Legislature only meets in odd numbered years, so moving forward in 2018, the Lung Association and its partners in the Smoke-Free Texas coalition will work in communities around the state to pass, and in some cases strengthen existing, local smokefree ordinances. The Lung Association will also look for opportunities to advance Tobacco 21 at the local level in Texas.

Texas State Facts

Health Care Costs Due to Smoking:	$8,855,602,443
Adult Smoking Rate:	14.3%
Adult Tobacco Use Rate:	17.2%
High School Smoking Rate:	7.8%
High School Tobacco Use Rate:	N/A
Middle School Smoking Rate:	2.4%
Smoking Attributable Deaths:	28,030

Adult smoking and tobacco use data come from CDC's 2016 Behavioral Risk Factor Surveillance System. High school (11th grade only) and middle school (8th grade only) smoking rates are taken from the 2016 Texas School Survey. A current high school tobacco use rate is not available for this state.

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:

American Lung Association in Texas
Dallas Office: (214) 631-5864
Houston office: (713) 629-5864
www.lung.org/texas

Utah Report Card

AMERICAN LUNG ASSOCIATION. | STATE OF TOBACCO CONTROL 2018

U T A H

Tobacco Prevention and Control Program Funding: F

FY2018 State Funding for Tobacco Control Programs:	$7,215,800
FY2018 Federal Funding for State Tobacco Control Programs:	$1,105,814*
FY2018 Total Funding for State Tobacco Control Programs:	$8,321,614
CDC Best Practices State Spending Recommendation:	$19,300,000
Percentage of CDC Recommended Level:	43.1%
State Tobacco-Related Revenue:	$144,600,000

*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: **Prohibited**

Private Worksites: **Prohibited**

Schools: **Prohibited**

Child Care Facilities: **Prohibited**

Restaurants: **Prohibited**

Bars: **Prohibited**

Casinos/Gaming Establishments: **N/A**

Retail Stores: **Prohibited**

Recreational/Cultural Facilities: **Prohibited**

Penalties:**Yes**

Enforcement: **Yes**

Preemption: **Yes**

Citation: UTAH CODE ANN. §§ 26-38-1 et seq. (2012).

Tobacco Taxes: F

CIGARETTE TAX:

Tax Rate per pack of 20: **$1.70**

OTHER TOBACCO PRODUCT TAXES:

Tax on little cigars: **Equalized: Yes; Weight-Based: No**

Tax on large cigars: **Equalized: Yes; Weight-Based: No**

Tax on smokeless tobacco: **Equalized: Yes; Weight-Based: Yes**

Tax on pipe/RYO tobacco: **Equalized: Yes; Weight-Based: No**

Tax on Dissolvable tobacco: **Equalized: No; Weight-Based: Yes**

For more information on tobacco taxes, go to: http://slati.lung.org/slati/states.php

Access to Cessation Services: C

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **All 7 medications are covered**

Counseling: **Limited counseling is covered**

Barriers to Coverage: **Some barriers exist to access care**

Medicaid Expansion: **No**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

Counseling: **Some counseling is covered**

Barriers to Coverage: **Some barriers exist to access care**

STATE QUITLINE:

Investment per Smoker: **$6.62; the median investment per smoker is $2.10**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **Insurance Commissioner bulletin**

Tobacco Surcharge: **No prohibition or limitation on tobacco surcharges**

Citation: See Utah Tobacco Cessation Coverage page for coverage details.

Minimum Age: D

Minimum Age of Sale for Tobacco Products: **19**

Utah State Highlights:

AMERICAN LUNG ASSOCIATION.

STATE OF TOBACCO CONTROL 2018

UTAH

Tobacco use remains the leading cause of preventable death and disease in the United States and in Utah. To address this enormous toll, the American Lung Association in Utah calls for the following actions to be taken by our elected officials:

1. Maintain or increase funding for state's tobacco prevention and control program;
2. Increase the minimum legal sales age for tobacco products to 21; and
3. Raise Utah's tobacco tax to encourage an even further reduction in tobacco use.

In 2017, the American Lung Association in Utah supported legislation that would have increased the age to legally purchase tobacco products to 21 years of age from age 19 currently. Although the legislation did not make it out committee, legislators were educated on the issue for when the bill is introduced in future legislative sessions.

The Lung Association also opposed a bill introduced in the state House of Representatives that would have removed a sunset clause for several exemptions in Utah's Clean Indoor Air Act that prohibited smoking in virtually all public places and workplaces. The bill did pass the first committee in the House, but luckily did not advance any further.

Funding for the Utah Tobacco Prevention and Control Program at the state Department of Health was again maintained at about the same level as previous years in fiscal year 2018. The program is funded by a combination of tobacco Master Settlement Agreement dollars and tobacco tax revenue.

In 2018, the American Lung Association in Utah will continue pushing to increase the sales age for tobacco products to 21, and to maintain or even increase funding for the Utah Tobacco Prevention and Control Program.

Utah State Facts

Health Care Costs Due to Smoking:	$542,335,526
Adult Smoking Rate:	8.8%
Adult Tobacco Use Rate:	11.1%
High School Smoking Rate:	4.4%
High School Tobacco Use Rate:	N/A
Middle School Smoking Rate:	N/A
Smoking Attributable Deaths:	1,340

Adult smoking and tobacco use data come from CDC's 2016 Behavioral Risk Factor Surveillance System. High school smoking rate is taken from the 2013 Youth Risk Behavior Surveillance System. Current high school tobacco use and middle school smoking rates are not available for this state.

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:

American Lung Association in Utah
(801) 484-4456
www.lung.org/utah

Vermont Report Card

AMERICAN LUNG ASSOCIATION.

STATE OF TOBACCO CONTROL 2018

VERMONT

Tobacco Prevention and Control Program Funding: D

FY2018 State Funding for Tobacco Control Programs:	$3,563,252
FY2018 Federal Funding for State Tobacco Control Programs:	$1,255,554*
FY2018 Total Funding for State Tobacco Control Programs:	$4,818,806
CDC Best Practices State Spending Recommendation:	$8,400,000
Percentage of CDC Recommended Level:	57.4%
State Tobacco-Related Revenue:	$106,100,000

*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: **Prohibited**

Private Worksites: **Prohibited**

Schools: **Prohibited**

Child Care Facilities: **Prohibited**

Restaurants: **Prohibited**

Bars: **Prohibited**

Casinos/Gaming Establishments: **N/A**

Retail Stores: **Prohibited**

Recreational/Cultural Facilities: **Prohibited**

Penalties:**Yes**

Enforcement: **Yes**

Preemption: **No**

Citation: VT STAT. ANN. tit. 18, §§ 28-1421 to 28-1428 & 37-1741 et seq. (2014).

Tobacco Taxes: B

CIGARETTE TAX:

Tax Rate per pack of 20: **$3.08**

OTHER TOBACCO PRODUCT TAXES:

Tax on little cigars: **Equalized: Yes; Weight-Based: No**

Tax on large cigars: **Equalized: Yes; Weight-Based: No**

Tax on smokeless tobacco: **Equalized: Yes; Weight-Based: Yes**

Tax on pipe/RYO tobacco: **Equalized: Yes; Weight-Based: No**

Tax on Dissolvable tobacco: **Equalized: Yes; Weight-Based: Yes**

For more information on tobacco taxes, go to: http://slati.lung.org/slati/states.php

Access to Cessation Services: B

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **All 7 medications are covered**

Counseling: **Limited counseling is covered**

Barriers to Coverage: **Some barriers exist to access care**

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

Counseling: **Most counseling is covered**

Barriers to Coverage: **Some barriers exist to access care**

STATE QUITLINE:

Investment per Smoker: **$5.27; the median investment per smoker is $2.10**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **Yes**

Tobacco Surcharge: **Prohibits tobacco surcharges**

Citation: See Vermont Tobacco Cessation Coverage page for coverage details.

Minimum Age: F

Minimum Age of Sale for Tobacco Products: **18**

Thumbs down for Vermont for failing to pass legislation to increase the tobacco sales age to 21.

Vermont State Highlights:

AMERICAN LUNG ASSOCIATION. | STATE OF TOBACCO CONTROL 2018

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 actions to be taken by our elected officials:

1. Increase fiscal year 2019 funding for Vermont's comprehensive tobacco control program to $3.8 million;
2. Raise the legal age for sale of tobacco products to 21; and
3. Require landlords to disclose smoking policies in building to prospective renters.

2017 marks the least productive year in Vermont's Legislature in the fight against tobacco use. It's the first time in years that a significant tobacco control bill was not passed. In addition, the Governor proposed to cut most of the budget for the Tobacco Evaluation and Review Board which oversees the independent evaluation of the tobacco control program. The final fiscal year 2018 budget included no appropriation for the Board. This cut threatens the future of the Board and ultimately, the effectiveness of the comprehensive tobacco control program.

The Coalition for a Tobacco Free Vermont ran a comprehensive campaign in support of a Senate bill to raise the legal age of the sale of tobacco to 21. In spite of the backing of the Majority Leader and a 5-0 vote from the Senate Health and Welfare Committee, the bill failed 13-16 on the Senate floor. While this was a loss for champion legislators and advocates, it was more of a loss for Vermont teens and young adults. Ninety-five percent of adults started smoking by the age of 21 and half of them became regular smokers by their 19th birthday. Lawmakers missed an opportunity to pass a measure to help to protect Vermont's youth from a lifetime of addiction to tobacco.

Fortunately, the state health department, working with local tobacco control and prevention grantees, is addressing the smoking rate among young adults through the Vermont Tobacco-Free Colleges Initiative. Eighteen percent of Vermonters between the ages of 18 and 24 smoke. By the fall of 2019, the percent of college students covered by a tobacco-free college campus policy will increase from 34 percent to 76 percent, thanks to a resolution passed by the Vermont State College Chancellors. The resolution commits to making all five Vermont State College campuses tobacco-free by the fall of 2019.

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. The Lung Association will continue to educate policy makers, business leaders and the media about the importance of raising the age of tobacco sales to 21 as well as other 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:	17.0%
Adult Tobacco Use Rate:	18.7%
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 2016 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:

American Lung Association in Vermont
(802) 876-6860
www.lung.org/vermont

VERMONT

Virginia Report Card

AMERICAN LUNG ASSOCIATION. | STATE OF TOBACCO CONTROL 2018

VIRGINIA

Tobacco Prevention and Control Program Funding: F

FY2018 State Funding for Tobacco Control Programs:	$8,517,532
FY2018 Federal Funding for State Tobacco Control Programs:	$2,482,143*
FY2018 Total Funding for State Tobacco Control Programs:	$10,999,675
CDC Best Practices State Spending Recommendation:	$91,600,000
Percentage of CDC Recommended Level:	12.0%
State Tobacco-Related Revenue:	$314,100,000

*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: F

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government Worksites: **Restricted**

Private Worksites: **No provision**

Schools: **Prohibited (public schools only)**

Child Care Facilities: **Prohibited (excludes home-based child care providers)**

Restaurants: **Restricted**

Bars: **Restricted**

Casinos/Gaming Establishments: **No provision**

Retail Stores: **Restricted**

Recreational/Cultural Facilities: **Restricted**

Penalties:**Yes**

Enforcement: **Yes**

Preemption: **Yes**

Citation: VA. CODE ANN. §§ 15.2-2820 to 15.2-2828 (2009).

Tobacco Taxes: F

CIGARETTE TAX:

Tax Rate per pack of 20: **$0.30**

OTHER TOBACCO PRODUCT TAXES:

Tax on little cigars: **Equalized: Yes; Weight-Based: No**

Tax on large cigars: **Equalized: Yes; Weight-Based: No**

Tax on smokeless tobacco: **Equalized: No; Weight-Based: Yes**

Tax on pipe/RYO tobacco: **Equalized: Yes; Weight-Based: No**

Tax on Dissolvable tobacco: **Equalized: No; Weight-Based: Yes**

For more information on tobacco taxes, go to: http://slati.lung.org/slati/states.php

Thumbs down for Virginia for having the second lowest cigarette tax in the country at 30 cents per pack.

Access to Cessation Services: F

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **Some medications are covered**

Counseling: **Limited counseling is covered**

Barriers to Coverage: **Some barriers exist to access care**

Medicaid Expansion: **No**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **Most medications are covered**

Counseling: **Limited counseling is covered**

Barriers to Coverage: **Some barriers exist to access care**

STATE QUITLINE:

Investment per Smoker: **$0.39; the median investment per smoker is $2.10**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

Tobacco Surcharge: **No prohibition or limitation on tobacco surcharges**

Citation: See Virginia Tobacco Cessation Coverage page for coverage details.

Minimum Age: F

Minimum Age of Sale for Tobacco Products: **18**

Virginia State Highlights:

AMERICAN LUNG ASSOCIATION.

STATE OF TOBACCO CONTROL 2018

Tobacco use remains the leading cause of preventable death and disease in the United States and in Virginia. To address this enormous toll, the American Lung Association in Virginia calls for the following actions to be taken by our elected officials:

1. Increase the cigarette excise tax by at least $1.00 per pack;
2. Create parity between taxes on cigarettes and other tobacco products; and
3. Fund tobacco prevention and cessation programs at the Centers for Disease Control and Prevention (CDC)-recommended level.

In the 2017 legislative session, a bill was introduced which would allow all localities to impose a cigarette tax by removing the requirement that only those localities that had such authority prior to 1977 are eligible. The bill would have set a maximum rate on the cigarette tax imposed by counties of five cents per pack or the amount levied under state law, whichever is greater. The bill was left in the Senate Finance Committee.

Bills to authorize any county to impose a tax on cigarettes were also introduced in the House and state Senate. Again, both were left in their respective Finance Committees and died.

The American Lung Association in Virginia led efforts to urge the Pharmacy and Therapeutics Committee to give a favorable review for Medicaid coverage of benefits consistent with CDC recommendations and Virginia law, including FDA-approved pharmacotherapy products.

Several bills dealing with electronic cigarettes were also introduced in 2017, including a bill that would authorize cities and towns and certain counties to impose a tax on vapor products. The state tax rate is $0.05 per fluid milliliter of consumable vapor product and 10 percent of the retail price for electronic cigarettes or similar products or devices. The bill required revenues from the state tax on vapor products to be deposited into the Virginia Tobacco Settlement Fund. The bill was left in the Finance Committee and died at the end of the session.

In 2018, priorities for the American Lung Association in Virginia will include working to ensure prevention and cessation programs are funded, an increase in the cigarette excise tax, and parity between taxes on cigarettes and other tobacco products.

Virginia State Facts

Health Care Costs Due to Smoking:	$3,113,009,298
Adult Smoking Rate:	15.3%
Adult Tobacco Use Rate:	18.0%
High School Smoking Rate:	8.2%
High School Tobacco Use Rate:	22.7%
Middle School Smoking Rate:	1.6%
Smoking Attributable Deaths:	10,310

Adult smoking and tobacco use data come from CDC's 2016 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 Virginia 2015 Youth Risk Behavior Surveillance System.

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:

American Lung Association in Virginia
(717) 971-1123
www.lung.org/virginia

V I R G I N I A

Washington Report Card

AMERICAN LUNG ASSOCIATION.

STATE OF TOBACCO CONTROL 2018

WASHINGTON

Tobacco Prevention and Control Program Funding: F

FY2018 State Funding for Tobacco Control Programs:	$1,406,388
FY2018 Federal Funding for State Tobacco Control Programs:	$2,725,427*
FY2018 Total Funding for State Tobacco Control Programs:	$4,131,815
CDC Best Practices State Spending Recommendation:	$63,600,000
Percentage of CDC Recommended Level:	6.5%
State Tobacco-Related Revenue:	$563,000,000

*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: **Prohibited**

Private Worksites: **Prohibited**

Schools: **Prohibited**

Child Care Facilities: **Prohibited**

Restaurants: **Prohibited**

Bars: **Prohibited**

Casinos/Gaming Establishments: **Prohibited (tribal establishments exempt)**

Retail Stores: **Prohibited**

Recreational/Cultural Facilities: **Prohibited**

Penalties:**Yes**

Enforcement: **Yes**

Preemption: **Yes**

Citation: WASH. REV. CODE §§ 70.160.010 et seq. (2005).

Tobacco Taxes: C

CIGARETTE TAX:

Tax Rate per pack of 20: **$3.025**

OTHER TOBACCO PRODUCT TAXES:

Tax on little cigars: **Equalized: Yes; Weight-Based: No**

Tax on large cigars: **Equalized: No; Weight-Based: No**

Tax on smokeless tobacco: **Equalized: No; Weight-Based: Yes**

Tax on pipe/RYO tobacco: **Equalized: Yes; Weight-Based: No**

Tax on Dissolvable tobacco: **Equalized: No; Weight-Based: Yes**

For more information on tobacco taxes, go to: http://slati.lung.org/slati/states.php

Access to Cessation Services: F

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **All 7 medications are covered**

Counseling: **Limited counseling is covered**

Barriers to Coverage: **Significant barriers exist to access care**

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **Data not provided***

Counseling: **Data not provided***

Barriers to Coverage: **Data not provided***

STATE QUITLINE:

Investment per Smoker: **$0.42; the median investment per smoker is $2.10**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

Tobacco Surcharge: **No prohibition or limitation on tobacco surcharges**

Citation: See Washington Tobacco Cessation Coverage page for coverage details.

*Current data on tobacco cessation coverage for state employees was not provided this year, therefore zero points were awarded in the State Employee Health Plans subcategory

Minimum Age: F

Minimum Age of Sale for Tobacco Products: **18**

Washington State Highlights:

Tobacco use remains the leading cause of preventable death and disease in the United States and in Washington. To address this enormous toll, the American Lung Association in Washington calls for the following actions to be taken by our elected officials:

1. Raise the minimum legal sale age for tobacco products to 21 years of age;
2. Increase funding for tobacco prevention and cessation programs; and
3. Maintain the comprehensive smokefree air law.

Washington's 2017 legislative session was the longest session in history as three full special sessions were called. The largest task before the legislature was funding basic education to meet the State Supreme Court's ruling on the McCleary court case. The political divisions within the legislature provided additional challenges. This was also reflected in the small numbers of bills that were sent to the Governor for signature.

House Bill 1054 and Senate Bill 5024 proposed raising the minimum legal sale age for tobacco products to 21 years. After a successful hearing in the House, the bill moved to the House Rules committee where it remained throughout the session. The Senate version of the bill was referred to the Senate Commerce/Labor/Sports committee and didn't receive a hearing. This legislation has a large coalition supporting and lobbying for its passage. The legislation was requested by the State Attorney General and the Department of Health.

With the legislature facing budget challenges, the lost revenue resulting from this bill was one of the consistent and convincing arguments for proponents. The Governor's budget proposed $15.9 million for the estimated revenue loss.

Securing additional funding for tobacco prevention and cessation remains a priority goal for the American Lung Association in Washington. While no additional cuts were made to the state program, no additional funding was secured either leaving Washington with a meager $1.4 million in state funding for tobacco prevention and cessation.

Once again, legislation was introduced to establish special licensing for cigar lounges and retail tobacconist shops. House Bill 1919 was referred to the House Health Care and Wellness committee; it did not receive a hearing.

The American Lung Association in Washington will continue its support of policies to reduce the harmful effects of tobacco on Washingtonians. The coalition working on Tobacco 21 continues to grow. The coalition is focusing efforts on engaging youth in supporting and lobbying for this legislation. With additional grassroots support, the American Lung Association in Washington hopes to join together with the other states who have already passed Tobacco 21 laws.

Washington State Facts

Health Care Costs Due to Smoking:	$2,811,911,987
Adult Smoking Rate:	13.9%
Adult Tobacco Use Rate:	16.4%
High School Smoking Rate:	6.3%
High School Tobacco Use Rate:	N/A
Middle School Smoking Rate:	3.1%
Smoking Attributable Deaths:	8,290

Adult smoking and tobacco use data come from CDC's 2016 Behavioral Risk Factor Surveillance System. High school (10th grade only) and middle school (8th grade only) smoking rates are taken from the 2016 Washington State Healthy Youth Survey. A current high school tobacco use rate is not available for this state.

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:

American Lung Association in Washington
(206) 441-5100
www.lung.org/washington

West Virginia Report Card

AMERICAN LUNG ASSOCIATION.

STATE OF TOBACCO CONTROL 2018

WEST VIRGINIA

Tobacco Prevention and Control Program Funding: F

FY2018 State Funding for Tobacco Control Programs:	$0
FY2018 Federal Funding for State Tobacco Control Programs:	$1,946,513*
FY2018 Total Funding for State Tobacco Control Programs:	$1,946,513
CDC Best Practices State Spending Recommendation:	$27,400,000
Percentage of CDC Recommended Level:	7.1%
State Tobacco-Related Revenue:	$332,000,000

*Includes tobacco prevention and cessation funding provided to states from the Centers for Disease Control and Prevention and U.S. Food and Drug Administration.

Thumbs down for West Virginia for completely eliminating funding for its state tobacco control program.

Smokefree Air: C*

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government Worksites: **Restricted**

Private Worksites: **No provision**

Schools: **Prohibited (public schools only)**

Child Care Facilities: **Restricted**

Restaurants: **No provision**

Bars: **No provision**

Casinos/Gaming Establishments: **No provision**

Retail Stores: **No provision**

Recreational/Cultural Facilities: **No provision**

Penalties:**Yes**

Enforcement: **No**

Preemption: **No**

Citation: W. VA. CODE §§ 16-9A-4 (1987) & 31-20-5b (1997); WV Div. of Personnel Policy, Smoking Restrictions in the Workplace (2004); WV CSR §§ 64-21-10 (1997), 64-21-20 (1997) & 126-66-1 et seq. (1998).

*West Virginia has 65.1% of the state's population covered by comprehensive local smokefree workplace regulations. If a state has more than 50% of its population covered by local smokefree ordinances/regulations, the state is graded based on population covered by those local ordinances/regulations rather than the statewide law.

Tobacco Taxes: F

CIGARETTE TAX:

Tax Rate per pack of 20: **$1.20**

OTHER TOBACCO PRODUCT TAXES:

Tax on little cigars: **Equalized: No; Weight-Based: No**

Tax on large cigars: **Equalized: No; Weight-Based: No**

Tax on smokeless tobacco: **Equalized: No; Weight-Based: No**

Tax on pipe/RYO tobacco: **Equalized: No; Weight-Based: No**

Tax on Dissolvable tobacco: **Equalized: No; Weight-Based: No**

For more information on tobacco taxes, go to: http://slati.lung.org/slati/states.php

Access to Cessation Services: D

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **All 7 medications are covered**

Counseling: **Some counseling is covered**

Barriers to Coverage: **Some barriers exist to access care**

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

Counseling: **Some counseling is covered**

Barriers to Coverage: **Some barriers exist to access care**

STATE QUITLINE:

Investment per Smoker: **$2.21; the median investment per smoker is $2.10**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

Tobacco Surcharge: **No prohibition or limitation on tobacco surcharges**

Citation: See West Virginia Tobacco Cessation Coverage page for coverage details.

Minimum Age: F

Minimum Age of Sale for Tobacco Products: **18**

West Virginia State Highlights:

AMERICAN LUNG ASSOCIATION. | STATE OF TOBACCO CONTROL 2018

Tobacco use remains the leading cause of preventable death and disease in the United States and in West Virginia. To address this enormous toll, the American Lung Association in West Virginia calls for the following actions to be taken by our elected officials:

1. Restoration of West Virginia state funding for tobacco prevention and cessation;
2. Protect clean indoor air regulations as they currently exist throughout the state; and
3. Increase tobacco excise tax to be in line with the national average.

During the 2017 Legislative Session, three different attempts to preempt clean indoor air regulations in the state were fought off. Luckily, none of the bills made it past the first committee.

A bill introduced by Senator Stollings, to raise the minimum tobacco sales age to 21, failed in the Senate Health committee.

Other bills that failed, were an attempt to pass a bill that would not allow drivers to smoke in a motor vehicle if they had a passenger under the age of 16 with them; and legislation that would have allowed employers, such as health care providers, to not hire smokers. Neither of these bills made it out of the Senate Health Committee, their committee of origin.

Most alarmingly, in order to cut West Virginia spending by more than $100 million for the 2017-18 budget, legislators completely defunded the state Division of Tobacco Prevention. This move effectively eliminated all West Virginia state tobacco cessation and prevention efforts—even though the federal Centers for Disease Control and Prevention for years has cited the state for spending only a fraction of the amount it needs to spend to effectively combat tobacco-related illnesses. This is particularly disappointing given West Virginia has one of the highest smoking rates in the country, which costs the state over $1 billion in healthcare costs and lost productivity each year.

In 2018, new leadership and direction for the Coalition for Tobacco Free West Virginia will be needed—with an emphasis on information sharing, collaboration throughout the state and local support. A strong state coalition will be necessary to help sustain/reinstate tobacco control funding and programs. This can be done by making the coalition more representative of the community, which can hopefully help develop more public support for the services provided by the state Division of Tobacco Prevention. The coalition will also need to expose the tobacco industry's deceptive, predatory, and deadly practices by developing more effective methods to counter their strategies.

West Virginia State Facts

Health Care Costs Due to Smoking:	$1,008,474,499
Adult Smoking Rate:	24.8%
Adult Tobacco Use Rate:	31.3%
High School Smoking Rate:	16.2%
High School Tobacco Use Rate:	40.8%
Middle School Smoking Rate:	4.6%
Smoking Attributable Deaths:	4,280

Adult smoking and tobacco use data come from CDC's 2016 Behavioral Risk Factor Surveillance System. High school and middle school smoking rates are taken from the 2015 Youth Tobacco Survey. High school tobacco use rate is taken from the 2015 Youth Risk Behavior Surveillance System.

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:

American Lung Association in West Virginia
(304) 342-6600
www.lung.org/westvirginia

WEST VIRGINIA

Wisconsin Report Card

AMERICAN LUNG ASSOCIATION.

STATE OF TOBACCO CONTROL 2018

WISCONSIN

Tobacco Prevention and Control Program Funding: F

FY2018 State Funding for Tobacco Control Programs:	$5,300,000
FY2018 Federal Funding for State Tobacco Control Programs:	$2,722,344*
FY2018 Total Funding for State Tobacco Control Programs:	$8,022,344
CDC Best Practices State Spending Recommendation:	$57,500,000
Percentage of CDC Recommended Level:	14.0%
State Tobacco-Related Revenue:	$791,100,000

*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: **Prohibited**

Private Worksites: **Prohibited**

Schools: **Prohibited**

Child Care Facilities: **Prohibited**

Restaurants: **Prohibited**

Bars: **Prohibited (allowed in existing tobacco bars)**

Casinos/Gaming Establishments: **Prohibited (tribal establishments exempt)**

Retail Stores: **Prohibited**

Recreational/Cultural Facilities: **Prohibited**

Penalties:**Yes**

Enforcement: **Yes**

Preemption: **Limited**

Citation: WI STAT. ANN. § 101.123 (2010).

Tobacco Taxes: D

CIGARETTE TAX:

Tax Rate per pack of 20: **$2.52**

OTHER TOBACCO PRODUCT TAXES:

Tax on little cigars: **Equalized: Yes; Weight-Based: No**

Tax on large cigars: **Equalized: No; Weight-Based: No**

Tax on smokeless tobacco: **Equalized: Yes; Weight-Based: No**

Tax on pipe/RYO tobacco: **Equalized: Yes; Weight-Based: No**

Tax on Dissolvable tobacco: **Equalized: Yes; Weight-Based: No**

For more information on tobacco taxes, go to: http://slati.lung.org/slati/states.php

Access to Cessation Services: F

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **All 7 medications are covered**

Counseling: **Limited counseling is covered**

Barriers to Coverage: **Limited barriers exist to access care**

Medicaid Expansion: **No**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

Counseling: **Most counseling is covered**

Barriers to Coverage: **No barriers exist to access care**

STATE QUITLINE:

Investment per Smoker: **$1.37; the median investment per smoker is $2.10**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

Tobacco Surcharge: **No prohibition or limitation on tobacco surcharges**

Citation: See Wisconsin Tobacco Cessation Coverage page for coverage details.

Minimum Age: F

Minimum Age of Sale for Tobacco Products: **18**

Wisconsin State Highlights:

Tobacco use remains the leading cause of preventable death and disease in the United States and in Wisconsin. To address this enormous toll, the American Lung Association in Wisconsin calls for the following actions to be taken by our elected officials:

1. Pass legislation that places ALL tobacco products behind the counter or in a locked cabinet;
2. Lay the groundwork for future passage of Tobacco 21 legislation; and
3. Pass legislation requiring all school districts to have a comprehensive e-cigarette policy that prohibits use on school grounds.

Wisconsin's biennial budget was finally passed more than two months late in 2017, which meant meaningful work on moving tobacco control policies forward was delayed. The budget itself contained good and bad elements for tobacco control—on a positive note, funding for the Wisconsin Tobacco Prevention and Control program was maintained with no cuts, but for the third time, the legislature refused to include a tax increase for little cigars, which would have brought the tax on them up to par with cigarettes. This is due to the very strong anti-tax mentality that presently exists in the legislature.

While progress might be stalled on the state level, local activity continued at a brisk pace as city and county officials passed ordinances to add e-cigarettes to their smokefree air ordinances and school boards adopted policies prohibiting e-cigarette use on school grounds. On the smokefree outdoor air front, tobacco and smokefree (including e-cigarettes) parks are starting to gain acceptance and become more prevalent.

In August, the Wisconsin Department of Health and Family Services released its findings from the Youth Tobacco Survey, demonstrating a continued drop in youth smoking rates. Middle and high school smoking rates are at historic lows, 1.3 percent and 8.1 percent respectively. However, use of e-cigarettes by youth is skyrocketing, from 7.9 percent to 13.3 percent in Wisconsin's high schools. The influence and appeal of candy and fruit flavors is unquestionable—89.9 percent of high schoolers "think they probably would not, or definitely would not try an e-cigarette if it did not have any flavor such as mint, candy, fruit or chocolate."

Clearly the impact flavorings have on youth is huge, which makes it even more important that these products not be easily accessible to anyone under age 18. Retail assessments conducted throughout the state in 2017 have documented their placement alongside candy and snacks where they are easily stolen, and even very young children can "browse" them.

While the American Lung Association in Wisconsin will continue to work with local tobacco control coalitions to strengthen community tobacco control ordinances, the most sweeping progress is still made at the state level. The Lung Association will focus on passing legislation that requires that ALL tobacco sales be clerk assisted, continue to educate lawmakers and the public on the health benefits of raising the legal sales age for tobacco to 21 and fight for strong clean air policies, both indoors and out.

Wisconsin State Facts

Health Care Costs Due to Smoking:	$2,663,227,988
Adult Smoking Rate:	17.1%
Adult Tobacco Use Rate:	19.9%
High School Smoking Rate:	8.1%
High School Tobacco Use Rate:	12.5%
Middle School Smoking Rate:	1.3%
Smoking Attributable Deaths:	7,850

Adult smoking and tobacco use data come from CDC's 2016 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use and middle school smoking rates are taken from the 2016 Youth Tobacco Survey.

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:

American Lung Association in Wisconsin
(262) 703-4200
www.lung.org/wisconsin

Wyoming Report Card

AMERICAN LUNG ASSOCIATION. | STATE OF TOBACCO CONTROL 2018

WYOMING

Tobacco Prevention and Control Program Funding: D

FY2018 State Funding for Tobacco Control Programs:	$3,702,087
FY2018 Federal Funding for State Tobacco Control Programs:	$848,756*
FY2018 Total Funding for State Tobacco Control Programs:	$4,550,843
CDC Best Practices State Spending Recommendation:	$8,500,000
Percentage of CDC Recommended Level:	53.5%
State Tobacco-Related Revenue:	$41,100,000

*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: F

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government Worksites: **Restricted**

Private Worksites: **No provision**

Schools: **No provision**

Child Care Facilities: **No provision**

Restaurants: **No provision**

Bars: **No provision**

Casinos/Gaming Establishments: **No provision**

Retail Stores: **No provision**

Recreational/Cultural Facilities: **No provision**

Penalties: **No**

Enforcement: **No**

Preemption: **No**

Citation: Wyoming State Govt. Non-Smoking Policy (1989).

Tobacco Taxes: F

CIGARETTE TAX:

Tax Rate per pack of 20: **$0.60**

OTHER TOBACCO PRODUCT TAXES:

Tax on little cigars: **Equalized: Yes; Weight-Based: No**

Tax on large cigars: **Equalized: Yes; Weight-Based: No**

Tax on smokeless tobacco: **Equalized: Yes; Weight-Based: Yes**

Tax on pipe/RYO tobacco: **Equalized: Yes; Weight-Based: No**

Tax on Dissolvable tobacco: **Equalized: Yes; Weight-Based: Yes**

For more information on tobacco taxes, go to: http://slati.lung.org/slati/states.php

Access to Cessation Services: F

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **Most medications are covered**

Counseling: **Limited counseling is covered**

Barriers to Coverage: **Some barriers exist to access care**

Medicaid Expansion: **No**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **Some medications are covered**

Counseling: **No counseling is covered**

Barriers to Coverage: **Some barriers exist to access care**

STATE QUITLINE:

Investment per Smoker: **$11.01; the median investment per smoker is $2.10**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

Tobacco Surcharge: **No prohibition or limitation on tobacco surcharges**

Citation: See Wyoming Tobacco Cessation Coverage page for coverage details.

Minimum Age: F

Minimum Age of Sale for Tobacco Products: **18**

Wyoming State Highlights:

AMERICAN LUNG ASSOCIATION.

STATE OF TOBACCO CONTROL 2018

WYOMING

Tobacco use remains the leading cause of preventable death and disease in the United States and in Wyoming. To address this enormous toll, the American Lung Association in Wyoming calls for the following actions to be taken by our elected officials:

1. Support and implement a $1.00 increase in the tobacco tax;
2. Increase/maintain funding for tobacco prevention and cessation programs; and
3. Adopt a statewide, comprehensive smokefree law.

Budget and revenue shortfalls once again forced the Wyoming legislature to make difficult decisions. Despite the best efforts of public health advocates, the legislature cut a total of $2.1 million in tobacco prevention and cessation dollars over the fiscal year 2018 and fiscal year 2019 biennium. This reduction eliminated the Quitline-Quitnet, an online and telephone resource to assist people to eliminate their tobacco addiction.

An increase in the tobacco tax was proposed during the 2017 legislative session. Unfortunately, the increase was only 30 cents, which would not be large enough to yield the reduction in youth and adult smoking that the American Lung Association in Wyoming supports. The legislation gained some traction, but was ultimately not passed.

In December 2017, the Joint Revenue committee in the Wyoming legislature voted 8-7 to introduce a $1.00 increase in the state's tobacco tax, with an equal tax applied to all other tobacco products during the 2018 legislative session. This increase would be expected to generate approximately $22 million in new revenue. The American Lung Association in Wyoming will support this proposal and work to see that a portion of the new revenue is dedicated to support tobacco prevention and cessation programs.

Wyoming State Facts

Health Care Costs Due to Smoking:	$257,674,019
Adult Smoking Rate:	18.9%
Adult Tobacco Use Rate:	25.6%
High School Smoking Rate:	15.7%
High School Tobacco Use Rate:	38.4%
Middle School Smoking Rate:	5.4%
Smoking Attributable Deaths:	800

Adult smoking and tobacco use data come from CDC's 2016 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 Wyoming 2013 Youth Risk Behavior Surveillance System.

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:

American Lung Association in Wyoming
(206) 441-5100
www.lung.org/wyoming

We will breathe easier when the air in every
American community is clean and healthy.
We will breathe easier when people are free from the addictive
grip of tobacco and the debilitating effects of lung disease.
We will breathe easier when the air in our public spaces and
workplaces is clear of secondhand smoke.
We will breathe easier when children no longer
battle airborne poisons or fear an asthma attack.
Until then, we are fighting for air.

About the American Lung Association

The American Lung Association is the leading organization working to save lives by improving lung health and preventing lung disease, through research, education and advocacy. The work of the American Lung Association is focused on four strategic imperatives: to defeat lung cancer; to improve the air we breathe; to reduce the burden of lung disease on individuals and their families; and to eliminate tobacco use and tobacco-related diseases. For more information about the American Lung Association, a holder of the Better Business Bureau Wise Giving Guide Seal, or to support the work it does, call 1-800-LUNGUSA (1-800-586-4872) or visit: www.Lung.org.

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