State of Tobacco Control

2023 Report

American Lung Association.
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"State of Tobacco Control" 2023: Federal Government Takes Several Promising Steps Forward to Reduce Tobacco Use*, but Action Must Continue Against Tobacco Product Manufacturers

Executive Summary

The American Lung Association's annual "State of Tobacco Control" report evaluates states and the federal government's actions to eliminate the nation's leading cause of preventable death—tobacco use—and to save lives with proven-effective and urgently needed tobacco control laws and policies. In the report, the Lung Association assigns letter grades, A through F, to the state and federal policies best proven to prevent and reduce tobacco use.

Federal Grades

"State of Tobacco Control" 2023 features several significant steps taken by the federal government in 2022 to prevent and reduce tobacco use. This led to an improvement in the grade for Federal Regulation of Tobacco Products. Of key importance, and long overdue, was the U.S. Food and Drug Administration (FDA)'s proposed rules released in April 2022 to eliminate menthol cigarettes and end the sale of flavored cigars. Menthol cigarettes and flavors in cigars make it easier for kids to start smoking and harder for them to quit. These rules, when finalized, will benefit many people who use menthol cigarettes or flavored cigars at disproportionately higher rates, especially Black Americans. The Lung Association urges the FDA and the Biden administration to finalize these proposed rules as soon as possible.

Congress also took important action in March 2022 to extend FDA authority over tobacco products to include e-cigarettes and other products containing synthetic, or non-tobacco, nicotine. This legislation was intended to close the so-called "PuffBar loophole" that allowed e-cigarette products claiming to contain synthetic nicotine, such as PuffBar - one of the brands of e-cigarettes most used by kids, to evade FDA's authority. The legislation set out clear deadlines for FDA to take action and remove illegally sold synthetic nicotine products from the market.

However, the timelines laid out in the law for enforcement action were missed, allowing an untold number of e-cigarettes containing synthetic nicotine, many in kid-friendly flavors, to remain on the market. Inaction by the Biden administration on synthetic nicotine has led to increased sales of e-cigarettes and continued high levels of vaping by kids. In total, 2.55 million middle and high school students used e-cigarettes in 2022 according to the Centers for Disease Control and Prevention (CDC)'s 2022 National Youth Tobacco Survey.[1]

It will take significantly more federal enforcement action aimed at manufacturers, distributors, wholesalers and importers to end the youth vaping epidemic. Actions must include legal remedies by the U.S. Department of Justice (DOJ) on behalf of FDA against manufacturers selling illegal products and stopping the importation of illegal products from other countries by U.S.

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* All refences to tobacco use, tobacco control or tobacco products in this document refers specifically to the use of manufactured, commercial tobacco products and not to the sacred or traditional use of tobacco by American Indians and other communities.

Customs and Border Protection to ensure that no unauthorized and illegal products remain on the marketplace.

There have been some encouraging developments on the enforcement front, including DOJ seeking permanent injunctions against six e-cigarette manufacturers to stop them from distributing illegal products in October 2022. It was also encouraging in October that FDA's Center for Tobacco Products denied the first premarket application of a menthol e-cigarette. However, there must be significantly more enforcement action to halt the rampant importation of illegal products.

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

There was continued good news on the adult cigarette smoking and tobacco use front as data from 2020, released in March 2022, saw the lowest cigarette smoking rate among adults ever recorded. Only 12.5% smoked in 2020, a significant decline from 14.0% in 2019. Overall adult tobacco use, and adult e-cigarette use also declined from 2019 to 2020.[2]

However, these overall rates mask significant disparities in tobacco use among races/ethnicities and due to socio-economic factors. Smoking remains alarmingly high among Native Americans and Alaskan Natives at 27.1% and Lesbian, Gay and Bisexual adults at 16.1%.[4] Smoking has been found to be higher if a person's income or education is lower, and if they are enrolled in Medicaid or uninsured.[5] Certain populations are also disproportionately exposed to secondhand smoke, including: children ages 3-11, Black Americans, persons living in poverty and people with a high school education or less.[6] Parts of the country, especially many Southern and Appalachian states remain unprotected from secondhand smoke in public places and workplaces at the state level.

State Grades

In 2022, a number of states provided increased funding for programs to prevent and reduce tobacco use, but progress sadly stalled in other areas.

- Eight states—Connecticut, Delaware, Florida, Maine, Maryland, Missouri, Oklahoma and Washington—registered funding increases of $1 million or in some cases significantly more.
- No states increased cigarette taxes or passed laws eliminating smoking in public places and workplaces.
- The District of Columbia allocated funding to implement the law stopping the sale of flavored tobacco products passed in 2021. California voters upheld the law eliminating the sale of flavored tobacco products and the law took effect in December 2022. In other state flavored tobacco product legislative pushes, including in Colorado and Maine, the tobacco industry showed its continued strength at the state level, successfully defeating both efforts.
- Tobacco industry efforts to lobby state legislatures to pass laws that prevent local communities from passing their own stronger tobacco control policies continued in 2022. Unfortunately, these efforts were successful in Idaho, but failed in several other states, including Arizona, Missouri and South Carolina which means local communities will be able to continue to work on the city and county level to prohibit the sale of flavored tobacco products.

2022 saw several encouraging steps forward at the federal level. To ensure continued progress, in 2023, it is imperative that FDA and the Biden administration finalize its proposed rules to end the sale of menthol cigarettes and flavored cigars. When finalized, these rules will be the most significant, lifesaving action FDA has taken to regulate tobacco products in its 13-year history. It is also essential that the federal government take more impactful steps to implement and enforce the law against both synthetic and tobacco-derived e-cigarettes, including removing unauthorized and illegal products from the market. The country's ability to end the youth vaping epidemic will depend on the actions the federal government takes over the next year.

1. Cooper M, Park-Lee E, Ren C, Cornelius M, Jamal A, Cullen KA. *Notes from the Field*: E-cigarette Use Among Middle and High School Students — United States, 2022. MMWR Morb Mortal Wkly Rep 2022; 71:1283–1285.
2. Cornelius ME, Loretan CG, Wang TW, Jamal A, Homa DM. Tobacco Product Use Among Adults — United States, 2020. MMWR Morb Mortal Wkly Rep 2022; 71:397–405.
3. U.S. Department of Health and Human Services. The Health Consequences of Smoking: 50 Years of Progress. A Report of the Surgeon General. Atlanta, GA, 2014.
4. Cornelius ME, Loretan CG, Wang TW, Jamal A, Homa DM. Tobacco Product Use Among Adults — United States, 2020. MMWR Morb Mortal Wkly Rep 2022; 71:397–405.
5. Ibid.
6. Tsai J, Homa DM, Neff LJ, Sosnoff CS, Wang L, Blount BC, Melstrom PC, King BA. Trends in Secondhand Smoke Exposure, 2011-2018: Impact and Implications of Expanding Serum Cotinine Range. Am J Prev Med. 2021 Sep;61(3): e109-e117. doi: 10.1016/j.amepre.2021.04.004.

FDA and the Biden Administration propose rules to put an end to menthol cigarettes and flavored cigars in the U.S.; need to finish the job, and issue final rules as soon as possible in 2023

In April 2022, FDA met its 2021 commitment and issued two significant proposed rules that would eliminate menthol as a characterizing flavor in cigarettes and prohibit characterizing flavors in cigars. The proposal of these two rules is long overdue, and when finalized and implemented will significantly reduce tobacco use and save lives. The American Lung Association and more than 100 public health, consumer and health justice organizations submitted comprehensive comments in support of the proposed rules. In addition, the Lung Association submitted its own supplemental comments that also called on FDA to end the sale of flavored hookah tobacco and pipe tobacco.

Ending the sale of menthol cigarettes and flavored cigars will improve health equity in the United States. The tobacco industry has engaged in a relentless effort since the 1950s of targeted marketing of menthol cigarettes in Black communities using advertising, free samples and Black spokespeople. Unfortunately, the industry has been highly successful in this effort, with over 80% of Black Americans who smoke using menthol cigarettes today, up from only 5% prior to the beginning of the targeted marketing in the 1950s. Because menthol cigarettes make it both easier to start and harder to quit, there has been more disease and death among Black Americans. In fact, a study released in 2021 found that menthol cigarettes were responsible for 1.5 million new smokers, 157,000 smoking-related premature deaths and 1.5 million life-years lost among African Americans from 1980–2018.[1]

Other important communities were not spared from this targeted marketing—women and LGBTQ people also have elevated levels of menthol cigarette use today due to relentless industry marketing. Meanwhile, flavored cigars now form a substantial part of the overall cigar market, and a higher proportion of youth and young adults start using cigars with flavored versions compared to older adults. Data from the 2021 National Youth Tobacco Survey (NYTS) show that 41.1% of high school students who smoke cigars and nearly 60% of middle school students who smoke cigars use flavored cigars, amounting to 160,000 youth.[2]

The significant evidence of the public health harms of menthol cigarettes and flavored cigars shows it is imperative that FDA finalize both these proposed rules right away. Too much addiction, disease and death has been caused by menthol cigarettes and flavored cigars to delay any longer. The Lung Association urges everyone to tell President Biden to finalize these important rules now.

Congress gives FDA authority over products containing synthetic nicotine, but too many flavored, illegal e-cigarettes remain on the market

The country continues to experience a youth vaping epidemic, according to CDC's 2022 National Youth Tobacco Survey. Specifically, 14.1% of high school students and 3.3% of middle school students reported current e-cigarette use in 2022. Overall youth tobacco use, including e-cigarette use, stands

at 16.5% among high school students and 4.5% among middle school students, a disturbingly high level.[3] Flavored tobacco products, including flavored e-cigarettes, continue to be a big driver of youth tobacco use, with about 85% of kids who use e-cigarettes in 2022[4] and close to 80% of youth tobacco users overall in 2021 using flavored products.[5] Flavored e-cigarettes and tobacco products continue to be available in a wide variety of flavors, attracting and facilitating addiction among our youth.

"To help address the continuing youth e-cigarette epidemic, the American Lung Association launched its End Youth Vaping initiative. It is an integrated, multi-component campaign to support parents, schools and students. Major components of the campaign include our Vape-Free Schools Initiative, which helps schools navigate this public health emergency with tools to protect and support both schools and students and the "#DoTheVapeTalk" youth vaping awareness campaign from the American Lung Association and the Ad Council to provide parents with a discussion guide to address the dangers of vaping with their kids, while they're still willing to listen."

On March 15, 2022, President Biden signed into law legislation that included a bipartisan provision giving FDA's Center for Tobacco Products authority over products containing synthetic nicotine.[1] The Lung Association strongly supported this legislation, recognizing the proliferation of e-cigarettes and other nicotine-containing products that were avoiding important public health regulations by claiming to contain synthetic nicotine. PuffBar and Hyde, two brands popular among youth, were among the companies making these claims.

The new law set out clear deadlines for when FDA and other government agencies were supposed to implement the law, including removing products from the market that did not meet the deadlines established by Congress. The final deadline after which all synthetic nicotine products that did not have a pre-market tobacco authorization were on the market illegally was July 13, 2022. However, delays in enforcement have resulted in many of these flavored e-cigarette products remaining on the market.

The Lung Association was pleased to see that the federal government started to take more serious efforts to enforce the law, including the DOJ seeking permanent injunctions against multiple e-cigarette companies to prevent them from selling their illegal, flavored products in October 2022. Several important steps FDA should take to better enforce the law include:

1. release a list that is updated regularly of products that are allowed to be sold, so public health organizations, state/local health departments, manufacturers, distributors, wholesalers, importers and retailers know which products are legal and can help ensure the law is followed; and
2. implement the track and trace system required under the Family Smoking Prevention and Tobacco Control Act passed in 2009 to be able to track tobacco products in real time.

FDA continues work on applications from both tobacco-derived and synthetic nicotine products; signals possible intent to issue nicotine reduction product standard for cigarettes

FDA continues to be well-past both court-ordered and congressionally established deadlines to review pre-market tobacco applications (PMTAs) for e-cigarette products with nicotine derived from tobacco as well as thousands of new PMTAs for synthetic nicotine products. FDA issued its first marketing denial order for a menthol e-cigarette, Logic, in October 2022. They also issued marketing denial orders for a number of other flavored synthetic nicotine products, including a company growing in popularity with youth, Hyde. They had yet to complete the re-review of JUUL's PMTA when this report went to press in January 2023. The Lung Association has repeatedly called for all flavored tobacco products, including e-cigarettes, to be removed

from the marketplace. Flavors are a key driver of youth tobacco use, and no evidence has been presented that flavored products can meet the public health standard that the Tobacco Control Act requires.

The Biden administration also announced as part of its unified federal regulatory agenda in 2022 its intention to issue a proposed product standard on reducing nicotine levels in cigarettes in 2023. The Lung Association supports reducing nicotine levels in all tobacco products, and sent a joint letter with the American Thoracic Society urging that if a proposed product standard is issued, it should apply to all tobacco products, including e-cigarettes and smokeless tobacco.

Except for significant increases in funding for programs to prevent and reduce tobacco use and some progress on flavored tobacco products, 2022 was a disappointing year on the state and local level

For the first time in at least the past 10 years, "State of Tobacco Control" observed significant increases in funding for state programs to prevent and reduce tobacco use (tobacco control programs). Several states and large cities also passed or implemented laws ending the sale of most or all flavored tobacco products. However, aside from these positive developments, 2022 was a disappointing year for public policies on the state and local level. No states passed comprehensive smokefree workplace laws or increased tobacco taxes. States in the South, Appalachia as well as parts of the Midwest and Great Plains continue to lag significantly behind on establishing proven policies called for in "State of Tobacco Control," and made little to no progress in 2022.

- **Funding for State Tobacco Prevention and Cessation Programs:** 2022 proved to be a positive year for state funding provided to tobacco control programs with eight states registering increases of $1 million or in some cases much more. Two states, Connecticut and Missouri, which had provided little or no funding for many years saw increases of $12 million and $2.5 million respectively. Unfortunately, most states continue to remain far short of the funding levels recommended by CDC. Properly funding state tobacco control programs is critical for addressing the youth vaping epidemic the country still faces. It can also bring crucial focus and resources to alleviate disparities in who uses tobacco products and help achieve health equity in tobacco control. Funding should be provided to organizations that directly serve the communities most impacted in specific states. In the current fiscal year, 2023, two states—Maine and Oregon—funded their state tobacco control programs at the level recommended by CDC.
- **Eliminating Sales of Flavored Tobacco Products:** With the removal of menthol cigarettes and flavored cigars by FDA years away, it is imperative that states and localities act to end the sale of all flavored tobacco products. In 2022, the District of Columbia provided funding in the city's budget to allow the flavored tobacco product law passed in 2021 to take effect. California voters upheld the flavored tobacco product law passed by the legislature in 2020 that the tobacco industry had filed a ballot referendum against, finally allowing the law to take effect. Several other large cities and counties also passed flavored tobacco product laws,

including Columbus, OH, Los Angeles, CA, Multnomah County, OR which includes the city of Portland, OR and San Diego, CA. However, only two states and the District of Columbia earn grades better than a "D" grade in this category this year, showing how much work remains to be done by state and local lawmakers.

- **Increasing State Tobacco Taxes:** Increasing tobacco taxes by $1.00 per pack or more is one of the most effective ways to reduce tobacco use, especially among kids. However, no states increased cigarette taxes at all in 2022, and only Maryland has passed a cigarette tax increase in the past two years. Virtually all states had significant budget surpluses this fiscal year, a likely contributor to the lack of tobacco tax proposals. Currently, there is a wide variation in cigarette tax rates, with the lowest state cigarette tax in Missouri at a meager 17 cents per pack and the District of Columbia the highest at $4.50 per pack. The current state cigarette tax average is $1.91 per pack.
- **Smokefree Public Places and Workplaces:** It was a very disappointing year for advancement of laws to protect people in public places and workplaces from secondhand smoke. For the 10th year running, no state approved a comprehensive law eliminating smoking in public places and workplaces. The most positive news was a successful repeal of state preemption for age-restricted establishments in Tennessee. This led to the city of Nashville passing an ordinance in October 2022 making most age-restricted establishments smokefree as of March 1, 2023. Several states had success with engaging casino workers to advocate for closure of casino loopholes, efforts that the Lung Association hopes will bear fruit with passage of laws in 2023.
- **Expanding Medicaid and Tobacco Cessation Coverage:** The biggest success seen in this area during 2022 was the passage of Medicaid expansion by ballot measure in South Dakota leaving only 11 states left that have not taken this important step. Medicaid expansion has been proven to expand access to quit smoking treatments and services. The Affordable Care Act expanded Medicaid coverage to individuals at 138% of the federal poverty level ($31,781 per year for a family of three) or lower. Individuals with incomes less than $35,000 a year smoke at rate of 20.2%, significantly higher than the general population (12.5%).[6] Research shows Medicaid quit attempts in expansion states increased by over 20%.[7] Other progress in improving cessation coverage in 2022 came out of Illinois. The state enacted a new law that requires a comprehensive cessation benefit with limited barriers in the state Medicaid program.

Reducing the Availability and Accessibility of Tobacco Products. There are too many tobacco retailers in the United States. A study of tobacco product retailers in 30 cities in 2021 found that there are 31 times more retailers than McDonalds and 16 times more retailers than Starbucks. In addition, in most cities, tobacco product retailers were concentrated in the lowest-income neighborhoods.[8] States and communities should enact legislation to reduce the number of tobacco product retailers and prohibit them from being clustered together or near youth-focused locations like schools and childcare facilities. At the state level, two states—Massachusetts and New York—have prohibited tobacco sales in pharmacies, and Utah has prohibited new retail tobacco specialty businesses from locating in certain areas.

Tobacco industry continues its efforts to stop stronger local tobacco control policies

In 2022, the tobacco industry and its allies stepped up efforts to prevent local governments from passing stronger tobacco control laws—called preemption—continued. These types of laws deny local governments the ability to pass meaningful public policies to prevent and reduce tobacco use, including addressing the youth vaping epidemic or tobacco-related disparities. Unfortunately, legislation was approved in Idaho that prevents communities from passing laws stronger than current state law to further limit tobacco product sales. Such efforts were opposed by the Lung Association and other public health organizations in several other states, including Arizona,

Missouri and South Carolina. The Lung Association expects the tobacco industry to continue its full court press on this issue in 2023.

"State of Tobacco Control" 2023 continues to provide a blueprint that states and the federal government can follow to put in place proven policies that will have the greatest impact on reducing tobacco use and exposure to secondhand smoke in the U.S. The real question is: Will federal and state lawmakers take more significant action in 2023 to make a tobacco-free future?

More About "State of Tobacco Control"

"State of Tobacco Control" 2023 is focused on proven policies that federal and state governments can enact to prevent and reduce tobacco use. These include:

- Tobacco prevention and quit smoking funding, programs and robust health insurance coverage;
- Comprehensive smokefree laws that eliminate smoking in all public places and workplaces;
- Increased tobacco taxes;
- Eliminating the sale of all flavored tobacco products;
- Full implementation of the U.S. Food and Drug Administration's (FDA) Family Smoking Prevention and Tobacco Control Act; and
- Hard hitting federal media campaigns to encourage smokers to quit and prevent young people from starting to use tobacco.

The report assigns grades based on laws and regulations designed to prevent and reduce tobacco use, including e-cigarettes in effect as of January 2023. 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.

1. Mendez D, Le TTT. Consequences of a match made in hell: the harm caused by menthol smoking to the African American population over 1980–2018. Tob Control 2021;0:1–3.
2. Gentzke AS, Wang TW, Cornelius M, et al. Tobacco Product Use and Associated Factors Among Middle and High School Students — National Youth Tobacco Survey, United States, 2021. MMWR Surveill Summ 2022;71(No. SS-5): 1–29.
3. Park-Lee E, Ren C, Cooper M, Cornelius M, Jamal A, Cullen KA. Tobacco Product Use Among Middle and High School Students — United States, 2022. MMWR Morb Mortal Wkly Rep 2022;71:1429–1435.
4. Cooper M, Park-Lee E, Ren C, Cornelius M, Jamal A, Cullen KA. *Notes from the Field:* E-cigarette Use Among Middle and High School Students — United States, 2022. MMWR Morb Mortal Wkly Rep 2022;71:1283–1285.
5. Gentzke AS, Wang TW, Cornelius M, et al. Tobacco Product Use and Associated Factors Among Middle and High School Students — National Youth Tobacco Survey, United States, 2021. MMWR Surveill Summ 2022;71(No. SS-5): 1–29.
6. Cornelius ME, Loretan CG, Wang TW, Jamal A, Homa DM. Tobacco Product Use Among Adults — United States, 2020. MMWR Morb Mortal Wkly Rep 2022;71:397–405.
7. Mclean, JC, M. Pesko, S. Hill. "Public Insurance Expansions and Smoking Cessation Medications". Economic Inquiry, May 7, 2019. Accessed at: https://onlinelibrary.wiley.com/doi/abs/10.1111/ecin.12794
8. ASPire Center. "Tobacco Retailers." Available at: Tobacco Retailers - ASPiRE Center. Accessed 11/11/2021.

Tobacco Prevention and Cessation Funding Overview

State Name	Tobacco Settlement Funding	Tobacco Tax Funding	Other State Funding	Total State Funding	CDC Funding to States	Total Funding	CDC-Recommended Spending Level	Percentage of CDC-Recommended Level	State Tobacco Related Revenue	Grade
Alabama	$943,452	$0	$767,720	$1,711,172	$1,682,740	$3,393,912	$55,900,000	6.1%	$288,300,000	F
Alaska	$0	$0	$6,472,100	$6,472,100	$1,284,919	$7,757,019	$10,200,000	76.0%	$76,900,000	B
Arizona	$0	$17,725,000	$0	$17,725,000	$1,708,792	$19,433,792	$64,400,000	30.2%	$414,900,000	F
Arkansas	$9,000,000	$0	$0	$9,000,000	$1,522,930	$10,522,930	$36,700,000	28.7%	$281,300,000	F
California	$0	$195,896,000	$3,600,000	$199,496,000	$3,571,588	$203,067,588	$347,900,000	58.4%	$2,712,300,000	D
Colorado	$0	$24,730,141	$350,000	$25,080,141	$1,692,350	$26,772,491	$52,900,000	50.6%	$412,300,000	D
Connecticut	$12,000,000	$0	$1,630,460	$13,630,460	$1,177,808	$14,808,268	$32,000,000	46.3%	$455,100,000	F
Delaware	$9,687,400	$0	$0	$9,687,400	$991,511	$10,678,911	$13,000,000	82.1%	$139,400,000	A
District of Columbia	$0	$1,000,000	$900,000	$1,900,000	$1,031,660	$2,931,660	$10,700,000	27.4%	$65,400,000	F
Florida	$77,329,335	$0	$356,743	$77,686,078	$2,883,131	$80,569,209	$194,200,000	41.5%	$1,452,700,000	F
Georgia	$2,133,444	$0	$72,035	$2,205,479	$2,127,823	$4,333,302	$106,000,000	4.1%	$412,300,000	F
Hawaii	$6,846,896	$0	$725,121	$7,572,017	$1,156,607	$8,728,624	$13,700,000	63.7%	$138,200,000	C
Idaho	$4,295,600	$153,900	$0	$4,449,500	$1,171,888	$5,621,388	$15,600,000	36.0%	$73,400,000	F
Illinois	$10,100,000	$0	$0	$10,100,000	$2,241,976	$12,341,976	$136,700,000	9.0%	$1,172,300,000	F
Indiana	$7,500,000	$0	$0	$7,500,000	$1,832,809	$9,332,809	$73,500,000	12.7%	$536,200,000	F
Iowa	$0	$0	$4,270,894	$4,270,894	$1,137,971	$5,408,865	$30,100,000	18.0%	$256,700,000	F
Kansas	$1,001,960	$0	$0	$1,001,960	$1,516,090	$2,518,050	$27,900,000	9.0%	$180,500,000	F
Kentucky	$2,000,000	$0	$0	$2,000,000	$1,656,354	$3,656,354	$56,400,000	6.5%	$496,700,000	F
Louisiana	$500,000	$3,259,784	$1,375,000	$5,134,784	$1,635,696	$6,770,480	$59,600,000	11.4%	$439,200,000	F
Maine	$11,796,483	$4,100,000	$0	$15,896,483	$1,169,002	$17,065,485	$15,900,000	107.3%	$196,000,000	A
Maryland	$10,896,470	$0	$9,671,931	$20,568,401	$1,694,510	$22,262,911	$48,000,000	46.4%	$632,100,000	F
Massachusetts	$0	$0	$6,128,624	$6,128,624	$1,902,654	$8,031,278	$66,900,000	12.0%	$691,500,000	F
Michigan	$0	$1,842,900	$0	$1,842,900	$2,347,639	$4,190,539	$110,600,000	3.8%	$1,163,400,000	F
Minnesota	$0	$0	$11,687,177	$11,687,177	$1,596,128	$13,283,305	$52,900,000	25.1%	$692,600,000	F
Mississippi	$8,695,000	$0	$0	$8,695,000	$1,341,100	$10,036,100	$36,500,000	27.5%	$251,100,000	F
Missouri	$405,776	$0	$2,473,500	$2,879,276	$1,949,182	$4,828,458	$72,900,000	6.6%	$263,200,000	F
Montana	$4,852,260	$0	$0	$4,852,260	$1,356,206	$6,208,466	$14,600,000	42.5%	$101,000,000	F
Nebraska	$2,570,000	$0	$0	$2,570,000	$1,187,754	$3,757,754	$20,800,000	18.1%	$98,400,000	F
Nevada	$1,100,000	$0	$2,350,000	$3,450,000	$1,384,475	$4,834,475	$30,000,000	16.1%	$227,200,000	F
New Hampshire	$0	$0	$490,000	$490,000	$1,144,210	$1,634,210	$16,500,000	9.9%	$274,900,000	F
New Jersey	$0	$5,676,000	$1,450,856	$7,126,856	$1,855,458	$8,982,314	$103,300,000	8.7%	$829,700,000	F
New Mexico	$5,684,500	$0	$0	$5,684,500	$1,142,861	$6,827,361	$22,800,000	29.9%	$133,300,000	F
New York	$0	$0	$39,162,600	$39,162,600	$2,905,769	$42,068,369	$203,000,000	20.7%	$1,854,600,000	F
North Carolina	$11,000,000	$0	$2,399,600	$13,399,600	$2,353,231	$15,752,831	$99,300,000	15.9%	$458,600,000	F
North Dakota	$5,684,000	$0	$0	$5,684,000	$1,055,244	$6,739,244	$9,800,000	68.8%	$51,000,000	C
Ohio	$14,543,521	$0	$280,000	$14,823,521	$2,464,914	$17,288,435	$132,000,000	13.1%	$1,237,300,000	F
Oklahoma	$31,809,750	$1,172,541	$0	$32,982,291	$1,618,668	$34,600,959	$42,300,000	81.8%	$523,500,000	A
Oregon	$0	$53,108,908	$0	$53,108,908	$1,556,750	$54,665,658	$39,300,000	139.1%	$511,200,000	A
Pennsylvania	$15,549,000	$0	$0	$15,549,000	$2,399,303	$17,948,303	$140,000,000	12.8%	$1,591,600,000	F
Rhode Island	$0	$0	$415,452	$415,452	$1,383,858	$1,799,310	$12,800,000	14.1%	$200,300,000	F
South Carolina	$0	$5,000,000	$0	$5,000,000	$1,720,878	$6,720,878	$51,000,000	13.2%	$226,900,000	F
South Dakota	$0	$4,500,000	$0	$4,500,000	$1,046,792	$5,546,792	$11,700,000	47.4%	$81,600,000	F
Tennessee	$0	$0	$2,000,000	$2,000,000	$1,664,198	$3,664,198	$75,600,000	4.8%	$406,300,000	F
Texas	$0	$0	$3,516,437	$3,516,437	$3,349,957	$6,866,394	$264,100,000	2.6%	$1,868,400,000	F
Utah	$3,351,400	$3,150,000	$9,000,000	$15,501,400	$1,256,406	$16,757,806	$19,300,000	86.8%	$136,800,000	A
Vermont	$1,088,918	$0	$1,603,103	$2,692,021	$1,101,504	$3,793,525	$8,400,000	45.2%	$104,400,000	F
Virginia	$11,865,243	$0	$0	$11,865,243	$1,847,658	$13,712,901	$91,600,000	15.0%	$425,300,000	F
Washington	$0	$0	$6,578,553	$6,578,553	$1,828,532	$8,407,085	$63,600,000	13.2%	$510,000,000	F
West Virginia	$0	$0	$445,000	$445,000	$1,229,006	$1,674,006	$27,400,000	6.1%	$232,400,000	F
Wisconsin	$0	$0	$5,315,000	$5,315,000	$1,588,681	$6,903,681	$57,500,000	12.0%	$721,300,000	F
Wyoming	$2,464,776	$0	$0	$2,464,776	$1,021,016	$3,485,792	$8,500,000	41.0%	$38,400,000	F

* Information in this chart covers state fiscal year 2023 which is July 1, 2022 to June 30, 2023 for all states except Alabama, Michigan, New York and Texas as well as the District of Columbia.

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Smokefree Air Grading Chart

State	Government Workplaces	Private Workplaces	Schools	Childcare Facilities	Restaurants	Bars	Casinos/ Gaming Establishments*	Retail stores	Recreational/ Cultural Facilities	E- Cigarettes Included	Penalties	Enforcement	Total Score	Grade
Alabama	2	0	2	2	0	0	0	2	2	-2	4	2	14	F
Alaska	5	5	4	4	4	4	N/A	4	4	0	4	4	42	B
Arizona	4	4	5	4	4	4	4	4	4	-2	4	4	43	A
Arkansas	4	3	4	4	3	1	1	4	4	-2	4	3	33	C
California	5	4	4	4	4	4	4	4	4	0	4	2	43	A
Colorado	5	3	4	4	3	3	4	4	4	-1	4	2	39	B
Connecticut	5	5	5	4	4	3	4	4	4	0	3	3	44	B
Delaware	4	4	4	4	4	5	4	4	4	0	4	4	45	A
District of Columbia	4	4	5	4	4	2	N/A	4	4	0	3	4	38	A
Florida	4	4	4	4	4	1	4	4	4	0	3	4	40	B
Georgia	4	3	4	4	3	1	N/A	3	4	-2	1	2	27	D
Hawaii	5	5	4	4	4	5	N/A	4	4	0	4	3	42	A
Idaho	4	3	4	4	4	0	4	4	4	-2	3	2	34	C
Illinois	5	5	4	4	4	5	4	4	4	-2	4	4	45	A
Indiana	4	4	4	4	3	1	0	4	4	-2	4	3	33	C
Iowa	4	4	5	4	4	4	1	4	4	-2	4	4	40	A
Kansas	5	5	4	4	4	4	1	4	4	-2	3	4	40	A
Kentucky	2	0	4	0	0	0	0	0	0	0	1	0	7	F
Louisiana	4	4	4	4	4	0	1	4	4	-2	3	4	34	C
Maine	5	5	5	4	5	4	3	4	4	-1	4	4	46	A
Maryland	4	4	4	4	4	5	4	4	4	-2	2	4	41	A
Massachusetts	4	4	4	4	4	3	4	4	4	0	4	3	42	A
Michigan	4	4	4	4	4	4	1	4	4	-2	4	4	39	C
Minnesota	3	3	4	4	4	5	4	4	4	0	3	4	42	A
Mississippi	3	0	4	4	0	0	0	0	0	-2	1	2	12	F
Missouri	2	1	3	4	1	0	0	1	1	-2	3	1	15	F
Montana	4	4	4	4	4	5	4	4	4	-2	3	4	42	A
Nebraska	4	4	4	4	4	3	4	4	4	0	4	3	42	A
Nevada	4	4	5	4	4	1	1	4	4	0	2	2	35	C
New Hampshire	2	2	4	4	4	2	2	2	2	0	4	4	32	D
New Jersey	4	4	5	4	4	2	2	4	4	0	3	4	40	A
New Mexico	5	4	4	4	4	3	0	4	4	0	3	4	39	B
New York	4	4	5	4	4	2	4	4	4	0	4	4	43	A
North Carolina	2	0	4	3	4	3	N/A	0	0	-2	2	4	20	F
North Dakota	5	5	4	4	4	5	4	4	4	0	3	3	45	A
Ohio	4	4	4	4	4	5	4	4	4	0	3	4	44	A
Oklahoma	3	3	5	4	3	0	3	4	4	-2	3	3	33	D
Oregon	5	5	4	4	4	3	4	4	4	0	4	4	45	A
Pennsylvania	4	4	4	4	3	0	2	4	4	-2	3	4	34	D
Rhode Island	4	4	4	4	4	3	2	4	4	0	3	4	40	A
South Carolina	1	0	2	4	0	0	N/A	0	1	-2	3	1	10	F
South Dakota	4	4	4	4	4	4	4	4	4	0	3	2	41	B
Tennessee	4	3	4	4	3	1	N/A	4	4	0	2	4	33	C
Texas	0	0	1	4	0	0	0	0	1	0	3	1	10	F
Utah	4	4	5	4	4	5	N/A	4	4	0	4	4	42	A
Vermont	4	4	4	4	4	4	N/A	4	4	0	3	3	38	A
Virginia	1	0	3	3	2	2	0	1	1	-2	2	3	16	F
Washington	5	5	4	4	4	5	4	4	4	-2	3	4	44	A
West Virginia	1	0	4	1	0	0	0	0	0	-2	1	0	5	D
Wisconsin	4	4	4	4	4	4	4	4	4	-2	2	4	40	A
Wyoming	0	0	0	0	0	0	0	0	0	0	0	0	0	F

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

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Tobacco Taxes Grading Chart

State	Cigarette Tax	Tax on Little Cigars	Tax on Large Cigars	Tax on Smokeless Tobacco	Tax on Pipe/RYO Tobacco	Tax on E-Cigarettes	Total Score	Grade
Alabama	6	1	1	0	0	0	8	F
Alaska	18	2	2	2	2	0	26	D
Arizona	18	1	1	0	0	0	20	F
Arkansas	12	2	1	2	2	0	19	F
California	24	2	2	2	2	2	34	B
Colorado	18	2	2	2	2	2	28	C
Connecticut	30	2	1	0	1	0	34	B
Delaware	18	1	1	0	1	0	21	F
District of Columbia	30	2	0	2	2	2	38	A
Florida	12	0	0	2	2	0	16	F
Georgia	6	1	2	2	2	0	13	F
Hawaii	24	2	1	2	2	0	31	C
Idaho	6	2	2	2	2	0	14	F
Illinois	24	2	1	0	1	1	29	C
Indiana	12	2	2	0	2	1	19	F
Iowa	12	2	1	1	2	0	18	F
Kansas	12	1	1	1	1	0	16	F
Kentucky	12	1	1	0	1	1	16	F
Louisiana	12	1	1	1	2	0	17	F
Maine	18	2	2	2	2	2	28	C
Maryland	24	2	1	1	1	1	30	C
Massachusetts	24	2	1	2	1	2	32	B
Michigan	18	1	1	1	1	0	22	F
Minnesota	24	2	1	2	2	2	33	B
Mississippi	6	2	2	2	2	0	14	F
Missouri	6	2	2	2	2	0	14	F
Montana	12	2	2	0	2	0	18	F
Nebraska	6	2	2	0	2	0	12	F
Nevada	12	1	1	1	1	1	17	F
New Hampshire	12	2	0	2	2	0	18	F
New Jersey	18	1	1	0	1	0	21	F
New Mexico	18	2	1	1	1	1	24	D
New York	30	2	1	0	1	1	35	B
North Carolina	6	2	2	2	2	0	14	F
North Dakota	6	2	2	0	2	0	12	F
Ohio	12	2	1	1	1	0	17	F
Oklahoma	18	2	1	2	2	0	25	D
Oregon	24	2	1	0	2	2	31	C
Pennsylvania	18	2	0	0	0	1	21	F
Rhode Island	30	2	1	0	2	0	35	B
South Carolina	6	1	1	1	1	0	10	F
South Dakota	12	2	2	2	2	0	20	F
Tennessee	6	2	1	1	1	0	11	F
Texas	12	0	0	2	2	0	16	F
Utah	12	2	2	2	2	2	22	F
Vermont	24	2	2	2	2	2	34	B
Virginia	6	2	2	0	2	0	12	F
Washington	24	2	1	0	2	0	29	C
West Virginia	12	1	1	1	1	0	16	F
Wisconsin	18	2	1	2	2	0	25	D
Wyoming	6	2	2	2	2	2	16	F

Access to Cessation Services Grading Chart

State	Medicaid Medications	Medicaid Counseling	Medicaid Barriers to Coverage	Medicaid Expansion	SEHP Medications	SEHP Counseling	SEHP Barriers to Coverage	Investment Per Smoker	Private Insurance Mandate	Tobacco Surcharge	Total Score	Grade
Alabama	14	6	6	-8	4	2	0	5	0	0	29	F
Alaska	14	4	9	0	0	0	0	20	0	0	47	D
Arizona	14	8	11	0	4	2	1	10	0	0	50	C
Arkansas	14	8	13	0	2	2	1	5	0	1	46	D
California	14	12	12	0	3	2	1	10	0	2	56	B
Colorado	14	12	14	0	3	3	1	20	2	1	70	A
Connecticut	14	12	13	0	4	4	1	0	0	1	49	C
Delaware	10	8	9	0	4	4	2	20	1	0	58	B
District of Columbia	12	4	13	0	4	1	1	20	0	2	57	B
Florida	10	8	13	-8	4	1	1	15	0	0	44	D
Georgia	10	6	8	-8	4	2	1	0	0	-2	21	F
Hawaii	11	8	12	0	2	3	1	20	0	0	57	B
Idaho	14	4	12	0	4	2	2	15	0	0	53	C
Illinois	14	12	13	0	2	2	0	15	1	0	59	B
Indiana	14	12	12	0	4	2	1	5	0	-2	48	D
Iowa	14	6	11	0	4	2	2	5	0	0	44	D
Kansas	14	12	14	-8	4	4	2	0	0	0	42	D
Kentucky	14	12	14	0	4	2	1	0	5	1	53	C
Louisiana	14	6	10	0	4	2	1	5	1	0	43	D
Maine	14	12	12	0	4	2	2	20	0	0	66	A
Maryland	14	8	11	0	4	3	1	15	2	0	58	B
Massachusetts	14	12	14	0	3	3	1	5	2	2	56	B
Michigan	14	8	14	0	4	3	1	0	0	0	44	D
Minnesota	14	10	12	0	4	4	2	20	0	0	66	A
Mississippi	14	4	12	-8	4	2	1	10	0	0	39	F
Missouri	14	12	14	0	4	3	2	5	0	0	54	C
Montana	14	8	12	0	3	3	2	20	0	0	62	B
Nebraska	14	8	11	0	4	3	1	5	0	0	46	D
Nevada	11	6	13	0	3	2	1	10	0	0	46	D
New Hampshire	14	4	11	0	4	3	1	10	0	0	47	D
New Jersey	14	8	14	0	4	2	1	0	3	2	48	D
New Mexico	14	8	13	0	0	0	0	20	3	0	58	B
New York	14	10	11	0	4	2	1	5	1	2	50	C
North Carolina	14	10	8	-8	4	2	1	5	0	1	37	F
North Dakota	14	12	13	0	4	3	1	20	1	0	68	A
Ohio	14	12	13	0	4	4	1	5	0	0	53	C
Oklahoma	14	8	14	0	3	3	1	20	0	0	63	A
Oregon	14	12	11	0	4	3	1	5	2	0	52	C
Pennsylvania	14	8	13	0	1	1	1	5	0	0	43	D
Rhode Island	14	12	12	0	4	4	2	5	5	2	60	B
South Carolina	14	12	14	-8	3	4	1	20	0	0	60	B
South Dakota	4	4	8	0	4	0	2	20	0	0	42	D
Tennessee	14	6	7	-8	4	4	1	0	0	0	28	F
Texas	14	10	12	-8	4	3	2	0	0	0	37	F
Utah	12	8	9	0	4	2	1	20	1	0	57	B
Vermont	14	8	12	0	1	2	1	20	3	2	63	A
Virginia	14	12	14	0	3	2	2	0	0	0	47	D
Washington	14	6	13	0	3	3	2	0	0	0	41	F
West Virginia	14	4	8	0	4	2	1	0	0	0	33	F
Wisconsin	14	12	14	-8	4	3	1	0	0	-2	38	F
Wyoming	14	8	9	-8	1	4	2	20	0	0	50	C

Flavored Tobacco Product Laws Grades

State	Restrictions	Grade
Alabama	No state law or regulation	F
Alaska	No state law or regulation	F
Arizona	No state law or regulation	F
Arkansas	No state law or regulation	F
California	Most flavored tobacco products prohibited	B
Colorado	No state law or regulation	F
Connecticut	No state law or regulation	F
Delaware	No state law or regulation	F
District of Columbia	All flavored tobacco products prohibited in virtually all locations	A
Florida	No state law or regulation	F
Georgia	No state law or regulation	F
Hawaii	No state law or regulation	F
Idaho	No state law or regulation	F
Illinois	No state law or regulation	F
Indiana	No state law or regulation	F
Iowa	No state law or regulation	F
Kansas	No state law or regulation	F
Kentucky	No state law or regulation	F
Louisiana	No state law or regulation	F
Maine	Some flavored cigars prohibited	F
Maryland	No state law or regulation	F
Massachusetts	All flavored tobacco products prohibited in virtually all locations	A
Michigan	No state law or regulation	F
Minnesota	No state law or regulation	F
Mississippi	No state law or regulation	F
Missouri	No state law or regulation	F
Montana	No state law or regulation	F
Nebraska	No state law or regulation	F
Nevada	No state law or regulation	F
New Hampshire	No state law or regulation	F
New Jersey	All flavored e-cigarettes prohibited in all locations	D
New Mexico	No state law or regulation	F
New York	Most flavored e-cigarettes prohibited in all locations	D
North Carolina	No state law or regulation	F
North Dakota	No state law or regulation	F
Ohio	No state law or regulation	F
Oklahoma	No state law or regulation	F
Oregon	No state law or regulation	F
Pennsylvania	No state law or regulation	F
Rhode Island	All flavored e-cigarettes prohibited in all locations	D
South Carolina	No state law or regulation	F
South Dakota	No state law or regulation	F
Tennessee	No state law or regulation	F
Texas	No state law or regulation	F
Utah	Flavored e-cigarettes prohibited except in retail tobacco specialty businesses	F
Vermont	No state law or regulation	F
Virginia	No state law or regulation	F
Washington	No state law or regulation	F
West Virginia	No state law or regulation	F
Wisconsin	No state law or regulation	F
Wyoming	No state law or regulation	F

"State of Tobacco Control" 2023 Methodology

The American Lung Association's "State of Tobacco Control" 2023 is a report card that evaluates state and federal tobacco control policies by comparing them to targets based on the most current recognized criteria for effective tobacco control measures, and translating each state and the federal government's relative progress into a letter grade of "A" through "F." A grade of "A" is assigned for excellent tobacco control policies while an "F" indicates inadequate policies. The primary reference for state tobacco control laws is the American Lung Association's *State Legislated Actions on Tobacco Issues* on-line database. The American Lung Association has published this comprehensive summary of state tobacco control laws since 1988. Data for the state Access to Cessation Services section is taken from the American Lung Association's *State Tobacco Cessation Coverage* database.

Calculation of Federal Grades

Tobacco control and prevention measures at the federal level are graded in five areas: federal regulation of tobacco products; federal coverage of tobacco cessation treatments; federal excise taxes on tobacco products; federal mass media campaigns; and federal minimum age of sale for tobacco products. The sources for the targets and the basis of the evaluation criteria are described below.

Federal Regulation of Tobacco Products

Since the passage of the Family Smoking Prevention and Tobacco Control Act gave the U.S. Food and Drug Administration the authority to regulate tobacco products in June 2009, the grading system for this category has been based on how the federal government is implementing its authority, and whether Congress is providing full funding to FDA with no policy riders to limit the agency's authority.

The American Lung Association has identified three important items that FDA was required by the Tobacco Control Act to implement, that FDA indicated they would take action on or would significantly improve the public health: 1) implementation of a rule asserting authority over all other tobacco products besides cigarettes, smokeless tobacco and roll-your-own tobacco – also known as the "deeming" rule; 2) requiring large, graphic cigarette warning labels that cover the top 50% of the front and back of cigarette packs; and 3) issuing at least one product standard to reduce the toxicity, addictiveness and/or appeal of tobacco products, including removal of flavored tobacco products from the marketplace. Points were awarded based on how the federal government has implemented these three items as well as whether Congress funded FDA's Center for Tobacco Products at the levels called for in the Family Smoking Prevention and Tobacco Control Act without policy riders.

The Federal Regulation of Tobacco Products grade breaks down as follows:

Grade	Points Earned
A	15 or 16 Total Points
B	13 or 14 Total Points
C	12 Total Points
D	10 or 11 Total Points
F	Under 10 Total Points

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

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

+4 points: Deeming rule fully implemented; pre-market review of all deemed tobacco products complete; products without marketing orders from FDA are removed from marketplace.
+3 points: FDA has begun the Pre-market tobacco application (PMTA) process for all deemed tobacco products.
+2 points: FDA only implementing portions of deeming rule
+0 points: FDA postpones implementation of the entire rule

Graphic Cigarette Warning Labels (4 points)

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

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

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

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

+4 points: Strong product standard is finalized that will be appropriate for the protection of public health, including eliminating all flavored tobacco products.
+3 points: Strong product standard is finalized, including removing some but not all flavored tobacco products.
+2 points: Strong product standard is proposed that will be appropriate for the protection of public health, including eliminating all flavored tobacco products.
+1 points: Product standard is proposed, including removing some but not all flavored tobacco products from the marketplace
+0 points: No product standard is issued and all flavored products remain on the marketplace.

Funding for FDA Center for Tobacco Products (4 points)

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

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

Federal Cessation Treatment Coverage

The cessation treatment coverage criteria used in the American Lung Association's "State of Tobacco Control" 2023 report is based on the coverage of tobacco cessation treatments provided by the federal government through its four main public insurance programs: 1) Medicare (for Americans over age 65), 2) Medicaid (for low-income and/or disabled Americans), 3) TRICARE (for members of the military and their families), and 4) Federal Employee Health Benefits Program (for federal employees and their families). A fifth category covers federal requirements for tobacco cessation treatment coverage in state health insurance marketplaces under the Affordable Care Act. Providing help to quit through these programs and state health insurance marketplaces will reach large numbers of tobacco users, improve health, prevent unnecessary death, save taxpayer money and set an example for other health plans. The federal government must lead by example and cover a comprehensive benefit for everyone to whom it provides health care.

The definition of a comprehensive tobacco cessation benefit used in these criteria follows the recommendations in the Clinical Practice Guideline entitled *Treating Tobacco Use and Dependence*. In this Guideline, published in 2008, the U.S. Public Health Service recommends the use of seven medications and three types of counseling as effective for helping tobacco users quit. This definition has been reaffirmed in the 2021 United States Preventive Services Task Force (USPSTF) recommendation.

The Federal Cessation Coverage grade breaks down as follows:

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

Medicare (4 points)

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

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

Medicaid (4 points)

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

+4 points: All Guideline-recommended medications and counseling are required to be covered.
+3 points: At least 4 medications and 1 type of counseling are required to be covered.
+2 points: At least 2 medications and 1 type of counseling are required to be covered.

+1 point: At least 1 treatment is required to be covered.
+0 points: No required coverage.

TRICARE (4 points)

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

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

Federal Employee Health Benefits (FEHB) (4 points)

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

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

Federal Requirements for State Health Insurance Marketplaces

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

+4 points: All Guideline-recommended medications and counseling are required to be covered.
+3 points: Administration releases guidance outlining coverage of a comprehensive tobacco cessation benefit as a preventive service.
+2 points: Administration requires that all plans sold in the State Health Insurance Marketplaces cover tobacco cessation treatment as part of the preventive services requirement.
+1 points: Administration proposes new regulations that no longer require all plans in the State Health Insurance Marketplaces to provide tobacco cessation.
+0 points: Administration finalizes new regulations or issues guidance that no longer require all plans in the State Health Insurance Marketplaces to provide tobacco cessation.

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

Federal Tobacco Excise Taxes

Criteria for the federal tobacco excise taxes grade are identical to the state tobacco excise tax grade. For more information, see the State Tobacco Excise Taxes section on p. 25.

The Federal Tobacco Excise Tax grade breaks down as follows:

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

Federal Mass Media Campaigns

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

Two agencies of the federal government ran different mass media campaigns for part or all of 2022 that seek to reduce or prevent tobacco use among different populations: 1) CDC's Tips from Former Smokers media campaign, which targets adults who use tobacco and 2) FDA's Real Costs campaign, which targets youth ages 12 to 17 with tobacco prevention messages. Both mass media campaigns will continue to run in 2023.

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

The Federal Mass Media campaign grade breaks down as follows:

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

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

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

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

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

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

- +3 points: Ads run 9-12 months per year
- +2 points: Ads run 6-8 months per year
- +1 point: Ads run 1-5 months per year
- +0 points: No ad campaign

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

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

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

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

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

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

Federal Minimum Age of Sale for Tobacco Products

In March 2015, the National Academy of Medicine (formerly the Institute of Medicine) issued a report looking at the impact increasing the age of sale for tobacco products could have on youth tobacco use rates. The report concluded that increasing the age of sale for tobacco products to 21 nationwide could prevent 223,000 deaths among people born between 2000 and 2019, including 50,000 fewer dying from lung cancer, the nation's leading cancer killer.[1] In 2019, Congress passed a law increasing the minimum age of sale to 21 and required FDA to issue confirming regulations.

A grade was awarded in this category based on whether the federal government increased the age of sale for tobacco products to 21 and issued the regulations as required by statute. The letter grade received deductions based on if groups, like active-duty military, were exempted from the age of sale of 21. The federal government would receive an automatic F grade if some tobacco products such as e-cigarettes were exempted from the age of sale increase, there was preemption on state or local governments from raising the age of sale or the age of sale was 19 or 20 years old.

Grade breaks down as follows:

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

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

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

I = age of sale for all tobacco products is 21 years of age, but implementing regulations not issued as required by statute.

Calculation of State Grades

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

State Tobacco Prevention and Cessation Program Funding

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

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

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

Limitation of Grading System on State Tobacco Control Expenditures

The American Lung Association bases its tobacco prevention and cessation program funding grades on the total amount allocated to tobacco control programs in each state, including applicable federal funding, 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 particular 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 that is also generally under the full control of state lawmakers.

State Smokefree Air Laws

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

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

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

The smokefree air grade for each state is based on a total of all points received in all categories. The grades are based on a maximum score of 40 if the state has no casinos or gaming establishments, or 44 if the state

has casinos or gaming establishments. Both these high scores have been attained by states in this year's report. The maximum score of 40 or 44 becomes the denominator, and the state's total points serve as the numerator. The percentage was calculated, and grades were assigned following a standard grade-school system. States receiving scores in the top 10% of the range (90 to 100%) earned an "A." Those receiving scores falling between 80 and 89% got a grade of "B," between 70 and 79% a "C" and between 60 and 69% a "D." Those that fell below 60% received an "F." The points break down as follows:

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

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

- Preemption or Local opt-out: State preemption of stricter local ordinances or states that have a provision in state law allowing communities to opt-out of the law is penalized by a reduction of one letter grade. States with preemption that have a score of 40 points or higher (or 44 points or higher dependent on whether the Casinos/Gaming Establishments category is applicable for that state) are not penalized for preemption.
- Local Ordinances: States without strong statewide smokefree laws may be graded based on local ordinances or regulations. Strong local smokefree air ordinances/regulations that include most workplaces, all restaurants and bars are considered according to the percentage of population covered in the state. States with over 95% of their population covered by comprehensive local smokefree ordinances will receive an "A," over 80% a "B," over 65% a "C" and over 50% a "D." Local ordinances that cover less than 50% of the population will not be considered for evaluation under this exception.[2]

Key to Smokefree Laws Ratings by Category

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

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

public schools during school hours or while school activities are being conducted." Score is lowered if restriction depends on type of school, school hours, type of ventilation and/or location of smoking area. A bonus point (+1) is available if the laws meet the target criteria and extend the law/policy to any time in school facilities, on school grounds, and at school-sponsored activities.

4. **Child Care Facilities** (4 points): Target is "no smoking permitted during operating hours in childcare facilities (explicitly including licensed, home-based facilities)." Score is lowered if restrictions depend on ventilation standards, location of smoking areas and/or exemptions for certain types of facilities.
5. **Restaurants** (4 points): Target is "restaurants (explicitly including bar areas of restaurants) are 100% smokefree." Score is lowered if restriction depends on type of ventilation, location of smoking areas and/or exemptions for some restaurants. A bonus point (+1) is available if the laws meet the target criteria and extend the law/policy to outdoor seating areas of restaurants.
6. **Bars/Taverns** (4 points): Target is "bars/taverns and similar types of establishments are 100% smokefree." Score is lowered if restriction depends on ventilation standards, location of smoking area and/or if laws only applied to some but not all bars/taverns. A bonus point (+1) is available if the laws meet the target criteria and extend the law/policy to private clubs or similar establishments at all times.
7. **Casinos/Gaming Establishments** (4 points): Target is "casinos/gaming establishments are 100% smokefree." Score is lowered if restriction depends on ventilation standards, location of smoking area and/or if laws only apply to some but not all casinos/gaming establishments. This category does not apply to states that do not have casinos/gaming establishments or only casinos/gaming establishments on sovereign tribal lands.
8. **Retail Stores** (4 points): Target is "retail stores or retail businesses open to the public are 100% smokefree." Score is lowered if restriction depends on ventilation standards and/or location of smoking area, and if laws only apply to some but not all retail stores or businesses.
9. **Recreational/Cultural Facilities** (4 points): Target is "recreational and cultural facilities are 100% smokefree." Score is lowered if restriction depends on ventilation standards, location of smoking area and/or if laws only apply to some but not all recreational/cultural facilities. Note: Recreational/cultural facilities on sovereign tribal lands are not subject to state law.
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 posting requirement exists, but not both. A bonus point (+1) is available if the laws meet the target criteria and require the enforcement authority to conduct compliance inspections.

State Tobacco Excise Taxes

The U.S. Surgeon General, in *The Health Consequences of Smoking – 50 Years of Progress* released in January 2014 to commemorate the 50th anniversary of the first Surgeon General's report on smoking in 1964, concluded that "increases in the prices of tobacco products, including those resulting from excise tax increases, prevent initiation of tobacco use, promote cessation and reduce the prevalence and intensity of tobacco use among youth and adults."[3]

Research has clearly demonstrated that as the price of cigarettes increases, consumption decreases. For each 10% price increase, it is estimated that consumption drops by about 7% for youth and 3 to 5% for adults.[4] Increasing taxes on tobacco products other than cigarettes is also important. While rates of cigarette smoking are declining, rates of cigar smoking and smokeless tobacco use are stagnant or increasing. Nationally, rates of cigar smoking among youth now exceed rates of cigarette smoking.

The grading system for State Tobacco Excise Taxes is a points-based system, with the level of a 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" grade. 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, 2023 was $1.91 per pack. The range of state excise taxes ($0.17 to $4.50 per pack) is divided into quintiles, and a state is assigned 6 points for attaining each quintile.

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

Score	Tax
30 points	$3.82 and over
24 points	$2.866 to $3.819
18 points	$1.91 to $2.865
12 points	$0.955 to $1.909
6 points	Under $0.955

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

The five specific types of tobacco products other than cigarettes which states are evaluated on are: 1) little cigars, 2) large cigars, 3) smokeless tobacco, 4) pipe/roll-your-own tobacco and 5) e-cigarettes. In "State of

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

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

The overall grade breaks down as follows:

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

State Access to Cessation Services

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

In 2008, the U.S. Department of Health and Human Services' Public Health Service published an update to its Clinical Practice Guideline on *Treating Tobacco Use and Dependence*. This Guideline, based on a thorough review of scientific evidence on tobacco cessation, recommends several treatment options that have proven effective in helping people quit smoking. These options include the use of five nicotine-replacement therapies (gum, patch, lozenge, nasal spray, inhaler), bupropion and varenicline (non-nicotine medications), and three types of counseling (individual, group and phone). It also recommends that all public and private health insurance plans cover the cessation treatments recommended in the Guideline. In 2020, the U.S. Surgeon General reiterated the need for this comprehensive cessation benefit without barriers in "Smoking Cessation: A Report of the Surgeon General." Targets established in the Medicaid, State Employee Health Plan and Standards for Private Insurance categories were based on these Public Health Service Guideline and U.S. Surgeon General recommendations for cessation treatments.

In the 2014 *Best Practices for Comprehensive Tobacco Control Programs* document, supporting state quitlines is one of the major goals under Cessation Interventions for state tobacco control programs. Funding to the state quitline is included in the Access to Cessation Services section to show a full picture of what the state is offering for cessation services. Grading in this section is based on the amount of funding provided to the state quitline for services divided by the number of smokers in the state.

In 2015, the Lung Association incorporated information on what tobacco cessation treatments are provided to the Medicaid expansion population into this grade. Points awarded in the Medicaid Coverage section below

incorporate this information. Points available in the Medicaid coverage section were 40 to represent new Medicaid expansion enrollees. If a state has not opted to expand Medicaid up to the levels established in the Affordable Care Act (ACA), the state receives an automatic deduction of 8 points to represent the substantial number of tobacco users that do not have access to cessation treatments because of this decision.

The Lung Association will deduct up to 2 points for any state that implements a policy to charge Medicaid enrollees a tobacco surcharge or that has policies that charge Medicaid enrollees that smoke more for coverage than non-tobacco user Medicaid enrollees. The Lung Association also added 2 bonus points available to states that prohibit or limit tobacco surcharges, or health insurance policies that charge tobacco users more in premiums than non-tobacco users. States can limit or remove these surcharges.

All data in the Cessation section of "State of Tobacco Control" 2023 was collected and analyzed by the American Lung Association.

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

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

The grades break down as follows:

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

Key to Cessation Coverage Ratings by Category:

Medicaid Coverage (40 points)[5]: Target is barrier-free coverage of all Guideline-recommended medications and counseling for the state's entire Medicaid population (including the Medicaid expansion population).

1. States receive up to 14 points for coverage of medications: 2 points for coverage for all enrollees of each of the 7 medications. If coverage of a medication varies by plan or pregnancy status, 1 point is awarded for each medication covered in this way;
2. States receive up to 12 points for coverage of counseling: 4 points for each type of counseling covered (individual, group and phone). If a counseling coverage varies by plan or pregnancy status, 2 points is awarded for each type of counseling coverage;
3. States receive up to 14 points for providing coverage without barriers: 1 to

3 points are deducted for each barrier to coverage that exists in a state. Deductions vary based on type of barrier and severity.

4. If a state has not expanded Medicaid coverage up to the levels established in the Affordable Care Act (138% of the federal poverty level for all eligibility categories), 8 points are automatically deducted from the Medicaid coverage score.
5. States that impose a tobacco surcharge or charge tobacco users' higher premiums than non-tobacco users for Medicaid coverage will have 2 points deducted from the Medicaid coverage score.

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

1. 0 to 4 points are given for coverage of medications; deductions were made if only some health plans/managed care organizations provide coverage;
2. 0 to 4 points are given for coverage of counseling; deductions were made if only some health plans/managed care organizations provide coverage;
3. 0 to 2 points are given if coverage is free of barriers.

Quitlines (20 points): States are graded based on a curve set by the median investment per smoker, which in fiscal year 2023 was $2.37 per smoker. Points are awarded based on the scale below:

$$/smoker > $4.74	20 points
$$/smoker $3.56 - $4.74	15 points
$$/smoker $2.37 - $3.55	10 points
$$/smoker $1.19 - $2.36	5 points
$$/smoker < $1.19	0 points

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

1. 1 point given for the presence of a legislative or regulatory private insurance standard or if a state insurance commissioner issues a bulletin on the enforcement of the tobacco cessation FAQ issued by the federal government;[6]
2. 0 to 2 points given for required coverage of medications;
3. 0 to 2 points given for required coverage of counseling.

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

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

State Flavored Tobacco Product Laws

Flavored tobacco products have long played an important role in youth starting to use tobacco products and in the case of menthol, keeping people, particularly Black Americans, addicted. According to CDC's 2022 National Youth Tobacco Survey, over 85% of high school students and over 80% of middle school students who use e-cigarettes use a flavored product.[7] The latest data available from the 2021 National Youth Tobacco Survey found that close to 80% of youth tobacco users used a flavored product.[8]

Menthol cigarettes play a key role in addicting youth smokers and keeping people hooked. About half of youth smokers ages 12-17 smoke menthol cigarettes.[9] Black Americans are disproportionately impacted with over 80% of Black persons who smoke using menthol cigarettes.[10] Menthol cigarette use is also elevated among LGBTQ+ Americans, women and persons with lower incomes. A recent study showed that while overall cigarette use declined by 26% over the past decade, 91% of that decline was due to non-menthol cigarettes.[11]

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

Grades break down as follows:

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

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

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

State Statistics Used in the Report

Adult smoking rates are taken from the CDC's 2021 Behavioral Risk Factor Surveillance System for virtually all states. Adult smoking means having used cigarettes on one or more of the past 30 days.

High school smoking and tobacco use, and middle school smoking rates, are taken from CDC's 2019 Youth Risk Behavior Survey, state youth tobacco surveys or other state-based surveys that measure youth smoking or tobacco use rates. High school tobacco use includes having used cigarettes, cigars, smokeless tobacco or electronic vapor products on one or more of the past 30 days for most states. In states where the tobacco products covered by the survey used are different, a sentence has been added to the state-specific footnotes on each state page describing the tobacco products included.

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

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

1. Institute of Medicine, *Public Health Implications of Raising the Minimum Age of Legal Access to Tobacco Products*, Washington, DC: The National Academies Press, 2015, http://www.nationalacademies.org/hmd/Reports/2015/TobaccoMinimumAgeReport.aspx.
2. Data to calculate percent of state populations covered by local ordinances is obtained from the Americans for Nonsmokers' Rights Foundation.
3. U.S. Department of Health and Human Services. The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014.
4. There is general consensus among tobacco researchers that every 10 percent increase in the price of cigarettes decreases cigarette consumption by about 4 percent in adults and about 7 percent in children. Tauras J, et al. Effects of Price and Access Laws on Teenage Smoking Initiation: A National Longitudinal Analysis, *Bridging the Gap Research*, ImpacTeen. April 24, 2001.
5. As of January 1, 2014, the Affordable Care Act (ACA) required that state Medicaid programs no longer exclude coverage of tobacco cessation medications. In State of Tobacco Control a state was only given credit for covering tobacco cessation medications if there is documentable evidence that the Medicaid program is covering that medication, regardless of the federal requirement.
6. On May 2, 2014, the U.S. Departments of Labor, Health and Human Services and Treasury issued an FAQ that clarified what health insurance plans under the Affordable Care Act should cover in terms of tobacco cessation medications and counseling, https://www.cms.gov/cciio/resources/fact-sheets-and-faqs/aca_implementation_faqs19.html (see question 5).
7. Cooper M, Park-Lee E, Ren C, Cornelius M, Jamal A, Cullen KA. *Notes from the Field:* E-cigarette Use Among Middle and High School Students — United States, 2022. MMWR Morb Mortal Wkly Rep 2022;71:1283–1285.
8. Gentzke AS, Wang TW, Cornelius M, et al. Tobacco Product Use and Associated Factors Among Middle and High School Students — National Youth Tobacco Survey, United States, 2021. MMWR Surveill Summ 2022;71(No. SS-5):1–29.
9. Substance Abuse and Mental Health Services Administration's public online data analysis system (PDAS). National Survey on Drug Use and Health, 2020.
10. Ibid.
11. Delnevo CD, Ganz O, Goodwin RD, Banning Menthol Cigarettes: A Social Justice Issue Long Overdue. Nicotine Tob Res, 2020 Oct 8;22(10):1673-1675. https://doi.org/10.1093/ntr/ntaa152.

United States Report Card

American Lung Association.
State of Tobacco Control
2023

Federal Regulation of Tobacco Products — C

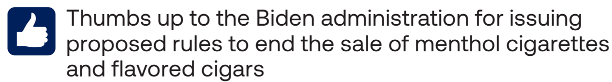
Implementation of Rule Asserting Authority over All Tobacco Products: **Rule partially implemented**

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

Product Standards, including Flavored Tobacco Products: **Product standards to end the sale of menthol cigarettes and flavored cigars proposed**

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

* FDA has finalized graphic warning labels for cigarettes, but a federal court decision, which may be appealed, has vacated the rule.


Thumbs up to the Biden administration for issuing proposed rules to end the sale of menthol cigarettes and flavored cigars

Federal Cessation Coverage — D

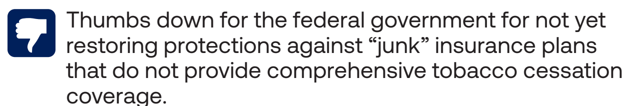
Medicaid Coverage: **Partially Required**

Medicare Coverage: **Partially Covered**

TRICARE Coverage: **Covered**

Federal Employee Health Benefits Coverage: **Covered**

State Health Insurance Exchanges: **Partially Required**


Thumbs down for the federal government for not yet restoring protections against “junk” insurance plans that do not provide comprehensive tobacco cessation coverage.

Federal Tobacco Taxes — F

CIGARETTE TAX:

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

OTHER TOBACCO PRODUCT TAXES:

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

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

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

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

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

Federal Mass Media Campaigns — A

TIPS FROM FORMER SMOKERS MEDIA CAMPAIGN:

Reach: **Meets Target**

Duration: **Under Target**

Frequency: **Meets Target**

Promotion of Services: **Meets Target**

FDA “REAL COSTS” MEDIA CAMPAIGN

Reach: **Meets Target**

Duration: **Meets Target**

Frequency: **Meets Target**

Promotion of Services: **Under Target**

Federal Minimum Age — I*

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

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

Federal Highlights:

The American Lung Association has identified five key actions for the Biden administration and Congress to take in 2023 that will help ultimately eliminate the death and disease caused by tobacco use:

1. The Biden administration must swiftly finalize the two rules that will remove all menthol cigarettes and flavored cigars from the marketplace;
2. The Food and Drug Administration (FDA) must finalize its review of all premarket tobacco product applications for both tobacco-derived and synthetic-nicotine products;
3. The FDA and Department of Justice must act to remove all illegal tobacco products from the marketplace;
4. Congress must increase federal funding for the Centers for Disease Control and Prevention (CDC)’s Office on Smoking and Health to ensure adequate and culturally appropriate cessation resources for individuals who smoke menthol cigarettes, to further strengthen its “Tips from Former Smokers” Campaign and to help states combat the youth e-cigarette epidemic.
5. Congress must pass the “Resources to Prevent Youth Vaping Act” to increase user fee funding for the FDA’s Center for Tobacco Products and make e-cigarette manufacturers pay their fair share.

United States Highlights:

Key highlights from 2022 include:

- In March, Congress closed the so-called "Puff Bar" loophole, giving the FDA authority over synthetic nicotine products. Many e-cigarette manufacturers claimed to switch to synthetic nicotine to avoid FDA's authority.
- In April 2022, the Food and Drug Administration released two proposed rules, one to end the sale of menthol cigarettes and the other, flavored cigars. The Lung Association strongly supports the proposed rules and urges FDA and the Biden Administration to finalize them quickly.
- In October, FDA and the Department of Justice announced their intent to seek injunctions against six manufacturers whose e-cigarette products were on the market illegally. The Lung Association heralded this announcement and encouraged additional enforcement actions.
- At the end of December, Congress passed an omnibus appropriations bill that increased funding for CDC's Office on Smoking and Health (OSH) to $246.5 million for fiscal year (FY) 2023; OSH funding provides support for critical efforts to reduce tobacco use such as CDC's "Tips from Former Smokers" campaign. A November 2022 study found the "Tips" campaign not only helps people quit smoking, but seeing the ads helped people stay quit.
- In December, a federal judge ordered the major U.S. tobacco companies to post signs in 200,000 retail locations about the deadly consequences of cigarette smoking. This is one of the final remaining remedies ordered by a federal judge in 2006 after she found the major companies guilty of civil racketeering lawsuit.
- The Lung Association is carefully watching the impact of Braidwood v. Becerra and whether it will eliminate the requirement that tobacco cessation coverage be provided to most people without cost-sharing. The Lung Association has weighed in via amicus brief opposing the removal of this critical Affordable Care Act requirement as well.
- The lawsuits brought by Altria and RJ Reynolds in two separate federal courts continue to hold up the graphic warning labels for cigarette packs. In December, in the Reynolds case, a federal judge in Texas vacated the warning label rule. The Lung Association and our partners are supporting FDA rules to push back against the Altria challenge.
- FDA is also more than two and a half years overdue in publishing the final Tobacco 21 regulations as required by statute, which is why they earn an "incomplete" for the fifth and final grade on Federal Minimum Age of Sale for Tobacco Products.

Federal Facts

Economic Cost Due to Smoking:	$289,500,000,000
Adult Smoking Rate:	12.5%
Adult Tobacco Use Rate:	19.0%
High School Smoking Rate:	2.0%
High School Tobacco Use Rate:	16.5%
Middle School Smoking Rate:	1%
Middle School Tobacco Use Rate:	4.5%
Smoking Attributable Deaths per Year:	480,320
Smoking Attributable Lung Cancer Deaths per Year:	163,700
Smoking Attributable Respiratory Disease Deaths per Year:	113,100

Adult smoking and tobacco use rates are taken from the 2020 National Health Interview Survey. High school and middle school smoking and tobacco use rates are taken from the 2022 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 healthcare expenditures based on 2004 smoking-attributable fractions and 2009 personal healthcare expenditure data. Deaths and expenditures should not be compared by state.

Alabama Report Card

American Lung Association.
State of Tobacco Control
2023

ALABAMA

Tobacco Prevention and Control Program Funding: F

FY2023 State Funding for Tobacco Control Programs:	$1,711,172
FY2023 Federal Funding for State Tobacco Control Programs:	$1,682,740*
FY2023 Total Funding for State Tobacco Control Programs:	$3,393,912
CDC Best Practices State Spending Recommendation:	$55,900,000
Percentage of CDC Recommended Level:	6.1%
State Tobacco-Related Revenue:	$288,300,000

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

Smokefree Air: F

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government work sites: **Restricted**

Private work sites: **No provision**

Schools: **Restricted**

Child care facilities: **Restricted**

Restaurants: **No provision**

Bars: **No provision**

Casinos/Gaming Establishments: **No provision**

Retail stores: **Restricted**

Recreational/cultural facilities: **Restricted**

E-Cigarettes Included: **No**

Penalties: **Yes**

Enforcement: **Yes**

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

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

Tobacco Taxes: F

CIGARETTE TAX:

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

OTHER TOBACCO PRODUCT TAXES:

Tax on Little Cigars: **Equalized: No; Weight-Based: No**

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

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

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

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

Access to Cessation Services: F

OVERVIEW OF STATE CESSATION COVERAGE

STATE MEDICAID PROGRAM:

Medicaid Medications: **All 7 medications are covered**

Medicaid Counseling: **Some counseling is covered**

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

Medicaid Expansion: **No**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

Counseling: **Some counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$1.66; the median investment per smoker is $2.37**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

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

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

Flavored Tobacco Products: F

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

Alabama State Highlights:

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

1. Implement a comprehensive tobacco retail licensing program to ensure enforcement and compliance with tobacco control statutes;
2. Pass comprehensive local smokefree ordinances that protect all workers and patrons from secondhand smoke; and
3. Ensure access to comprehensive cessation coverage for Medicaid recipients.

Tobacco prevention and control issues were not a priority for the Alabama Legislature in 2022. The Lung Association and other public health partners advocated for updating provisions for licensing, enforcement and compliance of tobacco products, including e-cigarettes. This would also include removing youth penalties as policies that would have effectively reduced youth tobacco and nicotine use. Unfortunately, no legislation was introduced.

Similar to the past few years, many local municipalities continued to respond to their community needs as part of the COVID-19 pandemic in 2022. This limited many communities' ability to focus on other public health issues, such as implementing strong smokefree ordinances. Tobacco control partners continue to be engaged with community education on the dangers of tobacco use and secondhand smoke across Alabama. The Lung Association plays a prominent role by offering technical assistance on the best practices of tobacco prevention and control. The Alabama Department of Public Health continues to affect social norm change around tobacco use, address the marketing of tobacco products to youth, and promote policies that eliminate exposure to secondhand smoke through the Tobacco Prevention and Control Program.

In 2023, the American Lung Association in Alabama will advocate for the implementation of a comprehensive tobacco retail licensing program to ensure enforcement and compliance with tobacco control statutes while continuing to educate state legislators on best practices for tobacco control including the benefits of a statewide smokefree law. In order to reduce the death and disease caused by tobacco use in Alabama, state legislators will need to recognize the health and economic burden of tobacco use and secondhand smoke exposure by enacting public health protections and investing in evidence-based tobacco prevention programs. The Lung Association will continue to work with partners to ensure successful passage and preservation of comprehensive local smokefree ordinances.

Alabama State Facts

Health Care Cost Due to Smoking:	$1,885,747,576
Adult Smoking Rate:	17.2%
High School Smoking Rate:	7.1%
High School Tobacco Use Rate:	26.7%
Middle School Smoking Rate:	3.4%
Smoking Attributable Deaths:	8,650

Adult smoking data come from CDC's 2021 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use rates are taken from the 2019 Youth Risk Behavior Surveillance System. Middle school smoking rates are taken from the 2016 Youth Tobacco Survey.

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

Alaska Report Card

American Lung Association. State of Tobacco Control 2023

ALASKA

Tobacco Prevention and Control Program Funding: B

FY2023 State Funding for Tobacco Control Programs:	$6,472,100
FY2023 Federal Funding for State Tobacco Control Programs:	$1,284,919*
FY2023 Total Funding for State Tobacco Control Programs:	$7,757,019
CDC Best Practices State Spending Recommendation:	$10,200,000
Percentage of CDC Recommended Level:	76%
State Tobacco-Related Revenue:	$76,900,000

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

Thumbs down for Alaska for cutting funding for its tobacco prevention and control program by over $2.5 million this year.

Smokefree Air: B

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government work sites: **Prohibited**

Private work sites: **Prohibited**

Schools: **Prohibited**

Child care facilities: **Prohibited**

Restaurants: **Prohibited**

Bars: **Prohibited**

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

Retail stores: **Prohibited**

Recreational/cultural facilities: **Prohibited**

E-Cigarettes Included: **Yes**

Penalties: **Yes**

Enforcement: **Yes**

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

Citation: ALASKA STAT. §§ 18.35.301 to 18.35.399 (2018).

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

Tobacco Taxes: D

CIGARETTE TAX:

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

OTHER TOBACCO PRODUCT TAXES:

Tax on Little Cigars: **Equalized: Yes; Weight-Based: No**

Tax on Large Cigars: **Equalized: Yes; Weight-Based: No**

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

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

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

Access to Cessation Services: D*

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medicaid Medications: **All 7 medications are covered**

Medicaid Counseling: **Some counseling is covered**

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

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **No data provided**

Counseling: **No data provided**

Barriers to Coverage: **No data provided**

STATE QUITLINE:

Investment per Smoker: **$6.67; the median investment per smoker is $2.37**

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.

* Alaska has earned a "D" in the Access to Services category as a result of failing to provide data after multiple requests. The state earned a "B" grade in this category in last year's report when all requested information was provided.

Flavored Tobacco Products: F

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

Alaska State Highlights:

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

1. Appropriate and maintain funding for the state's tobacco prevention and cessation programs;
2. Achieve tax parity for all tobacco products; and
3. Eliminate youth penalties for the possession, use, and purchase of tobacco products.

During the 2021 legislative session, which carried over to 2022, legislation was introduced in both the House (House bill 110 by Representative Hannan) and Senate (Senate bill 45 by Senator Stevens) to address the taxation of electronic cigarettes, raise the legal sales age of tobacco products to 21 and reduce youth penalties for possession, use and purchase of tobacco products.

In various versions of SB 45, the amount of the tax on electronic cigarettes changed through the process. The version passing the Senate (15-4) taxed these tobacco products at 45% of the wholesale price. The House Finance Committee passed this bill with a 25% rate, and when the bill was on the House floor, an amendment was made and the bill passed (31-9) with a 35% tax, providing tax parity with cigarettes.

While youth penalties remained in the bill, fines were reduced from $500 to not more than $150. On September 8, 2022, Governor Dunleavy vetoed SB 45 stating "…a tax increase on the people of Alaska is not something I can support."

Funding for the state's tobacco prevention program also suffered a loss when the legislators failed to vote on a procedural move to replace money in the tobacco prevention account from the budget reserve account reducing funding by over $2.6 million compared to last year. The Lung Association hopes this situation can be fixed for next year's budget.

In 2023, the American Lung Association in Alaska will continue to work with our volunteers and stakeholders to continue efforts to raise tobacco taxes to reduce consumption and delay youth initiation and ensure adequate funding for prevention efforts and cessation programs.

Alaska State Facts

Health Care Cost Due to Smoking:	$438,143,263
Adult Smoking Rate:	17.1%
High School Smoking Rate:	8.4%
High School Tobacco Use Rate:	33.7%
Middle School Smoking Rate:	N/A
Smoking Attributable Deaths:	610

Adult smoking data come from CDC's 2021 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use data come from the 2019 Youth Risk Behavior Surveillance System. A current middle school smoking rate is not available for this state.

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

Arizona Report Card

American Lung Association.
State of Tobacco Control
2023

A R I Z O N A

Tobacco Prevention and Control Program Funding: F

FY2023 State Funding for Tobacco Control Programs:	$17,725,000
FY2023 Federal Funding for State Tobacco Control Programs:	$1,708,792*
FY2023 Total Funding for State Tobacco Control Programs:	$19,433,792
CDC Best Practices State Spending Recommendation:	$64,400,000
Percentage of CDC Recommended Level:	30.2%
State Tobacco-Related Revenue:	$414,900,000

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

Smokefree Air: A

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government work sites: **Prohibited**

Private work sites: **Prohibited**

Schools: **Prohibited**

Child care facilities: **Prohibited**

Restaurants: **Prohibited**

Bars: **Prohibited**

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

Retail stores: **Prohibited**

Recreational/cultural facilities: **Prohibited**

E-Cigarettes Included: **No**

Penalties: **Yes**

Enforcement: **Yes**

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

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

Tobacco Taxes: F

CIGARETTE TAX:

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

OTHER TOBACCO PRODUCT TAXES:

Tax on Little Cigars: **Equalized: No; Weight-Based: No**

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

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

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

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

Access to Cessation Services: C

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medicaid Medications: **All 7 medications are covered**

Medicaid Counseling: **Some counseling is covered**

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

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

Counseling: **Some counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$2.61; the median investment per smoker is $2.37**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

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

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

Flavored Tobacco Products: F

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

Arizona State Highlights:

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

1. Enact a statewide tobacco retailer licensing system;
2. Oppose all forms of statewide preemption for sales or use of tobacco products; and
3. Increase state funding for tobacco prevention and cessation programs.

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

In 2022, funding for Arizona's tobacco control program, Tobacco Free Arizona, went from $17.5 million in fiscal year 2022 to $17.7 million in fiscal year 2023. The program is funded by a percentage of revenue from tobacco taxes, and funding has remained relatively consistent over the years. However, the American Lung Association in Arizona keeps a close eye on funding levels to ensure these vital tobacco prevention and quit smoking programs receive the funding dedicated to them. Even at current funding levels, the state remains well short of Centers for Disease Control and Prevention recommended levels.

During the 2022 legislative session, the Lung Association in Arizona worked on legislation to create a statewide tobacco retail license, raise the sales age of tobacco products to 21, and to include electronic smoking devices in the Clean Indoor Air Act. Unfortunately, there was a competing bill introduced by the tobacco industry that had a weak statewide retail license system and also added preemption that would have prevented local communities from passing any stronger local laws on tobacco product sales, including tobacco retail licensing and flavors. Neither bill ultimately advanced to the Governors' office.

On the local front, the Lung Association along with a coalition of partners continue to work with city councilmembers in Tempe on eliminating the sale of all flavored tobacco products.

During the 2023 legislative session, the American Lung Association in Arizona will again work diligently to educate our lawmakers on the enormous negative economic impacts that tobacco use has on Arizona. Creating a tobacco retailer licensing system and opposing all forms of statewide preemption on tobacco product sales laws will continue to be a priority.

Arizona State Facts

Health Care Cost Due to Smoking:	$2,383,033,467
Adult Smoking Rate:	13.1%
High School Smoking Rate:	5.3%
High School Tobacco Use Rate:	20.7%
Middle School Smoking Rate:	2.4%
Smoking Attributable Deaths:	8,250

Adult smoking data come from CDC's 2021 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use data come from the 2019 Youth Risk Behavior Surveillance System. Middle school smoking rate is taken from the 2017 Youth Tobacco Survey.

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

Arkansas Report Card

American Lung Association.
State of Tobacco Control
2023

A R K A N S A S

Tobacco Prevention and Control Program Funding: F

FY2023 State Funding for Tobacco Control Programs:	$9,000,000
FY2023 Federal Funding for State Tobacco Control Programs:	$1,522,930*
FY2023 Total Funding for State Tobacco Control Programs:	$10,522,930
CDC Best Practices State Spending Recommendation:	$36,700,000
Percentage of CDC Recommended Level:	28.7%
State Tobacco-Related Revenue:	$281,300,000

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

Note: The Arkansas Legislature appropriated $14,696,818 to the Arkansas Tobacco Prevention and Cessation Program, however, only $9,000,000 is allocated for tobacco prevention and control activities. The Arkansas Tobacco Prevention and Cessation Program is mandated by law to distribute funding to other agencies. The total funding amount above includes the activities of the Arkansas Department of Health's Tobacco Prevention and Cessation Program, tobacco prevention activities of the Minority Health and Health Disparities Program and the Arkansas Tobacco Control Board.

Smokefree Air: C

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government work sites: **Prohibited**

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

Schools: **Prohibited**

Child care facilities: **Prohibited**

Restaurants: **Restricted***

Bars: **Restricted***

Casinos/Gaming Establishments: **Restricted**

Retail stores: **Prohibited**

Recreational/cultural facilities: **Prohibited**

E-Cigarettes Included: **Only in K-12 schools & some colleges**

Penalties: **Yes**

Enforcement: **Yes**

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

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

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

Tobacco Taxes: F

CIGARETTE TAX:

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

OTHER TOBACCO PRODUCT TAXES:

Tax on Little Cigars: **Equalized: Yes; Weight-Based: No**

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

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

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

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

Access to Cessation Services: D

OVERVIEW OF STATE CESSATION COVERAGE

STATE MEDICAID PROGRAM:

Medicaid Medications: **All 7 medications are covered**

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

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

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **Some medications are covered**

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

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

STATE QUITLINE:

Investment per Smoker: **$1.65; the median investment per smoker is $2.37**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

Tobacco Surcharge: **Limits tobacco surcharges**

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

Flavored Tobacco Products: F

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

Arkansas State Highlights:

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

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

During the 2022 fiscal session of the legislature, the American Lung Association worked to ensure funding for Medicaid expansion was included in the state's constitutionally required balanced budget. Maintaining Medicaid expansion in the state is important for reducing tobacco use because it provides low-cost access to quit smoking medications and services for a population, Medicaid enrollees, that smoke at significantly higher rates.

The Lung Association also supported providing $14.6 million in funding for Arkansas's Tobacco Prevention and Cessation Program. This level of appropriation was passed in the legislature in House bill 1077. However, a significant portion was required to be used for purposes other than the tobacco control program this year. This program is charged with developing and implementing a statewide comprehensive tobacco education, prevention, and cessation program.

In November 2018, the Arkansas Department of Health developed a new service called Be Well Arkansas to link Arkansans to local resources they can use to improve their health and well-being. ADH operates the Be Well Call Center, and Arkansans who call the national Quitline are routed to Be Well for services. In addition to offering tobacco or nicotine cessation services, Be Well also links people to diabetes management and hypertension control resources.

During the 2023 session, the Lung Association and its partner health organizations will begin laying the groundwork for a campaign to repeal the state law that prohibits local governments from passing tobacco control ordinances in their communities. This is priority work and an ongoing campaign to give Arkansas cities and counties the option to adopt meaningful tobacco control measures to protect the health of their residents. As the legislature begins its work in 2023, the Lung Association will continue its efforts to educate policymakers, business leaders and media on the importance of the American Lung Association's goals to reduce all tobacco use, including e-cigarettes, and to protect public health.

Arkansas State Facts

Health Care Cost Due to Smoking:	$1,215,082,968
Adult Smoking Rate:	21.1%
High School Smoking Rate:	13.7%
High School Tobacco Use Rate:	26.3%
Middle School Smoking Rate:	N/A
Smoking Attributable Deaths:	5,790

Adult smoking data come from CDC's 2021 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use data come from the 2017 Youth Risk Behavior Surveillance System. A current middle school smoking rate is not available for this state.

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

California Report Card

American Lung Association.
State of Tobacco Control
2023

CALIFORNIA

Tobacco Prevention and Control Program Funding: D

FY2023 State Funding for Tobacco Control Programs:	$199,496,000
FY2023 Federal Funding for State Tobacco Control Programs:	$3,571,588*
FY2023 Total Funding for State Tobacco Control Programs:	$203,067,588
CDC Best Practices State Spending Recommendation:	$347,900,000
Percentage of CDC Recommended Level:	58.4%
State Tobacco-Related Revenue:	$2,712,300,000

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

Smokefree Air: A

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government work sites: **Prohibited**

Private work sites: **Prohibited**

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

Child care facilities: **Prohibited**

Restaurants: **Prohibited**

Bars: **Prohibited**

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

Retail stores: **Prohibited**

Recreational/cultural facilities: **Prohibited**

E-Cigarettes Included: **Yes**

Penalties: **Yes**

Enforcement: **Yes**

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

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

Tobacco Taxes: B

CIGARETTE TAX:

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

OTHER TOBACCO PRODUCT TAXES:

Tax on Little Cigars: **Equalized: Yes; Weight-Based: No**

Tax on Large Cigars: **Equalized: Yes; Weight-Based: No**

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

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

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

Access to Cessation Services: B

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medicaid Medications: **All 7 medications are covered**

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

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

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **Some medications are covered**

Counseling: **Some counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$3.23; the median investment per smoker is $2.37**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

Tobacco Surcharge: **Prohibits tobacco surcharges**

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

Flavored Tobacco Products: B

Restrictions on Flavored Tobacco Products: **Most flavored tobacco products prohibited**

Thumbs up for California voters for approving a ballot measure upholding California's flavored tobacco product law.

California State Highlights:

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

1. Continue to pass restrictions on the sale of flavored tobacco on the local level; and
2. Enact stronger tobacco control laws throughout the state, particularly limitations on secondhand smoke and tobacco product sales.

In 2022, California continued its progress and nationwide leadership on tobacco control. In November, voters approved Proposition 31, which allows California's flavored tobacco law to go into effect. Proposition 31 was put on the ballot by the tobacco industry to attempt to block implementation of Senate Bill 793 (Senator Hill), which had been passed by the legislature during the 2020 legislative session. SB 793 prohibits the sale of flavored tobacco products with an exemption for hookah and loose tobacco. Besides this major achievement, throughout 2022, localities across the state have continued their efforts to pass comprehensive flavored tobacco laws, in some cases stronger than state law. This included the cities of Los Angeles and San Diego as well as Sacramento County.

Across the state counties, cities and towns have worked towards passing comprehensive tobacco control measures. In addition to the local flavors ordinances, progress was made across the state in localities both large and small. Localities also passed laws prohibiting smoking in multiunit housing, smokefree outdoors, and ordinances to reduce tobacco retailers. California's Proposition 56, which was approved by voters in 2016 and increased the state cigarette tax by $2.00 per pack, continues to direct much needed funds to California's Tobacco Control Program, helping tobacco users quit and preventing children from starting.

In 2023, the American Lung Association will monitor the implementation of California's state flavored tobacco product law and encourage local communities to pass stronger policies that close state law loopholes. The Lung Association will also continue our work to pass other local tobacco control policies, with a focus on restricting tobacco product sales and limiting exposure to secondhand smoke.

California State Facts

Health Care Cost Due to Smoking:	$13,292,359,950
Adult Smoking Rate:	8.9%
High School Smoking Rate:	2%
High School Tobacco Use Rate:	12.7%
Middle School Smoking Rate:	0.7%
Smoking Attributable Deaths:	39,950

Adult smoking data come from CDC's 2021 Behavioral Risk Factor Surveillance System, respectively. High school (11th grade only) smoking and tobacco use data and middle school (8th grade only) smoking rates come from the 2017-2018 California Student Tobacco Survey.

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

Colorado Report Card

American Lung Association.
State of Tobacco Control
2023

Tobacco Prevention and Control Program Funding: D

FY2023 State Funding for Tobacco Control Programs:	$25,080,141
FY2023 Federal Funding for State Tobacco Control Programs:	$1,692,350*
FY2023 Total Funding for State Tobacco Control Programs:	$26,772,491
CDC Best Practices State Spending Recommendation:	$52,900,000
Percentage of CDC Recommended Level:	50.6%
State Tobacco-Related Revenue:	$412,300,000

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

Smokefree Air: B

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government work sites: **Prohibited**

Private work sites: **Prohibited (certain marijuana establishments exempt)**

Schools: **Prohibited**

Child care facilities: **Prohibited**

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

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

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

Retail stores: **Prohibited**

Recreational/cultural facilities: **Prohibited**

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

Penalties: **Yes**

Enforcement: **Yes**

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

Citation: COLO. REV. STAT. ANN. §§ 25-14-201 et seq. (2020).

Tobacco Taxes: C

CIGARETTE TAX:

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

OTHER TOBACCO PRODUCT TAXES:

Tax on Little Cigars: **Equalized: Yes; Weight-Based: No**

Tax on Large Cigars: **Equalized: Yes; Weight-Based: No**

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

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

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

Access to Cessation Services: A

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medicaid Medications: **All 7 medications are covered**

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

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

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **Some medications are covered**

Counseling: **Most counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$6.43; the median investment per smoker is $2.37**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **Yes**

Tobacco Surcharge: **Limits tobacco surcharges**

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

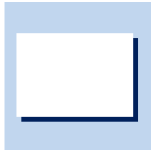
Thumbs up for Colorado for providing comprehensive coverage for all tobacco cessation medications and types of counseling to Medicaid enrollees with minimal barriers.

Flavored Tobacco Products: F

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

Thumbs down for Colorado for failing to pass legislation that would have eliminated the sale of flavored tobacco products statewide.

Colorado State Highlights:



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

1. Protect and increase funding for tobacco prevention and cessation programs;
2. Eliminate the sale of all flavored tobacco products; and
3. Protect and close remaining loopholes in state or local smokefree laws.

The American Lung Association in Colorado supports evidence-based policy interventions to reduce tobacco use rates and prevent youth initiation. Together with our partners, the Lung Association works to ensure tobacco control and prevention remains a priority for state legislators and local decisionmakers.

The Lung Association continued to educate elected officials and the general public about the negative public health impacts of tobacco use in Colorado in 2022, and the ongoing importance of providing adequately funded tobacco prevention and cessation programs. In fiscal year 2023, funding for the state tobacco prevention and cessation program was maintained at around the same level as previous years. However, under the ballot measure increasing the state tobacco tax passed in 2020, funding for these programs is expected to increase in future years, and the Lung Association will monitor the situation to make sure this expected funding increase occurs.

House Bill 22-1064, a proposed statewide prohibition on the sale of flavored tobacco products, received a lot of attention during Colorado's 2022 legislative session. The Lung Association was among many partner organizations that testified in support of the bill, which passed the House of Representatives, but failed to advance on a final committee hurdle before coming to a full vote in the Senate. Polling shows strong public support on this issue.

In 2023, the Lung Association will continue to advocate for Colorado policymakers to exercise their authority at both the local and state levels to eliminate the sale of flavored tobacco products.

Colorado State Facts

Health Care Cost Due to Smoking:	$1,891,467,308
Adult Smoking Rate:	12.0%
High School Smoking Rate:	5.3%
High School Tobacco Use Rate:	32.3%
Middle School Smoking Rate:	1.4%
Smoking Attributable Deaths:	5,070

Adult smoking data come from CDC's 2021 Behavioral Risk Factor Surveillance System. High school smoking rate is taken from the 2019 Youth Risk Behavior Surveillance System. High school tobacco use rate is taken from the 2017 Colorado Healthy Kids Survey. Middle school smoking rate is taken from the 2019 Colorado Healthy Kids Survey.

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

Connecticut Report Card

American Lung Association.
State of Tobacco Control
2023

Tobacco Prevention and Control Program Funding: F

FY2023 State Funding for Tobacco Control Programs:	$13,630,460
FY2023 Federal Funding for State Tobacco Control Programs:	$1,177,808*
FY2023 Total Funding for State Tobacco Control Programs:	$14,808,268
CDC Best Practices State Spending Recommendation:	$32,000,000
Percentage of CDC Recommended Level:	46.3%
State Tobacco-Related Revenue:	$455,100,000

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

Thumbs up for Connecticut for allocating $13.6 million in state funding for tobacco prevention and control this year, the first time any state funding has been allocated in several years.

Smokefree Air: B

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government work sites: **Prohibited**

Private work sites: **Prohibited**

Schools: **Prohibited**

Child care facilities: **Prohibited**

Restaurants: **Prohibited**

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

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

Retail stores: **Prohibited**

Recreational/cultural facilities: **Prohibited**

E-Cigarettes Included: **Yes**

Penalties: **Yes**

Enforcement: **Yes**

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

Citation: CONN. GEN. STAT. §§ 19a-342; 19a-342a; and 31-40q (2021).

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

Tobacco Taxes: B

CIGARETTE TAX:

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

OTHER TOBACCO PRODUCT TAXES:

Tax on Little Cigars: **Equalized: Yes; Weight-Based: No**

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

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

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

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

Access to Cessation Services: C

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medicaid Medications: **All 7 medications are covered**

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

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

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

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

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

STATE QUITLINE:

Investment per Smoker: **$0.34; the median investment per smoker is $2.37**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

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

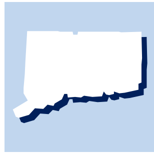
Citation: See Connecticut Tobacco Cessation Coverage page for coverage details.

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

Flavored Tobacco Products: F

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

Connecticut State Highlights:



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

1. Protect and increase funding for tobacco prevention and cessation programs;
2. Defend the state's indoor air laws protecting residents from secondhand smoke;
3. Pursue tax parity amongst all tobacco products.

During the 2022 Connecticut General Assembly session, our elected officials took a critical step in the right direction for lung health. For more than five years, the Connecticut legislature failed to dedicate any state funding to help prevent young people from tobacco addiction and those who are hooked, to quit. After a strong campaign with community health partners, the state legislature reestablished the Tobacco and Health Trust Fund and reintroduced language to allow the investment of up to $12 million annually on tobacco prevention and cessation programs. There is plenty of work to do to ensure these dollars are spent as intended and that the Board is comprised of knowledgeable leaders in this work. However, after years of failing to dedicate funds to address the leading cause of preventable death and disease in the state, the Lung Association applauds this significant step and encourages leaders to continue this investment in the years ahead as sustainable funding is key to success.

Also, during the 2022 legislative session, many groups worked to remove flavored e-cigarettes from the marketplace. The Lung Association did not support this legislation because it failed to go far enough to include all tobacco products. The Lung Association will continue to build community partnerships and educate community leaders about the detrimental role flavors play in attracting youth to nicotine addiction with the goal to eventually remove all flavored commercial tobacco products from the market.

In late 2022, Connecticut's Attorney General Tong led his colleagues from more than 30 states to announce a settlement with the e-cigarette company Juul. Holding the tobacco industry accountable is crucial in our efforts to reduce the burden of tobacco on our communities and acknowledge the responsibility these companies bear for the youth vaping epidemic.

The money that Connecticut receives as part of this settlement need to be allocated in addition to the $12 million annually for tobacco control, not instead of it. The Centers for Disease Control and Prevention recommends Connecticut spend $32 million annually on a comprehensive state tobacco control program; the state still has work to do to meet this goal.

The Lung Association and our community partners will carry the momentum of 2022 forward and advocate for continued funding to help people quit tobacco and help prevent kids from ever starting. We will continue to engage on proven policy issues with heightened efforts to broaden our partnerships and highlight the voices of people disproportionately impacted by the burden of tobacco use. The Lung Association applauds the progress Connecticut made in 2022 and looks forward to making greater strides in tobacco control policy in 2023.

Connecticut State Facts

Health Care Cost Due to Smoking:	$2,038,803,314
Adult Smoking Rate:	11.1%
High School Smoking Rate:	3.7%
High School Tobacco Use Rate:	28.7%
Middle School Smoking Rate:	N/A
Smoking Attributable Deaths:	4,900

Adult smoking data come from CDC's 2021 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use data come from the 2019 Youth Risk Behavior Surveillance System. A current middle school smoking rate is not available for this state.

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

Delaware Report Card

American Lung Association. State of Tobacco Control 2023

DELAWARE

Tobacco Prevention and Control Program Funding: A

FY2023 State Funding for Tobacco Control Programs:	$9,687,400
FY2023 Federal Funding for State Tobacco Control Programs:	$991,511
FY2023 Total Funding for State Tobacco Control Programs:	$10,678,911
CDC Best Practices State Spending Recommendation:	$13,000,000
Percentage of CDC Recommended Level:	82.1%
State Tobacco-Related Revenue:	$139,400,000

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

Thumbs up for Delaware for increasing funding for its state tobacco prevention and control program by close to $2.5 million compared to last year.

Smokefree Air: A

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government work sites: **Prohibited**

Private work sites: **Prohibited**

Schools: **Prohibited**

Child care facilities: **Prohibited**

Restaurants: **Prohibited**

Bars: **Prohibited**

Casinos/Gaming Establishments: **Prohibited**

Retail stores: **Prohibited**

Recreational/cultural facilities: **Prohibited**

E-Cigarettes Included: **Yes**

Penalties: **Yes**

Enforcement: **Yes**

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

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

Tobacco Taxes: F

CIGARETTE TAX:

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

OTHER TOBACCO PRODUCT TAXES:

Tax on Little Cigars: **Equalized: No; Weight-Based: No**

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

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

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

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

Access to Cessation Services: B

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medicaid Medications: **Most medications are covered**

Medicaid Counseling: **Some counseling is covered**

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

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 cessation medications are covered**

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

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

STATE QUITLINE:

Investment per Smoker: **$13.34; the median investment per smoker is $2.37**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **Cessation bulletin issued**

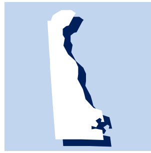
Tobacco Surcharge: **No prohibition or limitation on tobacco surcharges**

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

Flavored Tobacco Products: F

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

Delaware State Highlights:



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

1. Protect Delaware's tobacco tax structure and defend any attempted rollbacks on specific products;
2. Fund tobacco prevention and cessation programs at the Centers for Disease Control and Prevention (CDC) recommended level and protect recent increases in funding; and
3. Increase the cigarette tax by at least $1.00 per pack and create greater parity between the tax on cigarettes and other tobacco products.

The 2022 legislative session was the second year of the 151st General Assembly of Delaware's two-year session. In 2022, the American Lung Association in Delaware along with other public health partners were successful in significantly increasing critical funding for tobacco prevention and cessation.

During the 2022 session a bill was carried over from the previous year which would decrease the tax rate on "premium" cigars from 30% to 15% of the wholesale price. This reduction would undermine Delaware's comprehensive tax strategy that was passed in 2017 which attempted to create some parity among tobacco products. The Lung Association and its partners focused on protecting Delaware's tobacco tax structure and opposed this bill as an attempt to undermine it. The bill did pass the Senate but was ultimately defeated failing to receive a vote in House Appropriations.

Another important tool in fighting tobacco use in Delaware is much needed funding for tobacco prevention and cessation. The Delaware Health Fund is where tobacco Master Settlement Agreement (MSA) dollars received by the state have been directed since within the first few years after the MSA was negotiated. Delaware has been one of the few states to largely keep promises made at the time and use the money for health-related purposes. Total tobacco prevention and cessation funding, which comes from this fund, reflected a $2.5 million increase due to advocacy from the Lung Association at approximately $9.6 million in fiscal year 2023. However, this amount of funding is still lower than historical levels and below the Centers for Disease Control and Prevention's recommended level. The Lung Association believes funding for this vital program needs to continue to be increased especially considering the increased youth use of electronic cigarettes and need to address tobacco-related disparities.

In 2023, the American Lung Association in Delaware will continue to educate lawmakers and identify champions in the ongoing fight against tobacco. Our goal is to build champions within the legislature and at the grassroots level to advance our goals which include protecting the current tobacco tax structure in place by opposing any attempts to roll back taxes on specific products and protect the much-needed increased funding for tobacco prevention and control programs.

Delaware State Facts

Health Care Cost Due to Smoking:	$532,321,239
Adult Smoking Rate:	13.4%
High School Smoking Rate:	6.2%
High School Tobacco Use Rate:	19.4%
Middle School Smoking Rate:	1.5%
Smoking Attributable Deaths:	1,440

Adult smoking data come from CDC's 2021 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use rates are taken from the 2017 Youth Risk Behavior Surveillance System. Middle school smoking rate is taken from the 2015 Youth Tobacco Survey.

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

District of Columbia Report Card

American Lung Association.
State of Tobacco Control
2023

Tobacco Prevention and Control Program Funding: F

FY2023 State Funding for Tobacco Control Programs:	$1,900,000
FY2023 Federal Funding for State Tobacco Control Programs:	$1,031,660*
FY2023 Total Funding for State Tobacco Control Programs:	$2,931,660
CDC Best Practices State Spending Recommendation:	$10,700,000
Percentage of CDC Recommended Level:	27.4%
State Tobacco-Related Revenue:	$65,400,000

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

Smokefree Air: A

OVERVIEW OF CITY SMOKING RESTRICTIONS:

Government work sites: **Prohibited**

Private work sites: **Prohibited**

Schools: **Prohibited**

Child care facilities: **Prohibited**

Restaurants: **Prohibited**

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

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

Retail stores: **Prohibited**

Recreational/cultural facilities: **Prohibited**

E-Cigarettes Included: **Yes**

Penalties: **Yes**

Enforcement: **Yes**

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

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

Tobacco Taxes: A

CIGARETTE TAX:

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

OTHER TOBACCO PRODUCT TAXES:

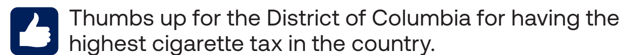
Tax on Little Cigars: **Equalized: Yes; Weight-Based: No**

Tax on Large Cigars: **Equalized: No; Weight-Based: N/A**

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

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

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


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

Access to Cessation Services: B

OVERVIEW OF CITY CESSATION COVERAGE:

CITY MEDICAID:

Medicaid Medications: **Most medications are covered**

Medicaid Counseling: **Limited counseling is covered**

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

Medicaid Expansion: **Yes**

CITY EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

Counseling: **Limited counseling is covered**

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

CITY QUITLINE:

Investment per Smoker: **$8.13; the median investment per smoker is $2.37**

OTHER CESSATION PROVISIONS:

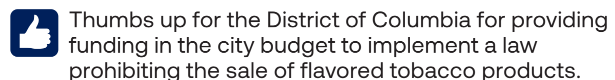
Private Insurance Mandate: **No provision**

Tobacco Surcharge: **Prohibits tobacco surcharges**

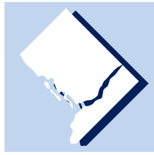
Citation: See District of Columbia Tobacco Cessation Coverage page for coverage details.

Flavored Tobacco Products: A

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


Thumbs up for the District of Columbia for providing funding in the city budget to implement a law prohibiting the sale of flavored tobacco products.

District of Columbia State Highlights:



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

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

During the 2022 District of Columbia Council session the American Lung Association in the District of Columbia along with a very active tobacco coalition which includes both community-based organizations and national health organizations worked to support funding for the enforcement and implementation of the District's law to remove all flavored tobacco products from the market. In June of 2022, the DC Council passed both the Local Budget Act and the Budget Support Act both of which included the integral funding needed to implement and enforce the law, however as the law was written enforcement responsibility falls to the City Department of Licensing and Consumer Protection (DLCP). The Lung Association and its partners are advocating to ensure the law is implemented and enforced in an equitable way.

As part of the original legislation passed in June of 2021, an amendment was added to allow for the consumption of hookah on site in specific age restricted businesses as long as they met certain requirements. The Lung Association is committed to supporting DC Department of Health in ensuring that the businesses operating currently do in fact meet these requirements and have the necessary approvals in place to continue to remain in operation. The flavors law enforcement discussion highlighted a broader issue that current enforcement of tobacco-related laws reside in various departments within DC Government and may not be enforced at the same level. Moving forward, advocates will encourage enforcement for all tobacco related issues be consolidated to ensure they are enforced in the most effective and consistent way. Advocates are also recommending all revenue associated with fines be directed to enforcement efforts and to tobacco control and prevention programming.

Funding for the District's tobacco control program remained at $1.9 million for fiscal year 2023. While the fact that funding for the tobacco control program is recurring due to earlier year's cigarette tax increase is a good thing, the amount remains far short of the CDC-recommended level.

The American Lung Association in the District of Columbia will continue to build champions within the Council and develop a grassroots advocacy network to advance our 2023 goals which include the implementation of the legislation that passed removing all flavored tobacco products from the market in the District and ensuring tobacco-related laws are enforced in a consistent and equitable way.

District of Columbia Facts

Health Care Cost Due to Smoking:	$391,048,877
Adult Smoking Rate:	9.5%
High School Smoking Rate:	5.3%
High School Tobacco Use Rate:	17.2%
Middle School Smoking Rate:	N/A
Smoking Attributable Deaths:	790

Adult smoking data come from CDC's 2021 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use rates are taken from the 2019 Youth Risk Behavior Surveillance System. A current middle school smoking rate is not available for the city.

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

Florida Report Card

American Lung Association
State of Tobacco Control
2023

F L O R I D A

Tobacco Prevention and Control Program Funding: F

FY2023 State Funding for Tobacco Control Programs:	$77,686,078
FY2023 Federal Funding for State Tobacco Control Programs:	$2,883,131*
FY2023 Total Funding for State Tobacco Control Programs:	$80,569,209
CDC Best Practices State Spending Recommendation:	$194,200,000
Percentage of CDC Recommended Level:	41.5%
State Tobacco-Related Revenue:	$1,452,700,000

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

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

Smokefree Air: B

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government work sites: **Prohibited**

Private work sites: **Prohibited**

Schools: **Prohibited**

Child care facilities: **Prohibited**

Restaurants: **Prohibited**

Bars: **Restricted***

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

Retail stores: **Prohibited**

Recreational/cultural facilities: **Prohibited**

E-Cigarettes Included: **Yes**

Penalties: **Yes**

Enforcement: **Yes**

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

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

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

Tobacco Taxes: F

CIGARETTE TAX:

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

OTHER TOBACCO PRODUCT TAXES:

Tax on Little Cigars: **Equalized: N/A; Weight-Based: N/A**

Tax on Large Cigars: **Equalized: N/A; Weight-Based: N/A**

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

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

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

Access to Cessation Services: D

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medicaid Medications: **Some medications are covered**

Medicaid Counseling: **Some counseling is covered**

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

Medicaid Expansion: **No**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

Counseling: **Some counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$4.25; the median investment per smoker is $2.37**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

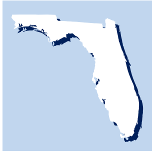
Tobacco Surcharge: **No prohibition or limitation on tobacco surcharges**

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

Flavored Tobacco Products: F

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

Florida State Highlights:



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

1. Reinstate local control of the marketing, sale and delivery of tobacco and nicotine products to local government;
2. Institute strong regulation and licensing of all tobacco retailers, including electronic cigarette retailers, with annual compliance and enforcement; and
3. Ensure smokefree protections for all workers and residents, including those who work in bar establishments.

Florida experienced some slight progress towards regaining local authority over tobacco prevention and control policies during the 2022 legislative session. After many years of advocacy by state and local tobacco control partners, House Bill 105 passed to reinstate the authority of municipalities and counties to enact smokefree policies on public beaches and parks. Unfortunately, the legislation was greatly influenced by the tobacco industry with the exemption of premium cigars. Local municipalities and counties can regulate smoking of all tobacco products and e-cigarettes except for cigars on beaches and parks effective July 1, 2022.

The American Lung Association in Florida was able to protect funding for Tobacco Free Florida and ensure the required increase for the total fiscal year 2023 program budget to $77,705,320 occurred. Funding will continue to be dedicated to tackling the youth e-cigarette epidemic. The Tobacco Free Florida program is committed to providing a variety of free services to assist individuals with smoking cessation. In addition to the $14.3 million allocated for Quitline services and implementation of a referral program, the program dedicates an additional $8.4 million for in-person cessation counseling.

In 2023, the American Lung Association in Florida will advocate for local control of tobacco prevention and control policies to ensure that communities can respond to the needs of their community through policy change. The Lung Association will continue to educate on the need to enact a comprehensive tobacco retail licensing program that includes e-cigarette retailers focused on strong regulation with an annual licensing fee for all retailers, annual compliance checks and enforcement.

Florida State Facts	
Health Care Cost Due to Smoking:	$8,643,645,763
Adult Smoking Rate:	14.7%
High School Smoking Rate:	2.3%
High School Tobacco Use Rate:	25.2%
Middle School Smoking Rate:	1.1%
Smoking Attributable Deaths:	32,300

Adult smoking data come from CDC's 2020 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use, and middle school smoking rates are taken from the 2020 Florida Youth Tobacco Survey. High school tobacco use includes cigarettes, cigars, smokeless tobacco, and electronic vapor products, as well as hookah, making it incomparable to other states.

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

G E O R G I A

Georgia Report Card

American Lung Association.
State of Tobacco Control
2023

Tobacco Prevention and Control Program Funding: F

FY2023 State Funding for Tobacco Control Programs:	$2,205,479
FY2023 Federal Funding for State Tobacco Control Programs:	$2,127,823*
FY2023 Total Funding for State Tobacco Control Programs:	$4,333,302
CDC Best Practices State Spending Recommendation:	$106,000,000
Percentage of CDC Recommended Level:	4.1%
State Tobacco-Related Revenue:	$412,300,000

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

Smokefree Air: D

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government work sites: **Prohibited**

Private work sites: **Restricted**

Schools: **Prohibited**

Child care facilities: **Prohibited**

Restaurants: **Restricted**

Bars: **Restricted**

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

Retail stores: **Restricted**

Recreational/cultural facilities: **Prohibited**

E-Cigarettes Included: **No**

Penalties: **Yes**

Enforcement: **Yes**

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

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

Tobacco Taxes: F

CIGARETTE TAX:

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

OTHER TOBACCO PRODUCT TAXES:

Tax on Little Cigars: **Equalized: No; Weight-Based: No**

Tax on Large Cigars: **Equalized: Yes; Weight-Based: No**

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

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

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

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

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

Access to Cessation Services: F

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medicaid Medications: **Some medications are covered**

Medicaid Counseling: **Some counseling is covered**

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

Medicaid Expansion: **No**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

Counseling: **Some counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$1.01; the median investment per smoker is $2.37**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

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

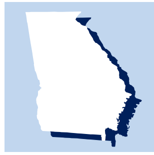
Citation: See Georgia Tobacco Cessation Coverage page for coverage details.

Thumbs down for Georgia charging Medicaid enrollees a tobacco surcharge to access healthcare.

Flavored Tobacco Products: F

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

Georgia State Highlights:



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

1. Support comprehensive smokefree laws that cover all bars, restaurants, and workplaces;
2. Oppose all forms of preemption of local tobacco control authority; and
3. Increase funding for the Georgia tobacco prevention and control program.

During the 2022 legislative session in Georgia, strong tobacco prevention and control policies were not the priority for the Members of the General Assembly. Tobacco control advocates were active in monitoring legislation introduced by the e-cigarette industry as well as advocating for comprehensive amendments to Georgia's Smokefree Air Act.

Senate Bill 572, introduced by Senator Mullis at the request of JUUL Labs, Inc., would have established a statewide e-cigarette registry bill. If the legislation was passed and enacted, it would have required all e-cigarette retailers to register with the State of Georgia and attest to their submission of a premarket tobacco application for their products to the Food and Drug Administration. This legislation has been pushed by major e-cigarette producers across the Southeast. The legislation failed to pass.

Representative Bonnie Rich introduced House Bill 1348 to amend Georgia's Smokefree Air Act. The bill would have prohibited the use of e-cigarettes in locations where other traditional tobacco products are prohibited. Unfortunately, this legislation did not adequately close existing exemptions in the state law to protect all residents and visitors in workplaces and public places from the dangers of secondhand smoke. The legislation passed the House of Representatives, however, did not garner support in the Senate.

There is support within local municipalities for public health protection from secondhand smoke. This is evident by the passage of a comprehensive smokefree air ordinance for Gwinnett County in May 2022. Over 700,000 residents, workers and visitors are now protected from the dangers of secondhand smoke exposure.

In 2023, the American Lung Association in Georgia will join our tobacco control partners to educate state legislators about the health and economic benefits of strong tobacco control policies, including a comprehensive statewide smokefree air law. The Lung Association will also continue to work with partners to ensure successful passage and preservation of comprehensive local smokefree ordinances.

Georgia State Facts

Health Care Cost Due to Smoking:	$3,182,695,641
Adult Smoking Rate:	15.0%
High School Smoking Rate:	4%
High School Tobacco Use Rate:	21%
Middle School Smoking Rate:	N/A
Smoking Attributable Deaths:	11,690

Adult smoking data come from CDC's 2021 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use rates are taken from the 2019 Youth Risk Behavior Surveillance System. A current middle school smoking rate is not available for this state.

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

Hawaiʻi Report Card

American Lung Association.
State of Tobacco Control
2023

HAWAIʻI

Tobacco Prevention and Control Program Funding: C

FY2023 State Funding for Tobacco Control Programs:	$7,572,017
FY2023 Federal Funding for State Tobacco Control Programs:	$1,156,607*
FY2023 Total Funding for State Tobacco Control Programs:	$8,728,624
CDC Best Practices State Spending Recommendation:	$13,700,000
Percentage of CDC Recommended Level:	63.7%
State Tobacco-Related Revenue:	$138,200,000

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

Smokefree Air: A

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government work sites: **Prohibited**

Private work sites: **Prohibited**

Schools: **Prohibited**

Child care facilities: **Prohibited**

Restaurants: **Prohibited**

Bars: **Prohibited**

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

Retail stores: **Prohibited**

Recreational/cultural facilities: **Prohibited**

E-Cigarettes Included: **Yes**

Penalties: **Yes**

Enforcement: **Yes**

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

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

Tobacco Taxes: C

CIGARETTE TAX:

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

OTHER TOBACCO PRODUCT TAXES:

Tax on Little Cigars: **Equalized: Yes; Weight-Based: No**

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

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

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

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

Access to Cessation Services: B

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medicaid Medications: **Most medications are covered**

Medicaid Counseling: **Some counseling is covered**

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

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **Some medications are covered**

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

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

STATE QUITLINE:

Investment per Smoker: **$8.83; the median investment per smoker is $2.37**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

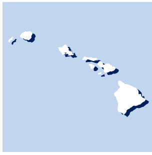
Tobacco Surcharge: **No prohibition or limitation on tobacco surcharges**

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

Flavored Tobacco Products: F

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

Hawai‘i State Highlights:



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

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

The 2022 Hawai‘i legislative session started promising with several bills being introduced to end the vaping epidemic. While Governor Ige introduced two bills restricting the sale of flavored tobacco products (House Bill 2150 and Senate Bill 3118), and advocates rallied around two comprehensive tobacco bills that would have brought tax parity for vaping products with combustible tobacco as well as restrictions to flavored tobacco (Senate Bill 2563 and House Bill 1698), House Bill 1570 received the most traction.

In its original form, HB 1570 would have fully prohibited the sale of flavored tobacco products, including e-liquids. However, the bill was amended before its passage and sent to the Governor’s desk, carving out exceptions for products authorized for sale by the United States Food and Drug Administration (FDA). Not only would these carve outs surrender Hawai‘i’s long-standing authority to determine what tobacco products are permitted to be sold to Hawai‘i residents, but it would have potentially left most of the flavored products available today on the shelf. The American Lung Association in Hawai‘i joined various advocates in successfully asking the Governor for a veto of HB 1750, pointing out that leaving such carve outs would be a benefit to tobacco companies and a disservice to youth in Hawai‘i.

While no tobacco control legislation was successful in 2022, the issue gained some new champions. Youth vaping bills were not part of the Hawai‘i Department of Education’s (DOE) legislative priority list prior to this year. DOE principals quickly organized to ensure that youth vaping be among the top four issues and the DOE worked in step with tobacco control advocates providing support and testimony for prohibiting the sale of flavored tobacco.

Youth advocates also impressively organized to educate lawmakers and the public on the importance of flavor restrictions. Their efforts led to nearly 100% of neighborhood boards in Hawai‘i submitting testimony in support of comprehensive tobacco flavor restrictions. The media also took notice, publishing several Editorials and Op-eds in support of flavor restrictions and calling on lawmakers to act. Several legislative champions, such as Representative Jeanne Kapela and Representative Tina Wildberger, took to their chamber’s floor to make impassioned speeches to convince their colleagues to reconsider their votes on House Bill 1570.

The American Lung Association in Hawai‘i will continue to work with its partners and volunteers in 2023 to place an emphasis on the value, both financial and health-related, of effective tobacco control policies. We will continue to advocate for an increase in dedicated funding for tobacco control activities, tax parity among all tobacco products, and eliminating the sale of all flavored tobacco products.

Hawai‘i State Facts

Health Care Cost Due to Smoking:	$526,253,732
Adult Smoking Rate:	10.1%
High School Smoking Rate:	5.3%
High School Tobacco Use Rate:	23.2%
Middle School Smoking Rate:	3.1%
Smoking Attributable Deaths:	1,420

Adult smoking data come from CDC’s 2021 Behavioral Risk Factor Surveillance System. High school smoking rate is taken from the 2019 Youth Risk Behavior Surveillance System. High school tobacco use and middle school smoking rates are taken from the 2017 Youth Tobacco Survey. High school tobacco use includes cigarettes, cigars, smokeless tobacco, and electronic vapor products, as well as pipe, bidis, roll-your-own cigarettes, hookah, snus, dissolvable tobacco products, or other new tobacco products not listed, making it incomparable to other states.

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

Idaho Report Card

American Lung Association.
State of Tobacco Control
2023

Tobacco Prevention and Control Program Funding: F

FY2023 State Funding for Tobacco Control Programs:	$4,449,500
FY2023 Federal Funding for State Tobacco Control Programs:	$1,171,888*
FY2023 Total Funding for State Tobacco Control Programs:	$5,621,388
CDC Best Practices State Spending Recommendation:	$15,600,000
Percentage of CDC Recommended Level:	36%
State Tobacco-Related Revenue:	$73,400,000

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

Smokefree Air: C

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government work sites: **Prohibited**

Private work sites: **Restricted**

Schools: **Prohibited**

Child care facilities: **Prohibited**

Restaurants: **Prohibited**

Bars: **No provision**

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

Retail stores: **Prohibited**

Recreational/cultural facilities: **Prohibited**

E-Cigarettes Included: **No**

Penalties: **Yes**

Enforcement: **Yes**

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

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

Tobacco Taxes: F

CIGARETTE TAX:

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

OTHER TOBACCO PRODUCT TAXES:

Tax on Little Cigars: **Equalized: Yes; Weight-Based: No**

Tax on Large Cigars: **Equalized: Yes; Weight-Based: No**

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

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

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

Access to Cessation Services: C

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medicaid Medications: **All 7 medications are covered**

Medicaid Counseling: **Minimal counseling is covered**

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

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

Counseling: **Some counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$4.53; the median investment per smoker is $2.37**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

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

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

Flavored Tobacco Products: F

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

Idaho State Highlights:

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

1. Treat electronic smoking devices consistent with other commercial tobacco products in all area under state law;
2. Implement tobacco retail licensure fees at a level that supports enforcement of the legal sale age; and
3. Enact laws to protect all Idahoans from exposure to secondhand smoke.

The 2022 legislative session again included bills to limit the ability of individual jurisdictions to pass policies that protect youth from tobacco. The American Lung Association and statewide partners worked vigorously to defend against Senate Bill 1285. Unfortunately, its passage preempted the ability of local communities to pass policies that protect citizens from the harmful health impacts of tobacco use stronger than state law. SB 1285 is a blow to local communities as local policy makers can quickly identify problems in their community and craft proactive solutions to address the unique needs of their community to make healthier living easier.

Senate Bill 1284 was also passed during this year's session, raising the legal sales age for tobacco products to 21 in Idaho and making the state legal sales age consistent with the federal age increase to 21 passed in 2019. While we applaud bringing state statute in line with federal requirements, we are disappointed that SB 1284 did not remove the purchase, use, and possession components in Idaho's statute as these rules have been inequitably enforced in ways that exacerbate tobacco-related health inequities.

One bright spot is that SB 1285 did not preempt the ability of local communities to pass policies that protect Idahoans from exposure to secondhand smoke. We continue to work with mayors and city council members to promote comprehensive clean air laws that protect citizens of all ages from the negative health impacts of secondhand smoke.

The State of Idaho's Tobacco Prevention and Control Program, Project Filter, is housed within the Department of Health and Welfare. Project Filter conducts tobacco prevention and control activities that prevent youth and young adult commercial tobacco use, eliminates exposure to secondhand smoke promotes quitting among youth and adults, and identifies and eliminates health disparities. Project Filter's activities prioritize three populations: people with behavioral health conditions, rural Idahoans disproportionately affected by tobacco use, and youth and young adults to prevent initiation of tobacco and nicotine products.

Action is needed to reduce youth access to tobacco and e-cigarette products and create parity between electronic cigarettes and commercial tobacco products including taxing electronic devices equivalent to commercial tobacco products. Similarly, work is needed to set the tobacco retail licensure fee at a level that supports the required enforcement checks. The American Lung Association in Idaho will continue to work with partners in 2023 towards these goals and to support local communities in passing policies that protect residents from the negative effects of tobacco and e-cigarette use and from breathing secondhand smoke and to defend against further preemption attempts.

Idaho State Facts

Health Care Cost Due to Smoking:	$508,053,436
Adult Smoking Rate:	13.3%
High School Smoking Rate:	5.3%
High School Tobacco Use Rate:	22.8%
Middle School Smoking Rate:	N/A
Smoking Attributable Deaths:	1,800

Adult smoking data come from CDC's 2021 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use data come from the 2019 Youth Risk Behavior Surveillance System. A current middle school smoking rate is not available for this state.

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

Illinois Report Card

American Lung Association.
State of Tobacco Control
2023

ILLINOIS

Tobacco Prevention and Control Program Funding: F

FY2023 State Funding for Tobacco Control Programs:	$10,100,000
FY2023 Federal Funding for State Tobacco Control Programs:	$2,241,976
FY2023 Total Funding for State Tobacco Control Programs:	$12,341,976
CDC Best Practices State Spending Recommendation:	$136,700,000
Percentage of CDC Recommended Level:	9%
State Tobacco-Related Revenue:	$1,172,300,000

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

Smokefree Air: A

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government work sites: **Prohibited**

Private work sites: **Prohibited**

Schools: **Prohibited**

Child care facilities: **Prohibited**

Restaurants: **Prohibited**

Bars: **Prohibited**

Casinos/Gaming Establishments: **Prohibited**

Retail stores: **Prohibited**

Recreational/cultural facilities: **Prohibited**

E-Cigarettes Included: **No**

Penalties: **Yes**

Enforcement: **Yes**

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

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

Tobacco Taxes: C

CIGARETTE TAX:

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

OTHER TOBACCO PRODUCT TAXES:

Tax on Little Cigars: **Equalized: Yes; Weight-Based: No**

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

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

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

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

Access to Cessation Services: B

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medicaid Medications: **All 7 medications are covered**

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

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

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **Some medications are covered**

Counseling: **Some counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$4.04; the median investment per smoker is $2.37**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **Cessation bulletin issued**

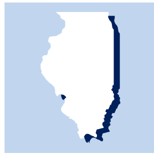
Tobacco Surcharge: **No prohibition or limitation on tobacco surcharges**

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

Flavored Tobacco Products: F

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

Illinois State Highlights:



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

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

The Illinois General Assembly adopted a joint resolution commemorating the 15th anniversary of passage of the Smoke Free Illinois Act and encouraging the Illinois Department of Public Health (IDPH) to issue a data brief on the law's impact. According to the last IDPH data brief on the impact of the Act, within just the first four years after enactment in 2008, there was a 28.4% decline in the smoking rate and a 4.1% and 1.4% decline in the mortality rate for heart disease and lung cancer, respectively. Tobacco control advocates are eager to see IDPH's new data brief on the impact of this landmark law in 2023.

A bill to prohibit the use of e-cigarettes in indoor public places was re-introduced but did not advance. Advocates look forward to working with the General Assembly to pass this measure in 2023.

The IDPH Tobacco Prevention and Control Program began funding and collaborating with Southern Illinois Healthcare as the lead agency in an initiative addressing tobacco-related health equity and health disparities in the 16-county southern Illinois region. The lead agency is facilitating a regional tobacco control needs assessment and evidence-based tobacco prevention and control interventions with participation and input by community stakeholders. An aim of the initiative is to strengthen the capacity of community-based organizations for effective provision of education and guidance to additional resources and services for the target populations. Priority populations under this project include adults who use tobacco products and have one or more chronic diseases, low socioeconomic status, low educational attainment, a behavioral health diagnosis, military/veteran status, or pregnancy.

The Illinois Tobacco Quitline, funded by IDPH, implemented two targeted campaigns intended for populations with high tobacco prevalence rates and tobacco-related disparities. Overall goals are to reduce tobacco use by utilizing the state Quitline and motivate target audiences to enroll. The first campaign was entitled "The Real Ripoff" with the primary message being that individuals are done getting ripped off by tobacco. This campaign targeted adult tobacco users who are African American or Black. The next campaign was entitled "Stronger Together" with the primary message of owning our identity along with owning our health too. This campaign targeted adult tobacco users who identified as LGBTQ+.

Communities across Illinois are excited that 2023 marks the 15th anniversary of the Smokefree Illinois Act. Protecting and strengthening the Act and ensuring successful tobacco control advocacy efforts are not undone by the threat of newer tobacco products, such as e-cigarettes, remain top priorities. Given the stark disparities that exist in tobacco use, the Lung Association will further evolve our efforts to be specifically tailored to address communities that are the most underserved.

Illinois State Facts

Health Care Cost Due to Smoking:	$5,495,627,110
Adult Smoking Rate:	12.0%
High School Smoking Rate:	4.7%
High School Tobacco Use Rate:	22.7%
Middle School Smoking Rate:	2%
Smoking Attributable Deaths:	18,280

Adult smoking data come from CDC's 2021 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use rates are taken from the 2019 Youth Risk Behavior Surveillance System. Middle school smoking rate is taken from the 2015 Youth Tobacco Survey. Health impact information is taken from the Smoking Attributable Mortality, Morbidity and Economic

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

Indiana Report Card

American Lung Association. State of Tobacco Control 2023

I N D I A N A

Tobacco Prevention and Control Program Funding: F

FY2023 State Funding for Tobacco Control Programs:	$7,500,000
FY2023 Federal Funding for State Tobacco Control Programs:	$1,832,809*
FY2023 Total Funding for State Tobacco Control Programs:	$9,332,809
CDC Best Practices State Spending Recommendation:	$73,500,000
Percentage of CDC Recommended Level:	12.7%
State Tobacco-Related Revenue:	$536,200,000

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

Smokefree Air: C

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government work sites: **Prohibited**

Private work sites: **Prohibited**

Schools: **Prohibited**

Child care facilities: **Prohibited**

Restaurants: **Prohibited**

Bars: **Restricted***

Casinos/Gaming Establishments: **No provision**

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

Recreational/cultural facilities: **Prohibited**

E-Cigarettes Included: **No**

Penalties: **Yes**

Enforcement: **Yes**

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

Citation: IND. CODE. §§ 7.1-5-12 et seq. (2020).

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

Note: The Smokefree Air grade only examines state tobacco control law and does not reflect local smokefree ordinances. Indiana has made great strides in protecting people from secondhand smoke by passing comprehensive local smokefree ordinances that cover 32.2% of the state's population.

Tobacco Taxes: F

CIGARETTE TAX:

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

OTHER TOBACCO PRODUCT TAXES:

Tax on Little Cigars: **Equalized: Yes; Weight-Based: No**

Tax on Large Cigars: **Equalized: Yes; Weight-Based: No**

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

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

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

Access to Cessation Services: D

OVERVIEW OF STATE CESSATION COVERAGE

STATE MEDICAID PROGRAM:

Medicaid Medications: **All 7 medications are covered**

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

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

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

Counseling: **Some counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$2.19; the median investment per smoker is $2.37**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

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

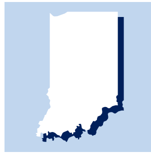
Citation: See Indiana Tobacco Cessation Coverage page for coverage details.

Thumbs down for Indiana charging Medicaid enrollees a tobacco surcharge to access healthcare.

Flavored Tobacco Products: F

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

Indiana State Highlights:



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

1. Enact legislation that allocates $30 million dollars biennially to the Indiana Tobacco Prevention and Cessation Commission.
2. Enact legislation increasing the tax on cigarettes by at least $2.00; and
3. Expand Medicaid coverage for quit smoking treatment and services.

During the 2022 legislative session the Indiana General Assembly passed Senate bill 382 which lowered the e-cigarette tax from 25% to 15%. The Lung Association unsuccessfully advocated against SB382 in keeping with our goal of tax parity across all tobacco products.

At the county level, the American Lung Association provided technical assistance to local counties. We assisted Elkhart County as they successfully protected the City of Elkhart's smokefree workplace ordinance from weakening it by allowing cigar bars. In Dearborn County, the county parks and recreation board unanimously adopted a policy that prohibits smoking and the use of e-cigarettes at all county parks. In February of 2022, with the assistance of the Lung Association, the Fort Wayne City Council in Allen County voted to strengthen their existing law by adding e-cigarettes. Lastly, in Vigo County a brand-new smokefree casino will open in late 2023. The local tobacco coalition which the Lung Association is a member of is providing technical assistance to promote the opening of the first smokefree casino in Indiana.

In addition, the Lung Association provided technical assistance to state partners which led to close to 4,061 apartment units adopting smokefree policies at a total of 11 different multi-unit housing properties.

The Indiana Tobacco Prevention and Cessation Commission (TPC) funded local coalitions in 39 counties with 48 community partners, reaching approximately three quarters of Indiana's population. Local coalitions implemented nearly 8,100 program activities during state fiscal year 2022, including:

- 12 health systems change partners focused on implementing best practices for tobacco dependence treatment, quality improvement, and utilization of the Electronic Health Records systems;
- 13 tobacco free recovery partners are focused on implementing tobacco-free grounds and treatment strategies, in partnership with the Division of Mental Health and Addiction.
- The Indiana Tobacco Quitline/Quit Now Indiana was rebranded, and the logo and marketing materials were refreshed. The Quitline served 5,258 registered callers, 472 web users, and 3,173 individual services users during the year.

Tobacco Free Indiana (TFI) is a coalition of local, state, and national organizations committed to reducing the harmful effects of tobacco. The American Lung Association is a founding member of TFI. During the 2023 Indiana legislative session, the Lung Association and TFI will partner with local tobacco control coalitions, health advocates and other concerned citizens to run robust public education and awareness campaigns around our three 2023 legislative priorities. The goal is for state legislators to pass policies that will significantly reduce tobacco use and the tragic death and disease it causes.

Indiana State Facts

Health Care Cost Due to Smoking:	$2,930,404,456
Adult Smoking Rate:	17.3%
High School Smoking Rate:	5.2%
High School Tobacco Use Rate:	22.9%
Middle School Smoking Rate:	1.9%
Smoking Attributable Deaths:	11,070

Adult smoking data come from CDC's 2021 Behavioral Risk Factor Surveillance System. High school and middle school smoking and high school tobacco use data are taken from the 2018 Indiana Youth Tobacco Survey.

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

Iowa Report Card

American Lung Association
State of Tobacco Control
2023

I O W A

Tobacco Prevention and Control Program Funding: F

FY2023 State Funding for Tobacco Control Programs:	$4,270,894
FY2023 Federal Funding for State Tobacco Control Programs:	$1,137,971*
FY2023 Total Funding for State Tobacco Control Programs:	$5,408,865
CDC Best Practices State Spending Recommendation:	$30,100,000
Percentage of CDC Recommended Level:	18.0%
State Tobacco-Related Revenue:	$256,700,000

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

Smokefree Air: A

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government work sites: **Prohibited**

Private work sites: **Prohibited**

Schools: **Prohibited**

Child care facilities: **Prohibited**

Restaurants: **Prohibited**

Bars: **Prohibited**

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

Retail stores: **Prohibited**

Recreational/cultural facilities: **Prohibited**

E-Cigarettes Included: **No**

Penalties: **Yes**

Enforcement: **Yes**

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

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

Tobacco Taxes: F

CIGARETTE TAX:

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

OTHER TOBACCO PRODUCT TAXES:

Tax on Little Cigars: **Equalized: Yes; Weight-Based: No**

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

Tax on Smokeless Tobacco: **Equalized: Yes; Weight-Based: Yes**

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

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

Access to Cessation Services: D

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medicaid Medications: **All 7 medications are covered**

Medicaid Counseling: **Some counseling is covered**

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

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

Counseling: **Some counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$1.22; the median investment per smoker is $2.37**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

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

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

Flavored Tobacco Products: F

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

Iowa State Highlights:

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

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

The Iowa Tobacco Prevention Alliance (ITPA), of which the American Lung Association is a member, worked with legislators to re-introduce a bill to ensure e-cigarettes are defined as tobacco products in Iowa law and are therefore subject to tobacco taxes (House File 98). Although this bill passed out of the House State Government Committee, it did not advance further. ITPA is hopeful about the progress of this legislation and calls on the General Assembly to pass this measure this year.

The General Assembly passed a state budget that included just over $4 million for the state's tobacco prevention and cessation program, which ITPA supported.

In fiscal year 2022, partnerships from 94 out of 99 of Iowa's counties submitted tobacco free/nicotine free policies for a local business, childcare, school, outdoor event, or parks. More than 1,200 policies were submitted and more than 1,000, or 84% were comprehensive, meaning they cover all types of tobacco and nicotine, apply to everyone (employees, students, visitors, etc.) always, include any company vehicles, at least apply to all enclosed areas. These comprehensive tobacco free/nicotine free policies go above and beyond the Iowa Smokefree Air Act requirements, which only cover smoking cigarettes (not e-cigarettes or other forms of tobacco or nicotine).

Improving LGBTQ+ health through reduction in use of tobacco and nicotine is a current priority for the Centers for Disease Control and Prevention (CDC) and the Iowa Department of Health and Human Services (HHS). Capitalizing on an opportunity to gain greater understanding of the unique health needs of LGBTQ+ Iowans, HHS's Tobacco Use Prevention and Control partnered with One Iowa and the University of Northern Iowa Center for Social & Behavioral Research with contributions from Des Moines University and the University of Iowa to design a broad assessment modeled in part after efforts in other states, like Pennsylvania. The key topic in the 2021 needs assessment was experience with tobacco and nicotine. The goal of the assessment is to generate information to illuminate the needs of the Iowa LGBTQ+ population and to start conversations, inspire action, and bring attention to the needs of this community. The report can be found here.

The American Lung Association will continue to engage partners to make the case to lawmakers to pass commonsense tobacco control policy in 2023. This year, Iowa will celebrate the 15th anniversary of enactment of the landmark Smokefree Air Act and emphasize the importance of strengthening this lifesaving law to include state-regulated casinos. We will continue to communicate successes, such as the declining cigarette smoking rate, that are attributed to ongoing implementation of strong tobacco prevention and control interventions.

Iowa State Facts

Health Care Cost Due to Smoking:	$1,285,256,462
Adult Smoking Rate:	14.6%
High School Smoking Rate:	6.7%
High School Tobacco Use Rate:	22.7%
Middle School Smoking Rate:	1.7%
Smoking Attributable Deaths:	5,070

Adult smoking data come from CDC's 2021 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use rate is taken from the 2019 Youth Risk Behavior Surveillance System. Middle school (8th grade only) smoking rates are taken from the 2018 Iowa Youth Survey.

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

Kansas Report Card

American Lung Association.
State of Tobacco Control
2023

Tobacco Prevention and Control Program Funding: F

FY2023 State Funding for Tobacco Control Programs:	$1,001,960
FY2023 Federal Funding for State Tobacco Control Programs:	$1,516,090*
FY2023 Total Funding for State Tobacco Control Programs:	$2,518,050
CDC Best Practices State Spending Recommendation:	$27,900,000
Percentage of CDC Recommended Level:	9%
State Tobacco-Related Revenue:	$180,500,000

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

Smokefree Air: A

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government work sites: **Prohibited**

Private work sites: **Prohibited**

Schools: **Prohibited**

Child care facilities: **Prohibited**

Restaurants: **Prohibited**

Bars: **Prohibited**

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

Retail stores: **Prohibited**

Recreational/cultural facilities: **Prohibited**

E-Cigarettes Included: **No**

Penalties: **Yes**

Enforcement: **Yes**

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

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

Tobacco Taxes: F

CIGARETTE TAX:

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

OTHER TOBACCO PRODUCT TAXES:

Tax on Little Cigars: **Equalized: No; Weight-Based: No**

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

Tax on Smokeless Tobacco: **Equalized: No; Weight-Based: No**

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

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

Access to Cessation Services: D

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medicaid Medications: **All 7 medications are covered**

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

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

Medicaid Expansion: **No**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

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

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

STATE QUITLINE:

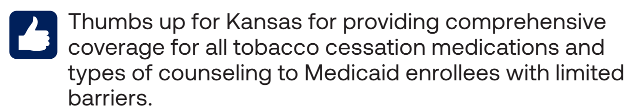
Investment per Smoker: **$0.52; the median investment per smoker is $2.37**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

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

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

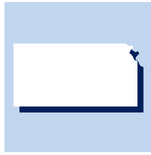


Thumbs up for Kansas for providing comprehensive coverage for all tobacco cessation medications and types of counseling to Medicaid enrollees with limited barriers.

Flavored Tobacco Products: F

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

Kansas State Highlights:



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

1. Pass legislation to remove ineffective and regressive criminal and monetary penalties for youth and raise the state legal tobacco sales age to 21 to align with federal law.
2. Increase state funding for tobacco control programs and ensure that funding is spent according to Centers for Disease Control and Prevention (CDC) Best Practices for Comprehensive Tobacco Control programs.

The 2022 session of the Kansas legislature was marked by efforts to codify preemption language in bills related to public health policy. This included an effort to raise the age of sale of tobacco products to 21 from the current age of 18 to align with federal policy yet the bill retained penalties on youth for purchase, use and possession. House Bill 2340 was heard in the House Committee on Federal and State Affairs and an amendment was proposed which would have preempted cities and counties from passing stricter tobacco policies but was not passed. The bill received no hearing in the Senate and expired at the end of the 2022 legislative session.

Research shows that youth purchase, use and possession laws are unlikely to reduce youth initiation and smoking prevalence, yet almost half of Kansas schools surveyed are involving police on a first-time e-cigarette policy infraction. In addition, police data from Wichita, the state's largest city, shows nearly half of underage purchase, use and possession citations were given to Black and Hispanic youth, despite being less than a quarter of the overall population. It is clear that these laws need to be repealed or significantly curtailed, a goal the Lung Association will pursue in 2023.

Funding for the state's tobacco control program remained at about the same level, just over $1 million, in the fiscal year 2023 budget as the previous two years. Funding has been sustained at this level for several years, which is important, but the amount still falls quite a bit short of the CDC-recommended level for the state.

The American Lung Association in Kansas and Greater Kansas City and coalition partners will focus on eliminating youth purchase, use and possession penalties in Kansas tobacco policy, as well as implement the change in the age of sale from 18 to 21 in alignment with federal law. We also will work to increase funding for tobacco prevention and cessation programs in the 2022 legislative session to curb tobacco initiation by children and youth and to motivate adult smokers to quit.

Kansas State Facts	
Health Care Cost Due to Smoking:	$1,128,040,688
Adult Smoking Rate:	15.6%
High School Smoking Rate:	5.8%
High School Tobacco Use Rate:	25.8%
Middle School Smoking Rate:	N/A
Smoking Attributable Deaths:	4,390

Adult smoking data come from CDC's 2021 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use rates are taken from the 2019 Youth Risk Behavior Surveillance System. A current middle school smoking rate is not available for this state.

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

Kentucky Report Card

American Lung Association.
State of Tobacco Control
2023

KENTUCKY

Tobacco Prevention and Control Program Funding: F

FY2023 State Funding for Tobacco Control Programs:	$2,000,000
FY2023 Federal Funding for State Tobacco Control Programs:	$1,656,354*
FY2023 Total Funding for State Tobacco Control Programs:	$3,656,354
CDC Best Practices State Spending Recommendation:	$56,400,000
Percentage of CDC Recommended Level:	6.5%
State Tobacco-Related Revenue:	$496,700,000

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

Smokefree Air: F

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government work sites: **Restricted (prohibited in state government buildings)**

Private work sites: **No provision**

Schools: **Prohibited**

Child care facilities: **No provision**

Restaurants: **No provision**

Bars: **No provision**

Casinos/Gaming Establishments: **No provision**

Retail stores: **No provision**

Recreational/cultural facilities: **No provision**

E-Cigarettes Included: **Yes**

Penalties: **Yes**

Enforcement: **No**

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

Citation: KY REV. STAT. ANN. §§ 61.165 (2006), 61.167 (2004), 438.050 (2019), 438.345 (2019) & EXEC. ORDER 2014-0747 (2014).

Note: The Smokefree Air grade only examines state tobacco control law and does not reflect local smokefree ordinances. Kentucky has made great strides in protecting people from secondhand smoke by passing comprehensive local smokefree ordinances that cover 39.3% of the state's population.

Tobacco Taxes: F

CIGARETTE TAX:

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

OTHER TOBACCO PRODUCT TAXES:

Tax on Little Cigars: **Equalized: No; Weight-Based: No**

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

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

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

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

Access to Cessation Services: C

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medicaid Medications: **All 7 medications are covered**

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

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

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

Counseling: **Some counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$0.88; the median investment per smoker is $2.37**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **Yes**

Tobacco Surcharge: **Limits tobacco surcharges**

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

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

Flavored Tobacco Products: F

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

Kentucky State Highlights:

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

1. Allocate the $14 million the state stands to receive in JUUL settlement funds to the state's tobacco prevention and cessation program and ensure that funding is spent according to the Centers for Disease Control and Prevention's Best Practices for Comprehensive Tobacco Control Programs;
2. Require all tobacco retail businesses to obtain licenses, provide for and fund specific enforcement measures and establish a meaningful penalty structure for underage sales violations; and
3. Support and defend local comprehensive smokefree laws, including e-cigarettes.

During the 2022 biennial budget discussions, an effort was made to reduce funding for the state tobacco control program. The Lung Association and its partners were successful in responding and preserving funding at the current level of $2 million in each year of the biennium.

In addition, the Lung Association and partner organizations in September 2022 issued an open letter calling on the state's governor, attorney general and legislature to direct in its entirety the sum of at least $14 million Kentucky will receive over 6 to 10 years through the tentative agreement between JUUL Labs, Inc. (JUUL) and 33 attorneys general to supplement funding for Kentucky's Tobacco Prevention and Cessation Program. This will be an ongoing campaign throughout the 2023 legislative session.

Finally, the Lung Association in Kentucky will continue its efforts to support and defend local comprehensive smokefree ordinances. In September 2022, the Lung Association led a partner letter calling on the Dayton City Council to adopt a comprehensive smokefree ordinance. The ordinance passed and will be effective in November 2022. Approximately 20 other communities in Kentucky are actively educating the public and elected officials about the dangers of secondhand smoke and aerosol and the benefits of smoke-free policies as well as building support for local laws.

Two research studies examining the impact of smokefree laws in Kentucky were published in 2022. One study in the American Journal of Health Promotion found that high school students living in Kentucky counties with a comprehensive smokefree law are 23% less likely to smoke and 16% less likely to use smokeless tobacco compared to those in counties without a law. High school students in urban counties are 14% less likely to smoke than those in rural areas. A study in the American Journal of Obstetrics and Gynecology found that pregnant persons living in Kentucky communities with comprehensive smokefree laws are 9% less likely to have a preterm birth. These studies add to the existing literature showing the protective effect of smokefree ordinances on the health of Kentucky communities.

As the legislature begins its work in 2023, the American Lung Association will continue its efforts to educate policymakers, business leaders and media on the importance of the American Lung Association's goals to prevent and reduce all tobacco use, including e-cigarettes, and to protect public health.

Kentucky State Facts

Health Care Cost Due to Smoking:	$1,926,976,238
Adult Smoking Rate:	19.6%
High School Smoking Rate:	8.9%
High School Tobacco Use Rate:	29.7%
Middle School Smoking Rate:	N/A
Smoking Attributable Deaths:	8,860

Adult smoking data come from CDC's 2021 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use data come from the 2019 Youth Risk Behavior Surveillance System. A current middle school smoking rate is not available for this state.

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

Louisiana Report Card

American Lung Association. State of Tobacco Control 2023

L O U I S I A N A

Tobacco Prevention and Control Program Funding: F

FY2023 State Funding for Tobacco Control Programs:	$5,134,784
FY2023 Federal Funding for State Tobacco Control Programs:	$1,635,696*
FY2023 Total Funding for State Tobacco Control Programs:	$6,770,480
CDC Best Practices State Spending Recommendation:	$59,600,000
Percentage of CDC Recommended Level:	11.4%
State Tobacco-Related Revenue:	$439,200,000

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

Smokefree Air: C

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government work sites: **Prohibited**

Private work sites: **Prohibited**

Schools: **Prohibited**

Child care facilities: **Prohibited**

Restaurants: **Prohibited**

Bars: **No provision**

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

Retail stores: **Prohibited**

Recreational/cultural facilities: **Prohibited**

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

Penalties: **Yes**

Enforcement: **Yes**

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

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

Note: The Smokefree Air grade only examines state tobacco control law and does not reflect local smokefree ordinances. Louisiana has made great strides in protecting people from secondhand smoke by passing comprehensive local smokefree ordinances that cover 34.3% of the state's population.

Tobacco Taxes: F

CIGARETTE TAX:

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

OTHER TOBACCO PRODUCT TAXES:

Tax on Little Cigars: **Equalized: No; Weight-Based: No**

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

Tax on Smokeless Tobacco: **Equalized: No; Weight-Based: No**

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

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

Access to Cessation Services: D

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medicaid Medications: **All 7 medications are covered**

Medicaid Counseling: **Some counseling is covered**

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

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

Counseling: **Some counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$1.57; the median investment per smoker is $2.37**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **Insurance Commissioner bulletin**

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

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

Flavored Tobacco Products: F

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

Louisiana State Highlights:

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

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

While not a surprise, the Louisiana legislative session in 2022 was not without a challenge from the tobacco industry. House Bill 899, introduced by Representative Beau Beaullieu, would have removed the ability of local communities to take meaningful action to reduce tobacco use. The legislation, if passed, would have prohibited local regulations on the sale and marketing of tobacco products and left these regulations to the state undermining tobacco control policies. The Lung Association and our public health partners were able to keep this bill from being considered.

There continues to be support within local municipalities for public health protections from secondhand smoke. The cities of New Iberia, Campti Town and Farmerville passed comprehensive smokefree air ordinances in 2022. Casino and bar workers in these communities are now protected from the dangers of secondhand smoke exposure. Approximately 30.39% of Louisiana residents are now fully protected by a comprehensive smokefree air ordinance.

Louisiana has had significant success with cessation efforts through Quit with Us, LA and the Smoking Cessation Trust. Quit with Us, LA is the free statewide cessation program offering telephone and online services to Louisiana residents aged 13 and older who are ready to quit. The Smoking Cessation Trust ("SCT") is the result of a 2011 court judgment in a class action lawsuit that established a 10-year smoking cessation program to benefit Louisiana residents who smoked a cigarette before September 1, 1988. The program provided no cost cessation services, including medications, individual and group cessation counseling or telephone quit-line support. As of July 11, 2022, enrollment for new SCT members has ceased. Members previously enrolled will be able to access cessation services for up to 5 years.

In 2023, the American Lung Association in Louisiana will join our tobacco control partners to educate state legislators about the health and economic benefits of strong tobacco control policies, including a comprehensive statewide smokefree air law. The Lung Association will also continue to work with partners in the Coalition for a Tobacco Free Louisiana to ensure successful passage and preservation of comprehensive local smokefree ordinances.

Louisiana State Facts

Health Care Cost Due to Smoking:	$1,891,666,196
Adult Smoking Rate:	19.5%
High School Smoking Rate:	8.4%
High School Tobacco Use Rate:	29.7%
Middle School Smoking Rate:	3.8%
Smoking Attributable Deaths:	7,210

Adult smoking data come from CDC's 2021 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use rates are taken from the 2019 Youth Risk Behavior Surveillance System. Middle school smoking rate is taken from the 2017 Youth Tobacco Survey.

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

M A I N E

Maine Report Card

American Lung Association.
State of Tobacco Control
2023

Tobacco Prevention and Control Program Funding: A

FY2023 State Funding for Tobacco Control Programs:	$15,896,483
FY2023 Federal Funding for State Tobacco Control Programs:	$1,169,002*
FY2023 Total Funding for State Tobacco Control Programs:	$17,065,485
CDC Best Practices State Spending Recommendation:	$15,900,000
Percentage of CDC Recommended Level:	107.3%
State Tobacco-Related Revenue:	$196,000,000

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

Thumbs up for Maine for restoring and increasing funding for the state's tobacco prevention and control program resulting in Maine funding its program above the CDC-recommended level.

Smokefree Air: A

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government work sites: **Prohibited**

Private work sites: **Prohibited**

Schools: **Prohibited**

Child care facilities: **Prohibited**

Restaurants: **Prohibited**

Bars: **Prohibited**

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

Retail stores: **Prohibited**

Recreational/cultural facilities: **Prohibited**

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

Penalties: **Yes**

Enforcement: **Yes**

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

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

Tobacco Taxes: C

CIGARETTE TAX:

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

OTHER TOBACCO PRODUCT TAXES:

Tax on Little Cigars: **Equalized: Yes; Weight-Based: No**

Tax on Large Cigars: **Equalized: Yes; Weight-Based: No**

Tax on Smokeless Tobacco: **Equalized: Yes; Weight-Based: Yes**

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

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

Access to Cessation Services: A

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medicaid Medications: **All 7 medications are covered**

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

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

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

Counseling: **Some counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$23.72; the median investment per smoker is $2.37**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

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

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

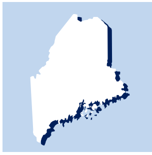
Thumbs up for Maine for providing comprehensive coverage for all tobacco cessation medications and types of counseling with minimal barriers to Medicaid enrollees.

Flavored Tobacco Products: F

Restrictions on Flavored Tobacco Products: **Some flavored cigars prohibited**

Thumbs Down for Maine for failing to pass legislation that would have eliminated the sale of flavored tobacco products statewide.

Maine State Highlights:



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

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

The 2022 Maine legislative session resulted in substantial success for tobacco prevention policies. For more than a decade, a top priority of the American Lung Association has been to increase funding for the Maine tobacco control program to the level recommended by the U.S. CDC. A tremendous victory was realized when LD 1868, "An Act to Restore Funding to the State's Tobacco Prevention and Control Program" became law and provided an additional $7.5 million in state funding to the program bringing Maine to 100%+ of the level recommended by U.S. CDC Best Practices. Additionally, the legislation provides ongoing allocations to the funding level from Best Practices as long as the available funds in the Fund for Healthy Maine (tobacco settlement funding) allow for that level. After many years of advocacy, Maine finally has a fully funded prevention and treatment program.

Also, during the 2022 legislative session efforts continued to advance legislation ending the sale of menthol cigarettes and all flavored tobacco products. Although the legislature failed to enact a statewide measure, progress continued on the local level with Portland, Brunswick and South Portland passing comprehensive ordinances and Bangor passing the measure for a second time. Work on the local level will continue throughout 2023 to build momentum for statewide action to ensure kids from Kittery to Madawaska are protected.

The American Lung Association in Maine will continue to work with our coalition partners - the Maine Public Health Association, the American Heart Association, American Cancer Society, Campaign for Tobacco Free Kids and others to advance tobacco control and prevention policies and defend our successful programs and smokefree policies against rollbacks. As the legislature begins its work in 2023, the Lung Association will continue to grow our coalition to educate policymakers, business leaders and the media of the importance of the Lung Association's goals to reduce tobacco use and protect public health.

Maine State Facts

Health Care Cost Due to Smoking:	$811,120,557
Adult Smoking Rate:	15.6%
High School Smoking Rate:	6.8%
High School Tobacco Use Rate:	33%
Middle School Smoking Rate:	1.5%
Smoking Attributable Deaths:	2,390

Adult smoking data come from CDC's 2021 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use data come from the 2019 Youth Risk Behavior Surveillance System. Middle school smoking rate is taken from the 2019 Maine Integrated Youth Health Survey.

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

MARYLAND

Maryland Report Card

American Lung Association.
State of Tobacco Control
2023

Tobacco Prevention and Control Program Funding: F

FY2023 State Funding for Tobacco Control Programs:	$20,568,401
FY2023 Federal Funding for State Tobacco Control Programs:	$1,694,510*
FY2023 Total Funding for State Tobacco Control Programs:	$22,262,911
CDC Best Practices State Spending Recommendation:	$48,000,000
Percentage of CDC Recommended Level:	46.4%
State Tobacco-Related Revenue:	$632,100,000

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

Thumbs up for Maryland for increasing funding for its tobacco control program by over $8 million this year.

Smokefree Air: A

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government work sites: **Prohibited**

Private work sites: **Prohibited**

Schools: **Prohibited**

Child care facilities: **Prohibited**

Restaurants: **Prohibited**

Bars: **Prohibited**

Casinos/Gaming Establishments: **Prohibited**

Retail stores: **Prohibited**

Recreational/cultural facilities: **Prohibited**

E-Cigarettes Included: **No**

Penalties: **Yes**

Enforcement: **Yes**

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

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

Tobacco Taxes: C

CIGARETTE TAX:

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

OTHER TOBACCO PRODUCT TAXES:

Tax on Little Cigars: **Equalized: Yes; Weight-Based: No**

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

Tax on Smokeless Tobacco: **Equalized: No; Weight-Based: No**

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

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

Access to Cessation Services: B

OVERVIEW OF STATE CESSATION COVERAGE

STATE MEDICAID PROGRAM:

Medicaid Medications: **All 7 medications are covered**

Medicaid Counseling: **Some counseling is covered**

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

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

Counseling: **Some counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$4.14; the median investment per smoker is $2.37**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **Yes**

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

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

Flavored Tobacco Products: F

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

Maryland State Highlights:

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

1. Defend and preserve the much-needed funding increase for tobacco prevention and cessation of $8.25 million;
2. Address youth tobacco use by removing all flavored tobacco products from the market; and
3. Identify changes needed in the Maryland Clean Indoor Air Act to include electronic cigarettes and close loopholes.

During the 2021 legislative session, the American Lung Association in Maryland along with other public health partners were successful in overturning the Governor's veto of legislation that would increase the tobacco tax by $1.75 and taxes on other tobacco products. This legislation also included a much-needed increase of $8.25 million which officially began in fiscal year 2023 for tobacco cessation and prevention efforts in the state. This brought total state funding for tobacco control programs to over $20.5 million. In the 2022 session, the Lung Association also advocated for passage of a bill that allows for pharmacists to prescribe nicotine replacement therapies which will result in increased access to FDA-approved tobacco cessation treatments in the state. The bill ultimately passed the Maryland General Assembly.

Additionally, in 2022 we saw the introduction of two bills that would overturn preemption one in Baltimore City specifically and one state based. These bills would allow local jurisdictions to enact and enforce local laws related to tobacco control. The bills had successful and powerful hearings, but unfortunately, they did not receive the needed votes to make it out of committee.

The Lung Association and partners were also successful in beating back an effort in Prince George's County to address retailer density and licensing, the bill was riddled with loopholes and would potentially undermine existing authority and enforcement. The bill also did not adhere to best practices.

Youth e-cigarette use in the United States continues to be a public health concern. In Maryland, according to the 2019 Youth Risk Behavior Survey, 23% of high school students reported e-cigarette use in the past month. An overwhelming majority of users cited using fruit, menthol and mint flavors, highlighting the urgent need to remove all flavored tobacco products from the market.

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

In 2023, the American Lung Association in Maryland will continue to educate lawmakers on the ongoing need to reduce tobacco use. Our goal is to build champions within the legislature and grassroots advocates to advance our goals which include most notably to protect the increased funding for tobacco prevention and cessation, remove all flavored products from the market and close loopholes in the Maryland Clean Indoor Air Act.

Maryland State Facts

Healthcare Costs Due to Smoking:	$2,709,568,436
Adult Smoking Rate:	10.1%
High School Smoking Rate:	5.0%
High School Tobacco Use Rate:	27.4%
Middle School Smoking Rate:	N/A
Smoking Attributable Deaths:	7,490

Adult smoking data come from CDC's 2020 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use data come from the 2019 Youth Risk Behavior Surveillance System. A current middle school smoking rate is not available for this state.

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

Massachusetts Report Card

American Lung Association.
State of Tobacco Control
2023

Tobacco Prevention and Control Program Funding: F

FY2023 State Funding for Tobacco Control Programs:	$6,128,624
FY2023 Federal Funding for State Tobacco Control Programs:	$1,902,654*
FY2023 Total Funding for State Tobacco Control Programs:	$8,031,278
CDC Best Practices State Spending Recommendation:	$66,900,000
Percentage of CDC Recommended Level:	12%
State Tobacco-Related Revenue:	$691,500,000

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

Smokefree Air: A

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government work sites: **Prohibited**

Private work sites: **Prohibited**

Schools: **Prohibited**

Child care facilities: **Prohibited**

Restaurants: **Prohibited**

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

Casinos/Gaming Establishments: **Prohibited**

Retail stores: **Prohibited**

Recreational/cultural facilities: **Prohibited**

E-Cigarettes Included: **Yes**

Penalties: **Yes**

Enforcement: **Yes**

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

Citation: MASS. GEN. LAWS ch. 270, § 22 (2018).

Tobacco Taxes: B

CIGARETTE TAX:

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

OTHER TOBACCO PRODUCT TAXES:

Tax on Little Cigars: **Equalized: Yes; Weight-Based: No**

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

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

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

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

Access to Cessation Services: B

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medicaid Medications: **All 7 medications are covered**

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

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

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **Most medications are covered**

Counseling: **Most counseling is covered**

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

STATE QUITLINE:

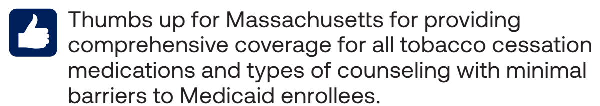
Investment per Smoker: **$1.38; the median investment per smoker is $2.37**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **Yes**

Tobacco Surcharge: **Prohibits tobacco surcharges**

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



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

Flavored Tobacco Products: A

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

Massachusetts State Highlights:

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

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

Massachusetts continues to be a leader nationwide in tobacco control efforts. Two years have passed since laws making the Bay State the first in the nation to end the sale of all flavored tobacco products went into full effect. Fortunately, there were no successful legislative efforts in 2022 to rollback this comprehensive measure. A number of studies evaluating Massachusetts' statewide legislation ending the sale of flavored products were published in journals in 2022. Key results from those studies included:

- 2.45 million fewer cigarette pack sales per month after the law was implemented;
- sales in some border states rose initially, but returned to baseline after about three months of implementation; and
- cross border sales remained consistent with other states across the country after the law was implemented.

The 2019 legislation that prohibited the sale of flavored tobacco products also included a mandate that all private insurance plans and the Group Insurance Commission (state and municipal employees) provide a benefit that includes all FDA-approved medications to quit smoking, behavioral counseling, with no copays to support residents who used flavored tobacco products. Additionally, the Massachusetts Quitline developed and provided an incentive program for those who used menthol tobacco products after the flavored tobacco law took effect.

A $500,000 increase for the Massachusetts Tobacco Cessation and Prevention Program (MTCP) was signed into law in July 2022 as part of the annual state budget. That brings funding for the MTCP to over $6.1 million. However, funding for the MTCP remains far below historical levels and substantially lower than the recommended level from CDC.

Massachusetts last raised the cigarette excise tax in 2013, at that time becoming the highest in the Northeast. However, the state has now fallen behind other Northeast states and this policy is one of the most effective in prompting current tobacco users to make a quit attempt and preventing youth from initiating tobacco use. While legislation has been introduced to increase the tobacco tax in the state, the legislature has been dormant in taking further action, including in 2022.

The American Lung Association in Massachusetts will continue to work with our state coalition partners to advance tobacco control and prevention efforts and defend our successful programs and smokefree policies against rollbacks. As the Massachusetts Legislature begins its work in 2023, the Lung Association and tobacco control partners will continue to grow our coalition to educate policymakers, business leaders and the media of the importance of the American Lung Association's goals to reduce tobacco use and protect public health.

Massachusetts State Facts

Health Care Cost Due to Smoking:	$4,080,690,302
Adult Smoking Rate:	10.6%
High School Smoking Rate:	6.4%
High School Tobacco Use Rate:	37%
Middle School Smoking Rate:	0.8%
Smoking Attributable Deaths:	9,300

Adult smoking data come from CDC's 2021 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use data come from the 2019 Youth Risk Behavior Surveillance System. Middle school smoking rate is taken from the 2017 Massachusetts Youth Health Survey.

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

Michigan Report Card

American Lung Association.
State of Tobacco Control
2023

Tobacco Prevention and Control Program Funding: F

FY2023 State Funding for Tobacco Control Programs:	$1,842,900
FY2023 Federal Funding for State Tobacco Control Programs:	$2,347,639*
FY2023 Total Funding for State Tobacco Control Programs:	$4,190,539
CDC Best Practices State Spending Recommendation:	$110,600,000
Percentage of CDC Recommended Level:	3.8%
State Tobacco-Related Revenue:	$1,163,400,000

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

Smokefree Air: C

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government work sites: **Prohibited**

Private work sites: **Prohibited**

Schools: **Prohibited**

Child care facilities: **Prohibited**

Restaurants: **Prohibited**

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

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

Retail stores: **Prohibited**

Recreational/cultural facilities: **Prohibited**

E-Cigarettes Included: **No**

Penalties: **Yes**

Enforcement: **Yes**

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

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

Tobacco Taxes: F

CIGARETTE TAX:

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

OTHER TOBACCO PRODUCT TAXES:

Tax on Little Cigars: **Equalized: No; Weight-Based: No**

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

Tax on Smokeless Tobacco: **Equalized: No; Weight-Based: No**

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

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

Access to Cessation Services: D

OVERVIEW OF STATE CESSATION COVERAGE

STATE MEDICAID PROGRAM:

Medicaid Medications: **All 7 medications are covered**

Medicaid Counseling: **Some counseling is covered**

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

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

Counseling: **Some counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$0.66; the median investment per smoker is $2.37**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

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

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

Flavored Tobacco Products: F

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

Michigan State Highlights:

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

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

During 2021-2022, the Michigan Legislature worked on a package of bills to license tobacco retailers in Michigan. The bills did not have strong enough enforcement provisions to gain the support of the Lung Association, but we strongly support the goal of licensing tobacco retailers. The Lung Association will continue to work with other health organizations and the legislature on these efforts during the 2023 legislative session.

In addition to tobacco retailer licensing, there is much more that Michigan policymakers could be doing. Although there was a small increase in funding for the tobacco control program in Michigan's annual budget this year, the state continues to only spend 3.8% of what is recommended by the Centers for Disease Control and Prevention for a state of our size. An increase in tobacco taxes should be considered as a means to increase spending on tobacco control and prevention. Ensuring the tax on non-cigarette forms of tobacco is at parity with the cigarette tax is important to prevent youth from switching to lower-taxed products.

Local efforts are underway in Detroit and Grand Rapids to prohibit the sale of flavored tobacco products. The Lung Association will work with partners in those communities to enact these ordinances to get flavored products off the market and to have the mechanisms in place to enforce these ordinances. Data shows that flavored tobacco products attract young people to try these products. About 85% of youth e-cigarette users use a flavored product, according to the most recently released national data.

As we look ahead to 2023, the American Lung Association in Michigan will continue to work with a broad coalition of stakeholders to advocate for evidence-based solutions to reduce the number of citizens using tobacco products, especially our youth.

Michigan State Facts

Health Care Cost Due to Smoking:	$4,589,784,016
Adult Smoking Rate:	17.0%
High School Smoking Rate:	4.5%
High School Tobacco Use Rate:	23%
Middle School Smoking Rate:	N/A
Smoking Attributable Deaths:	16,170

Adult smoking data come from CDC's 2021 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use data come from the 2019 Youth Risk Behavior Surveillance System. A current middle school smoking rate is not available for this state.

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

M I N N E S O T A

Minnesota Report Card

American Lung Association.
State of Tobacco Control
2023

Tobacco Prevention and Control Program Funding: F

FY2023 State Funding for Tobacco Control Programs:	$11,687,177
FY2023 Federal Funding for State Tobacco Control Programs:	$1,596,128*
FY2023 Total Funding for State Tobacco Control Programs:	$13,283,305
CDC Best Practices State Spending Recommendation:	$52,900,000
Percentage of CDC Recommended Level:	25.1%
State Tobacco-Related Revenue:	$692,600,000

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

Smokefree Air: A

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government work sites: **Prohibited (workplaces with two or fewer employees exempt)**

Private work sites: **Prohibited (workplaces with two or fewer employees exempt)**

Schools: **Prohibited**

Child care facilities: **Prohibited**

Restaurants: **Prohibited**

Bars: **Prohibited**

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

Retail stores: **Prohibited**

Recreational/cultural facilities: **Prohibited**

E-Cigarettes Included: **Yes**

Penalties: **Yes**

Enforcement: **Yes**

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

Citation: MINN. STAT. §§ 144.411 to 144.417 (2020).

Tobacco Taxes: B

CIGARETTE TAX:

Tax Rate per pack of 20: **$3.04**

OTHER TOBACCO PRODUCT TAXES:

Tax on Little Cigars: **Equalized: Yes; Weight-Based: No**

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

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

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

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

Access to Cessation Services: A

OVERVIEW OF STATE CESSATION COVERAGE

STATE MEDICAID PROGRAM:

Medicaid Medications: **All 7 medications are covered**

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

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

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

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

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

STATE QUITLINE:

Investment per Smoker: **$5.46; the median investment per smoker is $2.37**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

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

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

Flavored Tobacco Products: F

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

Minnesota State Highlights:

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

1. Prohibit the sale of all flavored tobacco products;
2. Increase funding for prevention and cessation services; and
3. Expand reimbursement for tobacco cessation treatment.

During the 2022 Legislative Session, the American Lung Association – as part of the Minnesotans for a Smoke-Free Generation statewide coalition of more than 50 organizations – focused on: ending the sale of all flavored tobacco products and, in partnership with the Lung Mind Alliance, expanding the types of mental health and substance use providers that can be reimbursement for providing commercial tobacco treatment and expand coverage and remove barriers to FDA-approved medications and counseling for Medical Assistance (Medicaid) and MinnesotaCare enrollees.

The Tobacco Treatment Bill (House File 3153 and Senate File 3111) - a comprehensive bill had bi-partisan support and passed through the House Preventive Health and House Health Finance and Policy Committee. Without a hearing in the Senate, the bill became part of the House Health and Human Services Omnibus bill for consideration by the Conference Committee, where the legislature was unable to find agreement on its finance bills. Overall, incredible progress was made, and we are positioned to move forward in 2023.

The Minnesota House Select Committee on Racial Justice issued extensive policy recommendations to address racial disparities in 2020, including Minnesota remove menthol and all flavored tobacco products from the marketplace. Efforts to end the sale of menthol and all flavored tobacco products continued in 2022 with legislative meetings, a virtual week of Action, and education on the disparate impact of these products. As of May 2022, 24 Minnesota communities have restricted the sale of flavored commercial tobacco products in some form, covering almost a quarter (24.5%) of Minnesotans. Ten of those cities have completely ended flavored tobacco sales.

Working together as part of the Minnesotans for a Smoke Free Generation, in 2023 the American Lung Association will continue to pursue legislation that restricts access to all flavored tobacco products– including menthol, expands reimbursement for nicotine dependency treatment services for mental health and substance use providers, and increase funding for prevention and nicotine dependency treatment services.

Minnesota State Facts

Health Care Cost Due to Smoking:	$2,519,011,064
Adult Smoking Rate:	13.4%
High School Smoking Rate:	5.3%
High School Tobacco Use Rate:	28%
Middle School Smoking Rate:	2.4%
Smoking Attributable Deaths:	5,910

Adult smoking data come from CDC's 2021 Behavioral Risk Factor Surveillance System. High school (11th grade only) smoking and tobacco use, and middle school (8th grade only) smoking rates are taken from the 2019 Minnesota Student Survey. High school tobacco use results are rounded to the nearest whole number.

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

Mississippi Report Card

American Lung Association. State of Tobacco Control 2023

MISSISSIPPI

Tobacco Prevention and Control Program Funding: F

FY2023 State Funding for Tobacco Control Programs:	$8,695,000
FY2023 Federal Funding for State Tobacco Control Programs:	$1,341,100*
FY2023 Total Funding for State Tobacco Control Programs:	$10,036,100
CDC Best Practices State Spending Recommendation:	$36,500,000
Percentage of CDC Recommended Level:	27.5%
State Tobacco-Related Revenue:	$251,100,000

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

Note: The Mississippi Legislature appropriated $20 million to the Mississippi State Department of Health, Office of Tobacco Control; however, only $8,695,000 is allocated for tobacco prevention and control activities. The Office of Tobacco Control is mandated by law to distribute funding to other agencies. The total funding amount above includes the activities of the Mississippi State Department of Health Office of Tobacco Control, Attorney General's Office of Alcohol and Tobacco Enforcement Unit, and the University of Mississippi Medical Center, A Comprehensive Tobacco Center.

Smokefree Air: F

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government work sites: **Restricted**

Private work sites: **No provision**

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

Child care facilities: **Prohibited**

Restaurants: **No provision**

Bars: **No provision**

Casinos/Gaming Establishments: **No provision**

Retail stores: **No provision**

Recreational/cultural facilities: **No provision**

E-Cigarettes Included: **No**

Penalties: **Yes**

Enforcement: **Yes**

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

Citation: MISS. CODE ANN. §§ 29-5-161 (2007), 41-114-1 (2010), 97-32-29 (2000) & MS ADMIN CODE Tit. 15, Part III, Subpart 55 § 103.02 (2009).

Note: The Smokefree Air grade only examines state tobacco control law and does not reflect local smokefree ordinances. Mississippi has made great strides in protecting people from secondhand smoke by passing comprehensive local smokefree ordinances that cover 30.5% of the state's population.

Tobacco Taxes: F

CIGARETTE TAX:

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

OTHER TOBACCO PRODUCT TAXES:

Tax on Little Cigars: **Equalized: Yes; Weight-Based: No**

Tax on Large Cigars: **Equalized: Yes; Weight-Based: No**

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

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

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

Access to Cessation Services: F

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medicaid Medications: **All 7 medications are covered**

Medicaid Counseling: **Minimal counseling is covered**

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

Medicaid Expansion: **No**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

Counseling: **Some counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$2.48; the median investment per smoker is $2.37**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

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

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

Flavored Tobacco Products: F

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

Mississippi State Highlights:

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

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

Tobacco prevention and control issues were not a priority for the Mississippi Legislature in 2022. While comprehensive statewide smokefree bills were introduced, House Bill 107 and House Bill 838 also known as the Mississippi Smoke-free Air Act did not garner the support needed to be heard. Tobacco control partners continued to educate lawmakers on the harmful effects of secondhand smoke and the impact on health in Mississippi.

The Mississippi House of Representatives and the Mississippi 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. While there is continued interest by certain legislators to increase the price of tobacco products through increases in tobacco taxes, filed bills did not achieve final passage.

There continues to be significant support in local municipalities for public health protections from secondhand smoke as evidenced by a total of 178 cities and 7 counties adopting comprehensive smokefree ordinances. This accounts for approximately 36% of Mississippians being protected by smokefree policies.

In 2023, the American Lung Association in Mississippi will continue to advocate for the benefits of tobacco control policies, including the need to protect all workers by passing comprehensive protections from secondhand smoke. In order to meet the bold goals in Mississippi, state legislators will need to recognize the health and economic burden of tobacco use and exposure to secondhand smoke. The Lung Association in Mississippi will continue to work with partners to ensure successful passage and preservation of comprehensive local smokefree ordinances.

Mississippi State Facts	
Health Care Cost Due to Smoking:	$1,236,940,761
Adult Smoking Rate:	19.6%
High School Smoking Rate:	6.6%
High School Tobacco Use Rate:	27.6%
Middle School Smoking Rate:	1.5%
Smoking Attributable Deaths:	5,410

Adult smoking data come from CDC's 2021 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use rates are taken from the 2019 Youth Risk Behavior Surveillance System. Middle school smoking rate is taken from the 2017 Youth Tobacco Survey.

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

Missouri Report Card

American Lung Association.
State of Tobacco Control
2023

MISSOURI

Tobacco Prevention and Control Program Funding: F

FY2023 State Funding for Tobacco Control Programs:	$2,879,276
FY2023 Federal Funding for State Tobacco Control Programs:	$1,949,182*
FY2023 Total Funding for State Tobacco Control Programs:	$4,828,458
CDC Best Practices State Spending Recommendation:	$72,900,000
Percentage of CDC Recommended Level:	6.6%
State Tobacco-Related Revenue:	$263,200,000

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

Thumbs up for Missouri for increasing funding for its tobacco prevention and control programs by close to $2.5 million this year.

Smokefree Air: F

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government work sites: **Restricted**

Private work sites: **Restricted**

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

Child care facilities: **Prohibited**

Restaurants: **Restricted**

Bars: **No provision**

Casinos/Gaming Establishments: **No provision**

Retail stores: **Restricted**

Recreational/cultural facilities: **Restricted**

E-Cigarettes Included: **No**

Penalties: **Yes**

Enforcement: **Yes**

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

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

Note: The Smokefree Air grade only examines state tobacco control law and does not reflect local smokefree ordinances. Missouri has made great strides in protecting people from secondhand smoke by passing comprehensive local smokefree ordinances that cover 29.5% of the state's population.

Tobacco Taxes: F

CIGARETTE TAX:

Tax Rate per pack of 20: **$0.17**

OTHER TOBACCO PRODUCT TAXES:

Tax on Little Cigars: **Equalized: Yes; Weight-Based: No**

Tax on Large Cigars: **Equalized: Yes; Weight-Based: No**

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

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

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

Thumbs down for Missouri for having the lowest cigarette tax in the country at 17 cents per pack.

Access to Cessation Services: C

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medicaid Medications: **All 7 medications are covered**

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

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

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

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

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

STATE QUITLINE:

Investment per Smoker: **$1.35; the median investment per smoker is $2.37**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

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

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

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

Flavored Tobacco Products: F

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

Missouri State Highlights:

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

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

On Wednesday, August 3, Missouri Governor Mike Parson held a ceremonial signing for House Bill 3010, which appropriates a historical level of tobacco control and prevention funding of $2.9 million, including the governor's own recommendation of $2.5 million in new funding for a youth vaping prevention campaign and tobacco prevention and cessation programming. At the event, Governor Parson publicly voiced his commitment to continue to support increased funding for tobacco control.

Missouri lawmakers passed an appropriations bill that includes funding for the newly implemented Medicaid expansion. A joint resolution was introduced that would have sent expansion back to the voters, with work reporting requirements added. The American Lung Association opposed this resolution, which did not pass. Missouri's Medicaid coverage for tobacco cessation is comprehensive and helps thousands of Missourians break the powerful addiction of tobacco.

Three different versions of state Tobacco 21 legislation were introduced during the legislative session. One of them was a strong policy that unfortunately did not advance very far. The others were introduced as amendments to other legislation, in both the House and the Senate, and included provisions that would preempt local communities from passing stronger local ordinances, which the Lung Association opposes. Thanks to a coordinated effort among our health partners and key legislators, these amendments were not adopted.

According to outcomes data collected by the Missouri Tobacco Prevention and Control Program, close to 10,000 Missourians contacted Tobacco Quit Services in 2021, with over 5,200 tobacco users registering for free cessation support, 3,000 of whom received nicotine patches or gum. This year's increase in tobacco prevention and control funding is making expanded programming possible, including a youth vaping prevention website and media campaign called "Stop the Vape Missouri." The Missouri Quitline is now offering two weeks of nicotine replacement therapy to medically eligible callers. Previously this resource was only available to a limited number of people based on certain criteria.

During the 2023 legislative session, the American Lung Association in Missouri will continue to focus on nlung health and work with public health partners to increase tobacco control funding to bring Missouri closer to the Centers for Disease Control and Prevention-recommended level. The Lung Association will also educate Missouri lawmakers on the issue of preemption so that they are better equipped to avoid supporting bills that take away the rights of local communities to pass policies to protect their citizens from tobacco. The Lung Association will also look to pass local or state laws to provide comprehensive protections from secondhand smoke in public places and workplaces. Missouri continues to have the lowest tobacco tax in the nation; therefore, the Lung Association will continue to look to increase tobacco taxes in Missouri.

Missouri State Facts

Missouri State Facts	
Health Care Cost Due to Smoking:	$3,032,471,478
Adult Smoking Rate:	17.3%
High School Smoking Rate:	6.5%
High School Tobacco Use Rate:	24.8%
Middle School Smoking Rate:	3.5%
Smoking Attributable Deaths:	10,970

Adult smoking data come from CDC's 2021 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use data come from the 2019 Youth Risk Behavior Surveillance System. Middle school smoking rate is taken from the 2017 Youth Tobacco Survey.

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

Montana Report Card

American Lung Association.
State of Tobacco Control
2023

M O N T A N A

Tobacco Prevention and Control Program Funding: F

FY2023 State Funding for Tobacco Control Programs:	$4,852,260
FY2023 Federal Funding for State Tobacco Control Programs:	$1,356,206*
FY2023 Total Funding for State Tobacco Control Programs:	$6,208,466
CDC Best Practices State Spending Recommendation:	$14,600,000
Percentage of CDC Recommended Level:	42.5%
State Tobacco-Related Revenue:	$101,000,000

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

Smokefree Air: A

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government work sites: **Prohibited**

Private work sites: **Prohibited**

Schools: **Prohibited**

Child care facilities: **Prohibited**

Restaurants: **Prohibited**

Bars: **Prohibited**

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

Retail stores: **Prohibited**

Recreational/cultural facilities: **Prohibited**

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

Penalties: **Yes**

Enforcement: **Yes**

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

Citation: MONT. CODE ANN. §§ 50-40-101 et seq. (2011).

Tobacco Taxes: F

CIGARETTE TAX:

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

OTHER TOBACCO PRODUCT TAXES:

Tax on Little Cigars: **Equalized: Yes; Weight-Based: No**

Tax on Large Cigars: **Equalized: Yes; Weight-Based: No**

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

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

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

Access to Cessation Services: B

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medicaid Medications: **All 7 medications are covered**

Medicaid Counseling: **Some counseling is covered**

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

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **Some medications are covered**

Counseling: **Some counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$4.77; the median investment per smoker is $2.37**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

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

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

Flavored Tobacco Products: F

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

Montana State Highlights:

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

1. Increase funding for the state's tobacco prevention and cessation programs;
2. Remove preemption, allowing local governments to protect public health by passing policies to address tobacco use; and
3. Ensure public health protections from secondhand smoke and other tobacco product emissions.

The Montana legislature convenes in each odd-numbered year; so no legislative session was held in 2022. Funding for the Montana Tobacco Use Prevention Program was set by the two-year state budget passed in 2021, and was about $4.85 million for this state fiscal year.

In 2005, the Montana legislature passed the Montana Clean Indoor Air ACT (MCIAA) providing strong clean indoor air protections for residents by eliminating smoking in virtually all public places and workplaces. Since that time, several attempts have been made to weaken this law despite an overwhelming majority of the state's residents supporting it.

In 2022, the American Lung Association in Montana worked with other public health advocates to encourage the Cascade County Board of Health to maintain the intent of the MCIAA and restrict cigar smoking at a Great Falls business. Several attempts have been made at the legislature to exempt some businesses from the MCIAA; and to date all attempts have been thwarted.

During the 2023 legislative session, the American Lung Association will continue to advocate for maintaining the intent of the MCIAA and working to increase funding for Montana's Tobacco Use Prevention Program.

Montana State Facts

Health Care Cost Due to Smoking:	$440,465,233
Adult Smoking Rate:	14.4%
High School Smoking Rate:	7.7%
High School Tobacco Use Rate:	33.5%
Middle School Smoking Rate:	3.4%
Smoking Attributable Deaths:	1,570

Adult smoking data come from CDC's 2021 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use data are taken from the 2019 Youth Risk Behavior Surveillance System. Middle school smoking rate (8th grade only) is taken from the 2020 Montana Prevention Needs Assessment Survey.

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

Nebraska Report Card

American Lung Association. State of Tobacco Control 2023

NEBRASKA

Tobacco Prevention and Control Program Funding: F

FY2023 State Funding for Tobacco Control Programs:	$2,570,000
FY2023 Federal Funding for State Tobacco Control Programs:	$1,187,754*
FY2023 Total Funding for State Tobacco Control Programs:	$3,757,754
CDC Best Practices State Spending Recommendation:	$20,800,000
Percentage of CDC Recommended Level:	18.1%
State Tobacco-Related Revenue:	$98,400,000

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

Smokefree Air: A

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government work sites: **Prohibited**

Private work sites: **Prohibited**

Schools: **Prohibited**

Child care facilities: **Prohibited**

Restaurants: **Prohibited**

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

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

Retail stores: **Prohibited**

Recreational/cultural facilities: **Prohibited**

E-Cigarettes Included: **Yes**

Penalties: **Yes**

Enforcement: **Yes**

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

Citation: NEB. REV. STAT. §§ 71-5716 to 71-5735 (2020).

Tobacco Taxes: F

CIGARETTE TAX:

Tax Rate per pack of 20:	**$0.64**

OTHER TOBACCO PRODUCT TAXES:

Tax on Little Cigars: **Equalized: Yes; Weight-Based: No**

Tax on Large Cigars: **Equalized: Yes; Weight-Based: No**

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

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

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

Access to Cessation Services: D

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medicaid Medications: **All 7 medications are covered**

Medicaid Counseling: **Some counseling is covered**

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

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

Counseling: **Some counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$1.75; the median investment per smoker is $2.37**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

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

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

Flavored Tobacco Products: F

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

Nebraska State Highlights:

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

1. Increase funding for tobacco control and cessation to ensure better access to cessation services for all those who want to quit smoking; and
2. Oppose all forms of preemption of local tobacco control authority.

Funding for the state's tobacco control program remained at about the same level, $2.57 million, in the fiscal year 2022 budget as the previous year. Funding has been sustained at this level for many years, which is important, but the amount still falls quite a bit short of the Centers for Disease Control and Prevention-recommended level for the state.

State preemption of local tobacco control authority was an ongoing battle during the 2022 Legislative session in Nebraska as it was in a number of other states. Legislative Bill 954 was introduced and sought to strip away the rights of local communities to pass "any ordinance or resolution that is more restrictive than the Nebraska Clean Indoor Air Act as it applies to electronic smoking devices, including the banning of certain electronic smoking device methods or flavors." Due to strong opposition by the American Lung Association and many coalition partners, LB 954 did not pass.

An effort to extend postpartum coverage for Medicaid recipients was unsuccessful. LB 929 would have extended postpartum coverage for Medicaid recipients from 60 days to 12 months. This coverage extension included coverage for tobacco cessation counseling and medications for pregnant women. It will be proposed again in 2023.

The American Lung Association in Nebraska and coalition partners will continue to press for increased funding for tobacco prevention and cessation programs in the 2023 legislative session to prevent kids from starting to smoke and to motivate adult smokers to quit. The Lung Association also will continue our work to defend the rights of communities to protect its citizens by enacting policy solutions that protect and promote local health, as well as protect children and youth from a lifetime of addiction to nicotine and tobacco products.

Nebraska State Facts

Nebraska State Facts	
Health Care Cost Due to Smoking:	$795,185,324
Adult Smoking Rate:	13.4%
High School Smoking Rate:	4.2%
High School Tobacco Use Rate:	18.8%
Middle School Smoking Rate:	N/A
Smoking Attributable Deaths:	2,510

Adult smoking data come from CDC's 2021 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use rates are taken from the 2019 Youth Risk Behavior Surveillance System. A current middle school smoking rate is not available for this state.

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

Nevada Report Card

American Lung Association. State of Tobacco Control 2023

NEVADA

Tobacco Prevention and Control Program Funding: F

FY2023 State Funding for Tobacco Control Programs:	$3,450,000
FY2023 Federal Funding for State Tobacco Control Programs:	$1,384,475*
FY2023 Total Funding for State Tobacco Control Programs:	$4,834,475
CDC Best Practices State Spending Recommendation:	$30,000,000
Percentage of CDC Recommended Level:	16.1%
State Tobacco-Related Revenue:	$227,200,000

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

Smokefree Air: C

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government work sites: **Prohibited**

Private work sites: **Prohibited**

Schools: **Prohibited**

Child care facilities: **Prohibited**

Restaurants: **Prohibited**

Bars: **Restricted (smoking allowed in bars or parts of bars if age-restricted)**

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

Retail stores: **Prohibited**

Recreational/cultural facilities: **Prohibited**

E-Cigarettes Included: **Yes**

Penalties: **Yes**

Enforcement: **Yes**

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

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

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

Tobacco Taxes: F

CIGARETTE TAX:

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

OTHER TOBACCO PRODUCT TAXES:

Tax on Little Cigars: **Equalized: No; Weight-Based: No**

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

Tax on Smokeless Tobacco: **Equalized: No; Weight-Based: No**

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

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

Access to Cessation Services: D

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medicaid Medications: **Some medications are covered**

Medicaid Counseling: **Some counseling is covered**

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

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **Some medications are covered**

Counseling: **Some counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$3.25; the median investment per smoker is $2.37**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

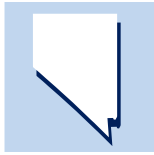
Tobacco Surcharge: **No prohibition or limitation on tobacco surcharges**

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

Flavored Tobacco Products: F

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

Nevada State Highlights:



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

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

The American Lung Association in Nevada along with partners from the Nevada Tobacco Prevention Coalition continued to lead state efforts to prevent and reduce tobacco use in 2022. Priorities of the Coalition continue to center around expansion of the Nevada Clean Indoor Air Act and proper funding for the state's tobacco prevention and control program. The American Lung Association in Nevada priorities continue to be building support and political will in order to advance comprehensive smokefree protections at the local level and state level.

The Nevada legislature only meets in odd numbered years, so in 2022 the American Lung Association in Nevada continued its work on the local smokefree workplace initiative in Reno, Nevada.

Across the country, over 2,000 universities have tobacco free campus policies, which prohibit the use of all tobacco products on school grounds. During 2022, the Lung Association along with our partners assisted the University of Las Vegas to implement a tobacco free campus policy protecting professors, students, staff, and all visitors from health harms of secondhand smoke.

Moving forward in 2023, the American Lung Association in Nevada will continue to build support and political will in order to advance comprehensive smokefree protections at the state and local level. The Lung Association will also look to update the state's tobacco retailer licensing program to ensure tobacco products are not sold to anyone under the age of sale of 21.

Nevada State Facts

Nevada State Facts	
Health Care Cost Due to Smoking:	$1,080,272,434
Adult Smoking Rate:	15.5%
High School Smoking Rate:	3.6%
High School Tobacco Use Rate:	21.4%
Middle School Smoking Rate:	2.5%
Smoking Attributable Deaths:	4,050

Adult smoking data come from CDC's 2021 Behavioral Risk Factor Surveillance System. High school and middle school smoking rates are taken from the 2019 Youth Risk Behavior Surveillance System. High school tobacco use rate is taken from the 2017 Youth Risk Behavior Surveillance System.

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

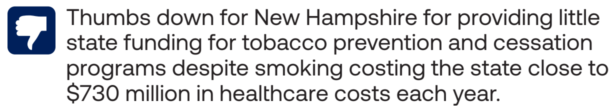
New Hampshire Report Card

American Lung Association.
State of Tobacco Control
2023

Tobacco Prevention and Control Program Funding: F

FY2023 State Funding for Tobacco Control Programs:	$490,000
FY2023 Federal Funding for State Tobacco Control Programs:	$1,144,210*
FY2023 Total Funding for State Tobacco Control Programs:	$1,634,210
CDC Best Practices State Spending Recommendation:	$16,500,000
Percentage of CDC Recommended Level:	9.9%
State Tobacco-Related Revenue:	$274,900,000

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



Thumbs down for New Hampshire for providing little state funding for tobacco prevention and cessation programs despite smoking costing the state close to $730 million in healthcare costs each year.

Smokefree Air: D

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government work sites: **Restricted**

Private work sites: **Restricted**

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

Child care facilities: **Prohibited**

Restaurants: **Prohibited**

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

Casinos/Gaming Establishments: **Restricted**

Retail stores: **Restricted**

Recreational/cultural facilities: **Restricted**

E-Cigarettes Included: **Yes**

Penalties: **Yes**

Enforcement: **Yes**

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

Citation: N.H. REV. STAT. ANN. §§ 155:64 to 155:78 (2019) & 178:20-a (2018).

Tobacco Taxes: F

CIGARETTE TAX:

Tax Rate per pack of 20: **$1.78**

OTHER TOBACCO PRODUCT TAXES:

Tax on Little Cigars: **Equalized: Yes; Weight-Based: No**

Tax on Large Cigars: **Equalized: No; Weight-Based: N/A**

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

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

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

Access to Cessation Services: D

OVERVIEW OF STATE CESSATION COVERAGE

STATE MEDICAID PROGRAM:

Medicaid Medications: **All 7 medications are covered**

Medicaid Counseling: **Minimal counseling is covered**

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

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

Counseling: **Most counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$3.09; the average investment per smoker is $2.37**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

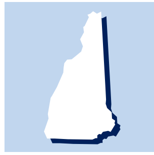
Tobacco Surcharge: **No prohibition or limitation on tobacco surcharges**

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

Flavored Tobacco Products: F

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

New Hampshire State Highlights:



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

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

The 2022 session of the General Court of New Hampshire was again disappointing for advancement of fact-based policies to prevent tobacco use in the Granite state. Instead of proactively addressing the high rate of youth tobacco use in our state, much of the session priorities was focused on defending against rollbacks to policies.

Once again, the American Lung Association and partners worked on defeating a measure that would undermine New Hampshire's smokefree laws by weakening requirements for cigar bars, which are exempt from the law. This perennial effort to expand the scope of service and number of establishments in New Hampshire was once again voted "Inexpedient to Legislate" in the Senate but will certainly continue to re-emerge. Another measure that appeared again was to reduce the tobacco tax on modified risk products. While not defeated, the bill was sent to interim study and will likely appear again in 2023.

Despite the New Hampshire Tobacco Prevention program being woefully underfunded at only approximately 10% of the level recommended by the United States Centers for Disease Control and Prevention, the level of state funding toward the program was reduced in 2022. Significantly increasing funding for New Hampshire's tobacco prevention and treatment efforts remains the top priority for the 2023 session. As New Hampshire joins more than 30 other states in a settlement with the e-cigarette company Juul it is imperative that any funding the state receives from the settlement needs to be allocated to New Hampshire's tobacco prevention program to address the youth vaping epidemic.

In addition to advocating for funding for tobacco prevention programs, another top priority for the Lung Association in 2023 will be the reauthorization of the New Hampshire Medicaid expansion program–Granite Advantage—to ensure continued access to healthcare and tobacco treatment and cessation for New Hampshire residents enrolled in the program.

The American Lung Association in New Hampshire will continue to work with our coalition partners including the Tobacco Free New Hampshire Network, New Hampshire Public Health Association, the American Heart Association, Breathe New Hampshire, American Cancer Society Cancer Action Network and others to advance tobacco control and prevention efforts. As the legislature begins its work in 2023, we will continue to educate policy makers, Granite State residents and business leaders and the media of the importance of the Lung Association's goals to reduce tobacco use and protect public health.

New Hampshire State Facts

Health Care Cost Due to Smoking:	$728,895,693
Adult Smoking Rate:	12.3%
High School Smoking Rate:	5.5%
High School Tobacco Use Rate:	30.3%
Middle School Smoking Rate:	N/A
Smoking Attributable Deaths:	1,940

Adult smoking data come from CDC's 2021 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use rates are taken from the 2019 Youth Risk Behavior Surveillance System. A current middle school smoking rate is not available for this state.

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

New Jersey Report Card

American Lung Association.
State of Tobacco Control
2023

NEW JERSEY

Tobacco Prevention and Control Program Funding: F

FY2023 State Funding for Tobacco Control Programs:	$7,126,856
FY2023 Federal Funding for State Tobacco Control Programs:	$1,855,458*
FY2023 Total Funding for State Tobacco Control Programs:	$8,982,314
CDC Best Practices State Spending Recommendation:	$103,300,000
Percentage of CDC Recommended Level:	8.7%
State Tobacco-Related Revenue:	$829,700,000

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

Smokefree Air: A

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government work sites: **Prohibited**

Private work sites: **Prohibited**

Schools: **Prohibited**

Child care facilities: **Prohibited**

Restaurants: **Prohibited**

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

Casinos/Gaming Establishments: **Restricted***

Retail stores: **Prohibited**

Recreational/cultural facilities: **Prohibited**

E-Cigarettes Included: **Yes**

Penalties: **Yes**

Enforcement: **Yes**

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

Citation: N.J. STAT. ANN. §§ 26:3D-55 to 26:3D-64 (2020).

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

Tobacco Taxes: F

CIGARETTE TAX:

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

OTHER TOBACCO PRODUCT TAXES:

Tax on Little Cigars: **Equalized: No; Weight-Based: No**

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

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

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

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

Access to Cessation Services: D

OVERVIEW OF STATE CESSATION COVERAGE

STATE MEDICAID PROGRAM:

Medicaid Medications: **All 7 medications are covered**

Medicaid Counseling: **Some counseling is covered**

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

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

Counseling: **Some counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$0.58; the median investment per smoker is $2.37**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **Yes**

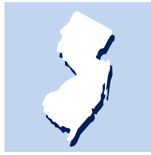
Tobacco Surcharge: **Prohibits tobacco surcharges**

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

Flavored Tobacco Products: D

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

New Jersey State Highlights:



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

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

2022 saw progress in New Jersey, however much of it is not reflected yet in legislative or regulatory victories. While the Lung Association did not see any significant legislative or regulatory progress on items passing regarding smokefree, tobacco tax, tobacco control funding and prohibiting the sale of flavored tobacco products, there has been a groundswell of grassroots support for making New Jersey's casinos smokefree.

The Lung Association continues to work with coalition partners and casino workers to urge the state Legislature to pass a smokefree casino law. The coalition has worked to garner strong media attention and have been pushing legislative leaders to move the legislation forward. In other tobacco-related work, the legislature did consider legislation to prohibit the sale of menthol flavored cigarettes in New Jersey. While the Lung Association and our partners strongly support ending the sale of menthol flavored cigarettes, we need legislation that would end the sale of all flavored tobacco products in the state.

New Jersey's tobacco control program remains underfunded but has seen increased investments in the program in recent years. The U.S. Centers for Disease Control and Prevention recommends that New Jersey spend $103 million on its tobacco control program. In the 2022-23 state budget, the program was funded at $7.4 million – the Lung Association calls for increasing funding to $15 million per year.

This year's State of Tobacco Control grades reflects a fuller picture of New Jersey's tobacco cessation coverage and services compared to recent years. New Jersey deserves kudos for providing the relevant data for the report and ensuring that New Jersey residents have more information about what options are available to those that need help quitting their addiction.

The Lung Association urges decisionmakers in New Jersey to take the necessary steps to reduce the death and disease caused by tobacco-use and exposure to secondhand smoke, and to pass legislation to include casinos in New Jersey's otherwise strong protections from secondhand smoke in public places and workplaces in 2023.

New Jersey State Facts

Health Care Cost Due to Smoking:	$4,065,531,641
Adult Smoking Rate:	10.7%
High School Smoking Rate:	3.8%
High School Tobacco Use Rate:	N/A
Middle School Smoking Rate:	1.2%
Smoking Attributable Deaths:	11,780

Adult smoking data come from CDC's 2021 Behavioral Risk Factor Surveillance System. High school smoking rate is taken from the 2019 Youth Risk Behavior Surveillance System. A current high school tobacco use is not available for this state. Middle school smoking rate is taken from the 2015 Youth Tobacco Survey.

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

New Mexico Report Card

American Lung Association. State of Tobacco Control 2023

NEW MEXICO

Tobacco Prevention and Control Program Funding: F

FY2023 State Funding for Tobacco Control Programs: $5,684,500

FY2023 Federal Funding for State Tobacco Control Programs: $1,142,861*

FY2023 Total Funding for State Tobacco Control Programs: $6,827,361

CDC Best Practices State Spending Recommendation: $22,800,000

Percentage of CDC Recommended Level: 29.9%

State Tobacco-Related Revenue: $133,300,000

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

Smokefree Air: B

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government work sites: **Prohibited**

Private work sites: **Prohibited**

Schools: **Prohibited**

Child care facilities: **Prohibited**

Restaurants: **Prohibited**

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

Casinos/Gaming Establishments: **No provision**

Retail stores: **Prohibited**

Recreational/cultural facilities: **Prohibited**

E-Cigarettes Included: **Yes**

Penalties: **Yes**

Enforcement: **Yes**

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

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

Tobacco Taxes: D

CIGARETTE TAX:

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

OTHER TOBACCO PRODUCT TAXES:

Tax on Little Cigars: **Equalized: Yes; Weight-Based: No**

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

Tax on Smokeless Tobacco: **Equalized: No; Weight-Based: No**

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

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

Access to Cessation Services: B*

OVERVIEW OF STATE CESSATION COVERAGE

STATE MEDICAID PROGRAM:

Medicaid Medications: **All 7 medications are covered**

Medicaid Counseling: **Some counseling is covered**

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

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **No data provided**

Counseling: **No data provided**

Barriers to Coverage: **No data provided**

STATE QUITLINE:

Investment per Smoker: **$6.70; the median investment per smoker is $2.37**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **Yes**

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

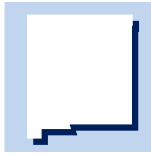
Citation: See New Mexico Tobacco Cessation Coverage page for coverage details.

* New Mexico has earned a "B" in the Access to Services category as a result of failing to provide data after multiple requests. The state earned an "A" grade in this category in last year's report when all requested information was provided.

Flavored Tobacco Products: F

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

New Mexico State Highlights:



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

1. Increase funding for the state's tobacco prevention and control program;
2. Increase excise taxes on tobacco products by $1.00 per pack or more; and
3. Remove statewide preemption for tobacco product sales laws.

The American Lung Association in New Mexico provides leadership in convening partners and guiding public policy efforts to continue the state's success in reducing the impact of tobacco among New Mexicans. Together with our partners, the Lung Association works to ensure tobacco control and prevention remains a priority for state legislators and local decision makers.

In 2022, the Lung Association's focus was to continue to educate legislators, legislative staff, and the general public about smoking and the importance of providing tobacco cessation programs for adults and youth, and the dangers of secondhand smoke. During the legislative session the Lung Association along with our partners worked on legislation to increase the excise tax on tobacco products by $2.00 per pack. Unfortunately, the bill did not see any movement.

Funding for the state tobacco control program from tobacco Master Settlement Agreement dollars saw a significant 30% cut last fiscal year but was restored to its previous level of $5.4 million for this fiscal year.

Moving forward in 2023, the American Lung Association in New Mexico will once again make it a priority to educate our legislature and communities about the dangers of tobacco use and the importance of a well-funded tobacco prevention and cessation program. Additionally, the Lung Association will work to increase the tobacco prevention and control program funding and to remove statewide preemption on tobacco product sales laws.

New Mexico State Facts

Health Care Cost Due to Smoking:	$843,869,235
Adult Smoking Rate:	13.3%
High School Smoking Rate:	8.9%
High School Tobacco Use Rate:	37.5%
Middle School Smoking Rate:	4.3%
Smoking Attributable Deaths:	2,630

Adult smoking data come from CDC's 2021 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use data come from the 2019 Youth Risk Behavior Surveillance System. Middle school smoking rate is taken from the 2017 New Mexico Youth Risk and Resiliency Survey.

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

New York Report Card

American Lung Association.
State of Tobacco Control
2023

NEW YORK

Tobacco Prevention and Control Program Funding: F

FY2023 State Funding for Tobacco Control Programs:	$39,162,600
FY2023 Federal Funding for State Tobacco Control Programs:	$2,905,769*
FY2023 Total Funding for State Tobacco Control Programs:	$42,068,369
CDC Best Practices State Spending Recommendation:	$203,000,000
Percentage of CDC Recommended Level:	20.7%
State Tobacco-Related Revenue:	$1,854,600,000

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

Smokefree Air: A

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government work sites: **Prohibited**

Private work sites: **Prohibited**

Schools: **Prohibited**

Child care facilities: **Prohibited**

Restaurants: **Prohibited**

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

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

Retail stores: **Prohibited**

Recreational/cultural facilities: **Prohibited**

E-Cigarettes Included: **Yes**

Penalties: **Yes**

Enforcement: **Yes**

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

Citation: N.Y. [PUB. HEALTH] LAW §§ 1399-n to 1399-x (2019).

Tobacco Taxes: B

CIGARETTE TAX:

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

OTHER TOBACCO PRODUCT TAXES:

Tax on Little Cigars: **Equalized: Yes; Weight-Based: No**

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

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

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

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

Access to Cessation Services: C

OVERVIEW OF STATE CESSATION COVERAGE

STATE MEDICAID PROGRAM:

Medicaid Medications: **All 7 medications are covered**

Medicaid Counseling: **Most counseling is covered**

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

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

Counseling: **Some counseling is covered**

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

STATE QUITLINE:

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

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **Insurance commissioner guidance**

Tobacco Surcharge: **Prohibits tobacco surcharges**

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

Flavored Tobacco Products: D

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

New York State Highlights:

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

1. Increase the tobacco tax by a minimum of $1.00 per pack including other tobacco products;
2. Prohibit the sale of all flavored tobacco products; and
3. Increase funding for the New York state tobacco control program.

New York has long been a national leader regarding its tobacco control laws. During the 2022 legislative session New York wasn't very active when it came to tobacco control policy. However, in July 2022, Governor Kathy Hochul signed into law Assembly Bill 5061/ Senate Bill 4142; a measure which prohibits smoking in public parks and sets a $50 fine for violations with exceptions for those in the Adirondack and Catskill Parks.

Despite a better budget climate, the 2022-23 state budget for the tobacco control program was level-funded at $39.8 million, about 21% of the Centers for Disease Control and Prevention (CDC)'s recommended level when federal funding from the CDC is included. The CDC recommends that New York spend $203 million on its tobacco control program.

The 2022 legislative session was once again primarily held remotely due to health and safety concerns posed by COVID-19, however, a coalition of tobacco program members, including youth, were able to meet with lawmakers virtually or in-person back in district when conditions allowed.

On the local level, the Westchester County Board of Legislators overwhelmingly passed a measure that would have prohibited the sale of menthol flavored tobacco products in the county. Unfortunately, County Executive George Latimer vetoed the legislation.

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

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

The American Lung Association will continue to build upon its work in 2022 with a sustained push on increasing funding for the tobacco control program in 2023. The Lung Association will also advocate for raising the tax on cigarettes, and other tobacco products, which have not been increased since 2010 and on enacting a statewide prohibition on the sale of all flavored tobacco products. The removal of menthol cigarettes, flavored cigars and other flavored tobacco products is a social justice and health equity issue and must be addressed.

New York State Facts

Health Care Cost Due to Smoking:	$10,389,849,268
Adult Smoking Rate:	12%
High School Smoking Rate:	2.4%
High School Tobacco Use Rate:	25.6%
Middle School Smoking Rate:	N/A
Smoking Attributable Deaths:	28,170

Adult smoking data come from CDC's 2021 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use data come from the 2020 New York Youth Tobacco Survey. High school tobacco use includes cigarettes, cigars, smokeless tobacco, hookah, and electronic cigarettes, making it incomparable to other states. A current middle school smoking rate is not available for this state.

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

North Carolina Report Card

American Lung Association.
State of Tobacco Control
2023

NORTH CAROLINA

Tobacco Prevention and Control Program Funding: F

FY2023 State Funding for Tobacco Control Programs: $13,399,600

FY2023 Federal Funding for State Tobacco Control Programs: $2,353,231*

FY2023 Total Funding for State Tobacco Control Programs: $15,752,831

CDC Best Practices State Spending Recommendation: $99,300,000

Percentage of CDC Recommended Level: 15.9%

State Tobacco-Related Revenue: $458,600,000

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

Smokefree Air: F

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government work sites: **Restricted (prohibited in state government buildings)**

Private work sites: **No provision**

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

Child care facilities: **Restricted**

Restaurants: **Prohibited**

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

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

Retail stores: **No provision**

Recreational/cultural facilities: **No provision**

E-Cigarettes Included: **No**

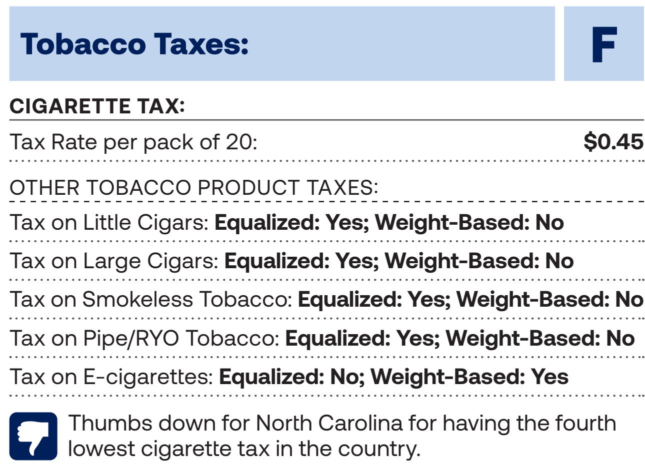
Penalties: **Yes**

Enforcement: **Yes**

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

Citation: N.C. GEN. STAT. §§ 130A-491 to 130A-498 (2010), 115C-407 (2007), 131D-4.4 (2007) & 131E-114.3 (2007).

Tobacco Taxes: F



CIGARETTE TAX:

Tax Rate per pack of 20: **$0.45**

OTHER TOBACCO PRODUCT TAXES:

Tax on Little Cigars: **Equalized: Yes; Weight-Based: No**

Tax on Large Cigars: **Equalized: Yes; Weight-Based: No**

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

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

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

Thumbs down for North Carolina for having the fourth lowest cigarette tax in the country.

Access to Cessation Services: F

OVERVIEW OF STATE CESSATION COVERAGE

STATE MEDICAID PROGRAM:

Medicaid Medications: **All 7 medications are covered**

Medicaid Counseling: **Some counseling is covered**

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

Medicaid Expansion: **No**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

Counseling: **Some counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$1.97; the median investment per smoker is $2.37**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

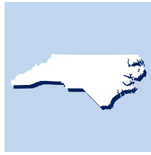
Tobacco Surcharge: **Limits tobacco surcharges**

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

Flavored Tobacco Products: F

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

North Carolina State Highlights:



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

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

The North Carolina General Assembly has been quite busy in 2022 with the end of the 2021 "Long Session" on March 11, 2022. This represents the longest session since 1965 which spanned 199 legislative days and ended in a different year than it was started in. The North Carolina General Assembly returned in May 2022 to start their "Short Session." While the "Short Session" was quite busy on other issues, such as Medicaid expansion discussions, the 2022 legislative session was quiet on the tobacco prevention and control front.

The American Lung Association and other partners continued to support and monitor the implementation of the JUUL settlement funds by the Tobacco Prevention and Control Branch within the North Carolina Department of Health and Human Services. The funds are being allocated over a 6-year time period with a focus on tobacco and nicotine dependence prevention and cessation activities.

Outside of the formal legislative session process, there was significant conversations among state agencies and prominent committees about the importance of implementing a comprehensive and evidence-based tobacco retail licensing system. This should also include policy changes to raise the sale age of tobacco products to 21 years old to align with federal law. Additionally, the American Lung Association was encouraged by the ongoing conversations on Medicaid expansion in North Carolina, especially given the proposed impact on tobacco cessation coverage once the policy change is implemented.

In 2023, the American Lung Association in North Carolina will join our tobacco control partners, including the North Carolina Alliance for Health, to educate state legislators about the health and economic benefits of strong tobacco control policies, including a comprehensive tobacco retail licensing program. The Lung Association will also continue to work with partners to ensure adequate funding for the tobacco, prevention and control activities within the Tobacco Prevention and Control Branch of the North Carolina Department of Health and Human Services.

North Carolina State Facts

Health Care Cost Due to Smoking:	$3,809,676,476
Adult Smoking Rate:	14.4%
High School Smoking Rate:	5.7%
High School Tobacco Use Rate:	27.3%
Middle School Smoking Rate:	2.4%
Smoking Attributable Deaths:	14,220

Adult smoking data come from CDC's 2021 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use and middle school smoking rates come from the 2019 North Carolina Youth Tobacco Survey. High school tobacco use includes cigarettes, cigars, smokeless tobacco, and electronic vapor products, as well as pipe, bidis, roll-your-own cigarettes, hookah, snus, dissolvable tobacco products, and clove cigars, making it incomparable to other states.

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

North Dakota Report Card

American Lung Association.
State of Tobacco Control
2023

Tobacco Prevention and Control Program Funding: C

FY2023 State Funding for Tobacco Control Programs:	$5,684,000
FY2023 Federal Funding for State Tobacco Control Programs:	$1,055,244*
FY2023 Total Funding for State Tobacco Control Programs:	$6,739,244
CDC Best Practices State Spending Recommendation:	$9,800,000
Percentage of CDC Recommended Level:	68.8%
State Tobacco-Related Revenue:	$51,000,000

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

Smokefree Air: A

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government work sites: **Prohibited**

Private work sites: **Prohibited**

Schools: **Prohibited**

Child care facilities: **Prohibited**

Restaurants: **Prohibited**

Bars: **Prohibited**

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

Retail stores: **Prohibited**

Recreational/cultural facilities: **Prohibited**

E-Cigarettes Included: **Yes**

Penalties: **Yes**

Enforcement: **Yes**

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

Citation: N.D. CENT. CODE §§ 23-12-9 to 23-12-11 (2013).

Tobacco Taxes: F

CIGARETTE TAX:

Tax Rate per pack of 20: **$0.44**

OTHER TOBACCO PRODUCT TAXES:

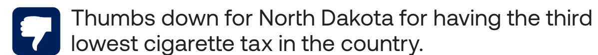
Tax on Little Cigars: **Equalized: Yes; Weight-Based: No**

Tax on Large Cigars: **Equalized: Yes; Weight-Based: No**

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

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

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



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

Access to Cessation Services: A

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medicaid Medications: **All 7 medications are covered**

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

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

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

Counseling: **Some counseling is covered**

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

STATE QUITLINE:

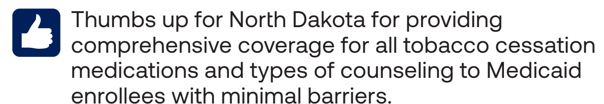
Investment per Smoker: **$9.94; the median investment per smoker is $2.37**

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 with minimal barriers.

Flavored Tobacco Products: F

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

North Dakota State Highlights:

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

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

North Dakota is ranked at 49th in the U.S. for its tobacco tax of 44 cents per pack. The tax has not been raised since 1993. Raising tobacco taxes by significant amounts has been proven to be one of the most impactful ways to prevent and reduce tobacco use, especially among youth.

In 2022, North Dakota was in the middle of their legislative biennium, with no convening of the legislature until 2023. Therefore, funding for the state's tobacco control program remained at the same level as passed in the current biennial budget in 2021 at close to $5.7 million this year.

The American Lung Association in North Dakota will continue its work in 2023 to educate both state and local decision makers about the benefits of a higher tobacco tax and restricting access to flavored tobacco products.

North Dakota State Facts

Health Care Cost Due to Smoking:	$325,798,988
Adult Smoking Rate:	15.0%
High School Smoking Rate:	8.3%
High School Tobacco Use Rate:	35.5%
Middle School Smoking Rate:	2.4%
Smoking Attributable Deaths:	980

Adult smoking data come from CDC's 2021 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use rates are taken from the 2019 Youth Risk Behavior Surveillance System. Middle school smoking rate is taken from the 2017 Youth Tobacco Survey.

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

Ohio Report Card

American Lung Association. State of Tobacco Control 2023

O H I O

Tobacco Prevention and Control Program Funding: F

FY2023 State Funding for Tobacco Control Programs:	$14,823,521
FY2023 Federal Funding for State Tobacco Control Programs:	$2,464,914*
FY2023 Total Funding for State Tobacco Control Programs:	$17,288,435
CDC Best Practices State Spending Recommendation:	$132,000,000
Percentage of CDC Recommended Level:	13.1%
State Tobacco-Related Revenue:	$1,237,300,000

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

Thumbs up for Ohio for increasing funding for its state tobacco control program by $2.5 million this fiscal year compared to the last two-year state budget.

Smokefree Air: A

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government work sites: **Prohibited**

Private work sites: **Prohibited**

Schools: **Prohibited**

Child care facilities: **Prohibited**

Restaurants: **Prohibited**

Bars: **Prohibited**

Casinos/Gaming Establishments: **Prohibited**

Retail stores: **Prohibited**

Recreational/cultural facilities: **Prohibited**

E-Cigarettes Included: **Yes**

Penalties: **Yes**

Enforcement: **Yes**

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

Citation: OHIO REV. CODE ANN §§ 3794.01 to 3794.09 (2017).

Tobacco Taxes: F

CIGARETTE TAX:

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

OTHER TOBACCO PRODUCT TAXES:

Tax on Little Cigars: **Equalized: Yes; Weight-Based: No**

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

Tax on Smokeless Tobacco: **Equalized: No; Weight-Based: No**

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

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

Access to Cessation Services: C

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medicaid Medications: **All 7 medications are covered**

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

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

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

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

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

STATE QUITLINE:

Investment per Smoker: **$2.09; the median investment per smoker is $2.37**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

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

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

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

Flavored Tobacco Products: F

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

Ohio State Highlights:

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

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

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

Local efforts are underway in Ohio to prohibit the sale of flavored tobacco products and to enact tobacco retailer licensing to enable enforcement. The Lung Association was pleased that the city of Columbus passed an ordinance in December 2022 ending the sale of most flavored products. Data shows that flavored tobacco products attract young people to try these products. About 85% of youth e-cigarette users use a flavored product, according to the most recently released national data.

However, passage of this ordinance did spur an attempt by the Ohio legislature at the urging of the tobacco industry to preempt stronger local ordinances on virtually all tobacco control topics in December 2022, which would have nullified hundreds of local ordinances. Thankfully, Governor DeWine vetoed this legislation, but the Lung Association expects similar legislation to be proposed in 2023.

The Lung Association also calls for parity for taxes on non-cigarette forms of tobacco like spit tobacco, cigars, and e-cigarettes with the cigarette tax. These tobacco products attract younger, more price sensitive consumers and raising taxes on these products to achieve parity with cigarette taxes can prevent some kids from becoming addicted in the first place. The Lung Association hopes that the new legislature will be more receptive to increasing tobacco taxes than the last few legislatures.

As we look to 2023, the American Lung Association in Ohio will continue to work with a broad coalition of stakeholders to increase funding for evidence-based tobacco prevention and cessation programs and put restrictions on the sale of flavored tobacco products.

Ohio State Facts

Health Care Cost Due to Smoking:	$5,647,310,236
Adult Smoking Rate:	18.0%
High School Smoking Rate:	4.9%
High School Tobacco Use Rate:	36.7%
Middle School Smoking Rate:	2.6%
Smoking Attributable Deaths:	20,180

Adult smoking data come from CDC's 2021 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use rates are taken from the 2019 Youth Risk Behavior Surveillance System. Middle school smoking rate is taken from the 2018-2019 Ohio Youth Tobacco Survey.

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

Oklahoma Report Card

American Lung Association.
State of Tobacco Control
2023

OKLAHOMA

Tobacco Prevention and Control Program Funding: A

FY2023 State Funding for Tobacco Control Programs:	$32,982,291
FY2023 Federal Funding for State Tobacco Control Programs:	$1,618,668*
FY2023 Total Funding for State Tobacco Control Programs:	$34,600,959
CDC Best Practices State Spending Recommendation:	$42,300,000
Percentage of CDC Recommended Level:	81.8%
State Tobacco-Related Revenue:	$523,500,000

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

Thumbs up for Oklahoma for continuing to constitutionally protect the state's allocation of tobacco settlement dollars, so a consistent and increasing investment in tobacco prevention and cessation can be made.

Smokefree Air: D

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government work sites: **Restricted (prohibited on state government property)**

Private work sites: **Restricted**

Schools: **Prohibited**

Child care facilities: **Prohibited**

Restaurants: **Restricted**

Bars: **No provision**

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

Retail stores: **Prohibited**

Recreational/cultural facilities: **Prohibited**

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

Penalties: **Yes**

Enforcement: **Yes**

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

Citation: OKLA. STAT. ANN. tit. 21, § 1247 & tit. 63, §§ 1-1521 et seq. (2017).

Tobacco Taxes: D

CIGARETTE TAX:

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

OTHER TOBACCO PRODUCT TAXES:

Tax on Little Cigars: **Equalized: Yes; Weight-Based: No**

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

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

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

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

Access to Cessation Services: A

OVERVIEW OF STATE CESSATION COVERAGE

STATE MEDICAID PROGRAM:

Medicaid Medications: **All 7 medications are covered**

Medicaid Counseling: **Some counseling is covered**

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

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **Most medications are covered**

Counseling: **Some counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$11.18; the median investment per smoker is $2.37**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

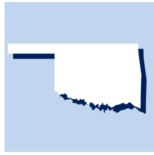
Tobacco Surcharge: **No prohibition or limitation on tobacco surcharges**

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

Flavored Tobacco Products: F

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

Oklahoma State Highlights:



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

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

In 2022, Oklahoma lawmakers took the bold step of eliminating criminal penalties for the purchase, use, and possession of tobacco products, including e-cigarettes, by those under 21, instead requiring offenders to complete a tobacco education course. Led by Representative Cynthia Roe, the law instructs the Alcoholic Beverage Laws Enforcement (ABLE) Commission to work with the State Department of Health to develop a tobacco use cessation program.

The legislature additionally pushed back an implementation date of a 2021 law from July 2022 to July 2023 relating to e-cigarette products permitted to be sold in the state. The law instructed every e-cigarette company to certify with the ABLE Commission that they had applied for a Premarket Tobacco Product Application to the Food and Drug Administration (FDA) and that they had received a marketing order, and instructed the commission to publish a listing of all companies and products with approval. If an e-cigarette manufacturer did not meet these certifications, it would be unlawful to distribute, sell, or manufacture in the state. With the FDA's lack of enforcement, it is more critical than ever for states to not delay in reviewing which products are sold in the state.

The American Lung Association and advocates continued to promote the protection of funds and annual tobacco Master Settlement Agreement payments to the state's Tobacco Settlement Endowment Trust, a unique state institution. The Lung Association and partners also pushed for improvements to the state's retail license structure for tobacco and e-cigarette retailers. Currently a tobacco retail license costs just $30 for a 3-year permit and there is no license for e-cigarette retailers. A bill was successfully defeated with a meager $5 per year license to sell e-cigarette products.

In 2022, the state's tobacco control coalition was renewed, and the newly formed Oklahoma Tobacco Control Alliance began regular meetings with partners across the state. Led by the American Lung Association in partnership with the State Department of Health, the coalition will work comprehensively to advance tobacco control efforts in the state.

The American Lung Association calls on lawmakers to continue their work from 2022 by focusing criminal penalties on those who sell tobacco and e-cigarette products and education for impressionable youth. Additionally, secondhand smoke remains a concern for the health of all Oklahomans, and the Lung Association encourages the state to remove its local preemption laws and support a statewide smokefree indoor air law. Finally, the state must stay vigilant in protecting the Tobacco Settlement Endowment Trust, a key factor in the state's above average tobacco control funding.

Oklahoma State Facts

Health Care Cost Due to Smoking:	$1,622,429,589
Adult Smoking Rate:	16.9%
High School Smoking Rate:	9.1%
High School Tobacco Use Rate:	30.8%
Middle School Smoking Rate:	4.1%
Smoking Attributable Deaths:	7,490

Adult smoking data come from CDC's 2021 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use rates are taken from the 2019 Youth Risk Behavior Surveillance System. Middle school smoking rate is taken from the 2016 Youth Tobacco Survey.

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

Oregon Report Card

American Lung Association.
State of Tobacco Control
2023

OREGON

Tobacco Prevention and Control Program Funding: A

FY2023 State Funding for Tobacco Control Programs:	$53,108,908
FY2023 Federal Funding for State Tobacco Control Programs:	$1,556,750*
FY2023 Total Funding for State Tobacco Control Programs:	$54,665,658
CDC Best Practices State Spending Recommendation:	$39,300,000
Percentage of CDC Recommended Level:	139.1%
State Tobacco-Related Revenue:	$511,200,000

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

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

Thumbs up for Oregon for substantially increasing funding for its state tobacco control program when compared to the last two-year state budget and exceeding the CDC-recommended funding level this year.

Smokefree Air: A

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government work sites: **Prohibited**

Private work sites: **Prohibited**

Schools: **Prohibited**

Child care facilities: **Prohibited**

Restaurants: **Prohibited**

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

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

Retail stores: **Prohibited (allowed in smoke shops)**

Recreational/cultural facilities: **Prohibited**

E-Cigarettes Included: **Yes**

Penalties: **Yes**

Enforcement: **Yes**

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

Citation: OR. REV. STAT. §§ 433.835 to 433.990 (2020).

Tobacco Taxes: C

CIGARETTE TAX:

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

OTHER TOBACCO PRODUCT TAXES:

Tax on Little Cigars: **Equalized: Yes; Weight-Based: No**

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

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

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

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

Access to Cessation Services: C

OVERVIEW OF STATE CESSATION COVERAGE

STATE MEDICAID PROGRAM:

Medicaid Medications: **All 7 medications are covered**

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

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

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

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

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

STATE QUITLINE:

Investment per Smoker: **$1.49; the median investment per smoker is $2.37**

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.

Flavored Tobacco Products: F

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

Oregon State Highlights:

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

1. Eliminate the sale of all flavored tobacco products; and
2. Ensure Oregon's Clean Indoor Air remains strong without exemptions

In 2022, the Oregon legislature convened its 'short session' from February 1 to March 7; and no major tobacco bills were considered. Funding for the state's tobacco prevention and control program was at $53.1 million this state fiscal year. This amount includes unspent tobacco tax revenues collected from January 1 to June 30, 2021, so funding is expected to decrease during the next biennial budget.

With the passage of Senate bill 587B during the 2021 legislative session, the Oregon Health Authority worked to implement retail tobacco licensure through a series of meetings and public hearings. The law went into effect January 1, 2022 and implementation continues.

On May 17, 2022, voters in Washington County overwhelmingly supported Measure 34-314 to end the sale of flavored tobacco products in the County. This policy was supported and passed by the County Board of Commissioners in October 2021. The policy was subsequently temporarily blocked by Washington County Circuit Court Judge Andrew Erwin. Three additional lawsuits were filed and the Court has since struck down the policy believing it is preempted by state law despite their being no language in state law that explicitly says so. The American Lung Association, along with stakeholders are asking the County Commissioners to appeal this decision.

Multnomah County, which includes the city of Portland, also approved an ordinance in December 2022 eliminating the sale of virtually all flavored tobacco products, including flavored tobacco used in hookahs. This is a big victory in the largest county in the state that the Lung Association hopes will be a catalyst for a statewide flavored tobacco effort.

During the 2023 legislative session, the American Lung Association will work with partners to support legislation to end the sale of flavored tobacco products statewide. The Lung Association will also work to protect other tobacco control policy measures and recent gains, including Oregon's Clean Indoor Air Act.

Oregon State Facts

Health Care Cost Due to Smoking:	$1,547,762,592
Adult Smoking Rate:	12.4%
High School Smoking Rate:	4.9%
High School Tobacco Use Rate:	23.1%
Middle School Smoking Rate:	2.6%
Smoking Attributable Deaths:	5,470

Adult smoking data come from CDC's 2021 Behavioral Risk Factor Surveillance System. High school (11th grade only) smoking and tobacco use, and middle school (8th grade only) smoking rates are taken from the 2019 Oregon Healthy Teens Survey. High school tobacco use includes cigarettes, cigars, smokeless tobacco, and electronic vapor products, as well as hookah, making it incomparable to other states.

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

Pennsylvania Report Card

American Lung Association. State of Tobacco Control 2023

PENNSYLVANIA

Tobacco Prevention and Control Program Funding: F

FY2023 State Funding for Tobacco Control Programs:	$15,549,000
FY2023 Federal Funding for State Tobacco Control Programs:	$2,399,303*
FY2023 Total Funding for State Tobacco Control Programs:	$17,948,303
CDC Best Practices State Spending Recommendation:	$140,000,000
Percentage of CDC Recommended Level:	12.8%
State Tobacco-Related Revenue:	$1,591,600,000

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

Smokefree Air: D

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government work sites: **Prohibited**

Private work sites: **Prohibited**

Schools: **Prohibited**

Child care facilities: **Prohibited**

Restaurants: **Restricted**

Bars: **No provision**

Casinos/Gaming Establishments: **Restricted**

Retail stores: **Prohibited**

Recreational/cultural facilities: **Prohibited**

E-Cigarettes Included: **No**

Penalties: **Yes**

Enforcement: **Yes**

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

Citation: 35 PA. STAT §§ 637.1 to 637.11 (2008).

Tobacco Taxes: F

CIGARETTE TAX:

Tax Rate per pack of 20: **$2.60**

OTHER TOBACCO PRODUCT TAXES:

Tax on Little Cigars: **Equalized: Yes; Weight-Based: No**

Tax on Large Cigars: **Equalized: No; Weight-Based: N/A**

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

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

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

Access to Cessation Services: D

OVERVIEW OF STATE CESSATION COVERAGE

STATE MEDICAID PROGRAM:

Medicaid Medications: **All 7 medications are covered.**

Medicaid Counseling: **Some counseling is covered**

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

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **Few medications are covered**

Counseling: **Minimal counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$1.57; the median investment per smoker is $2.37**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

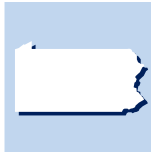
Tobacco Surcharge: **No prohibition or limitation on tobacco surcharges**

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

Flavored Tobacco Products: F

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

Pennsylvania State Highlights:



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

1. Preserve state funding for comprehensive tobacco prevention and control programs;
2. Close loopholes in Pennsylvania's Clean Indoor Air Act; and
3. Increase tobacco taxes and equalize rates across all tobacco products.

During the 2022 legislative session, the Lung Association and partners continued a comprehensive statewide effort to educate legislators and the public on the importance of tobacco control programs and their necessity to further reduce tobacco use, especially during the ongoing COVID-19 pandemic that has serious impacts on lung health. A successful virtual day at the Capitol was held with participants across the commonwealth discussing the necessity of sustaining robust funding for Pennsylvania's tobacco prevention program. Fortunately, again, lawmakers heard the advocates and saw the benefits and continued funding the program at previous levels with no reductions.

Unfortunately, little progress was made in the legislature beyond securing funding for the tobacco control program. Building on momentum from the past year, efforts again were made to close loopholes in the Clean Indoor Air Act and make the prohibition of smoking in casinos permanent; however, that attempt did not pass. The Lung Association hopes to continue to work with lawmakers and workers to advance this legislation in 2023.

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

The American Lung Association in Pennsylvania will continue to work with our partners in 2023 to educate lawmakers and the public on the importance of enacting proven policies to prevent and reduce tobacco use such as properly funding tobacco prevention and cessation programs, removing exemptions from the state Clean Indoor Air Act, and increasing tobacco taxes and equalizing rates across all tobacco products.

Pennsylvania State Facts

Health Care Cost Due to Smoking:	$6,383,194,368
Adult Smoking Rate:	14.4%
High School Smoking Rate:	6.6%
High School Tobacco Use Rate:	26.7%
Middle School Smoking Rate:	1.3%
Smoking Attributable Deaths:	22,010

Adult smoking data come from CDC's 2021 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use data come from the 2019 Youth Risk Behavior Surveillance System. Middle school smoking rate is taken from the 2015 Youth Tobacco Survey.

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

Rhode Island Report Card

American Lung Association.
State of Tobacco Control
2023

R H O D E   I S L A N D

Tobacco Prevention and Control Program Funding: F

FY2023 State Funding for Tobacco Control Programs:	$415,452
FY2023 Federal Funding for State Tobacco Control Programs:	$1,383,858*
FY2023 Total Funding for State Tobacco Control Programs:	$1,799,310
CDC Best Practices State Spending Recommendation:	$12,800,000
Percentage of CDC Recommended Level:	14.1%
State Tobacco-Related Revenue:	$200,300,000

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

Thumbs down for Rhode Island for spending little state money on tobacco prevention and cessation programs despite smoking costing the state close to $640 million in healthcare costs each year.

Smokefree Air: A

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government work sites: **Prohibited**

Private work sites: **Prohibited**

Schools: **Prohibited**

Child care facilities: **Prohibited**

Restaurants: **Prohibited**

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

Casinos/Gaming Establishments: **Restricted**

Retail stores: **Prohibited**

Recreational/cultural facilities: **Prohibited**

E-Cigarettes Included: **Yes**

Penalties: **Yes**

Enforcement: **Yes**

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

Citation: R.I. GEN. LAWS §§ 23-20.10-1 et seq. (2018).

Tobacco Taxes: B

CIGARETTE TAX:

Tax Rate per pack of 20: **$4.25**

OTHER TOBACCO PRODUCT TAXES:

Tax on Little Cigars: **Equalized: Yes; Weight-Based: No**

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

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

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

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

Access to Cessation Services: B

OVERVIEW OF STATE CESSATION COVERAGE

STATE MEDICAID PROGRAM:

Medicaid Medications: **All 7 medications are covered**

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

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

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

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

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

STATE QUITLINE:

Investment per Smoker: **$1.71; the median investment per smoker is $2.37**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **Yes**

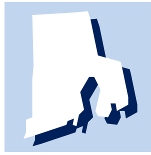
Tobacco Surcharge: **Prohibits tobacco surcharges**

Citation: See Rhode Island Tobacco Cessation Coverage page for coverage details.

Flavored Tobacco Products: D

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

Rhode Island State Highlights:



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

1. Establish tax parity for all tobacco products and fund tobacco control programs at the Centers for Disease Control and Prevention (CDC)-recommended level;
2. Ensure all Rhode Islanders have a smokefree workplace by establishing smokefree casinos; and
3. Establish pharmacists prescribing authority for FDA-approved cessation medication.

During the 2022 Rhode Island Legislative session the American Lung Association weighed in on 17 tobacco related bills. During the early days of session, the Lung Association advocated for increased tobacco control, prevention, and enforcement funding to be included in the Governors FY23 proposed budget. In Spring of 2022, there were a range of hearings on policies related to pharmacist prescribing of cessation medication, ending the sale of tobacco products in pharmacies, smokefree casinos, restricting the sale of flavored tobacco products, and legislation that would enable municipalities to pass local tobacco control ordinances. The Lung Association worked to actively oppose industry led legislation that would have undone the March 2020 regulation that currently restricts the sale of flavored e-cigarettes in Rhode Island.

In April 2022, the Lung Association led a Virtual Week of Action alongside state partners. The week commenced with a live training and celebration for advocates and legislators recognizing the passage of the Tobacco 21 law. During the week, 92 advocates representing 31 communities took a combined 134 actions. These actions included calls to legislators and a photo story initiative. Later that month, the Lung Association worked to support more than 100 casino workers in their advocacy for a smokefree workplace. While this legislation did not pass, the Lung Association will continue to work toward successful passage of this important legislation.

In May 2022, Governor Dan McKee signed the Rhode Island Cannabis Act into law, which legalized adult use and retail sale of cannabis throughout the State. This legislation states that the smoking or vaporizing of cannabis is prohibited in any public place that prohibits the smoking or vaporizing of tobacco products as well as any place that prohibits the smoking or vaporizing of cannabis including by rule, regulation, or by local ordinance.

Tobacco Free Rhode Island (TFRI), a grant funded through the Department of Health and administered by the Lung Association worked with the Rhode Island Regional Prevention Coalitions and two state agencies to launch a media campaign to raise awareness about the increased tobacco sales age. Tobacco 21 campaign ads were seen more than 6 million times and led thousands of Rhode Islanders to the TFRI website where they could learn about the new law, signage requirements, and more.

Looking ahead to 2023, the American Lung Association calls on Rhode Island policy makers now more than ever, to adequately fund tobacco control efforts at or above the CDC-recommended level to ensure all Rhode Islanders are protected from a lifetime of tobacco dependence and disease.

Rhode Island State Facts

Health Care Cost Due to Smoking:	$639,604,224
Adult Smoking Rate:	12.4%
High School Smoking Rate:	4.2%
High School Tobacco Use Rate:	33.3%
Middle School Smoking Rate:	1.6%
Smoking Attributable Deaths:	1,780

Adult smoking data come from CDC's 2021 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use data come from the 2019 Youth Risk Behavior Surveillance System. Middle school smoking rate is taken from the 2019 Rhode Island Youth Risk Behavior Survey.

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

South Carolina Report Card

American Lung Association. State of Tobacco Control 2023

SOUTH CAROLINA

Tobacco Prevention and Control Program Funding: F

FY2023 State Funding for Tobacco Control Programs:	$5,000,000
FY2023 Federal Funding for State Tobacco Control Programs:	$1,720,878*
FY2023 Total Funding for State Tobacco Control Programs:	$6,720,878
CDC Best Practices State Spending Recommendation:	$51,000,000
Percentage of CDC Recommended Level:	13.2%
State Tobacco-Related Revenue:	$226,900,000

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

Smokefree Air: F

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government work sites: **Restricted**

Private work sites: **No provision**

Schools: **Restricted**

Child care facilities: **Prohibited**

Restaurants: **No provision**

Bars: **No provision**

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

Retail stores: **No provision**

Recreational/cultural facilities: **Restricted**

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

Penalties: **Yes**

Enforcement: **Yes**

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

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

Note: The Smokefree Air grade only examines state law and does not reflect local smokefree ordinances. South Carolina has made great strides in protecting people from secondhand smoke by passing comprehensive local smokefree ordinances that cover 32.1% of the state's population.

Tobacco Taxes: F

CIGARETTE TAX:

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

OTHER TOBACCO PRODUCT TAXES:

Tax on Little Cigars: **Equalized: No; Weight-Based: No**

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

Tax on Smokeless Tobacco: **Equalized: No; Weight-Based: No**

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

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

Access to Cessation Services: B

OVERVIEW OF STATE CESSATION COVERAGE

STATE MEDICAID PROGRAM:

Medicaid Medications: **All 7 medications are covered**

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

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

Medicaid Expansion: **No**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **Some medications are covered**

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

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

STATE QUITLINE:

Investment per Smoker: **$6.20; the median investment per smoker is $2.37**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

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

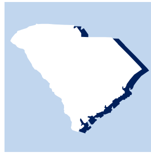
Citation: See South Carolina Tobacco Cessation Coverage page for coverage details.

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

Flavored Tobacco Products: F

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

South Carolina State Highlights:



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

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

During the 2022 legislative session in South Carolina, the American Lung Association and partners continued to defend against tobacco industry's attempts to take away authority from local governments to protect kids from becoming addicted to tobacco. The tobacco industry never stops trying to undercut tobacco prevention and control activities that would impact their bottom line.

House Bill 3681, introduced during the 2021 legislative session, returned to the spotlight due to pressure from the tobacco industry. The bill was ultimately pulled from the contested calendar for consideration by the Senate. The Lung Association and our allies were prepared and launched a remarkable campaign highlighting the impact this bill would have on tobacco use among youth and young adults. After multiple attempts, the tobacco industry's tactics failed in the final hours of the 2022 legislative session. House Bill 3681 was officially defeated.

House Bill 3754 was considered by the Committee on Medical, Military, Public and Municipal Affairs but was not brought up for a vote. This legislation would have established a comprehensive retail licensing program on tobacco products, including electronic cigarettes. South Carolina is one of only 10 states that does not require a license for retail sales of tobacco products. Additionally, legislation was introduced to prohibit flavored e-cigarettes and establish a state-based e-cigarette directory. While this legislation was not considered, it would have left thousands of flavored products on the market given it did not prohibit all tobacco products and all flavors.

In 2023, the American Lung Association in South Carolina will join our tobacco control partners to educate state legislators about the health and economic benefits of strong tobacco control policies, including a comprehensive, evidence-based tobacco retail licensing program. The Lung Association will also continue to defend against any attempts by the tobacco industry to weaken state tobacco control laws, such as prohibiting the passage of stronger local tobacco control laws.

South Carolina State Facts

Health Care Cost Due to Smoking:	$1,906,984,487
Adult Smoking Rate:	15.5%
High School Smoking Rate:	5.9%
High School Tobacco Use Rate:	27.5%
Middle School Smoking Rate:	3.2%
Smoking Attributable Deaths:	7,230

Adult smoking data come from CDC's 2021 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use data come from the 2019 Youth Risk Behavior Surveillance System. Middle school smoking rate is taken from the 2017 Youth Tobacco Survey.

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

American Lung Association. State of Tobacco Control 2023

South Dakota Report Card

S O U T H D A K O T A

Tobacco Prevention and Control Program Funding: F

FY2023 State Funding for Tobacco Control Programs:	$4,500,000
FY2023 Federal Funding for State Tobacco Control Programs:	$1,046,792*
FY2023 Total Funding for State Tobacco Control Programs:	$5,546,792
CDC Best Practices State Spending Recommendation:	$11,700,000
Percentage of CDC Recommended Level:	47.4%
State Tobacco-Related Revenue:	$81,600,000

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

Smokefree Air: B

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government work sites: **Prohibited**

Private work sites: **Prohibited**

Schools: **Prohibited**

Child care facilities: **Prohibited**

Restaurants: **Prohibited**

Bars: **Prohibited (smoking of certain tobacco products allowed in certain bars)**

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

Retail stores: **Prohibited**

Recreational/cultural facilities: **Prohibited**

E-Cigarettes Included: **Yes**

Penalties: **Yes**

Enforcement: **Yes**

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

Citation: S.D. CODIFIED LAWS §§ 34-46-1 & 34-46-13 to 34-46-19 (2019).

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

Tobacco Taxes: F

CIGARETTE TAX:

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

OTHER TOBACCO PRODUCT TAXES:

Tax on Little Cigars: **Equalized: Yes; Weight-Based: No**

Tax on Large Cigars: **Equalized: Yes; Weight-Based: No**

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

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

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

Access to Cessation Services: D

OVERVIEW OF STATE CESSATION COVERAGE

STATE MEDICAID PROGRAM:

Medicaid Medications: **Minimal medications are covered**

Medicaid Counseling: **Minimal counseling is covered**

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

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **Covers all 7 medications**

Counseling: **No counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$18.32; the median investment per smoker is $2.37**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

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

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

Thumbs down for South Dakota for providing the worst cessation coverage for Medicaid enrollees in the country.

Flavored Tobacco Products: F

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

South Dakota State Highlights:

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

1 Increase the tax on cigarettes and other commercial tobacco products, including e-cigarettes;

2. Fully fund South Dakota's tobacco control program; and

3. Amend the state law that prevents the state Medicaid program from covering all tobacco cessation medications.

The South Dakota Department of Health, along with national, state and local partners have been implementing the 2020–2025 strategic plan. The four goal areas of the plan include: preventing initiation of commercial tobacco use among youth and young adults, promoting quitting among adults and youth, eliminating exposure to secondhand smoke and identifying and eliminating tobacco-related disparities among population groups.

During the 2022 legislative session, funding for the states tobacco control program was set at $4.5 million from tobacco tax revenues, the same level as the past few years. Protecting this funding is important to be able to serve the priority populations in the state strategic plan and to fund quit smoking services. Additional funding for the program could help reach more people, more quickly.

Medicaid coverage of quit smoking treatments in South Dakota is also far from comprehensive, and one of the main reasons is a state law that prevents the state Medicaid program from buying nicotine. Unfortunately, without an exception this has the unintended consequence of preventing the state from buying FDA-approved nicotine replacement therapy. The Lung Association encourages legislators to address this issue in 2023 by creating an exception for FDA-approved tobacco cessation medications, so Medicaid enrollees who smoke at higher rates can gain access to a fuller range of quit smoking treatment options.

The American Lung Association was part of the work to expand Medicaid through a ballot measure in November 2022 that was approved by voters. The Lung Association is happy that 42,500 more South Dakota residents will now have access to the comprehensive healthcare coverage that they need to breathe, including access to preventive services like tobacco cessation support. Medicaid coverage is also a critical tool to reduce health disparities.

The coalition in South Dakota, including the American Lung Association has strong roots across the state and is working together to support tobacco control best practices and to implement the strategic plan to reduce the harm from commercial tobacco in South Dakota in 2023.

South Dakota State Facts

Health Care Cost Due to Smoking:	373,112,273
Adult Smoking Rate:	15.3%
High School Smoking Rate:	12%
High School Tobacco Use Rate:	29.7%
Middle School Smoking Rate:	2%
Smoking Attributable Deaths:	1,250

Adult smoking data come from CDC's 2021 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use data come from the 2019 Youth Risk Behavior Surveillance System. Middle school smoking rate is taken from the 2017 Youth Tobacco Survey.

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

TENNESSEE

Tennessee Report Card

American Lung Association.
State of Tobacco Control
2023

Tobacco Prevention and Control Program Funding: F

FY2023 State Funding for Tobacco Control Programs:	$2,000,000
FY2023 Federal Funding for State Tobacco Control Programs:	$1,664,198*
FY2023 Total Funding for State Tobacco Control Programs:	$3,664,198
CDC Best Practices State Spending Recommendation:	$75,600,000
Percentage of CDC Recommended Level:	4.8%
State Tobacco-Related Revenue:	$406,300,000

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

Smokefree Air: C

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government work sites: **Prohibited**

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

Schools: **Prohibited**

Child care facilities: **Prohibited**

Restaurants: **Restricted***

Bars: **Restricted***

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

Retail stores: **Prohibited**

Recreational/cultural facilities: **Prohibited**

E-Cigarettes Included: **Yes**

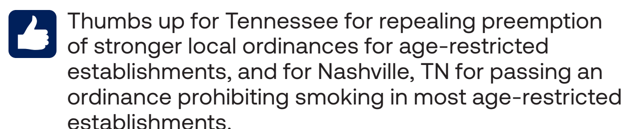
Penalties: **Yes**

Enforcement: **Yes**

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

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

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


Thumbs up for Tennessee for repealing preemption of stronger local ordinances for age-restricted establishments, and for Nashville, TN for passing an ordinance prohibiting smoking in most age-restricted establishments.

Tobacco Taxes: F

CIGARETTE TAX:

Tax Rate per pack of 20: **$0.62**

OTHER TOBACCO PRODUCT TAXES:

Tax on Little Cigars: **Equalized: Yes; Weight-Based: No**

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

Tax on Smokeless Tobacco: **Equalized: No; Weight-Based: No**

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

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

Access to Cessation Services: F

OVERVIEW OF STATE CESSATION COVERAGE

STATE MEDICAID PROGRAM:

Medicaid Medications: **All 7 medications are covered**

Medicaid Counseling: **Some counseling is covered**

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

Medicaid Expansion: **No**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

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

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

STATE QUITLINE:

Investment per Smoker: **$0.43; the median investment per smoker is $2.37**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

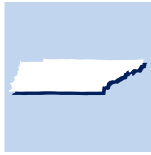
Tobacco Surcharge: **No prohibition or limitation on tobacco surcharges**

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

Flavored Tobacco Products: F

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

Tennessee State Highlights:



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

1. Allocate the $13 million in JUUL settlement funds the state will receive to the state tobacco use prevention and cessation program and ensure that funding is spent according to the Centers for Disease Control and Prevention's Best Practices for Comprehensive Tobacco Control Programs;
2. Require all tobacco retail businesses to obtain licenses, provide for and fund specific enforcement measures and establish a meaningful penalty structure for underage sales violations; and
3. Support local comprehensive smokefree laws covering age-restricted venues, including e-cigarettes.

In response to input from the American Lung Association and its partner organizations, a powerful Tennessee legislator withdrew his bill to create a Class C misdemeanor for a person who has not attained 21 years of age to consume or possess vapor products on public school property that serves any of the grades K through 12. The Lung Association and partner organizations were successful in communicating concerns about placing criminal penalties on kids who have been intentionally targeted, lured and addicted by Big Tobacco.

With the support of the Lung Association and partner organizations, the Tennessee General Assembly passed legislation in 2022 to allow local governments to adopt smokefree ordinances covering age-restricted establishments such as music venues and bars, thereby helping close a significant loophole in the state's smokefree workplaces law.

Nashville became the first metropolitan area in Tennessee to take up such an ordinance. In October 2022, the proposal passed 30-4 with one abstention. Very significantly, strong partner opposition to an effort to exempt roughly 50 existing "dive bars" that currently allow smoking was successful and the amendment was soundly defeated. Disappointingly, the council voted to exempt hookah bars and businesses that sell for on-premises consumption certain smoked hemp-derived products, which are legal in Tennessee.

The Lung Association will continue to support comprehensive smokefree proposals for age-restricted venues in other communities across the state throughout 2023.

In addition, it is anticipated that Tennessee will receive approximately $13 million in JUUL settlement funds over six to 10 years. Tobacco control partners in the state expect to advocate for those funds to be allocated to complement current funding for the state tobacco prevention and cessation program.

As the legislature begins its work in 2023, the Lung Association will continue its efforts to educate policymakers, business leaders and media on the importance of the American Lung Association's goals to reduce all tobacco use, including e-cigarettes, and to protect public health.

Tennessee State Facts

Health Care Cost Due to Smoking:	$2,672,824,085
Adult Smoking Rate:	19.7%
High School Smoking Rate:	7.1%
High School Tobacco Use Rate:	27.9%
Middle School Smoking Rate:	N/A
Smoking Attributable Deaths:	11,380

Adult smoking data come from CDC's 2021 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use rates are taken from the 2019 Youth Risk Behavior Surveillance System. A current middle school smoking rate is not available for this state.

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

TEXAS

Texas Report Card

American Lung Association. State of Tobacco Control 2023

Tobacco Prevention and Control Program Funding: F

FY2023 State Funding for Tobacco Control Programs: $3,516,437

FY2023 Federal Funding for State Tobacco Control Programs: $3,349,957*

FY2023 Total Funding for State Tobacco Control Programs: $6,866,394

CDC Best Practices State Spending Recommendation: $264,100,000

Percentage of CDC Recommended Level: 2.6%

State Tobacco-Related Revenue: $1,868,400,000

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

Smokefree Air: F

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government work sites: **No provision**

Private work sites: **No provision**

Schools: **Restricted**

Child care facilities: **Prohibited**

Restaurants: **No provision**

Bars: **No provision**

Casinos/Gaming Establishments: **No provision**

Retail stores: **No provision**

Recreational/cultural facilities: **Restricted**

E-Cigarettes Included: **Yes**

Penalties: **Yes**

Enforcement: **Yes**

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

Citation: TEX. PENAL CODE ANN. § 48.01 (2015); TX EDUC. CODE § 38.006 (2015); and TX ADMIN. CODE tit. 40, Part 19, Subchapter S, Div. 1 §§ 746.3703(d) (1995) & 747.3503(d) (1990).

Note: The Smokefree Air grade only examines state tobacco control law and does not reflect local smokefree ordinances. Texas has made great strides in protecting people from secondhand smoke by passing comprehensive local smokefree ordinances that cover 43.5% of the state's population.

Tobacco Taxes: F

CIGARETTE TAX:

Tax Rate per pack of 20: **$1.41**

OTHER TOBACCO PRODUCT TAXES:

Tax on Little Cigars: **Equalized: No; Weight-Based: Yes**

Tax on Large Cigars: **Equalized: No; Weight-Based: Yes**

Tax on Smokeless Tobacco: **Equalized: Yes; Weight-Based: Yes**

Tax on Pipe/RYO Tobacco: **Equalized: Yes; Weight-Based: Yes**

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

Access to Cessation Services: F

OVERVIEW OF STATE CESSATION COVERAGE

STATE MEDICAID PROGRAM:

Medicaid Medications: **All 7 medications are covered**

Medicaid Counseling: **Some counseling is covered**

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

Medicaid Expansion: **No**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

Counseling: **Some counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$0.58; the median investment per smoker is $2.37**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

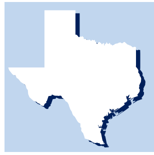
Tobacco Surcharge: **No prohibition or limitation on tobacco surcharges**

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

Flavored Tobacco Products: F

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

Texas State Highlights:



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

1. Increase funding for tobacco prevention and control programs;
2. Eliminate the e-cigarette tax loophole with a tax at parity with cigarettes; and
3. Improve the state's surveillance of tobacco retailers, ensuring each retailer is subject to an annual compliance check.

While the Texas Legislature did not convene in 2022, the impact of their actions in 2021 began to take shape. Starting January 1, 2022, e-cigarette retailers are required to hold a permit to sell their products. As of August 2022, more than 12,000 e-cigarette retailers have submitted and received permits. The state now has a more comprehensive database of tobacco and e-cigarette retailers, which can be a critical tool for both enforcement of tobacco sales laws and community monitoring of retailers.

Despite the improvements around tobacco and e-cigarette retail licensure, the state significantly cut funding for tobacco enforcement programs, leading to thousands fewer controlled buys on tobacco retailers. Efforts are underway to improve the retailer compliance structure to ensure every tobacco retailer is subject to a compliance check.

The American Lung Association and partners spent 2022 advocating for increased funding for the state's tobacco control programs, meeting with agency staff and advocating at several public meetings. In late 2022, the Department of State Health Services revealed their proposed budget through the Legislative Appropriations Request. For the first time in several sessions, the request included an increase in tobacco control funds of approximately $3 million annually. The decision on whether to approve these funds now rests with the legislature.

In addition to the state's spending through the Department of State Health Services, the Cancer Prevention and Research Institute of Texas continued to make investments in tobacco prevention. In 2022, more than $5 million in grants went to researchers and programs focused on tobacco prevention and cessation. Since 2009, more than $22 million has been granted to support tobacco prevention efforts through the cancer fighting state agency.

Texas lawmakers have a unique opportunity to take bold action on tobacco in the 2023 legislative session. With an estimated budget surplus of $27 billion, the state must invest more in tobacco prevention and cessation programs. Its current funding ranks Texas near the bottom nationally of per-capita spending on tobacco control and is the key foundation upon which other tobacco prevention and reduction policies are built. Secondly, after two sessions of action on e-cigarette taxes, we urge the legislature to finally pass a robust tax on e-cigarettes, as a percentage of price, and dedicate those funds to tobacco control programs.

Texas State Facts

Health Care Cost Due to Smoking:	$8,855,602,443
Adult Smoking Rate:	13.1%
High School Smoking Rate:	3.9%
High School Tobacco Use Rate:	19.1%
Middle School Smoking Rate:	1.8%
Smoking Attributable Deaths:	28,030

Adult smoking data come from CDC's 2021 Behavioral Risk Factor Surveillance System. High school (11th grade only) smoking and tobacco use and middle school (8th grade only) smoking rates are taken from the 2020 Texas School Survey.

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

UTAH

Utah Report Card

American Lung Association.
State of Tobacco Control
2023

Tobacco Prevention and Control Program Funding: A

FY2023 State Funding for Tobacco Control Programs:	$15,501,400
FY2023 Federal Funding for State Tobacco Control Programs:	$1,256,406*
FY2023 Total Funding for State Tobacco Control Programs:	$16,757,806
CDC Best Practices State Spending Recommendation:	$19,300,000
Percentage of CDC Recommended Level:	86.8%
State Tobacco-Related Revenue:	$136,800,000

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

Smokefree Air: A

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government work sites: **Prohibited**

Private work sites: **Prohibited**

Schools: **Prohibited**

Child care facilities: **Prohibited**

Restaurants: **Prohibited**

Bars: **Prohibited**

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

Retail stores: **Prohibited**

Recreational/cultural facilities: **Prohibited**

E-Cigarettes Included: **Yes**

Penalties: **Yes**

Enforcement: **Yes**

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

Citation: UTAH CODE ANN. §§ 26-38-1 et seq. (2020).

Tobacco Taxes: F

CIGARETTE TAX:

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

OTHER TOBACCO PRODUCT TAXES:

Tax on Little Cigars: **Equalized: Yes; Weight-Based: No**

Tax on Large Cigars: **Equalized: Yes; Weight-Based: No**

Tax on Smokeless Tobacco: **Equalized: Yes; Weight-Based: Yes**

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

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

Access to Cessation Services: B

OVERVIEW OF STATE CESSATION COVERAGE

STATE MEDICAID PROGRAM:

Medicaid Medications: **Most medications are covered**

Medicaid Counseling: **Some counseling is covered**

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

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

Counseling: **Some counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$6.65; the median investment per smoker is $2.37**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **Insurance Commissioner bulletin**

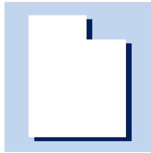
Tobacco Surcharge: **No prohibition or limitation on tobacco surcharges**

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

Flavored Tobacco Products: F

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

Utah State Highlights:



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

1. Increase the cigarette tax by $1.00 per pack, with parity across all tobacco products; and
2. Eliminate the sale of all flavored tobacco products.

The American Lung Association in Utah supports evidence-based policy interventions to reduce tobacco use rates and prevent youth initiation. Together with our partners, the Lung Association works to ensure tobacco control and prevention remains a priority for state legislators and local decisionmakers.

The Lung Association continued to educate elected officials and the general public about the negative public health impacts of tobacco use in Utah, and the ongoing importance of providing adequately funded tobacco prevention and cessation programs. In 2022, the legislature passed House Bill 34, expanding the definition of certain tobacco products in Utah and closing a loophole that may have allowed new tobacco industry products to avoid taxation.

In fiscal year 2023, Utah maintained its standing among the top states in the country for tobacco prevention and cessation funding. The program is funded by a combination of tobacco Master Settlement Agreement dollars, tobacco tax revenue and e-cigarette tax revenue.

Moving forward, the American Lung Association in Utah will continue to educate policymakers about the dangers of tobacco use and the importance of a well-funded tobacco prevention and cessation program in 2023. A significant increase on taxes for all tobacco products remains the top tobacco control policy goal in Utah.

Utah State Facts

Health Care Cost Due to Smoking:	$542,335,526
Adult Smoking Rate:	7.2%
High School Smoking Rate:	2.2%
High School Tobacco Use Rate:	10.7%
Middle School Smoking Rate:	N/A
Smoking Attributable Deaths:	1,340

Adult smoking data come from CDC's 2021 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use rates are taken from the 2019 Youth Risk Behavior Surveillance System. A current middle school smoking rate is not available for this state.

Health impact information is taken from the Smoking Attributable Mortality, Morbidity and Economic Costs (SAMMEC) software. Smoking attributable deaths reflect average annual estimates for the period 2005-2009 and are calculated for persons aged 35 years and older. Smoking-attributable healthcare expenditures based on 2004 smoking-attributable fractions and 2009 personal healthcare expenditure data. Deaths and expenditures should not be compared by state.

Vermont Report Card

American Lung Association.
State of Tobacco Control
2023

VERMONT

Tobacco Prevention and Control Program Funding: F

FY2023 State Funding for Tobacco Control Programs:	$2,692,021
FY2023 Federal Funding for State Tobacco Control Programs:	$1,101,504*
FY2023 Total Funding for State Tobacco Control Programs:	$3,793,525
CDC Best Practices State Spending Recommendation:	$8,400,000
Percentage of CDC Recommended Level:	45.2%
State Tobacco-Related Revenue:	$104,400,000

* Includes tobacco prevention and cessation funding provided to states from the Centers of Disease Control and Prevention.

Smokefree Air: A

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government work sites: **Prohibited**

Private work sites: **Prohibited**

Schools: **Prohibited**

Child care facilities: **Prohibited**

Restaurants: **Prohibited**

Bars: **Prohibited**

Casinos/Gaming Establishments: **N/A**

Retail stores: **Prohibited**

Recreational/cultural facilities: **Prohibited**

E-Cigarettes Included: **Yes**

Penalties: **Yes**

Enforcement: **Yes**

Preemption/Local Opt-Out: **No**

Citation: VT STAT. ANN. tit. 18, §§ 28-1421 to 28-1428 (2016) & 37-1741 et seq. (2018).

Tobacco Taxes: B

CIGARETTE TAX:

Tax Rate per pack of 20: **$3.08**

OTHER TOBACCO PRODUCT TAXES:

Tax on Little Cigars: **Equalized: Yes; Weight-Based: No**

Tax on Large Cigars: **Equalized: Yes; Weight-Based: No**

Tax on Smokeless Tobacco: **Equalized: Yes; Weight-Based: Yes**

Tax on Pipe/RYO Tobacco: **Equalized: Yes; Weight-Based: No**

Tax on E-cigarettes: **Equalized: Yes; Weight-Based: No**

Access to Cessation Services: A

OVERVIEW OF STATE CESSATION COVERAGE

STATE MEDICAID PROGRAM:

Medicaid Medications: **All 7 medications are covered**

Medicaid Counseling: **Some counseling is covered**

Medicaid Barriers to Coverage: **Minimal barriers exist to access care**

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **Some medications are covered**

Counseling: **Some counseling is covered**

Barriers to Coverage: **Some barriers exist to access care**

STATE QUITLINE:

Investment per Smoker: **$6.24; the median investment per smoker is $2.37**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **Yes**

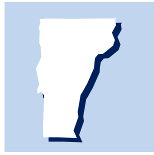
Tobacco Surcharge: **Prohibits tobacco surcharges**

Citation: See Vermont Tobacco Cessation Coverage page for coverage details.

Flavored Tobacco Products: F

Restrictions on Flavored Tobacco Products: **No state law or regulation**

Vermont State Highlights:



Tobacco use remains the leading cause of preventable death and disease in the United States and in Vermont. To address this enormous toll, the American Lung Association calls for the following actions to be taken by Vermont's elected officials:

1. Increase the tobacco tax by a minimum of $1.00 per pack;
2. Increase funding for comprehensive tobacco prevention and cessation; and
3. Eliminate the sale of all flavored tobacco products.

The 2022 legislative session of the Vermont General Assembly was relatively dormant on tobacco control policy. Though two hearings on Senate bill 24, a bill to end the sale of flavored tobacco products, including menthol, were held in 2021, further action in 2022 was stalled in both the House and Senate after passage by the Senate Health and Welfare Committee. The Lung Association provided testimony in support of the legislation.

The Lung Association will continue to build on the initial groundwork and continue to advance measures to address the use of flavored tobacco products. Enticed by kid-friendly flavors that also mask the harshness that comes with inhalation, Vermont's youth are being set up for a lifetime of nicotine addiction. The state must act now to end all sales of flavored tobacco products.

Additionally, while Vermont headed into the 2021 session with a substantial budget surplus and provided no additional funding for fiscal year 2022, the tobacco control program did receive one-time additional funding for fiscal year 2023. Currently while tobacco use is increasing in the state, Vermont remains several million dollars short of the funding recommendation from the Centers for Disease Control and Prevention.

According to the Vermont 2020 Behavioral Risk Factor Surveillance System Survey Results:

* Among LGBT Vermonters, attempts to quit smoking cigarettes increased from 31% (2019) to 61% (2020).
* E-cigarette use is 3 times higher among young adults (18-24; 12%) than the statewide rate (4%).
* Adults who currently smoke cigarettes use e-cigarettes at 12 times the rate of adults who never smoked (12% vs. 1%), while adults who formerly smoked use e-cigarettes at six times the rate of adults who never smoked (6% vs. 1%).

The American Lung Association in Vermont will continue to work with the Coalition for a Tobacco Free Vermont and many more organizations in 2023 as we grow our numbers to educate policy makers, business leaders and the media of the importance of advancing strong tobacco control and prevention efforts and to build upon our past successes in the Green Mountain State.

Vermont State Facts

Health Care Cost Due to Smoking:	$348,112,248
Adult Smoking Rate:	14.8%
High School Smoking Rate:	6.9%
High School Tobacco Use Rate:	28.2%
Middle School Smoking Rate:	2%
Smoking Attributable Deaths:	960

Adult smoking data come from CDC's 2021 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use data come from the 2019 Youth Risk Behavior Surveillance System. Middle school smoking data comes from the Vermont 2019 Youth Risk Behavior Surveillance System; results are rounded to the nearest whole number.

Health impact information is taken from the Smoking Attributable Mortality, Morbidity and Economic Costs (SAMMEC) software. Smoking attributable deaths reflect average annual estimates for the period 2005-2009 and are calculated for persons aged 35 years and older. Smoking-attributable healthcare expenditures based on 2004 smoking-attributable fractions and 2009 personal healthcare expenditure data. Deaths and expenditures should not be compared by state.

American Lung Association.
State of Tobacco Control
2023

Virginia Report Card

Tobacco Prevention and Control Program Funding: F

FY2023 State Funding for Tobacco Control Programs:	$11,865,243
FY2023 Federal Funding for State Tobacco Control Programs:	$1,847,658*
FY2023 Total Funding for State Tobacco Control Programs:	$13,712,901
CDC Best Practices State Spending Recommendation:	$91,600,000
Percentage of CDC Recommended Level:	15%
State Tobacco-Related Revenue:	$425,300,000

* Includes tobacco prevention and cessation funding provided to states from the Centers of Disease Control and Prevention.

Smokefree Air: F

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government work sites: **Restricted**

Private work sites: **No provision**

Schools: **Prohibited (public schools only)**

Child care facilities: **Prohibited (excludes home-based childcare providers)**

Restaurants: **Restricted**

Bars: **Restricted**

Casinos/Gaming Establishments: **No provision**

Retail stores: **Restricted**

Recreational/cultural facilities: **Restricted**

E-Cigarettes Included: **Only in K-12 Schools and on School Property**

Penalties: **Yes**

Enforcement: **Yes**

Preemption/Local Opt-Out: **Yes**

Citation: VA. CODE ANN. §§ 15.2-2820 to 15.2-2828 (2009) & 22.1-79.5 & 22.1-279.6(H) (2014).

Tobacco Taxes: F

CIGARETTE TAX:

Tax Rate per pack of 20: **$0.60**

OTHER TOBACCO PRODUCT TAXES:

Tax on Little Cigars: **Equalized: Yes; Weight-Based: No**

Tax on Large Cigars: **Equalized: Yes; Weight-Based: No**

Tax on Smokeless Tobacco: **Equalized: No; Weight-Based: Yes**

Tax on Pipe/RYO Tobacco: **Equalized: Yes; Weight-Based: No**

Tax on E-cigarettes: **Equalized: No; Weight-Based: Yes**

Access to Cessation Services: D

OVERVIEW OF STATE CESSATION COVERAGE

STATE MEDICAID PROGRAM:

Medicaid Medications: **All 7 medications are covered**

Medicaid Counseling: **All 3 types of counseling is covered**

Medicaid Barriers to Coverage: **Minimal barriers exist to access care**

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **Some medications are covered**

Counseling: **Some counseling is covered**

Barriers to Coverage: **Minimal barriers exist to access care**

STATE QUITLINE:

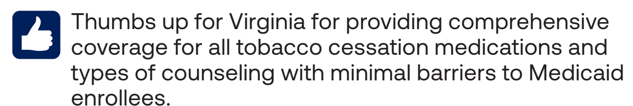
Investment per Smoker: **$0.81; the median investment per smoker is $2.37**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

Tobacco Surcharge: **No prohibition or limitation on tobacco surcharges**

Citation: See Virginia Tobacco Cessation Coverage page for coverage details.



Thumbs up for Virginia for providing comprehensive coverage for all tobacco cessation medications and types of counseling with minimal barriers to Medicaid enrollees.

Flavored Tobacco Products: F

Restrictions on Flavored Tobacco Products: **No state law or regulation**

Virginia State Highlights:

Tobacco use remains a leading cause of preventable death and disease in the United States and in Virginia. To address this enormous toll, the American Lung Association calls for the following actions to be taken by Virginia's elected officials:

1. Require tobacco product retailers to obtain a license;
2. Repeal the tobacco surcharge in healthcare premiums to increase access to tobacco cessation services; and
3. Increase the cigarette tax by at least $1.00 per pack and create parity between the tax on cigarettes and other tobacco products.

During the 2022 legislative session the Lung Association and public health partners supported a bill that would have required tobacco retailers in Virginia to obtain a license and repeal the purchase use and possession penalties for youth which have not been shown to be effective. The bill was assigned to General Laws where it failed to have a committee vote and was unable to move forward. Also, during the 2022 session a bill which would have repealed the tobacco surcharge passed the General Assembly with broad support. The bill was vetoed by the Governor and the Lung Association along with its partners advocated for an override which unfortunately failed.

Currently, Virginia does not require tobacco and e-cigarette retailers to obtain a tobacco retail license. Without a comprehensive tobacco retail license program, Virginia cannot effectively enforce, educate, monitor, or penalize illegal sales of tobacco products to people under age 21. Strong retail licensing requirements have been found to reduce youth e-cigarette and tobacco use. Legislation is required to maintain a comprehensive list of retailers in the Commonwealth and monitor retailer compliance through required compliance checks and graduated penalties for violations with suspension and revocation provisions. Another important component of any legislation would be to remove the youth purchase, use and possession penalties targeted at kids which have not been shown to be effective in reducing youth use of tobacco.

The Virginia Foundation for Healthy Youth, established in 1999 by the Virginia General Assembly using tobacco Master Settlement Agreement funding has a mission to empower Virginia's youth to make healthy choices by reducing and preventing tobacco and nicotine use, substance use and childhood obesity. VFHY has used this funding to conduct sustained prevention messaging which includes award-winning and fully evaluated marketing campaigns to more than 500,000 children annually.

Tobacco surcharges are increased rates that health insurers are allowed to charge participants who use tobacco, in Virginia this rate can be up to 1.5 times higher for tobacco users. Punitive measures like tobacco surcharges have not been proven effective in encouraging smokers to quit and can cause tobacco users to opt out of health coverage altogether. Access to comprehensive healthcare is an integral component of ensuring that smokers to able to get assistance to help them quit and end their addiction to nicotine.

In 2023, the American Lung Association in Virginia will continue to educate lawmakers on the ongoing need to reduce tobacco use. Our goal is to build new champions within the legislature and a grassroots advocacy network to advance our goals of establishing a comprehensive retail licensing program and repealing the tobacco surcharge.

Virginia State Facts

Health Care Cost Due to Smoking:	$3,113,009,298
Adult Smoking Rate:	12.4%
High School Smoking Rate:	5.5%
High School Tobacco Use Rate:	22.5%
Middle School Smoking Rate:	1.9%
Smoking Attributable Deaths:	10,310

Adult smoking data come from CDC's 2021 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use data come from the 2019 Youth Risk Behavior Surveillance System. Middle school smoking rate is taken from the Virginia 2019 Youth Risk Behavior Surveillance System.

Health impact information is taken from the Smoking Attributable Mortality, Morbidity and Economic Costs (SAMMEC) software. Smoking attributable deaths reflect average annual estimates for the period 2005-2009 and are calculated for persons aged 35 years and older. Smoking-attributable healthcare expenditures based on 2004 smoking-attributable fractions and 2009 personal healthcare expendituredata. Deaths and expenditures should not be compared by state.

Washington Report Card

American Lung Association. State of Tobacco Control 2023

W A S H I N G T O N

Tobacco Prevention and Control Program Funding: F

FY2023 State Funding for Tobacco Control Programs:	$6,578,553
FY2023 Federal Funding for State Tobacco Control Programs:	$1,828,532*
FY2023 Total Funding for State Tobacco Control Programs:	$8,407,085
CDC Best Practices State Spending Recommendation:	$63,600,000
Percentage of CDC Recommended Level:	13.2%
State Tobacco-Related Revenue:	$510,000,000

* Includes tobacco prevention and cessation funding provided to states from the Centers of Disease Control and Prevention.

Thumbs up for Washington for increasing funding for its tobacco prevention and control program by over $5 million this fiscal year.

Smokefree Air: A

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government work sites: **Prohibited**

Private work sites: **Prohibited**

Schools: **Prohibited**

Child care facilities: **Prohibited**

Restaurants: **Prohibited**

Bars: **Prohibited**

Casinos/Gaming Establishments: **Prohibited (tribal establishments not subject to state law)**

Retail stores: **Prohibited**

Recreational/cultural facilities: **Prohibited**

E-Cigarettes Included: **Only in a few specific public places and workplaces**

Penalties: **Yes**

Enforcement: **Yes**

Preemption/Local Opt-Out: **Yes**

Citation: WASH. REV. CODE § 70.345.150 (2016).

Tobacco Taxes: C

CIGARETTE TAX:

Tax Rate per pack of 20: **$3.025**

OTHER TOBACCO PRODUCT TAXES:

Tax on Little Cigars: **Equalized: Yes; Weight-Based: No**

Tax on Large Cigars: **Equalized: No; Weight-Based: No**

Tax on Smokeless Tobacco: **Equalized: No; Weight-Based: Yes**

Tax on Pipe/RYO Tobacco: **Equalized: Yes; Weight-Based: No**

Tax on E-cigarettes: **Equalized: No; Weight-Based: Yes**

Access to Cessation Services: F

OVERVIEW OF STATE CESSATION COVERAGE

STATE MEDICAID PROGRAM:

Medicaid Medications: **All 7 medications are covered**

Medicaid Counseling: **Minimal counseling is covered**

Medicaid Barriers to Coverage: **Minimal barriers exist to access care**

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **Some medications are covered**

Counseling: **Most types of counseling are covered**

Barriers to Coverage: **Minimal barriers exist to access care**

STATE QUITLINE:

Investment per Smoker: **$0.48; the median investment per smoker is $2.37**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

Tobacco Surcharge: **No prohibition or limitation on tobacco surcharges**

Citation: See Washington Tobacco Cessation Coverage page for coverage details.

Flavored Tobacco Products: F

Restrictions on Flavored Tobacco Products: **No state law or regulation**

Washington State Highlights:

Tobacco use remains a leading cause of preventable death and disease in the United States and in Washington. To address this enormous toll, the American Lung Association calls for the following actions to be taken by Washington's elected officials:

1. Increase funding for tobacco prevention and cessation programs;
2. Remove penalties for youth possession, use and purchase of tobacco products; and
3. Defend Washington's Clean Indoor Air law.

During Washington's 2022 legislative session, Representative Harris sponsored House bill 1676, a bill that would have reformed the current e-liquid volume-based tax to a 33% of wholesale price excise tax. This legislation would have created the first dedicated use by statute of any tobacco tax for tobacco use prevention and cessation programs. Unfortunately, the legislation died in the House Finance Committee.

Senate bill 5129 was carryover legislation sponsored by Representative Saldana. This bill would have removed youth penalties for the purchase, use and possession of tobacco products. This bill was in the Rules committee after the 2021 session and died when it failed to gain enough support for a House floor vote.

After HB 1676 failed to move, Representative Harris was instrumental in securing dollars in the legislature's supplemental operating budget. Final language did include $5 million for the state tobacco control program to be used on community-based strategies that address disparate impacts and $121,000 to expand cessation programs. This is the first meaningful increase in funding for Washington's tobacco control program in at least 10 years.

The American Lung Association will continue to work with volunteers and stakeholders to educate and advocate for additional dedicated dollars for tobacco prevention and cessation programs and to removeyouth purchase, use and possession laws during the 2023 session.

Washington State Facts	
Health Care Cost Due to Smoking:	$2,811,911,987
Adult Smoking Rate:	10.7%
High School Smoking Rate:	5%
High School Tobacco Use Rate:	N/A
Middle School Smoking Rate:	2.7%
Smoking Attributable Deaths:	8,290

Adult smoking data come from CDC's 2021 Behavioral Risk Factor Surveillance System. High school (10th grade only) and middle school (8th grade only) smoking rates are taken from the 2018 Washington State Healthy Youth Survey. A current high school tobacco use rate is not available for this state.

Health impact information is taken from the Smoking Attributable Mortality, Morbidity and Economic Costs (SAMMEC) software. Smoking attributable deaths reflect average annual estimates for the period 2005-2009 and are calculated for persons aged 35 years and older. Smoking-attributable healthcare expenditures based on 2004 smoking-attributable fractions and 2009 personal healthcare expenditure data. Deaths and expenditures should not be compared by state.

West Virginia Report Card

American Lung Association.
State of Tobacco Control
2023

WEST VIRGINIA

Tobacco Prevention and Control Program Funding: F

FY2023 State Funding for Tobacco Control Programs:	$445,000
FY2023 Federal Funding for State Tobacco Control Programs:	$1,229,006*
FY2023 Total Funding for State Tobacco Control Programs:	$1,674,006
CDC Best Practices State Spending Recommendation:	$27,400,000
Percentage of CDC Recommended Level:	6.1%
State Tobacco-Related Revenue:	$232,400,000

* Includes tobacco prevention and cessation funding provided to states from the Centers of Disease Control and Prevention.

Smokefree Air: D

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government work sites: **Restricted**

Private work sites: **No provision**

Schools: **Prohibited (public schools only)**

Child care facilities: **Restricted**

Restaurants: **No provision**

Bars: **No provision**

Casinos/Gaming Establishments: **No provision**

Retail stores: **No provision**

Recreational/cultural facilities: **No provision**

E-Cigarettes Included: **Only in Most Parts of K-12 Schools and School Property**

Penalties: **Yes**

Enforcement: **No**

Preemption/Local Opt-Out: **No**

Citation: W. VA. CODE §§ 16-9A-4 (1987) & 31-20-5b (1997); WV Div. of Personnel Policy, Smoking Restrictions in the Workplace (2004); WV CSR §§ 64-21-10 (1997), 64-21-20 (1997) & 126-66-1 et seq. (1998).

Note: West Virginia has 59.3% of the state's population covered by comprehensive local smokefree workplace regulations. If a state has more than 50% of its population covered by local smokefree ordinances/regulations, the state is graded based on population covered by those local ordinances/regulations rather than the statewide law.

Tobacco Taxes: F

CIGARETTE TAX:

Tax Rate per pack of 20: **$1.20**

OTHER TOBACCO PRODUCT TAXES:

Tax on Little Cigars: **Equalized: No; Weight-Based: No**

Tax on Large Cigars: **Equalized: No; Weight-Based: No**

Tax on Smokeless Tobacco: **Equalized: No; Weight-Based: No**

Tax on Pipe/RYO Tobacco: **Equalized: No; Weight-Based: No**

Tax on E-cigarettes: **Equalized: No; Weight-Based: Yes**

Access to Cessation Services: F

OVERVIEW OF STATE CESSATION COVERAGE

STATE MEDICAID PROGRAM:

Medicaid Medications: **All 7 medications covered**

Medicaid Counseling: **Minimal counseling is covered**

Medicaid Barriers to Coverage: **Some barriers exist to access care**

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

Counseling: **Some counseling is covered**

Barriers to Coverage: **Some barriers exist to access care**

STATE QUITLINE:

Investment per Smoker: **$0.96; the median investment per smoker is $2.37**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

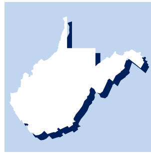
Tobacco Surcharge: **No prohibition or limitation on tobacco surcharges**

Citation: See West Virginia Tobacco Cessation Coverage page for coverage details.

Flavored Tobacco Products: F

Restrictions on Flavored Tobacco Products: **No state law or regulation**

West Virginia State Highlights:



Tobacco use remains the leading cause of preventable death and disease in the United States and in West Virginia. To address this enormous toll, the American Lung Association calls for the following actions to be taken by West Virginia's elected officials:

1. Increase funding for tobacco prevention and cessation programs aligned with the Centers for Disease Control and Prevention (CDC)-recommended level;
2. Preserve local control of smokefree laws throughout the state; and
3. Eliminate punitive youth possession, use and purchase laws and implement evidence-based policies that deter youth initiation of tobacco products.

Public health advocates were on high alert going into the 2022 legislative session following recent efforts to undermine local smokefree laws by the passage of bills that prevented local boards of health from passing strong regulations. Fortunately, these efforts did not advance and the Lung Association will continue to track attempts to restrict local communities from protecting public health. Smokefree regulations currently protect over one million West Virginians from the dangers of secondhand smoke; the Lung Association along with the dedication of partner organizations will continue to oppose state preemption and protect local, comprehensive smokefree air laws.

The Lung Association and West Virginia's youth tobacco prevention group, RAZE, has worked tirelessly to address the high rates of tobacco use in the state along with the skyrocketing e-cigarette use rates amongst young people. Through ongoing education, local and statewide events, youth continue to fight the disproportionately high burden of tobacco across West Virginia. Additional state funding for tobacco control programs could help with these efforts. West Virginia's state funding of $461,000 is too low given the scale of the problem in the state, and woefully short of the CDC-recommended level of funding. To further prevent youth from starting tobacco or switching products, the Lung Association will also continue to recommend evidenced-based polices to reduce youth tobacco use such increasing the cigarette tax and equalizing the rates across all tobacco products, including e-cigarettes.

The American Lung Association in West Virginia will continue to work with our partners in 2023 to educate lawmakers and the public on the ongoing fight against tobacco through proven policies such as increasing funding for tobacco prevention and control programs, protecting local control of smokefree air laws, and eliminating ineffective punitive policies that fail to address youth initiation of tobacco products.

West Virginia State Facts

Health Care Cost Due to Smoking:	$1,008,474,499
Adult Smoking Rate:	22.0%
High School Smoking Rate:	13.5%
High School Tobacco Use Rate:	40.6%
Middle School Smoking Rate:	4.5%
Smoking Attributable Deaths:	4,280

Adult smoking data come from CDC's 2021 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use rates are taken from the 2019 Youth Risk Behavior Surveillance System. Middle school smoking rate is taken from the 2017 Youth Tobacco Survey.

Health impact information is taken from the Smoking Attributable Mortality, Morbidity and Economic Costs (SAMMEC) software. Smoking attributable deaths reflect average annual estimates for the period 2005-2009 and are calculated for persons aged 35 years and older. Smoking-attributable healthcare expenditures based on 2004 smoking-attributable fractions and 2009 personal healthcare expenditure data. Deaths and expenditures should not be compared by state.

Wisconsin Report Card

American Lung Association. State of Tobacco Control 2023

WISCONSIN

Tobacco Prevention and Control Program Funding: F

FY2023 State Funding for Tobacco Control Programs: $5,315,000

FY2023 Federal Funding for State Tobacco Control Programs: $1,588,681*

FY2023 Total Funding for State Tobacco Control Programs: $6,903,681

CDC Best Practices State Spending Recommendation: $57,500,000

Percentage of CDC Recommended Level: 12%

State Tobacco-Related Revenue: $721,300,000

* Includes tobacco prevention and cessation funding provided to states from the Centers of Disease Control and Prevention.

Smokefree Air: A

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government work sites: **Prohibited**

Private work sites: **Prohibited**

Schools: **Prohibited**

Child care facilities: **Prohibited**

Restaurants: **Prohibited**

Bars: **Prohibited (allowed in existing tobacco bars)**

Casinos/Gaming Establishments: **Prohibited (tribal establishments not subject to state law)**

Retail stores: **Prohibited**

Recreational/cultural facilities: **Prohibited**

E-Cigarettes Included: **No**

Penalties: **Yes**

Enforcement: **Yes**

Preemption/Local Opt-Out: **Limited**

Citation: WI STAT. ANN. § 101.123 (2010).

Tobacco Taxes: D

CIGARETTE TAX:

Tax Rate per pack of 20: **$2.52**

OTHER TOBACCO PRODUCT TAXES:

Tax on Little Cigars: **Equalized: Yes; Weight-Based: No**

Tax on Large Cigars: **Equalized: No; Weight-Based: No**

Tax on Smokeless Tobacco: **Equalized: Yes; Weight-Based: No**

Tax on Pipe/RYO Tobacco: **Equalized: Yes; Weight-Based: No**

Tax on E-cigarettes: **Equalized: No; Weight-Based: Yes**

Access to Cessation Services: F

OVERVIEW OF STATE CESSATION COVERAGE

STATE MEDICAID PROGRAM:

Medicaid Medications: **All 7 medications are covered**

Medicaid Counseling: **All three types of counseling are covered**

Medicaid Barriers to Coverage: **No 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: **$1.11; the median investment per smoker is $2.37**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

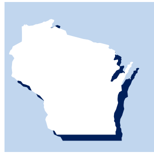
Tobacco Surcharge: **Medicaid enrollees are subject to a tobacco surcharge**

Citation: See Wisconsin Tobacco Cessation Coverage page for coverage details.

Flavored Tobacco Products: F

Restrictions on Flavored Tobacco Products: **No state law or regulation**

Wisconsin State Highlights:



Tobacco use remains a leading cause of preventable death and disease in the United States and in Wisconsin. To address this enormous toll, the American Lung Association calls for the following actions to be taken by Wisconsin's elected officials:

1. Increase tobacco prevention and control program funding;
2. Raise Wisconsin's legal age of sale for tobacco products to 21; and
3. Add e-cigarette retailers into Wisconsin's existing tobacco licensing structure.

Tobacco control advocates, including the American Lung Association worked extremely hard to pass several tobacco control bills, including Tobacco 21 and adding e-cigarette retailer licensing to the state licensing law. We also worked to allocate additional funds for tobacco prevention and control through allocation of American Recovery Plan dollars since smoking increases the risk of severe illness or death from COVID 19. Unfortunately, none of these efforts succeeded in 2022. Other COVID relief efforts were prioritized, and the Tobacco 21 and e-cigarette licensing bills, while passed by the State Assembly, never made it to a full vote on the Wisconsin Senate floor.

In the coming months, the Lung Association will work with our local volunteers and coalition partners on our 2023 legislative priorities, including strategizing to garner additional support for tobacco 21 and e-cigarette shop licensing and to identify champions in both political parties for our upcoming legislative session.

Tobacco use almost always begins during adolescence and young adulthood - about 95 percent of adult smokers began smoking before they turned 21. Raising Wisconsin's age to mirror the federal Tobacco 21 legislation will help eliminate confusion around the law and will be an important component of a comprehensive public health approach to reducing tobacco use. And giving communities local control to license e-cigarette retailers will allow them to better protect their communities from the harms of vaping, especially vulnerable youth.

In fiscal year 2023, Wisconsin is only allocating $5.315 million for tobacco prevention and cessation programs, which is significantly less than the $57.5 million recommended for Wisconsin by the Centers for Disease Control and Prevention. Investing additional dollars is crucial for Wisconsin to protect the next generation from a lifetime of addiction. As we go into the budgeting process that begins in 2023, tobacco prevention and control partners from around the state will help to advocate for increased investment in these programs.

With the public's help, the American Lung Association will ensure that our leaders pay attention to lung health, as we advocate for action to pass laws and put in place programs that will save lives in 2023.

Wisconsin State Facts

Health Care Cost Due to Smoking:	$2,663,227,988
Adult Smoking Rate:	13.3%
High School Smoking Rate:	5.7%
High School Tobacco Use Rate:	22.2%
Middle School Smoking Rate:	1.4%
Smoking Attributable Deaths:	7,850

Adult smoking data come from CDC's 2021 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use rates are taken from the 2019 Youth Risk Behavior Surveillance System. Middle school smoking rate is taken from the 2018 Wisconsin Youth Tobacco Survey.

Health impact information is taken from the Smoking Attributable Mortality, Morbidity and Economic Costs (SAMMEC) software. Smoking attributable deaths reflect average annual estimates for the period 2005-2009 and are calculated for persons aged 35 years and older. Smoking-attributable healthcare expenditures based on 2004 smoking-attributable fractions and 2009 personal healthcare expenditure data. Deaths and expenditures should not be compared by state.\

American Lung Association.
State of Tobacco Control
2023

Wyoming Report Card

W Y O M I N G

Tobacco Prevention and Control Program Funding: F

FY2023 State Funding for Tobacco Control Programs:	$2,464,776
FY2023 Federal Funding for State Tobacco Control Programs:	$1,021,016*
FY2023 Total Funding for State Tobacco Control Programs:	$3,485,792
CDC Best Practices State Spending Recommendation:	$8,500,000
Percentage of CDC Recommended Level:	41%
State Tobacco-Related Revenue:	$38,400,000

* Includes tobacco prevention and cessation funding provided to states from the Centers of Disease Control and Prevention.

Smokefree Air: F

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government work sites: **Restricted**

Private work sites: **No provision**

Schools: **No provision**

Child care facilities: **No provision**

Restaurants: **No provision**

Bars: **No provision**

Casinos/Gaming Establishments: **No provision**

Retail stores: **No provision**

Recreational/cultural facilities: **No provision**

E-Cigarettes Included: **N/A**

Penalties: **No**

Enforcement: **No**

Preemption/Local Opt-Out: **No**

Citation: Wyoming State Govt. Non-Smoking Policy (1989).

Tobacco Taxes: F

CIGARETTE TAX:

Tax Rate per pack of 20: **$0.60**

OTHER TOBACCO PRODUCT TAXES:

Tax on Little Cigars: **Equalized: Yes; Weight-Based: No**

Tax on Large Cigars: **Equalized: Yes; Weight-Based: No**

Tax on Smokeless Tobacco: **Equalized: Yes; Weight-Based: Yes**

Tax on Pipe/RYO Tobacco: **Equalized: Yes; Weight-Based: No**

Tax on E-cigarettes: **Equalized: Yes; Weight-Based: No**

Access to Cessation Services: C

OVERVIEW OF STATE CESSATION COVERAGE

STATE MEDICAID PROGRAM:

Medicaid Medications: **All 7 medications are covered**

Medicaid Counseling: **Some counseling is covered**

Medicaid Barriers to Coverage: **Some barriers exist to access care**

Medicaid Expansion: **No**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **Few medications are covered**

Counseling: **All 3 forms of counseling are covered**

Barriers to Coverage: **No barriers exist to access care**

STATE QUITLINE:

Investment per Smoker: **$6.37; the median investment per smoker is $2.37**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

Tobacco Surcharge: **No prohibition or limitation on tobacco surcharges**

Citation: See Wyoming Tobacco Cessation Coverage page for coverage details.

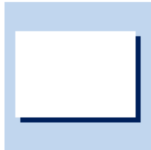
Flavored Tobacco Products: F

Restrictions on Flavored Tobacco Products: **No state law or regulation**

Wyoming State Highlights:

American Lung Association. State of Tobacco Control 2023

W Y O M I N G



Tobacco use remains a leading cause of preventable death and disease in the United States and in Wyoming. To address this enormous toll, the American Lung Association calls for the following actions to be taken by Wyoming's elected officials:

1. Increase the cigarette tax by $1.00 per pack, with parity across all tobacco products;
2. Support state and/or local smokefree workplace laws; and
3. Increase funding for tobacco prevention and cessation programs.

The American Lung Association in Wyoming supports fact-based policy interventions to reduce tobacco use rates and prevent youth initiation. Together with our partners, the Lung Association works to ensure tobacco control and prevention remains a priority for state legislators and local decisionmakers.

The Lung Association continued to educate elected officials and the general public about the negative public health impacts of tobacco use in Wyoming in 2022, and the ongoing importance of providing adequately funded tobacco prevention and cessation programs. The most important tobacco control measure that Wyoming policymakers can pursue is raising the cigarette tax by at least $1.00 per pack and ensuring parity for tax rates among all tobacco products. Unfortunately, significant tobacco tax increases were not considered by the Wyoming legislature during its 2022 legislative session.

Wyoming's cigarette tax of $0.60 per pack remains among the lowest in the country. The Lung Association will continue working with partners to support a significant increase in taxes on cigarettes and all tobacco products in 2023. Raising tobacco taxes is one of the most effective ways to drive down smoking rates and prevent many young people from ever smoking at all. Additionally, funding generated from raising tobacco taxes provides a steady source of revenue for tobacco prevention and cessation programs, and other crucial public health needs.

Wyoming State Facts	
Health Care Cost Due to Smoking:	$257,674,019
Adult Smoking Rate:	16.4%
High School Smoking Rate:	10.8%
High School Tobacco Use Rate:	38.4%
Middle School Smoking Rate:	2.4%
Smoking Attributable Deaths:	800

Adult smoking data come from CDC's 2021 Behavioral Risk Factor Surveillance System. High school (10th and 12th grade only) and middle school (6th and 8th grade only) smoking rates are taken from the 2020 \ Wyoming Prevention Needs Assessment Survey. High school tobacco use rate is taken from the 2015 Youth Risk Behavior Surveillance System.

Health impact information is taken from the Smoking Attributable Mortality, Morbidity and Economic Costs (SAMMEC) software. Smoking attributable deaths reflect average annual estimates for the period 2005-2009 and are calculated for persons aged 35 years and older. Smoking-attributable healthcare expenditures based on 2004 smoking-attributable fractions and 2009 personal healthcare expenditure data. Deaths and expenditures should not be compared by state.

About the American Lung Association

The American Lung Association is the leading organization working to save lives by improving lung health and preventing lung disease through education, advocacy and research. The work of the American Lung Association is focused on four strategic imperatives: to defeat lung cancer; to champion clean air for all; to improve the quality of life for those with lung disease and their families; and to create a tobacco-free future. For more information about the American Lung Association, a holder of the coveted 4-star rating from Charity Navigator and a Gold-Level GuideStar Member, or to support the work it does, call 1-800-LUNGUSA (1-800-586-4872) or visit: Lung.org.