American Lung Association®

State of Tobacco Control 2021

Proven Policies to Prevent and Reduce Tobacco Use

"State of Tobacco Control" 2021: Preventing and Reducing Tobacco Use During the Time of COVID-19

The 19th 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 COVID-19 pandemic was clearly the main story of 2020, causing hundreds of thousands of deaths and disrupting the lives of everyone in the country. The U.S. Surgeon General has conclusively linked smoking to suppression of the immune system, and smoking increases the risk for severe illness from COVID-19, according to the Centers for Disease Control and Prevention (CDC). With the threat of COVID-19 in addition to the numerous tobacco-caused diseases, it is imperative to prevent youth from starting to use tobacco and to help everyone quit.

Much like how COVID-19 has a disproportionate impact on certain communities, especially communities of color, so does tobacco use and exposure to secondhand smoke. Menthol cigarettes remain a key vector for tobacco-related death and disease in Black communities, with over 80% of Black Americans who smoke using them. Menthol cigarette use is also elevated among LGBTQ+ Americans, pregnant women and persons with lower incomes. A recent study showed that while overall cigarette use declined by 26% over the past decade, 91% of that decline was due to non-menthol cigarettes.[1] This underscores what an FDA scientific advisory committee already found:[2] menthol cigarettes are hard to quit, and disproportionately affects Black communities.[3] In addition, secondhand smoke exposure also occurs most often in hospitality establishments such as bars and casinos where people from Black and Brown communities more often work.[4]

Menthol in cigarettes plays a significant role in youth becoming addicted to cigarettes, masking the harsh taste of tobacco smoke and making the smoke easier to inhale. Menthol cigarettes, which are disproportionately used by Black persons who smoke, are also more difficult to quit.

The public policies called for in "State of Tobacco Control" can play an important role in helping achieve health equity in tobacco control by providing equal protection from exposure to secondhand smoke and ending predatory tobacco industry marketing practices in all communities. Prohibiting the sale of all flavored tobacco products, including menthol cigarettes and eliminating smoking in all public places and workplaces, including bars and casinos are particularly important to accomplish these goals. Unfortunately, 2020 came and went, and once again the U.S. Food and Drug Administration (FDA) did not act to remove all flavored tobacco products from the marketplace.

In a major step forward for public health, the U.S. House of Representatives took important action in February 2020, passing legislation to prohibit the sale of all flavored tobacco products. However, the Senate did not take up the bill during the remainder of 2020.

Removing all flavored tobacco products is one of the top tobacco control priorities for the American Lung Association. In response, the Lung Association introduced a new state grade for flavored tobacco products to "State of Tobacco Control" 2021. This new category replaces the state Tobacco 21 grade, which became a nationwide law in 2019. The other four state grades, Tobacco Control Program Funding, Smokefree Air, Tobacco Taxes and Access to Cessation Services, remain.

Action to end the sale of flavored products occurred at the state level in

2020 with California passing legislation prohibiting the sale of most flavored products, including menthol cigarettes. Once again, no state has passed a comprehensive smokefree law since 2012.

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

"State of Tobacco Control" 2021 report makes clear that it is critical for states, communities and the federal government to do more to decrease tobacco use and save lives. 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 advocacy plan to end the tobacco epidemic in November 2019. Implementation of these key actions would lead to drastically lower rates of tobacco use, and the many lung diseases it causes or makes worse.

The Biden Administration Has a Golden Opportunity to Act on COVID-19 and Future Pandemics; Take Action on Policies Called for in "State of Tobacco Control"

The lack of investment in public health infrastructure adversely impacted the United States' response to COVID-19. 2020 has made clear that federal and state governments need to be better prepared to deal with infectious disease pandemics, and other public health threats including tobacco.

This provides the Biden Administration a golden opportunity to restore our nation's public health infrastructure and increase investments in public health. It is critical that the new administration take important actions that remain unfinished from the past two administrations. At the top of the list in 2021 is ensuring FDA correctly implements and enforces pre-market tobacco product authorization (PMTA) requirements for all tobacco products, including e-cigarettes.

Tobacco remains the leading cause of preventable death and disease in America, killing 480,000 people each year. In addition, 16 million Americans live with a tobacco-related disease.[5]

As the result of a lawsuit filed by the American Lung Association and several public health partners, FDA was ordered by a federal district court judge to follow the Family Smoking Prevention and Tobacco Control Act and require tobacco product manufacturers submit PMTA applications to FDA by September 9, 2020. The products for which manufacturers submitted applications are allowed to remain on the market for up to a year while FDA reviews them. Ultimately, the PMTA process provides an important opportunity to FDA to remove products from the marketplace that are not appropriate for the protection of the public health.

The Lung Association and several partners issued a set of principles for FDA to consider as it reviews these PMTA applications. Of particular importance is the recommendation that no flavored tobacco product be given a PMTA and allowed to remain on the market. Flavors are a key driver of youth tobacco use, and therefore cannot meet the public health standard that the law requires.

Another lawsuit filed by the Lung Association and its partners, resulted in FDA issuing the final graphic warning labels for cigarette packs on March 15, 2020. However, the tobacco industry quickly filed multiple lawsuits in Texas and Washington, D.C., seeking to stop the warnings from being implemented. The warnings are now on hold until resolution of these court cases. The Lung Association urges the Biden Administration to vigorously defend these warnings, which will increase awareness and knowledge of the dangers of tobacco products.

Finally, in 2020, FDA authorized several "modified risk" tobacco products, including Philip Morris International's product IQOS, marketed in the U.S. by Altria. During FDA's deliberation on whether to approve the IQOS application, Altria failed to present evidence on how the proposed modified risk claims would impact youth uptake of the product—a key requirement of the Tobacco Control Act. Despite this, FDA authorized Altria to make a modified exposure claim, allowing the company to say IQOS reduces exposure to dangerous chemicals and hazards as compared to cigarettes.

Youth Tobacco Use including Vaping Declines in 2020; But Kids Follow the Flavors

Youth vaping registered a promising decline in 2020 after two years of massive increases moving from 27.5% in 2019 to 19.6% among high school students and from 10.5% to 4.7% among middle school students, according to data from CDC's 2020 National Youth Tobacco Survey (NYTS).[6] The decline may be due to the removal of most of Juul's flavors in 2019, and the attention paid to youth vaping after the declaration of an epidemic by the Surgeon General. However, nearly 3.6 million middle and high school students still use e-cigarettes, an increase of 68% from three years ago.[7] Due largely to the decline in youth vaping, overall tobacco use among high school students declined from 31.2% in 2019 to 23.6% in 2020.[8]

The changes in youth vaping over the past year reveal that kids will follow the flavors that are available to them. The Trump Administration's January 2020 flavored e-cigarette guidance was inadequate as it left menthol flavored e-cigarettes (including JUUL), all disposable flavored products (including Puff Bar), and any flavored product sold in vape stores on the market. Not surprisingly, the NYTS data show that these flavored e-cigarettes saw the biggest increases in use by teens in 2020.

The NYTS 2020 survey revealed that teens made several notable changes in how they used e-cigarettes in 2020. Disposable e-cigarette use skyrocketed by 1,000% among high school e-cigarette users (from 2.4% to 26.5%) and 400% among middle school e-cigarette users (from 3% to 15.2%). Flavored e-cigarette use among current e-cigarette users also increased from 71.7% to over 82.9% among high school students and from 59.9% to 73.9% among middle school students. In addition, higher levels of menthol e-cigarette use were observed with 37% of high school students and 23.5% of middle school students using menthol flavored products.[9] The percentage was even higher among kids who used cartridge-based e-cigarettes.

To help address the continuing youth e-cigarette epidemic and achieve its mission focal point of reducing youth vaping to 15% by 2025, the American Lung Association launched its End the Youth Vaping Epidemic initiative on September 1, 2020. It is an integrated, multi-component campaign to support parents, schools and students. A major component of the campaign is the "Get Your Head Out of the Cloud" youth vaping awareness campaign from the American Lung Association and the Ad Council to provide parents with a discussion guide to address the dangers of vaping with their kids, while they're still willing to listen.

Recent State Level Successes Provide a Blueprint for Newly Elected State Governments

Political control of state legislatures largely stayed the same during the November 2020 elections. However, states should look to recent successes by states in 2020 as a blueprint for action, including:

- **Increasing state tobacco taxes:** Colorado and Oregon voters approved significant increases in their state cigarette taxes of $1.10 and $2.00 per pack respectively. In both cases, passage of these measures is expected to eventually result in significant increases in funding for their state tobacco control programs too.
- **Making More Workplaces Smokefree:** Across the country, more than 200 tribal and non-tribal casinos re-opened smokefree[10] after being closed due to COVID-19. The Lung Association urges states and tribal casinos to make these changes permanent to protect their workers from secondhand smoke. Nebraska also passed legislation adding e-cigarettes to its state smokefree law.
- **Expanding Medicaid and Tobacco Cessation Coverage.** Missouri and Oklahoma voters approved ballot measures allowing Medicaid expansion to move forward in each state. This will result in the new enrollees in Medicaid having access to a comprehensive quit smoking benefit and other essential coverage. Ohio passed legislation requiring all state Medicaid plans to cover a comprehensive quit-smoking benefit, including all FDA-approved medications and counseling.
- **Prohibiting Flavored Tobacco Products, Including Menthol Cigarettes.** California became the second state in the country to pass a law prohibiting the sale of most flavored tobacco products, including menthol cigarettes. However, days after the legislation was signed into law, the tobacco industry filed a referendum to overturn the law, which if enough signatures are collected will delay implementation until November 2022 at the earliest. The states of New York and New Jersey, as well as the city of Chicago all passed laws prohibiting the sale of flavored e-cigarettes.
- **Reducing the Availability, Accessibility and Discounting of Tobacco Products.** New York became the second state to prohibit tobacco sales in all its pharmacies. New Jersey and New York became the first two states to eliminate the redemption of coupons and other tobacco industry discounts by retailers. In addition, Louisville, KY, passed an ordinance limiting where new retailers selling tobacco products can be located, including preventing them from being located near schools and other locations predominantly used by kids. These policies should be considered promising practices that the Lung Association urges states and local communities to adopt.

Pharmacists Prescribing Quit Smoking Treatments:

While most health insurance plans cover tobacco cessation treatment without cost-sharing, giving pharmacists the authority to prescribe or having a state standing order for tobacco cessation medications can make it easier for smokers to get the treatment they need to quit. While 13 states have laws that allow for pharmacists to prescribe or allowing a standing order, more states are looking at these policies to make it easier for smokers to quit.

In 2021, given the budget deficits that many states will be facing due to COVID-19, the Lung Association expects that many state tobacco control programs will face potential cuts or even complete loss of state funding. However, given the clear linkages between smoking and more severe illness from COVID-19[11], these programs are more important than ever to enable people to quit and prevent kids from starting. The Lung Association will actively encourage states to significantly increase tobacco taxes in 2021 as a way to prevent youth from starting, help smokers quit and provide much needed state revenues.

Overall Adult Tobacco Use Increases; More Action Needed to End Disparities in Tobacco Use

The recent decline in adult cigarette smoking rates stopped in 2019, remaining essentially flat compared to the previous year at 14%. Overall adult tobacco use registered an increase from 19.7% in 2018 to 20.8% in 2019. This means 50.6 million Americans currently use at least one tobacco product.[12]

The adult tobacco use rate also masks significant disparities among races/

ethnicities and due to socio-economic factors. Use of commercial tobacco products remains particularly high among Native Americans and Alaskan Natives at 29.3% and Lesbian, Gay and Bisexual adults at 29.9%.[13] Adults with mental illness and substance abuse also endure significantly higher rates of smoking. According to the National Survey on Drug Use and Health:[14]

- Overall smoking rates among adults with any behavioral health condition in 2019 were 28.9% vs. 14.6% without a behavioral health condition.
- Among adults with a serious mental illness resulting in serious functional impairment the rate was 33.0% in 2019 vs. 17.3% among adults without a serious mental illness.
- Rates are even higher among adults with substance use disorders at 42.0% vs. 16.1% for adults without a substance use disorder.
- Smoking rates have declined more rapidly over time among adults with mental illness than adults with a substance use disorder.

In addition, the recent overall decline in cigarette smoking rates has been due almost entirely to non-menthol cigarettes. Menthol cigarettes are predominantly used by Black Americans and disproportionately by pregnant women, youth and LGBTQ Americans.[15] These disparities in menthol cigarette use are primarily the result of targeting by the tobacco industry.

These disparities in tobacco use highlight the importance of properly funding state tobacco control programs, which can bring additional attention and resources to alleviate these disparities and achieve health equity in tobacco control. People from disproportionately affected communities should be empowered to lead the effort to address these disparities, including providing funding to organizations that directly serve the communities. The Lung Association is encouraged that the Centers for Disease Control and Prevention's Office on Smoking and Health put a high priority on addressing tobacco use disparities and achieving health equity in tobacco control in its recent five year funding awards to states. Recognizing these federal funding awards are relatively small, it is now incumbent on states to invest their own funding to ensure funding investments at CDC-recommended levels.

Successes and Challenges in 2020 and What States and the Federal Government Need to do in 2021

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. Due to states focusing almost entirely on the effects of COVID-19 in 2020, many states had less of a chance to pass the proven policies called for in the report, but 2021 presents opportunities for progress. In 2021, it is critical that states:

- Increase Tobacco Taxes and Equalize Taxes Across All Tobacco Products—During 2020, Colorado and Oregon approved increases in their state cigarette taxes by an amount that has been shown to reduce tobacco use and initiation, over $1.00 per pack. Virginia also increased its cigarette tax in 2020, but by only 30 cents per pack, missing a golden opportunity to accelerate declines in smoking rates for adults and youth. The average state cigarette tax is now $1.88 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). The District of Columbia was the

only jurisdiction to earn an "A" grade in this category for having high tobacco taxes across most or all products.

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 cigarettes, discourages initiation and eliminates any financial incentive for people to switch to a cheaper product, thereby encouraging people to quit tobacco entirely. In 2020, California, Maine, Utah, Vermont and Wyoming were the only states to have equalized taxes across all tobacco products, including e-cigarettes.

- Expand Comprehensive Cessation Coverage—Nicotine addiction is a serious disease, regardless of what tobacco product is being used. Data shows while nearly seven out of 10 smokers want to quit, only 10% quit successfully in the past year.[16] In 2020, Ohio passed legislation requiring all Medicaid plans in the state and the state employee health plan to cover a comprehensive quit smoking benefit, including all seven FDA-approved quit smoking medications and three forms of counseling. Also, in 2020, voters in Oklahoma and Missouri voted to expand Medicaid to 138% of the federal poverty level or just under $30,000 per year for a family of three. This expansion of coverage will help thousands of low-income Americans access quit smoking support.

  Currently, 13 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, states should 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). For example, there are six states that allow all Medicaid enrollees to have two quit attempts per year, for at least 90 days each, without any additional barriers. All other states are more restrictive with other barriers or have fewer or shorter quit attempts.

  As a result of the COVID-19 pandemic, many healthcare providers and patients turned to telehealth to continue needed medical treatment, while limiting in-person interactions; states and the federal government have made temporary changes to make it easier for providers to help smokers quit through telehealth. States and the federal government should work to ensure tobacco cessation via telehealth is made permanent.

- Increase Funding for Tobacco Control Programs and Focus These Programs on Disproportionately Affected Populations—During 2020, five states—Florida, Hawaii, Illinois, Maine and Utah saw significant increases in tobacco control program funding of $1 million or more. The passage of tobacco tax increases in Colorado and Oregon should result in increases in future years. However, several states also saw cuts in funding, including Kentucky by $1 million, Wyoming by $1.5 million and Tennessee re-directing all its state funding. Alaska, Maine and Utah earned "A" grades in the report for funding their programs at or close to CDC-recommended levels.

  Connecticut and Tennessee were the only states that provided no state funding at all for tobacco prevention and quit smoking programs, severely hampering their state's ability to respond to the youth vaping epidemic and tobacco use disparities. The total amount spent by states on tobacco prevention and cessation in fiscal year 2021 is over $668 million, less than

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 (24.9% vs. 10.7%).[17] Additionally, Medicaid is the largest single payer for behavioral health services in the United States.[18]

three cents of every dollar of the close to $26.9 billion states collected from tobacco settlement payments and tobacco taxes in fiscal year 2021.

- The Remaining 22 States Pass Comprehensive Smokefree Laws—No new states approved comprehensive laws prohibiting smoking in all public places and workplaces in 2020, continuing the disturbing lack of state progress since 2012. Nebraska added e-cigarettes to its comprehensive smokefree law. A total of 16 states and DC have taken this important step. In addition, more than 200 tribal and non-tribal casinos have re-opened smokefree[19] after being closed due to COVID-19 either voluntarily or being required to do so by executive order or state gaming control boards.

  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.[20] 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.[21]

- Pass Laws Prohibiting the Sale of all Flavored Tobacco Products—During 2020, California became the second state to pass a law eliminating the sale of most flavored tobacco products, including menthol cigarettes. New Jersey and New York also passed laws prohibiting the sale of all flavored e-cigarettes, and Rhode Island implemented a permanent rule doing the same. This year's "State of Tobacco Control" report features a new state grade on flavored tobacco products, and Massachusetts was the only state to earn an "A" grade in the category.

  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. The 2020 National Youth Tobacco Survey found that over 80% of kids who use e-cigarettes use a flavored product, including high rates of use of fruit, mint and menthol flavors.[22] In addition, over half of youth cigarette smokers start their use by smoking menthol cigarettes.[23]

Smokefree Casinos:

In 2020, casinos around the country have adopted new smokefree policies as they reopen after the COVID-19 closing this spring. Smoking requires people to remove masks, making it an unnecessary risk. The Lung Association is encouraged by this trend and is hopeful it will continue into 2021.

Federal Government:

Another year has passed, and we have yet to see meaningful FDA action on a variety of fronts, including flavored tobacco products and a product standard reducing nicotine levels in tobacco products. The September 9, 2020 date for e-cigarettes and certain other tobacco products to submit their pre-market tobacco authorizations (PMTA) to FDA has passed and we await action by FDA to take non-compliant products off the market.

In November 2020, the American Lung Association issued its 2021 Federal Action Plan, which outlines our tobacco control priorities for the federal government.

"State of Tobacco Control" 2021 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 the Biden Administration and state lawmakers seize this opportunity and make 2021 the year significant progress is made in passing meaningful tobacco control policies, including addressing tobacco-related health disparities?**

More About "State of Tobacco Control"

"State of Tobacco Control" 2021 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;
- Eliminating the sale of all flavored tobacco products;
- 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 2021. The federal government, all 50 state governments and the District of Columbia 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.

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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	$939,631	$0	$573,181	$1,512,812	$1,623,055	$3,135,867	$55,900,000	5.6%	$289,600,000	F
Alaska	$0	$0	$9,147,500	$9,147,500	$1,235,056	$10,382,556	$10,200,000	101.8%	$80,000,000	A
Arizona	$0	$18,500,000	$0	$18,500,000	$1,638,540	$20,138,540	$64,400,000	31.3%	$425,400,000	F
Arkansas	$10,819,457	$0	$0	$10,819,457	$1,455,877	$12,275,334	$36,700,000	33.4%	$282,100,000	F
California	$0	$234,572,000	$3,800,000	$238,372,000	$3,518,041	$241,890,041	$347,900,000	69.5%	$2,817,600,000	B
Colorado	$0	$19,391,382	$601,330	$19,992,712	$1,597,520	$21,590,232	$52,900,000	40.8%	$339,800,000	F
Connecticut	$0	$0	$0	$0	$1,145,118	$1,145,118	$32,000,000	3.6%	$473,200,000	F
Delaware	$7,088,900	$0	$0	$7,088,900	$955,900	$8,044,800	$13,000,000	61.9%	$139,300,000	C
District of Columbia	$0	$1,000,000	$900,000	$1,900,000	$988,443	$2,888,443	$10,700,000	27.0%	$69,900,000	F
Florida	$0	$0	$73,385,707	$73,385,707	$2,843,664	$76,229,371	$194,200,000	39.3%	$1,508,100,000	F
Georgia	$750,000	$0	$0	$750,000	$2,043,852	$2,793,852	$106,000,000	2.6%	$395,400,000	F
Hawaii	$7,102,531	$0	$818,308	$7,920,839	$1,119,987	$9,040,826	$13,700,000	66.0%	$152,400,000	C
Idaho	$3,474,300	$153,900	$0	$3,628,200	$1,134,288	$4,762,488	$15,600,000	30.5%	$75,400,000	F
Illinois	$15,100,000	$0	$0	$15,100,000	$2,166,214	$17,266,214	$136,700,000	12.6%	$1,154,500,000	F
Indiana	$7,500,000	$0	$0	$7,500,000	$1,760,216	$9,260,216	$73,500,000	12.6%	$548,600,000	F
Iowa	$0	$0	$4,021,000	$4,021,000	$1,119,496	$5,140,496	$30,100,000	17.1%	$266,600,000	F
Kansas	$1,001,960	$0	$0	$1,001,960	$1,450,591	$2,452,551	$27,900,000	8.8%	$185,100,000	F
Kentucky	$2,000,000	$0	$0	$2,000,000	$1,625,654	$3,625,654	$56,400,000	6.4%	$503,300,000	F
Louisiana	$500,000	$4,574,186	$7,518,567	$12,592,753	$1,568,583	$14,161,336	$59,600,000	23.8%	$440,500,000	F
Maine	$9,899,175	$4,000,000	$0	$13,899,175	$1,122,959	$15,022,134	$15,900,000	94.5%	$190,300,000	A
Maryland	$9,696,281	$0	$1,139,698	$10,835,979	$1,616,371	$12,452,350	$48,000,000	25.9%	$501,000,000	F
Massachusetts	$0	$0	$5,118,115	$5,118,115	$1,836,521	$6,954,636	$66,900,000	10.4%	$793,900,000	F
Michigan	$0	$0	$1,838,100	$1,838,100	$2,288,505	$4,126,605	$110,600,000	3.7%	$1,176,700,000	F
Minnesota	$0	$0	$12,443,587	$12,443,587	$1,540,255	$13,983,842	$52,900,000	26.4%	$706,300,000	F
Mississippi	$7,420,000	$0	$1,275,000	$8,695,000	$1,289,734	$9,984,734	$36,500,000	27.4%	$248,400,000	F
Missouri	$0	$0	$171,885	$171,885	$1,877,221	$2,049,106	$72,900,000	2.8%	$255,800,000	F
Montana	$4,852,260	$0	$0	$4,852,260	$1,320,584	$6,172,844	$14,600,000	42.3%	$104,400,000	F
Nebraska	$2,570,000	$0	$0	$2,570,000	$1,164,651	$3,734,651	$20,800,000	18.0%	$99,500,000	F
Nevada	$950,000	$2,500,000	$0	$3,450,000	$1,308,264	$4,758,264	$30,000,000	15.9%	$227,000,000	F
New Hampshire	$0	$0	$360,000	$360,000	$1,103,155	$1,463,155	$16,500,000	8.9%	$256,100,000	F
New Jersey	$0	$7,815,000	$0	$7,815,000	$1,776,865	$9,591,865	$103,300,000	9.3%	$854,200,000	F
New Mexico	$5,514,006	$0	$0	$5,514,006	$1,111,214	$6,625,220	$22,800,000	29.1%	$134,200,000	F
New York	$39,769,600	$0	$0	$39,769,600	$2,864,074	$42,633,674	$203,000,000	21.0%	$1,910,200,000	F
North Carolina	$0	$0	$1,850,000	$1,850,000	$2,309,482	$4,159,482	$99,300,000	4.2%	$447,400,000	F
North Dakota	$4,850,000	$591,500	$0	$5,441,500	$1,042,482	$6,483,982	$9,800,000	66.2%	$52,100,000	C
Ohio	$12,000,000	$0	$300,000	$12,300,000	$2,395,137	$14,695,137	$132,000,000	11.1%	$1,257,700,000	F
Oklahoma	$20,456,748	$1,208,853	$0	$21,665,601	$1,562,768	$23,228,369	$42,300,000	54.9%	$521,400,000	D
Oregon	$0	$9,081,500	$0	$9,081,500	$1,491,492	$10,572,992	$39,300,000	26.9%	$390,500,000	F
Pennsylvania	$14,672,000	$0	$0	$14,672,000	$2,339,745	$17,011,745	$140,000,000	12.2%	$1,618,700,000	F
Rhode Island	$0	$0	$395,337	$395,337	$1,336,688	$1,732,025	$12,800,000	13.5%	$188,400,000	F
South Carolina	$0	$5,000,000	$0	$5,000,000	$1,614,267	$6,614,267	$51,000,000	13.0%	$229,700,000	F
South Dakota	$0	$4,500,000	$0	$4,500,000	$1,027,355	$5,527,355	$11,700,000	47.2%	$82,100,000	F
Tennessee	$0	$0	$0	$0	$1,637,971	$1,637,971	$75,600,000	2.2%	$405,600,000	F
Texas	$424,993	$0	$3,823,480	$4,248,473	$3,268,415	$7,516,888	$264,100,000	2.8%	$1,872,600,000	F
Utah	$3,570,000	$7,150,000	$4,580,000	$15,300,000	$1,231,307	$16,531,307	$19,300,000	85.7%	$154,000,000	A
Vermont	$0	$0	$2,692,021	$2,692,021	$1,080,098	$3,772,119	$8,400,000	44.9%	$96,400,000	F
Virginia	$8,327,905	$0	$0	$8,327,905	$1,761,391	$10,089,296	$91,600,000	11.0%	$416,300,000	F
Washington	$0	$0	$2,132,506	$2,132,506	$1,757,311	$3,889,817	$63,600,000	6.1%	$521,600,000	F
West Virginia	$445,000	$0	$0	$445,000	$1,204,734	$1,649,734	$27,400,000	6.0%	$234,400,000	F
Wisconsin	$0	$0	$5,315,000	$5,315,000	$1,546,344	$6,861,344	$57,500,000	11.9%	$741,100,000	F
Wyoming	$2,350,663	$0	$0	$2,350,663	$1,000,640	$3,351,303	$8,500,000	39.4%	$39,200,000	F

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	0	4	3	42	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

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	18	2	2	2	2	1	27	D
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	1	16	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	2	32	B
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	24	1	1	0	2	2	30	C
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	2	22	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	2	16	F

Access to Cessation Services Grading Chart

State	Medicaid Medications	Medicaid Counseling	Medicaid Barriers to Coverage	Medicaid Expansion	SEHP Medications	SEHP Counseling	SEHP Barriers to Coverage	Investment Per Smoker	Private Insurance Mandate	Tobacco Surcharge	Total Score	Grade
Alabama	14	6	4	-8	4	2	1	0	0	0	23	F
Alaska	12	4	6	0	4	3	1	20	0	0	50	C
Arizona	14	6	10	0	4	2	2	5	0	0	43	D
Arkansas	14	4	11	0	2	2	1	10	0	1	45	D
California	14	12	11	0	2	2	1	10	0	2	54	C
Colorado	14	12	13	0	4	1	1	20	2	1	68	A
Connecticut	14	12	13	0	4	4	1	0	0	1	49	C
Delaware	12	4	13	0	4	4	1	20	1	0	59	B
District of Columbia	12	5	9	0	2	2	2	20	0	2	54	C
Florida	7	8	9	-8	4	1	1	15	0	0	37	F
Georgia	9	8	6	-8	4	2	2	0	0	-2	21	F
Hawaii	11	8	10	0	3	3	1	20	0	0	56	B
Idaho	14	4	11	0	2	2	2	20	0	0	55	C
Illinois	14	4	12	0	3	1	1	10	1	0	46	D
Indiana	14	9	12	0	4	2	1	5	0	-2	45	D
Iowa	14	6	8	0	4	2	2	0	0	0	36	F
Kansas	14	12	12	-8	4	0	2	0	0	0	36	F
Kentucky	14	12	14	0	4	2	1	0	5	1	53	C
Louisiana	14	8	9	0	4	2	1	5	1	0	44	D
Maine	14	12	12	0	4	4	2	20	0	0	68	A
Maryland	14	8	11	0	4	2	1	15	2	0	57	B
Massachusetts	14	12	12	0	3	3	1	5	2	2	54	C
Michigan	14	10	13	0	4	2	1	0	0	0	44	D
Minnesota	12	10	13	0	4	4	2	15	0	0	60	B
Mississippi	14	4	11	-8	4	2	2	10	0	0	39	F
Missouri	14	12	14	0	4	2	2	0	0	0	48	D
Montana	14	8	12	0	3	4	2	15	0	0	58	B
Nebraska	14	8	9	0	3	2	1	10	0	0	47	D
Nevada	9	6	12	0	2	3	1	0	0	0	33	F
New Hampshire	14	6	10	0	4	4	1	10	0	0	49	C
New Jersey	14	6	13	0	4	3	2	0	3	2	47	D
New Mexico	14	6	13	0	2	4	1	20	3	0	63	A
New York	14	10	12	0	4	2	2	10	1	2	57	B
North Carolina	14	8	12	-8	4	2	1	5	0	1	39	F
North Dakota	14	12	9	0	4	4	1	20	1	0	65	A
Ohio	14	12	14	0	4	4	2	5	0	0	55	C
Oklahoma	14	8	14	0	4	3	1	20	0	0	64	A
Oregon	14	12	12	0	4	4	1	5	2	0	54	C
Pennsylvania	14	10	11	0	2	2	1	5	0	0	45	D
Rhode Island	14	12	12	0	4	3	1	0	5	2	53	C
South Carolina	14	12	14	-8	2	2	1	20	0	0	57	B
South Dakota	4	2	8	-8	4	2	1	20	0	0	33	F
Tennessee	14	4	8	-8	4	2	1	0	0	0	25	F
Texas	14	8	12	-8	4	3	2	0	0	0	35	F
Utah	14	8	9	0	4	2	1	20	1	0	59	B
Vermont	14	4	12	0	1	2	1	20	3	2	59	B
Virginia	12	2	11	0	2	2	1	0	0	0	30	F
Washington	14	4	11	0	2	3	1	0	0	0	35	F
West Virginia	14	8	9	0	4	2	1	0	0	0	38	F
Wisconsin	14	8	14	-8	4	3	1	0	0	-2	34	F
Wyoming	14	4	4	-8	4	0	2	20	0	0	40	F

Flavored Tobacco Product Laws

State	Grade
Alabama	F
Alaska	F
Arizona	F
Arkansas	F
California	B
Colorado	F
Connecticut	F
Delaware	F
District of Columbia	F
Florida	F
Georgia	F
Hawaii	F
Idaho	F
Illinois	F
Indiana	F
Iowa	F
Kansas	F
Kentucky	F
Louisiana	F
Maine	F
Maryland	F
Massachusetts	A
Michigan	F
Minnesota	F
Mississippi	F
Missouri	F
Montana	F
Nebraska	F
Nevada	F
New Hampshire	F
New Jersey	D
New Mexico	F
New York	D
North Carolina	F
North Dakota	F
Ohio	F
Oklahoma	F
Oregon	F
Pennsylvania	F
Rhode Island	D
South Carolina	F
South Dakota	F
Tennessee	F
Texas	F
Utah	F
Vermont	F
Virginia	F
Washington	F
West Virginia	F
Wisconsin	F
Wyoming	F

"State Of Tobacco Control" 2021 Methodology

The American Lung Association's "State of Tobacco Control" 2021 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 extensive revisions to the state grading methodology in "State of Tobacco Control" 2015, state grades from "State of Tobacco Control" 2021 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: federal 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 the U.S. Food and Drug Administration 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 the agency's authority.

The American Lung Association has identified four important items that FDA was required by the Tobacco Control Act to implement, that FDA indicated they would take action on or would significantly improve the public health: 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" 2021 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 point: At least 1 treatment is covered.
- +0 points: No coverage.

Medicaid (4 points)

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

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

TRICARE (4 points)

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

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

Federal Employee Health Benefits (FEHB) (4 points)

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

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

Federal Requirements for State Health Insurance 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. 26.

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 2020 that seek to reduce or prevent 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 2021.

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% or more of its target audience each quarter the campaign is running.

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

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

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

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

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

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

- +3 points: Average targeted rating point of 1,200 or higher for 1st quarter of campaign; average targeted rating point of 800 or higher for subsequent quarters
- +2 points: Average targeted rating point of 1,000 or higher for 1st quarter of campaign; average targeted rating point of 600 or higher for subsequent quarters
- +1 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 state laws to end the sale of flavored tobacco products. 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% 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% or more
B	70% to 79%
C	60% to 69%
D	50% to 59%
F	50% 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% of the range (90 to 100%) earned an "A." Those receiving scores falling between 80 and 89% got a grade of "B," between 70 and 79% a "C" and between 60 and 69% a "D." Those that fell below 60% 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% 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% 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% 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% 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% 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% 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% 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. Note: state law does not apply to recreational/cultural facilities on Native American/Alaska Native land.
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% price increase, it is estimated that consumption drops by about 7% for youth and 3 to 5% 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, 2021 was $1.88 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	$3.76 and over
24 points	$2.82 to $3.759
18 points	$1.88 to $2.819
12 points	$0.94 to $1.879
6 points	Under $0.94

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) State 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. In 2020, the U.S. Surgeon General reiterated the need for this comprehensive cessation benefit without barriers in "Smoking Cessation: A Report of the Surgeon General." Targets established in the Medicaid, State Employee Health Plan and Standards for Private Insurance categories were based on these Public Health Service Guideline and U.S. Surgeon General 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" 2021 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 people of lower income who smoke 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: 2 points for coverage for all enrollees of each of the 7 medications. If coverage of a medication varies by plan or pregnancy status, 1 point is awarded for each medication covered in this way;
2. States receive up to 12 points for coverage of counseling: 4 points for each type of counseling covered (individual, group and phone). If a counseling coverage varies by plan or pregnancy status, 2 points is awarded for each type of counseling coverage;

3. States receive up to 14 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% 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 $2.28 per smoker. Points are awarded based on the scale below:

$$/smoker > $4.56	20 points
$$/smoker $3.42 - $4.56	15 points
$$/smoker $228 - $3.41	10 points
$$/smoker $1.14 - $2.27	5 points
$$/smoker < $1.14	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%.

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

State Flavored Tobacco Product Laws

Flavored tobacco products have long played an important role in youth

starting to use tobacco products and in the case of menthol keeping people, particularly Black Americans, addicted. According to CDC's 2020 National Youth Tobacco Survey, over 80% of high school students and over 70% of middle school students who use e-cigarettes use a flavored product.[7] And while 2020 data is not out yet, the 2019 National Youth Tobacco Survey found that close to 70% of youth tobacco users used a flavored product.[8]

Menthol cigarettes play a key role in addicting youth smokers and keeping people hooked. About half of youth smokers ages 12-17 smoke menthol cigarettes.[9] Black Americans are disproportionately impacted with over 80% of Black persons who smoke using menthol cigarettes. Menthol cigarette use is also elevated among LGBTQ+ Americans, pregnant women and persons with lower incomes. A recent study showed that while overall cigarette use declined by 26% over the past decade, 91% of that decline was due to non-menthol cigarettes.[10]

Given the key role that flavors play in getting and keeping people addicted to tobacco products, and the lack of action by the federal government on the topic, a new grade was added to "State of Tobacco Control 2021" evaluating states on whether they have prohibited the sale of all flavored tobacco products. This new grade replaces the Minimum Age grade from "State of Tobacco Control" 2020 and earlier years. Grades are based on the strength of a state's restrictions on flavored tobacco products with exemptions for certain products or in certain locations decreasing the grade.

Grades break down as follows:

A = the sale of all flavored tobacco products is prohibited;
B = the sale of most flavored tobacco products, including menthol cigarettes, is prohibited with some narrow exemptions;
C = the sale of all flavored tobacco products, including menthol cigarettes, is limited to over age 21 stores/locations;
D = the sale of one type of flavored tobacco product is completely prohibited (i.e. flavored e-cigarettes or flavored tobacco product restrictions that completely exempt menthol cigarettes);
F = No state law on flavored tobacco products or the sale of one type of flavored tobacco product restriction that exempts menthol.

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

- Local Ordinances: States without a statewide law or weaker statewide restrictions on flavored tobacco products may be graded based on local ordinances. Local ordinances that prohibit the sale of all flavored tobacco are considered according to the percentage of population covered in the state. States with over 95% of their population covered by local flavored tobacco product ordinances will receive an "A," over 80 % a "B," over 65% a "C" and over 50% a "D." Local ordinances that cover less than 50% of the population will not be considered for evaluation under this exception.

State Statistics Used in the Report

Adult smoking rates are taken from the CDC's 2019 Behavioral Risk Factor Surveillance System. Adult smoking means having used 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 2019 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.

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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).
7. Wang TW, Neff LJ, Park-Lee E, Ren C, Cullen KA, King BA. E-cigarette Use Among Middle and High School Students—United States, 2020. MMWR Morb Mortal Wkly Rep 2020;69:1310–1312.
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United States Report Card

American Lung Association.
State of Tobacco Control
2021

UNITED STATES

Federal Regulation of Tobacco Products — D

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 finalized**

Flavored Tobacco Product Standard: **No product standard proposed or finalized**

Funding for FDA Center for Tobacco Products: **Full funding provided in FY2021**

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 down for the Trump Administration guidance undermining healthcare access to comprehensive tobacco cessation coverage.

Tobacco Taxes: — F

CIGARETTE TAX:

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

OTHER TOBACCO PRODUCT TAXES:

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

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

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

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

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

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**

Minimum Age: — A

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

Federal Highlights:

The American Lung Association has identified four key actions for the Biden Administration and Congress to take in 2021 that will help ultimately eliminate the death and disease caused by tobacco use:

1. FDA must adhere to the Tobacco Control Act and reject product marketing applications (PMTAs) for any product that fails to prove it is appropriate for the protection of the public health, including all flavored products;
2. Congress and the U.S. Food and Drug Administration (FDA) must act to remove all flavored tobacco products from the marketplace, including menthol cigarettes, flavored cigars and e-cigarettes;
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, and Congress must pass the "Quit for COVID-19" Act; and
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.

2020 saw introduction and action on several tobacco-related bills in Congress. For the first time ever, a house of Congress voted to end the sale of

all flavored tobacco products. In February 2020, the House of Representatives passed the Reversing the Youth Tobacco Epidemic Act, H.R. 2339, which also would have prohibited most online sales of tobacco products and taken several other important actions. Disappointingly, the Senate did not take further action on the measure.

Representative Lisa Blunt Rochester (DE) and Senator Tom Carper (DE) also introduced the "Quit for COVID-19" Act in the House and Senate, which would extend comprehensive tobacco cessation benefits to all adult Medicaid recipients.

As the result of two different lawsuits brought by the American Lung Association and our partners, two major provisions of the Tobacco Control Act moved forward in 2020, which resulted in FDA's grade improving from an "F" to a "D".

- A federal judge ruled in 2019 that FDA must require tobacco product manufacturers to submit all premarket review applications by May 12, 2020; that was subsequently extended to September 9, 2020 due to the pandemic. The ruling was an important step in holding FDA accountable and requiring manufacturers to prove that there are indeed appropriate for the protection of the public health. However, a subsequent ruling by a different federal judge in 2020, exempted premium cigars from this requirement. In 2021, FDA should act in 2021 to fulfill the court's parameters and update the deeming rule so all cigars are included. The Lung Association and our partners issued premarket principles to guide the FDA during its review of these applications, and have also called on the FDA to remove all illegal products currently on the market.
- Also, in 2019, a federal judge required FDA to issue new graphic warning labels for 50% of the front and back of all cigarette packs. FDA met the court-ordered deadline of March 15, 2020, with the warning labels appearing on all cigarette packs by June of 2021; however, R.J. Reynolds and Altria have both sued the FDA to halt the implementation of these warning labels. The Lung Association and our partners are supporting FDA's legal efforts to push back against the industry's cases.

The Lung Association is disappointed and opposes FDA's July 2020 order that allowed Altria to make a modified risk tobacco product claim about its IQOS product. This comes despite Altria presenting no evidence of the effect this designation would have on youth use and perception.

A full list of the American Lung Association's 2021 federal tobacco agenda is on our website.

United States Facts

Economic Costs Due to Smoking:	$289,500,000,000
Adult Smoking Rate:	14.0%
Adult Tobacco Use Rate:	20.8%
High School Smoking Rate:	4.6%
High School Tobacco Use Rate:	23.6%
Middle School Smoking Rate:	1.6%
Middle School Tobacco Use Rate:	6.7%
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 2019 National Health Interview Survey. High school and middle school smoking and tobacco use rates are taken from the 2020 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
2021

Tobacco Prevention and Control Program Funding: F

FY2021 State Funding for Tobacco Control Programs:	$1,512,812
FY2021 Federal Funding for State Tobacco Control Programs:	$1,623,055*
FY2021 Total Funding for State Tobacco Control Programs:	$3,135,867
CDC Best Practices State Spending Recommendation:	$55,900,000
Percentage of CDC Recommended Level:	5.6%
State Tobacco-Related Revenue:	$289,600,000

*Includes tobacco prevention and cessation funding provided to states from the Centers for Disease Control and Prevention.

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 13.2% 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: **Substantial 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: **$1.05; the median investment per smoker is $2.28**

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.

Flavored Tobacco Products: F

Restrictions on Flavored Tobacco Products:
No state law or regulation

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

Similar to 2019, certain members of the Alabama legislature had significant interest in the regulation of e-cigarette products. Representative Drummond introduced House Bill 119 to reduce kids' access to e-cigarettes and protect them from a lifelong addiction to tobacco and nicotine. House Bill 119 would have aligned Alabama's statute with federal law increasing the sales age of tobacco products to 21 years of age. The bill was referred and passed out of the House State Government committee with no further action taken. Representative Weaver introduced House Bill 104 to add electronic cigarettes to Alabama's Clean Indoor Air Law. Unfortunately, HB104 would not have had any public health impact given Alabama's current law allows businesses the option to allow smoking or not. The bill was referred and passed out of the House Commerce and Small Business Committee with no further action taken.

In the past few years, Alabama local municipalities have been taking the lead on public health issues by implementing strong smokefree ordinances. Unfortunately, no local municipalities passed smokefree air ordinances to protect their workers and residents from exposure to secondhand smoke in 2020. 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 Tobacco Prevention and Control Program.

In 2021, the American Lung Association in Alabama will advocate for increased funding for the tobacco prevention and control program while continuing to educate state legislators on best practices for tobacco control, including the benefits of a comprehensive statewide smokefree law. In order to reduce the death and disease caused by tobacco use in Alabama, state legislators will need to recognize the health and economic burden of tobacco use and secondhand smoke exposure by enacting public health protections and investing in evidence-based tobacco prevention programs. The Lung Association will continue to work with partners in the Coalition for a Tobacco Free Alabama to ensure successful passage and preservation of comprehensive local smokefree ordinances.

Alabama State Facts

Health Care Costs Due to Smoking:	$1,885,747,576
Adult Smoking Rate:	20.2%
High School Smoking Rate:	7.1%
High School Tobacco Use Rate:	26.7%
Middle School Smoking Rate:	3.4%
Smoking Attributable Deaths:	8,650

Adult smoking data come from CDC's 2019 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use rates are taken from the 2019 Youth Risk Behavior Surveillance System. Middle school smoking rates are taken from the 2016 Youth Tobacco Survey.

Health impact information is taken from the Smoking Attributable Mortality, Morbidity and Economic Costs (SAMMEC) software. Smoking attributable deaths reflect average annual estimates for the period 2005-2009 and are calculated for persons aged 35 years and older. Smoking-attributable health care expenditures are based on 2004 smoking-attributable fractions and 2009 personal health care expenditure data. Deaths and expenditures should not be compared by state.

Alaska Report Card

American Lung Association.
State of Tobacco Control
2021

Tobacco Prevention and Control Program Funding: A

FY2021 State Funding for Tobacco Control Programs:	$9,147,500
FY2021 Federal Funding for State Tobacco Control Programs:	$1,235,056*
FY2021 Total Funding for State Tobacco Control Programs:	$10,382,556
CDC Best Practices State Spending Recommendation:	$10,200,000
Percentage of CDC Recommended Level:	101.8%
State Tobacco-Related Revenue:	$80,000,000

*Includes tobacco prevention and cessation funding provided to states from the Centers for Disease Control and Prevention.

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. §§ 18.35.301 to 18.35.399 (2018).

*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: **Most 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: **All 7 medications are covered**

Counseling: **Some counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$5.98; the median investment per smoker is $2.28**

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.

Flavored Tobacco Products: F

Restrictions on Flavored Tobacco Products:
No state law or regulation

Alaska State Highlights:

Tobacco use remains the leading cause of preventable death and disease in the United States and in Alaska. To address this enormous toll, the American Lung Association 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;
2. Add electronic smoking products to tobacco tax and increase cigarette tax; and
3. Maintain Medicaid eligibility in the state to ensure access to care and quit smoking treatments.

Alaska's Tobacco Prevention and Control program follows the Centers for Disease Control and 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 great progress in reducing cigarette smoking prevalence, especially among youth. We achieved a 70% reduction in youth use between 1995 and 2013 by following best practices to prevent and reduce tobacco use. Now, e-cigarettes are addicting a new generation of youth threatening all that progress.

Alaska's current $2.00 per pack cigarette tax has not changed since 2007, and the state is long overdue for an increase. Establishing a tax on e-cigarettes should also be a priority given the high rates of youth use being seen in Alaska and across the country.

Increasing taxes on cigarettes and other tobacco products has been proven over and over to be a win-win-win proposition. Significantly increasing tobacco taxes results in fewer kids starting to smoke, and in more adults quitting while at the same time providing revenue to the municipality. Tobacco taxes also have strong public support. A 2019 statewide poll by Hellenthal and Associates for the American Lung Association reported 73% of Alaskans responding that they support taxing e-cigarettes and vape products at the same rate as cigarettes. Youth tend to be more price sensitive than adults, which is why tobacco taxes help to deter kids from starting. For adults, most of them want to quit, particularly pregnant women, and price increases serve as another incentive or nudge to do so. In Alaska 67% of adult smokers want to quit.

Given the dramatic rise in youth e-cigarette use from 18% in 2015 to 26% in 2019, Alaska's Tobacco Prevention and Control program is needed now more than ever, and that is why it is critical its funding be maintained in the fiscal year 2022 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 this session. The Lung Association will also work on state legislation to increase the tobacco sales age to 21 during the 2021 legislative session to align state statute to federal Tobacco 21 law for effectiveness of the Alaska underage sales enforcement program.

Alaska State Facts

Health Care Costs Due to Smoking:	$438,143,263
Adult Smoking Rate:	17.4%
High School Smoking Rate:	8.4%
High School Tobacco Use Rate:	33.7%
Middle School Smoking Rate:	N/A
Smoking Attributable Deaths:	610

Adult smoking data come from CDC's 2019 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use data come from the 2019 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.

Arizona Report Card

American Lung Association.
State of Tobacco Control
2021

ARIZONA

Tobacco Prevention and Control Program Funding: F

FY2021 State Funding for Tobacco Control Programs:	$18,500,000
FY2021 Federal Funding for State Tobacco Control Programs:	$1,638,540*
FY2021 Total Funding for State Tobacco Control Programs:	$20,138,540
CDC Best Practices State Spending Recommendation:	$64,400,000
Percentage of CDC Recommended Level:	31.3%
State Tobacco-Related Revenue:	$425,400,000

*Includes tobacco prevention and cessation funding provided to states from the Centers for Disease Control and Prevention.

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: D

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **All 7 medications are covered**

Counseling: **Some counseling is covered**

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

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

Counseling: **Some counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$2.15; the median investment per smoker is $2.28**

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.

Flavored Tobacco Products: F

Restrictions on Flavored Tobacco Products: **No state law or regulation**

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. Enact a statewide tobacco retailer licensing system;
2. Oppose all forms of statewide preemption for sales or use of tobacco products; and
3. Increase state 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 2020, funding for Arizona's tobacco control program, Tobacco Free Arizona, went from $16.9 million in fiscal year 2020 to $18.5 million in fiscal year 2021. 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 2020 legislative session, the Lung Association in Arizona worked on legislation raising the sales age of tobacco products to 21, including electronic smoking devices in the Clean Indoor Air Act and to create a tobacco retailer licensing system in the state. Unfortunately, the legislation was merged into a tobacco-industry supported bill with many of the good parts like tobacco retailer licensing and adding e-cigarettes to the state smokefree law stripped out. The bill would also have preempted or prevented local communities from passing any stronger local laws on tobacco sales, including retail licensing and flavors.

The Lung Association was successful in defeating this tobacco industry-supported bill which also did raise the minimum sales age for tobacco to 21 but increased penalties on persons under age 21, and continued to define electronic smoking devices outside of the tobacco product definition in addition to preemption.

On the local front, the Lung Association along with a coalition of partners continue to work with City Councilmembers in Phoenix and Mesa on restricting the sale of all flavored tobacco products. However, no legislative action had been taken in either community when this report went to press.

During the 2021 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. Creating a tobacco retailer licensing system and opposing all forms of statewide preemption on tobacco product sales laws will continue to be a priority.

Arizona State Facts

Health Care Costs Due to Smoking:	$2,383,033,467
Adult Smoking Rate:	14.9%
High School Smoking Rate:	5.3%
High School Tobacco Use Rate:	20.7%
Middle School Smoking Rate:	2.4%
Smoking Attributable Deaths:	8,250

Adult smoking data come from CDC's 2019 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use data come from the 2019 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.

Arkansas Report Card

American Lung Association.
State of Tobacco Control
2021

Tobacco Prevention and Control Program Funding: F

FY2021 State Funding for Tobacco Control Programs:	$10,819,457
FY2021 Federal Funding for State Tobacco Control Programs:	$1,455,877*
FY2021 Total Funding for State Tobacco Control Programs:	$12,275,334
CDC Best Practices State Spending Recommendation:	$36,700,000
Percentage of CDC Recommended Level:	33.4%
State Tobacco-Related Revenue:	$282,100,000

*Includes tobacco prevention and cessation funding provided to states from the Centers for Disease Control and Prevention.

Note: The Arkansas Legislature appropriated $14,675,724 to the Arkansas Tobacco Prevention and Cessation Program, however, only $10.819,457 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: D

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **All 7 medications are covered**

Counseling: **Minimal counseling is covered**

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

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **Some medications are covered**

Counseling: **Some counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$2.30; the median investment per smoker is $2.28**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

Tobacco Surcharge: **Limits tobacco surcharges**

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

Flavored Tobacco Products: F

Restrictions on Flavored Tobacco Products: **No state law or regulation**

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. Defend state funding of $11.1 million for tobacco control programs, including prevention, education and cessation and ensure that funding is spent according to CDC's Best Practices for Comprehensive Tobacco Control Programs;
2. Increase the state tobacco tax by at least $1.00 per pack and equalize taxes on all tobacco products including e-cigarettes; and
3. Support comprehensive smokefree laws that cover all bars, restaurants, casinos/gaming establishments and workplaces without loopholes. Expand to include e-cigarettes, outdoor spaces, and multi-unit housing.

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.

In a win-win for public health, the Arkansas State Legislature concluded its 2020 fiscal session with passage of a constitutionally required balanced budget, including the Revenue Stabilization law which reauthorized Medicaid expansion providing coverage for some tobacco cessation medications and counseling to enrollees. The act also preserved state tobacco control program funding at the then current level of approximately $11 million.

Also, as businesses began re-opening in the fall after being closed during a period of the COVID-19 pandemic, the Lung Association in Arkansas and its public health partners publicly called on casinos to open and remain smokefree to protect their workers and guests from secondhand smoke and COVID-19 transmission. Several of the casinos in the state adopted smokefree policies as part of their COVID-19 safety protocols, but it is unclear if they will be permanent.

Expectations of discussions on a comprehensive set of 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—were forestalled in 2020 amid pervasive discussions of an expected recession associated with the COVID-19 pandemic.

With the legislature's reconvening in January 2021, 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:	20.2%
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 data come from CDC's 2019 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.

California Report Card

American Lung Association.
State of Tobacco Control
2021

CALIFORNIA

Tobacco Prevention and Control Program Funding: B

FY2021 State Funding for Tobacco Control Programs:	$238,372,000
FY2021 Federal Funding for State Tobacco Control Programs:	$3,518,041*
FY2021 Total Funding for State Tobacco Control Programs:	$241,890,041
CDC Best Practices State Spending Recommendation:	$347,900,000
Percentage of CDC Recommended Level:	69.5%
State Tobacco-Related Revenue:	$2,817,600,000

*Includes tobacco prevention and cessation funding provided to states from the Centers for Disease Control and Prevention.

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: C

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **All 7 medications are covered**

Counseling: **All counseling is covered**

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

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **Some medications are covered**

Counseling: **Some counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$3.04; the median investment per smoker is $2.28**

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.

Flavored Tobacco Products: B

Restrictions on Flavored Tobacco Products:
Most flavored tobacco products prohibited

Thumbs up for California for passing a law prohibiting the sale of most flavored tobacco products.

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 protections against secondhand smoke in multi-unit housing, outdoor dining and recreation areas; and
3. Ensure parity between taxation on tobacco products and e-cigarettes.

Landmark legislation was introduced and passed in the California legislature to prohibit the sale of most flavored tobacco products. This legislation, Senate Bill 793, was introduced by Senator Jerry Hill. While the legislation included exemptions for flavored hookah in certain locations, loose leaf tobacco and premium cigars, this bill did not have an exemption for menthol—a vital component of flavored tobacco legislation. Despite the tobacco industry's efforts to kill the bill throughout the legislative process, on August 28, 2020, Governor Gavin Newsom signed SB 793 into law.

While this victory was significant, it was ultimately placed on hold; on August 31, 2020, the tobacco industry filed a referendum with the California Secretary of State to repeal the new law. In order for the referendum to qualify, 5% of the 2018 gubernatorial election vote would be needed via signature. Collection of the required signatures meant the law did not go into effect on January 1, 2020, and instead will be put before the voters in the 2022 election. This attack on SB 793 was a way for the tobacco industry to not only prolong the implementation date of the legislation, but give them more time to pour millions of dollars into pro-tobacco ads to keep deadly products on the market in California.

The California Tobacco Control Program has funded numerous local county and state grants focused on providing tobacco policies in areas of need. In the past year, we continue to work on multiple tobacco control grants throughout the state in the counties of Los Angeles, Orange, San Bernardino, Butte, and San Diego. These grants focus on policies such as smokefree multi-unit housing, smokefree dining, smokefree outdoor areas, and youth access to tobacco related issues.

With SB 793 on hold, the Lung Association will encourage local jurisdictions to continue passing local ordinances that prohibit the sale of flavored tobacco in 2021. As local leaders are engaged to pass these ordinances, it also provides an opportunity to engage with state lawmakers and the public to make them aware of Big Tobacco's attempt to keep flavored tobacco on the shelves.

An additional area of opportunity will be taxation on e-cigarettes. Governor Newsom indicated in 2020 that he had interest in establishing a different tax on e-cigarettes. The Lung Association will support such efforts if parity between e-cigarettes and tobacco products is maintained.

Lastly, the American Lung Association will continue to advocate for ordinances that expand protections against secondhand smoke in multi-unit housing, dining areas and recreational areas.

California State Facts

Health Care Costs Due to Smoking:	$13,292,359,950
Adult Smoking Rate:	10.0%
High School Smoking Rate:	2.0%
High School Tobacco Use Rate:	12.7%
Middle School Smoking Rate:	0.7%
Smoking Attributable Deaths:	39,950

Adult smoking data come from CDC's 2019 Behavioral Risk Factor Surveillance System. High school (11th grade only) smoking and tobacco use and middle school (8th grade only) smoking data come from the 2017-2018 California Student 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.

Colorado Report Card

American Lung Association.
State of Tobacco Control
2021

COLORADO

Tobacco Prevention and Control Program Funding: F

FY2021 State Funding for Tobacco Control Programs:	$19,992,712
FY2021 Federal Funding for State Tobacco Control Programs:	$1,597,520*
FY2021 Total Funding for State Tobacco Control Programs:	$21,590,232
CDC Best Practices State Spending Recommendation:	$52,900,000
Percentage of CDC Recommended Level:	40.8%
State Tobacco-Related Revenue:	$339,800,000

*Includes tobacco prevention and cessation funding provided to states from the Centers for Disease Control and Prevention.

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. (2008).

Tobacco Taxes: D

CIGARETTE TAX:

Tax Rate per pack of 20: **$1.94***

*On January 1, 2021, the cigarette tax increased from $0.84 to $1.94 per pack.

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: No**

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

Thumbs up for Colorado voters for approving a ballot measure increasing the cigarette tax by $1.10 to $1.94 per pack.

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: **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: **$5.87; the median investment per smoker is $2.28**

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.

Flavored Tobacco Products: F

Restrictions on Flavored Tobacco Products:
No state law or regulation

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. Eliminate the sale of all flavored tobacco products; and
3. Protect and close remaining loopholes in state or local smokefree laws.

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 2020 legislative session, the Lung Association along with our partners successfully passed legislation establishing tobacco retailer licensing in the state and raising the state minimum age of sale to 21. The bill also removes penalties for youth purchase, use, and possession, closes loopholes for online tobacco sales, and sets up better enforcement for retailers who sell tobacco products.

Another win for Colorado came when Governor Jared Polis signed House Bill 20-1427, a referred measure to voters on the November 2020 ballot that raises taxes on cigarettes, other tobacco products, and for the first time applies a tax on nicotine vaping products. The measure passed with overwhelming support. The first set of increases in tobacco taxes and the new e-cigarette tax went into effect on January 1, 2021 with further increases planned in future years. The first two and a half years, the revenue will provide relief to state budget cuts caused by the COVID-19 pandemic. After that, the revenue will be devoted to tobacco education and cessation programs and to giving every child in Colorado access to free early childhood education. Lastly, the Lung Association was unsuccessful at passing statewide legislation prohibiting the sale of all flavored tobacco products.

Local communities continue to lead the way in Colorado. In 2020, Boulder, Pueblo, and Manitou Springs among many other localities were successful in passing tobacco retailer licensing ordinances.

In 2021, the American Lung Association in Colorado will continue its work with partners to support state and local strengthening of smokefree laws and reduce youth tobacco use through strategies like eliminating the sale of flavored tobacco products.

Colorado State Facts

Health Care Costs Due to Smoking:	$1,891,467,308
Adult Smoking Rate:	13.5%
High School Smoking Rate:	5.3%
High School Tobacco Use Rate:	32.3%
Middle School Smoking Rate:	1.4%
Smoking Attributable Deaths:	5,070

Adult smoking data come from CDC's 2019 Behavioral Risk Factor Surveillance System. High school smoking rate is taken from the 2019 Youth Risk Behavior Surveillance System. High school tobacco use rate is taken from the 2017 Colorado Healthy Kids Survey. Middle school smoking rate is taken from the 2019 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.

CONNECTICUT

Connecticut Report Card

American Lung Association.
State of Tobacco Control
2021

Tobacco Prevention and Control Program Funding: F

FY2021 State Funding for Tobacco Control Programs:	$0
FY2021 Federal Funding for State Tobacco Control Programs:	$1,145,118*
FY2021 Total Funding for State Tobacco Control Programs:	$1,145,118
CDC Best Practices State Spending Recommendation:	$32,000,000
Percentage of CDC Recommended Level:	3.6%
State Tobacco-Related Revenue:	$473,200,000

*Includes tobacco prevention and cessation funding provided to states from the Centers for Disease Control and Prevention.

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

Tobacco Taxes: B

CIGARETTE TAX:

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

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: C

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: **Minimal 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: **$0.96*; the median investment per smoker is $2.28**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

Tobacco Surcharge: **Prohibits tobacco surcharges in some plans**

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.

Flavored Tobacco Products: F

Restrictions on Flavored Tobacco Products:
No state law or regulation

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.

The 2020 Legislative Session started very strong, introducing important tobacco and public health policy. The Lung Association and our partners made progress in efforts towards prohibiting the sales of all flavored tobacco products in the state. Several bills addressing tobacco program funding were raised and reserved for public hearing. The Governor's budget also proposed to improve the electronic cigarette taxing structure. However, when COVID-19 arrived in Connecticut in mid-March, the progress made in these policies came to a halt as we all tried to figure out how to continue our work in these new times.

2020 brought new challenges and highlighted a number of issues that Connecticut and the country has faced for years in society. The Lung Association has long recognized the impact inequities have had on our health, but COVID-19 and the heightened awareness of racial disparities in this country have shone a light on the work our country must do moving forward. The Lung Association needs to focus on bringing a social and health justice lens to our state health policy efforts, including focusing on policies that will address tobacco use disparities.

With that aim, the American Lung Association has a lot of work to do in 2021. As advocates and the General Assembly adjust to new ways of working, the Lung Association will engage on a number of familiar policy issues with heightened effort to broaden our partnerships and highlight the voices of so many disproportionately impacted by the burden of tobacco use. Our priorities to restore state funding for tobacco prevention programs, prohibiting the sales of all flavored tobacco products and closing the loopholes in Connecticut's indoor smokefree air laws all can help address the disproportionate ways tobacco impacts our communities. The Lung Association looks forward to making great progress in tobacco and health policy in 2021.

Connecticut State Facts

Health Care Costs Due to Smoking:	$2,038,803,314
Adult Smoking Rate:	12.1%
High School Smoking Rate:	3.7%
High School Tobacco Use Rate:	28.7%
Middle School Smoking Rate:	N/A
Smoking Attributable Deaths:	4,900

Adult smoking data come from CDC's 2019 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use data come from the 2019 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.

Delaware Report Card

American Lung Association.
State of Tobacco Control
2021

DELAWARE

Tobacco Prevention and Control Program Funding: C

FY2021 State Funding for Tobacco Control Programs:	$7,088,900
FY2021 Federal Funding for State Tobacco Control Programs:	$955,900*
FY2021 Total Funding for State Tobacco Control Programs:	$8,044,800
CDC Best Practices State Spending Recommendation:	$13,000,000
Percentage of CDC Recommended Level:	61.9%
State Tobacco-Related Revenue:	$139,300,000

*Includes tobacco prevention and cessation funding provided to states from the Centers for Disease Control and Prevention.

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: **Most medications are covered**

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

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

STATE QUITLINE:

Investment per Smoker: **$11.61; the median investment per smoker is $2.28**

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.

Flavored Tobacco Products: F

Restrictions on Flavored Tobacco Products:
No state law or regulation

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

During the 2020 legislative session, the American Lung Association in Delaware along with other public health partners were successful in protecting critical funding for tobacco prevention and cessation in a potentially challenging budget environment.

The Delaware legislation session was interrupted by the COVID-19 pandemic which was starting in Delaware just as the General Assembly was slated to return from its normal Joint Finance break in March 2020. Given the circumstances, the General Assembly decided to return virtually in late June and focus its efforts primarily on passing the state budget which is required to be done by June 30th. This interrupted session along with the focus on the budget presented challenges for the Lung Association and our public health partners in moving priority legislation forward.

However, during this extended break in the legislative session the Lung Association and its partners were able to begin to lay the groundwork for the priority focus for the 2021 session to remove all flavored tobacco products from the market in Delaware.

Youth e-cigarette use in the United States continues to be a public health crisis. In Delaware, according to the Division of Public Health, 13.6% of high school students reported e-cigarette use in the past month. An overwhelming majority of users cited using fruit, menthol and mint flavors. This data highlights the immediate need to remove all flavored tobacco products from the market.

Another important tool in fighting tobacco use is Delaware's tobacco prevention and cessation program. The Delaware Health Fund is where tobacco Master Settlement Agreement (MSA) dollars received by the state have been directed since the MSA was implemented. 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, reflected a slight increase due to advocacy from the Lung Association at approximately $7 million in fiscal year 2021. However, this amount of funding is still lower than historical levels and the Lung Association believes funding for this vital program needs to be significantly increased.

The American Lung Association in Delaware will continue to educate lawmakers and identify champions on the ongoing fight against tobacco to advance our 2021 goals which include the removal of all flavored tobacco products from the market and further increases in funding for tobacco prevention and control programs.

Delaware State Facts

Health Care Costs Due to Smoking:	$532,321,239
Adult Smoking Rate:	15.9%
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 data come from CDC's 2019 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.

District of Columbia Report Card

American Lung Association.
State of Tobacco Control
2021

DISTRICT OF COLUMBIA

Tobacco Prevention and Control Program Funding: F

FY2021 City Funding for Tobacco Control Programs:	$1,900,000
FY2021 Federal Funding for City Tobacco Control Programs:	$988,443*
FY2021 Total Funding for City Tobacco Control Programs:	$2,888,443
CDC Best Practices City Spending Recommendation:	$10,700,000
Percentage of CDC Recommended Level:	27.0%
State Tobacco-Related Revenue:	$69,900,000

*Includes tobacco prevention and cessation funding provided to states from the Centers for Disease Control and Prevention.

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: **$5.17; the median investment per smoker is $2.28**

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.

Flavored Tobacco Products: F

Restrictions on Flavored Tobacco Products:
No city law or regulation

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 2020 District of Columbia Council session, the American Lung Association in the District of Columbia along with a very active tobacco coalition, including both community-based organizations and national health organizations worked to support and amend introduced legislation to remove all flavored tobacco products from the market. The legislation in play in 2020 introduced in September 2019, proposed to remove all flavored e-cigarettes from the marketplace, including kid-friendly mint and menthol flavors. However, the proposed legislation did not go far enough and the Lung Association along with its partners advocated for the inclusion of all flavored tobacco products into this legislation during 2020.

In January 2020, the Lung Association along with over 60 other individuals and organizations testified before the Council's Committee on the Judiciary and Public Safety requesting that the proposed flavors legislation be amended or "marked up" to include all flavored tobacco products without exemptions. The Council's normal session timeline was derailed with the COVID-19 pandemic and went on recess, when they reconvened briefly the focus was on approving the District's budget.

Youth e-cigarette use in the United States continues to be a public health crisis. In recent data from the 2020 National Tobacco Youth Survey, one in five high school students and one in 20 middle school students use e-cigarettes. In the District of Columbia according to the 2019 Youth Risk Behavior Survey, 13% of high school students reported e-cigarette use in the past month. An overwhelming majority of users cited using fruit, menthol and mint flavors. This data highlights the immediate need to address the removal of all flavored tobacco products from the market.

Funding for the District's tobacco control program remained at $1.9 million for fiscal year 2021. While the fact that funding is recurring due to a previous 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 2021. The Council is scheduled to reconvene in early January 2021 and the flavored e-cigarette bill is expected to be re-introduced in its previous form. Public health advocates would then work with the Judiciary and Public Safety Committee to ensure that the bill is marked up to include all products and all flavors before moving forward to full Council vote.

District of Columbia Facts

Health Care Costs Due to Smoking:	$391,048,877
Adult Smoking Rate:	12.7%
High School Smoking Rate:	5.3%
High School Tobacco Use Rate:	17.2%
Middle School Smoking Rate:	N/A
Smoking Attributable Deaths:	790

Adult smoking data come from CDC's 2019 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use rates are taken from the 2019 Youth Risk Behavior Surveillance System. A current middle school smoking rate is 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.

Florida Report Card

American Lung Association.
State of Tobacco Control
2021

Tobacco Prevention and Control Program Funding: F

FY2021 State Funding for Tobacco Control Programs:	$73,385,707
FY2021 Federal Funding for State Tobacco Control Programs:	$2,843,664*
FY2021 Total Funding for State Tobacco Control Programs:	$76,229,371
CDC Best Practices State Spending Recommendation:	$194,200,000
Percentage of CDC Recommended Level:	39.3%
State Tobacco-Related Revenue:	$1,508,100,000

*Includes tobacco prevention and cessation funding provided to states from the Centers for Disease Control and Prevention.

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. (2011).

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

Tobacco Taxes: F

CIGARETTE TAX:

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

OTHER TOBACCO PRODUCT TAXES:

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

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

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

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

Tax on 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: **Some counseling is covered**

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

Medicaid Expansion: **No**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

Counseling: **Some counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$4.27; the median investment per smoker is $2.28**

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.

Flavored Tobacco Products: F

Restrictions on Flavored Tobacco Products: **No state law or regulation**

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. Providing clear authority and funding to the Comprehensive Statewide Tobacco Education and Use Prevention Program to engage in prevention and education around the use of electronic cigarettes for adults and youth;
2. Instituting strong regulation and licensing of all tobacco retailers, including electronic cigarette retailers, with annual compliance and enforcement; and
3. Ensuring smokefree protections for all workers and residents, including those who work in bar establishments.

It was quite a busy year on tobacco prevention and control issues in Florida during the 2020 legislative session. The Florida Legislature had a particular interest in protecting youth from the dangers of tobacco use, including e-cigarettes. The main legislation focused on raising the minimum legal sales age of tobacco products to 21 years of age and ensuring regulation of e-cigarettes as tobacco products. Bills were filed in both chambers, including Senate Bill 810 and House Bill 151. Senate Bill 810 received the most traction and was passed by the Senate and concurred by the House. Unfortunately, it was amended to be a weak tobacco control bill that would have codified the federal Tobacco 21 law into state law, established inadequate licensing provisions, and instituted unacceptable flavor language that would have allowed most products including menthol e-cigarettes and combustibles to remain on the market. On September 8, 2020, Governor DeSantis chose to veto the legislation. Throughout the process, the American Lung Association called for stronger provisions, which would have made a meaningful impact on tobacco use in Florida.

While the Florida Legislature did consider many bills on limiting local municipalities powers, limitations on local municipalities ability to pass local tobacco prevention and control measures was not included. Florida has existing preemption on local municipalities further restricting smoking in indoor workplaces and public places.

The American Lung Association in Florida was able to protect funding for Tobacco Free Florida and increase the total budget for the program to $73,051,574. 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 smoking cessation. In addition to the $13.6 million allocated for Quitline services and implementation of a referral program, the program dedicates an additional $8 million for in-person cessation counseling.

In 2021, the American Lung Association in Florida will advocate for a highly effective and well-funded tobacco prevention and control program that has the authority to educate on the dangers of tobacco and e-cigarette use and instituting strong regulation of tobacco retailers, including e-cigarette retailers.

Florida State Facts

Health Care Costs Due to Smoking:	$8,643,645,763
Adult Smoking Rate:	14.8%
High School Smoking Rate:	2.3%
High School Tobacco Use Rate:	25.2%
Middle School Smoking Rate:	1.1%
Smoking Attributable Deaths:	32,300

Adult smoking data come from CDC's 2019 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use and middle school smoking rates are taken from the 2020 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.

Georgia Report Card

American Lung Association.
State of Tobacco Control
2021

GEORGIA

Tobacco Prevention and Control Program Funding: F

FY2021 State Funding for Tobacco Control Programs:	$750,000
FY2021 Federal Funding for State Tobacco Control Programs:	$2,043,852*
FY2021 Total Funding for State Tobacco Control Programs:	$2,793,852
CDC Best Practices State Spending Recommendation:	$106,000,000
Percentage of CDC Recommended Level:	2.6%
State Tobacco-Related Revenue:	$395,400,000

*Includes tobacco prevention and cessation funding provided to states from the Centers for Disease Control and Prevention.

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: No; Weight-Based: Yes**

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

Thumbs down for Georgia for having the second 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: **Some counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$0.97; the median investment per smoker is $2.28**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

Tobacco Surcharge: **State has a tobacco surcharge for Medicaid enrollees**

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

Thumbs down to Georgia for adding a tobacco surcharge for Medicaid enrollees.

Flavored Tobacco Products: F

Restrictions on Flavored Tobacco Products:
No state law or regulation

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. Increase state funding to $5 million for tobacco control programs;
2. Pursue a tobacco tax increase of $1.50 per pack on cigarettes and equalize taxes on all other tobacco products including e-cigarettes to the cigarette tax; and
3. Support comprehensive smokefree laws that cover all bars, restaurants, and workplaces.

Concerns about the youth vaping epidemic prompted several bills in the 2020 session of the Georgia Legislature ranging from Internet sales to retail licensure to tobacco tax increases. Few bills got committee hearings and only one, Senate bill 375, became law.

The American Lung Association in Georgia and many other organizations supported increasing Georgia's cigarette by a $1.50 per pack with equal increases for all other tobacco products including e-cigarettes. Georgia faced major budget cuts due to the impact of COVID-19. Polling from the American Heart Association in May 2020 showed 73.4% of Georgia voters supported raising the cigarette tax by an additional $1.50 per pack. House Bill 1229 proposed these increases but was not considered in committee. House Bill 882 passed out of the Senate Finance Committee amended with a 98-cent cigarette tax increase and a tax on e-cigarettes, but it was not considered in the Senate Rules Committee, ending its chances for passage.

In the House, e-cigarette tax legislation was amended by tobacco industry supporters with a tax cut for 'modified risk' tobacco products. The Lung Association and other public health partners opposed the amended version, as did most members of the House, and it failed for the session. Senate Bill 375, which became law, proposed to curb tobacco and e-cigarette use in schools and raise the age of sale for all tobacco products to 21. E-cigarette retail licensing and excise taxes were added on the House side. Unfortunately, it included a penalty to suspend driver's licenses of those under 21 for purchase, attempt to purchase, or possession of tobacco products. The Lung Association urges future legislation strengthen tobacco retail licensing with adequate fees, annual compliance checks, and a penalty structure to hold retailers accountable for selling tobacco to those under 21, rather than applying penalties to those underage.

Demonstrating a little has gone a long way, the Georgia Department of Public Health's Tobacco Quit Line provides counseling 24/7 and offers 4-weeks of nicotine replacement medication per year to Georgians looking to quit smoking, vaping, and using smokeless tobacco. The Quit Line has successfully maintained a quit rate of over 30%, and increased funding could help more smokers quit by adding more counseling options and offering more proven quit smoking medications.

Georgia can realize greater health and fiscal benefits by raising our tobacco taxes and increasing funding to the state Tobacco Use Prevention Program. The American Lung Association will continue to speak up for these improvements and press for action in 2021.

Georgia State Facts

Health Care Costs Due to Smoking:	$3,182,695,641
Adult Smoking Rate:	16.3%
High School Smoking Rate:	4.0%
High School Tobacco Use Rate:	21.0%
Middle School Smoking Rate:	N/A
Smoking Attributable Deaths:	11,690

Adult smoking data come from CDC's 2019 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use rates are taken from the 2019 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.

Hawaii Report Card

American Lung Association.
State of Tobacco Control
2021

Tobacco Prevention and Control Program Funding: C

FY2021 State Funding for Tobacco Control Programs:	$7,920,839
FY2021 Federal Funding for State Tobacco Control Programs:	$1,119,987*
FY2021 Total Funding for State Tobacco Control Programs:	$9,040,826
CDC Best Practices State Spending Recommendation:	$13,700,000
Percentage of CDC Recommended Level:	66.0%
State Tobacco-Related Revenue:	$152,400,000

*Includes tobacco prevention and cessation funding provided to states from the Centers for Disease Control and Prevention.

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: B

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **Most medications are covered**

Counseling: **Some counseling is covered**

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

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **Some medications are covered**

Counseling: **Some counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$10.32; the median investment per smoker is $2.28**

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.

Flavored Tobacco Products: F

Restrictions on Flavored Tobacco Products:
No state law or regulation

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 all flavored tobacco products;
2. Establish parity between cigarette and electronic cigarette taxation, permitting and licensing; and
3. Maintain funding for tobacco prevention and cessation programs.

Several bills were introduced during the 2020 legislative session to prohibit the sale of flavored tobacco products (House Bill 2457, Senate Bill 2228, Senate Bill 2538).

The American Lung Association joined together with other stakeholder groups in support of the 'Flavors Hook Kids' Campaign to eliminate the sale of flavored products. HB 2457 began as comprehensive legislation that would prohibit the sale of all flavored tobacco products, including menthol cigarettes.

The legislative session recessed in March with the arrival of the COVID-19 pandemic. In a surprising move, the Senate took up the bill as a priority when the body reconvened in June. The bill was heard and passed in the joint Senate Judiciary and Ways and Means committee with an amendment to exempt menthol flavors, including menthol cigarettes. HB 2457 passed unanimously in the Senate; the House did not agree to the amendments by the Senate, with the bill dying in July.

Several bills were introduced on the regulation of electronic smoking devices (House Bill 2456, Senate Bill 2231, Senate Bill 2227). Concepts included changing the definition of tobacco products to include electronic smoking devices which would provide parity in taxation as well as increasing the license fee for wholesalers or dealers of tobacco products. None of these bills were passed during the session.

The release of the 2020 Youth Risk Behavioral Surveillance System data once again highlighted the need for policy solutions to the youth vaping epidemic in Hawaii. The report showed that 30.6% of high school students and 17.7% of middle school students are current e-cigarette users. Native Hawaiians and Pacific Islanders have higher vaping rates than the youth state average. The need for action is more urgent than ever with close to one in three high school students using e-cigarettes in Hawaii.

The American Lung Association in Hawaii will continue to work towards creating tax parity among all tobacco products and eliminating the sale of all flavored tobacco products. Working with our volunteers and stakeholders, the Lung Association is committed to lessening the harmful impacts of tobacco in Hawaii.

Hawaii State Facts

Health Care Costs Due to Smoking:	$526,253,732
Adult Smoking Rate:	12.3%
High School Smoking Rate:	5.3%
High School Tobacco Use Rate:	23.2%
Middle School Smoking Rate:	3.1%
Smoking Attributable Deaths:	1,420

Adult smoking data come from CDC's 2019 Behavioral Risk Factor Surveillance System. High school smoking rate is taken from the 2019 Youth Risk Behavior Surveillance System. High school 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.

Idaho Report Card

American Lung Association.
State of Tobacco Control
2021

IDAHO

Tobacco Prevention and Control Program Funding: F

FY2021 State Funding for Tobacco Control Programs:	$3,628,200
FY2021 Federal Funding for State Tobacco Control Programs:	$1,134,288*
FY2021 Total Funding for State Tobacco Control Programs:	$4,762,488
CDC Best Practices State Spending Recommendation:	$15,600,000
Percentage of CDC Recommended Level:	30.5%
State Tobacco-Related Revenue:	$75,400,000

*Includes tobacco prevention and cessation funding provided to states from the Centers for Disease Control and Prevention.

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% 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: C

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **All 7 medications are covered**

Counseling: **Minimal counseling is covered**

Barriers to Coverage: **Minimal 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: **$4.57; the median investment per smoker is $2.28**

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.

Flavored Tobacco Products: F

Restrictions on Flavored Tobacco Products: **No state law or regulation**

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. Treat e-cigarettes consistent with traditional tobacco products in all areas under state law;
2. Implement tobacco retail licensure fees at a level that supports enforcement of legal sales age; and
3. Enact laws to protect all Idahoans from exposure to secondhand smoke.

The 2020 legislative session brought an important victory for efforts to reduce youth tobacco use in Idaho. The passage and signing of House Bill 538 were the first step to creating parity between traditional tobacco products and electronic smoking devices in Idaho by including electronic smoking devices in the state definition of tobacco products. HB 538 also requires electronic smoking device retailers to obtain a permit to sell their products following the same process as traditional tobacco retailers. As a result of this change, electronic smoking device retailers are required to participate in compliance checks to ensure they are not selling tobacco and nicotine products to persons under age 21.

While progress was made during the 2020 legislative session, additional action is needed in Idaho to reduce youth access to tobacco and e-cigarette products. It is critical to complete the process of creating parity between electronic cigarettes and traditional tobacco products including taxing electronic devices equivalent to traditional tobacco products. Similarly, while the federal age to purchase tobacco products was increased to 21, Idaho legislators failed to increase the law on record in Idaho. While the federal rule supersedes Idaho law and the legal sale age nationwide is 21, the Lung Association calls on Idaho legislators to increase Idaho's sale age to 21 to reduce confusion and provide consistency for retailers and community members. During the 2021 legislative session, additional work is also needed to set the tobacco retail licensure fee at a level that supports the mandated enforcement checks.

At the local level, partners continue to work with mayors and city council members to promote the creation and implementation of comprehensive clean air laws that protect citizens of all ages from the negative health impacts of secondhand smoke.

The American Lung Association in Idaho continues to work with coalition partners to advocate for all tobacco products, including e-cigarettes and other emerging products to be treated the same under Idaho law, to ensure there is no confusion among retailers and community members that the legal sale age for tobacco products is 21, and to protect all Idaho citizens from breathing secondhand smoke to improve the health of our communities and our state.

Idaho State Facts

Health Care Costs Due to Smoking:	$508,053,436
Adult Smoking Rate:	15.3%
High School Smoking Rate:	5.3%
High School Tobacco Use Rate:	22.8%
Middle School Smoking Rate:	N/A
Smoking Attributable Deaths:	1,800

Adult smoking data come from CDC's 2019 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use data come from the 2019 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.

Illinois Report Card

American Lung Association.
State of Tobacco Control
2021

ILLINOIS

Tobacco Prevention and Control Program Funding: F

FY2021 State Funding for Tobacco Control Programs:	$15,100,000
FY2021 Federal Funding for State Tobacco Control Programs:	$2,166,214*
FY2021 Total Funding for State Tobacco Control Programs:	$17,266,214
CDC Best Practices State Spending Recommendation:	$136,700,000
Percentage of CDC Recommended Level:	12.6%
State Tobacco-Related Revenue:	$1,154,500,000

*Includes tobacco prevention and cessation funding provided to states from the Centers for Disease Control and Prevention.

Thumbs up for Illinois for increasing funding for its tobacco cessation and prevention program by $5 million this fiscal year.

Smokefree Air: A

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government Worksites: **Prohibited**
Private Worksites: **Prohibited**
Schools: **Prohibited**
Child Care Facilities: **Prohibited**
Restaurants: **Prohibited**
Bars: **Prohibited**
Casinos/Gaming Establishments: **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. (2014).

Tobacco Taxes: C

CIGARETTE TAX:

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

OTHER TOBACCO PRODUCT TAXES:

Tax on little cigars: **Equalized: Yes; Weight-Based: No**
Tax on large cigars: **Equalized: No; Weight-Based: No**
Tax on smokeless tobacco: **Equalized: No; Weight-Based: Yes**
Tax on pipe/RYO tobacco: **Equalized: No; Weight-Based: No**
Tax on 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: **Minimal counseling is covered**
Barriers to Coverage: **Minimal 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: **$2.99; the median investment per smoker is $2.28**

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.

Flavored Tobacco Products: F

Restrictions on Flavored Tobacco Products:
No state law or regulation

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

1. Maintain funding for state tobacco control programs;
2. Include e-cigarettes in the Smokefree Illinois Act to prevent their usage in public places and workplaces; and
3. Ensure tax parity between other tobacco products, including e-cigarettes and cigarettes.

After suspending its legislative session from March 16 to May 20, 2020 due to COVID-19, the 101st Illinois General Assembly passed a budget that included a $5 million increase for tobacco prevention and control from the previous year: $10 million to local health departments, $1 million to the Illinois Department of Public Health and $4.1 million to the American Lung Association to operate the Illinois Tobacco Quitline. A law to prohibit smoking in vehicles with children present (House Bill 2276) also went into effect on June 1, 2020.

On June 7, 2020, the Chicago City Council introduced an ordinance (#02020-3388) to end the sale of all flavored tobacco products, including menthol cigarettes and little cigars. Disappointingly to the Lung Association, the City Council ultimately passed a compromise ordinance that ended the sale of flavored e-cigarettes on September 9, 2020.

The Illinois Department of Public Health along with local health departments and community health partners continued to excel in providing vital tobacco prevention services to Illinoisans. These included expanding private smokefree multi-unit housing, implementing youth cessation and prevention programs, and serving more than 31,000 callers to the Illinois Tobacco Quitline looking to end their tobacco use.

According to the Chicago Department of Public Health's most recent Healthy Chicago Data Brief, use of traditional tobacco products among youth is at a historic low. Overall tobacco use, however, increased in 2019 due to a near doubling of youth e-cigarette use from 2017 to 2019. On the plus side, the current youth use rate remains and the rate of increase from 2017 to 2019 was lower than at state and national levels.

Several disparities in youth tobacco use persisted, or in some cases, worsened. Young Black males were the only demographic in 2019 to record an increase in traditional cigarette use. In addition, cigar use by Black students has not decreased in a decade, despite declines in other demographics. Furthermore, the largest increase by far in e-cigarette use among all demographics from 2017 to 2019 was among Black youth. Finally, tobacco use among lesbian, gay, and bisexual (LGB) youth in Chicago remains as much as 5.6 times higher than among heterosexual youth, depending on product used. These disparities are even more pronounced among Black LGB youth, at up to seven times higher than heterosexual students of any race, depending on product used.

The American Lung Association will continue to engage both traditional and non-traditional partners to make the case to lawmakers to pass common sense tobacco control policy. Given the stark disparities that exist in tobacco use, The Lung Association will evolve our efforts to be specifically tailored to address communities that are the most underserved.

Illinois State Facts

Health Care Costs Due to Smoking:	$5,495,627,110
Adult Smoking Rate:	14.5%
High School Smoking Rate:	4.7%
High School Tobacco Use Rate:	22.7%
Middle School Smoking Rate:	2.0%
Smoking Attributable Deaths:	18,280

Adult smoking data come from CDC's 2019 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use rates are taken from the 2019 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.

Indiana Report Card

American Lung Association.
State of Tobacco Control
2021

INDIANA

Tobacco Prevention and Control Program Funding: F

FY2021 State Funding for Tobacco Control Programs:	$7,500,000
FY2021 Federal Funding for State Tobacco Control Programs:	$1,760,216*
FY2021 Total Funding for State Tobacco Control Programs:	$9,260,216
CDC Best Practices State Spending Recommendation:	$73,500,000
Percentage of CDC Recommended Level:	12.6%
State Tobacco-Related Revenue:	$548,600,000

*Includes tobacco prevention and cessation funding provided to states from the Centers for Disease Control and Prevention.

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 32.5% 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: D

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **All 7 medications are covered**

Counseling: **Most counseling is covered**

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

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

Counseling: **Some counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$2.13; the median investment per smoker is $2.28**

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.

Flavored Tobacco Products: F

Restrictions on Flavored Tobacco Products:
No state law or regulation

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. Raise the cigarette tax by $2 per pack with parity across all tobacco products, including e-cigarettes;
2. Enact legislation prohibiting the sale of all flavored tobacco products; and
3. Enact a comprehensive smokefree air law that covers bars, clubs, and gaming venues.

During the 2020 legislative session, the American Lung Association in Indiana supported the passage of Senate Bill 1, raising the minimum sales age of tobacco products to 21. Indiana's state law is now aligned with federal statute. Notably, the bill also made several important changes to strengthen penalties for retailers that violate the law. Under the new law, fines for repeat retail offenders are doubled. The law also doubles the "look back period" from six months to one year. The look back period is the time during which a retailer may accumulate repeat underage sale violations. Based on a retailer's total previous violations, fines are escalated, ultimately putting the retailer's license in jeopardy.

One non-legislative advancement in tobacco control was an announcement from Indiana Medicaid, outlined in IHCP Bulletin 202050. Under the new directive, copays are no longer required for tobacco cessation medications. The change applies to fee-for-service as well as managed care plans.

At the municipal level, the town of Winfield enacted a comprehensive local smokefree air law. State legislators have not seriously considered stronger secondhand smoke protections at the state level since passing a statewide law in 2012. Existing state law leaves thousands of workers vulnerable to harmful secondhand smoke exposure on the job.

The Indiana General Assembly did not advance any of several bills addressing flavored tobacco products during the 2020 session.

A 2020 poll released by the American Lung Association in Indiana found strong support for smokefree casinos and other tobacco control policies. Eighty-three percent of Hoosier voters agree secondhand smoke is a health hazard, with 70% supporting a prohibition of smoking and vaping in all workplaces, including bars, clubs, and casinos. The poll also found strong public support for raising the cigarette tax (63%) and imposing a tax on e-cigarettes equal to cigarettes (70%). Fifty-one percent of voters support prohibiting the sale of flavored tobacco products.

Raising the cigarette tax is the most important tobacco control policy that legislators can undertake in 2021. Indiana has the lowest cigarette tax in the region, and one of the highest smoking rates in the country. A significant increase of the cigarette tax will drive down smoking rates and prevent many young Hoosiers from ever smoking at all. Raising the tax will also generate funding for tobacco prevention and other crucial public health needs.

Indiana State Facts

Health Care Costs Due to Smoking:	$2,930,404,456
Adult Smoking Rate:	19.2%
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 data come from CDC's 2019 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.

Iowa Report Card

American Lung Association.
State of Tobacco Control
2021

Tobacco Prevention and Control Program Funding: F

FY2021 State Funding for Tobacco Control Programs:	$4,021,000
FY2021 Federal Funding for State Tobacco Control Programs:	$1,119,496*
FY2021 Total Funding for State Tobacco Control Programs:	$5,140,496
CDC Best Practices State Spending Recommendation:	$30,100,000
Percentage of CDC Recommended Level:	17.1%
State Tobacco-Related Revenue:	$266,600,000

*Includes tobacco prevention and cessation funding provided to states from the Centers for Disease Control and Prevention.

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: F

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **All 7 medications are covered**

Counseling: **Some counseling is covered**

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

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

Counseling: **Some 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 $2.28**

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.

Flavored Tobacco Products: F

Restrictions on Flavored Tobacco Products:
No state law or regulation

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. Maintain funding for state tobacco control programs;
2. Close the loophole for casinos in the Smokefree Air Act; and
3. Include alternative nicotine products in the definition of tobacco products.

After an 11-week pause due to COVID-19, the 88th Iowa General Assembly passed a state budget that left fiscal year 2021 funding mostly level, except for some limited increases. The state's tobacco control program received $4,021,000 slightly lower than last fiscal year, which includes $417,000 to the Lung Association for Iowa tobacco control programming. The General Assembly also passed a bill to raise the minimum legal sale age of all tobacco products to age 21, which puts Iowa in line with federal policy. The bill was signed into law by Governor Kim Reynolds on June 29, 2020.

Four tribal casinos in Iowa voluntarily reopened as smokefree temporarily following their closures due to COVID-19: Prairie Flower Casino, Blackbird Bend Casino, Meskwaki Bingo Casino, WinnaVegas Casino. This is part of a large nationwide trend where over 200 tribal and non-tribal casinos have re-opened smokefree.

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. It is also important to address tobacco use disparities that exist in Iowa.

In December 2019, Governor Reynolds, the Iowa Department of Public Health (DPH), and the Iowa Department of Education launched a new vaping awareness and prevention campaign to inform teens about the reality of vaping and its consequences, and help parents know how to address the issue and protect their kids. The campaign also focused on school nurses, teachers and administrators to ensure they have the tools and information to help educate students and parents.

The Lung Association will continue to engage both traditional and non-traditional stakeholders to make the case to lawmakers to pass common sense tobacco control policy. Given the leadership of tribal casinos with reopening as smokefree, the Lung Association will work to partner with the legislature to expand these policies to commercial casinos. The Lung Association will also continue to communicate successes, such as the declining cigarette smoking rate, that are attributed to ongoing implementation of strong tobacco prevention and control interventions.

Iowa State Facts

Health Care Costs Due to Smoking:	$1,285,256,462
Adult Smoking Rate:	16.4%
High School Smoking Rate:	6.7%
High School Tobacco Use Rate:	22.7%
Middle School Smoking Rate:	1.7%
Smoking Attributable Deaths:	5,070

Adult smoking data come from CDC's 2019 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use rate is taken from the 2019 Youth Risk Behavior Surveillance System. Middle school (8th grade only) smoking rates are taken from the 2018 Iowa Youth 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.

Kansas Report Card

American Lung Association.
State of Tobacco Control
2021

KANSAS

Tobacco Prevention and Control Program Funding: F

FY2021 State Funding for Tobacco Control Programs:	$1,001,960
FY2021 Federal Funding for State Tobacco Control Programs:	$1,450,591*
FY2021 Total Funding for State Tobacco Control Programs:	$2,452,551
CDC Best Practices State Spending Recommendation:	$27,900,000
Percentage of CDC Recommended Level:	8.8%
State Tobacco-Related Revenue:	$185,100,000

*Includes tobacco prevention and cessation funding provided to states from the Centers for Disease Control and Prevention.

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: **Minimal barriers exist to access coverage**

Medicaid Expansion: **No**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

Counseling: **No counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$0.36; the median investment per smoker is $2.28**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

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

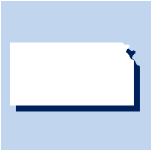
Citation: See Kansas Tobacco Cessation Coverage page for specific sources.

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

Flavored Tobacco Products: F

Restrictions on Flavored Tobacco Products:
No state law or regulation

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. Increase the cigarette tax by at least $1.00 per pack and equalize the tax for all tobacco products including e-cigarettes with the cigarette tax;
2. Prohibit the sale of all flavored tobacco products, including menthol;
3. Maintain state funding for tobacco control programs and ensure that funding is spent according to Centers for Disease Control and Prevention (CDC) Best Practices for Comprehensive Tobacco Control Programs.

In 2020, the Kansas State Legislature convened on January 13 and was set to adjourn on May 31. In response to the coronavirus pandemic, the Kansas State Legislature suspended its session effective March 19, 2020. A brief veto session and a special session were convened in May and June respectively. The session closed officially June 4, 2020.

Tobacco 21 legislation, featuring best practices in tobacco control, was drafted and had the support of key House members. However, a separate Tobacco 21 bill also was brought forward. The sponsors of the two competing bills reached an agreement to combine the two Tobacco 21 bills (House Bill 2563) and the combined bill was introduced early in the session. HB 2563 included some aspects of a robust Tobacco 21 policy such as an increase in the retail license fee to fund full enforcement, removal of existing youth penalties, an increase in compliance checks and the elimination of vending machine sales and sampling. HB 2563 also included flavor restrictions, but only on e-cigarettes and with an exemption for menthol. In committee, HB 2563 was further weakened when the increase in retail license fee was removed and youth penalties reinstated. The American Lung Association submitted testimony opposing HB 2563. The bill ultimately died on calendar.

At the local level a handful of Kansas communities passed Tobacco 21 policies bringing the total number of cities and counties with Tobacco 21 to 25.

In response to the e-cigarette youth epidemic, the Kansas Department of Education introduced a Vape-Free Schools Toolkit designed to help schools and school district become tobacco and e-cigarette-free. This Toolkit contains information and resources to enforce and support a truly tobacco and e-cigarette-free campus.

During the 2021 legislative session, the American Lung Association in Kansas will work with public health partners to advocate for and pass a cigarette tax increase of at least $1.00 per pack with a comparable increase on all other tobacco products. The Lung Association also will work with public health partners in advancing comprehensive prohibitions on flavored tobacco products in communities across the state. Regarding the ongoing effort to expand Medicaid in Kansas, the Lung Association will advocate to ensure that expansion includes enhanced tobacco cessation support and will strongly oppose any efforts to defund the state's tobacco prevention program in the face of a $150 million budget shortfall.

Kansas State Facts

Health Care Costs Due to Smoking:	$1,128,040,688
Adult Smoking Rate:	16.2%
High School Smoking Rate:	5.8%
High School Tobacco Use Rate:	25.8%
Middle School Smoking Rate:	N/A
Smoking Attributable Deaths:	4,390

Adult smoking data come from CDC's 2019 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use rates are taken from the 2019 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.

Kentucky Report Card

American Lung Association.
State of Tobacco Control
2021

Tobacco Prevention and Control Program Funding: F

FY2021 State Funding for Tobacco Control Programs:	$2,000,000
FY2021 Federal Funding for State Tobacco Control Programs:	$1,625,654*
FY2021 Total Funding for State Tobacco Control Programs:	$3,625,654
CDC Best Practices State Spending Recommendation:	$56,400,000
Percentage of CDC Recommended Level:	6.4%
State Tobacco-Related Revenue:	$503,300,000

*Includes tobacco prevention and cessation funding provided to states from the Centers for Disease Control and Prevention.

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 34.9% 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: 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: **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 counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$0.73; the median investment per smoker is $2.28**

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.

Flavored Tobacco Products: F

Restrictions on Flavored Tobacco Products:
No state law or regulation

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. Repeal state preemption of local tobacco control authority;
2. Restore funding for the Kentucky Tobacco Prevention and Cessation Program to $3.3 million and ensure that funding is spent according to CDC's Best Practices for Comprehensive Tobacco Control Programs; and
3. Support and defend local comprehensive smokefree laws, including e-cigarettes.

During the 2020 session of the Kentucky General Assembly, Tobacco 21 legislation passed the legislature and was signed into law by Governor Andy Beshear. Effective August 1, 2020, the new statute covers e-cigarettes and removes some prior penalties on youth for underage purchase, use and possession of tobacco products.

Also, during 2020, amid predictions of dramatic declines in revenue associated with COVID-19 and the urgent need to fund the state's response to the pandemic, the legislature passed one year of what is normally a biennial budget. This unusual circumstance caused many programs to be slashed. Among those cut was the state's tobacco control program, reduced from $3.3 million to $2 million. Buttressed with some carry over funds, program services will fortunately not be curtailed in 2020, but the need to restore funding in the second year of the biennium is acute.

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.

On a significantly more positive note, the budget also included the state's first-ever excise tax on e-cigarettes effective August 1, 2020. The tax is bifurcated with a $1.50 rate per pod and a 15% of wholesale rate on e-liquid systems.

Finally, with an increasing number of local smokefree laws, approximately 36% of Kentucky residents are now covered by comprehensive smokefree protections. The state has made progress both on passing new comprehensive ordinances, including Hodgenville and Knott County in 2020 and on amending existing local laws to prohibit the use of e-cigarettes in smokefree workplaces and public places.

The Kentucky Health Issues Poll, taken October through December 2020, found that about 75% of adults surveyed favored a state law prohibiting smoking in public places, but continued progress at the local level will be critical to passing a statewide law in the future.

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 2021, 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:	23.6%
High School Smoking Rate:	8.9%
High School Tobacco Use Rate:	29.7%
Middle School Smoking Rate:	N/A
Smoking Attributable Deaths:	8,860

Adult smoking data come from CDC's 2019 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use data come from the 2019 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.

Louisiana Report Card

American Lung Association.
State of Tobacco Control
2021

LOUISIANA

Tobacco Prevention and Control Program Funding: F

FY2021 State Funding for Tobacco Control Programs:	$12,592,753
FY2021 Federal Funding for State Tobacco Control Programs:	$1,568,583*
FY2021 Total Funding for State Tobacco Control Programs:	$14,161,336
CDC Best Practices State Spending Recommendation:	$59,600,000
Percentage of CDC Recommended Level:	23.8%
State Tobacco-Related Revenue:	$440.500,000

*Includes tobacco prevention and cessation funding provided to states from the Centers for Disease Control and Prevention.

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 25.6% 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: **Some 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: **Some counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$1.08; the median investment per smoker is $2.28**

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.

*Investment per smoker includes funding from the Smoking Cessation Trust. The Smoking Cessation Trust offers additional cessation services to some Louisiana residents beyond what is included in the Quitline.

Flavored Tobacco Products: F

Restrictions on Flavored Tobacco Products:
No state law or regulation

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.

Similar to previous years, the Louisiana Legislature did file a few tobacco prevention and control general bills for consideration. Senator Fred Mills filed Senate Bill 403 to raise the minimum legal sales age of tobacco products to 21 years of age, which would have codified federal law. Senator Katrina Jackson and Representative Jason Hughes had a particular interest in restricting flavored e-cigarettes on the market with Senate Bill 301 and House Bill 799 filed respectively. Unfortunately, these bills were weak tobacco prevention and control bills that would not have a made a significant impact on youth tobacco use rates in Louisiana through the lack of comprehensive compliance and enforcement as well as leaving menthol products still on the market.

Despite the lack of support for a statewide smokefree law, there is support within local municipalities for public health protections from secondhand smoke. The City of Shreveport originally passed a comprehensive smokefree air ordinance in 2020 to protect all residents and workers from the dangers of secondhand smoke exposure. Certain components of the ordinance went into effect on August 8, 2020. Unfortunately, the City Council decided to delay implementation of the smokefree protections for casino and bar workers until August 1, 2021.

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 2021, 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:	21.9%
High School Smoking Rate:	8.4%
High School Tobacco Use Rate:	29.7%
Middle School Smoking Rate:	3.8%
Smoking Attributable Deaths:	7,210

Adult smoking data come from CDC's 2019 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use rates are taken from the 2019 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.

Maine Report Card

American Lung Association.
State of Tobacco Control
2021

MAINE

Tobacco Prevention and Control Program Funding: A

FY2021 State Funding for Tobacco Control Programs:	$13,899,175
FY2021 Federal Funding for State Tobacco Control Programs:	$1,122,959*
FY2021 Total Funding for State Tobacco Control Programs:	$15,022,134
CDC Best Practices State Spending Recommendation:	$15,900,000
Percentage of CDC Recommended Level:	94.5%
State Tobacco-Related Revenue:	$190,300,000

*Includes tobacco prevention and cessation funding provided to states from the Centers for Disease Control and Prevention.

Thumbs Up for Maine for funding its state tobacco control program at close to the level recommended by the Centers for Disease Control Prevention.

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

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

STATE QUITLINE:

Investment per Smoker: **$28.76; the median investment per smoker is $2.28**

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.

Flavored Tobacco Products: F

Restrictions on Flavored Tobacco Products:
Some flavored cigars prohibited

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. Raise the cigarette tax by a minimum of $2.00 per pack;
2. Enact legislation prohibiting the sale of all flavored tobacco products; and
3. Fully fund the Maine tobacco control and prevention program at the recommended level by the U.S. Centers for Disease Control and Prevention (CDC).

The 2020 legislative session began with alarming data on the youth e-cigarette epidemic showing that 28.7% of Maine high school students reported using e-cigarettes (at least one time in the past 30 days), an increase from 15.3% in 2017. With this being the short "emergency session" of the legislature, fewer bills were introduced and efforts among the public health community focused on educating lawmakers about the e-cigarette epidemic, the burden of tobacco in Maine and ensuring that the significant funding received by the tobacco control program was effectively spent on evidence-based strategies. These conversations laid the groundwork for the ambitious, but necessary campaigns that the Lung Association and its public health partners will undertake this year to advance the above three priorities.

Like many across the country, the Maine legislative session was adjourned in mid-March due to the expanding COVID-19 pandemic. While the legislative stoppage cut short efforts on legislator engagement and consideration of flavored tobacco legislation, the pandemic has highlighted the connection between tobacco use and impaired lung health especially due to the impacts of COVID-19 on smokers and former-smokers.

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 policies and defend our successful programs and smokefree policies against rollbacks. As the legislature begins its work in 2021, 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:	17.6%
High School Smoking Rate:	6.8%
High School Tobacco Use Rate:	33.0%
Middle School Smoking Rate:	1.5%
Smoking Attributable Deaths:	2,390

Adult smoking data come from CDC's 2019 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use data come from the 2019 Youth Risk Behavior Surveillance System. Middle school smoking rate is taken from the 2019 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.

Maryland Report Card

American Lung Association.
State of Tobacco Control
2021

MARYLAND

Tobacco Prevention and Control Program Funding: F

FY2021 State Funding for Tobacco Control Programs:	$10,835,979
FY2021 Federal Funding for State Tobacco Control Programs:	$1,616,371*
FY2021 Total Funding for State Tobacco Control Programs:	$12,452,350
CDC Best Practices State Spending Recommendation:	$48,000,000
Percentage of CDC Recommended Level:	25.9%
State Tobacco-Related Revenue:	$501,000,000

*Includes tobacco prevention and cessation funding provided to states from the Centers for Disease Control and Prevention.

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: **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: **$3.74; the median investment per smoker is $2.28**

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.

Flavored Tobacco Products: F

Restrictions on Flavored Tobacco Products:
No state law or regulation

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. Override the veto which would increase the cigarette tax by $1.75 and increase much needed funding for tobacco prevention and cessation by $8.25 million;
2. Overturn the preemption court ruling in the state via legislative action; and
3. Address the youth e-cigarette epidemic by removing flavored tobacco products from the market.

During the 2020 legislative session, the American Lung Association in Maryland along with other public health partners were successful in passing legislation to increase the tobacco tax by $1.75 per pack and increase taxes on other tobacco products, including establishing a tax on e-cigarettes. This legislation also included a much-needed increase of $8.25 million beginning in Fiscal Year 2022 for tobacco cessation and prevention efforts in the state. Unfortunately, the Governor vetoed the legislation after it was passed by the General Assembly. The Lung Association along with its partners are committed to overturning the veto at the beginning of the 2021 session and preserving the allocated funding to tobacco control.

Also, in 2020 we saw the introduction of a comprehensive bill that would remove all flavored tobacco products from the market in Maryland. Unfortunately, the COVID-19 pandemic derailed the Maryland legislative session causing the session to end several weeks early and the bill not being able to receive the needed votes. This may have been a positive development in the end as the bill got significantly watered down during the legislative process.

The Lung Association and partners were also successful in beating back an effort in Prince George's County that would have allowed businesses that have a cigar license to also sell alcohol and food essentially creating cigar bars and undermining 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.

Since 2013 and the ruling of Altadis v. Prince George's County, Maryland has had strong preemption rules in place restricting local governments from acting locally on tobacco sales and distribution. This has created a number of challenges especially in the area of tobacco control and a broad coalition of stakeholders including the Lung Association will be working together in 2021 to advocate for statewide legislation which would allow local governments to pass and enforce their own tobacco control laws.

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 an override of the Governor's veto of the tobacco tax increase and increased funding for tobacco prevention and cessation.

Maryland State Facts

Health Care Costs Due to Smoking:	$2,709,568,436
Adult Smoking Rate:	12.7%
High School Smoking Rate:	5.0%
High School Tobacco Use Rate:	27.4%
Middle School Smoking Rate:	N/A
Smoking Attributable Deaths:	7,490

Adult smoking data come from CDC's 2019 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use data come from the 2019 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.

Massachusetts Report Card

American Lung Association.
State of Tobacco Control
2021

MASSACHUSETTS

Tobacco Prevention and Control Program Funding: F

FY2021 State Funding for Tobacco Control Programs:	$5,118,115
FY2021 Federal Funding for State Tobacco Control Programs:	$1,836,521*
FY2021 Total Funding for State Tobacco Control Programs:	$6,954,636
CDC Best Practices State Spending Recommendation:	$66,900,000
Percentage of CDC Recommended Level:	10.4%
State Tobacco-Related Revenue:	$793,900,000

*Includes tobacco prevention and cessation funding provided to states from the Centers for Disease Control and Prevention.

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 (2018).

Tobacco Taxes: B

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: Yes; 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: **All 7 medications are covered**

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

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

STATE QUITLINE:

Investment per Smoker: **$1.25; the median investment per smoker is $2.28**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **Yes**

Tobacco Surcharge: **Prohibits tobacco surcharges**

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

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

Flavored Tobacco Products: A

Restrictions on Flavored Tobacco Products:
All flavored tobacco products prohibited in virtually all locations

Thumbs up for Massachusetts for fully implementing its law prohibiting the sale of all flavored tobacco products.

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's elected officials:

1. Increase comprehensive tobacco control program funding for prevention and cessation to the level recommended by the U.S. Centers for Disease Control and Prevention (CDC);
2. Increase the tobacco tax by a minimum of $1.00 per pack; and
3. Prevent rollbacks to tobacco control funding, smokefree and tobacco prevention laws.

Massachusetts continued to be a leader nationwide in tobacco control efforts. In 2020, the previously passed law making the Bay State the first in the nation to end the sale of all flavored tobacco products went into full effect. Fortunately, legislative efforts to delay or rollback implementation of the comprehensive measure were unsuccessful this session.

Funding for the Massachusetts Tobacco Cessation and Prevention Program remains far below historical high levels and substantially lower than the recommended level from CDC. In the past few years, small increases in funding have been realized, including a further $500,000 increase in fiscal year 2021 to over $5.1 million to enhance enforcement, education and cessation programs.

Massachusetts last raised the cigarette excise tax in 2013 at that time becoming the highest in the northeast. However, the state has now fallen behind other northeast states and this policy is one of the most effective in prompting current tobacco users to make a quit attempt and preventing youth from initiating tobacco use. While progress has been made in recent years to include e-cigarettes as a taxable product, it is time for the legislature to take another look at this issue. It could even be part of the solution for COVID-related difficulties with the state budget.

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 2021, the Lung Association and tobacco control partners 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:	12.0%
High School Smoking Rate:	6.4%
High School Tobacco Use Rate:	37.0%
Middle School Smoking Rate:	0.8%
Smoking Attributable Deaths:	9,300

Adult smoking data come from CDC's 2019 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use data come from the 2019 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.

Michigan Report Card

American Lung Association.
State of Tobacco Control
2021

MICHIGAN

Tobacco Prevention and Control Program Funding: F

FY2021 State Funding for Tobacco Control Programs:	$1,838,100
FY2021 Federal Funding for State Tobacco Control Programs:	$2,288,505*
FY2021 Total Funding for State Tobacco Control Programs:	$4,126,605
CDC Best Practices State Spending Recommendation:	$110,600,000
Percentage of CDC Recommended Level:	3.7%
State Tobacco-Related Revenue:	$1,176,700,000

*Includes tobacco prevention and cessation funding provided to states from the Centers for Disease Control and Prevention.

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: **Most 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: **$0.58; the median investment per smoker is $2.28**

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.

Flavored Tobacco Products: F

Restrictions on Flavored Tobacco Products:
No state law or regulation

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. Pass a law to license all tobacco retailers, including e-cigarette retailers;
2. Prohibit flavorings, including mint and menthol, for all tobacco products;
3. Increase funding for tobacco prevention and cessation programs; and
4. Match the tax on non-cigarette forms of tobacco like spit tobacco, cigars, hookah and e-cigarettes to the cigarette tax.

The dramatic increase in the number of young people using e-cigarettes caught the attention of Michigan policymakers. This was the impetus for Governor Whitmer to propose the adoption of an emergency administrative rule prohibiting e-cigarette flavorings. Hearings were held in October 2020 to enact a permanent rule, and the American Lung Association and other state-based public health partners testified in support of expanding the rule to all flavored tobacco products. Other efforts to combat youth usage of e-cigarettes included a legislative bill package to tax e-cigarettes, license tobacco retailers, and to have state law mirror federal law by raising the legal age to use tobacco products from 18 to 21. Work will continue on these efforts during the 2021 legislative session.

The American Lung Association in Michigan continues to work with a diverse group of stakeholders to help combat tobacco usage. There is much more that Michigan policymakers could be doing. The state continues to only spend 3.7% of what is recommended by the Centers for Disease Control and Prevention for a state of our size. An increase in tobacco taxes should be considered to increase spending on tobacco control and prevention. Ensuring the tax on non-cigarette forms of tobacco are at parity with the cigarette tax is important to prevent youth from switching to lower-taxed products.

As we look ahead to 2021, 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:	18.7%
High School Smoking Rate:	4.5%
High School Tobacco Use Rate:	23.0%
Middle School Smoking Rate:	N/A
Smoking Attributable Deaths:	16,170

Adult smoking data come from CDC's 2019 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use data come from the 2019 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

Minnesota Report Card

American Lung Association.
State of Tobacco Control
2021

Tobacco Prevention and Control Program Funding: F

FY2021 State Funding for Tobacco Control Programs:	$12,443,587
FY2021 Federal Funding for State Tobacco Control Programs:	$1,540,255*
FY2021 Total Funding for State Tobacco Control Programs:	$13,983,842
CDC Best Practices State Spending Recommendation:	$52,900,000
Percentage of CDC Recommended Level:	26.4%
State Tobacco-Related Revenue:	$706,300,000

*Includes tobacco prevention and cessation funding provided to states from the Centers for Disease Control and Prevention.

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).

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: B

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **Most medications are covered**

Counseling: **Most 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: **Minimal barriers exist to access care**

STATE QUITLINE:

Investment per Smoker: **$4.36; the median investment per smoker is $2.28**

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.

Flavored Tobacco Products: F

Restrictions on Flavored Tobacco Products:
No state law or regulation

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. Raise the tax on all tobacco products by significant amounts.

During the 2020 Legislative Session, the American Lung Association—as part of the Minnesotans for a Smoke-Free Generation, a statewide coalition of more than 60 organizations—focused on: increasing the state tobacco sale age to 21, prohibiting the sale of all flavored tobacco products, securing long-term funding for tobacco prevention and addressing clean air for kids in cars. The COVID-19 pandemic added urgency for adopting stronger tobacco prevention polices and helping smokers quit. Early studies found COVID-19 may be particularly dangerous for people with lungs weakened by chronic disease, asthma and tobacco use.

Minnesota became the 25th state to adopt the lifesaving Tobacco 21 policy and has one of the strongest laws passed among those states. Raising the tobacco age to 21 aligns the state with federal law and will help keep tobacco products out of Minnesota's middle and high schools.

Ongoing advocacy from youth, parents, physicians and other advocates built Minnesota's Tobacco 21 movement, and the 70+ local communities that raised the local tobacco age to 21 paved the way. Ultimately, Tobacco 21 gained bipartisan support from lawmakers across Minnesota.

Several legislative proposals to reduce youth tobacco use—including prevention funding and ending the sale of flavored tobacco products—advanced in the beginning of Minnesota's 2020 Legislative Session. In the House, the bill to prohibit flavored tobacco products passed through two committees and was ready for a floor vote. The Legislature also considered several proposals to invest in tobacco prevention to continue that work long after ClearWay Minnesota—the state's primary funder of tobacco prevention and counter marketing campaigns—closes its doors in 2021.

Finally, lawmakers introduced and advanced a bill to protect kids in cars from secondhand smoke and e-cigarette aerosol. However, these bills lost momentum once lawmakers turned their focus to the state's COVID-19 response. To address tobacco-related health disparities and combat rising youth tobacco use, Minnesota needs comprehensive legislative action.

A 2020 survey of Minnesota voters on tobacco issues funded by Blue Cross and Blue Shield of Minnesota and Minnesotans for a Smoke-Free Generation found overwhelming public support for tobacco prevention measures including: 74% support for prohibiting flavored tobacco products, 64% support a $15 million increase in tobacco prevention funding and 62% support increasing tobacco taxes. The wide-ranging support crossed political divides and was high in all demographics and regions of the state.

Working together as part of the Minnesotans for a Smoke Free Generation, in 2021 the American Lung Association will pursue legislation that restricts access to all flavored tobacco products—especially menthol, increases the tax on tobacco products and provides long-term funding dedicated for tobacco prevention.

Minnesota State Facts

Health Care Costs Due to Smoking:	$2,519,011,064
Adult Smoking Rate:	14.6%
High School Smoking Rate:	5.3%
High School Tobacco Use Rate:	28.0%
Middle School Smoking Rate:	2.4%
Smoking Attributable Deaths:	5,910

Adult smoking data come from CDC's 2019 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 2019 Minnesota Student Survey. High school tobacco use 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.

Mississippi Report Card

American Lung Association.
State of Tobacco Control
2021

Tobacco Prevention and Control Program Funding: F

FY2021 State Funding for Tobacco Control Programs:	$8,695,000
FY2021 Federal Funding for State Tobacco Control Programs:	$1,289,734*
FY2021 Total Funding for State Tobacco Control Programs:	$9,984,734
CDC Best Practices State Spending Recommendation:	$36,500,000
Percentage of CDC Recommended Level:	27.4%
State Tobacco-Related Revenue:	$248,400,000

*Includes tobacco prevention and cessation funding provided to states from the Centers for Disease Control and Prevention.

Note: The Mississippi Legislature appropriated $20 million to the Mississippi State Department of Health, Office of Tobacco Control; however, only $8,695,000 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 30.4% 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: **Minimal counseling is covered**

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

Medicaid Expansion: **No**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

Counseling: **Some counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$2.37; the median investment per smoker is $2.28**

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.

Flavored Tobacco Products: F

Restrictions on Flavored Tobacco Products: **No state law or regulation**

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 2020 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 101, the Mississippi Smoke-free Air Act of 2020, was introduced, but did not garner the support needed for momentum through the policy process.

Numerous bills were introduced in the House and Senate to increase the price of cigarettes and e-cigarettes through the allocation of a significant tobacco tax. While there was continued interest in increasing the price of tobacco products, these bills were unable to move prior to the legislative deadlines. Bills were filed and considered to raise the minimum legal sales age of tobacco products to 21 years old and to institute regulations on e-cigarettes. Unfortunately, Senate Bill 2596 included weak tobacco policy language that included harmful provisions for youth but was passed by the Legislature and signed by the Governor. Senate Bill 2596 does not go far enough to have a significant impact on youth tobacco use in Mississippi. The House of Representatives and the Senate did pass legislation to sustain the amount of funding to the Mississippi State Department of Health's Office of Tobacco Control for youth prevention, tobacco free community coalitions, and adult cessation programs statewide.

There continues to be significant support in local municipalities for public health protections from secondhand smoke as evidenced by a total of 171 cities and 5 counties adopting comprehensive smokefree ordinances. This accounts for approximately 30% of Mississippians being protected by smokefree policies.

In 2021, 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 and increasing the price of tobacco products. In order to meet the bold goals in Mississippi, state legislators will need to recognize the health and economic burden of tobacco use and exposure to secondhand smoke. The Lung Association in Mississippi will continue to work with partners in the Smokefree Mississippi coalition to ensure successful passage and preservation of comprehensive local smokefree ordinances.

Mississippi State Facts

Health Care Costs Due to Smoking:	$1,236,940,761
Adult Smoking Rate:	20.4%
High School Smoking Rate:	6.6%
High School Tobacco Use Rate:	27.6%
Middle School Smoking Rate:	1.5%
Smoking Attributable Deaths:	5,410

Adult smoking data come from CDC's 2019 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use rates are taken from the 2019 Youth Risk Behavior Surveillance System. Middle school smoking rates are 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.

Missouri Report Card

American Lung Association.
State of Tobacco Control
2021

Tobacco Prevention and Control Program Funding: F

FY2021 State Funding for Tobacco Control Programs:	$171,885
FY2021 Federal Funding for State Tobacco Control Programs:	$1,877,221*
FY2021 Total Funding for State Tobacco Control Programs:	$2,049,106
CDC Best Practices State Spending Recommendation:	$72,900,000
Percentage of CDC Recommended Level:	2.8%
State Tobacco-Related Revenue:	$255,800,000

*Includes tobacco prevention and cessation funding provided to states from the Centers for Disease Control and Prevention.

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 29.4% 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: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

- Medications: **All 7 medications are covered**
- Counseling: **Some counseling is covered**
- Barriers to Coverage: **No barriers exist to access care**

STATE QUITLINE:

Investment per Smoker: **$0.43; the median investment per smoker is $2.28**

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 and for expanding Medicaid.

Flavored Tobacco Products: F

Restrictions on Flavored Tobacco Products:
No state law or regulation

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 state funding for tobacco prevention and cessation;
2. Pass comprehensive smokefree laws and policies at the local and state level; and
3. Increase tobacco taxes on all tobacco products.

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 and statewide levels. This includes providing technical assistance and training for communities and elected officials interested in reducing tobacco usage in Missouri. The city of Branson West passed a comprehensive smokefree policy in November 2019. Joplin, St. Joseph, Monett, and Joplin all passed Tobacco 21 ordinances at the local level in 2020.

The 2020 legislative session was anything but quiet for tobacco issues. Prior to the COVID closure an amendment was passed adding an additional $250,000 for tobacco prevention and control funding. However, due to the pandemic and budget shortfalls that funding was reduced to the current funding amount of $50,000. Then, for the budget year starting July 1, Governor Parson restricted the use of the $50,000 of funding for the state Health Department. This funding can be restored throughout the fiscal year depending on revenues. Increased tobacco control funding remains a top priority for the Lung Association and will be a priority during the 2021 legislative session.

Several Tobacco 21 bills were filed to amend Missouri's tobacco sales age to align with federal age increase to 21. However, many of these bills included exemptions, preemption, and varying tobacco definitions due to tobacco industry interference. The Lung Association will continue to fight against any bill that isn't an evidence based, comprehensive approach to tobacco control.

Vaping in schools was a hot topic this session. House Bill 1682 was sent to the Governor's desk the last week of session. This bill makes the use of tobacco products, including vaping, illegal in any indoor area of a public elementary or secondary school building or educational facility. The Lung Association will continue to advocate for tobacco free campuses across Missouri and work with state agencies to encourage a comprehensive evidence-based approach for the vaping epidemic. Springfield school district is a pilot sight for the Lung Association's revamped N-O-T program and will be training their school nurses to be Freedom From Smoking facilitators. The Springfield school district is the largest school district in Missouri.

During the 2021 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 has the lowest tobacco tax in the nation; therefore, the Lung Association will look to increase the tobacco tax in Missouri.

Missouri State Facts

Health Care Costs Due to Smoking:	$3,032,471,478
Adult Smoking Rate:	19.6%
High School Smoking Rate:	6.5%
High School Tobacco Use Rate:	24.8%
Middle School Smoking Rate:	3.5%
Smoking Attributable Deaths:	10,970

Adult smoking data come from CDC's 2019 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use data come from the 2019 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.

Montana Report Card

American Lung Association.
State of Tobacco Control
2021

MONTANA

Tobacco Prevention and Control Program Funding: F

FY2021 State Funding for Tobacco Control Programs:	$4,852,260
FY2021 Federal Funding for State Tobacco Control Programs:	$1,320,584*
FY2021 Total Funding for State Tobacco Control Programs:	$6,172,844
CDC Best Practices State Spending Recommendation:	$14,600,000
Percentage of CDC Recommended Level:	42.3%
State Tobacco-Related Revenue:	$104,400,000

*Includes tobacco prevention and cessation funding provided to states from the Centers for Disease Control and Prevention.

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. (2011).

Tobacco Taxes: F

CIGARETTE TAX:

Tax Rate per pack of 20: **$1.70**

OTHER TOBACCO PRODUCT TAXES:

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

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

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

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

Tax on 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: **Minimal 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: **$3.95; the median investment per smoker is $2.28**

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.

Flavored Tobacco Products: F

Restrictions on Flavored Tobacco Products:
No state law or regulation

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. Increase tobacco taxes by significant amounts;
2. Defeat all attempts to preempt local municipalities from enacting stricter tobacco policies; and
3. Maintain funding for Montana's tobacco prevention and cessation programs.

The Montana State Legislature meets for regular sessions every odd-numbered year; no regular session was held in 2020.

During the 2019 legislative session, House Bill 312 proposed restricting the sale of flavored electronic cigarettes in Montana but was killed in committee. Later in the year, Governor Steve Bullock ordered a 120-day prohibition on the sale of these products over health concerns and inaction by the legislature.

Following the temporary restriction, in June 2020, Montana's Department of Public Health and Human Services (DPHHS) filed a proposed rule to eliminate the sale of flavored electronic cigarettes in response to the epidemic of youth electronic cigarette use in Montana. The proposed rule was later withdrawn.

The American Lung Association is working in concert with health groups to support local campaigns to restrict the sale of all flavored tobacco products. Active campaigns are on-going in Bozeman, Great Falls, Helena, Missoula and Whitefish.

Lung Association staff and volunteers have provided testimony in support of a comprehensive flavored tobacco ordinance in Missoula—both before the Public Safety and Health Committee and the City Council. Support was given for the initial comprehensive ordinance drafted. The ordinance was changed to only address flavored electronic cigarettes; the Lung Association withdrew its support given the ordinance no longer restricted all flavored tobacco products. A full council vote is expected in December 2020.

The American Lung Association in Montana will work with other health organizations, stakeholder groups and volunteers to support policy work that lessens the burden of tobacco on Montanans. Our support will focus on on-going campaigns to restrict the sale of flavored tobacco products in local jurisdictions.

Montana State Facts

Health Care Costs Due to Smoking:	$440,465,233
Adult Smoking Rate:	16.6%
High School Smoking Rate:	7.7%
High School Tobacco Use Rate:	33.5%
Middle School Smoking Rate:	3.9%
Smoking Attributable Deaths:	1,570

Adult smoking data come from CDC's 2019 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use data are taken from the 2019 Youth Risk Behavior Surveillance System. Middle school smoking rate (8th grade only) is taken from the 2018 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.

Nebraska Report Card

American Lung Association.
State of Tobacco Control
2021

Tobacco Prevention and Control Program Funding: F

FY2021 State Funding for Tobacco Control Programs:	$2,570,000
FY2021 Federal Funding for State Tobacco Control Programs:	$1,164,651*
FY2021 Total Funding for State Tobacco Control Programs:	$3,734,651
CDC Best Practices State Spending Recommendation:	$20,800,000
Percentage of CDC Recommended Level:	18.0%
State Tobacco-Related Revenue:	$99,500,000

*Includes tobacco prevention and cessation funding provided to states from the Centers for Disease Control and Prevention.

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: **Yes**

Penalties: **Yes**

Enforcement: **Yes**

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

Citation: NEB. REV. STAT. §§ 71-5716 to 71-5734 (2015).

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

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: **Some medications are covered**

Counseling: **Some counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$2.28; the median investment per smoker is $2.28**

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.

Flavored Tobacco Products: F

Restrictions on Flavored Tobacco Products:
No state law or regulation

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 state funding for tobacco prevention and cessation; and
2. Increase tobacco taxes by a $1.00 per pack or more.

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 (CDC)-recommended level for the state.

The legislature passed Legislative Bill 632 which included preemption of stronger local laws for certain types of containers. The tobacco industry worked with certain Senators to file an amendment, which significantly expanded the scope of the preemption and would have prevented the communities from passing stronger local tobacco control laws. The Lung Association and many other public health groups were able to defeat the amendment and the final language only preempts local laws regulating certain types of containers. The Lung Association will continue to monitor bills for preemption during the 2021 session. The American Lung Association opposes all forms of preemption at the state and local level.

The Nebraska Legislature passed Legislative Bill 1064, which makes it illegal to sell tobacco products including electronic nicotine delivery systems to anyone under the age of 21. This bill was signed by Governor Ricketts on August 15, 2020 and went into effect October 1, 2020. This made Nebraska the 33rd state to raise its age of sale for tobacco products to 21.

The big win this legislative session was Legislative Bill 840. This law expands the Nebraska Clean Air Act to include electronic nicotine delivery systems. This bill was Introduced by Senator Mike Quick and co-sponsored by Senators Crawford, Matt Hansen, Pansing Brooks, Walz and Kolowski and was signed by Governor Ricketts on August 6, 2020.

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 2021 legislative session to prevent kids from starting to smoke and to motivate adult smokers to quit. The Lung Association will also continue our work defending our state law that protects all Nebraskans from the dangers of secondhand smoke and e-cigarette aerosol.

Nebraska State Facts

Health Care Costs Due to Smoking:	$795,185,324
Adult Smoking Rate:	14.7%
High School Smoking Rate:	4.2%
High School Tobacco Use Rate:	18.8%
Middle School Smoking Rate:	N/A
Smoking Attributable Deaths:	2,510

Adult smoking data come from CDC's 2019 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use rates are taken from the 2019 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.

Nevada Report Card

American Lung Association.
State of Tobacco Control
2021

Tobacco Prevention and Control Program Funding: F

FY2021 State Funding for Tobacco Control Programs:	$3,450,000
FY2021 Federal Funding for State Tobacco Control Programs:	$1,308,264*
FY2021 Total Funding for State Tobacco Control Programs:	$4,758,264
CDC Best Practices State Spending Recommendation:	$30,000,000
Percentage of CDC Recommended Level:	15.9%
State Tobacco-Related Revenue:	$227,000,000

*Includes tobacco prevention and cessation funding provided to states from the Centers for Disease Control and Prevention.

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 (2011).

*Smoking is allowed on casinos floors but is prohibited anywhere children can 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: **Some 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: **Some medications are covered**

Counseling: **Some counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$0.72; the median investment per smoker is $2.28**

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.

Flavored Tobacco Products: F

Restrictions on Flavored Tobacco Products:
No state law or regulation

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;
2. Increase funding for the state's tobacco prevention and control program; and
3. Increase excise taxes on tobacco products.

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 2020. 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. The American Lung Association in Nevada priorities continue to be building support and political will throughout the community to advance comprehensive protections at the local level.

Although the legislature was not scheduled to meet in 2020, due to the COVID-19 pandemic, a Special Session of the Nevada legislature did occur during 2020. Unfortunately, it resulted in state budget cuts, including a $1.5 million cut to the appropriation for youth prevention tobacco control programs in Senate bill 263 that had been approved in 2019. This reduced funding in fiscal year 2021 to $1.95 million.

Across the country, over 150 casinos have re-opened smokefree during 2020 after being closed due to the COVID-19 pandemic. In Nevada MGM Resort International announced that Park MGM and NoMad Las Vegas would reopen as smokefree properties making them the first on the Las Vegas Strip. The Wa She Shu in Garderville also reopened smokefree.

Moving forward in 2021, the American Lung Association in Nevada will make it a priority to increase funding for the state's tobacco prevention and control program and will support increased excise taxes on tobacco products, including an increase in the cigarette tax by $1.00 per pack or more.

Nevada State Facts

Health Care Costs Due to Smoking:	$1,080,272,434
Adult Smoking Rate:	15.7%
High School Smoking Rate:	3.6%
High School Tobacco Use Rate:	21.4%
Middle School Smoking Rate:	2.5%
Smoking Attributable Deaths:	4,050

Adult smoking data come from CDC's 2019 Behavioral Risk Factor Surveillance System. 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.

New Hampshire Report Card

American Lung Association.
State of Tobacco Control
2021

Tobacco Prevention and Control Program Funding: F

FY2021 State Funding for Tobacco Control Programs:	$360,000
FY2021 Federal Funding for State Tobacco Control Programs:	$1,103,155*
FY2021 Total Funding for State Tobacco Control Programs:	$1,463,155
CDC Best Practices State Spending Recommendation:	$16,500,000
Percentage of CDC Recommended Level:	8.9%
State Tobacco-Related Revenue:	$256,100,000

*Includes tobacco prevention and cessation funding provided to states from the Centers for Disease Control and Prevention.

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

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

STATE QUITLINE:

Investment per Smoker: **$2.28; the average 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.

Flavored Tobacco Products: F

Restrictions on Flavored Tobacco Products: **No state law or regulation**

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. Raise the cigarette tax by a minimum of $1.50 per pack;
2. Provide increased funding for the New Hampshire tobacco control and prevention program; and
3. Defend against rollbacks to and close loopholes in smokefree laws.

The 2020 legislative session began with the youth vaping epidemic being a concern of public health focused legislators and legislation was introduced to raise the tax on and restrict the sale of flavored electronic cigarettes. However, neither effort was able to successfully be enacted into law. The bills did provide an opportunity to educate lawmakers about the tobacco epidemic in New Hampshire and lay the groundwork for consideration of advancing tobacco prevention policies in 2021.

Once again, attention was focused on defeating a measure that would undermine New Hampshire's smokefree laws by allowing cigar bars to serve food. This perennial effort succeeded in the House but legislative action stalled and the bill died because of COVID-19 delays in the legislative session. The pandemic has highlighted the connection between tobacco use and impaired lung health especially due to the impacts of COVID-19 on smokers and former-smokers. Allowing smoking indoors also compromises good public health practices during an infectious disease outbreak like COVID-19 by preventing the proper use of masks and potentially spreading COVID-19 when a person exhales.

Lastly, at the end of the New Hampshire legislative session, language was included in an omnibus bill to codify in state statute raising the sales age of tobacco products to 21 mirroring the federal law change of 2020. This was necessary to ensure seamless enforcement of the increased age by state officials.

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 2021, 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 Hampshire State Facts

Health Care Costs Due to Smoking:	$728,895,693
Adult Smoking Rate:	15.9%
High School Smoking Rate:	5.5%
High School Tobacco Use Rate:	30.3%
Middle School Smoking Rate:	N/A
Smoking Attributable Deaths:	1,940

Adult smoking data come from CDC's 2019 Behavioral Risk Factor Surveillance System. High school smoking rate is taken from the 2019 Youth Risk Behavior Surveillance System. High school tobacco use rate is taken from the 2015 Youth Risk Behavior Surveillance System. A current middle school smoking rate is not available for this state.

Health impact information is taken from the Smoking Attributable Mortality, Morbidity and Economic Costs (SAMMEC) software. Smoking attributable deaths reflect average annual estimates for the period 2005-2009 and are calculated for persons aged 35 years and older. Smoking-attributable health care expenditures are based on 2004 smoking-attributable fractions and 2009 personal health care expenditure data. Deaths and expenditures should not be compared by state.

New Jersey Report Card

American Lung Association.
State of Tobacco Control
2021

NEW JERSEY

Tobacco Prevention and Control Program Funding: F

FY2021 State Funding for Tobacco Control Programs:	$7,815,000
FY2021 Federal Funding for State Tobacco Control Programs:	$1,776,865*
FY2021 Total Funding for State Tobacco Control Programs:	$9,591,865
CDC Best Practices State Spending Recommendation:	$103,300,000
Percentage of CDC Recommended Level:	9.3%
State Tobacco-Related Revenue:	$854,200,000

*Includes tobacco prevention and cessation funding provided to states from the Centers for Disease Control and Prevention.

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 (2017).

*Smoking in indoor areas of horse tracks is prohibited by state law. Atlantic City, NJ where all the state's casinos are

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: 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: **Most counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$0.46*; the median investment per smoker is $2.28**

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's investment per smoker was calculated using the 2018 data on number of smokers

Flavored Tobacco Products: D

Restrictions on Flavored Tobacco Products:
All flavored e-cigarettes prohibited in all locations

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. Prohibit the sale of all flavored tobacco products;
2. Increase the cigarette tax and tax on other tobacco products by a significant amount; and
3. Expand the smokefree law by making all casinos smokefree.

2020 began with New Jersey Governor Phil Murphy signing into law, a first-in-the-nation at the time measure prohibiting the sale of flavored e-cigarettes. While on the surface it may have seemed like a significant step, advocates were disappointed that the law did not apply to all flavored tobacco products. The Lung Association will continue to advocate for a prohibition on the sale of all flavored tobacco products. This issue is not only a public health issue, but a social justice and health equity issue. New Jersey also instituted a new prohibition on the use of coupons and other discount measures on tobacco products, a positive step forward.

In September, the legislature passed its fiscal year 2021 state budget, which failed to include Governor Murphy's proposed $1.65 increase in the cigarette tax. The failure to increase the cigarette tax was a missed opportunity to make major progress on preventing youth use, encouraging current smokers to quit and to provide a major revenue source for the state and its tobacco control program. Estimates show that increasing the state's cigarette tax by $1.65 per pack would prevent 23,700 youth under age 18 from becoming adult smokers, would lead to 46,300 current adult smokers quitting, and prevent 18,700 premature smoking-caused deaths, saving of over $1.4 billion in long-term health care costs, and generate over $100 million in new annual revenue for New Jersey.

New Jersey's tobacco control program remains vastly underfunded despite investments in the program in recent years. The U.S. Centers for Disease Control and Prevention recommends that New Jersey spend $103 million on its tobacco control program. In the 2020-21 budget, the program was funded at $7.2 million—the Lung Association calls for increasing funding to $15 million per year.

Also, in September, New Jersey took a major step to advance public health when Governor Murphy announced that the casinos in Atlantic City that were reopening following closure due to the coronavirus, would reopen smokefree, indefinitely. Governor Murphy's Executive Order protects the health of workers and customers by reducing transmission of COVID-19 via smokers who are unable to wear masks when they smoke. Additionally, the executive order will protect workers and customers from dangerous secondhand smoke and e-cigarette emissions. The Lung Association will work with the state Legislature to pass a smokefree casino law, which would make these protections permanent.

The Lung Association urges decisionmakers in New Jersey to take the necessary steps to reduce the death and disease caused by tobacco-use. The 2021 "State of Tobacco Control" report provides a blueprint on evidence-based steps to save lives.

New Jersey State Facts

Health Care Costs Due to Smoking:	$4,065,531,641
Adult Smoking Rate:	13.1%
High School Smoking Rate:	3.8%
High School Tobacco Use Rate:	N/A
Middle School Smoking Rate:	1.2%
Smoking Attributable Deaths:	11,780

Adult smoking data come from CDC's 2018 Behavioral Risk Factor Surveillance System. High school smoking rate is taken from the 2019 Youth Risk Behavior Surveillance System. 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.

New Mexico Report Card

American Lung Association.
State of Tobacco Control
2021

NEW MEXICO

Tobacco Prevention and Control Program Funding: F

FY2021 State Funding for Tobacco Control Programs:	$5,514,006
FY2021 Federal Funding for State Tobacco Control Programs:	$1,111,214*
FY2021 Total Funding for State Tobacco Control Programs:	$6,625,220
CDC Best Practices State Spending Recommendation:	$22,800,000
Percentage of CDC Recommended Level:	29.1%
State Tobacco-Related Revenue:	$134,200,000

*Includes tobacco prevention and cessation funding provided to states from the Centers for Disease Control and Prevention.

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. (2007).

Tobacco Taxes: D

CIGARETTE TAX:

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

OTHER TOBACCO PRODUCT TAXES:

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

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

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

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

Tax on e-cigarettes: **Equalized: No; 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: **Some counseling is covered**

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

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **Some medications are covered**

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

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

STATE QUITLINE:

Investment per Smoker: **$5.66; the median investment per smoker is $2.28**

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.

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

Flavored Tobacco Products: F

Restrictions on Flavored Tobacco Products:
No state law or regulation

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 the state's tobacco prevention and control program;
2. Increase excise taxes on tobacco products by $1.00 per pack or more; 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 2020, 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 successfully passed a bill creating a statewide tobacco retail license, removing penalties for youth who purchase, use, or possess tobacco products, and increasing the state age of sale for tobacco products to 21 to align with federal law. However, lawmakers missed an opportunity to remove decades old statewide preemption, prohibiting local communities to pass ordinances to reduce tobacco sales to youth.

Funding for the state tobacco control program from tobacco Master Settlement Agreement dollars remained similar to previous years at $5.5 million. It is positive news that this funding is being sustained from year to year, but it still falls far short of the level recommended by the Centers for Disease Control and Prevention.

Moving forward in 2021, 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, the Lung Association will be working to raise the excise tax on tobacco products and remove statewide preemption so that local cities and towns can pass local ordinances to reduce tobacco sales to youth that are best suited for their community.

New Mexico State Facts

Health Care Costs Due to Smoking:	$843,869,235
Adult Smoking Rate:	16.0%
High School Smoking Rate:	8.9%
High School Tobacco Use Rate:	37.5%
Middle School Smoking Rate:	4.3%
Smoking Attributable Deaths:	2,630

Adult smoking data come from CDC's 2019 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use data come from the 2019 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.

New York Report Card

American Lung Association.
State of Tobacco Control
2021

NEW YORK

Tobacco Prevention and Control Program Funding: F

FY2021 State Funding for Tobacco Control Programs:	$39,769,600
FY2021 Federal Funding for State Tobacco Control Programs:	$2,864,074*
FY2021 Total Funding for State Tobacco Control Programs:	$42,633,674
CDC Best Practices State Spending Recommendation:	$203,000,000
Percentage of CDC Recommended Level:	21.0%
State Tobacco-Related Revenue:	$1,910,200,000

*Includes tobacco prevention and cessation funding provided to states from the Centers for Disease Control and Prevention.

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 (2017).

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: B

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **All 7 medications are covered**

Counseling: **Most counseling is covered**

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

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

Counseling: **Some counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$2.59; the median investment per smoker is $2.28**

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.

Flavored Tobacco Products: D

Restrictions on Flavored Tobacco Products:
All flavored e-cigarettes prohibited in all locations

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 tobacco taxes by significant amounts; and
3. Increase funding to New York's Tobacco Control Program.

New York has long been a national leader regarding its tobacco control laws. During the 2020 legislative session, New York again took a leadership role passing strong tobacco control laws as part of the state budget. Specifically, New York State ended the sale of tobacco products in pharmacies; prohibited the use of coupons and other discounting measures for tobacco products; prohibited the delivery of e-cigarettes by private carriers, effectively eliminating the online sales of these products in New York, and lastly, prohibited the sale of flavored e-cigarettes. Each of these provisions would have been momentous on their own, but as a package, it was a very significant public health victory.

Despite the policy achievements in the budget, the state, once again, vastly underfunded the state's tobacco control program. The U.S. Centers for Disease Control and Prevention (CDC) recommends that New York spend $203 million on its tobacco control program. In the 2020-21 state budget, the program was funded at $39.8 million, less than 20% of the CDC-recommended level, the same level as the prior budget.

The 2020 legislative session, much like everything else around the world, was upended by the coronavirus. While legislators met sporadically and remotely, a traditional legislative session was never held. Additionally, due to the failure of the Congress and President to agree upon relief packages, state and local governments spent 2020 facing tremendous budget shortfalls. These budget shortfalls loomed over state programs, including the tobacco control program, with funding cuts projected if relief were not provided to New York. The state was also unable to execute new contracts with tobacco control programs and has slowed payments on tobacco control work that has already been completed.

The American Lung Association in New York will continue to build upon the success in 2020 with a sustained push on enacting a statewide prohibition on the sale of all flavored tobacco products. The removal of menthol cigarettes, flavored cigars and other flavored tobacco products is a social justice and health equity issue. It is imperative that New York's leaders address flavored tobacco in 2021. The Lung Association will also focus on raising the tax on cigarettes, and other tobacco products. The state's tax on cigarettes has not been increased since 2010. Increasing the tax on these products, will help reduce youth use, help current users quit and raise much needed revenue for the state. With an increase in tax, we will advocate to invest some of that new revenue back into the tobacco control program.

New York State Facts

Health Care Costs Due to Smoking:	$10,389,849,268
Adult Smoking Rate:	12.7%
High School Smoking Rate:	4.2%
High School Tobacco Use Rate:	19.3%
Middle School Smoking Rate:	1.2%
Smoking Attributable Deaths:	28,170

Adult smoking data come from CDC's 2019 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use data are taken from the 2019 and 2017 Youth Risk Behavior Surveillance System respectively. 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.

North Carolina Report Card

American Lung Association.
State of Tobacco Control
2021

NORTH CAROLINA

Tobacco Prevention and Control Program Funding: F

FY2021 State Funding for Tobacco Control Programs:	$1,850,000
FY2021 Federal Funding for State Tobacco Control Programs:	$2,309,482*
FY2021 Total Funding for State Tobacco Control Programs:	$4,159,482
CDC Best Practices State Spending Recommendation:	$99,300,000
Percentage of CDC Recommended Level:	4.2%
State Tobacco-Related Revenue:	$447,400,000

*Includes tobacco prevention and cessation funding provided to states from the Centers for Disease Control and Prevention.

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 fourth 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: **Some counseling is covered**

Barriers to Coverage: **Minimal 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: **$1.39; the median investment per smoker is $2.28**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

Tobacco Surcharge: **Limits tobacco surcharges**

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

Flavored Tobacco Products: F

Restrictions on Flavored Tobacco Products: **No state law or regulation**

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. Increase state funding to $17 million for tobacco control programs, including prevention, education and cessation;
2. Establish licensing for all tobacco retailers, including electronic cigarette retailers; and
3. Support a tobacco tax increase of $1.37 to reach the national state average as of October 2020 of $1.82 and equalize the tax for all tobacco products including e-cigarettes to the cigarette tax.

The 2020 North Carolina Legislative Session began on April 28. It was the second year of the biennium commonly called the "Short Session." The American Lung Association and other advocates under the banner of the North Carolina Alliance for Health planned support for an increase in funding for the state Tobacco Prevention and Control Branch, and for measures to stem the youth vaping epidemic such as licensing for all retail sellers of tobacco products, including electronic cigarettes. However, COVID-19 took center stage as the state grappled with dropping revenues and funding cuts. While legislators were not amenable to increasing funds for tobacco cessation programs and services, current recurring funding levels of $1,850,000 were maintained while tobacco use prevention funding was not increased. Legislators returned in September but addressed only COVID-19 relief funding.

The American Lung Association has long identified restoration of funding for the state's tobacco use prevention and cessation programs as a prerequisite to improving the health of North Carolinians. In North Carolina, 35.5% of high school students used e-cigarettes in 2019, according to the Centers for Disease Control and Prevention (CDC)'s 2019 Youth Risk Behavior Survey. While the North Carolina General Assembly has added incremental amounts of funding for the Tobacco Prevention and Control Branch in recent years, funding levels remain far from the $17.3 million the program received in 2011. Increased funding for state tobacco use prevention programs could provide more support for schools and communities battling the youth vaping epidemic and provide greater support to help smokers quit.

As North Carolina continues to face the impact of COVID-19, an increase in tobacco excise taxes offers health and fiscal benefits that should be considered. Not only have significant increases in the price of cigarettes been shown to reduce the percentage of kids starting to smoke and the prevalence of adult smoking, but a tobacco tax increase would provide an infusion of needed state funds.

The American Lung Association will continue to work with the North Carolina Alliance for Health and other partners to press for increased funding for the state tobacco prevention program to protect young lungs from the vaping epidemic and provide resources to help smokers quit and reduce their risk from COVID-19.

North Carolina State Facts

Health Care Costs Due to Smoking:	$3,809,676,476
Adult Smoking Rate:	18.5%
High School Smoking Rate:	8.3%
High School Tobacco Use Rate:	28.8%
Middle School Smoking Rate:	2.5%
Smoking Attributable Deaths:	14,220

Adult smoking data come from CDC's 2019 Behavioral Risk Factor Surveillance System. High school smoking rate is taken from the 2019 Youth Risk Behavior Surveillance System. High school 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.

North Dakota Report Card

American Lung Association.
State of Tobacco Control
2021

Tobacco Prevention and Control Program Funding: C

FY2021 State Funding for Tobacco Control Programs:	$5,441,500
FY2021 Federal Funding for State Tobacco Control Programs:	$1,042,482*
FY2021 Total Funding for State Tobacco Control Programs:	$6,483,982
CDC Best Practices State Spending Recommendation:	$9,800,000
Percentage of CDC Recommended Level:	66.2%
State Tobacco-Related Revenue:	$52,100,000

*Includes tobacco prevention and cessation funding provided to states from the Centers for Disease Control and Prevention.

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 third lowest cigarette tax in the country.

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: **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: **$8.85; the median investment per smoker is $2.28**

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.

Flavored Tobacco Products: F

Restrictions on Flavored Tobacco Products:
No state law or regulation

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 elected officials:

1. Raise the state tobacco tax currently at $0.44 per pack by $1.00 per pack or more; and
2. Increase funding for the state tobacco control program.

There was no state legislative session in North Dakota during 2020 since the legislature only meets in odd-numbered years.

North Dakota has the third lowest cigarette tax in the country at 44 cents per pack. The tax has not been raised since 1993 and is long overdue for a significant increase of $1.00 per pack or more. Attempts have been made over the years to increase the tax, but the legislature needs to recognize that the low tax directly contributes to higher rates of youth tobacco use being seen in North Dakota and across the country.

Funding for the state's tobacco control program was set during the 2019 legislative session as part of the biennial budget process, and is expected to be about $5.4 million in the current fiscal year 2021 from tobacco Master Settlement Agreement payments and a small amount of state general funds. This level of funding remains far below the amount dedicated prior to 2017 when the state's tobacco prevention program was consistently funded at the level recommended by the Centers for Disease Control and Prevention (CDC).

The American Lung Association in North Dakota will continue its work in 2021 to educate both state and local decision makers about the benefits of a higher tobacco tax, and to increase funding for the state's tobacco control program.

North Dakota State Facts

Health Care Costs Due to Smoking:	$325,798,988
Adult Smoking Rate:	17.0%
High School Smoking Rate:	8.3%
High School Tobacco Use Rate:	35.5%
Middle School Smoking Rate:	2.4%
Smoking Attributable Deaths:	980

Adult smoking data come from CDC's 2019 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use rates are taken from the 2019 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.

Ohio Report Card

American Lung Association.
State of Tobacco Control
2021

OHIO

Tobacco Prevention and Control Program Funding: F

FY2021 State Funding for Tobacco Control Programs:	$12,300,000
FY2021 Federal Funding for State Tobacco Control Programs:	$2,395,137*
FY2021 Total Funding for State Tobacco Control Programs:	$14,695,137
CDC Best Practices State Spending Recommendation:	$132,000,000
Percentage of CDC Recommended Level:	11.1%
State Tobacco-Related Revenue:	$1,257,700,000

*Includes tobacco prevention and cessation funding provided to states from the Centers for Disease Control and Prevention.

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 (2017).

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: 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 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: **$1.24; the median investment per smoker is $2.28**

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 passing a state law codifying comprehensive coverage for all tobacco cessation medications and types of counseling with minimal barriers to Medicaid enrollees.

Flavored Tobacco Products: F

Restrictions on Flavored Tobacco Products:
No state law or regulation

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. Increase the tax on cigarettes by at least $1.00 per pack;
2. Match the tax on non-cigarette forms of tobacco like spit tobacco, cigars and hookah to the cigarette tax;
3. Prohibit flavorings for all tobacco products, including e-cigarettes; and
4. 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 2020, Ohio approved a bill requiring the Medicaid program and Medicaid managed care organizations to cover a comprehensive quit smoking benefit, including FDA-approved tobacco cessation medications and counseling services recommended by the U.S. Preventative Services Task Force. It also requires health care benefits provided to state employees to include coverage of those same medications and services. These changes now give Ohio one of the most robust tobacco cessation benefits in the nation. The American Lung Association in Ohio was proud to support the measure and provided testimony in favor of the legislation.

The Lung Association will continue to work with our partners to increase the cigarette tax by at least $1.00 per pack, which would put Ohio on par with neighboring Pennsylvania. The Lung Association also calls for parity for taxes on non-cigarette forms of tobacco like spit tobacco, cigars, and e-cigarettes with the cigarette tax. 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.

Local efforts are underway in Ohio to prohibit the sale of flavored tobacco products. The Lung Association will work with partners in those communities to enact ordinances to get these products off the market. Data shows that flavored tobacco products attracts young people to try these products. Over 80% of youth e-cigarette users use a flavored product, according to recently released national data.

The Lung Association will also advocate for an increase in funding for tobacco control and prevention programs. Ohio is currently spending just 11% of what is recommended by the Centers for Disease Control for a state of our size. The revenue raised by increasing taxes on tobacco products could help fund increases in tobacco control and prevention.

As we look to 2021, 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:	20.8%
High School Smoking Rate:	4.9%
High School Tobacco Use Rate:	36.7%
Middle School Smoking Rate:	2.6%
Smoking Attributable Deaths:	20,180

Adult smoking data come from CDC's 2019 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use rates are taken from the 2019 Youth Risk Behavior Surveillance System. Middle school smoking rate is taken from the 2018-2019 Ohio 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.

Oklahoma Report Card

American Lung Association.
State of Tobacco Control
2021

Tobacco Prevention and Control Program Funding: D

FY2021 State Funding for Tobacco Control Programs:	$21,665,601
FY2021 Federal Funding for State Tobacco Control Programs:	$1,562,768*
FY2021 Total Funding for State Tobacco Control Programs:	$23,228,369
CDC Best Practices State Spending Recommendation:	$42,300,000
Percentage of CDC Recommended Level:	54.9%
State Tobacco-Related Revenue:	$521,400,000

*Includes tobacco prevention and cessation funding provided to states from the Centers for Disease Control and Prevention.

Thumbs up for Oklahoma voters for rejecting State Question 814 and continuing to constitutionally protect the state's 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. (2017).

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: A

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **All 7 medications are covered**

Counseling: **Some counseling is covered**

Barriers to Coverage: **No 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: **$9.18; the median investment per smoker is $2.28**

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.

Thumbs up to Oklahoma for expanding its Medicaid program.

Flavored Tobacco Products: F

Restrictions on Flavored Tobacco Products:
No state law or regulation

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. Repeal preemption on local government's ability to pass stronger tobacco control laws;
2. Pass legislation eliminating smoking in all public places and workplaces; and
3. Impose a license on e-cigarette retailers and tax e-cigarette products.

The 2020 Oklahoma Legislative session was busy, and initially promising but ultimately unproductive when it came to fighting tobacco, even threatening to undo progress. Promising bills to enact a statewide smokefree indoor air law were weakened to merely repealing preemption and ultimately died. The state did update and align its law on the age of sale to 21 for tobacco products with federal law, though the update was not as comprehensive as was hoped.

Lawmakers also passed a law which threatened funding for the Tobacco Settlement Endowment Trust (TSET) by diverting 50% of the 75% of future tobacco Master Settlement Agreement payments that currently go to TSET to the legislature. However, since TSET is part of the state Constitution the measure was sent to voters, and thankfully in November 2020 soundly defeated. TSET remains the leading funder in Oklahoma for tobacco prevention and cessation programs.

Tobacco use remains high in Oklahoma, in the 2019 Centers for Disease Control and Prevention (CDC) Youth Risk Behavior Survey 25% of high school students reported using e-cigarette products in the previous 30 days. Without comprehensive indoor air laws or a license on e-cigarette retailers, the state must do more to protect kids from dangerous tobacco products.

While Oklahoma has made promising steps in its fight against tobacco with the creation of the constitutionally protected Tobacco Settlement Endowment Trust and recent tobacco tax increase, significant work is still needed to ensure all Oklahomans have access to clean, smokefree air in 2021.

Oklahoma State Facts

Health Care Costs Due to Smoking:	$1,622,429,589
Adult Smoking Rate:	18.9%
High School Smoking Rate:	9.1%
High School Tobacco Use Rate:	30.8%
Middle School Smoking Rate:	4.1%
Smoking Attributable Deaths:	7,490

Adult smoking data come from CDC's 2019 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use rates are taken from the 2019 Youth Risk Behavior Surveillance System. Middle school smoking rate is taken from the 2016 Youth Tobacco Survey.

Health impact information is taken from the Smoking Attributable Mortality, Morbidity and Economic Costs (SAMMEC) software. Smoking attributable deaths reflect average annual estimates for the period 2005-2009 and are calculated for persons aged 35 years and older. Smoking-attributable health care expenditures are based on 2004 smoking-attributable fractions and 2009 personal health care expenditure data. Deaths and expenditures should not be compared by state.

Oregon Report Card

American Lung Association.
State of Tobacco Control
2021

OREGON

Tobacco Prevention and Control Program Funding: F

FY2021 State Funding for Tobacco Control Programs:	$9,081,500
FY2021 Federal Funding for State Tobacco Control Programs:	$1,491,492*
FY2021 Total Funding for State Tobacco Control Programs:	$10,572,992
CDC Best Practices State Spending Recommendation:	$39,300,000
Percentage of CDC Recommended Level:	26.9%
State Tobacco-Related Revenue:	$390,500,000

*Includes tobacco prevention and cessation funding provided to states from the Centers for Disease Control and Prevention.

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 (2017).

Tobacco Taxes: C

CIGARETTE TAX:

Tax Rate per pack of 20: **$3.33***

*On January 1, 2021, the cigarette tax increased from $1.33 to $3.33 per pack.

OTHER TOBACCO PRODUCT TAXES:

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

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

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

Tax on pipe/RYO tobacco: **Equalized: 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 Oregon voters for approving a ballot measure increasing the cigarette tax by $2.00 to $3.33 per pack.

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

STATE QUITLINE:

Investment per Smoker: **$1.73*; the median investment per smoker is $2.28**

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.

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

Flavored Tobacco Products: F

Restrictions on Flavored Tobacco Products:
No state law or regulation

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;
2. Implement a state tobacco retail licensure program; and
3. Increase funding for tobacco prevention and cessation programs.

Oregon's 2020 legislative session was a short 35-day session. House Bill 4078, introduced by Representative Pam Marsh would restrict the online and telephone sales of vaping delivery products, adding inhalant delivery systems to an existing statewide prohibition on the remote sales of tobacco products. This legislation passed the Oregon House of Representatives but did not make it to the Senate floor for a vote.

Senator Laurie Monnes Anderson championed Senate Bill 1577 to restrict the sale of flavored vaping products. When it became apparent to the senator that the legislation didn't have enough votes to pass on the floor, the bill was amended to be a statewide tobacco retail licensure bill. Oregon is one of the few states without retail licensure which is important to enforce tobacco sales laws. Several preemption amendments were introduced. The legislation received several hearings but didn't make it to the Senate floor for a vote.

During the 2019 legislative session, House Bill 2270 passed both the House and the Senate and was then referred to the voters on the November 2020 ballot. This measure would increase the cigarette tax by $2.00 per pack, tax inhalant delivery systems (e-cigarettes) at a rate of 54% of the wholesale price and increase the cap on cigar taxes from $.50 to $1.00. In addition, a portion of the new revenue would go towards increasing state tobacco control program funding. This referral became Measure 108.

The Lung Association joined with many other organizations to support Measure 108. Thankfully, over two-thirds of Oregon voters backed the measure in November 2020, and the increased taxes took effect on January 1, 2021. Oddly, the tobacco industry put up virtually no opposition to the ballot measure despite spending millions of dollars opposing tobacco tax ballot measures in previous years.

The American Lung Association in Oregon will continue to support and advocate for evidence-based policies to reduce the toll tobacco has on our communities in 2021, including eliminating the sale of all flavored tobacco products, establishing a statewide tobacco retail license and looking for opportunities to further increase funding for Oregon's tobacco prevention and control program.

Oregon State Facts

Health Care Costs Due to Smoking:	$1,547,762,592
Adult Smoking Rate:	14.5%
High School Smoking Rate:	4.9%
High School Tobacco Use Rate:	23.1%
Middle School Smoking Rate:	2.6%
Smoking Attributable Deaths:	5,470

Adult smoking data come from CDC's 2019 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 2019 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.

Pennsylvania Report Card

American Lung Association.
State of Tobacco Control
2021

PENNSYLVANIA

Tobacco Prevention and Control Program Funding: F

FY2021 State Funding for Tobacco Control Programs:	$14,672,000
FY2021 Federal Funding for State Tobacco Control Programs:	$2,339,745*
FY2021 Total Funding for State Tobacco Control Programs:	$17,011,745
CDC Best Practices State Spending Recommendation:	$140,000,000
Percentage of CDC Recommended Level:	12.2%
State Tobacco-Related Revenue:	$1,618,700,000

*Includes tobacco prevention and cessation funding provided to states from the Centers for Disease Control and Prevention.

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: **Most counseling is covered**

Barriers to Coverage: **Minimal 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: **$1.26; the median investment per smoker is $2.28**

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.

Flavored Tobacco Products: F

Restrictions on Flavored Tobacco Products:
No state law or regulation

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. Allocate level state funding to comprehensive tobacco prevention and control programs;
2. Close the loopholes in Pennsylvania's Clean Indoor Air Act and make all public places and workplaces smokefree; and
3. Increase tobacco taxes and equalize rates across all tobacco products.

The 2020 legislative session was the second year of the Pennsylvania General Assembly's two-year session. This legislative session brought the threat of 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. Due to the COVID-19 pandemic, the Governor signed and passed a stop-gap budget in May 2020, which allocated level state funding for tobacco prevention and control programs for a short-term, five-month period, in the amount of $14.672 million, or 4.5% of distributions from the Tobacco Settlement Fund; the fund where annual tobacco Master Settlement Agreement payments in Pennsylvania are placed.

Other notable legislative activities include a bill introduced by Representative Anthony DeLuca that would remove casinos as an exemption in the Clean Indoor Air Act. Since the COVID-19 pandemic, all casinos in Pennsylvania have re-opened as 100% smokefree; this bill would make the prohibition of smoking in casinos permanent. Senator Wayne Fontana introduced a similar bill that would prohibit smoking in Pennsylvania casinos. Additionally, Representative Dan Frankel introduced a bill that would close the loopholes in Pennsylvania's Clean Indoor Air Act as well as include e-cigarettes in the legislation; both bills were referred to the Health and Human Services Committee.

Increasing tobacco taxes and equalizing rates across all tobacco products is another proven policy to reduce tobacco use. If the cigarette tax alone was raised, not only would Pennsylvania's projected annual revenue increase, but thousands of lives would be saved. Furthermore, more funds could be generated and additional lives could be protected if tobacco tax rates were equalized across all tobacco products, including non-cigarette tobacco products such as cigars and e-cigarettes, in order to prevent youth from initiating or switching use due to an uneven tax regime.

In 2021, 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 properly funding tobacco prevention and cessation programs, removing exemptions from the state Clean Indoor Air Act, and increasing tobacco taxes and equalizing rates across all tobacco products.

Pennsylvania State Facts

Health Care Costs Due to Smoking:	$6,383,194,368
Adult Smoking Rate:	17.3%
High School Smoking Rate:	6.6%
High School Tobacco Use Rate:	26.7%
Middle School Smoking Rate:	1.3%
Smoking Attributable Deaths:	22,010

Adult smoking data come from CDC's 2019 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use data come from the 2019 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.

Rhode Island Report Card

American Lung Association.
State of Tobacco Control
2021

RHODE ISLAND

Tobacco Prevention and Control Program Funding: F

FY2021 State Funding for Tobacco Control Programs:	$395,337
FY2021 Federal Funding for State Tobacco Control Programs:	$1,336,688*
FY2021 Total Funding for State Tobacco Control Programs:	$1,732,025
CDC Best Practices State Spending Recommendation:	$12,800,000
Percentage of CDC Recommended Level:	13.5%
State Tobacco-Related Revenue:	$188.400,000

*Includes tobacco prevention and cessation funding provided to states from the Centers for Disease Control and Prevention.

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. (2018).

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: **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: **$1.04; the median investment per smoker is $2.28**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **Yes**
Tobacco Surcharge: **Prohibits tobacco surcharges**
Citation: See Rhode Island Tobacco Cessation Coverage page for specific sources.

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

Flavored Tobacco Products: D

Restrictions on Flavored Tobacco Products:
All flavored e-cigarettes prohibited in all locations

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. Tax non-cigarette tobacco products at a comparable rate to cigarettes and fund tobacco prevention and cessation programs at the Centers for Disease Control and Prevention-recommended level;
2. Extend the e-cigarette flavor restrictions to all flavored tobacco products including menthol; and
3. Prohibit the sale of tobacco products in pharmacies and retail establishments that contain pharmacies.

Due to the global COVID-19 pandemic, the Rhode Island Legislature, was halted in March 2020. Prior to COVID-19, in light of the alarming youth e-cigarette epidemic, Governor Raimondo took strong executive action to temporarily prohibit the sale of all flavored e-cigarettes. A Vaping Advisory Committee was established, with American Lung Association staff represented, to weigh-in on permanent regulations and met throughout the first quarter of the year. The temporary executive order prohibiting the sale of flavored e-cigarettes became permanent in March 2020.

The Rhode Island State Legislature ended their regular 2020 legislative session without the passage of a state budget. In December 2020, a shortened version of the FY2021 budget was passed and all remaining budget items were postponed. Unfortunately, this leaves the fate unclear of provisions included in earlier versions of the FY2021 budget that would codify the flavored vaping sales prohibition into state law, tax e-cigarettes at a level comparable to other tobacco products, give cities and towns the ability to protect kids from tobacco more effectively, increase enforcement around illegal sales to underage persons and align Rhode Island with federal law by raising the state tobacco sales age from 18 to 21. It also leaves Rhode Island's tobacco control program operating at the same level as the fiscal year 2020 budget of $395,337.

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. Thousands of students, parents, educators, medical and public health professionals, were educated about the harms of e-cigarette use. TFRI, through a strong partnership with CVS Health continued working with Rhode Island schools to implement a smoke-free school model policy. TFRI launched a new youth engagement and advocacy program where Tobacco-Free Ambassadors worked throughout the year on a variety of education and advocacy projects.

Looking ahead to 2021, 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 dependence and disease.

Rhode Island State Facts

Health Care Costs Due to Smoking:	$639,604,224
Adult Smoking Rate:	13.3%
High School Smoking Rate:	4.2%
High School Tobacco Use Rate:	33.3%
Middle School Smoking Rate:	1.6%
Smoking Attributable Deaths:	1,780

Adult smoking data come from CDC's 2019 Behavioral Risk Factor Surveillance System. High school smoking, tobacco use and middle school smoking rates are taken from the 2019 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.

South Carolina Report Card

American Lung Association.
State of Tobacco Control
2021

SOUTH CAROLINA

Tobacco Prevention and Control Program Funding: F

FY2021 State Funding for Tobacco Control Programs:	$5,000,000
FY2021 Federal Funding for State Tobacco Control Programs:	$1,614,267*
FY2021 Total Funding for State Tobacco Control Programs:	$6,614,267
CDC Best Practices State Spending Recommendation:	$51,000,000
Percentage of CDC Recommended Level:	13.0%
State Tobacco-Related Revenue:	$229,700,000

*Includes tobacco prevention and cessation funding provided to states from the Centers for Disease Control and Prevention.

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% 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: **Some medications are covered**

Counseling: **Some counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$5.29; the median investment per smoker is $2.28**

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.

Flavored Tobacco Products: F

Restrictions on Flavored Tobacco Products:
No state law or regulation

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. Defend state funding of $5 million for tobacco control programs and ensure that funding is spent according to Centers for Disease Control and Prevention (CDC)'s Best Practices for Comprehensive Tobacco Control Programs;
2. Support the licensing of all tobacco retailers, including electronic cigarette retailers; and
3. Oppose all forms of preemption of state and local tobacco control authority.

The South Carolina General Assembly opened with several pre-filed bills in 2020 seeking to address the growing use of electronic cigarettes and other vaping products among youth. Bills to establish licensing of retail tobacco sellers including electronic cigarettes were introduced in the House and the Senate, but neither moved out of their assigned committees. Tobacco retail licensing reduces initiation to nicotine and tobacco through improved compliance with laws that prohibit sales of all tobacco products including e-cigarettes to minors.

South Carolina is one of only about 10 states that does not require a license for retail sales of tobacco products. The American Lung Association supports licensing of tobacco retailers. Those who sell to minors must face strict, graduated financial penalties and loss of license. Enforcement of these laws must be diligently pursued and should include using minors in compliance checks. The Lung Association hopes to see this legislation re-introduced in the 2021 session.

House Bill 4710, introduced in 2020, sought to provide a comprehensive tobacco product definition. A broad definition of "tobacco product" can cover all current, known tobacco products, which include not only cigarettes, cigars, and smokeless tobacco, but also products like pipes, rolling papers, electronic smoking devices, and other related devices. This definition can aid in compliance and enforcement by clearly specifying what exactly is being prohibited. HB 4710 passed the House and was up for consideration in the Senate, however this along with other legislation was put aside by COVID-19. The Lung Association hopes to see this legislation get another chance in 2021 as well.

According to the 2019 South Carolina Youth Tobacco Survey, 22% of South Carolina high school students currently use e-cigarettes. The American Lung Association has long advocated for policies to reduce youth tobacco use and has set a goal of reducing the youth e-cigarette prevalence rate to 15% by 2025. In South Carolina, an important first step must be the establishment of tobacco licensing for all tobacco retailers, including electronic cigarette retailers. The Lung Association will educate the public and elected officials on the role this law can play in reducing youth initiation to tobacco products and encourage legislation to affect that change. The Lung Association will continue to support funding for the State Tobacco Prevention and Control Program and oppose all efforts to prevent local governments from passing tobacco control ordinances stronger than state law.

South Carolina State Facts

Health Care Costs Due to Smoking:	$1,906,984,487
Adult Smoking Rate:	17.6%
High School Smoking Rate:	5.9%
High School Tobacco Use Rate:	27.5%
Middle School Smoking Rate:	3.2%
Smoking Attributable Deaths:	7,230

Adult smoking data come from CDC's 2019 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use data come from the 2019 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.

South Dakota Report Card

American Lung Association.
State of Tobacco Control
2021

SOUTH DAKOTA

Tobacco Prevention and Control Program Funding: F

FY2021 State Funding for Tobacco Control Programs:	$4,500,000
FY2021 Federal Funding for State Tobacco Control Programs:	$1,027,355*
FY2021 Total Funding for State Tobacco Control Programs:	$5,527,355
CDC Best Practices State Spending Recommendation:	$11,700,000
Percentage of CDC Recommended Level:	47.2%
State Tobacco-Related Revenue:	$82,100,000

*Includes tobacco prevention and cessation funding provided to states from the Centers for Disease Control and Prevention.

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).

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: **Minimal medications are covered**

Counseling: **Minimal 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: **$15.48; the median investment per smoker is $2.28**

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.

Flavored Tobacco Products: F

Restrictions on Flavored Tobacco Products:
No state law or regulation

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;
2. Fully fund South Dakota's tobacco control program; and
3. Amend the state law that prevents the state Medicaid program from covering all tobacco cessation medications.

The South Dakota Department of Health along with national, state and local partners worked together to complete a new 5-year strategic plan for 2020–2025. The four goal areas of the plan include: preventing initiation of tobacco use among youth and young adults, 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, pregnant and post-partum women, behavioral health populations, people of low socioeconomic status and youth and young adults. Partners also worked together to draft a Sustainability Plan including steps to increase awareness of the state tobacco control program initiatives.

During the 2020 legislative session, funding for the state's tobacco control program was set at $4.5 million from tobacco tax revenues, the same level as the past few years. Protecting this funding is important to be able to address the priority populations in the state strategic plan and to fund quit smoking services with smoking now being firmly linked to COVID-19, according to the Centers for Disease Control and Prevention (CDC).

Legislation was also approved in 2020 that sets South Dakota's minimum age of sale for tobacco products at 21 mirroring federal law.

South Dakota's cigarette tax has been $1.53 per pack since a ballot measure approved in November 2006 and is long overdue for an increase. An attempt was made several years to increase the tax by ballot measure that was narrowly rejected by voters after a multi-million-dollar opposition campaign from the tobacco industry. The Lung Association urges the legislature to take up the issue especially with COVID-19 stretching state budgets.

Medicaid coverage of quit smoking treatments in South Dakota is also far from comprehensive, and one of the main reasons is a state law that prevents the state Medicaid program from buying nicotine. Unfortunately, without an exception this has the unintended consequence of preventing the state from buying FDA-approved nicotine replacement therapy. The Lung Association encourages legislators to address this issue in 2021 by creating an exception for FDA-approved tobacco cessation medications, 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 in 2021.

South Dakota State Facts

Health Care Costs Due to Smoking:	$373,112,273
Adult Smoking Rate:	18.3%
High School Smoking Rate:	12.0%
High School Tobacco Use Rate:	29.7%
Middle School Smoking Rate:	2.0%
Smoking Attributable Deaths:	1,250

Adult smoking data come from CDC's 2019 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use data come from the 2019 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.

Tennessee Report Card

American Lung Association.
State of Tobacco Control
2021

TENNESSEE

Tobacco Prevention and Control Program Funding: F

FY2021 State Funding for Tobacco Control Programs:	$0
FY2021 Federal Funding for State Tobacco Control Programs:	$1,637,971*
FY2021 Total Funding for State Tobacco Control Programs:	$1,637,971
CDC Best Practices State Spending Recommendation:	$75,600,000
Percentage of CDC Recommended Level:	2.2%
State Tobacco-Related Revenue:	$405,600,000

*Includes tobacco prevention and cessation funding provided to states from the Centers for Disease Control and Prevention.

Thumbs down for Tennessee for eliminating all state funding for tobacco prevention programs this year despite smoking costing the state close to $2.7 billion in healthcare costs each year.

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: **Some barriers exist to access care**

Medicaid Expansion: **No**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

Counseling: **Some counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$0.46; the median investment per smoker is $2.28**

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.

Flavored Tobacco Products: F

Restrictions on Flavored Tobacco Products: **No state law or regulation**

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. Restore state funding for the Tennessee Tobacco Program to $2 million and designate funding as a recurring line item in the annual budget;
2. Raise the tobacco tax by $1.50 and equalize the tax for all tobacco products including e-cigarettes; and
3. Close loopholes in the statewide law restricting smoking.

During the 2021 legislative session, the Lung Association and its health advocate partners supported Tobacco 21 legislation that included strengthened enforcement provisions, licensing for tobacco retailers, and repeal of penalties for underage purchase, use and possession of tobacco products. Ultimately, at the behest of Governor Bill Lee, the legislature passed a pared down bill that only raised the legal sales age for tobacco products to 21 years old, effective January 1, 2021.

A push to increase funding for the state tobacco prevention and cessation program to $4 million and to establish it as a recurring line item in the annual budget gained significant momentum early in 2020. Later however, amid predictions of dramatic declines in revenue associated with COVID-19 and the urgent need to fund a state response to the pandemic, state tobacco control funds were redirected. The Lung Association feels re-directing all tobacco control funding was shortsighted given smoking is a risk factor for more severe COVID-19. Restoring funding in 2021 will be a top priority.

While smoking is currently prohibited statewide in places such as schools, retail stores, and government workplaces, the law has several exceptions that limit its effectiveness. As examples, smoking is allowed in restaurants and bars that do not admit persons under 21, and the law does not include e-cigarettes. The Lung Association and our health advocate partners will continue to educate lawmakers on the importance of closing these loopholes.

A 2019 Tennessee Tobacco and Vape Policy Poll found that smokefree workplaces are strongly supported by voters, with 78% in favor. Support is well over 70% across party lines. Even a majority of smokers back smokefree workplace legislation, with 56% in favor. The poll also found that eight in ten voters favor dedicating the state's tobacco revenue funds to tobacco prevention programs.

Finally, the Administration's first-in-the-nation waiver to block grant the state's Medicaid program, TennCare, was approved by the Federal Government on January 8, 2021. Strongly opposed by the Lung Association, block grants instead of matching dollars, mean federal government contributions to fund the state program are limited. This could, among other effects, limit prescription drug coverage and access to tobacco cessation medications, undermining smokers' quit attempts.

The American Lung Association in Tennessee will continue working with our many health coalition partners and others in 2021 to educate policymakers, business leaders and media on the importance of the 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:	19.9%
High School Smoking Rate:	7.1%
High School Tobacco Use Rate:	27.9%
Middle School Smoking Rate:	N/A
Smoking Attributable Deaths:	11,380

Adult smoking data come from CDC's 2019 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use rates are taken from the 2019 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.

Texas Report Card

American Lung Association.
State of Tobacco Control
2021

TEXAS

Tobacco Prevention and Control Program Funding: F

FY2021 State Funding for Tobacco Control Programs:	$4,248,473
FY2021 Federal Funding for State Tobacco Control Programs:	$3,268,415*
FY2021 Total Funding for State Tobacco Control Programs:	$7,516,888
CDC Best Practices State Spending Recommendation:	$264,100,000
Percentage of CDC Recommended Level:	2.8%
State Tobacco-Related Revenue:	$1,872,600,000

*Includes tobacco prevention and cessation funding provided to states from the Centers for Disease Control and Prevention.

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 44.6% 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: **Minimal barriers exist to access care**

Medicaid Expansion: **No**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

Counseling: **Some counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$0.89; the median investment per smoker is $2.28**

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.

Flavored Tobacco Products: F

Restrictions on Flavored Tobacco Products:
No state law or regulation

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. Maintain state funding for tobacco control programs;
2. Impose a license on e-cigarette retailers and tax e-cigarette products; and
3. Increase the tax on cigarettes by $1.50 per pack.

While the Texas Legislature did not convene in 2020, their actions in 2019 continue to benefit Texans. In 2019, Texas became the first state in the south to raise the age of sale for tobacco products, including e-cigarettes, from 18 to 21, leading to a national law months later. Texans also voted to renew funding for the state's Cancer Prevention and Research Institute of Texas, ensuring Texas can continue to invest in lifesaving cancer research and prevention programs, including multi-million dollar grants for lung cancer research and expanded lung cancer screening services.

The 2019 Centers for Disease Control and Prevention (CDC) Youth Risk Behavior Survey found that 50% of Texas high school students reporting using an e-cigarette at some point, with nearly 19% using e-cigarettes regularly in the previous month. As Texas still lacks a comprehensive state smokefree indoor air law, licensing for e-cigarette retailers, and CDC-recommended funding for tobacco prevention and control programs, the legislature must continue its efforts to fight for a tobacco-free future.

The Lung Association in Texas and its partners in the Smokefree Texas coalition continue to work in communities around the state to pass local smokefree ordinances. Texas currently has 104 cities with comprehensive smokefree ordinances protecting more than 12.5 million citizens from the harmful effects of secondhand smoke.

Texas lawmakers recognized the dangers of tobacco and e-cigarettes in 2019 when they acted to raise the age of sale to 21. As Texas lawmakers continue to hear from their constituents about the dangers of tobacco and e-cigarette products, they must look at a comprehensive approach to fight back against the tobacco industry, while also raising much needed funds for the state's budget and healthy living programs.

Texas State Facts

Health Care Costs Due to Smoking:	$8,855,602,443
Adult Smoking Rate:	14.7%
High School Smoking Rate:	3.9%
High School Tobacco Use Rate:	19.1%
Middle School Smoking Rate:	1.8%
Smoking Attributable Deaths:	28,030

Adult smoking data come from CDC's 2019 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 2020 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.

Utah Report Card

American Lung Association.
State of Tobacco Control
2021

UTAH

Tobacco Prevention and Control Program Funding: A

FY2021 State Funding for Tobacco Control Programs:	$15,300,000
FY2021 Federal Funding for State Tobacco Control Programs:	$1,231,307*
FY2021 Total Funding for State Tobacco Control Programs:	$16,531,307
CDC Best Practices State Spending Recommendation:	$19,300,000
Percentage of CDC Recommended Level:	85.7%
State Tobacco-Related Revenue:	$154,000,000

*Includes tobacco prevention and cessation funding provided to states from the Centers for Disease Control and Prevention.

Thumbs up for Utah for increasing funding for its tobacco prevention and cessation program by close to $8.3 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: **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. (2018).

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: 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: **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: **$6.22; the median investment per smoker is $2.28**

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.

Flavored Tobacco Products: F

Restrictions on Flavored Tobacco Products:
No state law or regulation

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.

The American Lung Association in Utah provides leadership in convening partners and guiding public policy efforts to continue the state's success in reducing the impact of tobacco. 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 2020, 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.

Governor Gary Herbert signed House Bill 23, a bill that restricts the sale of flavored e-cigarettes to retail only 21+ specialty shops, however it exempts mint and menthol flavors. The bill also adds new preemption on local laws for age of sale, sales provisions, flavors, and product placement and display. The Lung Association and our partners asked for a veto of this bill but were unsuccessful. Governor Gary Herbert also signed a bill that creates a 56% manufacturers list price tax on e-cigarette liquids, adds a provision reducing the tax for tobacco products designated "modified risk" by the U.S. Food and Drug Administration (FDA), and creates a new e-cigarettes and substance abuse program in the state Department of Health.

The new e-cigarette program resulted in an increase in funding for tobacco control and prevention efforts in the state Department of Health with funding increasing to about $10.7 million in fiscal year 2021. The program is funded by a combination of tobacco Master Settlement Agreement dollars and tobacco, including e-cigarette tax revenue. This much needed increase in funding boosted Utah's Tobacco Prevention and Control Program Funding grade from an F to a C this year.

Moving forward in 2021, the American Lung Association in Utah will once again make it a priority to educate the Utah 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 by $1.00 per pack or more.

Utah State Facts

Health Care Costs Due to Smoking:	$542,335,526
Adult Smoking Rate:	7.9%
High School Smoking Rate:	2.2%
High School Tobacco Use Rate:	10.7%
Middle School Smoking Rate:	N/A
Smoking Attributable Deaths:	1,340

Adult smoking data come from CDC's 2019 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use rates are taken from the 2019 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.

Vermont Report Card

American Lung Association.
State of Tobacco Control
2021

VERMONT

Tobacco Prevention and Control Program Funding: F

FY2021 State Funding for Tobacco Control Programs:	$2,692,021
FY2021 Federal Funding for State Tobacco Control Programs:	$1,080,098*
FY2021 Total Funding for State Tobacco Control Programs:	$3,772,119
CDC Best Practices State Spending Recommendation:	$8,400,000
Percentage of CDC Recommended Level:	44.9%
State Tobacco-Related Revenue:	$96,400,000

*Includes tobacco prevention and cessation funding provided to states from the Centers for Disease Control and Prevention.

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 (2016) & 37-1741 et seq. (2018).

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

Access to Cessation Services: B

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **All 7 medications are covered**

Counseling: **Minimal counseling is covered**

Barriers to Coverage: **Minimal 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 coverage**

STATE QUITLINE:

Investment per Smoker: **$6.70; the median investment per smoker is $2.28**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **Yes**

Tobacco Surcharge: **Prohibits tobacco surcharges**

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

Flavored Tobacco Products: F

Restrictions on Flavored Tobacco Products:
No state law or regulation

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. Eliminate the sale of all flavored tobacco products;
2. Increase funding for comprehensive tobacco prevention and cessation: and
3. Increase the tobacco tax by a minimum of $1.00 per pack.

Following an extremely productive legislative session in 2019 for tobacco control measures, there were high hopes for the 2020 session. However, early progress made on consideration of legislation removing flavored tobacco products from the market was derailed by COVID-19. Much of the remainder of the legislative session was focused on policy matters related to the state's response to the pandemic.

However, the Lung Association remains optimistic that we will build on the initial groundwork and continue to advance measures to address the youth use of electronic cigarettes which 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 state must act now to end all sales of flavored tobacco products.

The receipt of additional Tobacco Master Settlement Agreement funding from settling arbitration in the fall of 2020 will result in approximately $10.5 million in one-time funding that Vermont should commit toward addressing the tobacco problem that still grips the Green Mountain State.

The American Lung Association in Vermont will continue to work with our coalition partners the American Heart Association, American Cancer Society Cancer Action Network, Vermont Medical Association and many more as we grow our numbers to educate policy makers, business leaders and the media of the importance of advancing strong tobacco control and prevention efforts and to build upon our past successes.

Vermont State Facts

Health Care Costs Due to Smoking:	$348,112,248
Adult Smoking Rate:	15.1%
High School Smoking Rate:	6.9%
High School Tobacco Use Rate:	28.2%
Middle School Smoking Rate:	2.0%
Smoking Attributable Deaths:	960

Adult smoking data come from CDC's 2019 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use data come from the 2019 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.

Virginia Report Card

American Lung Association.
State of Tobacco Control
2021

VIRGINIA

Tobacco Prevention and Control Program Funding: F

FY2021 State Funding for Tobacco Control Programs:	$8,327,905
FY2021 Federal Funding for State Tobacco Control Programs:	$1,761,391*
FY2021 Total Funding for State Tobacco Control Programs:	$10,089,296
CDC Best Practices State Spending Recommendation:	$91,600,000
Percentage of CDC Recommended Level:	11.0%
State Tobacco-Related Revenue:	$416,300,000

*Includes tobacco prevention and cessation funding provided to states from the Centers for Disease Control and Prevention.

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: **$0.60***

* On July 1, 2020, the cigarette tax increased from $0.30 to $0.60 per pack.

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: 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: **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: **$0.45; the median investment per smoker is $2.28**

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.

Flavored Tobacco Products: F

Restrictions on Flavored Tobacco Products: **No state law or regulation**

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. License tobacco product retailers:
2. Increase the cigarette tax by at least $1.00 per pack and create parity between the tax on cigarettes and other tobacco products; and
3. Fund tobacco prevention and cessation programs at the level recommended by the Centers for Disease Control and Prevention (CDC).

During the 2020 legislative session there were several bills that the Lung Association and public health partners supported. These bills included, increasing the tobacco tax and creating parity among other tobacco products, comprehensive retail licensing and removing all flavored tobacco products from the market. The three bills were assigned to the Committee on Finance where they failed to have a committee vote.

Virginia is long overdue for a comprehensive evidence-based approach to address tobacco use among both youth and adults. This approach should include licensing all tobacco product retailers including e-cigarette retailers, annual renewal, graduated penalties for violations with suspension and revocation provisions and required retailer education. The approach must also include increasing the cigarette tax by much more significant amounts than the 30-cent increase included in the state budget in 2020 and creating parity between the tax on cigarettes and other tobacco products including e-cigarettes. These evidence-based approaches could also provide a sustainable funding source for enforcement.

Currently, Virginia does not require tobacco and e-cigarette retailers to obtain a tobacco retail license. Without a comprehensive tobacco retail license program, Virginia cannot effectively enforce, educate, monitor, or penalize illegal sales of tobacco products. According to the data strong retail licensing requirements have been found to reduce youth e-cigarette and tobacco use. Legislation is required to maintain a comprehensive list of retailers in the Commonwealth, promote retailer education and train and monitor retailer compliance through required compliance checks. Another important component of any legislation would be to remove the youth purchase, use and possession penalties targeted at kids which have not been shown to be effective in reducing youth use of tobacco.

The American Lung Association in Virginia will continue to educate lawmakers on the ongoing fight against tobacco. Our goal is to build new champions within the legislature and a grassroots advocacy network to advance our goals of establishing a comprehensive retail licensing program and increasing the cigarette tax by at least $1.00 as well as creating parity between the tax on cigarettes and other tobacco products.

Virginia State Facts

Health Care Costs Due to Smoking:	$3,113,009,298
Adult Smoking Rate:	14.0%
High School Smoking Rate:	5.5%
High School Tobacco Use Rate:	22.5%
Middle School Smoking Rate:	1.9%
Smoking Attributable Deaths:	10,310

Adult smoking data come from CDC's 2019 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use data come from the 2019 Youth Risk Behavior Surveillance System. Middle school smoking rate is taken from the Virginia 2019 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.

Washington Report Card

American Lung Association.
State of Tobacco Control
2021

Tobacco Prevention and Control Program Funding: F

FY2021 State Funding for Tobacco Control Programs:	$2,132,506
FY2021 Federal Funding for State Tobacco Control Programs:	$1,757,311*
FY2021 Total Funding for State Tobacco Control Programs:	$3,889,817
CDC Best Practices State Spending Recommendation:	$63,600,000
Percentage of CDC Recommended Level:	6.1%
State Tobacco-Related Revenue:	$521,600,000

*Includes tobacco prevention and cessation funding provided to states from the Centers for Disease Control and Prevention.

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: **Minimal counseling is covered**

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

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **Some medications are covered**

Counseling: **Most counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$0.35; the median investment per smoker is $2.28**

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.

Flavored Tobacco Products: F

Restrictions on Flavored Tobacco Products:
No state law or regulation

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. Prohibit the sale of all flavored tobacco products;
2. Establish tax parity with all tobacco products; and
3. Defend clean indoor air laws.

In September 2019, Governor Inslee signed an executive order asking the Washington State Board of Health to adopt emergency rules to restrict the sale of flavored vapor products. The Board of Health met on October 9, 2019 and passed an emergency rule prohibiting the sale of flavored vapor products or any products that would be used to create a flavored vapor product. The rule went into effect on October 10, lasting for 120 days, giving time for the legislature to take permanent action.

Governor Inslee requested legislation in both the House and the Senate to make the sales restriction permanent. Representative Pollett and Senator Kuderer championed House Bill 2454 and Senate Bill 6254 respectively. Neither bill received a committee vote.

Senate Bill 6254 made its way through the Senate Health and Long-Term Care, Ways and Means and the Rules committee. An amendment was made in the Ways and Means committee to provide an exemption for menthol flavors and the American Lung Association withdrew its support for the legislation. The bill moved to the Senate floor and passed (35–13). No further action was taken.

The American Lung Association will support and advocate for comprehensive legislation in the 2021 session to restrict the sale of all flavored tobacco products. The Lung Association will also pursue legislation to create tax parity for all tobacco products. During the 2019 session, the legislature adopted a weight-based tax for vaping products. We will advocate for a more equitable tax (as compared with cigarettes) and a percentage-based tax.

Washington State Facts

Health Care Costs Due to Smoking:	$2,811,911,987
Adult Smoking Rate:	12.6%
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 come from CDC's 2019 Behavioral Risk Factor Surveillance System. 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.

West Virginia Report Card

American Lung Association.
State of Tobacco Control
2021

WEST VIRGINIA

Tobacco Prevention and Control Program Funding: F

FY2021 State Funding for Tobacco Control Programs:	$445,000
FY2021 Federal Funding for State Tobacco Control Programs:	$1,204,734*
FY2021 Total Funding for State Tobacco Control Programs:	$1,649,734
CDC Best Practices State Spending Recommendation:	$27,400,000
Percentage of CDC Recommended Level:	6.0%
State Tobacco-Related Revenue:	$234,400,000

*Includes tobacco prevention and cessation funding provided to states from the Centers for Disease Control and Prevention.

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 59.3% 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: **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: **$0.64; the median investment per smoker is $2.28**

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.

Flavored Tobacco Products: F

Restrictions on Flavored Tobacco Products: **No state law or regulation**

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;
2. Preserve local control of smokefree air laws throughout the state; and
3. Increase tobacco taxes and equalize rates across all tobacco products.

During the 2020 legislative session, $890,000 was secured for Healthy Lifestyle Funding under the direction of the Department of Health and Human Services, Division of Tobacco Prevention to be utilized for tobacco and obesity education funding. Additionally, a bill was introduced that called for funding from a portion of the interest generated from the $480 million Rainy Day B fund, earmarked for tobacco prevention from the tobacco Master Settlement Agreement. While it passed through the House and Senate Health Committees, the funding portion of this bill was unfortunately removed by the Senate Finance Committee. However, also within this bill was a campaign to create a taskforce to oversee tobacco prevention programs to help reduce tobacco use—including e-cigarettes—notably among youth and young adults. Champions have been identified to help move this taskforce forward.

Local, smokefree regulations were at risk when several preemptive bills were introduced this session. These bills would have restricted local governments' authority to protect public health and therefore would have removed the local, smokefree regulations that currently protect over 1.8 million West Virginians from secondhand smoke. Thanks to the hard work and dedication of partner organizations and legislative champions, these preemptive bills were defeated and did not move forward.

The Lung Association and West Virginia's youth tobacco prevention 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, a stunning 35.7% among high school students in 2019, according to CDC's Youth Risk Behavior Survey. Through ongoing education, local and statewide events, youth continue to fight the disproportionately high burden of tobacco across West Virginia. To further prevent youth from starting tobacco or switching products, the Lung Association will continue to recommend increasing the cigarette tax and equalizing the rates across all tobacco products, including e-cigarettes.

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, protecting local control of smokefree air laws, and increasing tobacco taxes.

West Virginia State Facts

Health Care Costs Due to Smoking:	$1,008,474,499
Adult Smoking Rate:	23.8%
High School Smoking Rate:	13.5%
High School Tobacco Use Rate:	40.6%
Middle School Smoking Rate:	4.5%
Smoking Attributable Deaths:	4,280

Adult smoking data come from CDC's 2019 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use rates are taken from the 2019 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.

Wisconsin Report Card

American Lung Association.
State of Tobacco Control
2021

WISCONSIN

Tobacco Prevention and Control Program Funding: F

FY2021 State Funding for Tobacco Control Programs:	$5,315,000
FY2021 Federal Funding for State Tobacco Control Programs:	$1,546,344*
FY2021 Total Funding for State Tobacco Control Programs:	$6,861,344
CDC Best Practices State Spending Recommendation:	$57,500,000
Percentage of CDC Recommended Level:	11.9%
State Tobacco-Related Revenue:	$741,100,000

*Includes tobacco prevention and cessation funding provided to states from the Centers for Disease Control and Prevention.

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: **Some 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: **$0.28; the median investment per smoker is $2.28**

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.

Thumbs up to Wisconsin for removing all barriers for Medicaid enrollees to access cessation treatments.

Flavored Tobacco Products: F

Restrictions on Flavored Tobacco Products:
No state law or regulation

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. Create tax parity between all tobacco products;
2. Protect Tobacco Prevention and Control Program funding; and
3. Raise Wisconsin's legal age of sale for tobacco products to 21.

Tobacco control advocates worked tirelessly to pass several strong tobacco control bills including Tobacco 21, adding e-cigarettes to the state smokefree air law and equalizing the tax between cigarettes and little cigars (brown cigarettes). Unfortunately, only the Tobacco 21 bill advanced. By the end of the 2020 session the bill had passed the full Assembly and the Senate Committee on Health and was available for a full Senate vote. Then, one week before the Senate's final floor session, Governor Evers issued the "Safer at Home" order, effectively shutting down government. The Senate Majority Leader has indicated that the Senate will come back during the lame duck session to address bills that were left on the table; however, we don't know if Tobacco 21 will be among those receiving a vote.

To make up for the state's inaction on adding e-cigarettes to the smokefree air law, efforts instead were focused on local communities. At least 10 communities throughout Wisconsin passed ordinances in 2020 that protect their citizens from secondhand e-cigarette aerosol, bringing the total number of municipalities to over 56 cities and counties representing 38 percent of the state population. As a result, Wisconsin was one of three states recognized by Americans for Nonsmokers Rights for passing the greatest number of clean indoor air ordinances that include e-cigarettes.

One positive result of the pandemic is that a majority of Wisconsin's tribally-owned casinos, exempt from the state smokefree air law have reopened smokefree. Six tribes with a collective total of 16 casinos now prohibit smoking on the gaming floor.

The Tobacco Prevention and Control Program made a major shift in 2020 to high-risk populations that continue to smoke in greater numbers than the general public. Local Alliances were restructured to identify and focus on populations at greatest risk, including communities of color, low-income, pregnant smokers, LGBTQ and Native Americans. These new Alliances will utilize established partnerships with organizations that directly serve these populations, bringing education and services to those in greatest need.

2021 is a budget year in Wisconsin and tobacco control priorities have been chosen to reflect that. Maintaining funding for the Tobacco Control and Prevention Program is a top priority, especially considering the restructured focus on reaching at-risk populations. Increasing the cigarette tax and creating parity between all tobacco products provides a reliable revenue stream that could help reduce projected budget deficits and protect these important programs. Higher prices also will provide a much-needed deterrent to Wisconsin's youth who are experimenting with e-cigarettes at alarming rates.

The major challenge will be convincing the state legislature, controlled by fiscal conservatives, that tobacco control and increasing tobacco taxes have long term benefits, not just for public health, but also for the state's financial well-being.

Wisconsin State Facts

Health Care Costs Due to Smoking:	$2,663,227,988
Adult Smoking Rate:	15.4%
High School Smoking Rate:	5.7%
High School Tobacco Use Rate:	22.2%
Middle School Smoking Rate:	1.4%
Smoking Attributable Deaths:	7,850

Adult smoking data come from CDC's 2019 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use rates are taken from the 2019 Youth Risk Behavior Surveillance System. Middle school smoking rate is taken from the 2018 Wisconsin 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.

Wyoming Report Card

American Lung Association.
State of Tobacco Control
2021

WYOMING

Tobacco Prevention and Control Program Funding: F

FY2021 State Funding for Tobacco Control Programs:	$2,350,663
FY2021 Federal Funding for State Tobacco Control Programs:	$1,000,640*
FY2021 Total Funding for State Tobacco Control Programs:	$3,351,303
CDC Best Practices State Spending Recommendation:	$8,500,000
Percentage of CDC Recommended Level:	39.4%
State Tobacco-Related Revenue:	$39,200,000

*Includes tobacco prevention and cessation funding provided to states from the Centers for Disease Control and Prevention.

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: Yes; 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: **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: **No counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$7.03; the median investment per smoker is $2.28**

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.

Flavored Tobacco Products: F

Restrictions on Flavored Tobacco Products:
No state law or regulation

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 state and/or local smokefree workplace laws.

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.

The Wyoming House Revenue committee introduced House Bill 73 to tax electronic cigarettes. The American Lung Association urged a tax rate creating parity with other tobacco products, with a portion of the new revenue for tobacco prevention and cessation programs. The legislation passed both houses and was signed into law by Governor Gordon on March 10, 2020. The law levies a 15% excise tax on the wholesale purchase price of electronic cigarettes and went into effect on July 1, 2020.

Representative Sara Burlingame introduced House Bill 205 proposing raising taxes on all nicotine products, but this bill failed an introductory vote in the House (28—32). The legislation would have increased the cigarette tax from the current $0.60 per pack to $2.00.

Elected officials in Jackson, Wyoming considered restricting the sale of flavored vaping products in April 2020. The American Lung Association and other stakeholders encouraged the council to consider a comprehensive approach by prohibiting the sale of all flavored tobacco products. After the first reading, an amendment was offered to exempt menthol flavors. The council later also agreed to an age-restricted store exemption for the proposal.

The Lung Association strongly supports comprehensive flavor prohibitions at all places where products are sold and encouraged the council to include retail licensure in its policy. The council decided to take no further action on the ordinance given the state of Wyoming already prohibits the sale of all tobacco products to those under the age of 21.

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 its support for local ordinances for smokefree workplaces and flavored tobacco restrictions.

Wyoming State Facts

Health Care Costs Due to Smoking:	$257,674,019
Adult Smoking Rate:	18.4%
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 data come from CDC's 2019 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.

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 education, advocacy and research. The work of the American Lung Association is focused on four strategic imperatives: to defeat lung cancer; to champion clean air for all; to improve the quality of life for those with lung disease and their families; and to create a tobacco-free future. 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.