



**AMERICAN LUNG ASSOCIATION®**

**State of Tobacco Control: 2004**



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# Executive Summary

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*The American Lung Association State of Tobacco Control 2004* report grades federal and state tobacco control laws and regulations enacted as of January 1, 2005. New this year are grades on federal tobacco control laws regarding cigarette taxes, regulation of tobacco products by the Food and Drug Administration (FDA), cessation, and the international tobacco control treaty the Framework Convention on Tobacco Control (FCTC). The state tobacco control law section focuses on the areas of tobacco prevention and control spending, smokefree air, cigarette taxes, and youth access to tobacco products.

*The American Lung Association State of Tobacco Control 2004* report found the following policy trends:

## ■ **Federal Update**

In 2004, Congress came extremely close to enacting legislation granting the FDA authority over tobacco products. The U.S. Senate passed strong FDA legislation twice. Unfortunately, the House of Representatives' leadership blocked consideration of FDA legislation, and once again, an opportunity for the federal government to pass strong public health legislation was lost. The failure of FDA legislation is a victory for the tobacco industry and its insidious marketing practices. For example, candy-flavored cigarettes, with names such as Camel Kauai Kolada and Kool Mix Mocha Taboo, are being marketed to children. In 2005, Congress will have another opportunity to consider FDA legislation.

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Each year 440,000 people die of tobacco-related illness in the U.S., costing \$157.7 billion in health care costs.<sup>5</sup>

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## ■ **State and Local Smokefree Workplace Laws Spread Across the Country**

In 2004, state and local smokefree workplace laws were enacted throughout the country. In the Northeast, Massachusetts and Rhode Island passed comprehensive smokefree air laws prohibiting smoking in workplaces including restaurants and bars.<sup>1</sup> Idaho became the first state in the Rocky Mountain region to go smokefree, prohibiting smoking in most workplaces. The list of smokefree states that prohibit smoking in all workplaces including bars and restaurants is now at six—California, Connecticut, Delaware, Maine, Massachusetts and New York.

At the local level, strong ordinances passed in cities and towns across the country in 2004. Cities including Lawrence, KS, Columbus, OH, Lincoln, NE, and Minneapolis, MN, all passed ordinances banning smoking in workplaces. In a victory for public health, the Kentucky Supreme Court upheld the smokefree air ordinance passed in 2003 in Lexington, KY.

The health risks of secondhand smoke are significant. A study published in *The British Medical Journal* found that exposure to secondhand smoke is even more dangerous than previously thought and increases the risk of heart disease among nonsmokers by as much as 60 percent.<sup>2</sup> There is mounting evidence that state and local comprehensive smokefree air workplace policies have rapid and dramatic health benefits to both patrons and workers. Another study published in the *British Medical Journal* found that the number of heart attacks reported in Helena, MT, fell by 40 percent during a six-month period in 2002 when the city's comprehensive smokefree air law was in effect.<sup>3,4</sup> In response to this dramatic finding the Centers

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for Disease Control and Prevention (CDC) warned that people at risk for coronary heart disease should avoid exposure to secondhand smoke.<sup>6</sup>

■ **State Cigarette Taxes Rose Dramatically—Three States at or above \$2 per pack**

2004 was another big year for cigarette tax increases. Eleven states increased their cigarette tax, with three—Michigan, New Jersey and Rhode Island—significantly raising their tax to \$2.00, \$2.40 and \$2.46, respectively. In Colorado, Oklahoma, and Montana voters by ballot initiative decided to raise the cigarette tax in order to provide needed income for public health priorities. Seventeen states, the District of Columbia and Puerto Rico now have cigarette taxes at or above \$1.00 per pack.

Virginia raised its tax to \$0.20 per pack, the first increase since the cigarette tax was established in 1960. Virginia no longer holds the dubious distinction of having the lowest cigarette tax in the country; that distinction now belongs to Kentucky with a cigarette tax of \$0.03 per pack. Also in the south, Alabama raised its tax to \$0.425 per pack.

■ **Despite Evidence That State Tobacco Prevention Programs Save Lives Cuts Continue**

It has been six years since the historic Master Settlement Agreement (MSA) between 46 states and the tobacco industry. In that time well-funded tobacco prevention programs have shown dramatic results in reducing both youth and adult smoking rates. A recent study found that cigarette sales dropped more than twice as much in states with comprehensive tobacco control programs as in the United States as a whole.<sup>7</sup>

Yet, despite these significant gains, successful programs continue to be either cut or severely under-funded. Model tobacco prevention programs in Florida, Indiana, Maryland, Massachusetts, and Minnesota have sustained enormous cuts in recent years, which have begun to undermine the success of these programs. A recent study conducted after the elimination of Minnesota's Target Market™ anti-smoking media campaign shows the immediate effect that funding cuts can have on the effectiveness of these programs. Six months after the elimination of Target Market™ awareness of the media campaign went from 84.5 percent to 56.5 percent and youth susceptibility to smoking rose by 10 percentage points from 43.3 to 52.9 percent.<sup>8</sup>

A few states have honored the commitment made at the time of the MSA and have funded the program at or near the minimum level recommended by CDC. Five states—Arkansas, Delaware, Hawaii, Maine, and Mississippi—have made this commitment. Maine, which has funded its program at the CDC minimum for a number of years, experienced a dramatic 48% decrease in the rate of smoking by high school students and a 59% decrease in middle school student smoking rates from 1997 to 2003.<sup>9</sup> Previously Maine had one of the highest youth smoking rates in the country.

■ **States Crack Down on Internet Sales of Tobacco Products**

In the absence of federal legislation, states are stepping up and passing legislation to regulate Internet sales of tobacco products. An October 2003 study published in *The Journal of the American Medical Association (JAMA)* found that minors have easy access to cigarettes via the Internet

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On average, men who smoke cut their lives short by 13.2 years, and female smokers lose 14.5 years.<sup>10</sup>

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because many Internet vendors don't check ages or don't have an age verification process. The study concluded "banning Internet and mail order tobacco sales to minors may be the most effective policy strategy."<sup>11</sup>

States have used this and other evidence to begin closing the loophole on Internet sales of tobacco products by cracking down on companies that circumvent state tax and youth access laws. Currently, Alaska, Connecticut and New York have the strongest Internet laws, prohibiting delivery of tobacco to individual consumers. In addition, Arizona, California, Delaware, Hawaii, Idaho, Illinois, Indiana, Kansas, Louisiana, Maine, Oklahoma, Oregon, Texas, Virginia, Washington, and West Virginia have enacted laws restricting Internet sales in the past two years. While the percentage of cigarettes sold via the Internet is not large, states still lose millions in tax revenue and kids have learned it is an easy way to obtain tobacco products.

*Note on federal legislation: In 2004, bipartisan legislation regulating Internet sales of tobacco products and enforcing the states' excise tax on Internet tobacco sales was considered in the U.S. Congress.*

<sup>1</sup> Rhode Island's smokefree air legislation is effective March 1, 2005. Exemptions include 50 percent of hotel/motel rooms, retail tobacco stores, smoking bars, and facilities with Class C & D liquor licenses with no more than 10 employees until October 1, 2006.

<sup>2</sup> Whincup, PH, Gilg JA, Emberson JR et. al. Passive smoking and risk of coronary heart disease and stroke: prospective study with cotinine measurement *BMJ*, 2004; 329:200-205.

<sup>3</sup> Sargent RP, Shepard RM, Glantz SA. Reduced incidence of admissions for myocardial infarction associated with public smoking ban: before and after study. *BMJ*. 2004;328:977-980.

<sup>4</sup> Helena, MT's smokefree ordinance was in effect June 2002 through December 2002. In December 2002, a city judge in Helena ruled the ordinance unconstitutional because it did not provide for a jury trial upon violation.

<sup>5</sup> The Health Consequences of Smoking: A Report of the Surgeon General. US Dep't 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. 2004

<sup>6</sup> Pechacek TF, Babb S. How acute and reversible are the cardiovascular risks of secondhand smoke? *BMJ*. 2004;328:980-983.

<sup>7</sup> Farrelly MC, Pechacek TF, Chaloupka FJ. The impact of tobacco control program expenditures on aggregate cigarette sales: 1981-2000. *J Health Econ*. 2003;22:843-859.

<sup>8</sup> Centers for Disease Control and Prevention. Effect of ending an anti-tobacco youth campaign on adolescent susceptibility to cigarette smoking—Minnesota 2002-2003. *MMWR Morb Mortal Wkly Rep*. 2004;53:301-304.

<sup>9</sup> Centers for Disease Control and Prevention. Youth risk behavior surveillance system, unpublished data from Maine.

<sup>10</sup> The Health Consequences of Smoking: A Report of the Surgeon General. CDC, NCCDPHP, OSH, 2004

<sup>11</sup> Ribisi KM, Williams RS, Kim AE. Internet sales of cigarettes to minors. *JAMA*. 2003;290:1356-1359.

<sup>12</sup> The Health Consequences of Smoking: A Report of the Surgeon General. CDC, NCCDPHP, OSH, 2004

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More than 12 million Americans have died from smoking since the 1964 report of the surgeon general, and another 25 million Americans alive today will most likely die of a smoking-related illness.<sup>12</sup>

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# Introduction

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Each year, the American Lung Association assesses tobacco control policies enacted in all 50 states, the District of Columbia and Puerto Rico. This year the report has been expanded to also include important national tobacco control policies.

At the national level, the *American Lung Association State of Tobacco Control 2004* report found little progress toward a federal tobacco control policy. Once again, Congress failed to enact legislation granting the Food and Drug Administration (FDA) authority to regulate tobacco products. Despite causing over 440,000 deaths each year, tobacco products remain unregulated. Congress also failed to support a comprehensive plan to provide tobacco cessation coverage and services to the millions of Americans addicted to tobacco products. Disappointingly, the United States lagged behind other countries by failing to ratify the international tobacco control treaty—the Framework Convention on Tobacco Control (FCTC).

At the state level, the *American Lung Association State of Tobacco Control 2004* report found more success. There was a steady increase in the number of state and local communities passing comprehensive smokefree air laws and dramatic increases in state cigarette excise taxes. Unfortunately, the report also found that states continued to underfund critical tobacco prevention programs. These cuts occurred in spite of the mounting evidence that tobacco prevention programs save lives and money.

It has been 40 years since the first surgeon general's report on tobacco was released. Since that time, 27 additional studies have concluded that tobacco use is the single most avoidable cause of disease, disability and death in the United States.<sup>1</sup> As a result of tobacco prevention efforts, the annual prevalence of adult smoking has declined 46.9 percent.<sup>2</sup> Approximately 70 percent of the U.S. workforce is now protected by a smokefree workplace policy.<sup>3</sup> Today, there are more former smokers than current smokers and each year nearly 40% of current smokers try to quit.<sup>4</sup>

Yet, the news is not all promising. To mark the anniversary of the first Surgeon General's report, the Centers for Disease Control and Prevention (CDC) released a follow-up report, *The Health Consequences of Smoking: A Report of the Surgeon General 2004*. The report's findings were alarming. It found that smoking harms nearly every organ in the body and that it causes cancer in areas not previously linked to smoking including cancer of the kidney, cervix and bone marrow and respiratory diseases such as pneumonia.<sup>5</sup> Each year in the United States 440,000 people die of a tobacco-related illness and 5.6 million years of potential life are lost. The economic costs are startling with more than \$157 billion attributable to smoking annually.<sup>6</sup> In response to these findings, the Surgeon General called for the nation to remain vigilant in its smoking prevention efforts.

Bold action is required to stem the death and addiction caused by tobacco products. In 2004, a few states heeded the Surgeon General's call and passed strong tobacco control policies. For example, Idaho, Massachusetts, and Rhode Island passed strong laws to protect workers and patrons from exposure to secondhand smoke. Michigan, New Jersey and Rhode Island raised their cigarettes taxes to \$2.00 per pack or higher.

## What's New: National Tobacco Policy Section

*The State of Tobacco Control 2004* report has added a new section that examines national tobacco control policy.

This section will review national policies regarding regulation of tobacco products by the Food and Drug Administration, cessation, cigarette taxes and the Framework Convention on Tobacco Control, an international tobacco control treaty.

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Smoking causes about 90 percent of lung cancer deaths in men and almost 80 percent in women.<sup>7</sup>

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Smoking causes more than 90 percent of deaths from COPD each year.<sup>8</sup>

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Yet, many state legislatures in 2004 failed to enact the comprehensive tobacco control policies needed to address the continuing tobacco epidemic. Far too many states are shirking their responsibility to enact laws that would provide adequate funding for tobacco prevention and control programs, protect their citizens from secondhand smoke, deter consumption of cigarettes sold by raising the cigarette tax and keep cigarettes out of the hands of children and teens.

The nation can and should do better. This American Lung Association report calls on Congress, the administration, state legislators and governors to save lives and protect health by passing strong and effective tobacco control policies.

The tobacco industry is a powerful lobby with virtually unlimited resources. Many states have hard-working tobacco control coalitions that continually meet with strong resistance from their state legislators and tobacco interests. The grades given in this report in no way reflect the degree of effort expended by the public health community. Quite simply, the grades reflect how well tobacco control laws measure up to the best in the nation or goals set by federal agencies such as CDC.

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## KEY FINDINGS

The national report looks at four areas: Food and Drug Administration Regulation of Tobacco Products, Federal Cessation Policy, Cigarette Excise Tax and the Framework Convention on Tobacco Control.

### National Tobacco Control Policy

More than 12 million deaths have been caused by smoking since the first published surgeon general's report on smoking in 1964. Despite these staggering numbers, Congress has failed to garner the political will necessary to respond to this burgeoning epidemic. The United States needs a comprehensive national tobacco control policy. The American Lung Association supports federal action on the following policies:

#### Food and Drug Administration Regulation of Tobacco Products

The American Lung Association supports strong legislation that grants the FDA the authority to regulate tobacco products. Strong FDA regulatory authority would include the following elements: regulation of youth access and marketing of tobacco products; health information disclosure; requirement for tobacco products to meet a "public health" standard; disclosure of ingredients; effective health warnings; reduction or elimination of harmful components; authority to reduce or eliminate harmful components; and authority to review reduced risk health claims. Additional information on the FDA can be found in the "*Critical Elements of Any Legislation To Grant FDA Authority To Regulate Tobacco Products*" factsheet at

<http://www.lungusa.org/site/pp.asp?c=dvLUK9O0E&b=238324>.

The United States receives an F for FDA authority to regulate tobacco products. Despite the US Senate's passage of strong FDA legislation twice in 2004, the House of Representatives blocked the measure resulting in Congress once again failing to pass FDA legislation.

## Federal Cessation Policy

The American Lung Association supports the recommendations laid out by Subcommittee on Cessation of the Interagency Committee on Smoking and Health (ICSH) in the National Action Plan for Tobacco Cessation. The plan proposed a well funded national quitline network, national media campaign, federal coverage of cessation benefits and a smokers' fund to assist people trying to quit. Currently close to forty-six million Americans smoke.<sup>9</sup> Seventy percent of smokers say that they want to quit.<sup>10</sup>

The United States receives an F for federal cessation policy as it has failed to implement the recommendations of ICSH.

## Federal Cigarette Excise Tax

The American Lung Association supports the recommendations in the National Action Plan for Tobacco Cessation to raise the federal cigarette excise tax by \$2.00 per pack and earmark the funds to a smokers health fund to help smokers quit.

The United States receives an F for cigarette tax. The current federal excise tax is a meager \$0.39 per pack.

## Framework Convention on Tobacco Control

The American Lung Association supports the rapid ratification of the Framework Convention on Tobacco Control (FCTC). The FCTC is an international legal instrument that set standards that countries can adopt to control tobacco use and addiction. A full review of the FCTC and its treaty obligations can be found at [http://www.who.int/tobacco/fctc/text/en/fctc\\_en.pdf](http://www.who.int/tobacco/fctc/text/en/fctc_en.pdf).

The United States receives a D for the Framework Convention on Tobacco Control. In May, the United States signed the convention but has yet to send it to the U.S. Senate for ratification. The treaty will not be in force until it is ratified by the U.S. Senate.

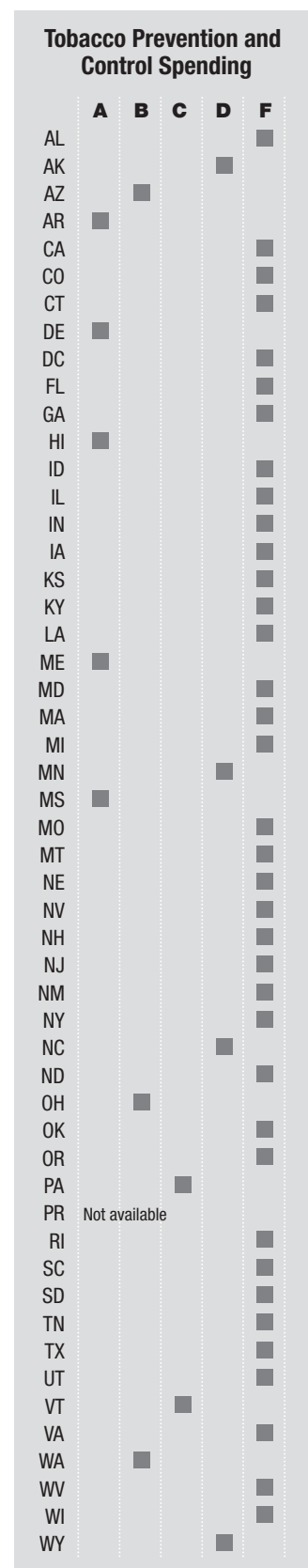
## State Tobacco Control Policy

The state report looks at four areas: Tobacco Prevention and Control Funding, Smokefree Air, Cigarette Taxes, and Youth Access. Below are the key findings by program area.

### Tobacco Prevention and Control Spending

Every year since 1998, an opportunity has been lost to prevent the illness and deaths of thousands of Americans due to the failure of states to keep their promise and adequately fund tobacco prevention programs. In 1998, the states sued the tobacco industry to recover Medicaid funds spent on tobacco-related illnesses (see box on the Master Settlement Agreement). At the time, state leaders repeatedly asserted that their intent was to use these funds for health-related programs, particularly for the 8.6 million persons suffering from at least one tobacco-related diseases, and to prevent tobacco use and exposure to secondhand smoke. Six years later, only five states—Arkansas, Delaware, Hawaii, Maine, and Mississippi—have sustained commitment to significant funding for tobacco prevention and cessation.<sup>1</sup>

<sup>1</sup> Significant funding represents 90 percent or more of the minimum recommendation by the Centers for Disease Control and Prevention.



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### **The Master Settlement Agreement:**

In November 1998, 46 states and the tobacco industry settled the states' Medicaid lawsuits for recovery of their tobacco-related health care costs. The industry committed to pay the states approximately \$206 billion over the next 25 years. Four states (Mississippi, Texas, Florida and Minnesota) settled their tobacco lawsuits separately for a total of \$40 billion over 25 years.

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The California Tobacco Control Program was associated with 11,000 fewer cases of lung cancer during its first decade.<sup>15</sup>

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It has been documented that well-funded, sustained and comprehensive tobacco prevention and cessation programs are among the best ways to combat tobacco use. Thousands of illnesses and deaths from tobacco use could be prevented and billions of dollars in medical expenses could be saved if all states made long-term investments in a sustained campaign to prevent tobacco-related disease and death.

A study in the *Journal of Health Economics* found that cigarette sales dropped more than twice as much in states with comprehensive tobacco control programs as in the United States as a whole. The study found that between 1990 and 2000, sales fell an average of 43 percent in four states with large investments—Arizona, California, Massachusetts, and Oregon—compared with only a 20 percent drop for all other states. This study confirms that sustained tobacco control programs have a significant impact on cigarette sales. Further, the impact grows as programs continue to dedicate resources to curbing tobacco use. The study states that programs become more efficient and “make better and better use of each additional dollar” over time.<sup>11</sup>

This study confirms earlier data from California and Massachusetts that shows that an investment in tobacco prevention programs results in dramatic decreases in tobacco use. For example, California's comprehensive approach to smoking prevention and cessation yielded an astounding 14 percent decline in the incidence of lung cancer from 1988 to 1997, accounting for an estimated 11,000 fewer cases of lung cancer.<sup>12</sup> The very successful Massachusetts Tobacco Control Program released a study which showed that from 1999 to 2002 Massachusetts reduced high school smoking by 29.7 percent and middle school smoking by 13 percent.<sup>13</sup> Maryland, also a former leader in funding tobacco prevention programs, saw a steep decline in youth smoking rates between 2000 and 2002. Smoking was reduced by 30.6 percent for middle school students and 23.5 percent among high school students.<sup>14</sup>

Despite evidence that tobacco prevention programs work, they continue to be cut with devastating consequences. In Minnesota, annual funding for tobacco control programs was severely reduced, resulting in the elimination of the successful Target Market™, a media campaign aimed at young people. As a result, the percentage of adolescents susceptible to cigarette smoking increased from 43 percent to 53 percent.<sup>16</sup> Data recently released by the decimated Tobacco Free Massachusetts program indicate that communities which have experienced a dramatic reduction in tobacco control funding have seen an average increase of 74 percent in illegal sales of cigarettes to minors. Data from communities that have completely lost their programs show an even higher increase.<sup>17</sup>

### **2004 Highlights**

Legislators in Arkansas, Delaware, Hawaii, Maine, and Mississippi were able to look beyond their immediate budget situations to see the fiscal wisdom of maintaining at least 90 percent of the CDC's minimum recommended funding level for tobacco control programs. Rather than face worsening budget shortfalls in the future with no programs left to raid, these states will see their health-related costs gradually drop as prevention and cessation programs reduce the prevalence of smoking and tobacco-related disease. In fact, Maine was successful in reducing high school smoking rates by 48 percent in just six years between 1997 and 2003.<sup>18</sup> Tobacco control programs translate into healthier citizens and reduced health care costs down the road.

Unfortunately, 36 states and the District of Columbia received an F for program funding. In 2004, many state legislatures continue to raid their tobacco settlement funds.

### Looking Ahead

States still have the opportunity to live up to the promise made in 1998 through the Master Settlement Agreement by committing funds to tobacco prevention. Tobacco control is a sound investment for the future, one of the surest ways to protect health and decrease health care costs. Funding prevention programs makes both good health sense and good fiscal sense.

### Smokefree Air

Cigarettes don't just harm the people who smoke—they also harm the people around them. Secondhand smoke causes or exacerbates a wide range of adverse health effects. Secondhand smoke contains more than 4,000 chemicals: 200 are poisons; 69 cause cancer.<sup>19</sup> In June 2002, the International Agency for Research on Cancer (IARC) of the World Health Organization concluded that secondhand smoke causes lung cancer and other health problems and classified secondhand smoke as a cancer-causing agent in humans.<sup>20</sup>

Secondhand smoke is especially harmful to young children because they breathe more air than adults and their bodies are still developing. Babies and

People at risk for coronary heart disease should avoid exposure to secondhand smoke.

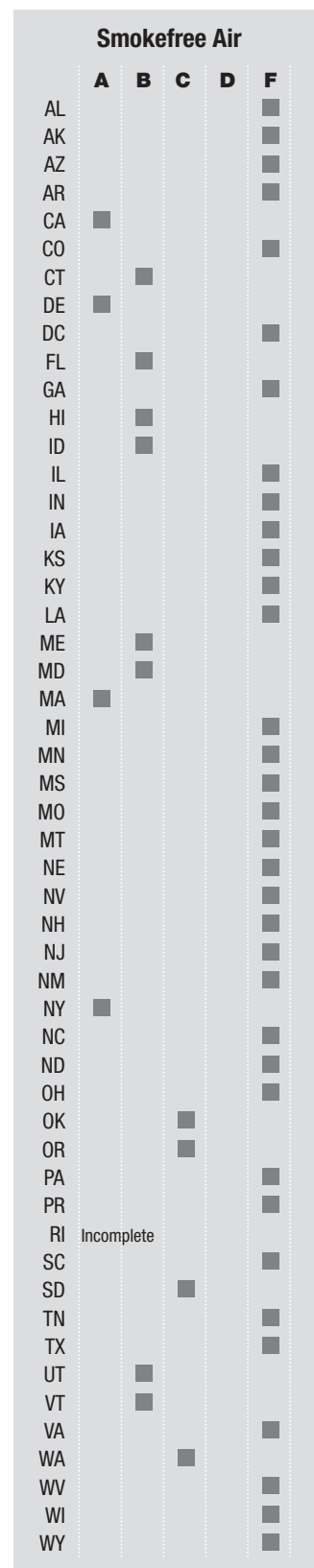
— Centers for Disease Control and Prevention

toddlers are at increased risk—secondhand smoke can contribute to the development of pneumonia, ear infections, bronchitis, coughing, wheezing and increased mucus production in healthy children less than 18 months of age.<sup>21</sup> Children with asthma are especially at risk from exposure to secondhand smoke. The Environmental Protection Agency (EPA) estimated that exposure to secondhand smoke worsens the conditions of between 200,000 and one million children who have asthma.<sup>22</sup> Children who are exposed to sec-

ondhand smoke have on average 1.5 more lost school days per year than children who are not exposed.<sup>23</sup>

In 1997, the California Environmental Protection Agency estimated that secondhand smoke caused approximately 35,000 to 62,000 deaths from heart disease in nonsmokers each year.<sup>24</sup> The danger from heart disease is so severe, that the CDC recently issued a warning to people at risk for coronary heart disease to avoid exposure to secondhand smoke.<sup>25</sup>

The workplace is the primary source of secondhand smoke exposure for adult nonsmokers in the United States.<sup>26</sup> Restaurant workers are at particular risk. Food service workers rank last among the Census Bureau's list of major occupation groups in terms of worksite smoking policy coverage. More than half of the nation's food service workers are at risk from exposure to job-related secondhand smoke. Only 28 percent of waiters and just 13 percent of bartenders work in smokefree workplaces.<sup>27</sup> Levels of secondhand smoke in restaurants are approximately 160 percent to 200 percent higher than in office workplaces. Levels in bars are 400 percent to 600 percent higher than in office workplaces.<sup>28</sup>



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In 2002, heart attacks fell by 40 percent in Helena, MT, after a smokefree air ordinance was enacted.

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According to NCI data, people of color have higher rates of occupational exposure to secondhand smoke. Latinos and Native Americans have the highest rates of occupational exposure to secondhand smoke.<sup>29</sup> High rates of occupational exposure to secondhand smoke stem in part from the fact that people of color are disproportionately employed in food service, laborer and factory jobs that have the highest rate of exposure to secondhand smoke.<sup>30</sup>

Prohibiting smoking in the workplace can have an immediate and dramatic impact on the health of workers and patrons. A study conducted in Helena, MT, found that the number of heart attacks fell by 40 percent during a six-month period in 2002 when the city's comprehensive smokefree air law was in effect.<sup>31,ii</sup>

Comprehensive workplace smoking laws have been effective in not only reducing exposure to secondhand smoke but in increasing the number of people who quit and discouraging kids from starting to smoke. The NCI found that being employed in a workplace where smoking is banned is associated with a reduction in the number of cigarettes smoked per day and an increase in the success rate of smokers who are attempting to quit.<sup>32</sup>

Numerous studies have shown that smokefree air laws have either no effect or a positive effect on the economy. In Florida, a study by the Bureau of Economic and Business Research at the University of Florida found that the statewide smoke-free law, which took effect July 1, 2003, has not hurt sales or employment in the hotel, restaurant and tourism industries.<sup>33</sup> In Delaware, which has the strongest smokefree air law in the nation, business has remained steady. In fact, data from the Delaware Department of Public Health and the Alcohol Beverage Control Commission shows there has been an increase in the number of restaurants and taproom licenses since the smoking ban took effect.<sup>34</sup> In New York City, a study found that its smokefree air law had a positive effect on the economy. Since the smokefree air law took effect, business receipts for restaurants and bars has increased 8.7 percent, employment has risen (2,800 seasonally adjusted jobs), and cotinine levels in non-smoking workers decreased by 85 percent.<sup>35</sup>

### **2004 Highlights**

The trend toward comprehensive smokefree air laws continued to gain momentum in 2004 with Idaho, Massachusetts, and Rhode Island passing laws that protect people from secondhand smoke.

In May 2004, the Massachusetts legislature passed a comprehensive smoke-free air law prohibiting smoking in all workplaces including restaurants and bars. The law was signed by Governor Romney in June 2004 and went into effect on July 5. Rhode Island's smokefree air law covers workplaces, restaurants and most bars and goes into effect March 1, 2005. Idaho's smokefree air law prohibits smoking in most workplaces and restaurants but has an exemption for bars and bowling alleys.

In addition, a number of cities across the country made the decision to go smokefree. Lawrence, KS, Columbus, OH, Lincoln, NE and Minneapolis, MN passed ordinances prohibiting smoking in workplaces. In a major victory for public health, the Kentucky Supreme Court upheld the smokefree air ordinance passed in 2003 in Lexington, KY.

<sup>ii</sup> Helena, MT's smokefree ordinance was in effect June 2002 through December 2002. In December 2002, a city judge in Helena ruled the ordinance unconstitutional because it did not provide for a jury trial upon violation.

Thirty-four states and the District of Columbia received an F for smoke-free air. That translates into millions of Americans still exposed to second-hand smoke in restaurants, workplaces and other public places. The American Lung Association is concerned with the health of all nonsmokers. Everyone has the right to breathe clean, smokefree air in all public places and workplaces.

### Looking Ahead

More and more people around the country are demanding smokefree air in the places where they work, play and socialize. The success of smokefree air laws on both coasts of the United States will help spread these laws throughout the country until communities everywhere are protected from the dangers of secondhand smoke. Already, strong smokefree air laws can be found in large southern and midwestern cities. It will not be long before all citizens enjoy these protections.

### Cigarette Taxes

The potential benefit of raising cigarette taxes is enormous. Higher taxes make cigarettes more expensive, which deters kids from starting to smoke and motivates adults to stop. The revenue from cigarette taxes should be used to fund comprehensive tobacco-prevention programs, which would significantly reduce future health care costs.

States that take positive action now to curb smoking will see their health-related costs gradually decline as prevention and cessation programs reduce tobacco use and tobacco-related disease. The CDC estimates that each pack of cigarettes sold in the United States costs the country \$7.18 in medical care costs and lost productivity.<sup>36</sup>

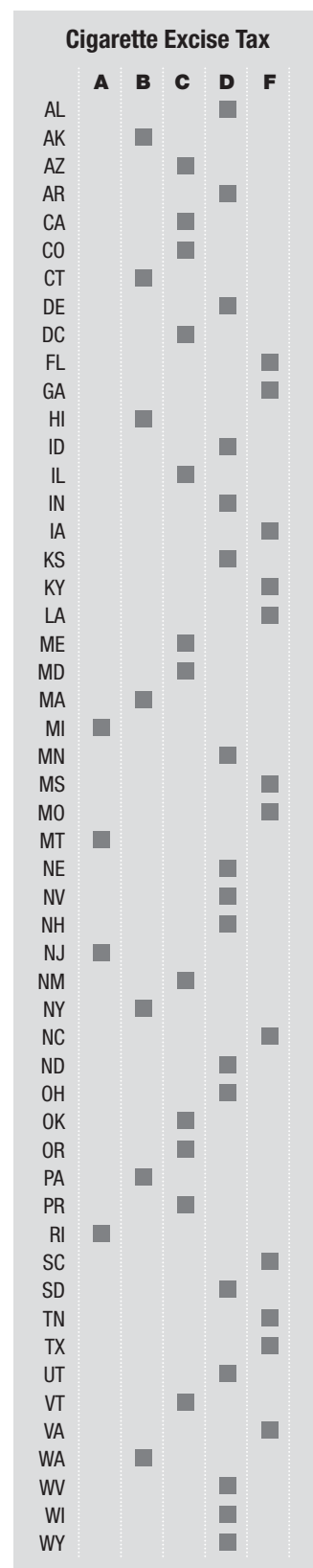
A major increase in the taxes on cigarettes will rapidly and significantly reduce the number of children who start smoking and encourage many adults to quit. For instance, studies have shown that a 10 percent increase in the price of cigarettes reduces consumption by 7 percent for youth and consumption by 4 percent for adults.<sup>iii</sup>

In New York City, a significant increase in the cigarette tax (a combined city and state tax of \$3.00), along with a strong smokefree air law, led to the most

In 2003, 100,000 people quit smoking in New York City.<sup>38</sup>

significant one-year drop in smoking ever recorded. In 2003, 100,000 people in New York City quit smoking, representing an 11 percent decrease in the number of smokers. Fewer New Yorkers are smoking today than at any point in the last 50 years.<sup>37</sup>

Studies also show that minority, younger and lower-income populations are more likely to reduce or quit smoking in response to a price increase.<sup>39</sup> For example in 2003, in New York City, the smoking rate declined by 12 percent among Hispanics; 11 percent among blacks, 10 percent among Asians; and 8 percent among whites.<sup>40</sup>



<sup>iii</sup> There is general consensus among tobacco researchers that every 10 percent increase in the price of cigarettes decreases cigarette consumption by 4 percent in adults and 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.

### Excise Tax Increases in 2004

1. Montana	■	+\$1.00
2. Oklahoma	■	+\$0.80
3. Michigan	■	+\$0.75
4. Rhode Island	■	+\$0.75
5. Colorado	■	+\$0.64
6. Alaska	■	+\$0.60
7. New Jersey	■	+\$0.35
8. Pennsylvania	■	+\$0.35
9. Alabama	■	+\$0.26
10. Virginia	■	+\$0.175
11. Hawaii	■	+\$0.10

In 2002, major cigarette companies spent **\$34 million a day** marketing its deadly products.

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Since the Master Settlement Agreement was announced, the tobacco industry has increase its marketing expenditures by almost 85 percent.<sup>42</sup>

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### 2004 Highlights

Eleven states raised their cigarette taxes in 2004, increasing the average state cigarette tax by \$0.12 to \$0.84 per pack.<sup>iv</sup> Seventeen states, the District of Columbia and Puerto Rico are at a \$1.00 or higher and three states—Michigan, New Jersey, and Rhode Island—are at or over \$2.00 per pack.<sup>v</sup> Voters in three states—Colorado, Montana, and Oklahoma—successfully raised the tobacco tax through ballot measures. Virginia, home of Philip Morris, raised its cigarette excise tax from \$0.025 to \$0.20 per pack, the first increase since 1960.

This report finds that 12 states received an F in cigarette taxes. While a number of states significantly raised their cigarette taxes in 2004, most states still have failed to set cigarette taxes at a high enough level to significantly impact youth smoking.

### Looking Ahead

More and more states are realizing the positive benefits of raising cigarette excise taxes. If the current trend continues, the American Lung Association predicts that half the states will have tobacco taxes of \$1 or more by the end of 2005.

### Youth Access

Tobacco use is a disease of the young. Every day 6,000 children under the age of 18 start smoking for the first time and close to 2,000 of them become established daily smokers.<sup>41</sup>

The earlier a smoker starts, the more likely he or she is to die from tobacco use. Enactment and enforcement of policies to restrict the sale and distribution of tobacco products to minors are effective components of a comprehensive tobacco control program.

Parents, teachers, community leaders and the public agree that minors should not have access to tobacco products. Even the tobacco industry purports to share this view. Nevertheless, that same industry aggressively and consistently fights meaningful efforts to enact and enforce youth access laws at the federal, state and local levels and relentlessly continues to target the nation's youth.

The 2004 Federal Trade Commission report on cigarette sales, advertising and promotion found that the tobacco industry increased its advertising and promotion expenditures to \$12.47 billion in 2002. The largest expenditures were for price discounts to cigarette retailers in order to reduce the price of cigarettes.<sup>43</sup>

Many studies have found that making it as difficult and inconvenient as possible for kids to get their hands on cigarettes reduces the number of youth who smoke. It also reduces the number of cigarettes smoked by those who are regular smokers. About half of all young smokers report they usually buy their cigarettes directly from retailers or vending machines, or by giving money to others to purchase the cigarettes for them. Increasing cigarette prices and minimizing the number of retailers who are willing to illegally sell cigarettes to kids reduces smoking by young people.<sup>44</sup>

<sup>iv</sup> States who passed cigarette tax increases in 2004: Alabama, Alaska, Colorado, Hawaii, Michigan, Montana, New Jersey, Oklahoma, Pennsylvania, Rhode Island and Virginia.

<sup>v</sup> States with cigarette excise taxes over \$1.00: Alaska, Arizona, Connecticut, District of Columbia, Hawaii, Maine, Maryland, Massachusetts, Michigan, Montana, New Jersey, New York, Oklahoma, Oregon, Pennsylvania, Puerto Rico, Rhode Island, Washington, and Vermont.

In recent years, there has been an increase in the number of youth who purchase cigarettes through the Internet. A 2003 study published in the *Journal of the American Medical Association (JAMA)* found that youth have easy access to cigarettes on the Internet because many online vendors don't check ages or don't have an age verification process.<sup>45</sup>

### 2004 Highlights

Seven states received an A in youth access.

In 2004, Oklahoma passed a law prohibiting sales of tobacco products by self-service display, and made changes to other youth access laws governing random, unannounced inspections and graduated penalties to retailers. New Jersey passed a law prohibiting the sale of single cigarettes or cigarettes in packs of less than 20. In addition, Arizona, Hawaii, Illinois, and Kansas passed laws restricting sales of tobacco products over the Internet.

Maine is a good example of a state with strong youth access laws, including prohibiting self-service tobacco displays, requiring a photo ID from anyone who appears to be under the age of 27 and a strong law restricting Internet sales of tobacco products. Maine has a 91 percent compliance rate among retailers for refusing tobacco sales to minors, one of the highest compliance rates in the nation.<sup>46</sup> The state's youth access laws combined with its comprehensive tobacco prevention program, smokefree air laws and \$1.00 cigarette excise tax have contributed to a sharp drop in youth smoking in the state over the past several years.

Delaware's youth access law has been very successful in increasing retailer compliance. Since 1999, the statewide compliance rate has risen from 66 percent to 95 percent, significantly increasing the number of outlets that comply with the prohibition against selling cigarettes to minors.<sup>47</sup>

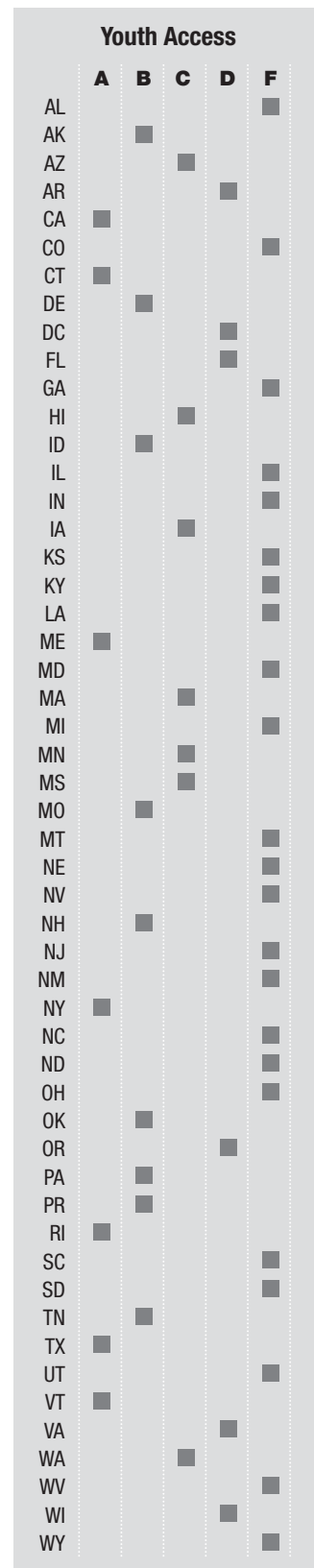
Maine's successful tobacco prevention program has resulted in a 48 percent drop in the rate of smoking by high school students and a 59 percent decrease in middle school smoking rates.

The American Lung Association supports laws prohibiting the free distribution of tobacco products, prohibiting tobacco product vending machines and prohibiting or severely limiting the sale of bidis.<sup>vi</sup> Currently, only Idaho and Rhode Island completely prohibit free distribution of tobacco products, and Massachusetts and Minnesota exempt only single-serving samples in tobacco stores. Idaho and Vermont are the only two states that completely prohibit tobacco product vending machines. Four states—Illinois, North Dakota, Vermont, and West Virginia—prohibit the sale of bidis.

Twenty-three states received an F in youth access. Because youth access is an important component of a comprehensive tobacco policy, these states are missing out on vital strategies to

curb youth smoking. States must do more than just enact strong youth access laws; they must enforce those laws. Enforcement is critical for keeping tobacco products away from children and youth.

<sup>vi</sup> Bidis or beedies are small, flavored, filterless cigarettes made in India that have gained popularity among America's teenagers. They consist of shredded tobacco rolled in dried tendu leaves (a broad-leafed plant native to India) and are secured with string.



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## CONCLUSION

Despite the terrible toll tobacco takes on this country, Congress and the Administration have failed the nation by refusing to establish strong federal tobacco control policy. The continuing failure to regulate tobacco products will result in more young people addicted to tobacco products and more lives lost.

At the state level, there is an ongoing disparity in policy responses to tobacco use and addiction. The report found significant victories in stricter smokefree policies and higher cigarette taxes. However, large parts of the country still have failed to adopt the policies necessary to reduce the devastating toll that tobacco takes on their communities. In addition, within states there are disparities in the tobacco policy coverage of specific racial and ethnic groups. An analysis of municipal tobacco control ordinances in the United States conducted by the Praxis Project found that communities with significant numbers of people of color are less likely to have any municipal tobacco control ordinance in place when compared with communities with fewer people of color.<sup>54</sup>

There is a wide discrepancy in smoking rates, death rates and health care costs across states. Looking at the example of two states—Kentucky with very few tobacco control policies and California with strong tobacco control policies—the difference in health impact is clear. Kentucky's high school smoking rate is 32.7 percent compared with 16 percent in California. The California adult prevalence rate (16.2 percent) is almost half that of Kentucky (30.8 percent). The result: More lives lost due to smoking. In Kentucky, there are 387.1 adult deaths attributable to smoking per 100,000 population. In California, the rate is significantly lower at 261.8.<sup>55</sup>

In measuring success in tobacco control policy, an important gauge will be narrowing the gap between the states with strong policies and those without. All U.S. citizens should benefit from effective tobacco control laws. The successes in 2004 are an excellent road map for other states to follow:

- The smokefree workplace laws in Idaho, Massachusetts, Rhode Island and many local communities will lead to healthier workers and patrons.
- The continued commitment to a comprehensive approach to tobacco prevention and cessation by Arkansas, Delaware, Hawaii, Maine, and Mississippi will have long-term effects on reducing tobacco addiction and related illnesses and deaths.
- The significant increases in tobacco taxes across the states means that fewer children will become addicted to tobacco.

The nation has a new opportunity to make progress in protecting the health of its citizens in 2005. The *American Lung Association State of Tobacco Control 2004* report sets a high—but necessary—bar. The American Lung Association knows that only the toughest tobacco control laws will help us achieve our mission to prevent lung disease and promote lung health. The tragedy of tobacco addiction, and the disability, disease and death it causes, will not be resolved with a half-hearted response consisting of partial measures and weak policy. The magnitude of the problem is alarming—8.6 million people with at least one serious illness caused by smoking; over 440,000 premature deaths each year; an estimated 6,000 children taking their first puff each day and more than one-third becoming daily smokers. This report indicates how much work remains.

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As the American Lung Association enters its second century, it is unwavering in its fight against deaths and illnesses caused by tobacco use. The organization was founded in 1904 to combat tuberculosis, decades before antibiotics made TB a curable disease. With tuberculosis, it was learned that by harnessing political will and using the right tools, a horrible public health scourge can be tamed. The American Lung Association started its campaign against tobacco as one of the first organizations to tell people that smoking can kill - even before the surgeon general did. Its cessation program for adults, Freedom From Smoking<sup>®</sup>, is widely recognized as the gold standard for such programs and is available free of charge online at [www.ffsonline.org](http://www.ffsonline.org). The American Lung Association was among the first to offer an effective teen smoking-cessation program, Not On Tobacco (N-O-T). In 2004, N-O-T became the first tobacco cessation program to be designated an Effective Program by the Substance Abuse and Mental Health Services Administration (SAMHSA). From successfully advocating for smokefree airline flights to stopping Big Tobacco's quest for legal immunity, the American Lung Association also has been a leader in tobacco control advocacy on the national, state and local levels.

In addition, the American Lung Association is in the forefront of the battle against air pollution and its devastating impact on the health of communities. More recently, the American Lung Association has become the leader in responding to the dramatic increase in asthma and chronic obstructive pulmonary disease (COPD). The American Lung Association's commitment to tobacco control is stronger than ever. But there is a crucial difference in this fight: tobacco, unlike tuberculosis or asthma, has a strong lobby supporting it.

*The American Lung Association State of Tobacco Control 2004* is a call to action for national and state elected officials: Meet the challenge and enact strong tobacco control laws so that everyone in the United States can breathe easier.

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<sup>2</sup> Centers for Disease Control and Prevention. Cigarette smoking among adults—United States 2002. *MMWR Morb Mortal Wkly Rep.* 2004;53:427-431.

<sup>3</sup> Shopland DR, Gerlach KK, Burns DM, Hartman AM, Gibson JT. State-specific trends in smoke-free workplace policy coverage: the current population survey tobacco use supplement, 1993 to 1999. *J Occup Environ Med.* 2001;43:680-686.

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<sup>5</sup> Ibid.

<sup>6</sup> Centers for Disease Control and Prevention. Annual smoking-attributable mortality, years of potential life lost, and economic costs—United States, 1995-1999. *MMWR Morb Mortal Wkly Rep.* 2002;51:300-303.

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<sup>9</sup> CDC. Cigarette Smoking Among Adults—U.S. 2002. *MMWR Morb Mortal Wkly Rep.* 2004; 53: 427-431.

<sup>10</sup> Ibid.

<sup>11</sup> Farrelly MC, Pechacek TF, Chaloupka FJ. The impact of tobacco control program expenditures on aggregate cigarette sales: 1981-2000. *J Health Econ.* 2003;22:843-859.

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# Regional Analysis

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*The American Lung Association State of Tobacco Control 2004* report found:

## **Region 1: Maine, Vermont, New Hampshire, Massachusetts, Rhode Island, and Connecticut**

New England leads the country with the strongest smokefree air laws of any region. All New England states, with the exception of New Hampshire and Vermont, have comprehensive smokefree air workplace laws. In 2004, Massachusetts and Rhode Island joined Connecticut and Maine by prohibiting smoking in workplaces, including bars and restaurants.<sup>1</sup> Vermont's smokefree air law prohibits smoking in all public places but has exceptions for private workplaces and bars. Legislation was introduced in Vermont in 2004 to close this loophole—advocates are hopeful that it will pass in 2005. New Hampshire remains the regional outlier with a weak statewide smokefree air law and a low cigarette excise tax. The other New England states all have cigarette excise taxes of \$1.00 or higher, with Rhode Island leading the country at \$2.46 per pack.

*Region 1 average cigarette tax: \$1.37.*

- Massachusetts and Rhode Island enacted comprehensive smokefree air laws banning smoking in all workplaces. Rhode Island's law goes into effect on March 1, 2005.
- Rhode Island, for the fourth year in a row, increased its cigarette tax to the highest in the nation at \$2.46 per pack.
- Maine continues to be one of the few states to fully fund its tobacco prevention and control program at the level recommended by the CDC.

## **Region 2: New York, New Jersey, and Puerto Rico**

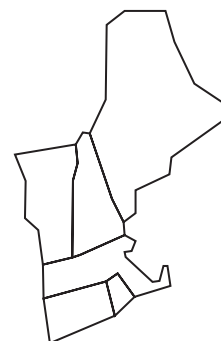
The average cigarette tax in this region is the highest in the country at \$1.71 per pack. New Jersey leads the region at \$2.40 per pack but New York City has the highest combined state and city tax in the country at \$3.00 per pack. In New York City, the benefits of a high tax, smoking cessation programs and a comprehensive smokefree air law led to 100,000 fewer smokers in 2003, representing an 11 percent decline in just one year.<sup>2</sup> Both New Jersey and Puerto Rico are working on following New York's lead and enacting strong smokefree air policies during the next legislative session.

*Region 2 average cigarette tax: \$1.71.*

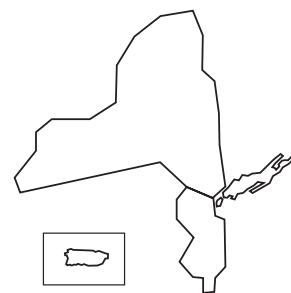
- New Jersey raised its cigarette tax to the second highest in the nation at \$2.40 per pack.
- New York promulgated regulations requiring the sale of fire-safe cigarettes in the state. The law and regulations are the first in the nation.

## **Region 3: Pennsylvania, Delaware, Maryland, District of Columbia, West Virginia, and Virginia**

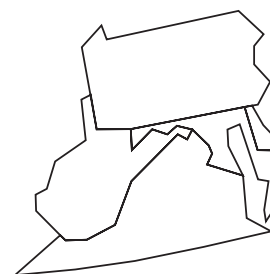
The Mid-Atlantic region is very diverse from a tobacco control perspective. The region has Delaware, with the strongest smokefree air law in the country, in the northern tip and Virginia, home to the headquarters of Philip Morris, in the southern tip. Progress in 2004 was made throughout the region, with



Region 1: Maine, Vermont, New Hampshire, Massachusetts, Rhode Island and Connecticut



Region 2: New York, New Jersey and Puerto Rico



Region 3: Pennsylvania, Delaware, Maryland, District of Columbia, West Virginia and Virginia

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Virginia leading the way with a tobacco tax increase, its first in 44 years. Virginia also levied a tax on the wholesale price of non-cigarette tobacco products. Pennsylvania joined Virginia by raising its tax from \$1.00 to \$1.35 per pack, the highest tax in the region. Delaware led the region in tobacco prevention funding by continuing to fund its program above the minimum level recommended by the CDC.

*Region 3 average cigarette tax: \$0.78.*

- Virginia raised its cigarette tax from \$0.025 to \$0.20 per pack, its first increase since 1960. The tax will go up again in 2005 to \$0.30 per pack. Virginia also levied a tax on the wholesale price of non-cigarette tobacco products.
- Pennsylvania raised its cigarette tax from \$1.00 to \$1.35 per pack.
- Delaware, for the second consecutive year, funded its tobacco prevention program above the minimum level recommended by the CDC.

**Region 4: Kentucky, North Carolina, South Carolina, Georgia, Tennessee, Alabama, Mississippi, and Florida**



Region 4: Kentucky, North Carolina, South Carolina, Georgia, Tennessee, Alabama, Mississippi and Florida

The southern region saw significant tobacco control activity in 2004. Tobacco tax increases and smokefree air policies were debated in legislatures throughout the region. Alabama more than doubled its cigarette excise tax, raising it to \$0.425 per pack. Cigarette tax increases were introduced in Kentucky, North Carolina, South Carolina, Tennessee and Mississippi, but were ultimately defeated. The cigarette tax defeats left this region with the lowest average cigarette tax rate in the country at \$0.21 per pack.

In a historic victory, the Supreme Court of Kentucky ruled to uphold Lexington's smokefree air ordinance prohibiting smoking in all workplaces, including restaurants and bars. Lexington's victory is a harbinger for things to come in this region as more and more communities throughout the South push for strong smokefree public places and workplaces. In fact, the Georgia legislature came very close to passing a strong statewide smokefree air bill. An additional boost to smokefree air efforts was the news from Florida where a study found that Florida's comprehensive smokefree air law that went into effect July 1, 2003 had no negative impact on hotel, restaurant and tourism revenues.

Mississippi, once again, receives the distinction of being one of the few states in the nation, and the only one in this region, to continue to fully fund its tobacco prevention program above the minimum level recommended by the CDC.

*Region 4 average cigarette tax: \$0.21.*

- Alabama raised its cigarette tax from \$0.165 cents to \$0.425 per pack.
- The Kentucky Supreme Court upheld Lexington's smokefree air ordinance.
- Mississippi continued to fully fund its tobacco prevention program at the level recommended by the CDC.

**Region 5: Ohio, Indiana, Michigan, Illinois, Wisconsin, and Minnesota**



Region 5: Ohio, Indiana, Michigan, Illinois, Wisconsin and Minnesota

The Great Lakes region saw few statewide tobacco control policies enacted in 2004. The exceptions were Michigan and Ohio. Michigan greatly increased its cigarette tax to \$2.00 per pack, the highest in the region and the third

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highest in the nation. Ohio bucked the national trend and significantly increased its spending on tobacco prevention and control programs.

Tobacco control advocates were most successful at the local level. Cook County, Illinois increased its tax to \$1.00 per pack, making the combined tax in Chicago the fifth highest tax in the country. In addition, the cities of Wilmette, IL, Columbus, OH, Minneapolis and Bloomington, MN (home of the Mall of America) all passed smokefree air ordinances prohibiting smoking in all workplaces, including restaurants and bars.

Despite evidence that Indiana's model tobacco prevention program reduced high school smoking by 26 percent in the state, the program's funding was not restored.<sup>3</sup> Funding was also not restored to Minnesota's model tobacco prevention program.

*Region 5 average cigarette tax: \$0.89.*

- Michigan raised its cigarette tax from \$1.25 to \$2.00 per pack. The tax on other tobacco products also increased from 20 percent to 32 percent of the wholesale sales price.
- The Ohio Tobacco Use Prevention and Control Foundation increased its tobacco prevention and control funding by more than \$15 million, bringing its spending to more than \$53 million.
- Cook County, IL increased its cigarette tax to \$1.00 per pack and Wilmette, IL passed a smokefree ordinance prohibiting smoking in all workplaces, including restaurants and bars.
- In Ohio the city of Columbus and its suburbs of Powell, Worthington, Bexley, Grandview Heights, and Upper Arlington passed a smokefree ordinance prohibiting smoking in all workplaces, including restaurants and bars.
- Minneapolis and Bloomington, MN passed smokefree ordinances prohibiting smoking in all workplaces including restaurants and bars.

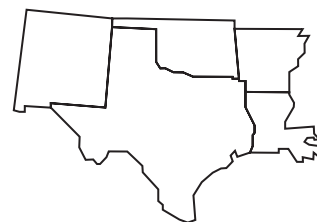
### **Region 6: Texas, Oklahoma, Arkansas, Louisiana, and New Mexico**

The South Central region saw tobacco control gains at the state and local level. In Oklahoma, voters agreed to significantly increase the cigarette excise tax to \$1.03 per pack, the highest in the region. For the third year in a row, Arkansas led the region in tobacco prevention funding by funding at the minimum level recommended by the CDC.

Progress was made at the local level with major cities achieving strong smoke-free policies in Texas and New Mexico. In El Paso, TX, a Centers for Disease Control and Prevention study found that its comprehensive smokefree air law, passed in 2002, had no impact on local bar and restaurant activity. This study added to the mounting evidence that there is no long-term negative impact on restaurant sales or employment from these laws.<sup>4</sup>

*Region 6 average cigarette tax: \$0.66.*

- Oklahoma banned self-service displays of tobacco products.
- Oklahoma voters agreed to dramatically increase the cigarette excise tax to \$1.03 per pack, the highest in the region.
- Arkansas continued to fund its tobacco prevention program at the level

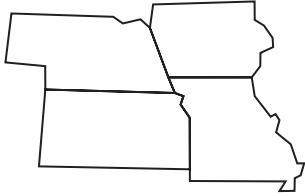


Region 6: Texas, Oklahoma, Arkansas, Louisiana and New Mexico

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recommended by the Centers for Disease Control and Prevention.

- New Mexico requires health insurance plans with maternity benefits to offer minimum coverage for tobacco cessation treatment, including diagnostic services, pharmacotherapy, and cessation counseling.
- New Mexico also now requires clerk-assisted tobacco sales and prohibits self-service displays of tobacco products.



Region 7: Nebraska, Kansas, Iowa and Missouri

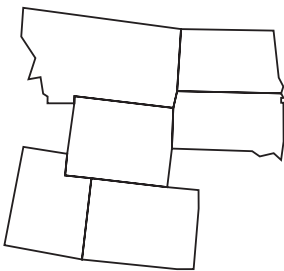
### **Region 7: Nebraska, Kansas, Iowa, and Missouri**

This region continues to struggle in terms of tobacco control policy. The states in the region have failed to provide significant funding toward tobacco prevention programs. At \$0.49 per pack, this region has the second lowest average cigarette tax in the country. However, the tax rates do vary widely by state, with Kansas leading at \$0.79 per pack and Missouri trailing at \$0.17 per pack. Nebraska has stepped up its commitment to tobacco prevention by increasing funding to its program by \$2.5 million per year.

There has been success at the local level in smokefree air policy. Lawrence, KS, home of the University of Kansas, led the way by going completely smokefree in May. Lincoln, NE, followed behind by passing a comprehensive smokefree air law prohibiting smoking in all workplaces. In addition, Nebraska closed a loophole in its state smokefree air law by prohibiting smoking in home child-care programs.

*Region 7 average cigarette tax: \$0.49.*

- Lawrence, KS prohibited smoking in all workplaces.
- Nebraska increased its tobacco prevention program funding by \$2.5 million a year.
- Kansas passed legislation regulating Internet sales of cigarettes.
- Lincoln, NE passed a smokefree air law prohibiting smoking in all workplaces.



Region 8: Montana, North Dakota, South Dakota, Wyoming, Utah and Colorado

### **Region 8: Montana, North Dakota, South Dakota, Wyoming, Utah, and Colorado**

After being frustrated at the state legislative level, states in this region have decided to take tobacco control policy issues directly to the voters. Colorado and Montana both had initiatives raising their cigarette tax on the November 2004 ballot. Colorado raised its cigarette tax to \$0.84 per pack. Montana voters agreed to raise the cigarette tax to \$1.70, making it the highest tax in the region. Utah continues to stand out in this region as the state with the strongest smokefree air law as well as the lowest tobacco use rate.

*Region 8 average cigarette tax: \$0.80.*

- Montana voters agreed to dramatically increase the cigarette tax to \$1.70 per pack, the highest in the region.
- Colorado voters agreed to raise the cigarette tax to \$0.84 per pack.
- Colorado dramatically reduced its funding of tobacco prevention programs from 15 percent of the MSA funds to a paltry 5 percent.

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### **Region 9: California, Nevada, Arizona, and Hawaii**

The states of this region have long been in the forefront of tobacco control issues. The organized grassroots smokefree air movement began in California. As the first state to pass a comprehensive statewide smokefree air law, California remains a leader in innovative tobacco control and smokefree air policy. Arizona had one of the first nationally recognized tobacco prevention programs and Hawaii was the second state in the nation to go to a \$1.00 cigarette excise tax.

Currently, California and Hawaii have the strongest smokefree air policies in the region, prohibiting smoking in most workplaces. For the second consecutive year, Hawaii was able to maintain at least 90 percent of the CDC Best Practices minimum guideline, earning an A for prevention control program funding. The Nevada legislature was not in session in 2004.

*Region 9 average cigarette tax: \$1.06.*

- Hawaii raised its cigarette tax for the third year in row to \$1.40 per pack, the highest tax in the region.
- Hawaii continued to fund tobacco prevention programs close to the minimum level recommended by the CDC.

### **Region 10: Washington, Oregon, Idaho, and Alaska**

The Pacific Northwest region saw two big tobacco control legislative victories in 2004. Idaho passed the strongest smokefree air law in the region, prohibiting smoking in most workplaces. And in Alaska, the Legislature dramatically raised the cigarette tax to \$1.60 per pack, the highest in the region.

Unfortunately, in Oregon the cigarette tax was decreased by \$0.10 to \$1.18 per pack, as a result of a cigarette tax increase that was enacted in 1993 and expired on January 1, 2004.

On the local level, Anchorage, AK increased its municipal cigarette tax by \$1.00 to \$1.30 per pack. This brings the combined state and local cigarette tax in Anchorage to \$2.90 per pack.

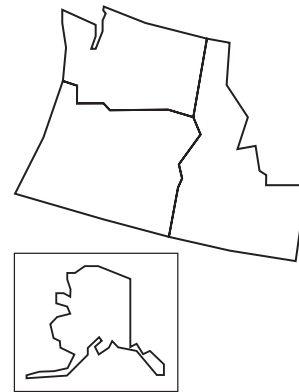
Washington remains the only state in the region to fund its tobacco prevention program close to the level recommended by the CDC.

*Region 10 average cigarette tax: \$1.19.*

- Idaho passed a smokefree air law prohibiting smoking in most workplaces.
- Alaska raised its cigarette tax to \$1.60 per pack, the highest tax in the region.
- Anchorage, the biggest city in Alaska, raised its municipal cigarette tax by \$1.00 to \$1.30 per pack.
- Oregon decreased its cigarette tax by \$0.10 to \$1.18 per pack.



Region 9: California, Nevada, Arizona and Hawaii



Region 10: Washington, Oregon, Idaho and Alaska

<sup>1</sup> Rhode Island's smokefree air legislation is effective March 1, 2005. Exemptions include 50 percent of hotel/motel rooms, retail tobacco stores, smoking bars, and facilities with Class C & D liquor licenses with no more than 10 employees until October 1, 2006.

<sup>2</sup> New York City Department of Health and Mental Hygiene report, it can be found at: <http://www.ci.nyc.ny.us/html/doh/html/public/press04/pr052-0512.html>

<sup>3</sup> *Indiana Youth Tobacco Survey*, Indiana Tobacco Prevention and Cessation, Press Release: Youth Smoking Rates in IN Down 26 Percent. September 2003.

<sup>4</sup> Huang, P., De A.K., McCusker, M.E., Impact of a Smoking Ban on Restaurant and Bar Revenues - El Paso, Texas, 2002, *Morbidity and Mortality Weekly Report (MMWR)* February 2004, 53(07): 150-152.



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# Methodology

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*The American Lung Association State of Tobacco Control 2004* is a report card that evaluates federal and state tobacco control laws comparing them against recognized criteria and translating each state's relative progress into a letter grade of A, B, C, D or F. A grade of A is assigned for excellent tobacco control policies, while an F indicates inadequate policies. The principal reference for all state tobacco laws is American Lung Association's *State Legislated Actions on Tobacco Issues*, on-line database. The American Lung Association has published this compendium of state tobacco laws since 1988.

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## FEDERAL CALCULATION

### Food and Drug Administration Regulation of Tobacco Products

The criteria for strong and effective FDA regulation of tobacco products are based on critical elements of FDA regulation developed by the American Cancer Society, American Heart Association, American Lung Association and Campaign for Tobacco Free Kids.

**FDA Regulation of Tobacco Products:** Target is to establish FDA authority over tobacco products that include the critical elements of strong legislation outlined in the document, "Critical Elements Of Any Legislation To Grant FDA Authority To Regulate Tobacco Products." This document can be found at <http://www.lungusa.org/site/pp.asp?c=dvLUK9O0E&b=238324>.

A = Meets Target

F = Does Not Meet Target

### Cessation

In 2002, the Secretary of Health and Human Services convened a Subcommittee on Cessation of the Interagency Committee on Smoking and Health (ICSH). The secretary charged the 16-member subcommittee with the responsibility of developing a set of bold, science-based steps that the federal government could undertake to dramatically reduce tobacco use rates in the United States. In 2003, the subcommittee issued a National Action Plan for Tobacco Cessation. The cessation criteria are based on some of the quantifiable recommendations for the federal government laid out by the subcommittee.

#### **Federal Cessation Criteria:**

**National Tobacco Quitline Network (5 points):** Target is to establish a federally funded National Tobacco Quitline Network that will provide universal access to evidence-based counseling and medication for tobacco cessation via a nationwide toll-free telephone number portal to state quitlines and grants to states to establish and/or enhance quitline services.

+5 = Meets the recommendation of \$3.2 billion for the National Tobacco Quitline Network. This funds grants to states and a toll-free number that serves as a portal to the appropriate state quitline.

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- +2 = Implements a National Tobacco Quitline Network, consisting of grants to states and a toll-free number that serves as a portal to state quitlines, and provides some funding.
  - +1 = Designs a National Tobacco Quitline Network, consisting of grants to states and a toll-free number that serves as a portal to state quitlines, but provides no funding.
  - 0 = No provision

**National Media Campaign (5 points):** Target is the establishment of an on-going, extensive, paid media campaign to help Americans quit using tobacco.

- +5 = Meets recommendation of \$1 billion in funding for campaign and includes a national media campaign.
- +2 = Implements a national media campaign to help Americans quit and provides some funding.
- +1 = Designs a national media campaign to help Americans quit but provides no funding.
- 0 = No campaign

**Federal Coverage of Cessation Benefits (5 points):** Target is evidence-based counseling and medication for tobacco cessation included in benefits provided to all federal beneficiaries and in all federally funded healthcare programs.

- + 5 = Meets requirement for providing coverage through all federally funded health care programs.
- + 3 = Provides coverage to Medicare and Medicaid beneficiaries; exempts other programs.
- + 1 = Provides coverage to all federal employees.
- 0 = No coverage

**Smokers' Health Fund (5 points):** Target is to establish and fund a Smokers' Health Fund of at least \$14 billion per year. This would be funded by a proposed \$2.00 increase in the federal cigarette excise tax and similar increases in the excise taxes on other tobacco products. Score was based on whether the required excise tax increase was enacted and if the fund has been established to support cessation activities.

- +5 = Meets recommendation of a \$2.00 cigarette tax increase including a proportional increase in the excise tax on other tobacco products. At least 50 percent of the funds from the tax increase are designated to implement the activities delineated in the National Action Plan.
- +2 = Establishes a fund to support cessation activities but does not include a cigarette tax increase
- 0 = No coverage

**Bonus points (2 points):** The National Action Plan for Tobacco Cessation suggested two more federal initiatives fund research into tobacco dependence at \$500 million per year, and invest in training and education of clinicians at \$500 million per year. A bonus point is awarded for implementation of each initiative.

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The cessation grades break down as follows:

- A = 18 to 20
- B = 16 to 17
- C = 14 to 15
- D = 12 to 13
- F = Under 12

### **Federal Cigarette Excise Tax**

The criteria for the federal cigarette excise tax are based on the average state cigarette excise tax. For more information, see State Cigarette Excise Tax section below.

The Excise Tax grades break down as follows:

- A = over \$1.67
- B = \$1.26 to \$1.66
- C = \$0.84 to \$1.25
- D = \$0.42 to \$0.83
- F = \$0.41 and below

### **Framework Convention on Tobacco Control (FCTC)**

The Framework Convention on Tobacco Control is a legal instrument to set standards that countries can adopt to control tobacco use and addiction. A full review of the FCTC and its treaty obligations can be found at [http://www.who.int/tobacco/fctc/text/en/fctc\\_en.pdf](http://www.who.int/tobacco/fctc/text/en/fctc_en.pdf).

**Framework Convention on Tobacco Control:** Target is FCTC ratification by the U.S. Senate.

- A = Ratification by the U.S. Senate.
- B = FCTC approved by the Senate Foreign Relations Committee.
- C = President sends FCTC to Senate for ratification.
- D = President signs FCTC.
- F = No action on FCTC.

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## **STATE CALCULATION**

### **Tobacco Prevention and Control Spending**

In August 1999, the Centers for Disease Control and Prevention published “Best Practices for Comprehensive Tobacco Control Programs.” Based on “best practices” as determined by evidence-based analysis of state tobacco programs, the CDC guidance document recommends that states establish programs that are comprehensive, sustainable and accountable. The CDC recommends a minimum level of funding for state programs in nine categories: Community Programs, Chronic Disease Programs, School Programs, Enforcement, Statewide Programs, Counter-Marketing, Cessation Programs, Surveillance and Evaluation, and Administration and Management. For the tobacco prevention and control spending area, the CDC minimum recommendation for state funding of comprehensive programs served as the denominator in the percentage calculation to obtain each state’s grade. After

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### **Tobacco Prevention and Control Spending Grading**

A = 90 percent or more of the CDC lower estimate  
B = 80 percent to 89 percent  
C = 70 percent to 79 percent  
D = 60 percent to 69 percent  
F = 59 percent or less

obtaining a state's percentage, grades were assigned the following standard grade school system.

A = 90 percent or more of the CDC lower estimate  
B = 80 percent to 89 percent  
C = 70 percent to 79 percent  
D = 60 percent to 69 percent  
F = 59 percent or less

The funding allocation includes funds from the CDC to states for tobacco control programs. Three states are funding their programs above 100 percent of the CDC recommendations: Delaware, Maine and Mississippi. Arkansas and Hawaii are funding programs above 90 percent of the CDC's recommendations.

### **Smokefree Air Laws**

The Smokefree Air Laws grading system is based on the criteria developed by an advisory committee convened by the National Cancer Institute. The criteria were presented in the article, "Application of a rating system to state clean indoor air laws (USA)" (J.F. Chriqui et al, *Tobacco Control*, 2002;11:26-34). This approach provides scoring in nine categories: Government Workplaces, Private Workplaces, Schools, Childcare Facilities, Restaurants, Retail Stores, Recreational/Cultural Facilities, Penalties, and Enforcement. All laws are open to interpretation and our analysis may differ from those of the authors noted in the above study. In addition, there have been significant changes in state laws since the publication of this paper.

The Smokefree Air Laws grades are based on the performance of three states: California, Delaware and New York. These states have perfect scores of 36.<sup>1</sup> Grades were given following the standard grade school system. States receiving scores in the top 10 percent of the standard (90-100 percent) got an A. Those receiving scores that fell between 80-89 percent got a grade of B, between 70-79 percent a C, and between 60-69 percent a D. Those that fell below 60 percent received an F. The grades break down as follows:

### **Smokefree Air Laws Grading**

A = 33 to 36  
B = 29 to 32  
C = 26 to 28  
D = 22 to 25  
F = 21 and below

A = 33 to 36  
B = 29 to 32  
C = 26 to 28  
D = 22 to 25  
F = 21 and below

The exceptions to the grading system:

**Preemption:** State preemption of stricter local ordinances is penalized by a reduction of one letter grade. States with preemption that rate a perfect score of 36 points are not penalized for preemption.

**Local Ordinances:** Comprehensive smokefree air ordinances that include all workplaces (excluding bars) are considered according to the percentage of population covered. States with over 90 percent of their population covered by comprehensive smokefree ordinances will receive an A, over 80 percent a B, over 70 percent a C, over 60 percent a D, and anything under 59 percent will not be considered.<sup>2</sup>

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### **Key to Smokefree Laws Ratings by Category**

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

- 1) **Government Workplaces (4 points):** Target is “government workplaces are 100 percent smokefree, no exemptions.” Score was lowered if restriction depended on type of ventilation and/or location of smoking area. A bonus point (+1) was available if the laws met the target criteria and required the grounds or a specified distance from entries or exits to be smokefree.
- 2) **Private Workplaces (4 points):** Target is “private workplaces are 100 percent smokefree, no exemptions.” Score was lowered if restriction depended on type of ventilation and/or location of smoking area. A bonus point (+1) was available if the laws met the target criteria and required the grounds or a specified distance from entries or exits to be smokefree.
- 3) **Schools (4 points):** Target is “no smoking permitted in schools during school hours or while school activities are being conducted.” Score was lowered if restriction depended on school hours, type of ventilation and/or location of smoking area. A bonus point (+1) was available if the laws met the target criteria and extended the smoking ban to any time in school facilities including buildings, grounds, etc.
- 4) **Childcare facilities (4 points):** Target is “no smoking permitted during operating hours in childcare facilities (explicitly including licensed, home-based facilities).” Score was lowered if restrictions depended on ventilation standards or location of smoking areas or provided exemptions for certain types of facilities.
- 5) **Restaurants (4 points):** Target is “restaurants (explicitly including bar areas of restaurants) are 100 percent smokefree. Score was lowered if restriction depended on type of ventilation and/or location of smoking areas, and exemptions for some restaurants. A bonus point (+1) was available if the laws met the target criteria and extended the ban to bars and taverns, including outdoor seating.
- 6) **Retail Stores (4 points):** Target is “retail stores or retail businesses open to the public are 100 percent smokefree.” Score was lowered if restriction depended on ventilation standards and/or location of smoking area, and if laws only applied to some but not all retail stores or businesses open to the public.
- 7) **Recreational/Cultural Facilities (4 points):** Target is “recreational and cultural facilities are 100 percent smokefree.” Score was lowered if restriction depended on ventilation standards and/or location of smoking area, and if laws only applied to some but not all recreational and/or cultural facilities.
- 8) **Penalties (4 points):** Target is “penalties or fines, applicable to smokers and to proprietors or employers, for any violation of clean indoor air legislation.” Score was lowered if penalties included possibilities for delay, exceptions for either the smokers or the proprietors/employers, or penalties that only applied to some but not all offenses. Intent requirement or affirmative defenses reduced the score by one (1) point. A bonus point (+1) was available if the laws met the target criteria and the penalties or fines were graduated for repeated violations.

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- 9) **Enforcement (4 points):** Target is “designate an enforcement authority for clean indoor air and require sign posting.” Score was lowered if there was no requirement for sign posting, enforcement authority only applied to some sites, or an enforcement authority or sign requirement existed, but not both. A bonus point (+1) was available if the laws met the target criteria and required the enforcement authority to conduct compliance inspections.

### **State Cigarette Excise Tax**

Establishing a basis to grade state cigarette excise taxes begged a question: “What is the appropriate level to tax tobacco to protect public health?” Our review of literature did not determine a magic level for an excise tax. We know that as the price of cigarettes increases, consumption decreases. For each 10 percent price increase, consumption drops 7 percent for youth and 4 percent for adults.<sup>3</sup> So the answer for the cigarette excise tax is simple: The higher the better. Recently, the CDC reported that each pack of cigarettes sold in this country costs the economy \$7.18 in health care and related expenditures.<sup>4</sup>

#### **State Cigarette Excise Tax Grading**

- A = over \$1.67
- B = \$1.26 to \$1.66
- C = \$0.84 to \$1.25
- D = \$0.42 to \$0.83
- F = \$0.41 and under

The average cigarette tax is often seen as an indication of where states are in their cigarette taxing policies. It was decided to have the cigarette tax grades based on the average (mean) of all state taxes as the midpoint, or the lowest C. The average state excise tax is \$0.84. The range of state excise taxes (\$0.03 to \$2.46) is divided into quintiles.

The Excise Tax grades break down as follows:

- A = over \$1.67
- B = \$1.26 to \$1.66
- C = \$0.84 to \$1.25
- D = \$0.42 to \$0.83
- F = \$0.41 and under

This methodology reflects the dynamic nature of cigarette excise taxes and the need to continue to increase taxes to keep up with inflation and decrease consumption. For instance, in 1996 Washington had the highest cigarette tax at \$0.825 cents per pack. As cigarette taxes rise in the future the mean will change and the grades will be adjusted to reflect the new mean.

### **Youth Access Laws**

The Youth Access grading system is based on the criteria developed by an advisory committee convened by the National Cancer Institute. The criteria were presented in the article, “State laws on youth access to tobacco in the United States: Measuring their extensiveness with a new rating system,” Marianne H. Alciati, Marcy Frosh, Sylvan B. Green, Ross C. Brownson, Peter H. Fisher, Robin Hobart, Adele Roman, Russell C. Sciandra and Dana M. Shelton, *Tobacco Control*, 7:345-352 (Winter 1998).

This approach provides scoring in 9 categories: Minimum Age, Packaging, Clerk Intervention, Photographic ID Required, Vending Machines, Free Distribution/Samples, Graduated Penalties, Random Inspections and Statewide Enforcement. All laws are open to interpretation and our analysis may differ from those of the authors noted in the above study. In addition, there have been significant changes in state laws since the publication of this paper.

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The youth access grades are based on the highest state score of 28 (Texas and Delaware). Individual state scores were divided by 28 to arrive at the grades. Grades were given following the standard grade school system. States receiving scores in the top 10 percent of the standard (90-100 percent) got an A. Those receiving scores that fell between 80-89 percent got a grade of B, between 70-79 percent a C, and between 60-69 percent a D. Those that fell below 60 percent received an F. The grades break down as follows:

- A = 26 to 28
- B = 23 to 25
- C = 20 to 22
- D = 17 to 19
- F = 16 and below

The exception to the grading system:

Preemption: State preemption of stricter local ordinances is penalized by a reduction of one letter grade. States with preemption that rate a perfect score of 36 points would not be penalized for preemption.

### **Key to Youth Access Laws Ratings by Category**

For each category, a state without a specific provision receives a score of zero (0).

- 1) **Minimum Age (4 points):** Target is “prohibits the sale or distribution of any tobacco products to persons under 18 years of age through any sales distribution outlet and a warning sign is required at point of purchase with specific penalty for failing to post a sign.” Score is lowered if laws meet the target age but do not require sign-posting, there is no specific penalty for not posting a sign, or both. A bonus point (+1) was available if the laws met the target criteria and exceeded the minimum age requirement of 18 years.
- 2) **Packaging (4 points):** Target is “prohibits all cigarette sales other than in a sealed package conforming to federal labeling requirements.” Score was lowered if minimal exceptions were provided.
- 3) **Clerk Intervention (4 points):** Target is “prohibits access to or purchase of tobacco products without the intervention of a sales clerk.” Score was lowered if the law specified an exception.
- 4) **Photographic ID Required (4 points):** Target is “requires merchants to request photographic identification for people who appear to be under 21 years of age.” Score was lowered if laws required identification but did not meet target age, no age was specified or photo identification was not specified. A bonus point (+1) was available if the laws met the target criteria but required a minimum age of appearance greater than 21 years.
- 5) **Vending Machines (4 points):** Target is “total ban on sale of all tobacco products through vending machines in all locations.” Score was lowered if laws depended on location and/or level of supervision required for vending machine sales.
- 6) **Free Distribution/Samples (4 points):** Target is “total ban on distribution of free tobacco samples, coupons for free samples or rebates.” Score was

### **Youth Access Laws Grading**

- A = 26 to 28
- B = 23 to 25
- C = 20 to 22
- D = 17 to 19
- F = 16 and below

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lowered if ban only applied to certain locations or certain types of samples. A bonus point (+1) was available if the laws met the target criteria and included a specific ban on sampling through the mail.

- 7) **Graduated Penalties (4 points):** Target is “establishes system of graduated penalties or fines applicable to all youth access laws, to be levied within three years, plus possibility of suspension or revocation of a required tobacco retail license for repeated sales to minors.” Score was lowered if penalties did not include possibility of suspension or penalties were not graduated and only applied to certain offenses or penalties could be delayed. An affirmative defense clause or intent requirement received a score of zero (0).
- 8) **Random Inspections (4 points):** Target is “establishes random, unannounced inspections of retailers as part of the enforcement mechanism, using underage buyers for the purpose of identifying violators and does not prohibit other use of minors to test compliance.” Score was lowered if laws required inspections but with limitations. Any laws that included a provision that specifically prohibited the participation of minors in enforcement efforts received a score of zero (0).
- 9) **Statewide Enforcement (4 points):** Target is “establishes a clearly designated statewide enforcement authority for sales.” Score was lowered if laws designated some enforcement authority other than statewide.

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## LIMITATION OF GRADING SYSTEM

### State Tobacco Control Expenditures

We do not evaluate each state’s expenditure in each of the CDC categories nor do we evaluate the efficacy of any element of any state’s program. Therefore, a state may receive a high grade but be significantly underfunding a component or components of a comprehensive program. It also may be true that a state with a low grade is adequately funding a specific component or program in one community. The CDC recommends a *comprehensive* program and simply funding an element of the program will not achieve the needed results. The CDC explicitly calls for programs that are comprehensive, sustainable and accountable. That said, we believe the total funding is a fair basis for grading state programs and a state’s tobacco control funding performance.

<sup>1</sup> California actually received 39 points and New York 37 points because of extra points awarded in certain categories, but the grading system is based on a maximum of 4 points in each of the categories.

<sup>2</sup> Data on local ordinances is provided by Americans for Nonsmokers’ Rights Foundation.

<sup>3</sup> There is general consensus among tobacco researchers that every 10% increase in the price of cigarettes decreases cigarette consumption by 4% in adults and 7% 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.

<sup>4</sup> Centers for Disease Control and Prevention, *Morbidity and Mortality Weekly Report, Annual Smoking-Attributable Mortality, Years of Potential Life Lost, and Economic Costs—United States, 1995-1999* 51(14) April 12, 2002.





**⚡ AMERICAN LUNG ASSOCIATION<sup>®</sup>**  
**State of Tobacco Control: 2004**



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# UNITED STATES

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## Grades:

<b>Food and Drug Administration Regulation of Tobacco</b>	<b>F</b>
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On October 10, 2004 the U.S. Senate passed S. 2974, legislation granting the FDA authority over tobacco products. The House of Representatives adjourned in November 2004 without scheduling a vote on FDA legislation.

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<b>Cessation</b>	<b>F</b>
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Nationwide Quitline: **Minimum**

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National Media Campaign: **None**

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Federal Coverage of Cessation Services: **None**

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Smokers Health Fund: **None**

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<b>Cigarette Tax</b>	<b>F</b>
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Tax Rate per pack of 20: \$0.39

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<b>Framework Convention on Tobacco Control</b>	<b>D</b>
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The United States signed the Framework Convention on Tobacco Control on May 10, 2004 but it has not been sent to the Senate for ratification.

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## Behind the Scenes

This year, Congress had a historic opportunity to move forward with a comprehensive federal tobacco control policy but, unfortunately, failed on all counts to adequately protect public health.

In 2004, strong bipartisan legislation was introduced by Sens. Mike DeWine (R-OH) and Ted Kennedy (D-MA) and Reps. Tom Davis (R-VA) and Henry Waxman (D-CA) to give the Food and Drug Administration (FDA) the authority to regulate the contents and advertising of tobacco products. More than 540 national, state, and local public health organizations endorsed this legislation.

In late July, the FDA legislation—along with a tobacco grower buy-out—was attached to a corporate tax bill, the Foreign Sales Corporation (FSC) bill. This legislation passed the Senate overwhelmingly, 78-15. Although the Senate was resolute in its support of FDA coupled with a tobacco company-paid buy-out, the FDA provision did not prevail. The House of Representatives and Senate conference committee chaired by Rep. Bill Thomas (R-CA) drafted the proposed final bill with the tobacco quota buy-out and without the FDA regulation provision. When the committee met, the House conferees rejected Senate amendments to include FDA authority in the final bill. The conference committee then approved the bill without the FDA authority.

In order to move the tax bill, the Senate voted to pass a stand-alone FDA bill (S 2974), known as the Family Smoking Prevention and Tobacco Control Act, on October 10, 2004. Unfortunately, the leadership of the House of Representatives continues to block consideration of this vital public health legislation despite strong bipartisan support with over 80 cosponsors of the House version (HR 4433). On October 22, 2004, President Bush signed the tax bill, including the \$10 billion tobacco quota buy-out into law.

In 2003 the Subcommittee on Cessation of the Interagency Committee on Smoking and Health (ICSH) issued a National Action Plan for Tobacco Cessation. The National Action Plan contains bold, science-based steps for the federal government to undertake to achieve a dramatic reduction in tobacco use rates in America. The plan proposed a national quitline network, national media campaign, federal coverage of cessation benefits, and a smokers' fund to assist people trying to quit. The plan also called for an increase in the federal cigarette tax to \$2.00 per

pack. The current federal tax is a meager \$0.39 per pack. To date, the only recommendation to be implemented is the national quitline. Unfortunately it is woefully underfunded.

At the international level, the United States failed to move forward on an international tobacco control treaty—the Framework Convention on Tobacco Control (FCTC). In May, the United States signed the FCTC. However, the president has not submitted the treaty to the Senate for ratification and it remains languishing on his desk. Due to the inaction of the United States to ratify the treaty, the United States will not be able to participate in the implementation and the public health benefits of the treaty.

In 2005, the American Lung Association will continue to work for strong FDA regulation of tobacco products. The overwhelming Senate vote in favor of the legislation in 2004 is a powerful indication of the support in Congress for strong legislation. In addition, the American Lung Association will push for implementation of the National Action Plan for Tobacco Cessation and ratification of the FCTC.

### United States Facts

Economic Costs Due to Smoking:	\$157,726,000,000
Adult Prevalence:	22.5%
High School Smoking Rate:	21.9%
Middle School Smoking Rate:	10.1%
Smoking Attributable Deaths per 100,000:	295.5
Smoking Attributable Lung Cancer per 100,000:	90.2

Adult prevalence data is taken from the CDC National Health Interview Survey, 2002. High school rates are taken from the 2003 Youth Risk Behavioral Surveillance System. Middle school rates are taken from the 2002 Youth Tobacco Survey.

Health impacts information for 1999 is taken from the Smoking Attributable Mortality, Morbidity and Economic Costs (SAMMEC) software. Age-adjusted rates were calculated for persons aged 35 years and older and were age-adjusted to the 2000 U.S. population. Health impacts includes direct medical expenditures as well as lost productivity costs.

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

### American Lung Association

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# ALABAMA

## Grades:

<b>Tobacco Prevention and Control Spending</b>	<b>F</b>
------------------------------------------------	----------

FY 2005 Tobacco Prevention and Control Appropriations: \* \$1,599,997

CDC Best Practices Minimum State Spending Requirement: \$26,740,000

\*Includes FY 2004 funding from the Centers for Disease Control and Prevention.

<b>Smokefree Air</b>	<b>F</b>
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### Overview of Smokefree Air Law(s):

Government Workplaces: **Restricts**

Private Workplaces: **Restricts**

Schools: **Restricts**

Childcare Facilities: **Restricts**

Restaurants: **Restricts**

Bars: **No provision**

Retail Stores: **Restricts**

Recreation/Cultural Facilities: **Restricts**

Penalties: **Yes**

Enforcement: **Yes**

Preemption: **No**

Citation: ALA. Code § 22-15A-1 et. seq.

<b>Cigarette Tax</b>	<b>D</b>
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Tax Rate per pack of 20: \$0.425

On April 18, 2004, the cigarette tax was raised from \$0.165 to \$0.425 per pack.

<b>Youth Access</b>	<b>F</b>
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### Overview of Youth Access Law(s):

Minimum Age Requirement: **Yes**

Packaging: Prohibits all cigarette sales other than in a sealed package conforming to federal labeling requirements: **No**

Clerk Intervention: Prohibits access to or purchase of tobacco products without the intervention of a sales clerk: **No**

Photographic Identification: Require merchants to request photographic identification for customers who appear to be under 21 years of age: **No**

Vending Machines: **No provision**

Free Distribution: **No provision**

Graduated penalties or fines on retailers: **Yes**

Establishes random, unannounced inspections: **Yes**

Establishes statewide enforcement agency: **Yes**

Preemption: **No**

Citation: ALA. Code §§ 13a-12-3, 28-11-1 et. seq.

The minimum age to buy tobacco products is nineteen.



The **American Lung Association** recognizes Alabama for more than doubling the cigarette excise tax.



## Behind the Scenes

The American Lung Association of Alabama is proud to have taken a leadership role in the passage of the first tobacco excise tax increase for the state of Alabama since 1984. The tobacco tax of \$0.165 was raised by the state legislature to \$0.425 per pack. This made Alabama's excise tax second highest in the southeast, behind Arkansas. Many efforts in the past had been defeated, but the passage of this tax will help to improve the health of the citizens of Alabama. While working for the passage of this bill, the American Lung Association of Alabama strengthened partnerships throughout the state and formed new ones, and the entire effort was strengthened. This bill prohibits local excise taxes, but the benefits of the increase in the price of cigarettes will be felt throughout the state.

Alabama continues to use tobacco settlement funds in various ways that are positive for state needs, but little is spent to specifically address tobacco issues, treatment, and prevention. These funds are used for such things as children's health insurance, Medicaid, a juvenile protection program and a discretionary fund overseen by the governor. Money from that fund has also been used for incentives to lure new business to Alabama. The Alabama Alcoholic Beverage Control Agency receives separate funding to enforce youth tobacco sales laws, and has been successful in reducing underage sales. The Alabama Department of Public Health, the American Lung Association of Alabama, local tobacco coalitions and Tobacco Free Alabama continue to work in partnership with businesses, universities, and other concerned entities to provide necessary information concerning prevention, cessation, and policy issues. Funding for existing prevention programs comes into the state through federal and private agencies such as mini-grants to local organizations.

Alabama continued to make progress in providing clean indoor air in 2004. The first statewide clean indoor air bill passed in 2003. Since then, municipalities throughout the state are working on local ordinances to strengthen this basic legislation. Prattville and Enterprise are two cities that passed good ordinances to protect not only customers in the restaurants but also restaurant workers. Many other municipalities are working to accomplish this much needed change in their cities.

Progress in tobacco issues is being made, but a long-range plan for facilitating major change in all levels of tobacco control at public and legislative and personal levels is a necessary part of effecting lasting and positive changes. The American Lung Association of Alabama is working to be a leading change agent at all levels of decisionmaking.

### Alabama State Facts

Economic Costs Due to Smoking:	\$2,947,000,000
Adult Prevalence:	25.3%
High School Smoking Rate:	24.7%
Middle School Smoking Rate:	15.6%
Smoking Attributable Deaths per 100,000:	326.6
Smoking Attributable Lung Cancer per 100,000:	101.3

Adult prevalence data is taken from the CDC Behavioral Risk Factor Surveillance System, 2003. High school rates are taken from the 2003 Youth Risk Behavioral Surveillance System. Middle school rates are taken from the 2002 Youth Tobacco Survey.

Health impacts information for 1999 is taken from the Smoking Attributable Mortality, Morbidity and Economic Costs (SAMMEC) software. Age-adjusted rates were calculated for persons aged 35 years and older and were age-adjusted to the 2000 U.S. population. The economic costs information includes direct medical expenditures as well as lost productivity costs.

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

### American Lung Association of Alabama

3125 Independence Drive, Suite 325  
Birmingham, AL 35209  
(205) 933-8821  
[www.lungusa.org/alabama](http://www.lungusa.org/alabama)

# ALASKA

## Grades:

<b>Tobacco Prevention and Control Spending</b>	<b>D</b>
------------------------------------------------	----------

FY 2005 Tobacco Prevention and Control Appropriations:\* \$5,268,712

CDC Best Practices Minimum State Spending Requirement: \$8,090,000

\*Includes FY 2004 funding from the Centers for Disease Control and Prevention.

<b>Smokefree Air</b>	<b>F</b>
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### Overview of Smokefree Air Law(s):

Government Workplaces: **Restricts**

Private Workplaces: **Restricts**

Schools: **Bans**

Childcare Facilities: **Bans**

Restaurants: **Restricts**

Bars: **No provision**

Retail Stores: **Restricts**

Recreation/Cultural Facilities: **Restricts**

Penalties: **Yes**

Enforcement: **Yes**

Preemption: **No**

Citation: AK STAT. § 18.35.300 et seq.

The Smokefree Air grade only examines state tobacco control law and does not reflect local smokefree ordinances. Alaska has made great strides in protecting people from secondhand smoke by passing strong local smokefree ordinances.

<b>Cigarette Tax</b>	<b>B</b>
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Tax Rate per pack of 20: \$1.600

On January 1, 2005, the cigarette tax was raised from \$1.00 to \$1.60 per pack.

<b>Youth Access</b>	<b>B</b>
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### Overview of Youth Access Law(s):

Minimum Age Requirement: **Yes**

Packaging: Prohibits all cigarette sales other than in a sealed package conforming to federal labeling requirements: **Yes**

Clerk Intervention: Prohibits access to or purchase of tobacco products without the intervention of a sales clerk: **Yes**

Photographic Identification: Require merchants to request photographic identification for customers who appear to be under 21 years of age: **No**

Vending Machines: **Restricts**

Free Distribution: **No provision**

Graduated penalties or fines on retailers: **Yes**

Establishes random, unannounced inspections: **Yes**

Establishes statewide enforcement agency: **Yes**

Preemption: **No**

Citation: AK STAT. § 11.76.100 et seq. & 43.70.075

The minimum age to buy tobacco products is nineteen.



The **American Lung Association** recognizes Alaska for significantly raising its cigarette excise tax.



## Behind the Scenes

The American Lung Association of Alaska has been a leader in bringing about tobacco control policy change for a healthier Alaska. Through its partnerships with local and statewide coalitions, amazing progress has been made, resulting in saved lives and reduced health care costs. Youth smoking is down, tobacco taxes are up, and clean indoor air policies are protecting workers and customers all across the state.

During the 2004 session, the Alaska Legislature passed legislation to increase Alaska's cigarette tax to \$1.60 per pack in 2005; with two 20-cent increases in later years. The successful passage of this legislation makes Alaska's cigarette tax the fifth highest in the nation.

One measure of Alaska's success is reflected in trends in youth smoking. Alaska's 2003 Youth Risk Behavior Survey revealed an incredible 50 percent reduction in high school smoking rates between 1995 and 2003, from 37 percent to 19 percent. The success is due to comprehensive and sustained efforts that have been building over many years. One piece of those efforts was the 1997 tobacco tax increase from \$0.29 to \$1.00.

The American Lung Association of Alaska, along with its partners the American Heart Association, the American Cancer Society, and the Alaska Native Health Board, realizes that while there is a great deal to be proud of regarding progress to date, the fight is far from over. Tobacco product marketing and advertising has surged in the past several years and much work remains. The American Lung Association of Alaska is committed to the cause of tobacco control to achieve a world free from tobacco-caused disease and death for all Alaskans.

## Alaska State Facts

Economic Costs Due to Smoking:	\$261,000,000
Adult Prevalence:	26.2%
High School Smoking Rate:	19.2%
Middle School Smoking Rate:	NA*
Smoking Attributable Deaths per 100,000:	289.6
Smoking Attributable Lung Cancer per 100,000:	88.5

\*Data are not collected by the State.

Adult prevalence data is taken from the CDC Behavioral Risk Factor Surveillance System, 2003. High school rates are taken from the 2003 Youth Risk Behavioral Surveillance System. Middle school rates are not collected by the State.

Health impacts information for 1999 is taken from the Smoking Attributable Mortality, Morbidity and Economic Costs (SAMMEC) software. Age-adjusted rates were calculated for persons aged 35 years and older and were age-adjusted to the 2000 U.S. population. The economic costs information includes direct medical expenditures as well as lost productivity costs.

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

### American Lung Association of Alaska

500 West International Airport Road, Suite A  
Anchorage, AK 99518-1105

(907) 276-5864

[www.aklung.org](http://www.aklung.org)

# ARIZONA

## Grades:

<b>Tobacco Prevention and Control Spending</b>	<b>B</b>
------------------------------------------------	----------

FY 2005 Tobacco Prevention and Control Appropriations:\* \$23,307,731

CDC Best Practices Minimum State Spending Requirement: \$27,790,000

\*Includes FY 2004 funding from the Centers for Disease Control and Prevention.

<b>Smokefree Air</b>	<b>F</b>
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### Overview of Smokefree Air Law(s):

Government Workplaces: **Restricts**

Private Workplaces: **No provision**

Schools: **Bans**

Childcare Facilities: **No provision**

Restaurants: **No provision**

Bars: **No provision**

Retail Stores: **No provision**

Recreation/Cultural Facilities: **Restricts**

Penalties: **Yes**

Enforcement: **Yes**

Preemption: **No**

Citation: AZ REV. STAT. ANN. § 36-601.01 & 36-798.03

The Smokefree Air grade only examines state tobacco control law and does not reflect local smokefree ordinances. Arizona has made great strides at protecting people from secondhand smoke by passing strong local smokefree ordinances.

<b>Cigarette Tax</b>	<b>C</b>
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Tax Rate per pack of 20: \$1.180

<b>Youth Access</b>	<b>C</b>
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### Overview of Youth Access Law(s):

Minimum Age Requirement: **Yes**

Packaging: Prohibits all cigarette sales other than in a sealed package conforming to federal labeling requirements: **Yes**

Clerk Intervention: Prohibits access to or purchase of tobacco products without the intervention of a sales clerk: **No**

Photographic Identification: Require merchants to request photographic identification for customers who appear to be under 21 years of age: **Yes**

Vending Machines: **Restricts**

Free Distribution: **No provision**

Graduated penalties or fines on retailers: **No provision**

Establishes random, unannounced inspections: **Yes**

Establishes statewide enforcement agency: **Yes**

Preemption: **No**

Citation: AZ REV. STAT. ANN. § 13-3622 & 36-798.02 et seq. & 42-1203



The **American Lung Association** recognizes Arizona for continuing to fund its comprehensive tobacco prevention program.



## Behind the Scenes

The American Lung Association of Arizona/New Mexico continues a strong presence in the development and implementation of a comprehensive tobacco control public policy effort. Whether it is advocating for strong tobacco cessation and prevention programs, comprehensive clean indoor air ordinances, or limiting the ability of children to purchase tobacco products via the Internet, the American Lung Association remains committed to preventing lung disease and promoting lung health through our public policy agenda.

The big news for Arizona in 2004 was the launch of the Smoke-Free Arizona campaign. On July 21, 2004, the American Lung Association, in cooperation with the American Cancer Society and American Heart Association, launched an exploratory campaign for a statewide voter initiative in Arizona to prohibit smoking in all enclosed public places and workplaces. Arizona voters would have an opportunity to vote on this initiative in November 2006.

A poll commissioned by these 3 organizations showed that 75 percent of Arizona voters support a law that would prohibit smoking in all enclosed workplaces in Arizona. Support for the proposed ban on smoking in enclosed workplaces cuts across every major demographic group within the Arizona electorate. Armed with this information, the association has begun the work to build a winning campaign.

The Smoke-Free Arizona campaign had its roots in the 2004 Arizona legislative session when Rep. Linda Lopez (D-Tucson) proposed a bill that would prohibit smoking in all enclosed workplaces throughout the state. Unfortunately, the bill did not see the light of day in the legislature. This solidified the American Lung Association's decision to take the issue to the voters in 2006.

Also during the 2004 legislative session, the American Lung Association was instrumental in passing SB1353. This law restricted Internet sales of tobacco products, helping to keep our children away from this deadly product. In addition, the association supported an effort by the Arizona Department of Revenue to allocate \$1 million to hire additional personnel to strengthen the department's enforcement of the tobacco excise tax.

Also during the past year, the Arizona State Legislature officially established the Tobacco Revenue, Use, Spending and Tracking Commission

(TRUST) and appointed 8 members, including the President and CEO of the American Lung Association of Arizona. The TRUST Commission serves as an advisory board for both the Tobacco Education and Prevention Program (TEPP) and the new Chronic Disease Fund. Its purpose is to improve the health of Arizonans, by making recommendations to the Director of the Department of Health Services and monitoring the development of programs and policy changes which lead to effective tobacco and chronic disease outcomes in the state.

For the future, the American Lung Association will be the driving force behind the Smoke-Free Arizona campaign. Our focus will be to raise the necessary funds to successfully pass this voter initiative in November 2006. Those interested in supporting the effort should logon to [www.smokefreearizona.org](http://www.smokefreearizona.org) and register their support.

### Arizona State Facts

Economic Costs Due to Smoking:	\$2,314,000,000
Adult Prevalence:	20.8%
High School Smoking Rate:	20.9%
Middle School Smoking Rate:	11.4%
Smoking Attributable Deaths per 100,000:	283.5
Smoking Attributable Lung Cancer per 100,000:	81.2

Adult prevalence data is taken from the CDC Behavioral Risk Factor Surveillance System, 2003. High school rates are taken from the 2003 Youth Risk Behavioral Surveillance System. Middle school rates are taken from the 2000 Youth Tobacco Survey.

Health impacts information for 1999 is taken from the Smoking Attributable Mortality, Morbidity and Economic Costs (SAMMEC) software. Age-adjusted rates were calculated for persons aged 35 years and older and were age-adjusted to the 2000 U.S. population. The economic costs information includes direct medical expenditures as well as lost productivity costs.

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

### American Lung Association of Arizona/ New Mexico

102 West McDowell Road  
Phoenix, AZ 85003-1299  
(602) 258-7505

[www.lungusa.org/arizonanewmexico](http://www.lungusa.org/arizonanewmexico)

# ARKANSAS

## Grades:

<b>Tobacco Prevention and Control Spending</b>	<b>A</b>
------------------------------------------------	----------

FY 2005 Tobacco Prevention and Control Appropriations:\* \$18,780,689

CDC Best Practices Minimum State Spending Requirement: \$17,910,000

\*Includes FY 2004 funding from the Centers for Disease Control and Prevention.

<b>Smokefree Air</b>	<b>F</b>
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### Overview of Smokefree Air Law(s):

Government Workplaces: **No provision (except bans in State Capitol Building)**

Private Workplaces: **No provision**

Schools: **Bans**

Childcare Facilities: **Bans**

Restaurants: **No provision**

Bars: **No provision**

Retail Stores: **No provision**

Recreation/Cultural Facilities: **No**

Penalties: **Yes**

Enforcement: **No**

Preemption: **No**

Citation: AR CODE ANN. § 20-27-701 et seq. & 22-3-220 & 25-1-102 & 6-21-609 & 20-78-217

<b>Cigarette Tax</b>	<b>D</b>
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Tax Rate per pack of 20: \$0.590

<b>Youth Access</b>	<b>D</b>
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### Overview of Youth Access Law(s):

Minimum Age Requirement: **Yes**

Packaging: Prohibits all cigarette sales other than in a sealed package conforming to federal labeling requirements: **No**

Clerk Intervention: Prohibits access to or purchase of tobacco products without the intervention of a sales clerk: **No**

Photographic Identification: Require merchants to request photographic identification for customers who appear to be under 21 years of age: **Yes**

Vending Machines: **Restricts**

Free Distribution: **Restricts**

Graduated penalties or fines on retailers: **Yes**

Establishes random, unannounced inspections: **No**

Establishes statewide enforcement agency: **Yes**

Preemption: **No**

Citation: AR CODE ANN. § 5-27-227 & 26-57-214 et seq.



The **American Lung Association** recognizes Arkansas for continuing to fund its comprehensive tobacco prevention program.



## Behind the Scenes

The American Lung Association of Arkansas, through a statewide tobacco-free coalition, works to educate the public about the dangers of tobacco use, and advocates for tobacco control policy change in Arkansas at the state and local level. This work includes continuing to fund its comprehensive tobacco control program at the minimum level recommended by the Centers for Disease Control and Prevention (CDC), enacting future tobacco tax increases to help deter youth smoking, and significantly strengthening Arkansas's statewide smokefree air law.

Arkansas was one of the few states to codify spending Master Settlement Agreement funds for tobacco control and other health programs, and is one of only four states that funds its tobacco control and prevention program at or above the minimum level recommended by the CDC. Although there was no 2004 legislative session, the FY 2004 and FY 2005 biennial budget, passed during the 2003 legislative session, funded the tobacco control and prevention program for FY 2005 at about \$17.6 million. Arkansas can look forward to a drop in its smoking prevalence rates, as well as public health expenditures, as a result of this program.

Although any improvements to statewide clean indoor air laws will have to wait until the 2005 legislative session, some positive action has been occurring at the local level on smokefree air. Fayetteville became the first city in Arkansas to prohibit smoking in restaurants when an ordinance passed by the city council survived a referendum vote in February 2004. This is a major victory for tobacco control at the local level in Arkansas, and has spurred proposals in several other Arkansas cities.

In 2005, the American Lung Association of Arkansas will continue to push for a stronger statewide smoke-free air law as well as support strong local clean indoor air ordinances in other cities throughout Arkansas. The American Lung Association will also work to ensure that funding for tobacco control and prevention continues to be dedicated as directed by the voter passed Initiated Act 1 and continues to meet the minimum funding level recommended by the CDC.

## Arkansas State Facts

Economic Costs Due to Smoking:	\$1,756,000,000
Adult Prevalence:	24.8%
High School Smoking Rate:	34.7%
Middle School Smoking Rate:	15.8%
Smoking Attributable Deaths per 100,000:	343.3
Smoking Attributable Lung Cancer per 100,000:	113.2

Adult prevalence data is taken from the CDC Behavioral Risk Factor Surveillance System, 2003. High school rates are taken from the 2001 Youth Risk Behavioral Surveillance System. Middle school rates are taken from the 2000 Youth Tobacco Survey.

Health impacts information for 1999 is taken from the Smoking Attributable Mortality, Morbidity and Economic Costs (SAMMEC) software. Age-adjusted rates were calculated for persons aged 35 years and older and were age-adjusted to the 2000 U.S. population. The economic costs information includes direct medical expenditures as well as lost productivity costs.

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

### American Lung Association of Arkansas

211 Natural Resources Drive  
 Little Rock, AR 72205-1539  
 (501) 224-5864  
[www.lungusa.org/arkansas](http://www.lungusa.org/arkansas)

# CALIFORNIA

## Grades:

<b>Tobacco Prevention and Control Spending</b>	<b>F</b>
------------------------------------------------	----------

FY 2005 Tobacco Prevention and Control Appropriations:\* \$90,135,711

CDC Best Practices Minimum State Spending Requirement: \$165,100,000

\*Includes FY 2004 funding from the Centers for Disease Control and Prevention.

<b>Smokefree Air</b>	<b>A</b>
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### Overview of Smokefree Air Law(s):

Government Workplaces: **Bans**

Private Workplaces: **Bans**

Schools: **Bans**

Childcare Facilities: **Bans**

Restaurants: **Bans**

Bars: **Bans**

Retail Stores: **Bans**

Recreation/Cultural Facilities: **Bans**

Penalties: **Yes**

Enforcement: **Yes**

Preemption: **No**

Citation: CA LABOR CODE § 6404.5 & 19994.30 et seq. & 48900 et seq. & 104420 & 1596.795

<b>Cigarette Tax</b>	<b>C</b>
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Tax Rate per pack of 20: \$0.870

<b>Youth Access</b>	<b>A</b>
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### Overview of Youth Access Law(s):

Minimum Age Requirement: **Yes**

Packaging: Prohibits all cigarette sales other than in a sealed package conforming to federal labeling requirements: **Yes**

Clerk Intervention: Prohibits access to or purchase of tobacco products without the intervention of a sales clerk: **Yes**

Photographic Identification: Require merchants to request photographic identification for customers who appear to be under 21 years of age: **Yes**

Vending Machines: **Restricts**

Free Distribution: **Restricts**

Graduated penalties or fines on retailers: **Yes**

Establishes random, unannounced inspections: **Yes**

Establishes statewide enforcement agency: **Yes**

Preemption: **Limited**

Citation: CA BUS. & PROF.CODE § 22950 et seq. and CA HEALTH & SAFETY CODE § 216 & 25967 and CA PENAL CODE § 308 et seq.



## Behind the Scenes

The American Lung Association of California is actively involved in sponsoring legislation and supporting local and statewide tobacco control programs throughout California. The American Lung Association of California was awarded a new, \$1.5 million three-year grant to continue funding the association's Center for Tobacco Policy and Organizing (please visit [www.californialung.org/the-center](http://www.californialung.org/the-center)). The Center is funded by the state's tobacco tax and is designed to serve as the state's policy arm of the tobacco control movement as well as engage and support local tobacco control policy advocacy and organizing campaigns.

During the 2004 legislative session, the American Lung Association of California was actively involved in four key legislative efforts to advance tobacco control, including legislation to enact a fee on those tobacco manufacturers that did not sign the 1998 Master Settlement Agreement; legislation to create a statewide tobacco licensing law that included tough sanctions on retailers for selling tobacco to minors; legislation that extends California's restrictions on self-service tobacco displays to include non-cigarette tobacco products; and, legislation to prohibit smoking in vehicles when young children are present. The only bill that passed the legislature and became law prohibits self-service displays and sales of non-cigarette tobacco products.

The battle to restrict smoking in vehicles with young children attracted the most attention of the tobacco industry during the 2004 legislative session. In a May 2004 statewide survey of 1,003 California adults (age 18 and over) conducted by the Field Research Corporation on behalf of the American Lung Association of California, 65 percent of those surveyed indicated support for a law that would prohibit smoking in a vehicle in the presence of a young child. With public opinion polling showing overwhelming support for protecting kids in cars from secondhand smoke, it is no wonder that Philip Morris made killing this legislation a top priority.

The same Field Research Corporation poll also showed 60 percent favored passing laws to prohibit smoking on public beaches in California. Several cities have passed local ordinances prohibiting smoking on beaches, including Huntington Beach, Los Angeles, Malibu, San Clemente, Santa Monica and Solana Beach, the first city in California to pass a smokefree beach policy.

Protecting people living in multi-unit housing from drifting secondhand smoke is becoming a growing concern and the American Lung Association of California and other organizations are developing strategies to address this important public health issue. California renters want no-smoking sections and smokefree common areas in their apartment complexes according to results from a statewide survey commissioned by the American Lung Association of California's Center for Tobacco Policy and Organizing.

The American Lung Association of California will continue to work with its tobacco control partners to advance policy and carry out programs to reduce smoking and tobacco use in California. Promoting tobacco retailer licensing, smokefree beaches, smokefree policies in multi-unit housing, restrictions on smoking in vehicles, and ensuring the proper expenditure of California's important tobacco tax-funded programs will remain priorities.

### California State Facts

Economic Costs Due to Smoking:	\$14,652,000,000
Adult Prevalence:	16.2%
High School Smoking Rate:	16.0%
Middle School Smoking Rate:	4.4%
Smoking Attributable Deaths per 100,000:	261.8
Smoking Attributable Lung Cancer per 100,000:	74.1

Adult prevalence data is taken from the CDC Behavioral Risk Factor Surveillance System, 2003 and CA Adult Tobacco Survey, 2003 (combined). 2002 High school (10th to 12th grade) and middle school (6th to 9th grade) rates are taken from the California Student Tobacco Survey.

Health impacts information for 1999 is taken from the Smoking Attributable Mortality, Morbidity and Economic Costs (SAMMEC) software. Age-adjusted rates were calculated for persons aged 35 years and older and were age-adjusted to the 2000 U.S. population. The economic costs information includes direct medical expenditures as well as lost productivity costs.

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

### American Lung Association of California

424 Pendleton Way  
Oakland, CA 94621-2189  
(510) 638-5864  
[www.californialung.org](http://www.californialung.org)

**C O L O R A D O****Grades:****Tobacco Prevention and Control Spending****F**

FY 2005 Tobacco Prevention and Control Appropriations:\* \$5,663,937

CDC Best Practices Minimum State Spending Requirement: \$24,550,000

\*Includes FY 2004 funding from the Centers for Disease Control and Prevention.

**Smokefree Air****F****Overview of Smokefree Air Law(s):**

Government Workplaces: **Restricts**

Private Workplaces: **No provision**

Schools: **Bans**

Childcare Facilities: **Bans**

Restaurants: **No provision**

Bars: **No provision**

Retail Stores: **No provision**

Recreation/Cultural Facilities: **Restricts**

Penalties: **No**

Enforcement: **Yes**

Preemption: **No**

Citation: CO REV. STAT. ANN. § 25-14-101 et seq.

**Cigarette Tax****C**

Tax Rate per pack of 20: \$0.840

On January 1, 2005 the cigarette tax increased from \$0.20 to \$0.84 per pack.

**Youth Access****F****Overview of Youth Access Law(s):**

Minimum Age Requirement: **Yes**

Packaging: Prohibits all cigarette sales other than in a sealed package conforming to federal labeling requirements: **Yes**

Clerk Intervention: Prohibits access to or purchase of tobacco products without the intervention of a sales clerk: **No**

Photographic Identification: Require merchants to request photographic identification for customers who appear to be under 21 years of age: **No**

Vending Machines: **Restricts**

Free Distribution: **No provision**

Graduated penalties or fines on retailers: **Yes**

Establishes random, unannounced inspections: **Yes**

Establishes statewide enforcement agency: **Yes**

Preemption: **No**

Citation: CO REV. STAT. ANN. § 24-35-503 et seq. & 18-13-121 & 30-15-401



The **American Lung Association** recognizes Colorado for more than quadrupling its cigarette excise tax.

## Behind the Scenes

For the first time ever, Colorado's adult smoking rate has dropped below 20 percent, reflecting a 22% decrease in the past 10 years.

In 2003-2004, the number of Colorado communities protecting their workers and residents from the harmful effects of secondhand smoke increased dramatically to include Breckenridge, Broomfield, Dillon, Frisco, Greeley, Longmont, Silverthorne, and Summit County. Six of these ordinances were 100 percent comprehensive, including protection for bar and restaurant employees. In addition, Pueblo voters defeated two challenges to its 100 percent smokefree ordinance passed in December of 2002.

This progress was not echoed on the state level, however, as a resolution to make Colorado's Capitol smoke-free was defeated in committee for the third year in a row.

Tobacco settlement funding for prevention and education programs in Colorado—originally allocated at 15 percent—was permanently reduced to 5 percent. For 2003-04, tobacco prevention and cessation received \$3.8 million, while tobacco research was entirely eliminated. This brought Colorado's spending on tobacco programs down to 85 percent below the Centers for Disease Control's recommended minimum level.

With some of the cheapest cigarettes in the country, Colorado formed a coalition—the Citizens for a Healthier Colorado—and began a successful campaign to raise the tobacco tax. In November 61 percent of Coloradans supported an amendment raising the cigarette tax from \$0.20 to \$0.84 per pack. All funds from the tax will be designated for health programs including tobacco prevention and cessation.

## Colorado State Facts

Economic Costs Due to Smoking:	\$1,882,000,000
Adult Prevalence:	18.6%
High School Smoking Rate:	25.4%
Middle School Smoking Rate:	8.8%
Smoking Attributable Deaths per 100,000:	248.1
Smoking Attributable Lung Cancer per 100,000:	62.0

Adult prevalence data is taken from the CDC Behavioral Risk Factor Surveillance System, 2003. High school and middle school rates are taken from the 2000 Youth Tobacco Survey.

Health impacts information for 1999 is taken from the Smoking Attributable Mortality, Morbidity and Economic Costs (SAMMEC) software. Age-adjusted rates were calculated for persons aged 35 years and older and were age-adjusted to the 2000 U.S. population. The economic costs information includes direct medical expenditures as well as lost productivity costs.

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

### American Lung Association of Colorado

1600 Race Street  
 Denver, CO 80206-1198  
 (303) 388-4327  
[www.alacolo.org](http://www.alacolo.org)

# CONNECTICUT

## Grades:

<b>Tobacco Prevention and Control Spending</b>	<b>F</b>
------------------------------------------------	----------

FY 2005 Tobacco Prevention and Control Appropriations:\* \$1,493,911

CDC Best Practices Minimum State Spending Requirement: \$21,240,000

\*Includes FY 2004 funding from the Centers for Disease Control and Prevention.

<b>Smokefree Air</b>	<b>B</b>
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### Overview of Smokefree Air Law(s):

Government Workplaces: **Bans**

Private Workplaces: **Restricts**

Schools: **Bans**

Childcare Facilities: **Restricts**

Restaurants: **Bans**

Bars: **Bans**

Retail Stores: **Bans**

Recreation/Cultural Facilities: **Bans**

Penalties: **Yes**

Enforcement: **Yes**

Preemption: **Yes**

Citation: CT GEN. STAT. ANN. § 19a-342 et. seq; 53-344; 53-198; 31-40q; & Regulations: Public Health Code 19a-79-7(d)(9).

<b>Cigarette Tax</b>	<b>B</b>
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Tax Rate per pack of 20: \$1.510

<b>Youth Access</b>	<b>A</b>
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### Overview of Youth Access Law(s):

Minimum Age Requirement: **Yes**

Packaging: Prohibits all cigarette sales other than in a sealed package conforming to federal labeling requirements: **Yes**

Clerk Intervention: Prohibits access to or purchase of tobacco products without the intervention of a sales clerk: **No**

Photographic Identification: Require merchants to request photographic identification for customers who appear to be under 21 years of age: **Yes**

Vending Machines: **Restricts**

Free Distribution: **Restricts**

Graduated penalties or fines on retailers: **Yes**

Establishes random, unannounced inspections: **Yes**

Establishes statewide enforcement agency: **Yes**

Preemption: **No**

Citation: CT GEN. STAT. ANN. § 12-286a; 12-289a; 12-314 et. seq.



## Behind the Scenes

During Connecticut's 2004 legislative session, the American Lung Association of Connecticut continued its work to protect the statewide smokefree air law signed into law in May 2003 and fully enacted in April 2004.

There were attempts to weaken the law even before it was fully enacted. The American Lung Association of Connecticut, along with its partners, worked to defeat any legislation that would weaken the ban from being passed out of a legislative committee. Only one bill was voted on in a committee, and that bill failed because of strong legislative leadership in support of the statewide smokefree air law.

The American Lung Association of Connecticut will continue to push for the State of Connecticut to provide a minimum of \$21 million in annual funding for a comprehensive anti-tobacco program, as outlined by the Centers for Disease Control and Prevention. The American Lung Association is dedicated to improving the health of all Connecticut citizens by continuing to support the new statewide smokefree air law and other important tobacco-control-related issues.

## Connecticut State Facts

Economic Costs Due to Smoking:	\$2,143,000,000
Adult Prevalence:	18.6%
High School Smoking Rate:	22.0%
Middle School Smoking Rate:	5.9%
Smoking Attributable Deaths per 100,000:	255.9
Smoking Attributable Lung Cancer per 100,000:	78.6

Adult prevalence data is taken from the CDC Behavioral Risk Factor Surveillance System, 2003. High school and middle school rates are taken from the 2002 Youth Tobacco Survey.

Health impacts information for 1999 is taken from the Smoking Attributable Mortality, Morbidity and Economic Costs (SAMMEC) software. Age-adjusted rates were calculated for persons aged 35 years and older and were age-adjusted to the 2000 U.S. population. The economic costs information includes direct medical expenditures as well as lost productivity costs.

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

### American Lung Association of Connecticut

45 Ash Street  
 East Hartford, CT 06108-3272  
 (860) 289-5401  
[www.alact.org](http://www.alact.org)

# DELAWARE

## Grades:

<b>Tobacco Prevention and Control Spending</b>	<b>A</b>
------------------------------------------------	----------

FY 2005 Tobacco Prevention and Control Appropriations:\* \$10,092,498

CDC Best Practices Minimum State Spending Requirement: \$8,630,000

\*Includes FY 2004 funding from the Centers for Disease Control and Prevention.

<b>Smokefree Air</b>	<b>A</b>
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### Overview of Smokefree Air Law(s):

Government Workplaces: **Bans**

Private Workplaces: **Bans**

Schools: **Bans**

Childcare Facilities: **Bans**

Restaurants: **Bans**

Bars: **Bans**

Retail Stores: **Bans**

Recreation/Cultural Facilities: **Bans**

Penalties: **Yes**

Enforcement: **Yes**

Preemption: **No**

Citation: DE CODE ANN. § 16-29-2901 et seq.

<b>Cigarette Tax</b>	<b>D</b>
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Tax Rate per pack of 20: \$0.550

<b>Youth Access</b>	<b>B</b>
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### Overview of Youth Access Law(s):

Minimum Age Requirement: **Yes**

Packaging: Prohibits all cigarette sales other than in a sealed package conforming to federal labeling requirements: **Yes**

Clerk Intervention: Prohibits access to or purchase of tobacco products without the intervention of a sales clerk: **Yes**

Photographic Identification: Require merchants to request photographic identification for customers who appear to be under 21 years of age: **Yes**

Vending Machines: **Restricts**

Free Distribution: **Restricts**

Graduated penalties or fines on retailers: **Yes**

Establishes random, unannounced inspections: **Yes**

Establishes statewide enforcement agency: **Yes**

Preemption: **Yes**

Citation: DE CODE ANN. Title 11 § 1116 et seq.



The **American Lung Association** recognizes Delaware for continuing to fund its comprehensive tobacco prevention program.



## Behind the Scenes

The American Lung Association of Delaware, through leadership efforts statewide, has helped to pass and maintain a strong, comprehensive tobacco control program for the residents of Delaware. The association works with over 60 partners in the IMPACT Delaware Tobacco Prevention Coalition to ensure that tobacco control initiatives are integral in policy-makers' decisions.

During the 2004 sessions, the Delaware General Assembly continued to protect the health of its constituents. After joining California by passing the most protective Clean Indoor Air law in the country in 2002, several attempts to weaken the Delaware law were introduced. A bill was introduced to allow facilities with a liquor license that knowingly violate or are adjudged guilty of violating the Clean Indoor Air Act to avoid appearing before the Delaware Alcohol Beverage Control Commissioner. The bill did not garner enough votes to pass the Senate.

Several other bills were introduced, including legislation to eliminate the criminal liability of the employer for the sale of tobacco products by their employees to minors. No action was taken on this bill. A second bill would have prohibited underage possession of tobacco products and provided a civil penalty for those violating the law. The bill passed the Senate. The bill was released from the House Health and Human Development Committee but failed to reach the floor for a vote.

The Delaware Health Fund, a repository for settlement monies, was established in 1999. All monies go into the fund to support specific health-related issues identified in the legislation, including tobacco control. No monies can supplant existing budgeted dollars. The Delaware General Assembly approved \$10,092,498 (including CDC grant money) for tobacco prevention through community-based organizations.

As a result of Delaware's comprehensive tobacco control program, data show that fewer Delawareans are smoking. The Behavioral Risk Factor Surveillance Survey shows an 11 percent decrease in adult prevalence from 2002 when 25 percent of Delawareans were smoking to 22 percent this past year (2003). 2003 data show the first full year of implementation for the Clean Indoor Air Act as well as a \$5 million increase in tobacco prevention and control spending. The 18-to-24 year old population shows a 25 percent

decrease in smoking, from 36 percent in 2002 to 27 percent smoking in 2003.

The American Lung Association of Delaware, along with its many partners throughout the state, will continue to support efforts to protect the laws and regulations currently in place. A strong, comprehensive tobacco control program will provide for a healthier and smokefree Delaware.

### Delaware State Facts

Economic Costs Due to Smoking:	\$480,000,000
Adult Prevalence:	21.9%
High School Smoking Rate:	23.5%
Middle School Smoking Rate:	10.4%
Smoking Attributable Deaths per 100,000:	313.9
Smoking Attributable Lung Cancer per 100,000:	113.1

Adult prevalence data is taken from the CDC Behavioral Risk Factor Surveillance System, 2003. High school rates are taken from the 2003 Youth Risk Behavioral Surveillance System. Middle school rates are taken from the 2002 Youth Tobacco Survey.

Health impacts information for 1999 is taken from the Smoking Attributable Mortality, Morbidity and Economic Costs (SAMMEC) software. Age-adjusted rates were calculated for persons aged 35 years and older and were age-adjusted to the 2000 U.S. population. The economic costs information includes direct medical expenditures as well as lost productivity costs.

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

### American Lung Association of Delaware

1021 Gilpin Avenue, Suite 202  
 Wilmington, DE 19806-3280  
 (302) 655-7258  
[www.alade.org](http://www.alade.org)

# DISTRICT OF COLUMBIA

## Grades:

<b>Tobacco Prevention and Control Spending</b>	<b>F</b>
------------------------------------------------	----------

FY 2005 Tobacco Prevention and Control Appropriations: \* \$448,157

CDC Best Practices Minimum State Spending Requirement: \$7,480,000

\*Includes FY 2004 funding from the Centers for Disease Control and Prevention.

<b>Smokefree Air</b>	<b>F</b>
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**Overview of Smokefree Air Law(s):**

Government Workplaces: **Restricts**

Private Workplaces: **Restricts**

Schools: **Restricts**

Childcare Facilities: **Restricts**

Restaurants: **Restricts**

Bars: **No provision**

Retail Stores: **Restricts**

Recreation/Cultural Facilities: **No provision**

Penalties: **Yes**

Enforcement: **Yes**

Preemption: **No**

Citation: D.C. CODES § 7-1703 et seq.; 35-251 et seq.; DC Municipal Regulation § 3502.5

<b>Cigarette Tax</b>	<b>C</b>
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Tax Rate per pack of 20: \$1.000

<b>Youth Access</b>	<b>D</b>
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**Overview of Youth Access Law(s):**

Minimum Age Requirement: **Yes**

Packaging: Prohibits all cigarette sales other than in a sealed package conforming to federal labeling requirements: **Yes**

Clerk Intervention: Prohibits access to or purchase of tobacco products without the intervention of a sales clerk: **No**

Photographic Identification: Require merchants to request photographic identification for customers who appear to be under 21 years of age: **Yes**

Vending Machines: **Restricts**

Free Distribution: **Restricts**

Graduated penalties or fines on retailers: **Yes**

Establishes random, unannounced inspections: **No**

Establishes statewide enforcement agency: **No**

Preemption: **No**

Citation: D.C. CODES § 22-1320 & 47-2401 et seq. & 7-1731 & DC Municipal Regulations Tit. 9 § 1016



## Behind the Scenes

The American Lung Association of the District of Columbia, working with its tobacco control partners, continues to fight for funding for tobacco prevention programs and for stronger smokefree air laws.

Unfortunately, tobacco control activities in the District of Columbia in 2004 continued to flounder. The District has failed to allocate any funding, including funds from the Master Settlement Agreement, toward tobacco control. This has occurred despite the fact that the D.C. council set aside \$1 million in the budget for tobacco prevention and control in accordance with a comprehensive tobacco control plan developed by the D.C. Department of Health's Tobacco Advisory Board. However, the mayor cut the funds allocated to the plan and the District is using most of its tobacco settlement money to address general budget shortfalls. As a result, tobacco prevention funding in the District is limited to about \$500,000 from federal and private sources.

The D.C. Department of Health has hired a tobacco program manager and provides some tobacco prevention education. These activities, however, are at the bare minimum of what the Centers for Disease Control and Prevention recommends.

The Clean Indoor Air Act of the District of Columbia is limited in its scope. As a result, a coalition of local and national organizations, including the American Lung Association of the District of Columbia, are campaigning for comprehensive smokefree workplace legislation. Strong smokefree air legislation has been introduced at the D.C. council. The goal is to have the District of Columbia smokefree by the World Conference on Tobacco or Health, which is being held in the District in July 2006.

## District Of Columbia State Facts

Economic Costs Due to Smoking:	\$402,000,000
Adult Prevalence:	22.0%
High School Smoking Rate:	14.7%
Middle School Smoking Rate:	9.4%
Smoking Attributable Deaths per 100,000:	250.4
Smoking Attributable Lung Cancer per 100,000:	80.0

Adult prevalence data is taken from the CDC Behavioral Risk Factor Surveillance System, 2003. High school and middle school rates are taken from the 2000 Youth Tobacco Survey.

Health impacts information for 1999 is taken from the Smoking Attributable Mortality, Morbidity and Economic Costs (SAMMEC) software. Age-adjusted rates were calculated for persons aged 35 years and older and were age-adjusted to the 2000 U.S. population. The economic costs information includes direct medical expenditures as well as lost productivity costs.

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

### **American Lung Association of the District of Columbia**

475 H Street, NW  
 Washington, DC 20001-2617  
 (202) 682-5864  
[www.aladc.org](http://www.aladc.org)

# FLORIDA

## Grades:

<b>Tobacco Prevention and Control Spending</b>	<b>F</b>
------------------------------------------------	----------

FY 2005 Tobacco Prevention and Control Appropriations:\* \$1,750,000

CDC Best Practices Minimum State Spending Requirement: \$78,380,000

\*Includes FY 2004 funding from the Centers for Disease Control and Prevention.

<b>Smokefree Air</b>	<b>B</b>
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**Overview of Smokefree Air Law(s):**

- Government Workplaces: **Bans**
- Private Workplaces: **Bans**
- Schools: **Bans**
- Childcare Facilities: **Bans**
- Restaurants: **Bans**
- Bars: **No provision**
- Retail Stores: **Bans**
- Recreation/Cultural Facilities: **Bans**
- Penalties: **Yes**
- Enforcement: **Yes**
- Preemption: **Yes**
- Citation: FL STAT. ANN. § 386-201 et seq.

<b>Cigarette Tax</b>	<b>F</b>
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Tax Rate per pack of 20: \$0.339

<b>Youth Access</b>	<b>D</b>
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**Overview of Youth Access Law(s):**

- Minimum Age Requirement: **Yes**
- Packaging: Prohibits all cigarette sales other than in a sealed package conforming to federal labeling requirements: **Yes**
- Clerk Intervention: Prohibits access to or purchase of tobacco products without the intervention of a sales clerk: **Yes**
- Photographic Identification: Require merchants to request photographic identification for customers who appear to be under 21 years of age: **Yes**
- Vending Machines: **Restricts**
- Free Distribution: **Restricts**
- Graduated penalties or fines on retailers: **Yes**
- Establishes random, unannounced inspections: **Yes**
- Establishes statewide enforcement agency: **Yes**
- Preemption: **No**
- Citation: FL STAT. ch. 569.002 et seq.



## Behind the Scenes

For more than two decades, the American Lung Association of Florida has been a driving force in changing tobacco control policy and social change for the state of Florida. In 1985, the American Lung Association of Florida, along with other public health groups, helped convince the Florida legislature to pass the Florida Clean Indoor Air Act (FCIAA). Every year since the passage of the act, the Florida chapters of the American Lung Association, American Cancer Society and American Heart Association, working individually and as a Tri-Agency Coalition on Smoking OR Health, lobbied the Florida Legislature and governor to strengthen the law.

The Florida Legislature made slight but insignificant improvements in the FCIAA since its passage. The American Lung Association of Florida, along with its partners, took the lead on a statewide constitutional ballot initiative that banned smoking in most enclosed indoor workplaces, including restaurants. Florida voters overwhelmingly approved the SmokeFree for Health constitutional amendment in November 2002. The ban went into effect July 1, 2003. This victory marked one of the most significant public health accomplishments of the American Lung Association of Florida and many other voluntary health agencies in Florida.

In June 2004, the results of a study conducted by the Bureau of Economic and Business Research at the University of Florida showed the smokefree amendment has not had a negative impact on the hotel, restaurant, or tourism industries. Some critics incorrectly guessed that the smoking law would cause restaurants to lose business to bars and taverns where smoking is still allowed. Sales data indicate otherwise. The study, which was funded by SmokeFree for Health, found that sales for restaurants, lunchrooms and catering services were up by 7.37 percent after the law took effect, and there was no significant change in the sales of taverns, nightclubs and bars. Employment in Florida's leisure and hospitality industry climbed nearly 2 percent after the smoking restriction took effect, bolstered by a 4.53 percent employment increase in drinking and eating establishments. The study took into account current trends, economic conditions, and seasonal factors affecting Florida's leisure and hospitality business.

During its 2004 session, the Florida Legislature again refused to fund important tobacco control activities.

Florida's tobacco control program was once regarded as one of the country's best youth tobacco use prevention programs, resulting in a 58 percent decrease in smoking among middle school students and a 37 percent decrease among high school students between 1998 and 2003. This program began with a \$70 million annual budget, but each year the Florida legislature and governor have made significant cuts in that spending. Despite the valiant efforts of some legislators and more than \$400 million available from the tobacco settlement, Florida's Tobacco Control Program was decimated, with the funding of only \$1 million for a second year in a row.

Recent poll results show Florida voters are overwhelmingly concerned about youth smoking and support antitobacco education programs for Florida's children, including an increase in cigarettes taxes. The American Lung Association of Florida believes that every Florida resident and visitor deserves to be free of the toxic effects of tobacco smoke. American Lung Association volunteers and staff are committed to seeking policy and funding changes that will reduce youth tobacco use and protect the public from the health hazards of environmental tobacco smoke.

### Florida State Facts

Economic Costs Due to Smoking:	\$10,375,000,000
Adult Prevalence:	23.9%
High School Smoking Rate:	17.3%
Middle School Smoking Rate:	7.8%
Smoking Attributable Deaths per 100,000:	283.1
Smoking Attributable Lung Cancer per 100,000:	91.9

Adult prevalence data is taken from the CDC Behavioral Risk Factor Surveillance System, 2003. High school and middle school rates are taken from the 2004 Florida Youth Tobacco Survey.

Health impacts information for 1999 is taken from the Smoking Attributable Mortality, Morbidity and Economic Costs (SAMMEC) software. Age-adjusted rates were calculated for persons aged 35 years and older and were age-adjusted to the 2000 U.S. population. The economic costs information includes direct medical expenditures as well as lost productivity costs.

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

### American Lung Association of Florida

5526 Arlington Road  
 Jacksonville, FL 32211-5216  
 (904) 743-2933  
[www.lungfla.org](http://www.lungfla.org)

# GEORGIA

## Grades:

<b>Tobacco Prevention and Control Spending</b>	<b>F</b>
------------------------------------------------	----------

FY 2005 Tobacco Prevention and Control Appropriations:\* \$13,053,930

CDC Best Practices Minimum State Spending Requirement: \$42,590,000

\*Includes FY 2004 funding from the Centers for Disease Control and Prevention.

<b>Smokefree Air</b>	<b>F</b>
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### Overview of Smokefree Air Law(s):

Government Workplaces: **No provision**

Private Workplaces: **No provision**

Schools: **No provision**

Childcare Facilities: **Bans**

Restaurants: **No provision**

Bars: **No provision**

Retail Stores: **No provision**

Recreation/Cultural Facilities: **No provision**

Penalties: **Yes**

Enforcement: **Yes**

Preemption: **No**

Citation: GA. CODE ANN. § 16-12-2; 16-12-120 and 49-5-3.

<b>Cigarette Tax</b>	<b>F</b>
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Tax Rate per pack of 20: \$0.370

<b>Youth Access</b>	<b>F</b>
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### Overview of Youth Access Law(s):

Minimum Age Requirement: **Yes**

Packaging: Prohibits all cigarette sales other than in a sealed package conforming to federal labeling requirements: **No**

Clerk Intervention: Prohibits access to or purchase of tobacco products without the intervention of a sales clerk: **No**

Photographic Identification: Require merchants to request photographic identification for customers who appear to be under 21 years of age: **Yes**

Vending Machines: **Restricts**

Free Distribution: **Restricts**

Graduated penalties or fines on retailers: **No**

Establishes random, unannounced inspections: **Yes**

Establishes statewide enforcement agency: **Yes**

Preemption: **No**

Citation: GA. CODE ANN. § 16-12-171 et. seq.



## Behind the Scenes

The American Lung Association of Georgia has, through its involvement with local and statewide tobacco coalitions, fueled passage of 19 local comprehensive smokefree ordinances in the past two years and brought state smokefree air legislation to within a final vote of passage in the 2004 Georgia General Assembly.

During the 2004 state legislative session, a comprehensive smokefree air bill, sponsored by the chair of the Senate Health and Human Services Committee, was introduced with 27 cosponsors (out of 56 senators). The bill was greeted with a 2-inch, front page, top headline of the state's largest newspaper, *the Atlanta Journal-Constitution*. The Senate passed the legislation by an overwhelming margin of 45-7.

Despite broad support, Georgia's first Smokefree Air Act ran into resistance from the House leadership. Rather than allowing the bill to have a hearing in front of its natural audience at the House Health and Human Services Committee, House leaders assigned the bill to an unfriendly Governmental Affairs committee. After hitting that roadblock, the Smokefree Air Act was added onto a house proposal before the senate. Using that maneuver provided the opportunity of to put the bill directly in front of the entire house of representatives.

By the last day of the legislative session, a clear majority of house lawmakers had voiced an intention to vote for the Act. The house rules give the house speaker the power to keep a bill from passing by simply failing to call it up for a vote. Even though the house sponsor of the Smokefree Air Act and dozens of colleagues pushed and petitioned for a vote on the bill, House Speaker Terry Coleman (D-Eastman) refused to call HB-1138 to the floor for a vote and let the session end without giving the house the opportunity to pass the bill.

A bi-partisan poll of Georgia voters conducted on January 27-28, 2004 by Shapiro Research Group and Ayres, McHenry & Associates, Inc conducted at the beginning of the legislative session showed that 66 percent of Georgia voters support a ban on indoor smoking in all public buildings, including restaurants, stores, offices, and government buildings. Two-thirds of Georgians, and a majority of every demographic group, support a smokefree air law. The poll also showed that more than 91 percent of Georgians believe that secondhand smoke is harmful

to health. The poll also revealed that Georgians are more likely to eat in smokefree restaurants by almost a five-to-one margin.

The progress made in the 2004 session confirms the breadth of support in Georgia for efforts to curb secondhand smoke. Georgia continues to pass local comprehensive smokefree air ordinances. This grassroots support contributes to the momentum for a state smokefree air bill to be introduced during the 2005 session of the Georgia General Assembly.

### Georgia State Facts

Economic Costs Due to Smoking:	\$4,492,000,000
Adult Prevalence:	22.8%
High School Smoking Rate:	20.9%
Middle School Smoking Rate:	13.8%
Smoking Attributable Deaths per 100,000:	333.9
Smoking Attributable Lung Cancer per 100,000:	99.3

Adult prevalence data is taken from the CDC Behavioral Risk Factor Surveillance System, 2003. High school rates are taken from the 2003 Youth Risk Behavioral Surveillance System. Middle school rates are taken from the 1999 Youth Tobacco Survey.

Health impacts information for 1999 is taken from the Smoking Attributable Mortality, Morbidity and Economic Costs (SAMMEC) software. Age-adjusted rates were calculated for persons aged 35 years and older and were age-adjusted to the 2000 U.S. population. The economic costs information includes direct medical expenditures as well as lost productivity costs.

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

#### American Lung Association of Georgia

2452 Spring Road  
Smyrna, GA 30080-3862  
(770) 434-5864  
[www.lungusa.org/georgia](http://www.lungusa.org/georgia)

# HAWAII

## Grades:

<b>Tobacco Prevention and Control Spending</b>	<b>A</b>
------------------------------------------------	----------

FY 2005 Tobacco Prevention and Control Appropriations:\* \$9,769,712

CDC Best Practices Minimum State Spending Requirement: \$10,780,000

\*Includes FY 2004 funding from the Centers for Disease Control and Prevention.

<b>Smokefree Air</b>	<b>B*</b>
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**Overview of Smokefree Air Law(s):**

Government Workplaces: **Restricts**

Private Workplaces: **No provision**

Schools: **Bans**

Childcare Facilities: **Bans**

Restaurants: **Restricts**

Bars: **No provision**

Retail Stores: **Restricts**

Recreation/Cultural Facilities: **Restricts**

Penalties: **Yes**

Enforcement: **Yes**

Preemption: **No**

Citation: HI REV. STAT. ANN. § 328K-1 et seq.; § 346-158 & HI Administrative Rules 8-31-1 et seq.

\*The grade for Hawaii is based on local ordinance policy not on state policies. Hawaii has 80% of its population covered by strong workplace local ordinances and therefore qualifies for a grade of "B" in our methodology. Since local ordinances vary by community, the details of the ordinances are not provided in the information above. Please go to [www.no-smoke.org](http://www.no-smoke.org) for more information on local smokefree ordinances.

<b>Cigarette Tax</b>	<b>B</b>
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Tax Rate per pack of 20: \$1.400

On July 1, 2004 the cigarette tax increased from \$1.30 to \$1.40 per pack.

<b>Youth Access</b>	<b>C</b>
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**Overview of Youth Access Law(s):**

Minimum Age Requirement: **Yes**

Packaging: Prohibits all cigarette sales other than in a sealed package conforming to federal labeling requirements: **Yes**

Clerk Intervention: Prohibits access to or purchase of tobacco products without the intervention of a sales clerk: **Yes**

Photographic Identification: Require merchants to request photographic identification for customers who appear to be under 21 years of age: **Yes**

Vending Machines: **Restricts**

Free Distribution: **Restricts**

Graduated penalties or fines on retailers: **Yes**

Establishes random, unannounced inspections: **Yes**

Establishes statewide enforcement agency: **Yes**

Preemption: **No**

Citation: HI REV. STAT. ANN. § 709-908 & 328K-22 & 712-257



The **American Lung Association** recognizes Hawaii for increasing the cigarette tax for the third year in a row.



## Behind the Scenes

During the 2004 legislative session, the American Lung Association of Hawaii joined the Coalition for a Tobacco Free Hawaii, the American Heart Association, and the American Cancer Society to successfully enact strong tobacco control public policy that will protect the health and welfare of the people of this state.

The 2004 legislative session maintained the funds allocated from the Master Settlement Agreement (MSA) allocated to the Tobacco Trust Fund (12.5%) and the Department of Health (35%). The Attorney Generals' Tobacco Enforcement Fund, however, was cut from a cap of \$1 million to \$500,000. This cut could be a problem if a large lawsuit arises. Anything in excess of the \$500,000 cap is returned to the general fund.

Gov. Linda Lingle signed into law Act 87, which prohibits employees of public schools from using tobacco in public schools or at public-school functions. Prior to this session, cafeteria and maintenance staff were permitted to smoke under the United Public Workers Union contract. The federal Pro-Children Act removed this last vestige of smoking on public school campuses.

Act 157, which prohibits the distribution of untaxed cigarettes via telephone, mail order, the Internet or other online sources, took effect July 1, 2004. Also enacted was a law capping appeal bonds to \$150 million for signatories to the MSA. All counties in Hawaii now have smokefree restaurant ordinances and the state tobacco tax has risen to \$1.40 per pack.

The American Lung Association of Hawaii recognizes that public policy legislation and regulation at all levels of government are key to reducing youth smoking, encouraging current smokers to quit, and influencing the social norms regarding tobacco use. Protecting the MSA funding for tobacco control programs is a high priority for the American Lung Association of Hawaii and other coalition members. Ongoing work focuses on enactment of a 100 percent smokefree workplace law or a new campaign to strengthen existing county smokefree restaurant and workplace ordinances. Other comprehensive tobacco control priorities during this and upcoming legislative sessions include increasing the tobacco tax and earmarking it for tobacco control, and licensure/permits for tobacco retailers.

## Hawaii State Facts

Economic Costs Due to Smoking:	\$525,000,000
Adult Prevalence:	17.2%
High School Smoking Rate:	24.5%
Middle School Smoking Rate:	12.9%
Smoking Attributable Deaths per 100,000:	174.3
Smoking Attributable Lung Cancer per 100,000:	53.7

Adult prevalence data is taken from the CDC Behavioral Risk Factor Surveillance System, 2003. High school rates and middle school rates are taken from the 2000 Youth Tobacco Survey.

Health impacts information for 1999 is taken from the Smoking Attributable Mortality, Morbidity and Economic Costs (SAMMEC) software. Age-adjusted rates were calculated for persons aged 35 years and older and were age-adjusted to the 2000 U.S. population. The economic costs information includes direct medical expenditures as well as lost productivity costs.

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

### American Lung Association of Hawaii

245 North Kukui Street, Suite 100

Honolulu, HI 96817

(808) 537-5966

[www.ala-hawaii.org](http://www.ala-hawaii.org)

# I D A H O

## Grades:

<b>Tobacco Prevention and Control Spending</b>	<b>F</b>
------------------------------------------------	----------

FY 2005 Tobacco Prevention and Control Appropriations:\* \$2,979,634

CDC Best Practices Minimum State Spending Requirement: \$11,040,000

\*Includes FY 2004 funding from the Centers for Disease Control and Prevention.

<b>Smokefree Air</b>	<b>B</b>
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### Overview of Smokefree Air Law(s):

Government Workplaces: **Bans**

Private Workplaces: **Bans**

Schools: **Bans**

Childcare Facilities: **Bans**

Restaurants: **Bans**

Bars: **No provision**

Retail Stores: **Bans**

Recreation/Cultural Facilities: **Bans**

Penalties: **Yes**

Enforcement: **Yes**

Preemption: **No**

Citation: ID CODES § 39-5501 et seq.

<b>Cigarette Tax</b>	<b>D</b>
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Tax Rate per pack of 20: \$0.570

<b>Youth Access</b>	<b>B</b>
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### Overview of Youth Access Law(s):

Minimum Age Requirement: **Yes**

Packaging: Prohibits all cigarette sales other than in a sealed package conforming to federal labeling requirements: **Yes**

Clerk Intervention: Prohibits access to or purchase of tobacco products without the intervention of a sales clerk: **Yes**

Photographic Identification: Require merchants to request photographic identification for customers who appear to be under 21 years of age: **No**

Vending Machines: **Bans**

Free Distribution: **Bans**

Graduated penalties or fines on retailers: **Yes**

Establishes random, unannounced inspections: **Yes**

Establishes statewide enforcement agency: **Yes**

Preemption: **Limited**

Citation: ID CODES § 39-5703 et seq.



The **American Lung Association** recognizes Idaho for enacting a strong smokefree air law protecting workers from secondhand smoke.



## Behind the Scenes

The American Lung Association of Idaho/Nevada, along with its partners in the Coalition for a Healthy Idaho, works for change in tobacco control policy in Idaho on the state and local level. This includes advocating for strengthening existing clean indoor air laws, enacting increases in tobacco taxes to help deter youth smoking and increasing spending on tobacco prevention in Idaho to the Centers for Disease Control and Prevention minimum level of funding.

The American Lung Association of Idaho/Nevada celebrated a major victory in tobacco control in Idaho during the 2004 legislative session with passage of a law that significantly strengthened Idaho's Clean Indoor Air Act. The law now prohibits smoking in most public places and workplaces including publicly-owned buildings and offices, schools, child care facilities and restaurants, including attached bars. Excluded were stand-alone bars, bowling alleys and designated employee breakrooms in private workplaces with five or fewer employees. The new law also included language that specifically allows more stringent local ordinances.

Passage of a new and improved Clean Indoor Air Act adds to some encouraging trends in tobacco control in Idaho in the past several years including an increase in the cigarette tax to \$0.57 per pack in 2003. Unfortunately, tobacco prevention spending at \$1.9 million is still a small proportion of the minimum funding level recommended by the Centers for Disease Control and Prevention. Idaho also has some of the strongest youth access laws in the country including prohibitions on tobacco product self-service displays, tobacco product vending machines and free distribution of tobacco products.

During the 2005 legislative session, the American Lung Association of Idaho/Nevada will work to increase tobacco prevention spending and make the cigarette tax increase passed in 2003 permanent and work for a further increase in the cigarette tax.

## Idaho State Facts

Economic Costs Due to Smoking:	\$520,000,000
Adult Prevalence:	19.0%
High School Smoking Rate:	14.0%
Middle School Smoking Rate:	9.6%
Smoking Attributable Deaths per 100,000:	254.6
Smoking Attributable Lung Cancer per 100,000:	68.1

Adult prevalence data is taken from the CDC Behavioral Risk Factor Surveillance System, 2003. High school rates are taken from the 2003 Youth Risk Behavioral Surveillance System. Middle school rates are taken from the 2001 Youth Tobacco Survey.

Health impacts information for 1999 is taken from the Smoking Attributable Mortality, Morbidity and Economic Costs (SAMMEC) software. Age-adjusted rates were calculated for persons aged 35 years and older and were age-adjusted to the 2000 U.S. population. The economic costs information includes direct medical expenditures as well as lost productivity costs.

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

### American Lung Association of Idaho/Nevada

P.O. Box 7056  
Reno, NV 89510  
(775) 829-5864

[www.lungusa.org/idaho\\_nevada](http://www.lungusa.org/idaho_nevada)

# ILLINOIS

## Grades:

<b>Tobacco Prevention and Control Spending</b>	<b>F</b>
------------------------------------------------	----------

FY 2005 Tobacco Prevention and Control Appropriations:\* \$12,655,281

CDC Best Practices Minimum State Spending Requirement: \$64,910,000

\*Includes FY 2004 funding from the Centers for Disease Control and Prevention.

<b>Smokefree Air</b>	<b>F</b>
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### Overview of Smokefree Air Law(s):

Government Workplaces: **Restricts**

Private Workplaces: **Restricts**

Schools: **Bans**

Childcare Facilities: **Bans**

Restaurants: **Restricts**

Bars: **No provision**

Retail Stores: **Restricts**

Recreation/Cultural Facilities: **Restricts**

Penalties: **Yes**

Enforcement: **Yes**

Preemption: **Yes**

Citation: 410 ILCS § 80/1 et seq.; 105 ILCS § 5/10-20.5b; 105 ILCS § 5/34-18.11 & 225 ILCS § 10/5.5

<b>Cigarette Tax</b>	<b>C</b>
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Tax Rate per pack of 20: \$0.980

<b>Youth Access</b>	<b>F</b>
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### Overview of Youth Access Law(s):

Minimum Age Requirement: **Yes**

Packaging: Prohibits all cigarette sales other than in a sealed package conforming to federal labeling requirements: **No**

Clerk Intervention: Prohibits access to or purchase of tobacco products without the intervention of a sales clerk: **Yes**

Photographic Identification: Require merchants to request photographic identification for customers who appear to be under 21 years of age: **No**

Vending Machines: **Restricts**

Free Distribution: **Restricts**

Graduated penalties or fines on retailers: **Yes**

Establishes random, unannounced inspections: **Yes**

Establishes statewide enforcement agency: **Yes**

Preemption: **No**

Citation: 720 ILCS 685/1 et. seq; 720 ILCS 680/1 et. seq.; 720 ILCS 675/1 et. seq & 410 ILCS 85/1 et. seq.



## Behind the Scenes

The American Lung Associations serving Illinois, along with coalition partners, were able to thwart any action to further erode Illinois' allocation of settlement dollars. When the state budget passed, funding for tobacco control programs received \$11 million, similar to the amounts allocated in 2002 and 2003.

During the 2004 session, Gov. Rod Blagojevich signed a law restricting youth access to tobacco. The new law states that single packs of cigarettes must be sold from behind the counter or in an age-restricted area where minors under 18 years of age are not permitted access. All other tobacco products must be in the line of sight of the cashier or other employee of the store.

Additionally, a bill to regulate the sales of tobacco through the Internet was signed into law by the governor. The tighter controls on Internet sales will help crack down on youth tobacco purchases by requiring the delivery service to verify that the recipient is at least 18 years old. The law also requires that all appropriate state and local taxes are collected for tobacco products sold online to an Illinois resident.

In a big local victory, Cook County, the largest county in Illinois, approved a huge 82-cent per pack increase in the cigarette tax. According to University of Illinois-Chicago Professor Frank Chalupka, the new tax will result in 50,000 fewer youth smokers, and 30,000 adult smokers will quit. Cook County taxpayers will save \$850 million in health care costs associated with smoking.

Efforts to reverse preemption fell short again in 2004. The bill to restore local control for clean indoor air ordinances failed in the Illinois House of Representatives by just one vote. Efforts continued at the local level in communities that were not preempted by state law. In November 2003, the Wilmette Village Board approved the most restrictive clean indoor air ordinance in the state, effective July 1, 2004. Several other communities that are not preempted are currently in the process of working with coalitions to educate the community and local elected officials about the significance of clean indoor air laws.

There were legislative proposals to cap the amount of money needed for an appeal bond in class action lawsuits. This legislation would offer special protection for large verdicts including tobacco cases. This idea

was quickly defeated with the powerful Illinois Trial Lawyers Association leading the coalition.

An amicus brief was filed on behalf of public health organizations in support of the landmark \$10 billion consumer fraud judgment against Philip Morris for their marketing of light cigarettes.

The American Lung Associations serving Illinois, working with coalition partners, will continue efforts to raise statewide cigarette taxes and work to increase funding for comprehensive statewide tobacco prevention and cessation efforts. The American Lung Associations serving Illinois will continue to lead the efforts for statewide clean indoor air for all public and work places.

Illinois State Facts	
Economic Costs Due to Smoking:	\$7,115,000,000
Adult Prevalence:	24.3%
High School Smoking Rate:	29.2%
Middle School Smoking Rate:	7.6%
Smoking Attributable Deaths per 100,000:	303.1
Smoking Attributable Lung Cancer per 100,000:	91.0

Adult prevalence data is taken from the CDC Behavioral Risk Factor Surveillance System, 2003. High school and middle school rates are taken from the 2002 Youth Tobacco Survey.

Health impacts information for 1999 is taken from the Smoking Attributable Mortality, Morbidity and Economic Costs (SAMMEC) software. Age-adjusted rates were calculated for persons aged 35 years and older and were age-adjusted to the 2000 U.S. population. The economic costs information includes direct medical expenditures as well as lost productivity costs.

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

**American Lung Association of Metropolitan Chicago**  
 1440 West Washington Blvd.  
 Chicago, IL 60607-1878  
 (312) 243-2000  
[www.lungchicago.org](http://www.lungchicago.org)

**American Lung Association of Illinois-Iowa**  
 3000 Kelly Lane  
 Springfield, IL 62711  
 (217) 787-5864  
[www.lungjilia.org](http://www.lungjilia.org)

# I N D I A N A

## Grades:

<b>Tobacco Prevention and Control Spending</b>	<b>F</b>
------------------------------------------------	----------

FY 2005 Tobacco Prevention and Control Appropriations:\* \$12,199,979

CDC Best Practices Minimum State Spending Requirement: \$34,780,000

\*Includes FY 2004 funding from the Centers for Disease Control and Prevention.

<b>Smokefree Air</b>	<b>F</b>
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### Overview of Smokefree Air Law(s):

Government Workplaces: **Restricts**

Private Workplaces: **No provisions**

Schools: **Restricts**

Childcare Facilities: **Restricts**

Restaurants: **No provisions**

Bars: **No provision**

Retail Stores: **No provisions**

Recreation/Cultural Facilities: **No provisions**

Penalties: **Yes**

Enforcement: **Yes**

Preemption: **No**

Citation: IN STAT. ANN. § 16-41-37-1 et seq. & 34-28-5-4.

<b>Cigarette Tax</b>	<b>D</b>
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Tax Rate per pack of 20: \$0.555

<b>Youth Access</b>	<b>F</b>
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### Overview of Youth Access Law(s):

Minimum Age Requirement: **Yes**

Packaging: Prohibits all cigarette sales other than in a sealed package conforming to federal labeling requirements: **Yes**

Clerk Intervention: Prohibits access to or purchase of tobacco products without the intervention of a sales clerk: **No**

Photographic Identification: Require merchants to request photographic identification for customers who appear to be under 21 years of age: **No**

Vending Machines: **Restricts**

Free Distribution: **Restricts**

Graduated penalties or fines on retailers: **Yes**

Establishes random, unannounced inspections: **Yes**

Establishes statewide enforcement agency: **Yes**

Preemption: **Yes**

Citation: IN STAT. ANN. § 35-46-1-10.5 to 35-46-1-11.7; 7.1-6-2 et.seq. & 16-41-37-9



## Behind the Scenes

The American Lung Association of Indiana, in partnership with the American Heart Association and American Cancer Society, has been fighting to restore funding for Indiana's highly effective Tobacco Prevention and Cessation Program, enact further increases in tobacco taxes, and support other tobacco control policy change at the state and local levels.

However, there was little movement on tobacco control issues during the 2004 legislative session. The only bill that was enacted was the establishment of a \$5,000 fine for prison employees who assist inmates in trafficking tobacco products. A weak bill was introduced to place further restrictions on smoking in restaurants, but the bill did not see any action.

During 2004, Indiana was in the second year of its biennial budget for FY2004 and FY2005, enacted in 2003, which appropriated \$10.8 million for both fiscal years for the Indiana Tobacco Prevention and Cessation Program. This was a 67 percent cut from the previous biennium, FY 2002 and FY 2003, when it was funded at \$32.5 million per fiscal year, close to the CDC minimum recommendation for Indiana. There was no move to restore funding during the 2004 legislative session.

This occurred despite the fact that the tobacco control program and the tax increase enacted in 2002 were contributing to solid declines in youth and adult smoking rates. The 2002 Indiana Youth Tobacco Survey showed a 26 percent decline in high school smoking, from 31.6 percent in 2000 to 23.4 percent in 2002, and a 12 percent decline in middle school smoking, from 9.8 percent in 2000 to 8.6 percent in 2002. Information from the Indiana Department of Revenue in early 2003 showed consumption of cigarettes among adults was down 18 percent as well.

The American Lung Association of Indiana will fight hard for restoration of funding for the Indiana Tobacco Prevention and Cessation Program during the 2005 legislative session to help restore the program to its past prominence.

## Indiana State Facts

Economic Costs Due to Smoking:	\$3,791,000,000
Adult Prevalence:	26.1%
High School Smoking Rate:	23.4%
Middle School Smoking Rate:	8.6%
Smoking Attributable Deaths per 100,000:	341.4
Smoking Attributable Lung Cancer per 100,000:	107.1

Adult prevalence data is taken from the CDC Behavioral Risk Factor Surveillance System, 2003. High school rates and Middle school rates are taken from the 2002 Youth Tobacco Survey.

Health impacts information for 1999 is taken from the Smoking Attributable Mortality, Morbidity and Economic Costs (SAMMEC) software. Age-adjusted rates were calculated for persons aged 35 years and older and were age-adjusted to the 2000 U.S. population. The economic costs information includes direct medical expenditures as well as lost productivity costs.

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

### American Lung Association of Indiana

9445 Delegates Row  
Indianapolis, IN 46240-1470  
(317) 573-3900  
[www.lungin.org](http://www.lungin.org)

# I O W A

## Grades:

<b>Tobacco Prevention and Control Spending</b>	<b>F</b>
------------------------------------------------	----------

FY 2005 Tobacco Prevention and Control Appropriations:\* \$6,030,234

CDC Best Practices Minimum State Spending Requirement: \$19,350,000

\*Includes FY 2004 funding from the Centers for Disease Control and Prevention.

<b>Smokefree Air</b>	<b>F</b>
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**Overview of Smokefree Air Law(s):**

Government Workplaces: **Restricts**

Private Workplaces: **Restricts**

Schools: **Restricts**

Childcare Facilities: **Bans**

Restaurants: **Restricts**

Bars: **No provision**

Retail Stores: **Restricts**

Recreation/Cultural Facilities: **Restricts**

Penalties: **Yes**

Enforcement: **Yes**

Preemption: **Yes**

Citation: IA CODE ANN. § 124B et seq. & 237A.3A

<b>Cigarette Tax</b>	<b>F</b>
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Tax Rate per pack of 20: \$0.360

<b>Youth Access</b>	<b>C</b>
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**Overview of Youth Access Law(s):**

Minimum Age Requirement: **Yes**

Packaging: Prohibits all cigarette sales other than in a sealed package conforming to federal labeling requirements: **No**

Clerk Intervention: Prohibits access to or purchase of tobacco products without the intervention of a sales clerk: **Yes**

Photographic Identification: Require merchants to request photographic identification for customers who appear to be under 21 years of age: **No**

Vending Machines: **Restricts**

Free Distribution: **Restricts**

Graduated penalties or fines on retailers: **Yes**

Establishes random, unannounced inspections: **Yes**

Establishes statewide enforcement agency: **Yes**

Preemption: **Yes**

Citation: IA CODE ANN. §453A.1 et seq. & 805.8-11 (aa)



## Behind the Scenes

The American Lung Association of Illinois-Iowa has, through involvement with local and statewide tobacco coalitions, continued to build grass-roots efforts to help bring about policy changes in tobacco control for the people of Iowa. Working together, the coalition partners were able to avoid budget cuts and keep statewide prevention and cessation funding for FY 2005 at the same level as FY 2004.

During the 2004 session, members of the statewide Tobacco Free Iowa coalition worked with Governor Vilsack to support an increase in the cigarette excise tax. The Legislature could not be persuaded to take immediate action, but the issue is still on the table for future consideration. Iowa ties for 42<sup>nd</sup> in the nation for its \$0.36 per pack cigarette excise tax. Most of the states that have a cigarette tax rate lower than Iowa's are traditionally tobacco producing states.

The American Lung Association of Iowa worked closely with Café Iowa, a statewide coalition focused on clean indoor air efforts, to work on amending the Iowa Clean Indoor Air Law to allow local control. The primary focus for 2004 was on building grass-roots efforts. Café Iowa members manned booths at several county fairs and other events, including the Iowa State Fair to distribute information and sign up supporters.

The American Lung Association of Iowa, collaborating with both Tobacco Free Iowa and Café Iowa, will continue to strengthen efforts to pursue an increase in the cigarette tax and push for clean indoor air in all public and work places. Signals from both the governor and individual legislators have indicated that extra efforts to raise the cigarette tax may result in success during the 2005 legislative session. Efforts will continue to reinstate statewide comprehensive tobacco prevention and cessation funding at the previous \$9.3 million level and ultimately secure funding at the CDC minimum recommended level of \$19 million.

## Iowa State Facts

Economic Costs Due to Smoking:	\$1,618,000,000
Adult Prevalence:	21.7%
High School Smoking Rate:	26.7%
Middle School Smoking Rate:	6.8%
Smoking Attributable Deaths per 100,000:	265.6
Smoking Attributable Lung Cancer per 100,000:	79.7

Adult prevalence data is taken from the CDC Behavioral Risk Factor Surveillance System, 2003. High school and middle school rates are taken from the 2002 Youth Tobacco Survey.

Health impacts information for 1999 is taken from the Smoking Attributable Mortality, Morbidity and Economic Costs (SAMMEC) software. Age-adjusted rates were calculated for persons aged 35 years and older and were age-adjusted to the 2000 U.S. population. The economic costs information includes direct medical expenditures as well as lost productivity costs.

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

### American Lung Association of Illinois-Iowa

3000 Kelly Lane  
Springfield, IL 62707  
(217) 787-5864  
[www.lungilia.org](http://www.lungilia.org)

# KANSAS

## Grades:

<b>Tobacco Prevention and Control Spending</b>	<b>F</b>
------------------------------------------------	----------

FY 2005 Tobacco Prevention and Control Appropriations:\* \$1,954,700

CDC Best Practices Minimum State Spending Requirement: \$18,050,000

\*Includes FY 2004 funding from the Centers for Disease Control and Prevention.

<b>Smokefree Air</b>	<b>F</b>
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### Overview of Smokefree Air Law(s):

Government Workplaces: **Restricts**

Private Workplaces: **No provision**

Schools: **Bans**

Childcare Facilities: **Bans**

Restaurants: **Restricts**

Bars: **No provision**

Retail Stores: **Restricts**

Recreation/Cultural Facilities: **Restricts**

Penalties: **Yes**

Enforcement: **Yes**

Preemption: **No**

Citation: KS STAT. ANN. § 21-4009 et seq

<b>Cigarette Tax</b>	<b>D</b>
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Tax Rate per pack of 20: \$0.790

<b>Youth Access</b>	<b>F</b>
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### Overview of Youth Access Law(s):

Minimum Age Requirement: **Yes**

Packaging: Prohibits all cigarette sales other than in a sealed package conforming to federal labeling requirements: **Yes**

Clerk Intervention: Prohibits access to or purchase of tobacco products without the intervention of a sales clerk: **No**

Photographic Identification: Require merchants to request photographic identification for customers who appear to be under 21 years of age: **No**

Vending Machines: **Restricts**

Free Distribution: **Restricts**

Graduated penalties or fines on retailers: **No**

Establishes random, unannounced inspections: **No**

Establishes statewide enforcement agency: **Yes**

Preemption: **No**

Citation: KS STAT. ANN. § 79-3321 et seq.



## Behind the Scenes

The Kansas Legislature has always been very protective of the local option. With that orientation, clean indoor air, like many other issues, is addressed by communities and school districts, but not statewide.

On July 1, 2004, a comprehensive smokefree workplace ordinance was enacted in Lawrence, a university town of about 100,000. Bar and restaurant owners opposed the decision and are gathering signatures to put the issue on the ballot. Having missed the deadlines for both primary and general election ballots, they are now working toward a spring 2005 local election ballot. Local advocates continue to work to defend this ordinance, the newest and strictest in the state. Several other communities have smokefree restaurant ordinances with exemptions.

Momentum is now growing for a meaningful smoke-free workplace ordinance initiative to encompass the Greater Kansas City Metropolitan Area, which has 116 separate incorporated communities. The Mid America Regional Council, an influential coalition of local elected officials, recently endorsed a comprehensive smoking ban with few exemptions. The major daily newspaper supports the effort as do many of the area's largest employers.

Kansas's cigarette excise tax currently stands at \$0.79 per pack. Gov. Kathleen Sebelius recently proposed a \$50 million plan to help reduce the number of people without health insurance that would be funded by a \$0.50 increase in the cigarette tax. The plan would need approval from the legislature.

The Master Settlement Agreement funds in Kansas are dedicated to children's issues, primarily early childhood development, although for several years a large portion had been redirected to general funds to help balance the state budget. For the past 5 fiscal years, the Legislature has appropriated \$500,000 annually for tobacco prevention programs. In 2004 funds were increased to \$750,000 this year. The amount has been dedicated to a single county, Saline county, so that the entire CDC Best Practices recommendations can be met there. Kansas youth empowerment programs are funded by Legacy Foundation grants. Local community grants to implement several Best Practices components are made possible by CDC funding, enhanced by private foundations.

## Kansas State Facts

Economic Costs Due to Smoking:	\$1,465,000,000
Adult Prevalence:	20.4%
High School Smoking Rate:	21.1%
Middle School Smoking Rate:	5.7%
Smoking Attributable Deaths per 100,000:	269.8
Smoking Attributable Lung Cancer per 100,000:	83.6

Adult prevalence data is taken from the CDC Behavioral Risk Factor Surveillance System, 2003. High school and middle school rates are taken from the 2002 Youth Tobacco Survey.

Health impacts information for 1999 is taken from the Smoking Attributable Mortality, Morbidity and Economic Costs (SAMMEC) software. Age-adjusted rates were calculated for persons aged 35 years and older and were age-adjusted to the 2000 U.S. population. The economic costs information includes direct medical expenditures as well as lost productivity costs.

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

### American Lung Association of Kansas

4300 SW Drury Lane  
Topeka, KS 66604-2419  
(785) 272-9290  
[www.kslung.org](http://www.kslung.org)

# KENTUCKY

## Grades:

<b>Tobacco Prevention and Control Spending</b>	<b>F</b>
------------------------------------------------	----------

FY 2005 Tobacco Prevention and Control Appropriations:\* \$3,779,024

CDC Best Practices Minimum State Spending Requirement: \$25,090,000

\*Includes FY 2004 funding from the Centers for Disease Control and Prevention.

<b>Smokefree Air</b>	<b>F</b>
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### Overview of Smokefree Air Law(s):

Government Workplaces: **Restricts**

Private Workplaces: **No provision**

Schools: **Restricts**

Childcare Facilities: **No provision**

Restaurants: **No provision**

Bars: **No provision**

Retail Stores: **No provision**

Recreation/Cultural Facilities: **No provision**

Penalties: **Yes**

Enforcement: **No**

Preemption: **No**

Citation: 200 KY REV. STAT. § 61.045; 61.165; 61.167 & 438.050

<b>Cigarette Tax</b>	<b>F</b>
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Tax Rate per pack of 20: \$0.030

<b>Youth Access</b>	<b>F</b>
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### Overview of Youth Access Law(s):

Minimum Age Requirement: **Yes**

Packaging: Prohibits all cigarette sales other than in a sealed package conforming to federal labeling requirements: **Yes**

Clerk Intervention: Prohibits access to or purchase of tobacco products without the intervention of a sales clerk: **No**

Photographic Identification: Require merchants to request photographic identification for customers who appear to be under 21 years of age: **Yes**

Vending Machines: **Restricts**

Free Distribution: **Restricts**

Graduated penalties or fines on retailers: **Yes**

Establishes random, unannounced inspections: **Yes**

Establishes statewide enforcement agency: **Yes**

Preemption: **Yes**

Citation: KY REV. STAT. § 438.330 et seq. & 438.310 et seq.



## Behind the Scenes

The American Lung Association of Kentucky continues to be a leading force in tobacco control and prevention activities through its work in statewide and local coalitions. In partnership with its allies, the American Lung Association has reshaped the thinking of many Kentucky politicians. No longer is it considered political suicide to discuss the health and economic burden tobacco inflicts on Kentucky. Even in the state capitol, where smoking was once allowed in every committee meeting and every hallway, new restrictions on smoking passed in 2004 show that a new culture and attitude are emerging.

2004 was perhaps the most successful year ever for the Bluegrass State, as the Kentucky Supreme Court ruling on April 22 cleared the way for the state's first smokefree ordinance to go into effect in Lexington following months of legal battles. The coalition solidly defeated multiple pieces of preemptive legislation in the Legislature. These successes have encouraged dozen of local communities to begin educational campaigns on the dangers—and the solution—to secondhand smoke.

Considering those successes, it was disappointing that once again the state legislature failed to pass an increase in the excise tax on tobacco products. Unfortunately, due to partisan politics, legislators actually failed to pass any budget at all! The good news, however, is that a significant increase was part of Gov. Ernie Fletcher's "tax modernization plan" and appears to be part of any potential budget package.

Like so many statewide coalitions, tobacco control advocates are busy struggling to fund the activities in the vacuum created in the absence of the SmokeLess States office. Currently, the American Lung Association of Kentucky is working closely with many allies to transition the coalition, Kentucky ACTION, into a separate nonprofit organization. They have identified various local and national potential funding sources in order to build upon recent victories. The number one priority remains a significant increase in the excise tax on cigarettes and other tobacco products. However, they also will build on smokefree success in Lexington. At present, strong smokefree campaigns are active in Louisville, Northern Kentucky (Cincinnati, OH, area), Bowling Green, Ashland, and Morehead.

## Kentucky State Facts

Economic Costs Due to Smoking:	\$3,022,000,000
Adult Prevalence:	30.8%
High School Smoking Rate:	32.7%
Middle School Smoking Rate:	15.3%
Smoking Attributable Deaths per 100,000:	387.1
Smoking Attributable Lung Cancer per 100,000:	121.4

Adult prevalence data is taken from the CDC Behavioral Risk Factor Surveillance System, 2003. High school rates are taken from the 2003 Youth Risk Behavioral Surveillance System. Middle school rates are taken from the 2002 Youth Tobacco Survey.

Health impacts information for 1999 is taken from the Smoking Attributable Mortality, Morbidity and Economic Costs (SAMMEC) software. Age-adjusted rates were calculated for persons aged 35 years and older and were age-adjusted to the 2000 U.S. population. The economic costs information includes direct medical expenditures as well as lost productivity costs.

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

### American Lung Association of Kentucky

P.O. Box 9067  
Louisville, KY 40209-0067  
(502) 363-2652  
[www.kylung.org](http://www.kylung.org)

# LOUISIANA

## Grades:

<b>Tobacco Prevention and Control Spending</b>	<b>F</b>
------------------------------------------------	----------

FY 2005 Tobacco Prevention and Control Appropriations:\* \$12,418, 381

CDC Best Practices Minimum State Spending Requirement: \$27,130,000

\*Includes FY 2004 funding from the Centers for Disease Control and Prevention.

<b>Smokefree Air</b>	<b>F</b>
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### Overview of Smokefree Air Law(s):

Government Workplaces: **Restricts**

Private Workplaces: **Restricts**

Schools: **Bans**

Childcare Facilities: **Restricts**

Restaurants: **Restricts**

Bars: **No provision**

Retail Stores: **Restricts**

Recreation/Cultural Facilities: **Restricts**

Penalties: **Yes**

Enforcement: **Yes**

Preemption: **Yes**

Citation: LA REV. STAT. § 40:1300.21 et seq.; 40:1300.41 et seq.; 17:240 & 40:2115

<b>Cigarette Tax</b>	<b>F</b>
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Tax Rate per pack of 20: \$0.360

<b>Youth Access</b>	<b>F</b>
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### Overview of Youth Access Law(s):

Minimum Age Requirement: **Yes**

Packaging: Prohibits all cigarette sales other than in a sealed package conforming to federal labeling requirements: **Yes**

Clerk Intervention: Prohibits access to or purchase of tobacco products without the intervention of a sales clerk: **No**

Photographic Identification: Require merchants to request photographic identification for customers who appear to be under 21 years of age: **No**

Vending Machines: **Restricts**

Free Distribution: **Restricts**

Graduated penalties or fines on retailers: **Yes**

Establishes random, unannounced inspections: **Yes**

Establishes statewide enforcement agency: **Yes**

Preemption: **Yes**

Citation: LA REV. STAT. § 47:841; 26:793; 14:91.8; 26:915; 14:91.6 et seq. & 26:909



## Behind the Scenes

The American Lung Association of Louisiana has provided valuable leadership as a contributing partner of the Coalition for Tobacco-Free

Louisiana for the past 5 years. The coalition is a network of nonprofit, state and public health organizations with a shared vision to prevent and eliminate tobacco use. In 2004, the executive director of the American Lung Association of Louisiana was re-elected chairman of the steering committee for the coalition.

During the 2004 Louisiana legislative session, the coalition adopted the following policy initiatives: protect partial preemption of the clean indoor air law, make the University of New Orleans (UNO) Lakefront Arena smokefree, provide for smokefree zones in schools and secure a resolution to declare the state capitol smokefree. The bill to eliminate partial preemption just one year after it was enacted was voluntarily deferred because of the efforts of the Coalition. Unfortunately, our bill to provide for smokefree zones in schools was also voluntarily deferred, mainly due to enforcement issues.

However, Louisiana tobacco control advocates did celebrate two key victories in the battle for Louisiana citizens to breathe clean indoor air through the passage of HB 1603, which prohibits smoking in the UNO Lakefront Arena, a large arena in New Orleans used for college sporting events, public gatherings, and concerts. The resolution to make the state capitol smokefree also was signed by the Gov. Kathleen Babineaux Blanco.

Since this was a regular, nonfiscal session, there was no movement on cigarette excise taxes. However, a new entity called Tobacco-Free Living began operating under the Louisiana Public Health Institute with money generated from the increase in excise taxes in the 2002 session. Tobacco-Free Living immediately launched an aggressive media campaign toward secondhand smoke and smoking cessation by using the American Lung Association of Louisiana telephone counseling services.

The long standing partnership between the American Lung Association of Louisiana and the Louisiana Office of Public Health Tobacco Control Program continues to reach more Louisiana citizens through smoking cessation clinics, a telephone counseling smoking cessation help line, online tobacco programs, and a smoking cessation program geared

specifically for pregnant smokers and new mothers who smoke. Plans are to expand the hours of operation for the telephone counseling services through a grant from the Centers for Disease Control and Prevention.

Immediate goals for the future include raising the excise tax on a pack of cigarettes, revisiting repealing the rest of the smokefree air preemption law and making school campuses smokefree. The American Lung Association of Louisiana strives to achieve comprehensive smokefree environments, increase the excise tax to reduce teen smoking, and expand smoking prevention and cessation programs throughout the state.

### Louisiana State Facts

Economic Costs Due to Smoking:	\$2,813,000,000
Adult Prevalence:	26.5%
High School Smoking Rate:	36.4%
Middle School Smoking Rate:	17.1%
Smoking Attributable Deaths per 100,000:	314.1
Smoking Attributable Lung Cancer per 100,000:	104.6

Adult prevalence data is taken from the CDC Behavioral Risk Factor Surveillance System, 2003. High school rates are taken from the 1997 Youth Risk Behavioral Surveillance System. Middle school rates are taken from the 2001 Youth Tobacco Survey.

Health impacts information for 1999 is taken from the Smoking Attributable Mortality, Morbidity and Economic Costs (SAMMEC) software. Age-adjusted rates were calculated for persons aged 35 years and older and were age-adjusted to the 2000 U.S. population. The economic costs information includes direct medical expenditures as well as lost productivity costs.

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

### American Lung Association of Louisiana

2325 Severn Avenue, Suite 8

Metairie, LA 70001-6918

(504) 828-5864

[www.louisianalung.org](http://www.louisianalung.org)

# MAINE

## Grades:

<b>Tobacco Prevention and Control Spending</b>	<b>A</b>
------------------------------------------------	----------

FY 2005 Tobacco Prevention and Control Appropriations:\* \$15,095,602

CDC Best Practices Minimum State Spending Requirement: \$11,190,000

\*Includes FY 2004 funding from the Centers for Disease Control and Prevention.

<b>Smokefree Air</b>	<b>B</b>
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**Overview of Smokefree Air Law(s):**

Government Workplaces: **Restricts**

Private Workplaces: **Restricts**

Schools: **Restricts**

Childcare Facilities: **Bans**

Restaurants: **Bans**

Bars: **Bans**

Retail Stores: **Bans**

Recreation/Cultural Facilities: **Bans**

Penalties: **Yes**

Enforcement: **Yes**

Preemption: **No**

Citation: 22 ME REV. STAT. ANN. § 1541 et seq.; 1580-B et seq.; 1578-B & CODE OF ME RULES 10-144, Ch. 250

<b>Cigarette Tax</b>	<b>C</b>
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Tax Rate per pack of 20: \$1.000

<b>Youth Access</b>	<b>A</b>
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**Overview of Youth Access Law(s):**

Minimum Age Requirement: **Yes**

Packaging: Prohibits all cigarette sales other than in a sealed package conforming to federal labeling requirements: **Yes**

Clerk Intervention: Prohibits access to or purchase of tobacco products without the intervention of a sales clerk: **Yes**

Photographic Identification: Require merchants to request photographic identification for customers who appear to be under 21 years of age: **Yes**

Vending Machines: **Restricts**

Free Distribution: **Restricts**

Graduated penalties or fines on retailers: **Yes**

Establishes random, unannounced inspections: **No**

Establishes statewide enforcement agency: **Yes**

Preemption: **No**

Citation: 22 ME REV. STAT. ANN., § 1551 et seq. & P.L. 1995, c. 470, §§ 17 and 19.



The **American Lung Association** recognizes Maine for continuing to fully fund its tobacco prevention program.



## Behind the Scenes

The Maine Coalition on Smoking or Health, a broad coalition of organizations and individuals of which the American Lung Association of Maine was a founding member, has worked on tobacco prevention and control for more than 20 years. The coalition's focus around statewide policy change has led to a series of successes that would not have been possible without the very hard work and close cooperation of its members, who also include American Cancer Society, the American Heart Association, the Maine Medical Association, and the Maine Hospital Association.

The coalition's biggest success in the 2004 legislative session was to keep intact the funding for Maine's tobacco control program and other health-related programs that receive funding from tobacco settlement money. New laws changed the state's retail tobacco licensing requirement from one-time to annual; banned the sale of bottled water containing nicotine; and prohibited smoking in homes and vehicles of foster parents within 12 hours of when a foster child will be present.

Our biggest disappointment was a failure, once again, to get enough votes in the Legislature to send a proposed constitutional amendment out for voter approval to permanently require that settlement money be used only for 9 specified, health-related purposes, including tobacco prevention, treatment and control. Maine's Constitution cannot be amended by direct voter initiative.

Maine's tobacco prevention and control program efforts continue to bear fruit. Adult per capita consumption has continued its downward trend, declining more than 26 percent between 1997 and 2003. The rate of smoking among high school students declined nearly 48 percent (and among middle school students, 59%) during that same time period. Maine's youth access compliance rate for 2003 was 91 percent. The rate of smoking among pregnant Medicaid recipients has also begun to decline after being one of the highest in the nation during the mid-90s. Maine's adult smoking rate continues to be a vexing problem, particularly among young adults.

The Maine Tobacco HelpLine, which began offering telephonic counseling services in August of 2001 and nicotine replacement therapy in August 2002, continues to surpass expectations. The call volume from January to June 2004 was 2.5 times higher than the

volume in the same time period in 2002. About 96 percent of tobacco users who called between January and June 2004 requested counseling, compared with 52 percent two years earlier. The HelpLine is reaching tobacco users in all 16 counties, urban and rural, in approximate proportion to their rates of smoking. It continues to provide a significant proportion of its services to populations with the greatest need—those without insurance, recipients of Medicaid and those with a high school education or less.

In Maine's 2005 legislative session, we will work, as always, to ensure adequate funding for the tobacco program. (The biennial budget for 2006-07 will be the major focus for the newly elected legislature). There are some loopholes in the workplace smoking law that need to be closed, and there is also a need to raise the cigarette tax, which currently is \$1.00 per pack.

### Maine State Facts

Economic Costs Due to Smoking:	\$876,000,000
Adult Prevalence:	23.7%
High School Smoking Rate:	20.5%
Middle School Smoking Rate:	8.7%
Smoking Attributable Deaths per 100,000:	305.2
Smoking Attributable Lung Cancer per 100,000:	95.7

Adult prevalence data is taken from the CDC Behavioral Risk Factor Surveillance System, 2003. High school and middle school rates are taken from the 2003 Youth Risk Behavioral Surveillance System.

Health impacts information for 1999 is taken from the Smoking Attributable Mortality, Morbidity and Economic Costs (SAMMEC) software. Age-adjusted rates were calculated for persons aged 35 years and older and were age-adjusted to the 2000 U.S. population. The economic costs information includes direct medical expenditures as well as lost productivity costs.

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

### American Lung Association of Maine

122 State Street  
 Augusta, ME 04330  
 (207) 622-6394  
[www.maine-lung.org](http://www.maine-lung.org)

# M A R Y L A N D

## Grades:

<b>Tobacco Prevention and Control Spending</b>	<b>F</b>
------------------------------------------------	----------

FY 2005 Tobacco Prevention and Control Appropriations:\* \$10,858,902

CDC Best Practices Minimum State Spending Requirement: \$30,300,000

\*Includes FY 2004 funding from the Centers for Disease Control and Prevention.

<b>Smokefree Air</b>	<b>B</b>
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### Overview of Smokefree Air Law(s):

Government Workplaces: **Restricts**

Private Workplaces: **Restricts**

Schools: **Bans**

Childcare Facilities: **Bans**

Restaurants: **Restricts**

Bars: **No provision**

Retail Stores: **Restricts**

Recreation/Cultural Facilities: **Restricts**

Penalties: **Yes**

Enforcement: **Yes**

Preemption: **No**

Citation: MD CODE ANN., BUS. REGS. § 2-105, CODE OF MD REGS. Tit. 9 § 12.23 et seq., Exec. Order 01.01.1992.20 & State Board of Education tit. 13A, subtitle 02, c.04.

<b>Cigarette Tax</b>	<b>C</b>
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Tax Rate per pack of 20: \$1.000

<b>Youth Access</b>	<b>F</b>
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### Overview of Youth Access Law(s):

Minimum Age Requirement: **Yes**

Packaging: Prohibits all cigarette sales other than in a sealed package conforming to federal labeling requirements: **Yes**

Clerk Intervention: Prohibits access to or purchase of tobacco products without the intervention of a sales clerk: **No**

Photographic Identification: Require merchants to request photographic identification for customers who appear to be under 21 years of age: **No**

Vending Machines: **Restricts**

Free Distribution: **Restricts**

Graduated penalties or fines on retailers: **Yes**

Establishes random, unannounced inspections: **No**

Establishes statewide enforcement agency: **No**

Preemption: **No**

Citation: MD CODE ANN., CRIM. LAW § 10-107, 11-5A-01 et seq. & MD CODE ANN., BUS. REGS. § 16-222; 16-3a-02; 16-209.



## Behind the Scenes

The American Lung Association of Maryland continues to bring about policy changes in tobacco control for the citizens of Maryland. Along with the American Cancer Society, Maryland Division, American Heart Association, Maryland Affiliate, and numerous other organizations, the statewide coalition Smoke Free Maryland has worked productively to expand sponsorship and passage of public policies that improve the lives of Marylanders.

The Maryland General Assembly meets annually from mid-January to mid-April. During the last five legislative sessions, a bill has been introduced to remove the hospitality exemption from the Maryland Occupational Safety and Health regulations protecting workers from secondhand smoke. Each year, this bill has died in committee. In the 2004 session, the bill died on a 6-5 vote in the Senate Finance Committee. This was an outstanding effort; with a local BREATHE group established and advocating for the health of restaurant employees. This legislation is going to succeed soon—it almost happened in 2004. The House of Delegates is poised to pass this bill as soon as it gets through the Senate.

Locally, residents of Montgomery, Howard and Talbot counties now have laws protecting employees and the public from secondhand smoke that are stronger than the state law. In Montgomery and Talbot Counties, smoking is not allowed in most public places, including restaurants and bars. In Howard County, smoking in restaurants is allowed in an enclosed and separately ventilated bar room while smoking in bars is allowed everywhere. In Howard county if the restaurant does not sell alcoholic beverages, smoking is prohibited.

The battle for continued funding of tobacco prevention use and cessation programs from the state's allocation of Master Settlement Agreement dollars is constantly in the forefront of the budget committees. The 2004 allocation was \$9.5 million, down from \$20 million in 2003.

A Tobacco Product Placement bill passed the House in good form, but the Senate Finance Committee considered amendments that would have weakened a very strong Lung Association-backed nonpreemption clause. When that started happening, a decision was made to kill the bill. Thanks to strong local coalitions, the following counties have passed local laws banning tobacco product self-service displays: City of

Gaithersburg (2000), Montgomery County (2000), Howard County (2000), Talbot County (2001), Baltimore City (2001), and Wicomico County (2002).

In other local activity, Howard County (2001), Prince Georges County (2001), and Baltimore City (2002) passed laws making it a civil offense to sell tobacco to minors and creating an enforcement mechanism for violations. The county or city health officer will issue violators fines.

Baltimore City also passed a law banning the sale of single cigarettes in parts of the city while Howard County (2003) banned the distribution of free sample cigarettes.

The goal of the American Lung Association of Maryland is to ensure that no one is exposed to tobacco smoke and to reduce the incidence of youth smoking. The American Lung Association will continue to lead the grassroots efforts on smokefree air.

### Maryland State Facts

Economic Costs Due to Smoking:	\$3,088,000,000
Adult Prevalence:	20.1%
High School Smoking Rate:	19.3%
Middle School Smoking Rate:	5.3%
Smoking Attributable Deaths per 100,000:	283.3
Smoking Attributable Lung Cancer per 100,000:	93.2

Adult prevalence data is taken from the CDC Behavioral Risk Factor Surveillance System, 2003. High school and middle school rates are taken from the 2002 Youth Tobacco Survey.

Health impacts information for 1999 is taken from the Smoking Attributable Mortality, Morbidity and Economic Costs (SAMMEC) software. Age-adjusted rates were calculated for persons aged 35 years and older and were age-adjusted to the 2000 U.S. population. The economic costs information includes direct medical expenditures as well as lost productivity costs.

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

### American Lung Association of Maryland

Executive Plaza 1, Suite 600  
11350 McCormick Road  
Hunt Valley, MD 21031  
(410) 560-2120  
[www.marylandlung.org](http://www.marylandlung.org)

# M A S S A C H U S E T T S

## Grades:

<b>Tobacco Prevention and Control Spending</b>	<b>F</b>
------------------------------------------------	----------

FY 2005 Tobacco Prevention and Control Appropriations:\* \$5,321,990

CDC Best Practices Minimum State Spending Requirement: \$35,240,000

\*Includes FY 2004 funding from the Centers for Disease Control and Prevention.

<b>Smokefree Air</b>	<b>A</b>
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### Overview of Smokefree Air Law(s):

Government Workplaces: **Bans**

Private Workplaces: **Bans**

Schools: **Bans**

Childcare Facilities: **Bans**

Restaurants: **Bans**

Bars: **Bans**

Retail Stores: **Bans**

Recreation/Cultural Facilities: **Bans**

Penalties: **Yes**

Enforcement: **Yes**

Preemption: **No**

Citation: MA GEN. LAWS Ch. 270, § 22

<b>Cigarette Tax</b>	<b>B</b>
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Tax Rate per pack of 20: \$1.510

<b>Youth Access</b>	<b>C</b>
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### Overview of Youth Access Law(s):

Minimum Age Requirement: **Yes**

Packaging: Prohibits all cigarette sales other than in a sealed package conforming to federal labeling requirements: **Yes**

Clerk Intervention: Prohibits access to or purchase of tobacco products without the intervention of a sales clerk: **Yes**

Photographic Identification: Require merchants to request photographic identification for customers who appear to be under 21 years of age: **Yes**

Vending Machines: **Restricts**

Free Distribution: **Restricts**

Graduated penalties or fines on retailers: **Yes**

Establishes random, unannounced inspections: **No**

Establishes statewide enforcement agency: **No**

Preemption: **Limited**

Citation: MA GEN. LAWS ANN. Ch. 64C, § 7 & Ch. 270, § 6 et seq. & Ch. 94, § 307a & 64C, § 10 Ch. 62C, § 67 & 940 CMR 21.04



The **American Lung Association** recognizes Massachusetts for enacting a comprehensive smokefree air law that protects all workers from secondhand smoke.



## Behind the Scenes

The American Lung Association of Massachusetts has through its involvement with local and statewide tobacco coalitions, helped to bring about policy changes in tobacco control for the people of Massachusetts. Along with other organizations, we have worked successfully to gain sponsorship and passage of a number of public policies that undoubtedly strengthen tobacco control efforts within the state.

Massachusetts has dramatically reduced tobacco use and involuntary exposure to secondhand smoke throughout the past decade through the combination of the formerly world-renowned Massachusetts Tobacco Control Program (MTCP) and strong tobacco control policies (statewide workplace smoking ban, strong local youth access regulations and a high tobacco tax). Since the inception of the MTCP, adult smoking rates declined 10 percent, smoking among pregnant women plummeted 68 percent (one of the largest declines seen by any state over the same period).

These tremendous gains are in danger of being lost to the near elimination of the MTCP due to state budget cuts. What remains is a skeleton of what once existed, with funding reduced from \$54 million in FY 1994 to \$1.7 million in FY 2003 and \$3.7 million for FY 2005.

Despite the broad protections from secondhand smoke afforded to all residents through the smoke-free workplace law, the absence of a comprehensive tobacco control program will have a pronounced impact in those communities that already exhibit the greatest tobacco-related health disparities.

Historical barriers to advocacy for state tobacco control funding have included lack of support among key political leaders; lack of meaningful investment by key constituencies and stakeholders; large state fiscal deficits; and other public health issues competing for attention and resources. Having recently attained major policy successes (tax and clean indoor air). The coalition is poised to refocus attention. The smokefree workplace campaign has afforded us tremendous public attention on the issue of tobacco control, increased support for affordable cessation services for smokers, and expanded connections with key decision makers.

Many populations still have adult smoking rates that are higher than the state rate of than the general population in Massachusetts. Studies indicate that

Vietnamese men, Blacks, those with less than a high school education and those with a household income less than \$25,000 have the highest rates of smoking in Massachusetts. It will take a different, culturally competent approach and a sustained concentration of resources in the most vulnerable communities and populations in order to have a significant impact in reducing smoking and tobacco-related health disparities.

The American Lung Association of Massachusetts, working with other coalition members, is seeking to create a social climate conducive to policy change. The ultimate goal is a smokefree Massachusetts.

Massachusetts State Facts	
Economic Costs Due to Smoking:	\$4,354,000,000
Adult Prevalence:	19.1%
High School Smoking Rate:	20.9%
Middle School Smoking Rate:	NA*
Smoking Attributable Deaths per 100,000:	261.2
Smoking Attributable Lung Cancer per 100,000:	85.1

\*Data are not collected by the State.

Adult prevalence data is taken from the CDC Behavioral Risk Factor Surveillance System, 2003. High school rates are taken from the 2003 Youth Risk Behavioral Surveillance System. Middle school rates are not collected by the state.

Health impacts information for 1999 is taken from the Smoking Attributable Mortality, Morbidity and Economic Costs (SAMMEC) software. Age-adjusted rates were calculated for persons aged 35 years and older and were age-adjusted to the 2000 U.S. population. The economic costs information includes direct medical expenditures as well as lost productivity costs.

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

### American Lung Association of Massachusetts

393 Maple Street  
 Springfield, MA 01105  
 (413) 737-3506  
[www.lungma.org](http://www.lungma.org)

# M I C H I G A N

## Grades:

### Tobacco Prevention and Control Spending **F**

FY 2005 Tobacco Prevention and Control Appropriations:\* \$6,365,100

CDC Best Practices Minimum State Spending Requirement: \$54,800,000

\*Includes FY 2004 funding from the Centers for Disease Control and Prevention.

### Smokefree Air **F**

#### Overview of Smokefree Air Law(s):

Government Workplaces: **Restricts**

Private Workplaces: **No provision**

Schools: **Bans**

Childcare Facilities: **Bans**

Restaurants: **Restricts**

Bars: **No provision**

Retail Stores: **Restricts**

Recreation/Cultural Facilities: **Restricts**

Penalties: **Yes**

Enforcement: **Yes**

Preemption: **Yes**

Citation: MI COMP. LAWS § 289.707a; 333.12601 et seq.; 750.473; 722.111 et. seq.; 333.12905; 333.12915 & Exec. Order 1992-3.

### Cigarette Tax **A**

Tax Rate per pack of 20: \$2.000

On July 1, 2004, the cigarette tax was raised from \$1.25 to \$2.00 per pack.

### Youth Access **F**

#### Overview of Youth Access Law(s):

Minimum Age Requirement: **Yes**

Packaging: Prohibits all cigarette sales other than in a sealed package conforming to federal labeling requirements: **Yes**

Clerk Intervention: Prohibits access to or purchase of tobacco products without the intervention of a sales clerk: **No**

Photographic Identification: Require merchants to request photographic identification for customers who appear to be under 21 years of age: **No**

Vending Machines: **Restricts**

Free Distribution: **No**

Graduated penalties or fines on retailers: **No**

Establishes random, unannounced inspections: **No**

Establishes statewide enforcement agency: **No**

Preemption: **Yes**

Citation: MI COMP. LAWS ANN. § 722.641 et seq. & 750.42b et seq.



The **American Lung Association** recognizes Michigan for raising its cigarette tax to \$2.00 per pack, one of the highest in the nation.



## Behind the Scenes

The American Lung Association of Michigan has worked at the state and local levels to protect Michiganders from the hazardous effects of second-hand smoke, to fund comprehensive tobacco prevention programs, to increase taxes on tobacco products, and to ensure that today's youth do not become "replacement" customers for the tobacco industry.

The legislative climate in Michigan is mixed. The current governor and the state surgeon general are committed to making public health a priority. However, the legislature has not shown a similar commitment. In June 2004, following the recommendation of the Gov. Granholm, Michigan passed a \$0.75 tax increase on cigarettes and a 32 percent increase to all other tobacco products. This placed Michigan as one of the tobacco tax leaders in the country, at \$2.00 per pack. Unfortunately, none of this additional tax revenue was dedicated to a comprehensive tobacco prevention program. It was instead used to fund gaps in the state Medicaid budget and the general fund.

Each year, Michigan receives approximately \$1 billion annually from tobacco tax revenues and tobacco settlement payments. Michigan remains one of only a few states that have never spent tobacco settlement funds on tobacco use prevention and reduction programs. The CDC recommends that Michigan spend a minimum of \$55 million annually on such programs. Currently, Michigan spends a little over \$6 million per year, only 12 percent of the CDC minimum.

Beginning in October 2004, 50 percent of the money Michigan spends on smoking prevention programs will be required to be used for nicotine replacement therapy for individuals without insurance coverage for the same services.

Currently, four counties and one city in Michigan are covered by smokefree worksite regulations. They are Chippewa, Genesee, Ingham, and Washtenaw counties and the city of Marquette. Wayne County, the largest county in Michigan, is currently working on a regulation that will be supported by both the county executive and the mayor of Detroit. Several other counties throughout the state are also working on local regulations. Due to a preemptive state law, none of the regulations include bars and restaurants.

## Michigan State Facts

Economic Costs Due to Smoking:	\$6,060,000,000
Adult Prevalence:	26.1%
High School Smoking Rate:	22.6%
Middle School Smoking Rate:	9.3%
Smoking Attributable Deaths per 100,000:	299
Smoking Attributable Lung Cancer per 100,000:	88.6

Adult prevalence data is taken from the CDC Behavioral Risk Factor Surveillance System, 2003. High school rates are taken from the 2003 Youth Risk Behavioral Surveillance System. Middle school rates are taken from the 2001 Youth Tobacco Survey.

Health impacts information for 1999 is taken from the Smoking Attributable Mortality, Morbidity and Economic Costs (SAMMEC) software. Age-adjusted rates were calculated for persons aged 35 years and older and were age-adjusted to the 2000 U.S. population. The economic costs information includes direct medical expenditures as well as lost productivity costs.

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

### American Lung Association of Michigan

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Oak Park, MI 48237  
(248) 784-2000  
[www.alam.org](http://www.alam.org)

# MINNESOTA

## Grades:

<b>Tobacco Prevention and Control Spending</b>	<b>D</b>
------------------------------------------------	----------

FY 2005 Tobacco Prevention and Control Appropriations:\* \$19,853,963

CDC Best Practices Minimum State Spending Requirement: \$28,620,000

\*Includes FY 2004 funding from the Centers for Disease Control and Prevention.

<b>Smokefree Air</b>	<b>F</b>
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**Overview of Smokefree Air Law(s):**

Government Workplaces: **Bans**

Private Workplaces: **Restricts**

Schools: **Bans**

Childcare Facilities: **Bans**

Restaurants: **Restricts**

Bars: **No provision**

Retail Stores: **Restricts**

Recreation/Cultural Facilities: **Restricts**

Penalties: **Yes**

Enforcement: **Yes**

Preemption: **No**

Citation: MN STAT. ANN. § 144.411 et seq. & 327.742 & 16B.24

The Smokefree Air grade only examines state tobacco control law and does not reflect local smokefree ordinances. Minnesota has made great strides at protecting people from secondhand smoke by passing strong local smokefree ordinances.

<b>Cigarette Tax</b>	<b>D</b>
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Tax Rate per pack of 20: \$0.480

<b>Youth Access</b>	<b>C</b>
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**Overview of Youth Access Law(s):**

Minimum Age Requirement: **Yes**

Packaging: Prohibits all cigarette sales other than in a sealed package conforming to federal labeling requirements: **Yes**

Clerk Intervention: Prohibits access to or purchase of tobacco products without the intervention of a sales clerk: **Yes**

Photographic Identification: Require merchants to request photographic identification for customers who appear to be under 21 years of age: **No**

Vending Machines: **Restricts**

Free Distribution: **Bans**

Graduated penalties or fines on retailers: **Yes**

Establishes random, unannounced inspections: **Yes**

Establishes statewide enforcement agency: **No**

Preemption: **No**

Citation: MN STAT. ANN. § 609.685 et seq. & 461.18 & 325F.77 & 461.12



## Behind the Scenes

The American Lung Association of Minnesota works closely with other members of the Minnesota Smoke-Free Coalition and a statewide advocacy network to raise the profile of tobacco public policies at the state and local levels. Through volunteer lobby days, email campaigns, grassroots contacts, press conferences, and direct lobbying efforts, the American Lung Association and its partners work to ensure that legislators are not only knowledgeable but are also accountable regarding anti-tobacco policy issues.

Tobacco public policy issues received significant attention from legislators and the media during the 2004 session. Although several policies were introduced, little was accomplished as the session ended without conference committees being held on major omnibus bills.

The American Lung Association and its partners did succeed, however, in preventing an attempt to weaken the current youth access to tobacco products law. In addition, even though an appeal bond law was passed, they were able to increase the amount from the proposed \$25 million to \$150 million.

The “Freedom to Breathe Act,” which would have strengthened the Minnesota Clean Indoor Air Act to include most workplaces, received significant media attention and tremendous public support (including three former Minnesota governors and a former U.S. senator). The bill made it to the Senate floor, but it was never given a committee hearing in the House.

The governor of Minnesota this year formed a Citizens Health Care Task Force. This task force, under the direction of former U.S. Senator David Durenberger, was directed to make recommendations to transform Minnesota’s health care system. The task force released a report that included recommendations for a \$1.00 per pack cigarette tax increase and stronger clean indoor air policies.

The American Lung Association of Minnesota will continue to work with its partners to pass legislation that will protect the lung health of this state’s citizens. We will continue to fight for a statewide law to prohibit smoking in Minnesota’s indoor worksites and public places. In addition we will work to increase our tobacco excise tax, protect and increase our tobacco prevention funding, and protect our youth access to tobacco law.

## Minnesota State Facts

Economic Costs Due to Smoking:	\$2,638,000,000
Adult Prevalence:	21.1%
High School Smoking Rate:	32.4%
Middle School Smoking Rate:	7.2%
Smoking Attributable Deaths per 100,000:	231.1
Smoking Attributable Lung Cancer per 100,000:	73.8

Adult prevalence data is taken from the CDC Behavioral Risk Factor Surveillance System, 2003. High school rates are taken from the 2000 Youth Tobacco Survey. Middle school rates are taken from the 2002 Youth Tobacco Survey.

Health impacts information for 1999 is taken from the Smoking Attributable Mortality, Morbidity and Economic Costs (SAMMEC) software. Age-adjusted rates were calculated for persons aged 35 years and older and were age-adjusted to the 2000 U.S. population. The economic costs information includes direct medical expenditures as well as lost productivity costs.

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

### American Lung Association of Minnesota

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St. Paul, MN 55103-2441  
(651) 227-8014  
[www.alamn.org](http://www.alamn.org)

# MISSISSIPPI

## Grades:

<b>Tobacco Prevention and Control Spending</b>	<b>A</b>
------------------------------------------------	----------

FY 2005 Tobacco Prevention and Control Appropriations:\* \$20,380,796

CDC Best Practices Minimum State Spending Requirement: \$18,790,000

\*Includes FY 2004 funding from the Centers for Disease Control and Prevention.

<b>Smokefree Air</b>	<b>F</b>
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### Overview of Smokefree Air Law(s):

Government Workplaces: **Restricts**

Private Workplaces: **No provision**

Schools: **Bans**

Childcare Facilities: **No provision**

Restaurants: **No provision**

Bars: **No provision**

Retail Stores: **No provision**

Recreation/Cultural Facilities: **No provision**

Penalties: **Yes**

Enforcement: **Yes**

Preemption: **Yes**

Citation: MS CODE ANN. § 29-5-161 & 97-32-29

<b>Cigarette Tax</b>	<b>F</b>
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Tax Rate per pack of 20: \$0.180

<b>Youth Access</b>	<b>C</b>
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### Overview of Youth Access Law(s):

Minimum Age Requirement: **Yes**

Packaging: Prohibits all cigarette sales other than in a sealed package conforming to federal labeling requirements: **Yes**

Clerk Intervention: Prohibits access to or purchase of tobacco products without the intervention of a sales clerk: **No**

Photographic Identification: Require merchants to request photographic identification for customers who appear to be under 21 years of age: **Yes**

Vending Machines: **Restricts**

Free Distribution: **Yes**

Graduated penalties or fines on retailers: **Yes**

Establishes random, unannounced inspections: **Yes**

Establishes statewide enforcement agency: **Yes**

Preemption: **Yes**

Citation: MS CODE ANN. § 97-32-21 & 97-32-5 & 97-32-13 & 97-32-7 & 97-32-15 & 97-32-17



The **American Lung Association** recognizes Mississippi for continuing to fully fund its tobacco prevention program.



## Behind the Scenes

The American Lung Association of Mississippi has, through its involvement with local and statewide tobacco coalitions, made inroads in tobacco control for the state of Mississippi. Joining forces with grassroots organizations has strengthened our tobacco education, prevention, cessation, and advocacy efforts and made an impact on every community.

Currently, \$20 million from the state's tobacco settlement provides funding for a comprehensive tobacco control program, which is administered by the Partnership for a Healthy Mississippi. The Partnership is a true, active coalition of several statewide organizations including the American Lung Association of Mississippi, American Cancer Society, American Heart Association and more than 30 local community partners. Its strength is in its grassroots organization and its very active youth involvement.

The combined efforts of the Partnership's programs have resulted in a 21 percent reduction in cigarette use by high school students between 1999 and 2003 and a 48 percent reduction in cigarette use by middle school students between 1999 and 2002.

During the 2004 legislative session, the Communities for a Clean Bill of Health (American Lung Association of Mississippi, American Cancer Society, American Heart Association, Mississippi Health Advocacy Program, Partnership for a Healthy Mississippi, and other organizations) led a statewide campaign to bring about a \$0.50 increase in Mississippi's tobacco excise tax. Although the tax increase was defeated, a huge base of public support was garnered. Additionally, the need for state budget funding has paved the way for a favorable vote for this tax in the 2005 legislative session.

The American Lung Association of Mississippi, along with other coalition members, is working to create a smokefree Mississippi. The American Lung Association of Mississippi believes the right to breathe smokefree air must extend to all Mississippians throughout the state without pre-empting stronger protections at the local level.

## Mississippi State Facts

Economic Costs Due to Smoking:	\$1,859,000,000
Adult Prevalence:	25.6%
High School Smoking Rate:	25.0%
Middle School Smoking Rate:	11.9%
Smoking Attributable Deaths per 100,000:	367.8
Smoking Attributable Lung Cancer per 100,000:	115.0

Adult prevalence data is taken from the CDC Behavioral Risk Factor Surveillance System, 2003. High school rates are taken from the 2003 Youth Risk Behavioral Surveillance System. Middle school rates are taken from the 2002 Youth Tobacco Survey.

Health impacts information for 1999 is taken from the Smoking Attributable Mortality, Morbidity and Economic Costs (SAMMEC) software. Age-adjusted rates were calculated for persons aged 35 years and older and were age-adjusted to the 2000 U.S. population. The economic costs information includes direct medical expenditures as well as lost productivity costs.

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

### American Lung Association of Mississippi

P.O. Box 2178  
Ridgeland, MS 39158  
(601) 206-5810  
[www.lungusa.org/mississippi](http://www.lungusa.org/mississippi)

# MISSOURI

## Grades:

<b>Tobacco Prevention and Control Spending</b>	<b>F</b>
------------------------------------------------	----------

FY 2005 Tobacco Prevention and Control Appropriations:\* \$1,466,052

CDC Best Practices Minimum State Spending Requirement: \$32,770,000

\*Includes FY 2004 funding from the Centers for Disease Control and Prevention.

<b>Smokefree Air</b>	<b>F</b>
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### Overview of Smokefree Air Law(s):

Government Workplaces: **Restricts**

Private Workplaces: **Restricts**

Schools: **Bans**

Childcare Facilities: **Bans**

Restaurants: **Restricts**

Bars: **No provision**

Retail Stores: **Restricts**

Recreation/Cultural Facilities: **Restricts**

Penalties: **Yes**

Enforcement: **Yes**

Preemption: **No**

Citation: MO REV. STAT. § 191.765 et seq. & 191.775 et seq.

<b>Cigarette Tax</b>	<b>F</b>
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Tax Rate per pack of 20: \$0.170

<b>Youth Access</b>	<b>B</b>
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### Overview of Youth Access Law(s):

Minimum Age Requirement: **Yes**

Packaging: Prohibits all cigarette sales other than in a sealed package conforming to federal labeling requirements: **Yes**

Clerk Intervention: Prohibits access to or purchase of tobacco products without the intervention of a sales clerk: **Yes**

Photographic Identification: Require merchants to request photographic identification for customers who appear to be under 21 years of age: **Yes**

Vending Machines: **Restricts**

Free Distribution: **Restricts**

Graduated penalties or fines on retailers: **Yes**

Establishes random, unannounced inspections: **Yes**

Establishes statewide enforcement agency: **Yes**

Preemption: **Limited**

Citation: MO REV. STAT. § 407.934 et seq.; 407.929 et seq.; 407.933 & 407.928



## Behind the Scenes

For the past 14 years, Missouri has lagged behind in implementing effective public policy to counter the negative health impact of tobacco use.

And as a result, the smoking rate in Missouri has jumped to the 3<sup>rd</sup> highest smoking rate in the country in 2003. Since the 1990s, efforts to forward tobacco control legislation have been limited with bills either dying in committee, weighted down with amendments, or deferred until the legislative session was over. This is alarming, considering Missouri is not a primary tobacco producing state. Missouri continues to rank among the lowest in the nation for funding of tobacco prevention and cessation programs as a percentage of the CDC recommended minimum. Missouri has yet to pass legislation that would increase a per pack tobacco excise tax while dozens of states have done so and achieved significant improvements in their usage rate as a result. Since 1990, Missouri has consistently pulled away from the national median, an indicator that other states who have successfully improved public policy through implementation of effective tobacco control legislation are dramatically changing mortality rates and illnesses caused by tobacco use.

Contributing to this severe public health issue is weak legislation to reduce public exposure to secondhand smoke; a nominal \$0.17 per pack tobacco excise tax, which has not been raised since 1993; and failure to use any of the tobacco settlement money to fund tobacco use prevention efforts since its award in 1998. Missouri's 1992 clean indoor air legislation is weak, lacks lucidity on how the law will be enforced, and it does not provide for 100 percent smokefree workplaces, restaurants, and other public places. On a positive note, the bill does not contain preemption language restricting local ordinances from imposing stronger legislation.

While the state's budget woes have improved, Missouri continued to face a significant budget deficit as the legislature entered the 2004 Legislative session. Republicans controlled both the House and the Senate. Governor Holden, a Democrat, once again tested ideas for tax increases that would assist in achieving a balanced budget. And as in the previous year, Republicans were determined that no tax proposals would be approved for the governor to balance the budget.

Once again, there was very little activity in the area of tobacco prevention and cessation funding or policy

within the state Legislature. The Master Settlement funds have been allocated year after year to shore up the budget deficit, with no opportunity for using those funds on tobacco prevention and cessation.

Locally, smokefree ordinances were passed in a handful of communities including Springfield, Maryville, Arnold, and St. Louis. The extent of the restrictions varies from community to community. Some address government buildings only, as in St. Louis, while most are focused on restaurants. None is as strong as it could be and some continue to be challenged, as in Arnold. Efforts to pass a smokefree ordinance failed in Jefferson City after approval by the city council and a veto from the mayor. There are several other communities preparing to gain passage of smokefree ordinances.

### Missouri State Facts

Economic Costs Due to Smoking:	\$3,841,000,000
Adult Prevalence:	27.2%
High School Smoking Rate:	24.8%
Middle School Smoking Rate:	14.9%
Smoking Attributable Deaths per 100,000:	345.3
Smoking Attributable Lung Cancer per 100,000:	101.6

Adult prevalence data is taken from the CDC Behavioral Risk Factor Surveillance System, 2003. High school rates are taken from the 2003 Youth Risk Behavioral Surveillance System. Middle school rates are taken from the 1999 Youth Tobacco Survey.

Health impacts information for 1999 is taken from the Smoking Attributable Mortality, Morbidity and Economic Costs (SAMMEC) software. Age-adjusted rates were calculated for persons aged 35 years and older and were age-adjusted to the 2000 U.S. population. The economic costs information includes direct medical expenditures as well as lost productivity costs.

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

### American Lung Association of Missouri

1118 Hampton Avenue  
 St. Louis, MO 63139-3196  
 (314) 645-5505  
[www.lungusa.org/missouri](http://www.lungusa.org/missouri)

# MONTANA

## Grades:

### Tobacco Prevention and Control Spending

**F**

FY 2005 Tobacco Prevention and Control Appropriations:\*

\$3,386,799

CDC Best Practices Minimum State Spending Requirement:

\$9,360,000

\*Includes FY 2004 funding from the Centers for Disease Control and Prevention.

### Smokefree Air

**F**

#### Overview of Smokefree Air Law(s):

Government Workplaces: **Restricts**

Private Workplaces: **Restricts**

Schools: **Restricts**

Childcare Facilities: **Bans**

Restaurants: **Restricts**

Bars: **No provision**

Retail Stores: **Restricts**

Recreation/Cultural Facilities: **Restricts**

Penalties: **No**

Enforcement: **Yes**

Preemption: **Limited**

Citation: MT CODE ANN. § 50-40-101 et seq.; 50-40-201 et seq.; 20-5-411 & ARM § 11.14.112

The Smokefree Air grade only examines state tobacco control law and does not reflect local smokefree ordinances. Montana has made great strides at protecting people from secondhand smoke by passing strong local smokefree ordinances.

### Cigarette Tax

**A**

Tax Rate per pack of 20:

\$1.700

On January 1, 2005 the cigarette tax increased from \$0.70 to \$1.70 per pack.

### Youth Access

**F**

#### Overview of Youth Access Law(s):

Minimum Age Requirement: **Yes**

Packaging: Prohibits all cigarette sales other than in a sealed package conforming to federal labeling requirements: **Yes**

Clerk Intervention: Prohibits access to or purchase of tobacco products without the intervention of a sales clerk: **No**

Photographic Identification: Require merchants to request photographic identification for customers who appear to be under 21 years of age: **No**

Vending Machines: **Restricts**

Free Distribution: **Restricts**

Graduated penalties or fines on retailers: **No**

Establishes random, unannounced inspections: **Yes**

Establishes statewide enforcement agency: **Yes**

Preemption: **Yes**

Citation: MT CODE ANN. § 16-11-301 et seq. & 45-5-637



## Behind the Scenes

The American Lung Association of the Northern Rockies, through its involvement with local and statewide tobacco coalitions, is working on and has helped to bring about significant policy changes in tobacco control for the people of Montana. Along with the American Heart Association, the American Cancer Society, the Alliance for a Healthy Montana, Protect Montana Kids, and other organizations, the Lung Association has worked successfully to gain sponsorship and passage of a number of public policies that undoubtedly strengthen tobacco control efforts within the state.

During the most recent legislative session, the Lung Association was able to restore a majority of the funding lost earlier to tobacco prevention and control increasing the funding level from less than \$400,000 to \$3.2 million being appropriated. There is a lot left to do as this funding level is still significantly less than the \$9.6 million recommended by the Centers for Disease Control and Prevention (CDC) and the level Montana voters supported through an earlier initiative. With a new governor, changes in legislative leadership and new dollars put into the budget by the advocates through tobacco taxes, the Lung Association looks to correct the issue of inadequate funding for tobacco prevention and control.

The American Lung Association of the Northern Rockies believes that all employees deserve smoke-free workplaces, including restaurants, and bars. The tobacco industry and its allies in the hospitality industry have continued to pour money into Montana to protect business interests over the public's health.

Helena, Missoula, Bozeman, and Great Falls have passed clean indoor air ordinances. Helena's ordinance is the strongest as it protects all workers, including those in bars and casinos. That ordinance (passed by 65 percent of the Helena voters) has had an international impact with the Helena Heart Attack Study showing a 40-50 percent decrease in heart attacks during the 6-month period the smoking ordinance was in place. The CDC followed with a new health advisory for those with heart conditions, urging them to avoid second-hand smoke and establishments that allow smoking. After the Montana Legislature passed a limited preemption law that overturned the Helena ordinance and decreased effectiveness for existing ordinances in other communities, advocates took the law directly to the Montana Supreme Court in 2004. That decision is pending.

The tobacco industry, along with the bars and casinos, has funded the legal fight against smokefree workplaces.

Raising the tobacco tax an additional dollar became a priority following the success in raising the tobacco tax during the previous legislative session (from \$0.18 to \$0.70). The Healthy Kids Healthy Montana Initiative I-149 raising the cigarette tax by a \$1.00 was placed on the November 2004 ballot through a well-coordinated campaign. The tobacco industry began pouring money into Montana to oppose the initiative. The first was a legal suit against the initiative, declaring it illegal. The Montana Attorney General's office presented the case on behalf of the initiative and won in District court and when appealed, won again in the Montana Supreme Court. In spite of the tobacco industry's efforts to continue selling its products at a low cost and addicting children, Montana voters passed the initiative by a greater than 60 percent margin, giving millions of dollars available for health programs, and making Montana one of the highest tobacco taxes in the country.

### Montana State Facts

Economic Costs Due to Smoking:	\$463,000,000
Adult Prevalence:	20.0%
High School Smoking Rate:	22.9%
Middle School Smoking Rate:	NA
Smoking Attributable Deaths per 100,000:	294.7
Smoking Attributable Lung Cancer per 100,000:	86.3

Adult prevalence data is taken from the CDC Behavioral Risk Factor Surveillance System, 2003. High school rates are taken from the 2003 Youth Risk Behavioral Surveillance System. Middle school rates are not collected by state.

Health impacts information for 1999 is taken from the Smoking Attributable Mortality, Morbidity and Economic Costs (SAMMEC) software. Age-adjusted rates were calculated for persons aged 35 years and older and were age-adjusted to the 2000 U.S. population. The economic costs information includes direct medical expenditures as well as lost productivity costs.

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

### American Lung Association of the Northern Rockies

825 Helena Avenue  
Helena, MT 59601-3459  
(406) 442-6556  
[www.lungusa.org/northernrockies](http://www.lungusa.org/northernrockies)

# NEBRASKA

## Grades:

<b>Tobacco Prevention and Control Spending</b>	<b>F</b>
------------------------------------------------	----------

FY 2005 Tobacco Prevention and Control Appropriations:\*

	\$4,160,439
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CDC Best Practices Minimum State Spending Requirement: \$13,310,000

\*Includes FY 2004 funding from the Centers for Disease Control and Prevention.

<b>Smokefree Air</b>	<b>F</b>
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### Overview of Smokefree Air Law(s):

Government Workplaces: **Restricts**

Private Workplaces: **Restricts**

Schools: **Restricts**

Childcare Facilities: **Bans**

Restaurants: **Restricts**

Bars: **No provision**

Retail Stores: **Restricts**

Recreation/Cultural Facilities: **Restricts**

Penalties: **Yes**

Enforcement: **Yes**

Preemption: **No**

Citation: REV. STAT. OF NE § 71-5701 et seq.

<b>Cigarette Tax</b>	<b>D</b>
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Tax Rate per pack of 20: \$0.640

<b>Youth Access</b>	<b>F</b>
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### Overview of Youth Access Law(s):

Minimum Age Requirement: **Yes**

Packaging: Prohibits all cigarette sales other than in a sealed package conforming to federal labeling requirements: **No**

Clerk Intervention: Prohibits access to or purchase of tobacco products without the intervention of a sales clerk: **No**

Photographic Identification: Require merchants to request photographic identification for customers who appear to be under 21 years of age: **No**

Vending Machines: **Restricts**

Free Distribution: **Restricts**

Graduated penalties or fines on retailers: **Yes**

Establishes random, unannounced inspections: **No**

Establishes statewide enforcement agency: **No**

Preemption: **No**

Citation: REV. STAT. OF NE § 28-1418 et seq.



## Behind the Scenes

The American Lung Association of Nebraska continues to participate in the state's comprehensive tobacco prevention and control program, Tobacco Free Nebraska. The program is dedicated to reducing tobacco use among young people, eliminating exposure to secondhand smoke, promoting tobacco use cessation among adults and youth, and identifying and eliminating disparities related to tobacco use.

In 2000, the Unicameral, Nebraska's one-house legislature, initially appropriated \$21 million over three years for tobacco control programs. But in 2003, due to budget deficits, it reduced tobacco funding to \$405,000. Therefore, the number one priority of tobacco control advocates in 2004 was to restore that funding.

The association and its partners were successful. Legislative bills 1091 and 1089 were passed. Combined, these two bills provide \$2.5 million in annual funding for comprehensive tobacco prevention programming from the tobacco master settlement agreement. This appropriation, plus an additional \$1.1 million from the Centers for Disease Control and Prevention, currently funds Tobacco Free Nebraska activities.

No action was taken by the Legislature on a statewide bill to require smokefree restaurants. However, several cities are currently considering local smokefree ordinances. The city of Lincoln, the state's capital and second largest city, passed an ordinance in December 2003. The ordinance was weak, problematic, and practically unenforceable. After many months of controversy, the council reconsidered and then passed an ordinance prohibiting smoking in workplaces including restaurants and bars. Days later, a successful petition drive resulted in placement of the ordinance on the November 2004 ballot. In a big win for Lincoln workers, the initiative was upheld by more than 60 percent of voters.

The association and its coalition members have been working toward a smokefree ordinance for Omaha, the state's largest city. The association manages a database of approximately 9,000 supporters of such an ordinance and is the grassroots leader of the initiative. The city council recently held an open forum to discuss the issue. Coalition members also have been educating councils in several other smaller cities.

The American Lung Association, along with its partners, will work to preserve the current funding appropriated by the Legislature and support any bills that discourage tobacco use and enhance lung health. Of particular importance will be to continue to lead the effort toward local smokefree ordinances, especially in Omaha. To assist Nebraskans with cessation and information on lung health, the American Lung Association will promote the nationwide call center as a new resource.

### Nebraska State Facts

Economic Costs Due to Smoking:	\$858,000,000
Adult Prevalence:	21.2%
High School Smoking Rate:	24.1%
Middle School Smoking Rate:	7.1%
Smoking Attributable Deaths per 100,000:	264.2
Smoking Attributable Lung Cancer per 100,000:	81.2

Adult prevalence data is taken from the CDC Behavioral Risk Factor Surveillance System, 2003. High school rates are taken from the 2003 Youth Risk Behavioral Surveillance System. Middle school rates are taken from the 2002 Youth Tobacco Survey.

Health impacts information for 1999 is taken from the Smoking Attributable Mortality, Morbidity and Economic Costs (SAMMEC) software. Age-adjusted rates were calculated for persons aged 35 years and older and were age-adjusted to the 2000 U.S. population. The economic costs information includes direct medical expenditures as well as lost productivity costs.

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

### American Lung Association of Nebraska

7101 Newport Avenue, Suite 303  
Omaha, NE 68152  
(402) 572-3030  
[www.lungnebraska.org](http://www.lungnebraska.org)

# NEVADA

## Grades:

<b>Tobacco Prevention and Control Spending</b>	<b>F</b>
------------------------------------------------	----------

FY 2005 Tobacco Prevention and Control Appropriations:\* \$5,159,277

CDC Best Practices Minimum State Spending Requirement: \$13,480,000

\*Includes FY 2004 funding from the Centers for Disease Control and Prevention.

<b>Smokefree Air</b>	<b>F</b>
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### Overview of Smokefree Air Law(s):

Government Workplaces: **Restricts**

Private Workplaces: **No provision**

Schools: **Restricts**

Childcare Facilities: **Restricts**

Restaurants: **Restricts**

Bars: **No provision**

Retail Stores: **Restricts**

Recreation/Cultural Facilities: **Restricts**

Penalties: **Yes**

Enforcement: **Yes**

Preemption: **Yes**

Citation: NV REV. STAT. ANN. § 202.2491 et seq. & 202.2485 et seq.

<b>Cigarette Tax</b>	<b>D</b>
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Tax Rate per pack of 20: \$0.800

<b>Youth Access</b>	<b>F</b>
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### Overview of Youth Access Law(s):

Minimum Age Requirement: **Yes**

Packaging: Prohibits all cigarette sales other than in a sealed package conforming to federal labeling requirements: **Yes**

Clerk Intervention: Prohibits access to or purchase of tobacco products without the intervention of a sales clerk: **No**

Photographic Identification: Require merchants to request photographic identification for customers who appear to be under 21 years of age: **No**

Vending Machines: **Restricts**

Free Distribution: **Restricts**

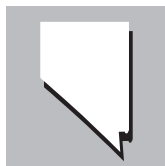
Graduated penalties or fines on retailers: **No**

Establishes random, unannounced inspections: **Yes**

Establishes statewide enforcement agency: **Yes**

Preemption: **Yes**

Citation: NV REV. STAT. ANN. § 202.2493 et seq. & 202.2485



## Behind the Scenes

The American Lung Association of Idaho/Nevada works to stimulate greater awareness of tobacco control issues in Nevada, and advocates for tobacco control policy change at the state and local levels including strengthening of Nevada's weak smokefree air laws, enacting tobacco tax increases, and repealing preemption of local tobacco control policy.

There was no 2004 legislative session in Nevada as they only occur during odd-numbered years. However, an initiative petition to prohibit smoking in most public places and workplaces was filed with the Secretary of State in March 2004 by a broad coalition of health groups including the American Lung Association of Idaho/Nevada. The initiative would prohibit smoking in almost all public places including childcare facilities, schools, government buildings, and restaurants. It excludes stand-alone bars and the gaming areas of casinos.

The petition needs 51,000 signatures to qualify, and if the required signatures are obtained, the initiative will be transmitted to the legislature for consideration in February 2005. If the legislature does not enact the initiative it will go before the voters in November 2006. Nevada's current law restricts smoking to designated areas in public places, including schools, childcare facilities, and restaurants. Nevada also preempts local tobacco control policy change.

However, during the 2003 legislative session, preemption was repealed for local school boards. In 2004, this resulted in Clark County school district, the largest school district in the state, prohibiting smoking in schools by students, faculty and visitors as well as smoking at any school sponsored events such as football games. In addition, schools are now prohibited from taking tobacco industry money, and tobacco advertising on clothing and bags is prohibited.

The 2003 legislative session also saw an increase in the cigarette tax for the first time since 1989 to \$0.80 per pack, slightly above the national average at the time. Tobacco prevention spending was set at \$4.58 million for each year of the FY 2004 and FY 2005 biennial budget.

The American Lung Association of Idaho/Nevada will work for passage of the smokefree air initiative during the 2005 legislative session and if the legislature fails to protect workers and nonsmokers from secondhand smoke, for passage of the initiative by Nevada's voters in November 2005.

## Nevada State Facts

Economic Costs Due to Smoking:	\$1,203,000,000
Adult Prevalence:	25.2%
High School Smoking Rate:	19.6%
Middle School Smoking Rate:	NA
Smoking Attributable Deaths per 100,000:	414.3
Smoking Attributable Lung Cancer per 100,000:	113.0

Adult prevalence data is taken from the CDC Behavioral Risk Factor Surveillance System, 2003. High school rates are taken from the 2003 Youth Risk Behavioral Surveillance System. Middle school rates are not collected by state.

Health impacts information for 1999 is taken from the Smoking Attributable Mortality, Morbidity and Economic Costs (SAMMEC) software. Age-adjusted rates were calculated for persons aged 35 years and older and were age-adjusted to the 2000 U.S. population. The economic costs information includes direct medical expenditures as well as lost productivity costs.

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

### American Lung Association of Idaho/Nevada

P.O. Box 7056  
 Reno, NV 89510  
 (775) 829-5864  
[www.lungusa.org/idaho\\_nevada](http://www.lungusa.org/idaho_nevada)

# NEW HAMPSHIRE

## Grades:

<b>Tobacco Prevention and Control Spending</b>	<b>F</b>
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FY 2005 Tobacco Prevention and Control Appropriations:\* \$919,539

CDC Best Practices Minimum State Spending Requirement: \$10,890,000

\*Includes FY 2004 funding from the Centers for Disease Control and Prevention.

<b>Smokefree Air</b>	<b>F</b>
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### Overview of Smokefree Air Law(s):

Government Workplaces: **Restricts**

Private Workplaces: **Restricts**

Schools: **Bans**

Childcare Facilities: **Bans**

Restaurants: **Restricts**

Bars: **No provision**

Retail Stores: **Restricts**

Recreation/Cultural Facilities: **Restricts**

Penalties: **Yes**

Enforcement: **Yes**

Preemption: **Yes**

Citation: NH REV. STAT. § 155.64 et seq. & 126-1:7

<b>Cigarette Tax</b>	<b>D</b>
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Tax Rate per pack of 20: \$0.520

<b>Youth Access</b>	<b>B</b>
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### Overview of Youth Access Law(s):

Minimum Age Requirement: **Yes**

Packaging: Prohibits all cigarette sales other than in a sealed package conforming to federal labeling requirements: **Yes**

Clerk Intervention: Prohibits access to or purchase of tobacco products without the intervention of a sales clerk: **No**

Photographic Identification: Require merchants to request photographic identification for customers who appear to be under 21 years of age: **Yes**

Vending Machines: **Restricts**

Free Distribution: **Restricts**

Graduated penalties or fines on retailers: **Yes**

Establishes random, unannounced inspections: **No**

Establishes statewide enforcement agency: **Yes**

Preemption: **No**

Citation: NH REV. STAT. § 126-K:4 et seq. & 78:12-d



## Behind the Scenes

The American Lung Association of New Hampshire, along with its many advocates and community supporters, remained resolute in 2004 despite a challenging environment. New Hampshire spends none of its Master Settlement Agreement (MSA) funds for its intended purpose. The state's current Indoor Smoking Act is ineffective and the New Hampshire Supreme Court overturned a local ordinance that banned smoking in restaurants, thus preempting communities from enacting local clean indoor air ordinances that would protect New Hampshire citizens from the dangers of secondhand smoke. Further, the state cigarette tax is the lowest in New England and among the lowest in the country, and efforts to increase the tax are met with much resistance in the "Live Free or Die" state.

The American Lung Association of New Hampshire continued to work hard in efforts to restore MSA funding, educate citizens and legislators about the need for a comprehensive and adequately funded tobacco prevention and control program for the state, and support clean air and healthy lungs for all who live in, work in, or visit the Granite State.

The American Lung Association of New Hampshire proudly presented its 5<sup>th</sup> edition of Tastefully Tobacco Free, a guide to 100 percent smokefree dining that is distributed free throughout the state. At the same time, the association works with partners, coalitions, employers and community advocates to create a culture that demands smokefree indoor air for all employees and patrons of businesses.

The American Lung Association of New Hampshire will continue to help create a social climate in the state conducive to policy change with the ultimate goal of creating a tobacco free New Hampshire. The American Lung Association will continue to advocate for local and statewide initiatives that help prevent youth tobacco use and increase access to cessation resources for teens and adults. The Lung Association will also work with insurers and other statewide partners to support adequate reimbursement for cessation services

From a policy perspective, the Lung Association will seek to build grassroots efforts around voluntary smokefree workplaces while supporting comprehensive preemption free statewide legislation that protects all residents, young and old, from secondhand smoke.

## New Hampshire State Facts

Economic Costs Due to Smoking:	\$779,000,000
Adult Prevalence:	21.2%
High School Smoking Rate:	19.1%
Middle School Smoking Rate:	5.1%
Smoking Attributable Deaths per 100,000:	291.9
Smoking Attributable Lung Cancer per 100,000:	92.5

Adult prevalence data is taken from the CDC Behavioral Risk Factor Surveillance System, 2003. High school rates are taken from the 2003 Youth Risk Behavioral Surveillance System. Middle School rates are taken from the 2001 Youth Tobacco Survey.

Health impacts information for 1999 is taken from the Smoking Attributable Mortality, Morbidity and Economic Costs (SAMMEC) software. Age-adjusted rates were calculated for persons aged 35 years and older and were age-adjusted to the 2000 U.S. population. The economic costs information includes direct medical expenditures as well as lost productivity costs.

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

### American Lung Association of New Hampshire

9 Cedarwood Drive, Unit 12  
 Bedford, NH 3110  
 (603) 669-2411  
[www.nhlung.org](http://www.nhlung.org)

# NEW JERSEY

## Grades:

<b>Tobacco Prevention and Control Spending</b>	<b>F</b>
------------------------------------------------	----------

FY 2005 Tobacco Prevention and Control Appropriations: \$12,245,441

CDC Best Practices Minimum State Spending Requirement: \$45,070,000

\*Includes FY 2004 funding from the Centers for Disease Control and Prevention.

<b>Smokefree Air</b>	<b>F</b>
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### Overview of Smokefree Air Law(s):

Government Workplaces: **Restricts**

Private Workplaces: **Restricts**

Schools: **Bans**

Childcare Facilities: **Bans**

Restaurants: **None**

Bars: **No provision**

Retail Stores: **Bans**

Recreation/Cultural Facilities: **Bans**

Penalties: **Yes**

Enforcement: **Yes**

Preemption: **Yes**

NJSA § 26:3D-1 et seq. & 2C:33-13a & 26:3D-46 et seq. & 26:3D-23 et seq. & 26:3D-17 & C.30:513-9 & 26:3E-7 et seq.

<b>Cigarette Tax</b>	<b>A</b>
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Tax Rate per pack of 20: \$2.400

On July 1, 2004, the cigarette tax was raised from \$2.05 to \$2.40 per pack.

<b>Youth Access</b>	<b>F</b>
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### Overview of Youth Access Law(s):

Minimum Age Requirement: **Yes**

Packaging: Prohibits all cigarette sales other than in a sealed package conforming to federal labeling requirements: **Yes**

Clerk Intervention: Prohibits access to or purchase of tobacco products without the intervention of a sales clerk: **No**

Photographic Identification: Require merchants to request photographic identification for customers who appear to be under 21 years of age: **No**

Vending Machines: **Restricts**

Free Distribution: **Restricts**

Graduated penalties or fines on retailers: **Yes**

Establishes random, unannounced inspections: **No**

Establishes statewide enforcement agency: **Yes**

Preemption: **No**

Citation: NJSA § 26:2F-7 & 26:3A2-20.1 & 2A:170-51 et seq. & 54:40A-4.1



The **American Lung Association** recognizes New Jersey for raising its cigarette tax to \$2.40 per pack, one of the highest in the nation.



## Behind the Scenes

The American Lung Association of New Jersey advocates tobacco control policy change at the state and local level in New Jersey. This includes enacting cigarette tax increases, strengthening New Jersey's weak smokefree air laws, repealing state preemption of local smokefree air laws, and increasing funding for tobacco control and prevention programs.

The 2004 legislative session produced several notable successes. New Jersey raised its excise tax on cigarettes from \$2.05 to \$2.40 per pack. This is the third year in a row that New Jersey raised its cigarette tax, and gave New Jersey the second highest state cigarette tax in the country behind only Rhode Island. Legislation was also enacted that prohibits the sale of single cigarettes or cigarettes in packs of less than 20 in retail stores and vending machines.

However, despite an improving economy in 2004, tobacco control and prevention program funding increased by only \$1 million, to \$11 million dollars, in FY2005. This is less than 25 percent of the Centers for Disease Control and Prevention minimum recommended level, and a drastic cut from the \$30 million provided to the program just two years earlier. New Jersey securitized most of its annual Master Settlement Agreement payments in 2002, eliminating a potential source of funding. And language written into the 2002 securitization bill which mandates that \$40 million in cigarette tax revenue be spent on tobacco prevention programs in FY 2005 has once again been ignored by the Legislature.

With the passage of strong smokefree air laws in Connecticut, Delaware, and New York, New Jersey now finds itself with one of the weakest smokefree air laws in the region. Comprehensive smokefree air legislation has been introduced, but has not seen any action in 2004 so far. Legislation to repeal preemption of local smokefree air ordinances also has been introduced and, again, has not been acted upon. Preemption has struck down several strong local laws in Princeton and other cities in New Jersey.

The American Lung Association of New Jersey will continue to work for passage of a strong smokefree air law and to repeal preemption of local smokefree air ordinances during the 2005 legislative session. The American Lung Association will also continue to advocate for increased funding of tobacco control and prevention programs in next year's annual budget to the minimum level of funding recom-

mended by the Centers for Disease Control and Prevention.

### New Jersey State Facts

Economic Costs Due to Smoking:	\$4,707,000,000
Adult Prevalence:	19.4%
High School Smoking Rate:	29.4%
Middle School Smoking Rate:	10.5%
Smoking Attributable Deaths per 100,000:	243.7
Smoking Attributable Lung Cancer per 100,000:	80.7

Adult prevalence data is taken from the CDC Behavioral Risk Factor Surveillance System, 2003. High school rates are taken from the 2001 Youth Risk Behavioral Surveillance System. Middle school rates are taken from the 1999 Youth Tobacco Survey.

Health impacts information for 1999 is taken from the Smoking Attributable Mortality, Morbidity and Economic Costs (SAMMEC) software. Age-adjusted rates were calculated for persons aged 35 years and older and were age-adjusted to the 2000 U.S. population. The economic costs information includes direct medical expenditures as well as lost productivity costs.

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

#### American Lung Association of New Jersey

1600 Route 22 East  
 Union, NJ 07083-3410  
 (908) 687-9340  
[www.lungusa.org/newjersey](http://www.lungusa.org/newjersey)

# NEW MEXICO

## Grades:

<b>Tobacco Prevention and Control Spending</b>	<b>F</b>
------------------------------------------------	----------

FY 2005 Tobacco Prevention and Control Appropriations: \* \$6,133,555

CDC Best Practices Minimum State Spending Requirement: \$13,710,000

\*Includes FY 2004 funding from the Centers for Disease Control and Prevention.

<b>Smokefree Air</b>	<b>F</b>
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### Overview of Smokefree Air Law(s):

Government Workplaces: **Restricts**

Private Workplaces: **No provision**

Schools: **Bans**

Childcare Facilities: **No provision**

Restaurants: **No provision**

Bars: **No provision**

Retail Stores: **No provision**

Recreation/Cultural Facilities: **No provision**

Penalties: **Yes**

Enforcement: **Yes**

Preemption: **No**

Citation: NM STAT. ANN. § 24-16-1 et seq. & NM SBE Regulations 94-2

The Smokefree Air grade only examines state tobacco control law and does not reflect local smokefree ordinances. New Mexico has made great strides at protecting people from secondhand smoke by passing strong local smokefree ordinances.

<b>Cigarette Tax</b>	<b>C</b>
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Tax Rate per pack of 20: \$0.910

<b>Youth Access</b>	<b>F</b>
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### Overview of Youth Access Law(s):

Minimum Age Requirement: **Yes**

Packaging: Prohibits all cigarette sales other than in a sealed package conforming to federal labeling requirements: **Yes**

Clerk Intervention: Prohibits access to or purchase of tobacco products without the intervention of a sales clerk: **Yes**

Photographic Identification: Require merchants to request photographic identification for customers who appear to be under 21 years of age: **No**

Vending Machines: **Restricts**

Free Distribution: **Restricts**

Graduated penalties or fines on retailers: **No**

Establishes random, unannounced inspections: **Yes**

Establishes statewide enforcement agency: **Yes**

Preemption: **Yes**

Citation: NM STAT. ANN. § 39-49-1 et seq.



## Behind the Scenes

The overall strength of the tobacco control movement in New Mexico continues to be found in the vitality of the collaborative efforts among its many partners. In addition to the American Lung Association of Arizona/New Mexico, other partners include the health voluntary organizations, statewide and local coalitions, the Tobacco Use Prevention and Control Program of the New Mexico Department of Health, and state-funded tobacco control programs located in every county. The strength in diversity from this group is outclassed only by the dedication of each partner to a strong, comprehensive effort to change the social norms related to tobacco use in New Mexico. The resulting collaborative effort gains momentum with every passing year and 2004 was no exception.

The movement has made steady progress toward protecting the public health with the passage of local clean indoor air ordinances. On May 13, the Roswell City Council passed an ordinance by a unanimous vote. Roswell, located in the southeast part of the state, has nearly 50,000 residents and is the fifth-largest city in the state. With the passage of this ordinance, four of the five largest cities in New Mexico are now covered by comprehensive clean indoor air ordinances, increasing the percentage of New Mexicans protected by such laws to 42 percent.

During 2003, the city of Albuquerque passed a comprehensive clean indoor air ordinance. Albuquerque is the largest city in New Mexico, with nearly 500,000 residents. In July 2004, Phase II of the Albuquerque ordinance went into effect, requiring all restaurants/bars to become smokefree or to separately enclose and ventilate the bar sections of these establishments. The overwhelming majority of these businesses have opted to ban smoking rather than remodel.

Also during 2003 New Mexico passed a cigarette tax increase of \$0.70 per pack, the single highest increase per pack for any state that year. This tax will increase revenue for the state's general fund, and research has shown that a tax increase for tobacco products tends to reduce consumption. The percentage of New Mexicans who use tobacco is likely to continue to drop. In 2001, 24 percent of state residents smoked, while in 2003, the number dropped just under the national average to 22 percent.

New Mexico continues to realize success without the benefit of state tobacco control funding at the mini-

um level recommended by the Centers for Disease Control and Prevention. Appropriations for comprehensive statewide tobacco control programming are currently \$5 million, less than 50 percent of the recommended minimum of \$14 million. In spite of limited resources, New Mexico currently funds tobacco prevention and control programming in each of its 33 counties.

Despite revenue shortfalls and policy setbacks, the tobacco control movement in New Mexico continues to make steady progress toward changing the acceptability of tobacco use. Such a change in the social norm will reduce the number of state residents who use tobacco. This, in turn, will help reduce the heavy toll of tobacco in terms of direct medical expenditures which currently hovers near \$360 million annually.

### New Mexico State Facts

Economic Costs Due to Smoking:	\$757,000,000
Adult Prevalence:	22.0%
High School Smoking Rate:	30%
Middle School Smoking Rate:	NA
Smoking Attributable Deaths per 100,000:	264.7
Smoking Attributable Lung Cancer per 100,000:	62.8

Adult prevalence data is taken from the CDC Behavioral Risk Factor Surveillance System, 2003. High school rates are taken from the 2003 NM Youth Risk and Resiliency System. Middle school rates are not collected by state.

Health impacts information for 1999 is taken from the Smoking Attributable Mortality, Morbidity and Economic Costs (SAMMEC) software. Age-adjusted rates were calculated for persons aged 35 years and older and were age-adjusted to the 2000 U.S. population. The economic costs information includes direct medical expenditures as well as lost productivity costs.

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

### American Lung Association of Arizona/ New Mexico

102 West McDowell Road  
Phoenix, AZ 85003-1299  
(602) 258-7505  
[www.lungusa.org/arizonanewmexico](http://www.lungusa.org/arizonanewmexico)

# NEW YORK

## Grades:

<b>Tobacco Prevention and Control Spending</b>	<b>F</b>
------------------------------------------------	----------

FY 2005 Tobacco Prevention and Control Appropriations:\* \$41,449,998

CDC Best Practices Minimum State Spending Requirement: \$95,830,000

\*Includes FY 2004 funding from the Centers for Disease Control and Prevention.

<b>Smokefree Air</b>	<b>A</b>
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### Overview of Smokefree Air Law(s):

Government Workplaces: **Bans**

Private Workplaces: **Bans**

Schools: **Bans**

Childcare Facilities: **Bans**

Restaurants: **Bans**

Bars: **Bans**

Retail Stores: **Bans**

Recreation/Cultural Facilities: **Bans**

Penalties: **Yes**

Enforcement: **Yes**

Preemption: **No**

Citation: NY PUB. HEALTH LAW § 1399-n et seq.

<b>Cigarette Tax</b>	<b>B</b>
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Tax Rate per pack of 20: \$1.500

<b>Youth Access</b>	<b>A</b>
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### Overview of Youth Access Law(s):

Minimum Age Requirement: **Yes**

Packaging: Prohibits all cigarette sales other than in a sealed package conforming to federal labeling requirements: **Yes**

Clerk Intervention: Prohibits access to or purchase of tobacco products without the intervention of a sales clerk: **Yes**

Photographic Identification: Require merchants to request photographic identification for customers who appear to be under 21 years of age: **Yes**

Vending Machines: **Restricts**

Free Distribution: **Restricts**

Graduated penalties or fines on retailers: **Yes**

Establishes random, unannounced inspections: **Yes**

Establishes statewide enforcement agency: **Yes**

Preemption: **Limited**

Citation: NY PUB. HEALTH LAWS § 1399-aa et seq. & 1399-cc & 1399-ll & 1399-bb & 1399-gg



The **American Lung Association** recognizes New York for promulgating regulations requiring the sale of fire-safe cigarettes in the state, the first such regulation in the nation.



## Behind the Scenes

The American Lung Association of New York State and the American Lung Association of the City of New York have continued to work with partner organizations throughout the state to promote tobacco control policies at the state and local levels.

Building on the success of the enactment of legislation in July 2003 that banned smoking in all indoor workplaces, the American Lung Association and our tobacco control partner organizations worked in 2004 to make sure the law was properly implemented and enforced. Pressure by Big Tobacco and tobacco front groups to weaken the law by passing amendments were intense but unsuccessful. Still, efforts to weaken the Clean Indoor Air Act during the 2004 legislative session dominated the time of tobacco control advocates and forced other tobacco control initiatives to the sidelines.

The proposed legislation to weaken the clean indoor air law would have allowed smoking in taverns and other establishments that install so-called air purification systems. The legislation had bipartisan support in each house, and was sponsored by majority member sponsors in each house, and had much financial support from pro-tobacco advocacy groups. The coalition held news conferences with a national expert on ventilation to help counter the notion that secondhand smoke could be removed from the air by using ventilation systems. The proposed legislation died in committee and threats to weaken the law ended.

In addition to the legislative activities in 2004, the state health department awarded nearly \$20 million in grants to community coalitions, youth partnership coalitions, and newly created programs aimed at providing greater access to smoking cessation therapies. In addition, the health department has become an important ally in generating public support for the 2003 expansion of the state's Clean Indoor Air Act. This support helped increase public support for the law and helped beat back efforts to defeat attempts to weaken the law.

New York's tobacco control efforts are paying off. In New York City, the benefits of a high cigarette excise tax, smoking cessation programs, and a comprehensive smokefree air law led to 100,000 fewer smokers in 2003, representing an 11 percent decline in just one year.

The American Lung Association of New York State and the American Lung Association of the City of New York will continue working with our partners in tobacco control to protect the Clean Indoor Air Act from being weakened in 2005. Furthermore, the 2005 legislative session will focus on renewal of the Health Care Reform Act, which includes funding for the state's tobacco control program, and work to pass legislation that will expand access to smoking cessation programs to help smokers quit.

### New York State Facts

Economic Costs Due to Smoking:	\$11,682,000,000
Adult Prevalence:	21.6%
High School Smoking Rate:	20.2%
Middle School Smoking Rate:	6.7%
Smoking Attributable Deaths per 100,000:	252.1
Smoking Attributable Lung Cancer per 100,000:	76.7

Adult prevalence data is taken from the CDC Behavioral Risk Factor Surveillance System, 2003. High school rates are taken from the 2003 Youth Risk Behavioral Surveillance System. Middle school rates are taken from the 2002 Youth Tobacco Survey.

Health impacts information for 1999 is taken from the Smoking Attributable Mortality, Morbidity and Economic Costs (SAMMEC) software. Age-adjusted rates were calculated for persons aged 35 years and older and were age-adjusted to the 2000 U.S. population. The economic costs information includes direct medical expenditures as well as lost productivity costs.

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

#### American Lung Association of the City of New York

432 Park Avenue South, 8th Floor  
 New York, NY 10016  
 (212) 889-3370  
[www.lungusa.org/newyork](http://www.lungusa.org/newyork)

#### American Lung Association of New York State

3 Winners Circle, Suite 300  
 Albany, NY 12205-2804  
 (518) 453-0172  
[www.alanys.org](http://www.alanys.org)

# NORTH CAROLINA

## Grades:

<b>Tobacco Prevention and Control Spending</b>	<b>D</b>
------------------------------------------------	----------

FY 2005 Tobacco Prevention and Control Appropriations:\* \$27,803,741

CDC Best Practices Minimum State Spending Requirement: \$42,590,000

\*Includes FY 2004 funding from the Centers for Disease Control and Prevention.

<b>Smokefree Air</b>	<b>F</b>
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### Overview of Smokefree Air Law(s):

Government Workplaces: **Restricts**

Private Workplaces: **No provision**

Schools: **Bans**

Childcare Facilities: **No provision**

Restaurants: **No provision**

Bars: **No provision**

Retail Stores: **No provision**

Recreation/Cultural Facilities: **No provision**

Penalties: **No**

Enforcement: **No**

Preemption: **Yes**

Citation: NC GEN. STAT. § 143-595 et seq. & 115c-407

<b>Cigarette Tax</b>	<b>F</b>
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Tax Rate per pack of 20: \$0.050

<b>Youth Access</b>	<b>F</b>
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### Overview of Youth Access Law(s):

Minimum Age Requirement: **Yes**

Packaging: Prohibits all cigarette sales other than in a sealed package conforming to federal labeling requirements: **Yes**

Clerk Intervention: Prohibits access to or purchase of tobacco products without the intervention of a sales clerk: **No**

Photographic Identification: Require merchants to request photographic identification for customers who appear to be under 21 years of age: **Yes**

Vending Machines: **Restricts**

Free Distribution: **No**

Graduated penalties or fines on retailers: **Yes**

Establishes random, unannounced inspections: **Yes**

Establishes statewide enforcement agency: **Yes**

Preemption: **Yes**

Citation: GEN. STAT. OF NC § 14-313 et seq.



## Behind the Scenes

The American Lung Association of North Carolina has worked with business and opinion leaders to support landmark legislative action on the cigarette tax and smokefree indoor air. Because North Carolina is a tobacco-growing state, creative and innovative partnerships to advocate for stronger public policies are crucial for success and the American Lung Association has developed a highly effective grassroots coalition for working on tobacco control issues.

During the 2004 short session, the cigarette tax issue was again raised with strong support in both houses of the North Carolina General Assembly. Though no bills were passed by either house, the cigarette tax was considered in budget discussions and earned new bipartisan support. The North Carolina General Assembly did pass legislation setting a strong benchmark for tobacco-free school policies in the state, urging each school district to adopt a “gold standard” policy to ban tobacco use on campuses and at school functions.

The North Carolina Health and Wellness Trust Fund announced a significant increase in funding for the Teen Tobacco Prevention program, allocating an additional \$9.7 million annually to this three-year program. Combined with other programs of the Fund that address tobacco use and its related illnesses, North Carolina’s tobacco prevention and control spending has increased significantly. The American Lung Association of North Carolina provides technical assistance to the Fund and to other grantees and has been awarded a grant to provide the N-O-T program in local school settings.

Recent Youth Tobacco Survey (YTS) data shows a decline of 38 percent in middle school tobacco prevalence in North Carolina since 1999 from 15 percent to 9.3 percent. In addition, a significant increase in the number of youths who report never using tobacco products leaves North Carolinians breathing easier.

The American Lung Association of North Carolina will continue to work with business and opinion leaders to advocate a significant increase in the cigarette tax, overturn preemptive legislation that hampers smokefree air initiatives, and make all public and private schools 100 percent tobacco free.

## North Carolina State Facts

Economic Costs Due to Smoking:	\$4,752,000,000
Adult Prevalence:	24.8%
High School Smoking Rate:	27.3%
Middle School Smoking Rate:	9.3%
Smoking Attributable Deaths per 100,000:	301.1
Smoking Attributable Lung Cancer per 100,000:	96.6

Adult prevalence data is taken from the CDC Behavioral Risk Factor Surveillance System, 2003. High school rates and Middle school rates are taken from the 2003 Youth Tobacco Survey.

Health impacts information for 1999 is taken from the Smoking Attributable Mortality, Morbidity and Economic Costs (SAMMEC) software. Age-adjusted rates were calculated for persons aged 35 years and older and were age-adjusted to the 2000 U.S. population. The economic costs information includes direct medical expenditures as well as lost productivity costs.

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

### American Lung Association of North Carolina

P.O. Box 27985  
Raleigh, NC 27611-7985  
(919) 832-8326  
[www.lungnc.org](http://www.lungnc.org)

# N O R T H D A K O T A

## Grades:

<b>Tobacco Prevention and Control Spending</b>	<b>F</b>
------------------------------------------------	----------

FY 2005 Tobacco Prevention and Control Appropriations:\* \$4,191,997

CDC Best Practices Minimum State Spending Requirement: \$8,160,000

\*Includes FY 2004 funding from the Centers for Disease Control and Prevention.

<b>Smokefree Air</b>	<b>F</b>
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### Overview of Smokefree Air Law(s):

Government Workplaces: **Restricts**

Private Workplaces: **No provision**

Schools: **Restricts**

Childcare Facilities: **Bans**

Restaurants: **Restricts**

Bars: **No provision**

Retail Stores: **No provision**

Recreation/Cultural Facilities: **Restricts**

Penalties: **Yes**

Enforcement: **Yes**

Preemption: **No**

Citation: ND CENT. CODE § 23-12-9 et seq. & 50-11.1

<b>Cigarette Tax</b>	<b>D</b>
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Tax Rate per pack of 20: \$0.440

<b>Youth Access</b>	<b>F</b>
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### Overview of Youth Access Law(s):

Minimum Age Requirement: **Yes**

Packaging: Prohibits all cigarette sales other than in a sealed package conforming to federal labeling requirements: **Yes**

Clerk Intervention: Prohibits access to or purchase of tobacco products without the intervention of a sales clerk: **No**

Photographic Identification: Require merchants to request photographic identification for customers who appear to be under 21 years of age: **No**

Vending Machines: **No provision**

Free Distribution: **Restricts**

Graduated penalties or fines on retailers: **No**

Establishes random, unannounced inspections: **No**

Establishes statewide enforcement agency: **No**

Preemption: **No**

Citation: ND CENT. CODE § 57-36-25 et seq. & 12.1-31-03

The Youth Access grade only reflects state law. North Dakota has many strong local youth access ordinances.



## Behind the Scenes

North Dakota continues to see progress in meeting Healthy People 2010 Objectives. North Dakota has experienced a decrease of 26 percent in high school cigarette use since 1999, leaving a current adolescent cigarette smoking rate of 30 percent. Adult smoking rates in North Dakota have dropped about one percentage point each year since 2000.

Local tobacco coalitions continue to work toward smokefree workplace ordinances. In Dickinson, a smokefree workplace law was defeated in June 2004. Fargo and West Fargo city commissions had approved first readings of a smokefree workplace law when the opposition circulated petitions for initiatives exempting bars and other establishments. These initiatives, along with a 100 percent smokefree workplace law, were placed on the ballot for the November 2004 election. In Fargo and West Fargo, both the 100 percent smokefree initiated ordinance and a weaker initiated ordinance received majority support. As per the North Dakota Attorney General's opinion the ordinance with the most actual number of yes votes becomes law. In both communities the weaker ordinance is set to become law. This is still a victory, because these ordinances are now the strongest local laws in the state of North Dakota, requiring all indoor public workplaces and restaurants to become smoke-free. In Fargo, truck stops and enclosed bar areas are exempt. In West Fargo, alcohol establishments that allow only those over the age of 21 to enter are exempt. This ultimate victory will reduce exposure to secondhand smoke, reduce active smoking and paves the way for progress at the state level.

The North Dakota Legislature meets every other year, and 2004 was not a session year. However, state-level activity continued with the unearthing of a 1919 labor law that states it is unlawful to employ people in any occupation within this state under surroundings or conditions which may be detrimental to their health and morals. The Attorney General issued an opinion that the Labor Commissioner has statutory authority to investigate and determine whether smoking in the workplace may be detrimental to employees' health under this statute. The Labor Commissioner has forwarded this issue to the Legislature and this is under study through an interim committee.

The interim legislative committee drafted legislation based on a previous bill from the 2003 session that failed that will be introduced in the 2005 session. The

bill has numerous exemptions and does not protect all workers. The state tobacco coalition provided an alternative bill to the committee that had no exemptions and would protect all workers from second-hand smoke. The American Lung Association will be a lead agency to promote the protection of all workers in the 2005 Legislature.

### North Dakota State Facts

Economic Costs Due to Smoking:	\$351,000,000
Adult Prevalence:	20.5%
High School Smoking Rate:	30.2%
Middle School Smoking Rate:	NA*
Smoking Attributable Deaths per 100,000:	227.7
Smoking Attributable Lung Cancer per 100,000:	64.1

\*Data are not collected by the State.

Adult prevalence data is taken from the CDC Behavioral Risk Factor Surveillance Survey, 2003. High school rates are taken from the 2003 Youth Risk Behavioral Surveillance System. Middle school rates are not collected by the state.

Health impacts information for 1999 is taken from the Smoking Attributable Mortality, Morbidity and Economic Costs (SAMMEC) software. Age-adjusted rates were calculated for persons aged 35 years and older and were age-adjusted to the 2000 U.S. population. The economic costs information includes direct medical expenditures as well as lost productivity costs.

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

### American Lung Association of North Dakota

P.O. Box 5004  
Bismarck, ND 58502-5004  
(701) 223-5613  
[www.lungusa.org/northdakota](http://www.lungusa.org/northdakota)

# OHIO

## Grades:

<b>Tobacco Prevention and Control Spending</b>	<b>B</b>
------------------------------------------------	----------

FY 2005 Tobacco Prevention and Control Appropriations:\* \$54,764,900

CDC Best Practices Minimum State Spending Requirement: \$61,740,000

\*Includes FY 2004 funding from the Centers for Disease Control and Prevention.

<b>Smokefree Air</b>	<b>F</b>
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### Overview of Smokefree Air Law(s):

Government Workplaces: **Restricts**

Private Workplaces: **No provision**

Schools: **Restricts**

Childcare Facilities: **Bans**

Restaurants: **No provision**

Bars: **No provision**

Retail Stores: **No provision**

Recreation/Cultural Facilities: **Restricts**

Penalties: **Yes**

Enforcement: **Yes**

Preemption: **No**

Citation: OH REV. CODE ANN. § 3791.031; 2917.41(2) and (3)(E) & 5104.015

The Smokefree Air grade only examines state tobacco control law and does not reflect local smokefree ordinances. Ohio has made great strides at protecting people from secondhand smoke by passing strong local smokefree ordinances.

<b>Cigarette Tax</b>	<b>D</b>
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Tax Rate per pack of 20: \$0.550

<b>Youth Access</b>	<b>F</b>
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### Overview of Youth Access Law(s):

Minimum Age Requirement: **Yes**

Packaging: Prohibits all cigarette sales other than in a sealed package conforming to federal labeling requirements: **No**

Clerk Intervention: Prohibits access to or purchase of tobacco products without the intervention of a sales clerk: **No**

Photographic Identification: Require merchants to request photographic identification for customers who appear to be under 21 years of age: **No**

Vending Machines: **Restricts**

Free Distribution: **Restricts**

Graduated penalties or fines on retailers: **No**

Establishes random, unannounced inspections: **Yes**

Establishes statewide enforcement agency: **Yes**

Preemption: **No**

Citation: OH REV. CODE ANN. § 2927.02; et seq. & 2151.87



The **American Lung Association** recognizes Ohio for significantly increasing its funding for tobacco prevention programs.



## Behind the Scenes

Tobacco control efforts in Ohio are working, with smoking rates among youth and adults continuing to decline. The Ohio Tobacco Use

Prevention and Control Foundation (TUPCF) set a \$53 million budget for FY 2005, close to the Centers for Disease Control and Prevention's recommended minimum funding level of \$61 million. In fiscal year 2006, TUPCF plans to spend \$65 million, surpassing the CDC minimum. However, with \$360 million in funding diverted by the Ohio General Assembly, TUPCF continues to spend its endowment principal to fund programs, thereby shortening its lifespan.

TUPCF now has 84 community grants totaling nearly \$20 million this year and reaching all 88 Ohio counties as well as the state's high risk communities.

TUPCF's stand counter-marketing campaign continues to reach both youth and adults with its "stand up, speak out against tobacco" message. Awareness of TUPCF's stand campaign, which launched in February 2002, continues to remain high among youth—at 86 percent—an increase from a strong 82 percent last year. Those who were able to recall the campaign without being prompted or cued, a more stringent measure of effectiveness, rose 160 percent from one year ago, from 15 percent to 39 percent. Studies also show that the campaign is impacting youth attitudes and, possibly, behavior.

TUPCF also launched the Ohio Tobacco Quit Line, Ohio's first, at 1-800-934-4840, serving more than 4,000 Ohioans to date with cessation counseling, resulting in a 25 percent quit rate. In addition, TUPCF is implementing several special focus pilot initiatives regarding smokeless tobacco, clean indoor air, college students, young adults, pregnant women, and the chronically ill.

Due to the efforts of TUPCF, its clean indoor air grantees and other tobacco control advocates, Ohio is moving along with local clean indoor air initiatives in many communities across the state.

## Ohio State Facts

Economic Costs Due to Smoking:	\$7,562,000,000
Adult Prevalence:	25.2%
High School Smoking Rate:	22.2%
Middle School Smoking Rate:	10.1%
Smoking Attributable Deaths per 100,000:	317.6
Smoking Attributable Lung Cancer per 100,000:	97.6

Adult prevalence data is taken from the CDC Behavioral Risk Factor Surveillance Survey, 2003. High school rates are taken from the 2003 Youth Risk Behavioral Surveillance System. Middle school rates are taken from the 2002 Youth Tobacco Survey.

Health impacts information for 1999 is taken from the Smoking Attributable Mortality, Morbidity and Economic Costs (SAMMEC) software. Age-adjusted rates were calculated for persons aged 35 years and older and were age-adjusted to the 2000 U.S. population. The economic costs information includes direct medical expenditures as well as lost productivity costs.

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

### American Lung Association of Ohio

1950 Arlingate Lane  
Columbus, OH 43228-4102  
(614) 279-1700  
[www.ohiolung.org](http://www.ohiolung.org)

# O K L A H O M A

## Grades:

### Tobacco Prevention and Control Spending

**F**

FY 2005 Tobacco Prevention and Control Appropriations:\* \$6,139,907

CDC Best Practices Minimum State Spending Requirement: \$21,830,000

\*Includes FY 2004 funding from the Centers for Disease Control and Prevention.

### Smokefree Air

**C**

#### Overview of Smokefree Air Law(s):

Government Workplaces: **Restricts**

Private Workplaces: **Restricts**

Schools: **Bans**

Childcare Facilities: **Bans**

Restaurants: **Restricts**

Bars: **No provision**

Retail Stores: **Bans**

Recreation/Cultural Facilities: **Bans**

Penalties: **Yes**

Enforcement: **Yes**

Preemption: **Yes**

Citation: 63 OK STAT. ANN. § 1-1521 et seq. & 21 OK STAT. ANN. § 1247

### Cigarette Tax

**C**

Tax Rate per pack of 20: \$1.030

On January 1, 2005 the cigarette tax increased from \$0.23 to \$1.03 per pack.

### Youth Access

**B**

#### Overview of Youth Access Law(s):

Minimum Age Requirement: **Yes**

Packaging: Prohibits all cigarette sales other than in a sealed package conforming to federal labeling requirements: **Yes**

Clerk Intervention: Prohibits access to or purchase of tobacco products without the intervention of a sales clerk: **Yes**

Photographic Identification: Require merchants to request photographic identification for customers who appear to be under 21 years of age: **Yes**

Vending Machines: **Restricts**

Free Distribution: **Restricts**

Graduated penalties or fines on retailers: **Yes**

Establishes random, unannounced inspections: **Yes**

Establishes statewide enforcement agency: **Yes**

Preemption: **Yes**

Citation: 37 OK STAT. ANN. § 600.6 et seq. & Title 68 § 1511, Title 63 § 1521 et seq., and Title 21 § 1247



The **American Lung Association** recognizes Oklahoma for significantly raising its cigarette tax to \$1.03 per pack and for banning tobacco self-service displays.



## Behind the Scenes

The American Lung Association of Oklahoma has, through its involvement with local and statewide tobacco coalitions, helped to bring about policy changes in tobacco control for the people of Oklahoma. Along with the American Heart Association, American Cancer Society and other organizations, the statewide coalition Oklahoma Alliance on Tobacco or Health has worked successfully to gain sponsorship and passage of a number of public policies that undoubtedly strengthen tobacco control efforts within this state.

During the 2004 session, efforts of the alliance resulted in several actions. Oklahoma voters agreed to dramatically increase the state cigarette excise tax by \$0.80 to \$1.03 per pack, the highest in the region. The governor signed SB1256 in May 2004, which improves enforcement provisions in the Youth Access to Tobacco Products Act. An exemption was added to the smokefree air law allowing smoking in gaming areas of racetracks if the gaming area is completely enclosed, the air is exhausted directly to the outside, no smoke is recirculated to adjoining nonsmoking areas, and no exhaust is within 25 feet of any entrance, exit or air intake. Legislation was approved that prohibits a court from granting custody of, guardianship of, or any visitation with a child to any person if it is established that the custody, guardianship or visitation will likely expose the child to a foreseeable risk of material harm. It establishes the standards in court-supervised situations to protect children from exposure to secondhand tobacco smoke. Two bills were killed in committee that would have created extensive exemptions to the laws limiting smoking in public places and workplaces.

The American Lung Association of Oklahoma, working with other coalition members, is seeking to create a social climate conducive to policy change. The ultimate goal is a smokefree Oklahoma. The American Lung Association of Oklahoma believes that all employees and patrons deserve smokefree workplaces, restaurants and bars. Importantly, the right to breathe smokefree air must extend to all Oklahomans without preempting stronger protections at the local level. The Lung Association seeks to lead the public discussion on smokefree air and build support for comprehensive smokefree policies throughout the state.

## Oklahoma State Facts

Economic Costs Due to Smoking:	\$2,241,000,000
Adult Prevalence:	25.1%
High School Smoking Rate:	26.5%
Middle School Smoking Rate:	10.3%
Smoking Attributable Deaths per 100,000:	320.1
Smoking Attributable Lung Cancer per 100,000:	98.4

Adult prevalence data is taken from the CDC Behavioral Risk Factor Surveillance System, 2003. High school rates are taken from the 2003 Youth Risk Behavioral Surveillance System. Middle school rates are taken from the 2002 Youth Tobacco Survey.

Health impacts information for 1999 is taken from the Smoking Attributable Mortality, Morbidity and Economic Costs (SAMMEC) software. Age-adjusted rates were calculated for persons aged 35 years and older and were age-adjusted to the 2000 U.S. population. The economic costs information includes direct medical expenditures as well as lost productivity costs.

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

**American Lung Association of Oklahoma**  
 2805 East Skelly Drive, Suite 806  
 Tulsa, OK 74105  
 (918) 747-3441  
[www.oklung.org](http://www.oklung.org)

# OREGON

## Grades:

<b>Tobacco Prevention and Control Spending</b>	<b>F</b>
------------------------------------------------	----------

FY 2005 Tobacco Prevention and Control Appropriations: \$4,478,105

CDC Best Practices Minimum State Spending Requirement: \$21,130,000

\*Includes FY 2004 funding from the Centers for Disease Control and Prevention.

<b>Smokefree Air</b>	<b>C</b>
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### Overview of Smokefree Air Law(s):

Government Workplaces: **Bans**

Private Workplaces: **Bans**

Schools: **Restricts**

Childcare Facilities: **Restricts**

Restaurants: **Restricts**

Bars: **No provision**

Retail Stores: **Bans**

Recreation/Cultural Facilities: **Bans**

Penalties: **Yes**

Enforcement: **Yes**

Preemption: **Yes**

Citation: OR REV. STAT. § 433.850 et seq. & 479.015 & 243.345 & 243.350 & 192.710

If preemption were repealed Oregon's grade would be a "B".

The Smokefree Air grade only examines state tobacco control law and does not reflect local smokefree ordinances that were grandfathered in by the 2001 clean indoor air law.

<b>Cigarette Tax</b>	<b>C</b>
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Tax Rate per pack of 20: \$1.180

On January 1, 2004 the cigarette tax decreased by \$0.10 to \$1.18 per pack due to the expiration of a 1993 cigarette tax increase.

<b>Youth Access</b>	<b>D</b>
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### Overview of Youth Access Law(s):

Minimum Age Requirement: **Yes**

Packaging: Prohibits all cigarette sales other than in a sealed package conforming to federal labeling requirements: **Yes**

Clerk Intervention: Prohibits access to or purchase of tobacco products without the intervention of a sales clerk: **Yes**

Photographic Identification: Require merchants to request photographic identification for customers who appear to be under 21 years of age: **No**

Vending Machines: **Restricts**

Free Distribution: **Restricts**

Graduated penalties or fines on retailers: **Yes**

Establishes random, unannounced inspections: **Yes**

Establishes statewide enforcement agency: **Yes**

Preemption: **Yes**

Citation: OR REV. STAT. § 431.853 & 163.575 & 176.400 et seq. & 419C.370 & 431.840 et seq.

Please note that Oregon has passed a number of significant youth access local ordinances.



## Behind the Scenes

The American Lung Association of Oregon has been a leader in Oregon's tobacco control movement. Along with our partners in the American

Cancer Society, American Heart Association and the Tobacco-Free Coalition of Oregon. The American Lung Association of Oregon works collaboratively to pass policies at the state and local levels that prevent kids from smoking and protect people from exposure to secondhand smoke.

Oregon's legislature meets every other year, and 2004 was an interim year with no legislative session. Like many states, Oregon has been hit hard by the recession. Oregon still has among the highest unemployment rates in the nation, and a largely stagnant economy. Budget shortfalls have dominated Oregon politics, forcing cuts to basic services, including tobacco control.

During the 2003 Session, the American Lung Association of Oregon was actively involved in a campaign to restore funding to the state Tobacco Prevention and Education Program, which had been eliminated due to budget cuts. The campaign succeeded in allocating \$5.7 million to the TPEP over 2 years, but the allocation unfortunately represented a 70 percent cut in funding to the program. With such a dramatically reduced prevention program, and with no 2004 session, the American Lung Association of Oregon turned its attention to maintaining a tobacco control infrastructure and to building a broader base of support to restore funding to the state's tobacco prevention program.

Another result of the 2003 budget battles was a temporary income tax that legislators referred to voters on a February 2004 ballot. The American Lung Association of Oregon supported the tax package because it included the reauthorization of a \$0.10 surtax on cigarettes, dedicated to low-income health care, that had been in place for 10 years. Again as a result of the recession, voters instinctively voted against the tax package, not realizing that it contained other popular provisions like the cigarette surtax. Oregon gained the dubious honor of being the first state in a decade to lower its cigarette taxes.

While the budget picture has not changed significantly in 2004, the American Lung Association of Oregon and its partners have been able to deepen and broaden partnerships with other organizations who will be able to advocate with us in 2005 for more

sustainable funding for state tobacco prevention efforts. They are also drafting legislation that would provide clean indoor air in workplaces currently exempted by Oregon's Smokefree Workplace law, chiefly cocktail lounges in restaurants and bars.

With the help of its partners, the Lung Association is working toward a state where the legislature invests adequately in programs to prevent youth from smoking and help smokers quit, and where everybody has the right to breathe clean air at work.

### Oregon State Facts

Economic Costs Due to Smoking:	\$1,779,000,000
Adult Prevalence:	20.9%
High School Smoking Rate:	18.7%
Middle School Smoking Rate:	10.5%
Smoking Attributable Deaths per 100,000:	278.6
Smoking Attributable Lung Cancer per 100,000:	85.7

Adult prevalence data is taken from the CDC Behavioral Risk Factor Surveillance System, 2003. High school and middle school rates are taken from the 2003 Oregon Healthy Teens Survey. High school rates only represent 11th graders and middle school rates only represent 8th graders.

Health impacts information for 1999 is taken from the Smoking Attributable Mortality, Morbidity and Economic Costs (SAMMEC) software. Age-adjusted rates were calculated for persons aged 35 years and older and were age-adjusted to the 2000 U.S. population. The economic costs information includes direct medical expenditures as well as lost productivity costs.

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

**American Lung Association of Oregon**  
7420 SW Bridgeport Road, Suite 200  
Tigard, OR 97224-7711  
(503) 924-4094  
[www.lungoregon.org](http://www.lungoregon.org)

# P E N N S Y L V A N I A

## Grades:

<b>Tobacco Prevention and Control Spending</b>	<b>C</b>
------------------------------------------------	----------

FY 2005 Tobacco Prevention and Control Appropriations: \$47,342,000

CDC Best Practices Minimum State Spending Requirement: \$65,570,000

\*Includes FY 2004 funding from the Centers for Disease Control and Prevention.

<b>Smokefree Air</b>	<b>F</b>
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### Overview of Smokefree Air Law(s):

Government Workplaces: **Restricts**

Private Workplaces: **Restricts**

Schools: **Bans**

Childcare Facilities: **No provision**

Restaurants: **Restricts**

Bars: **No provision**

Retail Stores: **No provision**

Recreation/Cultural Facilities: **Restricts**

Penalties: **Yes**

Enforcement: **No**

Preemption: **Yes**

Citation: 35 PA CONS. STAT. ANN. § 1230.1 & 1235.1 & 3702 & 37403(33) & 560.1 & 361

<b>Cigarette Tax</b>	<b>B</b>
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Tax Rate per pack of 20: \$1.350

On January 7, 2004 the cigarette tax increased from \$1.00 to \$1.35 per pack.

<b>Youth Access</b>	<b>B</b>
---------------------	----------

### Overview of Youth Access Law(s):

Minimum Age Requirement: **Yes**

Packaging: Prohibits all cigarette sales other than in a sealed package conforming to federal labeling requirements: **Yes**

Clerk Intervention: Prohibits access to or purchase of tobacco products without the intervention of a sales clerk: **Yes**

Photographic Identification: Require merchants to request photographic identification for customers who appear to be under 21 years of age: **Yes**

Vending Machines: **No**

Free Distribution: **Restricts**

Graduated penalties or fines on retailers: **Yes**

Establishes random, unannounced inspections: **Yes**

Establishes statewide enforcement agency: **Yes**

Preemption: **Yes**

Citation: 18 PA CONS. STAT. ANN. § 6305 et seq. & 72 PA CONS. STAT. ANN. § 201-A et seq.



The **American Lung Association** recognizes Pennsylvania for increasing its cigarette excise tax.



## Behind the Scenes

Through the tobacco settlement, the American Lung Association of Pennsylvania continues to work diligently as one of the state's primary contractors in seven counties and as a service provider in many other counties across the commonwealth.

The American Lung Association, along with the statewide offices of the American Cancer Society and American Heart Association, also directs the Pennsylvania Alliance to Control Tobacco (PACT), an 800-member statewide coalition dedicated to strengthening Pennsylvania's tobacco control laws. The Association and PACT recently earned a two-year contract from Pennsylvania's Department of Health to work on clean indoor air education in communities across the state. The goal is to increase local demand for smoke-free workplaces and use that increased support to advocate for a comprehensive state law protecting all workers from the effects of secondhand smoke.

Currently, the state's clean indoor air law prohibits smoking in some workplaces, but there are numerous exemptions including restaurants and bars. The 1988 law also prohibits all municipalities, except Philadelphia, from enacting smokefree workplace laws. A state senator introduced a strong, comprehensive bill in 2004 that would ban smoking in nearly all workplaces, including throughout the hospitality industry. The American Lung Association of Pennsylvania is working with tobacco control advocates across the state to secure legislative support for this measure.

Pennsylvania continues to allocate a healthy 12 percent of its tobacco settlement dollars on tobacco prevention initiatives with over \$46 million budgeted in FY 2005. The Legislature, with pressure from doctors and the medical community in addition to tobacco control advocates, passed a \$0.35 increase in the cigarette excise tax, taking it from \$1.00 to \$1.35 in January 2004. However, nearly all of the increase over the next several years will fund payments to the state's malpractice insurance fund. And, despite efforts from the tobacco control community, including the American Lung Association of Pennsylvania, the Legislature did not institute an excise tax on cigars, bulk tobacco, and smokeless tobacco products. The commonwealth remains one of only two states and the District of Columbia not to tax any of these products.

The American Lung Association of Pennsylvania remains committed to a strong, well-funded program

and will work with advocates across the state for positive change in all aspects of tobacco control.

### Pennsylvania State Facts

Economic Costs Due to Smoking:	\$7,995,000,000
Adult Prevalence:	25.4%
High School Smoking Rate:	27.6%
Middle School Smoking Rate:	13.1%
Smoking Attributable Deaths per 100,000:	270.2
Smoking Attributable Lung Cancer per 100,000:	85.3

Adult prevalence data is taken from the CDC Behavioral Risk Factor Surveillance System, 2003. High school and middle school rates are taken from the 2001 Youth Tobacco Survey.

Health impacts information for 1999 is taken from the Smoking Attributable Mortality, Morbidity and Economic Costs (SAMMEC) software. Age-adjusted rates were calculated for persons aged 35 years and older and were age-adjusted to the 2000 U.S. population. The economic costs information includes direct medical expenditures as well as lost productivity costs.

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

### American Lung Association of Pennsylvania

3001 Old Gettysburg Road  
Camp Hill, PA 17011  
(717) 541-5864  
[www.lunginfo.org](http://www.lunginfo.org)

# PUERTO RICO

## Grades:

<b>Tobacco Prevention and Control Spending</b>	<b>N/A*</b>
------------------------------------------------	-------------

FY 2005 Tobacco Prevention and Control Appropriations: \$1,872,359

CDC Best Practices Minimum State Spending Requirement: N/A

\*CDC did not establish a Best Practices spending requirement for Puerto Rico, therefore we are unable to grade this section.

<b>Smokefree Air</b>	<b>F</b>
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### Overview of Smokefree Air Law(s):

Government Workplaces: **Restricts**

Private Workplaces: **Restricts**

Schools: **Restricts**

Childcare Facilities: **Restricts**

Restaurants: **Restricts**

Bars: **None**

Retail Stores: **Restricts**

Recreation/Cultural Facilities: **Bans**

Penalties: **Yes**

Enforcement: **Yes**

Preemption: **No**

<b>Cigarette Tax</b>	<b>C</b>
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Tax Rate per pack of 20: \$1.230

<b>Youth Access</b>	<b>B</b>
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### Overview of Youth Access Law(s):

Minimum Age Requirement: **Yes**

Packaging: Prohibits all cigarette sales other than in a sealed package conforming to federal labeling requirements: **No**

Clerk Intervention: Prohibits access to or purchase of tobacco products without the intervention of a sales clerk: **Yes**

Photographic Identification: Require merchants to request photographic identification for customers who appear to be under 21 years of age: **Yes**

Vending Machines: **Yes**

Free Distribution: **Yes**

Graduated penalties or fines on retailers: **Yes**

Establishes random, unannounced inspections: **Yes**

Establishes statewide enforcement agency: **Yes**

Preemption: **No**



## Behind the Scenes

The Asociación Puertorriqueña del Pulmón is leading the effort to prevent, discourage, and eradicate the use of tobacco in Puerto Rico. The organization joined the Puerto Rico Anti Tobacco Coalition, formed by the Department of Health, to push for strong tobacco control policies.

Puerto Rico has come a long way in the past few years in tobacco control policy. It has the twelfth highest cigarette taxes in the nation, at \$1.23 per pack. In 2002, Puerto Rico established the Children's Trust with proceeds from the Master Settlement Agreement. The trust has allocated \$8,345,896 for alcohol, tobacco, and other drug prevention programs. These funds included \$1,633,319 to establish a Tobacco Prevention and Control Center at the Medical School of the University of Puerto Rico. The total funding for tobacco prevention and control programs in Puerto Rico is \$1,872,359.

Puerto Rico has strong policies restricting youth access to tobacco products, including a law that requires photographic identification for people under the age of 27 to buy tobacco products. The law provides strong enforcement and penalty provisions. The law also bans tobacco advertising, signs and posters or commercial propaganda for cigarettes or any other product manufactured with tobacco within 500 feet of a public or private school.

Puerto Rico passed its first smokefree air law in 1993. The law regulated smoking in certain public and private places but allowed for designated smoking areas. Since then it has passed policies banning smoking in facilities catering to children, public and private recreational facilities, and establishments and institutions that care for the elderly.

Legislation has been introduced to strengthen Puerto Rico's smokefree air law. The proposed legislation would prohibit smoking in all enclosed places and regulate smoking in bars and restaurants. After passing in the House of Representatives by a wide margin, 28 to 14, in 2003, it still requires action by the Senate.

Tobacco prevention and control policies in Puerto Rico have progressed quickly, but the Asociación Puertorriqueña del Pulmón has just begun its fight. Currently, the organization celebrates a no-smoking day every third Friday of February. In addition to its policy work, the organization provides educational programs to prevent youth smoking and help smokers of all ages quit.

### Puerto Rico State Facts:

Economic Costs Due to Smoking:	N/A
Adult Prevalence:	13.6%
High School Smoking Rate:	40.2%
Middle School Smoking Rate:	15.5%
Smoking Attributable Deaths per 100,000:	N/A
Smoking Attributable Lung Cancer per 100,000:	N/A

Adult prevalence data is taken from the CDC's Behavioral Risk Factor Surveillance System, 2003. High and middle school smoking rates are taken from the Puerto Rico Mental Health and Drug Abuse Services Administration (ASSMCA) study Consulting Youths V, 2000-2002.

Health impacts information is not collected by the federal government for Puerto Rico.

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

#### Asociación Puertorriqueña del Pulmón

P.O. Box 195247  
 San Juan, PR 00919-5247  
 (787) 765-5664  
[www.pulmon.org](http://www.pulmon.org)

# R H O D E I S L A N D

## Grades:

<b>Tobacco Prevention and Control Spending</b>	<b>F</b>
------------------------------------------------	----------

FY 2005 Tobacco Prevention and Control Appropriations: \* \$3,609,989

CDC Best Practices Minimum State Spending Requirement: \$9,890,000

\*Includes FY 2004 funding from the Centers for Disease Control and Prevention.

<b>Smokefree Air</b>	<b>I</b>
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### Overview of Smokefree Air Law(s):

Government Workplaces: **Bans**

Private Workplaces: **Bans**

Schools: **Bans**

Childcare Facilities: **Bans**

Restaurants: **Bans**

Bars: **Restricts**

Retail Stores: **Bans**

Recreation/Cultural Facilities: **Bans**

Penalties: **Yes**

Enforcement: **Yes**

Preemption: **Yes**

Citation: GEN. LAWS OF RI § 23-20.6-1 et seq. & 11-19-32 & 23-28.15 & 23-17.5-26

Incomplete: Rhode Island's smokefree air legislation is effective March 1, 2005. Exemptions include 50 percent of hotel/motel rooms, retail tobacco stores, smoking bars, and facilities with Class C & D liquor licenses with no more than 10 employees until October 1, 2006.

<b>Cigarette Tax</b>	<b>A</b>
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Tax Rate per pack of 20: \$2.460

On July 1, 2004, the cigarette tax was raised from \$1.71 to \$2.46 per pack.

<b>Youth Access</b>	<b>A</b>
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### Overview of Youth Access Law(s):

Minimum Age Requirement: **Yes**

Packaging: Prohibits all cigarette sales other than in a sealed package conforming to federal labeling requirements: **Yes**

Clerk Intervention: Prohibits access to or purchase of tobacco products without the intervention of a sales clerk: **No**

Photographic Identification: Require merchants to request photographic identification for customers who appear to be under 21 years of age: **No**

Vending Machines: **Restricts**

Free Distribution: **Bans**

Graduated penalties or fines on retailers: **Yes**

Establishes random, unannounced inspections: **Yes**

Establishes statewide enforcement agency: **Yes**

Preemption: **No**

Citation: GEN. LAWS OF RI § 11-9-13 et seq.



The **American Lung Association** recognizes Rhode Island for passing a strong smokefree air law protecting workers from secondhand smoke and raising its cigarette tax to \$2.46, the highest in the country.



## Behind the Scenes

The American Lung Association of Rhode Island made significant gains this year in tobacco control, including a very strong smokefree worksite law barring smoking from nearly every worksite in the state as of March 1, 2005. And, thanks to a large deficit, the state now has the nation's highest cigarette tax rate at \$2.46, after an increase of \$0.75 this year.

The state securitized its tobacco settlement funds four years ago and the state spends less than \$3 million (by the Rhode Island Department of Health) on tobacco prevention and cessation. (While the tax rate went up, all of these funds are put in the general fund, even though in the past increases in the tax were tied ideologically to protecting some programs—tobacco control and others.)

Convenience Store Association lobbyists were successful at getting both the House and Senate to pass a bill that put in place an affirmative defense regarding the license suspension penalty in the youth access law. Only after a veto by the governor was this bill stopped.

In 2005, plans are to close the few loopholes that exist in the smokefree worksite law; increase funding for the state's tobacco control program—particularly enforcement funding since that is a real gap we see in the area of youth access; and defend against further efforts by the tobacco retailers to reduce youth sales penalties.

## Rhode Island State Facts

Economic Costs Due to Smoking:	\$678,000,000
Adult Prevalence:	22.4%
High School Smoking Rate:	19.3%
Middle School Smoking Rate:	9.1%
Smoking Attributable Deaths per 100,000:	283.2
Smoking Attributable Lung Cancer per 100,000:	97.2

Adult prevalence data is taken from the CDC Behavioral Risk Factor Surveillance System, 2003. High school rates are taken from the 2003 Youth Risk Behavioral Surveillance System. Middle school rates are taken from the 2001 Youth Tobacco Survey.

Health impacts information for 1999 is taken from the Smoking Attributable Mortality, Morbidity and Economic Costs (SAMMEC) software. Age-adjusted rates were calculated for persons aged 35 years and older and were age-adjusted to the 2000 U.S. population. The economic costs information includes direct medical expenditures as well as lost productivity costs.

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

### American Lung Association of Rhode Island

298 West Exchange Street  
Providence, RI 02903-3700  
(401) 421-6487  
[www.lungusa.org/rhodeisland](http://www.lungusa.org/rhodeisland)

# SOUTH CAROLINA

## Grades:

### Tobacco Prevention and Control Spending

**F**

FY 2005 Tobacco Prevention and Control Appropriations:\* \$1,159,236

CDC Best Practices Minimum State Spending Requirement: \$23,910,000

\*Includes FY 2004 funding from the Centers for Disease Control and Prevention.

### Smokefree Air

**F**

#### Overview of Smokefree Air Law(s):

Government Workplaces: **Restricts**

Private Workplaces: **No provision**

Schools: **Restricts**

Childcare Facilities: **Bans**

Restaurants: **No provision**

Bars: **No provision**

Retail Stores: **Restricts**

Recreation/Cultural Facilities: **Restricts**

Penalties: **Yes**

Enforcement: **No**

Preemption: **Yes**

Citation: CODE OF LAWS OF SC § 44-95-10 et seq. & 59-67-150

### Cigarette Tax

**F**

Tax Rate per pack of 20: \$0.070

### Youth Access

**F**

#### Overview of Youth Access Law(s):

Minimum Age Requirement: **Yes**

Packaging: Prohibits all cigarette sales other than in a sealed package conforming to federal labeling requirements: **No**

Clerk Intervention: Prohibits access to or purchase of tobacco products without the intervention of a sales clerk: **No**

Photographic Identification: Require merchants to request photographic identification for customers who appear to be under 21 years of age: **No**

Vending Machines: **No**

Free Distribution: **Restricts**

Graduated penalties or fines on retailers: **Yes**

Establishes random, unannounced inspections: **No**

Establishes statewide enforcement agency: **Yes**

Preemption: **Yes**

Citation: CODE OF LAWS OF SC § 16-17-500 & 12-21-660



## Behind the Scenes

The American Lung Association of South Carolina continues to make progress toward protecting South Carolina residents from the harmful effects of tobacco use. By utilizing new tools such as the Advocacy Action Network, the organization has recruited new volunteers to help with policy change in the state. The growing influence of the South Carolina Tobacco Collaborative, a non-profit organization focused on preventing tobacco use, has helped keep tobacco related issues on the agenda of the state's legislature during the last legislative year. The American Lung Association of South Carolina, along with the American Cancer Society and American Heart Association, are founding members of this grassroots advocacy organization.

During the 2004 legislative session, the state budget continued to be an area of concern. Tobacco tax supporters once again pushed the tax as a way to increase state revenue while decreasing the number of young smokers in the state. While support in the Senate is still strong, the tobacco tax still faced opposition by House leadership and those legislators who signed pledges not to increase taxes. During the summer primaries, several long-time members lost their seats to newcomers.

While the tobacco tax will continue to be part of the American Lung Association of South Carolina's advocacy agenda, there is growing interest in smokefree workplace legislation. Members of the Greenville and Columbia city councils have expressed interest in promoting smokefree workplace ordinances. This may be due to recent activity in nearby Georgia and other states. Charleston continues to debate the issue of smokefree workplaces but is facing challenges from the hospitality industry.

Smokers who want to quit will have another option to help them be successful. The South Carolina Department of Health and Environmental Control is introducing a new Quit Line for those who have questions about smoking cessation.

## South Carolina State Facts

Economic Costs Due to Smoking:	\$2,527,000,000
Adult Prevalence:	25.5%
High School Smoking Rate:	36.0%
Middle School Smoking Rate:	NA
Smoking Attributable Deaths per 100,000:	315.6
Smoking Attributable Lung Cancer per 100,000:	96.5

Adult prevalence data is taken from the CDC Behavioral Risk Factor Surveillance System, 2003. High school rates are taken from the 1999 Youth Risk Behavioral Surveillance Survey. Middle school rates are not collected by state.

Health impacts information for 1999 is taken from the Smoking Attributable Mortality, Morbidity and Economic Costs (SAMMEC) software. Age-adjusted rates were calculated for persons aged 35 years and older and were age-adjusted to the 2000 U.S. population. The economic costs information includes direct medical expenditures as well as lost productivity costs.

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

### American Lung Association of South Carolina

1817 Gadsden Street  
Columbia, SC 29201-2392  
(803) 779-5864  
[www.lungsc.org](http://www.lungsc.org)

# SOUTH DAKOTA

## Grades:

### Tobacco Prevention and Control Spending

**F**

FY 2005 Tobacco Prevention and Control Appropriations:\* \$2,386, 491

CDC Best Practices Minimum State Spending Requirement: \$8,690,000

\*Includes FY 2004 funding from the Centers for Disease Control and Prevention.

### Smokefree Air

**C**

#### Overview of Smokefree Air Law(s):

Government Workplaces: **Bans**

Private Workplaces: **Bans**

Schools: **Bans**

Childcare Facilities: **Bans**

Restaurants: **Restricts**

Bars: **No provision**

Retail Stores: **Bans**

Recreation/Cultural Facilities: **Bans**

Penalties: **Yes**

Enforcement: **No**

Preemption: **Yes**

Citation: SD COD. LAWS § 22-36-2 & 10-50-64

If preemption were repealed South Dakota's grade would be a "B".

### Cigarette Tax

**D**

Tax Rate per pack of 20: \$0.530

### Youth Access

**F**

#### Overview of Youth Access Law(s):

Minimum Age Requirement: **Yes**

Packaging: Prohibits all cigarette sales other than in a sealed package conforming to federal labeling requirements: **Yes**

Clerk Intervention: Prohibits access to or purchase of tobacco products without the intervention of a sales clerk: **No**

Photographic Identification: Require merchants to request photographic identification for customers who appear to be under 21 years of age: **No**

Vending Machines: **Restricts**

Free Distribution: **Restricts**

Graduated penalties or fines on retailers: **No**

Establishes random, unannounced inspections: **Yes**

Establishes statewide enforcement agency: **Yes**

Preemption: **Yes**

Citation: SD COD. LAWS § 34-46-1 et seq. & 26-10-20 et seq.



## Behind the Scenes

The American Lung Association of South Dakota, through its involvement with local and statewide tobacco coalitions, has helped to bring about policy changes in tobacco control for the people of South Dakota. As a member of the South Dakota Tobacco-Free Kids Network, working alongside 44 other member organizations, the Lung Association has worked successfully to gain sponsorship and passage of a number of public policies that undoubtedly strengthen tobacco control efforts within the state.

During the 2004 session, the South Dakota Legislature defeated efforts to weaken the state's clean indoor air law. House Bill 1086 would have created an exemption to the clean indoor air law for those meeting rooms being used for alcohol, drug abuse or gambling addiction recovery and treatment. The bill did not specify what constituted a meeting or a meeting place for purposes of providing recovery or treatment services and would have allowed any room in any building to exercise the exemption under the auspices of a meeting for such purposes. Through active engagement at the grassroots and grassstops level, the American Lung Association of South Dakota and its partner organizations in the South Dakota Tobacco-Free Kids Network got the House Health and Human Services Committee to defer the bill to the 36<sup>th</sup> legislative day on a vote of 11-1, effectively killing the bill.

The South Dakota Legislature also increased funding for tobacco control. Senate Bill 195 included a \$750,000 increase in state funds for the tobacco control program. This additional funding was secured from the interest on the Education Enhancement Trust Fund. The total FY 2005 budget for tobacco control is approximately \$2.4 million, far less than the \$4.5 million originally proposed by the American Lung Association and its partners in the South Dakota Tobacco-Free Kids Network.

One measure of the state's success is seen in trends in tobacco use in the state. The middle school rate has significantly decreased (over 50%) since 1999, from 12.4 percent to 6 percent.

In 2002, the legislature passed the state's smokefree worksite law, followed in 2003 by a \$0.20 per pack increase in the state's cigarette tax.

The American Lung Association of South Dakota will work with the South Dakota Tobacco-Free Kids Network to pursue its 2005 legislative agenda.

## South Dakota State Facts

Economic Costs Due to Smoking:	\$403,000,000
Adult Prevalence:	22.7%
High School Smoking Rate:	27.0%
Middle School Smoking Rate:	6.0%
Smoking Attributable Deaths per 100,000:	230.2
Smoking Attributable Lung Cancer per 100,000:	70.9

Adult prevalence data is taken from the CDC Behavioral Risk Factor Surveillance System, 2003. High school rates and Middle school rates are taken from the 2003 Youth Tobacco Survey.

Health impacts information for 1999 is taken from the Smoking Attributable Mortality, Morbidity and Economic Costs (SAMMEC) software. Age-adjusted rates were calculated for persons aged 35 years and older and were age-adjusted to the 2000 U.S. population. The economic costs information includes direct medical expenditures as well as lost productivity costs.

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

### American Lung Association of South Dakota

1212 West Elkhorn Street, Suite 1  
Sioux Falls, SD 57104-0233  
(605) 336-7222  
[www.lungusa.org/southdakota](http://www.lungusa.org/southdakota)

# T E N N E S S E E

## Grades:

<b>Tobacco Prevention and Control Spending</b>	<b>F</b>
------------------------------------------------	----------

FY 2005 Tobacco Prevention and Control Appropriations:\* \$1,547,415

CDC Best Practices Minimum State Spending Requirement: \$32,230,000

\*Includes FY 2004 funding from the Centers for Disease Control and Prevention.

<b>Smokefree Air</b>	<b>F</b>
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### Overview of Smokefree Air Law(s):

Government Workplaces: **No provision**

Private Workplaces: **No provision**

Schools: **Restricts**

Childcare Facilities: **Restricts**

Restaurants: **No provision**

Bars: **No provision**

Retail Stores: **No provision**

Recreation/Cultural Facilities: **Restricts**

Penalties: **Yes**

Enforcement: **Yes**

Preemption: **Yes**

Citation: TN CODE ANN. § 39-17-1601 et seq. & 4-4-121

<b>Cigarette Tax</b>	<b>F</b>
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Tax Rate per pack of 20: \$0.200

<b>Youth Access</b>	<b>B</b>
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### Overview of Youth Access Law(s):

Minimum Age Requirement: **Yes**

Packaging: Prohibits all cigarette sales other than in a sealed package conforming to federal labeling requirements: **Yes**

Clerk Intervention: Prohibits access to or purchase of tobacco products without the intervention of a sales clerk: **No**

Photographic Identification: Require merchants to request photographic identification for customers who appear to be under 21 years of age: **Yes**

Vending Machines: **Restricts**

Free Distribution: **Restricts**

Graduated penalties or fines on retailers: **Yes**

Establishes random, unannounced inspections: **Yes**

Establishes statewide enforcement agency: **Yes**

Preemption: **Yes**

Citation: TN CODE ANN. § 39-17-1501 et seq. & 39-17-1551 & 47-18-2003



## Behind the Scenes

The American Lung Association of Tennessee continues to be active with local and statewide tobacco coalitions in building grassroots support in pursuit of tobacco control policy change. The statewide tobacco control coalition, Campaign for a Healthy and Responsible Tennessee (CHART), is gaining momentum for the repeal of the state's preemptive tobacco policy law.

During the 2004 legislative session, the coalition presented resolutions signed by local governments to state legislators. The resolutions asked that local control be restored in order to enact smokefree policy. Although several bills were introduced that dealt with the repeal of preemption and proponents benefited from bipartisan support with strong House and Senate sponsors, the bill died in committee. The opposition of the Farm Bureau, combined with the tobacco industry and restaurant/retail lobbies defeated the bill in a much heated debate. However, thanks to some extremely inappropriate tactics by one state senator who was very outspoken against the bill, it received a great deal of widespread public debate and statewide media coverage. The Lung Association will make repealing preemption a priority item in the tobacco control policy agenda item for the upcoming legislative session.

Two important tobacco control milestones were achieved in the 2004 session. The state capitol was designated smokefree as a result of a no-smoking policy implemented by the Tennessee General Assembly and state funding was allocated for tobacco prevention and control programs by Governor Bredesen to meet the CDC match requirement. However, funding for tobacco prevention and education programs are still well below the CDC minimum.

In partnership with the state department of health and coalition partners, the goal is to provide Tennessee with a comprehensive and sustainable state tobacco prevention plan. The American Lung Association of Tennessee will continue to work toward a smokefree Tennessee and build support for tobacco policy initiatives that will improve the lives of all Tennesseans.

Tennessee State Facts	
Economic Costs Due to Smoking:	\$4,131,000,000
Adult Prevalence:	25.6%
High School Smoking Rate:	27.6%
Middle School Smoking Rate:	16.6%
Smoking Attributable Deaths per 100,000:	346
Smoking Attributable Lung Cancer per 100,000:	110.3

Adult prevalence data is taken from the CDC Behavioral Risk Factor Surveillance System, 2003. High school rates are taken from the 2003 Youth Risk Behavioral Surveillance System. Middle school rates are taken from the 2000 Youth Tobacco Survey.

Health impacts information for 1999 is taken from the Smoking Attributable Mortality, Morbidity and Economic Costs (SAMMEC) software. Age-adjusted rates were calculated for persons aged 35 years and older and were age-adjusted to the 2000 U.S. population. The economic costs information includes direct medical expenditures as well as lost productivity costs.

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

**American Lung Association of Tennessee**  
 One Vantage Way, Suite B-130  
 Nashville, TN 37228  
 (615) 329-1151  
[www.lungtn.org](http://www.lungtn.org)

# TEXAS

## Grades:

<b>Tobacco Prevention and Control Spending</b>	<b>F</b>
------------------------------------------------	----------

FY 2005 Tobacco Prevention and Control Appropriations:\* \$9,843,167

CDC Best Practices Minimum State Spending Requirement: \$103,290,000

\*Includes FY 2004 funding from the Centers for Disease Control and Prevention.

<b>Smokefree Air</b>	<b>F</b>
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### Overview of Smokefree Air Law(s):

Government Workplaces: **No provision**

Private Workplaces: **No provision**

Schools: **Restricts**

Childcare Facilities: **Bans**

Restaurants: **No provision**

Bars: **No provision**

Retail Stores: **Restricts**

Recreation/Cultural Facilities: **Restricts**

Penalties: **Yes**

Enforcement: **Yes**

Preemption: **No**

Citation: TX PENAL CODE ANN. § 48.01 & 494.010 & TX EDUC, CODE § 21.927

<b>Cigarette Tax</b>	<b>F</b>
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Tax Rate per pack of 20: \$0.410

<b>Youth Access</b>	<b>A</b>
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### Overview of Youth Access Law(s):

Minimum Age Requirement: **Yes**

Packaging: Prohibits all cigarette sales other than in a sealed package conforming to federal labeling requirements: **Yes**

Clerk Intervention: Prohibits access to or purchase of tobacco products without the intervention of a sales clerk: **Yes**

Photographic Identification: Require merchants to request photographic identification for customers who appear to be under 21 years of age: **Yes**

Vending Machines: **Restricts**

Free Distribution: **Restricts**

Graduated penalties or fines on retailers: **Yes**

Establishes random, unannounced inspections: **Yes**

Establishes statewide enforcement agency: **Yes**

Preemption: **No**

Citation: TX PENAL CODE ANN. § 161.082 et seq. & 161.252 et seq. & 161.301 et seq.



## Behind the Scenes

During the last several years, tobacco control coalitions in Texas have met with varying degrees of success.

Despite the politically conservative nature of most of the governmental bodies in Texas, many positive steps have been taken toward a comprehensive and sustainable state tobacco prevention plan.

During the past decade, all preemptive tobacco industry legislation has been defeated. The legislature has enacted a number of laws, including a youth access bill that requires the placement of tobacco products behind the counter, requires strong penalties for clerks and retail managers/owners who sell tobacco products to minors, and places restrictions on tobacco advertising. The Texas Capitol is smokefree as a result of a no-smoking policy implemented by the State Preservation Board, and several cities have implemented smokefree policies for municipal buildings and restaurants. A \$200 million endowment for a tobacco prevention and cessation program has also been established. Texas was one of the first states to file a lawsuit against the tobacco industry and the third to reach a settlement agreement with it. All of the interest funds from the endowment, approximately \$7.4 million annually, are made available for a pilot tobacco prevention and cessation program. Evaluation of the tobacco prevention and cessation pilot program in Port Arthur, in east Texas, showed that tobacco use among middle school students decreased by 40 percent in less than one year.

Efforts to securitize the state's tobacco settlement fund during the 2003 legislative session were defeated.

The American Lung Association of Texas and other agencies have continued to urge key Texas legislators to increase the state's cigarette excise tax by \$1.00, with a nickel going toward a statewide comprehensive tobacco prevention and cessation program. In 2004, legislators included a proposal to increase the cigarette tax by \$1.00 in a proposed school finance plan. The Legislature has yet to vote on the bill. The last cigarette tax increase in Texas was more than 10 years ago.

The TRUST For A SmokeFree Texas coalition, of which the American Lung Association of Texas is a member, campaigned against the governor's directive to the Texas Department of Health to remove funding for youth tobacco prevention programs from its proposed base budget for 2004 and 2005. However, Gov. Rick Perry directed that \$10 million instead be used to fund federally qualified health centers in Texas.

## Texas State Facts

Economic Costs Due to Smoking:	\$10,092,000,000
Adult Prevalence:	22.1%
High School Smoking Rate:	24.3%
Middle School Smoking Rate:	10.2%
Smoking Attributable Deaths per 100,000:	288.8
Smoking Attributable Lung Cancer per 100,000:	87.1

Adult prevalence data is taken from the CDC Behavioral Risk Factor Surveillance System, 2003. High school rates are taken from the 2003 Youth Risk Behavioral Surveillance System. Survey did not include students from one of the state's large school districts. Middle school rates are taken from the 2002 Youth Tobacco Survey.

Health impacts information for 1999 is taken from the Smoking Attributable Mortality, Morbidity and Economic Costs (SAMMEC) software. Age-adjusted rates were calculated for persons aged 35 years and older and were age-adjusted to the 2000 U.S. population. The economic costs information includes direct medical expenditures as well as lost productivity costs.

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

### American Lung Association of Texas

P.O. Box 26460  
Austin, TX 78755-0460  
(512) 467-6753  
[www.texaslung.org](http://www.texaslung.org)

# U T A H

## Grades:

<b>Tobacco Prevention and Control Spending</b>	<b>F</b>
------------------------------------------------	----------

FY 2005 Tobacco Prevention and Control Appropriations:\* \$8,360,341

CDC Best Practices Minimum State Spending Requirement: \$15,230,000

\*Includes FY 2004 funding from the Centers for Disease Control and Prevention.

<b>Smokefree Air</b>	<b>B</b>
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### Overview of Smokefree Air Law(s):

Government Workplaces: **Bans**

Private Workplaces: **Restricts**

Schools: **Bans**

Childcare Facilities: **Bans**

Restaurants: **Bans**

Bars: **No provision**

Retail Stores: **Bans**

Recreation/Cultural Facilities: **Bans**

Penalties: **Yes**

Enforcement: **Yes**

Preemption: **Yes**

Citation: UT CODE ANN. § 26-38-1 et seq. & 2638-1 et seq. & 76-10-1506

If preemption were repealed Utah's grade would be an "A."

<b>Cigarette Tax</b>	<b>D</b>
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Tax Rate per pack of 20: \$0.695

<b>Youth Access</b>	<b>F</b>
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### Overview of Youth Access Law(s):

Minimum Age Requirement: **Yes**

Packaging: Prohibits all cigarette sales other than in a sealed package conforming to federal labeling requirements: **Yes**

Clerk Intervention: Prohibits access to or purchase of tobacco products without the intervention of a sales clerk: **Yes**

Photographic Identification: Require merchants to request photographic identification for customers who appear to be under 21 years of age: **No**

Vending Machines: **Restricts**

Free Distribution: **Restricts**

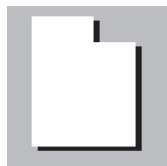
Graduated penalties or fines on retailers: **Yes**

Establishes random, unannounced inspections: **No**

Establishes statewide enforcement agency: **No**

Preemption: **Yes**

Citation: UT CODE ANN. § 77-39-101 & 26-42-103 & 76-10-105 & 76-10-104 & 59-14-101 et seq.



## Behind the Scenes

Utah continues to have the very lowest smoking rate for both adults and youth. Even though the rate is low, smoking still significantly impacts the physical and financial health of all Utahans. For many years, state and local health departments, and organizations including the American Lung Association of Utah, have joined together in the Coalition for Tobacco Free Utah (CTFU) to fight the tobacco epidemic.

Tobacco control received a significant boost with the influx of Master Settlement Agreement funds and tax increases and the subsequent implementation of smoking prevention and cessation, media education and enforcement activities. These funds have allowed the state to implement programs in every county and greatly increase public awareness of the negative impact of smoking.

For the past four years, the legislature failed to designate even half of the minimum CDC-recommended amount of funding for tobacco control and prevention programs. This hampered a comprehensive program and its effect on the tobacco problem. The challenge for tobacco control advocates is to educate the Legislators and all Utahans about the magnitude of the problem and the importance of staying on task, which will benefit the state financially.

Although the state of tobacco control in Utah is better than it was just a few years ago, much more needs to be done. Smokefree environments must be expanded to airports, bars and clubs, and other work places. Legislation to incorporate some of these areas into the Utah Clean Indoor Air Act will be submitted in the upcoming session. A coordinated smoking prevention package for schools must include all agencies and be tied into policy and curriculum. Cessation programs must be made available at the most accessible locations, using proven methods. Though enforcement and random checks of tobacco outlets have increased, law enforcement must work closely to enforce the tobacco laws and refer offenders to programs that will help them.

## Utah State Facts

Economic Costs Due to Smoking:	\$517,000,000
Adult Prevalence:	11.9%
High School Smoking Rate:	7.3%
Middle School Smoking Rate:	NA
Smoking Attributable Deaths per 100,000:	159.8
Smoking Attributable Lung Cancer per 100,000:	38.7

Adult prevalence data is taken from the CDC Behavioral Risk Factor Surveillance System, 2003. High school rates are taken from the 2003 Youth Risk Behavioral Surveillance System. Middle school rates are not collected by state.

Health impacts information for 1999 is taken from the Smoking Attributable Mortality, Morbidity and Economic Costs (SAMMEC) software. Age-adjusted rates were calculated for persons aged 35 years and older and were age-adjusted to the 2000 U.S. population. The economic costs information includes direct medical expenditures as well as lost productivity costs.

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

### American Lung Association of Utah

1930 South 1100 East  
Salt Lake City, UT 84106-2317  
(801) 484-4456  
[www.lungusa.org/utah](http://www.lungusa.org/utah)

# VERMONT

## Grades:

<b>Tobacco Prevention and Control Spending</b>	<b>C</b>
------------------------------------------------	----------

FY 2005 Tobacco Prevention and Control Appropriations:\* \$5,759,220

CDC Best Practices Minimum State Spending Requirement: \$7,910,000

\*Includes FY 2004 funding from the Centers for Disease Control and Prevention.

<b>Smokefree Air</b>	<b>B</b>
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### Overview of Smokefree Air Law(s):

Government Workplaces: **Bans**

Private Workplaces: **Restricts**

Schools: **Bans**

Childcare Facilities: **Bans**

Restaurants: **Restricts**

Bars: **No provision**

Retail Stores: **Bans**

Recreation/Cultural Facilities: **Bans**

Penalties: **Yes**

Enforcement: **Yes**

Preemption: **No**

Citation: VT STAT. ANN. Title 18, § 1741 et seq. & 16, § 140

<b>Cigarette Tax</b>	<b>C</b>
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Tax Rate per pack of 20: \$1.190

<b>Youth Access</b>	<b>A</b>
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### Overview of Youth Access Law(s):

Minimum Age Requirement: **Yes**

Packaging: Prohibits all cigarette sales other than in a sealed package conforming to federal labeling requirements: **Yes**

Clerk Intervention: Prohibits access to or purchase of tobacco products without the intervention of a sales clerk: **Yes**

Photographic Identification: Require merchants to request photographic identification for customers who appear to be under 21 years of age: **No**

Vending Machines: **Bans**

Free Distribution: **Restricts**

Graduated penalties or fines on retailers: **Yes**

Establishes random, unannounced inspections: **Yes**

Establishes statewide enforcement agency: **Yes**

Preemption: **No**

Citation: VT STAT. ANN. Title 7, § 140 and 1002 et seq. & 40, § 1003 & Sec. 13 of No. 58 of the Acts of 1997



## Behind the Scenes

The American Lung Association of Vermont, a member of the Coalition for a Tobacco Free Vermont (CTFV), works closely with key partners in advocating for effective tobacco control policy in the state. With the completion of the states' Robert Wood Johnson Foundation Grant at the end of June and the resulting loss of coalition staff, CTFV voluntary members have taken on increasingly more responsibility.

The Tobacco Evaluation and Review Board (TERB), an independent state board, works in partnership with the Agency of Human Services and the Departments of Health and Education to establish the annual budget, program criteria, policy development and review and evaluation of Vermont's Tobacco Control Program. CTFV awarded this valuable board its 2004 Leadership in Tobacco Control award at the coalition's annual meeting.

During the 2004 legislative session, the Vermont Legislature agreed with the recommendation by Gov. Douglas for a 3 percent increase in funding for the Tobacco Control Program for FY 2005, for a total of \$4,668,657 from Master Settlement Agreement (MSA) funds. The CTFV lobbied to revert an unspent \$2.43 million of tobacco funds from FY 2001 to the Tobacco Trust Fund. Unfortunately, the Legislature designated most of this money for a one-time expenditure for other drug and alcohol programs.

A significant development in 2004 was the increased level of understanding and acceptance of the details and merits of the Tobacco Control Program by key lawmakers. This success is due to the combination of positive evaluation results, coordination of CTFV's advocacy efforts, effective testimony at the state-house, support from the administration, and the House and Senate Health and Welfare Committees and their chairs.

In the past, Vermont led the nation in clean indoor air regulation by adopting the 1987 Smoking in the Workplace Act and the 1993 Clean Indoor Air Act. Unfortunately, the 1993 law contains an exemption for businesses that are primarily devoted to entertainment, not food sales. Bills in the House and Senate were introduced in 2003 to eliminate smoking in all workplaces. Both bills were discussed in committee in 2004, but neither moved out of committee. Since then, the cities of Burlington and South Burlington have banned smoking in all bars, and several other communities are considering following suit. With

momentum building on a municipal level, the state bills will surely be revisited in 2005.

### Vermont State Facts

Economic Costs Due to Smoking:	\$354,000,000
Adult Prevalence:	19.5%
High School Smoking Rate:	22.1%
Middle School Smoking Rate:	8.6%
Smoking Attributable Deaths per 100,000:	274.3
Smoking Attributable Lung Cancer per 100,000:	90.2

Adult prevalence data is taken from the CDC Behavioral Risk Factor Surveillance System, 2003. High school rates are taken from the 2003 Youth Risk Behavioral Surveillance System. Middle school rates are taken from the 2002 Youth Tobacco Survey.

Health impacts information for 1999 is taken from the Smoking Attributable Mortality, Morbidity and Economic Costs (SAMMEC) software. Age-adjusted rates were calculated for persons aged 35 years and older and were age-adjusted to the 2000 U.S. population. The economic costs information includes direct medical expenditures as well as lost productivity costs.

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

#### American Lung Association of Vermont

30 Farrell Street  
 South Burlington, VT 05403-6196  
 (802) 863-6817  
[www.lungusa.org/vermont](http://www.lungusa.org/vermont)

# VIRGINIA

## Grades:

<b>Tobacco Prevention and Control Spending</b>	<b>F</b>
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FY 2005 Tobacco Prevention and Control Appropriations: \$13,675,105

CDC Best Practices Minimum State Spending Requirement: \$38,870,000

\*Includes FY 2004 funding from the Centers for Disease Control and Prevention.

<b>Smokefree Air</b>	<b>F</b>
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### Overview of Smokefree Air Law(s):

Government Workplaces: **Restricts**

Private Workplaces: **No provision**

Schools: **Bans**

Childcare Facilities: **Bans**

Restaurants: **Restricts**

Bars: **No provision**

Retail Stores: **Restricts**

Recreation/Cultural Facilities: **Restricts**

Penalties: **Yes**

Enforcement: **Yes**

Preemption: **Yes**

Citation: CODE OF VA § 15.2-2801 et seq.

<b>Cigarette Tax</b>	<b>F</b>
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Tax Rate per pack of 20: \$0.200

On September 1, 2004, the cigarette tax was raised from \$0.025 to \$0.20. The tax will be raised from \$0.20 to \$0.30 on July 1, 2005.

<b>Youth Access</b>	<b>D</b>
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### Overview of Youth Access Law(s):

Minimum Age Requirement: **Yes**

Packaging: Prohibits all cigarette sales other than in a sealed package conforming to federal labeling requirements: **Yes**

Clerk Intervention: Prohibits access to or purchase of tobacco products without the intervention of a sales clerk: **No**

Photographic Identification: Require merchants to request photographic identification for customers who appear to be under 21 years of age: **Yes**

Vending Machines: **Restricts**

Free Distribution: **No provision**

Graduated penalties or fines on retailers: **Yes**

Establishes random, unannounced inspections: **No**

Establishes statewide enforcement agency: **Yes**

Preemption: **No**

Citation: CODE OF VA § 18.2-371.2 & 15.2-2809



The **American Lung Association** recognizes Virginia for raising its cigarette tax for the first time since 1960.



## Behind the Scenes

Through its involvement with local and statewide tobacco control coalitions, the American Lung Association of Virginia has helped bring about significant policy changes in tobacco control for the people of Virginia. Along with the American Heart Association, the American Cancer Society, Campaign for Tobacco-Free Kids and other organizations, the statewide coalition, Virginians For A Healthy Future, successfully gained sponsorship and passage of a number of legislative and budget proposals that strengthen tobacco control efforts across the commonwealth.

During the 2004 special session, the Virginia Legislature—with the key support of Gov. Mark Warner—increased cigarette taxes for the first time since the tax was levied in 1960. That victory was in part the result of a major campaign by the Virginians For A Healthy Future coalition, which advocated for a significant increase. The state excise tax on a pack of cigarettes in Virginia went from the lowest in the nation at \$0.025 per pack to \$0.20 by September 2004 and to \$0.30 by July 2005. In Virginia, cities, towns, and two counties also have the authority to tax tobacco. Presently, 50 of the 357 counties, cities, and towns tax tobacco with a tax ranging from \$0.025 to \$0.65. The Legislature also levied a new tax of 10 percent on the wholesale price on noncigarette tobacco products such as chew tobacco and cigars. All state tobacco tax proceeds will be directed to a new Virginia Health Care Fund established by the General Assembly to fund health care services, including but not limited to, Medicaid payments, disease diagnosis, prevention and control, and community health services.

Virginia receives approximately \$160 million annually from the Master Settlement Agreement with the tobacco industry. In an unusual alliance with the tobacco-growing community in Virginia, legislation was passed in 1999 that set up earmarked funding streams, 10 percent for youth tobacco prevention and 50 percent for economic revitalization to support farming communities as they transition from growing tobacco. In prior years, the remaining 40 percent of MSA money went into the general fund but with the legislation passed in 2004 these funds will now be directed to the newly established Virginia Health Care Fund—essentially meeting a national policy goal to use 50 percent of the MSA funds for health purposes.

Unfortunately, in 2001 \$15 million of the Virginia Tobacco Settlement Foundation's funds (the entity

charged with directing the 10 percent of MSA money for tobacco prevention) were moved from the foundation to general funds to address budget shortfalls. Budget amendments were introduced in 2002, 2003 and 2004 General Assembly sessions to restore these funds but all failed during budget negotiations. With the help of this vital funding, the Virginia Tobacco Settlement Foundation has reached Virginia children with tobacco prevention messages through local school and community programs, public awareness campaigns, and youth-focused events.

Virginia's Clean Indoor Air law was enacted in 1990 with the help of a broad-based coalition including the American Lung Association of Virginia. In 2002, the law was successfully strengthened to remove tobacco smoke from all public school buildings. The American Lung Association of Virginia is seeking to create a social climate conducive to protecting all Virginians from secondhand smoke. The American Lung Association of Virginia believes that all Virginians deserve to be protected from exposure to secondhand smoke.

### Virginia State Facts

Economic Costs Due to Smoking:	\$3,709,000,000
Adult Prevalence:	22.0%
High School Smoking Rate:	21.0%
Middle School Smoking Rate:	6.0%
Smoking Attributable Deaths per 100,000:	290.8
Smoking Attributable Lung Cancer per 100,000:	94.9

Adult prevalence data is taken from the CDC Behavioral Risk Factor Surveillance System, 2003. High school and middle school rates are taken from the 2003 Virginia Youth Tobacco Survey.

Health impacts information for 1999 is taken from the Smoking Attributable Mortality, Morbidity and Economic Costs (SAMMEC) software. Age-adjusted rates were calculated for persons aged 35 years and older and were age-adjusted to the 2000 U.S. population. The economic costs information includes direct medical expenditures as well as lost productivity costs.

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

#### American Lung Association of Virginia

9221 Forest Hill Avenue  
 Richmond, VA 23235  
 (804) 267-1900  
[www.lungusa.org/virginia](http://www.lungusa.org/virginia)

# WASHINGTON

## Grades:

<b>Tobacco Prevention and Control Spending</b>	<b>B</b>
------------------------------------------------	----------

FY 2005 Tobacco Prevention and Control Appropriations:\* \$28,549,995

CDC Best Practices Minimum State Spending Requirement: \$33,340,000

\*Includes FY 2004 funding from the Centers for Disease Control and Prevention.

<b>Smokefree Air</b>	<b>C</b>
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### Overview of Smokefree Air Law(s):

Government Workplaces: **Restricts**

Private Workplaces: **Restricts**

Schools: **Bans**

Childcare Facilities: **Restricts**

Restaurants: **Restricts**

Bars: **No provision**

Retail Stores: **Restricts**

Recreation/Cultural Facilities: **Restricts**

Penalties: **Yes**

Enforcement: **Yes**

Preemption: **No**

Citation: REV. CODE OF WA ANN. § 70.160.010 et seq. & 28A.21.310 & WAC § 296-62-12000 et seq.

<b>Cigarette Tax</b>	<b>B</b>
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Tax Rate per pack of 20: \$1.425

<b>Youth Access</b>	<b>C</b>
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### Overview of Youth Access Law(s):

Minimum Age Requirement: **Yes**

Packaging: Prohibits all cigarette sales other than in a sealed package conforming to federal labeling requirements: **Yes**

Clerk Intervention: Prohibits access to or purchase of tobacco products without the intervention of a sales clerk: **No**

Photographic Identification: Require merchants to request photographic identification for customers who appear to be under 21 years of age: **Yes**

Vending Machines: **Restricts**

Free Distribution: **Restricts**

Graduated penalties or fines on retailers: **Yes**

Establishes random, unannounced inspections: **Yes**

Establishes statewide enforcement agency: **Yes**

Preemption: **No**

Citation: REV. CODE OF WA ANN. § 70.155.005 et seq. & 26.28.080



## Behind the Scenes

The American Lung Association of Washington has vigorously worked with other tobacco control partners at the national, state, and local level to improve Washington's policies on tobacco control. In particular, as the state's leader in tobacco control advocacy, the American Lung Association of Washington has gained sponsorship and widespread recognition on statewide issues of tobacco control and prevention.

During the 2003 and the 2004 legislative session, the coalition's historic efforts continued to protect all workers and the public from secondhand smoke exposure and maintain funding for the Department of Health's tobacco control and prevention programs.

Washington's 1985 Clean Indoor Air Act regulates smoking in public places. In 1993, regulations were enacted prohibiting smoking in all office workplaces. However, these laws still allow smoking in some indoor public places, including restaurants, bars, skating rinks, bingo halls, and bowling alleys. In addition, the Clean Indoor Air Act states that "no person may smoke in a public place except in designated smoking areas." Some courts have interpreted the Clean Indoor Air Act to preempt any local jurisdictions from enacting stronger laws, causing most municipalities to be reluctant to pass any local ordinances.

The American Lung Association of Washington was instrumental in the major progress on efforts to prohibit smoking in all indoor public places in Washington, including restaurants, bars, bowling alleys, skating rinks and casinos. With technical and advocacy assistance from the American Lung Association of Washington, the Tacoma-Pierce County Health Department enacted a strong ordinance in January 2004. This ordinance has since been appealed, and is pending action by the Washington Supreme Court.

The American Lung Association of Washington supported Initiative 890, which would have enacted such protections into statewide law via an initiative to the state's voters. However, I-890 failed to qualify for the ballot because of a late start and a shortage of funding for signature gathering.

In addition, the American Lung Association of Washington led efforts in coordination with other tobacco control partners in 2003 and 2004 to pursue legislation to ban smoking in all indoor public places. A major grassroots and media effort was successful in helping to get the legislation passed by the House

Health Care Committee by a 7-5 vote, and to secure enough commitments for votes in both houses to enact it into law. However, due to the opposition of a handful of legislative leaders, the legislation failed to pass. Efforts are underway to continue to pursue legislation for the 2005 legislative session.

The department of health's tobacco control and prevention program continues to be a strong success, thanks to funding secured and protected through the legislative and initiative process by the American Lung Association of Washington and other partners. After just four years of implementation, adult smoking has decreased by 13% in Washington.

The American Lung Association of Washington, in partnership with other tobacco control and health care advocates, will continue to exercise a strong leadership role in protecting kids from illegal sales and distribution of tobacco products to them, strengthening the state's Clean Indoor Air law to protect all workers and the public from secondhand smoke, and ensuring that current and future funding is secure for the department of health's successful programs.

### Washington State Facts

Economic Costs Due to Smoking:	\$3,031,000,000
Adult Prevalence:	19.5%
High School Smoking Rate:	15.0%
Middle School Smoking Rate:	9.2%
Smoking Attributable Deaths per 100,000:	284.9
Smoking Attributable Lung Cancer per 100,000:	90.1

Adult prevalence data is taken from the CDC Behavioral Risk Factor Surveillance System, 2003. High school and middle school rates are taken from the 2002 Washington State Healthy Youth Survey. The high school rate is for 10th grade only, middle school rate is for 8th grade only.

Health impacts information for 1999 is taken from the Smoking Attributable Mortality, Morbidity and Economic Costs (SAMMEC) software. Age-adjusted rates were calculated for persons aged 35 years and older and were age-adjusted to the 2000 U.S. population. The economic costs information includes direct medical expenditures as well as lost productivity costs.

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

**American Lung Association of Washington**  
2625 Third Avenue  
Seattle, WA 98121-1213  
(206) 441-5100  
[www.alaw.org](http://www.alaw.org)

# WEST VIRGINIA

## Grades:

<b>Tobacco Prevention and Control Spending</b>	<b>F</b>
------------------------------------------------	----------

FY 2005 Tobacco Prevention and Control Appropriations:\* \$6,950,592

CDC Best Practices Minimum State Spending Requirement: \$14,160,000

\*Includes FY 2004 funding from the Centers for Disease Control and Prevention.

<b>Smokefree Air</b>	<b>F</b>
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### Overview of Smokefree Air Law(s):

Government Workplaces: **Restricts**

Private Workplaces: **No provision**

Schools: **Restricts**

Childcare Facilities: **No provision**

Restaurants: **No provision**

Bars: **No provision**

Retail Stores: **No provision**

Recreation/Cultural Facilities: **No provision**

Penalties: **Yes**

Enforcement: **No**

Preemption: **No**

Citation: WV CODE § 16-9A-4 et seq. & 31-20-5b

The Smokefree Air grade only examines state tobacco control law and does not reflect local smokefree ordinances. West Virginia has made great strides at protecting people from secondhand smoke by passing strong local smokefree ordinances.

<b>Cigarette Tax</b>	<b>D</b>
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Tax Rate per pack of 20: \$0.550

<b>Youth Access</b>	<b>F</b>
---------------------	----------

### Overview of Youth Access Law(s):

Minimum Age Requirement: **Yes**

Packaging: Prohibits all cigarette sales other than in a sealed package conforming to federal labeling requirements: **No**

Clerk Intervention: Prohibits access to or purchase of tobacco products without the intervention of a sales clerk: **No**

Photographic Identification: Require merchants to request photographic identification for customers who appear to be under 21 years of age: **No**

Vending Machines: **Restricts**

Free Distribution: **Restricts**

Graduated penalties or fines on retailers: **Yes**

Establishes random, unannounced inspections: **Yes**

Establishes statewide enforcement agency: **Yes**

Preemption: **No**

Citation: WV CODE § 16-9A-2 et seq. & 11-1 2-4a & 21-3-19



## Behind the Scenes

The American Lung Association of West Virginia is a key player in efforts to reduce the devastation tobacco causes in the state. The president and chief executive officer of the American Lung Association currently chairs the Coalition for a Tobacco-Free West Virginia and the association has a permanent seat on the steering committee.

The American Lung Association, on its own and with the coalition, advocates for policies that will prevent youth from starting to use tobacco, help youth and adults addicted to tobacco quit and protect the public from secondhand smoke.

During the 2004 legislative session, the Lung Association and the coalition worked to pass a \$0.20 cigarette tax increase introduced as part of Gov. Bob Wise's initiatives for the session. With all of the members of the House of Delegates and half of the Senate up for election in 2004, the tobacco tax increase received a chilly reception at the Legislature. Despite the efforts of the Lung Association, the coalition and other tobacco prevention advocates, the measure was not moved out of the finance committees of either house.

The House of Delegates passed a bill that would have securitized all of the state's tobacco settlement funds. The bill included no specific provisions for how proceeds from the bond sale would be used. The American Lung Association opposed any efforts to securitize settlement funds without specific provisions to adequately fund tobacco prevention, cessation and education programs. The measure died in the Senate.

In 2003 the Legislature increased the cigarette tax from \$.017 to \$0.55. The state Department of Tax and Revenue projected additional revenues of \$60 million in excise taxes would result from the tax increase. Instead, the state brought in revenues of \$65.8 million during the first year the increase was in effect. An additional \$3.9 million in revenue was generated in consumer sales tax as well.

In addition, the Department of Health and Human Resources (DHHR) Bureau for Public Health released a study in June 2004 which showed that 21,000 West Virginians age 12 and older stopped smoking or significantly reduced their smoking as a result of the cigarette tax increase. The study found that the largest decrease was in the 12- to 19-year-old age group, with a drop of 13.6 percent, again confirming the assertion of prevention advocates that

youth are the most responsive to increases in tobacco taxes. The overall drop in smoking in the age 12 and over group was estimated at 4.9 percent.

The DHHR also found that smokers bought 31 million fewer packs of cigarettes in West Virginia in the first 11 months after the tax increase went into effect.

The American Lung Association of West Virginia, working with our state Coalition and other partners, intends to continue pursuing tobacco tax increases and other policy changes that will reduce tobacco use and exposure to secondhand smoke. In addition, we will continue advocating for additional settlement funds—the Centers for Disease Control and Prevention recommended minimum is \$14.1 million—for tobacco use prevention. The Legislature initially allocated \$5.85 million to “ramp up” the state tobacco use prevention program. That amount has never been increased. As a result, the state has never been able to fund a comprehensive tobacco prevention program statewide.

### West Virginia State Facts

Economic Costs Due to Smoking:	\$1,389,000,000
Adult Prevalence:	27.3%
High School Smoking Rate:	28.5%
Middle School Smoking Rate:	16.3%
Smoking Attributable Deaths per 100,000:	354.1
Smoking Attributable Lung Cancer per 100,000:	115.2

Adult prevalence data is taken from the CDC Behavioral Risk Factor Surveillance System, 2003. High school rates are taken from the 2003 Youth Risk Behavioral Surveillance System. Middle school rates are taken from the 2002 Youth Tobacco Survey.

Health impacts information for 1999 is taken from the Smoking Attributable Mortality, Morbidity and Economic Costs (SAMMEC) software. Age-adjusted rates were calculated for persons aged 35 years and older and were age-adjusted to the 2000 U.S. population. The economic costs information includes direct medical expenditures as well as lost productivity costs.

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

### American Lung Association of West Virginia

P.O. Box 3980  
Charleston, WV 25339-3980  
(304) 342-6600  
[www.alawv.org](http://www.alawv.org)

# W I S C O N S I N

## Grades:

<b>Tobacco Prevention and Control Spending</b>	<b>F</b>
------------------------------------------------	----------

FY 2005 Tobacco Prevention and Control Appropriations:\* \$11,141,265

CDC Best Practices Minimum State Spending Requirement: \$31,160,000

\*Includes FY 2004 funding from the Centers for Disease Control and Prevention.

<b>Smokefree Air</b>	<b>F</b>
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### Overview of Smokefree Air Law(s):

Government Workplaces: **Restricts**

Private Workplaces: **Restricts**

Schools: **Bans**

Childcare Facilities: **Bans**

Restaurants: **Restricts**

Bars: **No provision**

Retail Stores: **Restricts**

Recreation/Cultural Facilities: **Restricts**

Penalties: **Yes**

Enforcement: **Yes**

Preemption: **No**

Citation: WI STAT. ANN. § 101.123

The Clean Indoor Air grade only examines state tobacco control law and does not reflect local smokefree ordinances. Wisconsin has made great strides at protecting people from secondhand smoke by passing strong local smokefree ordinances.

<b>Cigarette Tax</b>	<b>D</b>
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Tax Rate per pack of 20: \$0.770

<b>Youth Access</b>	<b>D</b>
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### Overview of Youth Access Law(s):

Minimum Age Requirement: **Yes**

Packaging: Prohibits all cigarette sales other than in a sealed package conforming to federal labeling requirements: **Yes**

Clerk Intervention: Prohibits access to or purchase of tobacco products without the intervention of a sales clerk: **No**

Photographic Identification: Require merchants to request photographic identification for customers who appear to be under 21 years of age: **No**

Vending Machines: **Restricts**

Free Distribution: **Restricts**

Graduated penalties or fines on retailers: **Yes**

Establishes random, unannounced inspections: **Yes**

Establishes statewide enforcement agency: **Yes**

Preemption: **Yes**

Citation: WI STAT. ANN. § 134.66 & 254.916



## Behind the Scenes

The American Lung Association of Wisconsin has worked as part of a statewide tobacco control coalition to bring about policy changes relating to clean indoor air, increasing the cigarette tax, and protecting the state tobacco control program. Along with its partners in the Smoke Free Wisconsin Coalition, as well as local tobacco control coalitions, the American Lung Association has passed laws at both the state and local levels that protect more Wisconsin citizens from secondhand smoke and lay the groundwork for a significant cigarette tax increase in the 2005-2007 budget.

During 2004, the Lung Association and its partners successfully introduced state legislation that prohibits smoking on the grounds of the capitol and a second bill that includes all University of Wisconsin residence halls. The capitol grounds bill passed unanimously through committee, but was not brought to the floor for a full vote. The smokefree residence hall bill, however, cleared both houses in overwhelming voice votes and was signed into law by the governor on April 16.

The coalition also spent considerable effort recruiting non-traditional partners and planning for a renewed cigarette tax campaign for the 2005-2007 budget session, linking an \$0.85 increase with Wisconsin's ongoing Medicaid shortfall.

Wisconsin's tobacco control program, while its funding has been reduced by more than half since its inception, continues to make marked progress in reducing tobacco usage and consumption statewide. Middle school smoking rates are down close to 50 percent since 2000, high school smoking down 27 percent since 2001. The state also has experienced an 11.3 percent reduction in per capita cigarette consumption during the same time period and the Quit Line has received 44,000 calls from smokers wanting to quit.

Additionally, a recent poll conducted by Wood Communications Group and Public Opinion Strategies revealed that 59 percent of Wisconsin citizens support smoke free workplaces, including taverns, bars, and bowling alleys.

## Wisconsin State Facts

Economic Costs Due to Smoking:	\$2,993,000,000
Adult Prevalence:	22.0%
High School Smoking Rate:	23.6%
Middle School Smoking Rate:	6.6%
Smoking Attributable Deaths per 100,000:	278.2
Smoking Attributable Lung Cancer per 100,000:	79.6

Adult prevalence data is taken from the CDC Behavioral Risk Factor Surveillance System, 2003. High school rates are taken from the 2003 Youth Risk Behavioral Surveillance System. Middle school rates are taken from the 2003 Youth Tobacco Survey.

Health impacts information for 1999 is taken from the Smoking Attributable Mortality, Morbidity and Economic Costs (SAMMEC) software. Age-adjusted rates were calculated for persons aged 35 years and older and were age-adjusted to the 2000 U.S. population. The economic costs information includes direct medical expenditures as well as lost productivity costs.

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

### American Lung Association of Wisconsin

13100 West Lisbon Road, Suite 700  
 Brookfield, WI 53005-2508  
 (262) 703-4200  
[www.lungusa.org/wisconsin](http://www.lungusa.org/wisconsin)

# WYOMING

## Grades:

<b>Tobacco Prevention and Control Spending</b>	<b>D</b>
------------------------------------------------	----------

FY 2005 Tobacco Prevention and Control Appropriations:\* \$4,773,261

CDC Best Practices Minimum State Spending Requirement: \$7,380,000

\*Includes FY 2004 funding from the Centers for Disease Control and Prevention.

<b>Smokefree Air</b>	<b>F</b>
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### Overview of Smokefree Air Law(s):

Government Workplaces: **Restricts**

Private Workplaces: **No provision**

Schools: **No provision**

Childcare Facilities: **No provision**

Restaurants: **No provision**

Bars: **No provision**

Retail Stores: **No provision**

Recreation/Cultural Facilities: **No provision**

Penalties: **No**

Enforcement: **No**

Preemption: **No**

Citation: WY State Government Non-smoking Policy, 1989

<b>Cigarette Tax</b>	<b>D</b>
----------------------	----------

Tax Rate per pack of 20: \$0.600

<b>Youth Access</b>	<b>F</b>
---------------------	----------

### Overview of Youth Access Law(s):

Minimum Age Requirement: **Yes**

Packaging: Prohibits all cigarette sales other than in a sealed package conforming to federal labeling requirements: **No**

Clerk Intervention: Prohibits access to or purchase of tobacco products without the intervention of a sales clerk: **No**

Photographic Identification: Require merchants to request photographic identification for customers who appear to be under 21 years of age: **No**

Vending Machines: **Restricts**

Free Distribution: **Restricts**

Graduated penalties or fines on retailers: **Yes**

Establishes random, unannounced inspections: **Yes**

Establishes statewide enforcement agency: **Yes**

Preemption: **No**

Citation: WY STAT. ANN. § 14-3-301 et seq.



## Behind the Scenes

The American Lung Association of the Northern Rockies, through its involvement with local and statewide tobacco coalitions, is working on and has helped to bring about significant policy changes in tobacco control for the people of Wyoming. Along with the American Heart Association, the American Cancer Society, and a strong statewide coalition, the American Lung Association has worked successfully to gain sponsorship and passage of a number of public policies and ensuring funding that strengthens tobacco control efforts within Wyoming.

Tobacco control programs in Wyoming are funded at \$3.8 million in the FY 2005-FY 2006 biennium, half of the \$7.4 million minimum annual recommendation from the Centers for Disease Control and Prevention (CDC). Funds are used for statewide efforts like Reward and Remind, counter marketing and chronic disease management. Funding is channeled through the state health department to 22 counties (of 23 counties total) plus the Wind River Reservation to support local activities.

With a new governor, maintaining tobacco control funding was easier than in previous years. Before, there was concern among tobacco control advocates that the CDC Best Practices was not the focal point for funding tobacco programs in Wyoming, but rather programs set up for the substance abuse plan were taking the place of proven science. Additional settlement funds will give foster homes incentives to go smoke-free, make quit line (Quitnet) services available statewide, and offer cessation to inmates and staff as Wyoming prisons move toward becoming smoke-free.

Spit tobacco use in Wyoming is a huge problem, especially among youth with rates almost 2 times higher than the national average (21% of high school males in Wyoming vs. 11% nationally). Through a grant from the Robert Wood Johnson Foundation a special effort is underway to address this problem through the Wyoming Tobacco Use Prevention Program, culminating in proposed legislation to raise the excise tax on spit and other tobacco products from 20 percent to 40 percent of the wholesale price during the 2005 legislative session.

Efforts to raise the cost of tobacco products and protect children have been very successful. Advocates helped raise the tobacco tax in Wyoming in 2003 from \$0.12 to \$0.60 that is generating an estimated \$17.5 million in new revenues for the state.

The American Lung Association of the Northern Rockies believes that all employees deserve smoke-free workplaces, restaurants, and bars. The tobacco industry through its allies in the hospitality industry, has continued to pour money into Wyoming to protect their interests over the public's health.

In spite of the tobacco industry's efforts, the city council recently made Laramie the first city in the "cowboy" state to pass a comprehensive smokefree air ordinance to protect all workers and patrons including those in the bars and restaurants, truck stops, private clubs, and bowling alleys. With ongoing help from the Clean Indoor Air Coalition and state advocacy groups, the voters of Laramie upheld the council decision. Enactment of the ordinance is April 5, 2005.

### Wyoming State Facts

Economic Costs Due to Smoking:	\$242,000,000
Adult Prevalence:	24.6%
High School Smoking Rate:	26.0%
Middle School Smoking Rate:	14.8%
Smoking Attributable Deaths per 100,000:	318.6
Smoking Attributable Lung Cancer per 100,000:	82.2

Adult prevalence data is taken from the CDC Behavioral Risk Factor Surveillance System, 2003. High school rates are taken from the 2003 Youth Risk Behavioral Surveillance System. Middle school rates are taken from the 2000 Youth Tobacco Survey.

Health impacts information for 1999 is taken from the Smoking Attributable Mortality, Morbidity and Economic Costs (SAMMEC) software. Age-adjusted rates were calculated for persons aged 35 years and older and were age-adjusted to the 2000 U.S. population. The economic costs information includes direct medical expenditures as well as lost productivity costs.

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

### American Lung Association of the Northern Rockies

825 Helena Avenue  
Helena, MT 59601-3459  
(406) 442-6556  
[www.lungusa.org/northernrockies](http://www.lungusa.org/northernrockies)





## Appendix A

### Tobacco Prevention and Control Spending (cont.)

State	Settlement Expenditures	Tax Expenditures	CDC Funded Expenditures	Other Expenditures	Total Expenditures	CDC Best Practice Minimum	Grade
Alabama	300,000	0	1,299,997	0	1,599,997	26,740,000	F
Alaska	3,315,300	0	1,099,712	853,700	5,268,712	8,090,000	D
Arizona	0	23,051,500	256,231	0	23,307,731	27,790,000	B
Arkansas	17,628,436	0	1,152,253	0	18,780,689	17,910,000	A
California	0	89,805,000	330,711	0	90,135,711	165,100,000	F
Colorado	4,363,586	0	1,300,351	0	5,663,937	24,550,000	F
Connecticut	500,000	0	993,911	0	1,493,911	21,240,000	F
Delaware	8,232,100	0	775,398	1,085,000	10,092,498	8,630,000	A
District of Columbia	0	0	448,157	0	448,157	7,480,000	F
Florida	1,000,000	0	750,000	0	1,750,000	78,380,000	F
Georgia	11,545,905	0	1,508,025	0	13,053,930	42,590,000	F
Hawaii	8,920,000	0	849,172	0	9,769,172	10,780,000	A
Idaho	1,439,700	400,000	1,068,434	71,500	2,979,634	11,040,000	F
Illinois	11,000,000	0	1,655,281	0	12,655,281	64,910,000	F
Indiana	10,800,000	0	1,399,979	0	12,199,979	34,780,000	F
Iowa	5,086,565	0	943,669	0	6,030,234	19,350,000	F
Kansas	750,000	0	1,204,700	0	1,954,700	18,050,000	F
Kentucky	2,715,600	0	1,063,424	0	3,779,024	25,090,000	F
Louisiana	500,000	10,800,000	1,118,381	0	12,418,381	27,130,000	F
Maine	14,218,911	0	876,691	0	15,095,602	11,190,000	A
Maryland	9,488,297	0	1,370,605	0	10,858,902	30,300,000	F
Massachusetts	0	0	1,571,990	3,750,000	5,321,990	35,240,000	F
Michigan	0	4,665,100	1,700,000	0	6,365,100	54,800,000	F
Minnesota	15,416,266	0	1,157,697	3,280,000	19,853,963	28,620,000	D
Mississippi	20,000,000	0	380,796	0	20,380,796	18,790,000	A
Missouri	0	300,000	1,166,052	0	1,466,052	32,770,000	F
Montana	2,511,799	0	875,000	0	3,386,799	9,360,000	F
Nebraska	2,560,000	0	1,199,489	400,950	4,160,439	13,310,000	F
Nevada	4,410,840	0	748,437	0	5,159,277	13,480,000	F
New Hampshire	0	0	919,539	0	919,539	10,890,000	F
New Jersey	0	11,000,000	1,245,441	0	12,245,441	45,070,000	F

## Appendix A

### Tobacco Prevention and Control Spending (cont.)

State	Settlement Expenditures	Tax Expenditures	CDC Funded Expenditures	Other Expenditures	Total Expenditures	CDC Best Practice Minimum	Grade
New Mexico	0	0	1,133,555	5,000,000	6,133,555	13,710,000	F
New York	0	0	1,999,998	39,450,000	41,449,998	95,830,000	F
North Carolina	26,100,000	0	1,703,741	0	27,803,741	42,590,000	D
North Dakota	3,092,000	0	1,099,997	0	4,191,997	8,160,000	F
Ohio	53,305,790	0	1,459,110	0	54,764,900	61,740,000	B
Oklahoma	3,400,000	0	1,299,907	1,440,000	6,139,907	21,830,000	F
Oregon	0	3,450,000	1,028,105	0	4,478,105	21,130,000	F
Pennsylvania	46,082,000	0	1,260,000	0	47,342,000	65,570,000	C
Puerto Rico	1,633,319	0	239,040	0	1,872,359	N/A	N/A
Rhode Island	0	0	1,099,989	2,510,000	3,609,989	9,890,000	F
South Carolina	0	0	1,159,236	0	1,159,236	23,910,000	F
South Dakota	750,000	0	886,491	750,000	2,386,491	8,690,000	F
Tennessee	0	0	1,344,815	202,600	1,547,415	32,230,000	F
Texas	7,380,570	0	962,597	1,500,000	9,843,167	103,290,000	F
Utah	4,057,900	3,131,500	1,170,941	0	8,360,341	15,230,000	F
Vermont	4,668,657	0	1,090,563	0	5,759,220	7,910,000	C
Virginia	12,618,960	0	1,056,145	0	13,675,105	38,870,000	F
Washington	17,500,000	8,750,000	1,399,995	900,000	28,549,995	33,340,000	B
West Virginia	5,850,592	0	1,100,000	0	6,950,592	14,160,000	F
Wisconsin	0	0	1,141,265	10,000,000	11,141,265	31,160,000	F
Wyoming	3,800,000	0	973,261	0	4,773,261	7,380,000	D



# Appendix B

## Smokefree Air (cont.)

	Government worksites		Private worksites		Schools	Childcare facilities	Restaurants	Bars	Retail stores	Recreation/cultural facilities	Penalties	Enforcement	Total Score	Grade
Alabama	2	1	2	2	2	0	0	0	2	2	5	4	20	F
Alaska	2	1	3	4	1	0	0	1	1	1	4	4	21	F
Arizona	2	0	5	0	0	0	0	0	0	1	4	1	13	F
Arkansas	0	0	4	4	0	0	0	0	0	0	2	0	10	F
California	5	4	5	4	4	4	1	4	4	4	5	4	40	A
Colorado	2	0	5	3	0	0	0	0	0	1	0	1	12	F
Connecticut	4	3	4	3	4	4	1	4	4	4	3	3	33	B
Delaware	4	4	5	4	4	4	1	4	4	4	5	4	39	A
District of Columbia	2	2	1	1	1	1	0	0	0	0	5	1	13	F
Florida	4	4	4	4	4	4	0	4	4	4	5	3	36	B
Georgia	0	0	0	4	0	0	0	0	0	0	2	1	7	F
Hawaii	1	0	5	4	1	0	0	1	3	3	2	1	18	B
Idaho	4	3	4	4	4	4	0	4	4	4	3	2	32	B
Illinois	2	1	5	4	1	0	0	2	2	2	2	1	20	F
Indiana	1	0	1	1	0	0	0	1	0	0	2	1	7	F
Iowa	1	1	1	3	1	0	0	1	1	1	4	2	15	F
Kansas	1	0	2	3	1	0	0	1	1	1	4	2	15	F
Kentucky	1	0	1	0	0	0	0	0	0	0	1	0	3	F
Louisiana	0	0	4	1	0	0	0	0	1	1	2	1	9	F
Maine	3	3	2	3	4	4	1	4	4	4	4	3	31	B
Maryland	4	3	5	3	2	0	0	3	3	3	3	4	30	B
Massachusetts	4	4	4	4	3	1	4	4	4	4	5	5	38	A
Michigan	1	0	3	4	1	0	0	1	1	1	4	2	17	F
Minnesota	3	1	4	4	1	0	0	1	1	1	2	2	19	F
Mississippi	1	0	5	4	0	0	0	0	0	0	2	2	14	F
Missouri	2	1	3	3	1	0	0	1	1	1	0	1	13	F

# Appendix B

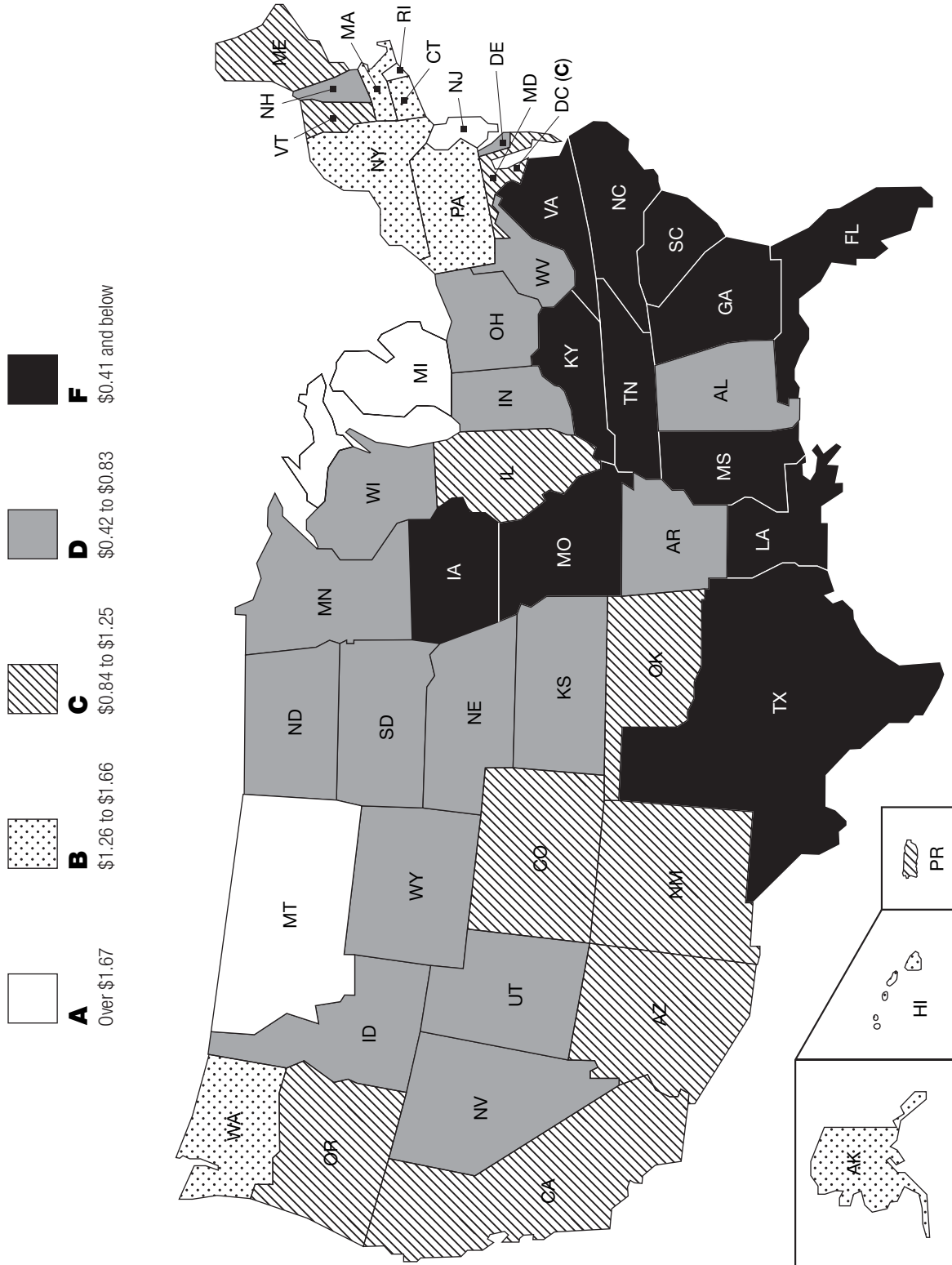
## Smokefree Air (cont.)

	Government worksites	Private worksites	Schools	Childcare facilities	Restaurants	Bars	Retail stores	Recreation/ cultural facilities	Penalties	Enforcement	Total Score	Grade
Montana	2	1	1	3	1	0	1	2	0	3	14	F
Nebraska	3	1	1	4	1	0	1	1	2	1	15	F
Nevada	1	0	1	1	1	0	1	1	2	2	10	F
New Hampshire	2	2	4	3	1	0	2	2	3	1	20	F
New Jersey	1	1	4	3	0	0	4	1	4	2	20	F
New Mexico	1	0	5	4	0	0	0	0	2	1	13	F
New York	4	4	4	4	3	1	4	4	4	4	36	A
North Carolina	1	0	3	0	0	0	0	0	1	0	5	F
North Dakota	1	0	1	3	1	0	0	1	4	1	12	F
Ohio	2	0	1	3	0	0	0	1	4	1	12	F
Oklahoma	3	3	5	4	1	0	4	4	2	4	30	C
Oregon	4	4	2	2	2	0	4	4	4	5	31	C
Pennsylvania	1	1	5	0	1	0	1	1	1	0	11	F
Puerto Rico	1	1	2	1	1	0	1	3	2	2	14	F
Rhode Island	4	4	4	4	3	1	4	4	4	4	36	I
South Carolina	1	0	1	3	0	0	0	1	2	0	8	F
South Dakota	4	4	4	4	2	0	4	4	4	0	30	C
Tennessee	0	0	3	1	0	0	0	1	0	1	6	F
Texas	0	0	1	4	0	0	0	1	4	1	11	F
Utah	4	2	4	4	4	0	4	4	4	4	34	B
Vermont	4	2	5	3	3	0	4	4	2	2	29	B
Virginia	1	0	4	2	1	0	1	1	2	1	13	F
Washington	3	3	5	3	1	0	3	3	4	2	27	C
West Virginia	0	0	2	0	0	0	0	0	2	0	4	F
Wisconsin	1	1	4	4	1	0	1	1	2	1	16	F
Wyoming	0	0	0	0	0	0	0	0	0	0	0	F

\*I = Incomplete. Rhode Island's smokefree air legislation is effective March 1, 2005. Exemptions include 50 percent of hotel/motel rooms, retail tobacco stores, smoking bars, and facilities with Class C & D liquor licenses with no more than 10 employees until October 1, 2006.

# Appendix C

## Cigarette Excise Tax



## Appendix C

### Cigarette Excise Tax (cont.)

State	Tax Rate (cents per pk. of 20)	Year of last change	Amount of last change	Grade
Alabama	0.425	2004	0.26	D
Alaska	1.600	2005	0.6	B
Arizona	1.180	2002	0.6	C
Arkansas	0.590	2003	0.25	D
California	0.870	1999	0.5	C
Colorado	0.840	2005	0.64	C
Connecticut	1.510	2003	0.4	B
Delaware	0.550	2003	0.31	D
District of Columbia	1.000	2003	0.35	C
Florida	0.339	1990	0.099	F
Georgia	0.370	2003	0.25	F
Hawaii	1.400	2004	0.1	B
Idaho	0.570	2003	0.29	D
Illinois	0.980	2002	0.4	C
Indiana	0.555	2002	0.4	D
Iowa	0.360	1991	0.05	F
Kansas	0.790	2003	0.09	D
Kentucky	0.030	1970	0.005	F
Louisiana	0.360	2002	0.12	F
Maine	1.000	2001	0.26	C
Maryland	1.000	2002	0.34	C
Massachusetts	1.510	2002	0.75	B
Michigan	2.000	2004	0.75	A
Minnesota	0.480	1992	0.05	D
Mississippi	0.180	1985	0.07	F
Missouri	0.170	1993	0.04	F
Montana	1.700	2005	1.00	A
Nebraska	0.640	2002	0.3	D

## Appendix C

### Cigarette Excise Tax (cont.)

State	Tax Rate (cents per pk. of 20)	Year of last change	Amount of last change	Grade
Nevada	0.800	2003	0.45	D
New Hampshire	0.520	1999	0.15	D
New Jersey	2.400	2004	0.35	A
New Mexico	0.910	2003	0.7	C
New York	1.500	2002	0.39	B
North Carolina	0.050	1991	0.03	F
North Dakota	0.440	1993	0.15	D
Ohio	0.550	2002	0.31	D
Oklahoma	1.030	2005	0.8	C
Oregon	1.180	2004	-0.1	C
Pennsylvania	1.350	2004	0.35	B
Puerto Rico	1.230	2002	0.4	C
Rhode Island	2.460	2004	0.75	A
South Carolina	0.070	1977	0.01	F
South Dakota	0.530	2003	0.2	D
Tennessee	0.200	2002	0.07	F
Texas	0.410	1990	0.15	F
Utah	0.695	2002	0.18	D
Vermont	1.190	2003	0.26	C
Virginia	0.200	2004	0.175	F
Washington	1.425	2002	0.6	B
West Virginia	0.550	2003	0.38	D
Wisconsin	0.770	2001	0.18	D
Wyoming	0.600	2003	0.48	D

# Appendix D

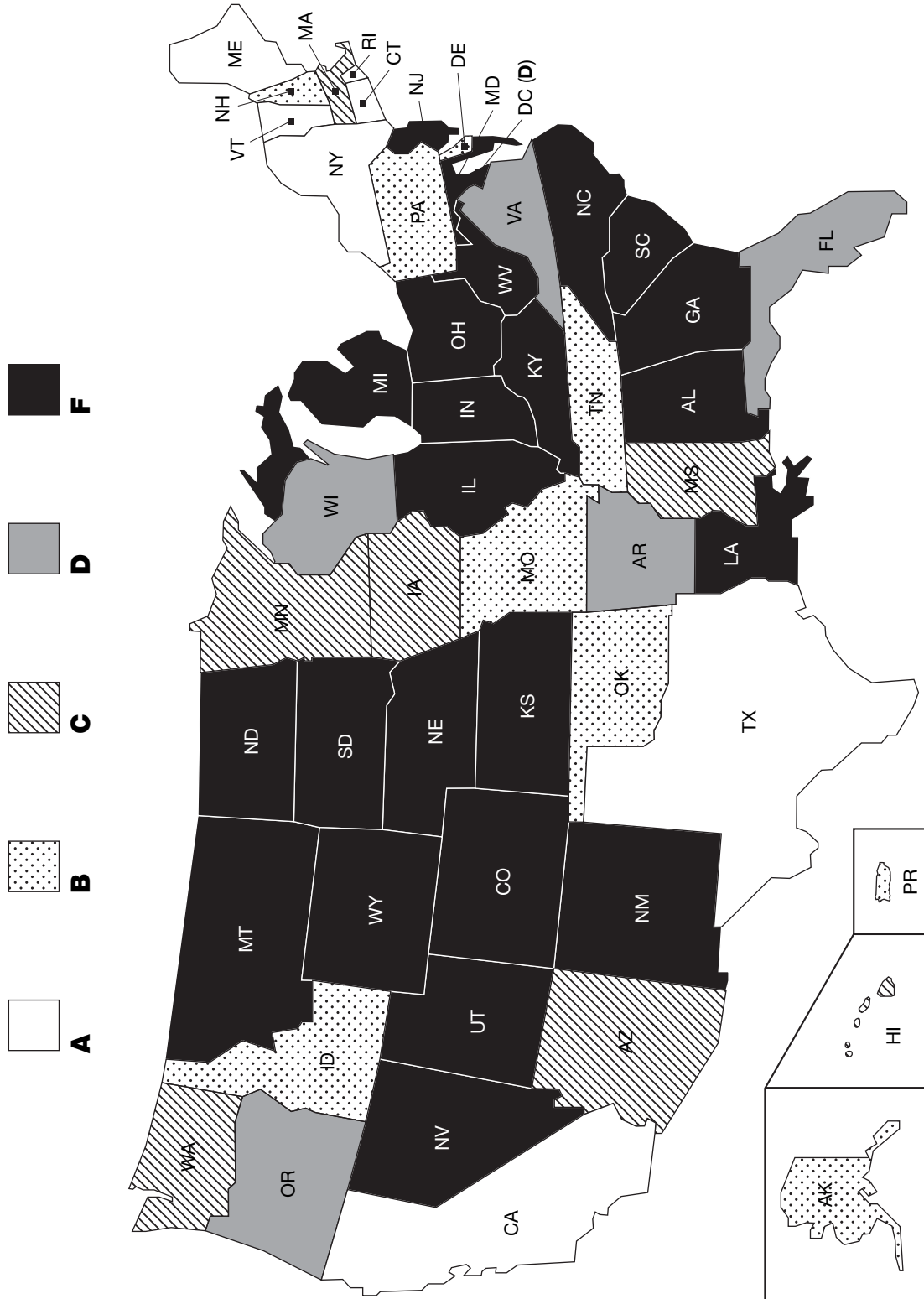
## State Cigarette Excise Tax 2004

Current Cigarette Tax Average: 84.0 cents/pack

Sorted by Tax Rate		Sorted Alphabetically by State Name	
State	Tax Rate (per pack of 20)	State	Tax Rate (per pack of 20)
Rhode Island	\$2.460	Alabama	\$0.425
New Jersey	\$2.400	Alaska	\$1.600
Michigan	\$2.000	Arizona	\$1.180
Montana	\$1.700	Arkansas	\$0.590
Alaska	\$1.600	California	\$0.870
Connecticut	\$1.510	Colorado	\$0.840
Massachusetts	\$1.510	Connecticut	\$1.510
New York	\$1.500	Delaware	\$0.550
Washington	\$1.425	District of Columbia	\$1.000
Hawaii	\$1.400	Florida	\$0.339
Pennsylvania	\$1.350	Georgia	\$0.370
Puerto Rico	\$1.230	Hawaii	\$1.400
Vermont	\$1.190	Idaho	\$0.570
Arizona	\$1.180	Illinois	\$0.980
Oregon	\$1.180	Indiana	\$0.555
Oklahoma	\$1.030	Iowa	\$0.360
District of Columbia	\$1.000	Kansas	\$0.790
Maine	\$1.000	Kentucky	\$0.030
Maryland	\$1.000	Louisiana	\$0.360
Illinois	\$0.980	Maine	\$1.000
New Mexico	\$0.910	Maryland	\$1.000
California	\$0.870	Massachusetts	\$1.510
Colorado	\$0.840	Michigan	\$2.000
Nevada	\$0.800	Minnesota	\$0.480
Kansas	\$0.790	Mississippi	\$0.180
Wisconsin	\$0.770	Missouri	\$0.170
Utah	\$0.695	Montana	\$1.700
Nebraska	\$0.640	Nebraska	\$0.640
Wyoming	\$0.600	Nevada	\$0.800
Arkansas	\$0.590	New Hampshire	\$0.520
Idaho	\$0.570	New Jersey	\$2.400
Indiana	\$0.555	New Mexico	\$0.910
Delaware	\$0.555	New York	\$1.500
Ohio	\$0.550	North Carolina	\$0.050
West Virginia	\$0.550	North Dakota	\$0.440
South Dakota	\$0.530	Ohio	\$0.550
New Hampshire	\$0.520	Oklahoma	\$1.030
Minnesota	\$0.480	Oregon	\$1.180
North Dakota	\$0.440	Pennsylvania	\$1.350
Alabama	\$0.425	Puerto Rico	\$1.230
Texas	\$0.410	Rhode Island	\$2.460
Georgia	\$0.370	South Carolina	\$0.070
Louisiana	\$0.360	South Dakota	\$0.530
Iowa	\$0.360	Tennessee	\$0.200
Florida	\$0.339	Texas	\$0.410
Tennessee	\$0.200	Utah	\$0.695
Virginia	\$0.200	Vermont	\$1.190
Mississippi	\$0.180	Virginia	\$0.200
Missouri	\$0.170	Washington	\$1.425
South Carolina	\$0.070	West Virginia	\$0.550
North Carolina	\$0.050	Wisconsin	\$0.770
Kentucky	\$0.030	Wyoming	\$0.600

# Appendix E

## Youth Access



# Appendix E

## Youth Access (cont.)

State	Minimum Age	Pack-aging	Clerk Intervention	Photo ID	Vending Machines	Free Distribution	Graduated Penalties	Random Inspections	Statewide Enforcement	Total Score	Grade
Alabama	3	0	0	0	0	0	4	4	4	15	F
Alaska	5	4	3	0	3	0	4	2	4	25	B
Arizona	3	4	0	2	3	0	0	4	4	20	C
Arkansas	4	0	0	4	1	1	4	0	4	18	D
California	4	4	4	1	2	3	0	4	4	26	A
Colorado	3	4	0	0	1	0	0	0	4	12	F
Connecticut	4	4	0	2	3	2	4	4	4	27	A
Delaware	4	4	1	3	3	3	3	4	4	29	B
District of Columbia	3	4	0	1	3	3	4	0	0	18	D
Florida	4	4	2	0	3	0	0	0	4	17	D
Georgia	4	0	0	3	1	1	0	2	2	13	F
Hawaii	4	4	1	1	2	2	3	2	2	21	C
Idaho	3	4	3	0	4	3	0	4	4	25	B
Illinois	4	0	2	0	3	0	3	2	2	16	F
Indiana	0	4	0	0	2	0	2	2	2	12	F
Iowa	3	0	4	0	3	1	4	4	4	23	C
Kansas	3	4	0	0	2	1	0	0	4	14	F
Kentucky	2	4	0	2	0	0	2	3	3	16	F
Louisiana	0	4	0	0	2	0	2	4	2	14	F
Maine	4	4	3	5	3	0	4	2	2	27	A
Maryland	3	4	0	0	2	0	2	0	0	11	F
Massachusetts	4	0	3	5	3	3	3	0	0	21	C
Michigan	2	0	0	0	2	0	0	0	0	4	F
Minnesota	2	4	3	0	2	2	4	4	0	21	C
Mississippi	4	4	0	2	2	1	2	4	4	23	C
Missouri	4	4	1	3	2	0	4	3	3	24	B

# Appendix E

## Youth Access (cont.)

State	Minimum Age	Pack-aging	Clerk Intervention	Photo ID	Vending Machines	Free Distribution	Graduated Penalties	Random Inspections	Statewide Enforcement	Total Score	Grade
Montana	2	2	0	0	3	0	0	4	4	15	F
Nebraska	3	0	0	0	2	2	2	0	0	9	F
Nevada	3	4	0	0	1	0	0	4	2	14	F
New Hampshire	3	4	0	3	3	2	4	0	4	23	B
New Jersey	3	4	0	0	0	0	2	0	4	13	F
New Mexico	4	1	4	0	2	0	0	4	4	19	F
New York	4	4	3	5	2	0	4	3	2	27	A
North Carolina	4	3	0	2	1	0	3	2	2	17	F
North Dakota	3	0	0	0	0	0	2	0	0	5	F
Ohio	4	4	0	0	2	0	0	2	2	14	F
Oklahoma	4	3	3	3	2	1	4	4	4	28	B
Oregon	4	4	3	0	2	0	2	3	4	22	D
Pennsylvania	3	4	2	4	2	1	3	4	4	27	B
Puerto Rico	5	0	2	5	1	3	4	1	4	25	B
Rhode Island	4	4	0	0	3	4	4	4	4	27	A
South Carolina	1	4	0	0	0	0	0	0	2	7	F
South Dakota	2	4	0	0	2	1	0	2	4	15	F
Tennessee	4	4	0	3	1	3	3	4	4	26	B
Texas	3	4	3	4	2	1	4	4	2	27	A
Utah	3	4	3	0	2	3	4	0	0	19	F
Vermont	4	4	3	0	4	0	4	4	4	27	A
Virginia	4	4	0	3	2	0	0	0	4	17	D
Washington	4	2	0	4	0	1	2	4	4	21	C
West Virginia	3	0	0	0	2	0	0	2	4	11	F
Wisconsin	4	4	0	0	2	4	4	2	2	22	D
Wyoming	2	0	0	0	0	0	0	0	2	4	F

# Appendix F

## Comparison of 2003 and 2004 Grades

	Tobacco Prevention		Smokefree Air		Cigarette Tax		Youth Access	
	2003	2004	2003	2004	2003	2004	2003	2004
Alabama	F	F	F	F	F	D	F	F
Alaska	D	D	F	F	C	B	B	B
Arizona	A	B	F	F	B	C	C	C
Arkansas	A	A	F	F	D	D	D	D
California	F	F	A	A	C	C	A	A
Colorado	F	F	F	F	F	C	F	F
Connecticut	F	F	B	B	A	B	A	A
Delaware	A	A	A	A	D	D	B	B
District of Columbia	F	F	F	F	C	C	D	D
Florida	F	F	B	B	F	F	D	D
Georgia	F	F	F	F	D	F	F	F
Hawaii	A	A	B	B	B	B	C	C
Idaho	F	F	F	B	D	D	B	B
Illinois	F	F	F	F	C	C	F	F
Indiana	F	F	F	F	D	D	F	F
Iowa	F	F	F	F	F	F	C	C
Kansas	F	F	F	F	C	D	F	F
Kentucky	F	F	F	F	F	F	F	F
Louisiana	F	F	F	F	F	F	F	F
Maine	A	A	B	B	C	C	A	A
Maryland	F	F	B	B	C	C	F	F
Massachusetts	F	F	I*	A	A	B	C	C
Michigan	F	F	F	F	B	A	F	F
Minnesota	C	D	F	F	D	D	C	C
Mississippi	A	A	F	F	F	F	C	C
Missouri	F	F	F	F	F	F	B	B
Montana	F	F	F	F	D	A	F	F
Nebraska	F	F	F	F	D	D	F	F
Nevada	F	F	F	F	C	D	F	F

\* I = Incomplete

## Appendix F

### Comparison of 2003 and 2004 Grades (cont.)

	Tobacco Prevention		Smokefree Air		Cigarette Tax		Youth Access	
	2003	2004	2003	2004	2003	2004	2003	2004
New Hampshire	F	F	F	F	D	D	C	B**
New Jersey	F	F	F	F	A	A	F	F
New Mexico	F	F	F	F	C	C	F	F
New York	F	F	A	A	A	B	A	A
North Carolina	F	D	F	F	F	F	F	F
North Dakota	F	F	F	F	D	D	F	F
Ohio	D	B	F	F	D	D	F	F
Oklahoma	F	F	C	C	F	C	D	B
Oregon	F	F	C	C	B	C	D	D
Pennsylvania	B	C	F	F	C	B	B	B
Puerto Rico	N/A	N/A	F	F	B	B	B	B
Rhode Island	F	F	F	I*	A	A	A	A
South Carolina	F	F	F	F	F	F	F	F
South Dakota	F	F	C	C	D	D	F	F
Tennessee	F	F	F	F	F	F	B	B
Texas	F	F	F	F	D	F	A	A
Utah	F	F	B	B	D	D	F	F
Vermont	C	C	B	B	B	C	A	A
Virginia	F	F	F	F	F	F	D	D
Washington	B	B	C	C	A	B	C	C
West Virginia	F	F	F	F	D	D	F	F
Wisconsin	F	F	F	F	C	D	D	D
Wyoming	F	D	F	F	D	D	F	F

\* I = Incomplete

\*\* NH's youth access grade changed because of a recalibration of their grade.



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*Celebrating its 100<sup>th</sup> anniversary, the American Lung Association works to prevent lung disease and promote lung health. Lung diseases and breathing problems are the leading causes of infant deaths in the United States today, and asthma is the leading serious chronic childhood illness. Smoking remains the nation's leading preventable cause of death. Lung disease death rates continue to increase while other leading causes of death have declined.*

*The American Lung Association has long funded vital research on the causes of and treatments for lung disease. It is the foremost defender of the Clean Air Act and laws that protect citizens from secondhand smoke. The Lung Association teaches children the dangers of tobacco use and helps teenage and adult smokers overcome addiction. It educates children and adults living with lung diseases on managing their condition. With the generous support of the public, the American Lung Association is "Improving life, one breath at a time."*

*For more information about the American Lung Association  
or to support the work it does, call  
**1-800-LUNG-USA (1-800-586-4872)**  
or log on to **[www.lungusa.org](http://www.lungusa.org)**.*

