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Ohio Report Card

Tobacco Prevention and Control Spending **F**

FY2010 Tobacco Control Program Funding:	\$7,367,009*
CDC Best Practices State Spending Recommendation:	\$145,000,000
Percentage of CDC Recommendation:	5.1%

*Includes FY2010 funding from the Centers for Disease Control and Prevention

Smokefree Air **A**

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government Worksites:	Prohibited
Private Worksites:	Prohibited
Schools:	Prohibited
Child Care Facilities:	Prohibited
Restaurants:	Prohibited
Bars:	Prohibited
Casinos/Gaming Establishments:	Prohibited
Retail Stores:	Prohibited
Recreational/Cultural Facilities:	Prohibited
Penalties:	Yes
Enforcement:	Yes
Preemption:	No
Citation:	OH REV. CODE ANN. §§ 3794.01 to 3794.09

Cigarette Tax **D**

Tax Rate per pack of 20:	\$1.25
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Cessation Coverage **F**

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **Covers all 7 recommended cessation medications***

Counseling: **No coverage**

Barriers to Coverage: **Barriers to coverage vary by health plan****

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **Coverage for the 7 recommended cessation medications* varies by health plan**

Counseling: **Some health plans cover group, phone and/or online counseling**

Barriers to Coverage: **Some health plans require co-payments**

PRIVATE INSURANCE MANDATE: NO PROVISION

Citation: See [Ohio Tobacco Cessation Coverage page](#) for specific sources

* The 7 recommended cessation medications are: NRT Gum, NRT Patch, NRT Nasal Spray, NRT Inhaler, NRT Lozenge, Chantix and Zyban.

**Barriers could include: Limits on duration, annual or lifetime limits on quit attempts, requiring prior authorization, requiring co-payments, requiring using one cessation treatment before using another and/or requiring the use of counseling to receive medications.

Ohio Behind the Scenes



Since tobacco use is one of the greatest threats to lung health, the American Lung Association in Ohio continues to advocate for public policy that protects people from secondhand smoke, keeps our kids from starting to smoke and helps smokers quit.

The state's biennial budget that was passed in the most recent legislative session once again failed to provide adequate funding for tobacco prevention and cessation. In the first year, the funding levels for these programs are just five percent of the level recommended by the Centers for Disease Control and Prevention (CDC). In the second year, funding was cut completely, with no money allocated to tobacco prevention and control except for a small amount of federal money provided by CDC.

To correct this problem, the Lung Association continued its leadership of the Investing in Tobacco-Free Youth Coalition. Over 60 organizations strong, this coalition is working to increase the funding of tobacco prevention and cessation programs while fighting the growing problem of non-cigarette tobacco use. The coalition asked the legislature to correct the inequity between the "other tobacco products" tax, which covers non-cigarette forms of tobacco and the cigarette tax, and to dedicate the revenue generated to tobacco prevention and control. The tax correction would provide over \$50 million annually for tobacco control programs and also would reduce youth users of these "other tobacco products" by an estimated 25 percent.

A bill was introduced in the Senate to correct the tax imbalance and fund prevention and cessation within the Ohio Department of Health. Unfortunately, the legislation was not enacted. However, the Lung Association and the coalition will continue to pursue the tax correction and funding in 2010.

One highlight from Ohio's state budget was an increase in wholesale and retail cigarette license application fees. Wholesale cigarette license application fees went from \$200 to \$1,000 and retail fees went from \$30 to \$125. Previously, the funds generated were split between enforcement of cigarette tax laws and counties and municipalities. The new law gives the majority of funds to cigarette tax law enforcement. We look forward to reduced tobacco smuggling and a reduction in the illegal sales of untaxed cigarettes, both of which encourage smoking.

Again this year, members of the legislature introduced legislation to weaken Ohio's strong smokefree workplace law. The Lung Association and its partners successfully fought off all attempts to weaken this life-saving legislation. Also during 2009, the Director of the Ohio Department of Rehabilitation and Correction implemented a tobacco-free policy for all state prisons, which applies to all prisoners, staff and employees.

As we look to 2010, the American Lung Association in Ohio will continue to advocate for full funding of scientifically-based tobacco prevention and cessation programming to protect our children, save lives and lower healthcare costs. We will also continue to be a leader in protecting our strong smokefree public places law.

Ohio State Facts

Economic Costs Due to Smoking:	\$9,174,669,000
Adult Smoking Rate:	20.1%
High School Smoking Rate:	21.6%
Middle School Smoking Rate:	5.0%
Smoking Attributable Deaths:	18,590
Smoking Attributable Lung Cancer Deaths:	5,953
Smoking Attributable Respiratory Disease Deaths:	4,953

Adult smoking rate is taken from CDC's Behavioral Risk Factor Surveillance System, 2008 Prevalence Data. High school smoking rate is taken from the 2007 Youth Risk Behavioral Surveillance System. Middle school smoking rate is taken from the 2008 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 2000-2004 and are calculated for persons aged 35 years and older. They do not take into account deaths from burns or secondhand smoke. Respiratory diseases include pneumonia, influenza, bronchitis, emphysema and chronic airway obstruction. The estimated economic impact of smoking is based on smoking-attributable health care expenditures in 2004 and the average annual productivity losses for the period 2000-2004.

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

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