State of Tobacco Control

2024 Report

"State of Tobacco Control" 2024: Menthol Cigarettes and Flavored Cigars Continue to Addict Kids and Make it Harder for Tobacco* Users to Quit; Biden Administration Delays FDA Rules that would Halt their Sale

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. These proven-effective and urgently needed tobacco control laws and policies save lives. 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.

"State of Tobacco Control" 2024 finds that the tobacco industry and its allies' influence in Washington, DC remains strong as they have convinced the Biden administration to delay finalizing lifesaving rules to end the sale of menthol cigarettes and flavored cigars further into 2024. The White House delaying final action on the rules will result in increased addiction, disease and death from tobacco products especially among Black persons in the U.S. and make achieving the Biden administration's Cancer Moonshot goals much more difficult.

Federal Government Fails to Move Forward on Historic Efforts to Reduce Tobacco Use

To fulfill its goals to reduce cancer deaths and improve health equity, the Biden administration needed to finalize the menthol cigarette and flavored cigar rules. Failing to end the sale of menthol cigarettes and flavored cigars will result in more death and disease caused by smoking, especially among historically marginalized communities. The tobacco companies have engaged in a relentless effort since the 1950s of targeted marketing of menthol cigarettes in Black communities using advertising, free samples and donations to Black community organizations. Unfortunately, they have been highly successful in this effort, with over 80% of Black individuals in the U.S who smoke using menthol cigarettes today, up from only 10% prior to the beginning of the targeted marketing in the 1950s. Menthol cigarettes make it both easier to start and harder to quit by reducing the harshness of the smoke and cooling the throat. This has led to more disease and death among Black communities. 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]

In addition, 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 2023 National Youth Tobacco Survey (NYTS) show that 64.8% of middle and high school students who smoke cigars use flavored cigars, amounting to 270,000 kids.[2] Menthol flavored little cigars can also easily act as substitutes for menthol cigarettes if their sale is not prohibited at the same time.

Based on Canada's menthol cigarette prohibition and projecting those

* 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.

results to the U.S., one study found removing menthol cigarettes from the marketplace in the U.S would result in over 1.3 million people quitting smoking, including over 381,000 Black individuals.[3] The delay of the menthol cigarette and flavored cigar rules puts these significant public health gains at risk. It will also make President Biden's Cancer Moonshot goal of preventing more than 4 million cancer deaths by 2047 that much more difficult to achieve.

"State of Tobacco Control" 2024 Federal Grades

Grading Category	Grade
Federal Regulation of Tobacco Products	C
Federal Quit Smoking Coverage	D
Federal Tobacco Taxes	F
Federal Mass Media Campaigns	A
Federal Minimum Age	I*

FDA must also finalize its review of all pending premarket tobacco product marketing applications. More than two years after the September 9, 2021, deadline established by court ruling, FDA has not yet completed its review of the millions of e-cigarette products that had submitted pre-market tobacco product applications. The FDA has not granted a marketing authorization to any menthol e-cigarette or other e-cigarette with a flavor other than tobacco to date, a major victory for lung health. However, e-cigarette companies – including Juul, RJ Reynolds and many others – have filed multiple lawsuits challenging FDA marketing denial orders. Many pre-market tobacco applications for e-cigarettes and other tobacco products submitted after September 9, 2020, remain unaddressed by FDA as well.

The federal government's enforcement against illegal e-cigarette products has been decidedly more mixed, but 2023 showed an increase in meaningful action taken against companies engaged in distribution of illegal products, notably including wholesalers, manufacturers and importers. In addition, FDA worked with U.S. Customs and Border Protection in 2023 to block the import of a number of brands of e-cigarettes and to seize e-cigarettes at the border. The U.S. Department of Justice (DOJ) also filed for a permanent injunction against an additional e-cigarette manufacturer in December 2023 and the seventh manufacturer overall. However, millions of flavored illegal e-cigarette products remain available for sale across the country contributing to the 2.13 million middle and high school students that continued using e-cigarettes in 2023 according to the Centers for Disease Control and Prevention (CDC)'s 2023 National Youth Tobacco Survey.[4] Indeed, the most popular brand among kids – Elf Bar – simply changed its name to avoid importation enforcement efforts.[5] Continued enforcement actions by the DOJ against manufacturers, importers and distributors selling illegal products will be necessary to get the situation under control.

The decline in adult cigarette smoking rates stalled out according to the most recent data, staying at 11.6% in 2022 compared to 11.5% in 2021, according to results from the CDC's 2022 National Health Interview Survey. Overall adult tobacco use actually increased in 2022 though, driven by a rise in adult e-cigarette use from 4.5% to 6%.[6] The increases in e-cigarette use over the past two years have been driven by the 18- to 24-year-old age group and 65.5% of e-cigarette users in this age group did not smoke cigarettes previously in 2022.[7]

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.[8]

Overall tobacco use rates also mask significant disparities in tobacco use among races/ethnicities and among socio-economic levels. Tobacco use remains alarmingly high among: Lesbian, Gay and Bisexual adults at 26.1% compared to 19.5% among heterosexual adults; adults enrolled in Medicaid (27.9%) and with no health insurance (26.6%) compared to 17.4% of adults with private health coverage; and among adults ever diagnosed with anxiety or depression at 27.0% compared to 16.8% among persons never diagnosed with either.[9] Certain populations are also disproportionately exposed to secondhand smoke, including: children ages 3-11, Black people in the U.S., persons living in poverty and people with a high school education or less.[10] Parts of the country, especially many Southern and Appalachian states remain unprotected from secondhand smoke in public places and workplaces at the state level.

States Continue Inadequate Efforts to Reduce Tobacco Use

It was a disappointing year for passage of state policies to prevent and reduce tobacco use in 2023. Some progress was made on increasing funding for tobacco prevention programs but only one state – New York – passed a significant cigarette tax increase. No state enacted comprehensive smokefree air or flavored tobacco product laws.

- Nine states—Florida, Indiana, Kansas, Kentucky, Nebraska, New York, North Dakota, Texas and Wisconsin—registered funding increases for programs to prevent and reduce tobacco use of close to $1 million and in some cases significantly more. Monies from the recent state settlements with Juul contributed to the funding increases in some of these states. However, there were decreases in tobacco prevention funding of $1 million or more in Nevada, Ohio and Washington state. Four states received "A" grades in this category in "State of Tobacco Control" 2024 while 41 states and the District of Columbia received "F" grades.
- New York increased its cigarette tax by $1.00 per pack, making it once again the highest state cigarette tax in the country at $5.35 per pack. The District of Columbia was the only jurisdiction to receive an "A" grade in Tobacco Taxes in "State of Tobacco Control" 2024 while 31 states received "F" grades.
- No states passed laws eliminating smoking in public places and workplaces in 2023. This marks the 11th straight year where no state has passed a comprehensive smokefree law. Illinois did add e-cigarettes to its comprehensive smokefree law. There were disturbing rollbacks in smokefree laws in North Dakota (cigar bars) and Shreveport, Louisiana (casinos). 12 states and the District of Columbia received "A" grades in this category in "State of Tobacco Control" 2024 while 12 states received "F" grades.
- Despite robust campaigns in a number of states, including Hawaii, Maine, Minnesota, New York, Oregon and Vermont, no state approved laws eliminating the sale of flavored tobacco products. Massachusetts and the District of Columbia received "A" grades in this category in "State of Tobacco Control" 2024 while 45 states received "F" grades.
- Access to tobacco use treatment has increased because of Medicaid expansion in North Carolina and South Dakota in 2023. However, any gains have been overshadowed by the more than 13 million Medicaid enrollees

losing healthcare coverage as a result of state Medicaid programs reviewing and disenrolling enrollees after the COVID-19 public health emergency was lifted. Often the terminations were for procedural rather than substantive or eligibility reasons. Twelve states received "A" grades in this category in "State of Tobacco Control" 2024 while five states received "F" grades.

- Tobacco industry efforts to lobby state legislatures to pass laws that prevent local communities from passing their own stronger tobacco control laws continued in 2023. Unfortunately, these efforts were successful in South Carolina, but failed everywhere else attempted, including in Arizona, Maine, Missouri and Ohio.

From the failure of the Biden White House to finalize the menthol cigarette and flavored cigar rules to the lack of progress at the state level, 2023 was a lost opportunity for moving forward on the proven public policies called for in "State of Tobacco Control." The Biden administration must continue efforts to enforce against the importation, distribution and sale of illegal e-cigarettes. The increase in adult tobacco use in 2022 is a worrying sign, and an indication that state and federal lawmakers must redouble their efforts to prevent and reduce tobacco use in 2024.

White House bows to tobacco industry pressure and fails to finalize menthol cigarette and flavored cigar rules by the end of 2023

In an extremely disappointing end to 2023, the White House bowed to tobacco industry pressure and failed to move forward in 2023 with finalizing rules to eliminate menthol as a characterizing flavor in cigarettes and prohibit all characterizing flavors in cigars. This lack of action prioritizes politics and tobacco industry profits over public health and if the White House fails to finalize the rules, will mean they cannot achieve President Biden's Cancer Moonshot goal of reducing cancer deaths by half in 25 years.

Menthol flavoring has been marketed and falsely perceived as a healthier alternative to non-menthol tobacco products.[11] For generations, the tobacco industry has intentionally targeted Black, Brown, youth, LGBTQIA+ and other communities with the marketing of menthol cigarettes. This false perception of less risk and relentless marketing has resulted in increased initiation with menthol cigarettes and high usage of menthol cigarettes, contributing to more tobacco-related death and disease as well as tobacco-related health disparities. Over 80% of Black individuals who smoke use menthol cigarettes.[12] Menthol cigarette use is also elevated among lesbian, gay and bisexual (LGB)** individuals with 51% of LGB individuals who smoke using menthol cigarettes compared to 40% of heterosexual individuals who smoke.[13]

Research shows menthol cigarettes increase both the likelihood of becoming addicted to cigarettes and the degree of addiction.[14] Research also indicates that people who smoke menthol cigarettes are less likely than those who smoke non-menthol cigarettes to successfully quit smoking despite having

** National data is not available for transgender individuals.

a higher urge to end their tobacco dependence.[15] As would be expected, the proportion of people who smoke who say they would quit in response to a menthol cigarette prohibition is higher among Black people than other demographic groups. One study projecting results from Canada's menthol cigarette prohibition to the U.S. estimates 1.3 million people who smoke would quit, including 381,000 Black individuals.[16]

The FDA has not authorized any flavored e-cigarette for sale, now the federal government needs to continue stepped up enforcement efforts to remove illegal e-cigarettes from the market

FDA has yet to complete its court-ordered and long overdue review of millions of pre-market tobacco applications (PMTAs) for e-cigarette products with nicotine derived from tobacco that were supposed to be completed by September 9, 2021, as well as other products over which FDA asserted its authority in 2016. FDA has issued marketing denial orders for all flavored e-cigarette products it has reviewed to date, including all menthol e-cigarettes. This included one e-cigarette market share leader, Vuse Alto, but a final decision on Juul's original application had yet to be completed at the time this report was finalized. The Lung Association has repeatedly called for all flavored tobacco products, including e-cigarettes, to be removed from the marketplace, and applauds FDA's decisions to not authorize flavored e-cigarettes as part of its review process to date. Flavors are a key driver of youth tobacco use, and no evidence has been presented that shows flavored products can meet the public health standard that the Tobacco Control Act requires.

Following the same litigation strategy as the big tobacco companies, many e-cigarette companies have filed lawsuits against FDA marketing denial orders for flavored e-cigarettes. The Lung Association has signed on to more than 20 amicus briefs with coalition partners in 2022 and 2023 asking courts to uphold these orders. FDA marketing denial orders have been upheld by all but two of the eight U.S. circuit courts to issue decisions on these cases to date.

Now, FDA and federal law enforcement agencies within the Department of Justice and at U.S. Customs and Border Protection (CBP) need to step up enforcement efforts against e-cigarettes and other tobacco products that are on the market illegally. Such efforts should be focused at the manufacturer, importer and distributor level, and involve removing illegal products from the market.

The Lung Association was pleased by the FDA announcement in May 2023 that e-cigarette products from several companies – Elf Bar, Esco Bar and Eon Smoke – were added to an FDA import alert red list with CBP in order to be detained at the border without conducting a full inspection at the time of entry. Additional e-cigarette products have been added to the list, and in December 2023, FDA worked with CBP to seize 1.4 million illegal e-cigarette products at the border. However, Elf Bar, the most popular e-cigarette with kids in 2023, was able to avoid enforcement initially by simply changing the name of its product, a disturbing loophole that needs to be closed. A recent U.S. Department of Health and Human Services Inspector General report looked at FDA enforcement against retailers from 2010 to 2020, and found that FDA did not always follow through with more serious penalties such as civil monetary

penalties and no tobacco sales orders after sending warning letters.[17] The Lung Association hopes recent actions may reflect increased enforcement.

Enforcement efforts are crucial because the country continues to experience high rates of youth vaping. E-cigarettes remain the most used tobacco product by kids, according to CDC's 2023 National Youth Tobacco Survey. Specifically, 10% of high school students and 4.6% of middle school students reported current e-cigarette use in 2023. Overall youth tobacco use, including e-cigarette use, stands at 12.6% among high school students and 6.6% among middle school students, a disturbingly high level.[18] Flavored tobacco products, including flavored e-cigarettes all of which are illegal, continue to be a big driver of youth tobacco use, with 89.4% of kids who use e-cigarettes and 86.9% of youth tobacco users overall in 2023 using flavored products.[19] Flavored e-cigarettes and tobacco products continue to be available in a wide variety of flavors, attracting and addicting our youth.

> "To help address the continuing youth e-cigarette epidemic, the American Lung Association and the Ad Council launched the "#DoTheVapeTalk youth vaping awareness campaign to provide parents with the facts to address the dangers of vaping with their kids, while they're still willing to listen."

Fifth circuit ruling threatens access to tobacco cessation treatment; Biden administration highlights tobacco cessation as part of Cancer Moonshot Initiative

The Affordable Care Act's (ACA) preventive services provision requires most health plans to cover a comprehensive tobacco cessation benefit without cost-sharing. A lawsuit, Braidwood v. Becerra, threatens this coverage and coverage to all preventive services under ACA. In March 2023, a federal district judge limited the number of preventive services required to be covered without cost-sharing, although the Fifth Circuit Court of Appeals then stayed the decision. The Lung Association has been a part of numerous amicus briefs on this case and will continue to be involved as it moves through the courts to protect preventive services, including tobacco cessation.

Recognizing the cancer toll that tobacco causes, the Biden administration is focusing on helping people who use tobacco quit as part of the Cancer Moonshot Initiative. In July, the Department of Health and Human Services (HHS) released a draft "Framework to Support and Accelerate Smoking Cessation." The Lung Association commented on how HHS can work to increase and improve cessation and improve health equity.

Final court outcome of graphic cigarette warning labels and reduction in nicotine levels in cigarettes product standard still pending

In December 2022, a U.S. District Court judge vacated FDA's rule establishing graphic warning labels on cigarettes as required by the Tobacco Control Act. The decision is currently on appeal with the Fifth Circuit Court of Appeals and is another blatant example of the tobacco industry filing court cases in jurisdictions where they are likely to get the friendliest reception. The three-judge panel of the Fifth Circuit Court of Appeals had yet to rule on this case when this report went to press.

The Biden administration Fall 2023 Unified Federal Regulatory Agenda listed its intent to propose a product standard on reducing nicotine levels in cigarettes. The Lung Association supports reducing nicotine levels in all tobacco products, and sent a joint letter with the American Thoracic Society in 2022 urging that if a proposed product standard is issued, it should apply

Reducing the Availability and Accessibility of Tobacco Products. Tobacco retailers are extensive in the United States, especially in urban areas. 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.[20] 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. Both Chicago, IL and Milwaukee, WI took action to restrict where new tobacco retailers can locate in 2023, which is a trend the Lung Association hopes will spread to additional communities.

to all tobacco products, including e-cigarettes and smokeless tobacco.

FDA releases five-year strategic plan

In December 2023, FDA's Center for Tobacco Products released a five-year strategic plan, the first time since the center's creation in 2009 that such a plan has been put forth. The Lung Association submitted comments on a draft version of the strategic plan in August 2023 that focused on many of the policies and actions detailed above. The final strategic plan is a high-level document, lacking any specific policy actions. The Lung Association will be following the implementation of this strategic plan closely, and encouraging FDA to continue to implement the Tobacco Control Act in a way that promotes public health.

2023 was a mostly disappointing year for passage of tobacco prevention policies on the state and local levels

No states passed comprehensive smokefree workplace laws or comprehensive flavored tobacco product laws in 2023. While North Carolina and South Dakota officially expanded their state Medicaid programs, at least 13.3 million of enrollees that lost Medicaid coverage with the unwinding of the Medicaid continuous coverage requirements during the Covid-19 pandemic, far surpassed those coverage gains. Several states did register significant increases in tobacco prevention funding this fiscal year, but, unlike last year, it was offset by several significant decreases. New York did increase its cigarette tax by a $1.00 per pack but was the only state in 2023 to enact an increase.

- Funding for State Tobacco Prevention and Cessation Programs: Momentum continued in 2023 for state funding for programs to prevent and reduce tobacco use with nine states – Florida, Indiana, Kansas, Kentucky, Nebraska, New York, North Dakota, Texas and Wisconsin – registering increases of close to $1 million or more. The monies from the settlement of the lawsuits against the e-cigarette company Juul with most states during 2022 and 2023 were largely responsible for the increases in many of these states. However, unlike in 2022, three states – Nevada, Ohio and Washington saw decreases in funding of $1 million or more. Adequately 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, 2024, one state – Maine – funded its state tobacco control program at or above the level recommended by CDC.
- Eliminating Sales of Flavored Tobacco Products: With the removal of menthol cigarettes and flavored cigars from the market by FDA in doubt, it is especially important that states and localities act to end the sale of all flavored tobacco products. Unfortunately, no states approved laws stopping the sale of flavored tobacco products in 2023, despite campaigns in a number of states, including Hawaii, Maine, Minnesota, New York, Oregon and Vermont. Local ordinances did continue to pass in

communities in Colorado, Hawaii, Illinois, Maine and Ohio. However, only two states and the District of Columbia earned 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. One state – New York – did pass a $1.00 cigarette tax increase this year, increasing its state tax to $5.35 per pack, now the highest in the country. Many states still 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 New York now the highest at $5.35 per pack. The current state cigarette tax average is $1.93 per pack.
- Smokefree Public Places and Workplaces: Disappointingly, for the 11th year running, no state approved a comprehensive law eliminating smoking in public places and workplaces, including restaurants, bars and casinos. Illinois did add e-cigarettes to its comprehensive smokefree law in 2023, and California's governor vetoed a bill that would have allowed marijuana smoking and vaping in restaurants maintaining the state's strong smokefree protections. There was minor progress on passing additional local smokefree ordinances in several states, but also disturbing rollbacks in smokefree laws in North Dakota (cigar bars) and Shreveport, Louisiana (casinos). This troubling lack of progress and even backsliding in some places on smokefree laws needs to be reversed.
- Expanding Medicaid and Tobacco Cessation Coverage: In 2023, North Carolina became the 40th state to expand Medicaid. 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 ($34,307 per year for a family of three) or lower. Individuals with low incomes smoke at rate of 29.9%, significantly higher than the general population (11.3%).[21] Research shows Medicaid quit attempts in expansion states increased by over 20%.[22] Virginia also saw improvements in access to tobacco cessation coverage. The state passed legislation to prohibit the tobacco surcharge, which can discourage people who smoke from buying health insurance and has not been shown to help people quit.[23]

"State of Tobacco Control" 2024 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 2024. 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.

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

In 2023, the tobacco industry and its allies continued their efforts to remove local control and prevent local governments from passing stronger tobacco control laws—called preemption. 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 South Carolina that prevents communities from passing laws stronger than current state law on flavored tobacco products, licensing of tobacco product retailers or regulating ingredients in tobacco products. Such efforts were successfully defeated by the Lung Association and other public health organizations in several other states, including Arizona, Maine, Missouri and Ohio. The Lung Association expects the

tobacco industry to continue its full court press on this issue in 2024.

"State of Tobacco Control" 2024 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 the actions needed in 2024 to stop tobacco companies from putting their profits ahead of public health in our country?**

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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	$767,762	$1,711,214	$1,513,283	$3,224,497	$55,900,000	5.8%	$278,200,000	F
Alaska	$0	$0	$6,500,200	$6,500,200	$1,284,919	$7,785,119	$10,200,000	76.3%	$76,500,000	B
Arizona	$0	$18,000,000	$0	$18,000,000	$1,708,792	$19,708,792	$64,400,000	30.6%	$389,000,000	F
Arkansas	$11,021,036	$0	$0	$11,021,036	$1,103,153	$12,124,189	$36,700,000	33.0%	$273,200,000	F
California	$0	$204,352,000	$3,700,000	$208,052,000	$3,571,588	$211,623,588	$347,900,000	60.8%	$2,577,900,000	C
Colorado	$0	$21,782,726	$969,502	$22,752,228	$1,692,350	$24,444,578	$52,900,000	46.2%	$437,200,000	F
Connecticut	$12,000,000	$0	$642,664	$12,642,664	$1,177,808	$13,820,472	$32,000,000	43.2%	$433,600,000	F
Delaware	$9,654,500	$0	$0	$9,654,500	$991,511	$10,646,011	$13,000,000	81.9%	$130,600,000	A
District of Columbia	$0	$1,000,000	$900,000	$1,900,000	$1,031,660	$2,931,660	$10,700,000	27.4%	$61,500,000	F
Florida	$83,388,848	$0	$375,985	$83,764,833	$2,587,647	$86,352,480	$194,200,000	44.5%	$1,432,400,000	F
Georgia	$2,133,444	$0	$39,902	$2,173,346	$2,127,823	$4,301,169	$106,000,000	4.1%	$423,700,000	F
Hawaii	$6,714,586	$0	$812,231	$7,526,817	$1,156,607	$8,683,424	$13,700,000	63.4%	$131,800,000	C
Idaho	$3,738,900	$138,700	$0	$3,877,600	$1,171,888	$5,049,488	$15,600,000	32.4%	$71,300,000	F
Illinois	$11,100,000	$0	$660,216	$11,760,216	$2,241,976	$14,002,192	$136,700,000	10.2%	$1,124,900,000	F
Indiana	$9,109,918	$0	$0	$9,109,918	$1,832,809	$10,942,727	$73,500,000	14.9%	$517,400,000	F
Iowa	$0	$0	$4,270,171	$4,270,171	$1,137,971	$5,408,142	$30,100,000	18.0%	$248,500,000	F
Kansas	$1,001,960	$0	$938,756	$1,940,716	$1,516,090	$3,456,806	$27,900,000	12.4%	$175,400,000	F
Kentucky	$2,000,000	$0	$900,000	$2,900,000	$1,656,354	$4,556,354	$56,400,000	8.1%	$475,100,000	F
Louisiana	$500,000	$2,618,808	$1,436,532	$4,555,340	$1,635,696	$6,191,036	$59,600,000	10.4%	$436,100,000	F
Maine	$11,805,577	$4,100,000	$0	$15,905,577	$1,169,002	$17,074,579	$15,900,000	107.4%	$192,100,000	A
Maryland	$11,305,138	$0	$9,938,227	$21,243,365	$1,694,510	$22,937,875	$48,000,000	47.8%	$609,700,000	F
Massachusetts	$0	$0	$6,294,468	$6,294,468	$1,902,654	$8,197,122	$66,900,000	12.3%	$692,600,000	F
Michigan	$0	$1,750,000	$444,000	$2,194,000	$2,347,639	$4,541,639	$110,600,000	4.1%	$1,067,400,000	F
Minnesota	$0	$0	$11,998,663	$11,998,663	$1,596,128	$13,594,791	$52,900,000	25.7%	$694,100,000	F
Mississippi	$8,695,000	$0	$0	$8,695,000	$1,341,100	$10,036,100	$36,500,000	27.5%	$252,400,000	F
Missouri	$300,000	$0	$2,563,731	$2,863,731	$1,349,783	$4,213,514	$72,900,000	5.8%	$273,000,000	F
Montana	$5,680,705	$0	$0	$5,680,705	$1,356,206	$7,036,911	$14,600,000	48.2%	$100,000,000	F
Nebraska	$3,652,146	$0	$0	$3,652,146	$1,187,754	$4,839,900	$20,800,000	23.3%	$97,600,000	F
Nevada	$950,000	$0	$0	$950,000	$1,384,475	$2,334,475	$30,000,000	7.8%	$220,000,000	F
New Hampshire	$0	$0	$606,841	$606,841	$1,144,210	$1,751,051	$16,500,000	10.6%	$257,300,000	F
New Jersey	$6,854,795	$950,855	$500,000	$8,305,650	$1,855,458	$10,161,108	$103,300,000	9.8%	$792,800,000	F
New Mexico	$4,449,300	$0	$0	$4,449,300	$918,549	$5,367,849	$22,800,000	23.5%	$135,000,000	F
New York	$5,000,000	$0	$41,733,600	$46,733,600	$2,905,769	$49,639,369	$203,000,000	24.5%	$1,874,800,000	F
North Carolina	$11,250,000	$0	$2,099,600	$13,349,600	$2,353,231	$15,702,831	$99,300,000	15.8%	$465,300,000	F
North Dakota	$6,019,384	$0	$37,500	$6,056,884	$1,055,244	$7,112,128	$9,800,000	72.6%	$51,600,000	B
Ohio	$7,500,000	$0	$280,000	$7,780,000	$2,464,914	$10,244,914	$132,000,000	7.8%	$1,202,700,000	F
Oklahoma	$29,837,719	$2,736,907	$0	$32,574,626	$1,618,668	$34,193,294	$42,300,000	80.8%	$491,000,000	A
Oregon	$0	$28,800,000	$0	$28,800,000	$1,556,750	$30,356,750	$39,300,000	77.2%	$497,900,000	B
Pennsylvania	$16,429,000	$0	$0	$16,429,000	$2,399,303	$18,828,303	$140,000,000	13.4%	$1,540,000,000	F
Rhode Island	$0	$0	$429,205	$429,205	$1,383,858	$1,813,063	$12,800,000	14.2%	$188,900,000	F
South Carolina	$0	$5,000,000	$0	$5,000,000	$1,720,878	$6,720,878	$51,000,000	13.2%	$222,300,000	F
South Dakota	$0	$4,500,000	$0	$4,500,000	$1,046,792	$5,546,792	$11,700,000	47.4%	$80,300,000	F
Tennessee	$0	$0	$2,600,000	$2,600,000	$1,664,198	$4,264,198	$75,600,000	5.6%	$403,500,000	F
Texas	$0	$0	$6,032,166	$6,032,166	$3,349,957	$9,382,123	$264,100,000	3.6%	$1,741,200,000	F
Utah	$3,275,756	$3,159,700	$9,000,000	$15,435,456	$1,256,406	$16,691,862	$19,300,000	86.5%	$139,000,000	A
Vermont	$1,088,918	$0	$1,603,103	$2,692,021	$1,101,504	$3,793,525	$8,400,000	45.2%	$104,500,000	F
Virginia	$10,671,993	$0	$0	$10,671,993	$1,847,658	$12,519,651	$91,600,000	13.7%	$408,000,000	F
Washington	$0	$0	$4,636,500	$4,636,500	$1,828,532	$6,465,032	$63,600,000	10.2%	$480,600,000	F
West Virginia	$0	$0	$451,404	$451,404	$1,229,006	$1,680,410	$27,400,000	6.1%	$227,600,000	F
Wisconsin	$1,387,756	$0	$5,315,000	$6,702,756	$1,588,681	$8,291,437	$57,500,000	14.4%	$691,000,000	F
Wyoming	$2,221,596	$0	$239,844	$2,461,440	$1,020,771	$3,482,211	$8,500,000	41.0%	$40,000,000	F

* Information in this chart covers state fiscal year 2024 which is July 1, 2023 to June 30, 2024 for all states except Alabama, Michigan, New York and Texas as well as the District of Columbia.

Smokefree Air Grading Chart

State	Government Workplaces	Private Workplaces	Schools	Childcare Facilities	Restaurants	Bars	Casinos/ Gaming Establishments*	Retail stores	E-Cigarettes Included	Grade
Alabama	Restricted	No provision	Restricted	Restricted	No provision	No provision	No provision	Restricted	No	F
Alaska	Prohibited	Prohibited	Prohibited	Prohibited	Prohibited	Prohibited	N/A (tribal establishments only)	Prohibited	Yes	B
Arizona	Prohibited	Prohibited	Prohibited	Prohibited	Prohibited	Prohibited	Prohibited (tribal establishments not subject to state law)	Prohibited	No	B
Arkansas	Prohibited	Prohibited (non-public workplaces with three or fewer employees exempt)	Prohibited	Prohibited	Restricted*	Restricted*	Restricted	Prohibited	Only in K-12 schools & some colleges	C
California	Prohibited	Prohibited	Prohibited (public schools only)	Prohibited	Prohibited	Prohibited	Prohibited (tribal establishments not subject to state law)	Prohibited	Yes	A
Colorado	Prohibited	Prohibited (certain marijuana establishments exempt)	Prohibited	Prohibited	Prohibited (certain marijuana establishments	Prohibited (allowed in cigar-tobacco bars)	Prohibited (tribal establishments not subject to state law)	Prohibited	Yes (certain marijuana establishments exempt)	B
Connecticut	Prohibited	Prohibited	Prohibited	Prohibited	Prohibited	Prohibited (allowed in tobacco bars)	Prohibited (tribal establishments not subject to state law)	Prohibited	Yes	B
Delaware	Prohibited	Prohibited	Prohibited	Prohibited	Prohibited	Prohibited	Prohibited	Prohibited	Yes	A
District of Columbia	Prohibited	Prohibited	Prohibited	Prohibited	Prohibited	Prohibited (allowed in cigar bars and allows for an economic hardship waiver)	N/A	Prohibited	Yes	A
Florida	Prohibited	Prohibited	Prohibited	Prohibited	Prohibited	Restricted*	Prohibited (tribal establishments not subject to state law)	Prohibited	Yes	C
Georgia	Prohibited	Restricted	Prohibited	Prohibited	Restricted	Restricted	N/A	Restricted	Yes	F
Hawaii	Prohibited	Prohibited	Prohibited	Prohibited	Prohibited	Prohibited	N/A	Prohibited	Yes	A
Idaho	Prohibited	Restricted	Prohibited	Prohibited	Prohibited	No provision	Prohibited (tribal establishments not subject to state law)	Prohibited	No	C
Illinois	Prohibited	Prohibited	Prohibited	Prohibited	Prohibited	Prohibited	Prohibited	Prohibited	Yes	A
Indiana	Prohibited	Prohibited	Prohibited	Prohibited	Prohibited	Restricted*	No provision	Prohibited (retail tobacco and cigar specialty stores exempt)	No	C
Iowa	Prohibited	Prohibited	Prohibited	Prohibited	Prohibited	Prohibited	Restricted (tribal establishments not subject to state law)	Prohibited	No	B
Kansas	Prohibited	Prohibited	Prohibited	Prohibited	Prohibited	Prohibited	Restricted (casino floors and tribal establishments not subject to state law)	Prohibited	No	B
Kentucky	Restricted (prohibited in state government buildings)	No provision	Prohibited	No provision	No provision	No provision	No provision	No provision	Yes	F
Louisiana	Prohibited	Prohibited	Prohibited	Prohibited	Prohibited	No provision	Restricted (tribal establishments not subject to state law)	Prohibited	Only in and on grounds of K-12 Schools	C
Maine	Prohibited	Prohibited	Prohibited	Prohibited	Prohibited	Prohibited	Restricted (tribal establishments not subject to state law)	Prohibited	Prohibited in public places, but not in all workplaces	B
Maryland	Prohibited	Prohibited	Prohibited	Prohibited	Prohibited	Prohibited	Prohibited	Prohibited	No	B
Massachusetts	Prohibited	Prohibited	Prohibited	Prohibited	Prohibited	Prohibited (allowed in smoking bars)	Prohibited	Prohibited	Yes	A
Michigan	Prohibited	Prohibited	Prohibited	Prohibited	Prohibited	Prohibited (allowed in cigar bars)	Restricted (tribal establishments not subject to state law)	Prohibited	No	C
Minnesota	Prohibited (workplaces with two or fewer employees exempt)	Prohibited (workplaces with two or fewer employees exempt)	Prohibited	Prohibited	Prohibited	Prohibited	Prohibited (tribal establishments not subject to state law)	Prohibited	Yes	A
Mississippi	Restricted	No provision	Prohibited (public schools only)	Prohibited	No provision	No provision	No provision	No provision	No	F
Missouri	Restricted	Restricted	Prohibited (publicschools only)	Prohibited	Restricted	No provision	No provision	Restricted	No	F

Smokefree Air Grading Chart (cont.)

State	Government Workplaces	Private Workplaces	Schools	Childcare Facilities	Restaurants	Bars	Casinos/ Gaming Establishments*	Retail stores	E-Cigarettes Included	Grade
Montana	Prohibited	Prohibited	Prohibited	Prohibited	Prohibited	Prohibited	Prohibited (tribal establishments not subject to state law)	Prohibited	Only in K-12 Schools and on School Property	B
Nebraska	Prohibited	Prohibited	Prohibited	Prohibited	Prohibited	Prohibited (allowed in cigar shops)	Prohibited (tribal establishments not subject to state law)	Prohibited	Yes	A
Nevada	Prohibited	Prohibited	Prohibited	Prohibited	Prohibited	Restricted (smoking allowed in bars or parts of bars if age-restricted)	Restricted (tribal establishments not subject to state law)*	Prohibited	Yes	C
New Hampshire	Restricted	Restricted	Prohibited (public schools only)	Prohibited	Prohibited	Prohibited (allowed in cigar bars and allows for an economic hardship waiver)	Restricted	Restricted	Yes	F
New Jersey	Prohibited	Prohibited	Prohibited	Prohibited	Prohibited	Prohibited (allowed in cigar bars/lounges)	Restricted*	Prohibited	Yes	B
New Mexico	Prohibited	Prohibited	Prohibited	Prohibited	Prohibited	Prohibited (allowed in cigar bars)	No provision	Prohibited	Yes	B
New York	Prohibited	Prohibited	Prohibited	Prohibited	Prohibited	Prohibited (allowed in cigar bars and allows for an economic hardship waiver)	Prohibited (tribal establishments not subject to state law)	Prohibited	Yes	A
North Carolina	Restricted (prohibited in` state government buildings)	No provision	Prohibited (public schools only)	Restricted	Prohibited	Prohibited (allowed in cigar bars)	N/A (tribal casinos only)	No provision	No	F
North Dakota	Prohibited	Prohibited	Prohibited	Prohibited	Prohibited	Prohibited	Prohibited (tribal establishments not subject to state law)	Prohibited	Yes	A
Ohio	Prohibited	Prohibited	Prohibited	Prohibited	Prohibited	Prohibited	Prohibited	Prohibited	Yes	A
Oklahoma	Restricted (prohibited on state government property)	Restricted	Prohibited	Prohibited	Restricted	No provision	Restricted (tribal establishments not subject to state law)	Prohibited	Only in K-12- schools and on school grounds	F
Oregon	Prohibited	Prohibited	Prohibited	Prohibited	Prohibited	Prohibited (allowed in cigar bars)	Prohibited (tribal establishments not subject to state law)	Prohibited (allowed in smoke shops)	Yes	A
Pennsylvania	Prohibited	Prohibited	Prohibited	Prohibited	Restricted	No provision	Restricted	Prohibited	No	D
Rhode Island	Prohibited	Prohibited	Prohibited	Prohibited	Prohibited	Prohibited (allowed in smoking bars)	Allowed in designated areas	Prohibited	Yes	C
South Carolina	Restricted	No provision	Restricted	Prohibited	No provision	No provision	N/A	No provision	Only in K-12 Schools and on School Property	F
South Dakota	Prohibited	Prohibited	Prohibited	Prohibited	Prohibited	Prohibited (smoking of certain tobacco products allowed in certain bars)	Prohibited (tribal establishments not subject to state law)	Prohibited	Yes	B
Tennessee	Prohibited	Prohibited (non-public workplaces with three or fewer employees exempt)	Prohibited	Prohibited	Restricted*	Restricted*	N/A	Prohibited	Yes	D
Texas	No provision	No provision	Restricted	Prohibited	No provision	No provision	No provision	No provision	Yes	F
Utah	Prohibited	Prohibited	Prohibited	Prohibited	Prohibited	Prohibited	N/A	Prohibited	Yes	B
Vermont	Prohibited	Prohibited	Prohibited	Prohibited	Prohibited	Prohibited	N/A	Prohibited	Yes	A
Virginia	Restricted	No provision	Prohibited (public schools only)	Prohibited (excludes home-based childcare providers)	Restricted	Restricted	No provision	Restricted	Only in K-12 Schools and on School Property	F
Washington	Prohibited	Prohibited	Prohibited	Prohibited	Prohibited	Prohibited	Prohibited (tribal establishments not subject to state law)	Prohibited	Only in a few specific public places and workplaces	C
West Virginia	Restricted	No provision	Prohibited (public schools only)	Restricted	No provision	No provision	No provision	No provision	Only in Most Parts of K-12 Schools and School Property	D
Wisconsin	Prohibited	Prohibited	Prohibited	Prohibited	Prohibited	Prohibited (allowed in existing tobacco bars)	Prohibited (tribal establishments not subject to state law)	Prohibited	No	B
Wyoming	Restricted	No provision	No provision	No provision	No provision	No provision	No provision	No provision	N/A	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.

American Lung Association.
State of Tobacco Control
2024

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	18	2	2	2	2	2	28	C
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	2	33	B
Idaho	6	1	1	2	2	0	12	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	2	2	0	18	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	2	2	0	24	D
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	1	0	2	0	17	F
Nebraska	6	2	2	0	2	0	12	F
Nevada	12	1	1	2	2	2	20	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	2	22	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	7	-8	4	2	0	5	0	0	30	F
Alaska	14	8	7	0	4	2	0	20	0	0	55	C
Arizona	14	8	11	0	4	2	1	15	0	0	55	C
Arkansas	14	8	11	0	2	3	1	10	0	1	50	C
California*	14	12	12	0	N/A	N/A	N/A	20	3	2	63	A
Colorado	14	12	14	0	3	3	1	20	3	1	71	A
Connecticut	14	12	13	0	4	4	2	0	2	1	52	C
Delaware	11	8	10	0	2	4	2	20	3	0	60	B
District of Columbia*	12	4	12	0	N/A	N/A	N/A	20	3	2	53	B
Florida*	12	8	11	-8	N/A	N/A	N/A	20	0	0	43	C
Georgia	14	6	8	-8	4	3	1	5	0	-2	31	F
Hawaii	14	8	13	0	3	3	2	20	0	0	63	A
Idaho	14	4	12	0	4	2	2	20	0	0	58	B
Illinois	14	12	13	0	3	1	1	20	3	0	67	A
Indiana	14	12	13	0	4	3	2	5	0	-2	51	C
Iowa	14	6	12	0	4	4	1	5	0	0	46	D
Kansas	14	12	14	-8	4	4	2	0	0	0	42	D
Kentucky	14	12	14	0	4	2	1	5	3	1	56	B
Louisiana	14	12	12	0	4	1	2	5	1	0	51	C
Maine	14	12	14	0	4	2	2	20	3	0	71	A
Maryland	14	8	11	0	4	3	2	20	3	0	65	A
Massachusetts	14	12	14	0	4	3	1	5	3	2	58	B
Michigan*	14	10	13	0	N/A	N/A	N/A	0	0	0	37	D
Minnesota	14	10	13	0	4	4	2	20	3	0	70	A
Mississippi	14	4	14	-8	4	4	2	10	0	0	44	D
Missouri	14	12	14	0	4	3	2	0	0	0	49	C
Montana	14	8	13	0	3	3	2	20	0	0	63	A
Nebraska	14	8	13	0	4	3	1	5	0	0	48	D
Nevada*	12	6	13	0	N/A	N/A	N/A	0	2	0	33	F
New Hampshire	14	10	13	0	4	3	1	5	0	0	50	C
New Jersey	14	10	14	0	4	1	1	0	3	2	49	C
New Mexico	14	8	13	0	2	2	1	20	3	0	63	A
New York	14	8	13	0	4	2	2	10	3	2	58	B
North Carolina	14	10	10	0	4	2	1	5	0	1	47	D
North Dakota	14	12	11	0	2	3	2	20	1	0	65	A
Ohio	14	12	13	0	4	4	2	0	0	0	49	C
Oklahoma	14	8	14	0	3	3	1	20	0	0	63	A
Oregon	14	12	12	0	4	3	1	5	3	0	54	C
Pennsylvania	14	8	13	0	4	2	2	5	0	0	48	D
Rhode Island	14	12	12	0	4	4	2	5	1	2	56	B
South Carolina	14	12	14	-8	3	4	2	20	0	0	61	B
South Dakota	4	4	10	0	4	2	2	20	0	0	46	D
Tennessee	14	10	8	-8	4	4	2	0	0	0	34	F
Texas	14	12	11	-8	4	2	2	5	0	0	42	D
Utah	9	8	9	0	4	2	1	20	1	0	54	C
Vermont	14	8	13	0	1	2	1	20	3	2	64	A
Virginia	14	12	13	0	4	2	1	10	3	2	61	B
Washington	14	6	13	0	3	3	2	0	3	0	44	D
West Virginia	14	4	10	0	4	2	2	5	0	0	41	F
Wisconsin	14	12	14	-8	4	3	1	5	0	-2	43	D
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" 2024 Methodology

The American Lung Association's "State of Tobacco Control" 2024 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 online 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 treatments to quit tobacco; 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 (FDA) 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 proposal or 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" 2024 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 individuals over age 65), 2) Medicaid (for low-income individuals and families), 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 individuals who use tobacco, 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 individuals who use tobacco to 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 treatment.
- +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 treatment.

Bonus Points: 1 bonus point in each category is awarded if coverage is provided with minimal barriers to access. Common barriers to access include required counseling, prior authorization, stepped care therapy, cost sharing, duration limits, annual limits and lifetime limits to tobacco cessation treatment.

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 individuals to quit tobacco 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 2023 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 2024.

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.

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 quit tobacco 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.[2]

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.[3] 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 U.S Surgeon General, in a seminal 2006 report on the health effects of secondhand smoke and re-affirmed in subsequent reports in 2010 and 2014, has concluded that secondhand smoke is a serious health hazard causing or making worse a wide range of diseases and conditions. It also concluded that there is no risk-free level of exposure to secondhand smoke and that the only way to fully eliminate exposure to secondhand smoke in indoor environments is to completely prohibit smoking.[4] Secondhand marijuana smoke contains many of the same toxins and carcinogens found in directly-inhaled cigarette smoke, in similar amounts if not more.[5] A 2016 Surgeon General report on youth e-cigarette use found that secondhand e-cigarette aerosol is not harmless and contains harmful and potentially harmful chemicals.[6]

For "State of Tobacco Control" 2024, the Lung Association has revamped the scoring system for the Smokefree Air category to a grading system based on the strength of a state's law restricting smoking in public places and workplaces from a points-based system that had awarded a set number of points across multiple categories. An "A" grade indicates that a state has a comprehensive law prohibiting smoking and vaping of tobacco and cannabis/marijuana in virtually all public places and workplaces with only small exceptions. Grades are lowered based on the type of exemptions present in a state's law(s).

Grades break down as follows:

- A = All public places and workplaces, including restaurants, bars and casinos are smokefree & e-cigarettes/marijuana are completely included in state smokefree law;
- B = Broad small workplace exemptions i.e. for businesses with three or fewer employees; stand-alone bar/establishments under age 21 or casino or other gaming establishment exemptions; e-cigarettes excluded from smokefree law or use only prohibited in select public places such as schools; and/or marijuana hospitality establishment smokefree exemptions where the service of food, drink or live entertainment are present in state law;

C = Two or more exemptions for small workplaces, casino/other gaming establishments or bar/establishments under 21 are present in state law;

D = Restaurants/bars are smokefree, but other public places/workplaces are either completely exempted or have designated smoking areas in state law;

F = any restrictions on smoking in public places and workplaces that are weaker than grades A through D above.

There are two situations that create exceptions to the gr ading 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.

Local Ordinances: States with statewide laws that do not earn "A" grades may be graded based on local smokefree ordinances or regulations instead. Strong local smokefree air ordinances/regulations that include workplaces, 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.[7]

Limitations of the grading system:

Many states that receive A grades in "State of Tobacco Control" do have small, specialized exemptions where smoking is still allowed such as for cigar/tobacco/hookah bars, certain percentages or all hotel/motel rooms and/or tobacco/e-cigarette retail stores. The Lung Association opposes virtually all exemptions to smokefree workplace laws and urges state lawmakers to close these loopholes regardless of the grade they receive.

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."[8]

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.[9] Increasing taxes on tobacco products other than cigarettes is also important. Nationally, rates of cigar smoking among youth now equal rates of cigarette smoking and e-cigarettes are the most popular tobacco product used by youth.

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, 2024, was $1.93 per pack. The range of state excise taxes ($0.17 to $5.35 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	$3.86 and over
24 points	$2.895 to $3.859
18 points	$1.93 to $2.894
12 points	$0.965 to $1.929
6 points	Under $0.965

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.[10] 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."[11] 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.[12] 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 individuals who smoke 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 individuals who use tobacco 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 Medicaid enrollees that do not use tobacco. The Lung Association also added 2 bonus points available to states that prohibit or limit tobacco surcharges, or health insurance policies that charge individuals who use tobacco more in premiums than individuals who do not use tobacco. States can limit or remove these surcharges.

All data in the Access to Cessation Services section of "State of Tobacco Control" 2024 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):[13] 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. There is an automatic letter grade deduction for the Access to Cessation Services grade, 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).
5. States that impose a tobacco surcharge or charge individuals who use tobacco higher premiums than individuals who do not use tobacco 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.

6. 0 to 4 points are given for coverage of medications; deductions were made if only some health plans/managed care organizations provide coverage;
7. 0 to 4 points are given for coverage of counseling; deductions were made if only some health plans/managed care organizations provide coverage;
8. 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 $1.93 per smoker. Points are awarded based on the scale below:

$$/smoker > $3.86	20 points
$$/smoker $2.90 - $3.85	15 points
$$/smoker $1.94 - $2.89	10 points
$$/smoker $0.97 - $1.93	5 points
$$/smoker < $0.97	0 points

Standards for Private Insurance Coverage (up to 3 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 legislation requiring the coverage of some tobacco cessation treatments or if a state insurance commissioner issues a bulletin on the enforcement of the tobacco cessation FAQ issued by the federal government;[14]
2. 2 points given for legislation requiring coverage of all tobacco cessation treatments for some state regulated private insurance plans;
3. 3 points given for legislation requiring coverage of all tobacco cessation treatments for all state regulated private insurance plans.

Tobacco Surcharges (up to 2 bonus points): Target is a state policy prohibiting small group and individual health insurance plans from charging individuals who use tobacco higher premiums than individuals who do not use tobacco. 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 individuals who do not use tobacco.

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 persons in the U.S., addicted. According to CDC's 2023 National Youth Tobacco Survey, close to 90% of high school and middle school students who use e-cigarettes use a flavored product.[15] In addition, 86.9% of youth who use tobacco used a flavored product.[16]

Menthol cigarettes play a key role in addicting youth who smoke and keeping people hooked. Over three quarters of youth who smoke ages 12-17 smoke menthol cigarettes.[17] Black Americans are disproportionately impacted with over 80% of Black persons who smoke using menthol cigarettes.[18] 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.[19]

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 2022 Behavioral Risk Factor Surveillance System for 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 2021 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.

Economic cost information is for 2018 and from multiple sources, see this CDC website page for details. Smoking attributable deaths reflect average annual estimates for the period 2005-2009 and are calculated for persons aged 35 years and older. Smoking-attributable health care expenditures are based on 2004 smoking-attributable fractions and 2009 personal health care expenditure data. Deaths and expenditures should not be compared by state.

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

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7. Data to calculate percent of state populations covered by local ordinances is obtained from the Americans for Nonsmokers' Rights Foundation.
8. 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.
9. 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.
10. Treating Tobacco Use and Dependence: 2008 Update. Content last reviewed February 2020. Agency for Healthcare Research and Quality, Rockville, MD. https://www.ahrq.gov/prevention/guidelines/tobacco/index.html
11. U.S. Department of Health and Human Services. Smoking Cessation. 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, 2020.
12. Centers for Disease Control and Prevention. Best Practices for Comprehensive Tobacco Control Programs—2014. Atlanta: 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.
13. 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.
14. 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).
15. Birdsey J, Cornelius M, Jamal A, et al. Tobacco Product Use Among U.S. Middle and High School Students — National Youth Tobacco Survey, 2023. MMWR Morb Mortal Wkly Rep 2023;72:1173–1182.
16. Ibid.
17. Substance Abuse and Mental Health Services Administration's public online data analysis system (PDAS). National Survey on Drug Use and Health, 2021.
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19. 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

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 has been appealed, has vacated the rule.

Thumbs down for the Biden administration for failing to finalize 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**

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 2024 that will help ultimately eliminate the death and disease caused by tobacco use:

1. The White House 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 the Departments of Justice and Homeland Security must act to remove all illegal tobacco products from the marketplace;
4. Congress must at least maintain current funding for the Centers for Disease Control and Prevention (CDC)'s Office on Smoking and Health;
5. Congress must pass H.R. 4775, the Helping Tobacco Quit Act, bipartisan legislation giving more people access to the resources they need to quit tobacco.

In addition, FDA is overdue in finalizing the 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. Congress ordered FDA to finalize these rules in 2020.

United States Highlights:

Key highlights from 2023 include:

- In February, President Biden announced his unity agenda, of which the Cancer Moonshot was prominently featured, announcing a goal to cut U.S. cancer death rates in half in 25 years. In it, the President specifically called out smoking as the greatest cause of deaths from cancer in the U.S. In June, the White House hosted the first ever forum on tobacco cessation.
- In January and October, FDA rejected premarket applications from Reynolds Tobacco for flavored e-cigarettes, including for its popular Vuse Alto menthol e-cigarettes; Reynolds has subsequently filed a lawsuit against FDA in the US Court of Appeals for the Fifth Circuit, challenging that decision. The Lung Association and our partners filed an amicus brief in that case, one of 6 amicus briefs in similar cases challenging FDA e-cigarette marketing denial orders that were filed in 2023.
- Some in the House of Representatives actively worked to undermine federal efforts to reduce tobacco use. In May, the House Committee on Appropriations added a legislative provision called a rider to the FDA's funding bill that would prohibit FDA from finalizing the menthol cigarette rules. In July, the House Appropriations Committee's funding bill proposed to entirely eliminate the CDC's Office on Smoking and Health.
- In May, FDA took enforcement action against retailers that were selling illegal e-cigarettes. In December, U.S. Customs and Border Protection working with FDA seized illegal e-cigarettes that were being smuggled into the U.S., including Elf Bar, the most popular brand among youth.
- In July, court-ordered signs warning of health risks caused by smoking were posted by the major U.S. tobacco companies in about 200,000 retail outlets across the nation that sell cigarettes, telling the public the truth about the deadly consequences of cigarette smoking. This was a remedy in the Department of Justice's civil racketeering lawsuit against major tobacco companies.
- In October, the draft rules that would end the sale of menthol cigarettes and flavored cigars were transmitted to the White House for a final review. While a late December release was expected, in December, the White House announced a delay until at least March 2024 after it met with officials representing the tobacco companies. The Cancer Moonshot 25-year target cannot be achieved until and unless the two rules are implemented.

The Lung Association is carefully watching two different threats to important tobacco control efforts: the first, Braidwood v. Becerra, a lawsuit that could result in the elimination of the Affordable Care Act 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 provision. The second is a lawsuit brought by R.J. Reynolds in the Fifth Circuit Court of Appeals that continues to hold up the graphic warning labels for cigarette packs.

Federal Facts

Economic Costs Due to Smoking:	600,000,000,000
Adult Smoking Rate:	11.6%
Adult Tobacco Use Rate:	19.3%
High School Smoking Rate:	1.9%
High School Tobacco Use Rate:	12.6%
Middle School Smoking Rate:	1.1%
Middle School Tobacco Use Rate:	6.6%
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 2022 National Health Interview Survey. High school and middle school smoking and tobacco use rates are taken from the 2023 National Youth Tobacco Survey.
Economic cost information is for 2018 and from multiple sources, see this CDC website page for details. 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
2024

ALABAMA

Tobacco Prevention and Control Program Funding: F

FY2024 State Funding for Tobacco Control Programs:	$1,711,214
FY2024 Federal Funding for State Tobacco Control Programs:	$1,513,283*
FY2024 Total Funding for State Tobacco Control Programs:	$3,224,497
CDC Best Practices State Spending Recommendation:	$55,900,000
Percentage of CDC Recommended Level:	5.8%
State Tobacco-Related Revenue:	$278,200,000

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

Smokefree Air: F

OVERVIEW OF STATE SMOKING RESTRICTIONS

Government 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**

E-Cigarettes Included: **No**

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**

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

Access to Cessation Services: F

OVERVIEW OF STATE CESSATION COVERAGE

STATE MEDICAID PROGRAM:

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: **$1.82; the median investment per smoker is $1.93.**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No**

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 quit tobacco coverage for Medicaid recipients.

It was an active year for tobacco prevention and control issues in the Alabama legislature in 2023. The Lung Association and other public health partners were engaged in educating on the best practices for updating provisions for state licensing, enforcement, and compliance of tobacco products, including e-cigarettes. This includes removing youth penalties and promoting policies that effectively reduced youth tobacco and nicotine use. House Bill 319 and Senate Bill 271, introduced by Representative Drummond and Senator Gudger respectively, was legislation that, unfortunately, did not appropriately hold tobacco retailers accountable and would have enacted harsher penalties on youth. This legislation failed to pass.

Local public health coalitions and communities continue to be limited in their ability to focus on tobacco control 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 2024, the American Lung Association will advocate for the implementation of a comprehensive tobacco retail licensing program to ensure enforcement and compliance with tobacco control statutes. We will also continue 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:	15.6%
High School Smoking Rate:	5.7%
High School Tobacco Use Rate:	18.6%
Middle School Smoking Rate:	N/A
Smoking Attributable Deaths:	8,650

Adult smoking data come from CDC's 2022 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use rates are taken from the 2021 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.

Alaska Report Card

American Lung Association
State of Tobacco Control
2024

A L A S K A

Tobacco Prevention and Control Program Funding: B

FY2024 State Funding for Tobacco Control Programs:	$6,385,700
FY2024 Federal Funding for State Tobacco Control Programs:	$1,284,919*
FY2024 Total Funding for State Tobacco Control Programs:	$7,670,619
CDC Best Practices State Spending Recommendation:	$10,200,000
Percentage of CDC Recommended Level:	75.2%
State Tobacco-Related Revenue:	$76,500,000

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

Smokefree Air: B

OVERVIEW OF STATE SMOKING RESTRICTIONS

Government 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**

E-Cigarettes Included: **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**

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

Access to Cessation Services: C

OVERVIEW OF STATE CESSATION COVERAGE

STATE MEDICAID PROGRAM:

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: **Substantial barriers exist to access care**

STATE QUITLINE:

Investment per Smoker: **$7.32; the median investment per smoker is $1.93**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

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

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

Flavored Tobacco Products: F

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

Alaska State Highlights:

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

1. Appropriate and maintain funding for the state's tobacco prevention and control program; and
2. Achieve tax parity for all tobacco products.

In the 2023 Alaska legislative session, Senator Gary Stevens introduced Senate Bill 89 to tax electronic cigarettes. The bill was also sponsored by Senators Giessel, Gray-Jackson, Kiehl and Tobin. SB 89 also proposed aligning state law with the federal law raising the minimum age to buy, sell or possess tobacco and electronic smoking products from age 19 to 21.

SB 89 received a dual referral to the Senate Finance and Labor and Commerce committees; the bill passed both committees and moved to the Senate Floor where it passed on third reading on May 16, 2023, with 14 yeas and 6 nays.

Prior to the end of the 2023 legislative session, the bill was transmitted to the House for consideration. The bill carries over and will be considered by the House chamber during the 2024 legislative session.

Allocation of funding for tobacco prevention and control programs in Alaska for fiscal year 2024 was set at $6.5 million, which was a similar level to last year, but maintains a significant cut from two years ago. The Lung Association will continue to advocate for returning to the previous higher level of funding.

In 2024, the American Lung Association 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 and quit programs.

Alaska State Facts

Health Care Cost Due to Smoking:	$438,143,263
Adult Smoking Rate:	15.9%
High School Smoking Rate:	8.4%
High School Tobacco Use Rate:	N/A
Middle School Smoking Rate:	N/A
Smoking Attributable Deaths:	610

Adult smoking data come from CDC's 2022 Behavioral Risk Factor Surveillance System. High school smoking data comes from CDCs 2019 Youth Risk Behavior Surveillance System. A current high school tobacco use rate and middle school smoking rate is not available for this state.

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

ARIZONA

Arizona Report Card

American Lung Association.
State of Tobacco Control
2024

Tobacco Prevention and Control Program Funding: F

FY2024 State Funding for Tobacco Control Programs:	$18,000,000
FY2024 Federal Funding for State Tobacco Control Programs:	$1,708,792*
FY2024 Total Funding for State Tobacco Control Programs:	$19,708,792
CDC Best Practices State Spending Recommendation:	$64,400,000
Percentage of CDC Recommended Level:	30.6%
State Tobacco-Related Revenue:	$389,000,000

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

Smokefree Air: B

OVERVIEW OF STATE SMOKING RESTRICTIONS

Government 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**

E-Cigarettes Included: **No**

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

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

Tobacco Taxes: F

CIGARETTE TAX:

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

OTHER TOBACCO PRODUCT TAXES:

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

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

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

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

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

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

Access to Cessation Services: 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: **$3.01; the median investment per smoker is $1.93**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

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

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

Flavored Tobacco Products: F

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

Arizona State Highlights:

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

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

The American Lung Association 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 2023, funding for Arizona's tobacco control program, Tobacco Free Arizona, went from $17.7 million in fiscal year 2023 to $18 million in fiscal year 2024. 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 2023 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. The tobacco industry bill also raised the penalty on youth under the age of sale for possessing tobacco products. Neither bill ultimately advanced to the Governor.

On the local front, the Lung Association along with a coalition of partners continue to work with city councilmembers in Tempe enacting a tobacco retailer license and worked with the City of Flagstaff to implement their licensing requirement passed in 2019.

During the 2024 legislative session, the American Lung Association 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:	12.7%
High School Smoking Rate:	3.4%
High School Tobacco Use Rate:	17.4%
Middle School Smoking Rate:	2.4%
Smoking Attributable Deaths:	8,250

Adult smoking data come from CDC's 2022 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use data come from the 2021 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
2024

ARKANSAS

Tobacco Prevention and Control Program Funding: F

FY2024 State Funding for Tobacco Control Programs:	$11,021,036
FY2024 Federal Funding for State Tobacco Control Programs:	$1,103,153*
FY2024 Total Funding for State Tobacco Control Programs:	$12,124,189
CDC Best Practices State Spending Recommendation:	$36,700,000
Percentage of CDC Recommended Level:	33%
State Tobacco-Related Revenue:	$273,200,000

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

Note: The Arkansas Legislature appropriated $14,575,685 to the Arkansas Tobacco Prevention and Cessation Program, however, only $11,021,036 has been 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**

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

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**

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

Access to Cessation Services: C

OVERVIEW OF STATE CESSATION COVERAGE

STATE MEDICAID PROGRAM:

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

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

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

STATE QUITLINE:

Investment per Smoker: **$1.93; the median investment per smoker is $1.93**

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 use treatment services for all those who want to quit smoking, including comprehensive coverage for such 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 2023 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, which was passed in House Bill 1080. However, a portion was required to be used for purposes other than the tobacco control program this year leaving only $11 million total for tobacco prevention and reduction activities. This program is charged with developing and implementing a statewide comprehensive tobacco education, prevention, and cessation program.

The Arkansas Tobacco Prevention and Cessation Program (ARTPCP) supports initiatives like Project Prevent Youth Coalition, consisting of students all over the state who choose to live their lives tobacco and nicotine free, and encourage others to do the same. Be Well Arkansas (the state's tobacco Quitline); the Coral's Reef tobacco youth education program; and Be Well Baby are also provided by the ARTPCP.

During the 2024 fiscal session of the legislature, the Lung Association will work to ensure funding for Medicaid expansion and Arkansas' Tobacco Prevention and Cessation Program are included in the state's constitutionally required balanced budget.

The Lung Association and its partner health organizations will continue to lay the groundwork for a campaign to repeal the state law that prohibits local governments from passing tobacco control ordinances in their communities. Alongside this effort, the Lung Association will engage community partners to support local tobacco policies that are not preempted by state law. 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 2024, 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:	18.7%
High School Smoking Rate:	4.9%
High School Tobacco Use Rate:	20%
Middle School Smoking Rate:	N/A
Smoking Attributable Deaths:	5,790

Adult smoking data come from CDC's 2022 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use data come from the 2021 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 2024

CALIFORNIA

Tobacco Prevention and Control Program Funding: C

FY2024 State Funding for Tobacco Control Programs:	$208,052,000
FY2024 Federal Funding for State Tobacco Control Programs:	$3,571,588*
FY2024 Total Funding for State Tobacco Control Programs:	$211,623,588
CDC Best Practices State Spending Recommendation:	$347,900,000
Percentage of CDC Recommended Level:	60.8%
State Tobacco-Related Revenue:	$2,577,900,000

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

Smokefree Air: A

OVERVIEW OF STATE SMOKING RESTRICTIONS

Government 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**

E-Cigarettes Included: **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).

Thumbs up for Governor Newsom for vetoing legislation that would have weakened California's comprehensive smokefree air law.

Tobacco Taxes: C

CIGARETTE TAX:

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

OTHER TOBACCO PRODUCT TAXES:

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

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

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

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

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

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

Access to Cessation Services: A*

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: **Data not provided**

Counseling: **Data not provided**

Barriers to Coverage: **Data not provided**

STATE QUITLINE:

Investment per Smoker: **$4.61; the median investment per smoker is $1.93**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **Yes**

Tobacco Surcharge: **Prohibits tobacco surcharges**

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

* California was not able to provide State Employee Health Plan tobacco cessation coverage data this year. This part of the grade was excluded from the grade calculation.

Flavored Tobacco Products: B

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

California State Highlights:

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

1. 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 2023, California continued its progress and nationwide leadership on tobacco control. The California legislature passed Senate Bill 626 (Senator Rubio), smoking in the workplace: transient lodging establishments, which makes all hotel and motel guestrooms and transient lodging establishments 100% smokefree. By eliminating the existing exemption in state law that permits hotels and motels to allow smoking in up to 20% of guestroom accommodations, it is now illegal to smoke completely in hotels and motels.

California Governor Gavin Newsom continued to protect workers from secondhand smoke by vetoing Assembly Bill 374 (Assemblymember Haney), which would have allowed cannabis consumption lounges to sell non-cannabis infused food and host live entertainment, thereby exposing workers to secondhand smoke.

In addition to these significant achievements, the California legislature passed Assembly Bill 935 (Assemblymember Connolly), which added enforcement language to California's statewide flavored tobacco law. The bill makes provisions of the flavored tobacco law punishable by civil penalties similar to the Stop Tobacco Access to Kids Enforcement (STAKE) Act.

Throughout 2023, localities across the state continued their efforts to pass comprehensive flavored tobacco laws, in some cases stronger than state law. This included Marin County, Kern County, Monterey, as well as the city of Stockton. In addition to the local flavored tobacco ordinances, progress continued on other comprehensive tobacco control measures across the state in large and small localities. Localities also passed laws prohibiting smoking in multiunit housing, making certain outdoor locations smoke-free, and to reduce the number and density of tobacco retailers.

California's Proposition 56, approved by voters in 2016, increased the state cigarette tax by $2.00 per pack, and continues to direct much-needed funds to California's Tobacco Control Program, helping tobacco users quit and preventing children from starting.

In 2024, the American Lung Association will monitor the implementation of California's state flavored tobacco product law and encourage local communities to pass more robust policies that close state law loopholes. The Lung Association will also continue our work to pass other local tobacco control policies, focusing 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:	9.7%
High School Smoking Rate:	1.2%
High School Tobacco Use Rate:	6.6%
Middle School Smoking Rate:	0.4%
Smoking Attributable Deaths:	39,950

Adult smoking data come from CDC's 2022 Behavioral Risk Factor Surveillance System. High school (10th and 12th grade only) smoking and tobacco use and middle school (8th grade only) smoking data come from the 2022 California Youth Tobacco Survey. High school tobacco use includes cigarettes, cigars, smokeless tobacco, and electronic vapor products, as well as hookah and heated tobacco products, 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.

Colorado Report Card

American Lung Association. State of Tobacco Control 2024

C O L O R A D O

Tobacco Prevention and Control Program Funding: F

FY2024 State Funding for Tobacco Control Programs:	$22,752,228
FY2024 Federal Funding for State Tobacco Control Programs:	$1,692,350*
FY2024 Total Funding for State Tobacco Control Programs:	$24,444,578
CDC Best Practices State Spending Recommendation:	$52,900,000
Percentage of CDC Recommended Level:	46.2%
State Tobacco-Related Revenue:	$437,200,000

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

Smokefree Air: B

OVERVIEW OF STATE SMOKING RESTRICTIONS

Government 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**

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

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**

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

Access to Cessation Services: A

OVERVIEW OF STATE CESSATION COVERAGE

STATE MEDICAID PROGRAM:

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: **Most medications are covered**

Counseling: **Some counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$6.55; the median investment per smoker is $1.93**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **Yes**

Tobacco Surcharge: **Limits tobacco surcharges**

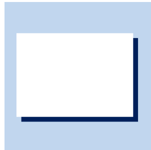
Citation: See Colorado Tobacco Cessation Coverage page for coverage details.

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

Flavored Tobacco Products: F

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

Colorado State Highlights:



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

1. Eliminate the sale of all flavored tobacco products;
2. Expand local tobacco retail licensure programs; 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 2023, and the ongoing importance of providing adequately funded tobacco prevention and cessation programs. We also remain engaged with the Colorado Attorney General's office as it decides how to disperse $31.7 million in settlement funds resulting from the state's lawsuit against Juul Labs. The Lung Association advocates that settlement funds be directed to evidence-based prevention programs.

The legislature placed a measure on the November 2023 ballot (Proposition II) to maintain tobacco taxes at levels that voters approved in 2020 under Proposition EE. The Lung Association endorsed Proposition II, as we did with Proposition EE. Colorado's Taxpayer Bill of Rights (TABOR) required voter approval on Proposition II to avoid a $23.65 million refund to tobacco wholesalers and reduced tobacco taxes, which would have led to fewer resources directed to tobacco prevention programs. Voters overwhelmingly approved Proposition II 67.5% to 32.5%.

Several localities had success in enacting stronger tobacco control policies in 2023:

- Pitkin County: Tobacco retail licensure and a prohibition of future tobacco retailers;
- Golden: Ending the sale of all flavored tobacco products as well as repealing penalties for underage purchase, use and possession of tobacco products;
- Larimer County: Repealing penalties for underage purchase, use and possession of tobacco products;
- Silverton: Updated tobacco retail licensing fees and required two annual compliance checks from local health department; and
- Denver: Updated penalties for tobacco retailers to include suspension and revocation of licenses.

The Lung Association will continue to advocate for Colorado policymakers to exercise their authority at both the state and local levels to enact policies that reduce the burden of tobacco in our state.

Colorado State Facts

Health Care Cost Due to Smoking:	$1,891,467,308
Adult Smoking Rate:	10.7%
High School Smoking Rate:	4.5%
High School Tobacco Use Rate:	18.9%
Middle School Smoking Rate:	1.4%
Smoking Attributable Deaths:	5,070

Adult smoking data come from CDC's 2022 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use rates are taken from the 2021 Youth Risk Behavior Surveillance System. 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
2024

CONNECTICUT

Tobacco Prevention and Control Program Funding: F

FY2024 State Funding for Tobacco Control Programs:	$12,642,664
FY2024 Federal Funding for State Tobacco Control Programs:	$1,177,808*
FY2024 Total Funding for State Tobacco Control Programs:	$13,820,472
CDC Best Practices State Spending Recommendation:	$32,000,000
Percentage of CDC Recommended Level:	43.2%
State Tobacco-Related Revenue:	$433,600,000

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

Smokefree Air: B

OVERVIEW OF STATE SMOKING RESTRICTIONS

Government 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**

E-Cigarettes Included: **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**

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

Access to Cessation Services: C

OVERVIEW OF STATE CESSATION COVERAGE

STATE MEDICAID PROGRAM:

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: **Minimal barriers exist to access care**

STATE QUITLINE:

Investment per Smoker: **$0.39; the median investment per smoker is $1.93**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **Yes**

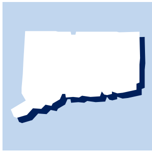
Tobacco Surcharge: **Prohibits tobacco surcharges in some plans**

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

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; and
3. Reduce youth access to tobacco through local flavor ordinances and zoning regulations in cities and towns.

After a very promising year in the 2022 Connecticut General Assembly, the 2023 session had mixed results when it comes to tobacco control policy. Advocates were discouraged that the initial Governor's budget proposed a 50% cut to the year's allocation to the Tobacco and Health Trust Fund, before the first deposit established the previous year was even available to spend. However, champions in the legislature demonstrated a dedication to ensuring the Tobacco and Health Trust Fund (THTF) could get off the ground and level funded the THTF for Fiscal Year 2024 at $12 million.

The legislature also passed bills requiring the Juul settlement funds be used towards youth tobacco prevention work and that the Tobacco and Health Trust Fund dollars be dispersed according to the CDC Best Practices. Unfortunately, the legislature also passed a law that will allow cigar bars back into the state. While somewhat limited in the number and location, public health advocates are very concerned about what this will mean moving forward, especially considering proponents of the bill specifically stated they see this as a pilot program with the hope for growth in coming years.

In addition, during the 2023 legislative session, many groups worked to remove flavored tobacco products from the marketplace. Because the proposed policy failed to include all products and protections for all people, the Lung Association could not support this legislation. 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 June 2023, the reconstituted Tobacco and Health Trust Fund Board met for the first time. Advocates are looking forward to the expenditure of funds towards best practice programs and a robust and sustainable investment in combatting the leading cause of preventable death and disease in the state. The Lung Association and our community partners will continue to advance proven policy issues with heightened efforts to enhance our partnerships and amplify the voices of people disproportionately burdened by tobacco use. The Lung Association looks forward to advancing Connecticut's tobacco control policy and working towards a healthier Connecticut in 2024.

Connecticut State Facts

Health Care Cost Due to Smoking:	$2,038,803,314
Adult Smoking Rate:	10%
High School Smoking Rate:	1.3%
High School Tobacco Use Rate:	10.6%
Middle School Smoking Rate:	N/A
Smoking Attributable Deaths:	4,900

Adult smoking data come from CDC's 2022 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use rates are taken from the 2021 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 2024

DELAWARE

Tobacco Prevention and Control Program Funding: A

FY2024 State Funding for Tobacco Control Programs:	$9,654,500
FY2024 Federal Funding for State Tobacco Control Programs:	$991,511*
FY2024 Total Funding for State Tobacco Control Programs:	$10,646,011
CDC Best Practices State Spending Recommendation:	$13,000,000
Percentage of CDC Recommended Level:	81.9%
State Tobacco-Related Revenue:	$130,600,000

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

Smokefree Air: A

OVERVIEW OF STATE SMOKING RESTRICTIONS

Government work sites: **Prohibited**

Private work sites: **Prohibited**

Schools: **Prohibited**

Child care facilities: **Prohibited**

Restaurants: **Prohibited**

Bars: **Prohibited**

Casinos/Gaming Establishments: **Prohibited**

Retail stores: **Prohibited**

E-Cigarettes Included: **Yes**

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

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

Tobacco Taxes: F

CIGARETTE TAX:

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

OTHER TOBACCO PRODUCT TAXES:

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

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

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

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

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

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

Access to Cessation Services: B

OVERVIEW OF STATE CESSATION COVERAGE

STATE MEDICAID PROGRAM:

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 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: **$13.39; the median investment per smoker is $1.93**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **Yes**

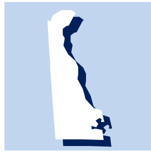
Tobacco Surcharge: **No prohibition or limitation on tobacco surcharges**

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 2023 legislative session was the first year of the 152nd General Assembly of Delaware's two-year session. In 2023, the American Lung Association in Delaware along with other public health partners were successful in maintaining the increase in critical funding for tobacco prevention and cessation.

During the 2023 session a bill which would decrease the tax rate on "premium" cigars from 30% to 20% of the wholesale price was re-introduced. 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 was not addressed during the 2023 session but will be carried over into the 2024 session and will be a priority for the Lung Association.

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 sustained increase due to advocacy from the Lung Association at approximately $9.6 million in fiscal year 2024. 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 continued high youth use of electronic cigarettes.

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:	12.9%
High School Smoking Rate:	2.7%
High School Tobacco Use Rate:	18.3%
Middle School Smoking Rate:	N/A
Smoking Attributable Deaths:	1,440

Adult smoking data come from CDC's 2022 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.

District of Columbia Report Card

American Lung Association.
State of Tobacco Control
2024

DISTRICT OF COLUMBIA

Tobacco Prevention and Control Program Funding: F

FY2024 City Funding for Tobacco Control Programs:	$1,900,000
FY2024 Federal Funding for City Tobacco Control Programs:	$1,031,660*
FY2024 Total Funding for City Tobacco Control Programs:	$2,931,660
CDC Best Practices City Spending Recommendation:	$10,700,000
Percentage of CDC Recommended Level:	27.4%
City Tobacco-Related Revenue:	$61,500,000

* Includes tobacco prevention and cessation funding provided to the District from the Centers for 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**

E-Cigarettes Included: **Yes**

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

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

Tobacco Taxes: A

CIGARETTE TAX:

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

OTHER TOBACCO PRODUCT TAXES:

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

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

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

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

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

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

Access to Cessation Services: B*

OVERVIEW OF CITY CESSATION COVERAGE

CITY MEDICAID PROGRAM:

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: **Data not provided**

Counseling: **Data not provided**

Barriers to Coverage: **Data not provided**

CITY QUITLINE:

Investment per Smoker: **$6.64; the median investment per smoker is $1.93**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **Yes**

Tobacco Surcharge: **Prohibits tobacco surcharges**

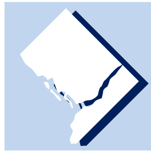
Citation: See District of Columbia Tobacco Cessation Coverage page for coverage details.

*The District of Columbia was not able to provide City Employee Health Plan tobacco cessation coverage data. This part of the grade was excluded from the grade calculation.

Flavored Tobacco Products: A

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

District of Columbia City Highlights:



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

1. Provide support to implement the law removing all flavored tobacco products from the market and ensure one agency within the District has oversight for tobacco enforcement;
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 2023, 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 closely with the city's Department of Licensing and Consumer Protection (DLCP) and the Department of Health to ensure that the District's law to remove all flavored tobacco products from the market was fully implemented and enforced.

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 continuing to support 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 continues to highlight a broader issue that currently enforcement of tobacco related laws resides 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 the 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 2024. 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 2024 goals which include the continued implementation and enforcement of the legislation that passed removing all flavored tobacco products from the market in the District and ensuring that 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:	10.6%
High School Smoking Rate:	3.2%
High School Tobacco Use Rate:	11.6%
Middle School Smoking Rate:	N/A
Smoking Attributable Deaths:	790

Adult smoking data comes from CDC's 2022 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use rates are taken from the 2021 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
2024

F L O R I D A

Tobacco Prevention and Control Program Funding: F

FY2024 State Funding for Tobacco Control Programs:	$83,764,833
FY2024 Federal Funding for State Tobacco Control Programs:	$2,587,647*
FY2024 Total Funding for State Tobacco Control Programs:	$86,352,480
CDC Best Practices State Spending Recommendation:	$194,200,000
Percentage of CDC Recommended Level:	44.5%
State Tobacco-Related Revenue:	$1,432,400,000

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

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

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

Retail stores: **Prohibited**

E-Cigarettes Included: **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**

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

Access to Cessation Services: C*

OVERVIEW OF STATE CESSATION COVERAGE

STATE MEDICAID PROGRAM:

Medicaid Medications: **Most 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: **Data not provided**

Counseling: **Data not provided**

Barriers to Coverage: **Data not provided**

STATE QUITLINE:

Investment per Smoker: **$5.74; the median investment per smoker is $1.93**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

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

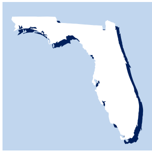
Citation: See Florida Tobacco Cessation Coverage page for coverage details.

*Florida was not able to provide State Employee Health Plan tobacco cessation coverage data. This part of the grade was excluded from the grade calculation.

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. Guarantee access to comprehensive quit tobacco coverage with no barriers to care for Medicaid recipients.

Florida experienced no movement on tobacco prevention and control policies during the 2023 legislative session. Representative Jervonte "Tae" Edmonds and Senator Tina Scott Polsky introduced House Bill 519 and Senate Bill 530 to reinstate the local control of marketing, sale and delivery of tobacco and nicotine products to local government. Unfortunately, neither piece of legislation was heard in committee.

The American Lung Association was able to protect funding for Tobacco Free Florida and ensure the total Fiscal Year 2024 program budget of $83,388,848. 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 $15.5 million allocated for Quitline services and implementation of a referral program, the program dedicates an additional $9.1 million for in-person cessation counseling.

Despite most tobacco control policies being prevented locally, there is continued education and activity across Florida through the tobacco free partnerships. In fact, many municipalities and counties capitalized on the reinstated authority to regulate the smoking of tobacco products and/or e-cigarettes on public beaches and parks. This has included, but not limited to the areas of Clearwater Beach, St. Pete Beach, Sarasota, Hernando County, Miami-Dade County, Miami Beach, Fort Lauderdale, Palm Beach, Monroe County, St. Augustine, Neptune Beach, Atlantic Beach, Fernandina Beach, Panama City Beach, and Treasure Island.

In 2024, the American Lung Association will continue to 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:	11.3%
High School Smoking Rate:	3.3%
High School Tobacco Use Rate:	N/A
Middle School Smoking Rate:	1.1%
Smoking Attributable Deaths:	32,300

Adult smoking data comes from CDC's 2022 Behavioral Risk Factor Surveillance System. High school smoking data are taken from the 2021 Youth Risk Behavior Survey and middle school smoking data are taken from the 2020 Florida Youth Tobacco Survey. A current high school tobacco use rate is not available for this state.

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

Georgia Report Card

American Lung Association
State of Tobacco Control
2024

GEORGIA

Tobacco Prevention and Control Program Funding: F

FY2024 State Funding for Tobacco Control Programs:	$2,173,346
FY2024 Federal Funding for State Tobacco Control Programs:	$2,127,823*
FY2024 Total Funding for State Tobacco Control Programs:	$4,301,169
CDC Best Practices State Spending Recommendation:	$106,000,000
Percentage of CDC Recommended Level:	4.1%
State Tobacco-Related Revenue:	$423,700,000

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

Smokefree Air: F

OVERVIEW OF STATE SMOKING RESTRICTIONS

Government 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**

E-Cigarettes Included: **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**

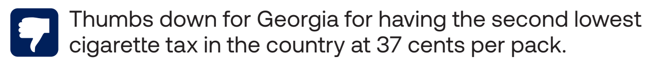
Tax on Large Cigars: **Equalized: Yes; Weight-Based: No**

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: **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: **Most counseling is covered**

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

STATE QUITLINE:

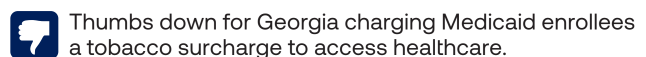
Investment per Smoker: **$1.27; the median investment per smoker is $1.93**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

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

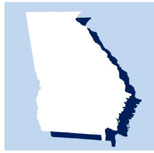
Citation: See Georgia Tobacco Cessation Coverage page for coverage details.


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. Increase the cigarette tax to the current average cigarette tax and equalize taxes for all tobacco products, including e-cigarettes;
2. Increase funding for the Georgia tobacco prevention and control program; and
3. Oppose all forms of preemption of local tobacco control authority.

During the 2023 legislative session in Georgia, several pieces of legislation were introduced around tobacco control policy. However, once again members of the General Assembly did not make strong tobacco prevention and control policies a priority.

Senate Bill 47 was championed by the state health department and carried by Senator Chuck Hufstetler. It added e-cigarette devices to the current Smokefree Air Act while not closing the many loopholes in the smokefree air law. The legislation did pass despite efforts by the Lung Association and other partners to make it more comprehensive.

Representative Ron Stephens sponsored House Bill 191 which would raise the tax rate on a pack of cigarettes from 37 cents to 57 cents. The current tax rate is the second lowest in the country. This bill did get a hearing in subcommittee of Ways and Means but did not pass. House Resolution 43, Costs and Effects of Smoking Joint Study Committee was once again sponsored by Representative Michelle Au. This bill unfortunately did not get a hearing. A poll commissioned by the Georgia Budget and Policy Institute (GBPI) and the University of Georgia (UGA) released in February 2023, showed that 63% of respondents would support moving the tobacco tax rate to the national average.

In 2024, the American Lung Association in Georgia will join our tobacco control partners to educate state and local officials on the health and economic benefits of strong tobacco control policies. This includes the state policy goals highlighted above.

Georgia State Facts

Health Care Cost Due to Smoking:	$3,182,695,641
Adult Smoking Rate:	12.5%
High School Smoking Rate:	3.3%
High School Tobacco Use Rate:	18.8%
Middle School Smoking Rate:	N/A
Smoking Attributable Deaths:	11,690

Adult smoking data come from CDC's 2022 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use rates are taken from the 2021 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
2024

Tobacco Prevention and Control Program Funding: C

FY2024 State Funding for Tobacco Control Programs:	$7,526,817
FY2024 Federal Funding for State Tobacco Control Programs:	$1,156,607*
FY2024 Total Funding for State Tobacco Control Programs:	$8,683,424
CDC Best Practices State Spending Recommendation:	$13,700,000
Percentage of CDC Recommended Level:	63.4%
State Tobacco-Related Revenue:	$131,800,000

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

Smokefree Air: A

OVERVIEW OF STATE SMOKING RESTRICTIONS

Government 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**

E-Cigarettes Included: **Yes**

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

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

Tobacco Taxes: B

CIGARETTE TAX:

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

OTHER TOBACCO PRODUCT TAXES:

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

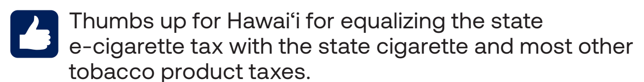
Tax on Large Cigars: Equalized: **No; Weight-Based: No**

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

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

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

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



Thumbs up for Hawaiʻi for equalizing the state e-cigarette tax with the state cigarette and most other tobacco product taxes.

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: **Minimal barriers exist to access care**

STATE QUITLINE:

Investment per Smoker: **$8.44; the median investment per smoker is $1.93**

OTHER CESSATION PROVISIONS:

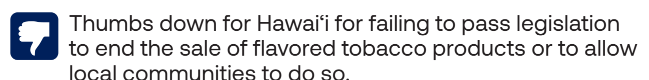
Private Insurance Mandate: **No provision**

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

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

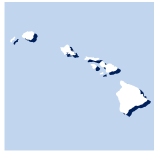
Flavored Tobacco Products: F

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



Thumbs down for Hawaiʻi for failing to pass legislation to end the sale of flavored tobacco products or to allow local communities to do so.

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. Repeal state preemption of county tobacco control authority; and
3. Increase funding for tobacco prevention and cessation programs by protecting the Master Settlement Agreement funds.

2023 was a year marked by major successes and painful losses in tobacco control advocacy in Hawai'i. Act 62 was signed into law by Governor Josh Green on June 6 with a large crowd of lawmakers and tobacco control advocates looking on. The Act finally includes electronic smoking devices and e-liquids under the definition of "tobacco products" for purposes of the cigarette tax and tobacco tax law, bringing parity amongst combustible tobacco products and e-cigarettes.

The act effectively established the tax rate for electronic smoking devices and e-liquids at 70% of the wholesale price, making the tax on e-cigarettes one of the highest in the nation. The act also increased the license and permit fees for wholesalers, dealers, and retailers and made it illegal to ship electronic smoking devices and liquids except to retailers.

While Act 62 was a major milestone in tobacco control, various bills aiming to restrict the sale of flavored tobacco products died during the legislative session (HB 1076, SB 1374, HB2347, SB2903, HB551, SB 496). House Bill 551, the most successful in the bunch, passed the House but failed to get a single hearing in the Senate. This marks the 9th year that similar legislation has died in the Hawai'i Legislature.

The Coalition for a Tobacco-Free Hawai'i and their Youth Council were key partners in the success of Act 62. The Youth Council organized highly effective campaigns and visits to pressure lawmakers to support the legislation. The Coalition staff and members quickly mobilized partners and worked with the media to create coverage of the issue.

While a lot has been achieved, a lot more is still undone. To truly turn the tide of the youth vaping epidemic, comprehensive tobacco control must be enacted. This includes instituting full restrictions of all flavored tobacco products and a continued investment in tobacco control, particularly in community-based youth cessation programs, which currently is not funded by the Hawai'i Tobacco Prevention and Control Trust Fund.

Because the state legislature has failed to enact flavored tobacco products restrictions, it's imperative that preemptions instituted in 2018 that prohibit counties from creating tobacco control policies be repealed. Allowing counties to have the ability to create stronger tobacco control laws will allow the adoption of innovative and place-appropriate laws.

The American Lung Association in Hawai'i will continue to work with its partners and volunteers in 2024 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, eliminating the sale of all flavored tobacco products, and allowing counties to be able to determine tobacco control laws for their residents.

Hawai'i State Facts	
Health Care Cost Due to Smoking:	$526,253,732
Adult Smoking Rate:	10%
High School Smoking Rate:	3%
High School Tobacco Use Rate:	N/A
Middle School Smoking Rate:	N/A
Smoking Attributable Deaths:	1,420

Adult smoking data come from CDC's 2022 Behavioral Risk Factor Surveillance System. High school smoking rate is taken from the 2021 Youth Risk Behavior Surveillance System. A current high tobacco use rate and middle school smoking rate are not available for this state.

Health impact information is taken from the Smoking Attributable Mortality, Morbidity and Economic Costs (SAMMEC) software. Smoking attributable deaths reflect average annual estimates for the period 2005-2009 and are calculated for persons aged 35 years and older. Smoking-attributable 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 2024

IDAHO

Tobacco Prevention and Control Program Funding: F

FY2024 State Funding for Tobacco Control Programs:	$3,877,600
FY2024 Federal Funding for State Tobacco Control Programs:	$1,171,888*
FY2024 Total Funding for State Tobacco Control Programs:	$5,049,488
CDC Best Practices State Spending Recommendation:	$15,600,000
Percentage of CDC Recommended Level:	32.4%
State Tobacco-Related Revenue:	$71,300,000

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

Smokefree Air: C

OVERVIEW OF STATE SMOKING RESTRICTIONS

Government 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**

E-Cigarettes Included: **No**

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: **No; Weight-Based: No**

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

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

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

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

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

Access to Cessation Services: B

OVERVIEW OF STATE CESSATION COVERAGE

STATE MEDICAID PROGRAM:

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: **$4.54; the median investment per smoker is $1.93**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

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

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

Flavored Tobacco Products: F

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

Idaho State Highlights:

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

1. Increase funding for tobacco prevention and control work in Idaho;
2. Treat electronic smoking devices consistent with other commercial tobacco products in all areas under state law; and
3. Implement tobacco retail licensure fees at a level that supports enforcement of the legal sale age.

Approximately 50% of Idaho legislators were new in the 2023 Session. During 2023, tobacco prevention partners focused on educating new legislators about the impact of commercial tobacco use and addiction in Idaho and the policies, programs, and funding mechanisms that reduce the health impacts of commercial tobacco use.

During the 2023 legislative session, the Joint Legislative Millennium Fund Committee, which is responsible for recommending how tobacco settlement money is allocated in the State of Idaho budget, articulated its intent to direct its future funding recommendations to support programs and projects that focus on tobacco and other substance use prevention and cessation programs, especially for youth.

Also in 2023, the Idaho Legislature considered proposed legislation that would have included e-cigarettes and other emerging products in Idaho's tobacco taxes. While House Bill 331 did not include all components we would recommend in a strong tobacco tax policy, it demonstrated support for increasing tobacco taxes for the first time since the introduction of e-cigarettes into the local marketplace.

The State of Idaho's Tobacco Prevention and Control Program, Project Filter, housed within the Department of Health and Welfare, 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 impacted by tobacco use, and youth and young adults to prevent initiation of tobacco and nicotine products.

We applaud the Joint Legislative Millennium Fund Committee's commitment to reducing youth tobacco use. During the 2024 legislative session, in collaboration with our tobacco prevention partners, we will work with Committee members to expand investment in a comprehensive suite of evidence-based programs and policy changes. These changes will keep youth from picking up their first nicotine product, support youth and adults in their quitting efforts, and reduce exposure to secondhand smoke and e-cigarette aerosol statewide.

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 required enforcement checks. The American Lung Association in Idaho will continue to work with partners in 2024 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 e-cigarette aerosol.

Idaho State Facts

Health Care Cost Due to Smoking:	$508,053,436
Adult Smoking Rate:	11.9%
High School Smoking Rate:	3.8%
High School Tobacco Use Rate:	18.5%
Middle School Smoking Rate:	N/A
Smoking Attributable Deaths:	1,800

Adult smoking data come from CDC's 2022 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use data come from the 2021 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

Illinois Report Card

American Lung Association. State of Tobacco Control 2024

Tobacco Prevention and Control Program Funding: F

FY2024 State Funding for Tobacco Control Programs:	$11,760,216
FY2024 Federal Funding for State Tobacco Control Programs:	$2,241,976*
FY2024 Total Funding for State Tobacco Control Programs:	$14,002,192
CDC Best Practices State Spending Recommendation:	$136,700,000
Percentage of CDC Recommended Level:	10.2%
State Tobacco-Related Revenue:	$1,124,900,000

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

Smokefree Air: A

OVERVIEW OF STATE SMOKING RESTRICTIONS

Government work sites: **Prohibited**

Private work sites: **Prohibited**

Schools: **Prohibited**

Child care facilities: **Prohibited**

Restaurants: **Prohibited**

Bars: **Prohibited**

Casinos/Gaming Establishments: **Prohibited**

Retail stores: **Prohibited**

E-Cigarettes Included: **Yes**

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

Citation: 410 ILL. COMP. STAT. 82/1 et seq. (2024).

Thumbs up for Illinois for adding e-cigarettes to its comprehensive smokefree air law.

Tobacco Taxes: C

CIGARETTE TAX:

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

OTHER TOBACCO PRODUCT TAXES:

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

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

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

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

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

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

Access to Cessation Services: 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: **Some counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$4.49; the median investment per smoker is $1.93**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **Yes**

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

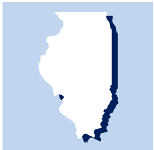
Citation: See Illinois Tobacco Cessation Coverage page for coverage details.

Thumbs up for Illinois 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**

Illinois State Highlights:



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

1. Increase funding for state tobacco control programs;
2. Allocate all Juul settlement funds to tobacco prevention; and
3. Ensure tax parity between other tobacco products, including e-cigarettes and cigarettes.

In the 15th year of the landmark Smoke-Free Illinois Act (SFIA), on May 10, 2023, the Illinois General Assembly passed and Governor J.B. Pritzker later signed into law, House Bill 1540 which adds electronic cigarettes to the SFIA, prohibiting their use in virtually all indoor public places. This new law, which took effect January 1, 2024, comes on the heels of nearly 30 municipalities passing their own measures to prohibit the use of electronic cigarettes in indoor public places. Additionally, thanks to a settlement reached by Attorney General Kwame Raoul in April 2022 that brought hundreds of millions of dollars to the state, the General Assembly increased funding for the Illinois Tobacco Quitline by $1 million in the fiscal year 2024 budget.

Locally, Evanston became the first city in Illinois to end the sale of all flavored tobacco products, including menthol cigarettes and flavored cigars; the new law will take effect on April 1. The Cook County Board of Commissioners also passed an ordinance in 2023 ending the sale of flavored e-cigarettes in unincorporated Cook County. The Lung Association and partners advocated for a comprehensive ordinance to be passed that included all flavored tobacco products. On January 18, 2023, the city of Chicago passed an ordinance that puts strong restrictions on tobacco retailers, including creating a new city license for e-cigarette retailers, placing strict limitations on where they can be located and increasing fines for selling tobacco products to underage individuals.

The Illinois Tobacco Quitline (ITQL) and the Illinois Department of Public Health (IDPH) Tobacco Prevention and Control Program (TCP) collaborated, along with the public health communication company and IDPH contractor Rescue Agency, in researching and developing a target awareness and ITQL promotion campaign to reach menthol tobacco users in 2024. The proportion of people who smoke and use menthol cigarettes has increased as overall cigarette smoking has decreased, particularly among population groups that experience tobacco-related disparities. The tobacco industry aggressively targets its marketing to certain populations, especially Black people, Latinos, young adults, and LGBTQ+ adults. These groups are more likely to smoke menthol cigarettes compared to other population groups.

The IDPH TCP funded and oversaw 34 local health departments (LHDs) engaging with local schools and school districts, students, parent groups, and local coalitions to strengthen and implement existing school tobacco and e-cigarette use policies. Youth and young adult-focused media campaigns are run in jurisdictions where LHDs are educating about strengthening school policies and youth tobacco/e-cigarette prevention curricula are provided in schools. All youth-focused media includes promotion of My Life, My Quit, Illinois youth tobacco/e-cigarette cessation resource.

Illinois has made great progress in reducing the tobacco burden and needs to continue its commitment by increasing state funding for tobacco prevention and control. Additional funding is available through Master Settlement Agreement and Juul settlement dollars that have and will be given to the state mainly to reduce and prevent tobacco use, especially among youth. It is crucial that Illinois use these funds for their intended purpose so we can prevent tobacco addiction in future generations.

Illinois State Facts	
Health Care Cost Due to Smoking:	$5,495,627,110
Adult Smoking Rate:	12.4%
High School Smoking Rate:	2.5%
High School Tobacco Use Rate:	17.1%
Middle School Smoking Rate:	N/A
Smoking Attributable Deaths:	18,280

Adult smoking data come from CDC's 2022 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use rates are taken from the 2021 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.

Indiana Report Card

American Lung Association. State of Tobacco Control 2024

INDIANA

Tobacco Prevention and Control Program Funding: F

FY2024 State Funding for Tobacco Control Programs:	$9,109,918
FY2024 Federal Funding for State Tobacco Control Programs:	$1,832,809*
FY2024 Total Funding for State Tobacco Control Programs:	$10,942,727
CDC Best Practices State Spending Recommendation:	$73,500,000
Percentage of CDC Recommended Level:	14.9%
State Tobacco-Related Revenue:	$517,400,000

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

Thumbs up for Indiana for increasing funding for its state tobacco control program by over $1.5 million this fiscal year.

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)**

E-Cigarettes Included: **No**

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 32.1% 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**

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

Access to Cessation Services: C

OVERVIEW OF STATE CESSATION COVERAGE

STATE MEDICAID PROGRAM:

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: **Minimal barriers exist to access care**

STATE QUITLINE:

Investment per Smoker: **$1.33; the median investment per smoker is $1.93**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

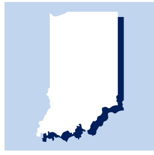
Tobacco Surcharge: **Tobacco surcharge for Medicaid enrollees**

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

Flavored Tobacco Products: F

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

Indiana State Highlights:



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

1. Remove youth possession, use and purchase (PUP) laws;
2. Raise the state cigarette tax by $1.00 per pack or more; and
3. Increase funding for tobacco prevention and cessation.

During the 2023 legislative session, the American Lung Association collaborated with Tobacco Free Indiana to host our annual Advocacy Day. Over 50 coalition members held 90 legislative visits where they advocated for increasing Indiana's Tobacco Prevention and Cessation funding and raising our cigarette tax by $2.00 per pack. Unfortunately, a cigarette tax increase did not ultimately end up passing.

There was more positive news on funding for tobacco prevention and cessation. In a decision strongly supported by the Lung Association, the Indiana Attorney General's office decided to award the full Juul settlement award of $15.7 million to the state's tobacco prevention and cessation program. The funds are to be used in support of prevention, education, harm reduction and mitigation efforts related to youth using electronic nicotine delivery systems.

On the local level, tobacco control partners across the state of Indiana have had some small policy wins. In Marshall County, the Plymouth Public Parks department unanimously voted to make the park in Plymouth smokefree, including the well-attended Blueberry Festival event. Following this success, the park in the City of Culver in Marshall County also passed a policy declaring their parks to be smoke and vape free. In Vigo County, where Indiana's first smokefree casino will open in 2024, the Terre Haute city council unanimously passed an ordinance that added e-cigarettes to the city's strong smoke-free air ordinance. Vigo County then passed its own ordinance adding e-cigarettes to its law soon after.

The 2022 Indiana Youth Tobacco Survey (IYTS), administered to 5,400 middle and high school students in the fall 2022, showed that 20% of high schoolers and 7% of middle school students have ever used e-cigarettes. With flavors being the 3rd most common reason for using e-cigarettes, 240 VOICE youth leaders and adult allies from across the state participated in the 2023 Youth Day at the Indiana Statehouse. Held in January 2023, it was a day of leadership training and the opportunity to meet with state decision makers.

The Indiana Tobacco Prevention and Cessation Commission has a partnership with the Indiana High School Athletic Association (IHSAA) where they continued to share the Don't Puff This Stuff campaign to help end vaping among Hoosier teens. The IHSAA's social media channels generated a total of 20 million impressions.

Although 2024 is not a budget year, the Lung Association will continue working on increasing Indiana's cigarette tax and funding for tobacco prevention and cessation by implementing a robust public education campaign. We will educate decisionmakers on the public health value these two public health strategies will provide. Additionally, giving control back to local municipalities to determine whether restricting flavored tobacco products is an approach that they would like to take is another way we can reach our goals of reducing tobacco use in Indiana.

Indiana State Facts	
Health Care Cost Due to Smoking:	$2,930,404,456
Adult Smoking Rate:	16.2%
High School Smoking Rate:	4.2%
High School Tobacco Use Rate:	N/A
Middle School Smoking Rate:	1.9%
Smoking Attributable Deaths:	11,070

Adult smoking data comes from CDC's 2022 Behavioral Risk Factor Surveillance System. High school smoking rate is taken from CDCs 2021 Youth Risk Behavior Surveillance System. Middle school smoking data are taken from the 2018 Indiana Youth Tobacco Survey. A current high school tobacco use rate is not available for this state.

Health impact information is taken from the Smoking Attributable Mortality, Morbidity and Economic Costs (SAMMEC) software. Smoking attributable deaths reflect average annual estimates for the period 2005-2009 and are calculated for persons aged 35 years and older. Smoking-attributable 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
2024

Tobacco Prevention and Control Program Funding: F

FY2024 State Funding for Tobacco Control Programs:	$4,270,171
FY2024 Federal Funding for State Tobacco Control Programs:	$1,137,971*
FY2024 Total Funding for State Tobacco Control Programs:	$5,408,142
CDC Best Practices State Spending Recommendation:	$30,100,000
Percentage of CDC Recommended Level:	18%
State Tobacco-Related Revenue:	$ 248,500,000

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

Smokefree Air: B

OVERVIEW OF STATE SMOKING RESTRICTIONS

Government 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**

E-Cigarettes Included: **No**

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

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

Tobacco Taxes: F

CIGARETTE TAX:

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

OTHER TOBACCO PRODUCT TAXES:

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

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

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

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

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

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

Access to Cessation Services: 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: **All 3 types of counseling are covered**

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

STATE QUITLINE:

Investment per Smoker: **$1.67; the median investment per smoker is $1.93**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

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

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

Flavored Tobacco Products: F

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

Iowa State Highlights:

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

1. Allocate all Juul settlement funds to tobacco prevention;
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, of which the American Lung Association is a member, worked successfully with partners to defeat House File 566, a bill that would have eliminated the Iowa Tobacco Use Prevention and Control Commission. Created after the landmark Master Settlement Agreement of 1998 between 52 states and territories and the four largest tobacco companies, the Commission has served as an influential voice for the public to advise our state on effective tobacco prevention and control programs in Iowa. Under HF 566, the Commission would have been absolved, leaving Iowa communities without a crucial body to be their voice in the fight against tobacco.

In fiscal year 2023, partnerships from 50 out of 99 of Iowa's counties submitted tobacco free/nicotine free policies for a local business, childcare, school, outdoor event, or parks. The Tobacco Use Prevention and Control Program received 222 policies and more than 215, or 97%, were comprehensive, meaning they cover all types of tobacco and nicotine, apply to everyone (employees, students, visitors, etc.) always, include any company vehicles, and 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 covers cigarettes, not e-cigarettes or other forms of tobacco or nicotine.

Improving the health of pregnant people and people living with mental and/or behavioral health disorders through reduction in tobacco and nicotine use is a priority for the Iowa Department of Health and Human Services (IHHS) in 2024. Capitalizing on an opportunity to gain greater understanding of the unique health needs of these populations in Iowa, IHHS's Tobacco Control Program partnered with the Center for Social and Behavioral Research at the University of Northern Iowa to conduct a survey of providers of community, behavioral, and mental health services across the state in the spring of 2023. This survey has helped IHHS identify gaps in tobacco cessation services and led to the development of comprehensive tobacco cessation programs offered by Quitline Iowa, the state of Iowa's free tobacco cessation program.

Adequately funding evidence-based tobacco control programs is effective at preventing and reducing tobacco use. Iowa has made progress in reducing the tobacco burden and needs to continue its commitment to this endeavor by increasing state funding for tobacco prevention and control. Additional funding is available through Juul settlement dollars that have and will be given to the state to reduce tobacco use, especially among youth. It is crucial that Iowa use these funds for their intended purpose so we can prevent tobacco addiction in future generations.

Iowa State Facts	
Health Care Cost Due to Smoking:	$1,285,256,462
Adult Smoking Rate:	14.7%
High School Smoking Rate:	4.1%
High School Tobacco Use Rate:	16.2%
Middle School Smoking Rate:	1%
Smoking Attributable Deaths:	5,070

Adult smoking data come from CDC's 2022 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use rates are taken from the 2021 Youth Risk Behavior Surveillance System. Middle school (8th grade only) smoking rate is taken from the 2021 Iowa Youth Survey; 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.

Kansas Report Card

American Lung Association
State of Tobacco Control
2024

Tobacco Prevention and Control Program Funding: F

FY2024 State Funding for Tobacco Control Programs:	$1,940,716
FY2024 Federal Funding for State Tobacco Control Programs:	$1,516,090*
FY2024 Total Funding for State Tobacco Control Programs:	$3,456,806
CDC Best Practices State Spending Recommendation:	$27,900,000
Percentage of CDC Recommended Level:	12.4%
State Tobacco-Related Revenue:	$175,400,000

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

Thumbs up for Kansas for increasing funding for its state tobacco control program by close to $1 million dollars from Juul settlement funds this fiscal 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: **Restricted (casino floors and tribal establishments not subject to state law)**

Retail stores: **Prohibited**

E-Cigarettes Included: **No**

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

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

Tobacco Taxes: F

CIGARETTE TAX:

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

OTHER TOBACCO PRODUCT TAXES:

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

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

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

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

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

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

Access to Cessation Services: 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 types of counseling are covered**

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

STATE QUITLINE:

Investment per Smoker: **$0.54; the median investment per smoker is $1.93**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

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

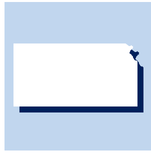
Citation: See Kansas Tobacco Cessation Coverage page for coverage details.

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

Flavored Tobacco Products: F

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

Kansas State Highlights:



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

1. Increase 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;
2. Pass legislation to remove ineffective and regressive criminal and monetary penalties for youth in the State's tobacco statutes; and
3. Oppose all forms of preemption of local tobacco control authority.

One success of the 2023 Legislative Session in Kansas was the passage of House Bill 2269, a bill to increase age of sale from 18 to 21. HB 2269 received active support from GOP leadership and the bill passed House and Senate with no amendments. Governor Laura Kelly signed it into law in April 2023. The Lung Association supported this legislation but would have preferred language like in House bill 2294 that fixed other problems with Kansas' laws concerning underage sales of tobacco products.

Preemption of local tobacco control authority remained a threat in 2023. One such bill was House Bill 2447 prohibiting cities and counties from ending the sale of products or services otherwise allowed by state law. As originally introduced it was extremely broad. Amendments were made to remove preemption by cities and counties regarding alcohol, consumer materials to the extent necessary to comply with local building or fire codes, requiring licensing or permitting of individuals, partnerships, corporation or other business entity and zoning authority. Despite the amendment, the bill failed.

Kansas was part of the 33-state settlement with Juul in September 2022 over its efforts to market e-cigarettes to youth. Funds received from Juul go to the state's General Fund. Tobacco control advocates successfully worked to transfer the specific payment dollars from the General Fund to the Tobacco Use Prevention program as part of the annual budget process. This increased tobacco prevention funding for Kansas by close to $1 million in fiscal year 2024.

In 2024, 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. We also will work to increase funding for tobacco prevention and cessation programs in the 2024 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:	14.5%
High School Smoking Rate:	4.6%
High School Tobacco Use Rate:	14.9%
Middle School Smoking Rate:	N/A
Smoking Attributable Deaths:	4,390

Adult smoking data come from CDC's 2022 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use rates are taken from the 2021 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

Kentucky Report Card

American Lung Association.
State of Tobacco Control
2024

Tobacco Prevention and Control Program Funding: F

FY2024 State Funding for Tobacco Control Programs:	$2,900,000
FY2024 Federal Funding for State Tobacco Control Programs:	$1,656,354*
FY2024 Total Funding for State Tobacco Control Programs:	$4,556,354
CDC Best Practices State Spending Recommendation:	$56,400,000
Percentage of CDC Recommended Level:	8.1%
State Tobacco-Related Revenue:	$475,100,000

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

Thumbs up for Kentucky for increasing funding for its state tobacco control program by close to $1 million dollars this fiscal year.

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**

E-Cigarettes Included: **Yes**

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 35.1% of the state's population.

Tobacco Taxes: F

CIGARETTE TAX:

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

OTHER TOBACCO PRODUCT TAXES:

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

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

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

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

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

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

Access to Cessation Services: 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: **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: **$1.21; the median investment per smoker is $1.93**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **Yes**

Tobacco Surcharge: **Limits tobacco surcharges**

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

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

Flavored Tobacco Products: F

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

Kentucky State Highlights:

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

1. Require all establishments selling nicotine products to obtain licenses, provide for and fund specific enforcement measures and establish a meaningful penalty structure for underage sales violations;
2. Increase funding for the state tobacco prevention and cessation program to $10 million, allocate the incremental $14 million the state stands to receive in Juul settlement funds over 6 years to the program and ensure that funding is spent according to the Centers for Disease Control and Preventions Best Practices for Comprehensive Tobacco Control Programs; and
3. Support and defend local comprehensive smokefree laws, including e-cigarettes.

Upon conclusion of Kentucky's 2023 regular legislative session, both House Bill 370 and House Bill 310 - bills to penalize youth for purchase, use and possession of tobacco products and to penalize clerks for selling to underage purchasers, respectively - died without ever being assigned to committee for consideration. The Lung Association and partner organizations maintained strong opposition to both measures throughout the session.

Recurring funding for the state's tobacco prevention and control program remained at $2 million this fiscal year. However, additional funding from another account was transferred to the program resulting in $900,000 increase in funding for the year. This is a much-needed increase but remains short of the funding the program received a few years ago.

At the local level, advances continued in 2023 on smokefree policy momentum in Northern Kentucky that started in Dayton in 2022. Comprehensive smokefree ordinances were adopted in Bellevue, Corinth and Highland Heights. Supporting strong local smokefree advocates, the Lung Association and partner organizations were also successful in defeating a proposed exemption to Owensboro's smokefree ordinance in place since 2014. Churchill Downs, owner of Ellis Entertainment, asked the city for the exemption to allow smoking in 15 percent of its planned gaming venue. 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 smokefree policies as well as building support for local laws.

Separately, a January 2023 Mason Dixon Poll showed that nearly 70 percent of Kentuckians support requiring establishments that sell nicotine products to hold licenses as a tool to help enforce the state law prohibiting sales to persons under the age of 21.

According to the 2021 Kentucky Incentives for Prevention Survey, over 1 in 5 Kentucky 10th graders had used an e-cigarette in the last 30 days.

As the legislature begins its work in 2024, the American Lung Association will continue its efforts to educate policymakers, business leaders and media on the importance of the American Lung Associations 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:	17.4%
High School Smoking Rate:	4.9%
High School Tobacco Use Rate:	22.5%
Middle School Smoking Rate:	N/A
Smoking Attributable Deaths:	8,860

Adult smoking data come from CDC's 2022 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use data come from the 2021 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
2024

LOUISIANA

Tobacco Prevention and Control Program Funding: F

FY2024 State Funding for Tobacco Control Programs:	$4,555,340
FY2024 Federal Funding for State Tobacco Control Programs:	$1,635,696*
FY2024 Total Funding for State Tobacco Control Programs:	$6,191,036
CDC Best Practices State Spending Recommendation:	$59,600,000
Percentage of CDC Recommended Level:	10.4%
State Tobacco-Related Revenue:	$436,100,000

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

Smokefree Air: C

OVERVIEW OF STATE SMOKING RESTRICTIONS

Government 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**

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

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

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

Note: The Smokefree Air grade only examines state tobacco control law and does not reflect local smokefree ordinances. Louisiana has made great strides in protecting people from secondhand smoke by passing comprehensive local smokefree ordinances that cover 33% of the state's population.

Tobacco Taxes: F

CIGARETTE TAX:

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

OTHER TOBACCO PRODUCT TAXES:

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

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

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

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

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

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

Access to Cessation Services: 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: **Some counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$1.43; the median investment per smoker is $1.93**

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 quit tobacco funding.

It was quite a busy year for tobacco control issues during the Louisiana legislative session in 2023 despite it being a fiscal only session. House Bill 179, introduced by Representative Wheat, would have prohibited the sale of flavored e-cigarettes except for tobacco, mint and menthol flavored e-cigarettes. The Lung Association advocated for this legislation to be extended to flavors and all tobacco products. HB 179 did not become law.

House Bill 635, introduced by Representative Hollis, passed, and became law to increase the e-cigarette tax from 5 cents/ml to 15 cents/ml with revenue dedicated to various non-tobacco control purposes, including a state Policy Salary Fund, Department of Wildlife and Fisheries, Office of the State Fire Marshall and the Louisiana Public Defender Board. HB 635 also included the establishment of a vapor product and alternative nicotine product directory. The Lung Association and its partners advocated for a higher tax on e-cigarettes as well as the funds to be dedicated to tobacco prevention and control.

Louisiana residents will benefit from the passage and implementation of House Bill 578 championed by Representative Glover to expand quitting tobacco insurance benefits. All insurance providers, including Medicaid, must offer quitting tobacco benefits for a minimum of six months with no barriers to coverage.

The influence of the tobacco industry was very apparent in many of the bills during the 2023 legislative session especially Senate Bill 224, House Bill 111, and House Bill 127. Senate Bill 224 attempted to reduce the tax on cigars but did not pass. House Bill 111 secured an exemption from the cigar and pipe tobacco tax for any products sampled at a cigar and pipe tobacco industry convention. House Bill 127 exempted certain tobacco products from being taxed when given as samples at various events.

There continues to be support within local municipalities for public health protections from secondhand smoke. The Town of Ringgold passed a comprehensive smokefree air ordinance in 2023. Casino and bar workers in this community are now protected from the dangers of secondhand smoke exposure. Unfortunately, despite the outcry in the city of Shreveport from residents and workers, the City Council amended the two-year-old smokefree air ordinance in favor of allowing smoking in casinos.

In 2024, 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:	16.7%
High School Smoking Rate:	7%
High School Tobacco Use Rate:	25.5%
Middle School Smoking Rate:	3.8%
Smoking Attributable Deaths:	7,210

Adult smoking data come from CDC's 2022 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use rates are taken from the 2021 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 2024

Tobacco Prevention and Control Program Funding: A

FY2024 State Funding for Tobacco Control Programs:	$15,905,577
FY2024 Federal Funding for State Tobacco Control Programs:	$1,169,002*
FY2024 Total Funding for State Tobacco Control Programs:	$17,074,579
CDC Best Practices State Spending Recommendation:	$15,900,000
Percentage of CDC Recommended Level:	107.4%
State Tobacco-Related Revenue:	$192,100,000

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

Thumbs up for Maine for funding its tobacco control program at or above the CDC-recommended level this fiscal 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: **Restricted (tribal establishments not subject to state law)**

Retail stores: **Prohibited**

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

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

Citation: ME REV. STAT. ANN. tit. 22, §§ 1541 to 1545 (2021), 1547 (2007), 1580-A (2009) & CODE of ME RULES 10-144, Ch. 249 (2006).

Tobacco Taxes: C

CIGARETTE TAX:

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

OTHER TOBACCO PRODUCT TAXES:

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

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

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

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

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

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

Access to Cessation Services: A

OVERVIEW OF STATE CESSATION COVERAGE

STATE MEDICAID PROGRAM:

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: **Minimal barriers exist to access care**

STATE QUITLINE:

Investment per Smoker: **$34.48; the median investment per smoker is $1.93**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **Yes**

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

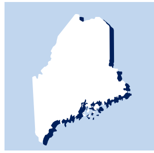
Citation: See Maine Tobacco Cessation Coverage page for coverage details.

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

Flavored Tobacco Products: F

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

Maine State Highlights:



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

1. Enact legislation prohibiting the sale of menthol cigarettes and all flavored tobacco products statewide;
2. 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; and
3. End the sale of tobacco products in pharmacies.

The 2023 Maine legislative session resulted in mixed 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. After many years of advocacy, Maine finally fully funded its tobacco prevention and treatment program in 2022 and that funding was sustained in 2023. Defensive victories were also realized during the 2023 legislative session as multiple preemption measures that would have restricted local municipalities from enacting tobacco prevention policies were defeated.

Two tobacco prevention priorities of the Lung Association are in limbo after the 2023 legislative session. Efforts continued to advance legislation ending the sale of menthol cigarettes and all flavored tobacco products. Gains were made in 2023 with the Health & Human Services Committee voting the measure out with a recommendation to pass; and the Senate passing the measure. The Maine House of Representatives tabled the measure at the end of the first half of the session, meaning it will carry over for consideration into 2024. This is still a priority for the Lung Association, and the organization is actively working with members of the House to see this bill through to becoming a law.

Although the legislature has not yet enacted a statewide measure, progress continued on the local level with Bar Harbor and Falmouth passing comprehensive ordinances ending the sale of menthol and flavored tobacco products. In the early part of 2023, an effort to repeal a local ordinance ending the sale of menthol and flavored tobacco products in South Portland failed, ensuring youth in that community will continue to be protected. Work on the local level will continue to build momentum for statewide action to ensure all Maine kids from Kittery to Madawaska are protected. Additionally, the bill to end the sale of tobacco products in pharmacies which passed both chambers of the legislature was carried over to 2024 awaiting final funding and enactment.

The American Lung Association in Maine will continue to work with our coalition partners - the Maine Public Health Association, the American Heart Association, the American Cancer Society Cancer Action Network, 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 2024, 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%
High School Smoking Rate:	4.3%
High School Tobacco Use Rate:	18.1%
Middle School Smoking Rate:	1.4%
Smoking Attributable Deaths:	2,390

Adult smoking data come from CDC's 2022 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use data come from CDC's 2021 Youth Risk Behavior Surveillance System. Middle school smoking rate is taken from the 2021 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 Report Card

American Lung Association. State of Tobacco Control 2024

M A R Y L A N D

Tobacco Prevention and Control Program Funding: F

FY2024 State Funding for Tobacco Control Programs:	$21,243,365*
FY2024 Federal Funding for State Tobacco Control Programs:	$1,694,510**
FY2024 Total Funding for State Tobacco Control Programs:	$22,937,875
CDC Best Practices State Spending Recommendation:	$48,000,000
Percentage of CDC Recommended Level:	47.8%
State Tobacco-Related Revenue:	$632,100,000

* This funding amount does not include funds from Maryland's settlement with Juul that are expected to be allocated to the state tobacco control program later this fiscal year.

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

Smokefree Air: B

OVERVIEW OF STATE SMOKING RESTRICTIONS

Government work sites: **Prohibited**

Private work sites: **Prohibited**

Schools: **Prohibited**

Child care facilities: **Prohibited**

Restaurants: **Prohibited**

Bars: **Prohibited**

Casinos/Gaming Establishments: **Prohibited**

Retail stores: **Prohibited**

E-Cigarettes Included: **No**

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**

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

Access to Cessation Services: A

OVERVIEW OF STATE CESSATION COVERAGE

STATE MEDICAID PROGRAM:

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: **Minimal barriers exist to access care**

STATE QUITLINE:

Investment per Smoker: **$7.89; the median investment per smoker is $1.93**

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. Restore local control by overturning preemption in the state via legislation; and
3. Close loopholes in the Clean Indoor Air Act, including for electronic cigarettes.

During the 2023 legislative session, the American Lung Association in Maryland along with other public health partners were successful in protecting Maryland's Clean Indoor Air Act. As part of the package to develop an infrastructure around marijuana sales in the state there was language included which would have allowed for the onsite smoking of marijuana in certain establishments that also served food. The Lung Association and its partners were opposed to this provision and were able to successfully have it removed to mirror the protections of the Clean Indoor Air Act as it relates to tobacco.

In fiscal year 2023, the tobacco prevention and cessation program received a much-needed increase of $8.25 million as a result of the Lung Association and partners advocacy for an increase in the tobacco tax. This increase was maintained for fiscal year 2024. Additionally, House Bill 321 passed, the bill requires any revenue associated with the enforcement actions of the sale of e-cigarettes, including the recent Juul settlement to be directed to the tobacco prevention and cessation program. This will result in $2.4 million in additional funding for the program.

Finally, the Lung Association and partners were successful in beating back an effort in Wicomico County which would have allowed for the establishment of cigar bars. This bill would have undermined Maryland's Clean Indoor Air Act.

Since 2013 and the court ruling in Altadis v. Prince George's County, Maryland has had strong preemption rules in place restricting local governments from acting locally on tobacco sales and distribution. This has created a number of challenges, especially in the area of tobacco control. The Lung Association will continue to partner with stakeholders to address statewide legislation which would allow local governments to pass and enforce their own tobacco control laws.

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.

The American Lung Association in Maryland will continue to educate lawmakers on the ongoing fight against tobacco. Our goal is to build champions within the legislature and grassroots advocates to advance our goals which include most notably to protect the increased funding for tobacco prevention and cessation, restore local control and close loopholes in the Clean Indoor Air Act.

Maryland State Facts

Health Care Cost Due to Smoking:	$2,709,568,436
Adult Smoking Rate:	9.6%
High School Smoking Rate:	3.6%
High School Tobacco Use Rate:	15.6%
Middle School Smoking Rate:	N/A
Smoking Attributable Deaths:	7,490

Adult smoking data come from CDC's 2022 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use data come from the 2021 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.

Massachusetts Report Card

American Lung Association.
State of Tobacco Control
2024

Tobacco Prevention and Control Program Funding: F

FY2024 State Funding for Tobacco Control Programs:	$6,294,468
FY2024 Federal Funding for State Tobacco Control Programs:	$1,902,654*
FY2024 Total Funding for State Tobacco Control Programs:	$8,197,122
CDC Best Practices State Spending Recommendation:	$66,900,000
Percentage of CDC Recommended Level:	12.3%
State Tobacco-Related Revenue:	$692,600,000

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

Smokefree Air: A

OVERVIEW OF STATE SMOKING RESTRICTIONS

Government 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**

E-Cigarettes Included: **Yes**

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

Citation: MASS. GEN. LAWS ch. 270, § 22 (2018).

Tobacco Taxes: B

CIGARETTE TAX:

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

OTHER TOBACCO PRODUCT TAXES:

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

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

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

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

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

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

Access to Cessation Services: 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: **All 7 medications are covered**

Counseling: **Most counseling is covered**

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

STATE QUITLINE:

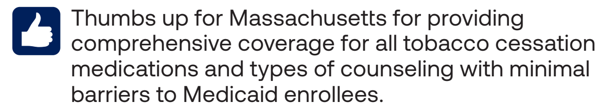
Investment per Smoker: **$1.55; the median investment per smoker is $1.93**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **Yes**

Tobacco Surcharge: **Prohibits tobacco surcharges**

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



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

Flavored Tobacco Products: A

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

Massachusetts State Highlights:

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

1. Increase comprehensive tobacco control program funding for prevention and cessation to the level recommended by the U.S. Centers for Disease Control and Prevention (CDC).
2. Increase the tobacco tax by a minimum of $1.00 per pack and 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. Four 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 2023 to rollback this comprehensive measure. Although, communities across the Commonwealth have experienced an increase in sales of "non-menthol" products that have the properties and characteristics of menthol products. Local Boards of Health and community advocates are working to address these illegal product sales through increased compliance checks and retailer education. The industry continues to push back with claims that these products are not included in the Massachusetts flavor restriction.

Upon first introduction, the Governor's Budget did not specifically earmark funding to the Massachusetts Tobacco Control Program (MTCP). Thanks to advocacy from the Lung Association and our state partners, Senator Keenan introduced an amendment that restored and increased the MTCP budget to $6.2 million, roughly $90,000 up from the prior fiscal year and a 67% increased from fiscal year 2018. Even with this budget increase, the Commonwealth of Massachusetts severely underfunds the MTCP based on the recommendations of the 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 2023.

The American Lung Association 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 2024, 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:	10.4%
High School Smoking Rate:	3.5%
High School Tobacco Use Rate:	N/A
Middle School Smoking Rate:	0.8%
Smoking Attributable Deaths:	9,300

Adult smoking data come from CDC's 2022 Behavioral Risk Factor Surveillance System. High school smoking data comes from CDC's 2021 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 2024

MICHIGAN

Tobacco Prevention and Control Program Funding: F

FY2024 State Funding for Tobacco Control Programs:	$2,194,000
FY2024 Federal Funding for State Tobacco Control Programs:	$2,347,639*
FY2024 Total Funding for State Tobacco Control Programs:	$4,541,639
CDC Best Practices State Spending Recommendation:	$110,600,000
Percentage of CDC Recommended Level:	4.1%
State Tobacco-Related Revenue:	$1,067,400,000

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

Smokefree Air: C

OVERVIEW OF STATE SMOKING RESTRICTIONS

Government 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**

E-Cigarettes Included: **No**

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

Citation: MICH. COMP. LAWS §§ 333.12601 to 333.12615 & 333.12905 (2010).

Tobacco Taxes: D

CIGARETTE TAX:

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

OTHER TOBACCO PRODUCT TAXES:

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

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

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

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

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

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

Access to Cessation Services: D*

OVERVIEW OF STATE CESSATION COVERAGE

STATE MEDICAID PROGRAM:

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: **Data not available**

Counseling: **Data not available**

Barriers to Coverage: **Data not available**

STATE QUITLINE:

Investment per Smoker: **$0.80; the median investment per smoker is $1.93**

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.

* Michigan was not able to provide State Employee Health Plan tobacco cessation coverage data. This part of the grade was excluded from the grade calculation.

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. Eliminate purchase, use and possession laws and preemption of stronger local laws;
4. Increase cigarette taxes and match the tax on non-cigarette forms of tobacco like spit tobacco, cigars, hookah and e-cigarettes to the cigarette tax.

In the fall of 2023, a comprehensive, statewide, five bill tobacco reduction package was introduced in the state Senate that would implement this agenda. These bills address a broad range of topics, including setting up a comprehensive tobacco retail licensing system, repealing potentially preemptive language on tobacco sales in state law, increasing tobacco taxes and tobacco control program funding and eliminating the sale of all flavored tobacco products. It would be a ground-breaking package that has the potential to significantly reduce tobacco use rates. The Lung Association will continue to work with other health organizations to advocate for hearings to be held on the bills and for action taken in both houses of the legislature before the end of the 2024 legislative session.

In addition to those bills, there is more that Michigan policymakers could be doing. The state continues to only spend 4.1% of what is recommended by the Centers for Disease Control and Prevention for a state of our size. While there was a small but encouraging increase in funding for the first time in many years in the state budget for fiscal year 2024, Michigan needs to continue to increase spending on tobacco control and prevention. Increasing tobacco taxes and ensuring parity for all forms of tobacco will raise the revenue to increase spending.

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

As we look ahead to 2024, 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 individuals using tobacco products, especially our youth.

Michigan State Facts

Health Care Cost Due to Smoking:	$4,589,784,016
Adult Smoking Rate:	15.2%
High School Smoking Rate:	1.7%
High School Tobacco Use Rate:	14.1%
Middle School Smoking Rate:	N/A
Smoking Attributable Deaths:	16,170

Adult smoking data come from CDC's 2022 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use data come from the 2021 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.

MINNESOTA

Minnesota Report Card

American Lung Association. State of Tobacco Control 2024

Tobacco Prevention and Control Program Funding: F

FY2024 State Funding for Tobacco Control Programs:	$11,998,663*
FY2024 Federal Funding for State Tobacco Control Programs:	$1,596,128**
FY2024 Total Funding for State Tobacco Control Programs:	$13,594,791
CDC Best Practices State Spending Recommendation:	$52,900,000
Percentage of CDC Recommended Level:	25.7%
State Tobacco-Related Revenue:	$694,100,000

* This funding amount does not include funds from Minnesota's settlement with Juul that are expected to be allocated to the state tobacco control program later this fiscal year.

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

Smokefree Air: A

OVERVIEW OF STATE SMOKING RESTRICTIONS

Government 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**

E-Cigarettes Included: **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**

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

Access to Cessation Services: A

OVERVIEW OF STATE CESSATION COVERAGE

STATE MEDICAID PROGRAM:

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: **$5.24; the median investment per smoker is $1.93**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **Yes**

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

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

Flavored Tobacco Products: F

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

Minnesota State Highlights:

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

1. Eliminate the sale of all flavored commercial tobacco products;
2. Raise the tax on all commercial tobacco products; and
3. Protect and close remaining loopholes in the Minnesota Clean Indoor Air Act.

The 2023 Minnesota Legislative Session delivered major wins for tobacco prevention and treatment. The American Lung Association – as part of the Minnesotans for a Smoke-Free Generation statewide coalition of more than 50 organizations helped to pass two significant provisions within the Health and Human Services Budget bill.

A strong victory was realized in the bill's language to dedicate Minnesota's landmark $60.5 settlement with Juul and Altria and any potential future settlement to tobacco prevention to prevent youth commercial tobacco addiction. Minnesota's first-in-the-nation trial held Juul Labs as well as Altria (formerly known as Philip Morris) accountable for deceiving consumers and illegally targeting youth.

The bill also provided support for Medical Assistance (Medicaid) and MinnesotaCare enrollees that are trying to quit smoking, vaping or smokeless tobacco by expanding the type of health care professionals that can be reimbursed to provide treatment and eliminating barriers to FDA-approved medications to treat tobacco addiction.

Also, during the 2023 legislative session efforts continued to advance legislation to end the sale of all flavored tobacco products, with bipartisan legislation (Senate File 2123/House File 2177) introduced and passing the Senate Health and Human Services committee. Although the legislature failed to enact a statewide measure, progress continued at the local level with policies currently covering 25.2% of Minnesotans.

Polling done by Minnesotans for a Smoke-Free Generation in early 2023 showed that 70% of residents are concerned about vaping, smoking and other tobacco use among Minnesota youth. The survey also found that Minnesota residents support ending the sale of flavored tobacco products by a 62% to 32% margin, with strong support across political and demographic lines.

The American Lung Association in Minnesota will continue to work together with coalition partners in 2024 as part of the Smoke Free Generation coalition to eliminate access to all flavored commercial tobacco products and finish this major piece of legislation.

Minnesota State Facts

Health Care Cost Due to Smoking:	$2,519,011,064
Adult Smoking Rate:	13%
High School Smoking Rate:	3.6%
High School Tobacco Use Rate:	14.9%
Middle School Smoking Rate:	1.7%
Smoking Attributable Deaths:	5,910

Adult smoking data come from CDC's 2022 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 2022 Minnesota Student 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.

Mississippi Report Card

American Lung Association. State of Tobacco Control 2024

MISSISSIPPI

Tobacco Prevention and Control Program Funding: F

FY2024 State Funding for Tobacco Control Programs:	$8,695,000
FY2024 Federal Funding for State Tobacco Control Programs:	$1,341,100*
FY2024 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:	$252,400,000

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

Note: The Mississippi Legislature appropriated $20 million to the Mississippi State Department of Health, Office of Tobacco Control; however, only $8,695,000 is allocated for tobacco prevention and control activities. The Office of Tobacco Control is mandated by law to distribute funding to other agencies. The total funding amount above includes the activities of the Mississippi State Department of Health Office of Tobacco Control, Attorney General's Office of Alcohol and Tobacco Enforcement Unit, and the University of Mississippi Medical Center, A Comprehensive Tobacco Center.

Smokefree Air: F

OVERVIEW OF STATE SMOKING RESTRICTIONS

Government 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**

E-Cigarettes Included: **No**

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 30.6% of the state's population.

Tobacco Taxes: F

CIGARETTE TAX:

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

OTHER TOBACCO PRODUCT TAXES:

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

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

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

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

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

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

Access to Cessation Services: 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: **No**

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: **$2.02; the median investment per smoker is $1.93**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

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

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

Flavored Tobacco Products: F

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

Mississippi State Highlights:

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

1. Increase funding for the Mississippi tobacco prevention and cessation program;
2. Ensure smokefree protections for all workers and residents with the passage of a comprehensive statewide smokefree law; and
3. Guarantee access to comprehensive quit tobacco coverage with no barriers to care for Medicaid recipients.

Tobacco prevention and control issues were not a priority for the Mississippi Legislature in 2023. While comprehensive statewide smokefree bills were introduced, House Bill 107 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 was continued interest by certain legislators to increase the price of tobacco products, the filed bills did not achieve final passage.

There continues to be significant support in local municipalities for public health protections from secondhand smoke. According to a Lung Association analysis using local ordinance data from the American for Nonsmokers' Rights Foundation and 2022 U.S. Census data, a total of 160 cities and 7 counties have adopted comprehensive smokefree ordinances that cover private workplaces, restaurants and bars. This accounts for approximately 30.6% of Mississippians being protected by smokefree policies.

In 2024, the American Lung Association 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 will also 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:	17.4%
High School Smoking Rate:	5.9%
High School Tobacco Use Rate:	21.6%
Middle School Smoking Rate:	1.5%
Smoking Attributable Deaths:	5,410

Adult smoking data come from CDC's 2022 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use rates are taken from the 2021 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
2024

Missouri Report Card

Tobacco Prevention and Control Program Funding: F

FY2024 State Funding for Tobacco Control Programs:	$2,863,731
FY2024 Federal Funding for State Tobacco Control Programs:	$1,349,783*
FY2024 Total Funding for State Tobacco Control Programs:	$4,213,514
CDC Best Practices State Spending Recommendation:	$72,900,000
Percentage of CDC Recommended Level:	5.8%
State Tobacco-Related Revenue:	$273,000,000

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

Smokefree Air: F

OVERVIEW OF STATE SMOKING RESTRICTIONS

Government 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**

E-Cigarettes Included: **No**

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

Citation: MO. REV. STAT. §§ 191.765 to 191.777 (1992).

Note: The Smokefree Air grade only examines state tobacco control law and does not reflect local smokefree ordinances. Missouri has made great strides in protecting people from secondhand smoke by passing comprehensive local smokefree ordinances that cover 29.4% of the state's population.

Tobacco Taxes: F

CIGARETTE TAX:

Tax Rate per pack of 20:	**$0.17**

OTHER TOBACCO PRODUCT TAXES:

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

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

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

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

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

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

Thumbs down for Missouri for having the lowest cigarette tax in the country at 17 cents per pack.

Access to Cessation Services: 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 counseling is covered**

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

STATE QUITLINE:

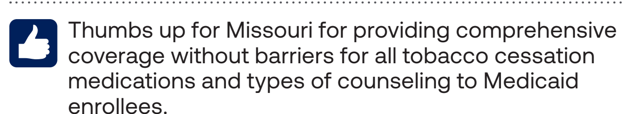
Investment per Smoker: **$0.63; the median investment per smoker is $1.93**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

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

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



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

Flavored Tobacco Products: F

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

Missouri State Highlights:

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

1. Increase funding for tobacco control and cessation programs;
2. Oppose all forms of preemption of local tobacco control authority;
3. Support comprehensive smokefree laws that cover all bars, restaurants, casinos/gaming establishments and workplaces without loopholes.

Missouri lawmakers passed an appropriations bill that includes funding for the newly implemented Medicaid expansion. For the second year in a row, 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. A broadly supported piece of legislation extending postpartum coverage to 12 months in Medicaid was truly agreed and finally passed by lawmakers. Missouri's Medicaid coverage for tobacco use treatment is comprehensive and helps thousands of Missourians break the powerful addiction of tobacco.

Two versions of state Tobacco 21 legislation were introduced during the legislative session, both of which were strong policies, but did not advance beyond their assigned committees. Two pieces of legislation that would preempt local tobacco licensure regulations were also introduced. Since it has been a favorite strategy of tobacco lobbyists to add preemption amendments to Tobacco 21 policies, and with the introduction of the two standalone tobacco preemption bills, this threat was perceived to be even stronger than in the past. Thanks to a coordinated effort among our health partners and key legislators, these preemptive policies did not advance further.

The Missouri Department of Health and Senior Services Tobacco Prevention and Control Program (MO TPCP) launched the newest Missouri Tobacco Prevention and Control strategic tobacco plan (2022-2026) in October 2022. One key program included in the plan is the "Tobacco is Changing" media campaign to educate parents about the dangers of flavored tobacco products. The MO TPCP also released the following poll and data results that informed the strategic plan:

- Although more than 8 in 10 Missourians (83.4%) support a statewide smokefree Missouri, 71% of Missourians are not protected by law from exposure to secondhand smoke.
- LGBTQIA+ community in Missouri are 1.5 times more likely to use tobacco products than heterosexual individuals.

During the 2024 legislative session, the American Lung Association in Missouri will continue to work with public health partners to increase tobacco control funding to bring Missouri closer to the CDC-recommended level. The Lung Association will continue to educate state lawmakers and community members 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 support local and state laws to provide comprehensive protections from secondhand smoke in public places and workplaces.

Missouri State Facts

Health Care Cost Due to Smoking:	$3,032,471,478
Adult Smoking Rate:	16.8%
High School Smoking Rate:	5.1%
High School Tobacco Use Rate:	21.3%
Middle School Smoking Rate:	N/A
Smoking Attributable Deaths:	10,970

Adult smoking data come from CDC's 2022 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use data come from CDC's 2021 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.

Montana Report Card

American Lung Association.
State of Tobacco Control
2024

M O N T A N A

Tobacco Prevention and Control Program Funding: F

FY2024 State Funding for Tobacco Control Programs:	$5,680,705
FY2024 Federal Funding for State Tobacco Control Programs:	$1,356,206*
FY2024 Total Funding for State Tobacco Control Programs:	$7,036,911
CDC Best Practices State Spending Recommendation:	$14,600,000
Percentage of CDC Recommended Level:	48.2%
State Tobacco-Related Revenue:	$100,000,000

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

Smokefree Air: B

OVERVIEW OF STATE SMOKING RESTRICTIONS

Government 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**

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

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: **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**

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

Access to Cessation Services: A

OVERVIEW OF STATE CESSATION COVERAGE

STATE MEDICAID PROGRAM:

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: **$4.58; the median investment per smoker is $1.93**

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 quit programs;
2. Remove preemption, allowing local governments to protect public health from the health impacts of tobacco use; and
3. Defend and strengthen clean indoor air protections.

During the 2023 legislative session, several bills were introduced to weaken tobacco prevention policies and protections in Montana. The American Lung Association joined with advocates and stakeholders to fend off each of these attacks.

House Bill 293, introduced by vape shop owner Representative Marshall, proposed separating electronic devices and other products from being designated as tobacco products. This bill passed the House with a vote 49 to 48 (1 abstained, 3 absences). The legislation moved to the Senate and died in committee.

House Bill 869, also introduced by Representative Marshall, would have slashed funding for tobacco use prevention and chronic disease programming. A public hearing was held in the House Human Services committee and was then tabled.

Senate Bill 205, introduced by Senator Trebas, would have weakened Montana's Clean Indoor Air Act (CIAA) and proposed allowing 'private establishments' to allow smoking by a permitting process. A public hearing was held in the Senate Public Health, Welfare and Safety committee and was tabled.

Senate Bill 371, introduced by Senator Trebas, proposed removing enforcement mechanisms for the clean indoor air act and penalties against businesses who fail to comply with the law. SB 371 died in committee.

One bill, Senate Bill 122, did make it through the process and passed through both houses. The legislation offered a 35-cent tax cap on the sale of premium cigars – significantly impacting retail prices. The American Lung Association joined other advocates in asking Governor Greg Gianforte to veto the legislation. The Governor signed SB 122 into law which went into effect on July 1, 2023.

The Montana legislature meets every two years. The American Lung Association will continue to advocate for strengthening clean indoor protections and growing momentum to increase funding for Montana's Tobacco Use Prevention Program during the 2024 interim.

Montana State Facts

Health Care Cost Due to Smoking:	$440,465,233
Adult Smoking Rate:	15.2%
High School Smoking Rate:	7%
High School Tobacco Use Rate:	27%
Middle School Smoking Rate:	3.4%
Smoking Attributable Deaths:	1,570

Adult smoking data come from CDC's 2022 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use data are taken from CDCs 2021 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 2024

NEBRASKA

Tobacco Prevention and Control Program Funding: F

FY2024 State Funding for Tobacco Control Programs:	$3,652,146
FY2024 Federal Funding for State Tobacco Control Programs:	$1,187,754*
FY2024 Total Funding for State Tobacco Control Programs:	$4,839,900
CDC Best Practices State Spending Recommendation:	$20,800,000
Percentage of CDC Recommended Level:	23.3%
State Tobacco-Related Revenue:	$97,600,000

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

Thumbs up for Nebraska for increasing funding for its state tobacco control program by over $1 million from Juul settlement funds 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 (allowed in cigar shops)**

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

Retail stores: **Prohibited**

E-Cigarettes Included: **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: No; Weight-Based: Yes**

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

Access to Cessation Services: D

OVERVIEW OF STATE CESSATION COVERAGE

STATE MEDICAID PROGRAM:

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: **Most counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$1.63; the median investment per smoker is $1.93**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

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

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

Flavored Tobacco Products: F

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

Nebraska State Highlights:

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

1. Maintain and/or increase funding for tobacco prevention and cessation programs; and
2. Oppose all forms of preemption of local tobacco control authority.

The 2023 Legislative Session was an active one regarding tobacco control and prevention policies. The significant success of the session for tobacco control advocates was the passage of Legislative Bill 539 which directed funds from the Juul Settlement with the state of Nebraska to tobacco control and prevention activities directed by the Nebraska Department of Health and Human Services. The bill, which directed $1.08 million to the Nebraska Tobacco Control and Prevention program was amended into an appropriations bill and passed the Legislature.

Legislative Bill 745 proposed an increase of $1.50 to the state's cigarette tax. Currently, the cigarette tax in Nebraska is $.64 per pack and hasn't increased in over two decades. LB 745 received a hearing but did not move out of Committee. A tax on e-cigarettes of $.05 per milliliter did pass in the 2023 session. The Lung Association opposed this tax as it was not equalized to the rate of tax on other tobacco products and will result in most e-cigarettes having just a few pennies added to their price, which will have no effect on kids buying them.

The Legislature voted to extend postpartum coverage for Medicaid recipients in 2023. Legislative Bill 419 extends 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 providing coverage for an estimated 3,000 additional women in the state.

The 2024 session is a short session - 60 days versus 90 days in an odd number year – and the American Lung Association in Nebraska and coalition partners will continue to promote increased funding for tobacco prevention and cessation programs and lay groundwork and cultivate tobacco control and prevention champions in the Legislature in the 2025 session.

Nebraska State Facts

Health Care Cost Due to Smoking:	$795,185,324
Adult Smoking Rate:	13%
High School Smoking Rate:	2.7%
High School Tobacco Use Rate:	14.9%
Middle School Smoking Rate:	N/A
Smoking Attributable Deaths:	2,510

Adult smoking data come from CDC's 2022 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use data come from the 2022 Nebraska Youth Tobacco Survey. 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
2024

NEVADA

Tobacco Prevention and Control Program Funding: F

FY2024 State Funding for Tobacco Control Programs:	$950,000
FY2024 Federal Funding for State Tobacco Control Programs:	$1,384,475*
FY2024 Total Funding for State Tobacco Control Programs:	$2,334,475
CDC Best Practices State Spending Recommendation:	$30,000,000
Percentage of CDC Recommended Level:	7.8%
State Tobacco-Related Revenue:	$220,000,000

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

Thumbs down for Nevada for decreasing funding for its state tobacco control program by $2.5 million this fiscal year.

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**

E-Cigarettes Included: **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: Yes; Weight-Based: No**

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

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

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

Access to Cessation Services: F*

OVERVIEW OF STATE CESSATION COVERAGE

STATE MEDICAID PROGRAM:

Medicaid Medications: **Most 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: **Data not provided**

Counseling: **Data not provided**

Barriers to Coverage: **Data not provided**

STATE QUITLINE:

Investment per Smoker: **$0.87; the median investment per smoker is $1.93**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **Yes**

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

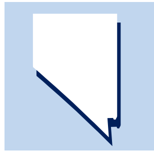
Citation: See Nevada Tobacco Cessation Coverage page for coverage details.

* Nevada was not able to provide State Employee Health Plan tobacco cessation coverage data. This part of the grade was excluded from the grade calculation.

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 along with partners from the Nevada Tobacco Control & Smoke-free Coalition continued to lead state efforts to prevent and reduce tobacco use in 2023. 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 Lung Association priorities continue to be building support and political will in order to advance comprehensive smokefree protections at the local level and state level.

During the 2023 legislative session, a comprehensive tobacco control bill, Assembly Bill 294, was introduced. This bill would have prohibited the sale of flavored tobacco products, strengthened the state's tobacco retailer license, phased out the sale of tobacco products for people born after December 31, 2002, and increased tobacco cessation coverage. Unfortunately, the bill did not see any movement. The Lung Association along with our partners also worked to maintain the budget for youth prevention and tobacco control programs. In 2021, the legislature included a two-year allocation of $5 million to the Division of Public and Behavioral Health.

Unfortunately, the legislature did not appropriate these funds in the budget for the biennium reducing funding to only $950,000 for each of the next two years from the tobacco Master Settlement Agreement. This will have a direct impact on the Health Districts youth prevention and tobacco control programs. Additionally, the legislature passed a bill that will tax premium cigars at a lower rate than other tobacco products by imposing a cigar tax cap not to exceed 50 cents per cigar. Tobacco taxes are one of the most effective ways to reduce smoking and other tobacco use. Tax parity among combustible and other tobacco products is important to prevent initiation of tobacco products and to keep tobacco users from switching to lower-taxed and lower-priced tobacco products. The Lung Association opposed the measure.

The state legislature does not meet in 2024, but the American Lung Association will continue to build support and political will in order to advance comprehensive smokefree protections at the local and state level.

Nevada State Facts

Health Care Cost Due to Smoking:	$1,080,272,434
Adult Smoking Rate:	14.8%
High School Smoking Rate:	3.4%
High School Tobacco Use Rate:	N/A
Middle School Smoking Rate:	1.8%
Smoking Attributable Deaths:	4,050

Adult smoking data come from CDC's 2022 Behavioral Risk Factor Surveillance System. High school and middle school smoking data come from the 2021 Nevada Youth Risk Behavior 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.

New Hampshire Report Card

American Lung Association. State of Tobacco Control 2024

NEW HAMPSHIRE

Tobacco Prevention and Control Program Funding: F

FY2024 State Funding for Tobacco Control Programs:	$606,841
FY2024 Federal Funding for State Tobacco Control Programs:	$1,144,210*
FY2024 Total Funding for State Tobacco Control Programs:	$1,751,051
CDC Best Practices State Spending Recommendation:	$16,500,000
Percentage of CDC Recommended Level:	10.6%
State Tobacco-Related Revenue:	$257,300,000

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

Smokefree Air: F

OVERVIEW OF STATE SMOKING RESTRICTIONS

Government 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**

E-Cigarettes Included: **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**

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

Access to Cessation Services: C

OVERVIEW OF STATE CESSATION COVERAGE

STATE MEDICAID PROGRAM:

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

Medicaid Counseling: **Most 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: **$1.11; the median investment per smoker is $1.93**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

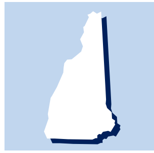
Tobacco Surcharge: **No prohibition or limitation on tobacco surcharges**

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. End the sale of menthol and all other flavored tobacco products.

The 2023 session of the General Court of New Hampshire was focused on educating lawmakers on the need to proactively address the tobacco use rates in the state and on evidenced-based policy solutions.

Despite the New Hampshire Tobacco Prevention program being woefully underfunded at only approximately 10% of the level recommended by the U.S. Centers for Disease Control and Prevention, the level of state funding was only slightly increased in 2023. Significantly increasing funding for New Hampshire's tobacco prevention and treatment efforts remains the top priority for the 2024 session. New Hampshire along with dozens of other states has received funding as a result of a settlement with the e-cigarette company Juul. It is imperative that the funding the state has received be allocated to New Hampshire's tobacco prevention program to address the youth vaping epidemic.

The most significant policy victory in 2023 was the reauthorization of the New Hampshire Medicaid expansion program – Granite Advantage ensuring 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 2024, 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:	11.2%
High School Smoking Rate:	5.5%
High School Tobacco Use Rate:	N/A
Middle School Smoking Rate:	N/A
Smoking Attributable Deaths:	1,940

Adult smoking data come from CDC's 2022 Behavioral Risk Factor Surveillance System. High school smoking rate is taken from CDCs 2019 Youth Risk Behavior Surveillance System. A current high school tobacco use rate and middle school smoking rate are not available for this state.

Health impact information is taken from the Smoking Attributable Mortality, Morbidity and Economic Costs (SAMMEC) software. Smoking attributable deaths reflect average annual estimates for the period 2005-2009 and are calculated for persons aged 35 years and older. Smoking-attributable 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 2024

NEW JERSEY

Tobacco Prevention and Control Program Funding: F

FY2024 State Funding for Tobacco Control Programs:	$8,305,650
FY2024 Federal Funding for State Tobacco Control Programs:	$1,855,458*
FY2024 Total Funding for State Tobacco Control Programs:	$10,161,108
CDC Best Practices State Spending Recommendation:	$103,300,000
Percentage of CDC Recommended Level:	9.8%
State Tobacco-Related Revenue:	$792,800,000

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

Smokefree Air: B

OVERVIEW OF STATE SMOKING RESTRICTIONS

Government 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***

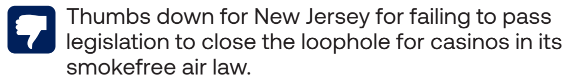
Retail stores: **Prohibited**

E-Cigarettes Included: **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.



Thumbs down for New Jersey for failing to pass legislation to close the loophole for casinos in its smokefree air law.

Tobacco Taxes: F

CIGARETTE TAX:

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

OTHER TOBACCO PRODUCT TAXES:

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

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

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

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

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

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

Access to Cessation Services: 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: **No barriers to access care**

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

Counseling: **Limited counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$0.64; the median investment per smoker is $1.93**

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

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

2023 continued to see significant progress towards legislation making New Jersey's casinos smokefree. Both the Assembly and the Senate held hearings on the issue and saw significant testimony in support. Additionally, grassroots support for tobacco control policies across the state of New Jersey has grown. Casino workers have become extremely well organized and have become a powerful force in the legislature and in the media. The Lung Association was disappointed that the legislation was not brought up for a legislative vote. 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 continues to be expanded support on these topics.

New Jersey's casino workers have not only organized in New Jersey but have taken their efforts nationwide. They are working with casino workers in other states to train them and work together to help those workers organize themselves. We hope to see the movement continue to grow.

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 2023-24 state budget, the program was funded at $8.3 million – the Lung Association calls for increasing funding to $15 million per year as a next step towards the CDC-recommended level.

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 2024.

New Jersey State Facts

Health Care Cost Due to Smoking:	$4,065,531,641
Adult Smoking Rate:	10.4%
High School Smoking Rate:	3.7%
High School Tobacco Use Rate:	N/A
Middle School Smoking Rate:	N/A
Smoking Attributable Deaths:	11,780

Adult smoking data come from CDC's 2022 Behavioral Risk Factor Surveillance System. High school smoking rate is taken from the 2021 Youth Risk Behavior Surveillance System. A current middle school smoking rate and 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.

NEW MEXICO

New Mexico Report Card

American Lung Association.
State of Tobacco Control
2024

Tobacco Prevention and Control Program Funding: F

FY2024 State Funding for Tobacco Control Programs:	$4,449,300*
FY2024 Federal Funding for State Tobacco Control Programs:	$918,549**
FY2024 Total Funding for State Tobacco Control Programs:	$5,367,849
CDC Best Practices State Spending Recommendation:	$22,800,000
Percentage of CDC Recommended Level:	23.5%
State Tobacco-Related Revenue:	$135,000,000

* In the fiscal year 2024 state budget, $5,684,500 was appropriated for tobacco prevention and control activities by the New Mexico Department of Health and New Mexico Indian Affairs Department; however, some of the money going to the Department of Health is being held back due to ongoing tobacco Master Settlement Agreement-related litigation.

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

Smokefree Air: B

OVERVIEW OF STATE SMOKING RESTRICTIONS

Government 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**

E-Cigarettes Included: **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**

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

Access to Cessation Services: A

OVERVIEW OF STATE CESSATION COVERAGE

STATE MEDICAID PROGRAM:

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: **$6.01; the median investment per smoker is $1.93**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **Yes**

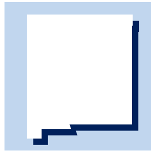
Tobacco Surcharge: **No prohibition or limitation on tobacco surcharges**

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

Flavored Tobacco Products: F

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

New Mexico State Highlights:



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

1. Increase funding for the state's tobacco prevention and control program;
2. Increase excise taxes on tobacco products by $1.00 per pack or more; and
3. Remove statewide preemption for tobacco product sales laws.

The American Lung Association 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 2023, the Lung Association's focus was to continue to educate legislators, legislative staff, and the general public about smoking and the importance of providing tobacco cessation programs for adults and youth, and the dangers of secondhand smoke. During the legislative session, the Lung Association along with our partners worked to increase the excise tax on tobacco products, close the loophole on indoor smoking in racinos, prohibit the sale of flavored tobacco products, restore the tobacco settlement fund, and repeal preemption of local communities' ability to pass stronger tobacco sales policies. Disappointingly, while these bills saw movement and passed their first committee assignments, none of them made it to the Governor's desk for consideration.

Funding for the state tobacco control program from tobacco Master Settlement Agreement dollars have seen significant cuts in previous years and falls well short of Centers for Disease Control and Prevention-recommended levels. It is important for New Mexico legislators and the Governor to consider protecting the settlement dollars by removing the budget reserve designation from the Tobacco Settlement Permanent Fund, where 50% of annual of Master Settlement Agreement payments are designated.

Moving forward in 2024, the American Lung Association will once again make it a priority to educate our legislature and communities about the dangers of tobacco use, the importance of a well-funded tobacco prevention and cessation program and will work to protect state tobacco prevention and control program funding.

New Mexico State Facts

Health Care Cost Due to Smoking:	$843,869,235
Adult Smoking Rate:	15%
High School Smoking Rate:	3.7%
High School Tobacco Use Rate:	25.6%
Middle School Smoking Rate:	4.3%
Smoking Attributable Deaths:	2,630

Adult smoking data come from CDC's 2022 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use data come from the 2021 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
2024

Tobacco Prevention and Control Program Funding: F

FY2024 State Funding for Tobacco Control Programs:	$46,733,600
FY2024 Federal Funding for State Tobacco Control Programs:	$2,905,769*
FY2024 Total Funding for State Tobacco Control Programs:	$49,639,369
CDC Best Practices State Spending Recommendation:	$203,000,000
Percentage of CDC Recommended Level:	24.5%
State Tobacco-Related Revenue:	$1,874,800,000

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

Thumbs up for New York for increasing funding for its state tobacco control program by over $7.5 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 (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**

E-Cigarettes Included: **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: **$5.35**

OTHER TOBACCO PRODUCT TAXES:

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

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

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

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

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

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

Thumbs up for New York for increasing its cigarette tax by $1.00 to $5.35 per pack, the new highest rate in the country.

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: **All 7 medications are covered**

Counseling: **Some counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$2.53; the median investment per smoker is $1.93**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **Yes**

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**

Thumbs down for New York for failing to pass legislation to end the sale of all flavored tobacco products statewide.

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. Preserve funding for the New York state tobacco control program;
2. Prohibit the sale of all flavored tobacco products; and
3. Eliminate loopholes on the sale of e-cigarettes.

New York has long been a national leader regarding its tobacco control laws and continued to do so in 2023. During the legislative session New York was very active when it came to tobacco control policy. Governor Hochul, in January of 2023, called for an increase in the excise taxes on tobacco products in New York, in addition to calling for an end to the sale of flavored tobacco products, including menthol cigarettes.

During the budget process, while the New York State Legislature disappointingly did not halt the sale of flavored tobacco products, they did support an increase of the tax to a nation leading $5.35 per pack of cigarettes. There was also an over $7 million increase in tobacco control program funding included as part of the state budget, part of which came from the settlement by Attorney General Letitia James with Juul Labs that was finalized in 2023.

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 20.8% between 2018 and 2022.

- Cigarette smoking among high school youth is at an all-time low: only 2.1% of high school youth are current smokers, representing an over 90% 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 2023 with a sustained push on preserving increased funding for the tobacco control program and on enacting a statewide prohibition on the sale of all flavored tobacco products in 2024. 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:	11.3%
High School Smoking Rate:	2.1%
High School Tobacco Use Rate:	20.8%
Middle School Smoking Rate:	N/A
Smoking Attributable Deaths:	28,170

Adult smoking data comes from CDC's 2022 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use data come from the 2022 New York 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. 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 2024

NORTH CAROLINA

Tobacco Prevention and Control Program Funding: F

FY2024 State Funding for Tobacco Control Programs:	$13,349,600
FY2024 Federal Funding for State Tobacco Control Programs:	$2,353,231*
FY2024 Total Funding for State Tobacco Control Programs:	$15,702,831
CDC Best Practices State Spending Recommendation:	$99,300,000
Percentage of CDC Recommended Level:	15.8%
State Tobacco-Related Revenue:	$465,300,000

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

Smokefree Air: F

OVERVIEW OF STATE SMOKING RESTRICTIONS

Government 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**

E-Cigarettes Included: **No**

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**

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

Access to Cessation Services: D

OVERVIEW OF STATE CESSATION COVERAGE

STATE MEDICAID PROGRAM:

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: **$1.56; the median investment per smoker is $1.93**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

Tobacco Surcharge: **Limits tobacco surcharges**

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

Thumbs up for North Carolina for expanding Medicaid, providing coverage, including tobacco cessation treatment, for up to 600,000 people.

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. Implement a comprehensive tobacco retail licensing system, including e-cigarette retailers;
2. Increase the cigarette tax to the current average cigarette tax and equalize taxes for all tobacco products, including e-cigarettes; and
3. Rollback preemption of stronger local laws in North Carolina regarding tobacco use and prevention.

In 2023, the North Carolina General Assembly had a heavy focus on Medicaid expansion, which ended up being tied to a controversial state budget. Ultimately, the budget passed with expansion along with a few other provisions related to commercial tobacco use prevention and cessation. This included $11,250,000 in nonrecurring funds in each year of the biennium from the state's settlement with Juul Labs, Inc. for evidence-based electronic cigarette and nicotine dependence prevention and cessation activities targeting students in grades 4 through 12. Additionally, the method of taxing snuff changed from cost-based to weight-based. Also added was a base tax for "alternative nicotine products" of 10 cents per container containing up to 20 units and ½ cent per unit for every unit over 20.

Partners continue discussions about the importance of implementing a comprehensive evidence-based tobacco retail licensing system, which would include policy changes to raise the sale of age of tobacco products to 21 years old in alignment with federal law.

In 2024, 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. This includes the state policy goals highlighted above.

North Carolina State Facts	
Health Care Cost Due to Smoking:	$3,809,676,476
Adult Smoking Rate:	14.5%
High School Smoking Rate:	3.9%
High School Tobacco Use Rate:	N/A
Middle School Smoking Rate:	2.4%
Smoking Attributable Deaths:	14,220

Adult smoking data come from CDC's 2022 Behavioral Risk Factor Surveillance System. High school smoking rate comes from CDC's 2021 Youth Risk Behavioral Surveillance System. Middle school smoking rate comes from the 2019 North Carolina Youth Tobacco Survey. A current high school tobacco use rate is not available for this state.

Health impact information is taken from the Smoking Attributable Mortality, Morbidity and Economic Costs (SAMMEC) software. Smoking attributable deaths reflect average annual estimates for the period 2005-2009 and are calculated for persons aged 35 years and older. Smoking-attributable 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 2024

NORTH DAKOTA

Tobacco Prevention and Control Program Funding: B

FY2024 State Funding for Tobacco Control Programs:	$6,056,884
FY2024 Federal Funding for State Tobacco Control Programs:	$1,055,244*
FY2024 Total Funding for State Tobacco Control Programs:	$7,112,128
CDC Best Practices State Spending Recommendation:	$9,800,000
Percentage of CDC Recommended Level:	72.6%
State Tobacco-Related Revenue:	$51,600,000

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

Smokefree Air: A

OVERVIEW OF STATE SMOKING RESTRICTIONS

Government 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**

E-Cigarettes Included: **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: Yes**

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

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

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

Access to Cessation Services: A

OVERVIEW OF STATE CESSATION COVERAGE

STATE MEDICAID PROGRAM:

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: **Some medications are covered**

Counseling: **Some counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$9.46; the median investment per smoker is $1.93**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **Yes**

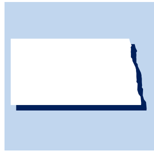
Tobacco Surcharge: **No prohibition or limitation on tobacco surcharges**

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

Flavored Tobacco Products: F

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

North Dakota State Highlights:



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

1. Raise the state tobacco tax currently at .44 per pack; and
2. Restrict access to flavored tobacco products.

North Dakota is ranked 49th in the U.S. for its tobacco tax of 44 cents per pack, compared to a national average of $1.93. Raising tobacco taxes by significant amounts is proven to be one of the most impactful ways to prevent and reduce tobacco use, especially by youth.

This year's legislative session in North Dakota was a mix of a win and a loss. For over a decade, North Dakota has had one of the strongest smokefree air laws in the country. The law was the result of a statewide ballot initiative in 2012 and passed in every county in the state. Since 2012 the adult smoking rate in North Dakota dropped from 21.1% to 15.1% (2022). During the 2023 legislative session, the tobacco industry once again introduced legislation to weaken the law by allowing indoor smoking in 'cigar bars.' The American Lung Association, local advocates, youth voices, along with Tobacco Free North Dakota worked hard to defeat the amendment but ultimately lost by a slim margin.

On a positive note, the tobacco licensing loophole for vape shops in North Dakota was finally closed during the 2023 session. Now all commercial tobacco products will be treated equally in their classification and regulation, as well as requiring a tobacco license for sales.

North Dakota was one of 34 states that together sued Juul for marketing practices directed at youth and was awarded $6 million over a period of six to ten years. North Dakota's settlement states that funds can be used for any lawful purpose but does not specify where the funds will be directed.

The American Lung Association will continue to work with partners at the local level to protect local clean indoor air policies along with educating 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:	15.1%
High School Smoking Rate:	5.9%
High School Tobacco Use Rate:	23%
Middle School Smoking Rate:	2.4%
Smoking Attributable Deaths:	980

Adult smoking data come from CDC's 2022 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use rates are taken from the 2021 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 2024

OHIO

Tobacco Prevention and Control Program Funding: F

FY2024 State Funding for Tobacco Control Programs:	$7,780,000
FY2024 Federal Funding for State Tobacco Control Programs:	$2,464,914*
FY2024 Total Funding for State Tobacco Control Programs:	$10,244,914
CDC Best Practices State Spending Recommendation:	$132,000,000
Percentage of CDC Recommended Level:	7.8%
State Tobacco-Related Revenue:	$1,202,700,000

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

Thumbs down for Ohio for decreasing state funding for its tobacco control program by over $7 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**

Retail stores: **Prohibited**

E-Cigarettes Included: **Yes**

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

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

Tobacco Taxes: F

CIGARETTE TAX:

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

OTHER TOBACCO PRODUCT TAXES:

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

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

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

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

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

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

Access to Cessation Services: C

OVERVIEW OF STATE CESSATION COVERAGE

STATE MEDICAID PROGRAM:

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: **Minimal barriers exist to access care**

STATE QUITLINE:

Investment per Smoker: **$0.93; the median investment per smoker is $1.93**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

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

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

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

Flavored Tobacco Products: F

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

Ohio State Highlights:

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

1. Continue to allow local communities to prohibit flavorings for all tobacco products, including e-cigarettes;
2. Restore the funding for tobacco prevention and cessation programs cut this year 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 Governor Mike DeWine, a long-time champion on preventing and reducing tobacco use, has vetoed two attempts by the legislature to preempt local communities from regulating tobacco products. This proposed preemption was a reaction to the city of Columbus enacting a comprehensive prohibition on the sale of all flavored tobacco products in the fall of 2022 that took effect January 1, 2024. We were disappointed when the House of Representatives voted to override the governor's veto of local preemption language in December 2023. An override will have a devastating effect on public health in Ohio eliminating all tobacco retail license programs in the state, which are used by over 25 communities to enforce the state's tobacco 21 law by providing compliance checks and accountability of tobacco and e-cigarette retailers through their local health department. The Lung Association calls on the Senate to vote no on any attempt to override the veto.

The legislature also cut in half the state funding for tobacco prevention and cessation programs in the two-year state budget approved this year. These programs are vitally needed 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. Ohio spends only 7.8% of what is recommended by the CDC for a state of our size. The revenue raised by increasing taxes on tobacco products could help fund further increases in tobacco control and prevention funding.

Local efforts are underway in Ohio to prohibit the sale of flavored tobacco products and to enact tobacco retailer licensing to enable enforcement. The Lung Association will work with partners in those communities to enact these ordinances to get flavored products off the market and to have the mechanisms in place to enforce these ordinances. Data shows that flavored tobacco products attract young people to try these products. Close to 90% of youth e-cigarette users use a flavored product, according to recently released national data.

As we look to 2024, 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:	17.1%
High School Smoking Rate:	3.3%
High School Tobacco Use Rate:	20.4%
Middle School Smoking Rate:	3%
Smoking Attributable Deaths:	20,180

Adult smoking data come from CDC's 2022 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use rates are taken from the 2021 Youth Risk Behavior Surveillance System. Middle school smoking rate is taken from the 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
2024

OKLAHOMA

Tobacco Prevention and Control Program Funding: A

FY2024 State Funding for Tobacco Control Programs:	$32,574,626
FY2024 Federal Funding for State Tobacco Control Programs:	$1,618,668*
FY2024 Total Funding for State Tobacco Control Programs:	$34,193,294
CDC Best Practices State Spending Recommendation:	$42,300,000
Percentage of CDC Recommended Level:	80.8%
State Tobacco-Related Revenue:	$491,000,000

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

Thumbs up for Oklahoma for continuing to constitutionally protect the state's allocation of tobacco settlement dollars, so a consistent investment in tobacco prevention and cessation can be made.

Smokefree Air: F

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**

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

Citation: OKLA. STAT. ANN. tit. 21, § 1247 (2021) & tit. 63, §§ 1-1521 et seq. (2019).

Tobacco Taxes: D

CIGARETTE TAX:

Tax Rate per pack of 20: **$2.03**

OTHER TOBACCO PRODUCT TAXES:

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

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

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

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

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

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

Access to Cessation Services: A

OVERVIEW OF STATE CESSATION COVERAGE

STATE MEDICAID PROGRAM:

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: **$11.50; the median investment per smoker is $1.93**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

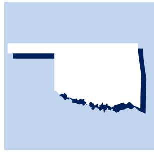
Tobacco Surcharge: **No prohibition or limitation on tobacco surcharges**

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 authority 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 a disappointing development, after passing a bold law in 2022 removing penalties on youth caught with tobacco products and replacing them with education and cessation courses, Oklahoma lawmakers in 2023 reversed course through House Bill 2165 to enable monetary penalties of up to $100. The tobacco industry spends an estimated $149.5 million marketing their addictive products to Oklahomans, and financial penalties for youth use of these products are both ineffective and impose an unequal burden on families.

With the failure of House Bill 2238 in 2023, the state of Oklahoma now requires manufacturers of e-cigarette products to attest to the Oklahoma Alcoholic Beverages Law Enforcement (ABLE) Commission that they either have applied for a Premarket Tobacco Product Application to the U.S. Food and Drug Administration (FDA) or have received a marketing order authorizing the sale of said products. The ABLE commission has since published a directory and it will be unlawful for any person to manufacture, distribute, or sell any product not listed in the directory. It could provide a useful tool for the state to crack down on illegal sales of e-cigarette products if the state conducts regular compliance checks on e-cigarette retailers.

Several promising bills were filed but did not receive approval by the legislature. These include bills to repeal preemption of local authority to pass tobacco control policies, to prohibit smoking in cars with children present and to allow pharmacists to prescribe nicotine replacement therapy (NRT) directly to customers. Additionally, a bill that would impact the Tobacco Settlement Endowment Trust's (TSET) investment of tobacco settlement funds did not become law. House Bill 2254 would have required TSET to invest 4% of funds in Oklahoma-based venture capital companies and funds.

The American Lung Association continues to build partnerships across the state, uniting those in tobacco control through the Oklahoma Tobacco Control Alliance, which local Lung Association staff chair. Thanks to investments from both the state department of health and TSET, multiple public awareness campaigns were launched across the state, including a focus on the tobacco industry's deception marketing practices, menthol tobacco products, rural tobacco use and mental health and tobacco.

The American Lung Association calls on lawmakers to continue their work by focusing penalties on those who sell tobacco and e-cigarette products. There remains no required permit to sell addictive e-cigarette products. 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:	15.6%
High School Smoking Rate:	4%
High School Tobacco Use Rate:	22.1%
Middle School Smoking Rate:	N/A
Smoking Attributable Deaths:	7,490

Adult smoking data come from CDC's 2022 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use rates are taken from the 2021 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.

Oregon Report Card

American Lung Association. State of Tobacco Control 2024

O R E G O N

Tobacco Prevention and Control Program Funding: B

FY2024 State Funding for Tobacco Control Programs:	$28,800,000
FY2024 Federal Funding for State Tobacco Control Programs:	$1,556,750*
FY2024 Total Funding for State Tobacco Control Programs:	$30,356,750
CDC Best Practices State Spending Recommendation:	$39,300,000
Percentage of CDC Recommended Level:	77.2%
State Tobacco-Related Revenue:	$497,900,000

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

Smokefree Air: A

OVERVIEW OF STATE SMOKING RESTRICTIONS

Government 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)**

E-Cigarettes Included: **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**

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

Access to Cessation Services: C

OVERVIEW OF STATE CESSATION COVERAGE

STATE MEDICAID PROGRAM:

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: **$1.71; the median investment per smoker is $1.93**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **Yes**

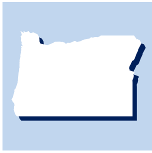
Tobacco Surcharge: **No prohibition or limitation on tobacco surcharges**

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

1. End the sale of all flavored tobacco products; and
2. Ensure Oregon's Clean Indoor Air Act remains intact.

During the 2023 legislative session, Representative Lisa Reynolds introduced and sponsored House Bill 3090 which proposed a prohibition on the distribution and sales of all flavored tobacco products. A work session and public hearing was held in the House committee on Behavioral Health and Health Care. An amendment to exempt existing hookah lounges was introduced and accepted. The amended bill was passed out of committee and referred to the Joint Committee on Ways and Means.

Senate Minority Leader Tim Knopp led a six-week Republican walkout of the chamber which prevented the Senate from reaching a two-thirds quorum to pass bills. Unfortunately, House Bill 3090 fell victim to this delay tactic and died in committee.

County ordinances passed in 2022 to end the sale of flavored tobacco products in Washington and Multnomah counties have yet to be implemented due to legal challenges.

During the 2024 legislative session, the American Lung Association will work with partners supporting legislation to end the sale of flavored tobacco products statewide. The Lung Association will also work to protect other tobacco control policy measures, 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 2022 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
2024

PENNSYLVANIA

Tobacco Prevention and Control Program Funding: F

FY2024 State Funding for Tobacco Control Programs:	$16,429,000
FY2024 Federal Funding for State Tobacco Control Programs:	$2,399,303*
FY2024 Total Funding for State Tobacco Control Programs:	$18,828,303
CDC Best Practices State Spending Recommendation:	$140,000,000
Percentage of CDC Recommended Level:	13.4%
State Tobacco-Related Revenue:	$1,540,000,000

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

Smokefree Air: D

OVERVIEW OF STATE SMOKING RESTRICTIONS

Government 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**

E-Cigarettes Included: **No**

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: Yes; Weight-Based: No**

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

Access to Cessation Services: D

OVERVIEW OF STATE CESSATION COVERAGE

STATE MEDICAID PROGRAM:

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: **Minimal counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$1.51; the median investment per smoker is $1.93**

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. End the sale of all flavored tobacco products, including menthol.

During the 2023 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. A successful day at the Capitol was held, our first in-person event since 2020, with participants across the commonwealth discussing the necessity of sustaining robust funding for Pennsylvania's tobacco prevention program. Thanks to the efficacy of our advocates, lawmakers continued funding the program at previous levels with no reductions in fiscal year 2024.

Efforts to close loopholes in the Clean Indoor Air Act, which would prohibit smoking in virtually all Pennsylvania workplaces, including bars and casinos, incrementally advanced. Legislators met to hear public comment on the bill and the impact that it would have on Pennsylvania workers and families. During that public hearing, casino workers, leaders of the statewide Veterans of Foreign Wars (VFW), engineers from the American Society of Heating, Refrigerating, and Airconditioning Engineers (ASHRAE), and our own Lung Association Chief Mission Officer Deb Brown told lawmakers what we have long known; that there is no safe exposure to secondhand smoke or aerosol, that there is no ventilation system that can remove the dangers of secondhand smoke, and that no one should have to choose between their health and their paycheck. The Lung Association hopes to continue to work with lawmakers and workers to advance this legislation in 2024.

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 will continue to work with our partners in 2024 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:	14.9%
High School Smoking Rate:	4.2%
High School Tobacco Use Rate:	19.7%
Middle School Smoking Rate:	N/A
Smoking Attributable Deaths:	22,010

Adult smoking data come from CDC's 2022 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use data come from the 2021 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.

Rhode Island Report Card

American Lung Association. State of Tobacco Control 2024

RHODE ISLAND

Tobacco Prevention and Control Program Funding: F

FY2024 State Funding for Tobacco Control Programs:	$429,205
FY2024 Federal Funding for State Tobacco Control Programs:	$1,383,858*
FY2024 Total Funding for State Tobacco Control Programs:	$1,813,063
CDC Best Practices State Spending Recommendation:	$12,800,000
Percentage of CDC Recommended Level:	14.2%
State Tobacco-Related Revenue:	$188,900,000

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

Smokefree Air: C

OVERVIEW OF STATE SMOKING RESTRICTIONS

Government work sites: **Prohibited**

Private work sites: **Prohibited**

Schools: **Prohibited**

Child care facilities: **Prohibited**

Restaurants: **Prohibited**

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

Casinos/Gaming Establishments: **Allowed in designated areas**

Retail stores: **Prohibited**

E-Cigarettes Included: **Yes**

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

Citation: R.I. GEN. LAWS §§ 23-20.10-1 et seq. (2018).

Thumbs down for Rhode Island for failing to pass legislation to close the loophole for casinos in its smokefree air law.

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**

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

Access to Cessation Services: B

OVERVIEW OF STATE CESSATION COVERAGE

STATE MEDICAID PROGRAM:

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: **$1.91; the median investment per smoker is $1.93**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **Partial mandate**

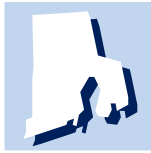
Tobacco Surcharge: **Prohibits tobacco surcharges**

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

1. Ensure all Rhode Islanders have a smokefree workplace by establishing smokefree casinos;
2. Establish tax parity for all tobacco products and fund tobacco control programs at the Centers for Disease Control and Prevention (CDC)-recommended level; and
3. Establish pharmacists prescribing authority for U.S. Food and Drug Administration (FDA)-approved cessation medication.

During the 2023 Rhode Island legislative session the American Lung Association weighed in on seven 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 fiscal year 2024 proposed budget and had successful hearings on legislation that would enable pharmacists to prescribe FDA-approved smoking cessation therapies. The pharmacists prescribing authority passed in the House of Representatives but was never moved forward for a vote in the Senate. In Spring 2023, there were multiple hearings on legislation that would close a nearly 20-year-old loophole and make casinos smokefree. The Lung Association worked to support dozens of casino employees and share their stories in hopes of successful passage – neither Chamber held a vote before session ended.

Tobacco Free Rhode Island (TFRI), a grant funded through the Department of Health and administered by the Lung Association, led Rhode Island's statewide youth tobacco movement by empowering individuals aged 12-21 to become Tobacco Free Ambassadors. The youth-led program focused on tobacco's impacts on health, the environment, and social justice, inspiring "Gen Zer's" to educate their peers at school, out in the community, and at a state-level. Ambassadors marched to the statehouse in April using their voices to educate lawmakers.

In April 2023, the Lung Association led a Day of Action alongside state partners at the Rhode Island State House. The day started with a day-long training of youth advocates and ended with more than 60 advocates gathering at the State House for a press conference with medical professionals, legislator champions, and youth speakers. Following the press conference, advocates found their legislators on the House and Senate floor to educate them on the importance of smokefree casinos and adequately funding tobacco control and prevention.

Looking ahead to 2024, 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:	11.8%
High School Smoking Rate:	3%
High School Tobacco Use Rate:	17.5%
Middle School Smoking Rate:	1.6%
Smoking Attributable Deaths:	1,780

Adult smoking data come from CDC's 2022 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use data come from the 2021 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 expenditure data. Deaths and expenditures should not be compared by state.zzzZZZz

South Carolina Report Card

American Lung Association. State of Tobacco Control 2024

Tobacco Prevention and Control Program Funding: F

FY2024 State Funding for Tobacco Control Programs:	$5,000,000
FY2024 Federal Funding for State Tobacco Control Programs:	$1,720,878*
FY2024 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:	$222,300,000

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

Smokefree Air: F

OVERVIEW OF STATE SMOKING RESTRICTIONS

Government 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**

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

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

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

Note: The Smokefree Air grade only examines state law and does not reflect local smokefree ordinances. South Carolina has made great strides in protecting people from secondhand smoke by passing comprehensive local smokefree ordinances that cover 32% of the state's population.

Tobacco Taxes: F

CIGARETTE TAX:

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

OTHER TOBACCO PRODUCT TAXES:

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

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

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

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

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

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

Access to Cessation Services: B

OVERVIEW OF STATE CESSATION COVERAGE

STATE MEDICAID PROGRAM:

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: **No barriers exist to access care**

STATE QUITLINE:

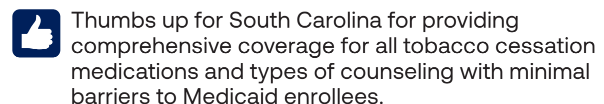
Investment per Smoker: **$6.49; the median investment per smoker is $1.93**

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.

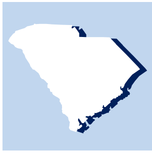


Thumbs up for South Carolina for providing comprehensive coverage for all tobacco cessation medications and types of counseling with minimal barriers to Medicaid enrollees.

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. Increase 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;
2. Strengthen tobacco retail licensing laws, including electronic cigarette retailers; and
3. Increase the cigarette tax to the current average cigarette tax and equalize taxes for all tobacco products, including e-cigarettes.

After years of working with partners to fight the tobacco industry's efforts to take away authority from local governments, the South Carolina General Assembly succumbed with the passage of House Bill 3681. This legislation preempts communities from passing local ordinances regulating the ingredients, flavors and licensing of tobacco products, including e-cigarettes. It also includes the establishment of a weak tobacco control retail licensing program that is unlikely to hold retailers accountable for illegal sales of tobacco products to individuals under age 21.

In 2024, the American Lung Association is calling on public officials at the state level to increase funding for South Carolina's Division of Tobacco Prevention and Control to $10 million annually as well as invest all $11 million from the Juul settlement to its vital tobacco prevention and cessation program to reduce taxpayer costs, protect kids, and save lives. We will continue to educate state legislators about the health and economic benefits of strong tobacco control policies, including the state policy goals highlighted above.

South Carolina State Facts

Health Care Cost Due to Smoking:	$1,906,984,487
Adult Smoking Rate:	15.4%
High School Smoking Rate:	3.3%
High School Tobacco Use Rate:	N/A
Middle School Smoking Rate:	3.2%
Smoking Attributable Deaths:	7,230

Adult smoking data come from CDC's 2022 Behavioral Risk Factor Surveillance System. High school smoking data come from the 2021 Youth Risk Behavior Surveillance System. Middle school smoking rate is taken from the 2017 Youth Tobacco Survey. A current high school tobacco use rate is not available for this state.

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

SOUTH DAKOTA

South Dakota Report Card

American Lung Association. State of Tobacco Control 2024

Tobacco Prevention and Control Program Funding: F

FY2024 State Funding for Tobacco Control Programs:	$4,500,000
FY2024 Federal Funding for State Tobacco Control Programs:	$1,046,792*
FY2024 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:	$80,300,000

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

Smokefree Air: B

OVERVIEW OF STATE SMOKING RESTRICTIONS

Government 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**

E-Cigarettes Included: **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**

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

Access to Cessation Services: D

OVERVIEW OF STATE CESSATION COVERAGE

STATE MEDICAID PROGRAM:

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: **Some counseling is covered**

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

STATE QUITLINE:

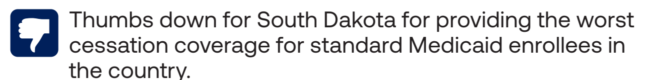
Investment per Smoker: **$19.46; the median investment per smoker is $1.93**

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 standard Medicaid enrollees in the country.

Flavored Tobacco Products: F

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

South Dakota State Highlights:

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

1. Increase the tax on cigarettes and other commercial tobacco products, including e-cigarettes;
2. Fully fund South Dakota's tobacco control program; and
3. Amend the state law that prevents the state Medicaid program from covering all medications to treat tobacco use.

During the 2023 legislative session, funding for the state's tobacco control program was set at $4.5 million from tobacco tax revenues, the same level as the past few years. Protecting this funding is important to be able to serve the priority populations in the state strategic plan and to fund quit smoking services.

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 (NRT). The Lung Association encourages legislators to address this issue in 2024 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.

During the past year, the South Dakota Tobacco Control Program has been working on many different projects. The program continues to try and find new ways to connect with South Dakota tobacco users and get them to the South Dakota Quitline. At the end of 2023, the Quitline rolled out a new hybrid texting service due to many clients preferring to text rather than talk in-person. The Quitline has begun to offer up to eight weeks of personalized text messaging communication (two weeks of phone calls) and up to eight weeks of NRT patches, gum or lozenges.

The South Dakota Tobacco Control Program launched five new media campaigns including: Watch Your Mouth SD (aimed towards dental providers), More Good Years (sending people to the Quitline), Make Smoking History, Honor Every Breath (targeted towards Native American people), and Vaping Sucks (youth prevention). These media campaigns are doing very well and have increased traffic to a new consolidated website.

The program also developed a new multi-unit housing toolkit to help landlords and property owners establish tobacco free policies and understand why they are important. In summer 2024, the program will launch a new K-12 tobacco control toolkit that will help schools and youth organizations with tobacco prevention activities.

The coalition in South Dakota has tremendous reach 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 2024. With your help, the 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 reduce commercial tobacco use and save lives.

South Dakota State Facts	
Health Care Cost Due to Smoking:	$373,112,273
Adult Smoking Rate:	14%
High School Smoking Rate:	5.5%
High School Tobacco Use Rate:	16.5%
Middle School Smoking Rate:	2%
Smoking Attributable Deaths:	1,250

Adult smoking data come from CDC's 2022 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use data come from the 2021 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 Report Card

TENNESSEE

Tobacco Prevention and Control Program Funding: F

FY2024 State Funding for Tobacco Control Programs:	$2,600,000
FY2024 Federal Funding for State Tobacco Control Programs:	$1,664,198*
FY2024 Total Funding for State Tobacco Control Programs:	$4,264,198
CDC Best Practices State Spending Recommendation:	$75,600,000
Percentage of CDC Recommended Level:	5.6%
State Tobacco-Related Revenue:	$403,500,000

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

Smokefree Air: D

OVERVIEW OF STATE SMOKING RESTRICTIONS

Government 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**

E-Cigarettes Included: **Yes**

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

Citation: TENN. CODE ANN. §§ 39-17-1801 to 39-17-1810 (2021).

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

Tobacco Taxes: F

CIGARETTE TAX:

Tax Rate per pack of 20: **$0.62**

OTHER TOBACCO PRODUCT TAXES:

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

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

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

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

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

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

Access to Cessation Services: F

OVERVIEW OF STATE CESSATION COVERAGE

STATE MEDICAID PROGRAM:

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 forms of counseling are covered**

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

STATE QUITLINE:

Investment per Smoker: **$0.46; the median investment per smoker is $1.93**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

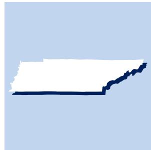
Tobacco Surcharge: **No prohibition or limitation on tobacco surcharges**

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

Flavored Tobacco Products: F

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

Tennessee State Highlights:



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

1. Support local comprehensive smokefree laws covering age-restricted venues, including e-cigarettes;
2. Increase funding for the state tobacco prevention and cessation program to $13 million, allocate the $13 million in Juul settlement funds the state will receive over 6 years to the state program and ensure that funding is spent according to the Centers for Disease Control and Preventions Best Practices for Comprehensive Tobacco Control Programs; and
3. 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.

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 pass an ordinance, with certain exemptions, in 2022. In 2023, on a unanimous vote and with no exemptions, Hendersonville became the first non-metropolitan community to pass the smokefree ordinance. A campaign is now underway in the neighboring Sumner County city of Gallatin, as well as in Knoxville and Memphis. The Lung Association will continue to support these and other smokefree proposals in communities across the state.

Also in 2023, the 113th session of the Tennessee General Assembly adjourned, failing to advance any of a variety of tobacco bills establishing penalties on youth for purchase, use and possession of tobacco products on school campuses and, separately, to establish disparate taxes for various tobacco and nicotine products. All of these bills were strongly opposed by the Lung Association and partner organizations.

The Lung Association and partner organizations were also successful in defending funding for the Tennessee tobacco use prevention and control program at $2 million. During the November 2023 Governor's Budget Hearings for FY 2024-2025, Tennessee Department of Health Commissioner Alvarado presented a budget request that included an incremental $2 million for vaping prevention program expansion. The Lung Association was pleased to see this proposal and will work with lawmakers in the upcoming session in strong support of this additional funding.

As the legislature begins its work in 2024, the Lung Association will continue its efforts to educate policymakers, business leaders and media on the importance of the American Lung Associations 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:	18.5%
High School Smoking Rate:	4.9%
High School Tobacco Use Rate:	20.7%
Middle School Smoking Rate:	N/A
Smoking Attributable Deaths:	11,380

Adult smoking data come from CDC's 2022 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use rates are taken from the 2021 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.

T E X A S

Texas Report Card

American Lung Association. State of Tobacco Control 2024

Tobacco Prevention and Control Program Funding: F

FY2024 State Funding for Tobacco Control Programs:	$6,032,166
FY2024 Federal Funding for State Tobacco Control Programs:	$3,349,957*
FY2024 Total Funding for State Tobacco Control Programs:	$9,382,123
CDC Best Practices State Spending Recommendation:	$264,100,000
Percentage of CDC Recommended Level:	3.6%
State Tobacco-Related Revenue:	$1,741,200,000

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

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

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**

E-Cigarettes Included: **Yes**

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

Citation: TEX. PENAL CODE ANN. § 48.01 (2015); TX EDUC. CODE § 38.006 (2015); and TX ADMIN. CODE tit. 40, Part 19, Subchapter S, Div. 1 §§ 746.3703(d) (1995) & 747.3503(d) (1990).

Note: The Smokefree Air grade only examines state tobacco control law and does not reflect local smokefree ordinances. Texas has made great strides in protecting people from secondhand smoke by passing comprehensive local smokefree ordinances that cover 44.1% of the state's population.

Tobacco Taxes: F

CIGARETTE TAX:

Tax Rate per pack of 20: **$1.41**

OTHER TOBACCO PRODUCT TAXES:

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

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

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

Tax on Pipe/RYO Tobacco: Equalized: **Yes; Weight-Based: Yes**

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

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

Access to Cessation Services: D

OVERVIEW OF STATE CESSATION COVERAGE

STATE MEDICAID PROGRAM:

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

Medicaid Counseling: **All types of counseling are 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: **No barriers exist to access care**

STATE QUITLINE:

Investment per Smoker: **$1.31; the median investment per smoker is $1.93**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

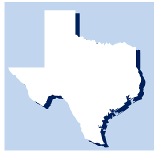
Tobacco Surcharge: **No prohibition or limitation on tobacco surcharges**

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

Flavored Tobacco Products: F

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

Texas State Highlights:



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

1. Increase funding for tobacco prevention and control programs;
2. Improve the state's surveillance of tobacco retailers, ensuring each retailer is subject to at least one annual compliance check; and
3. Increase taxes on all tobacco products, including implementing a tax on e-cigarettes at parity with cigarettes.

After more than a year of advocacy, the state of Texas increased its funding for the Department of State Health Services tobacco prevention and cessation programs by more than $2 million annually, the first increase in several legislative sessions. The increased funding resulted in two significant changes: an expansion of the Texas Tobacco Quitline with more free nicotine replacement therapy available as well as an increase in availability of phone coaching, and a relaunch of a youth-focused media campaign: "Vapes Down". While this increase is to be celebrated, Texas tobacco control programs remain severely underfunded and the Lung Association calls on lawmakers to create a dedicated source of significant revenue to fund more robust programs to ensure all Texans across 254 counties receive tobacco prevention and cessation resources.

A concerning new law was passed, House Bill 114, which now mandates any student caught with an e-cigarette on a school campus be sent to a disciplinary alternative education program (DAEP). While the DAEP program may provide educational and support services to students, the Lung Association opposes this expansion of penalties for youth and the removal from traditional classroom instruction. The focus should be on tobacco retailers who continue to sell non-FDA approved e-cigarettes to underage persons, with more resources for youth prevention and cessation.

The Legislature also passed House Bill 4758 which prohibits the sale of any e-cigarette product with containers that clearly market to underage persons. This criteria includes cartoons, trademark symbols, celebrity images and products that resemble candy or juice products. Unfortunately, no funds were included to ensure compliance with the law, which went into effect January 1, 2024.

Several promising bills were filed to expand indoor smokefree air protections that unfortunately did not become law. The Lung Association and partners were able to stop several tobacco-industry led bills which would carve out new, extremely low taxes on certain nicotine products, including e-cigarettes. Lastly, a new passed state law expands access to Medicaid services to women for 12 months following pregnancy, expanding access to tobacco cessation services.

Despite a budget surplus of $33 billion, Texas continues to significantly underfund programs that are proven to reduce tobacco use. Lawmakers must build on their momentum by significantly increasing funding for tobacco prevention and cessation programs as well as funding for retailer compliance with existing laws. A potential source of funding would be increasing the cigarette tax, which has not been raised since 2006. Additionally, momentum on local smokefree indoor air ordinances has stalled, with some cities seeing a regression as the city of Waco voting to weaken their ordinance to allow new cigar lounges. The Lung Association calls on lawmakers to revisit efforts to pass a comprehensive statewide indoor smoking law.

Texas State Facts

Health Care Cost Due to Smoking:	$8,855,602,443
Adult Smoking Rate:	11.8%
High School Smoking Rate:	1.8%
High School Tobacco Use Rate:	15.3%
Middle School Smoking Rate:	0.9%
Smoking Attributable Deaths:	28,030

Adult smoking data come from CDC's 2022 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use and middle school smoking rates are taken from the 2022 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.

U T A H

Utah Report Card

American Lung Association
State of Tobacco Control
2024

Tobacco Prevention and Control Program Funding: A

FY2024 State Funding for Tobacco Control Programs:	$15,435,456
FY2024 Federal Funding for State Tobacco Control Programs:	$1,256,406*
FY2024 Total Funding for State Tobacco Control Programs:	$16,691,862
CDC Best Practices State Spending Recommendation:	$19,300,000
Percentage of CDC Recommended Level:	86.5%
State Tobacco-Related Revenue:	$139,000,000

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

Smokefree Air: B

OVERVIEW OF STATE SMOKING RESTRICTIONS

Government 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**

E-Cigarettes Included: **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**

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

Access to Cessation Services: C

OVERVIEW OF STATE CESSATION COVERAGE

STATE MEDICAID PROGRAM:

Medicaid Medications: **Some 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: **$7.18; the median investment per smoker is $1.93**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **Insurance Commissioner bulletin**

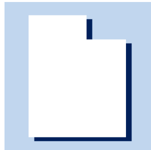
Tobacco Surcharge: **No prohibition or limitation on tobacco surcharges**

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

Flavored Tobacco Products: F

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

Utah State Highlights:



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

1. Increase 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 2023, the legislature passed House Bill 460, directing revenue resulting from a multi-state lawsuit settlement with Juul Labs to fund evidence-based vaping prevention. Utah's portion of the settlement is $8.6 million.

In fiscal year 2024, Utah maintains its standing among the top states in the country for state tobacco prevention and cessation funding at $15.4 million, close to 90% of the Centers for Disease Control and Prevention (CDC)-recommended level when federal CDC funding is included. 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 2024. A significant increase on taxes for all tobacco products remains the top tobacco control policy goal in Utah. Utah's legislature last raised the cigarette tax in 2010.

Utah State Facts

Health Care Cost Due to Smoking:	$542,335,526
Adult Smoking Rate:	6.7%
High School Smoking Rate:	1.9%
High School Tobacco Use Rate:	9.5%
Middle School Smoking Rate:	N/A
Smoking Attributable Deaths:	1,340

Adult smoking data come from CDC's 2022 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use rates are taken from the 2021 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 2024

VERMONT

Tobacco Prevention and Control Program Funding: F

FY2024 State Funding for Tobacco Control Programs:	$2,692,021
FY2024 Federal Funding for State Tobacco Control Programs:	$1,101,504*
FY2024 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:	$104,500,000

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

Smokefree Air: A

OVERVIEW OF STATE SMOKING RESTRICTIONS

Government 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**

E-Cigarettes Included: **Yes**

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

Citation: VT STAT. ANN. tit. 18, §§ 28-1421 to 28-1428 (2016) & 37-1741 et seq. (2018).

Tobacco Taxes: B

CIGARETTE TAX:

Tax Rate per pack of 20: **$3.08**

OTHER TOBACCO PRODUCT TAXES:

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

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

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

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

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

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

Access to Cessation Services: 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: **$8.05; the median investment per smoker is $1.93**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **Yes**

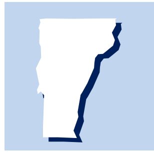
Tobacco Surcharge: **Prohibits tobacco surcharges**

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

The 2023 legislative session of the Vermont General Assembly was active on tobacco prevention policy. Senate bill 18, a bill to end the sale of flavored tobacco products, including menthol, passed the Senate. The Lung Association provided testimony in support of the legislation. Further action was stalled in the House, but the bill can be taken up again next year.

The Lung Association will continue to build on the initial groundwork and work 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, Vermont added additional, one-time funding for the tobacco control program for fiscal year 2024. Currently, Vermont remains several million dollars short of the funding recommendation from the Centers for Disease Control and Prevention.

The 2021 Tobacco BRFSS Data Brief has been published and serves as the annual update on adult tobacco use trends across Vermont, presenting cigarette, e-cigarette and quit attempt data by several key demographics in the state.

- In Vermont, cigarette smoking rates remain stable, with one in six Vermonters currently smoking while attempts to quit smoking cigarettes have decreased to 47%, the lowest level in the past decade.
- Adult e-cigarette use continues to rise to 5%, with 16% of young adults ages 18-24 using e-cigarettes, over three times the statewide rate.
- Adults who use other substances, are uninsured, or have poor mental health use cigarettes and e-cigarettes at two to three times the statewide rate.
- Adults ages 25-34 use both cigarettes and e-cigarettes at the highest rates while e-cigarettes are most used among young adults ages 18-24.

The American Lung Association in Vermont will continue to work with the Coalition for a Tobacco Free Vermont and many more organizations as we grow our numbers to educate 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:	13%
High School Smoking Rate:	5.4%
High School Tobacco Use Rate:	16.2%
Middle School Smoking Rate:	1%
Smoking Attributable Deaths:	960

Adult smoking data come from CDC's 2022 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use data come from the 2021 Youth Risk Behavior Surveillance System. Middle school smoking data comes from the Vermont 2021 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.

Virginia Report Card

American Lung Association. State of Tobacco Control 2024

VIRGINIA

Tobacco Prevention and Control Program Funding: F

FY2024 State Funding for Tobacco Control Programs:	$10,671,993
FY2024 Federal Funding for State Tobacco Control Programs:	$1,847,658*
FY2024 Total Funding for State Tobacco Control Programs:	$12,519,651
CDC Best Practices State Spending Recommendation:	$91,600,000
Percentage of CDC Recommended Level:	13.7%
State Tobacco-Related Revenue:	$408,000,000

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

Smokefree Air: F

OVERVIEW OF STATE SMOKING RESTRICTIONS

Government 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**

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

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**

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

Access to Cessation Services: B

OVERVIEW OF STATE CESSATION COVERAGE

STATE MEDICAID PROGRAM:

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: **All 7 medications are covered**

Counseling: **Some counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$2.43; the median investment per smoker is $1.93**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **Yes**

Tobacco Surcharge: **Prohibits the tobacco surcharge**

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

Thumbs up for Virginia for enacting legislation to prohibit the tobacco surcharge and for providing comprehensive coverage for all tobacco cessation medications and types of counseling with minimal barriers to Medicaid enrollees.

Flavored Tobacco Products: F

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

Virginia State Highlights:

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

1. Close loopholes in the Virginia Clean Indoor Air act to protect more residents from secondhand smoke;
2. Require tobacco product retailers to obtain a license; 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 2023 legislative session, the Lung Association and public health partners successfully advocated for the passage of a bill that would repeal Virginia's tobacco surcharge. Tobacco surcharges are increased rates that health insurers are allowed to charge participants who use tobacco. Tobacco surcharges have not been proven effective in encouraging smokers to quit and can cause tobacco users to opt out of health coverage all together. Repealing the surcharge is an integral component in ensuring that people can get the assistance they need to help them quit and end their addiction to nicotine. The bill to repeal the surcharge passed both chambers with overwhelming bipartisan support and was signed by Governor Youngkin.

Additionally, the Lung Association worked to defeat a bill that would lower the tax on cigars from 20% of the manufacturers' sales price to 10% or $0.30 per cigar, whichever is lower. The bill passed the House of Delegates but failed to receive the needed votes in the Senate Finance and Appropriations committee.

Recently in Virginia, a number of new casinos have opened across the Commonwealth which have highlighted the loopholes that exist in Virginia's Clean Indoor Air Act. Protecting casino workers and patrons is a priority for the Lung Association and its partners in the coming year as no amount of exposure to secondhand smoke is safe.

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. This includes monitoring retailer compliance through required compliance checks and graduated penalties for violation, including license suspension and revocation. 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 MSA funding has a mission that empowers 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 children annually.

The American Lung Association in Virginia will continue to educate lawmakers on the ongoing fight against tobacco. Our goal is to build new champions within the legislature and a grassroots advocacy network to advance our goals of establishing a comprehensive retail licensing program and addressing loopholes in Virginia's Clean Indoor Air Act.

Virginia State Facts

Health Care Cost Due to Smoking:	$3,113,009,298
Adult Smoking Rate:	12.1%
High School Smoking Rate:	2.8%
High School Tobacco Use Rate:	15.5%
Middle School Smoking Rate:	3.1%
Smoking Attributable Deaths:	10,310

Adult smoking data come from CDC's 2022 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use data come from the 2021 Youth Risk Behavior Surveillance System. Middle school smoking rate is taken from the Virginia 2021 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.

Washington Report Card

American Lung Association. State of Tobacco Control 2024

WASHINGTON

Tobacco Prevention and Control Program Funding: F

FY2024 State Funding for Tobacco Control Programs:	$4,636,500
FY2024 Federal Funding for State Tobacco Control Programs:	$1,828,532*
FY2024 Total Funding for State Tobacco Control Programs:	$6,465,032
CDC Best Practices State Spending Recommendation:	$63,600,000
Percentage of CDC Recommended Level:	10.2%
State Tobacco-Related Revenue:	$480,600,000

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

Smokefree Air: C

OVERVIEW OF STATE SMOKING RESTRICTIONS

Government 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**

E-Cigarettes Included: **Only in a few specific public places and workplaces**

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

Citation: WASH. REV. CODE § 70.345.150 (2016).

Tobacco Taxes: C

CIGARETTE TAX:

Tax Rate per pack of 20: **$3.025**

OTHER TOBACCO PRODUCT TAXES:

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

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

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

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

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

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

Access to Cessation Services: 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: **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: **$0.68; the median investment per smoker is $1.93**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **Yes**

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

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

Flavored Tobacco Products: F

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

Washington State Highlights:

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

1. Increase funding for tobacco prevention and quit programs;
2. End the sale of flavored tobacco products; and
3. Defend Washington's Clean Indoor Air law.

Senator Saldaña once again championed legislation to eliminate all commercial tobacco youth possession, use, and purchase (PUP) laws and all enforcement actions against youth under the age of 18 and increasing penalties on retailers. This legislation, Senate Bill 5365 had a similar bill, House Bill, 1497 in the House sponsored by Representative Paul Harris.

Key legislators in the Senate were uncomfortable removing all PUP provisions. The resulting compromise is a substantive step towards more equitable enforcement. The resulting compromise is a substantive step towards more equitable enforcement. The legislation passed the House 57 to 39 and in the Senate 29 to 19. The legislation was signed by Governor Inslee on May 9, 2023. Passage of this bill was the culmination of a multi-year effort; advocacy for this policy began during the work on the Tobacco 21 legislation passed in 2019.

The final 2024-2025 Operating Budget (Senate Bill 5187) appropriated $5.0 million from the state general fund to tobacco prevention and cessation programs. This appropriation represents the first dedicated ongoing dollars from the state general fund in over ten years, but does represent a cut from the $5 million allocated for one year last fiscal year .

The American Lung Association will continue to work with volunteers and stakeholders to advocate for additional dedicated dollars for tobacco prevention and quit programs. In addition, the Lung Association will continue growing public awareness and support for ending the sale of all flavored tobacco products.

Washington State Facts	
Health Care Cost Due to Smoking:	$2,811,911,987
Adult Smoking Rate:	10%
High School Smoking Rate:	1.9%
High School Tobacco Use Rate:	N/A
Middle School Smoking Rate:	1.3%
Smoking Attributable Deaths:	8,290

Adult smoking data come from CDCs 2022 Behavioral Risk Factor Surveillance System. High school (10th grade only) and middle school (8th grade only) smoking rates are taken from the 2021 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 2024

W E S T V I R G I N I A

Tobacco Prevention and Control Program Funding: F

FY2024 State Funding for Tobacco Control Programs:	$451,404
FY2024 Federal Funding for State Tobacco Control Programs:	$1,229,006*
FY2024 Total Funding for State Tobacco Control Programs:	$1,680,410
CDC Best Practices State Spending Recommendation:	$27,400,000
Percentage of CDC Recommended Level:	6.1%
State Tobacco-Related Revenue:	$227,600,000

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

Smokefree Air: D*

OVERVIEW OF STATE SMOKING RESTRICTIONS

Government 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**

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

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

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

* West Virginia has 59.4% of the state's population covered by comprehensive local smokefree workplace regulations. If a state has more than 50% of its population covered by local smokefree ordinances/regulations, the state is graded based on population covered by those local ordinances/regulations rather than the statewide law.

Tobacco Taxes: F

CIGARETTE TAX:

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

OTHER TOBACCO PRODUCT TAXES:

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

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

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

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

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

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

Access to Cessation Services: F

OVERVIEW OF STATE CESSATION COVERAGE

STATE MEDICAID PROGRAM:

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: **Minimal barriers exist to access care**

STATE QUITLINE:

Investment per Smoker: **$0.98; the median investment per smoker is $1.93**

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:

The American Lung Association calls for the following actions to be taken by West Virginia's elected officials to reduce tobacco use and exposure to secondhand smoke:

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 2023 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, have 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 as 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 2024 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:	21%
High School Smoking Rate:	7.6%
High School Tobacco Use Rate:	27%
Middle School Smoking Rate:	4.5%
Smoking Attributable Deaths:	4,280

Adult smoking data come from CDC's 2022 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use rates are taken from the 2021 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
2024

Tobacco Prevention and Control Program Funding: F

FY2024 State Funding for Tobacco Control Programs:	$6,702,756
FY2024 Federal Funding for State Tobacco Control Programs:	$1,588,681*
FY2024 Total Funding for State Tobacco Control Programs:	$8,291,437
CDC Best Practices State Spending Recommendation:	$57,500,000
Percentage of CDC Recommended Level:	14.4%
State Tobacco-Related Revenue:	$691,000,000

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

Thumbs up for Wisconsin for increasing funding for its state tobacco control program by close to $1.4 million from Juul settlement funds this fiscal 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 (allowed in existing tobacco bars)**

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

Retail stores: **Prohibited**

E-Cigarettes Included: **No**

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

Citation: WI STAT. ANN. § 101.123 (2010).

Tobacco Taxes: D

CIGARETTE TAX:

Tax Rate per pack of 20: **$2.52**

OTHER TOBACCO PRODUCT TAXES:

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

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

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

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

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

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

Access to Cessation Services: D

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: **$1.07; the median investment per smoker is $1.93**

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:

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

1. Raise Wisconsin's legal age of sale for tobacco products to 21;
2. Protect the statewide smokefree air law; and
3. Protect tobacco prevention and control funding.

In 2023, the American Lung Association and other tobacco control advocates in Wisconsin worked extremely hard to increase funding for tobacco prevention and control efforts in the state budget. Wisconsin is only allocating $5.315 million through the state budget 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. While these efforts were unsuccessful during the budget process, the Attorney General directed the Juul settlement funds of $1.39 million for this fiscal year to go to youth e-cigarette prevention and tobacco use treatment.

At the end of 2023, the state legislature passed a law which will add e-cigarette retailers into Wisconsin's existing tobacco licensing structure. While we would generally like to see stronger licensing practices, this closes a loophole and imposes some accountability on these retailers.

While the legislative session continues into 2024, thus far we have not seen the reintroduction of the bill to raise Wisconsin's legal age of sale for tobacco products to 21 to match the federal law. This will help eliminate confusion from retailers about who they can legally sell to and is an important component of a comprehensive public health approach to reducing tobacco use.

There was an important local victory in Milwaukee, which passed a zoning ordinance that restricts where new tobacco retailers can open, prohibiting them from locating within 1,000 feet of a school, park, playground, library, or childcare facility, and within 500 feet of another tobacco retailer. This ordinance could be a model for other municipalities.

In the coming months, the Lung Association will work with our local volunteers and coalition partners on our 2024 legislative priorities, including strategizing to garner additional support for Tobacco 21 and e-cigarette shop licensing and to identify champions in both political parties. We will also be working to stop a state bill which proposes to create new "tobacco bars" which would be exempted from the Wisconsin smokefree air law. Wisconsin has been a leader in protecting all of its citizens from the known, indisputable hazards of secondhand smoke in the workplace and public places. Our law protecting both workers and patrons at all indoor public places has been in place since 2009, and it's working! We must send a message to Big Tobacco that Wisconsinites are not softening their stance, we understand the detrimental impact of commercial tobacco products, and will continue to fight against these harmful products.

With your help, the 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 reduce commercial tobacco use and save lives.

Wisconsin State Facts

Health Care Cost Due to Smoking:	$2,663,227,988
Adult Smoking Rate:	14.3%
High School Smoking Rate:	4.5%
High School Tobacco Use Rate:	15.9%
Middle School Smoking Rate:	1.4%
Smoking Attributable Deaths:	7,850

Adult smoking data come from CDC's 2022 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use rates are taken from the 2021 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.

Wyoming Report Card

American Lung Association.
State of Tobacco Control
2024

WYOMING

Tobacco Prevention and Control Program Funding: F

FY2024 State Funding for Tobacco Control Programs:	$2,461,440
FY2024 Federal Funding for State Tobacco Control Programs:	$1,020,771*
FY2024 Total Funding for State Tobacco Control Programs:	$3,482,211
CDC Best Practices State Spending Recommendation:	$8,500,000
Percentage of CDC Recommended Level:	41.0%
State Tobacco-Related Revenue:	$40,000,000

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

Smokefree Air: F

OVERVIEW OF STATE SMOKING RESTRICTIONS

Government 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**

E-Cigarettes Included: **N/A**

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

Citation: Wyoming State Govt. Non-Smoking Policy (1989).

Tobacco Taxes: F

CIGARETTE TAX:

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

OTHER TOBACCO PRODUCT TAXES:

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

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

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

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

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

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

Access to Cessation Services: 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: **$11.65; the median investment per smoker is $1.93**

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.

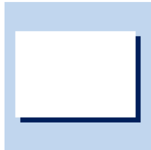
Flavored Tobacco Products: F

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

Wyoming State Highlights:

American Lung Association. State of Tobacco Control 2024

W Y O M I N G



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

1. Increase 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 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 continues to educate elected officials and the general public about the negative public health impacts of tobacco use in Wyoming, 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.

In 2023, the Lung Association joined with partners to oppose a cigar industry bill that would have limited taxes on cigars. The bill eventually passed, but the objectionable parts of the legislation were removed.

The Lung Association is also committed to advocating for evidence-based tobacco prevention programs though the disbursement of Wyoming's $5.8 million portion of settlement funds resulting from a multi-state lawsuit against Juul Labs.

2023 marked 20 years since the last time Wyoming legislators raised the cigarette tax. At $0.60 per pack, it 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. 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:	15.5%
High School Smoking Rate:	4%
High School Tobacco Use Rate:	N/A
Middle School Smoking Rate:	1.3%
Smoking Attributable Deaths:	800

Adult smoking data come from CDC's 2022 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 2022 Wyoming Prevention Needs Assessment 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.

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.