AMERICAN LUNG ASSOCIATION®

STATE OF TOBACCO CONTROL 2020

Preface

"State of Tobacco Control" 2020

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

Tobacco use continues to take a terrible toll on our families. It is the leading cause of preventable disease and death in the United States, killing more than 480,000 Americans a year. For 18 years, our annual "State of Tobacco Control" report has tracked and graded efforts to reduce tobacco use by state and federal governments. Since its first publication, the tobacco prevention and quit smoking policies called for in the report have resulted in an historic improvement in public health, driving down adult and youth cigarette smoking to record lows. However, the dizzying rise in youth use of e-cigarettes threatens almost 20 years of nationwide progress.

Youth vaping remains an epidemic, with 2019 showing an alarming rise to 27.5% of high schoolers reporting e-cigarette use and middle school use rising to 10.5%. Overall, about 6.2 million middle and high school students now currently use tobacco products. This is an increase of close to three million kids using tobacco products, primarily e-cigarettes in just the past two years. At this rate, another generation could be lost to a life of nicotine addiction and ultimately more tobacco-caused death and disease.

The dramatic rise is a stark, real-world demonstration of how the federal government as a whole, including the U.S. Food and Drug Administration (FDA), has failed to protect our kids by properly overseeing all tobacco products, especially e-cigarettes. FDA asserted authority over all tobacco products, including e-cigarettes and cigars, in 2016, but has so far delayed regulating and reviewing products before allowing them to enter the market. With the continued increase of youth vaping, we see that this delay is now putting the lung health and lives of Americans at risk.

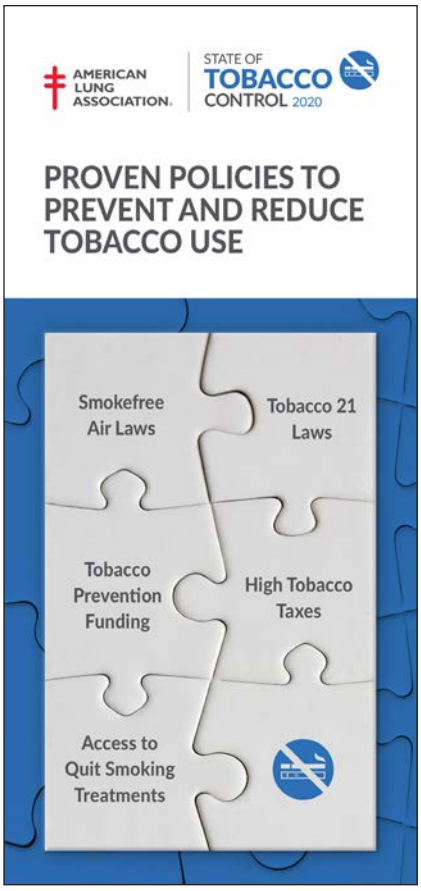
The big question posed by our 2020 "State of Tobacco Control" report is, "Will 2020 be the year that federal, state and local lawmakers prioritize public health over the tobacco industry?" The report highlights some actions in 2019 that say "yes" and others that point to "no."

As the result of successful lawsuits filed by the American Lung Association and other public health partners, FDA will be required to take several important and long overdue actions to protect the public health from tobacco products in 2020. These include finalizing graphic warning labels on all cigarette packs and requiring e-cigarettes, cigars and other tobacco products to submit applications to FDA to remain on the market.

Congress also took an important step forward in December 2019 by passing a law to increase the tobacco sales age to 21 nationwide. Increasing the age for sale of tobacco products to 21 is a proven method to reduce youth access to tobacco products, since teens in high school can rely on friends who are 18 or older to purchase tobacco products for them. Taking this step earned the federal government an "A" grade in the report's new Federal Minimum Age category this year. As 2020 progresses, one big question will be how this new federal law will be enforced across the country?

Unfortunately, the federal government has repeatedly failed to take action to protect kids from flavored tobacco products. On January 2, 2020, the Trump Administration announced it will allow thousands of flavored e-cigarettes to remain on the market, a stark reversal of the September announcement made that they would "clear the markets" of all flavored e-cigarettes. Because of this and the failure to move forward on removing menthol cigarettes from the marketplace or issue other product standards that will make a meaningful impact on protecting the public health, the federal government earned another 'F' grade for Federal Regulation of Tobacco Products in our 2020 report.

Much like the federal government, 2019 progress in state legislatures to reduce tobacco use and help smokers quit was decidedly mixed. Some states led the way, such as Massachusetts, which became the first state to prohibit the sale of all flavored tobacco products, including e-cigarettes and menthol cigarettes. That same legislation contained several other strong provisions as well, including a 75% of the wholesale price tax on e-cigarettes, equivalent to the tax on cigarettes. Thirteen states also passed Tobacco 21 laws of their own prior to the federal Tobacco 21 law passing.



A key, strategic imperative of the American Lung Association is to eliminate tobacco use and tobacco-related diseases. What the "State of Tobacco Control" 2020 report makes clear is that more needs to be done by states, communities and the federal government to stop the increase in youth tobacco use brought on by the youth vaping epidemic. In response the Lung Association has created a 12-Point Plan to End the Tobacco Epidemic:

1. States, cities and counties must include e-cigarettes in all smokefree laws
2. Congress, states, counties and cities must raise the tax on e-cigarettes to parity with cigarettes and other tobacco products
3. FDA, states and localities must invest in tobacco prevention efforts, including state programs and mass marketing campaigns
4. Federal, state and local governments must ensure every tobacco user can get the help they need to quit
5. Congress, states, counties and cities must raise the minimum age of sale to 21 (ACCOMPLISHED)
6. FDA, Congress, states, cities must immediately remove all flavored tobacco products from the marketplace
7. Congress and/or FDA must prohibit online sales of all tobacco products
8. FDA must crack down and stop misleading health claims
9. States, cities and counties must end the use of coupons and other discounts which makes these products cheaper and more appealing to young people
10. FDA and the Federal Trade Commission (FTC) must halt advertising and marketing to kids, including on social media
11. FDA must issue a product standard prohibiting all flavored tobacco products and defines what "tobacco" flavor means
12. FDA must require "track and trace" technology on all tobacco products to prevent black market, counterfeit and smuggling activities.

Implementing these key actions would lead to drastically lower rates of tobacco use, and the many lung diseases it causes or makes worse.

Our 18th annual "State of Tobacco Control" highlights our progress toward this goal and provides an urgent call to action for local, state and federal governments. We know how and are ready to save more lives, but we need policymakers to do much more. "State of Tobacco Control" provides a clear picture of what lawmakers need to do to create a healthier, tobacco-free future for all Americans, especially our kids who are at risk from the new vaping epidemic. We call on lawmakers at all levels of government to put the health of our youth over the interests of the tobacco industry and put in place the proven tobacco control policies called for in "State of Tobacco Control" 2020.

Harold P. Wimmer

National President & CEO
American Lung Association

"State of Tobacco Control" 2020: Will 2020 Be the Year the Federal Government, States and Communities Pass Meaningful Tobacco Control Policies and Prioritize Public Health over the Tobacco Industry?

The 18th annual American Lung Association "State of Tobacco Control" report evaluates states and the federal government on actions taken to eliminate the nation's leading cause of preventable death—tobacco use—and save lives with proven-effective and urgently needed tobacco control laws and policies.

The youth e-cigarette or vaping epidemic showed no signs of abating in 2019 after the extremely troubling 78% rise in high school e-cigarette use and 48% rise in middle school e-cigarette use from 2017 to 2018.[1] High school e-cigarette use continued its dramatic rise in 2019 to 27.5% and middle school use was at 10.5% in 2019. Overall, about 6.2 million middle and high school students currently use tobacco products, an increase of close to three million kids in just the past two years.[2] Almost all of that increase is due to youth use of e-cigarettes.

The dramatic rise in youth e-cigarette/tobacco use over the past two years, is a real-world demonstration of the failure of the U.S. Food and Drug Administration (FDA) to properly oversee all tobacco products, especially e-cigarettes. In particular, the delay by FDA in reviewing products, including e-cigarettes and cigars, over which they asserted authority under the 2016 "deeming" rule played a big part in the problems the country is experiencing now. This failure places the lung health and lives of Americans at risk.

In addition, the country faced a second crisis: the emergence of E-cigarette, or Vaping, Product Use Associated Lung Injury (EVALI), which has resulted in dozens of deaths and thousands of injuries caused by vaping. Large numbers of the illnesses were among youth and young adults, which makes them particularly alarming. According to the Centers for Disease Control and Prevention (CDC), one chemical of concern and likely cause of the outbreak is Vitamin E acetate, a chemical used in THC/marijuana vaping products. Additional chemicals or ingredients causing lung injuries, including in nicotine-containing products have not been ruled out.

Tobacco remains the leading cause of preventable death and disease in America, killing more than 480,000 Americans each year. In addition, 16 million Americans are living with a tobacco-related disease.[3]

However, 2020 could and must be the year the health of our nation is prioritized over the tobacco industry. As the result of lawsuits filed by the American Lung Association and several public health partners, FDA will be required by a federal district court judge to review all tobacco products introduced to the market after February 15, 2007. Originally supposed to have happened in 2018, this review is now required to happen by May 12, 2020—assuming no further delays in the legal process. This would provide another opportunity for FDA to remove products from the market that do not meet FDA's public health standard.

Graphic warning labels will also appear on cigarette packs by June 2021 as the result of another lawsuit against FDA won by the Lung Association and partners. A proposed rule with new graphic warning labels was issued by FDA in August 2019, and a final rule is required to be in place by March 15, 2020.

The Trump Administration failed to prioritize public health over the tobacco industry with its January 2, 2020 announcement that will leave thousands of flavored e-cigarettes on the market. This was a dramatic reversal of the Administration's September 2019 announcement that it would "clear the

market" of all flavored e-cigarettes, prohibiting their sale unless and until they can meet FDA's public health standard. Instead, they issued a substantially weaker version that leaves menthol flavored e-cigarettes and the thousands of non-closed pod flavored products, including any product sold in vape shops on the market. According to results from the CDC's 2019 National Youth Tobacco Survey, among high school students who used only e-cigarettes, over 72% used flavored e-cigarettes, including 66% who used fruit flavors and over 57% used mint and menthol flavors in 2019.[4] These data demonstrate how shortsighted the Trump Administration's unfortunate decision was.

In what could only be described as unimaginable even two years ago, in December 2019, Congress passed bipartisan legislation to raise the minimum age of sale for tobacco products to 21. This legislation took effect in December 2019. The Lung Association urged Congress to do much more to address youth tobacco use by including a prohibition on all flavored tobacco products, a prohibition of online sales and codifying the May 2020 court-ordered deadline for premarket review applications to be filed with FDA. Congress failed to move forward with these items.

House Energy and Commerce Committee Chairman Frank Pallone (NJ) introduced the Reversing the Youth Tobacco Epidemic Act in 2019, separate legislation from the Tobacco 21 legislation that passed Congress in December. This legislation offered a comprehensive solution to the youth tobacco use crisis by prohibiting the sale of all flavored tobacco products and stopping the online sale of all tobacco products, in addition to increasing the tobacco sales age to 21. This measure passed out of the House Energy and Commerce Committee but did not reach the full House of Representatives for a vote in 2019.

In the absence of strong federal action, the state of Massachusetts is leading the way in putting the health of its citizens ahead of the tobacco industry by becoming the first state to prohibit the sale of all flavored tobacco products, including e-cigarettes and menthol cigarettes. The legislation that passed in November of 2019 contained several other strong provisions as well, including a 75% of the wholesale price tax on e-cigarettes, equivalent to the tax on cigarettes.

What the "State of Tobacco Control" 2020 report makes clear is that more needs to be done by states, communities and the federal government to stop the increase in youth tobacco use brought on by the youth e-cigarette use epidemic. Sadly, the U.S. may have squandered a golden opportunity to make the current generation of kids the first tobacco-free generation. The country must redouble its efforts for the sake of future generations.

The American Lung Association's 12-Point Plan to End the Tobacco Epidemic

The Lung Association's "State of Tobacco Control" report has, for the past 18 years, offered policymakers a road map of the public policies needed to prevent and reduce tobacco use. To supplement and simplify the key actions needed by federal, state and local policymakers to accomplish this, the American Lung Association released its 12-point plan for ending the tobacco epidemic. Implementation of these key actions would lead to drastically lower rates of tobacco use, and the many lung diseases it causes or makes worse.

Tobacco 21 Laws Go Nationwide

2019 saw a massive increase in the number of states passing laws to increase their age of sale for tobacco products to 21 or Tobacco 21 laws. As of January 1, 2020, 19 states and the District of Columbia passed Tobacco 21 laws. This is an increase from only six states and DC at the beginning of 2019. However,

several of the state laws passed in 2019, including in Arkansas, Texas and Virginia had provisions that will make them less effective in preventing and reduce tobacco use. These provisions were often pushed for by the tobacco industry and their allies.

Tobacco 21 legislation was also introduced in both houses of Congress and importantly passed into law as part of a year-end funding package signed into law in December 2019. This is remarkable progress on an issue that saw the first state, Hawaii, pass this important policy to prevent youth tobacco use just four short years ago in 2015.

However, to truly end the tobacco epidemic in this country, all the public policies called for in the Lung Association's "State of Tobacco Control" report and in the Lung Association's 12-point plan to end the tobacco epidemic need to be put in place. Much has been made of the tobacco industry switching from opposing to supporting Tobacco 21 laws, but it is a strategic and public relations choice by them with a goal to forestall action in other areas such as increased tobacco taxes or prohibiting flavored tobacco products. And at the state level, the tobacco industry is also supporting preemptive provisions in these laws that would prevent local action on other tobacco sales laws.

More Action by FDA Still Needed

FDA has full authority over the manufacture, marketing and sale of tobacco products in the U.S. under a law passed by Congress in 2009 and through its 2016 "deeming" rule. However, in many cases over the past two administrations, the agency has failed to implement the law and use its comprehensive authority to put meaningful restrictions on tobacco products, including e-cigarettes, in place. This lack of action continued to earn the federal government an "F" grade for FDA Regulation of Tobacco Products in the 2019 "State of Tobacco Control" report.

One clear consequence of FDA's inaction has been the meteoric rise in the use of JUUL, an e-cigarette that looks like a USB flash drive, which contains high amounts of nicotine, comes in several kid-friendly flavors (sale of all flavors except menthol are suspended currently) and is particularly popular with youth and young adults. The product also manipulated the chemistry of nicotine making it easier to inhale and acts faster, potentially making addiction easier,[5] according to the U.S. Surgeon General. JUUL has claimed the largest share of the overall e-cigarette market[6] in a very short time period and has inspired a number of other companies to create similar types of e-cigarettes.

FDA is being compelled, as the result of court decisions, to move forward with its review of tobacco products that it asserted authority over in 2016 such as cigars and e-cigarettes, and to put graphic warning labels on cigarettes. However, given the scale of flavored tobacco product use among youth, one major item that must be on FDA's agenda is to remove all flavored tobacco products, including mint and menthol from the marketplace. The Trump Administration put forward a proposal to clear the market of all flavored e-cigarettes in September 2019, but bowing to tobacco industry pressure, announced a substantially weaker proposal on January 2, 2020 that leaves thousands of flavored e-cigarettes on the market. Congress also missed an opportunity to act on flavored tobacco products as part of legislation passed in December 2019.

Research shows that 97% of current youth e-cigarette users used a flavored product in the past month, and 70% cite flavors as a key reason for their use.[7] More broadly, an article released by the Centers for Disease and Control and

Prevention (CDC) in October 2019 showed that 64% of high school students who used tobacco products used a flavored product in the past 30 days in 2018.[8] Menthol in cigarettes also plays a significant role in youth becoming addicted to cigarettes, masking the harsh taste of tobacco smoke and making the poison go down easier. Menthol cigarettes are also disproportionately used by African-Americans and make it more difficult to quit smoking.

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In 2019, FDA's nationwide media campaign, "The Real Cost," focused on reducing e-cigarette use among youth ages 12-17 and was expanded to appear on TV further increasing its reach.

Surgeon General Spotlights Importance of Quitting Smoking

On January 23, 2020, U.S. Surgeon General Jerome Adams released a new report on tobacco, "Smoking Cessation: A Report of the Surgeon General," highlighting and making new conclusions about quitting smoking and the health benefits of quitting. Major report conclusions include:

- Insurance coverage for smoking cessation that is comprehensive, barrier-free and widely promoted increases the use of these treatments, leads to higher rates of quitting and is cost effective; and
- Smoking cessation can be increased by raising the price of cigarettes, adopting comprehensive smokefree policies, implementing mass media campaigns, requiring pictorial health warnings and maintaining comprehensive statewide tobacco control programs.[9]

All of the public policies shown to increase smoking cessation in the Surgeon General's report are called for in "State of Tobacco Control."

One policy that could have a big impact on increasing insurance coverage and therefore quitting smoking is expanding the Medicaid program under the Affordable Care Act to 138% of the federal poverty level, which has already provided healthcare to millions of Americans. Several studies released this year have reinforced how important having healthcare is to quitting smoking. One notable study showed Medicaid enrollees in Medicaid expansion states are utilizing tobacco cessation treatment at a higher rate than their peers in non-expansion states.[10]

More Positive News

Despite the very negative news regarding youth use of e-cigarettes, through the implementation of policies that the Lung Association has long-called for in "State of Tobacco Control," adult and youth cigarette smoking rates are at an all-time low, with 5.8% of high school students[11] and 13.7% of adults smoking cigarettes.[12] This is the lowest adult cigarette smoking rate ever recorded in CDC's National Health Interview Survey.[13]

2019 also saw several important actions taken by states and the federal government to curb tobacco use and exposure to secondhand smoke:

- California, Illinois, Maine and Nevada saw significant increases in funding for their state tobacco prevention and control programs in fiscal year 2020. Maine now funds its program near CDC-recommended levels making it one of only three states to earn an "A" grade in "State of Tobacco Control."
- Illinois approved a significant increase in its state cigarette tax of a $1.00 per pack. Maine equalized its tax on tobacco products, including e-cigarettes with its tax on cigarettes, and Vermont added e-cigarettes to its tax on other tobacco products.
- Colorado and New Mexico closed several loopholes in their state smokefree workplace laws along with adding e-cigarettes to their laws. Minnesota and

More About "State of Tobacco Control"

"State of Tobacco Control" 2020 is focused on proven policies that federal and state governments can enact to prevent and reduce tobacco use. 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;
- Full implementation of the U.S. Food and Drug Administration's (FDA) Family Smoking Prevention and Tobacco Control Act; and
- Hard hitting federal media campaigns to encourage smokers to quit and prevent young people from starting to use tobacco.

The report assigns grades based on laws and regulations designed to prevent and reduce tobacco use in effect as of January 2020. 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.

South Dakota also added e-cigarettes to their smokefree laws.

- Arkansas passed legislation requiring state Medicaid plans to cover all FDA-approved tobacco cessation medications.
- Massachusetts became the first state in the country to pass a law prohibiting the sale of all flavored tobacco products, including menthol, despite intense and well-funded tobacco industry opposition. Several larger jurisdictions, including Los Angeles County also passed comprehensive flavored tobacco laws.
- The Centers for Disease Control and Prevention (CDC)'s Office on Smoking and Health received a much needed $20 million increase in funding to help fight the youth e-cigarette use epidemic in the fiscal year 2020 federal budget.

Successes and Challenges in 2019 and What States and the Federal Government Must Do in 2020

States

Overall, states still have a lot of work to do to put in place the proven policies called for in "State of Tobacco Control" that would help significantly reduce the 480,000 lives lost to tobacco each year. States made notable progress on Tobacco 21 laws this year, but policies beyond those that restrict access to tobacco must be prioritized.

- **States Must Increase Tobacco Taxes and Equalize Taxes Across All Tobacco Products**—During 2019, Illinois was the only state to increase its cigarette tax by an amount that has been shown to reduce tobacco use and initiation, $1.00 per pack. New Mexico also increased its cigarette tax in 2019, but by only 34 cents per pack, missing a golden opportunity to accelerate declines in smoking rates for adults and youth. The average state cigarette tax is now $1.81 per pack—with the District of Columbia having the highest cigarette tax ($4.50 per pack) and Missouri having the lowest (17 cents per pack).

  Significantly increasing tobacco taxes is one of the most effective ways to reduce tobacco use, especially among youth. Bringing parity to (equalizing) tobacco taxes across all products, including cigars, little cigars and roll-your-own, discourages initiation and eliminates any financial incentive for people to switch to a cheap product, thereby encouraging people to quit tobacco entirely. In 2019, Maine and Vermont joined California as the only states to have equalized taxes across all tobacco products, including e-cigarettes.

- **States Must Expand Comprehensive Cessation Coverage in All Medicaid Programs**—Smoking is a serious addiction, and while nearly seven out of 10 smokers want to quit, only 10% quit successfully in the past year.[14] During 2019, Arkansas passed legislation requiring all Medicaid plans in the state to cover all seven FDA-approved quit smoking medications. Currently, 12 states have a comprehensive tobacco cessation benefit for all standard Medicaid enrollees, covering all seven tobacco cessation medications and all three forms of counseling to help smokers quit. However, 49 states still have barriers for Medicaid enrollees to access this treatment. States must ensure that both standard Medicaid and Medicaid expansion programs offer comprehensive quit smoking coverage without barriers such as copays, prior authorization or stepped therapy (where a patient must try and fail with one product before using others).
- **States Must Increase Funding for Tobacco Control Programs and Focus These Programs on At-Risk Populations**—During 2019, Maine saw a close to $7 million increase in funding for its state tobacco prevention program in

Medicaid covers some of the most vulnerable groups in society including poor families, low-income pregnant women and people with disabilities. Medicaid enrollees smoke at a higher rate than the general population (23.7% vs. 13.7%).[15] Additionally, Medicaid is the largest single payer for behavioral health services in the United States.[16] Persons with behavioral health conditions smoke at significantly higher rates than the general population.[17]

fiscal year 2020 as the result of an increase in the state budget and revenue from an increase in taxes on other tobacco products. California also saw a large increase in tobacco control program funding due to tobacco tax revenues coming in higher than expected. Alaska, California and Maine all earned "A" grades in the report for funding their programs at close to CDC-recommended levels.

In addition, Florida, Illinois, and Nevada all saw $1 million or more increases in funding to tobacco prevention programs in fiscal year 2020. Tennessee and West Virginia also allocated $2 million and $500,000 respectively to their tobacco prevention programs this year after providing no state funding last year. Connecticut was the only state that provided no state funding at all for tobacco prevention and quit smoking programs, severely hampering the state's ability to respond to large increases in youth tobacco use. The total amount spent by states on tobacco prevention and cessation is over $746.2 million, less than three cents of every dollar of close to $27.2 billion states collect from tobacco settlement payments and tobacco taxes.

- **The Remaining 22 States Must Pass Comprehensive Smokefree Laws—** No additional states approved comprehensive laws prohibiting smoking in all public places and workplaces in 2019, continuing the disturbing lack of progress at the state level on passage of these laws since 2012. Colorado and New Mexico closed several smaller loopholes in their already comprehensive statewide smokefree laws, in addition to adding e-cigarettes to their laws. However, Colorado then turned around and created a new loophole in its smokefree law for so-called "marijuana hospitality establishments." Minnesota and South Dakota also added e-cigarettes to their comprehensive smokefree laws, and Florida passed legislation adding e-cigarettes to its current secondhand smoke protections as required by a constitutional amendment approved by voters in November 2018. At the local level, the city of Atlanta approved a comprehensive smokefree law, one of the last major U.S. cities not to have such a law in the country.

  Secondhand smoke is a serious health hazard causing or making worse many diseases and conditions, including lung cancer, heart disease, stroke and asthma. It causes over 41,000 deaths per year.[18] Since 2006, the U.S. Surgeon General has concluded that there is no safe level of exposure to secondhand smoke. While many workplaces in the 22 states that have not yet passed comprehensive laws are smokefree, people working in the hospitality (i.e., restaurants, bars and gaming establishments) and manufacturing sectors may be and often are exposed to secondhand smoke at work daily. Certain racial/ethnic groups are disproportionately represented in the hospitality sector and are therefore more likely to be exposed to secondhand smoke.[19]

- **States and Communities Should Pass Laws Prohibiting the Sale of all Flavored Tobacco Products—**During 2019, Massachusetts became the first state to pass a comprehensive law eliminating the sale of all flavored tobacco products, and communities in California, Colorado, Minnesota and New York also passed laws. Governors in nine states starting with Michigan Gov. Gretchen Whitmer in September 2019 used their executive authority to temporarily prohibit or restrict the sale of flavored or all e-cigarettes. As of December 2019, eight of these states had been sued by the e-cigarette industry, and the prohibitions in five were on hold.

  Flavors are one of the main reasons kids use tobacco products and have played a big role in the youth vaping epidemic the country is currently

experiencing. Research shows that 81% of kids who have ever used tobacco products started with a flavored product, including 81% who have ever tried e-cigarettes and 65% who have ever tried cigars. Youth also cite flavors as a major reason for their current use of non-cigarette tobacco products, with 81.5% of youth e-cigarette users and 73.8% of youth cigar users saying they used the product "because they come in flavors I like.[20]

Federal Government:

Will 2020 be the year that FDA finally takes several steps forward in providing meaningful oversight over all tobacco products? Due to court decisions, FDA is scheduled to proceed with reviewing all newly deemed tobacco products, including e-cigarettes, cigars, pipe tobacco and hookah, that entered the market after February 15, 2007. FDA has also been required by a federal court to issue a final rule by March 15 that will require graphic warning labels to appear by June 2021 on 50% of the front and back of all cigarette packs. The Trump Administration squandered a golden opportunity to "clear the market" of all flavored e-cigarettes during 2019. Congress passed important legislation to increase the tobacco sales age to 21 nationwide but missed an opportunity to do more in 2019 to address the youth tobacco use epidemic.

- **FDA Must Fully Implement the Deeming Rule—**Due to a successful lawsuit by the American Lung Association and its public health partners, barring any additional legal delays, FDA must require all manufacturers to submit product applications by May 2020 to remain on the market. The dramatic increase in rates of youth e-cigarette use from 2017 to 2019, with over five million kids now using e-cigarettes[21], makes this overdue review even more critical.
- **FDA Must Move Forward with Graphic Warning Labels on Cigarettes—**In August 2018, a U.S. District Court judge ruled FDA unreasonably delayed finalizing a new rule requiring graphic warning labels on cigarettes. Under the approved timeline as part of the judge's order, FDA issued a proposed rule with new graphic warning labels on August 15, 2019 and is scheduled to issue a final rule on March 15, 2020. The lawsuit compelling FDA to act was filed by the American Lung Association and other public health groups.

  FDA previously met a Tobacco Control Act-mandated timeline of 2011 by finalizing a rule requiring graphic warning labels on 50% of the front and back of cigarette packs. However, after the cigarette companies sued FDA and a judge sided with the industry and tossed out the specific warnings in 2012, FDA failed to move forward with proposing new graphic warning labels, despite it being required by law. The lawsuit compelling FDA to act was filed by the American Lung Association and other public health groups, aimed at forcing action by FDA on this important public policy, which could have a substantial impact on smoking rates.
- **The Trump Administration and Congress Must Remove All Flavored Tobacco Products, Including Menthol Cigarettes, from the Marketplace—**The Trump Administration and Congress failed to address flavored tobacco products, one of the main drivers of the youth e-cigarette epidemic, despite several opportunities to do so. Flavors in all tobacco products play a key role in hooking our kids on tobacco, and a product standard by FDA eliminating all flavored tobacco products, including all e-cigarettes and menthol cigarettes is still desperately needed.

House Energy and Commerce Committee Chairman Frank Pallone's "Reversing the Youth Tobacco Epidemic Act of 2019" that would prohibit all flavored tobacco products also remains alive and should receive a vote in the House in 2020. The bill also takes other important steps to reduce youth tobacco use, including severely restricting online sales of all tobacco products. A Senate companion was introduced in early January by Senator Sherrod Brown (OH).

- **Federal Government Must Do More to Help Smokers Quit**—U.S. Surgeon General Jerome Adams issued an important report "Smoking Cessation: A Report of the Surgeon General," on January 23, 2020 exploring the trends and science behind and emphasizing the health benefits that accrue to people from quitting smoking. It also detailed tobacco control policies that can impact a person's ability to quit smoking, which include virtually all of the policies evaluated in "State of Tobacco Control." Increased access to tobacco cessation as part of insurance coverage was one important policy recommended in the report.

  Recognizing the importance of a comprehensive tobacco cessation benefit, the Office of Management and Budget (OMB), in their 2019 Federal Employee Health Benefits Carrier Call letter, is requiring a comprehensive cessation benefit with no barriers. OMB is also asking carriers to ensure all tobacco users, including e-cigarette users, have access to the benefit and that the benefit is promoted to enrollees to help smokers quit.

  Despite an ongoing federal court case regarding the constitutionality of the Affordable Care Act, key quit smoking policies required in the Affordable Care Act remain in effect while the case makes its way through the courts. However, the Administration put forward new rules that expand "skimpy" plans that are not required to cover quit smoking treatments. The U.S. Department of Health and Human Services has also approved a tobacco surcharge for Medicaid enrollees who smoke in Indiana and Wisconsin. The American Lung Association opposes tobacco surcharges as there is no evidence that they help smokers quit.

A 2019 study found that states which expanded Medicaid had a 34% increase in the number of tobacco cessation medication prescriptions relative to the states that did not expand Medicaid. This means more quit attempts with proven cessation treatments are being made.[22]

- **CDC and FDA Must Continue Their Successful and Cost-Effective Mass Media Campaigns**—The fiscal year 2020 spending bill for CDC's Office on Smoking and Health approved by the House of Representatives and Senate provided a much-needed $20 million increase in funding for CDC's Office on Smoking and Health. This will allow the office to continue its "Tips From Former Smokers" campaign, a highly effective media campaign that features stories of people living with smoking-related diseases. It will also enable more activity by CDC and states on addressing the youth e-cigarette epidemic.

  In September 2018, FDA launched an extension of its "The Real Cost" media campaign to address the risks of youth use of e-cigarettes, targeting youth ages 12-17 who have used e-cigarettes or are open to trying them. And in 2019, FDA expanded the reach of this campaign by placing some of the ads on TV, a move the American Lung Association wholeheartedly supported. Given e-cigarettes are now at "epidemic" levels among high school youth at 27.5% in 2019 and the rise of JUUL, it is critical that this media campaign be maintained and expanded.[23]

- **Congress Must Increase Taxes on All Tobacco Products.** The federal government has not increased taxes on cigarettes and other tobacco products since 2009 and is long overdue for a significant increase. The

$0.62 increase in 2009 had a significant impact on smoking rates and increasing tobacco taxes is one of the most significant actions Congress could take to prevent and reduce tobacco use. Equalizing taxes between cigarettes and other tobacco products is also important to help tobacco users quit for good. For the first time in 2019, multiple bills were introduced in Congress that would tax e-cigarettes.

"State of Tobacco Control" 2020 provides a blueprint that states and the federal government can follow to put in place proven policies that will have the greatest impact on reducing tobacco use and exposure to secondhand smoke in the U.S. **The real question is: Will lawmakers seize this opportunity and make 2020 the year the federal government, states and communities pass meaningful tobacco control policies and prioritize public health over the tobacco industry?**

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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	$1,245,727	$2,245,727	$2,725,454	$4,971,181	$55,900,000	8.9%	$300,100,000	F
Alaska	$6,743,800	$2,400,000	$0	$9,143,800	$997,060	$10,140,860	$10,200,000	99.4%	$82,200,000	A
Arizona	$0	$16,990,400	$0	$16,990,400	$1,804,883	$18,795,283	$64,400,000	29.2%	$417,100,000	F
Arkansas	$11,146,591	$0	$0	$11,146,591	$2,060,283	$13,206,874	$36,700,000	36.0%	$279,400,000	F
California	$0	$322,213,000	$3,800,000	$326,013,000	$8,113,885	$334,126,885	$347,900,000	96.0%	$2,921,100,000	A
Colorado	$0	$21,009,632	$360,000	$21,369,632	$2,720,052	$24,089,684	$52,900,000	45.5%	$288,600,000	F
Connecticut	$0	$0	$0	$0	$2,259,429	$2,259,429	$32,000,000	7.1%	$475,600,000	F
Delaware	$6,659,500	$0	$0	$6,659,500	$768,205	$7,427,705	$13,000,000	57.1%	$147,500,000	D
District of Columbia	$900,000	$1,000,000	$0	$1,900,000	$726,967	$2,626,967	$10,700,000	24.6%	$71,700,000	F
Florida	$71,757,228	$0	$334,133	$72,091,361	$2,550,239	$74,641,600	$194,200,000	38.4%	$1,534,100,000	F
Georgia	$750,000	$0	$0	$750,000	$2,220,329	$2,970,329	$106,000,000	2.8%	$392,200,000	F
Hawaii	$5,535,791	$0	$851,128	$6,386,919	$1,487,293	$7,874,212	$13,700,000	57.5%	$154,100,000	D
Idaho	$3,581,600	$153,900	$0	$3,735,500	$998,104	$4,733,604	$15,600,000	30.3%	$77,400,000	F
Illinois	$10,100,000	$0	$0	$10,100,000	$3,140,683	$13,240,683	$136,700,000	9.7%	$1,274,600,000	F
Indiana	$7,500,000	$0	$0	$7,500,000	$1,960,484	$9,460,484	$73,500,000	12.9%	$554,700,000	F
Iowa	$0	$0	$4,271,000	$4,271,000	$1,616,723	$5,887,723	$30,100,000	19.6%	$266,900,000	F
Kansas	$1,001,960	$0	$0	$1,001,960	$1,518,060	$2,520,020	$27,900,000	9.0%	$184,700,000	F
Kentucky	$3,342,100	$0	$0	$3,342,100	$2,135,439	$5,477,539	$56,400,000	9.7%	$497,400,000	F
Louisiana	$500,000	$4,502,081	$8,171,492	$13,173,573	$1,117,775	$14,291,348	$59,600,000	24.0%	$449,900,000	F
Maine	$9,632,527	$2,050,000	$149,793	$11,832,320	$1,451,142	$13,283,462	$15,900,000	83.5%	$188,200,000	A
Maryland	$9,687,677	$0	$789,301	$10,476,978	$2,392,297	$12,869,275	$48,000,000	26.8%	$513,400,000	F
Massachusetts	$4,617,730	$0	$0	$4,617,730	$2,397,266	$7,014,996	$66,900,000	10.5%	$836,000,000	F
Michigan	$1,630,000	$0	$0	$1,630,000	$3,526,392	$5,156,392	$110,600,000	4.7%	$1,205,300,000	F
Minnesota	$8,463,054	$0	$6,940,363	$15,403,417	$2,226,539	$17,629,956	$52,900,000	33.3%	$693,000,000	F
Mississippi	$7,165,000	$0	$1,275,000	$8,440,000	$1,785,924	$10,225,924	$36,500,000	28.0%	$254,400,000	F
Missouri	$0	$0	$171,582	$171,582	$2,024,207	$2,195,789	$72,900,000	3.0%	$262,100,000	F
Montana	$4,737,317	$0	$0	$4,737,317	$1,165,657	$5,902,974	$14,600,000	40.4%	$109,200,000	F
Nebraska	$2,570,000	$0	$0	$2,570,000	$1,043,965	$3,613,965	$20,800,000	17.4%	$101,300,000	F
Nevada	$950,000	$0	$2,500,000	$3,450,000	$929,319	$4,379,319	$30,000,000	14.6%	$235,600,000	F
New Hampshire	$0	$0	$360,000	$360,000	$1,815,915	$2,175,915	$16,500,000	13.2%	$245,300,000	F
New Jersey	$0	$7,164,000	$0	$7,164,000	$3,718,307	$10,882,307	$103,300,000	10.5%	$879,400,000	F
New Mexico	$5,488,699	$0	$0	$5,488,699	$978,084	$6,466,783	$22,800,000	28.4%	$143,300,000	F
New York	$39,769,600	$0	$0	$39,769,600	$2,571,022	$42,340,622	$203,000,000	20.9%	$1,968,300,000	F
North Carolina	$2,150,000	$0	$0	$2,150,000	$3,222,165	$5,372,165	$99,300,000	5.4%	$455,700,000	F
North Dakota	$4,850,000	$0	$591,500	$5,441,500	$989,397	$6,430,897	$9,800,000	65.6%	$54,000,000	C
Ohio	$11,955,358	$0	$300,000	$12,255,358	$1,794,936	$14,050,294	$132,000,000	10.6%	$1,270,900,000	F
Oklahoma	$20,057,844	$1,029,414	$550,000	$21,637,258	$1,311,902	$22,949,160	$42,300,000	54.3%	$473,900,000	D
Oregon	$0	$7,906,500	$0	$7,906,500	$1,198,772	$9,105,272	$39,300,000	23.2%	$338,200,000	F
Pennsylvania	$15,146,000	$0	$0	$15,146,000	$2,767,838	$17,913,838	$140,000,000	12.8%	$1,706,500,000	F
Rhode Island	$0	$0	$394,955	$394,955	$1,651,504	$2,046,459	$12,800,000	16.0%	$196,900,000	F
South Carolina	$0	$5,000,000	$0	$5,000,000	$1,156,149	$6,156,149	$51,000,000	12.1%	$247,100,000	F
South Dakota	$0	$4,500,000	$0	$4,500,000	$936,847	$5,436,847	$11,700,000	46.5%	$78,800,000	F
Tennessee	$2,000,000	$0	$0	$2,000,000	$1,488,071	$3,488,071	$75,600,000	4.6%	$424,000,000	F
Texas	$4,671,912	$0	$0	$4,671,912	$4,460,843	$9,132,755	$264,100,000	3.5%	$1,902,300,000	F
Utah	$7,026,000	$0	$0	$7,026,000	$1,173,545	$8,199,545	$19,300,000	42.5%	$139,900,000	F
Vermont	$1,088,918	$0	$1,603,103	$2,692,021	$1,167,790	$3,859,811	$8,400,000	46.0%	$99,800,000	F
Virginia	$9,717,356	$0	$0	$9,717,356	$1,299,737	$11,017,093	$91,600,000	12.0%	$299,400,000	F
Washington	$0	$0	$2,132,505	$2,132,505	$2,779,313	$4,911,818	$63,600,000	7.7%	$548,500,000	F
West Virginia	$500,000	$0	$0	$500,000	$1,516,720	$2,016,720	$27,400,000	7.4%	$235,500,000	F
Wisconsin	$0	$0	$5,300,000	$5,300,000	$2,827,190	$8,127,190	$57,500,000	14.1%	$757,800,000	F
Wyoming	$3,804,789	$0	$0	$3,804,789	$895,566	$4,700,355	$8,500,000	55.3%	$39,900,000	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	E- Cigarettes Included	Penalties	Enforcement	Total Score	Grade
Alabama	2	0	2	2	0	0	0	2	2	-2	4	2	14	F
Alaska	5	5	4	4	4	4	N/A	4	4	0	4	4	42	B
Arizona	4	4	5	4	4	4	4	4	4	-2	4	4	43	A
Arkansas	4	3	4	4	3	1	1	4	4	-2	4	3	33	C
California	5	4	4	4	4	4	4	4	4	0	4	2	43	A
Colorado	5	3	4	4	3	3	4	4	4	-1	4	2	39	B
Connecticut	4	2	5	4	4	3	4	4	4	-1	3	3	39	C
Delaware	4	4	4	4	4	5	4	4	4	0	4	4	45	A
District of Columbia	4	4	5	4	4	2	N/A	4	4	0	3	4	38	A
Florida	4	4	4	4	4	1	4	4	4	0	3	4	40	B
Georgia	4	3	4	4	3	1	N/A	3	4	-2	1	2	27	D
Hawaii	5	5	4	4	4	5	N/A	4	4	0	4	3	42	A
Idaho	4	3	4	4	4	0	4	4	4	-2	3	2	34	C
Illinois	5	5	4	4	4	5	4	4	4	-2	4	4	45	A
Indiana	4	4	4	4	3	1	0	4	4	-2	4	3	33	C
Iowa	4	4	5	4	4	4	1	4	4	-2	4	4	40	A
Kansas	5	5	4	4	4	4	1	4	4	-2	3	4	40	A
Kentucky	2	0	1	0	0	0	0	0	0	-2	1	0	2	F
Louisiana	4	4	4	4	4	0	1	4	4	-2	3	4	34	C
Maine	5	5	5	4	5	4	3	4	4	-1	4	4	46	A
Maryland	4	4	4	4	4	5	4	4	4	-2	2	4	41	A
Massachusetts	4	4	4	4	4	3	4	4	4	0	4	3	42	A
Michigan	4	4	4	4	4	4	1	4	4	-2	4	4	39	C
Minnesota	3	3	4	4	4	5	4	4	4	0	3	4	42	A
Mississippi	3	0	4	4	0	0	0	0	0	-2	1	2	12	F
Missouri	2	1	3	4	1	0	0	1	1	-2	3	1	15	F
Montana	4	4	4	4	4	5	4	4	4	-2	3	4	42	A
Nebraska	4	4	4	4	4	3	4	4	4	-2	4	3	40	A
Nevada	4	4	5	4	4	1	1	4	4	0	2	2	35	C
New Hampshire	2	2	4	4	4	2	2	2	2	0	4	4	32	D
New Jersey	4	4	5	4	4	2	2	4	4	0	3	4	40	A
New Mexico	5	4	4	4	4	3	0	4	4	0	3	4	39	B
New York	4	4	5	4	4	2	4	4	4	0	4	4	43	A
North Carolina	2	0	4	3	4	3	N/A	0	0	-2	2	4	20	F
North Dakota	5	5	4	4	4	5	4	4	4	0	3	3	45	A
Ohio	4	4	4	4	4	5	4	4	4	-2	3	4	42	A
Oklahoma	3	3	5	4	3	0	3	4	4	-2	3	3	33	D
Oregon	5	5	4	4	4	3	4	4	4	0	4	4	45	A
Pennsylvania	4	4	4	4	3	0	2	4	4	-2	3	4	34	D
Rhode Island	4	4	4	4	4	3	2	4	4	0	3	4	40	A
South Carolina	1	0	2	4	0	0	N/A	0	1	-2	3	1	10	F
South Dakota	4	4	4	4	4	4	4	4	4	0	3	2	41	B
Tennessee	4	3	4	4	3	1	N/A	4	4	-2	2	4	31	D
Texas	0	0	1	4	0	0	0	0	1	0	3	1	10	F
Utah	4	4	5	4	4	5	N/A	4	4	0	4	4	42	A
Vermont	4	4	4	4	4	4	N/A	4	4	0	3	3	38	A
Virginia	1	0	3	3	2	2	0	1	1	-2	2	3	16	F
Washington	5	5	4	4	4	5	4	4	4	-2	3	4	44	A
West Virginia	1	0	4	1	0	0	0	0	0	-2	1	0	5	D*
Wisconsin	4	4	4	4	4	4	4	4	4	-2	2	4	40	A
Wyoming	0	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.

* This state's grade is based on percentage of population covered by comprehensive local smokefree laws/regulations rather than the statewide law.

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 E-Cigarettes	Total Score	Grade
Alabama	6	1	1	0	0	0	8	F
Alaska	18	2	2	2	2	0	26	D
Arizona	18	1	1	0	0	0	20	F
Arkansas	12	2	1	2	2	0	19	F
California	24	2	2	2	2	2	34	B
Colorado	6	2	2	2	2	0	14	F
Connecticut	30	2	1	0	1	0	34	B
Delaware	18	1	1	0	1	0	21	F
District of Columbia	30	2	0	2	2	2	38	A
Florida	12	0	0	2	2	0	16	F
Georgia	6	1	2	2	2	0	13	F
Hawaii	24	2	1	2	2	0	31	C
Idaho	6	2	2	2	2	0	14	F
Illinois	24	2	1	0	1	1	29	C
Indiana	12	2	2	0	2	0	18	F
Iowa	12	2	1	1	2	0	18	F
Kansas	12	1	1	1	1	0	16	F
Kentucky	12	1	1	0	1	0	15	F
Louisiana	12	1	1	1	2	0	17	F
Maine	18	2	2	2	2	2	28	C
Maryland	18	2	1	1	1	0	23	F
Massachusetts	24	2	1	2	1	0	30	C
Michigan	18	1	1	1	1	0	22	F
Minnesota	24	2	1	2	2	2	33	B
Mississippi	6	2	2	2	2	0	14	F
Missouri	6	2	2	2	2	0	14	F
Montana	12	2	2	0	2	0	18	F
Nebraska	6	2	2	0	2	0	12	F
Nevada	12	1	1	1	1	1	17	F
New Hampshire	12	2	0	2	2	0	18	F
New Jersey	18	1	1	0	1	0	21	F
New Mexico	18	2	1	1	1	1	24	D
New York	30	2	1	0	1	1	35	B
North Carolina	6	2	2	2	2	0	14	F
North Dakota	6	2	2	0	2	0	12	F
Ohio	12	2	1	1	1	0	17	F
Oklahoma	18	2	1	2	2	0	25	D
Oregon	12	2	1	2	2	2	21	F
Pennsylvania	18	2	0	0	0	1	21	F
Rhode Island	30	2	1	0	1	0	34	B
South Carolina	6	1	1	1	1	0	10	F
South Dakota	12	2	2	2	2	0	20	F
Tennessee	6	2	1	1	1	0	11	F
Texas	12	0	0	2	2	0	16	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	0	16	F
Wisconsin	18	2	1	2	2	0	25	D
Wyoming	6	2	2	2	2	0	14	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	-8	4	2	1	5	0	0	32	F
Alaska	14	5	9	0	3	2	1	20	0	0	54	C
Arizona	14	7	10	0	4	2	1	15	0	0	53	C
Arkansas	8	5	9	0	2	2	1	10	0	1	38	F
California	14	13	11	0	2	3	1	15	0	2	61	B
Colorado	14	13	12	0	4	2	1	20	2	1	69	A
Connecticut	14	13	11	0	2	4	1	0	0	1	46	D
Delaware	14	5	9	0	4	4	1	20	1	0	58	B
District of Columbia	12	5	9	0	2	2	2	20	0	2	54	C
Florida	8	7	12	-8	4	1	1	20	0	0	45	D
Georgia	10	7	7	-8	4	3	0	0	0	0	23	F
Hawaii	11	9	9	0	3	1	1	20	0	0	54	C
Idaho	14	5	9	0	4	0	1	15	0	0	48	D
Illinois	12	4	8	0	4	1	1	10	1	0	41	F
Indiana	14	9	7	0	4	2	1	5	0	-2	40	F
Iowa	14	7	9	0	4	4	1	5	0	0	44	D
Kansas	14	13	12	-8	4	2	1	0	0	0	38	F
Kentucky	14	13	13	0	4	3	1	0	5	1	54	C
Louisiana	14	11	8	0	4	2	1	5	1	0	46	D
Maine	14	13	10	0	4	3	1	20	0	0	65	A
Maryland	14	9	10	0	4	2	1	15	2	0	57	B
Massachusetts	14	13	11	0	4	1	1	0	2	2	48	D
Michigan	14	9	13	0	4	2	1	0	0	0	43	D
Minnesota	14	9	11	0	4	4	1	20	0	0	63	A
Mississippi	14	7	9	-8	4	2	1	10	0	0	39	F
Missouri	14	13	13	-8	4	4	2	0	0	0	42	D
Montana	14	9	10	0	3	4	1	0	0	0	41	I**
Nebraska	14	9	9	0	4	0	1	5	0	0	42	D
Nevada	11	7	12	0	4	1	1	0	0	0	36	F
New Hampshire	14	7	9	0	4	4	1	5	0	0	44	D
New Jersey	11	0	0	0	4	3	1	0	3	2	24	F*
New Mexico	14	7	9	0	2	4	1	20	3	0	60	B
New York	13	11	10	0	1	1	2	10	1	2	51	C
North Carolina	14	11	8	-8	4	2	1	5	0	1	38	F
North Dakota	14	9	11	0	4	4	1	0	1	0	44	D
Ohio	14	13	10	0	2	3	1	5	0	0	48	D
Oklahoma	14	9	13	-8	0	0	0	20	0	0	48	D*
Oregon	14	13	10	0	3	4	1	0	2	0	47	D
Pennsylvania	14	11	8	0	2	2	1	5	0	0	43	D
Rhode Island	14	13	10	0	4	3	1	0	5	2	52	C
South Carolina	14	13	13	-8	3	2	1	20	0	0	58	B
South Dakota	4	2	9	-8	4	2	1	20	0	0	34	F
Tennessee	14	2	6	-8	4	2	1	10	0	0	31	F
Texas	14	9	8	-8	4	1	1	0	0	0	29	F
Utah	14	9	6	0	4	2	1	20	1	0	57	B
Vermont	14	5	12	0	0	0	0	20	3	2	56	B*
Virginia	12	4	11	0	2	2	1	0	0	0	32	F
Washington	14	9	9	0	3	3	2	0	0	0	40	F
West Virginia	14	9	5	0	4	2	1	0	0	0	35	F
Wisconsin	14	5	13	-8	4	3	1	10	0	-2	40	F
Wyoming	14	5	11	-8	2	0	1	20	0	0	45	D

* This state did not provide data in one or more of three Access to Cessation Services categories, and received 0 points in those categories as a result.

** Montana earns an I for Incomplete because information on the investment per smoker in its state quitline was not available when this report went to press.

Minimum Age Grading Overview

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

* Pennsylvania earns an I for Incomplete because their state law doesn't take effect until July 1, 2020.

"State Of Tobacco Control" 2020 Methodology

The American Lung Association's "State of Tobacco Control" 2020 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. 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 Tobacco Cessation Coverage database.

In response to new data and information, the American Lung Association periodically reviews the methodology for the State of Tobacco Control report and revises 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" 2020 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 five areas: U.S. Food and Drug Administration (FDA) regulation of tobacco products; federal coverage of tobacco cessation treatments; federal excise taxes on tobacco products; federal mass media campaigns; and federal minimum age of sale for tobacco products. The sources for the targets and the basis of the evaluation criteria are described below.

Federal 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 the federal government 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) implementation of 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) removal of flavored tobacco products, including menthol cigarettes from the marketplace. Points were awarded based on how the federal government has 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 Federal 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; pre-market review of all deemed tobacco products complete; products without PMTA are removed from marketplace.
+3 points: FDA has begun the PMTA process for all deemed tobacco products.
+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 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 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 points: 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.

Removal of Flavored Tobacco Products, including Menthol Cigarettes from the Marketplace (4 points)

Target is FDA takes action to remove all flavored tobacco products, including cigarettes with menthol as a characterizing flavor from the marketplace.

+4 points: Strong product standard is finalized that will be appropriate for the protection of public health by eliminating all flavored tobacco products, including menthol as a characterizing flavor.
+3 points: Strong product standard is finalized removing some but not all

flavored tobacco products from the marketplace.

+2 points: Strong product standard is proposed that will be appropriate for the protection of public health by eliminating all flavored tobacco products, including menthol as a characterizing flavor.

+1 points: Product standard is proposed that will remove some but not all flavored tobacco products from the marketplace

+0 points: No product standard is issued and all flavored products remain on the marketplace.

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 points: 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" 2020 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 marketplaces 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 Federal 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 points: 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 points: 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 points: 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 points: At least 1 treatment is covered.
+0 points: No coverage.

Federal Requirements for State Health Insurance Marketplaces

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

+4 points: All Guideline-recommended medications and counseling are required to be covered.
+3 points: Administration releases guidance outlining coverage of a comprehensive tobacco cessation benefit as a preventive service.
+2 points: Administration requires that all plans sold in the State Health

Insurance Marketplaces cover tobacco cessation treatment as part of the preventive services requirement.

+1 points: Administration proposes new regulations that no longer require all plans in the State Health Insurance Marketplaces to provide tobacco cessation.

+0 points: Administration finalizes new regulations or issues guidance that no longer require all plans in the State Health Insurance Marketplaces to provide tobacco cessation.

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 on p.29.

The Federal Tobacco Excise Tax 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

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 2019 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 2020.

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

Federal Minimum Age of Sale for Tobacco Products

In March 2015, the National Academy of Medicine (formerly the Institute of Medicine) issued a report looking at the impact increasing the age of sale for tobacco products could have on youth tobacco use rates. The report concluded that increasing the age of sale for tobacco products to 21 nationwide 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.[1]

A grade was awarded in this category based on whether the federal government had increased the age of sale for tobacco products to 21. The letter grade received deductions based on if groups, like active duty military, were exempted from the age of sale of 21. The federal government would receive an automatic F grade if some tobacco products, such as e-cigarettes

were exempted from the age of sale increase, preemption on state or local governments from raising the age of sale was imposed or the age of sale was 19 or 20 years old.

Grade breaks 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;
F = age of sale for tobacco products is below 21 years of age, some tobacco products are exempted from the age of sale to 21 increase or preemption on state or local governments concerning tobacco sales age increases is imposed.

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.

State Tobacco Prevention and Cessation Program 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 cessation program funding 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.

State 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.

In addition, in "State of Tobacco Control" 2019 a penalty was added to the grade for state's that have not included e-cigarettes in their laws restricting or prohibiting smoking. A state that has not included e-cigarettes in their laws or only has included them in select locations receives a -2 point penalty; a state that has included e-cigarettes in many but not all public places and workplaces covered by state law gets a -1 point penalty; and no penalty is applied for states that have included e-cigarettes in all places where smoking is prohibited by state law.

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 or Local opt-out: State preemption of stricter local ordinances or states that have a provision in its law allowing communities to opt-out of the law 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 based on 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.[2]

Key to Smokefree Laws Ratings by Category

For all categories, laws that require that smoking be permitted or laws without any restrictions for the 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."[3]

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.[4] Increasing taxes on tobacco products other than cigarettes is also important as while rates of cigarette smoking are declining, rates of cigar smoking, and smokeless tobacco use are stagnant or increasing. In a number of states, rates of cigar smoking among youth 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, 2020 was $1.81 per pack. The range of state excise taxes ($0.17 to $4.50 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	$3.62 and over
24 points	$2.715 to $3.619
18 points	$1.81 to $2.714
12 points	$0.905 to $1.809
6 points	Under $0.905

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) e-cigarettes. In "State of Tobacco Control" 2020, e-cigarettes replaced dissolvable tobacco products as one of the five categories.

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

State 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 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. Points available in the Medicaid coverage section were 40 to represent new Medicaid expansion enrollees. 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 8 points to represent the substantial number of tobacco users that do not have access to cessation treatments because of this decision.

The Lung Association will deduct up to 2 points for any state that implements a policy to charge Medicaid enrollees a tobacco surcharge or that has policies

that charge Medicaid enrollees that smoke more for coverage than non-tobacco user Medicaid 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 can limit or remove these surcharges.

All data in the Cessation section of "State of Tobacco Control" 2020 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 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):[5] 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), 8 points are automatically deducted from the Medicaid coverage score.
5. State that impose a tobacco surcharge or charge tobacco users' higher premiums than non-tobacco users for Medicaid coverage will have two points 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 fiscal year 2020 was $2.14 per smoker. Points are awarded based on the scale below:

$$/smoker > $4.28	20 points
$$/smoker $3.21- $4.28	15 points
$$/smoker $2.14 - $3.20	10 points
$$/smoker $1.07- $2.13	5 points
$$/smoker < $1.07	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;[6]
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 can 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.

State Minimum Age of Sale for Tobacco Products

States have the ability to increase their minimum age of sale for tobacco products, and increasing the age to 21 or higher is expected to reduce tobacco use among kids. Please see the Federal Minimum Age of Sale for Tobacco Products for further discussion of the evidence supporting this policy action.

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; local communities were broadly preempted from passing stronger laws limiting tobacco sales; people under age 21 were punished harshly for purchasing or possessing tobacco products; or provisions to enforce the law were weak or not-funded. An automatic "F" grade was assessed if some tobacco products, such as e-cigarettes were exempted, or the age of sale was below 21 years of age.

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 one of the exemptions or provisions above is present in the state's Tobacco 21 law;

C = age of sale for all tobacco products is 21 years of age, but two of the exemptions or provisions above are present in the state's Tobacco 21 law;

D = age of sale for all tobacco products is 21 years old, but three or more of the exemptions or provisions above are present in the state's Tobacco 21 law ; and

F = one or more types of tobacco products are exempted or the age of sale for tobacco products is below 21 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.

State Statistics Used in the Report

Adult smoking and tobacco use rates are taken from the CDC's 2018 Behavioral Risk Factor Surveillance System. Adult tobacco use includes having used cigarettes, smokeless tobacco, or electronic cigarettes on one or more of the past 30 days.

High school smoking and tobacco use, and middle school smoking rates are taken from CDC's 2017 Youth Risk Behavior Survey, state youth tobacco surveys or other state-based surveys that measure youth smoking or tobacco use rates. High school tobacco use includes having used cigarettes, cigars, smokeless tobacco, or electronic vapor products on one or more of the past 30 days for most states. In states where the tobacco products covered by the survey used are different, a sentence has been added to the state-specific footnotes on each state page describing the tobacco products included.

Health impact and economic information is taken from CDC's 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.

State-by-state tobacco-related revenue data (revenue from state tobacco settlement payments and tobacco taxes) is provided by the Campaign for Tobacco-Free Kids.

1. 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.
2. Data to calculate percent of state populations covered by local ordinances is obtained from the Americans for Nonsmokers' Rights Foundation.
3. 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.
4. 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.
5. 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 2020 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.
6. 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, https://www.cms.gov/cciio/resources/fact-sheets-and-faqs/aca_implementation_faqs19.html (see question 5).

United States Report Card

AMERICAN LUNG ASSOCIATION. | STATE OF TOBACCO CONTROL 2020

UNITED STATES

Federal 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: **Warning labels proposed, but not finalized**

Flavored Tobacco Product Standard: **No product standard on flavored tobacco products proposed or finalized**

Funding for FDA Center for Tobacco Products: **Full funding provided for FY2020 without riders**

Thumbs down for the Trump Administration for issuing an inadequate guidance on flavored e-cigarettes that leaves thousands of flavored e-cigarettes on the market.

Tobacco Taxes — F

CIGARETTE TAX:

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

OTHER TOBACCO PRODUCT TAXES:

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

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 E-Cigarettes: **Equalized: N/A; Weight-Based: N/A**

Cessation Coverage — D

Medicaid Coverage: **Partially Required**

Medicare Coverage: **Partially Covered**

TRICARE Coverage: **Covered**

Federal Employee Health Benefits Coverage: **Covered**

State Health Insurance Exchanges: **Partially Required**

Thumbs up for the federal government for requiring health insurers offering plans as part of the Federal Employee Health Benefits to require coverage with minimal barriers and to promote the coverage to enrollees.

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 Minimum Age — A

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

Thumbs Up for the federal government for passing legislation increasing the federal minimum age of sale for tobacco products to 21.

Federal Highlights:

The American Lung Association has identified four key actions that federal policymakers must take in 2020 that will ultimately eliminate the death and disease caused by tobacco use:

1. Congress and the U.S. Food and Drug Administration (FDA) must act to eliminate all flavored tobacco products from the marketplace, including menthol cigarettes, flavored cigars and e-cigarettes;
2. FDA must adhere to the Tobacco Control Act and deny product marketing applications to any product that fails to meet the public health standard;
3. The U.S. Department of Health and Human Services (HHS) must clarify and ensure that all tobacco users have access to a comprehensive tobacco cessation benefit without barriers and cost-sharing;
4. Congress must increase federal funding for the Centers for Disease Control and Prevention (CDC)'s Office on Smoking and Health to help states combat the youth e-cigarette epidemic and to further strengthen its "Tips from Former Smokers" Campaign.

While the federal government took an important step forward this year with the year-end passage of Tobacco 21 and increasing funding for CDC's Office on Smoking

and Health by $20 million, as a whole, 2019 was a disappointing year for advancing proven policies to reduce tobacco use. Despite a promise from the Trump Administration in September to "clear the markets" of all flavored e-cigarettes after new surveys show high school use of e-cigarettes climbed to 27.5 percent in 2019, the January 2, 2020 announcement to leave thousands of flavored e-cigarettes on the market will not end the youth e-cigarette epidemic.

Raising the federal minimum age of sale to 21, which took effect immediately on December 30, was an important first step forward. The American Lung Association successfully advocated for the legislation to be comprehensive and to close state exemptions, such as for military personnel, while also not limiting states from pursuing stronger protections. Additional rules from FDA to provide guidance on the law's implementation are forthcoming.

Led by House Appropriations Committee leaders Nita Lowey (NY) and Rosa DeLauro (CT), the House of Representatives included an additional $40 million in its Fiscal Year 2020 funding bill for the CDC's Office on Smoking and Health. Ultimately the final bill signed into law included an increase of $20 million, which will allow CDC to strengthen its "Tips from Former Smokers" campaign as well as provide new resources for states and communities on the front-lines of the youth e-cigarette epidemic. This is a significant increase and an important response from Congress to the youth e-cigarette epidemic.

As the result of two different lawsuits brought by the American Lung Association and our partners, two major provisions of the Tobacco Control Act will move forward in 2020:

- *Enforcement of the Deeming Rule:* On May 15, 2019 a federal judge issued a motion for summary judgement, siding with the American Lung Association and our partners in the lawsuit we filed against FDA in 2018. The judge concluded that FDA acted unlawfully by delaying requiring e-cigarettes and other newly deemed tobacco products to go through a pre-market review process. The judge subsequently ruled that the filing deadline for all premarket review applications is May 12, 2020. The ruling was an important step in holding FDA accountable and requiring manufacturers to submit their products to prove they are indeed appropriate for the protection of the public health.
- *Graphic Warning Labels on Cigarette Packs:* While FDA was required by the 2009 Tobacco Control Act to ensure all cigarette packs had graphic warning labels on the 50% of the front and back of all cigarette packs by 2011, FDA failed to move forward after a setback in federal courts. The judgment in the American Lung Association and public health partner's lawsuit compels FDA to release final graphic warnings by March 15, 2020, with the warning labels appearing on all cigarette packs by June of 2021.

Additional 2019 federal highlights can be found online at www.lung.org/sotc.

United States Facts

Economic Costs Due to Smoking:	$289,500,000,000
Adult Smoking Rate:	13.7%
Adult Tobacco Use Rate:	19.7%
High School Smoking Rate:	5.8%
High School Tobacco Use Rate:	31.2%
Middle School Smoking Rate:	2.3%
Middle School Tobacco Use Rate:	12.5%
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 2018 National Health Interview Survey. High school and middle school smoking and tobacco use rates are taken from the 2019 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 2020

ALABAMA

Tobacco Prevention and Control Program Funding: F

FY2020 State Funding for Tobacco Control Programs:	$2,245,727
FY2020 Federal Funding for State Tobacco Control Programs:	$2,725,454*
FY2020 Total Funding for State Tobacco Control Programs:	$4,971,181
CDC Best Practices State Spending Recommendation:	$55,900,000
Percentage of CDC Recommended Level:	8.9%
State Tobacco-Related Revenue:	$300,100,000

*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: **Restricted**

Child Care Facilities: **Restricted**

Restaurants: **No provision**

Bars: **No provision**

Casinos/Gaming Establishments: **No provision**

Retail Stores: **Restricted**

Recreational/Cultural Facilities: **Restricted**

E-Cigarettes Included: **No**

Penalties: **Yes**

Enforcement: **Yes**

Preemption/Local Opt-Out: **No**

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

Note: 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 13.3% 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 e-cigarettes: **Equalized: N/A; Weight-Based: N/A**

For more information on tobacco taxes, go to: www.lung.org/slati

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: **Some counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$1.44; the median investment per smoker is $2.14**

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 specific sources.

Minimum Age: F

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

Alabama State Highlights:

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 calls for the following actions to be taken by Alabama's elected officials:

1. Pass a comprehensive statewide smokefree law that protects all workers and patrons from secondhand smoke;
2. Regulate electronic cigarettes as tobacco products; and
3. Ensure strong implementation, compliance and enforcement of Tobacco 21 policies.

Historically, tobacco prevention and control legislation has not been a priority for the members of the Alabama Legislature, however, there was significant interest in the regulation of e-cigarette products in 2019. Representative Stringer and Representative Drummond introduced House Bill 41 to help reduce kids' access to e-cigarettes and protect them from a lifelong addiction to tobacco and nicotine. With strong support in the Alabama Legislature, House Bill 41 passed and was signed into law by Governor Kay Ivey. The law includes definitions for alternative nicotine products and electronic nicotine delivery systems, requires e-cigarette retailers to be licensed, and prohibits the marketing and sale of these products near schools, playgrounds and churches.

In the past few years, Alabama local municipalities have been taking the lead on public health issues by implementing strong smokefree workplace ordinances. Unfortunately, no local municipalities passed smokefree air ordinances to protect their workers and residents from exposure to secondhand smoke in 2019. The medical institutions, university and research organizations in Jefferson County were successful in requesting the establishment of a smokefree Health District by the City of Birmingham City Council to encourage wellness and health behaviors of their employees, patients and visitors within the Health District.

Tobacco control partners continue to be engaged with community education on the dangers of tobacco use and secondhand smoke across Alabama. The Lung Association plays a prominent role by offering technical assistance on the best practices of tobacco prevention and control. 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 state Tobacco Prevention and Control Program.

In 2020, the American Lung Association in Alabama will continue to educate state legislators on best practices for tobacco control, including the benefits of a statewide smokefree law as well as advocating for the regulation of electronic cigarettes as tobacco products. 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 also 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:	19.2%
Adult Tobacco Use Rate:	27.2%
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 2018 and 2017 Behavioral Risk Factor Surveillance System, respectively. 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 Alabama
(205) 968-2266
www.lung.org/alabama

Alaska Report Card

AMERICAN LUNG ASSOCIATION. | STATE OF TOBACCO CONTROL 2020

ALASKA

Tobacco Prevention and Control Program Funding: A

FY2020 State Funding for Tobacco Control Programs:	$9,143,800
FY2020 Federal Funding for State Tobacco Control Programs:	$997,060*
FY2020 Total Funding for State Tobacco Control Programs:	$10,140,860
CDC Best Practices State Spending Recommendation:	$10,200,000
Percentage of CDC Recommended Level:	99.4%
State Tobacco-Related Revenue:	$82,200,000

*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: B*

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 (tribal establishments only)**

Retail Stores: **Prohibited**

Recreational/Cultural Facilities: **Prohibited**

E-Cigarettes Included: **Yes**

Penalties: **Yes**

Enforcement: **Yes**

Preemption/Local Opt-Out: **Yes**

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

*If the local opt-out provision in Alaska's law were removed, Alaska's grade would be an "A."

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: 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 e-cigarettes: **Equalized: N/A; Weight-Based: N/A**

For more information on tobacco taxes, go to: www.lung.org/slati

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: **Most medications are covered**

Counseling: **Some counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$5.09; the median investment per smoker is $2.14**

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 specific sources.

Minimum Age: F

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

Alaska State Highlights:

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

1. Support and preserve funding for Alaska's Tobacco Prevention and Control Program; and
2. Maintain Medicaid eligibility in the state to ensure access to care and quit smoking treatments.

The 2019 legislative session saw both good and bad developments related to tobacco control. On the negative side, in the fiscal year 2020 state budget, the Alaska Medicaid program was fully funded by the legislature but ultimately and unfortunately took a cut through Governor veto action. Tobacco use cessation and education funding on the other hand was cut during the budget development process, but then ultimately restored to flat funding.

Maintaining access to Medicaid eligibility is critical to helping reduce tobacco use, which is why the cuts to Alaska's Medicaid budget are so disturbing for the American Lung Association in Alaska. Medicaid eligible Alaskans are twice as likely to smoke as other Alaskans, and most smokers want to quit. Consistent health insurance coverage also increases the likelihood that chronic diseases will be found at their earliest stages when treatment can be less costly and health outcomes greatly improved.

Alaska's Tobacco Prevention and Control program follows the Centers for Disease Control & Prevention's best practices with the goals of preventing youth from starting tobacco use; protecting non-smokers from secondhand smoke; promoting cessation; and identifying and eliminating tobacco-related disparities.

Alaska has made huge progress in reducing youth smoking rates by over 60 percent since 1995 to 11 percent and adults who smoke has dropped from 28 percent to 19 percent due to our comprehensive tobacco control program. There remain, however, significant disparities and rates overall exceed national rates. Alaska Native, low socio-economic status, young adult (18-24), Alaskans experiencing mental illness and/or substance abuse disorders, and the LGBT community all have higher tobacco use rates. Youth in Alaska are now, however, using electronic smoking devices (18%) more than conventional cigarettes, and continued policy and education strategies are needed to curb this trend.

Given the above, clearly Alaska's tobacco prevention and control program is needed now more than ever, and that is why it was so crucial for funding for it to be maintained in the fiscal year 2020 state budget. Protecting funding in Alaska's Tobacco Use Education and Cessation Fund is an annual challenge, and the American Lung Association in Alaska will continue to defend this vital funding and program in 2020.

Alaska State Facts

Health Care Costs Due to Smoking:	$438,143,263
Adult Smoking Rate:	19.1%
Adult Tobacco Use Rate:	28.5%
High School Smoking Rate:	10.9%
High School Tobacco Use Rate:	25.9%
Middle School Smoking Rate:	N/A
Smoking Attributable Deaths:	610

Adult smoking and tobacco use data come from CDC's 2018 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use data come from the 2017 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 2020

ARIZONA

Tobacco Prevention and Control Program Funding: F

FY2020 State Funding for Tobacco Control Programs:	$16,990,400
FY2020 Federal Funding for State Tobacco Control Programs:	$1,804,883*
FY2020 Total Funding for State Tobacco Control Programs:	$18,795,283
CDC Best Practices State Spending Recommendation:	$64,400,000
Percentage of CDC Recommended Level:	29.2%
State Tobacco-Related Revenue:	$417,100,000

*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: **Prohibited (tribal establishments exempt)**

Retail Stores: **Prohibited**

Recreational/Cultural Facilities: **Prohibited**

E-Cigarettes Included: **No**

Penalties: **Yes**

Enforcement: **Yes**

Preemption/Local Opt-Out: **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 e-cigarettes: **Equalized: N/A; Weight-Based: N/A**

For more information on tobacco taxes, go to: www.lung.org/slati

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: **All 7 medications are covered**

Counseling: **Some counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$3.41; the median investment per smoker is $2.14**

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 specific sources.

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 calls for the following actions to be taken by Arizona's elected officials:

1. Pass statewide retailer licensing of tobacco products;
2. Increase Arizona's tobacco taxes by a $1.00 per pack or more; and
3. Increase funding for tobacco prevention and cessation programs.

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 2019, funding for Arizona's tobacco control program, Tobacco Free Arizona, went from $17.8 million in fiscal year 2019 to $16.9 million in fiscal year 2020. 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 these vital tobacco prevention and quit smoking programs receive the funding dedicated to them. Even at current funding levels, the state remains well short of Centers for Disease Control and Prevention recommended levels.

During the 2019 legislative session, the Lung Association in Arizona worked on legislation raising the sales age of tobacco products to 21 and including electronic smoking devices in the Clean Indoor Air Act. Unfortunately, neither bill was passed. The Lung Association was successful in defeating a tobacco industry-supported bill which did raise the minimum sales age for tobacco to 21 but included preemption language preventing local communities from passing stronger laws to protect kids from tobacco, increased penalties on persons under age 21, and continued to define electronic smoking devices outside of the tobacco product definition.

There was encouraging progress at the local level on Tobacco 21 laws though with the city of Flagstaff passing strong language increasing the age and licensing retailers of tobacco products. The city of Tucson also passed a Tobacco 21 law and strengthened provisions and penalties in its law requiring tobacco retail licenses. The city of Goodyear also passed a Tobacco 21 law but unfortunately did not include licensing of tobacco retailers.

During the 2020 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. With the federal age of sale for tobacco products now at 21, the American Lung Association will work on compliance of the law by working to enact statewide tobacco retailer licensure.

Arizona State Facts

Health Care Costs Due to Smoking:	$2,383,033,467
Adult Smoking Rate:	14.0%
Adult Tobacco Use Rate:	20.1%
High School Smoking Rate:	7.1%
High School Tobacco Use Rate:	21.6%
Middle School Smoking Rate:	2.4%
Smoking Attributable Deaths:	8,250

Adult smoking and tobacco use data come from CDC's 2018 and 2017 Behavioral Risk Factor Surveillance System, respectively. High school smoking and tobacco use data come from the 2017 Youth Risk Behavior Surveillance System. Middle school smoking rate is taken from the 2017 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 2020

ARKANSAS

Tobacco Prevention and Control Program Funding: F

FY2020 State Funding for Tobacco Control Programs:	$11,146,591
FY2020 Federal Funding for State Tobacco Control Programs:	$2,060,283*
FY2020 Total Funding for State Tobacco Control Programs:	$13,206,874
CDC Best Practices State Spending Recommendation:	$36,700,000
Percentage of CDC Recommended Level:	36.0%
State Tobacco-Related Revenue:	$279,400,000

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

Note: The Arkansas Legislature appropriated $14,674,420 to the Arkansas Tobacco Prevention and Cessation Program, however, only $11,146,591 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, tobacco prevention activities of the Minority Health and Health Disparities Program and the Arkansas Tobacco Control Board.

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**

E-Cigarettes Included: **No**

Penalties: **Yes**

Enforcement: **Yes**

Preemption/Local Opt-Out: **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 e-cigarettes: **Equalized: N/A; Weight-Based: N/A**

For more information on tobacco taxes, go to: www.lung.org/slati

Access to Cessation Services: F

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **Some medications are covered**

Counseling: **Minimal counseling is covered**

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

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **Minimal medications are covered**

Counseling: **Minimal counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$2.24; the median investment per smoker is $2.14**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

Tobacco Surcharge: **Limits tobacco surcharges**

Citation: See Arkansas Tobacco Cessation Coverage page for specific sources.

Minimum Age: C

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

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 calls for the following actions to be taken by Arkansas's elected officials:

1. Increase the state tobacco tax by at least $1.00 per pack and equalize taxes on all tobacco products including e-cigarettes;
2. Strengthen and remove current exemptions in the Arkansas Clean Indoor Air Act and include e-cigarettes;
3. Repeal preemption of local tobacco control authority; and
4. Prohibit the sale of all flavored tobacco products including e-cigarettes.

During the 2019 session of the Arkansas General Assembly, legislation was passed to provide Medicaid coverage for all seven FDA-approved tobacco cessation medications. The American Lung Association in Arkansas applauded this effort to improve cessation coverage and urged the legislature to also require the Arkansas Medicaid program to cover all three forms of counseling for Medicaid enrollees in keeping with guidelines-based care.

The Lung Association also submitted testimony in strong opposition to legislation which, among other provisions, raised the tobacco sale age to 21. Unfortunately, the bill was fundamentally flawed because it included language prohibiting communities from passing stronger policies locally, exempting the military from the age increase, penalizing youth for purchase or possession of tobacco products, and reducing state taxes on modified risk tobacco products. As passed, the bill was amended to remove the modified risk tax provision and did also remove a provision that kept tobacco taxes in Arkansas border towns lower than the rest of the state.

While not adopted in 2019, the legislature considered a bill to establish a state privilege tax on e-cigarettes. This marked the beginning of a much larger ongoing discussion which will likely occur in the context of an upcoming interim study on tobacco policies including taxing all tobacco products equally, adding e-cigarettes to the state Clean Indoor Air Act, repealing preemption of local tobacco control authority, prohibiting the sale of flavored tobacco products, and restricting the marketing of e-cigarettes.

The Arkansas General Assembly meets every other year in even numbered years in fiscal sessions, which are typically limited only to the consideration of appropriation bills. Since the assembly will convene in a fiscal session in 2020, supporters of tobacco control policy are working now to create consensus legislation for consideration during a special session likely to be added at the start or end of the fiscal session.

As the legislature initiates early discussions of the interim study proposal, the American Lung Association in Arkansas will work to educate policymakers, media and the public on best practices to reduce all tobacco use, including e-cigarettes. The Lung Association will also continue working with our health coalition partners and others to grow and activate our grassroots network statewide, and to advance tobacco control and prevention initiatives at the state and local levels.

Arkansas State Facts

Health Care Costs Due to Smoking:	$1,215,082,968
Adult Smoking Rate:	22.7%
Adult Tobacco Use Rate:	31.4%
High School Smoking Rate:	13.7%
High School Tobacco Use Rate:	26.3%
Middle School Smoking Rate:	N/A
Smoking Attributable Deaths:	5,790

Adult smoking and tobacco use data come from CDC's 2018 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use data come from the 2017 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
(501) 260-1291
www.lung.org/arkansas

California Report Card

AMERICAN LUNG ASSOCIATION. | STATE OF TOBACCO CONTROL 2020

CALIFORNIA

Tobacco Prevention and Control Program Funding: A

FY2020 State Funding for Tobacco Control Programs:	$326,013,000
FY2020 Federal Funding for State Tobacco Control Programs:	$8,113,885*
FY2020 Total Funding for State Tobacco Control Programs:	$334,126,885
CDC Best Practices State Spending Recommendation:	$347,900,000
Percentage of CDC Recommended Level:	96.0%
State Tobacco-Related Revenue:	$2,921,100,000

*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 (public schools only)**

Child Care Facilities: **Prohibited**

Restaurants: **Prohibited**

Bars: **Prohibited**

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

Retail Stores: **Prohibited**

Recreational/Cultural Facilities: **Prohibited**

E-Cigarettes Included: **Yes**

Penalties: **Yes**

Enforcement: **Yes**

Preemption/Local Opt-Out: **No**

Citation: CA LABOR CODE § 6404.5; CA GOVT. CODE §§ 7596 to 7598; CA EDUC. CODE §§ 48900(h) & 48901; & CA HEALTH & SAFETY CODE § 1596.795 (2016).

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 e-cigarettes: **Equalized: Yes; Weight-Based: No**

For more information on tobacco taxes, go to: www.lung.org/slati

Access to Cessation Services: B

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: **Some medications are covered**

Counseling: **Most counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$3.26; the median investment per smoker is $2.14**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

Tobacco Surcharge: **Prohibits tobacco surcharges**

Citation: See California Tobacco Cessation Coverage page for specific sources.

Thumbs up for California for providing comprehensive coverage for all tobacco cessation medications and types of counseling to Medicaid enrollees.

Minimum Age: B

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

California State Highlights:

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 calls for the following actions to be taken by California's elected officials:

1. Prohibit the sale of all flavored tobacco products, including menthol;
2. Expand protection from secondhand smoke exposure in locations including multi-unit housing; and outdoor dining;
3. Pass policies to further reduce access to tobacco products.

This past year proved to be another success for the American Lung Association in California. At the state level, California expanded its smokefree law to prohibit smoking and the use of electronic cigarettes at state parks and beaches. The Lung Association also successfully fought against the criminalization of youth, by ensuring purchase, use and possession laws were not included in tobacco-related legislation at the state level.

Comprehensive bills to prohibit the sale of all flavored tobacco products, including menthol cigarettes were introduced in both houses of the legislature in 2019. However, due to opposition by key legislators, all these bills were stalled. It is anticipated that interested authors will introduce similar pieces of legislation in 2020. The Lung Association will continue to engage legislators and stakeholders in the policy making process to strengthen tobacco control in California.

At the local level, there continued to be significant momentum for communities pursuing and adopting policies restricting the sale of all flavored tobacco products, including e-cigarettes. Thirteen additional localities passed laws this year addressing flavored products, bringing the statewide total to 42, 32 of which include menthol cigarettes. This year, the counties of San Diego and Los Angeles each passed comprehensive laws prohibiting the sale of flavored tobacco products in unincorporated areas.

The Lung Association has also continued to lead efforts to protect San Francisco's flavored tobacco law. Juul sponsored a ballot measure in San Francisco which would have rescinded its strong flavored tobacco law and other e-cigarette regulations.

In 2020, the American Lung Association in California will continue to fight for policies that protect youth from accessing tobacco products through local policies that restrict the sale of flavored tobacco products and new types of tobacco products. Additional efforts will seek to improve the quality of life of individuals with lung disease living in multi-unit housing, by adopting local policies that restrict tobacco use in those properties. The Lung Association will also continue to advocate for statewide policies which prohibit the sale of flavored tobacco products, including e-cigarettes.

California State Facts

Health Care Costs Due to Smoking:	$13,292,359,950
Adult Smoking Rate:	11.2%
Adult Tobacco Use Rate:	14.2%
High School Smoking Rate:	2.0%
High School Tobacco Use Rate:	12.7%
Middle School Smoking Rate:	2.8%
Smoking Attributable Deaths:	39,950

Adult smoking and tobacco use data come from CDC's 2018 and 2017 Behavioral Risk Factor Surveillance System, respectively. High school (11th grade only) smoking and tobacco use data come from the 2017-2018 California Student Tobacco Survey. 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
(916) 554-5864
www.lung.org/california

Colorado Report Card

AMERICAN LUNG ASSOCIATION. | STATE OF TOBACCO CONTROL 2020

COLORADO

Tobacco Prevention and Control Program Funding: F

FY2020 State Funding for Tobacco Control Programs:	$21,369,632
FY2020 Federal Funding for State Tobacco Control Programs:	$2,720,052*
FY2020 Total Funding for State Tobacco Control Programs:	$24,089,684
CDC Best Practices State Spending Recommendation:	$52,900,000
Percentage of CDC Recommended Level:	45.5%
State Tobacco-Related Revenue:	$288,600,000

*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 (certain marijuana establishments exempt)**

Schools: **Prohibited**

Child Care Facilities: **Prohibited**

Restaurants: **Prohibited (certain marijuana establishments exempt)**

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

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

Retail Stores: **Prohibited**

Recreational/Cultural Facilities: **Prohibited**

E-Cigarettes Included: **Yes (certain marijuana establishments exempt)**

Penalties: **Yes**

Enforcement: **Yes**

Preemption/Local Opt-Out: **No**

Citation: COLO. REV. STAT. ANN. §§ 25-14-201 et seq. (2019).

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 e-cigarettes: **Equalized: N/A; Weight-Based: N/A**

For more information on tobacco taxes, go to: www.lung.org/slati

Access to Cessation Services: A

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: **All 7 medications are covered**

Counseling: **Covers some counseling**

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

STATE QUITLINE:

Investment per Smoker: **$5.59; the median investment per smoker is $2.14**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **Yes**

Tobacco Surcharge: **Limits tobacco surcharges**

Citation: See Colorado Tobacco Cessation Coverage page for specific sources.

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

Minimum Age: F

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

Colorado State Highlights:

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 calls for the following actions to be taken by Colorado's elected officials:

1. Protect and increase funding for tobacco prevention and cessation programs;
2. Increase excise taxes on tobacco products by $1.00 per pack or more; and
3. Pass statewide tobacco retailer licensing.

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 2019 legislative session, the Colorado Tobacco Free Alliance successfully passed legislation which gives cities and counties the authority to protect the health of their citizens by passing local tobacco control laws including tobacco retail licensure, excise taxes on tobacco products, and raising the minimum legal sales age for tobacco products to 21. The Colorado Tobacco Free Alliance was also successful in updating the Colorado Clean Indoor Air Act and adding electronic smoking devices to the state statue.

Unfortunately, the Lung Association was unsuccessful in defeating House Bill 19-1230 which allows the creation of marijuana hospitality establishments in cities and towns that opt to allow them either by city council action or ballot measure. This legislation authorizes retail marijuana products to be sold and consumed on site in an establishment's hospitality space, and eligible establishments include restaurants that do not also sell alcohol. The Lung Association is concerned with the significant threat this creates to the Colorado Clean Indoor Air Act and exposure to secondhand marijuana smoke and vapor.

Local communities continue to lead the way on tobacco control measures in Colorado. In 2019, Denver and Boulder, among many other localities were successful in raising the age of sale for tobacco to 21. Aspen, Boulder, Carbondale, and Glenwood Springs have all passed ordinances to remove the sale of flavored nicotine or all tobacco products. In November 2019, Eagle County, Pitkin County, and Summit County, as well as 5 cities passed ballot measures establishing local cigarette taxes ranging from $3.00 to $4.00 per pack. Overall, 27 cities in Colorado now have local cigarette taxes, making prices substantially higher in those communities than the state.

In 2020, the American Lung Association in Colorado will continue its work with partners to support state and local strengthening of smokefree laws, to improve compliance with the federal Tobacco 21 law by passing statewide retailer licensing of tobacco products, and supporting significant increases in excise taxes on all tobacco products.

Colorado State Facts

Health Care Costs Due to Smoking:	$1,891,467,308
Adult Smoking Rate:	14.5%
Adult Tobacco Use Rate:	20.2%
High School Smoking Rate:	7.0%
High School Tobacco Use Rate:	32.6%
Middle School Smoking Rate:	2.4%
Smoking Attributable Deaths:	5,070

Adult smoking and tobacco use data come from CDC's 2018 and 2017 Behavioral Risk Factor Surveillance System, respectively. High school smoking rate is taken from the 2017 Youth Risk Behavior Surveillance System. High school tobacco use and middle school smoking rates are taken from the 2017 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 2020

CONNECTICUT

Tobacco Prevention and Control Program Funding: F

FY2020 State Funding for Tobacco Control Programs:	$0
FY2020 Federal Funding for State Tobacco Control Programs:	$2,259,429*
FY2020 Total Funding for State Tobacco Control Programs:	$2,259,429
CDC Best Practices State Spending Recommendation:	$32,000,000
Percentage of CDC Recommended Level:	7.1%
State Tobacco-Related Revenue:	$475,600,000

*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 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: **Prohibited**

Restaurants: **Prohibited**

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

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

Retail Stores: **Prohibited**

Recreational/Cultural Facilities: **Prohibited**

E-Cigarettes Included: **Partially**

Penalties: **Yes**

Enforcement: **Yes**

Preemption/Local Opt-Out: **Yes**

Citation: CONN. GEN. STAT. §§ 19a-342 (2019), 19a-342a (2019) & 31-40q (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 e-cigarettes: **Equalized: No; Weight-Based: Yes**

For more information on tobacco taxes, go to: www.lung.org/slati

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: **Minimal medications are covered**

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

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

STATE QUITLINE:

Investment per Smoker: **$0.15*; the median investment per smoker is $2.14**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

Tobacco Surcharge: **Limits tobacco surcharges**

Citation: See Connecticut Tobacco Cessation Coverage page for specific sources.

*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.

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

Minimum Age: A

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

Thumbs up for Connecticut for increasing the tobacco sales age to 21.

Connecticut State Highlights:

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 calls for the following actions to be taken by Connecticut's elected officials:

1. Restore state funding for tobacco prevention and cessation programs;
2. Prohibit sales of flavored tobacco products; and
3. Close the loopholes in Connecticut's indoor smokefree air laws.

2019 was a very active legislative session for public health in Connecticut. After many years of working to pass a quality tobacco 21 policy, it finally happened in 2019. Throughout late 2018 and 2019, nine municipalities passed local ordinances to raise the tobacco sales age to 21.

Connecticut House Bill 7200, now Public Act 19-13, not only increases the tobacco sales age to 21, but also prohibits smoking/vaping in school buildings and campuses 24/7, includes some online sales regulations, strengthens the retailer fees and fines structures and more clearly defines how the tobacco sales laws will be enforced. This policy had strong bipartisan support with 92 cosponsors and passed the House 124-22 and the Senate 33-3.

With more than 40 tobacco related bills introduced, there was a lot of work to do. A bill that would have prohibited smoking/vaping on beaches within state parks, made progress this year by passing the Senate, but got caught up in the late hours of the last day of session in the House. The Lung Association was, however, able to push back on an attempt to roll back the clean indoor air laws which would have reestablished tobacco bars in the state.

A tax on electronic cigarettes was introduced and passed this 2019 legislative session. For a tobacco tax policy to be effective public health policy it must increase the price enough to provide a financial incentive for tobacco users to quit or dedicate some funds from the raised revenue to adequately fund tobacco prevention and cessation programs. Unfortunately, this tax does neither.

The Lung Association has long been warning about the dangers of electronic cigarettes. In the summer of 2019, the National Youth Tobacco Survey results were released showing a 135% increase in youth electronic cigarette use rates in just two years. With these significant increases in youth use, and the outbreak of lung injuries and fatalities attributable to vaping, funding for tobacco prevention and control programs in Connecticut is sorely needed. But, for the 4th year in a row, no state funding was allocated to prevent and reduce tobacco use.

The American Lung Association in Connecticut and our partners have our work cut out for us again in 2020. There does seem to be a turning point in the recognition that tobacco remains a very real and dangerous problem in Connecticut. The good work done in 2019 must continue in 2020 as we work to pursue strong action to help protect Connecticut's public health.

Connecticut State Facts

Health Care Costs Due to Smoking:	$2,038,803,314
Adult Smoking Rate:	12.2%
Adult Tobacco Use Rate:	16.8%
High School Smoking Rate:	3.5%
High School Tobacco Use Rate:	17.9%
Middle School Smoking Rate:	N/A
Smoking Attributable Deaths:	4,900

Adult smoking and tobacco use data come from CDC's 2018 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use data are taken from the 2017 Youth Tobacco Survey. High school tobacco use includes cigarettes, cigars, smokeless tobacco, and electronic vapor products, as well as pipes and hookah, making it incomparable to other states. 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 Connecticut
(860) 289-5401
www.lung.org/connecticut

Delaware Report Card

AMERICAN LUNG ASSOCIATION. | STATE OF TOBACCO CONTROL 2020

DELAWARE

Tobacco Prevention and Control Program Funding: D

FY2020 State Funding for Tobacco Control Programs:	$6,659,500
FY2020 Federal Funding for State Tobacco Control Programs:	$768,205*
FY2020 Total Funding for State Tobacco Control Programs:	$7,427,705
CDC Best Practices State Spending Recommendation:	$13,000,000
Percentage of CDC Recommended Level:	57.1%
State Tobacco-Related Revenue:	$147,500,000

*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**

Retail Stores: **Prohibited**

Recreational/Cultural Facilities: **Prohibited**

E-Cigarettes Included: **Yes**

Penalties: **Yes**

Enforcement: **Yes**

Preemption/Local Opt-Out: **No**

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

Tobacco Taxes: F

CIGARETTE TAX:

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

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 e-cigarettes: **Equalized: No; Weight-Based: Yes**

For more information on tobacco taxes, go to: www.lung.org/slati

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

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

STATE QUITLINE:

Investment per Smoker: **$11.13; the median investment per smoker is $2.14**

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 specific sources.

Minimum Age: B

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

Thumbs up for Delaware for increasing the tobacco sales age to 21.

Delaware State Highlights:

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 calls for the following actions to be taken by Delaware's elected officials:

1. Fund tobacco prevention and cessation programs at the Centers for Disease Control and Prevention (CDC) recommended level;
2. Address youth tobacco use by removing all flavored tobacco products from the market; and
3. Increase the cigarette tax by $1.00 per pack and equalize taxes on tobacco products to the cigarette tax.

The 2019 legislative session was the first year of the 150th General Assembly of Delaware's two-year session. In 2019, the American Lung Association in Delaware along with other public health partners were successful in passing legislation to increase the minimum sales age for tobacco products to 21 years old. The bill was signed on April 17, 2019 and the law went into effect on July 16, 2019.

The Lung Association was also successful in preventing a bill from being introduced that would have placed bulk purchasing limits on certain tobacco products, namely electronic cigarettes. However, a provision in that bill would have removed the requirement for age verification at time of delivery for shipped products undermining the great progress set forth in the Tobacco 21 legislation.

The Delaware Health Fund is where tobacco Master Settlement Agreement (MSA) dollars received by the state have been directed since within the first few years after the MSA was negotiated. Delaware has been one of the few states to largely keep promises made at the time and use the money for health-related purposes. Total tobacco prevention and cessation funding, which comes from this fund, remained about the same as the previous year at approximately $6.6 million in fiscal year 2020. However, this amount of funding is lower than historical levels and well below the Center for Disease Control and Prevention's recommended level. The Lung Association believes funding for this vital program needs to be significantly increased especially considering the increased youth use of electronic cigarettes.

In preliminary data from the 2019 National Tobacco Youth Survey, high school e-cigarette use nationwide soared by another 32 percent from 2018 to 2019 and 27.5 percent of high school users have used e-cigarettes in the last month. An overwhelming majority of users cited using fruit, menthol and mint flavors. In Delaware, 13.6% of high school students reported e-cigarette use in the past month. These reports highlight the immediate need to address the removal of all flavored tobacco products from the market.

The American Lung Association in Delaware will continue to educate lawmakers and identify champions on the ongoing fight against tobacco. Our goal is to build champions within the legislature and at the grassroots level to advance our goals which include increased funding for tobacco prevention and control programs and the removal of all flavored tobacco products from the market to address the youth e-cigarette epidemic.

Delaware State Facts

Health Care Costs Due to Smoking:	$532,321,239
Adult Smoking Rate:	16.5%
Adult Tobacco Use Rate:	20.7%
High School Smoking Rate:	6.2%
High School Tobacco Use Rate:	19.4%
Middle School Smoking Rate:	1.5%
Smoking Attributable Deaths:	1,440

Adult smoking and tobacco use data come from CDC's 2018 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use rates are taken from the 2017 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 Delaware
(302) 565-2071
www.lung.org/delaware

District of Columbia Report Card

AMERICAN LUNG ASSOCIATION. | STATE OF TOBACCO CONTROL 2020

DISTRICT OF COLUMBIA

Tobacco Prevention and Control Program Funding: F

FY2020 City Funding for Tobacco Control Programs:	$1,900,000
FY2020 Federal Funding for City Tobacco Control Programs:	$726,967*
FY2020 Total Funding for City Tobacco Control Programs:	$2,626,967
CDC Best Practices City Spending Recommendation:	$10,700,000
Percentage of CDC Recommended Level:	24.6%
City Tobacco-Related Revenue:	$71,700,000

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

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**

E-Cigarettes Included: **Yes**

Penalties: **Yes**

Enforcement: **Yes**

Preemption/Local Opt-Out: **No**

Citation: D.C. CODE ANN. tit. 7 §§ 7-741.01 to 7-741.07 (2017).

Tobacco Taxes: A

CIGARETTE TAX:

Tax Rate per pack of 20: **$4.50**

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 e-cigarettes: **Equalized: Yes; Weight-Based: No**

For more information on tobacco taxes, go to: www.lung.org/slati

Thumbs up for the District of Columbia for having the highest cigarette tax in the country.

Access to Cessation Services: C

OVERVIEW OF CITY CESSATION COVERAGE:

CITY MEDICAID PROGRAM:

Medications: **Most medications are covered**

Counseling: **Limited counseling is covered**

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

Medicaid Expansion: **Yes**

CITY EMPLOYEE HEALTH PLAN(S):

Medications: **Some medications are covered**

Counseling: **Some counseling is covered**

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

CITY QUITLINE:

Investment per Smoker: **$4.68; the median investment per smoker is $2.14**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

Tobacco Surcharge: **Prohibits tobacco surcharges**

Citation: See District of Columbia Tobacco Cessation Coverage page for specific sources.

Minimum Age: A

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

District of Columbia State Highlights:

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 calls for the following actions to be taken by the District's elected officials:

1. Address youth tobacco use by removing all flavored tobacco products from the market;
2. Fund tobacco prevention and cessation programs at the level recommended by the Centers for Disease Control and Prevention (CDC); and
3. Improve the city's Medicaid coverage for tobacco cessation treatments to be comprehensive and consistent across plans.

During the 2019 city council session the American Lung Association in the District of Columbia along with a very active tobacco coalition which includes both community-based organizations and national health organizations began to lay the groundwork for a campaign to address youth tobacco use by removing all flavored products from the market in the city. On September 17, 2019 several members of the DC Council introduced legislation which will remove all flavored e-cigarettes from the marketplace, including kid friendly mint and menthol flavors. The Lung Association along with its partners continued to advocate for the inclusion of all flavored tobacco product into this legislation.

The Lung Association also advocated against an emergency bill that was introduced that in its original form would have created significant loopholes in the city comprehensive smokefree workplace law allowing for more businesses to apply for and receive exemptions. The bill was modified to only apply to one particular business at one identified location and unfortunately passed. However, the Lung Association received a commitment from several Councilmembers to address the exemption process in the coming sessions.

Funding for the city's tobacco control program remained at $1.9 million for fiscal year 2020. While the fact that funding for the tobacco control program is recurring due to last year's cigarette tax increase is a good thing, the amount remains far short of the CDC-recommended level. Given the youth e-cigarette epidemic and continued high use of cigars among high school boys, increased funding is a definite need.

The American Lung Association in the District of Columbia will continue to educate lawmakers on the ongoing fight against tobacco in 2020. Our goal is to continue to build champions within the DC Council and develop a grassroots advocacy network to advance our goals which include the removal of all flavored tobacco products from the marketplace in 2020.

District of Columbia Facts

Health Care Costs Due to Smoking:	$391,048,877
Adult Smoking Rate:	13.8%
Adult Tobacco Use Rate:	16.8%
High School Smoking Rate:	N/A
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 2018 and 2017 Behavioral Risk Factor Surveillance System, respectively. Current high school smoking, 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) 719-2810
www.lung.org/districtofcolumbia

Florida Report Card

AMERICAN LUNG ASSOCIATION. | STATE OF TOBACCO CONTROL 2020

FLORIDA

Tobacco Prevention and Control Program Funding: F

FY2020 State Funding for Tobacco Control Programs:	$72,091,361
FY2020 Federal Funding for State Tobacco Control Programs:	$2,550,239*
FY2020 Total Funding for State Tobacco Control Programs:	$74,641,600
CDC Best Practices State Spending Recommendation:	$194,200,000
Percentage of CDC Recommended Level:	38.4%
State Tobacco-Related Revenue:	$1,534,100,000

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

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**

E-Cigarettes Included: **Yes**

Penalties: **Yes**

Enforcement: **Yes**

Preemption/Local Opt-Out: **Yes**

Citation: FLA. STAT. ch. 386.201 et seq. (2019).

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

Thumbs up for Florida for prohibiting e-cigarette use in almost all public places and workplaces.

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 e-cigarettes: **Equalized: N/A; Weight-Based: N/A**

For more information on tobacco taxes, go to: www.lung.org/slati

Access to Cessation Services: D

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 care**

Medicaid Expansion: **No**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

Counseling: **Minimal counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$4.52; the median investment per smoker is $2.14**

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 specific sources.

Minimum Age: F

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

Florida State Highlights:

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 calls for the following actions to be taken by Florida's elected officials:

1. Ensure strong implementation, compliance and enforcement of Tobacco 21 policies;
2. Regulate electronic cigarettes as tobacco products; and
3. Increase tobacco prevention and control funding to CDC-recommended levels.

It was quite a busy year on tobacco prevention and control issues in Florida during the 2019 legislative session. With the passage of Amendment 9 in November 2019, the Florida Legislature was required to pass authorizing language. Senate Bill 7012 and House Bill 7027 were filed to prohibit the use of electronic smoking devices in all workplaces where smoking is already prohibited by Florida's Clean Indoor Air law. The American Lung Association in Florida supported the passage of this bill while advocating for electronic smoking devices to be defined as tobacco products.

The Florida Legislature considered raising the minimum legal sales age of tobacco products to 21 years old with various bills sponsored by Senator Simmons, Representative Duran and Representative Toledo. The proposed legislation, unfortunately, was compromised by the tobacco industry with the addition of exemptions for military and certain products as well as the inclusion of preemption of marketing restrictions on tobacco. Additionally, the Florida Legislature attempted to limit local municipalities ability to pass local tobacco prevention and control measures through stand-alone preemption bills. The Lung Association opposed these legislative bills as they were not strong public health policy with the inclusion of exemptions and preemption.

The American Lung Association in Florida was able to protect funding for Tobacco Free Florida and increase the total budget for the program to $71,757,228 in fiscal year 2020. The additional funding will be used to combat the youth e-cigarette epidemic. The Tobacco Free Florida program is committed to providing a variety of free services to assist individuals with quitting tobacco use. In addition to the $13.4 million allocated for Quitline services and implementation of a referral program, the program dedicates an additional $7.8 million for in-person quit smoking counseling.

While the state legislature is trying to remove local authority, municipalities have acted on the growing public health epidemic of youth e-cigarette use by passing ordinances to increase the minimum legal sales age of tobacco products to 21 years old. Alachua County and the City of Fort Lauderdale are two communities who have stepped up as public health leaders to protect their youth and young adults from the dangers of tobacco use in this way.

In 2020, the American Lung Association in Florida will advocate for a highly effective and well-funded tobacco prevention and control program, the regulation of electronic cigarettes as tobacco products and ensuring effective implementation and compliance with Tobacco 21 policies.

Florida State Facts

Health Care Costs Due to Smoking:	$8,643,645,763
Adult Smoking Rate:	14.5%
Adult Tobacco Use Rate:	24.1%
High School Smoking Rate:	2.1%
High School Tobacco Use Rate:	28.7%
Middle School Smoking Rate:	1.1%
Smoking Attributable Deaths:	32,300

Adult smoking and tobacco use data come from CDC's 2018 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use and middle school smoking rates are taken from the 2019 Florida Youth Tobacco Survey. High school tobacco use includes cigarettes, cigars, smokeless tobacco, and electronic vapor products, as well as hookah, making it incomparable to other states.

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 2020

GEORGIA

Tobacco Prevention and Control Program Funding: F

FY2020 State Funding for Tobacco Control Programs:	$750,000
FY2020 Federal Funding for State Tobacco Control Programs:	$2,220,329*
FY2020 Total Funding for State Tobacco Control Programs:	$2,970,329
CDC Best Practices State Spending Recommendation:	$106,000,000
Percentage of CDC Recommended Level:	2.8%
State Tobacco-Related Revenue:	$392,200,000

*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: D

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**

E-Cigarettes Included: **No**

Penalties: **Yes**

Enforcement: **Yes**

Preemption/Local Opt-Out: **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 e-cigarettes: **Equalized: N/A; Weight-Based: N/A**

For more information on tobacco taxes, go to: www.lung.org/slati

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: **Some 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: **Most counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$1.03; the median investment per smoker is $2.14**

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 specific sources.

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 calls for the following actions to be taken by Georgia's elected officials:

1. Substantially increase the excise tax on tobacco products, including electronic smoking devices;
2. Increase state funding for tobacco control programs, including prevention, education and cessation; and
3. Increase the number of local comprehensive smokefree air laws that also include electronic smoking devices.

2019 was a good year for the American Lung Association in Georgia and smokefree air. On July 1, Atlanta City Council passed a comprehensive smokefree air law for the city and Atlanta Hartsfield-Jackson International Airport by a vote of 13 to 2. This hard-won victory, championed by Councilmember Matt Westmoreland, capped a campaign drive of nearly two years. Advocates from all over the city spoke in support of the measure, packing meeting rooms on multiple occasions. The ordinance went into effect on January 2, 2020 and includes electronic cigarettes and other vaping products.

In the 2019 session of the Georgia Legislature, Rep. Ron Stephens of Savannah introduced a much-needed tobacco tax increase covering cigarettes, cigars and smokeless tobacco. The measure proposes to raise Georgia's cigarette tax in the country from 37 cents to $1.85 with comparable increases for other tobacco products. Georgia's tax is 49th among all states and DC.

Like the rest of the country, Georgia's youth are embracing electronic cigarettes at an alarming rate. In the 2018 Georgia Youth Tobacco Surveillance Report, one in four Georgia high school students reported that they had ever used e-cigarettes. High school students in urban areas had a higher prevalence of using e-cigarettes, cigars, and hookah/water pipes than high school students in rural areas. Overall the report found 12.7 percent of high school students in Georgia currently smoke e-cigarettes, and about eight percent of high school students in Georgia reported that they were current cigarette smokers.

Georgia risks losing future generations to tobacco related disease unless steps are taken to curb the use of electronic cigarettes and other vaping products among our youth. The American Lung Association in Georgia will urge the state legislature to tax electronic cigarettes at the same rate as other tobacco products and increase taxes on all tobacco products, as price is a deterrent to starting smoking. And, the Lung Association will also press legislators to increase funding for state tobacco prevention programs for parents, schools and communities to counter youth e-cigarette use.

Georgia State Facts

Health Care Costs Due to Smoking:	$3,182,695,641
Adult Smoking Rate:	16.1%
Adult Tobacco Use Rate:	24.5%
High School Smoking Rate:	8.2%
High School Tobacco Use Rate:	N/A
Middle School Smoking Rate:	N/A
Smoking Attributable Deaths:	11,690

Adult smoking and tobacco use data come from CDC's 2018 Behavioral Risk Factor Surveillance System. High school smoking rate is taken from the 2017 Youth Tobacco Survey. A current high school tobacco use and 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 Georgia
(770) 434-5864
www.lung.org/georgia

Hawaii Report Card

AMERICAN LUNG ASSOCIATION. | STATE OF TOBACCO CONTROL 2020

Tobacco Prevention and Control Program Funding: D

FY2020 State Funding for Tobacco Control Programs:	$6,386,919
FY2020 Federal Funding for State Tobacco Control Programs:	$1,487,293*
FY2020 Total Funding for State Tobacco Control Programs:	$7,874,212
CDC Best Practices State Spending Recommendation:	$13,700,000
Percentage of CDC Recommended Level:	57.5%
State Tobacco-Related Revenue:	$154,100,000

*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**

E-Cigarettes Included: **Yes**

Penalties: **Yes**

Enforcement: **Yes**

Preemption/Local Opt-Out: **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: Yes; Weight-Based: No**

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

Tax on e-cigarettes: **Equalized: N/A; Weight-Based: N/A**

For more information on tobacco taxes, go to: www.lung.org/slati

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: **Minimal counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$4.39; the median investment per smoker is $2.14**

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 specific sources.

Minimum Age: B

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

Hawaii State Highlights:

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 calls for the following actions to be taken by Hawaii's elected officials:

1. Prohibit the sale of flavored tobacco products;
2. Implement taxation of electric smoking devices (in parity with other tobacco products); and
3. Maintain funding for tobacco prevention and cessation programs.

The alarming youth vaping epidemic led to several bills being introduced to address youth e-cigarette use in 2019.

House Bill 276 and Senate Bill 1009 proposed a restriction on the sale of all flavored tobacco products. The campaign had broad support from more than 120 organizations and leaders and was a priority of the Coalition for Tobacco-Free Hawaii's Youth Council. HB276 failed to receive a House Finance Committee hearing; SB1009 was voted out of the Senate. The bill passed through three House committees and died in Finance. Original versions of the bill included menthol flavoring in cigarettes; subsequent drafts allowed an exemption for menthol. The American Lung Association in Hawaii strongly supports policies that eliminate the sale of all flavors, including mint and menthol flavors.

Senate Bill 1405 proposed regulating electronic cigarettes as tobacco products through taxation, licensing, and permitting. The legislation would also have restricted online tobacco product sales. The Lung Association supported the original legislation but withdrew support when the final bill was amended to strip language that would tax electronic devices and restrict online sales. The final bill required educators to confiscate electronic cigarettes from underage youth and increased the penalty for youth possession of tobacco products to $100. The bill passed through the legislature. The Lung Association and its public health partners urged Governor Ige to veto the bill. Thankfully, the bill was vetoed.

Other bills failing to make it through the legislative process included Senate Bill 887 which would have increased the cigarette tax to $4.20 per pack and House Bill 1509 which would have progressively raised the minimum age to purchase cigarettes to 100 by 2024.

The American Lung Association in Hawaii will continue to support and advocate for policies to protect youth from tobacco use. Use of electronic smoking devices by youth in Hawaii is nearly double the national average, and urgent action is required by state legislators in 2020 to address it.

Hawaii State Facts

Health Care Costs Due to Smoking:	$526,253,732
Adult Smoking Rate:	13.4%
Adult Tobacco Use Rate:	19.9%
High School Smoking Rate:	6.0%
High School Tobacco Use Rate:	23.2%
Middle School Smoking Rate:	3.1%
Smoking Attributable Deaths:	1,420

Adult smoking and tobacco use data come from CDC's 2018 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use and middle school smoking rates are taken from the 2017 Youth Tobacco Survey. High school tobacco use includes cigarettes, cigars, smokeless tobacco, and electronic vapor products, as well as pipe, bidis, roll-your-own cigarettes, hookah, snus, dissolvable tobacco products, or other new tobacco products not listed, making it incomparable to other states.

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 2020

IDAHO

Tobacco Prevention and Control Program Funding: F

FY2020 State Funding for Tobacco Control Programs:	$3,735,500
FY2020 Federal Funding for State Tobacco Control Programs:	$998,104*
FY2020 Total Funding for State Tobacco Control Programs:	$4,733,604
CDC Best Practices State Spending Recommendation:	$15,600,000
Percentage of CDC Recommended Level:	30.3%
State Tobacco-Related Revenue:	$77,400,000

*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: C

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**

E-Cigarettes Included: **No**

Penalties: **Yes**

Enforcement: **Yes**

Preemption/Local Opt-Out: **No**

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

Note: 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 e-cigarettes: **Equalized: N/A; Weight-Based: N/A**

For more information on tobacco taxes, go to: www.lung.org/slati

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: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

Counseling: **No counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$3.74; the median investment per smoker is $2.14**

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 specific sources.

Minimum Age: F

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

Idaho State Highlights:

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 calls for the following actions to be taken by Idaho's elected officials:

1. Expand the state's legal definition of tobacco products to include electronic cigarettes and emerging products;
2. Require the licensing of all tobacco retailers, include e-cigarette retailers; and
3. Increase funding for tobacco prevention and control programs.

During the 2019 legislative session, funds once allocated to tobacco prevention and cessation initiatives by the Idaho Millennium Fund were reallocated to fund the State of Idaho's Medicaid expansion program, which was passed by voters at a November 2018 ballot initiative. The Idaho Millennium Fund is where Idaho's Master Settlement Agreement dollars are directed. The Lung Association will continue to work with elected officials to advocate for increased funding to keep Idaho youth from picking up their first cigarette or e-cigarette and to help those who already use tobacco and nicotine products to quit.

The effort to raise Idaho's legal sale age for tobacco products to 21 was again introduced during the 2019 legislative session and was narrowly defeated in the Senate State Affairs Committee. With the federal Tobacco 21 law passing, attention will turn in 2020 to expanding the state's definition of tobacco to include e-cigarettes and ensuring all tobacco product, including e-cigarette retailers are required to obtain a license. Both changes would make enforcement of the increased age easier.

The Lung Association in Idaho continues to work with coalition partners to advocate for all tobacco and nicotine products (except those approved by the FDA as recognized tools to support cessation) including e-cigarettes to be treated the same under Idaho law. Similarly, we continue to advocate for Idaho law to require e-cigarette retailers to be held to the same licensure requirements as traditional tobacco retailers.

In 2020, the American Lung Association in Idaho will continue working to increase appropriations for tobacco prevention and cessation programs, to treat all tobacco and nicotine products the same under Idaho law, and to expand local smokefree ordinances.

Idaho State Facts

Health Care Costs Due to Smoking:	$508,053,436
Adult Smoking Rate:	14.7%
Adult Tobacco Use Rate:	23.1%
High School Smoking Rate:	9.1%
High School Tobacco Use Rate:	18.5%
Middle School Smoking Rate:	N/A
Smoking Attributable Deaths:	1,800

Adult smoking and tobacco use data come from CDC's 2018 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use data come from the 2017 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 2020

ILLINOIS

Tobacco Prevention and Control Program Funding: F

FY2020 State Funding for Tobacco Control Programs:	$10,100,000
FY2020 Federal Funding for State Tobacco Control Programs:	$3,140,683*
FY2020 Total Funding for State Tobacco Control Programs:	$13,240,683
CDC Best Practices State Spending Recommendation:	$136,700,000
Percentage of CDC Recommended Level:	9.7%
State Tobacco-Related Revenue:	$1,274,600,000

*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 up for Illinois for increasing funding for its tobacco cessation and prevention program by $1 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**

Retail Stores: **Prohibited**

Recreational/Cultural Facilities: **Prohibited**

E-Cigarettes Included: **No**

Penalties: **Yes**

Enforcement: **Yes**

Preemption/Local Opt-Out: **No**

Citation: 410 ILL. COMP. STAT. 82/1 et seq. (2019).

Tobacco Taxes: C

CIGARETTE TAX:

Tax Rate per pack of 20: **$2.98***

*On July 1, 2019, the cigarette tax increased from $1.98 to $2.98 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 e-cigarettes: **Equalized: No; Weight-Based: No**

For more information on tobacco taxes, go to: www.lung.org/slati

Thumbs up for Illinois for increasing its state cigarette tax by $1.00 to $2.98 per pack.

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: **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: **$2.77; the median investment per smoker is $2.14**

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 specific sources.

Minimum Age: A

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

Thumbs up for Illinois for increasing the tobacco sales age to 21.

Illinois State Highlights:

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. Include e-cigarettes in the Smoke Free Illinois Act;
2. Maintain statewide funding for tobacco prevention and cessation efforts;
3. Eliminate the sale of flavored tobacco products, including menthol, wintergreen & mint; and
4. 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.

2019 proved to be a banner year full of victories for the American Lung Association in Illinois' tobacco control policy agenda. During the 2019 state legislative session the Lung Association worked with our partners to successfully pass a bill to increase the minimum age of sale for all tobacco products from 18 to 21 – better known as Tobacco 21. This bill also clearly defines e-cigarettes as tobacco products, a hard-fought victory given staunch e-cigarette industry resistance. The Illinois legislature passed the bill and newly-elected Governor J.B. Pritzker signed it into law on April 8, 2019. The new law took effect on July 1, 2019.

For the first time in the Illinois history of the tobacco Master Settlement Agreement, the legislature approved an increase in funds for statewide tobacco prevention and cessation activities by allocating an additional $1 million to the Illinois Tobacco Quitline.

The Illinois General Assembly also passed a $1.00 per pack cigarette tax, licensed e-cigarette retailers as tobacco retailers and taxed e-cigarettes at 15% of the wholesale cost. These new laws took effect on July 1, 2019.

Finally, the Illinois General Assembly passed a bill to prohibit smoking in a vehicle with anyone under 18 years of age present. This new law took effect on January 1, 2020.

The 2020 legislative session will focus on the prohibition of the sale of flavored tobacco products, further restrictions on e-cigarette retailers and an increase in the tax on e-cigarettes. The American Lung Association in Illinois 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:	15.5%
Adult Tobacco Use Rate:	19.2%
High School Smoking Rate:	7.6%
High School Tobacco Use Rate:	18.6%
Middle School Smoking Rate:	2.0%
Smoking Attributable Deaths:	18,280

Adult smoking and tobacco use data come from CDC's 2018 and 2017 Behavioral Risk Factor Surveillance System, respectively. High school smoking and tobacco use rates are taken from the 2017 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 Illinois
(217) 787-5864
www.lung.org/illinois

Indiana Report Card

AMERICAN LUNG ASSOCIATION. | STATE OF TOBACCO CONTROL 2020

INDIANA

Tobacco Prevention and Control Program Funding: F

FY2020 State Funding for Tobacco Control Programs:	$7,500,000
FY2020 Federal Funding for State Tobacco Control Programs:	$1,960,484*
FY2020 Total Funding for State Tobacco Control Programs:	$9,460,484
CDC Best Practices State Spending Recommendation:	$73,500,000
Percentage of CDC Recommended Level:	12.9%
State Tobacco-Related Revenue:	$554,700,000

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

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**

E-Cigarettes Included: **No**

Penalties: **Yes**

Enforcement: **Yes**

Preemption/Local Opt-Out: **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 32.3% 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 e-cigarettes: **Equalized: N/A; Weight-Based: N/A**

For more information on tobacco taxes, go to: www.lung.org/slati

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: **Substantial 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: **$1.42; the median investment per smoker is $2.14**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

Tobacco Surcharge: **Tobacco surcharge for Medicaid enrollees**

Citation: See Indiana Tobacco Cessation Coverage page for specific sources.

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 calls for the following actions to be taken by Indiana elected officials:

1. Enact stronger enforcement and penalties for tobacco retailers that violate the law;
2. Prohibit the sale of all flavored tobacco products;
3. Raise the cigarette tax by $2.00 per pack, with e-cigarettes taxed at an equivalent rate;
4. Pass a comprehensive smokefree air law that covers bars, clubs, and gaming venues.

During the 2019 legislative session, the American Lung Association in Indiana continued working toward a goal of raising the cigarette tax. Alongside partners in the "Raise It for Health" campaign, the Lung Association's goal is to significantly increase the cigarette tax in order to drive down smoking rates, prevent youth from becoming addicted, and to generate funding for tobacco education and other crucial health programs.

Indiana has the lowest cigarette tax in the region, and one of the highest smoking rates in the country. Despite very favorable polling and contact from thousands of Hoosier voters, state legislative leaders again failed to advance any cigarette or e-cigarette tax bills in 2019. An interim study committee unanimously recommended that the Indiana General Assembly pass legislation in 2020 raising the legal sales age of tobacco products to 21. One non-legislative advancement was the signing of a standing order by Governor Eric Holcomb that allows all Indiana residents to access proven, effective quit smoking treatments as part of their health insurance benefit any time they visit a pharmacy. The order is based on legislation signed into law several years ago.

At the municipal level, support continues to grow for smokefree public spaces. Austin, Hope and Munster each enacted comprehensive smokefree air laws that include bars, membership clubs, and e-cigarettes. Several other counties, cities, and towns expanded smokefree public spaces like parks and adopted restrictions on e-cigarettes: Grant County, Hancock County, Carmel, and Columbus. Lawmakers have not seriously considered stronger secondhand smoke protections at the state level since passing a weak statewide law in 2012.

In 2019, the Indiana State Department of Health released the 2018 Indiana Youth Tobacco Survey. Findings revealed an alarming increase in youth e-cigarette use. Between 2016 and 2018, the rate of e-cigarette use among Hoosier youth nearly doubled. Twenty four percent of high school students reported using Juul.

As the urgency grows for a meaningful legislative response to the youth e-cigarette epidemic and rising adult smoking rates, the American Lung Association in Indiana will continue to advocate for policies that lower smoking rates and generate funding for life-saving prevention and education. Indiana continues to lag behind its neighbors in the region as policy makers in Ohio, Michigan, and Illinois have all advanced policies like raising taxes on e-cigarettes and other tobacco products, and restricting flavored tobacco products. Indiana legislators have an opportunity to reverse this trend in 2020 and once again make the state a leader in the fight against tobacco use.

Indiana State Facts

Health Care Costs Due to Smoking:	$2,930,404,456
Adult Smoking Rate:	21.1%
Adult Tobacco Use Rate:	28.4%
High School Smoking Rate:	5.2%
High School Tobacco Use Rate:	22.9%
Middle School Smoking Rate:	1.9%
Smoking Attributable Deaths:	11,070

Adult smoking and tobacco use data come from CDC's 2018 Behavioral Risk Factor Surveillance System. High school and middle school smoking and high school tobacco use data are taken from the 2018 Indiana 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 2020

IOWA

Tobacco Prevention and Control Program Funding: F

FY2020 State Funding for Tobacco Control Programs:	$4,271,000
FY2020 Federal Funding for State Tobacco Control Programs:	$1,616,723*
FY2020 Total Funding for State Tobacco Control Programs:	$5,887,723
CDC Best Practices State Spending Recommendation:	$30,100,000
Percentage of CDC Recommended Level:	19.6%
State Tobacco-Related Revenue:	$266,900,000

*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**

E-Cigarettes Included: **No**

Penalties: **Yes**

Enforcement: **Yes**

Preemption/Local Opt-Out: **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 e-cigarettes: **Equalized: N/A; Weight-Based: N/A**

For more information on tobacco taxes, go to: www.lung.org/slati

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: **All 3 types of counseling are covered**

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

STATE QUITLINE:

Investment per Smoker: **$1.40; the median investment per smoker is $2.14**

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 specific sources.

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 calls for the following actions to be taken by Iowa's elected officials:

1. Increase the cigarette tax by $1.50 per pack and by an equivalent rate on other tobacco products;
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 2019, the American Lung Association in Iowa advocated for an increase in funding for the Division of Tobacco Use Prevention and Control. To assist in revenue generation, partners proposed a $1.50 per pack increase to the cigarette tax with equivalent increases in the tax on other tobacco products. A House bill to increase the tax by $1.32 per pack was introduced but ultimately, the bill did not move forward. Other efforts in the 2019 legislative session included closing the casino loophole in the Iowa Smoke Free Air Act, which also did not move.

Legislation was introduced to remove the burdensome and high rate of denial prior authorization process for tobacco cessation therapies in the Medicaid program. After legislation began moving, the Iowa Department of Human Services took administrative action and removed the prior authorization requirements that were previously recommended. This will assist in improving access to tobacco cessation therapies for Iowans covered by the Medicaid program.

Community Partnerships continue to make a significant impact in every Iowa County. Local organizations provide support for youth prevention, tobacco cessation and policy change to reduce tobacco use and eliminate exposure of secondhand smoke. Continuing to protect and working to increase funding for these effective programs is vital in efforts to prevent youth from ever starting to use tobacco products in the first place and help current users quit.

In 2020, the American Lung Association in Iowa, along with our partners, will advocate for an increase in the cigarette tax by $1.50 per pack with equivalent increases in the tax on other tobacco products and ask that a portion of the new revenue go to tobacco prevention and cessation programs. The Lung Association will also continue to advocate for closing loopholes in the Smoke Free Air Act, as casino workers and patrons continue to face serious health risks due to secondhand smoke exposure because smoking is still allowed in Iowa casinos.

Iowa State Facts

Health Care Costs Due to Smoking:	$1,285,256,462
Adult Smoking Rate:	16.6%
Adult Tobacco Use Rate:	24.4%
High School Smoking Rate:	4.4%
High School Tobacco Use Rate:	19.9%
Middle School Smoking Rate:	1.7%
Smoking Attributable Deaths:	5,070

Adult smoking and tobacco use data come from CDC's 2018 Behavioral Risk Factor Surveillance System. High school (11th grade only) and middle school (8th grade only) smoking rates are taken from the 2018 Iowa Youth Survey. High school tobacco use rate is taken from the 2017 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 Iowa
(515) 309-9507
www.lung.org/iowa

Kansas Report Card

AMERICAN LUNG ASSOCIATION. | STATE OF TOBACCO CONTROL 2020

KANSAS

Tobacco Prevention and Control Program Funding: F

FY2020 State Funding for Tobacco Control Programs:	$1,001,960
FY2020 Federal Funding for State Tobacco Control Programs:	$1,518,060*
FY2020 Total Funding for State Tobacco Control Programs:	$2,520,020
CDC Best Practices State Spending Recommendation:	$27,900,000
Percentage of CDC Recommended Level:	9.0%
State Tobacco-Related Revenue:	$184,700,000

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

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**

E-Cigarettes Included: **No**

Penalties: **Yes**

Enforcement: **Yes**

Preemption/Local Opt-Out: **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 e-cigarettes: **Equalized: No; Weight-Based: Yes**

For more information on tobacco taxes, go to: www.lung.org/slati

Access to Cessation Services: F

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: **Few barriers exist to access coverage**

Medicaid Expansion: **No**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

Counseling: **Some forms of counseling are covered**

Barriers to Coverage: **Minimal barriers to access coverage**

STATE QUITLINE:

Investment per Smoker: **$0.54; the median investment per smoker is $2.14**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

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

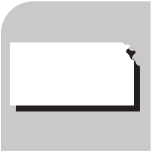
Citation: See Kansas Tobacco Cessation Coverage page for specific sources.

Thumbs up for Kansas for providing comprehensive coverage for all tobacco cessation medications and types of counseling to Medicaid enrollees with limited barriers.

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 calls for the following actions to be taken by Kansas' elected officials:

1. Pass state Tobacco 21 legislation including an increase in license fee to fund full enforcement;
2. Increase funding for tobacco prevention to Centers for Disease Control and Prevention recommended levels; and
3. Increase taxes on cigarettes and tobacco products by significant amounts.

The 2019 Kansas legislative session included significant concerns over the epidemic of e-cigarette use among teenagers. The American Lung Association in Kansas provided testimony for informational hearings by the Kansas House Health and Human Services Committee and the Senate Committee on Public Health and Welfare. The hearings resulted in House Resolution 6015 condemning e-cigarette use as a public health hazard leading to a broad spectrum of individual and societal harms.

More than 80 health-related, including tobacco control bills were introduced in the 2019 session. Few progressed beyond the committee of origin. Notable among the bills was Governor Laura Kelly's Medicaid expansion House and Senate bills, which ultimately passed the House but did not receive a hearing in the Senate.

Related to a legal challenge to local Tobacco 21 laws in the state, the Kansas Supreme Court ruled that cities can raise the tobacco sales age even though state law sets it at 18 in June 2019. The Court's unanimous decision allowed the city of Topeka to enforce a Tobacco 21 law passed in 2018. By late 2019, 25 communities or more than one third of the population of Kansas was protected by Tobacco 21 laws.

The Lung Association continued its work on a flavored tobacco point of sale grant in Jackson County, Missouri and Johnson County, Kansas in the greater Kansas City metropolitan area. In 2019, the grant was recast in light of significant changes in these counties due to the rise of JUUL and the increase in e-cigarette use among area youth. The grant refocused on education to combat the misinformation relating to the severe health dangers posed by e-cigarette use. Lung Association staff worked closely with public health officials to develop and deploy curriculum to prepare educators to speak to youth and families, community groups and community leaders regarding the impacts of JUUL and e-cigarette use with the goal of countering misinformation and preventing initiation of e-cigarette use. The campaign culminated at the end of 2019 with a mass media campaign utilizing the Lung Association's "The Vape Talk" materials encouraging parents to speak with their children about vaping.

During the 2020 legislative session, the American Lung Association in Kansas will work with tobacco and public health partners to pass state Tobacco 21 legislation including an increase in license fee to fund full enforcement. The Lung Association will also advocate for comprehensive Medicaid Expansion in Kansas, including a tobacco tax increase that may be part of the evolving proposal.

Kansas State Facts

Health Care Costs Due to Smoking:	$1,128,040,688
Adult Smoking Rate:	17.2%
Adult Tobacco Use Rate:	23.6%
High School Smoking Rate:	7.2%
High School Tobacco Use Rate:	17.1%
Middle School Smoking Rate:	N/A
Smoking Attributable Deaths:	4,390

Adult smoking and tobacco use data come from CDC's 2018 and 2017 Behavioral Risk Factor Surveillance System, respectively. High school smoking and tobacco use rates are taken from the 2017 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 Kansas
(913) 353-9165
www.lung.org/kansas

Kentucky Report Card

AMERICAN LUNG ASSOCIATION. | STATE OF TOBACCO CONTROL 2020

KENTUCKY

Tobacco Prevention and Control Program Funding: F

FY2020 State Funding for Tobacco Control Programs:	$3,342,100
FY2020 Federal Funding for State Tobacco Control Programs:	$2,135,439*
FY2020 Total Funding for State Tobacco Control Programs:	$5,477,539
CDC Best Practices State Spending Recommendation:	$56,400,000
Percentage of CDC Recommended Level:	9.7%
State Tobacco-Related Revenue:	$497,400,000

*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: 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**

E-Cigarettes Included: **No**

Penalties: **Yes**

Enforcement: **No**

Preemption/Local Opt-Out: **No**

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

Note: 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 36.5% of the state's population.

Tobacco Taxes: F

CIGARETTE TAX:

Tax Rate per pack of 20: **$1.10**

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 e-cigarettes: **Equalized: N/A; Weight-Based: N/A**

For more information on tobacco taxes, go to: www.lung.org/slati

Access to Cessation Services: C

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **All 7 medications are covered**

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

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

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

Counseling: **Some types of counseling are covered**

Barriers to Coverage: **Minimal barriers exists to access coverage**

STATE QUITLINE:

Investment per Smoker: **$0.89; the median investment per smoker is $2.14**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **Yes**

Tobacco Surcharge: **Limits tobacco surcharges**

Citation: See Kentucky Tobacco Cessation Coverage page for specific sources.

Thumbs up for Kentucky for providing comprehensive coverage for all tobacco cessation medications and types of counseling to Medicaid enrollees with no barriers.

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 calls for the following actions to be taken by Kentucky's elected officials:

1. Increase funding for the Kentucky Tobacco Prevention and Cessation Program to $10 million;
2. Adopt a state excise tax on e-cigarettes and heated tobacco products at a rate of 27.5 percent of the wholesale price, equivalent to the current state excise tax on cigarettes; and
3. Enact comprehensive smokefree laws locally.

During the 2019 session of the Kentucky General Assembly, strong Tobacco 21 legislation was crafted with the input of American Lung Association in Kentucky and health organization partners. The bill was heard in the Senate Agriculture Committee. While it ultimately did not pass in 2019, the groundwork was laid and bill sponsors are promising action on similar legislation in 2020. It is unclear if these bills will move forward with the passage of federal Tobacco 21 legislation.

Also, during 2019, legislation was signed into law establishing tobacco-free schools statewide. Unfortunately, a last-minute compromise amended the bill to provide a three-year opt-out window. Nonetheless, 148 school districts have adopted the tobacco-free policy (84 percent of districts) since the statute went into effect.

Similarly, noteworthy, Kentucky's last biennium budget included funding for the state's tobacco prevention and cessation programs to approximately $3.7 in FY2019 and $3.4 in FY2020, about a million dollars more than in previous years.

Finally, Kentucky was recognized in 2019 for ranking third in the nation for enacting the most local smokefree laws. Rankings were determined based on policy surveillance data compiled by the Americans for Nonsmokers Rights Foundation. The state was also recognized for its local laws that prohibit the use of e-cigarettes in smokefree workplaces and public places.

A Foundation For a Healthy Kentucky poll conducted by Mason-Dixon Polling shows that most Kentucky voters favor taxing e-cigarettes the same as regular cigarettes. Seventy-three percent of Kentuckians statewide support adding a state excise tax on e-cigarettes.

The state Tobacco Prevention and Cessation Program distributes funds to local and district health departments across the state to support educators' and tobacco coordinators' efforts to provide education in schools, conduct cessation programs, and finance media outreach.

The American Lung Association in Kentucky will continue working with our many health coalition partners and others to grow and activate our grassroots network statewide, and to advance tobacco control and prevention initiatives at the state and local levels. As the legislature begins its work in 2020, the Lung Association will continue our efforts to educate policymakers, business leaders and media on the importance of the American Lung Association's goals to reduce all tobacco use, including e-cigarettes, and to protect public health.

Kentucky State Facts

Health Care Costs Due to Smoking:	$1,926,976,238
Adult Smoking Rate:	23.4%
Adult Tobacco Use Rate:	32.1%
High School Smoking Rate:	14.3%
High School Tobacco Use Rate:	26.0%
Middle School Smoking Rate:	N/A
Smoking Attributable Deaths:	8,860

Adult smoking and tobacco use data come from CDC's 2018 and 2017 Behavioral Risk Factor Surveillance System, respectively. High school smoking and tobacco use data come from the 2017 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 2020

LOUISIANA

Tobacco Prevention and Control Program Funding: F

FY2020 State Funding for Tobacco Control Programs:	$13,173,573
FY2020 Federal Funding for State Tobacco Control Programs:	$1,117,775*
FY2020 Total Funding for State Tobacco Control Programs:	$14,291,348
CDC Best Practices State Spending Recommendation:	$59,600,000
Percentage of CDC Recommended Level:	24.0%
State Tobacco-Related Revenue:	$449,900,000

*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: C

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**

E-Cigarettes Included: **No**

Penalties: **Yes**

Enforcement: **Yes**

Preemption/Local Opt-Out: **No**

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

Note: 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 28.1% 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 e-cigarettes: **Equalized: No; Weight-Based: Yes**

For more information on tobacco taxes, go to: www.lung.org/slati

Access to Cessation Services: D

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **All 7 medications are covered**

Counseling: **Most counseling is covered**

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

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

Counseling: **Covers some counseling**

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

STATE QUITLINE:

Investment per Smoker: **$1.50; the median investment per smoker is $2.14**

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 specific sources.

Minimum Age: F

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

Louisiana State Highlights:

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 calls for the following actions to be taken by Louisiana's 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 all municipalities; and
3. Sustain tobacco prevention and cessation funding.

The 2019 Louisiana Legislative Session was a fiscal session focused on certain tax and spending issues with limited consideration of other general issues. Representative Frank Hoffman introduced House Bill 38 to raise the minimum legal sales age for tobacco products to 21 years old. The bill received significant dialogue, however, failed to pass. The American Lung Association in Louisiana was unable to support the legislation due to several exemptions and provisions that would have limited the legislation's effectiveness. Additional legislation, such as House Bill 244 to align e-cigarette retailer's regulation with tobacco product retailers, was passed and signed by Governor Edwards.

The Louisiana Secondhand Smoke Study Committee formed during the 2018 Legislative Session met to evaluate the impact of tobacco-related illnesses from secondhand smoke exposure in Louisiana. The Committee reviewed the literature on tobacco use and impact of secondhand smoke exposure in Louisiana and submitted a final report to the Legislature on April 1, 2019. No action has been taken by the Legislature as a result of the report.

Despite the lack of support for a statewide smokefree law, there is support within local municipalities for public health protections from secondhand smoke. Seven cities across Louisiana have implemented a comprehensive smokefree air ordinance in 2019 to protect all residents and workers from the dangers of secondhand smoke exposure, including the cities of Haynesville, Ponchatoula, Pineville, Rushton, Fenton, Boyce and Athens. This is in addition to cities that passed comprehensive smokefree ordinances in previous years such as Baton Rouge, Lafayette and New Orleans.

Louisiana has had significant success with cessation efforts through Quit with Us, LA and the Smoking Cessation Trust. Quit with Us, LA is the free statewide cessation program offering telephone and online services to Louisiana residents age 13 and older who are ready to quit. The Smoking Cessation Trust ("SCT") is the result of a 2011 court judgment in a class action lawsuit that established a 10-year smoking cessation program to benefit Louisiana residents who smoked a cigarette before September 1, 1988. The program provides no cost cessation services, including medications, individual and group cessation counseling or telephone quit-line support.

In 2020, 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. The Lung Association will also 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:	20.5%
Adult Tobacco Use Rate:	28.7%
High School Smoking Rate:	12.3%
High School Tobacco Use Rate:	25.2%
Middle School Smoking Rate:	3.8%
Smoking Attributable Deaths:	7,210

Adult smoking and tobacco use data come from CDC's 2018 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use rates are taken from the 2017 Youth Risk Behavior Surveillance System. Middle school smoking rate is taken from the 2017 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 Louisiana
(504) 828-5864
www.lung.org/louisiana

Maine Report Card

AMERICAN LUNG ASSOCIATION. | STATE OF TOBACCO CONTROL 2020

MAINE

Tobacco Prevention and Control Program Funding: A

FY2020 State Funding for Tobacco Control Programs:	$11,832,320
FY2020 Federal Funding for State Tobacco Control Programs:	$1,451,142*
FY2020 Total Funding for State Tobacco Control Programs:	$13,283,462
CDC Best Practices State Spending Recommendation:	$15,900,000
Percentage of CDC Recommended Level:	83.5%
State Tobacco-Related Revenue:	$188,200,000

*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 up for Maine for increasing funding for its tobacco control program by close to $7 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**

E-Cigarettes Included: **Partially**

Penalties: **Yes**

Enforcement: **Yes**

Preemption/Local Opt-Out: **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: 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: Yes**

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

Tax on e-cigarettes: **Equalized: Yes; Weight-Based: No**

For more information on tobacco taxes, go to: www.lung.org/slati

Thumbs up for Maine for equalizing its tax on tobacco products, including e-cigarettes with its cigarette tax.

Access to Cessation Services: A

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **All 7 medications are covered**

Counseling: **All 3 types of counseling are 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: **Most counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$21.53; the median investment per smoker is $2.14**

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 specific sources.

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: A

Minimum Age of Sale for Tobacco Products: **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 calls for the following actions to be taken by Maine's elected officials:

1. Enact legislation restricting the sale of all flavored tobacco products;
2. Raise the cigarette tax by a minimum of $1.50 per pack; and
3. Ensure that the tobacco control program is fully funded at the recommended level by the U.S. CDC in light of future year funding declines in tobacco settlement revenue.

Tobacco control efforts were front and center from the beginning to the end of the 2019 legislative session. The year started out strong with Governor Janet Mills proposing to increase funding by $5 million annually for the tobacco control program in her biennial budget submission. The legislature enacted this increase, more than doubling the previous year's funding level. In the final days of the legislative session legislation was also passed and signed into law by the Governor equalizing the tax on other tobacco products to the same rate as cigarettes. Additionally, this measure dedicated more funding from the tax revenue to the tobacco control program.

Unfortunately, not all the legislative action was successful. The Maine Legislature had the opportunity to address the burgeoning youth e-cigarette epidemic with comprehensive legislation restricting the sale of flavored tobacco products. However, legislators watered the bill down and removed all evidenced-based policies from the measure.

During the session, the Maine Public Health Association, a key partner of the American Lung Association in Maine released public polling on Maine citizens attitudes toward tobacco control measures. The results show that Mainers overwhelmingly support (91%) using tobacco settlement revenue to keep young people from starting smoking and helping others quit. Additionally, the results showed strong support (68%) for restricting the sale of all flavored tobacco products and increasing tobacco excise taxes.

The change in administration in Augusta also brought about a significant change in cooperation with state agencies. The Lung Association and partners have met regularly with the management of the tobacco control program to re-establish cooperative working relationships and plan for the significant increase in new state funding for the program.

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 smokefree policies against rollbacks. As the legislature begins its work in 2020, 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:	17.8%
Adult Tobacco Use Rate:	21.1%
High School Smoking Rate:	8.7%
High School Tobacco Use Rate:	22.5%
Middle School Smoking Rate:	1.9%
Smoking Attributable Deaths:	2,390

Adult smoking and tobacco use data come from CDC's 2018 and 2017 Behavioral Risk Factor Surveillance System, respectively. High school smoking and tobacco use data come from the 2017 Youth Risk Behavior Surveillance System. Middle school smoking rate is taken from the 2017 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 2020

MARYLAND

Tobacco Prevention and Control Program Funding: F

FY2020 State Funding for Tobacco Control Programs:	$10,476,978
FY2020 Federal Funding for State Tobacco Control Programs:	$2,392,297*
FY2020 Total Funding for State Tobacco Control Programs:	$12,864,810
CDC Best Practices State Spending Recommendation:	$48,000,000
Percentage of CDC Recommended Level:	26.8%
State Tobacco-Related Revenue:	$513,400,000

*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: **Prohibited**

Retail Stores: **Prohibited**

Recreational/Cultural Facilities: **Prohibited**

E-Cigarettes Included: **No**

Penalties: **Yes**

Enforcement: **Yes**

Preemption/Local Opt-Out: **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: F

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 e-cigarettes: **Equalized: N/A; Weight-Based: N/A**

For more information on tobacco taxes, go to: www.lung.org/slati

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: **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: **$3.73; the median investment per smoker is $2.14**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **Yes**

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

Citation: See Maryland Tobacco Cessation Coverage page for specific sources.

Minimum Age: B

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

Thumbs up for Maryland for increasing the tobacco sales age to 21.

Maryland State Highlights:

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 calls for the following actions to be taken by Maryland's elected officials:

1. Address youth tobacco use by removing all flavored tobacco products from the market;
2. Increase the cigarette tax by at least $1.00 and create parity between the tax on cigarettes and other tobacco products including e-cigarettes; and
3. Fund tobacco prevention and cessation programs at the Center for Disease Control and Prevention recommended level.

2019 saw some good forward advancement on tobacco control policy efforts in Maryland. During the 2019 legislative session, the American Lung Association in Maryland along with other public health partners were successful in passing legislation to increase the minimum sales age for tobacco products to 21 years old. The bill was signed on May 13, 2019 and the law went into effect on October 1, 2019. Currently the law does have an exemption for those with an active military identification that was unfortunately added on at the very end of the legislative process.

The Lung Association along with several public health advocates are continuing to work on an educational campaign regarding the dangers of flavored tobacco especially targeting Maryland's youth. Strong champions both in the House and Senate have made the removal of flavored tobacco from the marketplace in Maryland a top priority in 2020.

The Lung Association and partners were also successful in beating back an effort in Prince George's County that would have allowed the casino based there to install a cigar lounge on the property despite Maryland's comprehensive smokefree workplace law. Amendments may need to be made at the state level to prevent efforts like this in the future from occurring.

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 grassroots advocates to advance our goals which include most notably the removal of all flavored tobacco products from the market in 2020.

Maryland State Facts

Health Care Costs Due to Smoking:	$2,709,568,436
Adult Smoking Rate:	12.5%
Adult Tobacco Use Rate:	16.7%
High School Smoking Rate:	8.2%
High School Tobacco Use Rate:	21.6%
Middle School Smoking Rate:	N/A
Smoking Attributable Deaths:	7,490

Adult smoking and tobacco use data come from CDC's 2018 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use data come from the 2017 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
(302) 565-2071
www.lung.org/maryland

Massachusetts Report Card

AMERICAN LUNG ASSOCIATION. | STATE OF TOBACCO CONTROL 2020

MASSACHUSETTS

Tobacco Prevention and Control Program Funding: F

FY2020 State Funding for Tobacco Control Programs:	$4,617,730
FY2020 Federal Funding for State Tobacco Control Programs:	$2,397,266*
FY2020 Total Funding for State Tobacco Control Programs:	$7,014,996
CDC Best Practices State Spending Recommendation:	$66,900,000
Percentage of CDC Recommended Level:	10.5%
State Tobacco-Related Revenue:	$836,000,000

*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**

E-Cigarettes Included: **Yes**

Penalties: **Yes**

Enforcement: **Yes**

Preemption/Local Opt-Out: **No**

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

Tobacco Taxes: C

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 e-cigarettes: **Equalized: N/A; Weight-Based: N/A**

For more information on tobacco taxes, go to: www.lung.org/slati

Access to Cessation Services: D

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **All 7 medications are covered**

Counseling: **All 3 types of counseling are 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: **Minimal counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$1.04; the median investment per smoker is $2.14**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **Yes**

Tobacco Surcharge: **Prohibits tobacco surcharges**

Citation: See Massachusetts Tobacco Cessation Coverage page for specific sources.

Minimum Age: A

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

Massachusetts State Highlights:

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 calls for the following actions to be taken by Massachusetts' elected officials:

1. Fund tobacco prevention and cessation programs at the Centers for Disease Control and Prevention (CDC)-recommended level; and
2. Pass a significant increase in the tax on cigarettes.

Massachusetts has been a pioneer with many of its current tobacco control laws. In 2018, Massachusetts became the first state to prohibit tobacco sales in pharmacies, added electronic cigarettes to its smokefree workplace law and raised the retail sales age of tobacco products to 21 statewide.

After a decade of budget cuts, the Massachusetts Tobacco Cessation and Prevention Program funding is slowly seeing an increase in funding. In the fiscal year 2019 budget, passed in 2018 the program saw a $400,000 increase. In the fiscal year 2020 budget, passed in 2019, the governor's proposed budget threatened to cut the program's funding by $100,000. Along with our partners, the American Lung Association in Massachusetts advocated for an increase.

The final enacted fiscal year 2020 state budget included a $500,000 increase; this is on top of the $400,000 increase in the fiscal year 2019 budget. However, there's still more work to do as this funding remains far short of historical levels as well as the CDC-recommended level in Massachusetts.

Youth vaping and e-cigarette use is now a real epidemic. Massachusetts is now the 8th worst state in the country in terms of high school use of electronic cigarettes. Eighty percent of Massachusetts' high school youth who are current tobacco users reported using a flavored tobacco product in the past 30 days, according to data from the 2017 Massachusetts Youth Health Survey. We know that flavors are one of the main reasons' kids are attracted to tobacco products.

In light of the vaping related lung injuries, Governor Baker took executive action to prohibit the sale of all e-cigarettes for four months in September 2019. Then in November 2019, the legislature took bold action to end the youth e-cigarette use epidemic by prohibiting the sale of all flavored tobacco products, including e-cigarettes. They are the first state to do so. The same bill also established a tax on e-cigarettes of 75 percent of the wholesale price, equivalent to the state's cigarette tax and codified a baseline level of tobacco cessation coverage for current and retired state employees into law.

The American Lung Association in Massachusetts will continue to work with our state coalition partners to advance tobacco control and prevention efforts and defend our successful programs and smokefree policies against rollbacks. As the legislature continues its work in 2020, we will continue to grow our coalition to educate policy makers, business leaders and the media of the importance of the American Lung Association's goals to reduce tobacco use and protect public health.

Massachusetts State Facts

Health Care Costs Due to Smoking:	$4,080,690,302
Adult Smoking Rate:	13.4%
Adult Tobacco Use Rate:	19.3%
High School Smoking Rate:	6.4%
High School Tobacco Use Rate:	24.6%
Middle School Smoking Rate:	0.8%
Smoking Attributable Deaths:	9,300

Adult smoking and tobacco use data come from CDC's 2018 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use data come from the 2017 Youth Risk Behavior Surveillance System. Middle school smoking rate is taken from the 2017 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 2020

MICHIGAN

Tobacco Prevention and Control Program Funding: F

FY2020 State Funding for Tobacco Control Programs:	$1,630,000
FY2020 Federal Funding for State Tobacco Control Programs:	$3,526,392*
FY2020 Total Funding for State Tobacco Control Programs:	$5,156,392
CDC Best Practices State Spending Recommendation:	$110,600,000
Percentage of CDC Recommended Level:	4.7%
State Tobacco-Related Revenue:	$1,205,400,000

*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: C

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**

E-Cigarettes Included: **No**

Penalties: **Yes**

Enforcement: **Yes**

Preemption/Local Opt-Out: **Yes (restaurants and bars only)**

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

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 e-cigarettes: **Equalized: N/A; Weight-Based: N/A**

For more information on tobacco taxes, go to: www.lung.org/slati

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: **Minimal 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: **$0.43; the median investment per smoker is $2.14**

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 specific sources.

Minimum Age: F

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

Michigan State Highlights:

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 calls for the following actions to be taken by Michigan's elected officials:

1. Prohibit flavorings, including mint and menthol, for all tobacco products;
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 dramatic increase in the number of young people using e-cigarettes caught the attention of Michigan policymakers in 2019. Michigan became the first state in the nation to prohibit all e-cigarette flavorings. This was accomplished by Governor Whitmer through an emergency administrative rule. The administration is in the process of adopting a permanent rule prohibiting e-cigarette flavorings. However, the use of the administrative rule process in Michigan is currently being challenged in state and federal courts.

The American Lung Association in Michigan continues to work with a diverse group of stakeholders to help promote the e-cigarette flavor prohibition and provide testimony and support for the proposal when public hearings are held on the permanent rule.

There is much more that Michigan could be doing to reduce tobacco usage. The state continues to only spend 4.7 percent of what is recommended by the Centers for Disease Control and Prevention for a state of our size. The legislature is expected to remain resistant to tax increases, but an increase in tobacco taxes should be considered as a means to increase spending on tobacco control and prevention.

As we look ahead to 2020, the American Lung Association in Michigan will continue to work with a broad coalition of stakeholders to advocate for evidence-based solutions to reduce the number of citizens using tobacco products, especially our youth.

Michigan State Facts

Health Care Costs Due to Smoking:	$4,589,784,016
Adult Smoking Rate:	18.9%
Adult Tobacco Use Rate:	24.0%
High School Smoking Rate:	10.5%
High School Tobacco Use Rate:	22.8%
Middle School Smoking Rate:	N/A
Smoking Attributable Deaths:	16,170

Adult smoking and tobacco use data come from CDC's 2018 and 2017 Behavioral Risk Factor Surveillance System, respectively. High school smoking and tobacco use data come from the 2017 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

Minnesota Report Card

AMERICAN LUNG ASSOCIATION. | STATE OF TOBACCO CONTROL 2020

MINNESOTA

Tobacco Prevention and Control Program Funding: F

FY2020 State Funding for Tobacco Control Programs:	$15,403,417
FY2020 Federal Funding for State Tobacco Control Programs:	$2,226,539*
FY2020 Total Funding for State Tobacco Control Programs:	$17,629,956
CDC Best Practices State Spending Recommendation:	$52,900,000
Percentage of CDC Recommended Level:	33.3%
State Tobacco-Related Revenue:	$693,000,000

*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 (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**

E-Cigarettes Included: **Yes**

Penalties: **Yes**

Enforcement: **Yes**

Preemption/Local Opt-Out: **No**

Citation: MINN. STAT. §§ 144.411 to 144.417 (2014).

Thumbs up for Minnesota for adding e-cigarettes to its smokefree law.

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 e-cigarettes: **Equalized: Yes; Weight-Based: No**

For more information on tobacco taxes, go to: www.lung.org/slati

Access to Cessation Services: A

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: **All 7 medications are covered**

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

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

STATE QUITLINE:

Investment per Smoker: **$3.69*; the median investment per smoker is $2.14**

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 specific sources.

*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. The Minnesota investment per smoker was not included in the calculation of the median investment per smoker.

Minimum Age: F

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

Minnesota State Highlights:

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 calls for the following actions to be taken by Minnesota's elected officials:

1. Prohibit the sale of all flavored tobacco products;
2. Secure sustainable funding for proven tobacco prevention strategies; and
3. Ensure the enforcement of Tobacco 21.

During the 2019 legislative session, the American Lung Association in Minnesota as part of the Minnesotans for a Smoke-Free Generation statewide coalition of more than 60 organizations focused on: securing funding for tobacco cessation services, increasing the tobacco age to 21, including e-cigarettes in the Clean Indoor Air Act, dedicating delinquent tobacco settlement payments to tobacco prevention and reinstating the tobacco tax inflation adjustment, taxes on premium cigars and a tax on e-cigarette pods.

Funded by the tobacco settlement, ClearWay Minnesota℠ provides QUITPLAN Services in Minnesota to help people quit. ClearWay Minnesota will end by 2022 and QUITPLAN Services will end in March of 2020. In order to assure Minnesotans continue to have access to free cessation services, funding for the Minnesota Department of Health was sought during the 2019 Legislative session. This effort resulted in approximately $3 million per year being appropriated to the Minnesota Department of Health to provide and promote tobacco cessation services to all Minnesota residents.

Research shows that aerosol from e-cigarettes is not safe and threatens the state's clean indoor air. This concern is especially relevant since youth and young adult e-cigarette use have skyrocketed in recent years. Thankfully, Minnesota passed legislation in 2019 supported by the Lung Association to close this loophole and include e-cigarettes in the Minnesota Clean Indoor Air Act. This means the use of e-cigarettes is prohibited in the same places smoking is. According to a survey conducted in December 2018 by Blue Cross and Blue Shield of Minnesota, a strong majority of Minnesotans – 82 percent supported taking this action.

While Tobacco 21 legislation ultimately did not pass at the state level in 2019, it gained significant traction, bipartisan support and passed the House as part of their Health and Human Services budget bill. Prior to the 2019 session, the Tobacco 21 bill had not received a single legislative hearing. In 2019, it cleared committees in both chambers and was in play until the end of session.

At the local level a number of cities and counties passed Tobacco 21 policies in 2019, bringing Minnesota's total number of Tobacco 21 cities and counties to 38.

Working together as part of the Minnesotans for a Smoke Free Generation, the American Lung Association in Minnesota will pursue legislation that restricts access to all flavored tobacco products, including menthol, provides long-term funding for tobacco prevention, and ensures compliance and enforcement of Tobacco 21. Since the Minnesota Legislature adjourned in May 2019, coalition members have worked with communities across Minnesota to pass local tobacco prevention policies to build momentum for statewide action.

Minnesota State Facts

Health Care Costs Due to Smoking:	$2,519,011,064
Adult Smoking Rate:	15.1%
Adult Tobacco Use Rate:	21.5%
High School Smoking Rate:	5.3%
High School Tobacco Use Rate:	26.4%
Middle School Smoking Rate:	2.4%
Smoking Attributable Deaths:	5,910

Adult smoking and tobacco use data come from CDC's 2018 Behavioral Risk Factor Surveillance System. High school (11th grade only) and middle school (8th grade only) smoking rates are taken from the 2019 Minnesota Student Survey. High school tobacco use rates are taken from the 2017 Youth Tobacco Survey. High school tobacco use includes cigarettes, cigars, smokeless tobacco, and electronic vapor products, as well as hookah, pipes, snus, and bidis, making it incomparable to other states.

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
(218) 726-4723
www.lung.org/minnesota

Mississippi Report Card

AMERICAN LUNG ASSOCIATION. | STATE OF TOBACCO CONTROL 2020

MISSISSIPPI

Tobacco Prevention and Control Program Funding: F

FY2020 State Funding for Tobacco Control Programs:	$8,440,000
FY2020 Federal Funding for State Tobacco Control Programs:	$1,785,924*
FY2020 Total Funding for State Tobacco Control Programs:	$10,225,924
CDC Best Practices State Spending Recommendation:	$36,500,000
Percentage of CDC Recommended Level:	28.0%
State Tobacco-Related Revenue:	$254,400,000

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

Note: The Mississippi Legislature appropriated $20 million to the Mississippi State Department of Health, Office of Tobacco Control; however, only $8,440,000 is allocated for tobacco prevention and control activities. The Office of Tobacco Control is mandated by law to distribute funding to other agencies. The total funding amount above includes the activities of the Mississippi State Department of Health Office of Tobacco Control, Attorney General's Office of Alcohol and Tobacco Enforcement Unit, and the University of Mississippi Medical Center, A Comprehensive Tobacco Center.

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**

E-Cigarettes Included: **No**

Penalties: **Yes**

Enforcement: **Yes**

Preemption/Local Opt-Out: **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 30.9% 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 e-cigarettes: **Equalized: N/A; Weight-Based: N/A**

For more information on tobacco taxes, go to: www.lung.org/slati

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: **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: **$2.20; the median investment per smoker is $2.14**

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 specific sources.

Minimum Age: F

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

Mississippi State Highlights:

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 calls for the following actions to be taken by Mississippi's elected officials:

1. Increase funding for the Mississippi tobacco control prevention and cessation program;
2. Ensure smokefree protections for all workers and residents with the passage of a comprehensive statewide smokefree law; and
3. Increase Mississippi's cigarette tax by $1.50 per pack.

Members of the Mississippi Legislature once again failed to consider legislation that would prohibit smoking in all public places, workplaces and casinos during the 2019 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 83, the Mississippi Smoke-free Air Act of 2019, was introduced, but did not garner the support needed for momentum through the policy process.

Numerous bills, including two Senate bills and one House bill, were introduced to increase the price of cigarettes by at least $1.00. Additionally, bills were filed to raise the minimum legal sales age of tobacco products to 21 years old. While there was continued interest in increasing the price of tobacco products, these bills were unable to move prior to the legislative deadlines. 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 quit smoking programs statewide.

There continues to be significant support in local municipalities for public health protections from secondhand smoke as evidenced by a total of 163 cities and 5 counties adopting comprehensive smokefree ordinances. This accounts for approximately 35 percent of Mississippians being protected by smokefree policies.

In 2020, the American Lung Association in Mississippi will continue to advocate on the benefits of tobacco control policies, including the need to protect all workers by passing a comprehensive smokefree air law. 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 will also 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:	20.5%
Adult Tobacco Use Rate:	30.1%
High School Smoking Rate:	7.2%
High School Tobacco Use Rate:	37.6%
Middle School Smoking Rate:	1.5%
Smoking Attributable Deaths:	5,410

Adult smoking and tobacco use data come from CDC's 2018 Behavioral Risk Factor Surveillance System. High school and middle school smoking rates are taken from the 2017 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 2020

MISSOURI

Tobacco Prevention and Control Program Funding: F

FY2020 State Funding for Tobacco Control Programs:	$171,582
FY2020 Federal Funding for State Tobacco Control Programs:	$2,024,207*
FY2020 Total Funding for State Tobacco Control Programs:	$2,195,789
CDC Best Practices State Spending Recommendation:	$72,900,000
Percentage of CDC Recommended Level:	3.0%
State Tobacco-Related Revenue:	$262,100,000

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

Note: The FY2020 reported Missouri state tobacco control funding is larger than previous years. This is due to additional allocated money not known about in previous years being identified, not an increase in funding.

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**

E-Cigarettes Included: **No**

Penalties: **Yes**

Enforcement: **Yes**

Preemption/Local Opt-Out: **No**

Citation: MO. REV. STAT. §§ 191.765 to 191.777 (1992).

Note: 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 29.2% 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 e-cigarettes: **Equalized: N/A; Weight-Based: N/A**

For more information on tobacco taxes, go to: www.lung.org/slati

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: **All 7 medications are covered**

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

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

Medicaid Expansion: **No**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

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

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

STATE QUITLINE:

Investment per Smoker: **$0.53; the median investment per smoker is $2.14**

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 specific sources.

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:

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 calls for the following actions to be taken by Missouri's elected officials:

1. Increase funding for tobacco prevention and cessation efforts; and
2. Pass comprehensive smokefree laws and policies on the statewide and local levels.

The American Lung Association in Missouri advocates for evidence-based policies to reduce tobacco use and exposure to secondhand among adults and youth at both the local level and statewide levels. This includes providing technical assistance and training for communities and elected officials interested in reducing tobacco usage in Missouri.

While the 2019 state legislative session was quiet with little action on tobacco control policies to speak of, there was momentum on the local level on laws to increase the tobacco sales age to 21 and smokefree policies. In March 2019, Eldon passed a comprehensive Tobacco 21 policy. Hallsville joined the ever-growing list of Tobacco 21 policies in April, and in May Smithville joined that list. Springfield passed a comprehensive Tobacco 21 policy in July bringing the total of Missouri's population covered by Tobacco 21 laws to more than 43 percent. The Lung Association and partners continue to work at the local level to advocate for smokefree policies. The city of Monett passed a comprehensive smokefree policy in September 2019.

In October 2019, Missouri Gov. Mike Parson announced an executive order to direct the Department of Health and Senior Services, the Department of Secondary and Elementary Education and the Department of Public Safety to develop a public awareness campaign to help educate the youth about the dangers of e-cigarettes. The Lung Association commended the governor for taking action to help prevent youth e-cigarette use and looks forward to working with the departments and legislators on this campaign.

The Lung Association and partners from across Missouri participated in a three-part program sustainability assessment and planning training designed to increase the sustainability capacity of Missouri's state tobacco control efforts. The training was offered through the Centers for Disease Control and Prevention's Office on Smoking and Health in partnership with the Center for Public Health Systems Science at Washington University in St. Louis. It offers support to improve the capacity for Missouri's tobacco control efforts through working with other community-based stakeholders and partners to promote and sustain ongoing commitment and resources for tobacco control. From this training the "Missouri Tobacco Control Network" was formed and a training was held in August 2019.

During the 2020 legislative session, the American Lung Association in Missouri will continue to focus on lung health and work with public health partners to increase funding for tobacco control efforts in Missouri. The Lung Association will also look to pass local or state laws to provide comprehensive protections from secondhand smoke in public places and workplaces.

Missouri State Facts

Health Care Costs Due to Smoking:	$3,032,471,478
Adult Smoking Rate:	19.4%
Adult Tobacco Use Rate:	29.1%
High School Smoking Rate:	9.2%
High School Tobacco Use Rate:	20.8%
Middle School Smoking Rate:	3.5%
Smoking Attributable Deaths:	10,970

Adult smoking and tobacco use data come from CDC's 2018 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use data come from the 2017 Youth Risk Behavior Surveillance System. Middle school smoking rate is taken from the 2017 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

Montana Report Card

AMERICAN LUNG ASSOCIATION. | STATE OF TOBACCO CONTROL 2020

MONTANA

Tobacco Prevention and Control Program Funding: F

FY2020 State Funding for Tobacco Control Programs:	$4,737,317
FY2020 Federal Funding for State Tobacco Control Programs:	$1,165,657*
FY2020 Total Funding for State Tobacco Control Programs:	$5,902,974
CDC Best Practices State Spending Recommendation:	$14,600,000
Percentage of CDC Recommended Level:	40.4%
State Tobacco-Related Revenue:	$109,200,000

*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: 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**

E-Cigarettes Included: **No**

Penalties: **Yes**

Enforcement: **Yes**

Preemption/Local Opt-Out: **No**

Citation: MONT. CODE ANN. §§ 50-40-101 et seq. (2019).

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 e-cigarettes: **Equalized: N/A; Weight-Based: N/A**

For more information on tobacco taxes, go to: www.lung.org/slati

Access to Cessation Services: I*

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: **All 3 types of counseling are covered**

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

STATE QUITLINE:

Investment per Smoker: **Data Not Available; the median investment per smoker is $2.14**

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 specific sources.

*Montana earns an I for incomplete in this category because information on investment per smoker in the state quitline was not available when this report went to press.

Minimum Age: F

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

Montana State Highlights:

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 calls for the following actions to be taken by Montana's elected officials:

1. Defend funding for Montana's Tobacco Use Prevention Program;
2. Defend Montana's smokefree workplace laws; and
3. Raise tobacco taxes by significant amounts.

During the 2019 legislative session, Representative Mary Ann Dunwell introduced House Bill 312 to restrict the sale of flavored tobacco products, inclusive of electronic cigarettes, to adult-only establishments. The legislation would have required stores to keep all electronic smoking devices behind the counter. A later compromise amended the legislation to allow the sale of flavored electronic cigarettes with the provision they are placed beyond the counter. Despite the compromise, the bill died in the Business and Labor Committee.

House Bill 413 was enacted by the legislature and signed into law. It restricts the use of a vapor product or alternative nicotine product in public school buildings and on public school propriety.

Several other tobacco policy bills were introduced but failed to pass the legislature:

- Senate Bill 96 would have put in place a tax on electronic cigarettes at the same rate as other tobacco products;
- Senate Bill 122 would have included vaping devices in Montana's Clean Indoor Act; and
- Senate Bill 122 would have added electronic smoking devices to Montana's Clean Indoor Air Act.

In October 2019, Governor Steve Bullock enacted a 120-day restriction of the sale of flavored vaping products in response to the proliferation of vaping among Montana's teens. Before the restriction could go into effect, a temporary restraining order was put into place. The Lung Association will work with stakeholders in the 2021 session to restrict flavors.

The Montana Legislature meets every other year (during odd-numbered years); so, there will be no legislative session in 2020. The American Lung Association in Montana will continue support of evidence-based policies to reduce tobacco use in Montana.

Montana State Facts

Health Care Costs Due to Smoking:	$440,465,233
Adult Smoking Rate:	18.0%
Adult Tobacco Use Rate:	26.3%
High School Smoking Rate:	12.1%
High School Tobacco Use Rate:	32.7%
Middle School Smoking Rate:	6.2%
Smoking Attributable Deaths:	1,570

Adult smoking and tobacco use data come from CDC's 2018 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use data are taken from the 2017 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

Nebraska Report Card

AMERICAN LUNG ASSOCIATION. | STATE OF TOBACCO CONTROL 2020

NEBRASKA

Tobacco Prevention and Control Program Funding: F

FY2020 State Funding for Tobacco Control Programs:	$2,570,000
FY2020 Federal Funding for State Tobacco Control Programs:	$1,043,965*
FY2020 Total Funding for State Tobacco Control Programs:	$3,613,965
CDC Best Practices State Spending Recommendation:	$20,800,000
Percentage of CDC Recommended Level:	17.4%
State Tobacco-Related Revenue:	$101,300,000

*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 (allowed in cigar shops)**

Casinos/Gaming Establishments: **Prohibited**

Retail Stores: **Prohibited**

Recreational/Cultural Facilities: **Prohibited**

E-Cigarettes Included: **No**

Penalties: **Yes**

Enforcement: **Yes**

Preemption/Local Opt-Out: **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 e-cigarettes: **Equalized: N/A; Weight-Based: N/A**

For more information on tobacco taxes, go to: www.lung.org/slati

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 coverage**

Medicaid Expansion: **Yes**

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: **$1.90; the median investment per smoker is $2.14**

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 specific sources.

Minimum Age: F

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

Nebraska State Highlights:

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 calls for the following actions to be taken by Nebraska's elected officials:

1. Increase funding for the state tobacco control program; and
2. Increase tobacco taxes by a $1.00 per pack or more.

The American Lung Association in Nebraska and partner organizations sponsored a joint lobby day during the 2019 legislative session to educate Senators on the importance of increased tobacco taxes. The Lung Association also partnered with local and state organizations to support a minimum $1.00 per pack tobacco tax increase. Unfortunately, none of the tax bills advanced during the 2019 legislative session.

Legislative Bill 149 was signed into law on May 30, 2019. The bill raised the age of sale for tobacco products, including e-cigarettes to 19 falling short of the hoped for increase to age 21, which would have had a bigger impact on youth tobacco use. The bill was initially introduced by Sen. Dan Quick as a bill to raise the age of sale for just e-cigarettes to 21, but the age was lowered in committee and it was expanded to cover all tobacco products.

Funding for the state's tobacco control program remained at about the same level, $2.57 million, in the fiscal year 2020 budget as the previous year. Funding has been sustained at this level for many years, which is important, but the amount still falls quite a bit short of the Centers for Disease Control and Prevention-recommended level for the state.

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 2020 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.

Nebraska State Facts

Health Care Costs Due to Smoking:	$795,185,324
Adult Smoking Rate:	16.0%
Adult Tobacco Use Rate:	22.7%
High School Smoking Rate:	7.2%
High School Tobacco Use Rate:	16.1%
Middle School Smoking Rate:	N/A
Smoking Attributable Deaths:	2,510

Adult smoking and tobacco use data come from CDC's 2018 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use rates are taken from the 2017 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

Nevada Report Card

AMERICAN LUNG ASSOCIATION. | STATE OF TOBACCO CONTROL 2020

NEVADA

Tobacco Prevention and Control Program Funding: F

FY2020 State Funding for Tobacco Control Programs:	$3,450,000
FY2020 Federal Funding for State Tobacco Control Programs:	$929,319*
FY2020 Total Funding for State Tobacco Control Programs:	$4,379,319
CDC Best Practices State Spending Recommendation:	$30,000,000
Percentage of CDC Recommended Level:	14.6%
State Tobacco-Related Revenue:	$235,600,000

*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 up for Nevada for increasing funding for its state tobacco control program by $2.5 million this fiscal year.

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**

E-Cigarettes Included: **Yes**

Penalties: **Yes**

Enforcement: **Yes**

Preemption/Local Opt-Out: **No**

Citation: NEV. REV. STAT. § 202.2483 (2019).

*Smoking is allowed on casinos floors but is 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 e-cigarettes: **Equalized: No; Weight-Based: No**

For more information on tobacco taxes, go to: www.lung.org/slati

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: **Limited 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: **$1.00; the median investment per smoker is $2.14**

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 specific sources.

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 calls for the following actions to be taken by Nevada's elected officials:

1. Protect and expand the Nevada Clean Indoor Air Act; and
2. Increase funding for the state's tobacco prevention and control program.

The American Lung Association in Nevada along with partners from the Nevada Tobacco Prevention Coalition continued to lead state efforts to prevent and reduce tobacco use in 2019. 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.

2019 was an active year for tobacco control legislation in Nevada. During the 2019 legislative session, the American Lung Association in Nevada along with our partners passed a bill that taxes e-cigarettes at the same 30 percent of the wholesale price rate as all other tobacco products. The revenue from the tax will be distributed between local health districts and the Department of Health and Human Services. The same bill also created a tobacco retailer license for retailers who sell e-cigarette products. Other bills that passed added e-cigarettes to Nevada's statewide smoking restrictions and established a license fee for retail tobacco licenses.

The Lung Association was also successful in defeating a tobacco industry-supported bill which did raise the minimum sales age for tobacco to 21 but included an exemption for military personnel among other negative changes.

Funding for the state's tobacco prevention and control program also got a much-needed boost of $5 million in the two-year state budget or $2.5 million each year. Combined with existing state funding from the tobacco Master Settlement Agreement dollars, this brings funding to $3.4 million for fiscal year 2020. While this remains far short of the Centers for Disease Control and Prevention (CDC)-recommended level, this vital infusion of funding will allow the program to better address the youth e-cigarette use epidemic.

Nevada does not have a state legislative session in 2020, but 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.

Nevada State Facts

Health Care Costs Due to Smoking:	$1,080,272,434
Adult Smoking Rate:	15.7%
Adult Tobacco Use Rate:	23.1%
High School Smoking Rate:	6.4%
High School Tobacco Use Rate:	21.4%
Middle School Smoking Rate:	2.2%
Smoking Attributable Deaths:	4,050

Adult smoking and tobacco use data come from CDC's 2018 and 2017 Behavioral Risk Factor Surveillance System, respectively. High school and middle school smoking rates are taken from the 2017 Nevada Youth Risk Behavior Surveillance System. High school tobacco use rate is taken from the 2017 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 2020

NEW HAMPSHIRE

Tobacco Prevention and Control Program Funding: F

FY2020 State Funding for Tobacco Control Programs:	$360,000
FY2020 Federal Funding for State Tobacco Control Programs:	$1,815,915*
FY2020 Total Funding for State Tobacco Control Programs:	$2,175,915
CDC Best Practices State Spending Recommendation:	$16,500,000
Percentage of CDC Recommended Level:	13.2%
State Tobacco-Related Revenue:	$245,300,000

*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**

E-Cigarettes Included: **Yes**

Penalties: **Yes**

Enforcement: **Yes**

Preemption/Local Opt-Out: **Yes**

Citation: N.H. REV. STAT. ANN. §§ 155:64 to 155:78 (2009) & 178:20-a (2010).

Tobacco Taxes: F

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 e-cigarettes: **Equalized: No; Weight-Based: Yes**

For more information on tobacco taxes, go to: www.lung.org/slati

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

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

STATE QUITLINE:

Investment per Smoker: **$2.07; the median investment per smoker is $2.14**

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 specific sources.

Minimum Age: F

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

New Hampshire State Highlights:

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 calls for the following actions to be taken by New Hampshire's elected officials:

1. Enact legislation restricting the sale of all flavored tobacco products;
2. Correct the industry-led, inadequate taxation rate adopted on e-cigarettes during the 2019 budget process; and
3. Increase funding for the tobacco control program to the U.S. Centers for Disease Control and Prevention (CDC) recommended level.

The 2019 session of the New Hampshire legislature yielded mixed results. One significant positive outcome was the passage of legislation that treats e-cigarettes like other tobacco products now prohibiting their use in the same public places and workplaces where traditional combustible tobacco products cannot be used. Additionally, now all e-cigarette retailers in the state will have to be licensed. Despite these two gains, the New Hampshire legislature also weakened two evidence-based proposals that were being considered and rendered them ineffective in the final legislation passed.

At the beginning of the legislative session, Governor Sununu proposed equalizing the tax on electronic cigarettes to the rate used on other tobacco products, however, the legislature instead enacted an industry proposed inadequate tax rate that will do little to increase the price of these products and deter youth initiation. Lastly, after a year and half of progress on enacting local Tobacco 21 ordinances and movement on a statewide bill, the budget conference committee enacted a half-measure raising the retail sales age of tobacco products to 19. This did not accomplish the goal of Tobacco 21 policies which is to keep these products out of high school and thereby reduce youth access and initiation.

The American Lung Association in New Hampshire will continue to work with our coalition partners including the Tobacco Free New Hampshire Network, New Hampshire Public Health Association, the American Heart Association, Breathe New Hampshire, American Cancer Society-Cancer Action Network and others to advance tobacco control and prevention efforts. As the legislature begins its work in 2020, 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.

New Hampsire State Facts

Health Care Costs Due to Smoking:	$728,895,693
Adult Smoking Rate:	15.6%
Adult Tobacco Use Rate:	19.8%
High School Smoking Rate:	7.8%
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 2018 Behavioral Risk Factor Surveillance System. High school smoking rate is taken from the 2017 and 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 New Hampshire
(603) 410-5108
www.lung.org/newhampshire

New Jersey Report Card

AMERICAN LUNG ASSOCIATION. | STATE OF TOBACCO CONTROL 2020

NEW JERSEY

Tobacco Prevention and Control Program Funding: F

FY2020 State Funding for Tobacco Control Programs:	$7,164,000
FY2020 Federal Funding for State Tobacco Control Programs:	$3,718,307*
FY2020 Total Funding for State Tobacco Control Programs:	$10,882,307
CDC Best Practices State Spending Recommendation:	$103,300,000
Percentage of CDC Recommended Level:	10.5%
State Tobacco-Related Revenue:	$879,400,000

*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 (allowed in cigar bars/lounges)**

Casinos/Gaming Establishments: **Restricted***

Retail Stores: **Prohibited**

Recreational/Cultural Facilities: **Prohibited**

E-Cigarettes Included: **Yes**

Penalties: **Yes**

Enforcement: **Yes**

Preemption/Local Opt-Out: **No**

Citation: N.J. STAT. ANN. §§ 26:3D-55 to 26:3D-64 (2012).

*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: F

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 e-cigarettes: **Equalized: No; Weight-Based: Yes**

For more information on tobacco taxes, go to: www.lung.org/slati

Access to Cessation Services: F*

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **Most medications are covered**

Counseling: **Data Not Reported**

Barriers to Coverage: **Data Not Reported**

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: **Data Not Reported; the median investment per smoker is $2.14**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **Yes**

Tobacco Surcharge: **Prohibits tobacco surcharges**

Citation: See New Jersey Tobacco Cessation Coverage page for specific sources.

*New Jersey has earned an F in Access to Cessation Services for failing to provide data for several areas of this grade after multiple requests. They earned a "B" grade in this category in last year's report when all requested information was provided.

Minimum Age: A

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

New Jersey State Highlights:

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 calls for the following actions to be taken by New Jersey's elected officials:

1. Pass a significant increase in the tax on cigarettes;
2. Fund tobacco prevention and cessation programs at the Centers for Disease Control and Prevention (CDC)-recommended level; and
3. Pass comprehensive flavored tobacco legislation.

2019 saw continued forward progress on tobacco control policies. State funding for the tobacco prevention and cessation program remained about the same as the previous fiscal year in 2019 at close to $7.2 million. While this remains far short of the CDC-recommended level for the state, it is an improvement from 2010 to 2017 when zero dollars in state funding were allocated. Funding comes from a small dedication of cigarette tax revenues as a result of a law passed during 2017.

In 2018, New Jersey established a 10 cents per milliliter tax on liquid nicotine and then in 2019 legislation passed that establishes a separate 10 percent of the retail price tax on container e-liquid. Unfortunately, neither tax matches the 30 percent of the wholesale price tax on most other tobacco products, let alone the state's $2.70 per pack cigarette tax. The cigarette tax has also been stuck at the same level for many years and is overdue for a significant increase of a $1.00 per pack or more. Taxes on all tobacco products, including e-cigarettes should be set at an equivalent rate to the new cigarette tax.

New Jersey's smokefree air law protects workers in almost all public places and workplaces from exposure to secondhand smoke, but one big exemption for the state's casinos remains in the law. There is a bill introduced in the legislature that would close the loophole, and the Lung Association hopes the legislature will take on this issue.

Flavored tobacco products were a hot topic during the fall of 2019, and several bills were passed out of committee that would prohibit some or all flavored tobacco products to be sold in the state. The Lung Association is encouraging the legislature to take its time, so that a comprehensive bill that covers all flavored tobacco products can be passed.

The American Lung Association in New Jersey will continue to work with the Murphy Administration and the legislature to push forward on the ongoing fight against tobacco. The Lung Association will be pushing a significant increase in the cigarette tax, looking for opportunities to increase tobacco control funding, closing the remaining loophole in the smokefree law and pushing the legislature to pass a flavored tobacco product bill that covers all flavors and all products.

New Jersey State Facts

Health Care Costs Due to Smoking:	$4,065,531,641
Adult Smoking Rate:	13.1%
Adult Tobacco Use Rate:	17.2%
High School Smoking Rate:	4.7%
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 2018 and 2017 Behavioral Risk Factor Surveillance System, respectively. High school smoking data come from the 2017 Youth Tobacco Survey. A current high school tobacco use rate is not available for this state. 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 New Jersey
(610) 268-9788
www.lung.org/newjersey

New Mexico Report Card

AMERICAN LUNG ASSOCIATION. | STATE OF TOBACCO CONTROL 2020

NEW MEXICO

Tobacco Prevention and Control Program Funding: F

FY2020 State Funding for Tobacco Control Programs:	$5,488,699
FY2020 Federal Funding for State Tobacco Control Programs:	$978,084*
FY2020 Total Funding for State Tobacco Control Programs:	$6,466,783
CDC Best Practices State Spending Recommendation:	$22,800,000
Percentage of CDC Recommended Level:	28.4%
State Tobacco-Related Revenue:	$143,300,000

*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: 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: **No provision**

Retail Stores: **Prohibited**

Recreational/Cultural Facilities: **Prohibited**

E-Cigarettes Included: **Yes**

Penalties: **Yes**

Enforcement: **Yes**

Preemption/Local Opt-Out: **No**

Citation: N.M. STAT. ANN. §§ 24-16-1 et seq. (2019).

Thumbs up for New Mexico for closing several loopholes and adding e-cigarettes to its smokefree law.

Tobacco Taxes: D

CIGARETTE TAX:

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

*On July 1, 2019, the cigarette tax increased from $1.66 to $2.00 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: No**

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

Tax on e-cigarettes: **Equalized: No; Weight-Based: No**

For more information on tobacco taxes, go to: www.lung.org/slati

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: **Some medications are covered**

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

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

STATE QUITLINE:

Investment per Smoker: **$6.04; the median investment per smoker is $2.14**

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 specific sources.

Minimum Age: F

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

New Mexico State Highlights:

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 calls for the following actions to be taken by New Mexico's elected officials:

1. Maintain or increase funding for state's tobacco prevention and control program;
2. Pass statewide licensing of tobacco product, including e-cigarette retailers; and
3. Remove statewide preemption for tobacco product sales laws.

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 Lung Association works to ensure tobacco control and prevention remains a priority for state legislators and local decision makers.

In 2019, the Lung Association's 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 an effort 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 $43 million in new revenue for the state of New Mexico. Instead, the cigarette tax was increased by only 34 cents per pack, too small an amount to impact public health, and two different e-cigarette taxes were established on e-liquid and closed system cartridges.

The American Lung Association also supported Senate Bill 339 which would require the Health and Human Services Department to create rules covering all tobacco cessation medications approved by FDA under the state Medicaid program. The bill passed the Senate, but, unfortunately, ran out of time before being heard on the House Floor.

On a more positive note, the Lung Association was successful in adding electronic smoking devices into the Dee Johnson Clean Indoor Air Act and removing several existing exemptions. Additionally, funding for the New Mexico Tobacco Use Prevention and Control program was maintained at $5.68 million in fiscal year 2020, about the same level as last year.

Moving forward in 2020, 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, since the federal age of sale for tobacco products is now age 21, the Lung Association will be working to ensure compliance and enforcement of the new federal law by working on tobacco retailer licensure.

New Mexico State Facts

Health Care Costs Due to Smoking:	$843,869,235
Adult Smoking Rate:	15.2%
Adult Tobacco Use Rate:	22.5%
High School Smoking Rate:	10.6%
High School Tobacco Use Rate:	31.9%
Middle School Smoking Rate:	4.3%
Smoking Attributable Deaths:	2,630

Adult smoking and tobacco use data come from CDC's 2018 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use data come from the 2017 Youth Risk Behavior Surveillance System. Middle school smoking rate is taken from the 2017 New Mexico Youth Risk and Resiliency 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 Mexico
(505) 265-0732
www.lung.org/newmexico

New York Report Card

AMERICAN LUNG ASSOCIATION. | STATE OF TOBACCO CONTROL 2020

NEW YORK

Tobacco Prevention and Control Program Funding: F

FY2020 State Funding for Tobacco Control Programs:	$39,769,600
FY2020 Federal Funding for State Tobacco Control Programs:	$2,571,022*
FY2020 Total Funding for State Tobacco Control Programs:	$42,340,622
CDC Best Practices State Spending Recommendation:	$203,000,000
Percentage of CDC Recommended Level:	20.9%
State Tobacco-Related Revenue:	$1,968,300,000

*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 (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**

E-Cigarettes Included: **Yes**

Penalties: **Yes**

Enforcement: **Yes**

Preemption/Local Opt-Out: **No**

Citation: N.Y. [PUB. HEALTH] LAW §§ 1399-n to 1399-x (2015).

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 e-cigarettes: **Equalized: No; Weight-Based: No**

For more information on tobacco taxes, go to: www.lung.org/slati

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: **Limited barriers exist to access care**

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **Minimal medications are covered**

Counseling: **Minimal counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$2.65; the median investment per smoker is $2.14**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **Insurance commissioner guidance**

Tobacco Surcharge: **Prohibits tobacco surcharges**

Citation: See New York Tobacco Cessation Coverage page for specific sources.

Minimum Age: A

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

Thumbs up for New York for increasing its tobacco sales age to 21.

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 calls for the following actions to be taken by New York's elected officials:

1. Prohibit the sale of all flavored tobacco products;
2. Increase funding to New York's Tobacco Control Program; and
3. Increase tobacco taxes by significant amounts.

In 2019, New York made some significant progress on the tobacco use prevention front. The year began with promise and frustration. In January, Governor Cuomo's proposed executive budget included Tobacco 21, language that would prohibit the sale of tobacco products in pharmacies; flavored tobacco restrictions; prohibiting the use of coupons, vouchers or rebates which would discount the price of any tobacco product, including e-cigarettes; a tobacco display prohibition; the licensing of e-cigarette retailers; and a tax on e-cigarettes. Ultimately, the enacted fiscal year 2020 budget passed into law the tax on e-cigarettes and the licensing of e-cigarette retailers.

By 2019, after significant progress at the local level, more than 75 percent of New Yorkers were covered by local laws increasing the tobacco sales age to 21. While Tobacco 21 was not included in the enacted budget, Tobacco 21 legislation ultimately passed both houses and was signed into law. New York now prohibits the sale of tobacco products to those under age 21.

The American Lung Association in New York is making progress with prohibiting the sale of all flavored tobacco products. On the local level, New York City, Albany County, Westchester County and Nassau County have all introduced legislation that prohibits some or all flavored tobacco products. The town of Manheim in Herkimer County passed a local ordinance that restricts all flavored tobacco products and the City of Yonkers restricts the sale of all flavored e-cigarettes.

The Lung Association is highly concerned that New York is seeing the first increase in openness to smoking observed in this decade. The openness to using e-cigarettes is not only higher than openness to smoking conventional cigarettes among high school youth, but it has increased from 23.7 percent in 2014 to 31 percent in 2018, a statistically significant increase.

It is imperative that in 2020 New York begin to counter the stagnation of funding that has plagued the tobacco control program for a number of years. Lack of funding has had a direct impact on two critical areas: decreasing the disparities in tobacco use that continue to exist across the state and protecting youth from e-cigarette use and a lifetime of nicotine addiction. Ending the sale of flavored tobacco products is critical for prevention and addressing the youth e-cigarette epidemic. In 2020, the American Lung Association in New York hopes to see more counties take the initiative to pass laws to remove flavored tobacco products on the local level while we work with our partners to advance statewide legislation.

New York State Facts

Health Care Costs Due to Smoking:	$10,389,849,268
Adult Smoking Rate:	12.8%
Adult Tobacco Use Rate:	17.5%
High School Smoking Rate:	5.5%
High School Tobacco Use Rate:	19.3%
Middle School Smoking Rate:	1.2%
Smoking Attributable Deaths:	28,170

Adult smoking and tobacco use data come from CDC's 2018 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use rates are taken from the 2017 Youth Risk Behavior Surveillance System. 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 2020

NORTH CAROLINA

Tobacco Prevention and Control Program Funding: F

FY2020 State Funding for Tobacco Control Programs:	$2,150,000
FY2020 Federal Funding for State Tobacco Control Programs:	$3,222,165*
FY2020 Total Funding for State Tobacco Control Programs:	$5,372,165
CDC Best Practices State Spending Recommendation:	$99,300,000
Percentage of CDC Recommended Level:	5.4%
State Tobacco-Related Revenue:	$455,700,000

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

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**

E-Cigarettes Included: **No**

Penalties: **Yes**

Enforcement: **Yes**

Preemption/Local Opt-Out: **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 e-cigarettes: **Equalized: No; Weight-Based: Yes**

For more information on tobacco taxes, go to: www.lung.org/slati

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: **Some barriers exist to access coverage**

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 coverage**

STATE QUITLINE:

Investment per Smoker: **$1.76; the median investment per smoker is $2.14**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

Tobacco Surcharge: **Limits tobacco surcharges**

Citation: See North Carolina Tobacco Cessation Coverage page for specific sources.

Minimum Age: F

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

North Carolina State Highlights:

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 calls for the following actions to be taken by North Carolina's elected officials:

1. Restore funding for tobacco use prevention and cessation programs, including QuitlineNC;
2. Raise the state cigarette tax to the national average of $1.81 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.

North Carolina experienced an epidemic rise in high school e-cigarette use according to the 2017 North Carolina Youth Tobacco Survey. The report noted a staggering increase in use of 894 percent from 2011 to 2017. Stepping forward to address this alarming trend, the North Carolina Division of Public Health introduced an evidence-based social marketing campaign directed at teens and young adults. The campaign targeted a "country" peer crowd, who are at risk for using e-cigarettes as well as cigarettes and smokeless tobacco. Results showed those who identified with the Country Teen Peer Crowd messages were more likely to be aware of the campaign than non-country teens, they liked the campaign ads (74%), and found them believable (78-79%) and impactful (79-81%). Country Teens aware of the campaign were more likely to report attempting to quit tobacco compared with Country Teens unaware of the campaign. Also, in May of 2019, State Attorney General Josh Stein filed a lawsuit against JUUL for designing, marketing, and selling its e-cigarettes to attract young people and for misrepresenting the potency and danger of nicotine in its products. North Carolina was the first state to take legal action against JUUL. These actions demonstrate what can be done when leadership and resources are at hand.

As part of the North Carolina Alliance for Health, the American Lung Association in North Carolina and tobacco control partners have advocated for increases in funding for the Tobacco Prevention and Control Branch of the North Carolina Division of Public Health. Funding levels are far less than the $17.3 million the tobacco use prevention and cessation programs received in 2011 and before, and even further from the levels recommended by the Centers for Disease Control and Prevention.

Without passage of the fiscal year 2020 North Carolina budget, the state tobacco program has only $2,150,000 in state funds to meet the challenges ahead. The Lung Association warns we risk losing future generations to tobacco-caused diseases as the result of e-cigarettes and other vaping products. More funding is critical to meet this emerging public health crisis.

In 2020, the American Lung Association in North Carolina will continue to partner with the North Carolina Alliance for Health to increase state tobacco prevention program funding, defend against any attempts to weaken the smokefree restaurants and bars law and increase the excise tax on all tobacco products including electronic cigarettes.

North Carolina State Facts

Health Care Costs Due to Smoking:	$3,809,676,476
Adult Smoking Rate:	17.4%
Adult Tobacco Use Rate:	27.1%
High School Smoking Rate:	8.9%
High School Tobacco Use Rate:	28.8%
Middle School Smoking Rate:	2.5%
Smoking Attributable Deaths:	14,220

Adult smoking and tobacco use data come from CDC's 2018 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use and middle school smoking rates are taken from the 2017 Youth Tobacco Survey. High school tobacco use includes cigarettes, cigars, smokeless tobacco, and electronic vapor products, as well as pipes, bidis, roll-your-own cigarettes, hookah, snus, dissolvable tobacco products, and clove cigars, making it incomparable to other states.

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 Dakota Report Card

AMERICAN LUNG ASSOCIATION. | STATE OF TOBACCO CONTROL 2020

NORTH DAKOTA

Tobacco Prevention and Control Program Funding: C

FY2020 State Funding for Tobacco Control Programs:	$5,441,500
FY2020 Federal Funding for State Tobacco Control Programs:	$989,397*
FY2020 Total Funding for State Tobacco Control Programs:	$6,430,897
CDC Best Practices State Spending Recommendation:	$9,800,000
Percentage of CDC Recommended Level:	65.6%
State Tobacco-Related Revenue:	$54,000,000

*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**

E-Cigarettes Included: **Yes**

Penalties: **Yes**

Enforcement: **Yes**

Preemption/Local Opt-Out: **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 e-cigarettes: **Equalized: N/A; Weight-Based: N/A**

For more information on tobacco taxes, go to: www.lung.org/slati

Thumbs down for North Dakota for having the fourth lowest 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: **Some counseling is covered**

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

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

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

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

STATE QUITLINE:

Investment per Smoker: **$0.60; the median investment per smoker is $2.14**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **Yes**

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

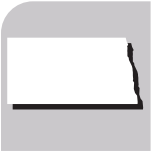
Citation: See North Dakota Tobacco Cessation Coverage page for specific sources.

Thumbs up for North Dakota for removing substantial barriers for access to tobacco cessation medications under its state Medicaid program.

Minimum Age: F

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

North Dakota State Highlights:



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 calls for the following three actions to be taken by our elected officials:

1. Raise the state tobacco tax currently at 44 cents per pack by a significant amount;
2. Ensure the compliance and enforcement of Tobacco 21; and
3. Restrict access to all flavored tobacco products.

North Dakota has the fourth lowest cigarette tax in the country at 44 cents per pack. The tax has not been raised since 1993. The Tobacco Free North Dakota coalition worked to pass a tobacco tax increase along with taxing liquid nicotine and electronic smoking devices in 2019.

One proposal on the table during the 2019 legislative session was to change the tax on cigarettes to an ad valorem percentage of wholesale price tax. One downside to this approach was it would have created bigger price gaps between premium and discount brands of cigarettes potentially leading smokers to use cheaper brands rather than quit. However, the legislature ended up passing an act to provide for a legislative management study of the issue. The study is to include the current method of taxation applied to these products, the methods of taxation applied in other states, and the fiscal impact of applying an alternative or additional method of taxation.

In 2019, coalition efforts successfully defended the strong North Dakota smokefree workplace law by defeating a bill that would allow for the indoor smoking of cigars and any premium tobacco product under certain conditions. State funding for the state's tobacco control program in the new two-year state budget passed in 2019 remained about the same as the previous two years at $5.28 million per year. This is still a substantial reduction from when the voter-approved Tobacco Prevention and Control Trust Fund still existed prior to 2017.

North Dakota does not have a legislative session in 2020. However, the American Lung Association in North Dakota will continue its work to educate both state and local decision makers about the benefits of a higher tobacco tax, ensuring the compliance and enforcement with the nationwide tobacco sales age of 21 and restricting access to flavored tobacco products.

North Dakota State Facts

Health Care Costs Due to Smoking:	$325,798,988
Adult Smoking Rate:	19.1%
Adult Tobacco Use Rate:	27.5%
High School Smoking Rate:	9.0%
High School Tobacco Use Rate:	28.8%
Middle School Smoking Rate:	2.4%
Smoking Attributable Deaths:	980

Adult smoking and tobacco use data come from CDC's 2018 Behavioral Risk Factor Surveillance System. High school and middle school smoking rates are taken from the 2017 Youth Tobacco Survey. High school tobacco use rate is taken from the 2017 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 North Dakota
(701) 223-5613
www.lung.org/northdakota

NORTH CAROLINA

Ohio Report Card

AMERICAN LUNG ASSOCIATION. | STATE OF TOBACCO CONTROL 2020

OHIO

Tobacco Prevention and Control Program Funding: F

FY2020 State Funding for Tobacco Control Programs:	$12,255,358
FY2020 Federal Funding for State Tobacco Control Programs:	$1,794,936*
FY2020 Total Funding for State Tobacco Control Programs:	$14,050,294
CDC Best Practices State Spending Recommendation:	$132,000,000
Percentage of CDC Recommended Level:	10.6%
State Tobacco-Related Revenue:	$1,270,900,000

*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: **Prohibited**

Retail Stores: **Prohibited**

Recreational/Cultural Facilities: **Prohibited**

E-Cigarettes Included: **No**

Penalties: **Yes**

Enforcement: **Yes**

Preemption/Local Opt-Out: **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 e-cigarettes: **Equalized: No; Weight-Based: Yes**

For more information on tobacco taxes, go to: www.lung.org/slati

Access to Cessation Services: D

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **All 7 medications are covered**

Counseling: **All 3 types of counseling are 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: **$1.46; the median investment per smoker is $2.14**

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 specific sources.

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: A

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

Thumbs up for Ohio for increasing its tobacco sales age to 21.

Ohio State Highlights:

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 calls for the following actions to be taken by Ohio's elected officials:

1. Match the tax on non-cigarette forms of tobacco like spit tobacco, cigars and hookah to the cigarette tax;
2. Prohibit flavorings for all tobacco products, including e-cigarettes; and
3. Increase funding for tobacco prevention and cessation programs to bring it closer to the Centers for Disease Control and Prevention's recommendation for Ohio.

In 2019, Ohio became the 18th state to enact a statewide Tobacco 21 law. This new law was proposed by Governor Mike DeWine in his 2019 budget recommendation and adopted as part of final state budget by the legislature. The Lung Association had been successful at working with coalitions that adopted local Tobacco 21 laws in a number of Ohio communities. By the time that Ohio adopted the state law in July 2019, 19 cities and counties in Ohio had already adopted local Tobacco 21 ordinances.

The state budget also established a new, separate tax on e-cigarettes. While the establishment of a tax on these products is a good thing, the tax is a low weight-based tax that may have limited impact on the use of the products.

While increasing the taxes on tobacco products was not proposed by Governor DeWine, the Lung Association will continue to work with our partners to increase the cigarette tax and to call for parity for taxes on non-cigarette forms of tobacco like spit tobacco, cigars, and e-cigarettes. 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 will also advocate for an increase in funding for tobacco control and prevention programs. While funding increased to a higher baseline under the Kasich Administration, which has continued under Governor DeWine, Ohio is currently spending just 11 percent of what is recommended by the Centers for Disease Control for a state of our size.

As we look to 2020, the American Lung Association in Ohio will continue to work with a broad coalition of stakeholders to increase funding for evidence-based tobacco prevention and cessation programs and put restrictions on the sale of flavored tobacco products.

Ohio State Facts

Health Care Costs Due to Smoking:	$5,647,310,236
Adult Smoking Rate:	20.5%
Adult Tobacco Use Rate:	28.0%
High School Smoking Rate:	7.0%
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 2018 Behavioral Risk Factor Surveillance System. High school and middle school smoking rates are taken from the 2018-2019 Ohio 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 2020

OKLAHOMA

Tobacco Prevention and Control Program Funding: D

FY2020 State Funding for Tobacco Control Programs:	$21,637,258
FY2020 Federal Funding for State Tobacco Control Programs:	$1,311,902*
FY2020 Total Funding for State Tobacco Control Programs:	$22,949,160
CDC Best Practices State Spending Recommendation:	$42,300,000
Percentage of CDC Recommended Level:	54.3%
State Tobacco-Related Revenue:	$473,900,000

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

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**

E-Cigarettes Included: **No**

Penalties: **Yes**

Enforcement: **Yes**

Preemption/Local Opt-Out: **Yes**

Citation: OKLA. STAT. ANN. tit. 21, § 1247 & tit. 63, §§ 1-1521 et seq. (2015).

Tobacco Taxes: D

CIGARETTE TAX:

Tax Rate per pack of 20: **$2.03**

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 e-cigarettes: **Equalized: N/A; Weight-Based: N/A**

For more information on tobacco taxes, go to: www.lung.org/slati

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: **Limited barriers exist to access care**

Medicaid Expansion: **No**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **Data Not Available***

Counseling: **Data Not Available***

Barriers to Coverage: **Data Not Available***

STATE QUITLINE:

Investment per Smoker: **$11.52; the median investment per smoker is $2.14**

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 specific sources.

*Data on state employee health plan coverage was unable to be obtained for Oklahoma after multiple requests. The state earned a "B" grade in this category in last year's report when all requested information was provided.

Minimum Age: F

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

Oklahoma State Highlights:

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 calls for the following actions to be taken by Oklahoma's elected officials:

1. Maintain dedicated funding for tobacco prevention and cessation programs; and
2. Pass a comprehensive statewide smokefree law that protects all workers and patrons from secondhand smoke.

During the 2019 legislative session, the American Lung Association in Oklahoma along with our partners worked on House Bill 2288, The Oklahoma Workplace Clean Air Act. Oklahoma remains one of 22 states that still does not have a comprehensive statewide smokefree law. The bill was able to make it to the House Floor but did not receive a floor vote. However, the legislation is eligible for consideration again in 2020.

Dedicated funding from the tobacco Master Settlement Agreement (MSA) for the Oklahoma Tobacco Settlement Endowment Trust (TSET) remained intact for fiscal year 2020, despite several attempts during the 2019 legislative session to divert funding. 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 2020, 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. The Lung Association will also 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:	19.7%
Adult Tobacco Use Rate:	28.6%
High School Smoking Rate:	12.5%
High School Tobacco Use Rate:	25.6%
Middle School Smoking Rate:	4.1%
Smoking Attributable Deaths:	7,490

Adult smoking and tobacco use data come from CDC's 2018 and 2017 Behavioral Risk Factor Surveillance System, respectively. High school and middle school smoking rates are taken from the 2019 Youth Risk Behavior Surveillance System. High school tobacco use rate is taken from the 2017 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 Oklahoma
(405) 748-4674
www.lung.org/oklahoma

Oregon Report Card

AMERICAN LUNG ASSOCIATION. | STATE OF TOBACCO CONTROL 2020

OREGON

Tobacco Prevention and Control Program Funding: F

FY2020 State Funding for Tobacco Control Programs:	$7,906,500
FY2020 Federal Funding for State Tobacco Control Programs:	$1,198,772*
FY2020 Total Funding for State Tobacco Control Programs:	$9,105,272
CDC Best Practices State Spending Recommendation:	$39,300,000
Percentage of CDC Recommended Level:	23.2%
State Tobacco-Related Revenue:	$338,200,000

*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: 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**

E-Cigarettes Included: **Yes**

Penalties: **Yes**

Enforcement: **Yes**

Preemption/Local Opt-Out: **No**

Citation: OR. REV. STAT. §§ 433.835 to 433.990 (2015).

Tobacco Taxes: F

CIGARETTE TAX:

Tax Rate per pack of 20: **$1.33**

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 e-cigarettes: **Equalized: Yes; Weight-Based: Yes**

For more information on tobacco taxes, go to: www.lung.org/slati

Access to Cessation Services: D

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **All 7 medications are covered**

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

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 types of counseling are covered**

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

STATE QUITLINE:

Investment per Smoker: **$0.97*; the median investment per smoker is $2.14**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **Yes**

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

Citation: See Oregon Tobacco Cessation Coverage page for specific sources.

*Investment per smoker amount does not include money contributed by Coordinated Care Organizations (CCOs) to the state quitline.

Minimum Age: A

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

Oregon State Highlights:

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 calls for the following actions to be taken by Oregon's elected officials:

1. Prohibit the sale of all flavored tobacco products, including electronic cigarettes;
2. Increase state funding for tobacco prevention and cessation programs; and
3. Defend Oregon's Clean Indoor Air Act.

During the 2019 legislative session, the American Lung Association in Oregon joined together with other tobacco prevention advocates to support increasing the cigarette tax by $2.00 per pack. Oregon's current tax is $1.33 per pack and ranks 32nd among all states. House Bill 2270 passed both the House and Senate, referring the $2.00 tobacco tax to the voters. The measure will also impose a tax on inhalant delivery systems at a rate of 65% of the wholesale price and increase the cap on cigar taxes from $0.50 to $1.00.

The $2.00 per pack cigarette tax increase is projected to raise $160 million of new revenue for Oregon. Oregon voters will cast their ballots for this measure on November 3, 2020.

Legislation to exempt cannabis lounges from Oregon's Clean Indoor Air Act did not pass.

In response to the deaths and illness from vaping, Governor Kate Brown issued a 180-day restriction on the sale of all flavored vaping products. The executive order was challenged in court and the ban on non-THC tobacco products was stayed by the court. The American Lung Association in Oregon will work to pursue a legislative solution to prohibit the sale of all flavored tobacco products.

Counties around Oregon are working proactively on policies to reduce the toll of tobacco in local communities. Multnomah County has hosted listening sessions on restricting the sale of tobacco products. Clackamas, Lane and Hood River counties are discussing tobacco retail licensing.

The American Lung Association in Oregon will continue its work with stakeholders and engaged volunteers to advocate for policies to reduce tobacco use and its health impacts on all Oregonians in 2020.

Oregon State Facts

Health Care Costs Due to Smoking:	$1,547,762,592
Adult Smoking Rate:	15.6%
Adult Tobacco Use Rate:	23.5%
High School Smoking Rate:	7.7%
High School Tobacco Use Rate:	18.9%
Middle School Smoking Rate:	3.0%
Smoking Attributable Deaths:	5,470

Adult smoking and tobacco use data come from CDC's 2018 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 2017 Oregon Healthy Teens Survey. High school tobacco use includes cigarettes, cigars, smokeless tobacco, and electronic vapor products, as well as hookah, making it incomparable to other states.

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 2020

PENNSYLVANIA

Tobacco Prevention and Control Program Funding: F

FY2020 State Funding for Tobacco Control Programs:	$15,146,000
FY2020 Federal Funding for State Tobacco Control Programs:	$2,767,838*
FY2020 Total Funding for State Tobacco Control Programs:	$17,913,838
CDC Best Practices State Spending Recommendation:	$140,000,000
Percentage of CDC Recommended Level:	12.8%
State Tobacco-Related Revenue:	$1,706,500,000

*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: D

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**

E-Cigarettes Included: **No**

Penalties: **Yes**

Enforcement: **Yes**

Preemption/Local Opt-Out: **Yes**

Citation: 35 PA. STAT §§ 637.1 to 637.11 (2008).

Tobacco Taxes: F

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 e-cigarettes: **Equalized: No; Weight-Based: No**

For more information on tobacco taxes, go to: www.lung.org/slati

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: **Some medications are covered**

Counseling: **Some counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$1.30; the median investment per smoker is $2.14**

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 specific sources.

Minimum Age: I*

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

* Pennsylvania earns an I for Incomplete grade because it has passed Tobacco 21 legislation, but it does not take effect until July 1, 2020.

Pennsylvania State Highlights:

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 calls for the following actions to be taken by Pennsylvania's elected officials:

1. Fund tobacco prevention and cessation programs at the Centers for Disease Control and Prevention (CDC)-recommended level;
2. Close loopholes in Pennsylvania's Clean Indoor Air Act and make all public places and workplaces smokefree; and
3. Create tax parity between cigarettes and other tobacco products.

The 2019 legislative session was the first year of the Pennsylvania General Assembly's two-year session. In March 2019, Senator Mario Scavello introduced Tobacco 21 legislation, which proposed increasing the age of sale for tobacco products to 21. The bill was amended and passed out of the Senate Judiciary committee, adding e-cigarettes to the definition of tobacco products, making them enforceable under Act 112 retail compliance checks. The American Lung Association in Pennsylvania supported the amended legislation and took bold action to mobilize regional and statewide advocates including youth to launch the #UpTheAge campaign. In September 2019, the Pennsylvania Senate passed this legislation 43-6. The bill then moved to the House for consideration. On November 21, 2019, the Pennsylvania House passed an amended version of Senate Bill 473. Unfortunately, during the legislative process, an amendment was added to the bill that provides an exemption for active duty military and veterans, which the Lung Association strongly opposed. The bill was also amended to include language allowing school districts to designate areas on school property where tobacco products can be used by non-students. Because of these provisions, the Lung Association withdrew support of the bill. Governor Wolf signed the bill into law on November 27, 2019. The legislation will go into effect July 1, 2020.

The 2019 legislative session brought the threat of devastating funding cuts to tobacco prevention and control programs. The Lung Association and partners initiated a comprehensive statewide effort to educate legislators and the public on the programs and their necessity in the fight to further reduce tobacco use. The Pennsylvania state budget passed and was signed by the Governor, which allocated intact funding for tobacco prevention and control programs, in the amount of $15.146 million, or 4.5 percent of distributions from the Tobacco Settlement Fund. This fund is where annual tobacco Master Settlement Agreement payments in Pennsylvania are directed to.

Other notable legislative activities include Representative Dan Frankel and Senator Mario Scavello's introduction of a co-sponsorship memorandum to close the loopholes in Pennsylvania's Clean Indoor Air Act. Representative Eddie Day Pashinki similarly introduced legislation to restrict the sales of flavored e-cigarettes in the Commonwealth.

In 2020, the American Lung Association in Pennsylvania will continue to work with our partners to educate lawmakers and the public on the ongoing fight against tobacco through proven policies such as increasing funding for tobacco prevention and control programs and removing exemptions from the state Clean Indoor Air Act.

Pennsylvania State Facts

Health Care Costs Due to Smoking:	$6,383,194,368
Adult Smoking Rate:	17.0%
Adult Tobacco Use Rate:	23.0%
High School Smoking Rate:	8.7%
High School Tobacco Use Rate:	18.7%
Middle School Smoking Rate:	1.3%
Smoking Attributable Deaths:	22,010

Adult smoking and tobacco use data come from CDC's 2018 and 2017 Behavioral Risk Factor Surveillance System, respectively. High school smoking and tobacco use data come from the 2017 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 Pennsylvania
(717) 971-1130
www.lung.org/pennsylvania

Rhode Island Report Card

AMERICAN LUNG ASSOCIATION. | STATE OF TOBACCO CONTROL 2020

RHODE ISLAND

Tobacco Prevention and Control Program Funding: F

FY2020 State Funding for Tobacco Control Programs:	$394,955
FY2020 Federal Funding for State Tobacco Control Programs:	$1,651,504*
FY2020 Total Funding for State Tobacco Control Programs:	$2,046,459
CDC Best Practices State Spending Recommendation:	$12,800,000
Percentage of CDC Recommended Level:	16.0%
State Tobacco-Related Revenue:	$196,900,000

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

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**
- E-Cigarettes Included: **Yes**
- Penalties: **Yes**
- Enforcement: **Yes**
- Preemption/Local Opt-Out: **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**

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 e-cigarettes: **Equalized: N/A; Weight-Based: N/A**

For more information on tobacco taxes, go to: www.lung.org/slati

Access to Cessation Services: C

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

- Medications: **All 7 medications are covered**
- Counseling: **All 3 types of counseling are 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: **$0.97; the median investment per smoker is $2.14**

OTHER CESSATION PROVISIONS:

- Private Insurance Mandate: **Yes**
- Tobacco Surcharge: **Prohibits tobacco surcharges**
- Citation: See Rhode Island Tobacco Cessation Coverage page for specific sources.

Minimum Age: F

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

Rhode Island State Highlights:

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 calls for the following actions to be taken by Rhode Island's elected officials:

1. Prohibit the sale of all flavored tobacco products; and
2. Fund tobacco prevention and cessation programs at the Centers for Disease Control and Prevention (CDC) recommended level; and
3. Ensure enforcement of the minimum age of sale of 21 for tobacco products.

Tobacco prevention and control legislation was not a priority for the Rhode Island State Legislature in 2019. Despite strong hearings with an outpouring of support from advocates statewide, and success in both of Rhode Island's neighboring states Massachusetts and Connecticut, state legislation to raise the minimum tobacco sales age from 18 to 21, died in committee. With all other states in New England passing or already having higher minimum ages after 2019, Rhode Island at 18 is now the lowest. Equalizing tax rates across all tobacco products including establishing a state excise tax on e-cigarettes, was eliminated from the state budget, along with hopes of increasing funding to Rhode Island's severely underfunded tobacco control program to the CDC-recommended level of $12.8 million.

Given several lawsuits against Rhode Island cities and towns in the past few years, and a noticeable halt in public policies enacted at the local level for fear of being sued, new state legislation which would give back the power to local authorities to implement and enforce strong tobacco control strategies, was necessary, timely and introduced. Strong support from local advocates and localities was garnered and capacity was built in preparation for next year.

Tobacco Free Rhode Island (TFRI), a grant funded through the Rhode Island Department of Health and administered through the American Lung Association in Rhode Island, made huge gains this year. More than 12,000 students, parents, educators, medical and public health professionals, were educated about the harms of e-cigarette use, marketing strategies, and current tobacco trends. Furthermore, through a strong partnership and funding from CVS Health, TFRI also created and implemented a smoke-free schools model policy, inclusive of e-cigarettes, that detailed enforcement best practices.

In light of the alarming youth e-cigarette epidemic, in September 2019, Governor Raimondo took strong executive action to temporarily prohibit the sale of all flavored e-cigarettes and directed state departments to explore other comprehensive policy solutions that are proven to reduce youth tobacco use rates. A vaping advisory committee was established to weigh-in on permanent regulations.

Looking ahead to 2020, the American Lung Association in Rhode Island calls on Rhode Island state legislators and policy makers now more than ever, to enact permanent regulations that prohibit the sales of all flavored tobacco products with strong enforcement and penalties to hold violators accountable and to pass a comprehensive set of tobacco control policies aimed at protecting all Rhode Islanders from a lifetime of tobacco addiction and disease.

Rhode Island State Facts

Health Care Costs Due to Smoking:	$639,604,224
Adult Smoking Rate:	14.6%
Adult Tobacco Use Rate:	18.6%
High School Smoking Rate:	4.2%
High School Tobacco Use Rate:	25.9%
Middle School Smoking Rate:	1.6%
Smoking Attributable Deaths:	1,780

Adult smoking and tobacco use data come from CDC's 2018 Behavioral Risk Factor Surveillance System. High school and middle school smoking rates are taken from the 2019 Rhode Island Youth Risk Behavior Surveillance System. High school tobacco use rate is taken from the 2017 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) 533-5179
www.lung.org/rhodeisland

South Carolina Report Card

AMERICAN LUNG ASSOCIATION. | STATE OF TOBACCO CONTROL 2020

SOUTH CAROLINA

Tobacco Prevention and Control Program Funding: F

FY2020 State Funding for Tobacco Control Programs:	$5,000,000
FY2020 Federal Funding for State Tobacco Control Programs:	$1,156,149*
FY2020 Total Funding for State Tobacco Control Programs:	$6,156,149
CDC Best Practices State Spending Recommendation:	$51,000,000
Percentage of CDC Recommended Level:	12.1%
State Tobacco-Related Revenue:	$247,100,000

*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: **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**

E-Cigarettes Included: **No**

Penalties: **Yes**

Enforcement: **Yes**

Preemption/Local Opt-Out: **No**

Citation: S.C. CODE ANN. §§ 44-95-10 et seq. (2012).

Note: 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 e-cigarettes: **Equalized: N/A; Weight-Based: N/A**

For more information on tobacco taxes, go to: www.lung.org/slati

Access to Cessation Services: B

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 coverage**

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 coverage**

STATE QUITLINE:

Investment per Smoker: **$5.02; the median investment per smoker is $2.14**

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 specific sources.

Thumbs up for South Carolina 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**

South Carolina State Highlights:

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 calls for the following actions to be taken by South Carolina's elected officials:

1. Increase the price of tobacco products to reduce tobacco use among youth and adults and equalize tax for all tobacco products including e-cigarettes;
2. Oppose all forms of preemption of state and local tobacco control authority; and
3. Maintain funding for the state's tobacco prevention program and ensure funding is spent according to Centers for Disease Control and Prevention (CDC) Best Practices.

2019 was a busy year in the South Carolina Legislature. Bills were introduced on youth access to tobacco and electronic cigarettes, increasing the age of sale, Internet sales, increasing tobacco taxes, and prohibiting local governments from enacting laws to protect kids from vaping products.

Tobacco industry supporters launched Senate Bill 492 and House Bill 3274 to prohibit local governments from passing ordinances to protect kids from tobacco and electronic cigarettes. This preemption of local authority pertained to ingredients, flavors, or licensing of cigarettes, electronic cigarettes, tobacco products, or alternative nicotine products. House Bill 3274 moved to the Senate but was denied a vote on the Senate floor by a vote of 21 to 18 in the final two days of the session. Senator Marlon Kimpson, from Charleston, led the charge to keep the bill from passing. The Lung Association and partners fought the influence of many tobacco and JUUL lobbyists. As this is a carryover session both bills are eligible for consideration again next year.

To reduce youth access to all tobacco products including e-cigarettes, legislation passed into law by Rep. Beth Bernstein sought to strengthen age verification requirements for Internet sales, prohibit persons under age 18 from entering retail establishments that primarily sell such products, require local school districts to prohibit the use of tobacco and alternative nicotine products on school campuses and at school events; and require child-resistant e-liquid containers with warning labels.

Legislative discussions highlighted the need to strengthen tobacco use policies to reduce smoking-caused disease and keep kids from beginning to smoke and vape. South Carolina is among the minority of states that does not require a license for sales of tobacco products including electronic cigarettes. It is a law that is sorely needed. The cigarette tax is $0.57 per pack (45th among all states and DC). The average state tax on a pack of cigarettes is $1.81. Electronic cigarettes should be included and taxed at the same rate as other tobacco products. The state tobacco prevention program needs additional funds to arm kids, parents and communities with information, resources and tools to fight the youth vaping epidemic.

In 2020, the American Lung Association in South Carolina will continue to advocate for policies that reduce smoking rates and prevent the loss of future generations to tobacco-caused disease.

South Carolina State Facts

Health Care Costs Due to Smoking:	$1,906,984,487
Adult Smoking Rate:	18.0%
Adult Tobacco Use Rate:	24.0%
High School Smoking Rate:	10.0%
High School Tobacco Use Rate:	21.6%
Middle School Smoking Rate:	3.2%
Smoking Attributable Deaths:	7,230

Adult smoking and tobacco use data come from CDC's 2018 and 2017 Behavioral Risk Factor Surveillance System, respectively. High school smoking and tobacco use data come from the 2017 Youth Risk Behavior Surveillance System. Middle school smoking rate is taken from the 2015 Youth Tobacco Survey. High school smoking and tobacco use data come from the 2017 Youth Risk Behavior Surveillance System. Middle school smoking rate is taken from the 2017 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 Dakota Report Card

AMERICAN LUNG ASSOCIATION. | STATE OF TOBACCO CONTROL 2020

SOUTH DAKOTA

Tobacco Prevention and Control Program Funding: F

FY2020 State Funding for Tobacco Control Programs:	$4,500,000
FY2020 Federal Funding for State Tobacco Control Programs:	$936,847*
FY2020 Total Funding for State Tobacco Control Programs:	$5,436,847
CDC Best Practices State Spending Recommendation:	$11,700,000
Percentage of CDC Recommended Level:	46.5%
State Tobacco-Related Revenue:	$78,800,000

*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**

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**

E-Cigarettes Included: **Yes**

Penalties: **Yes**

Enforcement: **Yes**

Preemption/Local Opt-Out: **Yes**

Citation: S.D. CODIFIED LAWS §§ 34-46-13 to 34-46-19 (2019).

Thumbs up for South Dakota for adding e-cigarettes to its smokefree workplace law.

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 e-cigarettes: **Equalized: N/A; Weight-Based: N/A**

For more information on tobacco taxes, go to: www.lung.org/slati

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 coverage**

Medicaid Expansion: **No**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **Covers all 7 medications**

Counseling: **Some counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$15.22; the median investment per smoker is $2.14**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

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

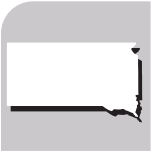
Citation: See South Dakota Tobacco Cessation Coverage page for specific sources.

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:



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 calls for the following actions to be taken by South Dakota's elected officials:

1. Increase the tax on cigarettes and other tobacco products by a $1.00 per pack or more;
2. Ensure compliance and enforcement of Tobacco 21; and
3. Fully fund South Dakota's tobacco control program at Centers for Disease Control and Prevention recommended levels.

The South Dakota Department of Health along with national, state and local partners continue to work together on the 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 clients, pregnant women, people with mental illness and substance use disorders, spit tobacco users, youth and young adults.

During the 2019 legislative session, the legislature approved a law that prohibits the use of e-cigarettes in public places where smoking is prohibited. This law strengthens the current law and protects the rights of those who live or work in South Dakota to breathe clean air, free from secondhand exposure to nicotine or other potentially harmful chemicals found in these products. It also helps ensure the enforcement of existing smoke-free laws and that the benefits to public health are not undermined.

Medicaid coverage of quit smoking treatments in South Dakota are far from comprehensive, and one of the main reasons is a state law that prevents the state Medicaid program from covering non-prescription medications. The American Lung Association in South Dakota encourages legislators to address this issue in 2020 by either repealing this antiquated state law or making an exception, so Medicaid enrollees who smoke at higher rates can gain access to a fuller range of quit smoking treatment options.

The coalition 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:	19.0%
Adult Tobacco Use Rate:	28.3%
High School Smoking Rate:	10.1%
High School Tobacco Use Rate:	30.3%
Middle School Smoking Rate:	2.0%
Smoking Attributable Deaths:	1,250

Adult smoking and tobacco use data come from CDC's 2018 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 2017 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
(218) 726-4723
www.lung.org/southdakota

Tennessee Report Card

AMERICAN LUNG ASSOCIATION. | STATE OF TOBACCO CONTROL 2020

TENNESSEE

Tobacco Prevention and Control Program Funding: F

FY2020 State Funding for Tobacco Control Programs:	$2,000,000
FY2020 Federal Funding for State Tobacco Control Programs:	$1,488,071*
FY2020 Total Funding for State Tobacco Control Programs:	$3,488,071
CDC Best Practices State Spending Recommendation:	$75,600,000
Percentage of CDC Recommended Level:	4.6%
State Tobacco-Related Revenue:	$424,000,000

*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: D

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**

E-Cigarettes Included: **No**

Penalties: **Yes**

Enforcement: **Yes**

Preemption/Local Opt-Out: **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 e-cigarettes: **Equalized: N/A; Weight-Based: N/A**

For more information on tobacco taxes, go to: www.lung.org/slati

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: **Substantial 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: **$2.34; the median investment per smoker is $2.14**

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 specific sources.

Minimum Age: F

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

Tennessee State Highlights:

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 calls for the following actions to be taken by Tennessee's elected officials:

1. Increase funding for the Tennessee Tobacco Program to $4 million and designate funding as a recurring line item in the annual budget;
2. Close loopholes in the statewide law restricting smoking; and
3. Repeal preemption of local tobacco control authority.

During the 2019 session of the Tennessee General Assembly, funding was restored at $2 million for the Tennessee Department of Health's tobacco prevention and cessation program after being zeroed out the previous year. A push is expected in 2020 to increase the funding level to $4 million and to establish it as a recurring line item in the state's annual budget.

Also, in the 2019 session, a strong bill was introduced to raise the state sales age for tobacco to 21, including e-cigarettes. The bill included meaningful enforcement provisions and was supported by the American Lung Association in Tennessee and our partner health organizations. Marking a first and significant shift in process, the legislation was referred to the Senate Health and Welfare Committee, instead of the committee on Agriculture where opposition is formidable. Plans are presently underway for another Tobacco 21 push when the 2020 session convenes.

While efforts to remove preemption of local smokefree ordinances in Tennessee have not advanced in recent years, the Lung Association and our health advocate partners will continue the effort to educate the many newly elected legislators and Administration on this important issue.

Finally, the Administration has released its first-in-the-nation draft waiver to block grant the state's Medicaid program, TennCare. Block grants, instead of matching dollars, mean federal government contributions to fund the state program are limited. This could, among other things, limit prescription drug coverage and access to tobacco cessation medications, undermining smokers' quit attempts.

A 2019 Tennessee Tobacco and Vape Poll found support for Tobacco 21 is broad and deep in the state, crossing party, ideological and demographic lines. Voters strongly support smokefree workplaces, and Tennesseans overwhelmingly back dedicated tobacco prevention funding. This, in conjunction with the many concerns that have surfaced over the health implications of e-cigarette use, will likely help create a climate more amenable to tobacco policy advances.

The American Lung Association in Tennessee will continue working with our many health coalition partners and others to grow and activate our grassroots network statewide, and to advance tobacco control and prevention initiatives at the state and local levels. As the legislature begins its work in 2020, the Lung Association will continue our efforts to educate policymakers, business leaders and media on the importance of the American Lung Association's goals to reduce all tobacco use, including e-cigarettes, and to protect public health.

Tennessee State Facts

Health Care Costs Due to Smoking:	$2,672,824,085
Adult Smoking Rate:	20.7%
Adult Tobacco Use Rate:	31.2%
High School Smoking Rate:	9.4%
High School Tobacco Use Rate:	20.3%
Middle School Smoking Rate:	N/A
Smoking Attributable Deaths:	11,380

Adult smoking and tobacco use data come from CDC's 2018 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use rates are taken from the 2017 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
(502) 363-2652
www.lung.org/tennessee

Texas Report Card

AMERICAN LUNG ASSOCIATION. | STATE OF TOBACCO CONTROL 2020

TEXAS

Tobacco Prevention and Control Program Funding: F

FY2020 State Funding for Tobacco Control Programs:	$4,671,912
FY2020 Federal Funding for State Tobacco Control Programs:	$4,460,843*
FY2020 Total Funding for State Tobacco Control Programs:	$9,132,755
CDC Best Practices State Spending Recommendation:	$264,100,000
Percentage of CDC Recommended Level:	3.5%
State Tobacco-Related Revenue:	$1,902,300,000

*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: 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**

E-Cigarettes Included: **Yes**

Penalties: **Yes**

Enforcement: **Yes**

Preemption/Local Opt-Out: **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).

Note: 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 44.9% 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 e-cigarettes: **Equalized: N/A; Weight-Based: N/A**

For more information on tobacco taxes, go to: www.lung.org/slati

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: **Minimal counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$0.77; the median investment per smoker is $2.14**

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 specific sources.

Minimum Age: C

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

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 calls for the following actions to be taken by Texas' elected officials:

1. Restore funding for tobacco prevention and cessation programs that was significantly cut in 2017;
2. Continue to pass comprehensive local smokefree ordinances to build towards a statewide smokefree law; and
3. Strengthen state laws related to tobacco retailer licensing.

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 Lung Association in Texas works to ensure tobacco control and prevention remains a priority for state legislators and local decision makers.

During the 2019 legislative session, the Lung Association along with our partners worked to support raising the minimum legal sales age for tobacco products to 21. The final bill which was signed by Governor Abbott did include a provision preempting local governments from raising the age above 21 as well as an exemption for federal or state military members. The Lung Association withdrew its support for the bill in the end due to these provisions, and the fact that there were limited resources for enforcement of the law. The Lung Association did support a measure to send to the ballot a bond to fund the Cancer Prevention and Research Institute of Texas (CPRIT) for another 10 years. The bond was approved by voters in November 2019.

Funding for tobacco prevention and cessation programs in Texas increased slightly in the two-year state budget approved by the legislature in 2019; for fiscal year 2020 it is $4.67 million vs. $4.25 million in fiscal year 2019. However, this remains well short of the over $10 million funding level prior to 2017 limiting the program's ability to address the youth e-cigarette epidemic.

The Lung Association in Texas and its partners in the Smokefree Texas coalition worked in communities around the state to pass local smokefree ordinances. Fort Worth implemented its local smokefree law in March 2019 becoming the last major city in Texas to prohibit smoking in virtually all public places and workplaces. Texas currently has 104 cities with comprehensive smokefree ordinances protecting more than 12.5 million citizens from the harmful effects of secondhand smoke.

The Texas Legislature only meets in off numbered years, so moving forward in 2020 the American Lung Association in Texas and its partners in the Smokefree Texas Coalition will continue to work in communities around the state to pass local smokefree ordinances.

Texas State Facts

Health Care Costs Due to Smoking:	$8,855,602,443
Adult Smoking Rate:	14.4%
Adult Tobacco Use Rate:	25.1%
High School Smoking Rate:	5.5%
High School Tobacco Use Rate:	22.4%
Middle School Smoking Rate:	1.8%
Smoking Attributable Deaths:	28,030

Adult smoking and tobacco use data come from CDC's 2018 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use (11th grade only) and middle school smoking (8th grade only) rates are taken from the 2018 Texas School 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 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 2020

UTAH

Tobacco Prevention and Control Program Funding: F

FY2020 State Funding for Tobacco Control Programs:	$7,026,000
FY2020 Federal Funding for State Tobacco Control Programs:	$1,173,545*
FY2020 Total Funding for State Tobacco Control Programs:	$8,199,545
CDC Best Practices State Spending Recommendation:	$19,300,000
Percentage of CDC Recommended Level:	42.5%
State Tobacco-Related Revenue:	$139,900,000

*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**

E-Cigarettes Included: **Yes**

Penalties: **Yes**

Enforcement: **Yes**

Preemption/Local Opt-Out: **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 e-cigarettes: **Equalized: N/A; Weight-Based: N/A**

For more information on tobacco taxes, go to: www.lung.org/slati

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: **Substantial 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: **$5.10; the median investment per smoker is $2.14**

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 specific sources.

Minimum Age: F

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

Utah State Highlights:

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 excise taxes on tobacco products by $1.00 per pack or more; and
3. Strengthen state laws related to tobacco retailer licensing

In 2019, the American Lung Association in Utah advocated forted lawmakers to raise the minimum age of sale for tobacco products to 21. A law was passed and signed by Governor Herbert that raises the age of sale to 21 over several years, however the law leaves in place the purchase and possession penalties on minors and extends those penalties to those who are 19 and 20. The legislation also includes preemption on increasing the age of sale above age 21, and a provision that waives penalties for purchase and possession of tobacco products for active duty military members and their spouses under 21.

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 2020. The program is funded by a combination of tobacco Master Settlement Agreement dollars and tobacco tax revenue.

Moving forward in 2020, the American Lung Association in Utah 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, the Lung Association will be working on raising the excise tax on tobacco products and seeking to strengthen tobacco retail licensing laws in the state.

Utah State Facts

Health Care Costs Due to Smoking:	$542,335,526
Adult Smoking Rate:	9.0%
Adult Tobacco Use Rate:	15.0%
High School Smoking Rate:	3.8%
High School Tobacco Use Rate:	9.7%
Middle School Smoking Rate:	N/A
Smoking Attributable Deaths:	1,340

Adult smoking and tobacco use data come from CDC's 2018 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use rates are taken from the 2017 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 Utah
(602) 429-0002
www.lung.org/utah

Vermont Report Card

AMERICAN LUNG ASSOCIATION. | STATE OF TOBACCO CONTROL 2020

VERMONT

Tobacco Prevention and Control Program Funding: F

FY2020 State Funding for Tobacco Control Programs:	$2,692,021
FY2020 Federal Funding for State Tobacco Control Programs:	$1,167,790*
FY2020 Total Funding for State Tobacco Control Programs:	$3,859,811
CDC Best Practices State Spending Recommendation:	$8,400,000
Percentage of CDC Recommended Level:	46.0%
State Tobacco-Related Revenue:	$99,800,000

*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: **N/A**

Retail Stores: **Prohibited**

Recreational/Cultural Facilities: **Prohibited**

E-Cigarettes Included: **Yes**

Penalties: **Yes**

Enforcement: **Yes**

Preemption/Local Opt-Out: **No**

Citation: VT STAT. ANN. tit. 18, §§ 28-1421 to 28-1428 & 37-1741 et seq. (2016).

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 e-cigarettes: **Equalized: Yes; Weight-Based: No**

For more information on tobacco taxes, go to: www.lung.org/slati

Thumbs up for Vermont for taxing e-cigarettes at the same rate as cigarettes/other tobacco products.

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: **Data Not Available***

Counseling: **Data Not Available***

Barriers to Coverage: **Data Not Available***

STATE QUITLINE:

Investment per Smoker: **$5.71; the median investment per smoker is $2.14**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **Yes**

Tobacco Surcharge: **Prohibits tobacco surcharges**

Citation: See Vermont Tobacco Cessation Coverage page for specific sources.

*Data on state employee health plan coverage was unable to be obtained for Vermont after multiple requests. The state earned a "B" grade in this category in last year's report when all requested information was provided.

Minimum Age: A

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

Thumbs up for Vermont for increasing the tobacco sales age to 21.

Vermont State Highlights:

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 calls for the following actions to be taken by Vermont's elected officials:

1. Prohibit the sale of all flavored tobacco products;
2. Increase funding to Vermont's tobacco control program; and
3. Minimize barriers to quit smoking treatment coverage.

The 2019 legislative session was an unprecedented year for Vermont's fight against tobacco. The renewed effort by the American Lung Association in Vermont and its partners to increase the minimum legal age of sale for tobacco products to 21 was rewarded by the bill being signed into law and Vermont becoming the 14th state to pass Tobacco 21. Vermont also extended its existing law prohibiting online sales of tobacco products to electronic cigarettes and became the first state to prohibit Internet sales of tobacco paraphernalia.

Vermont's legislature also agreed upon and passed into law a brand-new excise tax on electronic cigarettes, including associated liquids, and the delivery devices sold separately. Taxed at the rate of 92 percent of their wholesale price, all tobacco products in Vermont are now taxed at the same rate.

Unfortunately, Vermont's tobacco control program saw around a $500,000 decrease in funding for its tobacco control program in fiscal year 2020 from the previous year. This may be the result of one-time funding from last year expiring but puts Vermont that much farther away from attaining the CDC-recommended level of funding for the state.

Youth use of electronic cigarettes has become a true epidemic. Enticed by kid friendly flavors that also mask the harshness that comes with inhalation, Vermont's youth are being set up for a lifetime of nicotine addiction. The American Lung Association in Vermont will continue to work with our coalition partners to educate policy makers, business leaders and the media of the importance of having a law prohibiting flavored tobacco products. Having strong tobacco control and prevention laws in Vermont, the American Lung Association in Vermont will be working with the Department of Health and lawmakers to find ways to minimize existing barriers to tobacco cessation-related coverages and continue to advocate for tobacco control program funding to be brought up to the CDC-recommended levels.

Vermont State Facts

Health Care Costs Due to Smoking:	$348,112,248
Adult Smoking Rate:	13.7%
Adult Tobacco Use Rate:	19.5%
High School Smoking Rate:	9.3%
High School Tobacco Use Rate:	18.9%
Middle School Smoking Rate:	2.0%
Smoking Attributable Deaths:	960

Adult smoking and tobacco use data come from CDC's 2018 and 2017 Behavioral Risk Factor Surveillance System, respectively. High school smoking and tobacco use data come from the 2017 Youth Risk Behavior Surveillance System. Middle school smoking rate is taken from the 2015 Youth Tobacco Survey. High school smoking and tobacco use rates are taken from the 2017 Youth Risk Behavior Surveillance System. Middle school smoking rate is taken from the Vermont 2017 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

Virginia Report Card

AMERICAN LUNG ASSOCIATION. | STATE OF TOBACCO CONTROL 2020

VIRGINIA

Tobacco Prevention and Control Program Funding: F

FY2020 State Funding for Tobacco Control Programs:	$9,717,356
FY2020 Federal Funding for State Tobacco Control Programs:	$1,299,737*
FY2020 Total Funding for State Tobacco Control Programs:	$11,017,093
CDC Best Practices State Spending Recommendation:	$91,600,000
Percentage of CDC Recommended Level:	12.0%
State Tobacco-Related Revenue:	$299,400,000

*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: 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**

E-Cigarettes Included: **No**

Penalties: **Yes**

Enforcement: **Yes**

Preemption/Local Opt-Out: **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 e-cigarettes: **Equalized: N/A; Weight-Based: N/A**

For more information on tobacco taxes, go to: www.lung.org/slati

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: **Minimal 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: **$0.42; the median investment per smoker is $2.14**

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 specific sources.

Minimum Age: D

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

Virginia State Highlights:

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 calls for the following actions to be taken by Virginia's elected officials:

1. Strengthen the existing Tobacco 21 law by removing the active military exemption and the purchase, use and possession penalties;
2. Increase the cigarette tax by at least $1.00 per pack; and
3. Fund tobacco prevention and cessation programs at the level recommended by the Centers for Disease Control and Prevention (CDC).

In the 2019 legislative session a bill to raise the age of sale for tobacco products to 21 was introduced and ultimately passed the Virginia General Assembly. Unfortunately, this bill contained many provisions that the American Lung Association in Virginia along with public health partner organizations opposed. Those provisions included an exemption for active duty military and purchase, use and possession penalties that wrongly put the blame for violations on those under age 21 instead of on tobacco product retailers.

Virginia is long overdue for a comprehensive evidence-based approach to address tobacco use among both youth and adults. This approach should include increasing the cigarette tax and creating parity between the tax on cigarettes and other tobacco products including e-cigarettes, licensing tobacco product retailers including e-cigarette retailers which should include annual renewal, graduated penalties for violations with suspension and revocation provisions and required retailer education. These evidence-based approaches could provide a sustainable funding source for enforcement.

Additionally, Virginia should also update its statewide law on smoking to eliminate smoking in all public places and workplaces, including all restaurants and bars.

The American Lung Association in Virginia will continue to educate lawmakers on the ongoing fight against tobacco. Our goal is to build champions within the legislature and a grassroots advocacy network to advance our goals of increasing the cigarette tax by at least $1.00 and creating parity between the tax on cigarettes and other tobacco products, as well as a comprehensive retail licensing program.

Virginia State Facts

Health Care Costs Due to Smoking:	$3,113,009,298
Adult Smoking Rate:	14.9%
Adult Tobacco Use Rate:	22.1%
High School Smoking Rate:	6.5%
High School Tobacco Use Rate:	16.3%
Middle School Smoking Rate:	2.4%
Smoking Attributable Deaths:	10,310

Adult smoking and tobacco use data come from CDC's 2018 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use data come from the 2017 Youth Risk Behavior Surveillance System. Middle school smoking rate is taken from the Virginia 2017 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
(202) 719-2810
www.lung.org/virginia

Washington Report Card

AMERICAN LUNG ASSOCIATION. | STATE OF TOBACCO CONTROL 2020

WASHINGTON

Tobacco Prevention and Control Program Funding: F

FY2020 State Funding for Tobacco Control Programs:	$2,132,505
FY2020 Federal Funding for State Tobacco Control Programs:	$2,779,313*
FY2020 Total Funding for State Tobacco Control Programs:	$4,911,818
CDC Best Practices State Spending Recommendation:	$63,600,000
Percentage of CDC Recommended Level:	7.7%
State Tobacco-Related Revenue:	$548,500,000

*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**

E-Cigarettes Included: **No**

Penalties: **Yes**

Enforcement: **Yes**

Preemption/Local Opt-Out: **Yes**

Citation: WASH. REV. CODE § 70.345.150 (2016).

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 e-cigarettes: **Equalized: No; Weight-Based: Yes**

For more information on tobacco taxes, go to: www.lung.org/slati

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: **Most medications are covered**

Counseling: **Most counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$0.41; the median investment per smoker is $2.14**

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 specific sources.

Minimum Age: B

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

Thumbs up for Washington for increasing the tobacco sales age to 21.

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 calls for the following actions to be taken by Washington's elected officials:

1. Increase state funding for tobacco prevention and cessation programs;
2. Prohibit the sale of all flavored tobacco products, including electronic cigarettes; and
3. Defend smokefree workplace laws.

After several years of consideration, Tobacco 21 passed the Washington Legislature and was signed into law by Governor Inslee in 2019. The American Lung Association in Washington applauds the strong persistent leadership of Representative Paul Harris who led the effort in the legislature. The policy was strongly supported by Attorney General Bob Ferguson, Secretary of Health John Weisman, and Governor Inslee.

House Bill 1074 raised the minimum legal sale age for tobacco products, including electronic cigarettes to 21 years of age. The bill also authorizes the governor to seek out government to government consultations with Indian tribes regarding raising the minimum legal age of sale in certain tribal compacts. One-time funding of $1 million was appropriated to the Department of Health to support local health jurisdictions to provide youth tobacco and vapor prevention programs, including the necessary outreach and education for the provisions of HB 1074.

In the last hours of the 2019 legislation session, House Bill 1873 passed. This legislation imposes a tax of 9 cents per milliliter of solution on products in an "accessible container", and a tax on all other vapor products of 27 cents per milliliter of solution. The bill directs revenues to be divided between the Foundational Public Health Services Account and the Andy Hill Cancer Research Endowment Fund. A reduction in tax is provided for products issued with a modified risk tobacco order.

The Lung Association was disappointed to see the volumetric tax structure used to tax these harmful products, as well as the low rate. The Lung Association will work towards a tax structure that creates tax parity with electronic cigarettes and other tobacco products.

In September 2019, Governor Jay Inslee signed an executive order asking the Department of Health to restrict the sale of all flavored vapor products in the state. On October 9, 2019, Washington's Board of Health approved a 120-day emergency prohibition on flavored vape products. The sales restriction has been challenged in court, but as of early November remains in effect. The case is being considered in Thurston County and a hearing has been scheduled for November 8 to consider the breadth of the statutory authority of the Board of Health.

The American Lung Association in Washington will continue to work with stakeholders and engaged grassroot supporters to advocate for policies to reduce tobacco use and its health impacts on Washington residents. Building on the successful implementation of the state's Tobacco 21 law, the Lung Association will continue to build the foundation of support to increase appropriations for tobacco prevention programs in the state.

Washington State Facts

Health Care Costs Due to Smoking:	$2,811,911,987
Adult Smoking Rate:	12.0%
Adult Tobacco Use Rate:	17.9%
High School Smoking Rate:	5.0%
High School Tobacco Use Rate:	N/A
Middle School Smoking Rate:	2.7%
Smoking Attributable Deaths:	8,290

Adult smoking and tobacco use data come from CDC's 2018 and 2017 Behavioral Risk Factor Surveillance System, respectively. High school (10th grade only) and middle school (8th grade only) smoking rates are taken from the 2018 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 2020

WEST VIRGINIA

Tobacco Prevention and Control Program Funding: F

FY2020 State Funding for Tobacco Control Programs:	$500,000
FY2020 Federal Funding for State Tobacco Control Programs:	$1,516,720*
FY2020 Total Funding for State Tobacco Control Programs:	$2,016,720
CDC Best Practices State Spending Recommendation:	$27,400,000
Percentage of CDC Recommended Level:	7.4%
State Tobacco-Related Revenue:	$235,500,000

*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: D*

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**

E-Cigarettes Included: **No**

Penalties: **Yes**

Enforcement: **No**

Preemption/Local Opt-Out: **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 58.9% 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 e-cigarettes: **Equalized: No; Weight-Based: Yes**

For more information on tobacco taxes, go to: www.lung.org/slati

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: **Substantial 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: **$0.97; the median investment per smoker is $2.14**

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 specific sources.

Minimum Age: F

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

West Virginia State Highlights:

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 calls for the following actions to be taken by West Virginia's elected officials:

1. Fund tobacco prevention and cessation programs at the Centers for Disease Control and Prevention (CDC)-recommended level; and
2. Protect local control of smokefree air laws throughout the state.

The 2019 legislative session saw multiple bills to increase the sales age for all tobacco products from 18 to 21 introduced in both the state Senate and the House of Delegates. A bill introduced by Senate Majority Leader Takubo was strongly supported by the American Lung Association in West Virginia and other public health partners, including youth organizations and the Coalition for a Tobacco-Free West Virginia. Building on this momentum, the bill passed the Senate. However, the bill was severely weakened in the Senate Judiciary committee to include poison pill amendments, including adding smoking sections in restaurants, exemption and preemption of local smokefree laws to apply to veterans' organizations, and harsh penalties on youth purchase of tobacco. The Lung Association and partners were forced to oppose the bill, which ultimately died in the House.

For the first time in two years, funding was restored from $0 to $500,000 for tobacco prevention and control programs in West Virginia. This success was severely minimized by the zeroing of state funds for the Coalition for a Tobacco-Free West Virginia.

Clean Indoor Air had several setbacks in 2019. The Hancock County Board of Health amended its clean indoor air regulation to allow smoking in casinos and gaming sections of local video lottery cafes. Similarly, the Brooke County Board of Health voted to amend its regulation to allow smoking in establishments with limited video lottery rooms.

The Lung Association and West Virginia's tobacco prevention youth group, Raze, has worked tirelessly to address the high rates of tobacco use in the state along with the skyrocketing e-cigarette use rates amongst young people. Through ongoing education, local and statewide events, youth continue to fight the disproportionately high burden of tobacco across West Virginia.

The American Lung Association in West Virginia will continue to work with our partners to educate lawmakers and the public on the ongoing fight against tobacco through proven policies such as increasing funding for tobacco prevention and control programs and protecting local control of smokefree air laws.

West Virginia State Facts

Health Care Costs Due to Smoking:	$1,008,474,499
Adult Smoking Rate:	25.2%
Adult Tobacco Use Rate:	35.0%
High School Smoking Rate:	10.3%
High School Tobacco Use Rate:	26.6%
Middle School Smoking Rate:	4.5%
Smoking Attributable Deaths:	4,280

Adult smoking and tobacco use data come from CDC's 2018 and 2017 Behavioral Risk Factor Surveillance System, respectively. High school and middle school smoking rates are taken from the 2017 Youth Tobacco Survey. High school tobacco use rate is taken from the 2017 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
(717) 971-1130
www.lung.org/westvirginia

Wisconsin Report Card

AMERICAN LUNG ASSOCIATION. | STATE OF TOBACCO CONTROL 2020

WISCONSIN

Tobacco Prevention and Control Program Funding: F

FY2020 State Funding for Tobacco Control Programs:	$5,300,000
FY2020 Federal Funding for State Tobacco Control Programs:	$2,827,190*
FY2020 Total Funding for State Tobacco Control Programs:	$8,127,190
CDC Best Practices State Spending Recommendation:	$57,500,000
Percentage of CDC Recommended Level:	14.1%
State Tobacco-Related Revenue:	$757,800,000

*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 (allowed in existing tobacco bars)**

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

Retail Stores: **Prohibited**

Recreational/Cultural Facilities: **Prohibited**

E-Cigarettes Included: **No**

Penalties: **Yes**

Enforcement: **Yes**

Preemption/Local Opt-Out: **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 e-cigarettes: **Equalized: No; Weight-Based: Yes**

For more information on tobacco taxes, go to: www.lung.org/slati

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: **No barriers exist to access coverage**

Medicaid Expansion: **No**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

Counseling: **Most counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$2.14; the median investment per smoker is $2.14**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

Tobacco Surcharge: **Medicaid enrollees are subject to a tobacco surcharge**

Citation: See Wisconsin Tobacco Cessation Coverage page for specific sources.

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 calls for the following actions to be taken by Wisconsin's elected officials:

1. Ensure enforcement of the federal law that raises the legal age of sale for tobacco products to 21;
2. Add e-cigarettes to the smokefree air law; and
3. Require all tobacco products to be placed behind the counter or in a locked cabinet.

Despite a Democratic governor assuming office at the beginning of 2019, both houses of Wisconsin's legislature continue to be controlled by Republicans ushering in an era of divided government. Several bills have been introduced that would have a dramatic impact on reducing youth consumption of e-cigarettes, but despite their positive benefits in the face of a clear public health crisis, all faced stiff opposition in the legislature.

In his first budget, the new Governor included an increase in funding for the Tobacco Prevention and Control Program and an e-cigarette tax that would have been equal to the tax on regular cigarettes. Unfortunately, the program increase was stricken from the final version of the budget and the tax reduced to a measly $.05/mL of "juice" or about 3.5 cents per pod of JUUL. Wisconsin's cigarette tax, in contrast, is $2.52/pack.

The American Lung Association in Wisconsin is proud to be associated with Children's Hospital of Wisconsin, the health organization that first uncovered the link between severe lung damage and vaping. Their discovery opened the floodgates to thousands of other, previously undocumented cases and national attention by the Centers for Disease Control and Prevention and state health departments to the dangers of vaping. This has led to swift action on the part of the federal government and numerous states and municipalities to restrict or prohibit the sale of e-cigarettes and flavorings. Despite nationwide recognition of the dangers of vaping, Wisconsin's legislature has yet to take any strong action to control vaping within the state.

The good news is, that where the state refuses to take action, local municipalities have stepped up efforts to strengthen their smoke free air laws by including e-cigarettes. Over 40 municipalities, comprising nearly one-third of the state's population now protect residents from secondhand aerosol from e-cigarettes. Unfortunately, state law preempts those same municipalities from passing Tobacco 21 laws, restricting flavors, or requiring tobacco products to be removed from the store aisles and placed behind the counter or locked up, as cigarettes are required to be.

For the immediate future, it appears that Wisconsinites will have to rely on their local municipal governments and the federal government to respond to the ever-evolving tobacco and vaping crisis. The American Lung Association in Wisconsin and other public health advocates will continue to work with state officials at every opportunity to educate elected officials on the benefits of strong tobacco control laws and convince them that such laws are critical to the present and future health and well-being of our citizens.

Wisconsin State Facts

Health Care Costs Due to Smoking:	$2,663,227,988
Adult Smoking Rate:	16.4%
Adult Tobacco Use Rate:	23.3%
High School Smoking Rate:	4.7%
High School Tobacco Use Rate:	17.3%
Middle School Smoking Rate:	1.4%
Smoking Attributable Deaths:	7,850

Adult smoking and tobacco use data come from CDC's 2018 Behavioral Risk Factor Surveillance System. High school and middle school smoking rates are taken from the 2018 Wisconsin Youth Tobacco Survey. High school tobacco use rate is taken from the 2017 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 Wisconsin
(262) 703-4200
www.lung.org/wisconsin

Wyoming Report Card

AMERICAN LUNG ASSOCIATION. | STATE OF TOBACCO CONTROL 2020

WYOMING

Tobacco Prevention and Control Program Funding: D

FY2020 State Funding for Tobacco Control Programs:	$3,804,789
FY2020 Federal Funding for State Tobacco Control Programs:	$895,566*
FY2020 Total Funding for State Tobacco Control Programs:	$4,700,355
CDC Best Practices State Spending Recommendation:	$8,500,000
Percentage of CDC Recommended Level:	55.3%
State Tobacco-Related Revenue:	$39,900,000

*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: **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**

E-Cigarettes Included: **N/A**

Penalties: **No**

Enforcement: **No**

Preemption/Local Opt-Out: **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 e-cigarettes: **Equalized: N/A; Weight-Based: N/A**

For more information on tobacco taxes, go to: www.lung.org/slati

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: **Some medications are covered**

Counseling: **No counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$10.30; the median investment per smoker is $2.14**

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 specific sources.

Minimum Age: F

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

Wyoming State Highlights:

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 calls for the following actions to be taken by Wyoming's elected officials:

1. Raise tobacco taxes by $1.00 or more per pack;
2. Increase funding for tobacco prevention and cessation programs; and
3. Pass additional local or state legislation creating smokefree public places and workplaces.

The American Lung Association in Wyoming supports raising tobacco taxes as evidence shows making tobacco products more expensive is one of the best ways to delay initiation of tobacco use as well as encouraging current users to quit using tobacco.

During the 2019 legislative session, Representative Dan Zwonitzer sponsored House Bill 218 which would have raised the cigarette tax by $1.00 per pack and increased the tax on other tobacco products. Unfortunately, the bill died in the House Revenue committee with a 5-4 vote. While the Lung Association is deeply disappointed with this outcome, raising the tax will continue to be a policy priority.

With an 8 to 1 vote in August 2019, the Cheyenne City Council added electronic smoking devices to an ordinance passed in 2006 that restricts cigars, cigarettes, pipes, hookahs and waterpipes in certain public places. The amended ordinance creates smokefree environments in restaurants, bars, private clubs and other public places.

Wyoming's cigarette tax remains one of the lowest in the nation at $0.60 per pack. The American Lung Association in Wyoming will continue working with partners to support increases in tobacco taxes and additional appropriations for tobacco prevention and cessation programs. The Lung Association will continue support for local or statewide smokefree workplace laws in Wyoming.

Wyoming State Facts

Health Care Costs Due to Smoking:	$257,674,019
Adult Smoking Rate:	18.8%
Adult Tobacco Use Rate:	29.9%
High School Smoking Rate:	10.8%
High School Tobacco Use Rate:	38.4%
Middle School Smoking Rate:	2.4%
Smoking Attributable Deaths:	800

Adult smoking and tobacco use data come from CDC's 2018 Behavioral Risk Factor Surveillance System. High school and middle school smoking rates are taken from the 2018 Wyoming Prevention Needs Assessment 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 Wyoming
(206) 441-5100
www.lung.org/wyoming

AMERICAN LUNG ASSOCIATION®

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 coveted 4-star rating from Charity Navigator and a Gold-Level GuideStar Member, or to support the work it does, call 1-800-LUNGUSA (1-800-586-4872) or visit: Lung.org.

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