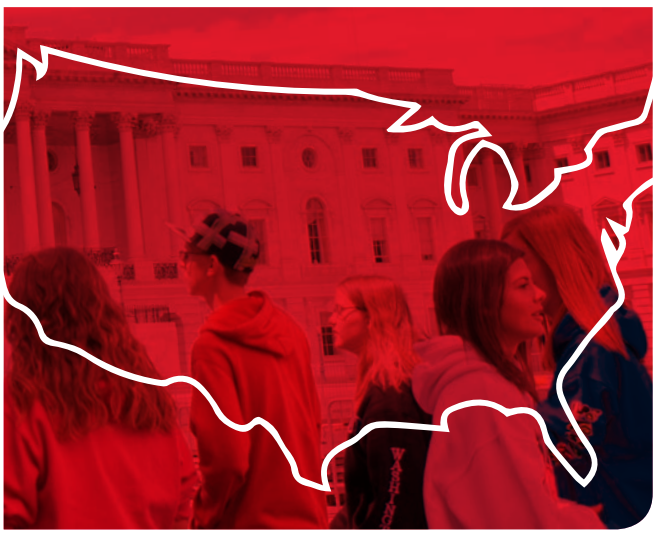
AMERICAN LUNG ASSOCIATION®

STATE OF TOBACCO CONTROL 2017



Preface

"State of Tobacco Control" 2017

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

For 15 years, the American Lung Association has been tracking tobacco prevention efforts by state and federal governments through the "State of Tobacco Control" report. Over the years, we have seen the decline of adult and youth cigarette smoking rates—thanks to the success of tobacco prevention and quit smoking policies—which are now at historically low levels. But despite this promising trend in cigarette use, tobacco use remains the leading cause of preventable death and disease in the United States, taking 480,000 lives every year. And with more than one in four high school students still using at least one tobacco product, our nation's youth are in danger of a lifetime of addiction and tobacco-caused disease, unless more is done to prevent and reduce tobacco use and protect against the harms of secondhand smoke.

The American Lung Association is committed to eliminating tobacco use and tobacco-related diseases. In 2014, in recognition of the 50th anniversary of the first U.S. Surgeon General's report on smoking and health in 1964, the American Lung Association and its partners called for three bold goals:

1. Reduce rates of smoking and other tobacco use to less than 10 percent for all communities by 2024;
2. Protect all Americans from secondhand smoke by 2019; and
3. Ultimately, eliminate the death and disease caused by tobacco use.

These goals are ambitious but we know that together, we can accomplish them.

The American Lung Association's 15th annual "State of Tobacco Control" highlights our progress toward these goals, as well as provides an urgent call to action for state and federal governments.

However, if we truly want to save lives, we need our elected officials to do much more.

As of 2015, 36.5 million adults, or 15.1 percent, were current smokers. In order to **reduce rates of smoking and other tobacco use to less than 10 percent for all communities by 2024**, we need to states to dramatically increase their efforts to prevent and reduce tobacco use.

- Tobacco products are extremely addictive, and if you want to stop that addiction, the best way to do that is to **prevent tobacco use before it starts**. Only two states are funding tobacco prevention programs at or above the Centers for Disease Control and Prevention's recommended level. In addition, tobacco taxes are highly effective in preventing youth tobacco use, but only three states increased their cigarette taxes by significant amounts in 2016.
- According to a 2015 report from the National Academy of Medicine, if the **minimum sales age for tobacco products were increased to 21**, tobacco use would decrease by 12 percent by the time today's teenagers are adults, and nationwide it could prevent 223,000 deaths among those born between 2000 and 2019. These numbers are significant, and yet only two states and the District of Columbia have passed laws increasing their minimum age for tobacco products to 21.

- When it comes to **helping smokers quit**, only eight state Medicaid programs—California, Connecticut, Indiana, Maine, Massachusetts, Missouri, North Dakota and Ohio—cover a comprehensive tobacco cessation benefit to help smokers quit, including all seven FDA-approved medications and three forms of counseling for Medicaid enrollees. In 2016, Missouri became the first state Medicaid program to have no barriers to accessing quit smoking coverage.
- The harms of tobacco use also extend to those exposed to **secondhand smoke**. There is no safe level of secondhand smoke according to a 2006 report from the U.S. Surgeon General, yet 22 states have yet to pass comprehensive smokefree laws. With its partners, the American Lung Association has committed **to protect all Americans from secondhand smoke by 2019**. Unfortunately, progress in states has completely stalled with zero states passing comprehensive smokefree laws since 2012.

We know how to prevent and reduce tobacco use and save lives, and "State of Tobacco Control" serves as a road map for what state and federal policymakers must do to achieve the third bold goal and **ultimately eliminate the death and disease caused by tobacco use**. We call on lawmakers to consider the lives lost, and the lives that could be saved by taking action to put in place the tobacco control policies called for in "State of Tobacco Control" 2017.

Harold P. Wimmer

National President & CEO
American Lung Association

Executive Summary—2017: Efforts Shift to States to Reduce Tobacco Use and Help Smokers Quit

Tobacco kills 480,000 Americans a year and another 16 million Americans are living with a tobacco-caused disease. Economic costs due to smoking in the U.S. are estimated to be more than $332 billion, including both direct medical costs and lost productivity.[1]

The 15th annual American Lung Association "State of Tobacco Control" report evaluates states and the federal government on the proven-effective tobacco control laws and policies necessary to save lives. This includes tobacco prevention and cessation funding, programs and insurance coverage; smokefree workplace laws; increased tobacco taxes; aggressive implementation of the U.S. Food and Drug Administration's (FDA) Family Smoking Prevention and Tobacco Control Act; and new for our 2017 report: raising the minimum age of sale for tobacco products to 21. The report assigns grades based on laws and regulations designed to prevent and reduce tobacco use in effect as of January 2017. 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.

A series of important actions taken by officials in 2016 lay the groundwork for state action in 2017, if state officials will seize the opportunity to save lives by reducing tobacco use. There are also many steps the new Trump Administration should take to aggressively implement the Tobacco Control Act and ensure the nation's 36 million Americans who still smoke have access to proven quit smoking treatments. However, actions taken in 2016 by the House of Representatives to undermine the FDA's authority to protect children from e-cigarettes and cigars foreshadows the challenges likely to exist in 2017 to implement proven tobacco prevention and reduction measures at the federal level.

Despite potential challenges, our nation's policymakers have many opportunities to reduce the death and disease caused by tobacco use at the state and local level. The American Lung Association has created a roadmap detailing actions all levels of government must take to reduce tobacco use.

2016 Achievements

Several recent studies have concluded that youth who use e-cigarettes are more likely to become users of traditional tobacco products, including cigarettes.[2,3] In addition, the Surgeon General, in a December 2016 report, concluded that candy-flavored e-cigarettes are one of the reasons youth try e-cigarettes.[4]

Tobacco 21: This very popular issue emerged as a new tool for lawmakers to use to prevent youth tobacco use by increasing the minimum age of sale for all tobacco products. California, the District of Columbia and numerous communities passed Tobacco 21 laws in 2016.

- **FDA "Deeming Rule" Takes Effect:** In May 2016, the U.S. Food and Drug Administration (FDA) released its long-awaited "deeming" rule which gives the agency oversight over e-cigarettes, cigars, hookah, pipe tobacco and all other tobacco products. The rule took effect on August 8, 2016.
- **California Re-emerges as a National Leader for State Level Tobacco Control Action:** Following the successful passage of five laws and the overwhelming win of Proposition 56 in November that will increase its cigarette tax by $2.00 per pack as well as increase other tobacco product taxes, California recaptured its national leadership role in fighting tobacco use. In 2016, the state also increased its minimum age of sale for tobacco products to 21; passed a comprehensive quit smoking benefit for Medicaid recipients; and closed loopholes and added e-cigarettes to its smokefree workplace law. Also as a result of Proposition 56, the state will significantly increase funding for its tobacco prevention and cessation programs.

State Opportunities and Trends

2016 State Trends

- Raising the minimum age of sale for all tobacco products to 21 emerged in 2016 as an effective strategy to keep our nation's youth from beginning to use highly-addictive tobacco products. In 2015, Hawaii became the first state in the nation to pass its law. Many other states considered Tobacco 21 laws in 2016. California and the District of Columbia both passed laws.
- 2016 marked the return of states turning to the ballot to increase tobacco taxes. Not since 2006 have there been this many tobacco tax initiatives on the ballot in the states. Unfortunately, only one of these three initiatives was successful (California), which will result in a significant tobacco tax increase.
- Funding for state tobacco prevention and cessation, or quit smoking programs in fiscal year 2017 generally remained consistent with fiscal year 2016. Notable exceptions included:
  - Connecticut provided no new state funding for tobacco prevention and cessation programs in fiscal year 2017. Connecticut and New Jersey are the only two states that are providing no state funding to combat the number one preventable cause of death—tobacco use this fiscal year.
  - Tennessee saw its funding for tobacco prevention programs cut by several million dollars in fiscal year 2017.
  - California's tobacco control program—once a model for the nation—will have significantly more funding next year as a result of the successful increase from Proposition 56.
- Three states—Louisiana, Pennsylvania and West Virginia—passed cigarette tax increases through their state legislatures in 2016, but only in Pennsylvania ($1.00 per pack increase) and West Virginia ($0.65 per pack increase) were the increases significant enough to impact smoking rates. Louisiana's cigarette tax increased by a meager $0.22 per pack.
- Pennsylvania ended its long-standing status as the only state without a tax on most other tobacco products besides cigarettes. Disappointingly, large cigars remain exempt from taxation. West Virginia also approved a small increase in the tax on tobacco products other than cigarettes.
  - California, Pennsylvania and West Virginia also established new taxes on electronic cigarettes or the e-liquid used in them in 2016, joining five other states and the District of Columbia that have established taxes on these products.
- Five states—California, Maine, Missouri, North Dakota and Ohio—have implemented policies to now offer a comprehensive tobacco cessation benefit to all their Medicaid enrollees. Missouri becomes the first state Medicaid program to have no barriers to accessing cessation coverage.
- Again in 2016, no state passed a comprehensive statewide smokefree law, but some progress continued at the local level in a few states, including Missouri and Texas. California also became the first state ever to both close loopholes in its existing smokefree law and add electronic cigarettes to the law.
  - Vermont and the District of Columbia also passed legislation in 2016 adding e-cigarettes to their smokefree laws. Nine states with comprehensive smokefree laws as well as the District of Columbia now prohibit the use of e-cigarettes in virtually all public places and workplaces.
- Find out if your state made the grade this year.

Seven major cities have now acted to Knock Tobacco out of the Park. In 2016, Chicago, Milwaukee and the District of Columbia, passed legislation eliminating tobacco use in baseball stadiums and starting in 2017, all California baseball stadiums will also become tobacco-free. There are already tobacco-free ballparks in San Francisco and Los Angeles and now Oakland and San Diego will also knock tobacco out of their parks.

2017 State Opportunities

There are many proven ways to reduce tobacco use waiting for action by state elected officials and other policymakers.

- **Pass Comprehensive Smokefree Laws in the 22 Remaining States:** In 2006, the U.S. Surgeon General concluded that there is no safe level of exposure to secondhand smoke, yet 22 states still have yet to pass comprehensive laws to protect against secondhand smoke exposure. Governors and state legislatures must act in these states.
- **Increase Tobacco Taxes and Ensure Tax Parity Between Cigarettes and Other Tobacco Products:** Significantly increasing tobacco taxes is one of the most effective ways to reduce tobacco use, especially among youth. Bringing parity to—or equalizing—tobacco taxes across all different products eliminates any financial incentive for people to switch to a different product, thereby promoting the most number of people to quit tobacco entirely. The average cigarette tax nationwide is $1.65—with New York at the high end with $4.35 and Missouri at the low end with $0.17. Eight states have achieved tax parity between cigarettes and most other tobacco products. The average national cigarette tax will jump to $1.69 when California's $2.00 tax takes effect April 1, 2017.
- **Ensure Smokers Have Help To Quit:** It is well-established that helping smokers quit saves lives and money, and 7 out of 10 smokers want to quit. Despite the overwhelming evidence that providing access to all seven FDA-approved tobacco cessation treatments and all three forms of counseling without barriers, such as copays and prior authorization, very few smokers have such coverage. States can start with their traditional Medicaid and Medicaid expansion programs, ensuring that all fee-for-service and managed-care plans offer comprehensive quit smoking coverage without barriers like copays, prior authorization or stepped therapy where a patient has to try and fail with one product before using others. In December, the American Lung Association co-authored a study with the Centers for Disease Control and Prevention that found of the 31 states and the District of Columbia that expanded Medicaid, only 9 states offer all seven FDA approved cessation treatments as well as individual and group counseling.
- **Increase the Minimum Age of Sale to 21.** The National Academy of Medicine (formerly the Institute of Medicine) found increasing the minimum age of sale for all tobacco products to 21 could prevent 223,000 deaths among people born between 2000 and 2019, including 50,000 fewer dying from lung cancer, the nation's leading cancer killer. Two states- Hawaii and California, and the District of Columbia and 200 localities have already passed such laws.

Federal Opportunities and Trends

2016 Federal Trends

- The Federal Government earned an "F" for FDA Regulation of Tobacco Products. In August, the long-awaited "deeming" rule, which gives FDA authority over all tobacco products—including e-cigarettes, cigars, hookah and other previously unregulated products—took effect. In August 2016, FDA transmitted its first ever proposed product standard to the White House, which could require manufacturers of smokeless tobacco products currently on the market to reduce the amount of cancer-causing nitrosamines. However, the FDA failed to act on removing menthol cigarettes from the marketplace. It also failed to act on reissuing requirements for graphic warning labels on cigarettes. In response, in October, the American Lung Association and our partners sued FDA in federal court to compel action.
- The Obama Administration delayed the necessary and long-awaited clarifications for tobacco cessation coverage, instead releasing a muddled request for comment on what quit smoking therapies must be covered. This is despite new recommendations in 2015 from the U.S. Preventive Services Task Force that concluded all quit smoking treatments should be covered. This means the millions of smokers who want to quit are unlikely to have access to comprehensive quit smoking coverage for at least the next several years.
- The Committee on Appropriations in the U.S. House of Representatives attached two policy riders to the funding bill for the FDA—one which would grandfather in all newly deemed tobacco products and another that would halt implementation of the deeming rule entirely because certain cigars were not excluded. The final status of these riders will not be known until April 2017, when the fiscal year 2017 continuing resolution that funds the federal government expires, and a final appropriations bill is passed.
- In December 2016, the U.S. Surgeon General released his first ever report on e-cigarettes, *E-Cigarettes Among Youth and Young Adults: A Report of the Surgeon General*. The report had seven major conclusions and a number of individual chapter conclusions, including that flavored e-cigarettes are attractive to youth and that secondhand e-cigarette emissions are not safe.[5]
- Two bills that would close federal tobacco tax loopholes and increase the overall federal tobacco tax continued to languish in Congress.
- Despite attempts by some members of the U.S. House of Representatives to eliminate funding for the "Tips from Former Smokers" Campaign, the CDC's Office of Smoking and Health and the FDA's Center for Tobacco Products "Real Cost Campaign" continued their highly successful mass media campaigns aimed at encouraging smokers to quit and discouraging at-risk youth from beginning tobacco use.
- In November 2016, the U.S. Department of Housing and Urban Development finalized its rule that will protect two million public housing residents from secondhand smoke exposure. The American Lung Association led the efforts to urge HUD to finalize this rule and will be working closely to assist housing authorities on implementing it. All public housing will be required to be smokefree in August 2018.
- See the federal government's grades.

2017 Federal Opportunities

It is unknown what the Trump Administration's position on effective tobacco prevention and quit smoking policies is but there are a series of actions that the Administration could take that would significantly improve public health and reduce the tremendous financial and health burden caused by tobacco use.

- **Swiftly Implement the Tobacco Control Act:** The Tobacco Control Act became law in 2009 and the Obama Administration established much of the basic framework needed to fully implement the Act, but many more steps are needed. President Trump's Administration now has the opportunity to aggressively move forward to protect our nation's health and its youth by requiring tobacco companies to make changes to existing products; re-propose a rule that would require graphic warning labels on all cigarette packs; and remove all flavored products—including menthol cigarettes—from the marketplace.
- **Increase Tobacco Taxes and Close Existing Tobacco Tax Loopholes:** Significantly increasing tobacco taxes are one of the most effective ways to reduce tobacco use, especially among youth. At the federal level, Congress and the Trump Administration could close tobacco tax loopholes to bring parity to—or equalize—tobacco taxes across all different products, generating what will likely be much needed revenue.
- **Ensure Smokers Have Help To Quit:** It is well-established that helping smokers quit saves lives and money. Despite the overwhelming evidence that providing access to all seven FDA-approved tobacco cessation treatments and all three forms of counseling without barriers, such as copays and prior authorization, very few smokers have such coverage. The Obama Administration failed to act at the end of 2016 to communicate specific instructions to health plans on what they needed to cover for helping smokers quit. Instead, it chose to ask for comments. The Trump Administration could seize the day and use the public comments submitted by the American Lung Association and other groups to clarify quit smoking coverage.

Tobacco Industry Trends: New Companies, Same Old Dirty Tricks

While new opportunities emerge to save lives and reduce the deadly burden caused by tobacco use, the tobacco industry continues its attempts to significantly weaken tobacco prevention and quit smoking measures that are proven and effective in helping smokers quit. While their tactics remain the same, the tobacco industry itself is expanding. No longer is the industry primarily comprised of companies promoting the use of cigarettes—now, there are competing tobacco interests on the national scene, including cigar manufacturers and retailers as well as e-cigarette interests.

Here are some of the industry's 2016 actions:

- **Backroom Deals in Congress.** Both "Big Tobacco" giant Altria and some in the cigar and e-cigarette industries turned to Congress in an attempt to halt FDA action on implementing the new "deeming" rule giving the agency oversight over all tobacco products. Two riders were attached to FDA's spending bill that would significantly weaken FDA's authority to protect youth and the nation's health from the proven harms of cigars as well as e-cigarettes. Because Congress passed another continuing resolution to fund the federal government through April 2017, no final decision has yet been made on these policy riders.

- **Spending Millions to Undermine State Ballot Initiatives.** Altria and Reynolds American spent close to $100 million in total to undermine 2016 tobacco tax ballot initiatives in California, Colorado and North Dakota. While they were unsuccessful in California, the industry prevailed in Colorado and North Dakota.
- **Lawsuits against the Deeming Regulation.** Cigar and e-cigarette manufacturers and retailers have filed separate lawsuits against the FDA's 2016 rule, which gave the agency authority over all tobacco products. The lawsuits attempt to halt implementation of FDA's authority, including pre-market review of all tobacco products. The Lung Association warns against any attempts by the new Administration to settle with or acquiesce to the industry.

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1 U.S. Department of Health and Human Services. The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General. 2014.

2 Chatterjee K, Alzghoul B, Innabi A, Meena N. Is Vaping a Gateway to Smoking: A Review of the Longitudinal Studies. International Journal of Adolescent Medicine and Health, August 2016; doi: 10.1515/ijamh-2016-0033.

3 Barrington-Trimis JL et al. E-Cigarettes and Future Cigarette Use. Pediatrics, 2016; 138(1):e20160379.

4 U.S. Department of Health and Human Services. E-Cigarette Use Among Youth and Young Adults. 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, 2016.

5 Ibid.

Tobacco Prevention and Cessation Funding Overview

State Name	Tobacco Settlement Funding	Tobacco Tax Funding	Other State Funding	Total State Funding	Federal Funding to States	Total Funding	CDC-Recommended Spending Level	Percentage of CDC-Recommended Level	State Tobacco-Related Revenue	Grade
Alabama	$1,000,000	$0	$513,384	$1,513,384	$3,259,166	$4,772,550	$55,900,000	8.5%	$306,300,000.00	F
Alaska	$8,430,000	$961,000	$97,500	$9,488,500	$938,092	$10,426,592	$10,200,000	102.2%	$98,000,000.00	A
Arizona	$0	$18,434,700	$0	$18,434,700	$1,287,281	$19,721,981	$64,400,000	30.6%	$438,600,000.00	F
Arkansas	$9,006,594	$0	$0	$9,006,594	$1,102,176	$10,108,770	$36,700,000	27.5%	$285,200,000.00	F
California	$0	$70,255,000	$1,042,000	$71,297,000	$8,076,098	$79,373,098	$347,900,000	22.8%	$1,900,000,000.00	I*
Colorado	$0	$23,156,181	$576,257	$23,732,438	$2,298,151	$26,030,589	$52,900,000	49.2%	$296,300,000.00	F
Connecticut	$0	$0	$0	$0	$2,179,002	$2,179,002	$32,000,000	6.8%	$519,700,000.00	F
District of Columbia	$1,000,000	$0	$0	$1,000,000	$696,780	$1,696,780	$10,700,000	15.9%	$69,900,000.00	F
Delaware	$6,357,600	$0	$0	$6,357,600	$707,843	$7,065,443	$13,000,000	54.4%	$136,800,000.00	D
Florida	$67,752,019	$0	$0	$67,752,019	$2,591,330	$70,343,349	$194,200,000	36.2%	$1,600,000,000.00	F
Georgia	$1,750,000	$0	$0	$1,750,000	$2,267,817	$4,017,817	$106,000,000	3.8%	$376,700,000.00	F
Hawaii	$4,477,904	$0	$806,846	$5,284,750	$880,299	$6,165,049	$13,700,000	45.0%	$178,300,000.00	F
Idaho	$5,814,800	$170,900	$0	$5,985,700	$2,012,781	$7,998,481	$15,600,000	51.3%	$77,500,000.00	D
Illinois	$9,100,000	$0	$0	$9,100,000	$3,059,896	$12,159,896	$136,700,000	8.9%	$1,200,000,000.00	F
Indiana	$5,000,000	$0	$900,000	$5,900,000	$1,397,246	$7,297,246	$73,500,000	9.9%	$579,000,000.00	F
Iowa	$0	$0	$5,248,361	$5,248,361	$1,010,996	$6,259,357	$30,100,000	20.8%	$300,300,000.00	F
Kansas	$847,041	$0	$0	$847,041	$1,579,535	$2,426,576	$27,900,000	8.7%	$208,700,000.00	F
Kentucky	$2,353,100	$0	$0	$2,353,100	$2,173,274	$4,526,374	$56,400,000	8.0%	$361,000,000.00	F
Louisiana	$500,000	$6,496,798	$0	$6,996,798	$1,229,502	$8,226,300	$59,600,000	13.8%	$451,700,000.00	F
Maine	$7,802,243	$0	$0	$7,802,243	$1,433,947	$9,236,190	$15,900,000	58.1%	$196,700,000.00	D
Maryland	$9,718,714	$0	$842,490	$10,561,204	$1,188,405	$11,749,609	$48,000,000	24.5%	$553,900,000.00	F
Massachusetts	$0	$0	$3,866,096	$3,866,096	$3,059,415	$6,925,511	$66,900,000	10.4%	$903,200,000.00	F
Michigan	$0	$0	$1,581,000	$1,581,000	$3,419,509	$5,000,509	$110,600,000	4.5%	$1,200,000,000.00	F
Minnesota	$16,453,327	$0	$5,025,310	$21,478,637	$1,260,880	$22,739,517	$52,900,000	43.0%	$746,200,000.00	F
Mississippi	$0	$0	$10,722,875	$10,722,875	$931,813	$11,654,688	$36,500,000	31.9%	$249,900,000.00	F
Missouri	$60,176	$0	$50,000	$110,176	$1,517,425	$1,627,601	$72,900,000	2.2%	$254,200,000.00	F
Montana	$6,444,617	$0	$0	$6,444,617	$1,022,169	$7,466,786	$14,600,000	51.1%	$118,500,000.00	D
Nebraska	$2,570,000	$0	$0	$2,570,000	$1,049,008	$3,619,008	$20,800,000	17.4%	$103,700,000.00	F
Nevada	$1,000,000	$0	$0	$1,000,000	$924,627	$1,924,627	$30,000,000	6.4%	$207,700,000.00	F
New Hampshire	$0	$0	$125,000	$125,000	$853,624	$978,624	$16,500,000	5.9%	$265,600,000.00	F
New Jersey	$0	$0	$0	$0	$1,383,898	$1,383,898	$103,300,000	1.3%	$944,500,000.00	F
New Mexico	$5,684,500	$0	$0	$5,684,500	$1,259,645	$6,944,145	$22,800,000	30.5%	$133,800,000.00	F
New York	$0	$0	$39,330,600	$39,330,600	$3,136,353	$42,466,953	$203,000,000	20.9%	$2,000,000,000.00	F
North Carolina	$0	$0	$1,100,000	$1,100,000	$3,281,867	$4,381,867	$99,300,000	4.4%	$435,600,000.00	F
North Dakota	$9,884,197	$0	$0	$9,884,197	$928,674	$10,812,871	$9,800,000	110.3%	$66,800,000.00	A
Ohio	$6,350,000	$0	$7,190,000	$13,540,000	$1,986,656	$15,526,656	$132,000,000	11.8%	$1,300,000,000.00	F
Oklahoma	$22,039,250	$1,364,850	$600,000	$24,004,100	$1,283,271	$25,287,371	$42,300,000	59.8%	$396,600,000.00	C
Oregon	$2,063,000	$7,780,000	$0	$9,843,000	$1,165,203	$11,008,203	$39,300,000	28.0%	$357,900,000.00	F
Pennsylvania	$13,914,000	$0	$0	$13,914,000	$2,936,725	$16,850,725	$140,000,000	12.0%	$1,700,000,000.00	F
Rhode Island	$0	$0	$375,622	$375,622	$1,999,231	$2,374,853	$12,800,000	18.6%	$194,400,000.00	F
South Carolina	$0	$5,000,000	$0	$5,000,000	$3,313,630	$8,313,630	$51,000,000	16.3%	$240,500,000.00	F
South Dakota	$0	$4,500,000	$0	$4,500,000	$878,994	$5,378,994	$11,700,000	46.0%	$88,300,000.00	F
Tennessee	$0	$0	$1,098,473	$1,098,473	$1,493,673	$2,592,146	$75,600,000	3.4%	$418,300,000.00	F
Texas	$4,874,838	$0	$5,348,162	$10,223,000	$4,297,926	$14,520,926	$264,100,000	5.5%	$1,900,000,000.00	F
Utah	$3,900,000	$3,159,700	$386,400	$7,446,100	$1,394,264	$8,840,364	$19,300,000	45.8%	$150,900,000.00	F
Vermont	$3,115,739	$0	$257,507	$3,373,246	$923,070	$4,296,316	$8,400,000	51.1%	$117,600,000.00	D
Virginia	$8,248,304	$0	$0	$8,248,304	$2,482,143	$10,730,447	$91,600,000	11.7%	$307,600,000.00	F
Washington	$0	$0	$2,312,707	$2,312,707	$2,780,278	$5,092,985	$63,600,000	8.0%	$595,900,000.00	F
West Virginia	$0	$0	$3,037,643	$3,037,643	$1,050,058	$4,087,701	$27,400,000	14.9%	$259,200,000.00	F
Wisconsin	$0	$0	$5,300,000	$5,300,000	$2,256,524	$7,556,524	$57,500,000	13.1%	$779,100,000.00	F
Wyoming	$3,284,701	$0	$913,273	$4,197,974	$807,742	$5,005,716	$8,500,000	58.9%	$45,500,000.00	D

* California earns an I for Incomplete grade because tobacco prevention funding will increase substantially due to passage of Proposition 56 in November 2016, but the exact amount of that funding increase is unknown at this time.

Smokefree Air Grading Chart

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

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

Tobacco Taxes Grading Chart

State	Cigarette Tax	Tax on Little Cigars	Tax on Large Cigars	Tax on Smokeless Tobacco	Tax on Pipe/RYO Tobacco	Tax on Dissolvable Tobacco	Total Score	Grade
Alabama	6	1	1	0	0	0	8	F
Alaska	18	2	2	2	2	2	28	C
Arizona	18	1	1	0	0	0	20	F
Arkansas	12	2	1	2	2	2	21	F
California	24	2	2	2	2	2	34	B
Colorado	12	2	2	2	2	2	22	F
Connecticut	30	2	1	0	1	0	34	B
Delaware	12	1	1	0	1	0	15	F
District of Columbia	24	2	0	2	2	2	32	B
Florida	12	0	0	2	2	2	18	F
Georgia	6	1	2	2	2	0	13	F
Hawaii	30	2	1	1	1	1	36	A
Idaho	6	2	2	2	2	2	16	F
Illinois	18	2	1	0	1	0	22	F
Indiana	12	2	2	0	2	0	18	F
Iowa	12	2	1	1	2	0	18	F
Kansas	12	1	1	1	1	1	17	F
Kentucky	6	2	2	0	2	2	14	F
Louisiana	12	1	1	1	2	1	18	F
Maine	18	1	1	2	1	2	25	D
Maryland	18	2	1	1	1	1	24	D
Massachusetts	30	2	1	2	1	2	38	A
Michigan	18	1	1	1	1	1	23	F
Minnesota	24	2	2	2	2	2	34	B
Mississippi	6	1	1	1	1	1	11	F
Missouri	6	2	2	2	2	2	16	F
Montana	18	2	2	0	2	0	24	D
Nebraska	6	2	2	0	2	0	12	F
Nevada	18	1	1	1	1	1	23	F
New Hampshire	18	2	1	2	2	2	27	D
New Jersey	24	1	1	0	1	0	27	D
New Mexico	18	2	1	1	1	1	24	D
New York	30	2	1	0	1	0	34	B
North Carolina	6	2	2	2	2	2	16	F
North Dakota	6	2	2	0	2	0	12	F
Ohio	12	1	1	1	1	1	17	F
Oklahoma	12	1	1	2	2	2	20	F
Oregon	12	2	1	2	2	2	21	F
Pennsylvania	24	2	0	0	0	0	26	D
Rhode Island	30	2	1	0	1	0	34	B
South Carolina	6	1	1	1	1	1	11	F
South Dakota	12	1	1	1	1	1	17	F
Tennessee	6	2	1	1	1	1	12	F
Texas	12	0	0	1	1	1	15	F
Utah	18	2	2	1	2	0	25	D
Vermont	24	2	2	2	2	2	34	B
Virginia	6	2	2	0	2	0	12	F
Washington	24	2	1	0	2	0	29	C
West Virginia	12	1	1	1	1	1	17	F
Wisconsin	24	2	1	2	2	2	33	B
Wyoming	6	2	2	1	2	1	14	F

Access to Cessation Services Grading Chart

State	Medicaid Medications	Medicaid Counseling	Medicaid Barriers to Coverage	Medicaid Expansion	SEHP Medications	SEHP Counseling	SEHP Barriers to Coverage	Investment Per Smoker	Private Insurance Mandate	Tobacco Surcharge	Total Score	Grade
Alabama	14	7	4	-5	4	4	1	0	0	0	29	F
Alaska	14	5	7	0	2	2	1	10	0	0	41	F
Arizona	14	7	11	0	2	2	1	5	0	0	42	D
Arkansas	8	9	7	0	2	4	1	5	0	1	37	F
California	14	13	7	0	2	2	1	0	0	2	41	F
Colorado	14	9	5	0	2	3	1	10	2	1	47	D
Connecticut	14	13	12	0	2	4	1	0	0	1	47	D
Delaware	14	5	5	0	4	3	1	20	1	0	53	C
District of Columbia*	12	9	9	0	N/A	N/A	N/A	15	0	2	47	C
Florida	7	6	9	-5	4	1	1	10	0	0	33	F
Georgia	11	9	8	-5	2	2	1	0	0	0	28	F
Hawaii*	11	9	10	0	N/A	N/A	N/A	10	0	0	40	D
Idaho	14	5	10	-5	0	3	2	20	0	0	49	C
Illinois	14	0	10	0	4	4	1	5	1	0	39	F
Indiana	14	13	6	0	3	3	1	0	0	0	40	F
Iowa	14	10	7	0	3	0	1	5	0	0	40	F
Kansas	14	9	9	-5	2	2	1	0	0	0	32	F
Kentucky	14	6	12	0	2	3	1	0	0	1	39	F
Louisiana	8	7	7	0	4	1	2	0	1	0	30	F
Maine	14	13	11	-5	4	3	1	20	0	0	61	B
Maryland	14	11	5	0	1	2	2	5	2	0	42	D
Massachusetts	14	13	8	0	2	4	1	0	0	2	44	D
Michigan	14	11	12	0	2	2	1	0	0	0	42	D
Minnesota	14	11	11	0	4	4	1	20	0	0	65	A
Mississippi	14	6	8	-5	4	2	1	5	0	0	35	F
Missouri	14	13	13	-5	2	4	2	0	0	0	43	D
Montana	12	9	10	0	3	4	1	10	0	0	49	C
Nebraska	14	5	4	-5	3	2	1	0	0	0	24	F
Nevada	11	4	10	0	3	1	1	5	0	0	35	F
New Hampshire	14	7	12	0	2	3	1	5	0	0	44	D
New Jersey	11	2	9	0	4	1	2	0	3	2	34	F
New Mexico	12	6	9	0	4	3	1	15	3	0	53	C
New York	14	11	10	0	0	0	0	5	1	2	43	D
North Carolina	14	9	7	-5	2	3	1	0	0	1	32	F
North Dakota	14	13	4	0	4	4	1	20	1	0	61	B
Ohio	14	13	7	0	2	2	1	0	0	0	39	F
Oklahoma	14	9	13	-5	3	3	1	20	0	0	58	B
Oregon	11	9	9	0	2	2	1	0	2	0	36	F
Pennsylvania	14	9	9	0	2	2	1	0	0	0	37	F
Rhode Island	9	7	9	0	4	4	1	0	5	2	41	F
South Carolina	9	7	9	-5	4	4	1	15	0	0	44	D
South Dakota	4	0	7	-5	1	2	1	20	0	0	30	F
Tennessee	14	2	7	-5	4	3	1	0	0	0	26	F
Texas	14	9	10	-5	2	1	1	0	0	0	32	F
Utah	9	5	9	-5	4	2	1	10	1	0	36	F
Vermont	14	9	8	0	4	3	2	15	3	2	60	B
Virginia	8	6	7	-5	2	2	1	0	0	0	21	F
Washington	14	7	7	0	3	4	1	0	0	0	36	F
West Virginia	14	7	9	0	4	2	1	20	0	0	57	B
Wisconsin	14	7	10	-5	4	3	2	0	0	0	35	F
Wyoming	10	7	4	-5	2	0	1	20	0	0	39	F

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

Tobacco 21 Laws Overview

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

* DC earns and I for Incomplete because a Tobacco 21 law has been passed by the city council/mayor, but has not yet taken effect.

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

"State of Tobacco Control" 2017 Methodology

The American Lung Association's "State of Tobacco Control 2017" is a report card that evaluates state and federal tobacco control policies by comparing them against targets based on the most current, recognized criteria for effective tobacco control measures, and translating each state and the federal government's relative progress into a letter grade of "A" through "F." A grade of "A" is assigned for excellent tobacco control policies while an "F" indicates inadequate policies. The principal reference for all state tobacco control laws is the American Lung Association's State Legislated Actions on Tobacco Issues on-line database, available at www.lungusa2.org/slati. The American Lung Association has published this comprehensive summary of state tobacco control laws since 1988. Data for the state cessation section is taken from the American Lung Association's State Cessation Coverage database, available at http://www.lungusa2.org/cessation2.

In response to new data and information, the American Lung Association periodically reviews the methodology for the State of Tobacco Control report, and makes revisions to the methodology for state grading categories if necessary to update the report to use the most current evidence and best practices. Because of the revisions to the state grading methodology in "State of Tobacco Control 2015," state grades from "State of Tobacco Control 2017" cannot be directly compared to grades from "State of Tobacco Control 2014" or earlier reports.

Calculation of Federal Grades

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

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

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

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

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

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

Rule to Assert FDA Authority over All Tobacco Products Finalized (4 points)

Target is FDA issues final rule to assert authority over tobacco products other than cigarettes and smokeless tobacco.

+4 points: Final Rule asserting authority over all tobacco products is issued.

+2 points: Final Rule asserting authority over tobacco products is issued, but certain products are exempted from basic oversight.

+0 points: No Final Rule asserting authority over all tobacco products is issued.

Product Standards (4 points)

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

+4 points: Strong product standard that will be appropriate for the protection of public health that will reduce the toxicity, addictiveness and/or appeal of cigarettes and other tobacco products is finalized.

+1 points Strong product standard that will be appropriate for the protection of public health that will reduce the toxicity, addictiveness and/or appeal of cigarettes and other tobacco products is proposed.

+0 points: No strong product standard is issued.

Graphic Cigarette Warning Labels (4 points)

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

+4 points: FDA requires large, graphic cigarette warning labels that cover the top 50 percent of the front and back of cigarette packs.

+1 points: FDA proposes large, graphic cigarette warning labels that cover the top 50 percent of the front and back of cigarette packs.

+0 points: No graphic warning label requirement is issued.

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

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

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

Funding for FDA Center for Tobacco Products (4 points)

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

+4 points:	Congress provides full funding without attaching limiting policy riders.
+2 points:	Congress provides full funding but with policy riders.
+1 points:	Congress provides funding at previous year's levels.
+0 points:	No funding at all provided.

Cessation Treatment Coverage

The cessation treatment coverage criteria used in the American Lung Association's "State of Tobacco Control 2017" report are based on the coverage of tobacco cessation treatments provided by the federal government through its four main public insurance programs: 1) Medicare (for Americans over age 65), 2) Medicaid (for low-income and/or disabled Americans), 3) TRICARE (for members of the military and their families), and 4) Federal Employee Health Benefits Program (for federal employees and their families). A fifth category was added in "State of Tobacco Control 2013" to cover federal requirements for tobacco cessation treatment coverage in state health insurance exchanges under the Patient Protection and Affordable Care Act or health care reform law. Providing help to quit through these programs and state health insurance exchanges will reach large numbers of tobacco users, improve health, prevent unnecessary death, save taxpayer money and set an example for other health plans. The federal government must lead by example and cover a comprehensive benefit for everyone to whom it provides health care.

The definition of a comprehensive tobacco cessation benefit used in these criteria follows the recommendations in the Clinical Practice Guideline entitled *Treating Tobacco Use and Dependence*. In this Guideline, published in 2008 the U.S. Public Health Service recommends the use of seven medications and three types of counseling as effective for helping tobacco users quit.

The cessation coverage grade breaks down as follows:

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

Medicare (4 points)

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

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

Medicaid (4 points)

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

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

TRICARE (4 points)

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

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

Federal Employee Health Benefits (FEHB) (4 points)

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

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

Federal Requirements for State Health Insurance Exchanges

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

- +4 points: All Guideline-recommended medications and counseling are covered.
- +3 points: Guidance released outlining coverage of a comprehensive tobacco cessation benefit as a preventive service.
- +1 points: At least 1 recommended tobacco cessation treatment is required to be covered.
- +0 points: No coverage is required, or regulation is not published.

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

Federal Tobacco Excise Taxes

Criteria for the federal tobacco excise taxes grade are identical to the state tobacco excise tax grade. For more information, see the State Tobacco Excise Taxes section starting on page 24.

The Excise Tax grades break down as follows:

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

Federal Mass Media Campaigns

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

Two agencies of the federal government ran mass media campaigns for part or all of 2016 that seek to discourage tobacco use among different populations: 1) CDC's Tips from Former Smokers media campaign, which targets adults who use tobacco and 2) FDA's Real Costs campaign, which targets youth ages 12 to 17 with tobacco prevention messages. Both mass media campaigns will continue to run in 2017.

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

The mass media campaign grade breaks down as follows:

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

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

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

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

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

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

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

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

Target: Each campaign has an average targeted rating point of 10,000 for the 1st quarter the campaign is running and 6,600 or higher rating points for subsequent quarters.

- +3 points: Average targeted rating point of 10,000 or higher for 1st quarter of campaign; average targeted rating point of 6,600 or higher for subsequent quarters
- +2 points: Average targeted rating point of 6,000 or higher for 1st quarter of campaign; average targeted rating point of 3,960 or higher for subsequent quarters
- +1 points: Average targeted rating point of 4,000 or higher for 1st quarter of campaign; average targeted rating point of 2,640 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 could be accessed
- +0 points: Campaign does not refer people to additional resources

Calculation of State Grades

State level tobacco control policies are graded in five key areas: tobacco prevention and cessation funding, smokefree air laws, state tobacco excise taxes, access to tobacco cessation treatments and services and new in "State of Tobacco Control 2017" laws to increase the tobacco sales age to 21. The sources for the targets and the basis of the evaluation criteria are described below.

Tobacco Prevention and Cessation Funding

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

The CDC also recommends an overall level of funding for each state's tobacco control program based on a variety of state-specific factors such as prevalence of tobacco use, the cost and complexity of conducting mass media to reach targeted audiences and the proportion of the population that is below 200 percent of the federal poverty level. For the tobacco prevention and control spending area, the CDC recommendation for state funding of comprehensive programs served as the denominator in the percentage calculation to obtain each state's grade. Each state's total funding for these programs (including federal funding from the CDC and FDA given to states for tobacco prevention and cessation activities) served as the numerator. After calculating the percentage of the CDC recommendation each state had funded, grades were assigned according to the following formula.

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

Limitation of Grading System on State Tobacco Control Expenditures

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

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

Smokefree Air Laws

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

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

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

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

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

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

Key to Smokefree Laws Ratings by Category

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

1. Government Workplaces (4 points): Target is "state and local government workplaces are 100 percent smokefree, no exemptions." Score is lowered if restriction depends on type of ventilation, location of smoking area and/or number of employees. A bonus point (+1) is available if the laws meet the target criteria and require the grounds or a specified distance from entries or exits to be smokefree.
2. Private Workplaces (4 points): Target is "private workplaces are 100 percent smokefree, no exemptions." Score is lowered if restriction depends on type of ventilation, location of smoking area and/or number of employees. A bonus point (+1) is available if the laws meet the target criteria and require the grounds or a specified distance from entries or exits to be smokefree.
3. Schools (4 points): Target is "no smoking permitted in public and non-public schools during school hours or while school activities are being conducted." Score is lowered if restriction depends on type of school, school hours, type of ventilation and/or location of smoking area. A bonus point (+1) is available if the laws meet the target criteria and extend the law/policy to any time in school facilities, on school grounds, and at school-sponsored activities.
4. Child Care Facilities (4 points): Target is "no smoking permitted during operating hours in childcare facilities (explicitly including licensed, home-based facilities)." Score is lowered if restrictions depend on ventilation standards, location of smoking areas and/or exemptions for certain types of facilities.
5. Restaurants (4 points): Target is "restaurants (explicitly including bar areas of restaurants) are 100 percent smokefree." Score is lowered if restriction depends on type of ventilation, location of smoking areas and/or exemptions for some restaurants. A bonus point (+1) is available if the laws meet the target criteria and extend the law/policy to outdoor seating areas of restaurants.

6. Bars/Taverns (4 points): Target is "bars/taverns and similar types of establishments are 100 percent smokefree." Score is lowered if restriction depends on ventilation standards, location of smoking area and/or if laws only applied to some but not all bars/taverns. A bonus point (+1) is available if the laws meet the target criteria and extend the law/policy to private clubs or similar establishments at all times.
7. Casinos/Gaming Establishments (4 points): Target is "casinos/gaming establishments are 100 percent smokefree." Score is lowered if restriction depends on ventilation standards, location of smoking area and/or if laws only apply to some but not all casinos/gaming establishments. This category does not apply to states that do not have casinos/gaming establishments or only casinos/gaming establishments on Native American lands.
8. Retail Stores (4 points): Target is "retail stores or retail businesses open to the public are 100 percent smokefree." Score is lowered if restriction depends on ventilation standards and/or location of smoking area, and if laws only apply to some but not all retail stores or businesses.
9. Recreational/Cultural Facilities (4 points): Target is "recreational and cultural facilities are 100 percent smokefree." Score is lowered if restriction depends on ventilation standards, location of smoking area and/or if laws only apply to some but not all recreational/cultural facilities.
10. Penalties (4 points): Target is "graduated penalties or fines, applicable to smokers and to proprietors or employers, for any violation of clean indoor air legislation." Score is lowered if penalties included possibilities for delay, exceptions for either smokers or proprietors/employers, or penalties that only apply to some but not all offenses. An intent requirement or affirmative defense against violation reduces the score by one (1) point.
11. Enforcement (4 points): Target is "designate an enforcement authority for clean indoor air, require sign posting and have a phone number and/or online location to report violations." Score is lowered if there is no requirement for sign posting, there is no phone number or online location to report violations, enforcement authority only applies to some sites, or an enforcement authority or sign requirement exists, but not both. A bonus point (+1) is available if the laws meet the target criteria and require the enforcement authority to conduct compliance inspections.

State Tobacco Excise Taxes

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

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

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

The 30 points for the level of a state's cigarette tax will continue to be based on the average (mean) of all state taxes as the midpoint, or the lowest "C." The average cigarette tax was chosen because it is often seen as an indication of where states are in their cigarette taxing policies. The average state excise tax on January 1, 2017 was $1.65 per pack. The range of state excise taxes ($0.17 to $4.35 per pack) is divided into quintiles, and a state is assigned six points for attaining each quintile.

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

Score	Tax
30 points	$3.30 and up
24 points	$2.475 to $3.299
18 points	$1.65 to $2.474
12 points	$0.825 to $1.649
6 points	Under $0.825

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 price increases.

The five specific types of tobacco products other than cigarettes which states are evaluated on are: 1) little cigars, 2) large cigars, 3) smokeless tobacco, 4) pipe/roll-your-own tobacco and 5) dissolvable tobacco products. States can earn up to 2 points total for each type of other tobacco product; 1 point if the tax is equivalent to the cigarette tax and 1 point if the tax is not weight-based. States will not be penalized for having a weight-based tax if they also have a minimum tax that is equal to the current cigarette tax or the weight-based tax is equivalent to the cigarette tax.

The overall grade breaks down as follows:

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

Access to Cessation Services

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

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

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

In 2015, the Lung Association incorporated information on what tobacco cessation treatments are provided to the Medicaid expansion population into this grade. Points awarded in the Medicaid Coverage section below incorporate this information. If a state has not opted to expand Medicaid up to the levels established in the Affordable Care Act (ACA), the state receives an automatic deduction of 5 points to represent the tobacco users that do not have access to cessation treatments because of this decision. Points available in the Medicaid coverage section have been increased to 40 to represent new Medicaid expansion enrollees. The Lung Association also added 2 bonus points available to states who prohibit or limit tobacco surcharges, or health insurance policies that charge tobacco users more in premiums than non-tobacco users. States have the ability to limit or remove these surcharges.

All data in the Cessation section of "State of Tobacco Control 2017" was collected and analyzed by the American Lung Association. This grading category replaced youth access laws as a grading category in the "State of Tobacco Control 2008" report.

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

for the investment per smoker in the state's quitline and 10 points total are awarded for State Employee Health Plan coverage.

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

The grades break down as follows:

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

Key to Cessation Coverage Ratings by Category:

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

States receive up to 14 points for coverage of medications: 1 point for coverage of each of the 7 medications, and an additional point per medication if ALL Medicaid enrollees have coverage of that medication;

States receive up to 13 points for coverage of counseling: 1 point for covering any counseling for all members, and 2 points for each type of counseling covered (individual, group and phone). Two additional points per type of counseling were given if ALL Medicaid enrollees have coverage of that type of counseling;

States receive up to 13 points for providing coverage without barriers: 1 to 3 points are deducted for each barrier to coverage that exists in a state. Deductions vary based on type of barrier and severity.

If a state has not expanded Medicaid coverage up to the levels established in the Affordable Care Act (138 percent of the federal poverty level for all eligibility categories), 5 points are automatically deducted from the Medicaid coverage score.

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

0 to 4 points are given for coverage of medications; deductions were made if only some health plans/managed care organizations provide coverage;
0 to 4 points are given for coverage of counseling; deductions were made if only some health plans/managed care organizations provide coverage;
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 average investment per smoker, which in 2017 was $3.46 per smoker.[5] Points are awarded based on the scale below:

$$/smoker > $6.92	20 points
$$/smoker $5.19 - $6.91	15 points
$$/smoker $3.46 - $5.18	10 points
$$/smoker $1.73- $3.45	5 points
$$/smoker < $1.72	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 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];
0 to 2 points given for required coverage of medications;
0 to 2 points given for required coverage of counseling.

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

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

Minimum Age of Sale to 21

A new grading category was added for states in "State of Tobacco Control 2017" that evaluates states on whether they have increased the age of sale for all tobacco products to 21 also referred to as Tobacco 21 laws.

In March 2015, the National Academy of Medicine (formerly the Institute of Medicine) issued a report looking at the effect increasing the age of sale for tobacco products could have on youth smoking rates. The report concluded that increasing the age of sale for tobacco products to 21 could prevent 223,000 deaths among people born between 2000 and 2019, including 50,000 fewer dying from lung cancer, the nation's leading cancer killer.[7]

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

Grades break down as follows:

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

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

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

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

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

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

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1 Data on local ordinances is obtained from the Americans for Nonsmokers' Rights Foundation, www.no-smoke.org.

2 U.S. Department of Health and Human Services. The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human

Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014.

3 There is general consensus among tobacco researchers that every 10 percent increase in the price of cigarettes decreases cigarette consumption by about 4 percent in adults and about 7 percent in children. Tauras J, et al. Effects of Price and Access Laws on Teenage Smoking Initiation: A National Longitudinal Analysis, Bridging the Gap Research, ImpacTeen. April 24, 2001.

4 As of January 1, 2014, the Affordable Care Act (ACA) required that state Medicaid programs no longer exclude coverage of tobacco cessation medications. In State of Tobacco Control 2017 a state was only given credit for covering tobacco cessation medications if there is documentable evidence that the Medicaid program is covering that medication, regardless of the federal requirement.

5 The average investment per smoker of $3.46 does not include the figure from Minnesota. Minnesota's quitline is legally prohibited from providing service to anyone except the uninsured and underinsured population.

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, http://www.dol.gov/ebsa/faqs/faq-aca19.html (see question 5).

7 Institute of Medicine, Public Health Implications of Raising the Minimum Age of Legal Access to Tobacco Products, Washington, DC: The National Academies Press, 2015, http://www.nationalacademies.org/hmd/Reports/2015/TobaccoMinimumAgeReport.aspx.

United States Report Card

AMERICAN LUNG ASSOCIATION.

STATE OF TOBACCO CONTROL 2017

UNITED STATES

Food and Drug Administration Regulation of Tobacco Products — F

Rule Asserting Authority over All Tobacco Products:
Rule Finalized

Product Standards for Tobacco Products:
No product standard to reduce the toxicity, addictiveness and/or appeal of tobacco products proposed or issued

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

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

Funding for FDA Center for Tobacco Products:
Federal Government Funded under a Continuing Resolution through April 2017

Tobacco Taxes: — F

CIGARETTE TAX:

Tax rate per pack of 20: $1.01

OTHER TOBACCO PRODUCT TAXES:

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

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

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

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

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

Cessation Coverage — C

Medicaid Coverage: **Partially Required**

Medicare Coverage: **Partially Covered**

TRICARE Coverage: **Covered**

Federal Employee Health Benefits Coverage: **Covered**

State Health Insurance Exchanges: **Partially Required**

Thumbs Down for not releasing updated federal guidance on tobacco cessation coverage requirements (FAQ).

Mass Media Campaigns — B

TIPS FROM FORMER SMOKERS MEDIA CAMPAIGN:

Reach: **Meets target**

Duration: **Under target**

Frequency: **Meets target**

Promotion of Services: **Meets target**

FDA "REAL COSTS" MEDIA CAMPAIGN:

Reach: **Meets target**

Duration: **Meets Target**

Frequency: **Meets Target**

Promotion of Services: **Under Target**

Federal Highlights:

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

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

The federal government remains uniquely positioned to act and significantly improve the health of Americans by strengthening and implementing federal tobacco control policies.

The FDA's Center for Tobacco Products took many important steps in 2016, including: enactment of the long-awaited "deeming" rule that gives the FDA authority over e-cigarettes, cigars, hookah and other previously unregulated tobacco products; the issuance of its first 55 warning letters to retailers that violated the deeming rule by selling tobacco products to persons under age 18—including fruit- and candy-flavored cigars and e-cigarettes; and the launch of two ad campaigns—focused on the dangers of smokeless tobacco among rural teens and reducing tobacco use among LGBT teens.

FDA's ability to continue to act in ways that are appropriate for the protection of the public health is under threat in the U.S. Congress. Leaders in the House of Representatives attached two policy riders to proposed Appropriations bills in 2016. The first would block implementation and enforcement of the entire deeming rule because certain cigars—including those that cost as little as $1.00—are now under FDA's authority. The second would grandfather all newly deemed products—thereby taking away and guaranteeing that flavored e-cigarettes that appeal to kids and that contain dangerous chemicals like diacetyl—remain on the market indefinitely. The fate of these policy riders will not be settled until Congress finalizes its fiscal year 2017 funding bills in April of 2017.

Millions of Americans continue to want to quit and need help to do so. Despite there being new clinical guidelines for tobacco cessation from the U.S. Preventive Services Task Force (USPSTF) issued in 2015, the Obama Administration failed to appropriately act to clarify coverage requirements for plans and payers in 2016—first delaying necessary and long-awaited clarifications for tobacco cessation coverage and then ultimately releasing a muddled request for comment on what quit smoking therapies must be covered despite clear legal requirements. The Trump Administration has the clear opportunity to act and do much more to help smokers—70 percent of whom want to quit—get the help they need to do so.

The CDC's Tips from Former Smokers Campaign marked the fifth year of its highly successful and cost-effective mass media campaign—despite efforts by some in Congress to eliminate it by slashing funding to CDC's Office on Smoking and Health. The Tips Campaign has prompted 400,000 Americans to quit smoking for good, and millions more to make a serious quit attempt. The effectiveness and return on investment of this program demonstrate why it is so important to continue Tips in 2017.

United States Facts

Economic Costs Due to Smoking:	$289,500,000,000
Adult Smoking Rate:	15.1%
Adult Tobacco Use Rate:	16.7%
High School Smoking Rate:	9.3%
High School Tobacco Use Rate:	25.3%
Middle School Smoking Rate:	2.3%
Middle School Tobacco Use Rate:	7.4%
Smoking Attributable Death Rates:	480,320
Smoking Attributable Lung Cancer Death Rates:	163,700
Smoking Attributable Respiratory Disease Death Rates:	113,100

Adult smoking and tobacco use rates are taken from the 2015 National Health Interview Survey. High school and middle school smoking and tobacco use rates are taken from the 2015 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 2017

ALABAMA

Tobacco Prevention and Control Program Funding: F

FY2017 State Funding for Tobacco Control Programs:	$1,513,384
FY2017 Federal Funding for State Tobacco Control Programs:	$3,259,166*
FY2017 Total Funding for State Tobacco Control Programs:	$4,772,550
CDC Best Practices State Spending Recommendation:	$55,900,000
Percentage of CDC Recommended Level:	8.5%
State Tobacco-Related Revenue:	$306,300,000

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

Smokefree Air: F

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government Worksites: **Restricted**

Private Worksites: **No provision**

Schools: **Restricted**

Child Care Facilities: **Restricted**

Restaurants: **No provision**

Bars: **No provision**

Casinos/Gaming Establishments: **No provision**

Retail Stores: **Restricted**

Recreational/Cultural Facilities: **Restricted**

Penalties: **Yes**

Enforcement: **Yes**

Preemption: **No**

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

The Smokefree Air grade only examines state tobacco control law and does not reflect local smokefree ordinances. Alabama has made great strides in protecting people from secondhand smoke by passing comprehensive local smokefree ordinances that cover 12.7% of the state's population.

Tobacco Taxes: F

CIGARETTE TAX:

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

OTHER TOBACCO PRODUCT TAXES:

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

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

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

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

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

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

Access to Cessation Services: F

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **All 7 medications are covered**

Counseling: **Some counseling is covered**

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

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 coverage**

STATE QUITLINE:

Investment per Smoker: **$1.10; the average investment per smoker is $3.46**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

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

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

Minimum Age: D

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

Alabama State Highlights:

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

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

Tobacco prevention and control legislation was once again not a priority for the members of the Alabama Legislature in 2016. The Alabama Legislature continues to have a residual lack of support for tobacco control measures, such as a statewide smokefree law or supporting increased funding for tobacco control and prevention programs.

Local municipalities continue to take the lead on public health issues by passing strong smokefree ordinances. The Lung Association played a leading role in securing smokefree protections for all workers and residents in local municipalities across the state, including the city of Mountain Brook. Tobacco control partners are very engaged with community education on the dangers of secondhand smoke across Alabama.

In 2017, the American Lung Association in Alabama will continue to educate state legislators about the benefits of tobacco control policies and programs, including a statewide smokefree law and increased funding for the tobacco control program. In order to reduce the death and disease caused by tobacco use in Alabama, state legislators will need to recognize the health and economic burden of tobacco use and exposure to secondhand smoke and enact public health protections and invest in evidence-based tobacco prevention programs. The Lung Association will continue to work with partners in the Coalition for a Tobacco Free Alabama to ensure successful passage and preservation of comprehensive local smokefree ordinances.

Alabama State Facts

Health Care Costs Due to Smoking:	$1,885,747,576
Adult Smoking Rate:	21.4%
Adult Tobacco Use Rate:	25.7%
High School Smoking Rate:	14.0%
High School Tobacco Use Rate:	35.5%
Middle School Smoking Rate:	6.4%
Smoking Attributable Deaths:	8,650

Adult smoking and tobacco use data come from CDC's 2015 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use data come from the 2015 Youth Risk Behavior Surveillance System. Middle school smoking rate is taken from the 2014 Youth Tobacco Survey.

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

To get involved with your American Lung Association, please contact:

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

Alaska Report Card

AMERICAN LUNG ASSOCIATION.

STATE OF TOBACCO CONTROL 2017

ALASKA

Tobacco Prevention and Control Program Funding: A

FY2017 State Funding for Tobacco Control Programs:	$9,488,500
FY2017 Federal Funding for State Tobacco Control Programs:	$938,092*
FY2017 Total Funding for State Tobacco Control Programs:	$10,426,592
CDC Best Practices State Spending Recommendation:	$10,200,000
Percentage of CDC Recommended Level:	102.2%
State Tobacco-Related Revenue:	$98,000,000

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

Thumbs up for Alaska for funding its state tobacco control program at or above the CDC-recommended level, one of only two states to do so this year.

Smokefree Air: F

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government Worksites: **Restricted**

Private Worksites: **Restricted**

Schools: **Prohibited**

Child Care Facilities: **Prohibited**

Restaurants: **Restricted**

Bars: **No provision**

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

Retail Stores: **Restricted**

Recreational/Cultural Facilities: **Restricted**

Penalties: **Yes**

Enforcement: **Yes**

Preemption: **No**

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

The Smokefree Air grade only examines state tobacco control law and does not reflect local smokefree ordinances. Alaska has made great strides in protecting people from secondhand smoke by passing comprehensive local smokefree ordinances that cover 43.9% of the state's population.

Tobacco Taxes: C

CIGARETTE TAX:

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

OTHER TOBACCO PRODUCT TAXES:

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

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

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

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

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

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

Access to Cessation Services: 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: **Some medications are covered**

Counseling: **Some counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$3.66; the average investment per smoker is $3.46**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

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

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

Minimum Age: D

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

Alaska State Highlights:

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

1. Pass a comprehensive statewide smokefree indoor workplace law that includes electronic smoking devices and marijuana;
2. Ensure that Alaska underage sales enforcement is authorized for electronic vape products; and
3. Increase the statewide tobacco tax and establish a tax for electronic smoking devices.

What was once a debated issue is no longer argued—exposure to secondhand smoke is both deadly to workers and patrons of businesses, and costly to those businesses that allow it to occur. Secondhand smoke contains more than 7,000 chemicals and at least 69 known carcinogens, which pose real health threats to real Alaskans.

One such person is Monica Lettner, a musician whose livelihood and career depend on working in bars and restaurants where, in some parts of Alaska, smoking is still allowed." I was a smoker once upon a time, but I believed then as I do now, that no one should have to be an involuntary smoker," said Lettner. "I'm also a professional musician. I sing and play guitar, solo and with a band, and I coach young girls aspiring to be rock artists as well."

"Musicians live gig to gig, and play wherever they are invited, mostly in bars," Lettner explained. "Not only can we not choose to not play in smoky bars and still survive, but we also breathe in much more air than our listeners sitting on their barstools. We breathe secondhand smoke for hours a night simply to do our jobs. Now I'm lucky to be protected when I play at home in Anchorage, but almost anywhere else in the state, I'm back to secondhand smoking."

"I'm passionate about music and want to encourage young people to pursue rock music, but I also want them to be safe and healthy wherever they have to play in our state. A statewide smokefree workplace law would protect my health and theirs now and into the future," Lettner said.

Alaska has made huge progress in reducing smoking rates among youth by over 60 percent. Now, however, we are facing rising rates of exposure and use of electronic smoking devices and marijuana. Taxation, underage enforcement, and smokefree public places will protect the health of Alaskan youth.

Over 1,000 Alaskan businesses and organizations have signed resolutions of support for a comprehensive statewide smokefree workplace law to protect their workers and patrons from secondhand smoke. Public survey results conducted in 2016 show that 69 percent favor passage of a statewide smokefree workplace law, 72 percent favor e-cigarette inclusion and 79 percent favor marijuana inclusion.

For these reasons, the American Lung Association in Alaska will work tirelessly to pass a statewide smokefree workplace law in 2017.

Alaska State Facts

Health Care Costs Due to Smoking:	$438,143,263
Adult Smoking Rate:	19.1%
Adult Tobacco Use Rate:	24.2%
High School Smoking Rate:	11.1%
High School Tobacco Use Rate:	30.9%
Middle School Smoking Rate:	N/A
Smoking Attributable Deaths:	610

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

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

To get involved with your American Lung Association, please contact:

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

Arizona Report Card

AMERICAN LUNG ASSOCIATION. | STATE OF TOBACCO CONTROL 2017

ARIZONA

Tobacco Prevention and Control Program Funding: F

FY2017 State Funding for Tobacco Control Programs:	$18,434,700
FY2017 Federal Funding for State Tobacco Control Programs:	$1,287,281*
FY2017 Total Funding for State Tobacco Control Programs:	$19,721,981
CDC Best Practices State Spending Recommendation:	$64,400,000
Percentage of CDC Recommended Level:	30.6%
State Tobacco-Related Revenue:	$438,600,000

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

Smokefree Air: A

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government Worksites: **Prohibited**

Private Worksites: **Prohibited**

Schools: **Prohibited**

Child Care Facilities: **Prohibited**

Restaurants: **Prohibited**

Bars: **Prohibited**

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

Retail Stores: **Prohibited**

Recreational/Cultural Facilities: **Prohibited**

Penalties: **Yes**

Enforcement: **Yes**

Preemption: **No**

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

Tobacco Taxes: F

CIGARETTE TAX:

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

OTHER TOBACCO PRODUCT TAXES:

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

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

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

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

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

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

Access to Cessation Services: D

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **All 7 medications are covered**

Counseling: **Some counseling is covered**

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

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **Some medication is covered**

Counseling: **Some counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$3.24; the average investment per smoker is $3.46**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

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

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

Minimum Age: F

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

Arizona State Highlights:

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

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

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 2016, funding for Arizona's tobacco control program, Tobacco Free Arizona, suffered a drop in funding from last year going from $19.4 million in fiscal year 2015 to $15.5 million in fiscal year 2016. The program is funded by a percentage of revenue from tobacco taxes, so this could simply be a year to year fluctuation, but the Lung Association will keep a close eye on funding levels going forward. Few tobacco control bills of note were introduced during the 2016 legislative session; a bill was approved that makes a few amendments to Arizona's Internet sales of tobacco products law.

The Smoke-free Living Collaborative Program made strong progress again this year toward achieving its mission to empower Arizona communities to live smokefree. Outreach efforts to connect with and inform multi-family property managers and owners about the advantages of adopting smokefree policies yielded strong results. In 2016, 129 communities across Arizona had fully implemented smokefree policies. An additional 225 were in the process of transitioning to smokefree. The program grew into a national model, with the director having been invited to share methods and best practices on HUD webinars and at the national conferences of HUD's Healthy Homes program and the National Association for Housing and Redevelopment Officials.

During the 2017 legislative session, the American Lung Association in Arizona will again work diligently to educate our lawmakers on the enormous negative economic impacts that tobacco use has on Arizona. Raising the minimum age of sale for tobacco products to 21 will also be a priority with introduction of a bill in the legislature by the Lung Association and others a possibility.

Arizona State Facts

Health Care Costs Due to Smoking:	$2,383,033,467
Adult Smoking Rate:	14.0%
Adult Tobacco Use Rate:	15.9%
High School Smoking Rate:	10.1%
High School Tobacco Use Rate:	34.7%
Middle School Smoking Rate:	3.2%
Smoking Attributable Deaths:	8,250

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

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

To get involved with your American Lung Association, please contact:

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

Arkansas Report Card

AMERICAN LUNG ASSOCIATION. | STATE OF TOBACCO CONTROL 2017

ARKANSAS

Tobacco Prevention and Control Program Funding: F

FY2017 State Funding for Tobacco Control Programs:	$9,006,594*
FY2017 Federal Funding for State Tobacco Control Programs:	$1,102,176**
FY2017 Total Funding for State Tobacco Control Programs:	$10,108,770
CDC Best Practices State Spending Recommendation:	$36,700,000
Percentage of CDC Recommended Level:	27.5%
State Tobacco-Related Revenue:	$285,200,000

*The Arkansas Legislature appropriated $17,383,691 to the Arkansas Tobacco Prevention and Cessation Program, however, only $9,006,594 is allocated for tobacco prevention and control activities. The amount above includes the activities of the Arkansas Department of Health Tobacco Prevention and Cessation Program, and the tobacco prevention activities of the Minority Initiative Subgrant Recipient Grant Office.

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

Smokefree Air: C

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government Worksites: **Prohibited**

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

Schools: **Prohibited**

Child Care Facilities: **Prohibited**

Restaurants: **Restricted***

Bars: **Restricted***

Casinos/Gaming Establishments: **Restricted**

Retail Stores: **Prohibited**

Recreational/Cultural Facilities: **Prohibited**

Penalties: **Yes**

Enforcement: **Yes**

Preemption: **No**

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

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

Tobacco Taxes: F

CIGARETTE TAX:

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

OTHER TOBACCO PRODUCT TAXES:

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

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

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

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

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

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

Access to Cessation Services: F

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **Some medications are covered**

Counseling: **Some counseling is covered**

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

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **Some medications are covered**

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

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

STATE QUITLINE:

Investment per Smoker: **$2.93; the average investment per smoker is $3.46**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

Tobacco Surcharge: **Limits tobacco surcharges**

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

Minimum Age: F

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

Arkansas State Highlights:

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

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

The American Lung Association in Arkansas continues to play an active role as a member of the STEP UP coalition, which is the lead coalition advocating for tobacco control policies in the state. Unfortunately, the Arkansas Legislature did not strengthen any tobacco prevention and control policies during the 2016 Fiscal Session in Arkansas. Along with other tobacco control partners, the Lung Association defended any action taken to reduce funding levels for the state's tobacco prevention and cessation program.

The American Lung Association in Arkansas continued to serve as the lead agency for the statewide tobacco control coalition in 2016. The coalition provides support for local tobacco control efforts including; smokefree municipal policies, smokefree/tobacco free workplace polices and tobacco free nursing home and long-term care facilities. In partnership with tobacco prevention partners, the American Lung Association in Arkansas continued to educate about the dangers of secondhand smoke exposure and the need for comprehensive smokefree policies at the local level. The Lung Association congratulates the City of Wooster in protecting their residents and workers from the dangers of secondhand smoke. The City of Helena-West Helena is to be commended for taking a bold step for public health in raising the minimum age of sale for tobacco products to 21.

In 2017, the American Lung Association in Arkansas will continue to educate state legislators about the benefits of tobacco control policies and programs, including a comprehensive statewide smokefree law and maintained funding for the tobacco control program. In order to reduce the death and disease caused by tobacco use in Arkansas, state legislators will need to recognize the health and economic burden of tobacco use and exposure to secondhand smoke by enacting public health protections and investing in evidence-based tobacco prevention programs.

Arkansas State Facts

Health Care Costs Due to Smoking:	$1,215,082,968
Adult Smoking Rate:	24.9%
Adult Tobacco Use Rate:	28.9%
High School Smoking Rate:	15.7%
High School Tobacco Use Rate:	36.9%
Middle School Smoking Rate:	N/A
Smoking Attributable Deaths:	5,790

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

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

To get involved with your American Lung Association, please contact:

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

California Report Card

AMERICAN LUNG ASSOCIATION. | STATE OF TOBACCO CONTROL 2017

CALIFORNIA

Tobacco Prevention and Control Program Funding: I*

FY2017 State Funding for Tobacco Control Programs:	$71,297,000
FY2017 Federal Funding for State Tobacco Control Programs:	$8,076,098**
FY2017 Total Funding for State Tobacco Control Programs:	$79,373,098
CDC Best Practices State Spending Recommendation:	$347,900,000
Percentage of CDC Recommended Level:	22.8%
State Tobacco-Related Revenue:	$1,900,000,000

* California earns an I for Incomplete grade because tobacco prevention funding will increase substantially due to passage of Proposition 56 in November 2016, but the exact amount of that funding increase is unknown at this time.

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

Smokefree Air: A

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government Worksites: **Prohibited**

Private Worksites: **Prohibited**

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

Child Care Facilities: **Prohibited**

Restaurants: **Prohibited**

Bars: **Prohibited**

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

Retail Stores: **Prohibited**

Recreational/Cultural Facilities: **Prohibited**

Penalties: **Yes**

Enforcement: **Yes**

Preemption: **No**

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

Thumbs up for California for passing a bill in 2016 that closes loopholes prohibiting smoking in virtually all public places and workplaces.

Tobacco Taxes: B

CIGARETTE TAX:

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

*California's $2.00 increase in its cigarette tax took effect November 9, 2016, but will be officially implemented April 1, 2017.

OTHER TOBACCO PRODUCT TAXES:

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

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

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

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

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

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

Thumbs up for California for increasing its cigarette tax by $2.00 to $2.87 per pack.

Access to Cessation Services: F

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **All 7 medications are covered**

Counseling: **All counseling is covered**

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

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **Some medications are covered**

Counseling: **Some counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$1.61; the average investment per smoker is $3.46**

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 passing legislation in 2016 to provide a comprehensive cessation benefit for all Medicaid enrollees.

Minimum Age: B

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

Thumbs up for California for increasing the age of sale for all tobacco products to 21.

California State Highlights:

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

1. Restrict youth access to tobacco by limiting locations and availability of products;
2. Pass a comprehensive, statewide smokefree outdoor air policy; and
3. Support local-level policies that restrict tobacco use in multiunit housing.

This past year California made significant progress towards its tobacco prevention goals. For the first time in nearly 20 years, California's tobacco tax is increasing. Voters in 2016 approved the $2.00 per pack tax increase via ballot initiative sponsored by the American Lung Association in California. Crucially, the tax will apply to electronic cigarettes as well as traditional tobacco products. The estimated annual $100-$130 million increase in tobacco control program funding will ensure that California has the resources necessary to remain at the forefront of the fight against Big Tobacco.

2016 was also a landmark year for tobacco control legislation in California. First, a comprehensive package of special session bills were signed into law. By requiring all schools to be smokefree and raising the minimum sales age of tobacco to 21, California is ensuring that fewer youth will start smoking. The growing threat of electronic cigarettes was addressed by legislation to restrict their use and sale. Workers are now less likely to have to breathe secondhand smoke while on the job due to a bill which closed loopholes in the state's smokefree workplace laws. And finally, all tobacco retailers are now subject to a licensing fee that fully covers the administration of our state's licensing program.

In addition, during the regular 2016 legislative session, bills were signed into law that bring Medi-Cal's cessation coverage into compliance with current guidelines and that prohibit tobacco at youth sporting events. And in one last major win for public health in 2016, the CalPERS Investment committee voted to strengthen its prohibition toward investing in tobacco companies, ensuring that our state's public employee pensioners are not hanging their retirement on an industry that hooks children to a deadly product.

Many of our local communities are also making important strides toward a future free of tobacco-related disease. In 2016, communities such as Saratoga and Belvedere passed rigorous policies restricting smoking outdoors, bringing the total number of local comprehensive smokefree outdoor air policies in California close to 100. California communities also continue to break new ground in the latest frontiers of tobacco control policy. This year, Santa Clara County passed a first-of-its-kind policy that includes menthol in its ban on the sale of flavored tobacco products.

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

California State Facts

Health Care Costs Due to Smoking:	$13,292,359,950
Adult Smoking Rate:	11.7%
Adult Tobacco Use Rate:	12.9%
High School Smoking Rate:	7.7%
High School Tobacco Use Rate:	27.4%
Middle School Smoking Rate:	2.8%
Smoking Attributable Deaths:	39,950

Adult smoking and tobacco use data come from CDC's 2015 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use data come from the 2015 Youth Risk Behavior Surveillance System. Middle school smoking rate (7th grade only) is taken from the 2013-15 California Healthy Kids Survey.

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

To get involved with your American Lung Association, please contact:

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

Colorado Report Card

AMERICAN LUNG ASSOCIATION. | STATE OF TOBACCO CONTROL 2017

COLORADO

Tobacco Prevention and Control Program Funding: F

FY2017 State Funding for Tobacco Control Programs:	$23,732,438
FY2017 Federal Funding for State Tobacco Control Programs:	$2,298,151*
FY2017 Total Funding for State Tobacco Control Programs:	$26,030,589
CDC Best Practices State Spending Recommendation:	$52,900,000
Percentage of CDC Recommended Level:	49.2%
State Tobacco-Related Revenue:	$296,300,000

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

Smokefree Air: A

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government Worksites: **Prohibited**

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

Schools: **Prohibited**

Child Care Facilities: **Prohibited**

Restaurants: **Prohibited**

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

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

Retail Stores: **Prohibited**

Recreational/Cultural Facilities: **Prohibited**

Penalties: **Yes**

Enforcement: **Yes**

Preemption: **No**

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

Tobacco Taxes: F

CIGARETTE TAX:

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

OTHER TOBACCO PRODUCT TAXES:

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

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

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

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

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

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

Access to Cessation Services: D

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **Covers all 7 medications**

Counseling: **Covers some counseling**

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

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **Covers some medications**

Counseling: **Covers most counseling**

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

STATE QUITLINE:

Investment per Smoker: **$4.86; the average investment per smoker is $3.46**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **Yes**

Tobacco Surcharge: **Limits tobacco surcharges**

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

Minimum Age: F

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

Colorado State Highlights:

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

1. Increase the tobacco tax that currently stands at 70 cents below the national average;
2. Enhance Colorado's smokefree law to include electronic smoking devices;
3. Strengthen state and local laws around youth access to tobacco products; and
4. Protect and increase funding for tobacco prevention and control programs.

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

During the 2016 legislative session, the Colorado Tobacco Free Alliance fought back against House Bill 1370 and its attempts to weaken Colorado's tobacco prevention program and put in place a weak tobacco registration, not licensing, system. The bill also failed to remove Colorado's penalty for local communities who would like to license those who sell cigarettes. Colorado does not require a license to sell tobacco products, and state law also imposes a financial penalty on any local community that wishes to adopt a cigarette license, fee, or tax. House Bill 1370 also did little to address Colorado's flawed penalty system where few retailers ever have to pay a fine for selling tobacco to a person under age 18.

In 2016, Altria, parent company of Philip Morris and maker of Marlboro cigarettes, spent more than $17 million to oppose Amendment 72. Amendment 72 would have increased taxes on cigarettes by $1.75 per pack and used the revenue for a number of important purposes, including programs to prevent tobacco use and help people quit.

The tobacco industry campaign, labeled deceptive by more than one media outlet, led to a narrow defeat of Amendment 72 in November. The Lung Association was part of a coalition of more than 100 public health, medical, and veterans' organizations in support of Amendment 72.

Colorado's smokefree law does not include electronic smoking devices and also continues to exempt places like tobacco businesses. Over the last two years, more than a dozen local communities have expanded their smokefree law to include electronic smoking devices and cover outdoor areas like parks and playgrounds. Six Colorado communities now require a license to sell tobacco products other than cigarettes, and one requires a license for the sale of all tobacco products.

In 2017, the American Lung Association in Colorado will continue its work with partners to educate about the importance of increasing tobacco taxes, protect and increase funding for the state tobacco prevention program, strengthen state and local laws around youth access to tobacco products and increase the number of smoke and aerosol free public places and workplaces.

Colorado State Facts

Health Care Costs Due to Smoking:	$1,891,467,308
Adult Smoking Rate:	15.6%
Adult Tobacco Use Rate:	18.7%
High School Smoking Rate:	8.6%
High School Tobacco Use Rate:	30.3%
Middle School Smoking Rate:	1.9%
Smoking Attributable Deaths:	5,070

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

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

To get involved with your American Lung Association, please contact:

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

Connecticut Report Card

AMERICAN LUNG ASSOCIATION. | STATE OF TOBACCO CONTROL 2017

CONNECTICUT

Tobacco Prevention and Control Program Funding: F

FY2017 State Funding for Tobacco Control Programs:	$0
FY2017 Federal Funding for State Tobacco Control Programs:	$2,179,002*
FY2017 Total Funding for State Tobacco Control Programs:	$2,179,002
CDC Best Practices State Spending Recommendation:	$32,000,000
Percentage of CDC Recommended Level:	6.8%
State Tobacco-Related Revenue:	$519,700,000

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

Thumbs down for providing no state funding to the Tobacco and Health Trust Fund for tobacco prevention and cessation programs for fiscal year 2017.

Smokefree Air: C

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government Worksites: **Prohibited**

Private Worksites: **Restricted**

Schools: **Prohibited**

Child Care Facilities: **Restricted**

Restaurants: **Prohibited**

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

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

Retail Stores: **Prohibited**

Recreational/Cultural Facilities: **Prohibited**

Penalties: **Yes**

Enforcement: **Yes**

Preemption: **Yes**

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

Tobacco Taxes: B

CIGARETTE TAX:

Tax Rate per pack of 20: **$3.90***

*On July 1, 2016, the cigarette tax increased from $3.65 to $3.90 per pack.

OTHER TOBACCO PRODUCT TAXES:

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

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

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

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

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

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

Access to Cessation Services: D

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **All 7 medications are covered**

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

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

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **Some medications are covered**

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

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

STATE QUITLINE:

Investment per Smoker: **$0; the average investment per smoker is $3.46**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

Tobacco Surcharge: **Limits tobacco surcharges**

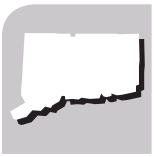
Citation: See Connecticut Tobacco Cessation Coverage page for coverage details.

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

Minimum Age: F

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

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

1. Raise the age of sale for tobacco products to 21;
2. Achieve tax parity between cigarettes and other tobacco products; and
3. Protect funding for tobacco control for fiscal year 2018.

Connecticut, like some other states in the country, is facing an incredibly challenging fiscal environment. Much of the 2016 legislative session was focused on addressing the budget deficit which made any kind of legislation with even a small fiscal note near impossible to pass. We did see bills make promising progress in 2016. Bills to reduce residents' exposure to secondhand smoke through closing some of the clean indoor air law loopholes and prohibiting smoking in cars while a person under 18 is present made it through the committee process. A bill proposing to raise the sales age for tobacco products to 21 got a hearing. Ultimately though, none of these pieces of legislation passed. Connecticut will be bringing in over $519 million in revenue from tobacco settlement payments and tobacco taxes this year and decided again, to spend $0 of that money on tobacco prevention or cessation.

The American Lung Association in Connecticut views the 2017 legislative session as a new opportunity to make progress in this continued fight against the changing landscape of tobacco products in Connecticut. While the budget challenges of years past are not going away, it is imperative that elected officials take to heart that tobacco takes too great a toll on this state's physical and fiscal health. The expanding world of tobacco products offers a number of challenges to the public health progress we made in previous decades to de-normalize smoking and significantly reduce smoking rates. The tobacco industry is changing with the times to ensure their profits and viability; Connecticut must update its policies to keep up with the times and protect the public health successes it has enjoyed.

The majority of tobacco users get hooked on nicotine at young ages. It is time to help address that by raising the tobacco sales age to 21. When looking at youth tobacco use rates they are starting to use tobacco products that are cheaper than cigarettes—ones taxed at rates much lower than cigarettes. That's why the state needs to close that tax loophole. Lastly, the state must utilize some of the money the state gets from the Master Settlement Agreement and tobacco taxes to fund programs for its intent—to keep youth from starting to use tobacco and helping those hooked to quit. 2017 presents a number of challenges and opportunities to achieving these big goals. One thing is for sure, we can no longer afford to stick with the status quo.

Connecticut State Facts

Health Care Costs Due to Smoking:	$2,038,803,314
Adult Smoking Rate:	13.5%
Adult Tobacco Use Rate:	14.7%
High School Smoking Rate:	5.6%
High School Tobacco Use Rate:	14.3%
Middle School Smoking Rate:	0.8%
Smoking Attributable Deaths:	4,900

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

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

To get involved with your American Lung Association, please contact:

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

Delaware Report Card

AMERICAN LUNG ASSOCIATION. | STATE OF TOBACCO CONTROL 2017

DELAWARE

Tobacco Prevention and Control Program Funding: D

FY2017 State Funding for Tobacco Control Programs:	$6,357,600
FY2017 Federal Funding for State Tobacco Control Programs:	$707,843*
FY2017 Total Funding for State Tobacco Control Programs:	$7,065,443
CDC Best Practices State Spending Recommendation:	$13,000,000
Percentage of CDC Recommended Level:	54.3%
State Tobacco-Related Revenue:	$136,800,000

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

Smokefree Air: A

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government Worksites: **Prohibited**

Private Worksites: **Prohibited**

Schools: **Prohibited**

Child Care Facilities: **Prohibited**

Restaurants: **Prohibited**

Bars: **Prohibited**

Casinos/Gaming Establishments: **Prohibited**

Retail Stores: **Prohibited**

Recreational/Cultural Facilities: **Prohibited**

Penalties: **Yes**

Enforcement: **Yes**

Preemption: **No**

Citation: DEL. CODE ANN. tit. 16, §§ 2901 et seq. (2002).

Tobacco Taxes: F

CIGARETTE TAX:

Tax Rate per pack of 20: **$1.60**

OTHER TOBACCO PRODUCT TAXES:

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

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

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

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

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

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

Access to Cessation Services: C

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **All 7 medications are covered**

Counseling: **Limited counseling is covered**

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

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

Counseling: **Most counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$9.29; the average investment per smoker is $3.46**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **Cessation bulletin issued**

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

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

Minimum Age: F

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

Delaware State Highlights:

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

1. Increase the excise tax by $1.00 per pack of cigarettes and create tax parity between the tax on cigarettes and other tobacco products;
2. Fund tobacco prevention and cessation programs at the Centers for Disease Control and Prevention (CDC) recommended level; and
3. Increase the sales age for tobacco products to 21 years old.

The 2016 legislative session was the second year of the 148th General Assembly of Delaware's two year session. Bills that did not pass in both chambers require re-introduction in 2017 to be considered for action. In 2016, very few tobacco control bills were introduced although some discussions occurred behind the scenes with the goal of having bills introduced in 2017.

The Delaware Health Fund, where tobacco Master Settlement Agreement dollars received by the state are directed, received almost $27 million total in fiscal year 2017. Total tobacco prevention and cessation funding decreased slightly to $6.358 million in fiscal year 2017 from $6.398 million in fiscal year 2016. This is a decrease of close to $2 million from the funding levels allocated to the program in years prior to the last two.

At the local level, Dover's City Council initiated a smokefree policy at the Dover Public Library and its grounds—for safety, cleanliness and the health of visitors. An amendment was added and passed unanimously to have no smoking within 25 feet of doorways to all city offices and buildings and eliminating smoking at city parks.

The American Lung Association in Delaware will continue to educate lawmakers on the ongoing fight against tobacco. Our goal is to build champions within the legislature and a groundswell of advocates to advance our goals, including a long overdue increase in the cigarette tax, the equalization of taxes on other tobacco products, funding to prevent our youth from starting to smoke as well as helping individuals who want to quit to do so. We also hope to increase the minimum age of sale for all tobacco products to 21 years old, and increase the licensure fees for tobacco wholesalers, retailers and vending machine operators.

Delaware State Facts

Health Care Costs Due to Smoking:	$532,321,239
Adult Smoking Rate:	17.4%
Adult Tobacco Use Rate:	18.8%
High School Smoking Rate:	9.9%
High School Tobacco Use Rate:	29.8%
Middle School Smoking Rate:	2.7%
Smoking Attributable Deaths:	1,440

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

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

To get involved with your American Lung Association, please contact:

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

District of Columbia Report Card

AMERICAN LUNG ASSOCIATION.

STATE OF TOBACCO CONTROL 2017

DISTRICT OF COLUMBIA

Tobacco Prevention and Control Program Funding: F

FY2017 City Funding for Tobacco Control Programs:	$1,000,000
FY2017 Federal Funding for City Tobacco Control Programs:	$696,780*
FY2017 Total Funding for City Tobacco Control Programs:	$1,696,780
CDC Best Practices City Spending Recommendation:	$10,700,000
Percentage of CDC Recommended Level:	15.9%
City Tobacco-Related Revenue:	$69,900,000

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

Smokefree Air: A

OVERVIEW OF 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**

Penalties: **Yes**

Enforcement: **Yes**

Preemption: **No**

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

Tobacco Taxes: B

CIGARETTE TAX:

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

OTHER TOBACCO PRODUCT TAXES:

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

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

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

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

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

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

Access to Cessation Services: C*

OVERVIEW OF CITY CESSATION COVERAGE:

CITY MEDICAID PROGRAM:

Medications: **Most medications are covered**

Counseling: **Some counseling is covered**

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

Medicaid Expansion: **Yes**

CITY EMPLOYEE HEALTH PLAN(S):

Medications: **Data not available***

Counseling: **Data not available***

Barriers to Coverage: **Data not available***

CITY QUITLINE:

Investment per Smoker: **$5.41; the average investment per smoker is $3.46**

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.

*Due to current data on tobacco cessation coverage for District of Columbia employees being unavailable, the District of Columbia was graded based on cessation coverage under Medicaid and quitline investment per smoker only.

Minimum Age: I*

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

*The District of Columbia earns an I for Incomplete in this category because legislation to increase the age of sale for tobacco products to 21 was approved by the city council/mayor, but has not yet taken effect.

Thumbs up for the District of Columbia for passing legislation to increase the age of sale for all tobacco products to 21.

District of Columbia 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 in the District of Columbia calls for the following three actions to be taken by our elected officials:

1. Fund tobacco prevention and cessation programs at the Centers for Disease Control and Prevention-recommended level;
2. Amend the smokefree workplace law to put additional restrictions on hookah bars; and
3. Ensure funding is budgeted so the law increasing the sales age for tobacco products to 21 can take effect.

There was much activity in the City Council around tobacco control in 2016, including the Tobacco Bar Regulation Amendment Act of 2015 which would prohibit the licensing and operation of tobacco bars located adjacent or abutting a residential property. Existing tobacco bars that have already been approved by the Department of Health are allowed to continue to operate. The bill was not voted on in 2016, but the American Lung Association in the District of Columbia hopes the bill will be re-introduced and considered in 2017.

Three important bills were passed by the city council and signed by the mayor in 2016 with the intent to decrease youth tobacco use. The Sporting Events Smoking and Smokeless Tobacco Restriction Amendment Act of 2016 will prohibit smoking and smokeless tobacco from event sites for organized sporting events, including Nationals Park. The new law took effect once it was signed by the mayor.

The second bill the Prohibition Against Selling Tobacco Products to Individuals Under 21 Amendment Act of 2015 amends the current District law to prohibit the sale of tobacco products to those under 21 years of age. Presently, the law prohibits the sale of cigarettes to those under 18 years of age. The new law will only take effect though if money is budgeted for its implementation in the 2017 budget.

The third and final bill, the Electronic Cigarette Parity Amendment Act of 2016 will prohibit the smoking of electronic cigarettes in all areas where smoking is currently prohibited by law, including public spaces and places of employment. The new law also took effect when signed by the mayor.

The American Lung Association in the District of Columbia will continue to educate lawmakers on the ongoing fight against tobacco. Our goal is to build champions within the city council and a groundswell of advocates to advance our goals: increased funding for tobacco prevention and cessation, putting additional restrictions on smoking in hookah bars, and ensuring the new Tobacco 21 law will be fully implemented.

District of Columbia Facts

Health Care Costs Due to Smoking:	$391,048,877
Adult Smoking Rate:	16.0%
Adult Tobacco Use Rate:	16.7%
High School Smoking Rate:	12.5%
High School Smoking Rate:	N/A
Middle School Smoking Rate:	N/A
Smoking Attributable Deaths:	790

Adult smoking and tobacco use data come from CDC's 2015 Behavioral Risk Factor Surveillance System. High school smoking rate is taken from the 2011 Youth Risk Behavior Surveillance System. Current high school tobacco use and middle school smoking rates are not available for the city.

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

To get involved with your American Lung Association, please contact:

American Lung Association in District of Columbia
(202) 747-5533
www.lung.org/about-us/local-associations/washington-dc.html

Florida Report Card

AMERICAN LUNG ASSOCIATION. | STATE OF TOBACCO CONTROL 2017

FLORIDA

Tobacco Prevention and Control Program Funding: F

FY2017 State Funding for Tobacco Control Programs:	$67,752,019
FY2017 Federal Funding for State Tobacco Control Programs:	$2,591,330*
FY2017 Total Funding for State Tobacco Control Programs:	$70,343,349
CDC Best Practices State Spending Recommendation:	$194,200,000
Percentage of CDC Recommended Level:	36.2%
State Tobacco-Related Revenue:	$1,600,000,000

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

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

Smokefree Air: B

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government Worksites: **Prohibited**

Private Worksites: **Prohibited**

Schools: **Prohibited**

Child Care Facilities: **Prohibited**

Restaurants: **Prohibited**

Bars: **Restricted***

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

Retail Stores: **Prohibited**

Recreational/Cultural Facilities: **Prohibited**

Penalties: **Yes**

Enforcement: **Yes**

Preemption: **Yes**

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

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

Tobacco Taxes: F

CIGARETTE TAX:

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

OTHER TOBACCO PRODUCT TAXES:

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

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

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

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

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

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

Access to Cessation Services: F

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **Limited medications are covered**

Counseling: **Limited counseling is covered**

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

Medicaid Expansion: **No**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

Counseling: **Limited counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$5.04; the average investment per smoker is $3.46**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

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

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

Minimum Age: F

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

Florida State Highlights:

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

1. Substantially increase the costs of tobacco products including electronic smoking devices;
2. Strengthen Florida's smokefree air law by removing the exemption for stand-alone bars; and
3. Increase tobacco control funding to Centers for Disease Control and Prevention (CDC)-recommended levels.

During the 2016 legislative session, the American Lung Association in Florida was able to protect funding for Tobacco Free Florida and increase the total budget for the program to $67,753,019. The American Lung Association in Florida will continue to ensure that the allocation of these dollars follows CDC's Best Practices for Comprehensive Tobacco Control Programs, are competitively procured, and that rigorous performance measures are included in any contracts managed by the Florida Department of Health.

Florida's program continues to be committed to provide people who smoke a wide variety of services free of charge. In addition to the $14.3 million allocated for quitline services, the program dedicates an additional $7.6 million for in-person cessation counseling. During the fiscal year ending June 30, 2016, over 20,000 tobacco users received tobacco cessation services from the in-person option.

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

During 2017, the American Lung Association in Florida will continue to ensure the state has a highly effective and well-funded tobacco prevention and control program, vigilantly work to improve the Clean Indoor Air Act and work to significantly increase the cost of tobacco products.

Florida State Facts

Health Care Costs Due to Smoking:	$8,643,645,763
Adult Smoking Rate:	15.8%
Adult Tobacco Use Rate:	17.6%
High School Smoking Rate:	6.9%
High School Tobacco Use Rate:	N/A
Middle School Smoking Rate:	2.0%
Smoking Attributable Deaths:	32,300

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

Health impact information is taken from the Smoking Attributable Mortality, Morbidity and Economic Costs

(SAMMEC) software. Smoking attributable deaths reflect average annual estimates for the period 2005-2009 and are calculated for persons aged 35 years and older. Smoking-attributable health care expenditures are based on 2004 smoking-attributable fractions and 2009 personal health care expenditure data. Deaths and expenditures should not be compared by state.

To get involved with your American Lung Association, please contact:

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

Georgia Report Card

AMERICAN LUNG ASSOCIATION. | STATE OF TOBACCO CONTROL 2017

GEORGIA

Tobacco Prevention and Control Program Funding: F

FY2017 State Funding for Tobacco Control Programs:	$1,750,000
FY2017 Federal Funding for State Tobacco Control Programs:	$2,267,817*
FY2017 Total Funding for State Tobacco Control Programs:	$4,017,817
CDC Best Practices State Spending Recommendation:	$106,000,000
Percentage of CDC Recommended Level:	3.8%
State Tobacco-Related Revenue:	$376,700,000

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

Smokefree Air: C

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government Worksites: **Prohibited**

Private Worksites: **Restricted**

Schools: **Prohibited**

Child Care Facilities: **Prohibited**

Restaurants: **Restricted**

Bars: **Restricted**

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

Retail Stores: **Restricted**

Recreational/Cultural Facilities: **Prohibited**

Penalties: **Yes**

Enforcement: **Yes**

Preemption: **No**

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

Tobacco Taxes: F

CIGARETTE TAX:

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

OTHER TOBACCO PRODUCT TAXES:

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

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

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

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

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

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

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

Access to Cessation Services: F

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **Most medications are covered**

Counseling: **Some counseling is covered**

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

Medicaid Expansion: **No**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **Some medications are covered**

Counseling: **Some counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$0.93; the average investment per smoker is $3.46**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

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

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

Minimum Age: F

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

Georgia State Highlights:

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

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

Georgia continues to be in the bottom tier of states providing vital funding to reduce tobacco use. Georgia's state tobacco prevention program and quit line run on little state funding compared to previous years. Georgia ranks 48th out of 50 states in the amount cigarettes are taxed at. Georgia's cigarette tax is 37 cents per pack; the national state average was $1.65 per pack in September 2016. During 2016, there was interest in including a tobacco tax increase in proposed tax reform legislation, and legislation proposed to exempt military retirement income from state taxes with an offset from a small cigarette tax increase. Neither proposal made it through the committee process.

On the local level, the City of Clarkston passed a comprehensive smokefree air law that included electronic cigarettes and hookah. They become the first metro Atlanta city in several years to pass an ordinance. Local advocates across the state pushed for tobacco free school campuses with 116 of 181 school systems achieving this status as of August 2016. Twenty-eight cities and counties have prohibited smoking in their parks and recreational facilities. Eighty-two percent of hospitals are smokefree in the hospital and on their campuses.

In September 2016, Hartsfield-Jackson International Airport announced they would convert their 'smoking rooms' into cigar bars requiring patrons to pay to smoke in the bars, and potentially exposing the rest of the traveling public to secondhand smoke. As of October 1, 2016, Americans for Non-Smokers Rights reported 29 of the top 35 U.S. airports were 100 percent smokefree indoors, so this action is a major step backward. Los Angeles International, Chicago O'Hare and many other large, busy airports provide a smokefree environment for their passengers.

One of the most important moves the Georgia Legislature could make would be to increase funding for state tobacco prevention programs. Adequately funded state programs that prevent kids from smoking and help smokers quit are proven to save lives and money. Few elected officials know that the state's tobacco prevention program receives little state funding from the Tobacco Master Settlement Agreement. The American Lung Association in Georgia and tobacco control supporters will seek to educate General Assembly members on the benefits of this change in 2017. At the local level, supporters continue to call for strong local smokefree ordinances especially in the metro Atlanta area.

Georgia State Facts

Health Care Costs Due to Smoking:	$3,182,695,641
Adult Smoking Rate:	17.7%
Adult Tobacco Use Rate:	21.0%
High School Smoking Rate:	10.8%
High School Tobacco Use Rate:	N/A
Middle School Smoking Rate:	3.2%
Smoking Attributable Deaths:	11,690

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

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

To get involved with your American Lung Association, please contact:

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

Hawaii Report Card

AMERICAN LUNG ASSOCIATION. | STATE OF TOBACCO CONTROL 2017

HAWAII

Tobacco Prevention and Control Program Funding: F

FY2017 State Funding for Tobacco Control Programs:	$5,284,750
FY2017 Federal Funding for State Tobacco Control Programs:	$880,299*
FY2017 Total Funding for State Tobacco Control Programs:	$6,165,049
CDC Best Practices State Spending Recommendation:	$13,700,000
Percentage of CDC Recommended Level:	45.0%
State Tobacco-Related Revenue:	$178,300,000

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

Smokefree Air: A

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government Worksites: **Prohibited**

Private Worksites: **Prohibited**

Schools: **Prohibited**

Child Care Facilities: **Prohibited**

Restaurants: **Prohibited**

Bars: **Prohibited**

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

Retail Stores: **Prohibited**

Recreational/Cultural Facilities: **Prohibited**

Penalties: **Yes**

Enforcement: **Yes**

Preemption: **No**

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

Tobacco Taxes: A

CIGARETTE TAX:

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

OTHER TOBACCO PRODUCT TAXES:

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

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

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

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

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

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

Access to Cessation Services: D*

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **Most medications are covered**

Counseling: **Some counseling is covered**

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

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **Data not available***

Counseling: **Data not available***

Barriers to Coverage: **Data not available***

STATE QUITLINE:

Investment per Smoker: **$3.89; the average investment per smoker is $3.46**

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.

* Due to current data on tobacco cessation coverage for state employees being unavailable, Hawaii was graded based on cessation coverage under Medicaid and quitline investment per smoker only.

Minimum Age: A

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

Hawaii State Highlights:

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

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

The 2016 legislative session was a relatively quiet one, yet filled both with challenges and successes. Senate bill 305 successfully passed and became Act 025, which prohibits the use of tobacco products and electronic smoking devices on the premises of Hawaii Health Systems Corporation (HHSC) facilities. HHSC is the largest provider of health care in the islands, other than on Oahu and Molokai, and is the only acute care provider on the islands of Maui and Lanai. The system operates 1,303 licensed beds in facilities located on five different islands.

There was much momentum and traction for Senate Bill 2083, the smokefree vehicle bill which would have prohibited smoking and electronic cigarette use in a vehicle when a child under 18 is present. Through a multitude of testimonials and advocacy efforts, the bill was near passage, but died in conference committee between the House of Representatives and Senate. Though the state bill did not pass, this has been law in Hawaii County since 2010, and just recently passed on July 26, 2016 in Kauai County.

All bills relating to cigarette and tobacco taxes, electronic smoking devices licensing and packaging, and smokefree housing, unfortunately died along the way.

Public health partners polled the nearly 300 candidates running for office on tobacco-related public health issues. The top three tobacco control issues receiving the most support were: regulation of internet tobacco sales (85.2%), inadequate federal regulations on electronic smoking devices (84.6%), and smokefree vehicles when a minor is present (83.2%). Advocates also completed the 2016-2020 State Tobacco Prevention and Control Strategic Plan.

In 2017, the American Lung Association in Hawaii will continue its support to fund comprehensive tobacco prevention programs at or near levels recommended by the Centers for Disease Control and Prevention. Advocacy efforts with community partners will continue to support legislation to increase taxes on other tobacco products and explore policies to further regulate electronic smoking devices. The implementation of the state strategic plan will continue to guide Hawaii's work in ensuring a smokefree and tobacco-free Hawaii, through direct education with underserved populations and advocacy efforts at the local and state levels.

Hawaii State Facts

Health Care Costs Due to Smoking:	$526,253,732
Adult Smoking Rate:	14.1%
Adult Tobacco Use Rate:	15.7%
High School Smoking Rate:	7.4%
High School Tobacco Use Rate:	N/A
Middle School Smoking Rate:	3.0%
Smoking Attributable Deaths:	1,420

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

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

To get involved with your American Lung Association, please contact:

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

Idaho Report Card

AMERICAN LUNG ASSOCIATION. | STATE OF TOBACCO CONTROL 2017

IDAHO

Tobacco Prevention and Control Program Funding: D

FY2017 State Funding for Tobacco Control Programs:	$5,985,700
FY2017 Federal Funding for State Tobacco Control Programs:	$2,012,781*
FY2017 Total Funding for State Tobacco Control Programs:	$7,998,481
CDC Best Practices State Spending Recommendation:	$15,600,000
Percentage of CDC Recommended Level:	51.3%
State Tobacco-Related Revenue:	$77,500,000

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

Smokefree Air: B

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government Worksites: **Prohibited**

Private Worksites: **Restricted**

Schools: **Prohibited**

Child Care Facilities: **Prohibited**

Restaurants: **Prohibited**

Bars: **No provision**

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

Retail Stores: **Prohibited**

Recreational/Cultural Facilities: **Prohibited**

Penalties: **Yes**

Enforcement: **Yes**

Preemption: **No**

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

The Smokefree Air grade only examines state tobacco control law and does not reflect local smokefree ordinances. Idaho has made great strides in protecting people from secondhand smoke by passing comprehensive local smokefree ordinances that cover 13.6% of the state's population.

Tobacco Taxes: F

CIGARETTE TAX:

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

OTHER TOBACCO PRODUCT TAXES:

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

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

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

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

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

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

Access to Cessation Services: C

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **All 7 medications are covered**

Counseling: **Limited counseling is covered**

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

Medicaid Expansion: **No**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **No medications are covered**

Counseling: **Some counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$7.69; the average investment per smoker is $3.46**

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.

Minimum Age: F

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

Idaho State Highlights:

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

1. Increase funding for tobacco prevention and control programs using funds from the Idaho Millennium Fund;
2. Pass a comprehensive statewide smokefree air law; and
3. Raise cigarette and tobacco taxes.

The 2016 legislative session saw continued funding for the American Lung Association in Idaho's youth tobacco control programs with funding of $202,000 allocated for youth tobacco education, prevention, cessation, and youth advocacy programs. In total, close to $6 million was allocated to tobacco prevention and cessation initiatives through the Idaho Department of Health and Welfare or other entities from the Idaho Millennium Fund and a small portion of tobacco tax revenue. The Idaho Millennium Fund is where Idaho's tobacco Master Settlement Agreement dollars are directed.

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

The American Lung Association in Idaho will continue working to increase allocations for tobacco prevention and cessation programs, to expand local smokefree ordinances, and to support appropriate efforts to increase tobacco taxes in 2017.

Idaho State Facts

Health Care Costs Due to Smoking:	$508,053,436
Adult Smoking Rate:	13.8%
Adult Tobacco Use Rate:	17.6%
High School Smoking Rate:	9.7%
High School Tobacco Use Rate:	30.4%
Middle School Smoking Rate:	N/A
Smoking Attributable Deaths:	1,800

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

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

To get involved with your American Lung Association, please contact:

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

Illinois Report Card

AMERICAN LUNG ASSOCIATION. | STATE OF TOBACCO CONTROL 2017

ILLINOIS

Tobacco Prevention and Control Program Funding: F

FY2017 State Funding for Tobacco Control Programs:	$9,100,000
FY2017 Federal Funding for State Tobacco Control Programs:	$3,059,896*
FY2017 Total Funding for State Tobacco Control Programs:	$12,159,896
CDC Best Practices State Spending Recommendation:	$136,700,000
Percentage of CDC Recommended Level:	8.9%
State Tobacco-Related Revenue:	$1,200,000,000

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

Smokefree Air: A

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government Worksites: **Prohibited**

Private Worksites: **Prohibited**

Schools: **Prohibited**

Child Care Facilities: **Prohibited**

Restaurants: **Prohibited**

Bars: **Prohibited**

Casinos/Gaming Establishments: **Prohibited**

Retail Stores: **Prohibited**

Recreational/Cultural Facilities: **Prohibited**

Penalties: **Yes**

Enforcement: **Yes**

Preemption: **No**

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

Tobacco Taxes: F

CIGARETTE TAX:

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

OTHER TOBACCO PRODUCT TAXES:

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

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

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

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

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

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

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

Access to Cessation Services: F

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **All 7 medications are covered**

Counseling: **No counseling is covered**

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

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

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

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

STATE QUITLINE:

Investment per Smoker: **$1.88; the average investment per smoker is $3.46**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **Cessation bulletin issued**

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

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

Minimum Age: F

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

Illinois State Highlights:

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

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

The 2016 state legislative session was fraught with overwhelming state budget issues. A lack of a fiscal year 2016 budget hung over the state capitol the entire session as all health and human service programs struggled to survive without payment and many closed their doors forever.

Finally, on June 30th, the very last day of fiscal year 2016, a stop-gap budget for fiscal year 2016 and the first six months of fiscal year 2017 was passed and signed into law. Tobacco control programs at the state and local levels were some of the only programs funded for all of fiscal year 2017.

The Illinois Senate also considered Senate Bill 3011, a bill that would have increased the minimum age of sale for all tobacco products to 21 often referred to as Tobacco 21 legislation. The bill failed to pass the state Senate the first time, but then passed on the second attempt late in the 2016 session. Senate Bill 3011 was revived during veto session in fall 2016, but was not granted a vote in the Illinois House of Representatives. Also in 2016, the cities of Chicago, Deerfield, Evanston, Highland Park, Oak Park and Naperville passed Tobacco 21 laws.

Unfortunately, the 2017 Legislative Session promises to include another state budget battle. We will continue to work with our partners to ensure tobacco control programs are funded and to pass local Tobacco 21 laws and work toward a statewide law. We will continue to defend the Smoke Free Illinois Act from any weakening attempts and create a norm of smokefree workplaces, multi-unit housing and outdoor recreational areas.

Illinois State Facts

Health Care Costs Due to Smoking:	$5,495,627,110
Adult Smoking Rate:	15.1%
Adult Tobacco Use Rate:	17.1%
High School Smoking Rate:	9.9%
High School Tobacco Use Rate:	32.8%
Middle School Smoking Rate:	2.0%
Smoking Attributable Deaths:	18,280

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

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

To get involved with your American Lung Association, please contact:

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

Indiana Report Card

AMERICAN LUNG ASSOCIATION.

STATE OF TOBACCO CONTROL 2017

INDIANA

Tobacco Prevention and Control Program Funding: F

FY2017 State Funding for Tobacco Control Programs:	$5,900,000
FY2017 Federal Funding for State Tobacco Control Programs:	$1,397,246*
FY2017 Total Funding for State Tobacco Control Programs:	$7,297,246
CDC Best Practices State Spending Recommendation:	$73,500,000
Percentage of CDC Recommended Level:	9.9%
State Tobacco-Related Revenue:	$579,000,000

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

Smokefree Air: C

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government Worksites: **Prohibited**

Private Worksites: **Prohibited**

Schools: **Prohibited**

Child Care Facilities: **Prohibited**

Restaurants: **Prohibited**

Bars: **Restricted***

Casinos/Gaming Establishments: **No provision**

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

Recreational/Cultural Facilities: **Prohibited**

Penalties: **Yes**

Enforcement: **Yes**

Preemption: **No**

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

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

Note: The Smokefree Air grade only examines state tobacco control law and does not reflect local smokefree ordinances. Indiana has made great strides in protecting people from secondhand smoke by passing comprehensive local smokefree ordinances that cover 26.8% of the state's population.

Tobacco Taxes: F

CIGARETTE TAX:

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

OTHER TOBACCO PRODUCT TAXES:

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

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

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

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

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

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

Access to Cessation Services: 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: **Some barriers exist to access care**

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **Most medications are covered**

Counseling: **Most counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$1.01; the average investment per smoker is $3.46**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

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

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

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

Minimum Age: F

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

Indiana State Highlights:

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

1. Raise the cigarette excise tax by at least a $1.50 per pack;
2. Pass a comprehensive smoke free air law that covers bars, taverns and casinos; and
3. Increase funding for Indiana's tobacco prevention and cessation program.

The American Lung Association in Indiana fought for effective tobacco control policies during the 2016 legislative session. The Lung Association also partnered with Tobacco Free Indiana, which aimed to increase the cigarette tax by $1.00 per pack. The momentum grew this year as legislation passed out of the House of Representatives with language to increase the cigarette tax by a $1.00 and increase funding to tobacco prevention and cessation programs by $2 million. Unfortunately, both efforts were unsuccessful due to the lack of support from the Senate. However, our efforts to increase the cigarette tax gained increased momentum and media attention statewide.

On a more positive note, momentum on local smokefree efforts in Indiana has been building. Indiana saw success when South Bend, Indiana passed one of the strongest comprehensive ordinances in Indiana which will protect over 100,000 residents and workers starting January 2, 2017. Franklin, another local municipality, strengthened its smokefree ordinance to include electronic cigarettes. The Lung Association in Indiana was instrumental in helping bring about this policy change.

Tobacco Free Indiana conducted a poll for the 2016 session which found that 73 percent of participants were concerned about smoking and other tobacco use among Hoosiers, particularly young people. The poll conducted by Bellwether Research and Consulting found that 77 percent of all voters would favor a $1.00 per pack increase in the cigarette tax as part of an effort to reduce tobacco use, especially among youth with money funding infrastructure projects. The poll also showed bi-partisan support for increasing the cigarette tax with 81 percent of Democrats, 75 percent of Republicans and 74 percent of independents in support. This poll showed overwhelming public support to significantly increase the cigarette tax in Indiana.

The American Lung Association in Indiana looks forward to an active 2017 legislative session as we continue to partner with the statewide tobacco control coalition, Tobacco Free Indiana, in advocating for a $1.50 increase in Indiana's cigarette tax and additional funding for Indiana's tobacco control program. Indiana's current tobacco tax of 99.5 cents per pack ranks 36th in the United States, Indiana would have the 13th highest cigarette tax in the country with an increase of $1.50 per pack. The American Lung Association in Indiana will also look for additional opportunities to strengthen Indiana's smokefree laws at the local level in 2017.

Indiana State Facts

Health Care Costs Due to Smoking:	$2,930,404,456
Adult Smoking Rate:	20.6%
Adult Tobacco Use Rate:	23.7%
High School Smoking Rate:	11.2%
High School Tobacco Use Rate:	32.4%
Middle School Smoking Rate:	3.7%
Smoking Attributable Deaths:	11,070

Adult smoking and tobacco use data come from CDC's 2015 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use data come from the 2015 Youth Risk Behavior Surveillance System. Middle school smoking rate is taken from the 2013 Youth Tobacco Survey.

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

To get involved with your American Lung Association, please contact:

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

Iowa Report Card

AMERICAN LUNG ASSOCIATION. | STATE OF TOBACCO CONTROL 2017

IOWA

Tobacco Prevention and Control Program Funding: F

FY2017 State Funding for Tobacco Control Programs:	$5,248,361
FY2017 Federal Funding for State Tobacco Control Programs:	$1,010,996*
FY2017 Total Funding for State Tobacco Control Programs:	$6,259,357
CDC Best Practices State Spending Recommendation:	$30,100,000
Percentage of CDC Recommended Level:	20.8%
State Tobacco-Related Revenue:	$300,300,000

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

Smokefree Air: A

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government Worksites: **Prohibited**

Private Worksites: **Prohibited**

Schools: **Prohibited**

Child Care Facilities: **Prohibited**

Restaurants: **Prohibited**

Bars: **Prohibited**

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

Retail Stores: **Prohibited**

Recreational/Cultural Facilities: **Prohibited**

Penalties: **Yes**

Enforcement: **Yes**

Preemption: **No**

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

Tobacco Taxes: F

CIGARETTE TAX:

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

OTHER TOBACCO PRODUCT TAXES:

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

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

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

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

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

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

Access to Cessation Services: F

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **Covers all 7 medications**

Counseling: **Covers some counseling**

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

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **Covers most medications**

Counseling: **Covers no counseling**

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

STATE QUITLINE:

Investment per Smoker: **$3.22; the average investment per smoker is $3.46**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

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

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

Minimum Age: F

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

Iowa State Highlights:

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

1. Increase funding to the Division of Tobacco Use Prevention & Control to 2008 levels ($12.29 million);
2. Reduce exposure to secondhand smoke through comprehensive smokefree and tobacco-free laws and policies in all public places; and
3. Increase the price of tobacco products through cigarette and other tobacco product taxes.

In 2016, the American Lung Association in Iowa advocated to maintain funding for the Iowa Department of Public Health, Division of Tobacco Use Prevention & Control budget. Iowa's Tobacco Use Prevention & Control Division begins Fiscal Year 2017 with a budget of $5.25 million. This is a decrease from the 2016 budget of $5.53 million. In 2008, division funding was at its highest with $12.29 million.

A large push by our partners to close the casino loophole in Iowa's Smokefree Air Act was supported by the American Lung Association in Iowa. A committee meeting was held, where ultimately the bill did not move forward. At the local level, ordinances to prohibit electronic cigarette use where smoking is prohibited were implemented in both city and county government. As of December 1, 2016, five cities and one county had enacted local electronic cigarette ordinances. Momentum continues to build to prohibit the use electronic cigarettes in public spaces at the local and state level.

In 2017, the American Lung Association in Iowa, along with our partners, will continue to advocate for increased funding to the Division of Tobacco Use Prevention & Control back up to 2008 levels ($12.29 million). With this funding, we can reduce the burden of lung disease and prevent tobacco-related deaths from occurring. The Lung Association will continue to support an increase in cigarette and other tobacco product taxes. Our organization and partners are looking for a $1.00 increase in the cigarette excise tax with an equivalent increase in the tax on other tobacco products. In addition to funding and tobacco tax, focus will continue on closing loopholes in the state Smokefree Air Act.

Iowa State Facts

Health Care Costs Due to Smoking:	$1,285,256,462
Adult Smoking Rate:	18.1%
Adult Tobacco Use Rate:	21.4%
High School Smoking Rate:	8.9%
High School Tobacco Use Rate:	N/A
Middle School Smoking Rate:	2.5%
Smoking Attributable Deaths:	5,070

Adult smoking and tobacco use data come from CDC's 2015 Behavioral Risk Factor Surveillance System. High school (11th grade only) and middle school (8th grade only) smoking rates are taken from the 2014 Iowa Youth Survey. A current high school tobacco use rate is not available for this state.

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

To get involved with your American Lung Association, please contact:

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

Kansas Report Card

AMERICAN LUNG ASSOCIATION. | STATE OF TOBACCO CONTROL 2017

Tobacco Prevention and Control Program Funding: F

FY2017 State Funding for Tobacco Control Programs:	$847,041
FY2017 Federal Funding for State Tobacco Control Programs:	$1,579,535*
FY2017 Total Funding for State Tobacco Control Programs:	$2,426,576
CDC Best Practices State Spending Recommendation:	$27,900,000
Percentage of CDC Recommended Level:	8.7%
State Tobacco-Related Revenue:	$208,700,000

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

Smokefree Air: A

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government Worksites: **Prohibited**

Private Worksites: **Prohibited**

Schools: **Prohibited**

Child Care Facilities: **Prohibited**

Restaurants: **Prohibited**

Bars: **Prohibited**

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

Retail Stores: **Prohibited**

Recreational/Cultural Facilities: **Prohibited**

Penalties: **Yes**

Enforcement: **Yes**

Preemption: **No**

Citation: KAN. STAT. ANN. §§ 21-6109 to 21-6116 (2012).

Tobacco Taxes: F

CIGARETTE TAX:

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

OTHER TOBACCO PRODUCT TAXES:

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

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

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

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

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

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

Access to Cessation Services: F

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **Covers all 7 medications**

Counseling: **Covers some counseling**

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

Medicaid Expansion: **No**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **Covers some medications**

Counseling: **Covers some counseling**

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

STATE QUITLINE:

Investment per Smoker: **$0.44: the average investment per smoker is $3.46**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

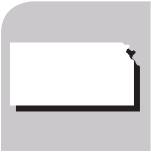
Tobacco Surcharge: **No prohibition or limitation on tobacco surcharges**

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

Minimum Age: F

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

Kansas State Highlights:



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

1. Advocate for increased funding for tobacco control at the Centers for Disease Control and Prevention-recommended level;
2. Strengthen laws that regulate youth access to tobacco products; and
3. Increase taxes on other tobacco products.

During the 2016 legislative session, the legislature approved flat funding for the state tobacco prevention program ($946,761). However, the governor cut that program down to $847,041 through allotments. In 2017, the American Lung Association in Kansas will be advocating to restore state funding for tobacco prevention programs back to the previous amount.

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

Sixteen communities in metropolitan Kansas City have adopted Tobacco 21 ordinances. This includes 10 communities on the Kansas side of the state line: Kansas City; Olathe; Leavenworth; Prairie Village; Lansing; Lenexa; Leawood; Bonner Springs; Iola and Overland Park. This represents more than 630,000 Kansans now living in Tobacco 21 communities with more on the way. The Lung Association has been asked to make our presentation to multiple other communities on both sides of the state line since adoption of these initial ordinances. The Lung Association projects that each year these policies will prevent approximately 1,000 new adult smokers, which translates to 333 saved lives and $5.8 million saved by private employers.

During the 2017 legislative session, the American Lung Association in Kansas will continue to focus on lung health and work with partners to advocate for increased funding and successful passage of youth access laws. We will advocate for essential tobacco prevention funding and comprehensive cessation coverage for those trying to quit using tobacco products.

Kansas State Facts

Health Care Costs Due to Smoking:	$1,128,040,688
Adult Smoking Rate:	17.7%
Adult Tobacco Use Rate:	21.8%
High School Smoking Rate:	10.2%
High School Tobacco Use Rate:	N/A
Middle School Smoking Rate:	1.2%
Smoking Attributable Deaths:	4,390

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

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

To get involved with your American Lung Association, please contact:

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

Kentucky Report Card

AMERICAN LUNG ASSOCIATION. | STATE OF TOBACCO CONTROL 2017

KENTUCKY

Tobacco Prevention and Control Program Funding: F

FY2017 State Funding for Tobacco Control Programs:	$2,353,100
FY2017 Federal Funding for State Tobacco Control Programs:	$2,173,274*
FY2017 Total Funding for State Tobacco Control Programs:	$4,526,374
CDC Best Practices State Spending Recommendation:	$56,400,000
Percentage of CDC Recommended Level:	8.0%
State Tobacco-Related Revenue:	$361,000,000

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

Smokefree Air: F

OVERVIEW OF STATE SMOKING RESTRICTIONS:

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

Private Worksites: **No provision**

Schools: **Restricted**

Child Care Facilities: **No provision**

Restaurants: **No provision**

Bars: **No provision**

Casinos/Gaming Establishments: **No provision**

Retail Stores: **No provision**

Recreational/Cultural Facilities: **No provision**

Penalties: **Yes**

Enforcement: **No**

Preemption: **No**

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

The Smokefree Air grade only examines state tobacco control law and does not reflect local smokefree ordinances. Kentucky has made great strides in protecting people from secondhand smoke by passing comprehensive local smokefree ordinances that cover 31.7% of the state's population.

Tobacco Taxes: F

CIGARETTE TAX:

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

OTHER TOBACCO PRODUCT TAXES:

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

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

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

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

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

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

Access to Cessation Services: F

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **Covers all 7 medications**

Counseling: **Covers limited counseling**

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

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **Covers some medications**

Counseling: **Covers some counseling**

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

STATE QUITLINE:

Investment per Smoker: **$0.25; the average investment per smoker is $3.46**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

Tobacco Surcharge: **Limits tobacco surcharges**

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

Minimum Age: F

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

Kentucky State Highlights:

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

1. Pass legislation to ensure comprehensive cessation coverage for all private insurance and Medicaid programs in the state without barriers;
2. Pass legislation to ensure all Kentucky school campuses are smokefree; and
3. Pass local and state legislation to prohibit smoking in virtually all public places and workplaces.

Unfortunately, no new state laws passed in Kentucky related to tobacco control during the 2016 legislative session. Two factors contributed to this: it being a budget year and a new governor being elected that was not supportive.

Legislation to increase the minimum age of sale for tobacco products to 21 was filed in the House and made it through the Health and Welfare Committee but was assigned to an unfriendly committee for second reading and promptly died. It is likely that this legislation will be filed again in 2017.

Our smokefree law champions in the House and Senate decided not to file the clean indoor air bill in 2016 because the environment, especially on the Senate side, was unfriendly to allowing it to even be heard in committee. Even on the House side where the clean indoor air law passed the House in 2015, getting the votes needed to pass it would have been difficult.

One bill that seemed to gain traction but did not pass in 2016 was a bill sponsored by Sen. Julie Raque Adams and co-sponsored by Sen. Ralph Alvarado which would ensure that all seven FDA-approved tobacco cessation medications and recommended counseling sessions as recommended by the U.S. Public Health Service Guideline: Treating Tobacco Use and Dependence would be covered by all private insurance and Medicaid programs in the state without any barriers. The bill was allowed an informational hearing and will be refiled in 2017.

There continued to be work at the local level to pass smokefree air ordinances and work through school districts to pass tobacco-free campus policies. The city of Hazard implemented a weak partial law that only prohibited smoking in some public places and workplaces, Pikeville added e-cigarettes to their partial ordinance, and Leitchfield also enacted a partial law. Ten school districts also passed tobacco-free campus policies.

Finally, the Lung Association worked with a number of other organizations and testified to express concern over Governor Bevin's overhaul of Kentucky's Medicaid expansion that included many barriers to access to care as well as limited smoking cessation coverage. Major improvements were made to the cessation coverage, however there are still many issues related to access to care.

Kentucky State Facts

Health Care Costs Due to Smoking:	$1,926,976,238
Adult Smoking Rate:	25.9%
Adult Tobacco Use Rate:	30.6%
High School Smoking Rate:	16.9%
High School Tobacco Use Rate:	35.8%
Middle School Smoking Rate:	N/A
Smoking Attributable Deaths:	8,860

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

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

To get involved with your American Lung Association, please contact:

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

Louisiana Report Card

AMERICAN LUNG ASSOCIATION. | STATE OF TOBACCO CONTROL 2017

LOUISIANA

Tobacco Prevention and Control Program Funding: F

FY2017 State Funding for Tobacco Control Programs:	$6,996,798
FY2017 Federal Funding for State Tobacco Control Programs:	$1,229,502*
FY2017 Total Funding for State Tobacco Control Programs:	$8,226,300
CDC Best Practices State Spending Recommendation:	$59,600,000
Percentage of CDC Recommended Level:	13.8%
State Tobacco-Related Revenue:	$451,700,000

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

Smokefree Air: B

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government Worksites: **Prohibited**

Private Worksites: **Prohibited**

Schools: **Prohibited**

Child Care Facilities: **Prohibited**

Restaurants: **Prohibited**

Bars: **No provision**

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

Retail Stores: **Prohibited**

Recreational/Cultural Facilities: **Prohibited**

Penalties: **Yes**

Enforcement: **Yes**

Preemption: **No**

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

The Smokefree Air grade only examines state tobacco control law and does not reflect local smokefree ordinances. Louisiana has made great strides in protecting people from secondhand smoke by passing comprehensive local smokefree ordinances that cover 11.2% of the state's population. A current high school tobacco use rate is not available for this state.

Tobacco Taxes: F

CIGARETTE TAX:

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

*On April 1, 2016, the cigarette tax increased from $0.86 to $1.08 per pack.

OTHER TOBACCO PRODUCT TAXES:

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

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

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

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

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

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

Access to Cessation Services: F

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **Covers limited medications**

Counseling: **Covers limited counseling**

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

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **Covers all 7 medications**

Counseling: **Covers limited counseling**

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

STATE QUITLINE:

Investment per Smoker: **$0.77; the average investment per smoker is $3.46**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **Cessation bulletin issued**

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

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

Minimum Age: F

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

Louisiana State Highlights:

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

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

Members of the Louisiana Legislature once again disregarded the opportunity to pass legislation that would prohibit smoking in all public places and workplaces, including important protections for bar and casino workers during the 2016 legislative session. The Louisiana Legislature did increase the cigarette tax by twenty-two cents, the second cigarette tax increase within two years during an early 2016 special session of the legislature. The increase raised the cigarette tax from $0.86 to $1.08 per pack, but is unlikely to have any public health benefit. Tobacco control partners advocated for an increase of $1.25 per pack of cigarettes, which would have had a substantial public health benefit.

Although there is a lack of support in the Louisiana Legislature for a statewide smokefree law, there is support throughout local municipalities for public health protections from secondhand smoke. The East Baton Rouge Parish introduced an ordinance to protect all residents and workers in the city, including all bar and casino workers, however, the ordinance passage was unsuccessful in April 2016. The Smokefree East Baton Rouge campaign is still committed to educating on the dangers of secondhand smoke with the ultimate goal of protecting all workers and residents from secondhand smoke exposure in workplaces and public places.

In 2017, 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. In order to meet the bold goals in Louisiana, state legislators will need to recognize the health and economic burden of tobacco use and the fact that Louisiana still has 21.9 percent of the adult population who smoke with $1.89 billion spent in annual health care costs in Louisiana directly caused by smoking. The Lung Association in Louisiana will continue to work with partners in the Coalition for a Tobacco Free Louisiana to ensure successful passage and preservation of comprehensive local smokefree ordinances.

Louisiana State Facts

Health Care Costs Due to Smoking:	$1,891,666,196
Adult Smoking Rate:	21.9%
Adult Tobacco Use Rate:	26.0%
High School Smoking Rate:	12.1%
High School Tobacco Use Rate:	N/A
Middle School Smoking Rate:	5.2%
Smoking Attributable Deaths:	7,210

Adult smoking and tobacco use data come from CDC's 2015 Behavioral Risk Factor Surveillance System. High school smoking rate is taken from the 2013 Youth Risk Behavior Surveillance System. Middle school smoking rate is taken from the 2015 Youth Tobacco Survey.

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

To get involved with your American Lung Association, please contact:

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

Maine Report Card

AMERICAN LUNG ASSOCIATION. | STATE OF TOBACCO CONTROL 2017

MAINE

Tobacco Prevention and Control Program Funding: D

FY2017 State Funding for Tobacco Control Programs:	$7,802,243
FY2017 Federal Funding for State Tobacco Control Programs:	$1,433,947*
FY2017 Total Funding for State Tobacco Control Programs:	$9,236,190
CDC Best Practices State Spending Recommendation:	$15,900,000
Percentage of CDC Recommended Level:	58.1%
State Tobacco-Related Revenue:	$196,700,000

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

Smokefree Air: A

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government Worksites: **Prohibited**

Private Worksites: **Prohibited**

Schools: **Prohibited**

Child Care Facilities: **Prohibited**

Restaurants: **Prohibited**

Bars: **Prohibited**

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

Retail Stores: **Prohibited**

Recreational/Cultural Facilities: **Prohibited**

Penalties: **Yes**

Enforcement: **Yes**

Preemption: **No**

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

Tobacco Taxes: D

CIGARETTE TAX:

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

OTHER TOBACCO PRODUCT TAXES:

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

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

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

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

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

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

Access to Cessation Services: B

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **Covers all 7 medications**

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

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

Medicaid Expansion: **No**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **Covers all 7 medications**

Counseling: **Covers most counseling**

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

STATE QUITLINE:

Investment per Smoker: **$10.25; the average investment per smoker is $3.46**

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 to Medicaid enrollees.

Minimum Age: F

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

Maine State Highlights:

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

1. Ensure that the Fund for Health Maine and tobacco settlement funds are appropriately allocated and expended for approved purposes;
2. Raise the minimum legal sales age for tobacco products to 21; and
3. Enact a cigarette tax increase of at least $1.50 per pack

The 2016 legislative session in Maine was relatively quiet related to tobacco control bills as the second session of the Maine legislature is reserved for "emergency" measures. Much of the session was focused on educating lawmakers that tobacco is still an issue in Maine and building support for future initiatives.

In March 2016, the LePage Administration announced a "new direction" in the use of tobacco settlement funds that for 15 years funded 27 local "Healthy Maine Partnerships," that provided a local community presence for tobacco control and prevention efforts. Under the new framework a single entity would receive the state funding to handle tobacco prevention work statewide and another entity would receive the award for youth engagement on tobacco and substance abuse issues. The American Lung Association in Maine was active in the process insisting that the new direction be evidence-based and maintain a robust local presence. We have joined with our partners to engage with the awardees and ensure that Maine's past successful efforts continue.

Additionally, the Lung Association has continued working closely with the Office of the Attorney General in Maine which has oversight over tobacco enforcement issues. We have regularly engaged in ensuring that Maine's strong smokefree laws are adhered to and education continues with new venues such as outdoor concert pavilions and drive-in movie theaters. We have also used this relationship to educate about the recent addition of electronic cigarettes into Maine's smokefree public places law.

A significant accomplishment was realized in June of 2016, when the Portland City Council became the first municipality in Maine to raise the minimum sales age for tobacco products to 21. The Lung Association was supportive of this effort, and the ordinance passed unanimously. Since implementation in July of 2016, other communities have expressed interest in pursuing the initiative and legislation will be introduced in the Maine Legislature in 2017 to enact the measure statewide.

The American Lung Association in Maine will continue to work with our coalition partners to advance tobacco control and prevention efforts and defend our successful programs and smokefree policies against rollbacks. As the new legislature begins its work in 2017 we will continue to grow our coalition to educate policy makers, business leaders and the media of the importance of the Lung Association's goals to reduce tobacco use and protect public health.

Maine State Facts

Health Care Costs Due to Smoking:	$811,120,557
Adult Smoking Rate:	19.5%
Adult Tobacco Use Rate:	21.4%
High School Smoking Rate:	10.7%
High School Tobacco Use Rate:	24.5%
Middle School Smoking Rate:	2.7%
Smoking Attributable Deaths:	2,390

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

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

To get involved with your American Lung Association, please contact:

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

Maryland Report Card

AMERICAN LUNG ASSOCIATION. | STATE OF TOBACCO CONTROL 2017

MARYLAND

Tobacco Prevention and Control Program Funding: F

FY2017 State Funding for Tobacco Control Programs:	$10,561,204
FY2017 Federal Funding for State Tobacco Control Programs:	$1,188,405*
FY2017 Total Funding for State Tobacco Control Programs:	$11,749,609
CDC Best Practices State Spending Recommendation:	$48,000,000
Percentage of CDC Recommended Level:	24.5%
State Tobacco-Related Revenue:	$553,900,000

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

Smokefree Air: A

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government Worksites: **Prohibited**

Private Worksites: **Prohibited**

Schools: **Prohibited**

Child Care Facilities: **Prohibited**

Restaurants: **Prohibited**

Bars: **Prohibited**

Casinos/Gaming Establishments: **Prohibited**

Retail Stores: **Prohibited**

Recreational/Cultural Facilities: **Prohibited**

Penalties: **Yes**

Enforcement: **Yes**

Preemption: **No**

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

Tobacco Taxes: D

CIGARETTE TAX:

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

OTHER TOBACCO PRODUCT TAXES:

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

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

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

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

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

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

Access to Cessation Services: D

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **Covers all 7 medications**

Counseling: **Covers most counseling**

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

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **Covers minimal medications**

Counseling: **Covers some counseling**

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

STATE QUITLINE:

Investment per Smoker: **$1.87; the average investment per smoker is $3.46**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **Yes**

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

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

Minimum Age: F

Minimum Age of Sale for Tobacco Products: 18

Maryland State Highlights:

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

1. Increase the cigarette excise tax by $1.00 per pack;
2. Create parity between the tax on cigarettes and other tobacco products; and
3. Fund tobacco prevention and cessation programs at the Centers for Disease Control and Prevention-recommended level

During the 2016 legislative session, identical bills supported by the American Lung Association in Maryland were introduced in the state House of Representatives and Senate to increase the tax on cigarettes by $1.00 per pack, increase taxes on other tobacco products, and dedicate some of the revenue to tobacco prevention and cessation programs with a requirement to spend $21 million each year on tobacco control efforts. Both bills received a hearing, but were not acted on further by either the House or Senate.

Several bills were also introduced that dealt with electronic cigarettes, one would have added electronic cigarettes to Maryland's smokefree workplace and youth access laws. Another would have prohibited the sale of liquid nicotine used in e-cigarettes except in child-resistant containers. None of these bills made it out of committee.

A bill was approved by the legislature that increases the local licensing fee for retailers selling tobacco products from $25 to $125 in Montgomery County, Maryland.

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

Maryland State Facts

Health Care Costs Due to Smoking:	$2,709,568,436
Adult Smoking Rate:	15.1%
Adult Tobacco Use Rate:	16.9%
High School Smoking Rate:	8.7%
High School Tobacco Use Rate:	27.6%
Middle School Smoking Rate:	N/A
Smoking Attributable Deaths:	7,490

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

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

To get involved with your American Lung Association, please contact:

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

Massachusetts Report Card

AMERICAN LUNG ASSOCIATION. | STATE OF TOBACCO CONTROL 2017

MASSACHUSETTS

Tobacco Prevention and Control Program Funding: F

FY2017 State Funding for Tobacco Control Programs:	$3,866,096
FY2017 Federal Funding for State Tobacco Control Programs:	$3,059,415*
FY2017 Total Funding for State Tobacco Control Programs:	$6,925,511
CDC Best Practices State Spending Recommendation:	$66,900,000
Percentage of CDC Recommended Level:	10.4%
State Tobacco-Related Revenue:	$903,200,000

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

Smokefree Air: A

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government Worksites: **Prohibited**

Private Worksites: **Prohibited**

Schools: **Prohibited**

Child Care Facilities: **Prohibited**

Restaurants: **Prohibited**

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

Casinos/Gaming Establishments: **Prohibited**

Retail Stores: **Prohibited**

Recreational/Cultural Facilities: **Prohibited**

Penalties: **Yes**

Enforcement: **Yes**

Preemption: **No**

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

Tobacco Taxes: A

CIGARETTE TAX:

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

OTHER TOBACCO PRODUCT TAXES:

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

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

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

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

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

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

Access to Cessation Services: D

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **Covers all 7 medications**

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

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

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **Covers some medications**

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

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

STATE QUITLINE:

Investment per Smoker: **$1.23; the average investment per smoker is $3.46**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

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 to traditional Medicaid enrollees.

Minimum Age: D*

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

*Massachusetts has 59.6% of the state's population covered by Tobacco 21 ordinances/regulations. If a state has more than 50% of its population covered by local ordinances/regulations, the state is graded based on population covered by those local ordinances/regulations rather than the statewide law.

Thumbs down for Massachusetts for failing to pass statewide legislation in 2016 to increase the age of sale for tobacco products to 21.

Massachusetts State Highlights:

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

1. Pass an omnibus tobacco control bill that would increase the age of sale for tobacco products to 21, include e-cigarettes in the smokefree workplace law, and prohibit the sale of tobacco in health care institutions;
2. Increase funding for the state's tobacco control program to $9 million per year; and
3. Increase access to tobacco cessation treatments and services.

Massachusetts continues to make strides, particularly at the local level, to implement stricter tobacco control regulations. There are now over 130 cities and towns, including Boston, that have raised the age of sale for tobacco products to 21. Boston's regulations also include limiting flavored tobacco to adult-only retail stores. There are over 120 cities and towns that have included e-cigarettes and similar products in their smokefree workplace regulations through a comprehensive definition of tobacco. In Massachusetts, 70 percent of the population living in over 140 cities and towns have also prohibited the sale of tobacco in health care institutions.

During the 2016 legislative session, many of these local initiatives were combined into an omnibus bill that would raise the age of sale for all tobacco products to 21 statewide, include e-cigarettes in the smokefree workplace law, and prohibit the sale of tobacco products in pharmacies. The bill overwhelmingly passed the Senate 32-2. Unfortunately, the bill was never brought to a vote in the House before the end of the session. This bill will be refiled and remain a priority for the American Lung Association in Massachusetts and our partners in Tobacco Free Massachusetts in 2017.

In June 2016, a poll released by Tobacco Free Mass and commissioned by the Campaign for Tobacco-Free Kids showed Massachusetts voters supported raising the age of sale for tobacco products to 21 by nearly a two-to-one margin. The American Lung Association in Massachusetts believes, like the public, that the tobacco sale age should be raised to 21, and the omnibus tobacco control bill will make measurable impacts on the devastating toll of tobacco. During the 2017 legislative session, the Lung Association urges the legislature to act quickly on the omnibus tobacco control bill and include increased funding for the tobacco control program in the state budget for fiscal year 2018.

Massachusetts State Facts

Health Care Costs Due to Smoking:	$4,080,690,302
Adult Smoking Rate:	14.0%
Adult Tobacco Use Rate:	16.0%
High School Smoking Rate:	7.7%
High School Tobacco Use Rate:	29.3%
Middle School Smoking Rate:	3.0%
Smoking Attributable Deaths:	9,300

Adult smoking and tobacco use data come from CDC's 2015 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use data come from the 2015 Youth Risk Behavior Surveillance System. Middle school smoking rate is taken from the 2011 Massachusetts Youth Health Survey.

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

To get involved with your American Lung Association, please contact:

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

Michigan Report Card

AMERICAN LUNG ASSOCIATION. | STATE OF TOBACCO CONTROL 2017

MICHIGAN

Tobacco Prevention and Control Program Funding: F

FY2017 State Funding for Tobacco Control Programs:	$1,581,000
FY2017 Federal Funding for State Tobacco Control Programs:	$3,419,509*
FY2017 Total Funding for State Tobacco Control Programs:	$5,000,509
CDC Best Practices State Spending Recommendation:	$110,600,000
Percentage of CDC Recommended Level:	4.5%
State Tobacco-Related Revenue:	$1,200,000,000

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

Smokefree Air: B

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government Worksites: **Prohibited**

Private Worksites: **Prohibited**

Schools: **Prohibited**

Child Care Facilities: **Prohibited**

Restaurants: **Prohibited**

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

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

Retail Stores: **Prohibited**

Recreational/Cultural Facilities: **Prohibited**

Penalties: **Yes**

Enforcement: **Yes**

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

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

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

Tobacco Taxes: F

CIGARETTE TAX:

Tax Rate per pack of 20: $2.00

OTHER TOBACCO PRODUCT TAXES:

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

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

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

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

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

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

Access to Cessation Services: D

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **Covers all 7 medications**

Counseling: **Covers most counseling**

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

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **Covers some medications**

Counseling: **Covers some counseling**

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

STATE QUITLINE:

Investment per Smoker: **$0.51; the average investment per smoker is $3.46**

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.

Thumbs up for Michigan for adopting a common formulary that covers all 7 FDA-approved tobacco cessation medications.

Minimum Age: F

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

Michigan State Highlights:

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

1. Increase the cigarette tax by at least $1.00 per pack, and match the tax on non-cigarette forms of tobacco like spit tobacco, cigars and hookah to the cigarette tax;
2. Increase funding for tobacco prevention and cessation programs; and
3. Pass laws to increase the minimum age of sale for tobacco products to 21 in additional cities in the state.

The American Lung Association in Michigan worked with a diverse group of stakeholders to help cities in Michigan consider passing laws to increase the minimum age of sale for tobacco products to 21 often referred to as Tobacco 21 laws. In August 2016, Ann Arbor became the first city in Michigan to pass such a law.

Unfortunately, soon thereafter, a bill was introduced in the state legislature that would specifically prevent any other municipalities in Michigan from passing a similar law. The American Lung Association in Michigan and partners contacted legislators and were pleased that the legislation did not get a hearing and made no progress during the remainder of the 2016 legislative session.

The Lung Association is continuing to work with a coalition of groups to identify and assist local groups and organizations that are interested in moving forward with Tobacco 21 in cities in Michigan.

The Lung Association has also been working to improve coverage of tobacco cessation treatments, and was delighted that Michigan made positive progress on cessation coverage in 2016. The state of Michigan Medicaid program now covers all forms of tobacco cessation medication and nicotine replacement therapy, vital coverage since 40 percent of Michigan's Healthy Michigan Plan Medicaid recipients smoke, according to the Healthy Michigan Plan Health Risk Assessment.

As we look ahead to 2017, the American Lung Association in Michigan will continue to work with a broad coalition of stakeholders to advocate for raising the tax on tobacco products, fully fund evidence-based tobacco prevention and cessation programs, and pass Tobacco 21 laws in Michigan's cities.

Michigan State Facts

Health Care Costs Due to Smoking:	$4,589,784,016
Adult Smoking Rate:	20.7%
Adult Tobacco Use Rate:	22.9%
High School Smoking Rate:	10.0%
High School Tobacco Use Rate:	29.1%
Middle School Smoking Rate:	N/A
Smoking Attributable Deaths:	16,170

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

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

To get involved with your American Lung Association, please contact:

American Lung Association in Michigan
(248) 784-2000
www.lung.org/michigan

Minnesota Report Card

AMERICAN LUNG ASSOCIATION. | STATE OF TOBACCO CONTROL 2017

MINNESOTA

Tobacco Prevention and Control Program Funding: F

FY2017 State Funding for Tobacco Control Programs:	$21,478,637
FY2017 Federal Funding for State Tobacco Control Programs:	$1,260,880*
FY2017 Total Funding for State Tobacco Control Programs:	$22,739,517
CDC Best Practices State Spending Recommendation:	$52,900,000
Percentage of CDC Recommended Level:	43.0%
State Tobacco-Related Revenue:	$746,200,000

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

Smokefree Air: A

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government Worksites: **Prohibited (workplaces with two or fewer employees exempt)**

Private Worksites: **Prohibited (workplaces with two or fewer employees exempt)**

Schools: **Prohibited**

Child Care Facilities: **Prohibited**

Restaurants: **Prohibited**

Bars: **Prohibited**

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

Retail Stores: **Prohibited**

Recreational/Cultural Facilities: **Prohibited**

Penalties: **Yes**

Enforcement: **Yes**

Preemption: **No**

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

Tobacco Taxes: B

CIGARETTE TAX:

Tax Rate per pack of 20: **$3.04***

*On January 1, 2017, the cigarette tax increased from $3.00 to $3.04 per pack.

OTHER TOBACCO PRODUCT TAXES:

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

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

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

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

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

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

Access to Cessation Services: A

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **Covers all 7 medications**

Counseling: **Covers most counseling**

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

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **Covers all 7 medications**

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

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

STATE QUITLINE:

Investment per Smoker: **$16.04; the average investment per smoker is $3.46***

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

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

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

*The Minnesota quitline (QUITPLAN Helpline) is legally restricted to providing services for the uninsured and underinsured. Therefore, investment per smoker was calculated using the quitline budget as the numerator, and the number of uninsured tobacco users in Minnesota as the denominator.

Minimum Age: F

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

Minnesota State Highlights:

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

1. Keep tobacco prices high;
2. Limit access to menthol and other flavored tobacco products;
3. Raise the age of sale for tobacco products to 21; and
4. Secure funding for proven tobacco prevention strategies.

During the 2016 legislative session, more than 40 leading health and other interested organizations joined together to form Minnesotans for a Smoke-Free Generation. Minnesotans for a Smoke-Free Generation shares the goal of saving Minnesota youth from a lifetime of addiction to tobacco. The Coalition support policies that reduce youth smoking and will help end the death and disease associated with tobacco use for good.

Big tobacco—specifically RJ Reynolds and Philip Morris—worked overtime to make sure the final tax deal debated during the 2016 session included big tax breaks for their deadly products. One proposal would have eliminated the annual tax increase on cigarettes important to deter youth from smoking in the future. Another proposal would have significantly lowered the tax rate on e-cigarettes sold by Big Tobacco such as VUSE and Mark Ten.

Despite strong opposition from legislative leaders, the Commissioner of Health and Minnesotans for a Smoke-Free Generation, both proposals were included in the final omnibus tax bill that passed the House and Senate with bipartisan majorities. Governor Dayton criticized the legislature for including $32 million in tobacco industry tax cuts in the final bill, and ultimately "pocket vetoed" the bill because it included a separate multi-million dollar error.

However, eliminating the annual tobacco tax increase and reducing the tax on their e-cigarette brands will remain top priorities for the tobacco industry in 2017.

Working together in a strong coalition of partners from across the state, the American Lung Association in Minnesota will continue to take on Big Tobacco and advocate for bold policies like limiting access to candy-, fruit- and menthol-flavored tobacco products and increasing the age of sale for tobacco products to 21.

Minnesota State Facts

Health Care Costs Due to Smoking:	$2,519,011,064
Adult Smoking Rate:	16.2%
Adult Tobacco Use Rate:	18.9%
High School Smoking Rate:	10.6%
High School Tobacco Use Rate:	19.3%
Middle School Smoking Rate:	1.6%
Smoking Attributable Deaths:	5,910

Adult smoking and tobacco use data come from CDC's 2015 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use and middle school smoking rates are taken from the 2014 Minnesota Youth Tobacco Survey.

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

To get involved with your American Lung Association, please contact:

American Lung Association in Minnesota
(651) 227-8014
www.lung.org/minnesota

Mississippi Report Card

AMERICAN LUNG ASSOCIATION. | STATE OF TOBACCO CONTROL 2017

MISSISSIPPI

Tobacco Prevention and Control Program Funding: F

FY2017 State Funding for Tobacco Control Programs:	$10,722,875*
FY2017 Federal Funding for State Tobacco Control Programs:	$931,813**
FY2017 Total Funding for State Tobacco Control Programs:	$11,654,688
CDC Best Practices State Spending Recommendation:	$36,500,000
Percentage of CDC Recommended Level:	31.9%
State Tobacco-Related Revenue:	$249,900,000

*This amount reflects a 1.625% budget reduction implemented by the Governor in September 2016.

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

Smokefree Air: F

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government Worksites: **Restricted**

Private Worksites: **No provision**

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

Child Care Facilities: **Prohibited**

Restaurants: **No provision**

Bars: **No provision**

Casinos/Gaming Establishments: **No provision**

Retail Stores: **No provision**

Recreational/Cultural Facilities: **No provision**

Penalties: **Yes**

Enforcement: **Yes**

Preemption: **No**

Citation: MISS. CODE ANN. §§ 29-5-161 (2007), 41-114-1 (2010), 97-32-29 (2000) & MS ADMIN CODE Tit. 15, Part III, Subpart 55 § 103.02 (2009).

The Smokefree Air grade only examines state tobacco control law and does not reflect local smokefree ordinances. Mississippi has made great strides in protecting people from secondhand smoke by passing comprehensive local smokefree ordinances that cover 25.2% 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: No; Weight-Based: No**

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

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

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

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

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

Access to Cessation Services: F

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **Covers all 7 medications**

Counseling: **Covers limited counseling**

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

Medicaid Expansion: **No**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **Covers all 7 medications**

Counseling: **Covers some counseling**

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

STATE QUITLINE:

Investment per Smoker: **$2.00; the average investment per smoker is $3.46**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

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

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

Minimum Age: F

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

Mississippi State Highlights:

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

1. At least one municipality with commercial gaming passes a comprehensive smokefree ordinance;
2. Ensure smokefree protections for all workers and residents with the passage of a comprehensive statewide smokefree law; and
3. Sustain tobacco control prevention and cessation funding for the Mississippi State Department of Health, Office of Tobacco Control.

Members of the Mississippi Legislature once again failed to consider legislation that would prohibit smoking in all public places, workplaces and casinos during the 2016 legislative session. Tobacco control partners continued to educate lawmakers on the harmful effects of secondhand smoke and the impact on health in Mississippi. A comprehensive bill, House Bill 151—The Mississippi Smokefree Air Act of 2016, was introduced in the House Public Health and Human Services Committee by Rep. Bryant Clarke. The Chairman and Members of this committees decided this issue was not a priority issue for lawmakers to address, which resulted in the bill dying in committee. Unfortunately, there was not a companion bill in the Senate. 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 129 cities adopting comprehensive smokefree ordinances. This accounts for approximately 25 percent of Mississippians being protected by smokefree policies.

In 2017, the American Lung Association in Mississippi will continue to educate and advocate to state legislators about the benefits of tobacco control policies, including a statewide smokefree law. In order to meet the bold goals in Mississippi, state legislators will need to recognize the health and economic burden of tobacco use and exposure to secondhand smoke. The Lung Association in Mississippi will continue to work with partners in the Smokefree Mississippi coalition to ensure successful passage and preservation of comprehensive local smokefree ordinances.

Mississippi State Facts

Health Care Costs Due to Smoking:	$1,236,940,761
Adult Smoking Rate:	22.5%
Adult Tobacco Use Rate:	28.5%
High School Smoking Rate:	12.2%
High School Tobacco Use Rate:	37.6%
Middle School Smoking Rate:	4.7%
Smoking Attributable Deaths:	5,410

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

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

To get involved with your American Lung Association, please contact:

American Lung Association in Mississippi
(601) 206-5810
www.lung.org/mississippi

Missouri Report Card

AMERICAN LUNG ASSOCIATION. | STATE OF TOBACCO CONTROL 2017

MISSOURI

Tobacco Prevention and Control Program Funding: F

FY2017 State Funding for Tobacco Control Programs:	$110,176
FY2017 Federal Funding for State Tobacco Control Programs:	$1,517,425*
FY2017 Total Funding for State Tobacco Control Programs:	$1,627,601
CDC Best Practices State Spending Recommendation:	$72,900,000
Percentage of CDC Recommended Level:	2.2%
State Tobacco-Related Revenue:	$254,200,000

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

Thumbs down for Missouri for providing little state funding for tobacco prevention and cessation programs despite smoking costing the state over $3 billion in healthcare costs each year.

Smokefree Air: F

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government Worksites: **Restricted**

Private Worksites: **Restricted**

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

Child Care Facilities: **Prohibited**

Restaurants: **Restricted**

Bars: **No provision**

Casinos/Gaming Establishments: **No provision**

Retail Stores: **Restricted**

Recreational/Cultural Facilities: **Restricted**

Penalties: **Yes**

Enforcement: **Yes**

Preemption: **No**

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

The Smokefree Air grade only examines state tobacco control law and does not reflect local smokefree ordinances. Missouri has made great strides in protecting people from secondhand smoke by passing comprehensive local smokefree ordinances that cover 28.8% of the state's population.

Tobacco Taxes: F

CIGARETTE TAX:

Tax Rate per pack of 20: **$0.17**

OTHER TOBACCO PRODUCT TAXES:

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

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

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

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

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

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

Thumbs down for Missouri for having the lowest cigarette tax in the country at 17 cents per pack.

Access to Cessation Services: D

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **Covers all 7 medications**

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

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

Medicaid Expansion: **No**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **Covers some medications**

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

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

STATE QUITLINE:

Investment per Smoker: **$0.41; the average investment per smoker is $3.46**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

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

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

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

Minimum Age: F

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

Missouri State Highlights:

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

1. Advocate for increased funding for tobacco control;
2. Advocate for comprehensive smokefree policies on the statewide and local levels; and
3. Strengthen laws that regulate youth access to tobacco products.

The American Lung Association in Missouri teamed up with our partners to work on local ordinances to raise the legal age of sale for tobacco products from 18 to 21 often referred to as Tobacco 21. Communities that have increased the tobacco sales have seen reductions in youth smoking as a result. Evidence is clear that young people who reach the age of 21 without smoking are very likely to never start. Unfortunately, kids who can purchase tobacco products at 18 are often the source for younger teen's tobacco products. Raising the age to 21 makes it more difficult for those under 18 to get their hands on tobacco products and increases the likelihood they will never start.

Missouri now has nine Tobacco 21 communities: Columbia, Independence, Gladstone, Grandview, Kansas City, Lee's Summit, Liberty, St. Louis city and St. Louis County covering more than 31 percent of Missourians.

There was some additional progress made on smokefree ordinances and tobacco-free campus policies as well. St. Louis University and Missouri University adopted tobacco-free campus policies. The city of Hamilton, MO voted to place a comprehensive smokefree law on the November 2016 ballot.

The 2015 Missouri Behavioral Risk Factor Surveillance System shows that smokefree workplace ordinances remain very popular with the public. Local smokefree laws that prohibit smoking in all indoor workplaces, including restaurants, bars and casinos earn 75 percent support from Missourians. A statewide law earned the support of 68 percent of respondents.

During the 2017 legislative session, the American Lung Association in Missouri will continue to focus on lung health and work with partners to advocate for increased tobacco prevention funding and successful passage of youth access laws. The Lung Association will also advocate for smokefree and Tobacco 21 ordinances at the local level.

Missouri State Facts

Health Care Costs Due to Smoking:	$3,032,471,478
Adult Smoking Rate:	22.3%
Adult Tobacco Use Rate:	26.2%
High School Smoking Rate:	11.0%
High School Tobacco Use Rate:	32.1%
Middle School Smoking Rate:	2.4%
Smoking Attributable Deaths:	10,970

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

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

To get involved with your American Lung Association, please contact:

American Lung Association in Missouri
(314) 645-5505
www.lung.org/missouri

Montana Report Card

AMERICAN LUNG ASSOCIATION. | STATE OF TOBACCO CONTROL 2017

MONTANA

Tobacco Prevention and Control Program Funding: D

FY2017 State Funding for Tobacco Control Programs:	$6,444,617
FY2017 Federal Funding for State Tobacco Control Programs:	$1,022,169*
FY2017 Total Funding for State Tobacco Control Programs:	$7,466,786
CDC Best Practices State Spending Recommendation:	$14,600,000
Percentage of CDC Recommended Level:	51.1%
State Tobacco-Related Revenue:	$118,500,000

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

Thumbs up for Montana for increasing funding for tobacco prevention and cessation programs by $2 million over the FY2016-FY2017 biennium.

Smokefree Air: A

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government Worksites: **Prohibited**

Private Worksites: **Prohibited**

Schools: **Prohibited**

Child Care Facilities: **Prohibited**

Restaurants: **Prohibited**

Bars: **Prohibited**

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

Retail Stores: **Prohibited**

Recreational/Cultural Facilities: **Prohibited**

Penalties: **Yes**

Enforcement: **Yes**

Preemption: **No**

Citation: MONT. CODE ANN. §§ 50-40-101 et seq. (2011).

Tobacco Taxes: D

CIGARETTE TAX:

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

OTHER TOBACCO PRODUCT TAXES:

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

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

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

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

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

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

Access to Cessation Services: C

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **Covers most medications**

Counseling: **Covers some counseling**

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

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **Most 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: **$3.80; the average investment per smoker is $3.46**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

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

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

Minimum Age: F

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

Montana State Highlights:

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

1. Increase the cigarette tax by $1.50 with an equivalent increase for all other tobacco products; and
2. Maintain or increase funding for Montana's tobacco prevention and cessation programs.

There was no 2016 legislative session in Montana. A state budget for 2015 and 2016 was passed during the 2015 legislative session, and therefore funding for tobacco prevention programs in Montana remained virtually the same as last year at about $6.4 million per year. This was about a $1 million increase each year over the previous state budget for 2013 and 2014.

Reducing youth use and initiation to tobacco is a priority for the American Lung Association in Montana; and increasing tobacco taxes is a proven strategy to reduce youth use. Legislation will be introduced during the 2017 legislative session to increase the cigarette tax by $1.50 per pack. A tax increase of 50 cents per pack is included in the Governor's budget that was submitted to the state legislature; advocates will work to garner support to increase this proposal to ensure a public health benefit from the tax increase.

Montana legislators are facing a budget deficit in 2017 and will be looking for cuts to balance the state budget. Montana's tobacco prevention and control program is a likely target to receive budget cuts. The American Lung Association in Montana will work with advocates and stakeholders to maintain funding levels for the state's successful prevention and control program.

Montana State Facts

Health Care Costs Due to Smoking:	$440,465,233
Adult Smoking Rate:	18.9%
Adult Tobacco Use Rate:	24.9%
High School Smoking Rate:	13.1%
High School Tobacco Use Rates:	38.5%
Middle School Smoking Rate:	6.2%
Smoking Attributable Deaths:	1,570

Adult smoking and tobacco use data come from CDC's 2015 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use data come from the 2015 Youth Risk Behavior Surveillance System. Middle school smoking rate (8th grade only) is taken from the 2014 Montana Prevention Needs Assessment Survey.

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

To get involved with your American Lung Association, please contact:

American Lung Association in Montana
(206) 441-5100
www.lung.org/montana

Nebraska Report Card

AMERICAN LUNG ASSOCIATION. | STATE OF TOBACCO CONTROL 2017

NEBRASKA

Tobacco Prevention and Control Program Funding: F

FY2017 State Funding for Tobacco Control Programs:	$2,570,000
FY2017 Federal Funding for State Tobacco Control Programs:	$1,049,008*
FY2017 Total Funding for State Tobacco Control Programs:	$3,619,008
CDC Best Practices State Spending Recommendation:	$20,800,000
Percentage of CDC Recommended Level:	17.4%
State Tobacco-Related Revenue:	$103,700,000

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

Smokefree Air: A

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government Worksites: **Prohibited**

Private Worksites: **Prohibited**

Schools: **Prohibited**

Child Care Facilities: **Prohibited**

Restaurants: **Prohibited**

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

Casinos/Gaming Establishments: **Prohibited**

Retail Stores: **Prohibited**

Recreational/Cultural Facilities: **Prohibited**

Penalties: **Yes**

Enforcement: **Yes**

Preemption: **Limited**

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

Tobacco Taxes: F

CIGARETTE TAX:

Tax Rate per pack of 20: **$0.64**

OTHER TOBACCO PRODUCT TAXES:

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

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

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

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

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

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

Access to Cessation Services: F

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **All 7 medications are covered**

Counseling: **Limited counseling is covered**

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

Medicaid Expansion: **No**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **Most medications are covered**

Counseling: **Limited counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$1.04; the average investment per smoker is $3.46**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

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

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

Minimum Age: F

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

Nebraska State Highlights:

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

1. Increase the tobacco tax by at least a $1.00 per pack;
2. Educate and advocate for laws that change the minimum age of sale for tobacco products to 21; and
3. Advocate for increased tobacco control funding at the Centers for Disease Control and Prevention-recommended level.

During the 2016 legislative session, a bill was introduced to increase the tobacco tax by $1.00 per pack. Unfortunately, that bill was not voted out of committee during the session. We anticipate a similar bill being introduced during the 2017 legislative session.

There was a win for the Medicaid program's tobacco cessation coverage in the state in 2016. The Heritage Health Managed Care Organizations—Nebraska Total Care, WellCare and United Healthcare have agreed to adopt processes to provide a mechanism for the Medicaid population to get counseling through the state Quit Line (phone counseling service for tobacco users) and for the prior authorization to be sent directly to the respective managed care organization. This will avoid delays in the patient getting the medication they need to assist with quitting tobacco.

The American Lung Association in Nebraska and coalition partners will continue to press for increased tobacco control funding and passage of a substantial cigarette tax increase in the 2017 legislative session to prevent kids from starting to smoke and to motivate smokers to quit. We will also continue our work defending our state law that protects all Nebraskans from the dangers of secondhand smoke.

Nebraska State Facts

Health Care Costs Due to Smoking:	$795,185,324
Adult Smoking Rate:	17.1%
Adult Tobacco Use:	21.0%
High School Smoking Rate:	9.4%
High School Tobacco Use:	30.5%
Middle School Smoking Rate:	N/A
Smoking Attributable Deaths:	2,510

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

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

To get involved with your American Lung Association, please contact:

American Lung Association in Nebraska
(402) 502-4950
www.lung.org/nebraska

Nevada Report Card

AMERICAN LUNG ASSOCIATION. | STATE OF TOBACCO CONTROL 2017

NEVADA

Tobacco Prevention and Control Program Funding: F

FY2017 State Funding for Tobacco Control Programs:	$1,000,000
FY2017 Federal Funding for State Tobacco Control Programs:	$924,627*
FY2017 Total Funding for State Tobacco Control Programs:	$1,924,627
CDC Best Practices State Spending Recommendation:	$30,000,000
Percentage of CDC Recommended Level:	6.4%
State Tobacco-Related Revenue:	$207,700,000

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

Smokefree Air: C

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government Worksites: **Prohibited**

Private Worksites: **Prohibited**

Schools: **Prohibited**

Child Care Facilities: **Prohibited**

Restaurants: **Prohibited**

Bars: **Restricted (smoking allowed in bars or parts of bars if age-restricted)**

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

Retail Stores: **Prohibited**

Recreational/Cultural Facilities: **Prohibited**

Penalties: **Yes**

Enforcement: **Yes**

Preemption: **No**

Citation: NEV. REV. STAT. § 202.2483 (2011).

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

Tobacco Taxes: F

CIGARETTE TAX:

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

OTHER TOBACCO PRODUCT TAXES:

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

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

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

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

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

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

Access to Cessation Services: F

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **Most medications are covered**

Counseling: **Limited counseling is covered**

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

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **Most medications are covered**

Counseling: **Limited counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$3.05; the average investment per smoker is $3.46**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

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

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

Minimum Age: F

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

Nevada State Highlights:

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

1. Pass comprehensive smokefree laws at the local level;
2. Increase funding for the state's tobacco prevention and control program; and
3. Protect and expand the Nevada Clean Indoor Air Act.

The American Lung Association in Nevada along with partners from the Nevada Tobacco Prevention Coalition continued to lead state and local tobacco control initiatives. Priorities of the Coalition continue to center around expansion of the Nevada Clean Indoor Air Act and proper funding for the state's tobacco prevention and control program.

There was no state legislative session in Nevada in 2016, so the American Lung Association in Nevada continued its work on local smokefree workplace initiative in Mesquite, Nevada. A recent poll conducted showed that 61 percent of registered voters in Mesquite favored a local ordinance requiring 100 percent smokefree air in all workplaces, including bars and casinos, with half (50%) strongly favoring such a policy to protect all workers. Additionally, 58 percent said they are more likely to patronize bars and casinos if they are smokefree. However, no action was taken by the Mesquite city council to pass a smokefree ordinance in 2016.

Funding for the state's tobacco prevention and cessation program was again $1 million, as appropriated in the two-year state budget passed in 2015. The Lung Association will look for opportunities to increase this funding amount during the next state legislative session in 2017.

The American Lung Association in Nevada continued to build support and political will throughout the community in order to advance comprehensive smokefree protections at the local level. Our efforts in Mesquite will continue to be a priority.

Nevada State Facts

Health Care Costs Due to Smoking:	$1,080,272,434
Adult Smoking Rate:	17.5%
Adult Tobacco Use Rate:	19.0%
High School Smoking Rate:	7.2%
High School Tobacco Use:	30.4%
Middle School Smoking Rate:	2.4%
Smoking Attributable Deaths:	4,050

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

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

To get involved with your American Lung Association, please contact:

American Lung Association in Nevada
(702) 431-6333
www.lung.org/nevada

New Hampshire Report Card

AMERICAN LUNG ASSOCIATION.

STATE OF TOBACCO CONTROL 2017

Tobacco Prevention and Control Program Funding: F

FY2017 State Funding for Tobacco Control Programs:	$125,000
FY2017 Federal Funding for State Tobacco Control Programs:	$853,624*
FY2017 Total Funding for State Tobacco Control Programs:	$978,624
CDC Best Practices State Spending Recommendation:	$16,500,000
Percentage of CDC Recommended Level:	5.9%
State Tobacco-Related Revenue:	$265,600,000

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

Thumbs down for New Hampshire for providing little state funding for tobacco prevention and cessation programs despite smoking costing the state close to $730 million in healthcare costs each year.

Smokefree Air: D

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government Worksites: **Restricted**

Private Worksites: **Restricted**

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

Child Care Facilities: **Prohibited**

Restaurants: **Prohibited**

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

Casinos/Gaming Establishments: **Restricted**

Retail Stores: **Restricted**

Recreational/Cultural Facilities: **Restricted**

Penalties: **Yes**

Enforcement: **Yes**

Preemption: **Yes**

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

Tobacco Taxes: D

CIGARETTE TAX:

Tax Rate per pack of 20: **$1.78**

OTHER TOBACCO PRODUCT TAXES:

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

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

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

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

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

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

Access to Cessation Services: D

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **All 7 medications are covered**

Counseling: **Some counseling is covered**

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

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **Some medications are covered**

Counseling: **Most counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$2.70; the average investment per smoker is $3.46**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

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

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

Minimum Age: F

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

New Hampshire State Highlights:

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

1. Increase state funding for the Tobacco Prevention and Control Program, including funding the NH Tobacco Quitline;
2. Prevent rollbacks to New Hampshire tobacco control laws, including efforts to redefine electronic cigarettes as "vapor products" and weaken smokefree air laws; and
3. Introduce legislation to raise the minimum age of sale for all tobacco products to 21.

The American Lung Association in New Hampshire and the Tobacco Free New Hampshire Network determined that it will continue to be important to educate and build relationships with public health leaders and legislators about the burden of tobacco in New Hampshire and to continue to work to increase funding to adequate levels for tobacco prevention and control in New Hampshire.

During the 2016 legislative session, working with network partners, we were successful in defeating two bills that would have made substantial rollbacks to New Hampshire's tobacco control efforts. In the closing days of the legislative session a bill originally dealing with state retiree health insurance was used as a vehicle to allow cigar bars in New Hampshire to serve food—essentially reverting back to the days of smoking in restaurants. The Lung Association led our partners in successfully urging Governor Hassan to veto this legislation and prevent the undermining of New Hampshire's smokefree law.

Another battle continued through the entire session as the e-cigarette community attempted to remove their products from the statute definition of "tobacco," creating a new class of "vapor products." Working with a newly identified champion on the Commerce Committee we were able to prevent this language from advancing during the 2016 legislative session, and now are preparing for its return in 2017.

In the 2017 legislative session, the American Lung Association in New Hampshire will continue to work to with partners and the new legislature and Governor to increase funding for the New Hampshire Tobacco Prevention and Control Program. Additionally, both of the negative bills mentioned above are anticipated to surface again, so we will be playing defense to ensure that they do not advance. Lastly, we anticipate introducing legislation to raise the minimum sales age for tobacco products in New Hampshire to 21.

New Hampshire State Facts

Health Care Costs Due to Smoking:	$728,895,693
Adult Smoking Rate:	15.9%
Adult Tobacco Use Rate:	17.4%
High School Smoking Rate:	9.3%
High School Tobacco Use Rate:	30.3%
Middle School Smoking Rate:	N/A
Smoking Attributable Deaths:	1,940

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

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

To get involved with your American Lung Association, please contact:

American Lung Association in New Hampshire
(603) 410-5108
www.lung.org/about-us/local-associations/new-hampshire.html

New Jersey Report Card

AMERICAN LUNG ASSOCIATION.

STATE OF TOBACCO CONTROL 2017

Tobacco Prevention and Control Program Funding: F

FY2017 State Funding for Tobacco Control Programs:	$0
FY2017 Federal Funding for State Tobacco Control Programs:	$1,383,898*
FY2017 Total Funding for State Tobacco Control Programs:	$1,383,898
CDC Best Practices State Spending Recommendation:	$103,300,000
Percentage of CDC Recommended Level:	1.3%
State Tobacco-Related Revenue:	$944,500,000

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

Thumbs down for New Jersey for providing no state funding for tobacco prevention and cessation programs despite smoking costing the state over $4 billion 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 cigar bars/lounges)**

Casinos/Gaming Establishments: **Restricted***

Retail Stores: **Prohibited**

Recreational/Cultural Facilities: **Prohibited**

Penalties: **Yes**

Enforcement: **Yes**

Preemption: **No**

Citation: N.J. STAT. ANN. §§ 26:3D-55 to 26:3D-64 (2010).

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

Tobacco Taxes: D

CIGARETTE TAX:

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

OTHER TOBACCO PRODUCT TAXES:

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

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

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

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

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

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

Access to Cessation Services: F

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **Most medications are covered**

Counseling: **Limited counseling is covered**

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

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

Counseling: **Limited counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$0; the average investment per smoker is $3.46**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **Yes**

Tobacco Surcharge: **Prohibits tobacco surcharges**

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

Minimum Age: D

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

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

1. Increase the tobacco tax and create tax parity between the tax on cigarettes and other tobacco products, including electronic cigarettes;
2. Secure state tobacco prevention and cessation funding; and
3. Increase the minimum age of sale for tobacco products to 21.

New Jersey takes in about $920 million from tobacco Master Settlement Agreement payments and tobacco taxes, but since 2010, ZERO state dollars have been allocated to tobacco prevention and cessation efforts. New Jersey is one of only two states that is failing to spend any of its tobacco-related revenue in fiscal year 2017 to fight the state's leading cause of preventable death.

In 2015, a bill to increase the minimum age of sale for tobacco products to 21 was introduced and passed in both chambers of the legislature. Gov. Chris Christie unfortunately vetoed the bill. However, the bill was reintroduced in both the House and Senate in 2016, and has passed in the Assembly Health Committee and is currently being considered in the Assembly Appropriations Committee.

The Assembly Financial Institutions and Insurance Committee voted on a bill, which provides for the expansion of the state Medicaid program to include coverage for comprehensive tobacco cessation benefits, as recommended by the American Lung Association in New Jersey and others. The Lung Association supports coverage of a comprehensive benefit, as identified in the Public Health Service Guideline—Treating Tobacco Use and Dependence: 2008 Update.

The American Lung Association in New Jersey also supported a bill that would have prohibited smoking in public parks and on public beaches. The bill passed both chambers of the legislature, but the bill was also vetoed by Governor Christie.

Several bills were introduced in 2016 that would have directed a portion of new or existing revenue to support tobacco prevention and cessation efforts. These bills ranged from a percentage of existing tax revenue being dedicated, a one-time appropriation and to create tax parity between the tax on cigarettes and other tobacco products. However, none of the bills advanced in the legislature.

Finally, the Senate Health Committee voted on legislation to eliminate the sale and distribution of flavored e-cigarettes in New Jersey.

The American Lung Association in New Jersey will continue to educate lawmakers on the ongoing fight against tobacco. Our goal is to build champions within the legislature and a groundswell of advocates to advance our goals: the equalization of taxes on other tobacco products, increase the age to purchase tobacco to 21 years and funding to prevent our youth from starting to smoke as well as helping individuals who want to quit to do so.

New Jersey State Facts

Health Care Costs Due to Smoking:	$4,065,531,641
Adult Smoking Rate:	13.5%
Adult Tobacco Use Rate:	14.8%
High School Smoking Rate:	8.2%
High School Tobacco Use Rate:	N/A
Middle School Smoking Rate:	1.2%
Smoking Attributable Deaths:	11,780

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

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

To get involved with your American Lung Association, please contact:

American Lung Association in New Jersey
(908) 685-8040
www.lung.org/about-us/local-associations/new-jersey.html

New Mexico Report Card

AMERICAN LUNG ASSOCIATION. | STATE OF TOBACCO CONTROL 2017

NEW MEXICO

Tobacco Prevention and Control Program Funding: F

FY2017 State Funding for Tobacco Control Programs:	$5,684,500
FY2017 Federal Funding for State Tobacco Control Programs:	$1,259,645*
FY2017 Total Funding for State Tobacco Control Programs:	$6,944,145
CDC Best Practices State Spending Recommendation:	$22,800,000
Percentage of CDC Recommended Level:	30.5%
State Tobacco-Related Revenue:	$133,800,000

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

Smokefree Air: B

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government Worksites: **Prohibited**

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

Schools: **Prohibited**

Child Care Facilities: **Prohibited**

Restaurants: **Prohibited**

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

Casinos/Gaming Establishments: **No provision**

Retail Stores: **Prohibited**

Recreational/Cultural Facilities: **Prohibited**

Penalties: **Yes**

Enforcement: **Yes**

Preemption: **No**

Citation: N.M. STAT. ANN. §§ 24-16-1 et seq. (2007).

Tobacco Taxes: D

CIGARETTE TAX:

Tax Rate per pack of 20: **$1.66**

OTHER TOBACCO PRODUCT TAXES:

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

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

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

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

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

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

Access to Cessation Services: C

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **Most medications are covered**

Counseling: **Limited counseling is covered**

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

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

Counseling: **Some counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$5.28; the average investment per smoker is $3.46**

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.

Minimum Age: F

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

New Mexico State Highlights:

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

1. Maintain or increase funding for state's tobacco prevention and control program;
2. Protect New Mexicans from secondhand smoke, including in multi-unit housing; and
3. Raise the tax on cigarettes and other tobacco products including snuff, chew and cigarillos.

The American Lung Association in New Mexico provides leadership in convening partners and guiding public policy efforts to continue the state's success in reducing the impact of tobacco among New Mexicans. Together with our partners, the American Lung Association in New Mexico works to ensure tobacco control and prevention remains a priority for state legislators and local decision makers.

In 2016, our focus was to continue to educate legislators, legislative staff, and the general public about smoking and the importance of providing tobacco cessation programs for adults and youth, and the dangers of secondhand smoke. During the legislative session the Lung Association along with our partners were unsuccessful in passing a $1.00 per pack cigarette tax that would have increased the tax to $2.66 per pack. The legislation, which included parity between the tax on cigarettes and other tobacco products would have generated $33 million in new revenue for the state of New Mexico.

Also during the 2016 legislative session, funding for the New Mexico Tobacco Use Prevention and Control program was cut by $246,000 for fiscal year 2017.

The American Lung Association in New Mexico's Smoke-Free @ Home program provides education and support to property managers and owners on the economic and health benefits of implementing smokefree policies in multi-unit housing. In 2016, the Lung Association continues to help public and affordable housing implement smokefree policies building on our efforts from previous years.

Moving forward in 2017, 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 as well as oppose any additional cuts. A $1.00 cigarette tax increase as well as tax parity between cigarettes and other tobacco products could provide additional revenue for the tobacco prevention and cessation program to avoid further cuts, and is something the Lung Association will continue advocating for.

Finally, the Lung Association will continue its focus on creating smokefree multi-unit housing in 2017. It is our goal to provide all New Mexicans with a safe and healthy living environment, free from the dangers of secondhand smoke.

New Mexico State Facts

Health Care Costs Due to Smoking:	$843,869,235
Adult Smoking Rate:	17.5%
Adult Tobacco Use Rate:	20.0%
High School Smoking Rate:	11.4%
High School Tobacco Use Rate:	32.2%
Middle School Smoking Rate:	6.8%
Smoking Attributable Deaths:	2,630

Adult smoking and tobacco use data come from CDC's 2015 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use data come from the 2015 Youth Risk Behavior Surveillance System. Middle school smoking rate is taken from the New Mexico 2011 Youth Risk Behavior Surveillance System.

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

To get involved with your American Lung Association, please contact:

American Lung Association in New Mexico
(505) 265-0732
www.lung.org/about-us/local-associations/new-mexico.html

New York Report Card

AMERICAN LUNG ASSOCIATION. | STATE OF TOBACCO CONTROL 2017

NEW YORK

Tobacco Prevention and Control Program Funding: F

FY2017 State Funding for Tobacco Control Programs:	$39,330,600
FY2017 Federal Funding for State Tobacco Control Programs:	$3,136,353*
FY2017 Total Funding for State Tobacco Control Programs:	$42,466,953
CDC Best Practices State Spending Recommendation:	$203,000,000
Percentage of CDC Recommended Level:	20.9%
State Tobacco-Related Revenue:	$2,000,000,000

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

Smokefree Air: A

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government Worksites: **Prohibited**

Private Worksites: **Prohibited**

Schools: **Prohibited**

Child Care Facilities: **Prohibited**

Restaurants: **Prohibited**

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

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

Retail Stores: **Prohibited**

Recreational/Cultural Facilities: **Prohibited**

Penalties: **Yes**

Enforcement: **Yes**

Preemption: **No**

Citation: N.Y. [PUB. HEALTH] LAW §§ 1399-n et seq. (2003).

Tobacco Taxes: B

CIGARETTE TAX:

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

OTHER TOBACCO PRODUCT TAXES:

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

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

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

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

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

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

Thumbs up for New York for having the highest state cigarette tax in the country.

Access to Cessation Services: D

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **All 7 medications are covered**

Counseling: **Most counseling is covered**

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

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **Data not provided***

Counseling: **Data not provided***

Barriers to Coverage: **Data not provided***

STATE QUITLINE:

Investment per Smoker: **$1.78; the average investment per smoker is $3.46**

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.

*Current data on tobacco cessation coverage for state employees was not provided this year and the past several years, therefore 0 points were awarded for the State Employee Health Plan subcategory.

Minimum Age: D*

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

*New York has 54% of the state's population covered by Tobacco 21 ordinances/regulations. If a state has more than 50% of its population covered by local ordinances/regulations, the state is graded based on population covered by those local ordinances/regulations rather than the statewide law.

New York State Highlights:

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

1. Raising the age of sale for tobacco products to 21;
2. Expand the state Clean Indoor Air Act to restrict the use of electronic cigarettes; and
3. Increase the level of funding for the Tobacco Control Program from $39.3 million to $52 million per year.

During the 2016 legislative session we once again advocated extensively for an increase in the Tobacco Control Program funding, requesting an increase of $12.7 million. A sign-on letter was circulated throughout both houses of the legislature. A large number of representatives signed on to the letter in both houses. Unfortunately, this session saw significant competing interests for budgetary resources. While a number of programs took a cut in the 2016 budget, the tobacco control program, although not receiving the increase as hoped, did receive level funding.

The Lung Association commends New York for recently expanding smoking cessation coverage to include full coverage for cessation medications for the Medicaid population. This is an important step forward and we hope it will lead to even broader coverage without barriers for all New Yorkers.

The next major priority in the 2016 session was to again push for legislation prohibiting the use of electronic cigarettes indoors. For the first time since this bill was written several years ago, the Senate, including Senate leadership, indicated support for the legislation in 2016. This was largely a result of the final deeming rule being released by the U.S. Food and Drug Administration which elected to define electronic cigarettes as tobacco products. The bill did not make it through the Senate in 2016, but the prospects look good in 2017. Meanwhile, the bill passed the Assembly with less debate than previous years with seven members changing their positions from 'no' to 'yes' votes.

Legislation to increase the minimum age of sale for tobacco products to 21 often referred to as Tobacco 21 saw major movement on the local level during 2016. Albany, Schenectady, Cortland, Cattaraugus and Chautauqua have voted to raise the age of sale to 21, joining Suffolk County and New York City in doing so. Currently a number of other counties are considering similar legislation. As of September 2016, more than 50 percent of the state's population was covered by a Tobacco 21 law.

During the 2017 legislative session, the American Lung Association in New York will push to ensure a bill is passed that expands the state's smokefree law to restrict the use of electronic cigarettes, and capitalize on the movement of communities in New York to raise the age of sale for tobacco products to 21 statewide.

New York State Facts

Health Care Costs Due to Smoking:	$10,389,849,268
Adult Smoking Rate:	15.2%
Adult Tobacco Use Rate:	16.8%
High School Smoking Rate:	8.8%
High School Tobacco Use Rate:	28.8%
Middle School Smoking Rate:	1.2%
Smoking Attributable Deaths:	28,170

Adult smoking and tobacco use data come from CDC's 2015 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use data come from the 2015 Youth Risk Behavior Surveillance System. Middle school smoking rate is taken from the New York 2014 Youth Tobacco Survey.

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

To get involved with your American Lung Association, please contact:

American Lung Association in New York
(518) 465-2013
www.lung.org/about-us/local-associations/new-york.html

North Carolina Report Card

AMERICAN LUNG ASSOCIATION. | STATE OF TOBACCO CONTROL 2017

NORTH CAROLINA

Tobacco Prevention and Control Program Funding: F

FY2017 State Funding for Tobacco Control Programs:	$1,100,000
FY2017 Federal Funding for State Tobacco Control Programs:	$3,281,867*
FY2017 Total Funding for State Tobacco Control Programs:	$4,381,867
CDC Best Practices State Spending Recommendation:	$99,300,000
Percentage of CDC Recommended Level:	4.4%
State Tobacco-Related Revenue:	$435,600,000

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

Smokefree Air: F

OVERVIEW OF STATE SMOKING RESTRICTIONS:

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

Private Worksites: **No provision**

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

Child Care Facilities: **Restricted**

Restaurants: **Prohibited**

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

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

Retail Stores: **No provision**

Recreational/Cultural Facilities: **No provision**

Penalties: **Yes**

Enforcement: **Yes**

Preemption: **Yes** (private workplaces and other specific venues)

Citation: N.C. GEN. STAT. §§ 130A-491 to 130A-498 (2010), 115C-407 (2007), 131D-4.4 (2007) & 131E-114.3 (2007).

Tobacco Taxes: F

CIGARETTE TAX:

Tax Rate per pack of 20: **$0.45**

OTHER TOBACCO PRODUCT TAXES:

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

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

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

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

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

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

Thumbs down for North Carolina for having the fifth lowest cigarette tax in the country.

Access to Cessation Services: F

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **All 7 medications are covered**

Counseling: **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: **Most counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$0.97; the average investment per smoker is $3.46**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

Tobacco Surcharge: **Limits tobacco surcharges**

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

Minimum Age: F

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

North Carolina State Highlights:

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

1. Restore funding for tobacco use prevention and cessation programs, including QuitlineNC;
2. Resist attempts to weaken the smokefree restaurants and bars law and expand the law to include all public places and private worksites; and
3. Increase the state cigarette tax by $1.00 per pack.

Current funding for the state's tobacco use prevention and cessation program is perilously low. In 2011, tobacco use prevention and cessation programs jointly received $17.3 million. The 2016 remaining state funding for QuitlineNC, the state's phone counseling service for tobacco users, is $1.1 million. That is a very small amount of funding for a state as large as North Carolina. When federal funding is included, the amount is only 3.3 percent of the Centers for Disease Control and Prevention recommended funding level for the state. As of March 2016, demand for QuitlineNC services became greater than resources available. The evidence-based services were cut back in some instances to avoid shutting down the Quitline before the end of the fiscal year. There are no state dollars allocated for teen tobacco use prevention, even though a majority of smokers begin smoking by age 18. This lack of funding directly impacts the state's ability to move towards a healthier future.

In 2016, the Legislature did allocate $250,000 in funding for You Quit, Two Quit, a program to screen and treat tobacco use in women of reproductive age, pregnant and postpartum mothers. It was a welcome recognition of the value of evidence-based cessation strategies by our elected officials. Sen. Stan Bingham sought funding to create a program within the Division of Public Health to provide evidence-based tools and information to pediatricians and family physicians to enable them to better counsel their young patients and the parents of those patients about the health risks of electronic cigarettes, cigarettes, and other tobacco products. Unfortunately, it did not make it through the budget process.

The American Lung Association in North Carolina will continue to partner with the North Carolina Alliance for Health as it defends against any threats or attempts to weaken the smokefree restaurants and bars law and weighs options for strengthening protections for non-smokers. Emphasis will be placed on restoring funding for tobacco use prevention programs to previous levels and to increase funding for QuitlineNC.

North Carolina State Facts

Health Care Costs Due to Smoking:	$3,809,676,476
Adult Smoking Rate:	19.0%
Adult Tobacco Use Rate:	22.5%
High School Smoking Rate:	9.3%
High School Tobacco Use Rate:	27.5%
Middle School Smoking Rate:	2.3%
Smoking Attributable Deaths:	14,220

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

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

To get involved with your American Lung Association, please contact:

American Lung Association in North Carolina
(980)-237-6611
www.lung.org/about-us/local-associations/north-carolina.html

North Dakota Report Card

AMERICAN LUNG ASSOCIATION. | STATE OF TOBACCO CONTROL 2017

Tobacco Prevention and Control Program Funding: A

FY2017 State Funding for Tobacco Control Programs:	$9,884,197
FY2017 Federal Funding for State Tobacco Control Programs:	$928,674*
FY2017 Total Funding for State Tobacco Control Programs:	$10,812,871
CDC Best Practices State Spending Recommendation:	$9,800,000
Percentage of CDC Recommended Level:	110.3%
State Tobacco-Related Revenue:	$66,800,000

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

Thumbs up for North Dakota for funding its state tobacco control program at or above the CDC-recommended level, one of only two states to do so this year.

Smokefree Air: A

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government Worksites: **Prohibited**

Private Worksites: **Prohibited**

Schools: **Prohibited**

Child Care Facilities: **Prohibited**

Restaurants: **Prohibited**

Bars: **Prohibited**

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

Retail Stores: **Prohibited**

Recreational/Cultural Facilities: **Prohibited**

Penalties: **Yes**

Enforcement: **Yes**

Preemption: **No**

Citation: N.D. CENT. CODE §§ 23-12-9 to 23-12-11 (2013).

Tobacco Taxes: F

CIGARETTE TAX:

Tax Rate per pack of 20: **$0.44**

OTHER TOBACCO PRODUCT TAXES:

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

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

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

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

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

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

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

Access to Cessation Services: B

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: **Significant barriers exist to access care**

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

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

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

STATE QUITLINE:

Investment per Smoker: **$12.63; the average investment per smoker is $3.46**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **Yes**

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

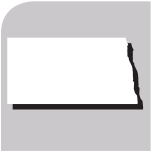
Citation: See North Dakota Tobacco Cessation Coverage page for coverage details.

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

Minimum Age: F

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

North Dakota State Highlights:



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

1. Keep the current fully funded tobacco program and smoke free air laws strong;
2. Raise the state tobacco tax currently at .44 per pack; and
3. Raise the age of sale for all tobacco products to 21 years old.

There was no state legislative session in North Dakota during 2016, and therefore funding for the state tobacco control program remained the same for fiscal year 2017 at close to $10 million per year. When federal funding is included, North Dakota is one of only two states in the country that currently funds its state tobacco control program at the level recommended by the Centers for Disease Control and Prevention.

North Dakota has the fourth lowest cigarette tax in the country at 44 cents per pack. The tax has not been raised since 1993. After multiple attempts to get the tax increased during legislative sessions; advocates, including the American Lung Association in North Dakota, attempted to increase this abysmally low tax rate by activating over 150 volunteers to collect over 22,000 signatures to put an initiative on the November 2016 ballot to increase the cigarette tax by $1.76 per pack. The Raise it for Health Coalition representing over 30 partners from across the state, worked to educate voters on this important initiative. The tobacco industry including both Altria and RJ Reynolds poured over $3.7 million dollars to fight the initiative with misleading ads. Ultimately, the initiative was defeated.

The American Lung Association in North Dakota will continue its work in 2017 to educate both state and local decision makers about the benefits of a higher tobacco tax, increasing the sales age for tobacco products to 21 and keeping the current comprehensive tobacco control program fully-funded.

North Dakota State Facts

Health Care Costs Due to Smoking:	$325,798,988
Adult Smoking Rate:	18.7%
Adult Tobacco Use Rate:	23.9%
High School Smoking Rate:	11.7%
High School Tobacco Use Rate:	31.1%
Middle School Smoking Rate:	3.6%
Smoking Attributable Deaths:	980

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

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

To get involved with your American Lung Association, please contact:

American Lung Association in North Dakota
(701) 223-5613
www.lung.org/about-us/local-associations/north-dakota.html

Ohio Report Card

AMERICAN LUNG ASSOCIATION. | STATE OF TOBACCO CONTROL 2017

OHIO

Tobacco Prevention and Control Program Funding: F

FY2017 State Funding for Tobacco Control Programs:	$13,540,000
FY2017 Federal Funding for State Tobacco Control Programs:	$1,986,656*
FY2017 Total Funding for State Tobacco Control Programs:	$15,526,656
CDC Best Practices State Spending Recommendation:	$132,000,000
Percentage of CDC Recommended Level:	11.8%
State Tobacco-Related Revenue:	$1,300,000,000

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

Smokefree Air: A

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government Worksites: **Prohibited**

Private Worksites: **Prohibited**

Schools: **Prohibited**

Child Care Facilities: **Prohibited**

Restaurants: **Prohibited**

Bars: **Prohibited**

Casinos/Gaming Establishments: **Prohibited**

Retail Stores: **Prohibited**

Recreational/Cultural Facilities: **Prohibited**

Penalties: **Yes**

Enforcement: **Yes**

Preemption: **No**

Citation: OHIO REV. CODE ANN §§ 3794.01 to 3794.09 (2006).

Tobacco Taxes: F

CIGARETTE TAX:

Tax Rate per pack of 20: **$1.60**

OTHER TOBACCO PRODUCT TAXES:

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

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

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

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

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

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

Access to Cessation Services: F

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **All 7 medications are covered**

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

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

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **Some medications are covered**

Counseling: **Some counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$0.42; the average investment per smoker is $3.46**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

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

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

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

Minimum Age: F

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

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

1. Match the tax on non-cigarette forms of tobacco like spit tobacco, cigars and hookah to the cigarette tax;
2. Increase funding for tobacco prevention and cessation programs; and
3. Pass Tobacco 21 laws to increase the minimum age of sale for tobacco products to 21 in additional cities in the state.

During the 2016 legislative session, a bill was introduced that would have allowed exemptions for a wide range of businesses under Ohio's Smoke-Free Workplace Act. The American Lung Association in Ohio and partners spoke with legislators and worked to obtain negative media stories about the legislation. Ultimately, the legislation did not get a hearing and made no progress during the legislative session.

The Lung Association worked with coalitions and other interested parties around the state to help move their cities closer to passing laws to increase the minimum sales age for tobacco products to 21 often referred to as Tobacco 21 laws. In 2016, groups in over a dozen cities began working toward passing a Tobacco 21 ordinance in their city. By the end of 2016, seven cities in Ohio, including the cities of Cleveland and Columbus, had passed Tobacco 21 laws. Columbus set up a local licensing system in conjunction with passage of its Tobacco 21 law, which should help with enforcement, and could serve as a good model for other cities to use.

The Lung Association worked with coalitions and other interested parties around the state to help move their cities closer to passing laws to increase the minimum sales age for tobacco products to 21 often referred to as Tobacco 21 laws. In 2016, groups in over a dozen cities worked toward passing a Tobacco 21 ordinance in their city. By the end of 2016, seven cities in Ohio, including the cities of Cleveland and Columbus, had passed Tobacco 21 laws. Columbus set up a local licensing system in conjunction with passage of its Tobacco 21 law, which should help with enforcement, and could serve as a good model for other cities to use.

The 2016 Ohio Health Issues Poll sponsored by Interact for Health found that 53 percent of Ohio adults favored increasing the minimum purchase age for tobacco to 21, including about half of current smokers (51 percent), previous smokers (54 percent), and adults who had never smoked (54 percent). The poll also found high support for the law that prohibited smoking in any public place or place of employment. More than 8 in 10 Ohio adults (82 percent) were in favor of the law. Additionally, the survey found that 2 in 10 Ohio adults (19 percent) reported that they had ever used an e-cigarette. Those who used e-cigarettes included 51 percent of current smokers, 18 percent of former smokers, and 7 percent of adults who have never smoked.

As we look to 2017, the American Lung Association in Ohio will continue to work with a broad coalition of stakeholders to raise the tax on other tobacco products, fully fund evidence-based tobacco prevention and cessation programs, and pass Tobacco 21 laws in Ohio's cities.

Ohio State Facts

Health Care Costs Due to Smoking:	$5,647,310,236
Adult Smoking Rate:	21.6%
Adult Tobacco Use Rate:	24.6%
High School Smoking Rate:	15.1%
High School Tobacco Use Rate:	N/A
Middle School Smoking Rate:	2.6%
Smoking Attributable Deaths:	20,180

Adult smoking and tobacco use data come from CDC's 2015 Behavioral Risk Factor Surveillance System. High school smoking rate is taken from the 2013 Youth Risk Behavior Surveillance System. Middle school smoking rate is taken from the 2014 Youth Tobacco Survey. A current high school tobacco use rate is not available for this state.

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

To get involved with your American Lung Association, please contact:

American Lung Association in Ohio
(614) 279-1700
www.lung.org/ohio

Oklahoma Report Card

AMERICAN LUNG ASSOCIATION. | STATE OF TOBACCO CONTROL 2017

OKLAHOMA

Tobacco Prevention and Control Program Funding: C

FY2017 State Funding for Tobacco Control Programs:	$24,004,100
FY2017 Federal Funding for State Tobacco Control Programs:	$1,283,271*
FY2017 Total Funding for State Tobacco Control Programs:	$25,287,371
CDC Best Practices State Spending Recommendation:	$42,300,000
Percentage of CDC Recommended Level:	59.8%
State Tobacco-Related Revenue:	$396,600,000

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

Thumbs up for Oklahoma for constitutionally protecting its allocation of tobacco settlement dollars, so a consistent investment in tobacco prevention and cessation can be made.

Smokefree Air: D

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government Worksites: **Restricted (prohibited on state government property)**

Private Worksites: **Restricted**

Schools: **Prohibited**

Child Care Facilities: **Prohibited**

Restaurants: **Restricted**

Bars: **No provision**

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

Retail Stores: **Prohibited**

Recreational/Cultural Facilities: **Prohibited**

Penalties: **Yes**

Enforcement: **Yes**

Preemption: **Yes**

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

Tobacco Taxes: F

CIGARETTE TAX:

Tax Rate per pack of 20: **$1.03**

OTHER TOBACCO PRODUCT TAXES:

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

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

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

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

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

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

Access to Cessation Services: B

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **All 7 medications are covered**

Counseling: **Some counseling is covered**

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

Medicaid Expansion: **No**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **Most medications are covered**

Counseling: **Most counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$7.38; the average investment per smoker is $3.46**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

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

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

Minimum Age: F

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

Oklahoma State Highlights:

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

1. Maintain dedicated funding for tobacco prevention and cessation programs;
2. Increase the cigarette tax by at least a $1.00 per pack; and
3. Pass a comprehensive statewide smokefree law that protects all workers and patrons from secondhand smoke.

During the 2016 legislative session, a bill was introduced to increase the cigarette tax by $1.50 per pack. The bill passed through several committees before failing on the floor of the House of Representatives. A $1.50 per pack cigarette tax would provide big benefits to the state, including preventing nearly 32,000 Oklahoma kids from starting to smoke, prompting nearly as many adults to quit and preventing approximately 18,000 tobacco-related deaths.

Dedicated funding from the tobacco Master Settlement Agreement (MSA) for the Oklahoma Tobacco Settlement Endowment Trust (TSET) remained intact for fiscal year 2017, and the amount of funding dedicated to tobacco prevention and cessation programs by TSET even increased by close to $1.5 million. Oklahoma voters made a wise decision by putting 75 percent of MSA payments each year into TSET, and the Lung Association will oppose any attempts to raid these funds by the legislature.

Program initiatives of TSET and the Oklahoma Department of Health to prevent and reduce tobacco use include the Oklahoma Tobacco Helpline at 1-800-QUIT-NOW, cessation systems grants, community grants covering over 85 percent of the state's population, funding for tribal nations and other priority populations and statewide media campaigns intended to change the social norms related to tobacco use.

In 2017, the American Lung Association in Oklahoma, along with strong public health partners, will continue to raise public awareness regarding the need for a comprehensive statewide smokefree law. We will also be supporting legislation that would increase the cigarette tax by a $1.00 per pack or more, and continue to protect funding for TSET and the Oklahoma Department of Health.

Oklahoma State Facts

Health Care Costs Due to Smoking:	$1,622,429,589
Adult Smoking Rate:	22.2%
Adult Tobacco Use Rate:	26.9%
High School Smoking Rate:	13.1%
High School Tobacco Use Rate:	31.4%
Middle School Smoking Rate:	4.8%
Smoking Attributable Deaths:	7,490

Adult smoking and tobacco use data come from CDC's 2015 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use data come from the 2015 Youth Risk Behavior Surveillance System. Middle school smoking rate is taken from the 2013 Youth Tobacco Survey.

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

To get involved with your American Lung Association, please contact:

American Lung Association in Oklahoma
(405) 748-4674
www.lung.org/oklahoma

Oregon Report Card

AMERICAN LUNG ASSOCIATION. | STATE OF TOBACCO CONTROL 2017

OREGON

Tobacco Prevention and Control Program Funding: F

FY2017 State Funding for Tobacco Control Programs:	$9,843,000
FY2017 Federal Funding for State Tobacco Control Programs:	$1,165,203*
FY2017 Total Funding for State Tobacco Control Programs:	$11,008,203
CDC Best Practices State Spending Recommendation:	$39,300,000
Percentage of CDC Recommended Level:	28.0%
State Tobacco-Related Revenue:	$357,900,000

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

Smokefree Air: A

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government Worksites: **Prohibited**

Private Worksites: **Prohibited**

Schools: **Prohibited**

Child Care Facilities: **Prohibited**

Restaurants: **Prohibited**

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

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

Retail Stores: **Prohibited (allowed in smoke shops)**

Recreational/Cultural Facilities: **Prohibited**

Penalties: **Yes**

Enforcement: **Yes**

Preemption: **No**

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

Tobacco Taxes: F

CIGARETTE TAX:

Tax Rate per pack of 20: **$1.32**

OTHER TOBACCO PRODUCT TAXES:

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

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

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

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

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

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

Access to Cessation Services: F

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **Most medications are covered**

Counseling: **Some counseling is covered**

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

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **Some medications are covered**

Counseling: **Some counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$1.51*; the average investment per smoker is $3.46**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **Yes**

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

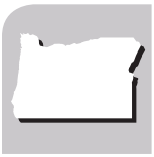
Citation: See Oregon Tobacco Cessation Coverage page for coverage details.

*Investment per smoker amount does not include money contributed by Coordinated Care Organizations (CCOs) to the state quitline.

Minimum Age: F

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

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

1. Raise the legal age of sale for tobacco products to 21 years old;
2. Defend Oregon's smokefree workplace law; and
3. Maintain funding for Oregon's tobacco prevention and cessation programs.

During Oregon's 2016 short 32-day legislative session several tobacco-related bills were discussed and given hearings.

Oregon is one of a few states without a retail licensing system for businesses selling tobacco products. Senate Bill 1559 was introduced to establish a licensing system with fees for tobacco retailers. Hearings were held, but the short session didn't allow for time to move the bill to the floors of the House of Representatives and Senate for votes.

Oregon legislators continued their discussions and proposals for the taxation of electronic smoking devices. No legislation was passed and this will remain an interest of legislators and stakeholders for the 2017 legislative session.

Increasing the minimum age of sale for tobacco products to 21 is garnering support around the state. Senator Elizabeth Steiner-Hayward is championing this policy and will be introducing legislation in 2017 for consideration. Momentum and support for this policy is growing with several local governments, including the city of Portland, showing support through consideration of their own local "Tobacco 21" policies.

In 2017, the Oregon legislature will be seeking solutions to address budget shortfalls which heightens the need for strong advocacy to maintain the current level of funding for tobacco prevention and cessation programs. Gov. Kate Brown's budget proposes an 85 cent increase in the tax on cigarettes. The American Lung Association in Oregon will be supporting a meaningful increase in this tax with a portion of the new revenue to support prevention and quit smoking programs.

Oregon State Facts

Health Care Costs Due to Smoking:	$1,547,762,592
Adult Smoking Rate:	17.1%
Adult Tobacco Use Rate:	19.9%
High School Smoking Rate:	8.8%
High School Tobacco Use Rate:	23.7%
Middle School Smoking Rate:	4.3%
Smoking Attributable Deaths:	5,470

Adult smoking and tobacco use data come from CDC's 2015 Behavioral Risk Factor Surveillance System. High school (11th grade only) smoking and tobacco use and middle school (8th grade only) smoking rates are taken from the 2015 Oregon Healthy Teens Survey.

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

To get involved with your American Lung Association, please contact:

American Lung Association in Oregon
(503) 924-4094
www.lung.org/oregon

Pennsylvania Report Card

AMERICAN LUNG ASSOCIATION. | STATE OF TOBACCO CONTROL 2017

PENNSYLVANIA

Tobacco Prevention and Control Program Funding: F

FY2017 State Funding for Tobacco Control Programs:	$13,914,000
FY2017 Federal Funding for State Tobacco Control Programs:	$2,936,725*
FY2017 Total Funding for State Tobacco Control Programs:	$16,850,725
CDC Best Practices State Spending Recommendation:	$140,000,000
Percentage of CDC Recommended Level:	12.0%
State Tobacco-Related Revenue:	$1,700,000,000

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

Smokefree Air: C

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government Worksites: **Prohibited**

Private Worksites: **Prohibited**

Schools: **Prohibited**

Child Care Facilities: **Prohibited**

Restaurants: **Restricted**

Bars: **No provision**

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

Retail Stores: **Prohibited**

Recreational/Cultural Facilities: **Prohibited**

Penalties: **Yes**

Enforcement: **Yes**

Preemption: **Yes**

Citation: 35 PA. STAT §§ 637.1 to 637.11 (2008).

Thumbs down for Pennsylvania for failing to pass a law in the 2016 legislative session that would have protected all workers in Pennsylvania from secondhand smoke.

Tobacco Taxes: D

CIGARETTE TAX:

Tax Rate per pack of 20: **$2.60***

*On August 1, 2016, the cigarette tax increased from $1.60 to $2.60 per pack.

OTHER TOBACCO PRODUCT TAXES:

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

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

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

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

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

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

Thumbs up for Pennsylvania for increasing its cigarette tax by $1.00 to $2.60 per pack.

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: **Some medications are covered**

Counseling: **Some counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$1.23; the average investment per smoker is $3.46**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

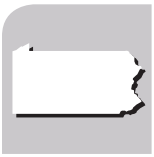
Tobacco Surcharge: **No prohibition or limitation on tobacco surcharges**

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

Minimum Age: F

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

Pennsylvania State Highlights:



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

1. Support a Youth Tobacco Prevention Package to include:
   a. Increase funding for tobacco prevention and cessation;
   b. Increase the Licensure fee to sell tobacco products;
   c. Increase the age of sale for tobacco products to age 21; and
2. Remove the exemptions from the current Clean Indoor Air Act that restricts smoking in public places and workplaces.

A major victory occurred during the 2016 legislative session when the Pennsylvania legislature passed a $1.00 per pack cigarette tax increase, which brings the total tax on cigarettes to $2.60 per pack. Also passed was the first ever tax on other tobacco products which imposed a 40 percent tax on the wholesale price of electronic cigarettes, including devices and liquid cartridges, and a 55-cent per ounce tax on any loose and smokeless tobacco products.

The cigarette tax increase will save an estimated 32,200 lives in Pennsylvania and keep more than 48,100 kids from becoming addicted adult smokers. The tax increase is also expected to prompt more than 65,600 adult smokers in Pennsylvania to quit, all while saving the state an estimated $2.19 billion in long-term health care costs.

While the American Lung Association in Pennsylvania was pleased with the decision to tax some other tobacco products there was an opportunity missed to fully protect residents from the health harms of tobacco by implementing a low, weight-based tax on smokeless and roll-your-own tobacco and not taxing cigars. These products, which are becoming increasingly popular among young people, are not safe alternatives to cigarettes.

A number of other tobacco-related bills were also introduced in the legislature in 2016, including several supported by the Lung Association. Two identical bills were introduced to remove exemptions from the current Clean Indoor Air Act—one in the Senate and one in the House. Both bills would also add electronic cigarettes to the current law. The House bill had a hearing in the Health Committee, but was weakened after a vote in the same committee and subsequently stalled.

A bill to further strengthen insurance coverage and access for cessation was supported by the Lung Association as well.

The American Lung Association in Pennsylvania will continue to educate lawmakers on the ongoing fight against tobacco. Our goal is to build champions within the legislature and a groundswell of advocates to advance our goals: to support a youth tobacco prevention package that increases funding for tobacco prevention and cessation, increases the license fee to sell tobacco products, and increases the sales age for tobacco products to 21. We will also continue to work to remove the exemptions from the current clean indoor air law.

Pennsylvania State Facts

Health Care Costs Due to Smoking:	$6,383,194,368
Adult Smoking Rate:	18.1%
Adult Tobacco Use Rate:	20.8%
High School Smoking Rate:	10.3%
High School Tobacco Use Rate:	32.3%
Middle School Smoking Rate:	1.3%
Smoking Attributable Deaths:	22,010

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

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

To get involved with your American Lung Association, please contact:

American Lung Association in Pennsylvania
(717) 541-5864
www.lung.org/pennsylvania

Rhode Island Report Card

AMERICAN LUNG ASSOCIATION. | STATE OF TOBACCO CONTROL 2017

Tobacco Prevention and Control Program Funding: F

FY2017 State Funding for Tobacco Control Programs:	$375,622
FY2017 Federal Funding for State Tobacco Control Programs:	$1,999,231*
FY2017 Total Funding for State Tobacco Control Programs:	$2,374,853
CDC Best Practices State Spending Recommendation:	$12,800,000
Percentage of CDC Recommended Level:	18.6%
State Tobacco-Related Revenue:	$194,400,000

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

Thumbs down for Rhode Island for spending little state money on tobacco prevention and cessation programs despite smoking costing the state close to $640 million in healthcare costs each year.

Smokefree Air: A

OVERVIEW OF STATE SMOKING RESTRICTIONS:

- Government Worksites: **Prohibited**
- Private Worksites: **Prohibited**
- Schools: **Prohibited**
- Child Care Facilities: **Prohibited**
- Restaurants: **Prohibited**
- Bars: **Prohibited (allowed in smoking bars)**
- Casinos/Gaming Establishments: **Restricted**
- Retail Stores: **Prohibited**
- Recreational/Cultural Facilities: **Prohibited**
- Penalties: **Yes**
- Enforcement: **Yes**
- Preemption: **No**
- Citation: R.I. GEN. LAWS §§ 23-20.10-1 et seq. (2005).

Tobacco Taxes: B

CIGARETTE TAX:

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

OTHER TOBACCO PRODUCT TAXES:

- Tax on little cigars: **Equalized: Yes; Weight-Based: No**
- Tax on large cigars: **Equalized: No; Weight-Based: No**
- Tax on smokeless tobacco: **Equalized: No; Weight-Based: Yes**
- Tax on pipe/RYO tobacco: **Equalized: No; Weight-Based: No**
- Tax on Dissolvable tobacco: **Equalized: No; Weight-Based: Yes**

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

Access to Cessation Services: F

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

- Medications: **Some medications are covered**
- Counseling: **Limited counseling is covered**
- Barriers to Coverage: **Some barriers exist to access care**
- Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

- Medications: **All 7 medications are covered**
- Counseling: **All 3 forms of counseling are covered**
- Barriers to Coverage: **Some barriers exist to access care**

STATE QUITLINE:

Investment per Smoker: **$1.04; the average investment per smoker is $3.46**

OTHER CESSATION PROVISIONS:

- Private Insurance Mandate: **Yes**
- Tobacco Surcharge: **Prohibits tobacco surcharges**

Citation: See Rhode Island Tobacco Cessation Coverage page for coverage details.

Minimum Age: F

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

Rhode Island State Highlights:

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

1. Raise the minimum age of sale for tobacco products from 18 to 21;
2. Add e-cigarettes to Rhode Island's smokefree workplace law; and
3. Increase funding to the Rhode Island Department of Health's tobacco control program.

The 2016 Rhode Island legislative session included a little cigar tax bill that was championed by the American Lung Association in Rhode Island. In summary, this bill required taxing little cigars in the same manner as the tax imposed on cigarettes and that they be sold in packs of 20 or more. This bill passed in the state Senate but never made it to the state House of Representatives for a vote.

Other tobacco bills, although not victorious, but were at least introduced included: adding electronic cigarettes to the Rhode Island smokefree workplace law, adding sales and use taxes to electronic nicotine delivery systems (ENDS), prohibiting smoking in vehicles containing restrained children, raising the legal minimum age of sale for tobacco products from 18 to 21 and prohibiting the sale of ENDS liquid that is not contained in child-resistant packaging as well as prohibiting the use of ENDS products in schools.

The proposed fiscal year 2017 budget from Governor Raimondo once again included a 25-cent cigarette tax increase. As in previous years, none of the additional tax revenue was being dedicated to tobacco control programs, with the resulting price increase being too small to impact smoking rates amongst youth or adults. With strong opposition from public health advocates, including the American Lung Association in Rhode Island, this requested excise tax was defeated and not included in the final budget approved by the legislature.

Although it was a fairly neutral year for tobacco control state legislation, on the local level, there were some victories. The City of Central Falls, with support from the Lung Association and Tobacco Free RI, adopted comprehensive tobacco control regulations which included requiring local tobacco retail licensing, the elimination of tobacco discounts and promotions and the sale of flavored tobacco products, including e-cigarettes. Several other Rhode Island cities and towns considered similar regulations which are expected to gain traction in the upcoming year.

The American Lung Association will build on positive hearings in 2017 for bills that would raise the age of sale for tobacco products to 21, add ENDS products to the state's smokefree workplace law, and increase funding for the state's tobacco control program. Strong public support exists for these measures, which the Lung Association will seek to publicize and leverage with state legislators and policy makers.

Rhode Island State Facts

Health Care Costs Due to Smoking:	$639,604,224
Adult Smoking Rate:	15.5%
Adult Tobacco Use Rate:	16.6%
High School Smoking Rate:	4.8%
High School Tobacco Use Rate:	25.1%
Middle School Smoking Rate:	0.9%
Smoking Attributable Deaths:	1,780

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

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

To get involved with your American Lung Association, please contact:

American Lung Association in Rhode Island
(401) 421-6487
www.lung.org/about-us/local-associations/rhode-island.html

South Carolina Report Card

AMERICAN LUNG ASSOCIATION.

STATE OF TOBACCO CONTROL 2017

SOUTH CAROLINA

Tobacco Prevention and Control Program Funding: F

FY2017 State Funding for Tobacco Control Programs:	$5,000,000
FY2017 Federal Funding for State Tobacco Control Programs:	$3,313,630*
FY2017 Total Funding for State Tobacco Control Programs:	$8,313,630
CDC Best Practices State Spending Recommendation:	$51,000,000
Percentage of CDC Recommended Level:	16.3%
State Tobacco-Related Revenue:	$240,500,000

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

Smokefree Air: F

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government Worksites: **Restricted**

Private Worksites: **No provision**

Schools: **Restricted**

Child Care Facilities: **Prohibited**

Restaurants: **No provision**

Bars: **No provision**

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

Retail Stores: **No provision**

Recreational/Cultural Facilities: **Restricted**

Penalties: **Yes**

Enforcement: **Yes**

Preemption: **No**

Citation: S.C. CODE ANN. §§ 44-95-10 et seq. (2012).

The Smokefree Air grade only examines state law and does not reflect local smokefree ordinances. South Carolina has made great strides in protecting people from secondhand smoke by passing comprehensive local smokefree ordinances that cover 31.8% of the state's population.

Tobacco Taxes: F

CIGARETTE TAX:

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

OTHER TOBACCO PRODUCT TAXES:

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

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

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

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

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

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

Access to Cessation Services: D

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **Some medications are covered**

Counseling: **Limited counseling is covered**

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

Medicaid Expansion: **No**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **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: **$5.98; the average investment per smoker is $3.46**

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.

Minimum Age: F

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

South Carolina State Highlights:

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

1. Increase funding for the state's tobacco prevention program;
2. Increase the number of comprehensive local smokefree air laws; and
3. Increase the price of tobacco products to reduce tobacco use among youth and adults.

The American Lung Association in South Carolina and partners in the South Carolina Tobacco-Free Collaborative continued to support passage of smokefree air ordinances at the local level in 2016. The state has about 62 local comprehensive smokefree ordinances covering about 40 percent of the state's population. Local governments have also begun to address smoking in parks and other recreational venues. A positive by-product of these ordinances has been increases in tobacco-free school campuses and tobacco-free colleges and universities. Funding for the state Tobacco Prevention and Control programs remained at $5 million in fiscal year 2017. The program receives all of its state funding from cigarette tax revenues, despite the fact that tobacco Master Settlement Agreement dollars are available. Legislation that would require cigarette tax stamps starting in 2019 did pass in the General Assembly and was signed by the Governor.

The South Carolina Tobacco-Free Collaborative (SCTFC) released Ending the Epidemic: Plan for a Tobacco-Free South Carolina, 2015-2020 in December 2015. This plan, developed by the SCTFC in collaboration with state partners and community coalitions, outlined strategies and recommendations to help reduce tobacco's toll on the Palmetto State. An evaluation of the previous five-year plan showed

- A 19 percent decrease in the high school smoking rate;
- An 8 percent decrease in the state adult smoking rate;
- A 47 percent decrease in the middle school smoking rate; and
- A 32 percent decrease in per capita cigarette pack sales.
- Initial evidence suggests the following interventions contributed to the progress:
- A cigarette tax increase of $1.12 per pack ($.50 state, $.62 federal);
- A six-fold increase in the number of smokefree communities;
- Increases in the numbers of tobacco-free school districts and college campuses; and
- State and federal quit-smoking media campaigns.

The American Lung Association in South Carolina continues to work for more local smokefree air ordinances. We support improvements in quit smoking benefits for workers, increased tobacco taxes and increasing the $5 million dollar allocation in state tobacco prevention funding.

South Carolina State Facts

Health Care Costs Due to Smoking:	$1,906,984,487
Adult Smoking Rate:	19.7%
Adult Tobacco Use Rate:	22.8%
High School Smoking Rate:	9.6%
High School Tobacco Use Rate:	29.1%
Middle School Smoking Rate:	4.8%
Smoking Attributable Deaths:	7,230

Adult smoking and tobacco use data come from CDC's 2015 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use data come from the 2015 Youth Risk Behavior Surveillance System. Middle school smoking rate is taken from the 2013 South Carolina Youth Tobacco Survey.

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

To get involved with your American Lung Association, please contact:

American Lung Association in South Carolina
(843) 556-8451
www.lung.org/about-us/local-associations/south-carolina.html

South Dakota Report Card

AMERICAN LUNG ASSOCIATION. | STATE OF TOBACCO CONTROL 2017

SOUTH DAKOTA

Tobacco Prevention and Control Program Funding: F

FY2017 State Funding for Tobacco Control Programs:	$4,500,000
FY2017 Federal Funding for State Tobacco Control Programs:	$878,994*
FY2017 Total Funding for State Tobacco Control Programs:	$5,378,994
CDC Best Practices State Spending Recommendation:	$11,700,000
Percentage of CDC Recommended Level:	46.0%
State Tobacco-Related Revenue:	$88,300,000

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

Smokefree Air: B

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government Worksites: **Prohibited**

Private Worksites: **Prohibited**

Schools: **Prohibited**

Child Care Facilities: **Prohibited**

Restaurants: **Prohibited**

Bars: **Prohibited (smoking of certain tobacco products allowed in certain bars)**

Casinos/Gaming Establishments: **Prohibited**

Retail Stores: **Prohibited**

Recreational/Cultural Facilities: **Prohibited**

Penalties: **Yes**

Enforcement: **Yes**

Preemption: **Yes***

Citation: S.D. CODIFIED LAWS §§ 34-46-13 to 34-46-19 (2010).

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

Tobacco Taxes: F

CIGARETTE TAX:

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

OTHER TOBACCO PRODUCT TAXES:

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

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

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

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

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

For more information on tobacco taxes, go to: http://slati.lung.org/slati/states.php

Access to Cessation Services: F

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **Limited medications are covered**

Counseling: **No counseling is covered**

Barriers to Coverage: **Some barriers exist to access care**

Medicaid Expansion: **No**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **Limited medications are covered**

Counseling: **Some counseling is required**

Barriers to Coverage: **Some barriers exist to access care**

STATE QUITLINE:

Investment per Smoker: **$12.38; the average investment per smoker is $3.46**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

Tobacco Surcharge: **No prohibition or limitation on tobacco surcharges**

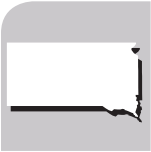
Citation: See South Dakota Tobacco Cessation Coverage page for specific sources.

Thumbs down for South Dakota for providing the worst cessation coverage for Medicaid enrollees in the country.

Minimum Age: F

Minimum Age of Sale for Tobacco Products: **18**

South Dakota State Highlights:



Tobacco use remains the leading cause of preventable death and disease in the United States and in South Dakota. To address this enormous toll, the American Lung Association in South Dakota calls for the following three actions to be taken by our elected officials:

1. Ensure the full $5 million in dedicated tobacco tax revenue is allocated to tobacco prevention programs;
2. Protect South Dakota's comprehensive smokefree workplace law; and
3. Increase the tax on cigarettes and other tobacco products.

The South Dakota Department of Health along with national, state, and local partners continue to work together on a five-year tobacco strategic plan. The four goal areas of the plan include: preventing initiation of tobacco use, promoting quitting among adults and youth, eliminating exposure to secondhand smoke and identifying and eliminating tobacco-related disparities among population groups. Priority populations have been identified to include: American Indians, Medicaid enrollees, pregnant women, people with mental illness and substance use disorders, spit tobacco users, youth and young adults.

State funding for the state's tobacco prevention and control program remained at $4.5 million in fiscal year 2015, the same level as the past several years. When combined with federal funding this level is close to half of the level recommended by the Centers for Disease Control and Prevention (CDC).

South Dakota has a well-funded quitline compared to other states, but coverage of treatments to help smokers quit under the state Medicaid program is one of the least comprehensive in the country leading to the F grade for Access to Cessation Treatments.

Sioux Falls was one of the sites for the launch of FDA's "The Real Cost" campaign targeting youth ages 12-17, at risk of smokeless tobacco use. In 2016, the campaign expanded to have a presence during games in Minor League Baseball including both the Sioux City Explorers and the Sioux Falls Canaries.

The coalition in South Dakota has strong roots in working together to support tobacco control best practices and will continue to work in 2017 to assure funding for the state tobacco control program is not reduced any further and promote increasing funding to the CDC-recommended level. Other priorities include protecting the comprehensive statewide smokefree law and education toward increasing the tobacco tax in the future.

South Dakota State Facts

Health Care Costs Due to Smoking:	$373,112,273
Adult Smoking Rate:	20.1%
Adult Tobacco Use Rate:	25.0%
High School Smoking Rate:	10.1%
High School Tobacco Use Rate:	30.3%
Middle School Smoking Rate:	N/A
Smoking Attributable Deaths:	1,250

Adult smoking and tobacco use data come from CDC's 2015 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use data come from the 2015 Youth Risk Behavior Surveillance System. A current middle school smoking rate is not available for this state.

Health impact information is taken from the Smoking Attributable Mortality, Morbidity and Economic Costs (SAMMEC) software. Smoking attributable deaths reflect average annual estimates for the period 2005-2009 and are calculated for persons aged 35 years and older. Smoking-attributable health care expenditures are based on 2004 smoking-attributable fractions and 2009 personal health care expenditure data. Deaths and expenditures should not be compared by state.

To get involved with your American Lung Association, please contact:

American Lung Association in South Dakota
(651) 227-8014
www.lung.org/about-us/local-associations/south-dakota.html

Tennessee Report Card

AMERICAN LUNG ASSOCIATION. | STATE OF TOBACCO CONTROL 2017

TENNESSEE

Tobacco Prevention and Control Program Funding: F

FY2017 State Funding for Tobacco Control Programs:	$1,098,473
FY2017 Federal Funding for State Tobacco Control Programs:	$1,493,673*
FY2017 Total Funding for State Tobacco Control Programs:	$2,592,146
CDC Best Practices State Spending Recommendation:	$75,600,000
Percentage of CDC Recommended Level:	3.4%
State Tobacco-Related Revenue:	$418,300,000

*Includes tobacco prevention and cessation funding provided to states from the Centers for Disease Control and Prevention and U.S. Food and Drug Administration.

Smokefree Air: C

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government Worksites: **Prohibited**

Private Worksites: **Prohibited (non-public workplaces with three or fewer employees exempt)**

Schools: **Prohibited**

Child Care Facilities: **Prohibited**

Restaurants: **Restricted***

Bars: **Restricted***

Casinos/Gaming Establishments: **N/A**

Retail Stores: **Prohibited**

Recreational/Cultural Facilities: **Prohibited**

Penalties: **Yes**

Enforcement: **Yes**

Preemption: **Yes**

Citation: TENN. CODE ANN. §§ 39-17-1801 to 39-17-1810 (2008).

*Smoking is allowed in restaurants and bars that do not allow persons under 21 to enter at any time.

Tobacco Taxes: F

CIGARETTE TAX:

Tax Rate per pack of 20: **$0.62**

OTHER TOBACCO PRODUCT TAXES:

Tax on little cigars: **Equalized: Yes; Weight-Based: No**

Tax on large cigars: **Equalized: No; Weight-Based: No**

Tax on smokeless tobacco: **Equalized: No; Weight-Based: No**

Tax on pipe/RYO tobacco: **Equalized: No; Weight-Based: No**

Tax on Dissolvable tobacco: **Equalized: No; Weight-Based: No**

For more information on tobacco taxes, go to: http://slati.lung.org/slati/states.php

Access to Cessation Services: F

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **All 7 medications are covered**

Counseling: **Minimal counseling is covered**

Barriers to Coverage: **Some barriers exist to access care**

Medicaid Expansion: **No**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

Counseling: **Most counseling is covered**

Barriers to Coverage: **Some barriers exist to access care**

STATE QUITLINE:

Investment per Smoker: **$0.37; the average investment per smoker is $3.46**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

Tobacco Surcharge: **No prohibition or limitation on tobacco surcharges**

Citation: See Tennessee Tobacco Cessation Coverage page for coverage details.

Minimum Age: F

Minimum Age of Sale for Tobacco Products: **18**

Tennessee State Highlights:

Tobacco use remains the leading cause of preventable death and disease in the United States and in Tennessee. To address this enormous toll, the American Lung Association in Tennessee calls for the following three actions to be taken by our elected officials:

1. Repeal preemption as it relates to smokefree air laws in public places;
2. Increase the tobacco tax by $1.00 per pack; and
3. Increase the age of sale for tobacco products to 21.

It was a disappointing 2016 legislative session in Tennessee related to tobacco control policy. There was a

Tobacco 21 bill filed by Representative Ramsey in the House that would not have even been heard in committee had it not been for the State Health Commissioner Dreyzehner testifying on behalf of it.

Preemption continues to be a barrier in passing any effective or strong smokefree laws in the state. The state of Tennessee passed legislation in 1994 giving complete control over tobacco regulation to the state. Protecting tobacco farmers in Tennessee was a large part of the rationale behind tobacco preemption at the time this legislation was passed.

Numerous health based tobacco coalition partners feel the time is ripe to fight tobacco preemption in Tennessee. There is a strong will for increased local control at our legislature as evidenced by increased de-annexation legislation in the last 2 years. There was also laws passed that allowed for exemptions to allow Ascend Amphitheater in Nashville and a major aquatic center in Kingsport to go smokefree. This began to set the stage for the possibility to challenge preemption in the state of Tennessee. The Lung Association and our partner organizations began to meet with state and local officials to gain support for a bill in 2017 that would repeal preemption in the state and give local control to communities to allow them to pass stronger smokefree laws.

In the meantime, on a local level there was positive voluntary smokefree movement in Chattanooga with an alliance of a number of mayors from the area who promoted smokefree parks and public places in their communities. A billboard and social media campaign launched the initiative and gained much earned media. In addition, Memphis and Kingsport worked on voluntary smokefree parks and public places as well and gained a lot of momentum and earned media in those communities.

Another major area of concern was the allotment of tobacco Master Settlement Agreement money to tobacco control and cessation programs for three years runs out in 2016, and no legislation to continue this funding was approved.

Overall, Tennessee legislators have much work to do to protect the people in the state from secondhand smoke, preventing kids from ever starting to smoke, and helping those who want to quit.

Tennessee State Facts

Health Care Costs Due to Smoking:	$2,672,824,085
Adult Smoking Rate:	21.9%
Adult Tobacco Use Rate:	26.5%
High School Smoking Rate:	11.5%
High School Tobacco Use Rate:	31.9%
Middle School Smoking Rate:	N/A
Smoking Attributable Deaths:	11,380

Adult smoking and tobacco use data come from CDC's 2015 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use data come from the 2015 Youth Risk Behavior Surveillance System. A current middle school smoking rate is not available for this state.

Health impact information is taken from the Smoking Attributable Mortality, Morbidity and Economic Costs (SAMMEC) software. Smoking attributable deaths reflect average annual estimates for the period 2005-2009 and are calculated for persons aged 35 years and older. Smoking-attributable health care expenditures are based on 2004 smoking-attributable fractions and 2009 personal health care expenditure data. Deaths and expenditures should not be compared by state.

To get involved with your American Lung Association, please contact:

American Lung Association in Tennessee
(615) 329-1151
www.lung.org/tennessee

Texas Report Card

AMERICAN LUNG ASSOCIATION. | STATE OF TOBACCO CONTROL 2017

TEXAS

Tobacco Prevention and Control Program Funding: F

FY2017 State Funding for Tobacco Control Programs:	$10,223,000
FY2017 Federal Funding for State Tobacco Control Programs:	$4,297,926*
FY2017 Total Funding for State Tobacco Control Programs:	$14,520,926
CDC Best Practices State Spending Recommendation:	$264,100,000
Percentage of CDC Recommended Level:	5.5%
State Tobacco-Related Revenue:	$1,900,000,000

*Includes tobacco prevention and cessation funding provided to states from the Centers for Disease Control and Prevention and U.S. Food and Drug Administration.

Smokefree Air: F

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government Worksites: **No provision**

Private Worksites: **No provision**

Schools: **Restricted**

Child Care Facilities: **Prohibited**

Restaurants: **No provision**

Bars: **No provision**

Casinos/Gaming Establishments: **No provision**

Retail Stores: **No provision**

Recreational/Cultural Facilities: **Restricted**

Penalties: **Yes**

Enforcement: **Yes**

Preemption: **No**

Citation: TEX. PENAL CODE ANN. § 48.01 (1997); TX EDUC. CODE § 21.927 (1987); and TX ADMIN. CODE tit. 40, Part 19, Subchapter S, Div. 1 §§ 746.3703(d) (1995) & 747.3503(d) (1990).

The Smokefree Air grade only examines state tobacco control law and does not reflect local smokefree ordinances. Texas has made great strides in protecting people from secondhand smoke by passing comprehensive local smokefree ordinances that cover 38.8% of the state's population.

Tobacco Taxes: F

CIGARETTE TAX:

Tax Rate per pack of 20: **$1.41**

OTHER TOBACCO PRODUCT TAXES:

Tax on little cigars: **Equalized: No; Weight-Based: Yes**

Tax on large cigars: **Equalized: No; Weight-Based: Yes**

Tax on smokeless tobacco: **Equalized: Yes; Weight-Based: Yes**

Tax on pipe/RYO tobacco: **Equalized: Yes; Weight-Based: Yes**

Tax on Dissolvable tobacco: **Equalized: Yes; Weight-Based: Yes**

For more information on tobacco taxes, go to: http://slati.lung.org/slati/states.php

Access to Cessation Services: F

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **All 7 medications are covered**

Counseling: **Some counseling is covered**

Barriers to Coverage: **Limited barriers exist to access care**

Medicaid Expansion: **No**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **Some medications are covered**

Counseling: **Limited counseling is covered**

Barriers to Coverage: **Some barriers exist to access care**

STATE QUITLINE:

Investment per Smoker: **$0.69; the average investment per smoker is $3.46**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

Tobacco Surcharge: **No prohibition or limitation on tobacco surcharges**

Citation: See Texas Tobacco Cessation Coverage page for coverage details.

Minimum Age: F

Minimum Age of Sale for Tobacco Products: **18**

Texas State Highlights:

Tobacco use remains the leading cause of preventable death and disease in the United States and in Texas. To address this enormous toll, the American Lung Association in Texas calls for the following three actions to be taken by our elected officials:

1. Maintain or increase funding for tobacco prevention and cessation programs;
2. Continue to pass comprehensive local smokefree ordinances to build towards a statewide smokefree law; and
3. Increase the minimum legal sales age for tobacco products to 21.

The American Lung Association in Texas along with our partners at Smoke-Free Texas provides leadership and guidance for public policy efforts to continue the state's success in reducing the impact of tobacco among Texans. Together with our partners, the American Lung Association in Texas works to ensure tobacco control and prevention remains a priority for state legislators and local decision makers.

There was no state legislative session in Texas in 2016, however, significant progress was made on passing local smokefree ordinances. Since January 2016, seven local smokefree ordinances have been passed, including the cities of Mesquite and Mission. Texas now has 52 cities with local smokefree ordinances that protect 9.8 million people from secondhand smoke in virtually all public places and workplaces. Efforts continue in the city of Fort Worth, Texas as well, which is the largest city in Texas that remains without a comprehensive smokefree ordinance.

Funding for tobacco prevention and cessation programs remained at $10.223 million as appropriated in the two-year state budget passed in 2015.

Moving forward in 2017, the American Lung Association in Texas and its partners will work to raise the minimum sales age for tobacco products to 21 as well as protect existing funding for tobacco prevention and cessation programs.

Texas State Facts

Health Care Costs Due to Smoking:	$8,855,602,443
Adult Smoking Rate:	15.2%
Adult Tobacco Use Rate:	17.7%
High School Smoking Rate:	14.1%
High School Tobacco Use Rate:	N/A
Middle School Smoking Rate:	N/A
Smoking Attributable Deaths:	28,030

Adult smoking and tobacco use data come from CDC's 2015 Behavioral Risk Factor Surveillance System. High school smoking rate is taken from the 2013 Youth Risk Behavior Surveillance System. A current high school tobacco use and middle school smoking rate is not available for this state.

Health impact information is taken from the Smoking Attributable Mortality, Morbidity and Economic Costs (SAMMEC) software. Smoking attributable deaths reflect average annual estimates for the period 2005-2009 and are calculated for persons aged 35 years and older. Smoking-attributable health care expenditures are based on 2004 smoking-attributable fractions and 2009 personal health care expenditure data. Deaths and expenditures should not be compared by state.

To get involved with your American Lung Association, please contact:

American Lung Association in Texas
Dallas Office: (214) 631-5864
Houston office: (713) 629-5864
www.lung.org/texas

Utah Report Card

AMERICAN LUNG ASSOCIATION. | STATE OF TOBACCO CONTROL 2017

UTAH

Tobacco Prevention and Control Program Funding: F

FY2017 State Funding for Tobacco Control Programs:	$7,446,100
FY2017 Federal Funding for State Tobacco Control Programs:	$1,394,264*
FY2017 Total Funding for State Tobacco Control Programs:	$8,840,364
CDC Best Practices State Spending Recommendation:	$19,300,000
Percentage of CDC Recommended Level:	45.8%
State Tobacco-Related Revenue:	$150,900,000

*Includes tobacco prevention and cessation funding provided to states from the Centers for Disease Control and Prevention and U.S. Food and Drug Administration.

Smokefree Air: A

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government Worksites: **Prohibited**

Private Worksites: **Prohibited**

Schools: **Prohibited**

Child Care Facilities: **Prohibited**

Restaurants: **Prohibited**

Bars: **Prohibited**

Casinos/Gaming Establishments: **N/A**

Retail Stores: **Prohibited**

Recreational/Cultural Facilities: **Prohibited**

Penalties: **Yes**

Enforcement: **Yes**

Preemption: **Yes**

Citation: UTAH CODE ANN. §§ 26-38-1 et seq. (2012).

Tobacco Taxes: D

CIGARETTE TAX:

Tax Rate per pack of 20: **$1.70**

OTHER TOBACCO PRODUCT TAXES:

Tax on little cigars: **Equalized: Yes; Weight-Based: No**

Tax on large cigars: **Equalized: Yes; Weight-Based: No**

Tax on smokeless tobacco: **Equalized: Yes; Weight-Based: Yes**

Tax on pipe/RYO tobacco: **Equalized: Yes; Weight-Based: No**

Tax on Dissolvable tobacco: **Equalized: No; Weight-Based: Yes**

For more information on tobacco taxes, go to: http://slati.lung.org/slati/states.php

Access to Cessation Services: F

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **Some medications are covered**

Counseling: **Limited counseling is covered**

Barriers to Coverage: **Some barriers exist to access care**

Medicaid Expansion: **No**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

Counseling: **Some counseling is covered**

Barriers to Coverage: **Some barriers exist to access care**

STATE QUITLINE:

Investment per Smoker: **$4.79; the average investment per smoker is $3.46**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **Insurance Commissioner Bulletin**

Tobacco Surcharge: **No prohibition or limitation on tobacco surcharges**

Citation: See Utah Tobacco Cessation Coverage page for coverage details.

Minimum Age: D

Minimum Age of Sale for Tobacco Products: **19**

Utah State Highlights:

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 three actions to be taken by our elected officials:

1. Maintain or increase funding for state's tobacco prevention and control program;
2. Increase the minimum legal sales age for tobacco products to 21; and
3. Raise Utah's tobacco tax to encourage an even further reduction in tobacco use.

The American Lung Association in Utah along with our partners at the Coalition for a Tobacco-Free Utah provide leadership and guidance for public policy efforts to continue the state's success in reducing the impact of tobacco among Utahans. 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 2016, the American Lung Association in Utah supported legislation that would have increased the legal age of sale for tobacco products to 21 years old from age 19 currently. Although the legislation did not make it out of the House Revenue and Taxation Committee, legislators were educated on the issue for when the bill is introduced in future legislative sessions.

Additionally the Lung Association supported legislation that would have eliminated smoking rooms at the Salt Lake City International Airport. The bill was defeated, however the city agreed not to include smoking rooms in its new replacement terminal eliminating secondhand smoke exposure for workers and travelers.

Funding for the Utah Tobacco Prevention and Control Program at the state Department of Health was again maintained at about the same level as previous years in fiscal year 2017. The program is funded by a combination of tobacco Master Settlement Agreement dollars and tobacco tax revenue.

In 2017, the American Lung Association in Utah will continue pushing to increase the sales age for tobacco products to 21, and to maintain or even increase funding for the Utah Tobacco Prevention and Control Program.

Utah State Facts

Health Care Costs Due to Smoking:	$542,335,526
Adult Smoking Rate:	9.1%
Adult Tobacco Use Rate:	11.1%
High School Smoking Rate:	4.4%
High School Tobacco Use Rate:	N/A
Middle School Smoking Rate:	N/A
Smoking Attributable Deaths:	1,340

Adult smoking and tobacco use data come from CDC's 2015 Behavioral Risk Factor Surveillance System. High school smoking rate is taken from the 2013 Youth Risk Behavior Surveillance System. Current high school tobacco use and middle school smoking rates are not available for this state.

Health impact information is taken from the Smoking Attributable Mortality, Morbidity and Economic Costs (SAMMEC) software. Smoking attributable deaths reflect average annual estimates for the period 2005-2009 and are calculated for persons aged 35 years and older. Smoking-attributable health care expenditures are based on 2004 smoking-attributable fractions and 2009 personal health care expenditure data. Deaths and expenditures should not be compared by state.

To get involved with your American Lung Association, please contact:

American Lung Association in Utah
(801) 484-4456
www.lung.org/utah

Vermont Report Card

AMERICAN LUNG ASSOCIATION. | STATE OF TOBACCO CONTROL 2017

VERMONT

Tobacco Prevention and Control Program Funding: D

FY2017 State Funding for Tobacco Control Programs:	$3,373,246
FY2017 Federal Funding for State Tobacco Control Programs:	$923,070*
FY2017 Total Funding for State Tobacco Control Programs:	$4,296,316
CDC Best Practices State Spending Recommendation:	$8,400,000
Percentage of CDC Recommended Level:	51.1%
State Tobacco-Related Revenue:	$117,600,000

*Includes tobacco prevention and cessation funding provided to states from the Centers for Disease Control and Prevention and U.S. Food and Drug Administration.

Smokefree Air: A

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government Worksites: **Prohibited**

Private Worksites: **Prohibited**

Schools: **Prohibited**

Child Care Facilities: **Prohibited**

Restaurants: **Prohibited**

Bars: **Prohibited**

Casinos/Gaming Establishments: **N/A**

Retail Stores: **Prohibited**

Recreational/Cultural Facilities: **Prohibited**

Penalties: **Yes**

Enforcement: **Yes**

Preemption: **No**

Citation: VT STAT. ANN. tit. 18, §§ 28-1421 to 28-1428 & 37-1741 et seq. (2014).

Tobacco Taxes: B

CIGARETTE TAX:

Tax Rate per pack of 20: **$3.08**

OTHER TOBACCO PRODUCT TAXES:

Tax on little cigars: **Equalized: Yes; Weight-Based: No**

Tax on large cigars: **Equalized: Yes; Weight-Based: No**

Tax on smokeless tobacco: **Equalized: Yes; Weight-Based: Yes**

Tax on pipe/RYO tobacco: **Equalized: Yes; Weight-Based: No**

Tax on Dissolvable tobacco: **Equalized: Yes; Weight-Based: Yes**

For more information on tobacco taxes, go to: http://slati.lung.org/slati/states.php

Access to Cessation Services: B

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **All 7 medications are covered**

Counseling: **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: **$5.34; the average investment per smoker is $3.46**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **Yes**

Tobacco Surcharge: **Prohibits tobacco surcharges**

Citation: See Vermont Tobacco Cessation Coverage page for coverage details.

Minimum Age: F

Minimum Age of Sale for Tobacco Products: **18**

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 in Vermont calls for the following three actions to be taken by our elected officials:

1. To increase fiscal year 2018 funding for Vermont's comprehensive tobacco control program to $5.6 million;
2. To dedicate a percentage of annual tobacco tax revenue to sustain Vermont's efforts to prevent and reduce tobacco use; and
3. To raise the legal age for sale of tobacco products to 21.

After a complicated journey in the Vermont Legislature, the Governor signed into law a bill that eliminates the use of electronic cigarettes where smoking is prohibited, including in vehicles with children in car seats. The law was effective July 1, 2016.

For a second year, the Governor proposed to cut most of the budget for the state's Tobacco Evaluation and Review Board which oversees the independent evaluation of the tobacco control program. In 2015, the Lung Association and partners fought hard to restore the funding. In 2016, we lost the battle. The cut to the board's funding threatens the future of the board and ultimately, the effectiveness of the comprehensive tobacco control program.

The good news is that the fiscal year 2017 budget bill included language for "the Secretaries of Administration and Human Services, the Tobacco Evaluation and Review Board, and participating stakeholders to develop an action plan for tobacco program funding at a level necessary to maintain the gains made in preventing and reducing tobacco use that have been accomplished since their inception."

Rep. George Till, a physician, sponsored a bill to raise the legal age for sale of tobacco products to 21. The bill passed the House after a full day of debate. It contained several provisions of concern: 1) a graduated increase of the legal age over three years, 2) a corresponding cigarette tax of $.13 per pack each year, 3) an exemption for active duty military, and 4) an increase of the penalty for misrepresentation of age from $25 to $200. The bill died in the Senate but generated a lot of discussion about the state's effort to prevent and reduce tobacco use and provided a platform for strong legislation in 2017.

The American Lung Association in Vermont will continue to work with coalition partners, the American Heart Association and the American Cancer Society Cancer Action Network to advance tobacco control efforts and protect Vermont's tobacco control program and smokefree policies against rollbacks. We will continue to educate policy makers, business leaders and the media of the importance of Lung Association goals to reduce tobacco use and protect public health.

Vermont State Facts

Health Care Costs Due to Smoking:	$348,112,248
Adult Smoking Rate:	16.0%
Adult Tobacco Use Rate:	18.0%
High School Smoking Rate:	10.8%
High School Tobacco Use Rate:	24.7%
Middle School Smoking Rate:	2.0%
Smoking Attributable Deaths:	960

Adult smoking and tobacco use data come from CDC's 2015 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use data come from the 2015 Youth Risk Behavior Surveillance System. Middle school smoking rate is taken from the Vermont 2015 Youth Risk Behavior Surveillance System. Results are rounded to the nearest whole number.

Health impact information is taken from the Smoking Attributable Mortality, Morbidity and Economic Costs (SAMMEC) software. Smoking attributable deaths reflect average annual estimates for the period 2005-2009 and are calculated for persons aged 35 years and older. Smoking-attributable health care expenditures are based on 2004 smoking-attributable fractions and 2009 personal health care expenditure data. Deaths and expenditures should not be compared by state.

To get involved with your American Lung Association, please contact:

American Lung Association in Vermont
(802) 876-6860
www.lung.org/vermont

Virginia Report Card

AMERICAN LUNG ASSOCIATION. | STATE OF TOBACCO CONTROL 2017

VIRGINIA

Tobacco Prevention and Control Program Funding: F

FY2017 State Funding for Tobacco Control Programs:	$8,248,304
FY2017 Federal Funding for State Tobacco Control Programs:	$2,482,143*
FY2017 Total Funding for State Tobacco Control Programs:	$10,730,447
CDC Best Practices State Spending Recommendation:	$91,600,000
Percentage of CDC Recommended Level:	11.7%
State Tobacco-Related Revenue:	$307,600,000

*Includes tobacco prevention and cessation funding provided to states from the Centers for Disease Control and Prevention and U.S. Food and Drug Administration.

Smokefree Air: F

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government Worksites: **Restricted**

Private Worksites: **No provision**

Schools: **Prohibited (public schools only)**

Child Care Facilities: **Prohibited (excludes home-based child care providers)**

Restaurants: **Restricted**

Bars: **Restricted**

Casinos/Gaming Establishments: **No provision**

Retail Stores: **Restricted**

Recreational/Cultural Facilities: **Restricted**

Penalties: **Yes**

Enforcement: **Yes**

Preemption: **Yes**

Citation: VA. CODE ANN. §§ 15.2-2820 to 15.2-2828 (2009).

Tobacco Taxes: F

CIGARETTE TAX:

Tax Rate per pack of 20: **$0.30**

OTHER TOBACCO PRODUCT TAXES:

Tax on little cigars: **Equalized: Yes; Weight-Based: No**

Tax on large cigars: **Equalized: Yes; Weight-Based: No**

Tax on smokeless tobacco: **Equalized: No; Weight-Based: Yes**

Tax on pipe/RYO tobacco: **Equalized: Yes; Weight-Based: No**

Tax on Dissolvable tobacco: **Equalized: No; Weight-Based: Yes**

For more information on tobacco taxes, go to: http://slati.lung.org/slati/states.php

Thumbs down for Virginia for having the second lowest cigarette tax in the country at 30 cents per pack.

Access to Cessation Services: F

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **Some medications are covered**

Counseling: **Limited counseling is covered**

Barriers to Coverage: **Some barriers exist to access care**

Medicaid Expansion: **No**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **Some medications are covered**

Counseling: **Some counseling is covered**

Barriers to Coverage: **Some barriers exist to access care**

STATE QUITLINE:

Investment per Smoker: **$0.39; the average investment per smoker is $3.46**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

Tobacco Surcharge: **No prohibition or limitation on tobacco surcharges**

Citation: See Virginia Tobacco Cessation Coverage page for coverage details.

Minimum Age: F

Minimum Age of Sale for Tobacco Products: **18**

Virginia State Highlights:

Tobacco use remains the leading cause of preventable death and disease in the United States and in Virginia. To address this enormous toll, the American Lung Association in Virginia calls for the following three actions to be taken by our elected officials:

1. Increase the cigarette excise tax by at least $1.00 per pack;
2. Create parity between taxes on cigarettes and other tobacco products; and
3. Fund tobacco prevention and cessation programs at the Centers for Disease Control and Prevention (CDC)-recommended level.

In the 2016 legislative session, a bill to increase the state cigarette tax rate from $0.30 per pack to $1.50 per pack, the cigarette excise tax on roll-your-own tobacco from 10 percent of the manufacturer's sales price to 50 percent, and the tax rate on certain other tobacco products by the same percentage was introduced in the state House of Representatives. Ten percent of revenue on the three taxes would have been used by the Virginia Department of Health for tobacco cessation and prevention, and the remainder would have been deposited in the Virginia Health Care Fund. Unfortunately, the bill was left in the Finance Committee, and Virginia's cigarette tax remained the second lowest in the country.

Bills to authorize any county to impose a tax on cigarettes were also introduced in the House and state Senate. Again, both were left in their respective Finance Committees and died.

The American Lung Association in Virginia led efforts to urge the Pharmacy and Therapeutics Committee to give a favorable review for Medicaid coverage of benefits consistent with CDC recommendations and Virginia law, including FDA-approved pharmacotherapy products,

Several bills dealing with electronic cigarettes were also introduced in 2016, including a bill in the House that would have established a state tax on electronic cigarettes, and a bill in the Senate that would have expanded the definition of "smoking" in the Virginia Indoor Clean Air Act to include electronic cigarettes. The House bill was ultimately stricken from the docket by the Finance Committee, and Senate bill was passed by and died in the Local Government Committee.

In 2017, priorities for the American Lung Association in Virginia will include working to ensure prevention and cessation programs are funded, an increase in the cigarette excise tax, and parity between taxes on cigarettes and other tobacco products.

Virginia State Facts

Health Care Costs Due to Smoking:	$3,113,009,298
Adult Smoking Rate:	16.5%
Adult Tobacco Use Rate:	19.5%
High School Smoking Rate:	8.2%
High School Tobacco Use Rate:	22.7%
Middle School Smoking Rate:	1.6%
Smoking Attributable Deaths:	10,310

Adult smoking and tobacco use data come from CDC's 2015 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use data come from the 2015 Youth Risk Behavior Surveillance System. Middle school smoking rate is taken from the Virginia 2015 Youth Risk Behavior Surveillance System.

Health impact information is taken from the Smoking Attributable Mortality, Morbidity and Economic Costs (SAMMEC) software. Smoking attributable deaths reflect average annual estimates for the period 2005-2009 and are calculated for persons aged 35 years and older. Smoking-attributable health care expenditures are based on 2004 smoking-attributable fractions and 2009 personal health care expenditure data. Deaths and expenditures should not be compared by state.

To get involved with your American Lung Association, please contact:

American Lung Association in Virginia
(804) 302-5740
www.lung.org/virginia

Washington Report Card

AMERICAN LUNG ASSOCIATION.

STATE OF TOBACCO CONTROL 2017

WASHINGTON

Tobacco Prevention and Control Program Funding: F

FY2017 State Funding for Tobacco Control Programs:	$2,312,707
FY2017 Federal Funding for State Tobacco Control Programs:	$2,780,278*
FY2017 Total Funding for State Tobacco Control Programs:	$5,092,985
CDC Best Practices State Spending Recommendation:	$63,600,000
Percentage of CDC Recommended Level:	8.0%
State Tobacco-Related Revenue:	$595,900,000

*Includes tobacco prevention and cessation funding provided to states from the Centers for Disease Control and Prevention and U.S. Food and Drug Administration.

Smokefree Air: A

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government Worksites: **Prohibited**

Private Worksites: **Prohibited**

Schools: **Prohibited**

Child Care Facilities: **Prohibited**

Restaurants: **Prohibited**

Bars: **Prohibited**

Casinos/Gaming Establishments: **Prohibited (tribal establishments exempt)**

Retail Stores: **Prohibited**

Recreational/Cultural Facilities: **Prohibited**

Penalties: **Yes**

Enforcement: **Yes**

Preemption: **Yes**

Citation: WASH. REV. CODE §§ 70.160.010 et seq. (2005).

Tobacco Taxes: C

CIGARETTE TAX:

Tax Rate per pack of 20: **$3.025**

OTHER TOBACCO PRODUCT TAXES:

Tax on little cigars: **Equalized: Yes; Weight-Based: No**

Tax on large cigars: **Equalized: No; Weight-Based: No**

Tax on smokeless tobacco: **Equalized: No; Weight-Based: Yes**

Tax on pipe/RYO tobacco: **Equalized: Yes; Weight-Based: No**

Tax on Dissolvable tobacco: **Equalized: No; Weight-Based: Yes**

For more information on tobacco taxes, go to: http://slati.lung.org/slati/states.php

Access to Cessation Services: F

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **All 7 medications are covered**

Counseling: **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: **All 3 forms of counseling are covered**

Barriers to Coverage: **Some barriers exist to access care**

STATE QUITLINE:

Investment per Smoker: **$0.35; the average investment per smoker is $3.46**

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.

Minimum Age: F

Minimum Age of Sale for Tobacco Products: **18**

Washington State Highlights:

Tobacco use remains the leading cause of preventable death and disease in the United States and in Washington. To address this enormous toll, the American Lung Association in Washington calls for the following three actions to be taken by our elected officials:

1. Raise the legal age of sale for tobacco products to 21;
2. Increase funding for comprehensive tobacco prevention and control programs; and
3. Tax electronic smoking devices to reduce youth use and fund tobacco prevention programs.

Washington's legislative bodies continue to struggle with budget challenges, in particular finding solutions to adequately fund education due to a court ruling finding the state negligent in providing adequate funding. The budget shortfalls continue to be an obstacle in securing adequate program funding for tobacco prevention efforts and cessation support.

Working together with coalition partners, the American Lung Association in Washington supported and celebrated the passage of Senate Bill 6328, "Concerning vapor products in respect to youth substance use prevention," during the 1st special legislative session in 2016. Advocates fought diligently to get the best possible bill to protect Washington's youth. The bill establishes important youth access protections for electronic cigarettes and provides more meaningful enforcement and penalties for those selling both tobacco products and electronic cigarettes to kids. The bill raised tobacco licensing fees and doubles fines for violations of tobacco sales laws. It also requires electronic cigarette retailers and other entities to get licenses. It was the first increase in 23 years to tobacco product licensing fees and penalties, and the dollars raised will pay for tobacco and e-cigarette enforcement, prevention and education efforts.

Bills were introduced to raise the age of sale for cigarettes to 21 in both the House and the Senate. Despite broad support for this legislation, neither bill moved to the floors for a vote.

Prior to the 2017 legislative session, a growing and strong coalition worked to provide strong support for another run to raise the legal age of sale for tobacco products to 21. Washington's Attorney General, Bob Ferguson, is a strong supporter of the policy as is Washington's Secretary of Health, John Weisman. Building on the support from the 2016 session, the Lung Association will again work to pass this legislation.

The American Lung in Washington will also continue to seek opportunities to secure funding for tobacco prevention programs and cessation support.

Washington State Facts

Health Care Costs Due to Smoking:	$2,811,911,987
Adult Smoking Rate:	15.0%
Adult Tobacco Use Rate:	17.4%
High School Smoking Rate:	7.9%
High School Tobacco Use Rates:	N/A
Middle School Smoking Rate:	4.0%
Smoking Attributable Deaths:	8,290

Adult smoking and tobacco use data come from CDC's 2015 Behavioral Risk Factor Surveillance System. High school (10th grade only) and Middle school (8th grade only) smoking rates are taken from the 2014 Washington State Healthy Youth Survey. A current high school tobacco use rate is not available for this state.

Health impact information is taken from the Smoking Attributable Mortality, Morbidity and Economic Costs (SAMMEC) software. Smoking attributable deaths reflect average annual estimates for the period 2005-2009 and are calculated for persons aged 35 years and older. Smoking-attributable health care expenditures are based on 2004 smoking-attributable fractions and 2009 personal health care expenditure data. Deaths and expenditures should not be compared by state.

To get involved with your American Lung Association, please contact:

American Lung Association in Washington
(206) 441-5100
www.lung.org/washington

West Virginia Report Card

AMERICAN LUNG ASSOCIATION. | STATE OF TOBACCO CONTROL 2017

WEST VIRGINIA

Tobacco Prevention and Control Program Funding: F

FY2017 State Funding for Tobacco Control Programs:	$3,037,643
FY2017 Federal Funding for State Tobacco Control Programs:	$1,050,058*
FY2017 Total Funding for State Tobacco Control Programs:	$4,087,701
CDC Best Practices State Spending Recommendation:	$27,400,000
Percentage of CDC Recommended Level:	14.9%
State Tobacco-Related Revenue:	$259,200,000

*Includes tobacco prevention and cessation funding provided to states from the Centers for Disease Control and Prevention and U.S. Food and Drug Administration.

Smokefree Air: D*

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government Worksites: **Restricted**

Private Worksites: **No provision**

Schools: **Prohibited (public schools only)**

Child Care Facilities: **Restricted**

Restaurants: **No provision**

Bars: **No provision**

Casinos/Gaming Establishments: **No provision**

Retail Stores: **No provision**

Recreational/Cultural Facilities: **No provision**

Penalties: **Yes**

Enforcement: **No**

Preemption: **No**

Citation: W. VA. CODE §§ 16-9A-4 (1987) & 31-20-5b (1997); WV Div. of Personnel Policy, Smoking Restrictions in the Workplace (2004); WV CSR §§ 64-21-10 (1997), 64-21-20 (1997) & 126-66-1 et seq. (1998).

*West Virginia has 64.4% 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***

*On July 1, 2016, the cigarette tax increased from $0.55 to $1.20 per pack.

OTHER TOBACCO PRODUCT TAXES:

Tax on little cigars: **Equalized: No; Weight-Based: No**

Tax on large cigars: **Equalized: No; Weight-Based: No**

Tax on smokeless tobacco: **Equalized: No; Weight-Based: No**

Tax on pipe/RYO tobacco: **Equalized: No; Weight-Based: No**

Tax on Dissolvable tobacco: **Equalized: No; Weight-Based: No**

For more information on tobacco taxes, go to: http://slati.lung.org/slati/states.php

Thumbs up for West Virginia for increasing its cigarette tax by $0.65 to $1.20 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: **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: **$8.83; the average investment per smoker is $3.46**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

Tobacco Surcharge: **No prohibition or limitation on tobacco surcharges**

Citation: See West Virginia Tobacco Cessation Coverage page for coverage details.

Minimum Age: F

Minimum Age of Sale for Tobacco Products: **18**

West Virginia State Highlights:

Tobacco use remains the leading cause of preventable death and disease in the United States and in West Virginia. To address this enormous toll, the American Lung Association in West Virginia calls for the following three actions to be taken by our elected officials:

1. Increase the excise tax on cigarettes by $1.00 per pack;
2. Support comprehensive clean indoor air laws at the regional level; and
3. Secure tobacco prevention and cessation funding from the general budget.

During the 2016 legislative session, after a delayed budget and long battle, a 65-cent cigarette tax increase was approved by the state legislature. This was the first increase in West Virginia's cigarette tax since 2003, and was a step forward to reduce tobacco use in the state. However, it was disappointing to the American Lung Association in West Virginia that state leaders missed an opportunity to achieve far greater public health benefits by increasing the tobacco tax by at least $1.00 per pack and dedicating a portion of the revenue to programs to prevent kids from smoking and help smokers quit. Other tobacco products such as cigars, snuff and chewing tobacco also will see a small jump in the excise tax with the rate going from 7 percent to 12 percent of the wholesale price. In addition, the legislature recognized the emerging threat of electronic cigarettes by placing a 7.5 cent per milliliter tax on the liquid nicotine in the products.

Through local boards of health, counties in West Virginia have added protections for workers from secondhand smoke and its health effects. Close to 65 percent of West Virginia's population is protected by local smokefree regulations from exposure to secondhand smoke in public places and workplaces, including restaurants and bars.

A couple of county boards of health have amended their smokefree regulations this year:

- Mercer County strengthened its smokefree regulation by adding electronic smoking devices to it, and is considering making their existing smokefree regulation comprehensive.
- Monongalia County further clarified the definition of smoking in its regulation to make clear its intent to prohibit the use of e-cigarettes and removed the exemption for hookah bar and bingo operations.

The American Lung Association in West Virginia will continue to educate lawmakers on the ongoing fight against tobacco. Our goal is to build champions within the legislature and a groundswell of advocates to advance our goals: a long overdue increase in the cigarette tax, parity between taxes on cigarettes and other tobacco products, comprehensive local clean indoor air laws and funding to prevent our youth from starting to smoke as well as helping individuals who want to quit to do so.

West Virginia State Facts

Health Care Costs Due to Smoking:	$1,008,474,499
Adult Smoking Rate:	25.7%
Adult Tobacco Use Rate:	32.8%
High School Smoking Rate:	16.2%
High School Tobacco Use Rate:	40.8%
Middle School Smoking Rate:	4.6%
Smoking Attributable Deaths:	4,280

Adult smoking and tobacco use data come from CDC's 2015 Behavioral Risk Factor Surveillance System. High school and middle school smoking rates are taken from the 2015 Youth Tobacco Survey. High school tobacco use rate is taken from the 2015 Youth Risk Behavior Surveillance System.

Health impact information is taken from the Smoking Attributable Mortality, Morbidity and Economic Costs (SAMMEC) software. Smoking attributable deaths reflect average annual estimates for the period 2005-2009 and are calculated for persons aged 35 years and older. Smoking-attributable health care expenditures are based on 2004 smoking-attributable fractions and 2009 personal health care expenditure data. Deaths and expenditures should not be compared by state.

To get involved with your American Lung Association, please contact:

American Lung Association in West Virginia
(304) 342-6600
www.lung.org/about-us/local-associations/west-virginia.html

Wisconsin Report Card

AMERICAN LUNG ASSOCIATION. | STATE OF TOBACCO CONTROL 2017

WISCONSIN

Tobacco Prevention and Control Program Funding: F

FY2017 State Funding for Tobacco Control Programs:	$5,300,000
FY2017 Federal Funding for State Tobacco Control Programs:	$2,256,524*
FY2017 Total Funding for State Tobacco Control Programs:	$7,556,524
CDC Best Practices State Spending Recommendation:	$57,500,000
Percentage of CDC Recommended Level:	13.1%
State Tobacco-Related Revenue:	$779,100,000

*Includes tobacco prevention and cessation funding provided to states from the Centers for Disease Control and Prevention and U.S. Food and Drug Administration.

Smokefree Air: A

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government Worksites: **Prohibited**

Private Worksites: **Prohibited**

Schools: **Prohibited**

Child Care Facilities: **Prohibited**

Restaurants: **Prohibited**

Bars: **Prohibited (allowed in existing tobacco bars)**

Casinos/Gaming Establishments: **Prohibited (tribal establishments exempt)**

Retail Stores: **Prohibited**

Recreational/Cultural Facilities: **Prohibited**

Penalties: **Yes**

Enforcement: **Yes**

Preemption: **Limited**

Citation: WI STAT. ANN. § 101.123 (2010).

Tobacco Taxes: B

CIGARETTE TAX:

Tax Rate per pack of 20: **$2.52**

OTHER TOBACCO PRODUCT TAXES:

Tax on little cigars: **Equalized: Yes; Weight-Based: No**

Tax on large cigars: **Equalized: No; Weight-Based: No**

Tax on smokeless tobacco: **Equalized: Yes; Weight-Based: No**

Tax on pipe/RYO tobacco: **Equalized: Yes; Weight-Based: No**

Tax on Dissolvable tobacco: **Equalized: Yes; Weight-Based: No**

For more information on tobacco taxes, go to: http://slati.lung.org/slati/states.php

Access to Cessation Services: F

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **All 7 medications are covered**

Counseling: **Some counseling is covered**

Barriers to Coverage: **Limited barriers exist to access care**

Medicaid Expansion: **No**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

Counseling: **Most counseling is covered**

Barriers to Coverage: **No barriers exist to access care**

STATE QUITLINE:

Investment per Smoker: **$1.15; the average investment per smoker is $3.46**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

Tobacco Surcharge: **No prohibition or limitation on tobacco surcharges**

Citation: See Wisconsin Tobacco Cessation Coverage page for coverage details.

Minimum Age: F

Minimum Age of Sale for Tobacco Products: **18**

Wisconsin State Highlights:

Tobacco use remains the leading cause of preventable death and disease in the United States and in Wisconsin. To address this enormous toll, the American Lung Association in Wisconsin calls for the following three actions to be taken by our elected officials:

1. Prevent funding cuts to the statewide Tobacco Prevention and Control Program (TPCP);
2. Enact legislation that would require all sales of tobacco products and e-cigarettes to be clerk assisted; and
3. Continue to pass local ordinances that include e-cigarettes in those communities' comprehensive smokefree air laws, setting the groundwork for future state policy.

The American Lung Association in Wisconsin's chief accomplishment in 2016 was defeating a very bad e-cigarette bill that would not only have carved out a special exemption for the use of e-cigarettes in public places, but also would have prohibited local governments from enacting ordinances that aren't in strict compliance with state law. Passage of this law would ultimately have struck down numerous local ordinances that presently include e-cigarette use in their smokefree air policies.

While this effort was going on, the Lung Association continued to support strong local ordinances prohibiting the use of e-cigarettes in public places, in preparation for the day when Wisconsin is in the position to add them to its statewide smokefree air law.

Wisconsin also recently launched a new statewide tobacco control coalition which will provide leadership, direction and training/technical assistance for present and future tobacco control work and its partners.

Wisconsin's 2016 Youth Tobacco Survey demonstrates that Wisconsin is following the national trend of reducing cigarette smoking by high school and middle school students, but also shows an alarming increase in the use of other tobacco products (OTPs)—flavored cigars, smokeless tobacco—and e-cigarettes. Middle and high school cigarette smoking rates are presently 1.3 percent and 8.1 percent respectively, down from 2014, however use of e-cigarettes has risen to 2.6 percent and 13.3 percent respectively since 2014—more than double their previous rates. The new survey results also show an increase in the use of flavored cigars and smokeless tobacco.

Wisconsin can greatly reduce kids' use of flavored tobacco products and e-cigarettes by enacting laws that treat these products the same as cigarettes. While the federal deeming regulation addresses product manufacturing, the rules are silent on issues such as flavorings, licensing, placement and other areas.

In Wisconsin, opportunities exist to address some of those gaps by moving OTPs and e-cigarettes behind counters or in locked cabinets, and creating greater equity in pricing. Presently, OTPs are taxed much lower than cigarettes—e-cigarettes are not taxed at all—giving them a marked price advantage in addition to their "kid friendly" candy and fruit flavorings. Other equity issues that need to be addressed in 2017 include licensing requirements and free sampling laws.

Wisconsin State Facts

Health Care Costs Due to Smoking:	$2,663,227,988
Adult Smoking Rate:	17.3%
Adult Tobacco Use Rate:	20.2%
High School Smoking Rate:	8.1%
High School Tobacco Use Rate:	12.5%
Middle School Smoking Rate:	1.3%
Smoking Attributable Deaths:	7,850

Adult smoking and tobacco use data come from CDC's 2015 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use and middle school smoking rates are taken from the 2015 Wisconsin Youth Tobacco Survey.

Health impact information is taken from the Smoking Attributable Mortality, Morbidity and Economic Costs (SAMMEC) software. Smoking attributable deaths reflect average annual estimates for the period 2005-2009 and are calculated for persons aged 35 years and older. Smoking-attributable health care expenditures are based on 2004 smoking-attributable fractions and 2009 personal health care expenditure data. Deaths and expenditures should not be compared by state.

To get involved with your American Lung Association, please contact:

American Lung Association in Wisconsin
(262) 703-4200
www.lung.org/wisconsin

Wyoming Report Card

AMERICAN LUNG ASSOCIATION.

STATE OF TOBACCO CONTROL 2017

WYOMING

Tobacco Prevention and Control Program Funding: D

FY2017 State Funding for Tobacco Control Programs:	$4,197,974
FY2017 Federal Funding for State Tobacco Control Programs:	$807,742*
FY2017 Total Funding for State Tobacco Control Programs:	$5,005,716
CDC Best Practices State Spending Recommendation:	$8,500,000
Percentage of CDC Recommended Level:	58.9%
State Tobacco-Related Revenue:	$45,500,000

*Includes tobacco prevention and cessation funding provided to states from the Centers for Disease Control and Prevention and U.S. Food and Drug Administration.

Smokefree Air: F

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government Worksites: **Restricted**

Private Worksites: **No provision**

Schools: **No provision**

Child Care Facilities: **No provision**

Restaurants: **No provision**

Bars: **No provision**

Casinos/Gaming Establishments: **No provision**

Retail Stores: **No provision**

Recreational/Cultural Facilities: **No provision**

Penalties: **No**

Enforcement: **No**

Preemption: **No**

Citation: Wyoming State Govt. Non-Smoking Policy (1989).

Tobacco Taxes: F

CIGARETTE TAX:

Tax Rate per pack of 20: **$0.60**

OTHER TOBACCO PRODUCT TAXES:

Tax on little cigars: **Equalized: Yes; Weight-Based: No**

Tax on large cigars: **Equalized: Yes; Weight-Based: No**

Tax on smokeless tobacco: **Equalized: Yes; Weight-Based: Yes**

Tax on pipe/RYO tobacco: **Equalized: Yes; Weight-Based: No**

Tax on Dissolvable tobacco: **Equalized: Yes; Weight-Based: Yes**

For more information on tobacco taxes, go to: http://slati.lung.org/slati/states.php

Access to Cessation Services: F

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **Most medications are covered**

Counseling: **Some counseling is covered**

Barriers to Coverage: **Significant barriers exist to access care**

Medicaid Expansion: **No**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **Some medications are covered**

Counseling: **No counseling is covered**

Barriers to Coverage: **Some barriers exist to access care**

STATE QUITLINE:

Investment per Smoker: **$16.42; the average investment per smoker is $3.46**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

Tobacco Surcharge: **No prohibition or limitation on tobacco surcharges**

Citation: See Wyoming Tobacco Cessation Coverage page for coverage details.

Minimum Age: F

Minimum Age of Sale for Tobacco Products: **18**

Wyoming State Highlights:

Tobacco use remains the leading cause of preventable death and disease in the United States and in Wyoming. To address this enormous toll, the American Lung Association in Wyoming calls for the following three actions to be taken by our elected officials:

1. Increase tobacco taxes;
2. Adopt a statewide, comprehensive smokefree law; and
3. Maintain funding for tobacco prevention and cessation programs.

In 2016, Wyoming had a short legislative session focused almost exclusively on crafting the two year state budget for 2016 and 2017. Funding for tobacco prevention and cessation programs in Wyoming decreased slightly compared to the last two year state budget for 2014 and 2015 going from $4.6 million to $4.2 million per year. However, Wyoming remains one of only a handful of states that fund tobacco prevention and cessation programs at over 50 percent of the level recommended by the Centers for Disease Control and Prevention.

In past legislative sessions, the Wyoming Legislature has considered, but rejected legislation to increase Wyoming's excise tax on tobacco products, which stands at a meager 60 cents per pack currently. Raising Wyoming's cigarette tax by $1.25 per pack would raise over $50 million per two year period (biennium). This new revenue may become attractive to legislators who are looking for ways to compensate for lost revenue from a struggling minerals industry. The American Lung Association in Wyoming will be supporting increasing tobacco taxes in 2017 to reduce youth initiation and supports some of the new revenue being used to fund tobacco prevention and cessation programs as well.

Wyoming State Facts

Health Care Costs Due to Smoking:	$257,674,019
Adult Smoking Rate:	19.1%
Adult Tobacco Use Rate:	25.5%
High School Smoking Rate:	15.7%
High School Tobacco Use Rate:	38.4%
Middle School Smoking Rate:	5.4%
Smoking Attributable Deaths:	800

Adult smoking and tobacco use data come from CDC's 2015 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use data come from the 2015 Youth Risk Behavior Surveillance System. Middle school smoking rate is taken from the Wyoming 2013 Youth Risk Behavior Surveillance System.

Health impact information is taken from the Smoking Attributable Mortality, Morbidity and Economic Costs (SAMMEC) software. Smoking attributable deaths reflect average annual estimates for the period 2005-2009 and are calculated for persons aged 35 years and older. Smoking-attributable health care expenditures are based on 2004 smoking-attributable fractions and 2009 personal health care expenditure data. Deaths and expenditures should not be compared by state.

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American Lung Association in Wyoming
(206) 441-5100
www.lung.org/wyoming

We will breathe easier when the air in every American community is clean and healthy.

We will breathe easier when people are free from the addictive grip of tobacco and the debilitating effects of lung disease.

We will breathe easier when the air in our public spaces and workplaces is clear of secondhand smoke.

We will breathe easier when children no longer battle airborne poisons or fear an asthma attack.

Until then, we are fighting for air.

About the American Lung Association

The American Lung Association is the leading organization working to save lives by improving lung health and preventing lung disease, through research, education and advocacy. The work of the American Lung Association is focused on four strategic imperatives: to defeat lung cancer; to improve the air we breathe; to reduce the burden of lung disease on individuals and their families; and to eliminate tobacco use and tobacco-related diseases. For more information about the American Lung Association, a holder of the Better Business Bureau Wise Giving Guide Seal, or to support the work it does, call 1-800-LUNGUSA (1-800-586-4872) or visit: www.Lung.org.

AMERICAN LUNG ASSOCIATION®