American Lung Association.

State of Tobacco Control

2022

20 years

Proven Policies

to Prevent and Reduce Tobacco Use

"State of Tobacco Control" 2022: 20 Years of "State of Tobacco Control"—Celebrating the Progress Made and Recognizing the Work that Remains to be Done

Executive Summary

The American Lung Association's annual "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 Lung Association proudly marks the 20th anniversary of releasing its "State of Tobacco Control" report in 2022 by reflecting on the progress made over the past 20 years and looking ahead to the significant amount of work that remains to be done to end tobacco-caused death and disease in this country.

A new generation of tobacco products, including e-cigarettes, threatens the progress made, as more than two million middle and high school students reported using e-cigarettes in 2021.[1] In response to the youth vaping epidemic, new public policies, including ending the sale of all flavored tobacco products, have risen in importance as well. Key themes in "State of Tobacco Control" this year include:

- **FDA Opportunities in 2021 to Reduce Tobacco Use:** The U.S. Food and Drug Administration (FDA) took several actions in 2021 that could signal a beginning to meaningful action in its oversight of tobacco products.
  - On April 29, 2021, FDA made an important announcement indicating its intention to issue proposed rules no later than April 2022 to remove menthol cigarettes and most flavored cigars from the marketplace. If FDA follows through on its commitment, it will be an historic achievement for public health in the U.S. given the disproportionate impact menthol cigarettes and flavored cigars have on many different communities and populations, especially Black Americans.
  - FDA had an opportunity to remove e-cigarettes and other tobacco products from the market that did not meet its public health standard through its pre-market tobacco authorization (PMTA) authority under the Family Smoking Prevention and Tobacco Control Act. FDA was under a court-ordered deadline of September 9, 2021, to review millions of PMTAs submitted by e-cigarettes and other tobacco product companies in 2020. Unfortunately, as of the end of 2021, FDA had not acted on the products most responsible for the youth e-cigarette epidemic such as JUUL, leaving them on the market.
- **Health Disparities Related to Tobacco Use:** An unfortunate constant over the past 20 years is the unequal burden of tobacco use and exposure to secondhand smoke on some communities and populations. The overall adult smoking rate has declined significantly from 21.6% in 2003 to 14.0% in 2019, a 35% decline.[2] However, this overall rate masks significant disparities among races/ethnicities and due to socio-economic factors. Smoking remains particularly high among Native Americans and Alaskan Natives at 20.9% and Lesbian, Gay and Bisexual adults at 19.2%.[3] Smoking among persons with lower incomes and lower levels of education also

More About "State of Tobacco Control"

"State of Tobacco Control" 2022 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 2022. 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.

remains high.[4] Certain populations are also disproportionately exposed to secondhand smoke, including: children ages 3-11, Black Americans, persons living in poverty and people with a high school education or less.[5] Parts of the country, especially many Southern and Appalachian states remain unprotected from secondhand smoke in public places and workplaces as well.

- **State Progress to Reduce Tobacco Use:** The country has made substantial progress on several of the state public policies measured in "State of Tobacco Control" over the past 20 years. These include:
  - Progressing from 2 to 28 smokefree states;
  - Increasing the average state cigarette tax from $0.62 in January 2003 to $1.91 in January 2022; and
  - Improving state Medicaid program coverage of quit smoking treatments since "State of Tobacco Control" first began tracking these data in 2008.

In 2021, the tobacco industry brought back to the forefront an old roadblock it has used for more than 30 years: preemption, or lobbying state legislatures to pass laws that prevent local communities from passing tobacco control policies stronger than state law. This severely hampers the ability of local communities to prevent and reduce tobacco use. Unfortunately, the tobacco industry was successful in instituting new preemptive state laws on sales of tobacco products in Florida and Montana in 2021.

The COVID-19 pandemic's impact on tobacco use is still being assessed. According to a Federal Trade Commission report in 2020, cigarette sales increased for the first time in 20 years.[6] It is unclear if this signals higher adult smoking rates, or existing smokers smoking more cigarettes. In addition, the rate of youth vaping in the Centers for Disease Control and Prevention's 2021 National Youth Tobacco Survey varied significantly if a student took the survey at home or in a school building.[7] Therefore, it is unclear if the level of youth vaping seen in 2021 will be a one-year blip or a durable trend.

During 2020, many casinos both tribal and non-tribal re-opened smokefree after being closed initially during the COVID-19 pandemic. Unfortunately, 2021 saw some backsliding in this area with smoking returning to casinos in New Jersey and Pennsylvania after emergency orders issued by governors preventing them from allowing smoking expired. Activity on tobacco tax increases ended up being much slower than expected in 2021 as well, due to many state budgets being more robust than expected.

In 2022, the country needs to redouble its efforts to pass the proven policies called for in "State of Tobacco Control." This will require an ongoing partnership at the federal, state and local levels to restart declines in adult and youth tobacco use rates and reduce the 480,000 lives lost to tobacco each year. Our elected officials must take stronger actions to put the country on a path to finally end tobacco use over the next 20 years.

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20th Anniversary of "State of Tobacco Control" Shows Policymakers at All Levels of Government Haven't Fully Embraced Importance of Preventing and Reducing Tobacco Use

Since the American Lung Association first launched its "State of Tobacco Control" report in January 2003, the country has, overall, made tremendous progress in its efforts to prevent and reduce tobacco use. Adult cigarette smoking rates have declined from 21.6% in 2003 to 14% in 2019.[1] Youth cigarette smoking rates have fallen even faster among high school students from 22.5% in 2002 to 4.6% in 2020.[2]

- At the state level, the country has seen significant progress on several tobacco control policies, including: 1) smokefree workplace laws, 2) tobacco taxes and 3) Medicaid coverage of tobacco cessation treatments.
- At the federal level: 1) the U.S. Food and Drug Administration (FDA) gained comprehensive authority over the manufacture, marketing and sales of tobacco products; 2) flavored cigarettes, with the glaring exception of menthol, were prohibited; and 3) the federal age of sale for tobacco products was increased to 21 nationwide.

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.[3]

However, in other ways, federal, state and local policy makers have yet to take the steps necessary to eliminate tobacco use or protect another generation of youth from becoming addicted. Significant social, racial, geographic and sexual orientation disparities in who uses tobacco products and who is exposed to secondhand smoke in the U.S. have only become more pronounced as overall tobacco use rates have decreased. While there have been some promising announcements and actions taken by FDA in 2021, unnecessary addiction, disease and death could have been prevented by more assertive federal government action on flavored tobacco products. State progress on comprehensive smokefree workplace laws appears successful over the course of 20 years but has completely stalled since 2012. Tobacco tax increases have slowed in terms of frequency over the past few years, and only one state, Maryland, increased its tobacco taxes in 2021.

The country continues to endure the most significant public health crisis of the last 100 years, COVID-19, and yet it has failed to convince officials that they must sufficiently invest in public health infrastructure and prioritize policies that will protect people during a public health epidemic. The Lung Association's "State of Tobacco Control" 2022 report continues to offer a road map with solutions for many of these challenges, but the country needs federal, state and local lawmakers to implement them to further drive down smoking and tobacco use rates.

FDA Crawls Forward Towards More Comprehensive Regulation of Tobacco Products; Leaves Products Most Responsible for the Youth E-Cigarette Epidemic on the Market

Facing a court-ordered deadline, in 2021, FDA finally began to implement and enforce pre-market tobacco authorization (PMTA) requirements for e-cigarettes, hookah, pipe tobacco, most cigars and other tobacco products after many years of delay. This progress was due to a court decision in a lawsuit filed by the Lung Association and several public health partners ordering tobacco product manufacturers to submit PMTA applications to FDA by September 9, 2020, and for FDA to review and make decisions on those applications by September 9, 2021.

FDA did issue marketing denial orders for many non-menthol flavored e-cigarettes in 2021. However, when it came to the e-cigarette products with the highest market share and that are the most responsible for the youth vaping epidemic such as JUUL and Vuse, FDA delayed decision on their PMTAs for a significant period of time after the court's deadline. FDA also issued marketing orders for several high nicotine Vuse tobacco-flavored e-cigarettes and took no action on any PMTA related to menthol e-cigarettes. The Lung Association has repeatedly called for all flavored tobacco products, including e-cigarettes, to be removed from the marketplace. Flavors are a key driver of youth tobacco use, and no evidence has been presented that flavored products can meet the public health standard that the law requires.

A new, potentially large loophole emerged in 2021 in the form of synthetic nicotine, as the FDA's Center for Tobacco Products asserts its authority only covers nicotine derived from tobacco. E-cigarette companies, including PuffBar, the most used e-cigarette product among teens, appear to be exploiting this legal loophole. Synthetic nicotine flavored e-cigarettes are being used to attempt to evade the Tobacco Control Act. The Lung Association has called for FDA to regulate synthetic nicotine as a drug; if it is to be regulated as a tobacco product, it will require action by Congress.

In Response to Significant Disparities in Tobacco Use in U.S., FDA Makes an Important Announcement on Menthol

Overall, adult cigarette smoking, and tobacco use rates remained level from the previous year in 2019, the latest year of data. As has been the case since "State of Tobacco Control" was first published 20 years ago though, the overall rates mask significant disparities among racial, ethnic, socio-economic and LGBTQ+ communities. Use of commercial tobacco products remains particularly high among Native Americans and Alaskan Natives at 20.9% and lesbian, gay and bisexual adults at 19.2%.[4] Adults with lower incomes, lower levels of education and experiencing mental illness or substance abuse also endure significantly higher rates of smoking. While regular, national data is lacking on this topic, studies have shown that smoking and tobacco use can vary significantly amongst sub-populations of Hispanic and Asian Americans as well.

In addition, the declines in cigarette smoking rates observed in recent years has been due almost entirely to non-menthol cigarettes. Menthol cigarettes are used by close to 81% of Black Americans[5] and disproportionately by pregnant women, youth and LGBTQ Americans.[6] In fact, a study released in 2021 found that menthol cigarettes were responsible for 1.5 million new smokers, 157,000 smoking-related premature deaths and 1.5 million life years lost among African Americans from 1980–2018.[7] These disparities in menthol cigarette use are largely the result of targeted marketing by the tobacco industry.

This makes an April 2021 announcement by FDA of its intention to issue proposed rules removing menthol cigarettes and many flavored cigars from the marketplace an important development. However, FDA has said it will take until April 2022 just to propose rules. Then it may take several years to finalize the rule and defend against the inevitable industry lawsuits. This is on top of years of delay from when FDA's Tobacco Product Scientific Advisory Committee in 2011 and FDA itself in 2013 issued separate reports saying it would be beneficial to public health to remove menthol cigarettes from the market. The American Lung Association applauded this long overdue

announcement and urges FDA to act with urgency on this issue in light of the years of delay and the disproportionate burden menthol cigarettes place on many communities experiencing health disparities.

20 Years of Uneven Change in State Tobacco Prevention Policies

The past 20 years in state tobacco prevention policies can best be summarized as uneven progress with significant differences by policy, decade and geographic region. The country saw significant progress on smokefree workplace laws and tobacco taxes during the 2000s, only to see that progress stall completely during the 2010s. Certain parts of the country continue to lag significantly behind in putting in place the proven policies called for in "State of Tobacco Control," including states in the South, Appalachia as well as parts of the Midwest and Great Plains. States where tobacco is or was previously grown and have significant tobacco industry presences, such as North Carolina and Virginia, remain particularly challenging.

- **Increasing State Tobacco Taxes:** Increasing tobacco taxes by $1.00 per pack or more is one of the most effective ways to reduce tobacco use, especially among kids. Many states have significantly increased their taxes on cigarettes and other tobacco products over the past 20 years. However, this has created a wide disparity in cigarette tax rates, with the lowest state cigarette tax in Missouri at a meager 17 cents per pack and the District of Columbia the highest at $4.50 per pack. Maryland was the only state to increase its cigarette tax in 2021, to $3.75 per pack, 5th highest in the country.
- **Smokefree Public Places and Workplaces:** From 2003 to 2012, there was a significant expansion of the number of states with laws prohibiting smoking in public places and workplaces, however no additional states have passed such laws since then. Some states with comprehensive smokefree laws have closed additional loopholes in their laws, including Connecticut in 2021. Ohio also added e-cigarettes to its comprehensive smokefree law in 2021. During 2020, more than 200 tribal and non-tribal casinos re-opened smokefree[8] after being closed due to COVID-19. During 2021, many tribal casinos kept their smokefree policies in place but there was some backsliding among state-regulated casinos when state COVID-19 emergency orders expired. In addition, the Navajo Nation approved legislation in 2021 after a 12 plus year effort that made all public places and workplaces, including tribal casinos smokefree.
- **Expanding Medicaid and Tobacco Cessation Coverage.** Since 2009, the "State of Tobacco Control" report began reporting on states' tobacco cessation coverage. Over the past 13 years, state Medicaid programs have increased the number treatments they covered, and because of provisions in the Affordable Care Act (ACA) have increased the number of people eligible for Medicaid coverage. The 2009 report showed only 20 states covering all 7 FDA-approved cessation medications. This year's report shows that 43 states now provide that coverage. The report has tracked the progress states have made in providing these treatments not only to Medicaid enrollees, but also to State Employees through their health plans. The report also recognizes the importance of adequately funding state quitlines in helping smokers quit. While the last 13 years of "State of Tobacco Control" reports have shown progress in policies to access quit smoking services, there is still more work to be done.

Medicaid Expansion and Tobacco Cessation

The Affordable Care Act expanded Medicaid coverage to individuals at 138% of the federal poverty level ($30,305 per year for a family of three) or lower. In 2022, 38 states and the District of Columbia have all expanded their Medicaid programs. Individuals with incomes less than $35,000 a year smoke at rate of 21.4%, higher than the general population (14%). It is not surprising that increasing access to healthcare coverage, including a comprehensive cessation benefit, results in more people making quit attempts. Research shows Medicaid quit attempts in expansion states increased by over 20%.

"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 Youth Vaping initiative on September 1, 2020. It is an integrated, multi-component campaign to support parents, schools and students. Major components of the campaign include our Vape-Free Schools Initiative, which helps schools navigate this public health emergency with tools to protect and support both schools and students and 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."

- **Funding for State Tobacco Prevention and Cessation Programs.** This issue has seen the least progress among the four areas that states have been graded on longest in the "State of Tobacco Control" report. The majority of states have kept their levels of funding steady from year to year, but most states remain far short of the funding levels recommended by CDC. Properly funding state tobacco control programs can bring crucial focus and resources to alleviate disparities in who uses tobacco products and help 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. In the current state fiscal year, fiscal year 2022, two states—Alaska and Oregon funded their state tobacco control programs at or close to the level recommended by CDC.

New Tobacco Products and New Public Policies Rise to the Forefront

Over the 20 years of "State of Tobacco Control," both new tobacco products and new public policies to prevent and reduce tobacco use have emerged. The most prominent and concerning of the new tobacco products to come onto the market have been e-cigarettes, which have been sold in the U.S. since 2007. The American Lung Association has been consistently warning of the potential dangers of these products since their debut. Our fears were unfortunately validated when youth use of e-cigarettes rose substantially from 2011 to 2015 and then to an even greater degree from 2017 to 2019. This caused the U.S. Surgeon General to declare youth vaping an epidemic in 2018.

In 2021, youth vaping rates were 11.3% among high school students and 2.8% among middle school students.[9] However, with some schools closed for in-person learning due to the COVID-19 pandemic, some kids had less access to e-cigarettes. Youth vaping rates in 2021 varied substantially based on whether a student took the survey at school (15.0%) or home/some other place (8.1%).[10] Other new tobacco and nicotine products introduced to the U.S. market in the past few years include heated tobacco products such as Philip Morris International's IQOS product, and nicotine pouches, such as Velo. Youth use of these new products will need to be monitored closely and FDA must be prepared to remove these products from the marketplace.

One thing is clear: kids overwhelmingly prefer flavored tobacco products.[11] In the 2021 National Youth Tobacco Survey, 85.8% of high school students and 79.2% of middle school students who used e-cigarettes, used flavored products. This has led to a new public policy rising in importance, prohibiting the sale of all flavored tobacco products, including menthol cigarettes, flavored cigars and flavored e-cigarettes. Starting with the "State of Tobacco Control" 2021 report, states are now graded on whether they prohibit the sale of all flavored tobacco products, and the FDA removing flavored tobacco products from the marketplace has been incorporated into the federal government's grades for close to 10 years.

With removal of menthol cigarettes and flavored cigars by FDA several years in the future at a minimum, it is imperative that states and localities act to end the sale of all flavored tobacco products. In 2021, the District of Columbia approved a law that would prohibit the sale of all flavored tobacco products in virtually all locations. However, funding will need to be provided in the city's budget in 2022 for the law to take effect. Implementation of California's flavored tobacco product law was also delayed until 2022 at the earliest due to a successful ballot referendum on the measure filed by the tobacco industry.

Other new public policies have become more prominent at the state level in recent years, including:

- **Increasing the Tobacco Sales Age to 21**
  Starting in 2015 with the state of Hawaii, close to 20 states, and then the federal government in December 2019, increased the age of sale for tobacco products, including e-cigarettes, to 21. A 2015 report from the National Academy of Medicine found that increasing the minimum sales age 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.[12] A handful of states continued to pass legislation in 2021, aligning their state minimum ages with the increased federal minimum age.
- **Reducing the Availability and Accessibility of Tobacco Products.**
  One question that urgently needs to be answered is why there are so many tobacco retailers in the United States. A study of tobacco product retailers in 30 cities, found that there are 31 times more retailers than McDonalds and 16 times more retailers than Starbucks. In addition, in most cities, tobacco product retailers were concentrated in the lowest-income neighborhoods.[13] States and communities should enact legislation to reduce the number of tobacco product retailers and prohibit them from being clustered together or near youth-focused locations like schools and childcare facilities. Along these lines, at the state level, two states—Massachusetts and New York—have prohibited tobacco sales in pharmacies, and Utah has prohibited new retail tobacco specialty businesses from locating in certain areas.

An Old Threat to State Policies Re-Emerges in 2021

In 2021, legislation was introduced in many states that would prevent local governments from passing stronger tobacco control laws, which is referred to as preemption. These types of laws are a favorite tactic of the tobacco industry and its allies as it denies local governments the ability to pass meaningful public policies to prevent and reduce tobacco use, including addressing the youth vaping epidemic. Unfortunately, legislation was approved in two states—Florida and Montana—that prevents communities from passing almost anything stronger than state law to regulate tobacco product sales. The Lung Association expects the tobacco industry to continue its full court press on this issue in 2022.

On its 20th anniversary, "State of Tobacco Control" 2022 continues to provide 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 federal and state lawmakers put us on a path to end the death and disease caused by the tobacco use over the next 20 years?**

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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	$798,339	$1,737,970	$1,682,740	$3,420,710	$55,900,000	6.1%	$290,900,000	F
Alaska	$0	$0	$9,140,000	$9,140,000	$1,284,919	$10,424,919	$10,200,000	102.2%	$81,100,000	A
Arizona	$0	$17,500,000	$0	$17,500,000	$1,708,792	$19,208,792	$64,400,000	29.8%	$422,900,000	F
Arkansas	$12,040,814	$0	$0	$12,040,814	$1,522,930	$13,563,744	$36,700,000	37.0%	$284,000,000	F
California	$208,013,081	$39,637,000	$3,600,000	$251,250,081	$3,571,588	$254,821,669	$347,900,000	73.2%	$2,838,500,000	B
Colorado	$0	$22,711,711	$360,000	$23,071,711	$1,692,350	$24,764,061	$52,900,000	46.8%	$370,100,000	F
Connecticut	$0	$0	$0	$0	$1,177,808	$1,177,808	$32,000,000	3.7%	$471,300,000	F
Delaware	$7,103,800	$0	$0	$7,103,800	$991,511	$8,095,311	$13,000,000	62.3%	$139,900,000	C
District of Columbia	$1,000,000	$0	$900,000	$1,900,000	$1,031,660	$2,931,660	$10,700,000	27.4%	$63,100,000	F
Florida	$73,988,595	$0	$354,466	$74,343,061	$2,883,131	$77,226,192	$194,200,000	39.8%	$1,486,900,000	F
Georgia	$750,000	$0	$0	$750,000	$2,127,823	$2,877,823	$106,000,000	2.7%	$405,600,000	F
Hawaii	$6,582,277	$0	$836,542	$7,418,819	$1,156,607	$8,575,426	$13,700,000	62.6%	$148,900,000	C
Idaho	$3,485,800	$159,000	$0	$3,644,800	$1,171,888	$4,816,688	$15,600,000	30.9%	$75,300,000	F
Illinois	$10,100,000	$0	$0	$10,100,000	$2,241,976	$12,341,976	$136,700,000	9.0%	$1,218,300,000	F
Indiana	$7,500,000	$0	$0	$7,500,000	$1,832,809	$9,332,809	$73,500,000	12.7%	$542,600,000	F
Iowa	$0	$0	$4,020,894	$4,020,894	$1,137,971	$5,158,865	$30,100,000	17.1%	$265,200,000	F
Kansas	$1,001,960	$0	$0	$1,001,960	$1,516,090	$2,518,050	$27,900,000	9.0%	$181,400,000	F
Kentucky	$2,000,000	$0	$0	$2,000,000	$1,656,354	$3,656,354	$56,400,000	6.5%	$495,100,000	F
Louisiana	$500,000	$3,838,246	$1,198,000	$5,536,246	$1,635,696	$7,171,942	$59,600,000	12.0%	$442,400,000	F
Maine	$4,286,575	$4,100,000	$0	$8,386,575	$1,169,002	$9,555,577	$15,900,000	60.1%	$187,900,000	C
Maryland	$10,853,869	$11,302	$0	$10,865,171	$1,694,510	$12,559,681	$48,000,000	26.2%	$565,400,000	F
Massachusetts	$0	$0	$5,618,793	$5,618,793	$1,902,654	$7,521,447	$66,900,000	11.2%	$686,700,000	F
Michigan	$0	$0	$1,830,900	$1,830,900	$2,347,639	$4,178,539	$110,600,000	3.8%	$1,159,400,000	F
Minnesota	$0	$0	$12,891,875	$12,891,875	$1,596,128	$14,488,003	$52,900,000	27.4%	$723,400,000	F
Mississippi	$7,420,000	$0	$1,275,000	$8,695,000	$1,341,100	$10,036,100	$36,500,000	27.5%	$250,600,000	F
Missouri	$0	$0	$477,435	$477,435	$1,949,182	$2,426,617	$72,900,000	3.3%	$257,200,000	F
Montana	$0	$0	$0	$0	$1,408,205	$1,408,205	$14,600,000	9.6%	$105,800,000	F
Nebraska	$0	$0	$2,570,000	$2,570,000	$1,187,754	$3,757,754	$20,800,000	18.1%	$99,800,000	F
Nevada	$0	$0	$3,554,015	$3,554,015	$1,384,475	$4,938,490	$30,000,000	16.5%	$225,200,000	F
New Hampshire	$0	$0	$589,166	$589,166	$1,144,210	$1,733,376	$16,500,000	10.5%	$285,900,000	F
New Jersey	$0	$0	$7,445,467	$7,445,467	$1,855,458	$9,300,925	$103,300,000	9.0%	$838,200,000	F
New Mexico	$0	$0	$3,898,300	$3,898,300	$1,142,861	$5,041,161	$22,800,000	22.1%	$137,600,000	F
New York	$39,769,600	$0	$0	$39,769,600	$2,905,769	$42,675,369	$203,000,000	21.0%	$1,887,000,000	F
North Carolina	$11,000,000	$0	$2,399,600	$13,399,600	$2,353,231	$15,752,831	$99,300,000	15.9%	$458,100,000	F
North Dakota	$0	$0	$5,684,000	$5,684,000	$1,055,244	$6,739,244	$9,800,000	68.8%	$51,600,000	C
Ohio	$0	$0	$14,780,000	$14,780,000	$2,464,914	$17,244,914	$132,000,000	13.1%	$1,267,300,000	F
Oklahoma	$22,703,765	$1,172,541	$0	$23,876,306	$1,618,668	$25,494,974	$42,300,000	60.3%	$526,700,000	C
Oregon	$0	$36,900,000	$0	$36,900,000	$1,556,750	$38,456,750	$39,300,000	97.9%	$468,600,000	A
Pennsylvania	$16,001,000	$0	$0	$16,001,000	$2,399,303	$18,400,303	$140,000,000	13.1%	$1,663,100,000	F
Rhode Island	$0	$0	$396,732	$396,732	$1,383,858	$1,780,590	$12,800,000	13.9%	$205,700,000	F
South Carolina	$0	$5,000,000	$0	$5,000,000	$1,720,878	$6,720,878	$51,000,000	13.2%	$229,900,000	F
South Dakota	$0	$0	$4,500,000	$4,500,000	$1,046,792	$5,546,792	$11,700,000	47.4%	$83,000,000	F
Tennessee	$0	$0	$2,000,000	$2,000,000	$1,664,198	$3,664,198	$75,600,000	4.8%	$411,600,000	F
Texas	$0	$0	$3,682,166	$3,682,166	$3,349,957	$7,032,123	$264,100,000	2.7%	$1,870,900,000	F
Utah	$3,292,900	$3,150,000	$7,674,240	$14,117,140	$1,256,406	$15,373,546	$19,300,000	79.7%	$133,600,000	A
Vermont	$0	$0	$2,500,000	$2,500,000	$1,101,504	$3,601,504	$8,400,000	42.9%	$103,400,000	F
Virginia	$13,181,451	$0	$0	$13,181,451	$1,847,658	$15,029,109	$91,600,000	16.4%	$395,100,000	F
Washington	$0	$0	$1,555,942	$1,555,942	$1,828,532	$3,384,474	$63,600,000	5.3%	$513,400,000	F
West Virginia	$0	$0	$445,000	$445,000	$1,229,006	$1,674,006	$27,400,000	6.1%	$232,600,000	F
Wisconsin	$0	$0	$5,315,000	$5,315,000	$1,588,681	$6,903,681	$57,500,000	12.0%	$747,400,000	F
Wyoming	$4,408,951	$0	$214,884	$4,623,835	$1,021,016	$5,644,851	$8,500,000	66.4%	$39,100,000	C

* Information in this chart covers state fiscal year 2022, which is July 1, 2021 to June 30, 2022 for all states except Alabama, Michigan, New York and Texas as well as the District of Columbia.

Smokefree Air Grading Chart

State	Government Worksites	Private Worksites	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	5	5	5	4	4	3	4	4	4	0	3	3	44	B
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	4	0	0	0	0	0	0	0	1	0	7	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	0	3	4	44	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	0	2	4	33	C
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

* An N/A in the Casinos/Gaming Establishments category means either the state only has such establishments located on sovereign tribal lands, which are not subject to state smokefree laws or does not allow commercial gaming

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	24	2	1	1	1	1	30	C
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	2	1	0	2	2	31	C
Pennsylvania	18	2	0	0	0	1	21	F
Rhode Island	30	2	1	0	2	0	35	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	3	-8	4	2	1	0	0	0	22	F
Alaska	14	4	10	0	4	3	1	20	0	0	56	B
Arizona	14	8	12	0	4	2	2	10	0	0	52	C
Arkansas	14	8	14	0	2	2	1	5	0	1	47	D
California	14	12	12	0	2	2	1	15	0	2	60	B
Colorado	14	12	13	0	4	3	1	20	2	1	70	A
Connecticut	14	12	13	0	4	4	1	0	0	1	49	C
Delaware	12	8	9	0	4	4	2	20	1	0	60	B
District of Columbia	14	4	12	0	0	0	0	20	0	2	52	C
Florida	14	8	12	-8	4	1	1	15	0	0	47	D
Georgia	11	8	7	-8	4	2	1	0	0	-2	23	F
Hawaii	11	8	11	0	3	3	1	20	0	0	57	B
Idaho	14	4	12	0	4	2	2	15	0	0	53	C
Illinois	14	12	9	0	3	1	1	10	1	0	51	C
Indiana	14	8	12	0	4	2	2	5	0	-2	45	D
Iowa	14	6	8	0	4	2	2	0	0	0	36	F
Kansas	14	12	14	-8	4	0	2	0	0	0	38	F
Kentucky	14	12	14	0	4	3	1	0	5	1	54	C
Louisiana	14	8	10	0	4	2	1	5	1	0	45	D
Maine	14	12	12	0	4	2	1	20	0	0	65	A
Maryland	14	8	12	0	4	2	2	15	2	0	59	B
Massachusetts	14	12	14	0	3	2	1	5	2	2	55	C
Michigan	14	8	13	0	4	3	1	0	0	0	43	D
Minnesota	12	10	13	0	4	4	2	20	0	0	65	A
Mississippi	14	2	12	-8	4	2	1	5	0	0	32	F
Missouri	14	12	14	0	4	3	2	0	0	0	49	C
Montana	14	8	13	0	3	3	2	15	0	0	58	B
Nebraska	14	8	10	0	3	3	2	5	0	0	45	D
Nevada	9	6	13	0	2	3	1	0	0	0	34	F
New Hampshire	14	8	12	0	4	3	1	5	0	0	47	D
New Jersey	14	0	0	0	0	0	0	0	3	2	19	F
New Mexico	14	8	14	0	2	4	1	20	3	0	66	A
New York	14	8	12	0	4	2	2	10	1	2	55	C
North Carolina	14	8	10	-8	4	2	1	5	0	1	37	F
North Dakota	14	4	13	0	4	3	1	20	1	0	60	B
Ohio	14	12	13	0	4	4	1	10	0	0	58	B
Oklahoma	14	8	14	0	3	3	1	20	0	0	63	A
Oregon*	14	12	12	0	0	0	0	0	2	0	40	I
Pennsylvania	12	6	11	0	2	2	2	5	0	0	40	F
Rhode Island	14	12	13	0	4	4	2	0	5	2	56	B
South Carolina	14	12	14	-8	3	2	1	20	0	0	58	B
South Dakota	4	2	9	-8	4	2	2	20	0	0	35	F
Tennessee	14	6	5	-8	4	4	1	0	0	0	26	F
Texas	14	10	11	-8	4	3	2	0	0	0	36	F
Utah	14	8	8	0	4	2	1	20	1	0	58	B
Vermont	14	12	12	0	1	2	1	20	3	2	67	A
Virginia	14	12	14	0	2	1	1	0	0	0	44	D
Washington	14	6	11	0	3	3	2	0	0	0	39	F
West Virginia	14	4	8	0	4	2	1	0	0	0	33	F
Wisconsin	14	10	14	-8	4	3	1	0	0	-2	36	F
Wyoming	14	8	7	-8	2	0	2	20	0	0	45	D

* Oregon earned an I for Incomplete grade this year for being unable to provide several pieces of information necessary for the grade before the report went to print.

Flavored Tobacco Product Laws Grades

State	Grade
Alabama	F
Alaska	F
Arizona	F
Arkansas	F
California*	I
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

* California earned an I for Incomplete grade because their flavored tobacco product law is not in effect and will be voted in a ballot measure this year

"State Of Tobacco Control" 2022 Methodology

The American Lung Association's "State of Tobacco Control" 2022 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 primary 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.

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 three 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) requiring large, graphic cigarette warning labels that cover the top 50% of the front and back of cigarette packs; and 3) issuing at least one product standard to reduce the toxicity, addictiveness and/or appeal of tobacco products, including removal of flavored tobacco products from the marketplace. Points were awarded based on how the federal government has implemented these three 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	15 or 16 Total Points
B	13 or 14 Total Points
C	12 Total Points
D	10 or 11 Total Points
F	Under 10 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

Graphic Cigarette Warning Labels (4 points)

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

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

Product standards to address toxicity, addictiveness and appeal of tobacco products, including removal of Flavored Tobacco Products such as Menthol Cigarettes (4 points)

Target is FDA takes action to reduce the toxicity, addictiveness and/or appeal of tobacco products, including removing flavored tobacco products from the marketplace.

- +4 points: Strong product standard is finalized that will be appropriate for the protection of public health, including eliminating all flavored tobacco products.
- +3 points: Strong product standard is finalized, including removing some but not all flavored tobacco products.
- +2 points: Strong product standard is proposed that will be appropriate for the protection of public health, including eliminating all flavored tobacco products.
- +1 points: Product standard is proposed, including removing 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" 2022 report is 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. 25.

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 2021 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 2022.

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 quit.

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 6-8 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 increased the age of sale for tobacco products to 21 and issued the regulations as required by statute. 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 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	Less than 50%

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 or regulations. Strong local smokefree air ordinances/regulations that include most workplaces, all restaurants and bars are considered according to the percentage of population covered in the state. States with over 95% of their population covered by comprehensive local smokefree 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.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 sovereign tribal 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 sovereign tribal 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.

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, 2022 was $1.91 per pack. The range of state excise taxes ($0.17 to $4.50 per pack) is divided into quintiles, and a state is assigned 6 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	$3.82 and over
24 points	$2.866 to $3.819
18 points	$1.91 to $2.865
12 points	$0.955 to $1.909
6 points	Under $0.955

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" 2022 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 2 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 2021 was $2.41 per smoker. Points are awarded based on the scale below:

$$/smoker > $4.82	20 points
$$/smoker $3.62 - $4.81	15 points
$$/smoker $2.41 - $3.61	10 points
$$/smoker $1.21 - $2.40	5 points
$$/smoker < $1.21	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 2021 National Youth Tobacco Survey, over 85% of high school students and close to 80% of middle school students who use e-cigarettes use a flavored product.[7] And the latest data available from 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.[10] 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.[11]

Given the key role that flavors play in getting and keeping people addicted to tobacco products, and the slow pace 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 grade replaced 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 2020 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. Park-Lee E, Ren C, Sawdey MD, et al. Notes from the Field: E-Cigarette Use Among Middle and High School Students — National Youth Tobacco Survey, United States, 2021. MMWR Morb Mortal Wkly Rep 2021;70:1387–1389.
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10. Ibid.
11. Delnevo CD, Ganz O, Goodwin RD, Banning Menthol Cigarettes: A Social Justice Issue Long Overdue. Nicotine Tob Res, 2020 Oct 8;22(10):1673-1675. https://doi.org/10.1093/ntr/ntaa152

United States Report Card

American Lung Association.
State of Tobacco Control
2022

UNITED STATES

Federal Regulation of Tobacco Products — D

Implementation of Rule Asserting Authority over All Tobacco Products: **Rule partially implemented**

Graphic Cigarette Warning Labels: **Warning labels finalized, but not in effect***

Product Standards, including Flavored Tobacco Products: **No product standard proposed or finalized**

Funding for FDA Center for Tobacco Products: **Operating on continuing resolution until February 2022**

* FDA has finalized graphic warning labels for cigarettes, due to a federal court order the effective date for the rule is January 9. 2023.

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 federal government for 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 — I*

Minimum Age of Sale for Tobacco Products: 21

* The federal government gets an "I" for Incomplete because FDA has not issued implementing regulations that were required by statute to be issued by June 17, 2020.

Federal Highlights:

The American Lung Association has identified four key actions for the Biden Administration and Congress to take in 2022 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. The Biden Administration must propose and finalize rules that will remove all menthol cigarettes and flavored cigars from the marketplace;
3. 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; and
4. The U.S. Department of Health and Human Services (HHS) must clarify and ensure that most health plans, including state Medicaid expansion plans, cover a comprehensive tobacco cessation benefit without barriers and cost-sharing: and Congress must pass the "Quit Because of COVID-19" Act.

Key highlights from 2021 and Items for 2022 include:

- In response to a court-ordered deadline, in April 2021, the Biden Administration announced that by April 2022, it would propose two new rules to remove menthol cigarettes and flavored cigars from the marketplace. The Lung Association eagerly anticipates the proposed rules and strongly encourages comprehensive regulations.
- To meet the September 9, 2021, court-ordered deadline, FDA began to review and issue denial orders to some of the millions of e-cigarettes that submitted premarket tobacco marketing applications. While FDA denied millions of applications, it has not acted on the applications from e-cigarette manufacturers with the largest market shares, nor has the agency appeared to issue any marketing orders denial orders to manufacturers for their menthol flavored e-cigarettes. We are also unaware of FDA action on any marketing orders for tobacco products other than e-cigarettes such as cigars and hookah. While the Lung Association is frustrated with FDA's lack of progress with the remaining deeming applications, we are supporting the agency's authority over these products in amicus briefs filed with the courts in lawsuits brought by e-cigarette companies whose products were denied marketing orders.
- The House-passed appropriations bill increased funding for CDC's Office on Smoking and Health (OSH) to $250 million for fiscal year (FY) 2022; the Senate Appropriations committee bill includes an increase to $247.5. OSH was funded at $237.5 million in FY2021. However, it is unclear whether OSH will receive any increase, as the federal government is operating under a continuing resolution through February 18, 2022. OSH funding provides support for critical efforts to reduce tobacco use such as CDC's "Tips from Former Smokers" campaign. This campaign, which is celebrating its 10th anniversary this year has led to more than 1 million smokers quitting.
- The Administration has not yet acted on limiting non-compliant health plans which are not required to cover treatment to help people quit tobacco use, to remain on the market. These "skimpy" plans compete with plans that are required to cover treatments to help people quit tobacco use. The Lung Association continues to urge Congress to pass the "Quit Because of COVID-19 Act" which would ensure all Medicaid enrollees have access to a comprehensive tobacco cessation benefit. The legislation has bipartisan support in the House and the Senate.
- In 2021, the House passed the Build Back Better act that which for the first time ever, taxed e-cigarettes. However, the tax on e-cigarettes was dropped in the Senate in December.
- The lawsuits brought by Altria and RJ Reynolds in two separate federal courts continue to hold up the graphic warning labels for cigarette packs. As a result of the delays, FDA will not finalize the proposed rules until at least 2023. The Lung Association and our partners are supporting FDA's legal efforts to push back against the industry's cases.

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
2022

ALABAMA

Tobacco Prevention and Control Program Funding: F

FY2022 State Funding for Tobacco Control Programs:	$1,737,970
FY2022 Federal Funding for State Tobacco Control Programs:	$1,682,740*
FY2022 Total Funding for State Tobacco Control Programs:	$3,420,710
CDC Best Practices State Spending Recommendation:	$55,900,000
Percentage of CDC Recommended Level:	6.1%
State Tobacco-Related Revenue:	$290,900,000

*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).

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**

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: **Some barriers exist to access coverage**

STATE QUITLINE:

Investment per Smoker: **$1.18; the median investment per smoker is $2.41**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

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

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

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. Implement a comprehensive tobacco retail licensing program to ensure enforcement and compliance with tobacco control statutes;
2. Pass a comprehensive statewide smokefree law that protects all workers and patrons from secondhand smoke; and
3. Increase funding for the Alabama tobacco prevention and control program.

In 2021, Representative Drummond introduced House Bill 273 to reduce kids' access to e-cigarettes and protect them from a lifelong addiction to tobacco and nicotine. House Bill 273 aligned Alabama's statute with federal law increasing the sales age of tobacco products to 21 years of age while also adding some additional provisions to tobacco control statutes. Unfortunately, House Bill 273 did not adequately update state tobacco control laws to restrict youth access to tobacco, including e-cigarettes and expressly exempts non-nicotine products from being regulated by adjusting the definition of electronic nicotine dispensing devices. The Lung Association and other public health partners advocated for updating provisions for licensing, enforcement and compliance of tobacco products, including e-cigarettes, and removing youth penalties as polices that would have effectively reduced youth tobacco and nicotine use.

Many local municipalities were inundated with needs to respond to their community as a result of the COVID-19 pandemic and were unable to focus on other issues, such as implementing strong smokefree ordinances. 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 2022, the American Lung Association in Alabama will advocate for the implementation of a comprehensive tobacco retail licensing program to ensure enforcement and compliance with tobacco control statutes while continuing to educate state legislators on best practices for tobacco control, including the benefits of a 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

Healthcare Costs Due to Smoking:	$1,885,747,576
Adult Smoking Rate:	18.5%
Adult Tobacco Use Rate:	N/A
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 2020 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 healthcare expenditures are based on 2004 smoking-attributable fractions and 2009 personal healthcare expenditure data. Deaths and expenditures should not be compared by state.

Alaska Report Card

American Lung Association.
State of Tobacco Control
2022

Tobacco Prevention and Control Program Funding: A

FY2022 State Funding for Tobacco Control Programs:	$9,140,000
FY2022 Federal Funding for State Tobacco Control Programs:	$1,284,919*
FY2022 Total Funding for State Tobacco Control Programs:	$10,424,919
CDC Best Practices State Spending Recommendation:	$10,200,000
Percentage of CDC Recommended Level:	102.2%
State Tobacco-Related Revenue:	$81,100,000

*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**

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).

Note: 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**

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: **Most counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$6.49; the median investment per smoker is $2.41**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

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

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

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. Establish a new tax on electronic cigarettes equivalent to taxes on other tobacco products;
2. Remove youth purchase, use and possession provisions in state youth access to tobacco laws; and
3. Maintain funding for tobacco prevention and cessation programs.

Two proposals were introduced in the Alaska Legislature in 2021 addressing the taxation of electronic cigarettes and increasing the tobacco sales age to 21. Senate Bill 45, sponsored by Senator Stevens, received a hearing in the Senate Labor and Commerce committee. A committee substitute was adopted, and the legislation was then moved to the Senate Finance. House Bill 110, Sponsored by Representative Hannan, was voted out of the House Labor and Commerce committee and referred to the House Finance committee. A hearing was held, but the bill also remained in committee. Alaska's 2022 Legislation Session will be year two in its two-year legislative cycle. Both bills will be eligible for further consideration.

Funding for Alaska's tobacco prevention and control program was $9.14 million this year. This amount of funding is consistent with previous years, and Alaska continues to have one of the best funded programs in the country.

The American Lung Association in Alaska will continue working with partners and stakeholders to support legislation using the best evidence to reduce the impacts of tobacco on all Alaskans.

Alaska State Facts

Healthcare Costs Due to Smoking:	$438,143,263
Adult Smoking Rate:	18.0%
Adult Tobacco Use Rate:	N/A
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 2020 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 healthcare expenditures are based on 2004 smoking-attributable fractions and 2009 personal healthcare expenditure data. Deaths and expenditures should not be compared by state.

Arizona Report Card

American Lung Association.
State of Tobacco Control
2022

ARIZONA

Tobacco Prevention and Control Program Funding: F

FY2022 State Funding for Tobacco Control Programs:	$17,500,000
FY2022 Federal Funding for State Tobacco Control Programs:	$1,708,792*
FY2022 Total Funding for State Tobacco Control Programs:	$19,208,792
CDC Best Practices State Spending Recommendation:	$64,400,000
Percentage of CDC Recommended Level:	29.8%
State Tobacco-Related Revenue:	$422,900,000

*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**

Casinos/Gaming Establishments: **Prohibited (tribal establishments not subject to state law)**

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**

Access to Cessation Services: C

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **All 7 medications are covered**

Counseling: **Some counseling is covered**

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

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

Counseling: **Some counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$2.57; the median investment per smoker is $2.41**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

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

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

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 2021, funding for Arizona's tobacco control program, Tobacco Free Arizona, went from $18.5 million in fiscal year 2021 to $17.5 million in fiscal year 2022. 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 2021 legislative session, the Lung Association in Arizona worked on legislation to create a statewide tobacco retail license, raise the sales age of tobacco products to 21, and to include electronic smoking devices in the Clean Indoor Air Act. Unfortunately, the legislation was merged into a tobacco-industry supported bill with many of the good parts like comprehensive 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 tobacco retail licensing and flavors. Thankfully, the bill was not brought up as the legislature adjourned.

On the local front, the Lung Association along with a coalition of partners continue to work with city councilmembers in Phoenix and Tempe 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 2022 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

Healthcare Costs Due to Smoking:	$2,383,033,467
Adult Smoking Rate:	13.1%
Adult Tobacco Use Rate:	N/A
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 2020 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 healthcare expenditures are based on 2004 smoking-attributable fractions and 2009 personal healthcare expenditure data. Deaths and expenditures should not be compared by state.

Arkansas Report Card

American Lung Association.
State of Tobacco Control
2022

Tobacco Prevention and Control Program Funding: F

FY2022 State Funding for Tobacco Control Programs:	$12,040,814
FY2022 Federal Funding for State Tobacco Control Programs:	$1,522,930*
FY2022 Total Funding for State Tobacco Control Programs:	$13,563,744
CDC Best Practices State Spending Recommendation:	$36,700,000
Percentage of CDC Recommended Level:	37.0%
State Tobacco-Related Revenue:	$284,000,000

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

Note: The Arkansas Legislature appropriated $14,696,572 to the Arkansas Tobacco Prevention and Cessation Program, however, only $12,040,814 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: **Only in K-12 Schools & Some Colleges**

Penalties: **Yes**

Enforcement: **Yes**

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

Citation: ARK. CODE ANN. §§ 20-27-1801 et seq. (2019).

* 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**

Access to Cessation Services: D

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **All 7 medications are covered**

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

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

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **Some medications are covered**

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

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

STATE QUITLINE:

Investment per Smoker: **$2.38; the median investment per smoker is $2.41**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

Tobacco Surcharge: **Limits tobacco surcharges**

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

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. Ensure continued access to tobacco cessation services for all those who want to quit smoking, including comprehensive coverage for cessation services under Medicaid;
2. Allocate state funding of $14.6 million for the Arkansas Tobacco Prevention and Cessation Program and ensure that funding is spent according to CDC's Best Practices for Comprehensive Tobacco Control Programs; and
3. Repeal state preemption of local tobacco control authority.

During the 2021 session of the Arkansas General Assembly, the Lung Association and its partner health organizations were successful in defeating legislation that would have reinstated the border city tax rate for cigarettes and other tobacco products. This bill would have allowed Arkansas cities that border out-of-state cities with lower tax rates to adopt those lower rates in their communities, as well. Following vocal opposition by the Lung Association and partner health organization, the bill author withdrew it from consideration, representing a significant win for Arkansans since higher taxes result in fewer kids starting to smoke and, in more adults, quitting.

In another significant win, Medicaid expansion authorization was signed into law, providing healthcare coverage to low-income Arkansas residents with no work requirement included. Medicaid enrollees smoke cigarettes at a higher rate than do privately insured US residents. States that expand Medicaid, with no barriers to access such as work requirements, are able to extend coverage to large numbers of adult smokers who are not eligible for traditional Medicaid cessation coverage. This substantially increases the potential impact of Medicaid cessation coverage.

During the upcoming 2022 fiscal session of the legislature, the Lung Association will work to ensure funding for expansion is included in the state's constitutionally required balanced budget. A separate budget priority will be defending funding for Arkansas's Tobacco Prevention and Cessation Program, currently at $14.6 million although a portion is required to be used for purposes other than the tobacco control program each year. This program is charged with developing and implementing a statewide comprehensive tobacco education, prevention and cessation program.

Finally, the Lung Association and its partner health organizations will begin laying the groundwork for a campaign to repeal the state law that prohibits local governments from passing tobacco control ordinances in their communities. While not eligible for active consideration during the upcoming fiscal session, this will be priority work and an ongoing campaign to give Arkansas cities and counties the option to adopt meaningful tobacco control measures to protect the health of their residents.

As the legislature begins its work in 2022, the Lung Association will continue its 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.

Arkansas State Facts

Healthcare Costs Due to Smoking:	$1,215,082,968
Adult Smoking Rate:	20.5%
Adult Tobacco Use Rate:	N/A
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 2020 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 healthcare expenditures are based on 2004 smoking-attributable fractions and 2009 personal healthcare expenditure data. Deaths and expenditures should not be compared by state.

California Report Card

American Lung Association.
State of Tobacco Control
2022

CALIFORNIA

Tobacco Prevention and Control Program Funding: B

FY2022 State Funding for Tobacco Control Programs:	$251,250,081
FY2022 Federal Funding for State Tobacco Control Programs:	$3,571,588*
FY2022 Total Funding for State Tobacco Control Programs:	$254,821,669
CDC Best Practices State Spending Recommendation:	$347,900,000
Percentage of CDC Recommended Level:	73.2%
State Tobacco-Related Revenue:	$2,838,500,000

*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 (public schools only)**

Child Care Facilities: **Prohibited**

Restaurants: **Prohibited**

Bars: **Prohibited**

Casinos/Gaming Establishments: **Prohibited (tribal establishments not subject to state law)**

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**

Access to Cessation Services: B

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **All 7 medications are covered**

Counseling: **All counseling is covered**

Barriers to Coverage: **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: **$4.18; the median investment per smoker is $2.41**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

Tobacco Surcharge: **Prohibits tobacco surcharges**

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

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

Flavored Tobacco Products: I*

Restrictions on Flavored Tobacco Products:
Most flavored tobacco products prohibited (law not in effect)

* California gets an I for Incomplete because a successful referendum petition was filed against the law prohibiting the sale of flavored tobacco products, and a vote on the referendum will occur in November 2022.

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. End the sale of all flavored tobacco products via the 2022 referendum;
2. Continue to pass restrictions on the sale of flavored tobacco on the local level; and
3. Enact stronger tobacco control laws throughout the state, particularly limitations on secondhand smoke and tobacco sales.

There were several pieces of legislation in 2021 that the American Lung Association supported to strengthen tobacco control laws and save lives in California. Three pieces of legislation were advocated for, and two out of those were signed by Governor Newsom. The first, Senate Bill 395 (Sen. Caballero), imposes a 12.5% tax on e-cigarettes in addition to the existing tax, of which 18% of the revenues would go to tobacco control programs. The second, Assembly Bill 541 (Rep. Berman), would require tobacco cessation services be offered in treatment recovery centers. The third, Senate Bill 682 (Sen. Rubio), would require the Department of Health Care Services to address health disparities amongst children, including asthma and e-cigarette use, but was ultimately not signed by the Governor.

The American Lung Association also opposed legislation that could have set dangerous precedents for tobacco control. Assembly Bill 1034 (Rep. Bloom) aimed to allow food and drink to be sold in certain public places, particularly at marijuana dispensaries, which would have created a slippery slope from the progress that has been made in California to eliminate the dangers of secondhand smoke in dining establishments. Ultimately, this bill did not continue to move through the legislative process. The second bill, Assembly Bill 45 (Rep. Aguiar-Curry) aimed to establish a regulatory framework for hemp, creating another slippery slope for some smokeable products to be on the market. This bill was unfortunately signed into law; the American Lung Association will continue to advocate for maintaining smokefree protections.

Lastly, preparation for the 2022 referendum on Senate Bill 793 (Sen. Hill) continued. During 2021, this largely involved supporting passage of local policies on flavored tobacco in jurisdictions large and small. San Jose became the largest city in the United States to pass a restriction on the sale of flavored tobacco. Efforts were also made in San Diego and Los Angeles, continuing progress in some of California's largest jurisdictions.

In 2022, the American Lung Association will advocate for voters to pass SB 793 on the November 2022 ballot and ensure that all flavored tobacco products are taken off California's shelves for good. By advocating for local policies to be passed and normalizing the restriction of flavored tobacco products, we will best position the referendum to be supported this year. In addition to this statewide effort on flavored products, we will continue to stay engaged in all pieces of legislation that could impact tobacco control around the state, particularly pieces of legislation that became two-year bills and will continue to move through the legislative session in 2022.

California State Facts

Healthcare Costs Due to Smoking:	$13,292,359,950
Adult Smoking Rate:	8.9%
Adult Tobacco Use Rate:	N/A
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 2020 Behavioral Risk Factor Surveillance System, respectively. High school (11th grade only) smoking and tobacco use data and middle school (8th grade only) smoking rates 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 healthcare expenditures are based on 2004 smoking-attributable fractions and 2009 personal healthcare expenditure data. Deaths and expenditures should not be compared by state.

Colorado Report Card

American Lung Association.
State of Tobacco Control
2022

COLORADO

Tobacco Prevention and Control Program Funding: F

FY2022 State Funding for Tobacco Control Programs:	$23,071,711
FY2022 Federal Funding for State Tobacco Control Programs:	$1,692,350*
FY2022 Total Funding for State Tobacco Control Programs:	$24,764,061
CDC Best Practices State Spending Recommendation:	$52,900,000
Percentage of CDC Recommended Level:	46.8%
State Tobacco-Related Revenue:	$370,100,000

*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 (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 not subject to state law)**

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. (2020).

Tobacco Taxes: D

CIGARETTE TAX:

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

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**

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: **$6.24; the median investment per smoker is $2.41**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **Yes**

Tobacco Surcharge: **Limits tobacco surcharges**

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

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.

The 2021 legislative session in Colorado did not see major progress for tobacco control policy. Rather, the American Lung Association joined together with partners and advocates to work on ensuring the tobacco retailer licensing program that the legislature passed in 2020 goes into effect and is enforced. There was a delay in implementing the program due to the COVID-19 pandemic.

In January 2021, the first set of tobacco tax increases went into effect. In November 2020, voters passed Proposition EE. For 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 is scheduled to be devoted to tobacco education and cessation programs and to giving every child in Colorado access to free early childhood education. Smaller additional increases in cigarette and tobacco taxes will also occur in future years.

Local communities continue to lead the way in Colorado. In 2021, tobacco retailer license ordinances were passed in Lone Tree, Loveland, Wheat Ridge, and Edgewater. Wheat Ridge and Boulder County were also successful in updating their smokefree ordinances to make them more comprehensive.

In 2022, 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

Healthcare Costs Due to Smoking:	$1,891,467,308
Adult Smoking Rate:	12.4%
Adult Tobacco Use Rate:	N/A
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 2020 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 healthcare expenditures are based on 2004 smoking-attributable fractions and 2009 personal healthcare expenditure data. Deaths and expenditures should not be compared by state.

Connecticut Report Card

American Lung Association.
State of Tobacco Control
2022

CONNECTICUT

Tobacco Prevention and Control Program Funding: F

FY2022 State Funding for Tobacco Control Programs:	$0
FY2022 Federal Funding for State Tobacco Control Programs:	$1,177,808*
FY2022 Total Funding for State Tobacco Control Programs:	$1,177,808
CDC Best Practices State Spending Recommendation:	$32,000,000
Percentage of CDC Recommended Level:	3.7%
State Tobacco-Related Revenue:	$471,300,000

*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: B

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government Worksites: **Prohibited**

Private Worksites: **Prohibited**

Schools: **Prohibited**

Child Care Facilities: **Prohibited**

Restaurants: **Prohibited**

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

Casinos/Gaming Establishments: **Prohibited (tribal establishments not subject to state law)**

Retail Stores: **Prohibited**

Recreational/Cultural Facilities: **Prohibited**

E-Cigarettes Included: **Yes**

Penalties: **Yes**

Enforcement: **Yes**

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

Citation: CONN. GEN. STAT. §§ 19a-342 (2019); 19a-342a (2019); and 31-40q (2003).

* If Connecticut repealed preemption of stronger local smokefree ordinances, the state's grade would be an "A."

Thumbs up for Connecticut for closing loopholes and fully including e-cigarettes in its smokefree laws

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**

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: **$0.25; the median investment per smoker is $2.41**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

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

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

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

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. Invest $12 million annually in state funding to tobacco cessation and prevention programs;
2. Defend the state's new laws protecting residents from secondhand smoke; and
3. Pursue tax parity amongst all tobacco products.

The 2021 Connecticut legislative session provided a distinct set of opportunities and challenges for public health advocates. It was a very busy session and tobacco policy fared better than in years past. The American Lung Association applauds the progress Connecticut made in protecting residents from secondhand smoke. The closing of a majority of the loopholes in our clean indoor air laws was a significant win for public health. Another important step taken was the allocation of $1 million of funding towards tobacco prevention in Connecticut. This funding will not be spent until fiscal year 2023, however this is notable since Connecticut has not spent any state dollars on its tobacco prevention program since fiscal year 2015.

In collaboration with our partners, the American Lung Association will be advocating to secure a more significant funding commitment to prevent youth from using tobacco and to help those hooked to quit. Connecticut must establish a clear, adequate and sustainable funding plan to better combat the leading cause of preventable death and disease in the state. Connecticut has the second highest cigarette tax in the country, yet the state is ranked last for funding its tobacco control programs. Connecticut can and must do better.

In 2021, the Lung Association worked with a strong, diverse coalition of partners towards prohibiting the sale of all flavored tobacco products in the state. While there was advancement on the issue during the session, what emerged from the legislative process were weaker restrictions that left too many people out of these protections, and the Lung Association and partners had to oppose. Thankfully during the final moments of negotiations, the proposed insufficient policies were removed from consideration.

The Lung Association and our tobacco control partners have a clear path ahead to pursue proven policies to protect youth and help those addicted to tobacco to quit. We will work 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 invest state funding for tobacco prevention programs, to defend Connecticut's improved indoor smokefree air laws and to pursue tax parity amongst all tobacco products all can help address the significant burden tobacco has on our communities. The Lung Association applauds the progress Connecticut made in 2021 and looks forward to making greater strides in 2022.

Connecticut State Facts

Healthcare Costs Due to Smoking:	$2,038,803,314
Adult Smoking Rate:	11.8%
Adult Tobacco Use Rate:	N/A
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 2020 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 healthcare expenditures are based on 2004 smoking-attributable fractions and 2009 personal healthcare expenditure data. Deaths and expenditures should not be compared by state.

Delaware Report Card

American Lung Association.
State of Tobacco Control
2022

DELAWARE

Tobacco Prevention and Control Program Funding: C

FY2022 State Funding for Tobacco Control Programs:	$7,103,800
FY2022 Federal Funding for State Tobacco Control Programs:	$991,511*
FY2022 Total Funding for State Tobacco Control Programs:	$8,095,311
CDC Best Practices State Spending Recommendation:	$13,000,000
Percentage of CDC Recommended Level:	62.3%
State Tobacco-Related Revenue:	$139,900,000

*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**

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**

Access to Cessation Services: B

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **Most medications are covered**

Counseling: **Some counseling is covered**

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

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

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

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

STATE QUITLINE:

Investment per Smoker: **$12.34; the median investment per smoker is $2.41**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **Cessation bulletin issued**

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

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

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. Protect Delaware's tobacco tax structure and defend any attempted rollbacks on specific products;
2. Fund tobacco prevention and cessation programs at the Centers for Disease Control and Prevention (CDC) recommended level; and
3. Address youth tobacco use by removing all flavored tobacco products from the market.

The 2021 legislative session was the first year of the 151st General Assembly of Delaware's two-year session. In 2021, the American Lung Association in Delaware along with other public health partners were successful in protecting critical funding for tobacco prevention and cessation.

The 2021 Delaware legislative session was focused primarily on COVID-19 issues and conducted virtually for most of the session. During the 2021 session a bill was introduced in the Senate which would decrease the tax rate on "premium" cigars from 30% to 15% of the wholesale price. This reduction would undermine Delaware's comprehensive tax strategy that was passed in 2017 which tried to create some parity among tobacco products. The bill unfortunately was passed out of the Senate and will be carried over into the 2022 legislative session. The Lung Association and its partners will continue to focus on protecting Delaware's tobacco tax structure and opposing any attempts to undermine it.

Another important tool in fighting tobacco use in Delaware is much needed funding for tobacco prevention and cessation. The Delaware Health Fund is where tobacco Master Settlement Agreement (MSA) dollars received by the state have been directed since within the first few years after the MSA was negotiated. Delaware has been one of the few states to largely keep promises made at the time and use the money for health-related purposes. Total tobacco prevention and cessation funding, which comes from this fund, reflected a slight increase due to advocacy from the Lung Association at approximately $7.1 million in fiscal year 2022. However, this amount of funding is still lower than historical levels and below the Centers for Disease Control and Prevention's recommended level. The Lung Association believes funding for this vital program needs to be significantly increased especially considering the increased youth use of electronic cigarettes.

Finally, during 2021 the Lung Association and its partners were able to begin to lay the groundwork for potentially future legislation that would focus on removing all flavored products from the market in Delaware.

The American Lung Association in Delaware will continue to educate lawmakers and identify champions in the ongoing fight against tobacco. Our goal is to build champions within the legislature and at the grassroots level to advance our goals which include protecting the current tobacco tax structure in place by opposing any attempts to roll back taxes on specific products and much needed increased funding for tobacco prevention and control programs.

Delaware State Facts

Healthcare Costs Due to Smoking:	$532,321,239
Adult Smoking Rate:	15.1%
Adult Tobacco Use Rate:	N/A
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 2020 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 healthcare expenditures are based on 2004 smoking-attributable fractions and 2009 personal healthcare expenditure data. Deaths and expenditures should not be compared by state.

District of Columbia Report Card

American Lung Association.
State of Tobacco Control
2022

DISTRICT OF COLUMBIA

Tobacco Prevention and Control Program Funding: F

FY2022 City Funding for Tobacco Control Programs:	$1,900,000
FY2022 Federal Funding for City Tobacco Control Programs:	$1,031,660*
FY2022 Total Funding for City Tobacco Control Programs:	$2,931,660
CDC Best Practices City Spending Recommendation:	$10,700,000
Percentage of CDC Recommended Level:	27.4%
City Tobacco-Related Revenue:	$63,100,000

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

Smokefree Air: A

OVERVIEW OF CITY 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**

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: **All 7 medications are covered**

Counseling: **Limited counseling is covered**

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

Medicaid Expansion: **Yes**

CITY EMPLOYEE HEALTH PLAN(S):

Medications: **No data provided**

Counseling: **No data provided**

Barriers to Coverage: **No data provided**

CITY QUITLINE:

Investment per Smoker: **$5.72; the median investment per smoker is $2.41**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

Tobacco Surcharge: **Prohibits tobacco surcharges**

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

* The District of Columbia earned zero points in the City Employee Health Plan tobacco cessation coverage category for failing to provide city employee health plan data after multiple requests.

Flavored Tobacco Products: F

Restrictions on Flavored Tobacco Products:
No city law or regulation in effect

* DC has approved a law prohibiting the sale of almost all flavored tobacco products but needs to allocate funding in the city budget to cover the cost for it to take effect.

Thumbs up for the District of Columbia for passing a law prohibiting the sale of almost all flavored tobacco products in the city.

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. Provide funding to implement the law 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 2021 District of Columbia Council session the American Lung Association in the District of Columbia along with a very active tobacco coalition which includes both community-based organizations and national health organizations worked to support and amend introduced legislation to address youth tobacco use in the District by removing all flavored products from the market. The legislation was initially introduced in September 2019 and reintroduced in January 2021 during the new Council period. The initial legislation 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, including menthol cigarettes.

In June of 2021 after continued advocacy the legislation was "marked up" in the Council's Committee on the Judiciary and Public safety to include all flavors and all products including menthol cigarettes. On June 15, 2021, the legislation passed its first vote, however an amendment was added allowing for consumption of hookah on site in specific age restricted businesses if they met certain requirements. On June 29, 2021, the flavored tobacco legislation had its second and final vote and passed 8-5. The bill was signed my Mayor Muriel Bowser on July 21, 2021. The focus of the partners and the coalition in 2022 will be to secure funding through the Council budget so that the law can take effect.

Youth e-cigarette use in the United States continues to be a public health concern. In the District of Columbia according to the 2019 Youth Risk Behavior Survey, 10.9% of high school students reported e-cigarette use in the past month. An overwhelming majority of users cited using fruit, menthol and mint flavors, highlighting the urgent need to remove all flavored tobacco products from the market.

Funding for the District's tobacco control program remained at $1.9 million for fiscal year 2022. While the fact that funding for the tobacco control program is recurring due to earlier year's cigarette tax increase is a good thing, the amount remains far short of the CDC-recommended level.

The American Lung Association in the District of Columbia will continue to build champions within the Council and develop a grassroots advocacy network to advance our 2022 goals which include the implementation of the legislation that passed removing all flavored tobacco products from the market in the District.

District of Columbia Facts

Healthcare Costs Due to Smoking:	$391,048,877
Adult Smoking Rate:	11.3%
Adult Tobacco Use Rate:	N/A
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 2020 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 healthcare expenditures are based on 2004 smoking-attributable fractions and 2009 personal healthcare expenditure data. Deaths and expenditures should not be compared by state.

Florida Report Card

American Lung Association.
State of Tobacco Control
2022

FLORIDA

Tobacco Prevention and Control Program Funding: F

FY2022 State Funding for Tobacco Control Programs:	$74,343,061
FY2022 Federal Funding for State Tobacco Control Programs:	$2,883,131*
FY2022 Total Funding for State Tobacco Control Programs:	$77,226,192
CDC Best Practices State Spending Recommendation:	$194,200,000
Percentage of CDC Recommended Level:	39.8%
State Tobacco-Related Revenue:	$1,486,900,000

*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 not subject to state law)**

Retail Stores: **Prohibited**

Recreational/Cultural Facilities: **Prohibited**

E-Cigarettes Included: **Yes**

Penalties: **Yes**

Enforcement: **Yes**

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

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

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

Tobacco Taxes: F

CIGARETTE TAX:

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

OTHER TOBACCO PRODUCT TAXES:

Tax on little cigars: **Equalized: N/A; Weight-Based: N/A**

Tax on large cigars: **Equalized: N/A; 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**

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: **No**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

Counseling: **Minimal counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$4.18; the median investment per smoker is $2.41**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

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

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

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. Reinstate local control of the marketing, sale and delivery of tobacco and nicotine products to local government;
2. Institute 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 2021 legislative session. The main legislation focused on raising the minimum legal sales age of tobacco products to 21 years of age, however, the legislation was hijacked by the e-cigarette industry to ensure loopholes for the regulation of their products and to prevent local governments from enacting strong tobacco control policies. The Lung Association and other public health partners actively opposed Senate Bill 1080 and House Bill 987 by Senator Hutson and Representative Toledo respectively. Unfortunately, Senate Bill 1080 garnered enough momentum to pass both chambers and be signed into law by Governor DeSantis. Throughout the process, the American Lung Association called for stronger provisions, which would have made a meaningful impact on tobacco use in Florida.

The Florida Legislature did advance legislation that would have reinstated the authority for municipalities and counties to enact policies making their public beaches and parks smokefree. Unfortunately, the legislation was halted in committee after a successful attempt to weaken the provisions with exemptions for certain tobacco products.

The American Lung Association in Florida was able to protect funding for Tobacco Free Florida and increase the total budget for the program to $74,343,061. 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 $13.8 million allocated for Quitline services and implementation of a referral program, the program dedicates an additional $8 million for in-person cessation counseling.

In 2022, the American Lung Association in Florida will advocate for local control of tobacco prevention and control policies to ensure that communities can respond to the needs of their community through policy change. The Lung Association will continue to educate on the need to enact a comprehensive tobacco retail licensing program that includes e-cigarette retailers focused on strong regulation with an annual licensing fee for all retailers, annual compliance checks and enforcement.

Florida State Facts

Healthcare Costs Due to Smoking:	$8,643,645,763
Adult Smoking Rate:	14.7%
Adult Tobacco Use Rate:	N/A
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 2020 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 healthcare expenditures are based on 2004 smoking-attributable fractions and 2009 personal healthcare expenditure data. Deaths and expenditures should not be compared by state.

Georgia Report Card

American Lung Association.
State of Tobacco Control
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GEORGIA

Tobacco Prevention and Control Program Funding: F

FY2022 State Funding for Tobacco Control Programs:	$750,000
FY2022 Federal Funding for State Tobacco Control Programs:	$2,127,823*
FY2022 Total Funding for State Tobacco Control Programs:	$2,877,823
CDC Best Practices State Spending Recommendation:	$106,000,000
Percentage of CDC Recommended Level:	2.7%
State Tobacco-Related Revenue:	$405,600,000

*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**

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: **Some barriers exist to access care**

STATE QUITLINE:

Investment per Smoker: **$0.62; the median investment per smoker is $2.41**

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 coverage details.

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. Support comprehensive smokefree laws that cover all bars, restaurants, and workplaces; and
2. Oppose all forms of preemption of local tobacco control authority; and
3. Support a tobacco tax increase of $1.54 per pack on cigarettes and equalize taxes on all other tobacco products including e-cigarettes.

Legislation was introduced into the Georgia General Assembly in 2021 to raise taxes on tobacco products and insure vaping prevention education in schools. At the local level, the City of South Fulton passed a comprehensive smokefree air law in January of 2021, and the Augusta-Richmond Commission voted to weaken its smokefree air law in September 2021.

House Bill 287, introduced by Rep. Bonnie Rich, required school curriculums to add vaping use prevention education in grades 1-12. The legislation passed with bipartisan support in both houses of the legislature and was signed into law by the governor. Local school boards are responsible for curriculum content. House Bill 394, sponsored by Rep. Ron Stephens, proposed an increase to Georgia's second lowest-in-the-nation cigarette tax by $1.50 per pack with comparable increases for all other tobacco products including electronic cigarettes and vaping products. Similarly, Rep. James Beverly introduced HB 670 to raise our woefully low cigarette tax by $1.63 per pack with equal increases on all other tobacco products. Neither bill was granted a committee hearing. No tobacco industry preemption bills were introduced in this session of the legislature.

The tax on a pack of cigarettes in Georgia is 37 cents, the 50th lowest in the country (including D.C.). The national state average for taxes on a pack of cigarettes is $1.91 per pack. Georgia healthcare costs due to smoking total $3.18 billion. Georgia polls have consistently shown overwhelming public support for tobacco tax increases. Not only will it bring the state new revenue, but every 10 percent increase in the price of cigarettes reduces consumption by about four percent among adults and about seven percent among youth.

Georgia can realize greater health and fiscal benefits by raising our tobacco taxes and increasing funding for the state Tobacco Use Prevention Program. Much education is needed for our state leaders to improve the chances for an increase in the state's tobacco taxes. The American Lung Association will continue to speak up for these improvements and press for action in 2022.

Georgia State Facts

Healthcare Costs Due to Smoking:	$3,182,695,641
Adult Smoking Rate:	15.8%
Adult Tobacco Use Rate:	N/A
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 2020 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 healthcare expenditures are based on 2004 smoking-attributable fractions and 2009 personal healthcare expenditure data. Deaths and expenditures should not be compared by state.

Hawaii Report Card

American Lung Association.
State of Tobacco Control
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Tobacco Prevention and Control Program Funding: C

FY2022 State Funding for Tobacco Control Programs:	$7,418,819
FY2022 Federal Funding for State Tobacco Control Programs:	$1,156,607*
FY2022 Total Funding for State Tobacco Control Programs:	$8,575,426
CDC Best Practices State Spending Recommendation:	$13,700,000
Percentage of CDC Recommended Level:	62.6%
State Tobacco-Related Revenue:	$148,900,000

*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**

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**

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: **Most medications are covered**

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

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

STATE QUITLINE:

Investment per Smoker: **$7.31; the median investment per smoker is $2.41**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

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

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

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. Maintain funding for tobacco prevention and cessation programs by protecting the Hawaii Tobacco Prevention and Control Trust Fund;
2. Prohibit the sale of all flavored tobacco products; and
3. Establish parity between cigarette and electronic cigarette taxation, permitting and licensing.

The 2021 legislative session in Hawaii did not see major progress for tobacco control policy. Rather, the American Lung Association joined together with partners and advocates to protect the raiding of the Tobacco Prevention and Control Trust Fund, the primary source of funding for tobacco cessation and prevention programs in the state. House Bill 1296, which would have eliminated the Trust Fund and moved the dollars into the General Fund, passed both chambers of the legislature and was sent to the Governor's desk. Advocates quickly organized and succeeded in having Governor David Ige veto the legislation.

During the legislative session, which took place as scheduled but all testimony was held virtually due to COVID-19, various bills to restrict the sale of flavored tobacco products, including e-liquids, were introduced (HB 992, HB1327, HB1328, SB 63, SB1146) but failed to pass out of their respective committees. House Bill 826, which would have achieved tax parity as well as restrict sales of flavored tobacco products with an exception for menthol, made it through most committees, dying during conference between the two houses of the legislature.

Other bills to aiming to define tobacco products to include e-liquids, thereby bringing tax, permitting, and licensing parity with other tobacco products (HB0993, HB1329, SB0621, SB0894) also did not make it out of their respective committees.

While the legislature nearly eliminated the Hawaii Tobacco Prevention and Control Trust Fund, December 2020 polling by the Coalition for a Tobacco-Free Hawaii showed that 85% of Hawaii residents believe it is "very important" for the state to dedicate revenue to programs aimed at preventing tobacco use among kids and helping smokers quit. This was a considerable increase over the 78% of Hawaii residents that said the same thing in 2017. These polling results show that most Hawaii residents strongly believe in tobacco control programs having dedicated funding.

Because of COVID-19 and its economic impact on our state, much attention is expected to be placed on economic recovery efforts during the next legislative session. The American Lung Association along with its partners will be working towards continuing to place an emphasis on the value, both financial and health-related, of effective tobacco control policies.

The American Lung Association in Hawaii will continue to work with its partners and volunteers to protect dedicated funding for tobacco control activities, bring tax parity among all tobacco products, and eliminating the sale of all flavored tobacco products.

Hawaii State Facts

Healthcare Costs Due to Smoking:	$526,253,732
Adult Smoking Rate:	11.6%
Adult Tobacco Use Rate:	N/A
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 2020 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 healthcare expenditures are based on 2004 smoking-attributable fractions and 2009 personal healthcare expenditure data. Deaths and expenditures should not be compared by state.

Idaho Report Card

American Lung Association.
State of Tobacco Control
2022

IDAHO

Tobacco Prevention and Control Program Funding: F

FY2022 State Funding for Tobacco Control Programs:	$3,644,800
FY2022 Federal Funding for State Tobacco Control Programs:	$1,171,888*
FY2022 Total Funding for State Tobacco Control Programs:	$4,816,688
CDC Best Practices State Spending Recommendation:	$15,600,000
Percentage of CDC Recommended Level:	30.9%
State Tobacco-Related Revenue:	$75,300,000

*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 not subject to state law)**

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).

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**

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: **All 7 medications are covered**

Counseling: **Some counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$4.20; the median investment per smoker is $2.41**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

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

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

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 electronic nicotine delivery devices consistent with traditional tobacco products in all areas under state law;
2. Implement tobacco retail licensure fees at a level that supports enforcement of the legal sales age; and
3. Protect the right of local jurisdictions to pass laws that protect their communities from the deadly impacts of tobacco use and secondhand smoke exposure.

The 2021 legislative session included multiple bills aimed at reducing the ability of individual jurisdictions to pass policies that protect youth from tobacco that thankfully did not pass. The Lung Association calls on Idaho legislators to protect the right of communities to work with their local elected officials to pass public health policies and laws that protect their citizens from the harmful health impacts of tobacco use.

The passage and signing of House Bill 538 during the 2020 legislative session was the first step in 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 and participate in compliance checks.

However, 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 at equivalent rates to traditional tobacco products. During the 2022 legislative session, additional work is also needed to set the tobacco retail licensure fee at a level that supports the required 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.

Throughout 2020-2021, Project Filter, Idaho's state tobacco prevention and control program, collaborated with key tobacco control experts and stakeholders across Idaho to develop the Idaho Tobacco Prevention and Control 2021-2026 Strategic Plan. To inform the development of the strategic plan, 23 listening sessions were held with key priority populations. Numerous organizations, including the Lung Association, health systems, public health professionals, and individuals across urban and rural Idaho, including high school students, college students, parents, and guardians, contributed valuable input into the strategic planning process. Project Filter is now working with the Tobacco Free Idaho Alliance to finalize the implementation plan to support this strategic plan.

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 as traditional commercial tobacco products under Idaho law, to protect the ability of local communities to pass laws that protect their residents from the negative effects of tobacco and e-cigarette use, and to protect all Idahoans from breathing secondhand smoke to improve the health of our communities and our state.

Idaho State Facts

Healthcare Costs Due to Smoking:	$508,053,436
Adult Smoking Rate:	13.6%
Adult Tobacco Use Rate:	N/A
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 2020 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 healthcare expenditures are based on 2004 smoking-attributable fractions and 2009 personal healthcare expenditure data. Deaths and expenditures should not be compared by state.

Illinois Report Card

American Lung Association.
State of Tobacco Control
2022

ILLINOIS

Tobacco Prevention and Control Program Funding: F

FY2022 State Funding for Tobacco Control Programs:	$10,100,000
FY2022 Federal Funding for State Tobacco Control Programs:	$2,241,976*
FY2022 Total Funding for State Tobacco Control Programs:	$12,341,976
CDC Best Practices State Spending Recommendation:	$136,700,000
Percentage of CDC Recommended Level:	9.0%
State Tobacco-Related Revenue:	$1,218,300,000

*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: **No**

Penalties: **Yes**

Enforcement: **Yes**

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

Citation: 410 ILL. COMP. STAT. 82/1 et seq. (2014) & H.B. 1438, sect. 10-35 enacted and effective 6/25/2019.

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**

Access to Cessation Services: C

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **All 7 medications are covered**

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

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

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **Some medications are covered**

Counseling: **Some counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$3.46; the median investment per smoker is $2.41**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **Cessation bulletin issued**

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

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

Thumbs up for Illinois for passing legislation to provide comprehensive coverage for all tobacco cessation medications and types of counseling to Medicaid enrollees.

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.

Governor JB Pritzker signed several impactful bills into law that will benefit tobacco use and prevention efforts throughout the state. Illinois' FY2022 budget provides $4.1 million for the Illinois Tobacco Quitline, $5 million for local health department tobacco prevention programs and $1 million to general tobacco use prevention. These funds are critical to supporting tobacco users who want to quit and educating the public about the harms of tobacco use.

The 102nd Illinois General Assembly also passed Senate Bill 2294 which will require Illinois' medical assistance program (Medicaid) to cover individual, group and phone tobacco cessation counseling. This measure will ensure that low-income Illinoisans have the same access to comprehensive tobacco cessation services as individuals with private insurance.

Championed by Illinois Attorney General Kwame Raoul, The Preventing Youth Vaping Act will require all e-cigarette packaging to clearly contain all federally mandated warnings, statements, and labels, as well as comply with federal trademark and copyright laws, restrict advertising that includes assertions that e-cigarettes are smoking cessation products or modified risk tobacco products unless allowed to by the U.S. Food and Drug Administration, and gives criminal and civil enforcement authority to the Illinois Attorney General.

Finally, House Bill 3202 will require e-cigarettes and e-cigarette products to be included in K-12 health education programs. This legislation will help ensure that youth are aware of the harms of e-cigarette use at an early age.

In April, the Stanford Prevention Research Center, Advancing Science & Practice in the Retail Environment (ASPiRE) released research showing that in 2019, total tobacco sales (cigarettes, vaping products, smokeless tobacco, cigars, and loose/pipe tobacco) in Chicago equaled $91.1 million or $251,000 per day. Cigarettes composed 76% of tobacco dollar sales, and in one year, stores sold approximately 2,826 vaping pods per day, totaling $7.8 million. This evidence-based study provides key insight into the tobacco retail environment in Chicago.

In August, the Illinois Tobacco Quitline launched the My Life, My Quit program, a free and confidential service developed by National Jewish Health, the nation's number one respiratory hospital. The program is for youth who want help quitting all forms of tobacco including e-cigarettes. The program's tobacco cessation coaches have completed extensive training on adolescent cognitive and psychosocial development.

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

Healthcare Costs Due to Smoking:	$5,495,627,110
Adult Smoking Rate:	12.7%
Adult Tobacco Use Rate:	N/A
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 2020 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 healthcare expenditures are based on 2004 smoking-attributable fractions and 2009 personal healthcare expenditure data. Deaths and expenditures should not be compared by state.

Indiana Report Card

American Lung Association.
State of Tobacco Control
2022

Tobacco Prevention and Control Program Funding: F

FY2022 State Funding for Tobacco Control Programs:	$7,500,000
FY2022 Federal Funding for State Tobacco Control Programs:	$1,832,809*
FY2022 Total Funding for State Tobacco Control Programs:	$9,332,809
CDC Best Practices State Spending Recommendation:	$73,500,000
Percentage of CDC Recommended Level:	12.7%
State Tobacco-Related Revenue:	$542,600,000

*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 32.6% 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**

Access to Cessation Services: D

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **All 7 medications are covered**

Counseling: **Some counseling is covered**

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

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

Counseling: **Some counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$1.76; the median investment per smoker is $2.41**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

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

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

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's elected officials:

1. Enact legislation removing Indiana's tobacco preemption law;
2. Enact legislation restricting the sale of all flavored tobacco products, including menthol; and
3. Enact a comprehensive smokefree air law that covers bars, clubs, and gaming venues.

During the 2021 legislative session, the American Lung Association supported a provision in Indiana's biennial budget bill creating a new tax on electronic smoking devices. Effective July 1, 2022, the new excise tax known as the electronic cigarette tax will impose a 15% tax on the retail price of tank-style and other refillable electronic smoking devices and e-liquids. The new law imposes a wholesale tax on the distribution of e-cigarette pods and cartridges at a rate of 25%. The new tax rates are considered in parity with taxes on combustible cigarettes.

Another policy area where Indiana can make improvements to reduce the impact of tobacco on Hoosiers is in its statewide smokefree air law which has several gaps in protection. At the local level, Indianapolis enacted a new smokefree air law for all parks, trails, and recreation areas. The Lung Association played a central role in supporting the new law and organizing supporters to urge its passage.

One non-legislative advancement in tobacco control was the product of a partnership between the Indiana Tobacco Prevention & Cessation office and the state Medicaid program. Dentists, nurse midwives, optometrists, and clinical addiction counselors are now able to bill Medicaid for tobacco dependance counseling (cessation) services. Several billing barriers were also eliminated.

One new area of focus for Indiana's Tobacco Prevention & Cessation program is health equity. One area of particular concern is how schools are addressing youth tobacco possession and use of commercial tobacco products on school grounds. Punitive measures are not only ineffective at addressing tobacco addiction, but they are also often enforced more harshly among marginalized groups.

The American Lung Association, American Heart Association (AHA) and the American Cancer Society Cancer Action Network (ACSCAN), statewide partnering organizations and advocates under the umbrella of Tobacco Free Indiana (TFI) will partner to run a robust public education and awareness campaigns around our three 2022 legislative priorities. State funded tobacco coalitions will meet with legislators under the guidance of TFI to advocate for closing existing gaps in our state smokefree air law.

Strong culturally appropriate organizations such as The Center for Black Heath and Equity and the Indiana Minority Health Coalition will be enlisted to assist with capacity building around the issue of restricting all flavors, including menthol.

Indiana State Facts

Healthcare Costs Due to Smoking:	$2,930,404,456
Adult Smoking Rate:	19.4%
Adult Tobacco Use Rate:	N/A
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 2020 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 healthcare expenditures are based on 2004 smoking-attributable fractions and 2009 personal healthcare expenditure data. Deaths and expenditures should not be compared by state.

Iowa Report Card

American Lung Association.
State of Tobacco Control
2022

IOWA

Tobacco Prevention and Control Program Funding: F

FY2022 State Funding for Tobacco Control Programs:	$4,020,894
FY2022 Federal Funding for State Tobacco Control Programs:	$1,137,971*
FY2022 Total Funding for State Tobacco Control Programs:	$5,158,865
CDC Best Practices State Spending Recommendation:	$30,100,000
Percentage of CDC Recommended Level:	17.1%
State Tobacco-Related Revenue:	$265,200,000

*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**

Casinos/Gaming Establishments: **Restricted (tribal establishments not subject to state law)**

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**

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: **$0.96; the median investment per smoker is $2.41**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

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

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

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 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.

The 89th Iowa General Assembly passed a state budget in 2021 that included $4,020,894 for the state's tobacco prevention and cessation program. This amount is about the same as in recent years, but significantly lower than in the past.

The Iowa Tobacco Prevention Alliance, of which the American Lung Association is a member, successfully defeated Senate File 257 which would have expanded smoking in the Iowa Veterans Home. This legislation would not only have put veteran residents at risk, but it would also have threatened the health of the more than 900 Iowa Veterans Home employees.

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 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.

The American Lung Association will continue to engage both traditional and non-traditional stakeholders to make the case to lawmakers to pass commonsense tobacco control policy. Given the leadership of tribal casinos in Iowa with reopening as smokefree, we will work to partner with them to expand these policies to commercial casinos. We 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

Healthcare Costs Due to Smoking:	$1,285,256,462
Adult Smoking Rate:	15.8%
Adult Tobacco Use Rate:	N/A
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 2020 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 healthcare expenditures are based on 2004 smoking-attributable fractions and 2009 personal healthcare expenditure data. Deaths and expenditures should not be compared by state.

Kansas Report Card

American Lung Association.
State of Tobacco Control
2022

KANSAS

Tobacco Prevention and Control Program Funding: F

FY2022 State Funding for Tobacco Control Programs:	$1,001,960
FY2022 Federal Funding for State Tobacco Control Programs:	$1,516,090*
FY2022 Total Funding for State Tobacco Control Programs:	$2,518,050
CDC Best Practices State Spending Recommendation:	$27,900,000
Percentage of CDC Recommended Level:	9.0%
State Tobacco-Related Revenue:	$181,400,000

*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: **Restricted (casino floors and tribal establishments not subject to state law)**

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**

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: **$0.50; the median investment per smoker is $2.41**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

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

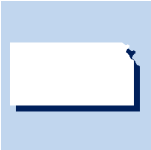
Citation: See Kansas Tobacco Cessation Coverage page for coverage details.

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

Funding for the state's tobacco control program remained at about the same level, just over $1 million, in the fiscal year 2022 budget as the previous year. Funding has been sustained at this level for several years, which is important, but the amount still falls quite a bit short of the Centers for Disease Control and Prevention-recommended level for the state.

Increasing tobacco taxes was a topic of discussion during the 2021 legislative session. House Bill 2428 which would raise the tax on cigarettes by $1.50 per pack was introduced in the House Committee on Taxation. Unfortunately, the bill did not receive a hearing in Committee. House Bill 2340 increasing the minimum age to 21 to sell to, purchase or possess cigarettes and tobacco products was introduced and passed out of House Federal and State Affairs Committee in 2021; however, it was not voted on by the full House. It remains available to be voted on for the 2022 session.

The American Lung Association in Kansas and Greater Kansas City 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 2022 legislative session to curb tobacco initiation by children and youth and to motivate adult smokers to quit. The Lung Association will also continue our work defending the state law that protects all Kansans from the dangers of smoking and secondhand smoke.

Kansas State Facts

Healthcare Costs Due to Smoking:	$1,128,040,688
Adult Smoking Rate:	16.6%
Adult Tobacco Use Rate:	N/A
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 2020 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 healthcare expenditures are based on 2004 smoking-attributable fractions and 2009 personal healthcare expenditure data. Deaths and expenditures should not be compared by state.

Kentucky Report Card

American Lung Association.
State of Tobacco Control
2022

KENTUCKY

Tobacco Prevention and Control Program Funding: F

FY2022 State Funding for Tobacco Control Programs:	$2,000,000
FY2022 Federal Funding for State Tobacco Control Programs:	$1,656,354*
FY2022 Total Funding for State Tobacco Control Programs:	$3,656,354
CDC Best Practices State Spending Recommendation:	$56,400,000
Percentage of CDC Recommended Level:	6.5%
State Tobacco-Related Revenue:	$495,100,000

*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**

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: **Yes**

Penalties: **Yes**

Enforcement: **No**

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

Citation: KY REV. STAT. ANN. §§ 61.165 (2006), 61.167 (2004), 438.050 (2019), 438.345 (2019) & 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 37.8% 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**

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: **$0.83; the median investment per smoker is $2.41**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **Yes**

Tobacco Surcharge: **Limits tobacco surcharges**

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

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

During the 2021 session of the Kentucky General Assembly, the Lung Association and its partner health organizations made solid progress in the campaign to repeal the state law that prohibits local governments from passing ordinances to control the use, display, sale and distribution of tobacco products.

Assessing the vote count in the Assembly, the repeal measure appeared poised to pass in both chambers. Nonetheless, leadership never assigned the bills to be heard in committee in either chamber, resulting in no votes taking place. With less pandemic-related distraction in play, and with substantial groundwork in place, the Lung Association and its partners will resume the push to give local governments the option to appropriately regulate tobacco products, including e-cigarettes in 2022.

On a separate issue, the legislature was required to revisit the state budget during its 2021 session. This occurred because the legislature opted to pass only the first year of what is normally a biennial budget, due to predictions of revenue declines and the urgent need to fund a response to the COVID-19 pandemic.

During these budget discussions, an effort was mounted to eliminate all funding for the state tobacco control program. The Lung Association and partners were successful in responding and preserving funding at the fiscal year 2021 level of $2 million.

Restoring tobacco control funding to the fiscal year 2020 level of $3.3 million will be a priority in the 2022 legislative session, with the potential opportunity to supplement tobacco settlement funds with general revenue surplus funds and/or funds made available to the Commonwealth through the federal American Rescue Plan Act, a COVID-19 relief law.

Finally, the Lung Association in Kentucky will continue its successful efforts to defend local smokefree ordinances from attempts to exempt certain types of businesses, such as cigar bars. In August and September 2021, such exemptions were successfully defeated in Louisville and Somerset, respectively. As of October 1, 2021, nearly 38% of Kentuckians are protected by smokefree laws covering all indoor workplaces and public places. The Kentucky Health Issues Poll taken October through December 2020 shows that 3 in 4 adults favor a smokefree law.

As the legislature begins its work in 2022, the Lung Association will continue its 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

Healthcare Costs Due to Smoking:	$1,926,976,238
Adult Smoking Rate:	21.4%
Adult Tobacco Use Rate:	N/A
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 2020 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 healthcare expenditures are based on 2004 smoking-attributable fractions and 2009 personal healthcare expenditure data. Deaths and expenditures should not be compared by state.

Louisiana Report Card

American Lung Association.
State of Tobacco Control
2022

LOUISIANA

Tobacco Prevention and Control Program Funding: F

FY2022 State Funding for Tobacco Control Programs:	$5,536,246
FY2022 Federal Funding for State Tobacco Control Programs:	$1,635,696*
FY2022 Total Funding for State Tobacco Control Programs:	$7,171,942
CDC Best Practices State Spending Recommendation:	$59,600,000
Percentage of CDC Recommended Level:	12.0%
State Tobacco-Related Revenue:	$442,400,000

*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: **Prohibited**

Schools: **Prohibited**

Child Care Facilities: **Prohibited**

Restaurants: **Prohibited**

Bars: **No provision**

Casinos/Gaming Establishments: **Restricted (tribal establishments not subject to state law)**

Retail Stores: **Prohibited**

Recreational/Cultural Facilities: **Prohibited**

E-Cigarettes Included: **Only in and on grounds of K-12 Schools**

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 33.5% 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**

Access to Cessation Services: D

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **All 7 medications are covered**

Counseling: **Some counseling is covered**

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

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

Counseling: **Some counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$1.69*; the median investment per smoker is $2.41**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **Insurance Commissioner bulletin**

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

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

* 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.

The Louisiana legislative session in 2021 was a fiscal session handling mostly financial related bills, however, it wasn't without a challenge from the tobacco industry. House Bill 525 attempted to exempt "tobacco free" products from the smokeless tobacco tax. The Lung Association with our public health partners were able to defeat this attempt to undermine tobacco control policies. This bill would have reduced the price of some tobacco products to make them an easily accessible price point for youth and young adults. Additionally, House Bill 473 was approved that aligned Louisiana's statute with federal law increasing the sales age of tobacco products to 21 years of age while also adding some additional positive provisions to tobacco control statutes, including requiring at least one unannounced compliance check annually for each retailer.

There continues to be support within local municipalities for public health protections from secondhand smoke. The City of Shreveport officially implemented all protections of their comprehensive smokefree air ordinance on August 1, 2021. Casino and bar workers are now protected from the dangers of secondhand smoke exposure.

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 aged 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 2022, 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

Healthcare Costs Due to Smoking:	$1,891,666,196
Adult Smoking Rate:	18.3%
Adult Tobacco Use Rate:	N/A
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 2020 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 healthcare expenditures are based on 2004 smoking-attributable fractions and 2009 personal healthcare expenditure data. Deaths and expenditures should not be compared by state.

Maine Report Card

American Lung Association.
State of Tobacco Control
2022

MAINE

Tobacco Prevention and Control Program Funding: C

FY2022 State Funding for Tobacco Control Programs:	$8,386,575
FY2022 Federal Funding for State Tobacco Control Programs:	$1,169,002*
FY2022 Total Funding for State Tobacco Control Programs:	$9,555,577
CDC Best Practices State Spending Recommendation:	$15,900,000
Percentage of CDC Recommended Level:	60.1%
State Tobacco-Related Revenue:	$187,900,000

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

Thumbs down for Maine for drastically cutting funding for the state's tobacco prevention program

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 not subject to state law)**

Retail Stores: **Prohibited**

Recreational/Cultural Facilities: **Prohibited**

E-Cigarettes Included: **Prohibited in public places, but not in all workplaces**

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**

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: **$15.06; the median investment per smoker is $2.41**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

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

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

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

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. Restore the $5 million cut to Maine's tobacco prevention and control program and align program spending with the recommendations of the U.S. Centers for Disease Control and Prevention (CDC) Best Practices;
2. Enact legislation prohibiting the sale of menthol cigarettes and all flavored tobacco products; and
3. Raise the cigarette tax by a minimum of $2.00 per pack.

Like many states across the country, the Maine 2021 legislative session was impacted by the COVID-19 pandemic. Despite the challenges of actively engaging lawmakers on tobacco issues 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.

Unfortunately, with all the attention on lung health, Maine's tobacco prevention efforts suffered a major setback during the biennial budget process when the Maine CDC tobacco control program budget was cut by $5 million annually. After celebrating the success of funding the program at 95% of the recommended U.S. CDC level, this cut will have an enormous impact on Maine's ability to address the youth e-cigarette epidemic. Restoration of funding is a top priority going into the 2022 legislative session.

During the 2021 legislative session, advocates top legislative priority was focused on ending the sale of menthol cigarettes and all flavored tobacco products in light of the alarming data showing 1 in 3 Maine high school students were using a tobacco product—most starting with a flavored product. The proposal received strong bipartisan support and funding was included in Governor Mills' budget for the initiative; however, during the budget process the language was removed and carried over to the 2022 legislative session. With the legislature's delay, Maine's third largest municipality—Bangor—passed a local ordinance to end the sale of all flavored tobacco products. Building on this momentum with other local ordinances and moving the statewide bill will be a focus of 2022 action.

The American Lung Association in Maine will continue to work with our coalition partners—the Maine Public Health Association, the American Heart Association, American Cancer Society, Campaign for Tobacco Free Kids 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 2022, we will continue to grow our coalition to educate policymakers, 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

Healthcare Costs Due to Smoking:	$811,120,557
Adult Smoking Rate:	16.5%
Adult Tobacco Use Rate:	N/A
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 2020 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 healthcare expenditures are based on 2004 smoking-attributable fractions and 2009 personal healthcare expenditure data. Deaths and expenditures should not be compared by state.

Maryland Report Card

American Lung Association.
State of Tobacco Control
2022

MARYLAND

Tobacco Prevention and Control Program Funding: F

FY2022 State Funding for Tobacco Control Programs:	$10,865,171
FY2022 Federal Funding for State Tobacco Control Programs:	$1,694,510*
FY2022 Total Funding for State Tobacco Control Programs:	$12,559,681
CDC Best Practices State Spending Recommendation:	$48,000,000
Percentage of CDC Recommended Level:	26.2%
State Tobacco-Related Revenue:	$565,400,000

*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**

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: C

CIGARETTE TAX:

Tax Rate per pack of 20: **$3.75***

* On March 12, 2021, the cigarette tax increased from $2.00 to $3.75 per pack

OTHER TOBACCO PRODUCT TAXES:

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

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

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

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

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

Thumbs up for Maryland for increasing its cigarette tax by $1.75 to $3.75 per pack.

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: **No barriers exist to access care**

STATE QUITLINE:

Investment per Smoker: **$4.31; the median investment per smoker is $2.41**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **Yes**

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

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

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. Address changes needed in the clean indoor air act to include electronic cigarettes and close loopholes;
2. Defend and preserve the much-needed funding increase for tobacco prevention and cessation of $8.25 million; and
3. Overturn the preemption court ruling in the state via legislation.

During the 2021 legislative session, the American Lung Association in Maryland along with other public health partners were successful in overturning the Governor's veto of legislation that would increase the tobacco tax by $1.75 and taxes on other tobacco products. This legislation also included a much-needed increase of $8.25 million beginning in Fiscal Year 2023 for tobacco cessation and prevention efforts in the state.

Also, in 2021 we saw the introduction of a bill that would overturn preemption in Maryland and allow local jurisdictions to enact and enforce local laws related to tobacco control. The bill had a successful and powerful hearing, but unfortunately the bill did not receive the needed votes to make it out of committee.

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 continuing to partner in 2022 to address statewide legislation which would allow local governments to pass and enforce their own tobacco control laws.

The Lung Association and partners were also successful in beating back an effort in St. Mary's County that would have allowed the school district to utilize School Resource Officers to penalize youth caught with tobacco products. The proposed legislation would have implemented purchase, use and possession laws which the Lung Association is opposed to as they are ineffective.

The Clean Indoor Air Act in Maryland currently does not include e-cigarettes, there are also some definitional loopholes that need to be corrected to ensure that all Marylanders are protected from exposure to secondhand smoke. Closing these loopholes will continue to be a priority for the Lung Association in 2022.

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 to address loopholes in the clean indoor air act, overturn preemption and protect the increased funding for tobacco prevention and cessation.

Maryland State Facts

Healthcare Costs Due to Smoking:	$2,709,568,436
Adult Smoking Rate:	10.9%
Adult Tobacco Use Rate:	N/A
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 2020 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 healthcare expenditures are based on 2004 smoking-attributable fractions and 2009 personal healthcare expenditure data. Deaths and expenditures should not be compared by state.

Massachusetts Report Card

American Lung Association.
State of Tobacco Control
2022

Tobacco Prevention and Control Program Funding: F

FY2022 State Funding for Tobacco Control Programs:	$5,618,793
FY2022 Federal Funding for State Tobacco Control Programs:	$1,902,654*
FY2022 Total Funding for State Tobacco Control Programs:	$7,521,447
CDC Best Practices State Spending Recommendation:	$66,900,000
Percentage of CDC Recommended Level:	11.2%
State Tobacco-Related Revenue:	$686,700,000

*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 (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**

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: **Some counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$1.38; the median investment per smoker is $2.41**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **Yes**

Tobacco Surcharge: **Prohibits tobacco surcharges**

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

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

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, there were no legislative efforts in 2021 to rollback this comprehensive measure.

A $500,000 increase for the Massachusetts Tobacco Cessation and Prevention Program (MTCP) was signed into law in July 2021. That brings funding for the MTCP to $5,618,793. However, funding for the MTCP remains far below historical levels and substantially lower than the recommended level from CDC.

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 legislation has been introduced to increase the tobacco tax in the state, the legislature has been dormant in taking further action.

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 2022, the Lung Association and tobacco control partners will continue to grow our coalition to educate policymakers, 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

Healthcare Costs Due to Smoking:	$4,080,690,302
Adult Smoking Rate:	11.1%
Adult Tobacco Use Rate:	N/A
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 2020 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 healthcare expenditures are based on 2004 smoking-attributable fractions and 2009 personal healthcare expenditure data. Deaths and expenditures should not be compared by state.

Michigan Report Card

American Lung Association.
State of Tobacco Control
2022

MICHIGAN

Tobacco Prevention and Control Program Funding: F

FY2022 State Funding for Tobacco Control Programs:	$1,830,900
FY2022 Federal Funding for State Tobacco Control Programs:	$2,347,639*
FY2022 Total Funding for State Tobacco Control Programs:	$4,178,539
CDC Best Practices State Spending Recommendation:	$110,600,000
Percentage of CDC Recommended Level:	3.8%
State Tobacco-Related Revenue:	$1,159,400,000

*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: **Prohibited**

Schools: **Prohibited**

Child Care Facilities: **Prohibited**

Restaurants: **Prohibited**

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

Casinos/Gaming Establishments: **Restricted (tribal establishments not subject to state law)**

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**

Access to Cessation Services: D

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **All 7 medications are covered**

Counseling: **Some counseling is covered**

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

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

Counseling: **Some counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$0.52; the median investment per smoker is $2.41**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

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

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

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.

During 2021, Michigan Gov. Whitmer proposed the adoption of an administrative rule prohibiting e-cigarette flavorings, but then suddenly withdrew the rule in October 2021. The proposed rule did not include other flavored tobacco products that also attract young people to begin using 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 2022 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 3.8% 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 as a means to increase spending on tobacco control and prevention. Ensuring the tax on non-cigarette forms of tobacco is at parity with the cigarette tax is important to prevent youth from switching to lower-taxed products.

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

As we look ahead to 2022, 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

Healthcare Costs Due to Smoking:	$4,589,784,016
Adult Smoking Rate:	18.4%
Adult Tobacco Use Rate:	N/A
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 2020 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 healthcare expenditures are based on 2004 smoking-attributable fractions and 2009 personal healthcare expenditure data. Deaths and expenditures should not be compared by state.

Minnesota Report Card

American Lung Association.
State of Tobacco Control
2022

Tobacco Prevention and Control Program Funding: F

FY2022 State Funding for Tobacco Control Programs:	$12,891,875
FY2022 Federal Funding for State Tobacco Control Programs:	$1,596,128*
FY2022 Total Funding for State Tobacco Control Programs:	$14,488,003
CDC Best Practices State Spending Recommendation:	$52,900,000
Percentage of CDC Recommended Level:	27.4%
State Tobacco-Related Revenue:	$723,400,000

*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 (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 not subject to state law)**

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 (2020).

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**

Access to Cessation Services: A

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: **$5.39; the median investment per smoker is $2.41**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

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

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

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. End the sale of all flavored tobacco products;
2. Remove barriers to and expand reimbursement for tobacco cessation treatment; and
3. Protect and increase state investments in tobacco prevention and treatment.

During the 2021 legislative session, the American Lung Association—as part of the Minnesotans for a Smoke-Free Generation statewide coalition of more than 60 organizations—focused on: securing long-term funding for tobacco prevention and treatment and ending the sale of all flavored tobacco products.

In light of ClearWay Minnesota's sunset at the end of 2021, securing additional state funding for tobacco prevention and treatment was the coalition's top priority during the 2021 legislative session. For more than two decades ClearWay Minnesota, the foundation created with 3 percent of the state's settlement with tobacco companies in 1998, has provided the majority of funding for tobacco prevention in Minnesota. Ultimately, the Legislature approved an additional $4 million a year for tobacco prevention. The new appropriation from the state's general fund will boost underfunded commercial tobacco prevention programs at the Minnesota Department of Health (MDH). MDH's Commercial Tobacco Prevention and Control Planning and Grants Unit already oversees $3.2 million for tobacco prevention and $2.87 million for the statewide cessation services, Quit Partner. In total, MDH will be responsible for $10 million each year in state funding to address commercial tobacco use in Minnesota. These lifesaving investments represent just a small fraction of the state's tobacco revenue totals.

Efforts to end the sale of menthol and all flavored tobacco products continued with bills introduced by Black legislators in the House and Senate. They were joined by other bipartisan legislators, along with youth, physicians and public health experts, in supporting the policy. The Minnesota House advanced the bill through the Preventive Health Policy Division. As of June 2021, 22 Minnesota communities have restricted the sale of flavored tobacco products in some form, covering more than one in five Minnesotans. Ten of those cities have completely ended flavored tobacco sales.

A 2020 statewide poll found that 74 percent of Minnesotans support prohibiting the sales of all flavored tobacco products, including menthol cigarettes. Support for this policy was high across demographics and regions, including among African Americans (77 percent support) and rural residents (81 percent support).

The 2020 Minnesota Youth Tobacco Survey showed one in five Minnesota high school students reported using e-cigarettes within the past 30 days, and 70 percent of youth e-cigarette users reported one or more signs of dependence. These data reinforce the need for bold policies to protect youth.

Working together as part of the Minnesotans for a Smoke Free Generation, in 2022 the American Lung Association will continue to pursue legislation ending the sale of all flavored tobacco products—especially menthol, increasing the tax on tobacco products and expanding insurance coverage and reimbursement opportunities for cessation treatment services.

Minnesota State Facts

Healthcare Costs Due to Smoking:	$2,519,011,064
Adult Smoking Rate:	13.8%
Adult Tobacco Use Rate:	N/A
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 2020 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 healthcare expenditures are based on 2004 smoking-attributable fractions and 2009 personal healthcare expenditure data. Deaths and expenditures should not be compared by state.

Mississippi Report Card

American Lung Association.
State of Tobacco Control
2022

Tobacco Prevention and Control Program Funding: F

FY2022 State Funding for Tobacco Control Programs:	$8,695,000
FY2022 Federal Funding for State Tobacco Control Programs:	$1,341,100*
FY2022 Total Funding for State Tobacco Control Programs:	$10,036,100
CDC Best Practices State Spending Recommendation:	$36,500,000
Percentage of CDC Recommended Level:	27.5%
State Tobacco-Related Revenue:	$250,600,000

*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 31.9% of the state's population.

Tobacco Taxes: F

CIGARETTE TAX:

Tax Rate per pack of 20: **$0.68**

OTHER TOBACCO PRODUCT TAXES:

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

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

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

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

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

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: **Some barriers exist to access care**

STATE QUITLINE:

Investment per Smoker: **$1.91; the median investment per smoker is $2.41**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

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

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

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 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.

In the 2021 legislative session, the members of the Mississippi Legislature failed to pass tobacco control legislation to reduce tobacco and nicotine use across the state. While a comprehensive statewide smokefree bill was introduced, House Bill 245 also known as the Mississippi Smoke-free Air Act of 2021 but did not garner the support needed for momentum through the policy process. Tobacco control partners continued to educate lawmakers on the harmful effects of secondhand smoke and the impact on health in Mississippi.

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 did not achieve final passage. 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 over 150 cities and 7 counties adopting comprehensive smokefree ordinances. This accounts for approximately 32% of Mississippians being protected by smokefree policies.

In 2022, the American Lung Association in Mississippi will continue to advocate for the benefits of tobacco control policies, including the need to protect all workers by passing comprehensive protections from secondhand smoke. 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

Healthcare Costs Due to Smoking:	$1,236,940,761
Adult Smoking Rate:	20.1%
Adult Tobacco Use Rate:	N/A
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 2020 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 healthcare expenditures are based on 2004 smoking-attributable fractions and 2009 personal healthcare expenditure data. Deaths and expenditures should not be compared by state.

Missouri Report Card

American Lung Association.
State of Tobacco Control
2022

MISSOURI

Tobacco Prevention and Control Program Funding: F

FY2022 State Funding for Tobacco Control Programs:	$477,435
FY2022 Federal Funding for State Tobacco Control Programs:	$1,949,182*
FY2022 Total Funding for State Tobacco Control Programs:	$2,426,617
CDC Best Practices State Spending Recommendation:	$72,900,000
Percentage of CDC Recommended Level:	3.3%
State Tobacco-Related Revenue:	$257,200,000

*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 29.3% 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**

Thumbs down for Missouri for having the lowest cigarette tax in the country at 17 cents 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: **No barriers exist to access care**

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

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

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

STATE QUITLINE:

Investment per Smoker: **$0.66; the median investment per smoker is $2.41**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

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

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

Thumbs up for Missouri for providing comprehensive coverage without barriers for all tobacco cessation medications and types of counseling to Medicaid enrollees.

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

The American Lung Association in Missouri advocates for evidence-based policies to reduce tobacco use and exposure to secondhand smoke 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 2021 regular legislative session was less active than years past, with lawmakers prioritizing and passing fewer-than-average pieces of legislation. While Missouri voters passed a measure to expand Medicaid in a statewide referendum in August 2020, the legislature failed to pass funding for expansion. Due to the lack of funding, the governor pulled the plans to implement Medicaid expansion in 2021, which would provide newly enrolled smokers with help to quit. Soon after, a lawsuit was filed on behalf of individuals who would qualify for Medicaid under expansion. The plaintiffs prevailed and Missouri started enrolling individuals in Medicaid expansion for coverage on October 1, 2021. Missouri's Medicaid coverage for tobacco cessation is comprehensive and helps thousands of Missourians break the powerful addiction of tobacco.

Several Tobacco 21 bills were filed to amend Missouri's age of sale for tobacco products and other underage access to tobacco laws. The tobacco industry was able to influence many versions of this legislation to include exemptions, preemption of stronger local tobacco control laws, and varying tobacco definitions. House Bill 517, by Rep. Shaul (and filed as amendments to other bills) was the most concerning. This bill would have disallowed local governments from regulating tobacco sales; thankfully this did not pass. The American Lung Association will continue to fight against any bill that isn't an evidence based, comprehensive approach to tobacco control.

During the 2022 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 continues to have the lowest tobacco tax in the nation; therefore, the Lung Association will look to increase the tobacco tax in Missouri.

Missouri State Facts

Healthcare Costs Due to Smoking:	$3,032,471,478
Adult Smoking Rate:	17.8%
Adult Tobacco Use Rate:	N/A
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 2020 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 healthcare expenditures are based on 2004 smoking-attributable fractions and 2009 personal healthcare expenditure data. Deaths and expenditures should not be compared by state.

Montana Report Card

American Lung Association.
State of Tobacco Control
2022

MONTANA

Tobacco Prevention and Control Program Funding: F

FY2022 State Funding for Tobacco Control Programs:	$5,300,000
FY2022 Federal Funding for State Tobacco Control Programs:	$1,408,205*
FY2022 Total Funding for State Tobacco Control Programs:	$6,708,205
CDC Best Practices State Spending Recommendation:	$14,600,000
Percentage of CDC Recommended Level:	45.9%
State Tobacco-Related Revenue:	$105,800,000

*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 not subject to state law)**

Retail Stores: **Prohibited**

Recreational/Cultural Facilities: **Prohibited**

E-Cigarettes Included: **Only in K-12 Schools and on School Property**

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**

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: **Some counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$4.29; the median investment per smoker is $2.41**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

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

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

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. Maintain and strengthen strong public health protections for clean indoor air;
2. Continue investment in tobacco prevention and cessation programs; and
3. Repeal preemption of stronger local tobacco prevention laws.

Protective policies to lessen the impact of tobacco on Montanans were under attack during the 2021 legislative session. Several bills introduced targeted a reduction for county and municipal leaders to respond to public health issues, including preventing and reducing tobacco use.

House Bill 121, approved in 2021, requires that any rules or regulations proposed by local health officers or health boards be approved by an elected body. Local health officials play a vital role in safeguarding the public; this new law challenges local authority.

In November 2020, Missoula approved an ordinance to restrict the sale of all flavored vaping products. Senate Bill 398, also passed in 2021, nullifies Missoula's ordinance and prohibits local governments from enacting similar protective measures. This bill stopped conversations in Bozeman on the implementation of a flavor restriction policy.

The American Lung Association and partners were successful in defeating House Bill 285 which would have allowed cigar smoking in bars and restaurants.

Montana allocated $5.3 million for tobacco prevention and cessation programs in fiscal year 2022 in the two-year state budget approved in 2021. This is slightly higher than last year, and it is positive news that funding at about the same level is being sustained for another two years.

The Montana Legislature does not convene in 2022. The American Lung Association will continue work with partners to repeal preemption of local laws to prevent and reduce tobacco use, support strong clean indoor air protections and defend tobacco prevention funding.

Montana State Facts

Healthcare Costs Due to Smoking:	$440,465,233
Adult Smoking Rate:	16.4%
Adult Tobacco Use Rate:	N/A
High School Smoking Rate:	7.7%
High School Tobacco Use Rate:	33.5%
Middle School Smoking Rate:	3.4%
Smoking Attributable Deaths:	1,570

Adult smoking data come from CDC's 2020 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 2020 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 healthcare expenditures are based on 2004 smoking-attributable fractions and 2009 personal healthcare expenditure data. Deaths and expenditures should not be compared by state.

Nebraska Report Card

American Lung Association.
State of Tobacco Control
2022

Tobacco Prevention and Control Program Funding: F

FY2022 State Funding for Tobacco Control Programs:	$2,570,000
FY2022 Federal Funding for State Tobacco Control Programs:	$1,187,754*
FY2022 Total Funding for State Tobacco Control Programs:	$3,757,754
CDC Best Practices State Spending Recommendation:	$20,800,000
Percentage of CDC Recommended Level:	18.1%
State Tobacco-Related Revenue:	$99,800,000

*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 (tribal establishments not subject to state law)**

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).

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**

Access to Cessation Services: D

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **All 7 medications are covered**

Counseling: **Some counseling is covered**

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

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **Some medications are covered**

Counseling: **Some counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$2.29; the median investment per smoker is $2.41**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

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

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

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 funding for tobacco prevention and cessation; and
2. Increase tobacco taxes by $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 2021 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's recommended level for the state.

Tobacco taxes was a topic of discussion during the 2021 legislative session, Legislative Bill 459 was filed by Senator Cavanaugh that would raise the tax on cigarettes by $1.50 per pack. Unfortunately, it did not advance out of the first committee it was assigned to.

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 2022 legislative session to prevent kids from starting to smoke and to motivate adult smokers to quit. The Lung Association will also continue our work defending our state law that protects all Nebraskans from the dangers of secondhand smoke.

Nebraska State Facts

Healthcare Costs Due to Smoking:	$795,185,324
Adult Smoking Rate:	13.9%
Adult Tobacco Use Rate:	N/A
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 2020 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 healthcare expenditures are based on 2004 smoking-attributable fractions and 2009 personal healthcare expenditure data. Deaths and expenditures should not be compared by state.

Nevada Report Card

American Lung Association.
State of Tobacco Control
2022

NEVADA

Tobacco Prevention and Control Program Funding: F

FY2022 State Funding for Tobacco Control Programs:	$3,450,000
FY2022 Federal Funding for State Tobacco Control Programs:	$1,384,475*
FY2022 Total Funding for State Tobacco Control Programs:	$4,834,475
CDC Best Practices State Spending Recommendation:	$30,000,000
Percentage of CDC Recommended Level:	16.1%
State Tobacco-Related Revenue:	$225,200,000

*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 not subject to state law)***

Retail Stores: **Prohibited**

Recreational/Cultural Facilities: **Prohibited**

E-Cigarettes Included: **Yes**

Penalties: **Yes**

Enforcement: **Yes**

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

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

* Smoking is allowed on casinos floors but is prohibited anywhere children are allowed to be

Tobacco Taxes: F

CIGARETTE TAX:

Tax Rate per pack of 20: **$1.80**

OTHER TOBACCO PRODUCT TAXES:

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

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

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

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

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

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: **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: **$0.85; the median investment per smoker is $2.41**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

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

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

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 2021. 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 in order to advance comprehensive smokefree protections at the local level.

During the 2021 legislative session, the Lung Association along with our partners worked to increase the budget for youth prevention and tobacco control programs. In 2019, the legislature passed Senate bill 263 which included a one-time allocation of $5 million allocated to the Division of Public and Behavioral Health. The Lung Association along with our partners were successful in continuing the budget allocation as an ongoing appropriation.

A bill was passed in the Nevada legislature in 2021 that raises the sales age for tobacco products to 21 to align with federal law, but the bill lacked a comprehensive retailer license program therefore the Lung Association did not lend its support to the bill.

Across the country, over 200 casinos have re-opened smokefree after being closed initially due to the COVID-19 pandemic. In Nevada a few gaming establishments are smokefree voluntarily, but most continue to allow smoking indoors putting patrons and workers at risk from secondhand smoke as well as potentially increasing the spread of COVID-19. The Lung Association along with our partners continue to work on local ordinances that will protect all workers, including in casinos and other gaming establishments from secondhand smoke.

The state legislature is not scheduled to meet in 2022. However, the American Lung Association in Nevada will continue to build support and political will in order to advance comprehensive smokefree protections at the local level.

Nevada State Facts

Healthcare Costs Due to Smoking:	$1,080,272,434
Adult Smoking Rate:	14.2%
Adult Tobacco Use Rate:	N/A
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 2020 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 healthcare expenditures are based on 2004 smoking-attributable fractions and 2009 personal healthcare expenditure data. Deaths and expenditures should not be compared by state.

New Hampshire Report Card

American Lung Association.
State of Tobacco Control
2022

Tobacco Prevention and Control Program Funding: F

FY2022 State Funding for Tobacco Control Programs:	$589,166
FY2022 Federal Funding for State Tobacco Control Programs:	$1,144,210*
FY2022 Total Funding for State Tobacco Control Programs:	$1,733,376
CDC Best Practices State Spending Recommendation:	$16,500,000
Percentage of CDC Recommended Level:	10.5%
State Tobacco-Related Revenue:	$285,900,000

*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 (2019) & 178:20-a (2018).

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**

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: **Most counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$2.41; the average investment per smoker is $2.41**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

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

Citation: See New Hampshire Tobacco Cessation Coverage page for coverage details.

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

Like many states across the country, the New Hampshire 2021 legislative session was impacted by the COVID-19 pandemic. Despite the challenges of actively engaging lawmakers on tobacco issues, 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.

Unfortunately, with all the attention on lung health, little progress was made during 2021 to significantly improve New Hampshire's tobacco prevention efforts. Small gains in expanding tobacco treatment and cessation access were achieved through the passage of a law that allowed pharmacists to dispense nicotine replacement therapy (NRT) via a standing order and be reimbursed under Medicaid. This initiative will help increase access to NRT among the Medicaid population and capture them at the moment they are ready to make a quit attempt. Additionally, a small increase in state funding was secured in the budget for youth-focused tobacco control initiatives, however, the funding still falls woefully short of the U.S. Centers for Disease Control and Prevention's recommended level.

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 was once again voted "Inexpedient to Legislate" in the House but will certainly continue to re-emerge.

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 2022, we will continue to grow our coalition to educate policymakers, Granite State residents and 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

Healthcare Costs Due to Smoking:	$728,895,693
Adult Smoking Rate:	13.9%
Adult Tobacco Use Rate:	N/A
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 2020 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 healthcare expenditures are based on 2004 smoking-attributable fractions and 2009 personal healthcare expenditure data. Deaths and expenditures should not be compared by state.

New Jersey Report Card

American Lung Association.
State of Tobacco Control
2022

NEW JERSEY

Tobacco Prevention and Control Program Funding: F

FY2022 State Funding for Tobacco Control Programs:	$7,445,467
FY2022 Federal Funding for State Tobacco Control Programs:	$1,855,458*
FY2022 Total Funding for State Tobacco Control Programs:	$9,300,925
CDC Best Practices State Spending Recommendation:	$103,300,000
Percentage of CDC Recommended Level:	9.0%
State Tobacco-Related Revenue:	$838,200,000

*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 (2018).

* Smoking in indoor areas of horse tracks is prohibited by state law. Atlantic City, NJ where all the state's casinos are located, has an ordinance restricting smoking to 25 percent of the gaming floors of casinos.

Tobacco Taxes: F

CIGARETTE TAX:

Tax Rate per pack of 20: **$2.70**

OTHER TOBACCO PRODUCT TAXES:

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

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

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

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

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

Access to Cessation Services: F*

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **All 7 medications are covered**

Counseling: **No data provided**

Barriers to Coverage: **No data provided**

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **No data provided**

Counseling: **No data provided**

Barriers to Coverage: **No data provided**

STATE QUITLINE:

Investment per Smoker: **No data provided; the median investment per smoker is $2.41**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **Yes**

Tobacco Surcharge: **Prohibits tobacco surcharges**

Citation: See New Jersey Tobacco Cessation Coverage page for coverage details.

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

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

New Jersey failed to make major progress on tobacco control efforts in 2021. On the major issues being considered in New Jersey, the Lung Association did not see any significant legislative or regulatory progress on items including smokefree, tobacco tax, tobacco control funding and prohibiting the sale of flavored tobacco products.

In September 2020, New Jersey took a major step forward to advance public health when Governor Phil Murphy announced that the casinos in Atlantic City would reopen smokefree, indefinitely, due to the COVID-19 pandemic. The Executive Order protected 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 protected workers and patrons from dangerous secondhand smoke and e-cigarette emissions.

In June of 2021, Governor Murphy signed legislation and a new Executive Order which ended the state's Public Health Emergency, and many of the protections that were enacted including the prohibition of smoking in Atlantic City casinos. In light of that decision, a renewed interest has been generated to eliminate smoking in casinos. The Lung Association continues to work with coalition partners and casino workers to urge the state Legislature to pass a smokefree casino law.

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 2021-2022 state budget, the program was funded at over $7.4 million—the Lung Association calls for increasing funding to $15 million per year.

This year the State Senate passed legislation which would prohibit the sale of tobacco products in some pharmacies, however, the measure was not passed out of the Assembly. The Lung Association would urge passage of strong tobacco-free pharmacy legislation, a prohibition on the sale of flavored tobacco products, and an increase in the state's tobacco tax.

The Lung Association urges decisionmakers in New Jersey to take the necessary steps to reduce the death and disease caused by tobacco-use. On its 20th anniversary, the 2022 "State of Tobacco Control" report continues to provide a blueprint on fact-based steps to save lives.

New Jersey State Facts

Healthcare Costs Due to Smoking:	$4,065,531,641
Adult Smoking Rate:	10.8%
Adult Tobacco Use Rate:	N/A
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 2020 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 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 healthcare expenditures are based on 2004 smoking-attributable fractions and 2009 personal healthcare expenditure data. Deaths and expenditures should not be compared by state.

New Mexico Report Card

American Lung Association.
State of Tobacco Control
2022

NEW MEXICO

Tobacco Prevention and Control Program Funding: F

FY2022 State Funding for Tobacco Control Programs:	$3,898,300
FY2022 Federal Funding for State Tobacco Control Programs:	$1,142,861*
FY2022 Total Funding for State Tobacco Control Programs:	$5,041,161
CDC Best Practices State Spending Recommendation:	$22,800,000
Percentage of CDC Recommended Level:	22.1%
State Tobacco-Related Revenue:	$137,600,000

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

Thumbs down for New Mexico for cutting funding for the state's tobacco prevention program by close to $2 million from last fiscal year.

Smokefree Air: B

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government Worksites: **Prohibited**

Private Worksites: **Prohibited**

Schools: **Prohibited**

Child Care Facilities: **Prohibited**

Restaurants: **Prohibited**

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

Casinos/Gaming Establishments: **No provision**

Retail Stores: **Prohibited**

Recreational/Cultural Facilities: **Prohibited**

E-Cigarettes Included: **Yes**

Penalties: **Yes**

Enforcement: **Yes**

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

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

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**

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 3 types of counseling are covered**

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

STATE QUITLINE:

Investment per Smoker: **$5.65; the median investment per smoker is $2.41**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **Yes**

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

Citation: See New Mexico Tobacco Cessation Coverage page for coverage details.

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. 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 2021, 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 worked to increase the excise tax on tobacco products, close loopholes for smoking inside state-owned gaming facilities, repeal preemption on tobacco product sales, and restrict the sale of flavored tobacco products. While some progress was made with these bills, none of them ultimately were passed.

Funding for the state tobacco control program from tobacco Master Settlement Agreement dollars saw a significant 30% cut for fiscal year 2022. The cut was due to an expected drop in tobacco Master Settlement Agreement dollars the state receives each year. Unfortunately, this leaves New Mexico even further short of the Centers for Disease Control and Prevention recommended level.

Moving forward in 2022, 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 work to increase the tobacco prevention and control program funding to replace the cut the program saw in 2021.

Finally, the Lung Association will be working to raise the excise tax on tobacco products by significant amounts.

New Mexico State Facts

Healthcare Costs Due to Smoking:	$843,869,235
Adult Smoking Rate:	16.1%
Adult Tobacco Use Rate:	N/A
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 2020 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 healthcare expenditures are based on 2004 smoking-attributable fractions and 2009 personal healthcare expenditure data. Deaths and expenditures should not be compared by state.

New York Report Card

American Lung Association.
State of Tobacco Control
2022

Tobacco Prevention and Control Program Funding: F

FY2022 State Funding for Tobacco Control Programs:	$39,769,600
FY2022 Federal Funding for State Tobacco Control Programs:	$2,905,769*
FY2022 Total Funding for State Tobacco Control Programs:	$42,675,369
CDC Best Practices State Spending Recommendation:	$203,000,000
Percentage of CDC Recommended Level:	21.0%
State Tobacco-Related Revenue:	$1,887,000,000

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

Casinos/Gaming Establishments: **Prohibited (tribal establishments not subject to state law)**

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 (2019).

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**

Access to Cessation Services: C

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **All 7 medications are covered**

Counseling: **Most counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$2.44; the median investment per smoker is $2.41**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **Insurance commissioner guidance**

Tobacco Surcharge: **Prohibits tobacco surcharges**

Citation: See New York Tobacco Cessation Coverage page for coverage details.

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. Increase funding for the New York State Tobacco Control Program;
2. Prohibit the sale of all flavored tobacco products; and
3. Increase the tobacco tax by a minimum of $1.00 per pack.

New York has long been a national leader regarding its tobacco control laws. During the 2021 legislative session, however, New York wasn't very active regarding tobacco policy given its time and resources were largely invested in the state's response to the COVID-19 pandemic. In May 2021, the Department of Health expanded access to smoking cessation counseling under Medicaid by including to include additional types of healthcare providers, such as nurses, social workers and psychologists. This will hopefully expand access to smoking cessation services to additional Medicaid enrollees.

Despite the tough budget climate, the 2021-22 state budget for the tobacco control program was level-funded at $39.8 million, about 21% of the Centers for Disease Control and Prevention (CDC)'s recommended level when federal funding from the CDC is included. The CDC recommends that New York spend $203 million on its tobacco control program.

The 2021 legislative session was once again held remotely due to health and safety concerns posed by COVID-19. In addition, a 20% budget "hold" was placed on state programs, including the tobacco control program, until the American Rescue Plan was signed into law in March 2021 that provided funds to cover the projected budget gap. Due to the budget uncertainty during that time, the state slowed their work on its tobacco control programs and coalition work.

New data from New York's Youth Tobacco Survey (NY YTS) show that after staggering increases in youth tobacco use between 2014 and 2018, primarily driven by electronic cigarettes, tobacco use among high school age youth has declined across all product categories from 30.6% to 25.6% between 2018 and 2020.

- Cigarette smoking among high school youth is at an all-time low: only 2.4% of high school youth are current smokers, representing a 91% decline in the youth smoking rate since 2000
- E-cigarette use among high school youth decreased in 2020, a first since New York has monitored use of these products, from 27.5% in 2018 to 22.5% in 2020.
- Other tobacco product use, including cigars, smokeless tobacco, pipe tobacco, and hookah, also decreased among high school youth, from 9.2% in 2018 to 6.1% in 2020.

The American Lung Association in New York will continue to build upon the success in 2021 with a sustained push on increasing funding for the tobacco control program and on enacting a statewide prohibition on the sale of all flavored tobacco products in 2022. The removal of menthol cigarettes, flavored cigars and other flavored tobacco products is a social justice and health equity issue and must be addressed. The Lung Association will also advocate for raising the tax on cigarettes, and other tobacco products, which has not been increased since 2010.

New York State Facts

Healthcare Costs Due to Smoking:	$10,389,849,268
Adult Smoking Rate:	12.0%
Adult Tobacco Use Rate:	N/A
High School Smoking Rate:	2.4%
High School Tobacco Use Rate:	25.6%
Middle School Smoking Rate:	N/A
Smoking Attributable Deaths:	28,170

Adult smoking data come from CDC's 2020 Behavioral Risk Factor Surveillance System. High school smoking data is taken from the 2019 Youth Risk Behavior Surveillance System. High school tobacco use data is taken from the 2020 New York Youth Tobacco Survey and includes cigarettes, cigars, smokeless tobacco, hookah, and electronic cigarettes, making it incomparable to other states. A current middle school smoking rate is not available for this state.

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

North Carolina Report Card

American Lung Association.
State of Tobacco Control
2022

Tobacco Prevention and Control Program Funding: F

FY2022 State Funding for Tobacco Control Programs:	$13,399,600
FY2022 Federal Funding for State Tobacco Control Programs:	$2,353,231*
FY2022 Total Funding for State Tobacco Control Programs:	$15,752,831
CDC Best Practices State Spending Recommendation:	$99,300,000
Percentage of CDC Recommended Level:	15.9%
State Tobacco-Related Revenue:	$458,100,000

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

Thumbs up for North Carolina for significantly increasing funding for its state tobacco control program this fiscal year.

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**

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: **Some barriers exist to access care**

Medicaid Expansion: **No**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

Counseling: **Some counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$1.75; the median investment per smoker is $2.41**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

Tobacco Surcharge: **Limits tobacco surcharges**

Citation: See North Carolina Tobacco Cessation Coverage page for coverage details.

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 $21 million for tobacco control programs, including prevention, education and cessation according to the Centers for Disease Control and Prevention's Best Practices for Comprehensive Tobacco Control Programs;
2. Support licensing of all tobacco retailers, including e-cigarette retailers; and
3. Support a tobacco tax increase for cigarettes of $1.46 to the current average cigarette tax and equalize taxes for all tobacco products, including e-cigarettes.

The state budget passed in mid-November of the 2021 session of the North Carolina General Assembly. The American Lung Association and other advocates as part of the North Carolina Alliance for Health requested $17 million in recurring funding for tobacco use prevention programs and $3 million in additional recurring funds for QuitlineNC. On June 28th, North Carolina State Attorney General Josh Stein, the first attorney general to hold e-cigarette maker JUUL Labs accountable for marketing to kids, agreed to a settlement requiring JUUL to pay $40 million over the next six years. That included $11 million for fiscal year 2021-2022 and $8 million for fiscal year 2022-2023 be used for "tobacco and nicotine dependence prevention and cessation activities targeted at youth and young adults." While recurring state funds for QuitlineNC remain, a $3 million increase recommended by the NC Alliance for Health and the American Lung Association as additional recurring funds for QuitlineNC was not included. In another part of the budget was a 30-cent limit on cigar taxes opposed by the Lung Association and other health advocates. Not included in the final budget was a $3 million increase in recurring funds for QuitlineNC.

Adequate funding for the state's tobacco use prevention and cessation programs can be a game changer for the health of North Carolinians. The state's adult smoking rate of 16.5% remains above the national average. In 2021, the CDC Foundation's Monitoring E-Cigarette Use Among Youth Survey, conducted with the North Carolina Department of Health and Human Services, found that 40% of North Carolina youth e-cigarette users vape more than before the COVID-19 pandemic. Half of current youth tobacco users used two or more tobacco products.

In November, Attorney General Stein announced his office would sue JUUL founders and investigate Puff Bar and other e-cigarette manufacturers, distributors, and retailers. Stein is leading the nation's attorneys general in curbing tobacco marketing to kids.

JUUL Labs settlement dollars will allow the tobacco use prevention program greater use of fact-based strategies with proven outcomes. But recurring state funding is necessary to sustain this progress. The state receives around $140 million annually from the tobacco Master Settlement Agreement, some of which could be applied to tobacco prevention programs. To prevent tobacco product sales to youth, North Carolina needs to raise the age of sale to 21 and implement a retailer licensing system which is evidence-based. The American Lung Association and coalition partners under the banner of the North Carolina Alliance for Health are committed to achieving these goals through education, awareness and advocacy in 2022.

North Carolina State Facts

Healthcare Costs Due to Smoking:	$3,809,676,476
Adult Smoking Rate:	16.5%
Adult Tobacco Use Rate:	N/A
High School Smoking Rate:	5.7%
High School Tobacco Use Rate:	27.3%
Middle School Smoking Rate:	2.4%
Smoking Attributable Deaths:	14,220

Adult smoking data come from CDC's 2020 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 2019 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 healthcare expenditures are based on 2004 smoking-attributable fractions and 2009 personal healthcare expenditure data. Deaths and expenditures should not be compared by state.

North Dakota Report Card

American Lung Association.
State of Tobacco Control
2022

Tobacco Prevention and Control Program Funding: C

FY2022 State Funding for Tobacco Control Programs:	$5,684,000
FY2022 Federal Funding for State Tobacco Control Programs:	$1,055,244*
FY2022 Total Funding for State Tobacco Control Programs:	$6,739,244
CDC Best Practices State Spending Recommendation:	$9,800,000
Percentage of CDC Recommended Level:	68.8%
State Tobacco-Related Revenue:	$51,600,000

*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 not subject to state law)**

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**

Thumbs down for North Dakota for having the third lowest cigarette tax in the country.

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: **All 7 medications are covered**

Counseling: **Some counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$8.81; the median investment per smoker is $2.41**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **Yes**

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

Citation: See North Dakota Tobacco Cessation Coverage page for coverage details.

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 North Dakota's elected officials:

1. Raise the state tobacco tax currently third lowest in the country at 44 cents per pack;
2. Restrict access to flavored tobacco products; and
3. Classify electronic nicotine delivery systems as tobacco products, including licensing.

North Dakota has the third lowest cigarette tax in the country at 44 cents per pack. The tax has not been raised since 1993. The Tobacco Free North Dakota coalition worked to pass a tobacco tax increase along with licensing electronic smoking devices in 2021. Both of these efforts did not pass but provided opportunities to educate decision makers and the public on these important strategies to reduce youth tobacco use.

In the "win" column, coalition efforts once again successfully defended the strong North Dakota clean indoor air laws by defeating a bill that would have allowed for the indoor smoking of cigars and any premium tobacco product under certain conditions. The coalition was also successful in passing a statewide Tobacco 21 law, enabling enforcement of age 21 for sales of tobacco products to be done at the local level.

The American Lung Association in North Dakota will continue its work in 2022 to educate both state and local decision makers about the benefits of a higher tobacco tax and restricting access to flavored tobacco products.

North Dakota State Facts

Healthcare Costs Due to Smoking:	$325,798,988
Adult Smoking Rate:	17.4%
Adult Tobacco Use Rate:	N/A
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 2020 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 healthcare expenditures are based on 2004 smoking-attributable fractions and 2009 personal healthcare expenditure data. Deaths and expenditures should not be compared by state.

Ohio Report Card

American Lung Association.
State of Tobacco Control
2022

OHIO

Tobacco Prevention and Control Program Funding: F

FY2022 State Funding for Tobacco Control Programs:	$14,780,000
FY2022 Federal Funding for State Tobacco Control Programs:	$2,464,914*
FY2022 Total Funding for State Tobacco Control Programs:	$17,244,914
CDC Best Practices State Spending Recommendation:	$132,000,000
Percentage of CDC Recommended Level:	13.1%
State Tobacco-Related Revenue:	$1,267,300,000

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

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

Smokefree Air: A

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government Worksites: **Prohibited**

Private Worksites: **Prohibited**

Schools: **Prohibited**

Child Care Facilities: **Prohibited**

Restaurants: **Prohibited**

Bars: **Prohibited**

Casinos/Gaming Establishments: **Prohibited**

Retail Stores: **Prohibited**

Recreational/Cultural Facilities: **Prohibited**

E-Cigarettes Included: **Yes**

Penalties: **Yes**

Enforcement: **Yes**

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

Citation: OHIO REV. CODE ANN §§ 3794.01 to 3794.09 (2021).

Thumbs up for Ohio for passing legislation including e-cigarettes in its smokefree workplace law.

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**

Access to Cessation Services: B

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: **Some barriers exist to access care**

STATE QUITLINE:

Investment per Smoker: **$2.50; the median investment per smoker is $2.41**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

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

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

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

The Lung Association was pleased that Ohio increased funding for tobacco prevention and cessation by $2.5 million a year for the next two years. This was a vitally needed increase to help reduce rates of tobacco use in Ohio, which still remain well above the national average. However, even with this increase, Ohio spends only 13% of what is recommended by the CDC for a state of our size. The revenue raised by increasing taxes on tobacco products could help fund further increases in tobacco control and prevention funding.

Local efforts are underway in Ohio to prohibit the sale of flavored tobacco products and to enact tobacco retailer licensing to enable enforcement. The Lung Association will work with partners in those communities to enact these ordinances to get flavored products off the market and to have the mechanisms in place to enforce these ordinances. Data shows that flavored tobacco products attract 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 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. Unfortunately, the current makeup of the Ohio Legislature makes it unlikely that efforts to increase tobacco taxes will be successful.

As we look to 2022, 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

Healthcare Costs Due to Smoking:	$5,647,310,236
Adult Smoking Rate:	19.3%
Adult Tobacco Use Rate:	N/A
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 2020 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 healthcare expenditures are based on 2004 smoking-attributable fractions and 2009 personal healthcare expenditure data. Deaths and expenditures should not be compared by state

Oklahoma Report Card

American Lung Association.
State of Tobacco Control
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Tobacco Prevention and Control Program Funding: C

FY2022 State Funding for Tobacco Control Programs:	$23,876,306
FY2022 Federal Funding for State Tobacco Control Programs:	$1,618,668*
FY2022 Total Funding for State Tobacco Control Programs:	$25,494,974
CDC Best Practices State Spending Recommendation:	$42,300,000
Percentage of CDC Recommended Level:	60.3%
State Tobacco-Related Revenue:	$526,700,000

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

Thumbs up for Oklahoma for 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 not subject state law)**

Retail Stores: **Prohibited**

Recreational/Cultural Facilities: **Prohibited**

E-Cigarettes Included: **Only in K-12-schools and on school grounds**

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**

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: **Most counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$9.13; the median investment per smoker is $2.41**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

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

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

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. Impose a license on e-cigarette retailers and tax e-cigarette products; and
3. Pass legislation eliminating smoking in all public places and workplaces.

Unfortunately, the 2021 Oklahoma legislative session saw no laws passed to improve the state's ability to prevent and reduce tobacco. While several good bills were introduced to tax e-cigarettes at a significant rate, as well as bills to repeal the state's preemption of local authority around tobacco control, they did not make it past the finish line. The Lung Association and partners were able to stop several bad bills, including a tobacco-industry approved tax on e-cigarettes which would add mere pennies to the price of the most popular products, a bill allowing smoking in prisons, and bills re-allocating the state's protected tobacco settlement monies.

Two bills did become law which could threaten the state's ability to tax tobacco products. House Bill 2292 creates a new Tobacco Products Tax Enforcement Unit within the Oklahoma Tax Commission. While the initial goal of improving tax collection on tobacco products is noble, the law unfortunately removed the requirement of tobacco products to have a tobacco stamp affixed to each product. Using stamps which can be clearly seen are a proven method of ensuring these products are taxed. Additionally, Senate Bill 1078 modified the definitions of tobacco products, removing products made from tobacco substitutes, potentially leaving out many novel synthetic nicotine products from the state's authority. The Lung Association will monitor the impact of the laws, particularly what impact they may have on tax collection and consistent taxation of all tobacco products.

Following the rejection of State Question 814 in 2020, Oklahoma's unique Tobacco Settlement Endowment Trust continues to be protected. Using earnings from the investment of tobacco settlement dollars, Oklahoma can fund tobacco prevention and control programs at a higher rate than neighboring states.

However, tobacco use continues to be above the national average in Oklahoma, and significant work is still needed.

As the Oklahoma legislature prepares to meet in 2022, the Lung Association and a coalition of public health and community groups are prepared to continue efforts to reduce the toll of tobacco in Oklahoma. Efforts are underway to build a more broad, inclusive coalition to engage community members and lawmakers and support policies that reduce tobacco's economic and health impact in Oklahoma.

Oklahoma State Facts

Healthcare Costs Due to Smoking:	$1,622,429,589
Adult Smoking Rate:	19.1%
Adult Tobacco Use Rate:	N/A
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 2020 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 healthcare expenditures are based on 2004 smoking-attributable fractions and 2009 personal healthcare expenditure data. Deaths and expenditures should not be compared by state.

Oregon Report Card

American Lung Association.
State of Tobacco Control
2022

OREGON

Tobacco Prevention and Control Program Funding: A

FY2022 State Funding for Tobacco Control Programs:	$36,900,000**
FY2022 Federal Funding for State Tobacco Control Programs:	$1,556,750*
FY2022 Total Funding for State Tobacco Control Programs:	$38,456,750
CDC Best Practices State Spending Recommendation:	$39,300,000
Percentage of CDC Recommended Level:	97.9%
State Tobacco-Related Revenue:	$468,600,000

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

**Oregon's state funding includes unspent dedicated revenue collected from January 1 to June 30, 2021, and funding is expected to decrease in the next biennial budget starting with fiscal year 2024.

Thumbs up for Oregon for substantially increasing funding for its state tobacco control program getting the state close to the CDC-recommended funding level.

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 not subject to state law)**

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 (2020).

Tobacco Taxes: C

CIGARETTE TAX:

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

OTHER TOBACCO PRODUCT TAXES:

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

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

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

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

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

Access to Cessation Services: I*

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: **No data provided**

Counseling: **No data provided**

Barriers to Coverage: **No data provided**

STATE QUITLINE:

Investment per Smoker: **No data provided; the median investment per smoker is $2.41**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **Yes**

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

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

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

*Oregon has earned an I for "Incomplete" in the Access to Cessation Services category for not being able to provide data for several areas of this grade. The state earned a "C" grade in this category in last year's report when all requested information was provided.

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. Restrict the sale of flavored tobacco products, including menthol cigarettes; and
2. Defend Oregon's strong clean indoor air law.

Senate Bill 587B proposed the introduction of a statewide tobacco retail licensure system for the state. Oregon had been one of very few states that does not require tobacco retailers to obtain a license or permit, a policy shown to reduce youth access to tobacco products. Senator Taylor championed this legislation which passed the Senate on a 20 to 8 vote and passed the House on a 43 to 15 vote. The Governor signed the bill into law on July 19, 2021. Momentum for this effort was provided by several counties who passed local ordinances to licensing. The one downside to the legislation was that it preempts local communities from prohibiting tobacco sales in pharmacies.

Counties are once again leading the way for additional measures to protect youth from tobacco through the introduction of flavor restriction policies. Washington county, outside the city of Portland voted on October 19, 2021, to put in place a comprehensive policy that prohibits the sale of all flavored tobacco products, including menthol cigarettes and all flavored e-cigarettes. Multnomah County, which includes the city of Portland, is also considering a comprehensive flavors policy.

Funding for the state's tobacco prevention and control program was $36.9 million for the fiscal year 2022 portion of the two-year state budget passed in 2021. Due to additional dedicated revenue from the $2.00 cigarette tax increase that took effect January 1, 2021, this funding amount is significantly higher than previous years, and gets Oregon very close to the level of funding recommended by the Centers for Disease Control and Prevention. State funding in fiscal years 2022 and 2023 does include unspent dedicated revenue that was collected from January 1, 2021, to June 30, 2021, so state funding is expected to decrease in the next biennial budget. However, this substantial and much needed funding increase is a significant achievement.

Oregon's 2022 session is a short 35-day session. The American Lung Association will join together with partners to provide education and build support for a statewide policy to restrict the sale of all flavored tobacco products.

Oregon State Facts

Healthcare Costs Due to Smoking:	$1,547,762,592
Adult Smoking Rate:	13.3%
Adult Tobacco Use Rate:	N/A
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 2020 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 healthcare expenditures are based on 2004 smoking-attributable fractions and 2009 personal healthcare expenditure data. Deaths and expenditures should not be compared by state.

Pennsylvania Report Card

American Lung Association.
State of Tobacco Control
2022

PENNSYLVANIA

Tobacco Prevention and Control Program Funding: F

FY2022 State Funding for Tobacco Control Programs:	$16,001,000
FY2022 Federal Funding for State Tobacco Control Programs:	$2,399,303*
FY2022 Total Funding for State Tobacco Control Programs:	$18,400,303
CDC Best Practices State Spending Recommendation:	$140,000,000
Percentage of CDC Recommended Level:	13.1%
State Tobacco-Related Revenue:	$1,663,100,000

*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**

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**

Access to Cessation Services: F

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **Most medications are covered.**

Counseling: **Some counseling is covered**

Barriers to Coverage: **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: **$1.45; the median investment per smoker is $2.41**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

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

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

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 2021 legislative session was the first year of the Pennsylvania General Assembly's two-year session. Thankfully, there was no threat of funding cuts to tobacco prevention and control programs this session. However, 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, especially during the ongoing COVID-19 pandemic that has serious impacts on lung health. Four and a half percent of distributions from the Tobacco Settlement Fund, where tobacco Master Settlement Agreement payments in Pennsylvania are directed, was secured in the amount of $16 million for fiscal year 2022.

Other notable legislative activities included the reintroduction of two separate bills by Representative Anthony DeLuca and Senator Wayne Fontana that would both remove casinos as an exemption in the Clean Indoor Air Act and would make the prohibition of smoking in casinos permanent; the COVID-19 pandemic has further highlighted the importance of smokefree air.

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.

The American Lung Association in Pennsylvania will continue to work with our partners in 2022 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

Healthcare Costs Due to Smoking:	$6,383,194,368
Adult Smoking Rate:	15.8%
Adult Tobacco Use Rate:	N/A
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 2020 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 healthcare expenditures are based on 2004 smoking-attributable fractions and 2009 personal healthcare expenditure data. Deaths and expenditures should not be compared by state.

Rhode Island Report Card

American Lung Association.
State of Tobacco Control
2022

Tobacco Prevention and Control Program Funding: F

FY2022 State Funding for Tobacco Control Programs:	$396,732
FY2022 Federal Funding for State Tobacco Control Programs:	$1,383,858*
FY2022 Total Funding for State Tobacco Control Programs:	$1,780,590
CDC Best Practices State Spending Recommendation:	$12,800,000
Percentage of CDC Recommended Level:	13.9%
State Tobacco-Related Revenue:	$205,700,000

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

Access to Cessation Services: B

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: **No barriers exist to access care**

STATE QUITLINE:

- Investment per Smoker: **$1.91; the median investment per smoker is $2.41**

OTHER CESSATION PROVISIONS:

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

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 COVID-19 pandemic, the Rhode Island Statehouse was closed to advocates and the General Assembly held virtual hearings during 2021. In March 2021, then Governor Gina Raimondo transitioned to her new role as United States Secretary of Commerce and Governor Daniel McKee was sworn in as Rhode Island's 76th Governor. During the 2021 legislative session, the Lung Association introduced legislation that would remove tobacco products from pharmacies and worked alongside partners to advocate in support of tobacco sales enforcement legislation, comprehensive flavor restrictions, cessation prescribing by pharmacists and enabling legislation for municipalities to be able to pass stronger tobacco sales provisions.

In April 2021, the Lung Association led a Virtual Week of Action alongside state and national partners. During the week, 129 advocates from 36 municipalities took actions including calls to 62 state legislators, shared personal stories on social media and educated Governor McKee about the need for comprehensive tobacco control funding.

The Lung Association worked to actively oppose retailer and industry led legislation that would undo the March 2020 regulation that restricts the sale of flavored e-cigarettes. In July 2021, after many years of advocacy the General Assembly passed Tobacco 21 legislation that would allow for adequate enforcement of the federal tobacco sales age, restore judicial discretion for repeat offenders and remove harmful purchase and underage possession provisions that victimized youth nicotine addiction. Governor McKee signed this legislation into law on July 7, 2021.

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. TFRI continued to engage more than 100 Network Partners in working groups around strategic planning, tobacco cessation, and policy. The Tobacco-Free Ambassador program continued with more than 15 students across the state who collaborated on monthly virtual engagement opportunities.

Looking ahead to 2022, the American Lung Association calls on Rhode Island state legislators and policymakers 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

Healthcare Costs Due to Smoking:	$639,604,224
Adult Smoking Rate:	13.5%
Adult Tobacco Use Rate:	N/A
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 2020 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 healthcare expenditures are based on 2004 smoking-attributable fractions and 2009 personal healthcare expenditure data. Deaths and expenditures should not be compared by state.

South Carolina Report Card

American Lung Association. State of Tobacco Control 2022

SOUTH CAROLINA

Tobacco Prevention and Control Program Funding: F

FY2022 State Funding for Tobacco Control Programs:	$5,000,000
FY2022 Federal Funding for State Tobacco Control Programs:	$1,720,878*
FY2022 Total Funding for State Tobacco Control Programs:	$6,720,878
CDC Best Practices State Spending Recommendation:	$51,000,000
Percentage of CDC Recommended Level:	13.2%
State Tobacco-Related Revenue:	$229,900,000

*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**

Retail Stores: **No provision**

Recreational/Cultural Facilities: **Restricted**

E-Cigarettes Included: **Only in K-12 Schools and on School Property**

Penalties: **Yes**

Enforcement: **Yes**

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

Citation: S.C. CODE ANN. §§ 44-95-10 et seq. & 59-1-380 (2019).

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**

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: **$4.98; the median investment per smoker is $2.41**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

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

Citation: See South Carolina Tobacco Cessation Coverage page for coverage details.

Thumbs up for South Carolina for 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. Oppose all forms of preemption of local tobacco control authority;
2. 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; and
3. Support the licensing of all tobacco retailers, including electronic cigarette retailers.

The South Carolina 2021 legislative session saw legislation introduced aimed at curbing youth tobacco use and legislation to stop local governments from passing laws to protect kids from becoming addicted to tobacco.

House bill 3754 and Senate bill 582 sought to establish licensing for retail sellers of tobacco products, including electronic cigarettes. Tobacco retail licensing reduces youth access to nicotine and tobacco through better compliance with laws that prohibit sales of all tobacco products to underage individuals. South Carolina is one of only 10 states that does not require a license for retail sales of tobacco products. These bills, along with Senate bill 6, prohibiting smoking in vehicles with persons under age 18, did not get a hearing in their assigned committees.

House bill 3681 and Senate bill 498, proposals supported by Big Tobacco, intended to strip away the right of cities and counties to pass laws that can help prevent and reduce youth tobacco use. Both bills sought to prohibit local authority to pass laws that address flavors, ingredients or licensing of tobacco products. H 3681 passed the House, and the bill was referred to the Senate Medical Affairs Committee. The chair of that committee chose to poll committee members on sending H 3681 to the full Senate instead of allowing committee meetings for discussion and public comment, a majority agreed. The legislative session ended with H 3681 on the contested calendar in the Senate.

The state budget was approved at the end of the session with state funding for the Tobacco Prevention and Control Program at $5 million with funds from the tobacco tax. House and Senate leaders announced in September they would not be returning for a special session in 2021 unless it was for redistricting.

The American Lung Association in South Carolina continues to support licensing for all tobacco retailers. Education will continue to reinforce the importance of tobacco retail licensing and the need for a well-funded State Tobacco Prevention and Control Program in reducing rates of youth tobacco use. The American Lung Association calls on all state legislators to put South Carolina's children before tobacco industry profits and oppose all efforts to deny local governments the right to pass tobacco control ordinances stronger than state law.

South Carolina State Facts

Healthcare Costs Due to Smoking:	$1,906,984,487
Adult Smoking Rate:	18.1%
Adult Tobacco Use Rate:	N/A
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 2020 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 healthcare expenditures are based on 2004 smoking-attributable fractions and 2009 personal healthcare expenditure data. Deaths and expenditures should not be compared by state.

South Dakota Report Card

American Lung Association.
State of Tobacco Control
2022

SOUTH DAKOTA

Tobacco Prevention and Control Program Funding: F

FY2022 State Funding for Tobacco Control Programs:	$4,500,000
FY2022 Federal Funding for State Tobacco Control Programs:	$1,046,792*
FY2022 Total Funding for State Tobacco Control Programs:	$5,546,792
CDC Best Practices State Spending Recommendation:	$11,700,000
Percentage of CDC Recommended Level:	47.4%
State Tobacco-Related Revenue:	$83,000,000

*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 (smoking of certain tobacco products allowed in certain bars)**

Casinos/Gaming Establishments: **Prohibited (tribal establishments not subject to state law)**

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 §§ 34-46-1 & 34-46-13 to 34-46-19 (2019).

* If South Dakota repealed preemption of stronger local smokefree ordinances, the state's grade would be an "A."

Tobacco Taxes: F

CIGARETTE TAX:

Tax Rate per pack of 20: **$1.53**

OTHER TOBACCO PRODUCT TAXES:

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

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

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

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

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

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: **$15.84; the median investment per smoker is $2.41**

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 coverage details.

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 commercial tobacco products, including e-cigarettes;
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 has begun work on the 2020–2025 strategic plan. The four goal areas of the plan include: preventing initiation of commercial 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.

While the COVID-19 pandemic made some of the work in the plan more challenging, the partners adapted and learned how to deliver important information in the virtual space to their priority populations, which include American Indians, pregnant and post-partum people, adults with behavioral health conditions, people of low socioeconomic status, youth and young adults. There was a good turnout to the various programs that were delivered on youth prevention, cessation and other topics despite having to use virtual platforms. The partners did their best to engage with people where they were, despite having limitations on our in-person events.

During the 2021 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 serve the priority populations in the state strategic plan and to fund quit smoking services with smoking being firmly linked to COVID-19.

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 2022 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 to implement the strategic plan to reduce the harm from commercial tobacco in South Dakota in 2022.

South Dakota State Facts

Healthcare Costs Due to Smoking:	$373,112,273
Adult Smoking Rate:	17.8%
Adult Tobacco Use Rate:	N/A
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 2020 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 healthcare expenditures are based on 2004 smoking-attributable fractions and 2009 personal healthcare expenditure data. Deaths and expenditures should not be compared by state.

Tennessee Report Card

American Lung Association.
State of Tobacco Control
2022

TENNESSEE

Tobacco Prevention and Control Program Funding: F

FY2022 State Funding for Tobacco Control Programs:	$2,000,000
FY2022 Federal Funding for State Tobacco Control Programs:	$1,664,198*
FY2022 Total Funding for State Tobacco Control Programs:	$3,664,198
CDC Best Practices State Spending Recommendation:	$75,600,000
Percentage of CDC Recommended Level:	4.8%
State Tobacco-Related Revenue:	$411,600,000

*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 (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: **Yes**

Penalties: **Yes**

Enforcement: **Yes**

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

Citation: TENN. CODE ANN. §§ 39-17-1801 to 39-17-1810 (2008) & 39-17-1601 to 39-17-1606 (2019).

* 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**

Access to Cessation Services: F

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **All 7 medications are covered**

Counseling: **Some counseling is covered**

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

Medicaid Expansion: **No**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

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

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

STATE QUITLINE:

Investment per Smoker: **$0.44; the median investment per smoker is $2.41**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

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

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

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. Support and defend local comprehensive smokefree laws, including e-cigarettes;
2. Repeal state preemption of local tobacco control authority; and
3. Increase funding for the Tennessee Tobacco Use Prevention and Cessation Program to $4 million and ensure that funding is spent according to the Centers for Disease Control and Prevention's Best Practices for Comprehensive Tobacco Control Programs.

During the 2021 session of the Tennessee General Assembly, the Lung Association and its partner health organizations made solid progress in the campaign to repeal the state law that prohibits local governments from passing smokefree ordinances in their communities. This state law is referred to as "preemption."

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. For example, smoking is allowed in restaurants and bars that do not admit persons under age 21.

Legislation to address these issues—repealing preemption and allowing local governments to pass ordinances creating smokefree venues, including e-cigarettes—moved forward during the 2021 session, but was ultimately rolled forward to be debated again in the 2022 session of the legislature. The Lung Association and our partner health organizations will continue our work to secure passage in 2022. However, a different bill was approved in 2021 that added e-cigarettes to Tennessee's existing smokefree protections, but also preempted local communities from going further on regulating e-cigarette use.

A 2019 Tennessee Tobacco and Vape Policy Poll found that 78% of voters strongly favor smokefree workplaces. The poll also found that eight in 10 voters favor dedicating the state's tobacco revenue funds to tobacco prevention.

On a related issue, the budget passed by the legislature in 2021 included $2 million for the Tennessee Tobacco Use and Control Program. Significantly, this was made a recurring line-item year-to-year, thereby reducing the chances that program funding would be eliminated in future state budgets, as has occurred historically. Funding disruptions create uncertainties for appropriate planning and waste resources as program managers face challenges ramping up the program over and over again.

Also anticipated in the upcoming session is a discussion about requiring tobacco retail outlets to obtain licenses to sell tobacco products. The Lung Association strongly supports tobacco retail licensing as an effective tool to help agencies enforce laws prohibiting the sale of these products to those under the age of 21.

As the legislature begins its work in 2022, the Lung Association will continue its 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. 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.

Tennessee State Facts

Healthcare Costs Due to Smoking:	$2,672,824,085
Adult Smoking Rate:	19.5%
Adult Tobacco Use Rate:	N/A
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 2020 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 healthcare expenditures are based on 2004 smoking-attributable fractions and 2009 personal healthcare expenditure data. Deaths and expenditures should not be compared by state.

Texas Report Card

American Lung Association.
State of Tobacco Control
2022

TEXAS

Tobacco Prevention and Control Program Funding: F

FY2022 State Funding for Tobacco Control Programs:	$3,682,166
FY2022 Federal Funding for State Tobacco Control Programs:	$3,349,957*
FY2022 Total Funding for State Tobacco Control Programs:	$7,032,123
CDC Best Practices State Spending Recommendation:	$264,100,000
Percentage of CDC Recommended Level:	2.7%
State Tobacco-Related Revenue:	$1,870,900,000

*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 44.2% 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**

Access to Cessation Services: F

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **All 7 medications are covered**

Counseling: **Some counseling is covered**

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

Medicaid Expansion: **No**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

Counseling: **Some counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$0.53; the median investment per smoker is $2.41**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

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

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

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. Increase funding for tobacco prevention and control programs;
2. Eliminate the e-cigarette tax loophole, taxing them like other tobacco products; and
3. Increase the cigarette tax by $1.00 per pack or more.

The 2021 Texas legislative session included several bills relating to e-cigarettes, flavored tobacco products and indoor smoking. Sometimes stopping bad bills is just as important as passing good ones, and the Lung Association and partners were able to stop a tobacco-industry supported bill that would have taxed e-cigarettes with mere pennies added to the price of the most popular products, while cutting taxes on other tobacco products. Good bills were filed, including a bill which would have comprehensively prohibited all flavored tobacco products, a bill to tax e-cigarettes at a comparable rate to cigarettes and a bill to prohibit smoking in indoor workplaces. Unfortunately, they did not receive the support needed to pass.

Action was taken with Senate Bill 248, which went into effect September 1st. The law requires any retailer who sells e-cigarettes to be licensed by the state and doubles the monetary penalties and penalty accrual period for selling any tobacco product to individuals under age 21. Previously, the state did not track e-cigarette and vaping exclusive retailers, and the parameters for cracking down on retailers who repeatedly sold to underage individuals were too narrow—multiple penalties had only a 12-month period to accrue before resetting. As a result, no retailer had their license suspended, much less revoked. While the state still needs a significant increase in funding for tobacco enforcement against retailers, the law will provide more time for the state to monitor and hold accountable retailers who allow their tobacco products to get into the hands of Texas kids.

The youth e-cigarette epidemic continues to impact Texas kids and their communities. A poll conducted by the Texas Medical Association prior to the session found strong support—76% statewide—for taxing e-cigarettes at the same rate tobacco products are taxed. Bills have been filed for two consecutive sessions to tax these products, and the Lung Association is working to continue that momentum. Unfortunately, the state's tobacco control funding saw continued cuts for the next two years of $500,000 annually, and the state now funds less than 3% of CDC-recommended levels for tobacco control.

While the state legislature will not meet again for a regular session until 2023, the Lung Association will continue to engage with and educate lawmakers in the interim on effective tobacco policies. Across the state, local communities continue to see the toll of tobacco impact their families and friends and are taking action. From Peers Against Tobacco programs in Texas colleges, to local initiatives in schools, Texans aren't waiting for their lawmakers to act.

Additionally, the state's cancer fighting agency, the Cancer Prevention and Research Institute of Texas, was renewed for ten more years in 2019 and continues to provide grants to defeat tobacco. Since its renewal in 2019, grants worth more than $4 million have gone to support underserved communities hit hardest by tobacco.

Texas State Facts

Healthcare Costs Due to Smoking:	$8,855,602,443
Adult Smoking Rate:	13.2%
Adult Tobacco Use Rate:	N/A
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 2020 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 (8th grade only) 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 healthcare expenditures are based on 2004 smoking-attributable fractions and 2009 personal healthcare expenditure data. Deaths and expenditures should not be compared by state.

Utah Report Card

American Lung Association.
State of Tobacco Control
2022

UTAH

Tobacco Prevention and Control Program Funding: A

FY2022 State Funding for Tobacco Control Programs:	$14,117,140
FY2022 Federal Funding for State Tobacco Control Programs:	$1,256,406*
FY2022 Total Funding for State Tobacco Control Programs:	$15,373,546
CDC Best Practices State Spending Recommendation:	$19,300,000
Percentage of CDC Recommended Level:	79.7%
State Tobacco-Related Revenue:	$133,600,000

*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: **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**

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: **$5.97; the median investment per smoker is $2.41**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **Insurance Commissioner bulletin**

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

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

Flavored Tobacco Products: F

Restrictions on Flavored Tobacco Products:
Flavored e-cigarettes prohibited except in retail tobacco specialty businesses

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. Increase excise taxes on tobacco products by $1.00 per pack or more; and
2. Eliminate the sale of all flavored tobacco products.

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 2021, 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. A bill was passed that cleans up language for tobacco retail specialty shops limiting the proximity to a school, increases fines and penalties for selling tobacco products to those under age 21 and does not allow anyone under the age of 21 to work in a specialty shop and sell e-cigarette products.

In fiscal year 2022, funding for the Utah Tobacco Prevention and Control Program at the state Department of Health was maintained at the higher level of funding achieved last year. The program is funded by a combination of tobacco Master Settlement Agreement dollars, tobacco tax revenue and e-cigarette tax revenue. The state now funds its program at close to 80% of the level recommended by the Centers for Disease Control and Prevention and is among the top five states in terms of funding for tobacco prevention and control.

Moving forward in 2022, 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

Healthcare Costs Due to Smoking:	$542,335,526
Adult Smoking Rate:	8.2%
Adult Tobacco Use Rate:	N/A
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 2020 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 healthcare expenditures are based on 2004 smoking-attributable fractions and 2009 personal healthcare expenditure data. Deaths and expenditures should not be compared by state.

Vermont Report Card

American Lung Association.
State of Tobacco Control
2022

VERMONT

Tobacco Prevention and Control Program Funding: F

FY2022 State Funding for Tobacco Control Programs:	$2,500,000
FY2022 Federal Funding for State Tobacco Control Programs:	$1,101,504*
FY2022 Total Funding for State Tobacco Control Programs:	$3,601,504
CDC Best Practices State Spending Recommendation:	$8,400,000
Percentage of CDC Recommended Level:	42.9%
State Tobacco-Related Revenue:	$103,400,000

*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**

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: **Some medications are covered**

Counseling: **Some counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$7.48; the median investment per smoker is $2.41**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **Yes**

Tobacco Surcharge: **Prohibits tobacco surcharges**

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

Thumbs up for Vermont 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

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

The 2021 legislative session of the Vermont General Assembly was active on tobacco policy, however, ultimately unproductive. While much of the Assembly was focused on the state's response to the COVID-19 pandemic, the Senate held two hearings on Senate bill 24, a bill to end the sale of flavored tobacco products, including menthol. The Lung Association provided testimony in support of the legislation. While the bill ultimately passed the Senate Health and Welfare Committee, further action was stalled in both the House and Senate.

However, the Lung Association will continue to build on the initial groundwork and continue to advance measures to address the use of flavored tobacco products. 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.

Additionally, while Vermont headed into the 2021 session with a substantial budget surplus, the tobacco control program remained level-funded for fiscal year 2022. Currently while tobacco use is increasing in the state, Vermont remains several million dollars short of the funding recommendation from the Centers for Disease Control and Prevention.

The 2021 Vermont tobacco control program annual program review by the Department of Health highlights the gravity of inaction and the need to address a crisis that is costing Vermont $348 million annually.

- Recent results indicate a rising, urgent need to address youth nicotine use. COVID-19 is resulting in significant mental health needs among young people and greater depressive symptoms were associated with higher levels of past 30-day use of both cigarettes and e-cigarettes.
- Vaping sales in Vermont were higher in the first 6 months of fiscal year 2021 than 11 months of fiscal year 2020.
- Vermont could save $35.2 million in future healthcare spending by funding tobacco control at CDC-recommended levels.
- 86% of Vermont youth and young adults who ever used an e-cigarette said their first use was a flavored e-cigarette.
- Use of menthol cigarettes among current cigarette smokers has increased from 42% in 2017 to 64% in 2019. This is especially concerning in the Black community because twice as many Black smokers use menthol.

The American Lung Association in Vermont will continue to work with the Coalition for a Tobacco Free Vermont and many more organizations as we grow our numbers to educate policymakers, business leaders and the media of the importance of advancing strong tobacco control and prevention efforts and to build upon our past successes in the Green Mountain State.

Vermont State Facts

Healthcare Costs Due to Smoking:	$348,112,248
Adult Smoking Rate:	13.3%
Adult Tobacco Use Rate:	N/A
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 2020 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 healthcare expenditures are based on 2004 smoking-attributable fractions and 2009 personal healthcare expenditure data. Deaths and expenditures should not be compared by state.

Virginia Report Card

American Lung Association.
State of Tobacco Control
2022

VIRGINIA

Tobacco Prevention and Control Program Funding: F

FY2022 State Funding for Tobacco Control Programs:	$13,181,451*
FY2022 Federal Funding for State Tobacco Control Programs:	$1,847,658**
FY2022 Total Funding for State Tobacco Control Programs:	$15,029,109
CDC Best Practices State Spending Recommendation:	$91,600,000
Percentage of CDC Recommended Level:	16.4%
State Tobacco-Related Revenue:	$395,100,000

* Tobacco control program funding to the Virginia Foundation for Healthy Youth is temporarily higher this year due to one-time increases in tobacco Master Settlement Agreement payments. It is expected to decrease to a normal amount of about $9.3 million next year.

** 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 childcare providers)**

Restaurants: **Restricted**

Bars: **Restricted**

Casinos/Gaming Establishments: **No provision**

Retail Stores: **Restricted**

Recreational/Cultural Facilities: **Restricted**

E-Cigarettes Included: **Only in K-12 Schools and on School Property**

Penalties: **Yes**

Enforcement: **Yes**

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

Citation: VA. CODE ANN. §§ 15.2-2820 to 15.2-2828 (2009) & 22.1-79.5 & 22.1-279.6(H) (2014).

Tobacco Taxes: F

CIGARETTE TAX:

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

OTHER TOBACCO PRODUCT TAXES:

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

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

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

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

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

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 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: **Minimal counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$0.55; the median investment per smoker is $2.41**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

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

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

Thumbs up for Virginia 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

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. Require tobacco product retailers to obtain a license;
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 2021 legislative session the Lung Association and public health partners supported a bill that would have required tobacco retailers in Virginia to obtain a license. The bill was assigned to Appropriations where it failed to have a committee vote, however there was a referral for a workgroup at the Department of Taxation to examine the issue. The Lung Association and its partners provided comments on tobacco retail licensing best practices during the process.

Virginia is long overdue for a comprehensive evidence-based approach to address tobacco use among both youth and adults. This approach should include licensing tobacco product retailers, including e-cigarette retailers with annual renewal of the license, graduated penalties for violations with suspension and revocation provisions and required retailer education. Another component is increasing the cigarette tax by $1.00 per pack or more and creating parity between the tax on cigarettes and other tobacco products, including e-cigarettes. These evidence-based approaches could 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 to people under age 21. 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

Healthcare Costs Due to Smoking:	$3,113,009,298
Adult Smoking Rate:	13.6%
Adult Tobacco Use Rate:	N/A
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 2020 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 healthcare expenditures are based on 2004 smoking-attributable fractions and 2009 personal healthcare expenditure data. Deaths and expenditures should not be compared by state.

Washington Report Card

American Lung Association.
State of Tobacco Control
2022

Tobacco Prevention and Control Program Funding: F

FY2022 State Funding for Tobacco Control Programs:	$1,555,942
FY2022 Federal Funding for State Tobacco Control Programs:	$1,828,532*
FY2022 Total Funding for State Tobacco Control Programs:	$3,384,474
CDC Best Practices State Spending Recommendation:	$63,600,000
Percentage of CDC Recommended Level:	5.3%
State Tobacco-Related Revenue:	$513,400,000

*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 not subject to state law)**

Retail Stores: **Prohibited**

Recreational/Cultural Facilities: **Prohibited**

E-Cigarettes Included: **Only in a few Specific Public Places and Workplaces**

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**

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 types of counseling are covered**

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

STATE QUITLINE:

Investment per Smoker: **$0.50; the median investment per smoker is $2.41**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

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

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

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. Removing youth purchase, use, and possession laws;
2. Achieving tax parity for electronic cigarettes; and
3. Increasing funding for tobacco prevention and cessation programs.

During the 2021 legislative session, Representative Pollett and Senator Kuderer introduced House Bill 1345 and Senate Bill 5266 respectively. This omnibus bill proposed changing the electronic cigarette tax to be 45% of the excise tax paid at retail by the customer and imposing a 4.4% surcharge on manufacturers and distributers of vapor and tobacco products. The proposal would also restrict the sale of menthol-flavored cigarettes and flavored tobacco products.

HB 1345 received a hearing in the House Committee on Commerce and Gaming but did not move out of committee. In the Senate Committee on Labor, Commerce and Tribal Affairs, SB 5266 received a referral to the Health and Long-Term Care committee and did not receive a hearing.

Senator Saldaña was the lead sponsor of Senate Bill 5129 proposing the repeal of civil infractions prohibiting the purchase or possession of tobacco products or electronic tobacco products by a person under the age of 18. The Senate Committee on Human Services, Reentry and Rehabilitation held a hearing on the bill where it received a do pass recommendation. The bill was passed to the Rules committee where it unfortunately died for the session.

Funding for the state's tobacco prevention and control program was $1,555,942 for fiscal year 2022. This is lower than last year, but similar to funding levels from recent years. It remains far short of what the tobacco control program was once funded at in the 2000s.

During the 2022 legislative session, Washington will be in the second year of its two-year legislative cycle. The above three mentioned bills will be eligible for consideration. The American Lung Association in Washington will continue efforts to work with stakeholders on policies to reduce the impact of tobacco on Washingtonians.

Washington State Facts

Healthcare Costs Due to Smoking:	$2,811,911,987
Adult Smoking Rate:	11.5%
Adult Tobacco Use Rate:	N/A
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 data come from CDC's 2020 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 healthcare expenditures are based on 2004 smoking-attributable fractions and 2009 personal healthcare expenditure data. Deaths and expenditures should not be compared by state.

West Virginia Report Card

American Lung Association.
State of Tobacco Control
2022

WEST VIRGINIA

Tobacco Prevention and Control Program Funding: F

FY2022 State Funding for Tobacco Control Programs:	$445,000
FY2022 Federal Funding for State Tobacco Control Programs:	$1,229,006*
FY2022 Total Funding for State Tobacco Control Programs:	$1,674,006
CDC Best Practices State Spending Recommendation:	$27,400,000
Percentage of CDC Recommended Level:	6.1%
State Tobacco-Related Revenue:	$232,600,000

*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: **Only in Most Parts of K-12 Schools and School Property**

Penalties: **Yes**

Enforcement: **No**

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

Citation: W. VA. CODE §§ 16-9A-4 (1987) & 31-20-5b (1997); WV Div. of Personnel Policy, Smoking Restrictions in the Workplace (2004); WV CSR §§ 64-21-10 (1997), 64-21-20 (1997) & 126-66-1 et seq. (1998).

* West Virginia has 58.1% of the state's population covered by comprehensive local smokefree workplace regulations. If a state has more than 50% of its population covered by local smokefree ordinances/regulations, the state is graded based on population covered by those local ordinances/regulations rather than the statewide law.

Tobacco Taxes: F

CIGARETTE TAX:

Tax Rate per pack of 20: **$1.20**

OTHER TOBACCO PRODUCT TAXES:

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

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

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

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

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

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: **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 $2.41**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

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

Citation: See West Virginia Tobacco Cessation Coverage page for coverage details.

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 2021 legislative session, a bill was introduced to increase funding for tobacco prevention and cessation programs. While that bill did not pass out of the Senate Finance Committee, $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, leaving $445,000 for tobacco control programs. Additionally, while there was a significant tobacco tax increase in the Governor's budget proposal, along with a separate bill to increase tobacco taxes, neither came to fruition during this year's session.

Local smokefree regulations were at risk when several preemptive bills were introduced this session. Unfortunately, a bill did pass that creates a challenge for local boards of health to do what's best for the community and take action on local issues, such as smokefree air, thereby leaving people behind and putting their health at risk. Smokefree regulations currently protect over 1.8 million West Virginians from the dangers of secondhand smoke; the Lung Association along with the dedication of partner organizations will continue to oppose preemption and protect local, comprehensive smokefree air laws.

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. 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 in 2022 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

Healthcare Costs Due to Smoking:	$1,008,474,499
Adult Smoking Rate:	22.6%
Adult Tobacco Use Rate:	N/A
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 2020 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 healthcare expenditures are based on 2004 smoking-attributable fractions and 2009 personal healthcare expenditure data. Deaths and expenditures should not be compared by state.

Wisconsin Report Card

American Lung Association.
State of Tobacco Control
2022

WISCONSIN

Tobacco Prevention and Control Program Funding: F

FY2022 State Funding for Tobacco Control Programs:	$5,315,000
FY2022 Federal Funding for State Tobacco Control Programs:	$1,588,681*
FY2022 Total Funding for State Tobacco Control Programs:	$6,903,681
CDC Best Practices State Spending Recommendation:	$57,500,000
Percentage of CDC Recommended Level:	12.0%
State Tobacco-Related Revenue:	$747,400,000

*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 (allowed in existing tobacco bars)**

Casinos/Gaming Establishments: **Prohibited (tribal establishments not subject to state law)**

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**

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: **$0.88; the median investment per smoker is $2.41**

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 coverage details.

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, including e-cigarettes;
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). All these items were in the budget submitted by Governor Evers to the Joint Finance Committee of the State Legislature, unfortunately they were removed by the committee. The funding allocated for the Tobacco Prevention and Control Programs remained the same as the previous two-year state budget.

To make up for the state's inaction on adding e-cigarettes to the state smokefree air law, efforts instead were focused on local communities. The coalition is working with several communities throughout Wisconsin to pass ordinances to protect their citizens from secondhand e-cigarette aerosol. More than 56 municipalities and 5 counties in Wisconsin have already taken this step.

One positive result of the COVID-19 pandemic is that a majority of Wisconsin's tribally-owned casinos, which are not subject to the state smokefree air law, have reopened smokefree. 11 bands and tribes with a collective total of 19 casinos now prohibit smoking on the gaming floor, with only 4 casinos in the state permitting smoking.

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 people, pregnant smokers, LGTBQ people 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.

Funding the Tobacco Control and Prevention Program is a top priority, and we have asked the Governor to use $3.325 million from federal American Rescue Plan dollars to bring program funding to 15% of the CDC recommended funding level. The pandemic context makes this investment even more critical since the CDC has said that smoking can weaken your immune system and put you at higher risk of severe illness or death from COVID-19.

Increasing the cigarette tax and creating parity between all tobacco products also would provide a reliable revenue stream that could help 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 continues to 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

Healthcare Costs Due to Smoking:	$2,663,227,988
Adult Smoking Rate:	15.5%
Adult Tobacco Use Rate:	N/A
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 2020 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 healthcare expenditures are based on 2004 smoking-attributable fractions and 2009 personal healthcare expenditure data. Deaths and expenditures should not be compared by state

Wyoming Report Card

American Lung Association.
State of Tobacco Control
2022

Tobacco Prevention and Control Program Funding: C

FY2022 State Funding for Tobacco Control Programs:	$4,623,835
FY2022 Federal Funding for State Tobacco Control Programs:	$1,021,016*
FY2022 Total Funding for State Tobacco Control Programs:	$5,644,851
CDC Best Practices State Spending Recommendation:	$8,500,000
Percentage of CDC Recommended Level:	66.4%
State Tobacco-Related Revenue:	$39,100,000

*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**

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: **No**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **Some medications are covered**

Counseling: **No counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$9.64; the median investment per smoker is $2.41**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

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

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

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. Increase tobacco taxes and the cigarette tax by $1.00 or more per pack;
2. Increase funding for tobacco prevention and cessation programs; and
3. Support state and/or local smokefree workplace laws.

The American Lung Association in Wyoming supports raising tobacco taxes as best practices show making tobacco products more expensive is one of the best ways to delay initiation of youth tobacco use as well as incentivizing current users to kick their addiction.

In 2021, the Joint Interim Committee on Revenue drafted legislation (House bill 55) proposing increasing the cigarette tax by 24 cents to 84 cents per pack and increasing the tax on smokeless tobacco. H 55 went to the House Revenue Committee. However, once again, no further progress was made on a proposal to increase tobacco taxes.

Wyoming did experience a significant increase in funding for its state tobacco control program this year going from $2.35 million in fiscal year 2021 to $4.4 million in fiscal year 2022. This will allow for more activities to help bring down the state's extremely high rate of youth tobacco use, including e-cigarettes of close to 40% for high school students when last measured in 2018.

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 with additional appropriations for tobacco prevention and cessation programs. The Lung Association will continue efforts to dedicate additional revenue for prevention and quit smoking programs.

Wyoming State Facts

Healthcare Costs Due to Smoking:	$257,674,019
Adult Smoking Rate:	18.5%
Adult Tobacco Use Rate:	N/A
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 2020 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 healthcare expenditures are based on 2004 smoking-attributable fractions and 2009 personal healthcare 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.