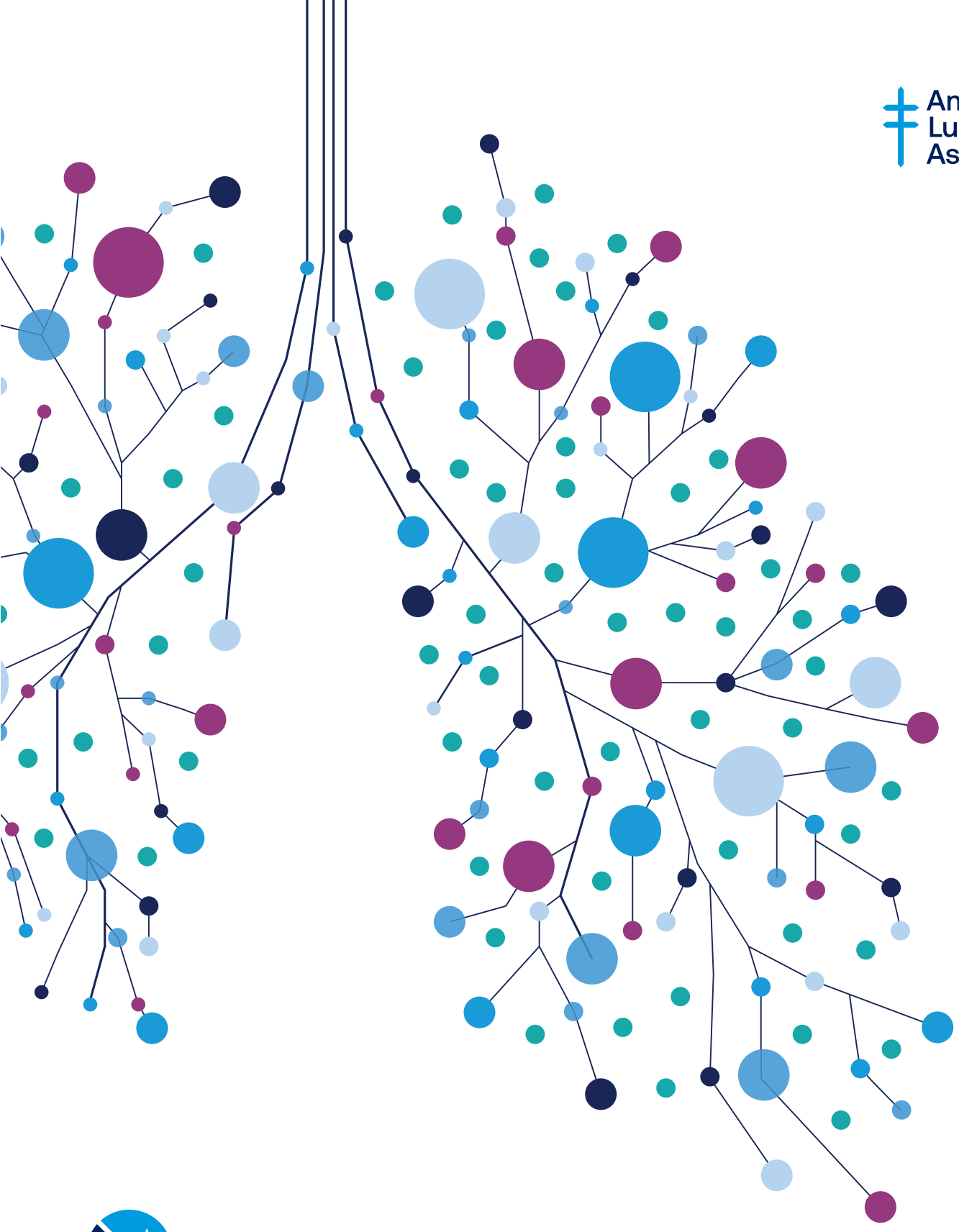
American Lung Association.



State of Tobacco Control

2025 Report

"State of Tobacco Control" 2025: Tobacco* Industry's Aggressive Actions to Protect its Profits Slows Proven Policies to Prevent and Reduce Tobacco Use

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

"State of Tobacco Control" 2025 finds that the tobacco industry is taking more aggressive actions at the federal and state level to protect its profits at the expense of the health of the nation. In 2024, the most glaring example of this trend was the effort aimed at the Biden White House to stop them from finalizing the U.S. Food and Drug Administration (FDA) rules that would end the sale of menthol cigarettes and flavored cigars. At the state level, the industry sought to protect specific tobacco products from taxation and to pass legislation that would result in state governments pursuing penalties against smaller competitors that sell e-cigarette products illegally in the U.S. Lawmakers must resist these tobacco industry efforts and continue to pass proven policies to prevent and reduce tobacco use.

Former President Biden Succumbs to Industry Pressure and Fails to Move Forward on Rules to End Sale of Menthol Cigarette and Flavored Cigars

The year 2024 featured several major disappointments in the country's efforts to prevent and reduce tobacco use, the biggest being former President Biden's failure to finalize rules to end the sale of menthol cigarettes and flavored cigars in December 2023 or April 2024. This failure to act will result in continued death and disease caused by smoking, especially among historically marginalized communities and will put former President Biden's Cancer Moonshot goal of preventing more than four million cancer deaths by 2047 out of reach.

According to news reports, the tobacco industry and its allies played a major role in former President Biden's decision not to move forward, having many meetings with the White House and conducting an opposition media campaign through outlets friendly to their position as the decision on whether to finalize the rules was being made. The industry has long engaged in these types of efforts to influence lawmakers but stepped up the intensity in opposition to these rules.

Halting these rules is an effort to protect the industry's profits from their decades-long targeted marketing of menthol cigarettes in Black, LGBTQ+ and other historically marginalized communities through the use of advertising, free samples and donations to community organizations including law enforcement organizations. Unfortunately, the industry has been highly successful, with close to 80% of Black individuals in the U.S who smoke using menthol cigarettes today[1], up from only 5% prior to the beginning of the targeted marketing in the 1950s.[2] Menthol cigarette use also remains elevated among lesbian, gay and bisexual communities, Native Hawaiian and Pacific Islander communities, women and persons with lower incomes.[3] It is important to note that there is nothing biologically that makes a menthol

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

cigarette any more appealing to any group than another; the disparities in menthol tobacco use in these communities are a direct result of the industry's intentional efforts to increase use.

"State of Tobacco Control" 2025 Federal Grades

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

FDA completed its review of almost all pending pre-market tobacco product marketing applications for e-cigarettes submitted on or before September 9, 2020. However, in a very troubling development, the FDA granted marketing authorization to several types of menthol e-cigarettes. The Lung Association condemned these decisions by FDA, which leaves these products on the market legally. Many pre-market tobacco applications for e-cigarettes and other tobacco products submitted after September 9, 2020, including for synthetic nicotine products and nicotine pouches, remain unaddressed by FDA as well.

The federal government took several actions to increase its enforcement against illegal e-cigarette products during 2024. These efforts included FDA collaborations with U.S. Customs and Border Protection (CBP) to block the import of additional brands of e-cigarettes and to seize more e-cigarettes at the border; and FDA, CBP, U.S. Department of Justice and several other government agencies establishing a federal multi-agency task force focused on combatting illegal e-cigarettes.

However, both large and small tobacco companies continue to introduce and sell flavored illegal e-cigarette products across the country. Especially egregious are the e-cigarette products that look like other everyday items for sale such as juice boxes or video games built into the e-cigarette. These deplorable industry actions contribute to the 2.25 million middle and high school students that continued to use tobacco products, including e-cigarettes in 2024 according to the Centers for Disease Control and Prevention (CDC)'s 2024 National Youth Tobacco Survey (NYTS).[4]

In the past several years, sales of nicotine pouch products such as Zyn have been skyrocketing, rising 641% between 2019 and 2022, according to a recent study.[5] Many nicotine pouch products are currently on the market illegally in the U.S. as FDA has not authorized the products for sale. Given the increases in sales, continued close monitoring of nicotine pouch use among kids is required.

There were several positive developments from 2024 at the federal level that could result in significant reductions in tobacco use if fully implemented.

- In November 2024, the U.S. Supreme Court declined to hear an appeal of a March 2024 decision from the 5th Circuit Court of Appeals upholding the cigarette graphic warning labels on constitutional grounds. The case now returns to the U.S. District Court to resolve other issues, but this decision clears a major hurdle toward these warning labels appearing on cigarette packs.

Tobacco remains the leading cause of preventable death and disease in America, killing 490,000 people each year, including 50,000 Black adults, 15,000 Hispanic adults and 400,000 white adults.[6]

- In January 2025, the U.S. Food and Drug Administration issued a proposed rule that would significantly reduce nicotine levels in almost all combusted tobacco products.

Adult cigarette smoking rates continued to slowly decline, dropping to 10.8% in 2023 compared to 11.6% in 2022, according to results from the CDC's 2023 National Health Interview Survey. Overall adult tobacco use decreased in 2023, from 19.3% to 16.4%.[7] The Surgeon General also released a new report in November 2024 that documents persistent and in some cases widening tobacco-caused disparities in the U.S. These include disparities by race and ethnicity, level of income, level of education and sexual orientation and gender identity.[8]

Tobacco Industry Takes More Aggressive Actions at State Level Slowing Progress in Most States

During 2024, the tobacco industry was also quite busy at the state level, taking more aggressive actions than in years past to pursue industry-friendly legislation and ingratiate themselves with state lawmakers.

Major tobacco company efforts on the state legislative front included:

1. Introducing legislation in almost all states that created a state directory of e-cigarettes based on FDA pre-market tobacco application (PMTA) status. E-cigarettes with pending PMTAs were specifically exempted from being listed on these directories, which protects the market share for bigger e-cigarette companies;
2. Introducing legislation that would completely exempt or reduce state excise taxes on heated tobacco products and cigars;
3. Continuing efforts to enact state preemption of stronger local laws in place in select states, including Arizona and Missouri; and
4. Fighting ongoing efforts in many states and localities to stop the sale of flavored tobacco products, including menthol cigarettes.

There were also troubling instances of state governors openly celebrating tobacco industry investments in their states, including new Zyn manufacturing facilities in Colorado and Kentucky; and a Phillip Morris International event announcing a new Women's Economic Empowerment initiative during women's history month. These are unfortunate examples of how the tobacco industry continues its efforts to whitewash its reputation and reduce public outcry over their youth marketing and the 490,000 deaths the products they sell cause each year.

These and other tobacco industry actions slowed progress in most states on the proven public policies called for in "State of Tobacco Control." However, Maryland was the notable exception—multiple pieces of legislation passed that increased the cigarette tax by $1.25 per pack and added e-cigarettes to the state smokefree workplace law as well as made other smaller improvements—making the "Free State" the runaway winner of the most improved state in this year's report.

- Six states—Colorado, Florida, Kentucky, Michigan, Oklahoma and South Carolina—registered funding increases for programs to prevent and reduce tobacco use of close to $1 million and in some cases significantly more. Monies from the recent state settlements with Juul contributed to the funding increases in some of these states. However, funding did decrease

by $1 million or in some cases significantly more in Connecticut, Illinois and New York. Four states received "A" grades in this category in "State of Tobacco Control" 2025 while 40 states and the District of Columbia received "F" grades.

- Maryland increased its cigarette tax by $1.25 per pack, making it the second highest state cigarette tax in the country at $5.00 per pack. Rhode Island also passed a small increase and Colorado implemented a scheduled increase in tobacco taxes approved by voters in previous years. Only the District of Columbia received an "A" grade in Tobacco Taxes in "State of Tobacco Control" 2025 while 31 states received "F" grades.
- No states passed laws eliminating smoking in public places and workplaces in 2024. This marks the 12th straight year where no state has passed a comprehensive smokefree law. Efforts to close loopholes in state smokefree workplace laws for casinos failed in several states, including New Jersey and Rhode Island. Maryland added e-cigarettes to its comprehensive smokefree law. Twelve states and the District of Columbia received "A" grades in this category in "State of Tobacco Control" 2025 while 12 states also received "F" grades.
- Despite robust campaigns in a number of states, including Maine, Minnesota, New York and Vermont, no state approved laws ending the sale of flavored tobacco products. The city of Denver passed a comprehensive flavored tobacco law, again demonstrating the leadership of local communities on this issue. Massachusetts and the District of Columbia received "A" grades in this category in "State of Tobacco Control" 2025 while 46 states received "F" grades.
- Access to tobacco use treatment improved marginally in 2024. While some states made improvements to their Medicaid coverage, no new state expanded Medicaid this year, leaving about 1.5 million people in the coverage gap without access to healthcare, including tobacco cessation treatment. Thirteen states and the District of Columbia received "A" grades in this category in "State of Tobacco Control" 2025 while eight states received "F" grades.

It is imperative that federal and state lawmakers resist the pressure from a more aggressive tobacco industry and pass the proven public policies called for in "State of Tobacco Control" 2025. The country has made important progress in its efforts to prevent and reduce tobacco use and cannot go back to the bad old days when tobacco industry profits were prioritized over the public's health.

Former President Biden misses opportunity to finalize menthol cigarette and flavored cigar rules; action on flavored tobacco products now moves to state and local level

Former President Biden had an opportunity to fundamentally alter and improve the health of our nation by finalizing rules to eliminate menthol as a characterizing flavor in cigarettes and prohibit all characterizing flavors in cigars. Unfortunately, the President bowed to tobacco industry pressure, postponing action on the two rules until after the November 2024 election and missing the window of opportunity to move forward. This also means that the country will not be able to achieve former President Biden's Cancer Moonshot goal of reducing cancer deaths by half in 25 years.

Action on ending the sale of flavored tobacco products will now shift to states and localities. However, the Lung Association will continue to advocate for these rules in future administrations. Those future administrations must stand up to the tobacco industry and their paid surrogates by ending the sale of menthol cigarettes and all flavored tobacco products.

Menthol flavoring has been marketed and falsely perceived as a healthier alternative to non-menthol tobacco products.[9] For generations, the tobacco industry has intentionally targeted youth along with Black, Brown, LGBTQIA+ and other historically marginalized communities with the marketing of menthol cigarettes.[10] This false perception of less risk and relentless marketing has resulted in increased initiation with menthol cigarettes and high usage of menthol cigarettes, contributing to more tobacco-related death and disease as well as tobacco-related health disparities. Close to 80% of Black individuals who smoke use menthol cigarettes. Menthol cigarette use has also been historically elevated among lesbian, gay and bisexual (LGB)** individuals compared to heterosexual individuals who smoke.[11] There is no biological reason for the differences in use between these communities and the broader population; it is only the intentional marketing of the products by the industry to these populations, which has led to these disparities.

FDA finishes review of most premarket tobacco applications and takes several important enforcement actions against illegal e-cigarettes in 2024; future actions to protect kids in 2025 and beyond highly uncertain

As of December 2024, FDA finished review of almost all pending premarket tobacco product marketing applications for e-cigarettes submitted on or before September 9, 2020. Out of millions of applications received, FDA has authorized 34 e-cigarette products for sale. This demonstrates how many products on the market were unable to meet the public health standard under the Tobacco Control Act, in large part due to their appeal to kids. In March 2024, FDA launched a searchable tobacco products database that can be used to determine what tobacco products are authorized for sale in the U.S.

The tobacco industry has continued to challenge a large number of FDA marketing denial orders for e-cigarettes in court. In January 2024, the 5th Circuit Court of Appeals issued a damaging decision in one of these cases that found FDA's issuance of a marketing denial order to the e-cigarette company Triton Distribution arbitrary and capricious. The decision was contrary to seven other circuit courts of appeals that had upheld other FDA marketing denial orders for e-cigarettes. Given the circuit court split, the U.S. Supreme Court has agreed to hear the Triton distribution case. Oral arguments occurred in December 2024 and appeared favorable to upholding FDA's marketing denial order. A decision is expected by June 2025.

The federal government has taken several actions to increase its enforcement against illegal e-cigarette products during 2024, including:

- The U.S. Department of Justice and FDA established a federal agency task force focused on combatting illegal e-cigarettes that includes U.S. Customs and Border Protection; the Bureau of Alcohol, Tobacco, Firearms and Explosives; the U.S. Marshals Service; the U.S. Postal Inspection Service; the

** National data is not available for transgender individuals.

Federal Trade Commission and several other government agencies.

- FDA worked with U.S. Customs and Border Protection to block the import of additional brands of e-cigarettes and to seize more e-cigarettes at the border.
- FDA issued a proposed rule to speed up FDA's review of imports that would require companies seeking to import e-cigarettes to submit a tracking number they receive from FDA.
- The U.S. Department of Justice filed for a permanent injunction against an additional e-cigarette manufacturer in July 2024, the eighth manufacturer to receive a permanent injunction overall.

With the Trump Administration taking office on January 20, it is unclear if FDA's Center for Tobacco Products will continue to conduct its pre-market tobacco application review in the same way and how enforcement actions against tobacco products illegally on the market might change. The Lung Association will continue to advocate for FDA to follow the public health standard in the Tobacco Control Act and for robust enforcement against all tobacco products illegally on the market, including any products on the market with pending applications.

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

Surgeon General Releases Important Report Detailing Tobacco-Caused Disparities

In November 2024, former U.S. Surgeon General Vivek Murthy released the 35th Surgeon General's report on tobacco, on the 50-year anniversary of the first Surgeon General's report in 1964. It is a critically important report on the disparities caused by commercial tobacco use—the outcome and consequences of the tobacco industry's predatory marketing. Important findings and conclusions from the report include:

- Cigarette smoking remains a major cause of death and disease, causing more than 490,000 deaths per year, including 50,000 Black adults, 15,000 Hispanic adults, and 400,000 white adults.
- The breadth of tobacco-caused disparities continues to persist and expand within race and ethnicity, level of income, level of education, sexual orientation and gender identity, occupation, geography, behavioral health status, and disability status. Some have widened further since the last Surgeon General's report on tobacco-related disparities in 1998.
- The tobacco industry's targeted marketing of its deadly products is largely responsible for these disparities. Tobacco marketing in general and marketing for menthol cigarettes in particular is more common in neighborhoods with greater percentages of African American residents and residents with lower incomes.[12]

Achieving health equity requires knowing where these disparities exist and acting to eliminate them. This report is an important addition to help us continue to move our work forward to eliminate tobacco use and tobacco-caused diseases at the federal, state and community levels

Fifth Circuit ruling threatens access to tobacco cessation treatment; HHS issues smoking cessation framework; FDA and NIH hold meeting on Advancing Smoking Cessation Priorities

The Affordable Care Act's (ACA) preventive services provision requires most health plans to cover a comprehensive tobacco cessation benefit without cost-sharing. A lawsuit, formerly known as Braidwood v. Becerra, threatens this coverage and coverage to all preventive services under ACA. In March 2023, a federal district judge limited the number of preventive services required to be covered without cost-sharing. In June 2024, the 5th Circuit Court of Appeals issued a ruling that limits the initial decision to the individual plaintiffs that brought the case. In September 2024, the U.S. Justice Department filed a petition to the Supreme Court asking for them to hear the case. The Lung Association has been a part of numerous amicus briefs on this case and will continue to be involved as it moves through the courts to protect preventive services, including tobacco cessation.

On March 8, 2024, HHS released its Framework to Support and Accelerate Smoking Cessation. While the framework includes key priorities for smoking cessation, it failed to include the need to end the sale of menthol cigarettes and flavored cigars. Additionally, in October 2024, the National Institutes of Health (NIH) and FDA held a meeting "Advancing Smoking Cessation Priorities." The meeting was a step to improve cessation treatments in the United States. The Lung Association submitted comments on ways FDA and NIH can work to improve cessation treatments.

Graphic cigarette warning labels upheld on constitutional grounds; rule to reduce nicotine levels in cigarettes and some other tobacco products proposed by FDA

In November 2024, in a major victory for public health, the U.S. Supreme Court declined to hear an appeal of a Fifth Circuit Court of Appeals decision that upheld FDA's graphic warning labels on cigarettes on constitutional grounds. The ruling from the three-judge panel of the 5th Circuit was originally handed down in March 2024. The case now goes back to the U.S. District Court in the 5th Circuit to resolve several other issues raised by the tobacco industry plaintiffs in the lawsuit against FDA. In January 2025, the District Court issued a ruling stopping FDA from implementing the rule and ruling in favor of the tobacco industry plaintiffs on some claims.

In December 2024, a separate lawsuit was also filed by Philip Morris against the graphic cigarette warnings in the southern District of Georgia to try to delay implementation of the warnings further. No further activity in this lawsuit beyond introduction had occurred when this report went to press.

In January 2025, FDA issued a proposed rule that would reduce nicotine levels in cigarettes and some other combusted tobacco products. The Lung Association appreciates FDA proposing this rule; reducing nicotine levels in tobacco products could prevent many youth from becoming addicted and make it easier for tobacco users to quit. The Lung Association supports reducing nicotine levels in all tobacco products, including e-cigarettes and smokeless tobacco.

Reducing the Availability and Accessibility of Tobacco Products. Tobacco retailers are extensive in the United States, especially in urban areas. A study of tobacco product retailers in 30 cities in 2021 found that there are 31 times more tobacco retailers than McDonalds and 16 times more tobacco retailers than Starbucks. In addition, in most cities, tobacco product retailers were concentrated in the lowest-income neighborhoods.[12] States and communities should enact legislation to reduce the number of tobacco product retailers and prohibit them from being clustered together or near youth-focused locations like schools and childcare facilities. Communities in several states, including Connecticut, Kentucky, New York, Texas and Wisconsin took action to restrict where new tobacco retailers can locate in 2024, which is a trend the Lung Association hopes will spread to additional states and communities.

Tobacco industry activity stymies progress in most states in 2024

No states passed statewide comprehensive smokefree workplace laws or comprehensive flavored tobacco product laws in 2024 despite hard fought campaigns in many states. The tobacco industry and their front groups were especially active and aggressive in opposing flavored tobacco product laws, demonstrating the importance of flavored products to their continued profits. No states expanded their state Medicaid programs in 2024, and major threats to the Medicaid program are in store for 2025, including limiting federal funding and reducing the number of people eligible for the program, regardless of need. One bright spot: Maryland increased its cigarette tax by a $1.25 per pack, in addition to several states with small cigarette tax increases. Funding for state tobacco prevention programs stayed steady or increased in most states in fiscal year 2025 as well.

- **Funding for State Tobacco Prevention and Cessation Programs:** Momentum continued in 2024 for state funding for programs to prevent and reduce tobacco use with six states—Colorado, Florida, Kentucky, Michigan, Oklahoma, South Carolina—registering increases of close to $1 million or more. The monies from the settlement of the lawsuits against the e-cigarette company Juul continued to give boosts to funding in many states in 2024. Connecticut, Illinois and New York saw decreases of $1 million or more in funding. Adequately funding state tobacco control programs can bring crucial focus and resources to alleviate disparities in who uses tobacco products as the latest Surgeon General's report on tobacco details. In the current fiscal year, 2025, one state—Maine—funded its state tobacco control program at or above the level recommended by CDC.
- **Eliminating Sales of Flavored Tobacco Products:** As finalizing the rules that would have required removal of menthol cigarettes and flavored cigars from the market by FDA are no longer a possibility, it is especially important that states and localities act to end the sale of all flavored tobacco products. Unfortunately, no states approved laws stopping the sale of flavored tobacco products in 2024, despite campaigns in a number of states, including Hawaii, Maine, Minnesota and Vermont. In addition, Rhode Island weakened its flavored e-cigarette restrictions by passing legislation to exclude menthol. A local ordinance was approved in one large city, Denver, in December 2024 and several smaller towns in other states. However, only two states and the District of Columbia earned grades better than a "D" in this category this year, showing how much work remains to be done by state and local lawmakers.
- **Increasing State Tobacco Taxes:** Increasing tobacco taxes by $1.00 per pack or more is one of the most effective ways to reduce tobacco use, especially among kids. One state—Maryland—passed a $1.25 cigarette tax increase this year, increasing its state tax to $5.00 per pack, now the second highest in the country. Colorado and Rhode Island implemented and approved smaller tobacco tax increases respectively. Currently, there is a wide variation in cigarette tax rates, with the lowest state cigarette tax in Missouri at a meager 17 cents per pack and New York now the highest at $5.35 per pack. The current state cigarette tax average is $1.97 per pack.
- **Smokefree Public Places and Workplaces:** Disappointingly, for the 12th year running, no state approved a comprehensive law eliminating

smoking in public places and workplaces, including restaurants, bars and casinos. Maryland added e-cigarettes to its comprehensive smokefree law in 2024. Unfortunately, one of the previous leaders in smokefree protections, California, approved a law giving communities the authority to allow marijuana smoking and vaping in restaurants, weakening the state's strong smokefree protections. There was minor progress on passing additional local smokefree ordinances in several states, including Kentucky and Mississippi. This troubling lack of progress on smokefree laws means millions of people are still exposed to the myriad of harms caused by secondhand smoke.

- **Expanding Medicaid and Tobacco Cessation Coverage:** No state expanded Medicaid in 2024. The Affordable Care Act expanded Medicaid coverage to individuals at 138% of the federal poverty level ($34,307 per year for a family of three) or lower. Individuals with low incomes smoke at rate of 29.9%, significantly higher than the general population (11.3%).[14] Research shows Medicaid quit attempts in expansion states increased by over 20%.[15] Medicaid itself is also under threat in 2025. There are proposals to limit federal funding for the program and limit the number of people on the program. And numerous states are expected to seek work reporting requirements, which would limit the number of people on Medicaid. In fact, South Dakota passed a ballot measure to add work reporting requirements to their program in 2024.

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

In 2024, the tobacco industry and its allies continued their efforts to remove local control and prevent local governments from passing stronger tobacco control laws—called preemption. These types of laws deny local governments the ability to pass meaningful public policies to prevent and reduce tobacco use, including addressing youth vaping or tobacco-related disparities. Unfortunately, in January 2024, Ohio's legislature overrode a gubernatorial veto of a provision in the state budget that essentially preempts all future local ordinances on tobacco use and nullifies existing ones. However, a lawsuit filed by Columbus and several other communities was successful at the Ohio district court level in overturning this provision based on home rule provisions in the state constitution. The decision has been appealed to Ohio's state appeals court. Other efforts to establish preemption were successfully defeated by the Lung Association and other public health organizations in several other states, including Arizona and Missouri. The Lung Association expects the tobacco industry to continue its full court press on this issue in 2025.

"State of Tobacco Control" 2025 continues to provide a blueprint that states and the federal government can follow to put in place proven policies that will have the greatest impact on improving the nation's health by reducing tobacco use and exposure to secondhand smoke in the U.S. The real question is: Will federal and state lawmakers take the actions needed in 2025 to stop tobacco companies from putting their profits ahead of the health of our country?

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2. Campaign for Tobacco Free Kids. Stopping Menthol, Saving Lives: Ending Big Tobacco's Predatory Marketing to Black Communities. February 2021.

More About "State of Tobacco Control"

"State of Tobacco Control" 2025 is focused on proven policies that federal and state governments can enact to prevent and reduce tobacco use. These include:

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

The report assigns grades based on laws and regulations designed to prevent and reduce tobacco use, including e-cigarettes, in effect as of January 2025. The federal government, all 50 state governments and the District of Columbia are graded to determine if their laws and policies are adequately protecting citizens from the enormous toll tobacco use takes on lives, health and the economy.

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Tobacco Prevention and Cessation Funding Overview

State Name	Tobacco Settlement Funding	Tobacco Tax Funding	Other State Funding	Total State Funding	CDC Funding to States	Total Expenditures	CDC-Recommended Spending Level	Percentage of CDC-Recommended Level	State Tobacco Related Revenue	Grade
Alabama	$949,130	$0	$860,987	$1,810,117	$1,682,740	$3,492,857	$55,900,000	6.2%	$234,800,000	F
Alaska	$0	$0	$6,426,800	$6,426,800	$1,284,919	$7,711,719	$10,200,000	75.6%	$66,700,000	B
Arizona	$0	$18,600,000	$0	$18,600,000	$1,708,792	$20,308,792	$64,400,000	31.5%	$354,800,000	F
Arkansas	$11,279,115	$0	$0	$11,279,115	$1,522,930	$12,802,045	$36,700,000	34.9%	$243,700,000	F
California	$5,600,000	$212,580,000	$3,333,333	$221,513,333	$3,552,129	$225,065,462	$347,900,000	64.7%	$2,067,300,000	C
Colorado	$0	$37,921,946	$1,678,895	$39,600,841	$1,692,350	$41,293,191	$52,900,000	78.1%	$406,100,000	B
Connecticut	$1,500,000	$0	$0	$1,500,000	$1,177,808	$2,677,808	$32,000,000	8.4%	$369,200,000	F
Delaware	$9,941,680	$0	$0	$9,941,680	$991,511	$10,933,191	$13,000,000	84.1%	$112,300,000	A
District of Columbia	$1,624,895	$1,000,000	$900,000	$3,524,895	$1,031,660	$4,556,555	$10,700,000	42.6%	$43,600,000	F
Florida	$86,989,908	$0	$396,613	$87,386,521	$2,883,131	$90,269,652	$194,200,000	46.5%	$1,229,600,000	F
Georgia	$2,133,440	$0	$0	$2,133,440	$2,127,823	$4,261,263	$106,000,000	4.0%	$357,400,000	F
Hawaii	$7,526,987	$0	$649,199	$8,176,186	$1,156,607	$9,332,793	$13,700,000	68.1%	$112,200,000	C
Idaho	$2,406,000	$138,700	$2,100,000	$4,644,700	$1,171,888	$5,816,588	$15,600,000	37.3%	$59,900,000	F
Illinois	$10,250,000	$0	$0	$10,250,000	$2,241,976	$12,491,976	$136,700,000	9.1%	$964,900,000	F
Indiana	$9,112,152	$0	$0	$9,112,152	$1,832,809	$10,944,961	$73,500,000	14.9%	$460,100,000	F
Iowa	$0	$0	$4,270,171	$4,270,171	$1,137,971	$5,408,142	$30,100,000	18.0%	$208,700,000	F
Kansas	$1,940,716	$0	$0	$1,940,716	$1,516,090	$3,456,806	$27,900,000	12.4%	$153,300,000	F
Kentucky	$3,269,300	$0	$1,475,000	$4,744,300	$1,656,354	$6,400,654	$56,400,000	11.3%	$409,200,000	F
Louisiana	$1,000,000	$3,682,340	$140,000	$4,822,340	$1,635,696	$6,458,036	$59,600,000	10.8%	$365,400,000	F
Maine	$11,805,577	$4,100,000	$0	$15,905,577	$1,169,002	$17,074,579	$15,900,000	107.4%	$170,800,000	A
Maryland	$11,170,162	$0	$10,142,031	$21,312,193	$1,694,510	$23,006,703	$48,000,000	47.9%	$546,100,000	F
Massachusetts	$5,000,000	$0	$6,309,753	$11,309,753	$1,902,654	$13,212,407	$66,900,000	19.7%	$577,300,000	F
Michigan	$0	$4,605,900	$0	$4,605,900	$2,347,639	$6,953,539	$110,600,000	6.3%	$904,300,000	F
Minnesota	$215,167	$0	$11,957,480	$12,172,647	$1,596,128	$13,768,775	$52,900,000	26.0%	$589,700,000	F
Mississippi	$8,695,000	$0	$0	$8,695,000	$1,341,100	$10,036,100	$36,500,000	27.5%	$206,200,000	F
Missouri	$391,000	$2,425,000	$300,000	$3,116,000	$1,949,182	$5,065,182	$72,900,000	6.9%	$219,600,000	F
Montana	$5,210,851	$0	$0	$5,210,851	$1,356,206	$6,567,057	$14,600,000	45.0%	$86,500,000	F
Nebraska	$3,652,146	$0	$0	$3,652,146	$439,313	$4,091,459	$20,800,000	19.7%	$95,100,000	F
Nevada	$950,000	$0	$0	$950,000	$1,384,475	$2,334,475	$30,000,000	7.8%	$195,400,000	F
New Hampshire	$0	$0	$606,841	$606,841	$1,144,210	$1,751,051	$16,500,000	10.6%	$226,500,000	F
New Jersey	$475,779	$5,130,652	$1,954,562	$7,560,993	$1,855,458	$9,416,451	$103,300,000	9.1%	$670,500,000	F
New Mexico	$5,684,500	$0	$0	$5,684,500	$1,142,861	$6,827,361	$22,800,000	29.9%	$111,400,000	F
New York	$0	$39,233,600	$0	$39,233,600	$2,905,769	$42,139,369	$203,000,000	20.8%	$1,567,100,000	F
North Carolina	$11,250,000	$0	$2,099,600	$13,349,600	$2,353,231	$15,702,831	$99,300,000	15.8%	$401,500,000	F
North Dakota	$6,019,384	$0	$37,500	$6,056,884	$1,055,244	$7,112,128	$9,800,000	72.6%	$42,700,000	B
Ohio	$7,500,000	$0	$280,000	$7,780,000	$2,464,914	$10,244,914	$132,000,000	7.8%	$1,028,600,000	F
Oklahoma	$33,619,993	$2,733,057	$0	$36,353,050	$1,618,668	$37,971,718	$42,300,000	89.8%	$433,300,000	A
Oregon	$0	$28,800,000	$0	$28,800,000	$1,556,750	$30,356,750	$39,300,000	77.2%	$435,100,000	B
Pennsylvania	$18,375,994	$0	$0	$18,375,994	$2,399,303	$20,775,297	$140,000,000	14.8%	$1,339,100,000	F
Rhode Island	$350,000	$0	$429,828	$779,828	$1,383,858	$2,163,686	$12,800,000	16.9%	$157,900,000	F
South Carolina	$1,000,000	$5,000,000	$0	$6,000,000	$1,720,878	$7,720,878	$51,000,000	15.1%	$187,200,000	F
South Dakota	$0	$4,500,000	$0	$4,500,000	$1,046,792	$5,546,792	$11,700,000	47.4%	$69,300,000	F
Tennessee	$0	$0	$2,000,000	$2,000,000	$1,664,198	$3,664,198	$75,600,000	4.8%	$334,900,000	F
Texas	$0	$0	$6,078,392	$6,078,392	$3,349,957	$9,428,349	$264,100,000	3.6%	$1,530,300,000	F
Utah	$3,851,400	$3,150,000	$9,146,000	$16,147,400	$1,256,406	$17,403,806	$19,300,000	90.2%	$124,700,000	A
Vermont	$1,088,918	$0	$1,603,103	$2,692,021	$1,101,504	$3,793,525	$8,400,000	45.2%	$93,900,000	F
Virginia	$9,409,276	$0	$0	$9,409,276	$1,847,658	$11,256,934	$91,600,000	12.3%	$339,800,000	F
Washington	$0	$0	$4,913,000	$4,913,000	$1,828,532	$6,741,532	$63,600,000	10.6%	$404,900,000	F
West Virginia	$0	$0	$451,404	$451,404	$1,229,006	$1,680,410	$27,400,000	6.1%	$194,900,000	F
Wisconsin	$1,387,756	$0	$5,315,000	$6,702,756	$1,588,681	$8,291,437	$57,500,000	14.4%	$604,900,000	F
Wyoming	$2,369,737	$0	$239,928	$2,609,665	$1,020,771	$3,630,436	$8,500,000	42.7%	$32,600,000	F

Smokefree Air Grading Chart

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

Smokefree Air Grading Chart (cont.)

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

Tobacco Taxes Grading Chart

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

Access to Cessation Services Grading Chart

State	Medicaid Medications	Medicaid Counseling	Medicaid Barriers to Coverage	Medicaid Expansion	SEHP Medications	SEHP Counseling	SEHP Barriers to Coverage	Investment Per Smoker	Private Insurance Mandate	Tobacco Surcharge	Total Score	Grade
Alabama	14	6	9	-8	4	2	1	5	0	0	33	F
Alaska	14	8	9	0	4	3	2	20	0	0	60	B
Arizona	14	6	12	0	4	3	1	15	0	0	55	C
Arkansas	14	8	14	0	2	3	1	15	0	1	58	B
California	14	12	12	0	2	2	1	15	3	2	63	A
Colorado	14	12	14	0	3	3	1	20	3	1	71	A
Connecticut	14	12	14	0	4	4	1	10	2	1	62	B
Delaware	14	8	11	0	4	4	2	20	3	0	66	A
District of Columbia	12	8	13	0	4	3	2	20	3	2	67	A
Florida	10	6	10	-8	4	4	1	20	0	0	47	D
Georgia	14	8	10	-8	4	3	1	5	0	-2	35	F
Hawaii	14	8	12	0	3	3	2	20	0	0	62	B
Idaho	14	4	12	0	4	0	2	20	0	0	56	B
Illinois	14	12	10	0	3	2	1	20	3	0	65	A
Indiana	14	12	11	0	4	4	1	5	0	-2	49	C
Iowa	12	8	10	0	4	4	1	5	0	0	44	D
Kansas	14	12	14	-8	4	4	2	0	0	0	42	D
Kentucky	14	12	14	0	4	4	1	0	3	1	53	C
Louisiana	14	12	12	0	4	2	2	5	1	0	52	C
Maine	14	12	13	0	4	2	1	20	3	0	69	A
Maryland	14	8	13	0	4	2	2	20	3	0	66	A
Massachusetts	14	12	14	0	4	4	1	5	3	2	59	B
Michigan	14	10	14	0	4	4	1	0	0	0	47	D
Minnesota	14	12	14	0	4	4	2	20	3	0	73	A
Mississippi	14	6	14	-8	4	2	2	5	0	0	39	F
Missouri	14	12	14	0	4	4	2	0	0	0	50	C
Montana	14	8	13	0	3	3	2	20	0	0	63	A
Nebraska	14	8	13	0	4	3	2	5	0	0	49	C
Nevada	12	6	13	0	2	2	1	0	2	0	38	F
New Hampshire	14	10	11	0	4	3	1	0	0	0	43	D
New Jersey	14	10	13	0	4	2	1	0	3	2	49	C
New Mexico	14	8	14	0	1	2	1	20	3	0	63	A
New York	14	10	11	0	4	2	1	10	3	2	57	B
North Carolina	14	10	8	0	4	2	2	5	0	1	46	D
North Dakota	14	8	14	0	2	3	2	20	1	0	64	A
Ohio	14	12	13	0	4	4	2	5	0	0	54	C
Oklahoma	14	10	14	0	4	2	1	20	0	0	65	A
Oregon	14	12	12	0	3	3	1	5	3	0	53	C
Pennsylvania	14	8	13	0	4	2	1	5	0	0	47	D
Rhode Island	14	12	12	0	4	4	2	10	1	2	61	B
South Carolina	14	12	14	-8	3	3	2	20	0	0	60	B
South Dakota	4	4	14	0	4	2	1	20	0	0	49	C
Tennessee	14	8	10	-8	4	2	1	0	0	0	31	F
Texas	14	14	10	-8	4	3	2	0	0	0	39	F
Utah	12	10	14	0	4	2	1	20	1	0	64	A
Vermont	14	12	14	0	1	3	1	20	3	2	70	A
Virginia	14	12	12	0	4	3	1	0	3	2	51	C
Washington	14	4	12	0	3	3	2	0	3	0	41	F
West Virginia	14	6	9	0	4	2	2	5	0	0	42	D
Wisconsin	14	12	14	-8	4	3	1	0	0	-2	38	F
Wyoming	14	8	9	-8	1	2	2	20	0	0	48	D

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

"State of Tobacco Control" 2025 Methodology

The American Lung Association's "State of Tobacco Control" 2025 is a report card that evaluates state and federal tobacco control policies by comparing them to targets based on the most current recognized criteria for effective tobacco control measures, and translating each state and the federal government's relative progress into a letter grade of "A" through "F." A grade of "A" is assigned for excellent tobacco control policies while an "F" indicates inadequate policies. The primary reference for state tobacco control laws is the American Lung Association's State Legislated Actions on Tobacco Issues online database. The American Lung Association has published this comprehensive summary of state tobacco control laws since 1988. Data for the state Access to Cessation Services section is taken from the American Lung Association's State Cessation Coverage database.

Calculation of Federal Grades

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

Federal Regulation of Tobacco Products

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

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

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

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

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

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

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

Graphic Cigarette Warning Labels (4 points)

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

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

Product Standards to Address Toxicity, Addictiveness and Appeal of Tobacco Products, including Removal of Flavored Tobacco Products such as Menthol Cigarettes (4 points)

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

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

Funding for FDA Center for Tobacco Products (4 points)

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

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

Federal Cessation Treatment Coverage

The federal cessation treatment coverage criteria used in the American Lung Association's "State of Tobacco Control" 2025 report is based on the coverage of tobacco cessation treatments provided by the federal government through its four main public insurance programs: 1) Medicare (for individuals over age 65), 2) Medicaid (for low-income individuals and families), 3) TRICARE (for members of the military and their families), and 4) Federal Employee Health Benefits Program (for federal employees and their families). A fifth category covers federal requirements for tobacco cessation treatment coverage in state health insurance marketplaces under the Affordable Care Act. Providing help to quit through these programs and state health insurance marketplaces will reach large numbers of individuals who use tobacco, improve health, prevent unnecessary death, save taxpayer money and set an example for other health plans. The federal government must lead by example and cover a comprehensive benefit for everyone to whom it provides health care.

The definition of a comprehensive tobacco cessation benefit used in these criteria follows the recommendations in the Clinical Practice Guideline entitled Treating Tobacco Use and Dependence. In this Guideline, published in 2008, the U.S. Public Health Service recommends the use of seven medications and three types of counseling as effective for helping individuals who use tobacco to quit.[1] This definition has been reaffirmed in the 2021 United States Preventive Services Task Force (USPSTF) recommendation.[2]

The Federal Cessation Coverage grade breaks down as follows:

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

Medicare (4 points)

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

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

Medicaid (4 points)

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

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

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

TRICARE (4 points)

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

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

Federal Employee Health Benefits (FEHB) (4 points)

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

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

Federal Requirements for State Health Insurance Marketplaces

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

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

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

Federal Tobacco Excise Taxes

Criteria for the federal tobacco excise taxes grade are identical to the state tobacco excise tax grade. For more information, see the State Tobacco Excise Taxes section on p. 26.

The Federal Tobacco Excise Tax grade breaks down as follows:

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

Federal Mass Media Campaigns

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

Two agencies of the federal government ran different mass media campaigns for part or all of 2024 that seek to reduce or prevent tobacco use among different populations: 1) CDC's Tips from Former Smokers media campaign, which targets adults who use tobacco and 2) FDA's Real Costs campaign, which targets youth ages 12 to 17 with tobacco prevention messages. Both mass media campaigns will continue to run in 2025.

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

The Federal Mass Media campaign grade breaks down as follows:

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

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

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

+3 points: Media campaign reaches 75% or more of target audience each quarter
+2 points: Media campaign reaches 55-74% of target audience each quarter
+1 point: Media campaign reaches 1-54% of target audience each quarter
+0 points: No media campaign.

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

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

+3 points: Media campaign runs 9-12 months per year
+2 points: Media campaign runs 6-8 months per year
+1 point: Media campaign runs 1-5 months per year
+0 points: No media campaign.

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

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

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

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

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

+3 points: Media campaign refers people to available resources directly
+1 points: Media campaign refers people to location where available resources can be accessed.

Federal Minimum Age of Sale for Tobacco Products

In March 2015, the National Academy of Medicine (formerly the Institute of Medicine) issued a report looking at the impact increasing the age of sale for tobacco products could have on youth tobacco use rates. The report concluded that increasing the age of sale for tobacco products to 21 nationwide could prevent 223,000 deaths among people born between 2000 and 2019, including 50,000 fewer dying from lung cancer, the nation's leading cancer killer.[3] In 2019, Congress passed a law increasing the minimum age of sale to 21 and required FDA to issue confirming regulations.

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

Grade breaks down as follows:

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

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

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

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

Calculation of State Grades

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

State Tobacco Prevention and Cessation Program Funding

In January 2014, the Centers for Disease Control and Prevention (CDC) published an updated version of its Best Practices for Comprehensive Tobacco Control Programs, which was first published in 1999, and previously updated in 2007. Based on "Best Practices" as determined by evidence-based analysis of state tobacco control programs, this CDC guidance document recommends that states establish programs that are comprehensive, sustainable and accountable. The CDC lists five components as crucial in a comprehensive tobacco control program: State and Community Interventions, Mass-Reach Health Communication Interventions, Cessation Interventions, Surveillance and Evaluation and Infrastructure, Administration and Management.[4]

The CDC also recommends an overall level of funding for each state's tobacco control program based on a variety of state-specific factors such as prevalence of tobacco use, the cost and complexity of conducting mass media to reach targeted audiences in the state and the proportion of the population that is below 200% of the federal poverty level.[5] For the tobacco prevention and control spending area, the CDC recommendation for state funding of comprehensive programs served as the denominator in the percentage calculation to obtain each state's grade. Each state's total funding for these programs (including federal funding from the CDC given to states for tobacco prevention and cessation activities) served as the numerator. After calculating the percentage of the CDC recommendation each state had funded, grades were assigned according to the following formula:

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

Limitation of Grading System on State Tobacco Control Expenditures

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

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

State Smokefree Air Laws

The U.S Surgeon General, in a seminal 2006 report on the health effects of secondhand smoke and re-affirmed in subsequent reports in 2010, 2014, and 2024 has concluded that secondhand smoke is a serious health hazard causing or making worse a wide range of diseases and conditions. It also concluded that there is no risk-free level of exposure to secondhand smoke and that the only way to fully eliminate exposure to secondhand smoke in indoor environments is to completely prohibit smoking.[6] The 2024 Surgeon's General report on tobacco, found that disparities in secondhand smoke exposure persist in certain population groups and have increased by race, poverty status and education level since 2000.[7] Secondhand marijuana smoke contains many of the same toxins and carcinogens found in directly-inhaled cigarette smoke, in similar amounts if not more.[8] A 2016 Surgeon General report on youth e-cigarette use found that secondhand e-cigarette aerosol is not harmless and contains harmful and potentially harmful chemicals.[9]

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

Grades break down as follows:

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

places such as schools; and/or marijuana hospitality establishment smokefree exemptions where the service of food, drink or live entertainment are present in state law;

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

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

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

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

Preemption or Local opt-out: State preemption of stricter local ordinances or states that have a provision in state law allowing communities to opt-out of the law is penalized by a reduction of one letter grade.

Local Ordinances: States with statewide laws that do not earn "A" grades may be graded based on local smokefree ordinances or regulations instead. Strong local smokefree air ordinances/regulations that include workplaces, restaurants and bars are considered according to the percentage of population covered in the state. States with over 95% of their population covered by comprehensive local smokefree ordinances will receive an "A," over 80% a "B," over 65% a "C" and over 50% a "D." Local ordinances that cover less than 50% of the population will not be considered for evaluation under this exception.[10]

Limitations of the grading system:

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

State Tobacco Excise Taxes

The U.S. Surgeon General, in Eliminating Tobacco-Related Disease and Death: Addressing Disparities, released in November 2024 on the 60th anniversary of the first Surgeon General's report on smoking in 1964, concluded that "increases in tobacco product prices will reduce tobacco use to a greater extent among people of lower SES than they do for people of higher SES. Youth are especially price-sensitive, and price increases could help reduce tobacco use among people from all population groups at the age when they are most likely to begin smoking."[11]

Research has clearly demonstrated that as the price of cigarettes increases, consumption decreases. For each 10% price increase, it is estimated that consumption drops by about 7% for youth and 3 to 5% for adults.[12] Increasing taxes on tobacco products other than cigarettes is also important. Nationally, rates of cigar smoking among youth now equal rates of cigarette smoking and e-cigarettes are the most popular tobacco product used by youth.

The grading system for State Tobacco Excise Taxes is a points-based system, with the level of a state's cigarette tax worth up to 30 possible points and

taxes on other tobacco products worth up to 10 possible points, for a total of 40 points available in the grading category.

The 30 points for the level of a state's cigarette tax will continue to be based on the average (mean) of all state taxes as the midpoint, or the lowest "C" grade. The average cigarette tax was chosen because it is often seen as an indication of where states are in their cigarette taxing policies. The average state excise tax on January 1, 2025 was $1.97 per pack. The range of state excise taxes ($0.17 to $5.35 per pack) is divided into quintiles, and a state is assigned six points for attaining each quintile.

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

Score	Tax
30 points	$3.94 and over
24 points	$2.955 to $3.939
18 points	$1.97 to $2.954
12 points	$0.985 to $1.969
6 points	Under $0.985

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

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

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

The overall grade breaks down as follows:

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

State Access to Cessation Services

The Access to Cessation Services grading system sets targets for states and awards points in three areas: 1) State Medicaid coverage of tobacco cessation treatments, 2) State Employee Health Plan coverage of tobacco cessation treatments and 3) the Investment per Smoker each state makes in its quitline, a service available in all states that provides tobacco cessation

counseling over the phone. Bonus points are available in two other target areas, Standards for Private Insurance and limiting or prohibiting Tobacco Surcharges in private insurance.

In 2008, the U.S. Department of Health and Human Services' Public Health Service published an update to its Clinical Practice Guideline on Treating Tobacco Use and Dependence. This Guideline, based on a thorough review of scientific evidence on tobacco cessation, recommends several treatment options that have proven effective in helping people quit smoking. These options include the use of five nicotine-replacement therapies (gum, patch, lozenge, nasal spray, inhaler), bupropion and varenicline (non-nicotine medications), and three types of counseling (individual, group and phone). It also recommends that all public and private health insurance plans cover the cessation treatments recommended in the Guideline.[13] In 2020, the U.S. Surgeon General reiterated the need for this comprehensive cessation benefit without barriers in "Smoking Cessation: A Report of the Surgeon General.[14]" The 2024 Surgeon General's report on tobacco also concludes that "[...] a comprehensive and multilevel effort toward health equity must include [...promotion of] barrier-free access to cessation support with broad reach to disparate populations."[15] Targets established in the Medicaid, State Employee Health Plan and Standards for Private Insurance categories were based on these Public Health Service Guideline and U.S. Surgeon General recommendations for cessation treatments.

In the 2014 Best Practices for Comprehensive Tobacco Control Programs document, supporting state quitlines is one of the major goals under Cessation Interventions for state tobacco control programs.[16] Funding to the state quitline is included in the Access to Cessation Services section to show a full picture of what the state is offering for cessation services. Grading in this section is based on the amount of funding provided to the state quitline for services divided by the number of individuals who smoke in the state.

In 2015, the Lung Association incorporated information on what tobacco cessation treatments are provided to the Medicaid expansion population into this grade. Points awarded in the Medicaid Coverage section below incorporate this information. Points available in the Medicaid coverage section were 40 to represent new Medicaid expansion enrollees. If a state has not opted to expand Medicaid up to the levels established in the Affordable Care Act (ACA), the state receives an automatic deduction of 8 points to represent the substantial number of individuals who use tobacco that do not have access to cessation treatments because of this decision.

The Lung Association will deduct up to 2 points for any state that implements a policy to charge Medicaid enrollees a tobacco surcharge or that has policies that charge Medicaid enrollees that smoke more for coverage than Medicaid enrollees that do not use tobacco. The Lung Association also added 2 bonus points available to states that prohibit or limit tobacco surcharges, or health insurance policies that charge individuals who use tobacco more in premiums than individuals who do not use tobacco. States can limit or remove these surcharges.

All data in the Access to Cessation Services section of "State of Tobacco Control" 2025 was collected and analyzed by the American Lung Association.

The cessation grades are based on the maximum number of total points, a score of 70, assigned according to the categories described in detail below.

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

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

The grades break down as follows:

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

Key to Cessation Coverage Ratings by Category:

Medicaid Coverage (40 points)[17]: Target is barrier-free coverage of all Guideline-recommended medications and counseling for the state's entire Medicaid population (including the Medicaid expansion population).

1. States receive up to 14 points for coverage of medications: 2 points for coverage for all enrollees of each of the 7 medications. If coverage of a medication varies by plan or pregnancy status, 1 point is awarded for each medication covered in this way;
2. States receive up to 12 points for coverage of counseling: 4 points for each type of counseling covered (individual, group and phone). If a counseling coverage varies by plan or pregnancy status, 2 points is awarded for each type of counseling coverage;
3. States receive up to 14 points for providing coverage without barriers: 1 to 3 points are deducted for each barrier to coverage that exists in a state. Deductions vary based on type of barrier and severity.
4. There is an automatic letter grade deduction for the Access to Cessation Services grade, if a state has not expanded Medicaid coverage up to the levels established in the Affordable Care Act (138% of the federal poverty level for all eligibility categories).
5. States that impose a tobacco surcharge or charge individuals who use tobacco higher premiums than individuals who do not use tobacco for Medicaid coverage will have 2 points deducted from the Medicaid coverage score.

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

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

if only some health plans/managed care organizations provide coverage;

3. 0 to 2 points are given if coverage is free of barriers.

Quitlines (20 points): States are graded based on a curve set by the median investment per smoker, which in fiscal year 2025 was $2.26 per smoker. Points are awarded based on the scale below:

$$/smoker > $4.52	20 points
$$/smoker $3.39 - $4.51	15 points
$$/smoker $2.26 - $3.38	10 points
$$/smoker $1.13 - $2.25	5 points
$$/smoker < $1.13	0 points

Standards for Private Insurance Coverage (up to 3 bonus points): Target is a legislative or regulatory standard requiring coverage of all PHS-recommended medications and counseling in private insurance plans within the state.

1. 1 point given for legislation requiring the coverage of some tobacco cessation treatments or if a state insurance commissioner issues a bulletin on the enforcement of the tobacco cessation FAQ issued by the federal government;[18]
2. 2 points given for legislation requiring coverage of all tobacco cessation treatments for some state regulated private insurance plans;
3. 3 points given for legislation requiring coverage of all tobacco cessation treatments for all state regulated private insurance plans.

Tobacco Surcharges (up to 2 bonus points): Target is a state policy prohibiting small group and individual health insurance plans from charging individuals who use tobacco higher premiums than individuals who do not use tobacco. States can prohibit this practice or limit these surcharges to amounts smaller than federal law allows, which is 50%.

1. 2 points given if state prohibits tobacco surcharges; or
2. 1 point given if state limits tobacco surcharges to less than 50% of the premium charged to individuals who do not use tobacco.

State Flavored Tobacco Product Laws

Flavored tobacco products have long played an important role in youth starting to use tobacco products and in the case of menthol, keeping people, particularly Black persons in the U.S., addicted. According to CDC's 2024 National Youth Tobacco Survey (NYTS), 87.6% of high school and middle school students who use e-cigarettes use a flavored product.[19] According to the 2023 NYTS, 86.9% of youth who use tobacco used a flavored product.[20]

Menthol cigarettes play a key role in addicting youth who smoke and keeping people hooked. The 2024 Surgeon General's report on tobacco noted that "the tobacco industry adds flavors, including menthol, to its products; flavors help to increase the appeal of tobacco products among individuals and groups with higher aversions to the effects of tobacco smoke."[21] Black Americans are disproportionately impacted with close to 80% of Black persons who smoke using menthol cigarettes.[22] Menthol cigarette use is also elevated among LGBTQ+ individuals, women and persons with lower incomes.[23] A recent study showed that while overall cigarette use declined by 26% over the past decade, 91% of that decline was due to non-menthol cigarettes.[24]

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

Grades break down as follows:

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

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

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

State Statistics Used in the Report

Adult smoking rates are taken from the CDC's 2023 Behavioral Risk Factor Surveillance System (BRFSS) or all states except Kentucky and Pennsylvania, which are from the 2022 BRFSS. Adult smoking means having used cigarettes on one or more of the past 30 days.

High school smoking and tobacco use, and middle school smoking rates, are taken from CDC's 2021 Youth Risk Behavior Survey, state youth tobacco surveys or other state-based surveys that measure youth smoking or tobacco use rates. High school tobacco use includes having used cigarettes, cigars, smokeless tobacco or electronic vapor products on one or more of the past 30 days for most states. In states where the tobacco products covered by the survey used are different, a sentence has been added to the state-specific footnotes on each state page describing the tobacco products included.

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

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

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United States Report Card

American Lung Association.
State of Tobacco Control
2025

UNITED STATES

Federal Regulation of Tobacco Products — C

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

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

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

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

* FDA has finalized graphic warning labels for cigarettes, but is deferring enforcement until the legal challenges to the rule are resolved.

Thumbs down for former President Biden for failing to finalize rules to end the sale of menthol cigarettes and flavored cigars.

Federal Cessation Coverage — D

Medicaid Coverage: **Partially Required**

Medicare Coverage: **Partially Covered**

TRICARE Coverage: **Covered**

Federal Employee Health Benefits Coverage: **Covered**

State Health Insurance Exchanges: **Partially Required**

Federal Tobacco Taxes — F

CIGARETTE TAX:

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

OTHER TOBACCO PRODUCT TAXES:

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

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

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

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

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

Federal Mass Media Campaigns — A

TIPS FROM FORMER SMOKERS MEDIA CAMPAIGN:

Reach: **Meets Target**

Duration: **Under Target**

Frequency: **Meets Target**

Promotion of Services: **Meets Target**

FDA "REAL COSTS" MEDIA CAMPAIGN

Reach: **Meets Target**

Duration: **Meets Target**

Frequency: **Meets Target**

Promotion of Services: **Under Target**

Federal Minimum Age — A

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

Thumbs up for FDA for finalizing rules to implement the 2019 law increasing the tobacco sales age to 21.

Federal Highlights:

The American Lung Association has identified five key actions for the Trump administration and Congress to take in 2025 that will reduce the death and disease caused by tobacco use:

1. Congress must at least maintain current funding for the Centers for Disease Control and Prevention (CDC)'s Office on Smoking and Health to ensure dissemination of the "Tips from Former Smokers" campaign and resources for states and territories to prevent youth tobacco use;
2. Congress must protect both standard Medicaid and Medicaid expansion to ensure that people with the highest smoking rates can access quit tobacco treatments;
3. The U.S. Food and Drug Administration (FDA), the U.S. Department of Justice (DOJ), and other members of the multi-agency task force must act to remove all illegal tobacco products from the marketplace. To support these efforts, Congress must pass legislation requiring e-cigarette manufacturers to pay user fees, providing the FDA with the resources needed for stronger oversight and enforcement;
4. The FDA must propose and finalize regulations to implement "track and trace" technology on all tobacco products to prevent an illicit market, counterfeit and smuggling activities; and
5. The FDA must improve and expand options for tobacco cessation medications and help all people, including youth, in the U.S. end their addiction to tobacco products.

Federal Highlights:

Key highlights from 2024 include:

- In January and April, President Biden delayed finalizing the long-awaited menthol cigarette and flavored cigar rules that were projected to save hundreds of thousands of lives. This decision came after significant tobacco industry pressure, including a meeting with high level tobacco industry representatives. The rules are now delayed indefinitely to protect FDA's ability to continue working on this issue in the future. This delay will result in continued tobacco-related health disparities, death and disease.
- In March, Congress passed fiscal year 2024 funding bills that upheld FDA's full authority over commercial tobacco products with no limitations and maintained funding for CDC's Office on Smoking and Health.
- In July, the House Committee on Appropriations added a legislative provision to FDA's proposed fiscal year 2025 funding bill aimed at preventing FDA from issuing rules to remove menthol cigarettes and flavored cigars from the market and reducing nicotine levels in cigarettes. The Senate Committee on Appropriations' bill also included a rider to FDA's funding bill that would limit funding for FDA until the agency takes certain actions related to illegal e-cigarettes. In August, the House Appropriations Committee's funding bill proposed to eliminate the CDC's Office on Smoking and Health. These bills remain to be resolved and reconciled in 2025.
- In April, June and October, FDA and other federal agencies took several significant enforcement actions that resulted multiple seizures ranging from $700,000 to $76 million worth of unauthorized e-cigarettes. The FDA also took additional enforcement actions throughout the year, such as issuing waning letters and civil monetary penalties.
- In June, DOJ and FDA announced the creation of a federal multi-agency task force to combat the illegal distribution and sale of e-cigarettes. This initiative has already led to coordinated enforcement efforts and substantial seizures of illegal products.
- In November, the Surgeon General released a landmark report titled Eliminating Tobacco-Related Disease and Death: Addressing Disparities. The report highlights the tobacco industry's predatory practices targeting vulnerable populations and emphasizes the importance of equitable access to tobacco cessation resources and prevention policies.
- In November, the U.S. Supreme Court declined to hear a tobacco industry challenge to the FDA's 2020 rule requiring graphic warning labels on cigarette packs and advertisements. This decision upholds a March ruling by the U.S. Court of Appeals for the Fifth Circuit, which affirmed that the FDA's warnings comply with the First Amendment. This marks a major step forward in implementing graphic cigarette warnings in the U.S.

The Lung Association is carefully watching a number of legal challenges to important tobacco control efforts that will be considered by the U.S. Supreme Court in the 2024-2025 term:

- The *Braidwood* lawsuit could result in the elimination of the Affordable Care Act requirement that preventive services, including tobacco cessation coverage, be provided to most people without cost-sharing. The Lung Association has weighed in via amicus briefs opposing the reversal of this critical provision.
- *Triton Distribution v. FDA*, a lawsuit that could significantly undermine FDA's efforts to protect youth from the health harms of flavored e-cigarette products. The Lung Association has weighed in via amicus brief in support of FDA's decision to put forward marketing denial orders against the products.
- *R.J. Reynolds Vapor Company v. FDA* involves whether filing a challenge to an FDA marketing denial order for e-cigarettes in a specific circuit court in possible violation of requirements in the Tobacco Control Act is legal.

Federal Facts

Economic Cost Due to Smoking:	$600,000,000,000
Adult Smoking Rate:	10.8%
Adult Tobacco Use Rate:	16.4%
High School Smoking Rate:	1.7%
High School Tobacco Use Rate:	10.1%
Middle School Smoking Rate:	1.1%
Middle School Tobacco Use Rate:	5.4%
Smoking-Attributable Deaths per Year:	492,000

Adult smoking and tobacco use rates are taken from the 2023 National Health Interview Survey. High school and middle school smoking and tobacco use rates are taken from the 2024 National Youth Tobacco Survey.

Economic cost information is for 2018 and from multiple sources, see this CDC wwbsite page for details. Smoking attributable deaths data are taken from the 2024 Surgeon General's report "Eliminating Tobacco-Related Disease and Death: Addressing Disparities.

Alabama Report Card

American Lung Association.
State of Tobacco Control
2025

ALABAMA

Tobacco Prevention and Control Program Funding: F

FY2025 State Funding for Tobacco Control Programs:	$1,810,117
FY2025 Federal Funding for State Tobacco Control Programs:	$1,682,740*
FY2025 Total Funding for State Tobacco Control Programs:	$3,492,857
CDC Best Practices State Spending Recommendation:	$55,900,000
Percentage of CDC Recommended Level:	6.2%
State Tobacco-Related Revenue:	$234,800,000

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

Smokefree Air: F

OVERVIEW OF STATE SMOKING RESTRICTIONS

Government work sites: **Restricted**

Private work sites: **No provision**

Schools: **Restricted**

Child care facilities: **Restricted**

Restaurants: **No provision**

Bars: **No provision**

Casinos/Gaming Establishments: **No provision**

Retail stores: **Restricted**

E-Cigarettes Included: **No**

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

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

Tobacco Taxes: F

CIGARETTE TAX:

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

OTHER TOBACCO PRODUCT TAXES:

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

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

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

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

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

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

Access to Cessation Services: F

OVERVIEW OF STATE CESSATION COVERAGE

STATE MEDICAID PROGRAM:

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

Medicaid Counseling: **Some counseling is covered**

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

Medicaid Expansion: **No**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

Counseling: **Some counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$2.12; the median investment per smoker is $2.26**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No**

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

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

Flavored Tobacco Products: F

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

Alabama State Highlights:

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

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

The 2024 legislative session was a busy one for tobacco prevention and control issues. The Lung Association and other public health partners educated on proven methods for state tobacco control licensing, enforcement, and compliance of tobacco products, including e-cigarettes. For several years, Representative Drummond has attempted to pass legislation to further regulate tobacco products in the state. This legislative session was no different with the introduction of House Bill 65 that would have instituted additional accountability for tobacco retailers and adjusted the youth penalty structure for purchase, use and possession of tobacco products, including e-cigarettes. The legislation was considered in both chambers but failed to pass.

The Alabama Legislature also considered House Bill 438 by Representative Hollis which would have created a new category of tobacco products for heated tobacco products. These products would have been exempted from taxation. The Lung Association was actively opposed to this legislation led by Phillip Morris International. The legislation failed to pass.

Local public health coalitions and communities continue to be limited in their ability to focus on tobacco control issues, such as implementing strong smokefree ordinances. We are grateful to the 33 municipalities who continue to protect their residents from exposure to secondhand smoke. The Lung Association continues to be engaged with community education on the dangers of tobacco use and secondhand smoke across Alabama as appropriate.

In 2025, the American Lung Association will advocate for access to comprehensive quit tobacco coverage for Medicaid recipients and for the implementation of a comprehensive tobacco retail licensing program that will ensure enforcement and compliance with tobacco control statutes. The Lung Association will continue educating state legislators on best practices for tobacco control, including the benefits of a statewide smokefree law, while also monitoring and combating tobacco industry influence on state public health policies. To reduce the death and disease caused by tobacco use in Alabama, state legislators will need to recognize the health and economic burden of tobacco and secondhand smoke exposure by enacting public health protections and investing in evidence-based tobacco prevention programs.

Alabama State Facts

Health Care Cost Due to Smoking:	$1,885,747,576
Adult Smoking Rate:	14.2%
Adult Tobacco Use Rate:	24.9%
High School Smoking Rate:	5.7%
High School Tobacco Use Rate:	18.6%
Middle School Smoking Rate:	N/A
Smoking Attributable Deaths:	8,650

Adult smoking and tobacco use data come from CDC's 2023 Behavioral Risk Factor Surveillance System; adult tobacco use includes cigarettes, smokeless tobacco and e-cigarettes. High school smoking and tobacco use rates are taken from the 2021 Youth Risk Behavior Surveillance System. A current middle school smoking rate is not available for this state.

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

Alaska Report Card

American Lung Association.
State of Tobacco Control
2025

ALASKA

Tobacco Prevention and Control Program Funding: B

FY2025 State Funding for Tobacco Control Programs:	$6,426,800
FY2025 Federal Funding for State Tobacco Control Programs:	$1,284,919*
FY2025 Total Funding for State Tobacco Control Programs:	$7,711,719
CDC Best Practices State Spending Recommendation:	$10,200,000
Percentage of CDC Recommended Level:	75.6%
State Tobacco-Related Revenue:	$66,700,000

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

Smokefree Air: B*

OVERVIEW OF STATE SMOKING RESTRICTIONS

Government work sites: **Prohibited**

Private work sites: **Prohibited**

Schools: **Prohibited**

Child care facilities: **Prohibited**

Restaurants: **Prohibited**

Bars: **Prohibited**

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

Retail stores: **Prohibited**

E-Cigarettes Included: **Yes**

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

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

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

Tobacco Taxes: D

CIGARETTE TAX:

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

OTHER TOBACCO PRODUCT TAXES:

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

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

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

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

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

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

Access to Cessation Services: B

OVERVIEW OF STATE CESSATION COVERAGE

STATE MEDICAID PROGRAM:

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

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

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

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 types of Medication are covered**

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

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

STATE QUITLINE:

Investment per Smoker: **$7.34; the median investment per smoker is $2.26**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

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

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

Flavored Tobacco Products: F

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

Alaska State Highlights:

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

1 Increase funding for the state's tobacco prevention and control program;

2. Ensure smokefree workplaces and public places with no exemptions; and

3. Achieve tax parity for all tobacco products.

Work began during the 2024 Alaska Legislative session to continue advocating for the passage of Senate Bill 89. This bill, sponsored by Senator Gary Stevens, moved through the Senate during the 2023 session with a vote on May 16, 2023 with 14 yeas and 6 nays.

SB 89 proposed taxing electronic cigarettes (currently not taxed), raising the legal age to purchase tobacco products to 21, reducing youth penalties for possession of tobacco products, and protecting funding for the state program.

In the House, the bill was referred to the Labor & Commerce committee where it was heard and passed out of committee. After removing a referral to the House Finance committee, the bill went to the House Floor. An amendment was proposed to remove the tax in the bill and was accepted by the body. The amended bill passed on the House floor with 32 yeas and 8 nays. SB 89 returned to the Senate for concurrence and died when it wasn't considered before legislative adjournment.

In 2025, the American Lung Association will continue to advocate to protect tobacco prevention and control program funding and work to maintain smokefree protections in all workplaces and public places.

Alaska State Facts

Health Care Cost Due to Smoking:	$438,143,263
Adult Smoking Rate:	15.3%
Adult Tobacco Use Rate:	23.7%
High School Smoking Rate:	8.4%
High School Tobacco Use Rate:	N/A
Middle School Smoking Rate:	N/A
Smoking Attributable Deaths:	610

Adult smoking and tobacco use data come from CDC's 2023 Behavioral Risk Factor Surveillance System; adult tobacco use includes cigarettes, smokeless tobacco and e-cigarettes. High school smoking data comes from CDCs 2019 Youth Risk Behavior Surveillance System. A current high school tobacco use rate and middle school smoking rate is not available for this state.

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

Arizona Report Card

American Lung Association.
State of Tobacco Control
2025

ARIZONA

Tobacco Prevention and Control Program Funding: F

FY2025 State Funding for Tobacco Control Programs:	$18,600,000
FY2025 Federal Funding for State Tobacco Control Programs:	$1,708,792*
FY2025 Total Funding for State Tobacco Control Programs:	$20,308,792
CDC Best Practices State Spending Recommendation:	$64,400,000
Percentage of CDC Recommended Level:	31.5%
State Tobacco-Related Revenue:	$354,800,000

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

Smokefree Air: B

OVERVIEW OF STATE SMOKING RESTRICTIONS

Government work sites: **Prohibited**

Private work sites: **Prohibited**

Schools: **Prohibited**

Child care facilities: **Prohibited**

Restaurants: **Prohibited**

Bars: **Prohibited**

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

Retail stores: **Prohibited**

E-Cigarettes Included: **No**

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

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

Tobacco Taxes: F

CIGARETTE TAX:

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

OTHER TOBACCO PRODUCT TAXES:

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

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

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

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

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

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

Access to Cessation Services: C

OVERVIEW OF STATE CESSATION COVERAGE

STATE MEDICAID PROGRAM:

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

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

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

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

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

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

STATE QUITLINE:

Investment per Smoker: **$3.50; the median investment per smoker is $2.26**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

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

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

Flavored Tobacco Products: F

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

Arizona State Highlights:

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

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

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

In 2024, funding for Arizona's tobacco control program, Tobacco Free Arizona, went from $18 million in fiscal year 2024 to $18.6 million in fiscal year 2025. The program is funded by a percentage of revenue from tobacco taxes, and funding has remained relatively consistent over the years. However, the American Lung Association in Arizona keeps a close eye on funding levels to ensure these vital tobacco prevention and quit smoking programs receive the funding dedicated to them. Even at current funding levels, the state remains well short of Centers for Disease Control and Prevention recommended levels.

During the 2024 legislative session, the Lung Association in Arizona worked on legislation to create a statewide tobacco retail licensing system, raise the sales age of tobacco products to 21, and to include electronic smoking devices in the Clean Indoor Air Act. Unfortunately, the bill did not get a hearing. There were also bills introduced by the tobacco industry. One bill would have created an e-cigarette product registry based on U.S. Food and Drug Administration pre-market tobacco application status that was pushed by the industry in multiple states. A second bill would have defined heated tobacco products and taxed them at a small rate. The Lung Association opposed both bills, and, thankfully, neither bill ultimately advanced to the Governors' office.

On the local front, the Lung Association along with a coalition of partners worked with city councilmembers in Tempe to enact a tobacco retailer licensing ordinance and we continue to work on the local level with the city of Mesa and Pima County.

During the 2025 legislative session, the American Lung Association will again work diligently to educate our lawmakers on the enormous negative economic impacts that tobacco use has on Arizona. Creating a tobacco retailer licensing system and opposing all forms of statewide preemption on tobacco product sales laws will continue to be a priority.

Arizona State Facts

Health Care Cost Due to Smoking:	$2,383,033,467
Adult Smoking Rate:	10%
Adult Tobacco Use Rate:	17%
High School Smoking Rate:	3.4%
High School Tobacco Use Rate:	17.4%
Middle School Smoking Rate:	N/A
Smoking Attributable Deaths:	8,250

Adult smoking and tobacco use data come from CDC's 2023 Behavioral Risk Factor Surveillance System; adult tobacco use includes cigarettes, smokeless tobacco and e-cigarettes. High school smoking and tobacco use data come from the 2021 Youth Risk Behavior Surveillance System. A current middle school smoking rate is not available for this state.

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

Arkansas Report Card

American Lung Association.
State of Tobacco Control
2025

ARKANSAS

Tobacco Prevention and Control Program Funding: F

FY2025 State Funding for Tobacco Control Programs:	$11,279,115
FY2025 Federal Funding for State Tobacco Control Programs:	$1,522,930*
FY2025 Total Funding for State Tobacco Control Programs:	$12,802,045
CDC Best Practices State Spending Recommendation:	$36,700,000
Percentage of CDC Recommended Level:	34.9%
State Tobacco-Related Revenue:	$243,700,000

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

Note: The Arkansas Legislature appropriated $14,575,685 to the Arkansas Tobacco Prevention and Cessation Program, however, only $11,279,115 has been allocated for tobacco prevention and control activities. The Arkansas Tobacco Prevention and Cessation Program is mandated by law to distribute funding to other agencies. The total funding amount above includes the activities of the Arkansas Department of Health's Tobacco Prevention and Cessation Program, tobacco prevention activities of the Minority Health and Health Disparities Program and the Arkansas Tobacco Control Board.

Smokefree Air: C

OVERVIEW OF STATE SMOKING RESTRICTIONS

Government work sites: **Prohibited**

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

Schools: **Prohibited**

Child care facilities: **Prohibited**

Restaurants: **Restricted***

Bars: **Restricted***

Casinos/Gaming Establishments: **Restricted**

Retail stores: **Prohibited**

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

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

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

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

Tobacco Taxes: F

CIGARETTE TAX:

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

OTHER TOBACCO PRODUCT TAXES:

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

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

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

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

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

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

Access to Cessation Services: B

OVERVIEW OF STATE CESSATION COVERAGE

STATE MEDICAID PROGRAM:

Medicaid Medications: **Most medications are covered**

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

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

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **Some medications are covered**

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

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

STATE QUITLINE:

Investment per Smoker: **$3.75; the median investment per smoker is $2.26**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

Tobacco Surcharge: **Limits tobacco surcharges**

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

Flavored Tobacco Products: F

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

Arkansas State Highlights:

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

1. Ensure continued access to tobacco use treatment services for all those who want to quit smoking, including comprehensive coverage for such services under Medicaid;
2. Allocate state funding of $14.6 million for the Arkansas Tobacco Prevention and Cessation Program and ensure that funding is spent according to CDC best practices; and
3. Repeal state preemption of local tobacco control authority.

During the 2024 fiscal session of the legislature, the American Lung Association worked to ensure funding for Medicaid expansion was included in the state's constitutionally required balanced budget. Maintaining Medicaid expansion in the state is important for reducing tobacco use because it provides low-cost access to quit smoking medications and services for a population, Medicaid enrollees, that smoke at significantly higher rates. The Lung Association also supported providing $14.6 million in funding for Arkansas's Tobacco Prevention and Cessation Program, which was passed in House Bill 1080. However, a portion was required to be used for purposes other than the tobacco control program this year leaving only $12 million total for tobacco prevention and reduction activities.

The Arkansas Tobacco Prevention and Cessation Program (ARTPCP) is charged with developing and implementing a statewide comprehensive tobacco education, prevention, and cessation program. The program supports initiatives like Be Well Arkansas (the state's tobacco Quitline); the Coral's Reef tobacco youth education program; and Be Well Baby. More recently, ARTPCP has built upon existing programs and began offering lung cancer screening presentations to encourage eligible Arkansas to access this important preventative care service. Other added services are a new cessation app, called "Navig8", and an updated episode of Coral's Reef.

During the 2025 session of the legislature, the Lung Association will work to ensure funding for Medicaid expansion and Arkansas' Tobacco Prevention and Cessation Program are included in the state's constitutionally required balanced budget. The Lung Association and its partner health organizations will continue to lay the groundwork for a campaign to repeal the state law that prohibits local governments from passing tobacco control ordinances in their communities. Alongside this effort, the Lung Association will engage community partners to support local smoke free policies that are not preempted by state law. This is priority work and an ongoing campaign to give Arkansas cities and counties the option to adopt meaningful tobacco control measures to protect the health of their residents. As the legislature begins its work in 2025, the Lung Association will continue its efforts to educate policymakers, business leaders and media on the importance of the American Lung Association's goals to reduce all tobacco use, including e-cigarettes, and to protect public health.

Arkansas State Facts

Health Care Cost Due to Smoking:	$1,215,082,968
Adult Smoking Rate:	15%
Adult Tobacco Use Rate:	26.3%
High School Smoking Rate:	4.9%
High School Tobacco Use Rate:	20%
Middle School Smoking Rate:	N/A
Smoking Attributable Deaths:	5,790

Adult smoking and tobacco use data come from CDC's 2023 Behavioral Risk Factor Surveillance System; adult tobacco use includes cigarettes, smokeless tobacco and e-cigarettes. High school smoking and tobacco use data come from the 2021 Youth Risk Behavior Surveillance System. A current middle school smoking rate is not available for this state.

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

California Report Card

American Lung Association.
State of Tobacco Control
2025

CALIFORNIA

Tobacco Prevention and Control Program Funding: C

FY2025 State Funding for Tobacco Control Programs:	$221,513,333
FY2025 Federal Funding for State Tobacco Control Programs:	$3,552,129*
FY2025 Total Funding for State Tobacco Control Programs:	$225,065,462
CDC Best Practices State Spending Recommendation:	$347,900,000
Percentage of CDC Recommended Level:	64.7%
State Tobacco-Related Revenue:	$2,067,300,000

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

Smokefree Air: B

OVERVIEW OF STATE SMOKING RESTRICTIONS

Government work sites: **Prohibited**

Private work sites: **Prohibited (live events that allow the smoking and vaping of cannabis in some communities exempt)**

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

Child care facilities: **Prohibited**

Restaurants: **Prohibited (restaurants that allow the smoking and vaping of cannabis in some communities exempt)**

Bars: **Prohibited**

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

Retail stores: **Prohibited**

E-Cigarettes Included: **Yes (marijuana e-cigarettes at certain venues in some communities exempt)**

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

Citation: CA LABOR CODE § 6404.5 (2024); CA GOVT. CODE §§ 7596 to 7598 (2016); CA EDUC. CODE §§ 48900(h) & 48901 (2016); & CA HEALTH & SAFETY CODE § 1596.795 (2016).

Thumbs down for California for passing legislation to allow the smoking and vaping of cannabis in restaurants and at live events in communities that choose to do so.

Tobacco Taxes: C

CIGARETTE TAX:

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

OTHER TOBACCO PRODUCT TAXES:

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

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

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

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

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

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

Access to Cessation Services: A

OVERVIEW OF STATE CESSATION COVERAGE

STATE MEDICAID PROGRAM:

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

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

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

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **Some medications are covered**

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

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

STATE QUITLINE:

Investment per Smoker: **$3.93; the median investment per smoker is $2.26**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **Yes**

Tobacco Surcharge: **Prohibits tobacco surcharges**

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

Flavored Tobacco Products: B

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

Thumbs up for California for passing legislation to improve enforcement of the flavored tobacco product law and cover menthol replacement products.

California State Highlights:

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

1. Enact smokefree laws, particularly limitations on secondhand smoke exposure; and
2. Restrictions on tobacco product sales.

In 2024, California continued its progress and nationwide leadership on tobacco control in some areas, but took significant steps back in other areas. The California legislature passed two significant bills. Senate Bill 1230, (Senator Rubio) Strengthen Tobacco Oversight Programs (STOP) Act. SB 1230 authorizes the California Department of Tax and Fee Administration or any other enforcing agency, including local law enforcement, to seize prohibited flavor products from retailers and wholesalers. SB 1230 increases the penalties for retailers who sell illegal tobacco products and sell to people under the age of 21 years old.

California Governor Gavin Newsom also signed Assembly Bill 3218 into law, allowing the Attorney General to create an unflavored tobacco list (UTL). The UTL will contain only tobacco products that lack characterizing flavors. And any product that is not on the UTL would be deemed a prohibited flavored tobacco product. To get a product on the UTL, manufacturers and importers must certify to the Attorney General's office, under penalty of perjury, that their products are unflavored.

Both AB 3218 and SB 1230 close loopholes in Senate Bill 793, California's flavor law prohibiting the retail sale of most flavored tobacco products. The new laws aim to strengthen and streamline enforcement of prohibited flavored tobacco product sales. These bills were partially in response to the tobacco industry introducing new products that lack menthol but have a similar cooling sensation that were not covered by the flavored tobacco product law.

However, Governor Gavin Newsom signed Assembly Bill 1775 (Assemblymember Haney), which weakened the statewide smokefree law, allowing local jurisdictions to permit cannabis consumption lounges to sell non-cannabis infused food and host live entertainment, thereby exposing workers to secondhand cannabis smoke and reversing 30 years of smokefree restaurants.

Throughout 2024, localities across the state continued their efforts to pass comprehensive flavored tobacco laws, which, in some cases, were stronger than state law. This included unincorporated Lake County Santa Rosa, Sonoma County, Emeryville, Alameda County, Burlingame, San Mateo County Clovis, and Fresno County.

Progress continued other comprehensive tobacco control measures across the state in large and rural localities. Localities also passed laws prohibiting smoking in multiunit housing, making specific outdoor locations smokefree, and reducing the number and density of tobacco retailers, continuing the positive trend in tobacco control on the local level.

In 2024, the California Department of Tobacco Control created media campaigns and worked with local partners throughout California to create smokefree environments, counter the tobacco industry's aggressive marketing practices, prevent the illegal sale of tobacco products to underage young people, and provide tobacco cessation services.

In 2025, the American Lung Association will monitor the implementation of Assembly Bill 3218, the Unflavored Tobacco law; encourage local communities to pass robust tobacco control policies and smokefree laws, including encouraging communities to not allow the smoking or vaping of cannabis in public places; promote the smoking cessation program Kick-It California; and work towards ending the tobacco epidemic in California.

California State Facts

Health Care Cost Due to Smoking:	$13,292,359,950
Adult Smoking Rate:	8.5%
Adult Tobacco Use Rate:	13.8%
High School Smoking Rate:	1.2%
High School Tobacco Use Rate:	6.6%
Middle School Smoking Rate:	0.4%
Smoking Attributable Deaths:	39,950

Adult smoking and tobacco use data come from CDC's 2023 Behavioral Risk Factor Surveillance System; adult tobacco use includes cigarettes, smokeless tobacco and e-cigarettes. High school (10th and 12th grade only) smoking and tobacco use and middle school (8th grade only) smoking data come from the 2022 California Youth Tobacco Survey. High school tobacco use includes cigarettes, cigars, smokeless tobacco, and electronic vapor products, as well as hookah and heated tobacco products, making it incomparable to other states.

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

Colorado Report Card

American Lung Association.
State of Tobacco Control
2025

COLORADO

Tobacco Prevention and Control Program Funding: B

FY2025 State Funding for Tobacco Control Programs:	$39,600,841
FY2025 Federal Funding for State Tobacco Control Programs:	$1,692,350*
FY2025 Total Funding for State Tobacco Control Programs:	$41,293,191
CDC Best Practices State Spending Recommendation:	$52,900,000
Percentage of CDC Recommended Level:	78.1%
State Tobacco-Related Revenue:	$406,100,000

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

Thumbs up for Colorado for significantly increasing funding for its state tobacco control program in fiscal year 2025.

Smokefree Air: B

OVERVIEW OF STATE SMOKING RESTRICTIONS

Government work sites: **Prohibited**

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

Schools: **Prohibited**

Child care facilities: **Prohibited**

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

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

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

Retail stores: **Prohibited**

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

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

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

Tobacco Taxes: C

CIGARETTE TAX:

Tax Rate per pack of 20: **$2.24***

* On July 1, 2024, the cigarette tax increased from $1.94 to $2.24 per pack.

OTHER TOBACCO PRODUCT TAXES:

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

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

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

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

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

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

Access to Cessation Services: A

OVERVIEW OF STATE CESSATION COVERAGE

STATE MEDICAID PROGRAM:

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

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

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

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **Most medications are covered**

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

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

STATE QUITLINE:

Investment per Smoker: **$6.63; the median investment per smoker is $2.26**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **Yes**

Tobacco Surcharge: **Limits tobacco surcharges**

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

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

Flavored Tobacco Products: F

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

Colorado State Highlights:

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

1. Eliminate the sale of all flavored tobacco products;
2. Expand local tobacco retail licensure programs; and
3. Protect and close remaining loopholes in state or local smokefree laws.

2024 brought several tobacco control policy developments throughout the year. With strong pressure from tobacco industry lobbyists and their allies, the legislature failed to pass a bill to clarify county commissioners' authority on local tobacco regulation. Despite objections raised by public health advocates, another unrelated piece of legislation was amended to permit the tobacco industry to begin organizing tobacco festivals around the state. One positive legislative outcome was the defeat of a bill that would have given a permanent tax cut to the cigar industry.

Colorado legislators should also be applauded for blocking an attempt from tobacco product manufacturers to create a state registry of e-cigarette products based on U.S. Food and Drug Administration (FDA) pre-market tobacco application status where products could potentially be sold without FDA authorization. Similar industry-sponsored legislation popped up throughout the country in 2024.

After historic court settlements between states' attorneys general and Juul Labs for their part in driving the youth vaping epidemic, this year Colorado Attorney General Phil Weiser announced the distribution of grants to support local health departments, schools, and community non-profits as they deal with the lasting effects.

In a troubling development for public health, Colorado Governor Jared Polis, the city of Aurora, and Adams County announced nearly $16 million in combined tax incentives for the tobacco giant Philip Morris International. The corporation plans to produce its brand of flavored nicotine pouches in Aurora, Colorado. Evidence is showing Philip Morris International and other tobacco manufacturers are already beginning the strategies they learned from Juul and other e-cigarettes to boost sales and addict new users to their new nicotine pouches.

In December 2024, Governor Polis rescinded two executive orders that prohibited smoking and vaping, and the sale of all tobacco products, in all buildings and on all grounds owned or leased by the State, under control of the executive branch. Although the Colorado Clean Indoor Air Act codified the indoor smokefree air protections included in the executive orders, the Governor's actions left gaps for smokefree grounds and sales of tobacco products on state property.

At the local level, Denver City Council voted 11-1 and Mayor Mike Johnston signed into law a bill to end the sale of flavored tobacco products. The city joined seven others in Colorado, and nearly 300 others across the country. The new law prohibits retailers from selling menthol cigarettes, flavored cigars and chew, and all flavored e-cigarettes. The new law comes after former Mayor Michael Hancock vetoed a previous attempt by City Council in 2021.

Several other localities had success in enacting stronger tobacco control policies in 2024:

• Keystone: Tobacco retail licensure;

• La Junta: Tobacco retail licensure;

• Leadville: Tobacco retail licensure with a cap limiting total number of licenses to 6; and

• Lake County: Tobacco retail licensure with a cap limiting total number of licenses to 8.

In 2025, the Lung Association will continue to advocate for Colorado policymakers to enact policies that reduce the burden of tobacco use and exposure to secondhand smoke in our state.

Colorado State Facts

Health Care Cost Due to Smoking:	$1,891,467,308
Adult Smoking Rate:	10.2%
Adult Tobacco Use Rate:	18.6%
High School Smoking Rate:	3.1%
High School Tobacco Use Rate:	18.9%
Middle School Smoking Rate:	1.5%
Smoking Attributable Deaths:	5,070

Adult smoking and tobacco use data come from CDC's 2023 Behavioral Risk Factor Surveillance System; adult tobacco use includes cigarettes, smokeless tobacco and e-cigarettes. High school and middle school smoking data come from the 2023 Healthy Kids Colorado Survey. High school tobacco use rate comes from the 2021 Youth Risk Behavior Survey.

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

Connecticut Report Card

American Lung Association.
State of Tobacco Control
2025

Tobacco Prevention and Control Program Funding: F

FY2025 State Funding for Tobacco Control Programs:	$1,500,000
FY2025 Federal Funding for State Tobacco Control Programs:	$1,177,808*
FY2025 Total Funding for State Tobacco Control Programs:	$2,677,808
CDC Best Practices State Spending Recommendation:	$32,000,000
Percentage of CDC Recommended Level:	8.4%
State Tobacco-Related Revenue:	$369,200,000

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

Thumbs down for Connecticut for allocating no new money to the Tobacco and Health Trust Fund this fiscal year.

Smokefree Air: B

OVERVIEW OF STATE SMOKING RESTRICTIONS

Government work sites: **Prohibited**

Private work sites: **Prohibited**

Schools: **Prohibited**

Child care facilities: **Prohibited**

Restaurants: **Prohibited**

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

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

Retail stores: **Prohibited**

E-Cigarettes Included: **Yes**

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

Citation: CONN. GEN. STAT. §§ 19a-342 (2023), 19a-342a (2023) and 31-40q (2022).

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

Tobacco Taxes: B

CIGARETTE TAX:

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

OTHER TOBACCO PRODUCT TAXES:

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

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

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

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

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

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

Access to Cessation Services: B

OVERVIEW OF STATE CESSATION COVERAGE

STATE MEDICAID PROGRAM:

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

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

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

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

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

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

STATE QUITLINE:

Investment per Smoker: **$2.65; the median investment per smoker is $2.26**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **Yes**

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

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

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

Flavored Tobacco Products: F

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

Connecticut State Highlights:

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

1. Restore funding for tobacco prevention and cessation programs;
2. Defend the state's indoor air laws protecting residents from secondhand smoke; and
3. Reduce youth access to tobacco through local action including restricting sales of flavored products and zoning regulations to limit smoke shop density in cities and towns.

The most frustrating outcome of the 2024 legislative session was the suspension of the transfer to the Tobacco and Health Trust Fund for fiscal year (FY) 2025. The first round of funding from FY2023 went through the decision process of the Tobacco and Health Trust Fund Board, approval process through the appropriate legislative bodies and now will be disbursed this year through Request for Proposals with the Department of Public Health. The decision to suspend the investment to fight the leading cause of preventable death and disease in the state when the program is finally getting off the ground for the first time since 2017 is especially discouraging. In addition to the funding from the FY2023 investment in the Tobacco and Health Trust Fund finally getting out the door, the JUUL Settlement Funds are also being spent in our communities. Again, while we are making some progress, it is especially frustrating to see that progress stymied from the start.

In addition to the suspension of funds for FY2025, SB199 which requires owners of tobacco retailers to take a retail training passed into law. Holding retailers accountable for sales is an important step in preventing youth access to these addictive products.

This year's State of Tobacco Control Report shows increased tobacco industry activity in states throughout the country. A few years back Philip Morris International was courted to move its headquarters to the state. Since then, we have been outraged by the way Big Tobacco is painting themselves as good stewards of the community. In March 2024, Phillip Morris International's philanthropic activity during Women's History Month, which the Governor as well as other state and federal lawmakers attended, was both ironic and inappropriate considering the harmful impacts their products have on women in our state and across the nation.

In June 2023, the reconstituted Tobacco and Health Trust Fund Board met for the first time. Since then, the board has worked diligently to ensure the board will be investing in best practices programs for our communities. Advocates are looking forward to the expenditure of funds towards these best practice programs and a robust and sustainable investment in combatting the leading cause of preventable death and disease in the state. The Lung Association and our community partners will continue to advance proven policy issues with heightened efforts to enhance our partnerships and amplify the voices of people disproportionately burdened by tobacco use. The Lung Association looks forward to advancing Connecticut's tobacco control policy and working towards a healthier Connecticut in 2025.

Connecticut State Facts

Health Care Cost Due to Smoking:	$2,038,803,314
Adult Smoking Rate:	8.4%
Adult Tobacco Use Rate:	14.3%
High School Smoking Rate:	3%
High School Tobacco Use Rate:	12.7%
Middle School Smoking Rate:	N/A
Smoking Attributable Deaths:	4,900

Adult smoking and tobacco use data come from CDC's 2023 Behavioral Risk Factor Surveillance System; adult tobacco use includes cigarettes, smokeless tobacco and e-cigarettes. High school smoking and tobacco use data come from the 2023 Connecticut Youth Risk Behavior Survey. High school tobacco use includes cigarettes, cigars, smokeless tobacco, and electronic vapor products, as well as hookah, making it incomparable to other states. A current middle school smoking rate is not available for this state.

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

Delaware Report Card

American Lung Association.
State of Tobacco Control
2025

DELAWARE

Tobacco Prevention and Control Program Funding: A

FY2025 State Funding for Tobacco Control Programs:	$9,941,680
FY2025 Federal Funding for State Tobacco Control Programs:	$991,511*
FY2025 Total Funding for State Tobacco Control Programs:	$10,933,191
CDC Best Practices State Spending Recommendation:	$13,000,000
Percentage of CDC Recommended Level:	84.1%
State Tobacco-Related Revenue:	$112,300,000

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

Smokefree Air: A

OVERVIEW OF STATE SMOKING RESTRICTIONS

Government work sites: **Prohibited**

Private work sites: **Prohibited**

Schools: **Prohibited**

Child care facilities: **Prohibited**

Restaurants: **Prohibited**

Bars: **Prohibited**

Casinos/Gaming Establishments: **Prohibited**

Retail stores: **Prohibited**

E-Cigarettes Included: **Yes**

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

Citation: DEL. CODE ANN. tit. 16, §§ 2901 et seq. (2023).

Tobacco Taxes: F

CIGARETTE TAX:

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

OTHER TOBACCO PRODUCT TAXES:

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

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

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

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

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

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

Access to Cessation Services: A

OVERVIEW OF STATE CESSATION COVERAGE

STATE MEDICAID PROGRAM:

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

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

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

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

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

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

STATE QUITLINE:

Investment per Smoker: **$14.42; the median investment per smoker is $2.26**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **Yes**

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

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

Flavored Tobacco Products: F

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

Delaware State Highlights:

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

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

The 2024 legislative session was the second year of the 152nd General Assembly of Delaware's two-year session. In 2024, the American Lung Association in Delaware along with other public health partners were successful in maintaining the increase in critical funding for tobacco prevention and cessation.

During the previous session a bill which would decrease the tax rate on "premium" cigars from 30% to 20% of the wholesale price was introduced by the tobacco industry and carried over to the 2024 session. This proposed reduction would undermine Delaware's comprehensive tax strategy that was passed in 2017 which attempted to create some parity among tobacco products. The Lung Association and its partners focused on protecting Delaware's tobacco tax structure and opposed this bill as an attempt to undermine it. The bill was not addressed during the 2024 due to advocacy opposing it from tobacco control partners.

Another important tool in fighting tobacco use in Delaware is much needed funding for tobacco prevention and cessation. The Delaware Health Fund is where tobacco Master Settlement Agreement (MSA) dollars received by the state have been directed since within the first few years after the MSA was negotiated. Delaware has been one of the few states to largely keep promises made at the time and use the money for health-related purposes. Total tobacco prevention and cessation funding, which comes from this fund, reflected a $2.5 million sustained increase due to advocacy from the Lung Association at approximately $9.9 million in fiscal year 2025. However, this amount of funding is still below the Centers for Disease Control and Prevention's recommended level of $13 million. The Lung Association believes funding for this vital program needs to continue to be increased especially considering the continued high youth use of electronic cigarettes and the introduction of new tobacco products, such as nicotine pouches that are entering the market.

The American Lung Association in Delaware will continue to educate lawmakers and identify champions in the ongoing fight against tobacco. Our goal is to build champions within the legislature and at the grassroots level to advance our goals which include protecting and assessing the current tobacco tax structure in place and protecting the much-needed funding for tobacco prevention and control programs.

Delaware State Facts

Health Care Cost Due to Smoking:	$532,321,239
Adult Smoking Rate:	11.4%
Adult Tobacco Use Rate:	16.2%
High School Smoking Rate:	2.7%
High School Tobacco Use Rate:	18.3%
Middle School Smoking Rate:	N/A
Smoking Attributable Deaths:	1,440

Adult smoking and tobacco use data come from CDC's 2023 Behavioral Risk Factor Surveillance System; adult tobacco use includes cigarettes, smokeless tobacco and e-cigarettes. High school smoking and tobacco use rates are taken from the 2019 Youth Risk Behavior Surveillance System. A current middle school smoking rate is not available for this state.

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

District of Columbia Report Card

American Lung Association. State of Tobacco Control 2025

DISTRICT OF COLUMBIA

Tobacco Prevention and Control Program Funding: F

FY2025 State Funding for Tobacco Control Programs:	$3,524,895
FY2025 Federal Funding for State Tobacco Control Programs:	$1,031,660*
FY2025 Total Funding for State Tobacco Control Programs:	$4,556,555
CDC Best Practices State Spending Recommendation:	$10,700,000
Percentage of CDC Recommended Level:	42.6%
State Tobacco-Related Revenue:	$43,600,000

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

Thumbs up for the District of Columbia for allocating Juul settlement dollars to city tobacco prevention and cessation programs.

Smokefree Air: A

OVERVIEW OF STATE SMOKING RESTRICTIONS

Government work sites: **Prohibited**

Private work sites: **Prohibited**

Schools: **Prohibited**

Child care facilities: **Prohibited**

Restaurants: **Prohibited**

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

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

Retail stores: **Prohibited**

E-Cigarettes Included: **Yes**

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

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

Tobacco Taxes: A

CIGARETTE TAX:

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

OTHER TOBACCO PRODUCT TAXES:

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

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

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

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

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

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

Access to Cessation Services: A

OVERVIEW OF STATE CESSATION COVERAGE

STATE MEDICAID PROGRAM:

Medicaid Medications: **Most medications are covered**

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

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

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

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

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

STATE QUITLINE:

Investment per Smoker: **$5.82; the median investment per smoker is $2.26**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **Yes**

Tobacco Surcharge: **Prohibits tobacco surcharges**

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

Flavored Tobacco Products: A

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

District of Columbia City Highlights:

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

1. Provide support to implement the law removing all flavored tobacco products from the market and ensure one agency within the District has oversight for tobacco enforcement;
2. Fund tobacco prevention and cessation programs at the level recommended by the Centers for Disease Control and Prevention (CDC); and
3. Increase the cigarette tax by at least $1.00 per pack and ensure parity between the tax on cigarettes and other tobacco products.

The American Lung Association in the District of Columbia along with a very active tobacco coalition which includes both community-based organizations and national health organizations worked closely with the city's Department of Licensing and Consumer Protection (DLCP) and the Department of Health to ensure that the District's law to remove all flavored tobacco products from the market was fully implemented and enforced. Continuing to ensure full enforcement and implementation and protecting the comprehensive law from any attempts to undermine it is an ongoing priority for the American Lung Association and its partners.

The flavors law enforcement discussion continues to highlight a broader issue that currently enforcement of tobacco related laws resides in various departments within the District of Columbia government and may not be enforced at the same level. Moving forward, advocates will encourage enforcement for all tobacco related issues be consolidated to ensure they are enforced in the most effective and consistent way. Advocates are also recommending all revenue associated with the fines be directed to enforcement efforts and to tobacco control and prevention programming.

Funding for the District's tobacco control program increased from $1.9 million to $3.5 million for fiscal year 2025 with the allocation of JUUL settlement dollars to tobacco prevention and cessation programs. While the fact that some of the funding for the tobacco control program is recurring due to earlier year's cigarette tax increase is a good thing, the amount remains far short of the CDC-recommended level.

The American Lung Association in the District of Columbia will continue to build champions within the Council and develop a grassroots advocacy network to advance our 2025 goals which include the continued implementation and enforcement of the legislation that passed removing all flavored tobacco products from the market in the District and ensuring that tobacco-related laws are enforced in a consistent and equitable way.

District of Columbia Facts

Health Care Cost Due to Smoking:	$391,048,877
Adult Smoking Rate:	9.8%
Adult Tobacco Use Rate:	14.2%
High School Smoking Rate:	3.2%
High School Tobacco Use Rate:	11.6%
Middle School Smoking Rate:	N/A
Smoking Attributable Deaths:	790

Adult smoking and tobacco use data come from CDC's 2023 Behavioral Risk Factor Surveillance System; adult tobacco use includes cigarettes, smokeless tobacco and e-cigarettes. High school smoking and tobacco use rates are taken from the 2021 Youth Risk Behavior Surveillance System. A current middle school smoking rate is not available for the city.

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

Florida Report Card

American Lung Association.
State of Tobacco Control
2025

Tobacco Prevention and Control Program Funding: F

FY2025 State Funding for Tobacco Control Programs:	$87,386,521
FY2025 Federal Funding for State Tobacco Control Programs:	$2,883,131*
FY2025 Total Funding for State Tobacco Control Programs:	$90,269,652
CDC Best Practices State Spending Recommendation:	$194,200,000
Percentage of CDC Recommended Level:	46.5%
State Tobacco-Related Revenue:	$1,229,600,000

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

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

Smokefree Air: C

OVERVIEW OF STATE SMOKING RESTRICTIONS

Government work sites: **Prohibited**

Private work sites: **Prohibited**

Schools: **Prohibited**

Child care facilities: **Prohibited**

Restaurants: **Prohibited**

Bars: **Restricted***

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

Retail stores: **Prohibited**

E-Cigarettes Included: **Yes**

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

Citation: FLA. STAT. ch. 386.201 et seq. (2022).

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

Tobacco Taxes: F

CIGARETTE TAX:

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

OTHER TOBACCO PRODUCT TAXES:

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

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

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

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

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

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

Access to Cessation Services: D

OVERVIEW OF STATE CESSATION COVERAGE

STATE MEDICAID PROGRAM:

Medicaid Medications: **Some medications are covered**

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

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

Medicaid Expansion: **No**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

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

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

STATE QUITLINE:

Investment per Smoker: **$6.10; the median investment per smoker is $2.26**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

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

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

Flavored Tobacco Products: F

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

Florida State Highlights:

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

1. Ensure access to comprehensive quit tobacco coverage with no barriers to care for Medicaid recipients;
2. Reinstate local control of the marketing, sale and delivery of tobacco and nicotine products to local government; and
3. Institute strong regulation and licensing of all tobacco retailers, including electronic cigarette retailers, with annual compliance and enforcement.

During the 2024 legislative session, Florida lawmakers were inundated with messaging from the tobacco and vaping industry on the concept of state e-cigarette registries. Representative Overdorf introduced House Bill 1007 to require nicotine dispensing devices to register with the state of Florida to be "legally" sold. This legislation was predicated on the disarray of the U.S. Food and Drug Administration Pre-Market Tobacco Application process, harm reduction, and the need for states to act to eliminate unauthorized e-cigarette products from the marketplace.

There was significant debate between big tobacco companies and the smaller companies within the vaping industry. House Bill 1007 evolved through the committee process and was significantly amended prior to final passage. The final piece of legislation requires the creation of a directory of e-cigarette products that are "attractive to minors" with an exemption for open-ended system e-cigarettes. Products that are listed on the directory would be marked as illegal to be sold in Florida. The legislation passed both Chambers and has become law.

Senator Gruters sponsored Senate Bill 1588 to establish heated tobacco products as a new category of tobacco products. The legislation was only heard in one committee before dying when the legislative session adjourned. If passed, it would have exempted heated tobacco products from taxes and other tobacco control regulations.

The American Lung Association was able to protect funding for Tobacco Free Florida and ensure the total Fiscal Year 2025 program budget of $87,386,521. Funding will continue to be dedicated to tackling the youth e-cigarette epidemic. The Tobacco Free Florida program is committed to providing a variety of free services to assist individuals with smoking cessation. In addition to the $11 million allocated for Quitline services, the program dedicates an additional $9.5 million for in-person cessation counseling.

In 2025, the American Lung Association will advocate for coverage of comprehensive cessation benefits for Medicaid recipients. The Lung Association will continue to advocate for local control of tobacco prevention and control policies to ensure that communities can respond to the needs of their community through policy change. The Lung Association will also continue to educate on the need to enact a comprehensive tobacco retail licensing program that includes e-cigarette retailers focused on strong regulation with an annual licensing fee for all retailers, annual compliance checks and enforcement.

Florida State Facts

Health Care Cost Due to Smoking:	$8,643,645,763
Adult Smoking Rate:	10.5%
Adult Tobacco Use Rate:	17%
High School Smoking Rate:	1.7%
High School Tobacco Use Rate:	14.8%
Middle School Smoking Rate:	0.8%
Smoking Attributable Deaths:	32,300

Adult smoking and tobacco use data come from CDC's 2023 Behavioral Risk Factor Surveillance System; adult tobacco use includes cigarettes, smokeless tobacco and e-cigarettes. High school smoking and tobacco use and middle school smoking data come from the 2023 Florida Youth Tobacco Survey.

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

Georgia Report Card

American Lung Association.
State of Tobacco Control
2025

GEORGIA

Tobacco Prevention and Control Program Funding: F

FY2025 State Funding for Tobacco Control Programs:	$2,133,440
FY2025 Federal Funding for State Tobacco Control Programs:	$2,127,823*
FY2025 Total Funding for State Tobacco Control Programs:	$4,261,263
CDC Best Practices State Spending Recommendation:	$106,000,000
Percentage of CDC Recommended Level:	4%
State Tobacco-Related Revenue:	$357,400,000

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

Smokefree Air: F

OVERVIEW OF STATE SMOKING RESTRICTIONS

Government work sites: **Prohibited**

Private work sites: **Restricted**

Schools: **Prohibited**

Child care facilities: **Prohibited**

Restaurants: **Restricted**

Bars: **Restricted**

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

Retail stores: **Restricted**

E-Cigarettes Included: **Yes**

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

Citation: GA. CODE ANN. §§ 31-12A-1 et seq. (2023).

Tobacco Taxes: F

CIGARETTE TAX:

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

OTHER TOBACCO PRODUCT TAXES:

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

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

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

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

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

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

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

Access to Cessation Services: F

OVERVIEW OF STATE CESSATION COVERAGE

STATE MEDICAID PROGRAM:

Medicaid Medications: **Most medications are covered**

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

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

Medicaid Expansion: **No**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

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

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

STATE QUITLINE:

Investment per Smoker: **$1.20; the median investment per smoker is $2.26**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

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

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

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

Flavored Tobacco Products: F

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

Georgia State Highlights:

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

1. Increase the cigarette tax by a $1.50 per pack or more and equalize taxes for all tobacco products, including e-cigarettes;
2. Pass legislation to ensure all Georgia Medicaid enrollees have access to the full array of evidence-based treatments to quit tobacco without barriers to access; and
3. Increase funding for the Georgia tobacco prevention and control program.

During the 2024 legislative session in Georgia, members of the General Assembly did not make strong tobacco prevention and control policies a priority. While we had success in introducing House Bill 1343, which removes barriers to access tobacco cessation treatment for Medicaid recipients, it did not get a hearing in committee.

A tobacco and retail industry effort to pass House Bill 1260, a Nicotine Vapor Products Directory based on U.S. Food and Drug Administration pre-market tobacco application status, failed to get to the floor for a vote. Big tobacco companies introduced similar legislation in most states that had a state legislative session in 2024. However, industry was successful in passing House Resolution 1283, a study committee on Safety and Consumer Protection of Nicotine Vapor Products. The American Lung Association testified at one of the study committee hearings on evidence-based tobacco prevention and control policies.

In 2025, the American Lung Association in Georgia will join our tobacco control partners to educate state and local officials on the health and economic benefits of strong tobacco control policies. This includes the state policy goals highlighted above.

Georgia State Facts

Health Care Cost Due to Smoking:	$3,182,695,641
Adult Smoking Rate:	12%
Adult Tobacco Use Rate:	19.3%
High School Smoking Rate:	3.3%
High School Tobacco Use Rate:	18.8%
Middle School Smoking Rate:	N/A
Smoking Attributable Deaths:	11,690

Adult smoking and tobacco use data come from CDC's 2023 Behavioral Risk Factor Surveillance System; adult tobacco use includes cigarettes, smokeless tobacco and e-cigarettes. High school smoking and tobacco use rates are taken from the 2021 Youth Risk Behavior Surveillance System. A current middle school smoking rate is not available for this state.

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

Hawai'i Report Card

American Lung Association.
State of Tobacco Control
2025

Tobacco Prevention and Control Program Funding: C

FY2025 State Funding for Tobacco Control Programs:	$8,176,186
FY2025 Federal Funding for State Tobacco Control Programs:	$1,156,607*
FY2025 Total Funding for State Tobacco Control Programs:	$9,332,793
CDC Best Practices State Spending Recommendation:	$13,700,000
Percentage of CDC Recommended Level:	68.1%
State Tobacco-Related Revenue:	$112,200,000

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

Smokefree Air: A

OVERVIEW OF STATE SMOKING RESTRICTIONS

Government work sites: **Prohibited**

Private work sites: **Prohibited**

Schools: **Prohibited**

Child care facilities: **Prohibited**

Restaurants: **Prohibited**

Bars: **Prohibited**

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

Retail stores: **Prohibited**

E-Cigarettes Included: **Yes**

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

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

Tobacco Taxes: B

CIGARETTE TAX:

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

OTHER TOBACCO PRODUCT TAXES:

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

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

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

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

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

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

Access to Cessation Services: B

OVERVIEW OF STATE CESSATION COVERAGE

STATE MEDICAID PROGRAM:

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

Medicaid Counseling: **Some counseling is covered**

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

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **Most medications are covered**

Counseling: **Most counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$7.88; the median investment per smoker is $2.26**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

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

Citation: See Hawai'i Tobacco Cessation Coverage page for coverage details.

Flavored Tobacco Products: F

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

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

Hawai'i State Highlights:

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

1. Prohibit the sale of all flavored tobacco products;
2. Repeal state preemption of county tobacco control authority; and
3. Increase funding for tobacco prevention and cessation programs by protecting the Master Settlement Agreement funds.

On August 6, 2023, Hawai'i experienced a devastating wildfire that became the largest and deadliest at the time in modern U.S. history. The town of Lahaina on the island of Maui, a significant cultural and economic center, was severely impacted. Over 2,200 structures, including homes, businesses, and apartments, were destroyed, resulting in the loss of countless lives and livelihoods. At least 102 people perished, and 12,000 were displaced, many losing everything they owned.

This rightly caused the state legislature to prioritize supporting fire survivors and rebuilding the economy. This focus on recovery meant that other legislative priorities, including tobacco control, received less attention during the 2024 session.

One notable success was House Bill 982, which provided funding for the Attorney General's Tobacco Enforcement Unit. This unit plays a crucial role in securing funds for Hawai'i from the tobacco Master Settlement Agreement, supporting the majority of tobacco control initiatives in the state.

However, other more meaningful tobacco legislation, such as House Bill 1778, restricting flavored tobacco sales, rewritten to repeal state preemption on counties abilities to regulate tobacco products and House Bill 2504, increasing cigarette taxes, did not advance.

At the county level, there were some measured victories. The Coalition for a Tobacco-Free Hawai'i with their Youth Council at the forefront successfully advocated for "trigger laws" in Honolulu County and Hawai'i County, which would end the sale of flavored tobacco if the state legislature grants counties regulatory authority. These laws were enacted in October 2023 and January 2024, respectively.

All throughout, the tobacco industry continues to exert pressure on the Hawai'i legislature, with many tobacco industry testifiers appearing remotely from national and international locations to refute the proven tobacco control practices to curb the youth vaping epidemic. These industry testifiers seem to have increased in recent years as remote testimony has become more commonplace since the COVID-19 pandemic.

To effectively address the youth vaping epidemic, comprehensive tobacco control measures are essential. This includes implementing full restrictions on all flavored tobacco products and investing in community-based youth cessation programs, which are currently underfunded by the Hawai'i Tobacco Prevention and Control Trust Fund.

Given the state legislature's failure to enact flavored tobacco restrictions, counties have taken the initiative to implement trigger laws. Other counties are considering similar measures. It is crucial to repeal the preemptions enacted in 2018 that prevent counties from establishing their own tobacco control policies.

The American Lung Association in Hawai'i will continue to collaborate with partners and volunteers in 2025. We will emphasize the financial and health benefits of effective tobacco control policies, advocate for increased funding for tobacco control activities, support the elimination of all flavored tobacco products, and advocate for granting counties the authority to determine their own tobacco control laws.

Hawai'i State Facts

Health Care Cost Due to Smoking:	$526,253,732
Adult Smoking Rate:	9%
Adult Tobacco Use Rate:	18.3%
High School Smoking Rate:	3%
High School Tobacco Use Rate:	N/A
Middle School Smoking Rate:	N/A
Smoking Attributable Deaths:	1,420

Adult smoking and tobacco use data come from CDC's 2023 Behavioral Risk Factor Surveillance System; adult tobacco use includes cigarettes, smokeless tobacco and e-cigarettes. High school smoking rate is taken from the 2021 Youth Risk Behavior Surveillance System. A current high school tobacco use rate and middle school smoking rate are not available for this state.

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

Idaho Report Card

American Lung Association.
State of Tobacco Control
2025

IDAHO

Tobacco Prevention and Control Program Funding: F

FY2025 State Funding for Tobacco Control Programs:	$4,644,700
FY2025 Federal Funding for State Tobacco Control Programs:	$1,171,888*
FY2025 Total Funding for State Tobacco Control Programs:	$5,816,588
CDC Best Practices State Spending Recommendation:	$15,600,000
Percentage of CDC Recommended Level:	37.3%
State Tobacco-Related Revenue:	$59,900,000

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

Smokefree Air: C

OVERVIEW OF STATE SMOKING RESTRICTIONS

Government work sites: **Prohibited**

Private work sites: **Restricted**

Schools: **Prohibited**

Child care facilities: **Prohibited**

Restaurants: **Prohibited**

Bars: **No provision**

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

Retail stores: **Prohibited**

E-Cigarettes Included: **No**

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

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

Tobacco Taxes: F

CIGARETTE TAX:

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

OTHER TOBACCO PRODUCT TAXES:

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

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

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

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

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

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

Access to Cessation Services: B

OVERVIEW OF STATE CESSATION COVERAGE

STATE MEDICAID PROGRAM:

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

Medicaid Counseling: **Minimal counseling is covered**

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

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

Counseling: **No counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$5.09; the median investment per smoker is $2.26**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

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

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

Flavored Tobacco Products: F

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

Idaho State Highlights:

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

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

During 2024, tobacco prevention partners educated legislators about the impact of commercial tobacco use and addiction in Idaho and the policies and programs that reduce the health impacts of tobacco use. The Joint Legislative Millennium Fund Committee, which is responsible for recommending how tobacco settlement money is allocated in the State of Idaho budget, focused their funding recommendations on programs and projects meant to reduce youth tobacco use and broader substance use as well as on funding related to "the overall health and wellbeing of Idaho youth." Tobacco control partners advanced conversations about the importance of increasing tobacco taxes and educated lawmakers about how tobacco retail licensure can support efforts that keep tobacco products out of youth hands. Unfortunately, no legislation to implement either policy advanced.

Idaho's 2024 legislative session saw increased activity from the tobacco industry as they worked to establish a nicotine vapor product "registry" in Idaho based on U.S. Food and Drug Administration premarket tobacco application status, a tobacco industry priority. Similar proposals have been advanced in many states by major tobacco companies to reduce competition from smaller e-cigarette companies.

The State of Idaho's Tobacco Prevention and Control Program, Project Filter, housed within the Department of Health and Welfare, conducts tobacco prevention and control activities that prevent youth tobacco use, eliminate exposure to secondhand smoke, promote quitting among youth and adults, and eliminate health disparities. Project Filter's activities prioritize people with behavioral health conditions, rural Idahoans disproportionately impacted by tobacco use, and youth and young adults to prevent tobacco use.

During the 2025 legislative session, action is needed to reduce youth access to tobacco and nicotine products and to create parity between electronic cigarettes and other tobacco products, including taxing electronic devices equivalent to cigarettes and other tobacco products. Similarly, work is needed to set the tobacco retail licensure fee at a level that supports required enforcement checks. The Lung Association will continue to work with partners in 2025 towards these goals and to support local communities in passing policies that protect residents from the negative effects of tobacco and e-cigarette use and from breathing secondhand smoke and e-cigarette aerosol. Our defense against tobacco industry led regulatory efforts will continue in 2025 as we provide information and education to a newly formed legislative workgroup established to make recommendations regarding e-cigarette policies.

Idaho State Facts

Health Care Cost Due to Smoking:	$508,053,436
Adult Smoking Rate:	10.4%
Adult Tobacco Use Rate:	20.3%
High School Smoking Rate:	3.8%
High School Tobacco Use Rate:	18.5%
Middle School Smoking Rate:	N/A
Smoking Attributable Deaths:	1,800

Adult smoking and tobacco use data come from CDC's 2023 Behavioral Risk Factor Surveillance System; adult tobacco use includes cigarettes, smokeless tobacco and e-cigarettes. High school smoking and tobacco use data come from the 2021 Youth Risk Behavior Surveillance System. A current middle school smoking rate is not available for this state.

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

Illinois Report Card

American Lung Association.
State of Tobacco Control
2025

ILLINOIS

Tobacco Prevention and Control Program Funding: F

FY2025 State Funding for Tobacco Control Programs:	$10,250,000
FY2025 Federal Funding for State Tobacco Control Programs:	$2,241,976*
FY2025 Total Funding for State Tobacco Control Programs:	$12,491,976
CDC Best Practices State Spending Recommendation:	$136,700,000
Percentage of CDC Recommended Level:	9.1%
State Tobacco-Related Revenue:	$964,900,000

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

Smokefree Air: A

OVERVIEW OF STATE SMOKING RESTRICTIONS

Government work sites: **Prohibited**

Private work sites: **Prohibited**

Schools: **Prohibited**

Child care facilities: **Prohibited**

Restaurants: **Prohibited**

Bars: **Prohibited**

Casinos/Gaming Establishments: **Prohibited**

Retail stores: **Prohibited**

E-Cigarettes Included: **Yes**

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

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

Tobacco Taxes: C

CIGARETTE TAX:

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

OTHER TOBACCO PRODUCT TAXES:

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

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

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

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

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

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

Access to Cessation Services: A

OVERVIEW OF STATE CESSATION COVERAGE

STATE MEDICAID PROGRAM:

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

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

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

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **Most medications are covered**

Counseling: **Some counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$5.01; the median investment per smoker is $2.26**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **Yes**

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

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

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

Flavored Tobacco Products: F

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

Illinois State Highlights:

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

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

During the 103rd Illinois General Assembly, legislators introduced several bills related to e-cigarette use, particularly among youth. House Bill 5069 would have amended the Preventing Youth Vaping Act to establish an e-cigarette certification directory based on U.S. Food and Drug Administration (FDA) pre-market tobacco application (PMTA) status. Health advocates worked to inform state representatives about the potential harms of passing such legislation given it would endorse products deemed illegal by FDA as legal in the state of Illinois. This bill passed out of its House committee but did not advance further.

Senate Bill 2662 passed and was signed into law, which amends the Preventing Youth Vaping Act to prohibit the advertising of electronic cigarettes that could be mistaken for non-tobacco products, such as school supplies. The Prevention of Tobacco Use by Persons under 21 Years of Age Act was amended to prohibit the delivery of e-cigarettes ordered online directly to consumers. Health advocates tried unsuccessfully to strengthen this legislation to have it include all tobacco products.

Since 2020, bills that try to carve out sales exemptions for products that have a pending PMTA with the FDA have been introduced across the country, including in Illinois through HB5069. The introduction of these bills has been led by major tobacco companies—including convicted racketeers Altria (Philip Morris USA) and Reynolds American, to cut out their competitors and increase their market share.

As of December 2023, the Illinois Tobacco Quitline (ITQL) began providing a free 2-weeks supply of over-the-counter nicotine patches, gum, or lozenge two times per year to individuals with Medicaid insurance. Medicaid clients are also eligible for 90 days of all 7 FDA-approved quit medications with a prescription from their primary care provider. By providing the starter set along with weekly counseling, most Medicaid clients have remained active in the program.

The ITQL and the Illinois Department of Public Health tobacco control program collaborated with Rescue Agency to research and develop a targeted awareness and ITQL promotion campaign to reach menthol tobacco users in specific areas of Chicago and East St. Louis in 2024. Additionally, the Chicago Department of Public Health was awarded a 5-year grant from the Centers for Disease Control and Prevention's Office on Smoking and Health to reduce the burden of menthol and flavors in Chicago communities.

Illinois has made great progress in reducing the tobacco burden and needs to continue its commitment by increasing state funding for tobacco prevention and control and the cost of tobacco products, especially e-cigarettes in 2025. Additional funding is available through Juul settlement dollars, and it is crucial that Illinois use these funds for their intended purpose so we can prevent tobacco addiction in future generations.

Illinois State Facts

Health Care Cost Due to Smoking:	$5,495,627,110
Adult Smoking Rate:	10.8%
Adult Tobacco Use Rate:	17.1%
High School Smoking Rate:	2.5%
High School Tobacco Use Rate:	17.1%
Middle School Smoking Rate:	N/A
Smoking Attributable Deaths:	18,280

Adult smoking and tobacco use data come from CDC's 2023 Behavioral Risk Factor Surveillance System; adult tobacco use includes cigarettes, smokeless tobacco and e-cigarettes. High school smoking and tobacco use rates are taken from the 2021 Youth Risk Behavior Surveillance System. A current middle school smoking rate is not available for this state.

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

Indiana Report Card

American Lung Association.
State of Tobacco Control
2025

INDIANA

Tobacco Prevention and Control Program Funding: F

FY2025 State Funding for Tobacco Control Programs:	$9,112,152
FY2025 Federal Funding for State Tobacco Control Programs:	$1,832,809*
FY2025 Total Funding for State Tobacco Control Programs:	$10,944,961
CDC Best Practices State Spending Recommendation:	$73,500,000
Percentage of CDC Recommended Level:	14.9%
State Tobacco-Related Revenue:	$460,100,000

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

Thumbs up for Indiana for increasing funding for its state tobacco control program by over $1.5 million in each of the last two fiscal years.

Smokefree Air: C

OVERVIEW OF STATE SMOKING RESTRICTIONS

Government work sites: **Prohibited**

Private work sites: **Prohibited**

Schools: **Prohibited**

Child care facilities: **Prohibited**

Restaurants: **Prohibited**

Bars: **Restricted***

Casinos/Gaming Establishments: **No provision**

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

E-Cigarettes Included: **No**

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

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

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

Note: The Smokefree Air grade only examines state tobacco control law and does not reflect local smokefree ordinances. Indiana has made great strides in protecting people from secondhand smoke by passing comprehensive local smokefree ordinances that cover 32.1% of the state's population.

Tobacco Taxes: F

CIGARETTE TAX:

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

OTHER TOBACCO PRODUCT TAXES:

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

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

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

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

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

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

Access to Cessation Services: C

OVERVIEW OF STATE CESSATION COVERAGE

STATE MEDICAID PROGRAM:

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

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

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

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

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

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

STATE QUITLINE:

Investment per Smoker: **$2.22; the median investment per smoker is $2.26**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

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

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

Flavored Tobacco Products: F

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

Indiana State Highlights:

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

1. Increase Indiana's cigarette tax by $2.00 per pack;
2. Increase funding for Indiana's tobacco prevention and cessation commission; and
3. Pass state and local laws that eliminate smoking, including e-cigarette use in all public places and workplaces.

During the 2024 legislative session Senate Bill 227 was introduced, a bill that would have required the establishment of an e-cigarette directory based on the U.S. Food and Drug Administration (FDA) premarket tobacco application status of the e-cigarette product. The establishment of an e-cigarette directory is a waste of state resources and is a tactic of "Big Tobacco" to divert attention from proven evidence-based strategies. The FDA already maintains a database of tobacco products, including e-cigarettes that are legally allowed to be sold. Adopting such a bill would have not added any public health benefits. Thankfully, the bill died in committee when the legislature adjourned for the year.

The state continues to see declines in our adult smoking rates. Cigarette use has gradually declined among Indiana adults since 2017. According to the 2024 Indiana Adult Tobacco survey, Indiana's current adult cigarette use rate is 14% which is slightly above the national rate of 10.8%. Although tobacco use has declined among Indiana adults, certain populations such as the LBGTQ community and people of color are still disproportionately impacted by tobacco. In May of 2024, we saw the opening of our first smokefree casino in Indiana.

2025 is a budget year in Indiana. Our General Assembly has the power to provide our state's Tobacco Prevention and Cessation Commission with the necessary funding to effectively reach all Hoosiers and raise our cigarette tax by $2.00 taking us from one of the lowest in the Midwest to one of the highest. The American Lung Association will continue to advocate for comprehensive local and state laws that eliminate smoking in all public places and workplaces as well.

Indiana State Facts

Health Care Cost Due to Smoking:	$2,930,404,456
Adult Smoking Rate:	14.5%
Adult Tobacco Use Rate:	22.9%
High School Smoking Rate:	4.2%
High School Tobacco Use Rate:	N/A
Middle School Smoking Rate:	1.9%
Smoking Attributable Deaths:	11,070

Adult smoking and tobacco use data come from CDC's 2023 Behavioral Risk Factor Surveillance System; adult tobacco use includes cigarettes, smokeless tobacco and e-cigarettes. High school smoking rate is taken from CDCs 2021 Youth Risk Behavior Surveillance System. Middle school smoking data are taken from the 2018 Indiana Youth Tobacco Survey. A current high school tobacco use rate is not available for this state.

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

Iowa Report Card

American Lung Association.
State of Tobacco Control
2025

Tobacco Prevention and Control Program Funding: F

FY2025 State Funding for Tobacco Control Programs:	$4,270,171
FY2025 Federal Funding for State Tobacco Control Programs:	$1,137,971*
FY2025 Total Funding for State Tobacco Control Programs:	$5,408,142
CDC Best Practices State Spending Recommendation:	$30,100,000
Percentage of CDC Recommended Level:	18%
State Tobacco-Related Revenue:	$208,700,000

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

Smokefree Air: B

OVERVIEW OF STATE SMOKING RESTRICTIONS

Government work sites: **Prohibited**

Private work sites: **Prohibited**

Schools: **Prohibited**

Child care facilities: **Prohibited**

Restaurants: **Prohibited**

Bars: **Prohibited**

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

Retail stores: **Prohibited**

E-Cigarettes Included: **No**

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

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

Tobacco Taxes: F

CIGARETTE TAX:

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

OTHER TOBACCO PRODUCT TAXES:

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

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

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

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

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

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

Access to Cessation Services: D

OVERVIEW OF STATE CESSATION COVERAGE

STATE MEDICAID PROGRAM:

Medicaid Medications: **Most medications are covered**

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

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

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

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

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

STATE QUITLINE:

Investment per Smoker: **$1.25; the median investment per smoker is $2.26**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

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

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

Flavored Tobacco Products: F

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

Iowa State Highlights:

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

1. Increase taxes on tobacco products;
2. Include alternative nicotine products in the definition of tobacco products for tax and tobacco sales purposes; and
3. Close the loophole for casinos in the Smokefree Air Act.

The Iowa Tobacco Prevention Alliance (ITPA), of which the American Lung Association is a member, worked successfully with partners to defeat Senate File 2385, a bill to eliminate the 24-year-old Iowa Tobacco Use Prevention and Control Commission. However, the provision to absolve the Commission was added into another bill, House File 2673 at the end of legislative session, passed and signed into law. That bill also eliminates the longstanding Tobacco Use Prevention and Control Division that was formerly under the Iowa Department of Public Health and merged it under a newly formed Iowa Department of Health and Human Services, Behavioral Health Division. The Governor also signed a bill into law (House File 2698) that eliminates dedicated funding for the state's tobacco prevention program. ITPA continues to engage partners to ensure that the reorganization of Iowa health divisions does not threaten the decades of progress of Iowa's tobacco prevention program.

Legislation pushed by the tobacco industry to establish an e-cigarette product directory that is tied to the U.S. Food and Drug Administration's Premarket Tobacco Product Application process, House File 2677 was signed into law in May 2024. ITPA worked to inform legislators that "directory bills" have been introduced across the country since 2020 by major tobacco companies and that these pieces of legislation are a distraction from evidence-based policies with proven public health benefits, such as higher tobacco taxes, licensing of nicotine and tobacco retailers, and restricting the sale of flavored tobacco products. The industry also introduced legislation to exempt heated tobacco products from tobacco taxes, which fortunately did not advance.

In fiscal year 2024, partnerships from 24 out of 99 of Iowa's counties submitted tobacco free/nicotine free policies for a local business, childcare, school, outdoor event, or parks with 92% covering all types of tobacco and nicotine, applying to everyone (employees, students, visitors, etc.) always, including any company vehicles, and applying to all enclosed areas. These comprehensive tobacco free/nicotine free policies go above and beyond the Iowa Smokefree Air Act requirements, which only covers cigarettes, not e-cigarettes or other forms of tobacco or nicotine.

Adequately funding evidence-based tobacco control programs is effective at preventing and reducing tobacco use. Iowa has made progress in reducing the tobacco burden, so it is concerning that the state's tobacco prevention program was removed from state statute. Iowa's cigarette tax was last increased in 2007 and currently, there is no excise tax on alternative nicotine products. Increasing the price of tobacco products would produce tremendous public health benefit and is even more critical now in Iowa. In 2025, the state must increase cigarette taxes and finally define and tax alternative nicotine products as tobacco products. It is also crucial that Iowa use this tax revenue to fund initiatives to prevent tobacco addiction in future generations.

Iowa State Facts

Health Care Cost Due to Smoking:	$1,285,256,462
Adult Smoking Rate:	13.7%
Adult Tobacco Use Rate:	22.7%
High School Smoking Rate:	4.1%
High School Tobacco Use Rate:	16.2%
Middle School Smoking Rate:	1%
Smoking Attributable Deaths:	5,070

Adult smoking and tobacco use data come from CDC's 2023 Behavioral Risk Factor Surveillance System; adult tobacco use includes cigarettes, smokeless tobacco and e-cigarettes. High school smoking and tobacco use rates are taken from the 2021 Youth Risk Behavior Surveillance System. Middle school (8th grade only) smoking rate is taken from the 2021 Iowa Youth Survey; results are rounded to the nearest whole number.

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

Kansas Report Card

American Lung Association.
State of Tobacco Control
2025

KANSAS

Tobacco Prevention and Control Program Funding: F

FY2025 State Funding for Tobacco Control Programs:	$1,940,716
FY2025 Federal Funding for State Tobacco Control Programs:	$1,516,090*
FY2025 Total Funding for State Tobacco Control Programs:	$3,456,806
CDC Best Practices State Spending Recommendation:	$27,900,000
Percentage of CDC Recommended Level:	12.4%
State Tobacco-Related Revenue:	$153,300,000

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

Smokefree Air: B

OVERVIEW OF STATE SMOKING RESTRICTIONS

Government work sites: **Prohibited**

Private work sites: **Prohibited**

Schools: **Prohibited**

Child care facilities: **Prohibited**

Restaurants: **Prohibited**

Bars: **Prohibited**

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

Retail stores: **Prohibited**

E-Cigarettes Included: **No**

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

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

Tobacco Taxes: F

CIGARETTE TAX:

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

OTHER TOBACCO PRODUCT TAXES:

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

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

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

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

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

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

Access to Cessation Services: D

OVERVIEW OF STATE CESSATION COVERAGE

STATE MEDICAID PROGRAM:

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

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

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

Medicaid Expansion: **No**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

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

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

STATE QUITLINE:

Investment per Smoker: **$0.64; the median investment per smoker is $2.26**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

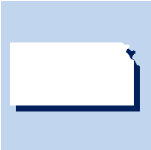
Tobacco Surcharge: **No prohibition or limitation on tobacco surcharges**

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

Flavored Tobacco Products: F

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

Kansas State Highlights:



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

1. Remove the exemption for casinos to the state's Indoor Clean Air Act;
2. Increase state funding for tobacco control programs and ensure that funding is spent according to Centers for Disease Control and Prevention (CDC) best practices;
3. Oppose all forms of preemption of local tobacco control authority.

The Kansas Legislature adjourned the 2024 legislative session upon conclusion of their veto session on April 30, 2024. The legislature met for the second year of their biennium and considered legislation introduced in 2023 as well as 2024.

House Bill 2622 was introduced in February of the 2024 legislative session. The legislation sought to amend the Kansas Indoor Clean Air Act, passed in 2010. That law already prohibits indoor smoking in most public places, however the law provides an exemption for the state's four commercial casinos. Working with the Casino, Employees Against Smoking Effects (CEASE) the American Lung Association worked to pass HB 2622. It received a hearing in the House Committee on Health and Human Services for initial review. The Lung Association provided testimony. The Chair of the Health and Human Service Committee did not call for a vote on HB 2622 and the bill died in Committee.

House Bill 2801 proposed an e-cigarette registry in Kansas. Similar bills were brought forward in other states as well. HB 2801 received a hearing in the Committee on Federal and State Affairs, however it did not receive a vote and also died in Committee.

Kansas was part of the 34-state settlement with Juul over its efforts to market tobacco products to youth. In 2024, the American Lung Association joined with other partners and the state Department of Health and Environment to develop a Juul Settlement Action Plan for the deployment of the first payment of nearly $1 million of the total $9.9 million Kansas expects to receive. The funds will be used to enhance federal and state funding for tobacco control and prevention activities. The funds will be allocated to the six priority areas outlined in the action plan.

When the 2025 Kansas Legislature convenes for a new session, the American Lung Association in Kansas will continue to work with partners to remove the casino exemption in the state's Indoor Clean Air Act. The Lung Association will also continue to advocate to maintain the current level of funding for tobacco control and prevention activities in the state while also ensuring that all future payments of the Juul settlement be specifically directed to tobacco control and prevention activities. Further, we anticipate ongoing efforts by the tobacco industry and its allies to pass preemptive legislation that stops local communities from passing stronger tobacco prevention policies in the 2025 legislative session. We will continue to work against these policies to preserve local control protecting the ability of cities and counties to establish tobacco control policies for their communities.

Kansas State Facts

Health Care Cost Due to Smoking:	$1,128,040,688
Adult Smoking Rate:	13.9%
Adult Tobacco Use Rate:	23.1%
High School Smoking Rate:	4.6%
High School Tobacco Use Rate:	14.9%
Middle School Smoking Rate:	N/A
Smoking Attributable Deaths:	4,390

Adult smoking and tobacco use data come from CDC's 2023 Behavioral Risk Factor Surveillance System; adult tobacco use includes cigarettes, smokeless tobacco and e-cigarettes. High school smoking and tobacco use rates are taken from the 2021 Youth Risk Behavior Surveillance System. A current middle school smoking rate is not available for this state.

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

Kentucky Report Card

American Lung Association.
State of Tobacco Control
2025

KENTUCKY

Tobacco Prevention and Control Program Funding: F

FY2025 State Funding for Tobacco Control Programs:	$4,744,300
FY2025 Federal Funding for State Tobacco Control Programs:	$1,656,354*
FY2025 Total Funding for State Tobacco Control Programs:	$6,400,654
CDC Best Practices State Spending Recommendation:	$56,400,000
Percentage of CDC Recommended Level:	11.3%
State Tobacco-Related Revenue:	$409,200,000

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

Thumbs up for Kentucky for increasing funding for its state tobacco control program by close to $2 million dollars this fiscal year.

Smokefree Air: F

OVERVIEW OF STATE SMOKING RESTRICTIONS

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

Private work sites: **No provision**

Schools: **Prohibited**

Child care facilities: **No provision**

Restaurants: **No provision**

Bars: **No provision**

Casinos/Gaming Establishments: **No provision**

Retail stores: **No provision**

E-Cigarettes Included: **Yes**

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

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

Note: The Smokefree Air grade only examines state tobacco control law and does not reflect local smokefree ordinances. Kentucky has made great strides in protecting people from secondhand smoke by passing comprehensive local smokefree ordinances that cover 38.7% of the state's population.

Tobacco Taxes: F

CIGARETTE TAX:

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

OTHER TOBACCO PRODUCT TAXES:

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

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

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

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

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

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

Access to Cessation Services: C

OVERVIEW OF STATE CESSATION COVERAGE

STATE MEDICAID PROGRAM:

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

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

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

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

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

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

STATE QUITLINE:

Investment per Smoker: **$0.98*; the median investment per smoker is $2.26**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **Yes**

Tobacco Surcharge: **Limits tobacco surcharges**

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

* Investment per smoker was calculated based on the 2022 BRFSS smoking data because Kentucky did not report 2023 BRFSS data.

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

Flavored Tobacco Products: F

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

Kentucky State Highlights:

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

1. Require all establishments selling nicotine products to obtain licenses, provide for and fund specific enforcement measures and establish a meaningful penalty structure for underage sales violations;
2. Increase funding for the state tobacco prevention and cessation program to $4 million, allocate Juul settlement funds program and ensure funding is spent according to the Centers for Disease Control and Prevention best practices; and
3. Support and defend local comprehensive smokefree laws, including e-cigarettes.

Signed into law by Kentucky Gov. Andy Beshear in the 2024 legislative session, House Bill 142 requires local boards of education to provide evidence-based tobacco prevention materials and schools to confiscate vape products and provide cessation information for first and second offenses. Prior to its passage, the bill was amended in the Senate to provide that third and subsequent offenses may - instead of shall - result in in-school or out-of-school suspension reducing harsh penalties on kids.

Also during the 2024 session, the Lung Association and partner organizations led a strong effort to pass tobacco retail licensure legislation working closely with the University of Kentucky's youth education program, #iCANendthetrend. The bill, House Bill 11, originally included language to create a database of retailers that sell nicotine products along with regular compliance checks and escalating penalties for retailers that repeatedly violate underage sales laws for nicotine products.

Two days prior to the legislature's adjournment, the tobacco industry was successful in advancing a Senate committee substitute to HB 11 that passed through both chambers which substantially amended the bill. While the Lung Association remained neutral on the final bill language, it led partner organizations in a statement calling the final registry bill outcome a failed opportunity to protect Kentucky kids from underage sales of nicotine products. The law is scheduled to take effect in January 2025 subject to ongoing litigation.

At the local level, as of October 1, 2024, 60 communities had enacted and implemented ordinances that restrict smoking in public places and workplaces. Forty-four smokefree ordinances are comprehensive, covering 38.7% of Kentucky's population. Forty-two of the 60 ordinances prohibit use of e-cigarettes in the same public places and/or workplaces.

Following a months-long battle in 2024 during which partners mounted a robust campaign – including a local petition and radio campaign led by the Lung Association - the Campbellsville City Council became the first community in Kentucky to weaken their 15-year-old comprehensive smokefree law. They voted 9-3 to allow smoking inside businesses that prohibit entry to patrons under 21 and that sell tobacco products.

Conversely, Louisville took action in 2024 to further clarify its zoning ordinance with clearer definitions and to ensure stronger compliance to Land Development Code requirements related to tobacco retailers.

As the legislature begins its work in 2025, the American Lung Association will leverage increased awareness and education among lawmakers from HB 11 as well as the award-winning youth-led education program to push for more policies to prevent and reduce tobacco use.

Kentucky State Facts

Health Care Cost Due to Smoking:	$1,926,976,238
Adult Smoking Rate:	17.4%
Adult Tobacco Use Rate:	N/A
High School Smoking Rate:	4.9%
High School Tobacco Use Rate:	22.5%
Middle School Smoking Rate:	N/A
Smoking Attributable Deaths:	8,860

Adult smoking data come from CDCs 2022 Behavioral Risk Factor Surveillance System. An adult tobacco use rate is not available for this state. High school smoking and tobacco use data come from the 2021 Youth Risk Behavior Surveillance System. A current middle school smoking rate is not available for this state.

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

Louisiana Report Card

American Lung Association.
State of Tobacco Control
2025

LOUISIANA

Tobacco Prevention and Control Program Funding: F

FY2025 State Funding for Tobacco Control Programs:	$4,822,340
FY2025 Federal Funding for State Tobacco Control Programs:	$1,635,696*
FY2025 Total Funding for State Tobacco Control Programs:	$6,458,036
CDC Best Practices State Spending Recommendation:	$59,600,000
Percentage of CDC Recommended Level:	10.8%
State Tobacco-Related Revenue:	$365,400,000

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

Smokefree Air: C

OVERVIEW OF STATE SMOKING RESTRICTIONS

Government work sites: **Prohibited**

Private work sites: **Prohibited**

Schools: **Prohibited**

Child care facilities: **Prohibited**

Restaurants: **Prohibited**

Bars: **No provision**

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

Retail stores: **Prohibited**

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

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

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

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

Tobacco Taxes: F

CIGARETTE TAX:

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

OTHER TOBACCO PRODUCT TAXES:

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

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

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

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

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

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

Access to Cessation Services: C

OVERVIEW OF STATE CESSATION COVERAGE

STATE MEDICAID PROGRAM:

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

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

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

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

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

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

STATE QUITLINE:

Investment per Smoker: **$1.70; the median investment per smoker is $2.26**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **Insurance Commissioner bulletin**

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

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

Flavored Tobacco Products: F

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

Louisiana State Highlights:

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

1. Increase taxes on all tobacco and nicotine products in order to deter price-sensitive populations, such as youth, and to provide funding for increased tobacco prevention and control;
2. Strengthen the existing statewide smokefree law to include bar and casino worker protections; and
3. Sustain tobacco prevention and quit tobacco funding.

It was quite a year for tobacco control issues during the Louisiana legislative session in 2024. House Bill 277, introduced by Representative Kerner, clarified a confusing statute related to smoking in motor vehicles with a minor present and stated that it is illegal to smoke in a motor vehicle when a child younger than 13 is present. The Lung Association advocated for this legislation to be extended to all persons under age 18 but was unsuccessful.

House Bill 621, introduced by Representative Stagni, was a clean-up bill dealing with the vapor product and alternative nicotine product directory (V.A.P.E. Directory) that was passed in 2023. The directory is currently being challenged by lawsuit and House Bill 621 aimed to address some of the complaints listed in the suit. As of writing, the lawsuit is still ongoing, and the V.A.P.E. Directory is still being administered by the Office of Alcohol and Tobacco Control.

Senate Bill 358, introduce by Senator Mizell, allows for the expulsion of students in the 6th grade and up for the possession of tobacco and nicotine products on school grounds and at school sponsored events. The Lung Association spoke against the bill in committee and provided information about INDEPTH as an effective alternative to suspension and expulsion. The bill went into effect in August 2024.

The influence of the tobacco industry was very apparent in many of the bills during the 2024 legislative session especially House Bill 970. House Bill 970 would have amended the definition of nicotine pouch products to exclude them from regulation under the V.A.P.E Directory. The Lung Association spoke in committee to educate legislators on the dangers of oral nicotine pouches and the importance of regulation. HB 970 did not pass.

There continues to be support within local municipalities for public health protections from secondhand smoke. The towns of Ball and Dodson passed comprehensive smokefree air ordinances in 2024. Casino and bar workers in these communities are now protected from the dangers of secondhand smoke exposure.

In 2024, the American Lung Association in Louisiana will join our tobacco control partners to educate state legislators about the health and economic benefits of strong tobacco control policies, including an increase in taxation on all tobacco and nicotine products. The Lung Association will also continue to work with partners in the Coalition for a Tobacco Free Louisiana to ensure successful passage and preservation of comprehensive local smokefree ordinances.

Louisiana State Facts

Health Care Cost Due to Smoking:	$1,891,666,196
Adult Smoking Rate:	15.7%
Adult Tobacco Use Rate:	25.4%
High School Smoking Rate:	7%
High School Tobacco Use Rate:	25.5%
Middle School Smoking Rate:	3.8%
Smoking Attributable Deaths:	7,210

Adult smoking and tobacco use data come from CDC's 2023 Behavioral Risk Factor Surveillance System; adult tobacco use includes cigarettes, smokeless tobacco and e-cigarettes. High school smoking and tobacco use rates are taken from the 2021 Youth Risk Behavior Surveillance System. Middle school smoking rate is taken from the 2017 Youth Tobacco Survey.

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

Maine Report Card

American Lung Association.
State of Tobacco Control
2025

MAINE

Tobacco Prevention and Control Program Funding: A

FY2025 State Funding for Tobacco Control Programs:	$15,905,577
FY2025 Federal Funding for State Tobacco Control Programs:	$1,169,002*
FY2025 Total Funding for State Tobacco Control Programs:	$17,074,579
CDC Best Practices State Spending Recommendation:	$15,900,000
Percentage of CDC Recommended Level:	107.4%
State Tobacco-Related Revenue:	$170,800,000

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

Thumbs up for Maine for funding its tobacco control program at or above the CDC-recommended level this fiscal year.

Smokefree Air: B

OVERVIEW OF STATE SMOKING RESTRICTIONS

Government work sites: **Prohibited**

Private work sites: **Prohibited**

Schools: **Prohibited**

Child care facilities: **Prohibited**

Restaurants: **Prohibited**

Bars: **Prohibited**

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

Retail stores: **Prohibited**

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

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

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

Tobacco Taxes: C

CIGARETTE TAX:

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

OTHER TOBACCO PRODUCT TAXES:

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

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

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

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

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

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

Access to Cessation Services: A

OVERVIEW OF STATE CESSATION COVERAGE

STATE MEDICAID PROGRAM:

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

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

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

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

Counseling: **Some counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$36.90; the median investment per smoker is $2.26**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **Yes**

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

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

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

Flavored Tobacco Products: F

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

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

Maine State Highlights:

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

1. Increase the tax on cigarettes by at least $2.00 per pack using revenue to preserve full funding of Maine's tobacco prevention and control program and align program spending with the recommendations of the U.S. Centers for Disease Control and Prevention (CDC) Best Practices;
2. End the sale of tobacco products in pharmacies; and
3. Enact legislation prohibiting the sale of menthol cigarettes and all flavored tobacco products statewide.

The 2024 Maine legislative session resulted in mixed success for tobacco prevention policies. Unfortunately, two top tobacco prevention priorities of the Lung Association did not see enactment during the 2024 legislative session. The Maine House of Representatives failed to pass legislation ending the sale of menthol cigarettes and all flavored tobacco products that passed in the Maine Senate. The failure of the House to advance the bill was disappointing as the proposal is popular with Maine voters with nearly two-thirds of Mainers supporting the measure.

Although the legislature failed to enact a statewide measure, progress continued on the local level with the city of Hallowell joining six other Maine municipalities that have passed comprehensive ordinances ending the sale of menthol and flavored tobacco products. Additionally, the legislature failed to advance the bill to end the sale of tobacco products in pharmacies which previously passed both chambers of the legislature and was carried over to 2024 for final funding and enactment.

Lung Association and partner advocacy activities did yield some success in 2024. Given the evolution and rising popularity of non-combustible tobacco products it was discovered that pouch products such as Zyn and Rogue which used synthetic nicotine were not able to be taxed at the same rate as other tobacco products. In 2019, the Maine Legislature equalized the tax rate of all products and in 2024 we built upon that law to ensure synthetic nicotine products were included. Despite significant tobacco industry efforts to exempt these products from taxation, the measure became law in April of 2024.

The American Lung Association in Maine will continue to work with our coalition partners - the Maine Public Health Association, the American Heart Association, the American Cancer Society Cancer Action Network, Campaign for Tobacco Free Kids and others to advance tobacco control and prevention policies and defend our successful programs and smokefree policies against rollbacks. As the legislature begins its work in 2025, the Lung Association will continue to grow our coalition to educate policymakers, business leaders and the media of the importance of the Lung Association's goals to reduce tobacco use and protect public health.

Maine State Facts

Health Care Cost Due to Smoking:	$811,120,557
Adult Smoking Rate:	14%
Adult Tobacco Use Rate:	19.1%
High School Smoking Rate:	5.6%
High School Tobacco Use Rate:	16.5%
Middle School Smoking Rate:	2%
Smoking Attributable Deaths:	2,390

Adult smoking and tobacco use data come from CDC's 2023 Behavioral Risk Factor Surveillance System; adult tobacco use includes cigarettes, smokeless tobacco and e-cigarettes. High school smoking and tobacco use and middle school smoking data come from the 2023 Maine Integrated Youth Health Survey.

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

Maryland Report Card

American Lung Association.
State of Tobacco Control
2025

MARYLAND

Tobacco Prevention and Control Program Funding: F

FY2025 State Funding for Tobacco Control Programs:	$21,312,193
FY2025 Federal Funding for State Tobacco Control Programs:	$1,694,510*
FY2025 Total Funding for State Tobacco Control Programs:	$23,006,703
CDC Best Practices State Spending Recommendation:	$48,000,000
Percentage of CDC Recommended Level:	47.9%
State Tobacco-Related Revenue:	$546,100,000

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

Smokefree Air: A

OVERVIEW OF STATE SMOKING RESTRICTIONS

Government work sites: **Prohibited**

Private work sites: **Prohibited**

Schools: **Prohibited**

Child care facilities: **Prohibited**

Restaurants: **Prohibited**

Bars: **Prohibited**

Casinos/Gaming Establishments: **Prohibited**

Retail stores: **Prohibited**

E-Cigarettes Included: **Yes**

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

Citation: MD. CODE ANN., HEALTH-GEN. §§ 24-501 to 24-511 (2023) & MD. CODE ANN., LAB. & EMPLOY. §§ 5-101 & 5-608 (2008).

Thumbs up for Maryland for adding e-cigarettes to its state smokefree workplace law.

Tobacco Taxes: B

CIGARETTE TAX:

Tax Rate per pack of 20: **$5.00***

* On July 1, 2024, the state cigarette tax increased from $3.75 to $5.00 per pack.

OTHER TOBACCO PRODUCT TAXES:

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

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

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

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

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

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

Thumbs up for Maryland for increasing its cigarette tax by $1.25 to $5.00 per pack.

Access to Cessation Services: A

OVERVIEW OF STATE CESSATION COVERAGE

STATE MEDICAID PROGRAM:

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

Medicaid Counseling: **Some counseling is covered**

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

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

Counseling: **Some counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$7.30; the median investment per smoker is $2.26**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **Yes**

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

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

Flavored Tobacco Products: F

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

Maryland State Highlights:

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

1. Defend and preserve the much-needed funding for tobacco prevention and cessation;
2. Protect Maryland's Clean Indoor Air Act from exemptions; and
3. Restore local control by overturning preemption in the state via legislation.

During the 2024 legislative session, the American Lung Association in Maryland along with other public health partners were successful in advancing a number of evidence-based tobacco control policies. These include:

- Increasing tobacco taxes by $1.25 to $5.00 per pack on cigarettes, making it the 2nd highest in the country, 60% for many other tobacco products and 20% for e-cigarettes;
- Modernizing tobacco retail licensure in the state, which included increasing the fees to acquire a tobacco retail license, and mandatory annual checks; and
- Closing an important loophole in the state's clean indoor air act by adding electronic smoking devices.

In fiscal year 2023, the tobacco prevention and cessation program received a much-needed increase of $8.25 million as a result of the Lung Association and partners advocacy for an increase in the tobacco tax. This increase was maintained for fiscal year 2025. The Lung Association continues to push for the allocation of Juul settlement dollars to the tobacco control program as required by legislation passed in 2023 as well.

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

While the Clean Indoor Air Act was updated to include electronic smoking devices, the bill was amended to add a provision that a workgroup would be convened to determine the feasibility of permitting cigar lounges. The workgroup includes legislators, Maryland Department of Health and representation from the cigar industry. The American Lung Association will continue to advocate that Maryland's strong clean indoor air laws be protected and permitting cigar lounges would undermine efforts to protect Marylanders from exposure to dangerous secondhand smoke.

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

Maryland State Facts

Health Care Cost Due to Smoking:	$2,709,568,436
Adult Smoking Rate:	9.1%
Adult Tobacco Use Rate:	14.1%
High School Smoking Rate:	3.6%
High School Tobacco Use Rate:	15.6%
Middle School Smoking Rate:	N/A
Smoking Attributable Deaths:	7,490

Adult smoking and tobacco use data come from CDC's 2023 Behavioral Risk Factor Surveillance System; adult tobacco use includes cigarettes, smokeless tobacco and e-cigarettes. High school smoking and tobacco use data come from the 2021 Youth Risk Behavior Surveillance System. A current middle school smoking rate is not available for this state.

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

Massachusetts Report Card

American Lung Association.
State of Tobacco Control
2025

Tobacco Prevention and Control Program Funding: F

FY2025 State Funding for Tobacco Control Programs:	$11,309,753
FY2025 Federal Funding for State Tobacco Control Programs:	$1,902,654*
FY2025 Total Funding for State Tobacco Control Programs:	$13,212,407
CDC Best Practices State Spending Recommendation:	$66,900,000
Percentage of CDC Recommended Level:	19.7%
State Tobacco-Related Revenue:	$577,300,000

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

Smokefree Air: A

OVERVIEW OF STATE SMOKING RESTRICTIONS

Government work sites: **Prohibited**

Private work sites: **Prohibited**

Schools: **Prohibited**

Child care facilities: **Prohibited**

Restaurants: **Prohibited**

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

Casinos/Gaming Establishments: **Prohibited**

Retail stores: **Prohibited**

E-Cigarettes Included: **Yes**

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

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

Tobacco Taxes: B

CIGARETTE TAX:

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

OTHER TOBACCO PRODUCT TAXES:

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

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

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

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

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

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

Access to Cessation Services: B

OVERVIEW OF STATE CESSATION COVERAGE

STATE MEDICAID PROGRAM:

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

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

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

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

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

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

STATE QUITLINE:

Investment per Smoker: **$1.54; the median investment per smoker is $2.26**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **Yes**

Tobacco Surcharge: **Prohibits tobacco surcharges**

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

Flavored Tobacco Products: A

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

Massachusetts State Highlights:

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

1. Increase comprehensive tobacco control program funding for prevention and cessation to the level recommended by the U.S. Centers for Disease Control and Prevention (CDC).
2. Increase the tobacco tax by a minimum of $1.00 per pack and tax non-cigarette tobacco products at a comparable rate; and
3. Prevent rollbacks to tobacco control funding, statewide flavor restrictions and other tobacco prevention laws.

Massachusetts continues to be a leader nationwide in tobacco control efforts. Five years have passed since laws making the Bay State the first in the nation to end the sale of all flavored tobacco products went into full effect. Fortunately, there were no successful legislative efforts in 2024 to rollback this comprehensive measure. Although, communities across the Commonwealth have experienced an increase in tobacco industry interference in the form of new emerging products such as "non-menthol" products that have the properties and characteristics of menthol products. Local Boards of Health and community advocates are working to address these illegal product sales through increased compliance checks and retailer education. The industry continues to push back with false claims that these products are not included in the Massachusetts flavor restriction.

Upon first introduction, the Governor's Budget did not specifically earmark funding to the Massachusetts Tobacco Control Program (MTCP). Thanks to advocacy from the Lung Association and our state partners, Senator Keenan introduced an amendment that restored and increased the MTCP budget to $6.2 million, roughly $15,000 up from the prior fiscal year. Even with this budget increase, the Commonwealth of Massachusetts severely underfunds the MTCP based on the recommendations of the CDC. The Lung Association was thrilled to support the April youth advocacy day hosted by the 84 Movement, Massachusetts premier youth tobacco prevention program.

In 2024, communities across the Commonwealth worked to pass numerous "Nicotine-Free Generation" birthdate policies following the Massachusetts Supreme Court upholding the Brookline, MA policy that restricts the sale of tobacco products to anyone born on or after January 1, 2000. The American Lung Association signed on to an amicus brief to the courts along with other tobacco control partners outlining the important role municipalities have in tobacco control and prevention. A number of local Boards of Health across the Commonwealth have followed Brookline's lead and many more are in the process of moving forward similar policies and are already experiencing tobacco industry intimidation.

The American Lung Association will continue to work with our state coalition partners to advance tobacco control and prevention efforts and defend our successful programs and smokefree policies against rollbacks. As the Massachusetts Legislature begins its work in 2025, the Lung Association and tobacco control partners will continue to grow our coalition to educate policymakers, business leaders and the media of the importance of the Lung Association's goals to reduce tobacco use and protect public health.

Massachusetts State Facts

Health Care Cost Due to Smoking:	$4,080,690,302
Adult Smoking Rate:	9.8%
Adult Tobacco Use Rate:	15.5%
High School Smoking Rate:	3.5%
High School Tobacco Use Rate:	N/A
Middle School Smoking Rate:	0.8%
Smoking Attributable Deaths:	9,300

Adult smoking and tobacco use data come from CDC's 2023 Behavioral Risk Factor Surveillance System; adult tobacco use includes cigarettes, smokeless tobacco and e-cigarettes. High school smoking data comes from CDCs 2021 Youth Risk Behavior Surveillance System. Middle school smoking rate is taken from the 2017 Massachusetts Youth Health Survey.

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

Michigan Report Card

American Lung Association.
State of Tobacco Control
2025

MICHIGAN

Tobacco Prevention and Control Program Funding: F

FY2025 State Funding for Tobacco Control Programs:	$4,605,900
FY2025 Federal Funding for State Tobacco Control Programs:	$2,347,639*
FY2025 Total Funding for State Tobacco Control Programs:	$6,953,539
CDC Best Practices State Spending Recommendation:	$110,600,000
Percentage of CDC Recommended Level:	6.3%
State Tobacco-Related Revenue:	$904,300,000

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

Smokefree Air: C

OVERVIEW OF STATE SMOKING RESTRICTIONS

Government work sites: **Prohibited**

Private work sites: **Prohibited**

Schools: **Prohibited**

Child care facilities: **Prohibited**

Restaurants: **Prohibited**

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

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

Retail stores: **Prohibited**

E-Cigarettes Included: **No**

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

Citation: MICH. COMP. LAWS §§ 333.12601 to 333.12615 (2022) & 333.12905 (2010).

Tobacco Taxes: D

CIGARETTE TAX:

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

OTHER TOBACCO PRODUCT TAXES:

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

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

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

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

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

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

Access to Cessation Services: D

OVERVIEW OF STATE CESSATION COVERAGE

STATE MEDICAID PROGRAM:

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

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

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

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

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

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

STATE QUITLINE:

Investment per Smoker: **$0.73; the median investment per smoker is $2.26**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

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

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

Flavored Tobacco Products: F

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

Michigan State Highlights:

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

1. Pass a law to license all tobacco retailers, including e-cigarette retailers;
2. Eliminate purchase, use and possession laws and preemption of stronger local laws; and
3. End the sale of menthol cigarettes and all flavored tobacco products.

The 2024 legislative session began with a great level of optimism as a multi-bill tobacco reduction package was planned to address the tobacco epidemic that grips Michigan and the nation. These bills address a broad range of topics, including setting up a comprehensive tobacco retail licensing system, repealing potentially preemptive language on tobacco sales in state law, increasing tobacco taxes and tobacco control program funding and eliminating the sale of all flavored tobacco products. It would have been a ground-breaking package that had the potential to significantly reduce tobacco use rates.

Unfortunately, the 2024 legislative session ended in disarray and disappointment with the legislature failing to move forward on any of the bills in the package. Two of the measures – establishing a licensure system in the state and the removal of youth purchase, use and possession laws received favorable votes in both chambers; however, dysfunction in the final days of the session resulted in the measures failing to advance to the governor's desk.

There was one small victory in the legislature this session as House Bill 5554 and 5555 which would have created a loophole in the smokefree law by allowing hookah lounges to serve food and drink failed to move out of committee. In 2025, the Lung Association along with partners will be working to prevent rollbacks to the smokefree law in the legislature and also to stop a potential effort underway to create a cigar bar in the middle of Detroit Metro Airport.

In addition to bill package, there is more that Michigan policymakers could be doing. The state continues to only spend 6.3% of what is recommended by the Centers for Disease Control and Prevention for a state of our size. While there was a small but encouraging increase in funding for the first time in many years in the state budget for fiscal year 2025, Michigan needs to continue to increase spending on tobacco control and prevention. Increasing tobacco taxes and ensuring parity for all forms of tobacco would raise the revenue to increase funding.

The American Lung Association in Michigan will continue to work with our coalition partners -, the American Heart Association, the American Cancer Society Cancer Action Network, Campaign for Tobacco Free Kids and others to advance tobacco control and prevention policies and defend our smokefree policies against rollbacks. As the legislature begins its work in 2025, the Lung Association will continue to grow our coalition to educate policymakers, business leaders and the media of the importance of the Lung Association's goals to reduce tobacco use and protect public health.

Michigan State Facts

Health Care Cost Due to Smoking:	$4,589,784,016
Adult Smoking Rate:	13.6%
Adult Tobacco Use Rate:	21.4%
High School Smoking Rate:	1.7%
High School Tobacco Use Rate:	14.1%
Middle School Smoking Rate:	N/A
Smoking Attributable Deaths:	16,170

Adult smoking and tobacco use data come from CDC's 2023 Behavioral Risk Factor Surveillance System; adult tobacco use includes cigarettes, smokeless tobacco and e-cigarettes. High school smoking and tobacco use data come from the 2021 Youth Risk Behavior Surveillance System. A current middle school smoking rate is not available for this state.

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

Minnesota Report Card

American Lung Association.
State of Tobacco Control
2025

MINNESOTA

Tobacco Prevention and Control Program Funding: F

FY2025 State Funding for Tobacco Control Programs:	$12,172,647
FY2025 Federal Funding for State Tobacco Control Programs:	$1,596,128*
FY2025 Total Funding for State Tobacco Control Programs:	$13,768,775
CDC Best Practices State Spending Recommendation:	$52,900,000
Percentage of CDC Recommended Level:	26%
State Tobacco-Related Revenue:	$589,700,000

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

Smokefree Air: A

OVERVIEW OF STATE SMOKING RESTRICTIONS

Government work sites: **Prohibited (workplaces with two or fewer employees exempt)**

Private work sites: **Prohibited (workplaces with two or fewer employees exempt)**

Schools: **Prohibited**

Child care facilities: **Prohibited**

Restaurants: **Prohibited**

Bars: **Prohibited**

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

Retail stores: **Prohibited**

E-Cigarettes Included: **Yes**

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

Citation: MINN. STAT. §§ 144.411 to 144.417 (2020).

Tobacco Taxes: B

CIGARETTE TAX:

Tax Rate per pack of 20: **$3.04**

OTHER TOBACCO PRODUCT TAXES:

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

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

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

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

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

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

Access to Cessation Services: A

OVERVIEW OF STATE CESSATION COVERAGE

STATE MEDICAID PROGRAM:

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

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

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

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

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

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

STATE QUITLINE:

Investment per Smoker: **$6.03; the median investment per smoker is $2.26**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **Yes**

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

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

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

Flavored Tobacco Products: F

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

Minnesota State Highlights:

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

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

During the 2024 Minnesota Legislative Session the bill to restrict access to all flavored commercial tobacco products (House File 2177) made progress with two successful hearings in the Minnesota House Health Finance and Policy Committee and the Commerce Committee. Ultimately, during the last weeks of session efforts to pass the bill stalled and when session ended, the bill did not pass.

A bill that addressed vaping products marketed to children (Senate File 4351) passed. The new law prohibits deceptive marketing, promotion, advertisement, distribution or sale of a vapor product that imitates a product that is not a vapor product, that are described or depicted as imitating candy, desserts, or beverages that are commonly marketed to minors, that imitate school supplies, or that are based on or describe characters that appeal to minors.

The American Lung Association – as part of the Minnesotans for a Smoke-Free Generation statewide coalition of more than 60 organizations also worked to restrict flavored vaped or smoked cannabis products. During committee hearings, the bill language was weakened and was later removed entirely from the Health Policy Omnibus bill.

During the 2024 legislative session, the tobacco industry had a strong presence with 24 tobacco industry lobbyists registered with the Minnesota Secretary of State, almost half (11) representing Altria (formerly Philip Morris).

In January, Blue Cross and Blue Shield of Minnesota released "The Cost of Smoking" report showing the economic impact of smoking in Minnesota. The report shows that 6,530 Minnesotans die annually because of smoking, costing $9.4 billion in health care and lost productivity costs. These costs equal $824 for every adult and child in the state.

New data from the 2023 Minnesota Youth Tobacco Survey was released in 2024 and confirmed that flavors continue to attract youth with 76.3% of Minnesota students who experimented with commercial tobacco reported the first product they tried was favored, including with menthol. The survey also revealed a growing number of students that vape are vaping frequently and signs of nicotine dependence have intensified among those that vape.

The American Lung Association in Minnesota will continue to work together with coalition partners in 2025 as part of the Smoke Free Generation coalition to eliminate access to all flavored commercial tobacco products and finish this major piece of legislation.

Minnesota State Facts

Health Care Cost Due to Smoking:	$2,519,011,064
Adult Smoking Rate:	12.2%
Adult Tobacco Use Rate:	19.4%
High School Smoking Rate:	3.6%
High School Tobacco Use Rate:	15.0%
Middle School Smoking Rate:	1.7%
Smoking Attributable Deaths:	5,910

Adult smoking and tobacco use data come from CDC's 2023 Behavioral Risk Factor Surveillance System; adult tobacco use includes cigarettes, smokeless tobacco and e-cigarettes. High school (11th grade only) smoking and tobacco use, and middle school (8th grade only) smoking rates are taken from the 2022 Minnesota Student Survey. High school tobacco use includes cigarettes, cigars, smokeless tobacco, and electronic vapor products, as well as hookah, making it incomparable to other states. Rate is rounded to the nearest whole number.

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

Mississippi Report Card

American Lung Association.
State of Tobacco Control
2025

Tobacco Prevention and Control Program Funding: F

FY2025 State Funding for Tobacco Control Programs:	$8,695,000
FY2025 Federal Funding for State Tobacco Control Programs:	$1,341,100*
FY2025 Total Funding for State Tobacco Control Programs:	$10,036,100
CDC Best Practices State Spending Recommendation:	$36,500,000
Percentage of CDC Recommended Level:	27.5%
State Tobacco-Related Revenue:	$206,200,000

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

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

Smokefree Air: F

OVERVIEW OF STATE SMOKING RESTRICTIONS

Government work sites: **Restricted**

Private work sites: **No provision**

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

Child care facilities: **Prohibited**

Restaurants: **No provision**

Bars: **No provision**

Casinos/Gaming Establishments: **No provision**

Retail stores: **No provision**

E-Cigarettes Included: **No**

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

Citation: MISS. CODE ANN. §§ 29-5-161 (2007), 41-114-1 (2010), 97-32-29 (2000) & MS ADMIN CODE Tit. 15, Part III, Subpart 55 § 103.02 (2009).

Note: The Smokefree Air grade only examines state tobacco control law and does not reflect local smokefree ordinances. Mississippi has made great strides in protecting people from secondhand smoke by passing comprehensive local smokefree ordinances that cover 31% of the state's population.

Tobacco Taxes: F

CIGARETTE TAX:

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

OTHER TOBACCO PRODUCT TAXES:

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

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

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

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

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

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

Access to Cessation Services: F

OVERVIEW OF STATE CESSATION COVERAGE

STATE MEDICAID PROGRAM:

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

Medicaid Counseling: **Some counseling is covered**

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

Medicaid Expansion: **No**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

Counseling: **Minimal counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$2.17; the median investment per smoker is $2.26**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

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

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

Flavored Tobacco Products: F

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

Mississippi State Highlights:

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

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

Tobacco prevention and control issues were not a priority for the Mississippi Legislature in 2024. While comprehensive statewide smokefree bills that would have eliminated smoking in virtually all public places and workplaces, including restaurants, bars and casinos were introduced, all of them died in committee. House Bill 1415 also known as the Mississippi Tobacco Harm Reduction Act also died in committee. HB1415 would have limited the sale of vapor products to age-restricted businesses. Non age-restricted businesses would not derive more than 70% of its business revenue from tobacco, vapor, or CBD products. The American Lung Association and partners continue to support proven tobacco control policies that provide public health benefits for our youth.

Legislation to expand the state's Medicaid program to 138% of the federal poverty level, which would make Medicaid coverage for tobacco cessation available to thousands of more tobacco users was discussed extensively during the 2024 legislative session. A bill to expand without burdensome work requirements did pass by a veto-proof majority in the House. However, the Senate was unwilling to agree to this proposal and the Governor was adamantly opposed to any expansion.

There was increased legislative activity to secure tobacco industry priorities such as four U.S. Food and Drug Administration premarket tobacco application e-cigarette registry-related bills and two bills to secure preferential tax treatment for heated tobacco products. While the filed registry bills did not achieve final passage, the heated tobacco bill, Senate Bill 3105 that sets a lower tax rate on heated tobacco products than on cigarettes was approved by the governor in May 2024. The American Lung Association and partners will continue to monitor the tax implications of heated tobacco products and push back against industry influence.

There continues to be significant support in local municipalities for public health protections from secondhand smoke. According to the Mississippi State University Social Science Research Center, Mississippi Tobacco Data, a total of 189 cities and 7 counties have adopted comprehensive smokefree ordinances that cover private workplaces, restaurants and bars. This accounts for approximately 37% of Mississippians being protected by smokefree policies.

In 2025, the American Lung Association will continue to advocate for the benefits of tobacco control policies, including the need to protect all workers by passing comprehensive protections from secondhand smoke. In order to meet the bold goals in Mississippi, state legislators will need to recognize the health and economic burden of tobacco use and exposure to secondhand smoke on our state. The Lung Association will also continue to work with partners to ensure successful passage and preservation of comprehensive local smokefree ordinances.

Mississippi State Facts

Health Care Cost Due to Smoking:	$1,236,940,761
Adult Smoking Rate:	15.6%
Adult Tobacco Use Rate:	27.2%
High School Smoking Rate:	5.9%
High School Tobacco Use Rate:	21.6%
Middle School Smoking Rate:	1.5%
Smoking Attributable Deaths:	5,410

Adult smoking and tobacco use data come from CDC's 2023 Behavioral Risk Factor Surveillance System; adult tobacco use includes cigarettes, smokeless tobacco and e-cigarettes. High school smoking and tobacco use rates are taken from the 2021 Youth Risk Behavior Surveillance System. Middle school smoking rate is taken from the 2017 Youth Tobacco Survey.

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

Missouri Report Card

American Lung Association.
State of Tobacco Control
2025

Tobacco Prevention and Control Program Funding: F

FY2025 State Funding for Tobacco Control Programs:	$3,116,000
FY2025 Federal Funding for State Tobacco Control Programs:	$1,949,182*
FY2025 Total Funding for State Tobacco Control Programs:	$5,065,182
CDC Best Practices State Spending Recommendation:	$72,900,000
Percentage of CDC Recommended Level:	6.9%
State Tobacco-Related Revenue:	$219,600,000

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

Smokefree Air: F

OVERVIEW OF STATE SMOKING RESTRICTIONS

Government work sites: **Restricted**

Private work sites: **Restricted**

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

Child care facilities: **Prohibited**

Restaurants: **Restricted**

Bars: **No provision**

Casinos/Gaming Establishments: **No provision**

Retail stores: **Restricted**

E-Cigarettes Included: **No**

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

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

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

Tobacco Taxes: F

CIGARETTE TAX:

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

OTHER TOBACCO PRODUCT TAXES:

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

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

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

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

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

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

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

Access to Cessation Services: C

OVERVIEW OF STATE CESSATION COVERAGE

STATE MEDICAID PROGRAM:

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

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

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

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

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

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

STATE QUITLINE:

Investment per Smoker: **$0.82; the median investment per smoker is $2.26**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

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

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

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

Flavored Tobacco Products: F

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

Missouri State Highlights:

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

1. Increase funding for evidence-based tobacco prevention and cessation programs to help current smokers quit and prevent youth from ever starting;
2. Protect local solutions to address tobacco use and vaping by opposing statewide preemption; and
3. Support 100% smokefree indoor air laws for all workplaces, bars, restaurants, casinos/gaming establishments - including vape aerosol and cannabis smoke - without loopholes.

During the 2024 legislative session, Missouri lawmakers passed an appropriations bill that funded the tobacco prevention and control program at $3,016,000, which is a five percent increase from last year's funding level. This is due in no small part to the efforts of a legislative champion who advocated for a funding increase to the tobacco use prevention program.

Four pieces of legislation that would preempt stronger local tobacco product licensure and/or sales regulations were introduced. The bill that advanced the furthest included preemption of local tobacco product sales within a state Tobacco 21 bill and had two additional tobacco sales preemption amendments attached. Thanks to a coordinated effort among our health partners and key legislators, these preemptive policies did not advance further. Industry driven legislation to set up an e-cigarette directory based on U.S. Food and Drug Administration pre-market tobacco application status was also introduced, but also did not advance.

From 2023 to 2024, the number of tobacco industry lobbyist registrations increased from 31 to 42. Missouri is in the top 10 states with the most tobacco industry lobbyists (ASH, U.S. Tobacco Lobbyist and Lobbying Firm Registration Tracker, 2024). This number does not include two prominent lobbyists for industry allies, who frequently publicly support tobacco industry-backed bills.

The Missouri Department of Health and Senior Services Tobacco Prevention and Control Program (MO TPCP) launched a new website and educational campaign in 2024, "Show Me Smokefree," the goal of which is to raise awareness about the importance of smoke free air and comprehensive smoke free policies. The MO TPCP developed the Show Me Education and Compliance training for tobacco retailer to increase compliance with sale laws and to decrease sales and access to youth. Information on other important work being done by the program to reduce tobacco use and secondhand smoke exposure can be found on their website.

During the 2025 legislative session, the American Lung Association in Missouri will continue to focus on lung health and work with public health partners to increase tobacco control funding to bring Missouri closer to the Centers for Disease Control and Prevention-recommended level. The Lung Association will continue to educate state lawmakers and community members on the issue of preemption so that they are better equipped to avoid supporting bills that take away the rights of local communities to pass policies to protect their citizens from tobacco. The Lung Association will also support local and state laws to provide comprehensive protections from secondhand smoke in public places and workplaces.

Missouri State Facts

Health Care Cost Due to Smoking:	$3,032,471,478
Adult Smoking Rate:	15.3%
Adult Tobacco Use Rate:	23.6%
High School Smoking Rate:	5.1%
High School Tobacco Use Rate:	21.3%
Middle School Smoking Rate:	N/A
Smoking Attributable Deaths:	10,970

Adult smoking and tobacco use data come from CDC's 2023 Behavioral Risk Factor Surveillance System; adult tobacco use includes cigarettes, smokeless tobacco and e-cigarettes. High school smoking and tobacco use data come from CDCs 2021 Youth Risk Behavior Surveillance System. A current middle school smoking rate is not available for this state.

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

Montana Report Card

American Lung Association.
State of Tobacco Control
2025

MONTANA

Tobacco Prevention and Control Program Funding: F

FY2025 State Funding for Tobacco Control Programs:	$5,210,851
FY2025 Federal Funding for State Tobacco Control Programs:	$1,356,206*
FY2025 Total Funding for State Tobacco Control Programs:	$6,567,057
CDC Best Practices State Spending Recommendation:	$14,600,000
Percentage of CDC Recommended Level:	45%
State Tobacco-Related Revenue:	$85,600,000

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

Smokefree Air: B

OVERVIEW OF STATE SMOKING RESTRICTIONS

Government work sites: **Prohibited**

Private work sites: **Prohibited**

Schools: **Prohibited**

Child care facilities: **Prohibited**

Restaurants: **Prohibited**

Bars: **Prohibited**

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

Retail stores: **Prohibited**

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

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

Citation: MONT. CODE ANN. §§ 50-40-101 et seq. (2011).

Tobacco Taxes: F

CIGARETTE TAX:

Tax Rate per pack of 20: **$1.70**

OTHER TOBACCO PRODUCT TAXES:

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

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

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

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

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

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

Access to Cessation Services: A

OVERVIEW OF STATE CESSATION COVERAGE

STATE MEDICAID PROGRAM:

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

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

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

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **Most medications are covered**

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

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

STATE QUITLINE:

Investment per Smoker: **$5.44; the median investment per smoker is $2.26**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

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

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

Flavored Tobacco Products: F

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

Montana State Highlights:

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

1. Increase funding for Montana's Tobacco Use Prevention Program;
2. Defend Montana's comprehensive Clean Indoor Air Act; and
3. Include e-cigarettes in Montana's Clean Indoor Air Act.

The Montana Legislature did not hold a legislative session in 2024 as the Montana Constitution states the Montana Legislature meets for no longer than 90 days in each odd-numbered year.

The American Lung Association and stakeholders used this interim time to develop a strategic plan and goals for the next six years (including the next three legislative sessions). The plan, entitled "Montana Kids vs. Big Tobacco: A Game Plan for Winning a Tobacco-Free Montana," provides background and a summary of tobacco use in Montana along with recommendations to reduce the deadly impact of tobacco on the state.

The recommendations include the following:

1. Increase funding for the Montana Tobacco Use Prevention Program.
2. Include e-cigarettes in the Montana Clean Indoor Act (CIAA).
3. Clarify ambiguous state legislation to support the ability of local communities to adopt policies to protect their communities from chronic disease.
4. Amend the Montana constitution to raise the Minimum Legal Sales Age for the sale of tobacco products to 21.
5. Defend the Montana CIAA from the expansion of cigar bars and marijuana consumption lounges.
6. Implement a comprehensive tobacco retail license law.
7. Eliminate the sale of flavored commercial tobacco products.
8. Increase tobacco taxes.

Montana is at a critical time in the battle against death and disease caused by tobacco use. These ambitious recommendations are needed and now is the time to be diligent and tenacious in our efforts.

Providing adequate funding for tobacco prevention and cessation has been a long-standing pillar of evidence-based policies that reduce tobacco use. Increased funding for Montana's program is needed and will be a focus for the American Lung Association and stakeholders during the 2024 session. Defending and strengthening Montana's Clean Indoor Air Act is crucial. Fending off attempts to exempt cigar bars from this important public health law will be a priority.

Montana State Facts

Health Care Cost Due to Smoking:	$440,465,233
Adult Smoking Rate:	12.4%
Adult Tobacco Use Rate:	22.5%
High School Smoking Rate:	6.9%
High School Tobacco Use Rate:	25.5%
Middle School Smoking Rate:	4.4%
Smoking Attributable Deaths:	1,570

Adult smoking and tobacco use data come from CDC's 2023 Behavioral Risk Factor Surveillance System; adult tobacco use includes cigarettes, smokeless tobacco and e-cigarettes. High school smoking and tobacco use data come from the 2023 Montana Youth Risk Behavior Survey. Middle school smoking rate (8th grade only) is taken from the 2022 Montana Prevention Needs Assessment Survey.

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

Nebraska Report Card

American Lung Association.
State of Tobacco Control
2025

Tobacco Prevention and Control Program Funding: F

FY2025 State Funding for Tobacco Control Programs:	$3,652,146
FY2025 Federal Funding for State Tobacco Control Programs:	$439,313*
FY2025 Total Funding for State Tobacco Control Programs:	$4,091,459
CDC Best Practices State Spending Recommendation:	$20,800,000
Percentage of CDC Recommended Level:	19.7%
State Tobacco-Related Revenue:	$95,100,000

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

Thumbs up for Nebraska for increasing funding for its state tobacco control program by over $1 million from Juul settlement funds each of the last two fiscal years.

Smokefree Air: A

OVERVIEW OF STATE SMOKING RESTRICTIONS

Government work sites: **Prohibited**

Private work sites: **Prohibited**

Schools: **Prohibited**

Child care facilities: **Prohibited**

Restaurants: **Prohibited**

Bars: **Prohibited (allowed in cigar shops)**

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

Retail stores: **Prohibited**

E-Cigarettes Included: **Yes**

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

Citation: NEB. REV. STAT. §§ 71-5716 to 71-5735 (2020).

Tobacco Taxes: F

CIGARETTE TAX:

Tax Rate per pack of 20: **$0.64**

OTHER TOBACCO PRODUCT TAXES:

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

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

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

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

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

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

Access to Cessation Services: C

OVERVIEW OF STATE CESSATION COVERAGE

STATE MEDICAID PROGRAM:

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

Medicaid Counseling: **Some counseling is covered**

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

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

Counseling: **Some counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$1.63; the median investment per smoker is $2.26**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

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

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

Flavored Tobacco Products: F

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

Nebraska State Highlights:

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

1. Maintain and/or increase funding for tobacco prevention and cessation programs;
2. Oppose all forms of preemption of local tobacco control authority;
3. Increase tobacco taxes by a minimum of $1.00 per pack.

The 2024 Legislative Session was a short session – 60 days in an even number year versus 90 days in an odd number year. As a result of several contributing factors, Governor Jim Pillen called the Legislature into special session. The special session convened July 25 and met for 17 legislative days, making this special session the longest in Nebraska in more than 60 years.

In an effort to reduce property taxes in the state, the Governor advocated for a package of actions that would offset the decrease in revenue from a lower property tax. On July 29, 2024, Legislative Bill 11, introduced by Omaha Sen. Machaela Cavanaugh, would raise the tax on a pack of 20 cigarettes from 64 cents to $2.14 beginning October 1, 2024. Throughout the special session, the amount of the proposed tax fluctuated ($2.00, $1.50. $1.72, 68 cents and 34 cents were all proposed). At the end of the session, no cigarette tax increase passed the Legislature and Nebraska's tobacco tax remains 64 cents: among the lowest in the United States.

Prior to the start of the 2024 special session, Nebraska Medicaid announced it had added coverage for group counseling to their Medicaid coverage for tobacco cessation, effective July 1, 2024.

In Nebraska, lobbyists are registered by individuals and by their clients/lobbying firms. In 2024, Nebraska records indicate 11 tobacco industry lobbyists registrations. This was up from 9 tobacco industry lobbyists in 2023 and 8 in 2021.

In the 2025 legislative session in Nebraska, the American Lung Association and coalition partners will continue to promote increased funding for tobacco prevention and cessation programs and lay groundwork and cultivate tobacco control and prevention champions in the Legislature in the 2025 session.

Nebraska State Facts

Health Care Cost Due to Smoking:	$795,185,324
Adult Smoking Rate:	12.1%
Adult Tobacco Use Rate:	21.1%
High School Smoking Rate:	2.2%
High School Tobacco Use Rate:	10.6%
Middle School Smoking Rate:	N/A
Smoking Attributable Deaths:	2,510

Adult smoking and tobacco use data come from CDC's 2023 Behavioral Risk Factor Surveillance System; adult tobacco use includes cigarettes, smokeless tobacco and e-cigarettes. High school smoking and tobacco use data come from the 2023 Nebraska Youth Tobacco Survey. High school tobacco use includes cigarettes, cigars, smokeless tobacco, and electronic vapor products, as well as hookah, making it incomparable to other states. A current middle school smoking rate is not available for this state.

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

Nevada Report Card

American Lung Association.
State of Tobacco Control
2025

NEVADA

Tobacco Prevention and Control Program Funding: F

FY2025 State Funding for Tobacco Control Programs:	$950,000
FY2025 Federal Funding for State Tobacco Control Programs:	$1,384,475*
FY2025 Total Funding for State Tobacco Control Programs:	$2,334,475
CDC Best Practices State Spending Recommendation:	$30,000,000
Percentage of CDC Recommended Level:	7.8%
State Tobacco-Related Revenue:	$195,400,0000

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

Thumbs down for Nevada for decreasing funding for its state tobacco control program by $2.5 million each of the last two fiscal years.

Smokefree Air: C

OVERVIEW OF STATE SMOKING RESTRICTIONS

Government work sites: **Prohibited**

Private work sites: **Prohibited**

Schools: **Prohibited**

Child care facilities: **Prohibited**

Restaurants: **Prohibited**

Bars: **Restricted (smoking allowed in bars or parts of bars if age-restricted)**

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

Retail stores: **Prohibited**

E-Cigarettes Included: **Yes**

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

Citation: NEV. REV. STAT. § 202.2483 (2019).

* Smoking is allowed on casinos floors but is prohibited anywhere children are allowed to be.

Tobacco Taxes: F

CIGARETTE TAX:

Tax Rate per pack of 20: **$1.80**

OTHER TOBACCO PRODUCT TAXES:

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

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

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

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

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

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

Access to Cessation Services: F

OVERVIEW OF STATE CESSATION COVERAGE

STATE MEDICAID PROGRAM:

Medicaid Medications: **Most medications are covered**

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

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

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **Some medications are covered**

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

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

STATE QUITLINE:

Investment per Smoker: **$0.86; the median investment per smoker is $2.26**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **Yes**

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

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

Flavored Tobacco Products: F

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

Nevada State Highlights:

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

1. Protect and expand the Nevada Clean Indoor Air Act;
2. Increase funding for the state's tobacco prevention and control program; and
3. Update the state tobacco retailer licensing program.

The American Lung Association in Nevada along with partners from the Nevada Tobacco Prevention Coalition continued to lead state efforts to prevent and reduce tobacco use in 2024. Priorities of the Coalition continue to center around expansion of the Nevada Clean Indoor Air Act and proper funding for the state's tobacco prevention and control program. The American Lung Association in Nevada priorities continue to be building support and political will in order to advance comprehensive smokefree protections at the local level and state level.

The Nevada legislature only meets in odd numbered years, so in 2024 the American Lung Association in Nevada continued its work on the local level to educate communities about the dangers of tobacco use. Hundreds of thousands of workers in Nevada remain exposed to toxic secondhand smoke in public places and workplaces, and the Lung Association continues to engage in conversations about strengthening local or statewide smokefree laws.

Moving forward in 2025, Nevada only funds its state tobacco prevention and cessation program at 3% of the Centers for Disease Control and Prevention's funding recommendation with minimal state funding of about $1 million a year in the current two-year state budget. This funding level represented a significant cut from the past several two-year state budgets. Nevada received $220 million from tobacco Master Settlement Agreement payments and tobacco taxes in fiscal year 2024. These funds can and should be used to increase funding for efforts to prevent and reduce tobacco use, which will also save the state money in healthcare costs. The American Lung Association will make it a priority in 2025 to educate our legislature about the importance of well-funded tobacco prevention and cessation programs.

Nevada State Facts

Health Care Cost Due to Smoking:	$1,080,272,434
Adult Smoking Rate:	14.2%
Adult Tobacco Use Rate:	21.9%
High School Smoking Rate:	2.9%
High School Tobacco Use Rate:	N/A
Middle School Smoking Rate:	2.0%
Smoking Attributable Deaths:	4,050

Adult smoking and tobacco use data come from CDC's 2023 Behavioral Risk Factor Surveillance System; adult tobacco use includes cigarettes, smokeless tobacco and e-cigarettes. High school and middle school smoking data come from the 2023 Nevada Youth Risk Behavior Survey. A current high school tobacco use rate is not available for this state.

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

New Hampshire Report Card

American Lung Association.
State of Tobacco Control
2025

NEW HAMPSHIRE

Tobacco Prevention and Control Program Funding: F

FY2025 State Funding for Tobacco Control Programs:	$606,841
FY2025 Federal Funding for State Tobacco Control Programs:	$1,144,210*
FY2025 Total Funding for State Tobacco Control Programs:	$1,751,051
CDC Best Practices State Spending Recommendation:	$16,500,000
Percentage of CDC Recommended Level:	10.6%
State Tobacco-Related Revenue:	$226,500,000

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

Smokefree Air: F

OVERVIEW OF STATE SMOKING RESTRICTIONS

Government work sites: **Restricted**

Private work sites: **Restricted**

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

Child care facilities: **Prohibited**

Restaurants: **Prohibited**

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

Casinos/Gaming Establishments: **Restricted**

Retail stores: **Restricted**

E-Cigarettes Included: **Yes**

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

Citation: N.H. REV. STAT. ANN. §§ 155:64 to 155:78 (2019) & 178:20-a (2018).

Tobacco Taxes: F

CIGARETTE TAX:

Tax Rate per pack of 20: **$1.78**

OTHER TOBACCO PRODUCT TAXES:

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

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

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

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

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

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

Access to Cessation Services: D

OVERVIEW OF STATE CESSATION COVERAGE

STATE MEDICAID PROGRAM:

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

Medicaid Counseling: **Most counseling is covered**

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

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

Counseling: **Most counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$1.09; the median investment per smoker is $2.26**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

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

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

Flavored Tobacco Products: F

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

New Hampshire State Highlights:

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

1. Provide increased funding for the New Hampshire tobacco control and prevention program;
2. Defend against rollbacks to and close loopholes in smokefree laws; and
3. Increase the cigarette excise tax and establish e-cigarette tax parity.

Despite the New Hampshire Tobacco Prevention program being woefully underfunded at only approximately 10% of the level recommended by the U.S. Centers for Disease Control and Prevention (CDC) when federal funding from CDC is included, the level of state funding remained flat in 2024. Significantly increasing funding for New Hampshire's tobacco prevention and treatment efforts remains the top priority for the 2025 session.

Unfortunately, during the 2024 session, the New Hampshire General Court enacted legislation, which Governor Sununu signed into law, that will expand "hookah bars" across the Granite state. With the new law, existing cigar bars can now offer hookah, and new and existing hookah bars will not have to meet a minimum cigar sales threshold.

The American Lung Association in New Hampshire will continue to work with our coalition partners including the Tobacco Free New Hampshire Network, New Hampshire Public Health Association, the American Heart Association, Breathe New Hampshire, American Cancer Society Cancer Action Network and others to advance tobacco control and prevention efforts. As the legislature begins its work in 2025, we will continue to educate policymakers, Granite State residents and business leaders and the media of the importance of the Lung Association's goals to reduce tobacco use and protect public health.

New Hampshire State Facts

Health Care Cost Due to Smoking:	$728,895,693
Adult Smoking Rate:	10.4%
Adult Tobacco Use Rate:	16.8%
High School Smoking Rate:	5.5%
High School Tobacco Use Rate:	N/A
Middle School Smoking Rate:	N/A
Smoking Attributable Deaths:	1,940

Adult smoking and tobacco use data come from CDC's 2023 Behavioral Risk Factor Surveillance System; adult tobacco use includes cigarettes, smokeless tobacco and e-cigarettes. High school smoking rate is taken from CDCs 2019 Youth Risk Behavior Surveillance System. A current high school tobacco use rate and middle school smoking rate are not available for this state.

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

New Jersey Report Card

American Lung Association.
State of Tobacco Control
2025

NEW JERSEY

Tobacco Prevention and Control Program Funding: F

FY2025 State Funding for Tobacco Control Programs:	$7,560,993
FY2025 Federal Funding for State Tobacco Control Programs:	$1,855,458*
FY2025 Total Funding for State Tobacco Control Programs:	$9,416,451
CDC Best Practices State Spending Recommendation:	$103,300,000
Percentage of CDC Recommended Level:	9.1%
State Tobacco-Related Revenue:	$670,500,000

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

Smokefree Air: B

OVERVIEW OF STATE SMOKING RESTRICTIONS

Government work sites: **Prohibited**

Private work sites: **Prohibited**

Schools: **Prohibited**

Child care facilities: **Prohibited**

Restaurants: **Prohibited**

Bars: **Prohibited (allowed in cigar bars/lounges)**

Casinos/Gaming Establishments: **Restricted***

Retail stores: **Prohibited**

E-Cigarettes Included: **Yes**

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

Citation: N.J. STAT. ANN. §§ 26:3D-55 to 26:3D-64 (2020).

* Smoking in indoor areas of horse tracks is prohibited by state law. Atlantic City, NJ where all the state's casinos are located, has an ordinance restricting smoking to 25% of the gaming floors of casinos.

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

Tobacco Taxes: F

CIGARETTE TAX:

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

OTHER TOBACCO PRODUCT TAXES:

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

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

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

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

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

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

Access to Cessation Services: C

OVERVIEW OF STATE CESSATION COVERAGE

STATE MEDICAID PROGRAM:

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

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

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

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

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

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

STATE QUITLINE:

Investment per Smoker: **$0.66; the median investment per smoker is $2.26**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **Yes**

Tobacco Surcharge: **Prohibits tobacco surcharges**

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

Flavored Tobacco Products: D

Restrictions on Flavored Tobacco Products: **All flavored e-cigarettes prohibited in all locations**

New Jersey State Highlights:

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

1. Finally make New Jersey smokefree by closing the loophole which continues to allow smoking and e-cigarette use in New Jersey's casinos;
2. Significantly increase the cigarette tax and tax on other tobacco products and devote funding to the state's tobacco control efforts; and
3. Prohibit the sale of all flavored tobacco products.

The plight of New Jersey's casino workers has become a major statewide issue and has garnered national attention. Unfortunately, promises have been made and broken from the legislature when it comes to passing a smokefree casinos bill. However, the longer the legislature continues to delay action, the more casino workers join the efforts to push for bill passage.

New Jersey continues to see an unholy alliance of the casino industry working side by side with the tobacco industry and its front groups. The organized interests in opposition to smokefree casinos use the tobacco industry's playbook minimizing the health effects of employees who continue to be exposed to deadly secondhand smoke, while the industry exaggerates their economic arguments. Smokefree casinos are flourishing nationwide including right over the state line in Philadelphia. The industry has tried to push forward alternative "compromise bills", which would continue to expose casino workers to secondhand smoke. The only thing that those bills do is continue to compromise the health of casino workers and they are non-starters.

In October of 2024, the American Lung Association was pleased to give the C. Everett Koop Unsung Hero Award to CEASE (Casino Employees Against Smoking Effects) at the Clearing the Air Conference. The C. Everett Koop Award honors the individuals who work to change policy to prevent kids from starting and help tobacco users quit. These unsung heroes are the ones who make a tobacco-free future possible by working to end the tobacco epidemic. CEASE leaders and members are frontline casino workers including table games dealers, slot techs, cleaning staff, and security officers. Many earn the minimum wage. With no background in politics or public health, these individuals have become seasoned spokespeople in the press and advocates with legislators. They have used their personal time to attend hearings, rallies, media events, and meetings with lawmakers and legislative staff in their efforts to achieve permanent smokefree workplace protections.

It is time for legislative leaders in Trenton to finally break the gridlock and commit to putting the health of casino workers first. New Jersey was an early national leader in smokefree efforts, but Atlantic City's casino workers must be afforded the same smokefree protections that workers across the state have enjoyed for over two decades in 2025. Additionally, New Jersey needs to regain its nationwide leadership role by passing a significant tobacco excise tax, increasing tobacco control program funding and preventing the sale of flavored tobacco products.

New Jersey State Facts

Health Care Cost Due to Smoking:	$4,065,531,641
Adult Smoking Rate:	9.1%
Adult Tobacco Use Rate:	14.4%
High School Smoking Rate:	3.7%
High School Tobacco Use Rate:	N/A
Middle School Smoking Rate:	N/A
Smoking Attributable Deaths:	11,780

Adult smoking and tobacco use data come from CDC's 2023 Behavioral Risk Factor Surveillance System; adult tobacco use includes cigarettes, smokeless tobacco and e-cigarettes. High school smoking rate is taken from the 2021 Youth Risk Behavior Surveillance System. A current middle school smoking rate and high school tobacco use rate is not available for this state.

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

New Mexico Report Card

American Lung Association.
State of Tobacco Control
2025

NEW MEXICO

Tobacco Prevention and Control Program Funding: F

FY2025 State Funding for Tobacco Control Programs:	$5,684,500
FY2025 Federal Funding for State Tobacco Control Programs:	$1,142,861*
FY2025 Total Funding for State Tobacco Control Programs:	$6,827,361
CDC Best Practices State Spending Recommendation:	$22,800,000
Percentage of CDC Recommended Level:	29.9%
State Tobacco-Related Revenue:	$111,400,000

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

Smokefree Air: B

OVERVIEW OF STATE SMOKING RESTRICTIONS

Government work sites: **Prohibited**

Private work sites: **Prohibited**

Schools: **Prohibited**

Child care facilities: **Prohibited**

Restaurants: **Prohibited**

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

Casinos/Gaming Establishments: **No provision**

Retail stores: **Prohibited**

E-Cigarettes Included: **Yes**

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

Citation: N.M. STAT. ANN. §§ 24-16-1 et seq. (2019).

Tobacco Taxes: D

CIGARETTE TAX:

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

OTHER TOBACCO PRODUCT TAXES:

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

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

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

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

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

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

Access to Cessation Services: A

OVERVIEW OF STATE CESSATION COVERAGE

STATE MEDICAID PROGRAM:

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

Medicaid Counseling: **Some counseling is covered**

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

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **Limited medications are covered**

Counseling: **Some counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$7.35; the median investment per smoker is $2.26**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **Yes**

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

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

Flavored Tobacco Products: F

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

New Mexico State Highlights:

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

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

The American Lung Association provides leadership in convening partners and guiding public policy efforts to continue the state's success in reducing the impact of tobacco among New Mexicans. Together with our partners, the Lung Association works to ensure tobacco control and prevention remains a priority for state legislators and local decision makers.

In 2024, the Lung Association's focus was to continue to educate legislators, legislative staff, and the general public about smoking and the importance of providing tobacco cessation programs for adults and youth, and the dangers of secondhand smoke. Funding for the state tobacco control program from tobacco Master Settlement Agreement dollars have seen cuts in recent years and falls well short of the Centers for Disease Control and Prevention-recommended levels. During the 2024 legislative session, the Lung Association along with our partners worked to pass legislation that moves $330 million to the Tobacco Settlement Permanent Fund by removing it from the state's reserve fund. This will help generate more revenue for programmatic uses including tobacco prevention and cessation programs.

Moving forward in 2025, the American Lung Association will once again make it a priority to educate our legislature and communities about the dangers of tobacco use, the importance of a well-funded tobacco prevention and cessation programs.

New Mexico State Facts

Health Care Cost Due to Smoking:	$843,869,235
Adult Smoking Rate:	12.2%
Adult Tobacco Use Rate:	21%
High School Smoking Rate:	3.7%
High School Tobacco Use Rate:	25.6%
Middle School Smoking Rate:	N/A
Smoking Attributable Deaths:	2,630

Adult smoking and tobacco use data come from CDC's 2023 Behavioral Risk Factor Surveillance System; adult tobacco use includes cigarettes, smokeless tobacco and e-cigarettes. High school smoking and tobacco use data come from the 2021 Youth Risk Behavior Surveillance System. A current middle school smoking rate is not available for this state.

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

New York Report Card

American Lung Association.
State of Tobacco Control
2025

NEW YORK

Tobacco Prevention and Control Program Funding: F

FY2025 State Funding for Tobacco Control Programs:	$39,233,600
FY2025 Federal Funding for State Tobacco Control Programs:	$2,905,769*
FY2025 Total Funding for State Tobacco Control Programs:	$42,139,369
CDC Best Practices State Spending Recommendation:	$203,000,000
Percentage of CDC Recommended Level:	20.8%
State Tobacco-Related Revenue:	$1,567,100,000

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

Thumbs down for New York for not retaining a $7.5 million funding increase for its state tobacco control program from last fiscal year.

Smokefree Air: A

OVERVIEW OF STATE SMOKING RESTRICTIONS

Government work sites: **Prohibited**

Private work sites: **Prohibited**

Schools: **Prohibited**

Child care facilities: **Prohibited**

Restaurants: **Prohibited**

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

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

Retail stores: **Prohibited**

E-Cigarettes Included: **Yes**

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

Citation: N.Y. [PUB. HEALTH] LAW §§ 1399-n to 1399-x (2022).

Tobacco Taxes: B

CIGARETTE TAX:

Tax Rate per pack of 20: **$5.35**

OTHER TOBACCO PRODUCT TAXES:

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

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

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

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

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

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

Thumbs up for New York for having the highest state cigarette tax in the country.

Access to Cessation Services: B

OVERVIEW OF STATE CESSATION COVERAGE

STATE MEDICAID PROGRAM:

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

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

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

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **Most medications are covered**

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

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

STATE QUITLINE:

Investment per Smoker: **$3.33; the median investment per smoker is $2.26**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **Yes**

Tobacco Surcharge: **Prohibits tobacco surcharges**

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

Flavored Tobacco Products: D

Restrictions on Flavored Tobacco Products: **Most flavored e-cigarettes prohibited in all locations**

Thumbs down for New York for failing to pass legislation to end the sale of all flavored tobacco products statewide or to improve enforcement of existing law.

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New York State Highlights:

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

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

New York saw a slow year when it comes to statewide policy to prevent and reduce tobacco use in 2024. After a tobacco tax increase in 2023, hopes were high that legislators would build on that success to further fight tobacco use. Early in the legislative session, it was clear there was not an appetite to pass a comprehensive bill to prohibit the sale of flavored tobacco products. In addition, $7 million in additional funding for the state tobacco control program in the fiscal year 2024 budget was not retained in the fiscal year 2025 budget bringing state funding back to the just under $40 million level it had been at for many years before last year.

After these developments, advocates then focused efforts on closing loopholes in the state's tobacco laws that have caused challenges to effective enforcement of its prohibition on flavored e-cigarettes. Additionally, other loopholes and vague language in the current law allow retailers to deny inspectors access to their stores, allow distributors to continue to carry and sell prohibited products to merchants, and retailers to claim they are selling products remotely. The industry has also found a way around the e-cigarette flavor law with additives that do not taste like tobacco and create a cooling effect for the user, mimicking the flavored e-cigarettes that are illegal. Despite strong advocacy efforts, the legislature was not willing to close these loopholes leaving the status quo in place.

Despite the lack of state legislative tobacco control efforts in 2024, there was important progress. The state of New York and some of its localities began to receive funding from the settlements with Juul Labs, Inc. These funds are being used in numerous ways to counter the actions that Juul took to addict youth to its products. Additionally, local education and advocacy efforts in towns and counties across the state continue. These efforts focus on local flavored tobacco sale prohibitions and establishing tobacco retailer licenses and other zoning laws to combat tobacco use.

New York has been a nationwide leader on tobacco control efforts but must continue to move forward with aggressive efforts to combat the number one preventable cause of death and disease in the state. Lawmakers at all levels of government must make progress in 2025 on these initiatives.

New York State Facts

Health Care Cost Due to Smoking:	$10,389,849,268
Adult Smoking Rate:	9.3%
Adult Tobacco Use Rate:	15%
High School Smoking Rate:	2.1%
High School Tobacco Use Rate:	20.8%
Middle School Smoking Rate:	N/A
Smoking Attributable Deaths:	28,170

Adult smoking and tobacco use data come from CDC's 2023 Behavioral Risk Factor Surveillance System; adult tobacco use includes cigarettes, smokeless tobacco and e-cigarettes. High school smoking and tobacco use data come from the 2022 New York Youth Tobacco Survey. High school tobacco use includes cigarettes, cigars, smokeless tobacco, and electronic vapor products, as well as hookah, making it incomparable to other states. A current middle school smoking rate is not available for this state.

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

North Carolina Report Card

American Lung Association.
State of Tobacco Control
2025

NORTH CAROLINA

Tobacco Prevention and Control Program Funding: F

FY2025 State Funding for Tobacco Control Programs:	$13,349,600
FY2025 Federal Funding for State Tobacco Control Programs:	$2,353,231*
FY2025 Total Funding for State Tobacco Control Programs:	$15,702,831
CDC Best Practices State Spending Recommendation:	$99,300,000
Percentage of CDC Recommended Level:	15.8%
State Tobacco-Related Revenue:	$401,500,000

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

Smokefree Air: F

OVERVIEW OF STATE SMOKING RESTRICTIONS

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

Private work sites: **No provision**

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

Child care facilities: **Restricted**

Restaurants: **Prohibited**

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

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

Retail stores: **No provision**

E-Cigarettes Included: **No**

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

Citation: N.C. GEN. STAT. §§ 130A-491 to 130A-498 (2010), 115C-407 (2007), 131D-4.4 (2007) & 131E-114.3 (2007).

Tobacco Taxes: F

CIGARETTE TAX:

Tax Rate per pack of 20: **$0.45**

OTHER TOBACCO PRODUCT TAXES:

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

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

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

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

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

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

Access to Cessation Services: D

OVERVIEW OF STATE CESSATION COVERAGE

STATE MEDICAID PROGRAM:

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

Medicaid Counseling: **Some counseling is covered**

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

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

Counseling: **Some counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$1.89; the median investment per smoker is $2.26**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

Tobacco Surcharge: **Limits tobacco surcharges**

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

Flavored Tobacco Products: F

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

North Carolina State Highlights:

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

1. Raise the legal age to sell tobacco products to 21 to be in line with Federal law;
2. Implement a comprehensive tobacco retail licensing system, including e-cigarette retailers; and
3. Increase funding for the North Carolina tobacco prevention and control program.

During the 2024 legislative session in North Carolina policymakers did not prioritize strong tobacco prevention and control policies.

The tobacco industry successfully added language to two pieces of legislation in their favor. House Bill 900 was originally intended to keep a school from closing, but after passing one chamber big tobacco companies successfully added language to create a directory of vapor products and consumable products based on U.S. Food and Drug Administration pre-market tobacco application status. The other chamber was forced to vote favorably to keep the school open. The Lung Association and partners spoke with the Governor's office and legislators to share our concerns and educate staff on the bill. The bill was ultimately signed into law.

Senate Bill 527 included language removing the requirement for cigar bars to be located in a freestanding structure. This was an omnibus health-related bill that the tobacco industry again added language to after already passing one chamber. This bill also ultimately became law.

Thanks to the leadership of then Attorney General and now Governor Josh Stein, payments from the settlement with Juul he secured continued to be allocated to e-cigarette prevention and education activities through North Carolina's tobacco prevention and control program in fiscal year 2025. Total state funding for the program, including the Juul settlement, stood at over $13.3 million.

In 2025, the American Lung Association in North Carolina will join our tobacco control partners, including the North Carolina Alliance for Health, to educate state legislators about the health and economic benefits of strong tobacco control policies. This includes the state policy goals highlighted above.

North Carolina State Facts

Health Care Cost Due to Smoking:	$3,809,676,476
Adult Smoking Rate:	13.2%
Adult Tobacco Use Rate:	21.6%
High School Smoking Rate:	3.9%
High School Tobacco Use Rate:	N/A
Middle School Smoking Rate:	2.4%
Smoking Attributable Deaths:	14,220

Adult smoking and tobacco use data come from CDC's 2023 Behavioral Risk Factor Surveillance System; adult tobacco use includes cigarettes, smokeless tobacco and e-cigarettes. High school smoking rate comes from CDC's 2021 Youth Risk Behavioral Surveillance System. Middle school smoking rate comes from the 2019 North Carolina Youth Tobacco Survey. A current high school tobacco use rate is not available for this state.

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

North Dakota Report Card

American Lung Association.
State of Tobacco Control
2025

Tobacco Prevention and Control Program Funding: B

FY2025 State Funding for Tobacco Control Programs:	$6,056,884
FY2025 Federal Funding for State Tobacco Control Programs:	$1,055,244*
FY2025 Total Funding for State Tobacco Control Programs:	$7,112,128
CDC Best Practices State Spending Recommendation:	$9,800,000
Percentage of CDC Recommended Level:	72.6%
State Tobacco-Related Revenue:	$42,700,000

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

Smokefree Air: A

OVERVIEW OF STATE SMOKING RESTRICTIONS

Government work sites: **Prohibited**

Private work sites: **Prohibited**

Schools: **Prohibited**

Child care facilities: **Prohibited**

Restaurants: **Prohibited**

Bars: **Prohibited**

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

Retail stores: **Prohibited**

E-Cigarettes Included: **Yes**

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

Citation: N.D. CENT. CODE §§ 23-12-9 to 23-12-11 (2023).

Tobacco Taxes: F

CIGARETTE TAX:

Tax Rate per pack of 20: **$0.44**

OTHER TOBACCO PRODUCT TAXES:

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

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

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

Tax on Pipe/RYO Tobacco: **Equalized: Yes; Weight-Based: Yes**

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

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

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

Access to Cessation Services: A

OVERVIEW OF STATE CESSATION COVERAGE

STATE MEDICAID PROGRAM:

Medicaid Medications: **All medications are covered**

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

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

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **Some medications are covered**

Counseling: **Some counseling is covered**

Barriers to Coverage: **Minimal barriers exist to access care**

STATE QUITLINE:

Investment per Smoker: **$11.11; the median investment per smoker is $2.26**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **Yes**

Tobacco Surcharge: **No prohibition or limitation on tobacco surcharges**

Citation: See North Dakota Tobacco Cessation Coverage page for coverage details.

Flavored Tobacco Products: F

Restrictions on Flavored Tobacco Products: **No state law or regulation**

North Dakota State Highlights:

American Lung Association.
State of Tobacco Control
2025

Tobacco use remains the leading cause of preventable death and disease in the United States and in North Dakota. To address this enormous toll, the American Lung Association calls for the following actions to be taken by North Dakota's elected officials:

1. Raise the state tobacco tax currently at .44 per pack;
2. Tax electronic delivery devices; and
3. Keep the Indoor Smoke Free Air Law strong.

In 2024, North Dakota was in the middle of their legislative biennium, with no convening of the legislature until 2025. North Dakota is ranked at 49th in the U.S. for its tobacco tax of 44 cents per pack. The tax has not been raised since 1993 leaving prices of commercial tobacco products in the state dangerously low. Funding for the state's tobacco prevention and control program in the North Dakota Department of Health remains the same as last year under the two-year state budget passed in 2023.

At the local level, the Valley City Council placed an advisory question on the June 2024 city-wide election ballot in an effort to overturn the 2016 ordinance that Restricted the sale of all flavored vape products. The American Lung Association, along with local advocates and state and national partners, worked to defeat this effort. As a result, an overwhelming 68% of voters chose to keep the existing restrictions in place, protecting the health of their community.

The American Lung Association will continue its work in 2025 to educate both state and local decision makers about the benefits of a higher tobacco tax on all tobacco products, including electronic delivery devices and to keep the state Clean Indoor Air Law strong.

North Dakota State Facts

Health Care Cost Due to Smoking:	$325,798,988
Adult Smoking Rate:	13.3%
Adult Tobacco Use Rate:	23.8%
High School Smoking Rate:	5.9%
High School Tobacco Use Rate:	23%
Middle School Smoking Rate:	N/A
Smoking Attributable Deaths:	980

Adult smoking and tobacco use data come from CDC's 2023 Behavioral Risk Factor Surveillance System; adult tobacco use includes cigarettes, smokeless tobacco and e-cigarettes. High school smoking and tobacco use rates are taken from the 2021 Youth Risk Behavior Surveillance System. A current middle school smoking rate is not available for this state.

Health impact information is taken from the Smoking Attributable Mortality, Morbidity and Economic Costs (SAMMEC) software. Smoking attributable deaths reflect average annual estimates for the period 2005-2009 and are calculated for persons aged 35 years and older. Smoking-attributable healthcare expenditures are based on 2004 smoking-attributable fractions and 2009 personal healthcare expenditure data. Deaths and expenditures should not be compared by state.

Ohio Report Card

American Lung Association.
State of Tobacco Control
2025

OHIO

Tobacco Prevention and Control Program Funding: F

FY2025 State Funding for Tobacco Control Programs:	$7,780,000
FY2025 Federal Funding for State Tobacco Control Programs:	$2,464,914*
FY2025 Total Funding for State Tobacco Control Programs:	$10,244,914
CDC Best Practices State Spending Recommendation:	$132,000,000
Percentage of CDC Recommended Level:	7.8%
State Tobacco-Related Revenue:	$1,028,600,000

* Includes tobacco prevention and cessation funding provided to states from the Centers for Disease Control and Prevention.

Thumbs down for Ohio for decreasing state funding for its tobacco control program by over $7 million each of the last two fiscal years.

Smokefree Air: I*

OVERVIEW OF STATE SMOKING RESTRICTIONS

Government work sites: **Prohibited**

Private work sites: **Prohibited**

Schools: **Prohibited**

Child care facilities: **Prohibited**

Restaurants: **Prohibited**

Bars: **Prohibited**

Casinos/Gaming Establishments: **Prohibited**

Retail stores: **Prohibited**

E-Cigarettes Included: **Yes**

Preemption/Local Opt-Out: **No**

Citation: OHIO REV. CODE ANN §§ 3794.01 to 3794.09 (2023).

* Ohio is receiving an "I" for Incomplete grade due to the uncertainty around whether preemption of stronger local smokefree ordinances is in place.

Tobacco Taxes: F

CIGARETTE TAX:

Tax Rate per pack of 20: **$1.60**

OTHER TOBACCO PRODUCT TAXES:

Tax on Little Cigars: **Equalized: Yes; Weight-Based: No**

Tax on Large Cigars: **Equalized: No; Weight-Based: No**

Tax on Smokeless Tobacco: **Equalized: No; Weight-Based: No**

Tax on Pipe/RYO Tobacco: **Equalized: No; Weight-Based: No**

Tax on E-cigarettes: **Equalized: No; Weight-Based: Yes**

For more information on tobacco taxes, go to: www.lung.org/slati

Access to Cessation Services: C

OVERVIEW OF STATE CESSATION COVERAGE

STATE MEDICAID PROGRAM:

Medicaid Medications: **All 7 medications are covered**

Medicaid Counseling: **All 3 types of counseling are covered**

Medicaid Barriers to Coverage: **Minimal barriers exist to access care**

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

Counseling: **All 3 types of counseling are covered**

Barriers to Coverage: **Minimal barriers exist to access care**

STATE QUITLINE:

Investment per Smoker: **$1.59; the median investment per smoker is $2.26**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

Tobacco Surcharge: **No prohibition or limitation on tobacco surcharges**

Citation: See Ohio Tobacco Cessation Coverage page for coverage details.

Thumbs up for Ohio for providing comprehensive coverage of all tobacco cessation medications and types of counseling with minimal barriers to Medicaid enrollees.

Flavored Tobacco Products: F

Restrictions on Flavored Tobacco Products: **No state law or regulation**

Ohio State Highlights:

Tobacco use remains the leading cause of preventable death and disease in the United States and in Ohio. To address this enormous toll, the American Lung Association calls for the following actions to be taken by Ohio's elected officials:

1 Increase the cigarette tax by $1.50 per pack and establish tax parity across all tobacco products;

2. Defend the state's smokefree workplace law from rollbacks or added exemptions; and

3. Restore the funding for tobacco prevention and cessation programs bringing it closer to the Centers for Disease Control and Prevention (CDC)s recommendation for Ohio.

The Lung Association was pleased that Ohio Governor Mike DeWine, a long-time champion on preventing and reducing tobacco use, has vetoed two attempts by the legislature to preempt local communities from regulating tobacco products. This proposed preemption was a reaction to the city of Columbus enacting a comprehensive prohibition on the sale of all flavored tobacco products in the fall of 2022 that took effect January 1, 2024. However, the 2024 legislative session began with the Ohio Senate completing an override of the veto and hampering local tobacco prevention work in Ohio on licensure, flavors and smokefree air protections.

The Lung Association is supporting legal challenges brought by Columbus and several other municipalities in Ohio to reverse this measure. A decision at the Ohio district court level was favorable to the municipalities and overturned preemption based on home rule provisions in the Ohio state constitution. The case is currently before the Ohio Court of Appeals.

During 2024, efforts to create more indoor smoking establishments in Ohio were proposed but fortunately did not pass. In 2006, Ohioans voted to prohibit smoking in virtually all public places and workplaces. However, tobacco retailers could continue to allow smoking indoors if 80% of their revenue is generated from certain tobacco products. This session House Bill 530 was introduced that reduced that threshold to 15% and made it easier to obtain liquor licenses – essentially returning to smoking in bars. In 2025, the Lung Association will continue to defend the state's popular smokefree workplace law from being undermined.

Tobacco prevention work continues to be at risk in Ohio as a result of the 50% funding reduction in tobacco prevention and cessation programs in the two-year state budget passed in 2023. These programs are vitally needed to help reduce rates of tobacco use in Ohio, which still remain well above the national average. As the next two-year budget is drafted in 2025, the Lung Association calls on the legislature to continue to increase its investment in tobacco prevention and cessation. Ohio spends only 8% of what is recommended by the CDC for a state of our size. The revenue raised by increasing taxes on tobacco products could help fund further increases in tobacco control and prevention funding.

The American Lung Association will continue to work with our coalition partners to advance tobacco control and prevention policies. As the legislature begins its work in 2025, the Lung Association will continue to grow our coalition to educate policymakers, business leaders and the media of the importance of the Lung Association's goals to reduce tobacco use and protect public health.

Ohio State Facts

Health Care Cost Due to Smoking:	$5,647,310,236
Adult Smoking Rate:	15%
Adult Tobacco Use Rate:	22.7%
High School Smoking Rate:	3.3%
High School Tobacco Use Rate:	20.4%
Middle School Smoking Rate:	3.1%
Smoking Attributable Deaths:	20,180

Adult smoking and tobacco use data come from CDC's 2023 Behavioral Risk Factor Surveillance System; adult tobacco use includes cigarettes, smokeless tobacco and e-cigarettes. High school smoking and tobacco use rates are taken from the 2021 Youth Risk Behavior Surveillance System. Middle school smoking rate is taken from the 2021 Ohio Youth Tobacco Survey.

Health impact information is taken from the Smoking Attributable Mortality, Morbidity and Economic Costs (SAMMEC) software. Smoking attributable deaths reflect average annual estimates for the period 2005-2009 and are calculated for persons aged 35 years and older. Smoking-attributable healthcare expenditures are based on 2004 smoking-attributable fractions and 2009 personal healthcare expenditure data. Deaths and expenditures should not be compared by state.

Oklahoma Report Card

American Lung Association.
State of Tobacco Control
2025

Tobacco Prevention and Control Program Funding: A

FY2025 State Funding for Tobacco Control Programs:	$36,353,050
FY2025 Federal Funding for State Tobacco Control Programs:	$1,618,668*
FY2025 Total Funding for State Tobacco Control Programs:	$37,971,718
CDC Best Practices State Spending Recommendation:	$42,300,000
Percentage of CDC Recommended Level:	89.8%
State Tobacco-Related Revenue:	$433,300,000

* Includes tobacco prevention and cessation funding provided to states from the Centers for Disease Control and Prevention.

Thumbs up for Oklahoma for continuing to constitutionally protect the state's allocation of tobacco settlement dollars, so a consistent and increasing investment in tobacco prevention and cessation can be made.

Smokefree Air: F

OVERVIEW OF STATE SMOKING RESTRICTIONS

Government work sites: **Restricted (prohibited on state government property)**

Private work sites: **Restricted**

Schools: **Prohibited**

Child care facilities: **Prohibited**

Restaurants: **Restricted**

Bars: **No provision**

Casinos/Gaming Establishments: **Restricted (tribal establishments not subject to state law)**

Retail stores: **Prohibited**

E-Cigarettes Included: **Only in K-12-schools and on school grounds**

Preemption/Local Opt-Out: **Yes**

Citation: OKLA. STAT. ANN. tit. 21, § 1247 (2021) & tit. 63, §§ 1-1521 et seq. (2019).

Tobacco Taxes: D

CIGARETTE TAX:

Tax Rate per pack of 20: **$2.03**

OTHER TOBACCO PRODUCT TAXES:

Tax on Little Cigars: **Equalized: Yes; Weight-Based: No**

Tax on Large Cigars: **Equalized: No; Weight-Based: No**

Tax on Smokeless Tobacco: **Equalized: Yes; Weight-Based: No**

Tax on Pipe/RYO Tobacco: **Equalized: Yes; Weight-Based: No**

Tax on E-cigarettes: **Equalized: N/A; Weight-Based: N/A**

For more information on tobacco taxes, go to: www.lung.org/slati

Access to Cessation Services: A

OVERVIEW OF STATE CESSATION COVERAGE

STATE MEDICAID PROGRAM:

Medicaid Medications: **All 7 medications are covered**

Medicaid Counseling: **Some counseling is covered**

Medicaid Barriers to Coverage: **Minimal barriers exist to access care**

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

Counseling: **Some counseling is covered**

Barriers to Coverage: **Some barriers exist to access care**

STATE QUITLINE:

Investment per Smoker: **$11.43; the median investment per smoker is $2.26**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

Tobacco Surcharge: **No prohibition or limitation on tobacco surcharges**

Citation: See Oklahoma Tobacco Cessation Coverage page for coverage details.

Flavored Tobacco Products: F

Restrictions on Flavored Tobacco Products: **No state law or regulation**

Oklahoma State Highlights:

Tobacco use remains the leading cause of preventable death and disease in the United States and in Oklahoma. To address this enormous toll, the American Lung Association calls for the following actions to be taken by Oklahoma's elected officials:

1. Increase the tax on cigarettes and other tobacco products;
2. Repeal preemption on local government's authority to pass stronger tobacco control laws; and
3. Pass legislation eliminating smoking in all public places and workplaces.

Unfortunately, 2024 was a missed opportunity for Oklahoma lawmakers to improve state laws around tobacco products. Multiple bills to address tobacco retailers failed to move through the legislative process. House Bill 3331, by Representative Cynthia Roe and Senator Jo Anna Dossett, would have improved the state's tobacco retailer licensing laws to apply financial penalties to tobacco retail store owners in the case of sales to underage individuals. Without the law's passage, fines remain limited to store clerks and lack the teeth needed to ensure compliance with all state laws.

Other bills that failed to make it across the finish line included bills to prohibit smoking in a vehicle with a minor under age 13 and a bill to move authority from the ABLE Commission to the Attorney General's office for the state's nicotine product registry. No bills were filed on proven tobacco use reduction policies like a statewide indoor smoking law or restricting the sales of flavored tobacco products.

Fortunately, there were no bills that would have negatively impacted the state's tobacco control programs through the Tobacco Settlement Endowment Trust (TSET). Thanks to TSET's independent funding, Oklahoma continues to be among the leaders in the nation in funding for tobacco prevention and cessation programs.

The American Lung Association continues to build partnerships across the state, uniting those in tobacco control through the Oklahoma Tobacco Control Alliance, which local Lung Association staff chair. In the fall of 2024, nearly 50 members of the alliance gathered for the annual retreat to discuss how to comprehensively reduce tobacco use across the state. Thanks to investments from both the state Department of Health and TSET, multiple public awareness campaigns were launched across the state, including a focus on the tobacco industry's deception marketing practices, menthol tobacco products, rural tobacco use and mental health and tobacco.

The American Lung Association calls on lawmakers to continue their work by focusing penalties on those who sell tobacco and e-cigarette products. There remains no required permit to sell addictive e-cigarette products and the state's nicotine product registry is rife with inaccuracies. To ensure all Oklahomans have access to comprehensive proven tobacco control programs, the state must stay vigilant in protecting the Tobacco Settlement Endowment Trust, a key factor in the state's above average tobacco control funding. Additionally, secondhand smoke remains a concern for the health of all Oklahomans, and the Lung Association encourages the state to remove its local preemption laws and support a statewide smokefree indoor air law.

Oklahoma State Facts

Health Care Cost Due to Smoking:	$1,622,429,589
Adult Smoking Rate:	15.8%
Adult Tobacco Use Rate:	27.9%
High School Smoking Rate:	4.3%
High School Tobacco Use Rate:	22.1%
Middle School Smoking Rate:	N/A
Smoking Attributable Deaths:	7,490

Adult smoking and tobacco use data come from CDC's 2023 Behavioral Risk Factor Surveillance System; adult tobacco use includes cigarettes, smokeless tobacco and e-cigarettes. High school smoking rate is taken from the 2023 Oklahoma Youth Risk Behavior Survey and high school tobacco use rate is taken from the 2021 Youth Risk Behavior Surveillance System. A current middle school smoking rate is not available for this state.

Health impact information is taken from the Smoking Attributable Mortality, Morbidity and Economic Costs (SAMMEC) software. Smoking attributable deaths reflect average annual estimates for the period 2005-2009 and are calculated for persons aged 35 years and older. Smoking-attributable healthcare expenditures are based on 2004 smoking-attributable fractions and 2009 personal healthcare expenditure data. Deaths and expenditures should not be compared by state.

Oregon Report Card

American Lung Association.
State of Tobacco Control
2025

OREGON

Tobacco Prevention and Control Program Funding: B

FY2025 State Funding for Tobacco Control Programs:	$28,800,000
FY2025 Federal Funding for State Tobacco Control Programs:	$1,556,750*
FY2025 Total Funding for State Tobacco Control Programs:	$30,356,750
CDC Best Practices State Spending Recommendation:	$39,300,000
Percentage of CDC Recommended Level:	77.2%
State Tobacco-Related Revenue:	$435,100,000

* Includes tobacco prevention and cessation funding provided to states from the Centers for Disease Control and Prevention.

Smokefree Air: A

OVERVIEW OF STATE SMOKING RESTRICTIONS

Government work sites: **Prohibited**

Private work sites: **Prohibited**

Schools: **Prohibited**

Child care facilities: **Prohibited**

Restaurants: **Prohibited**

Bars: **Prohibited (allowed in cigar bars)**

Casinos/Gaming Establishments: **Prohibited (tribal establishments not subject to state law)**

Retail stores: **Prohibited (allowed in smoke shops)**

E-Cigarettes Included: **Yes**

Preemption/Local Opt-Out: **No**

Citation: OR. REV. STAT. §§ 433.835 to 433.990 (2020).

Tobacco Taxes: C

CIGARETTE TAX:

Tax Rate per pack of 20: **$3.33**

OTHER TOBACCO PRODUCT TAXES:

Tax on Little Cigars: **Equalized: Yes; Weight-Based: No**

Tax on Large Cigars: **Equalized: No; Weight-Based: No**

Tax on Smokeless Tobacco: **Equalized: No; Weight-Based: Yes**

Tax on Pipe/RYO Tobacco: **Equalized: Yes; Weight-Based: No**

Tax on E-cigarettes: **Equalized: Yes; Weight-Based: No**

For more information on tobacco taxes, go to: www.lung.org/slati

Access to Cessation Services: C

OVERVIEW OF STATE CESSATION COVERAGE

STATE MEDICAID PROGRAM:

Medicaid Medications: **All 7 medications are covered**

Medicaid Counseling: **All 3 types of counseling are covered**

Medicaid Barriers to Coverage: **Some barriers exist to access care**

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **Most medications are covered**

Counseling: **Most types of counseling are covered**

Barriers to Coverage: **Some barriers exist to access care**

STATE QUITLINE:

Investment per Smoker: **$2.00; the median investment per smoker is $2.26**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **Yes**

Tobacco Surcharge: **No prohibition or limitation on tobacco surcharges**

Citation: See Oregon Tobacco Cessation Coverage page for coverage details.

Flavored Tobacco Products: F

Restrictions on Flavored Tobacco Products: **No state law or regulation**

Oregon State Highlights:

Tobacco use remains the leading cause of preventable death and disease in the United States and in Oregon. To address this enormous toll, the American Lung Association calls for the following actions to be taken by Oregon's elected officials:

1. Restrict the sale of all flavored tobacco products; and
2. Defend Oregon's Clean Indoor Air Act.

Legislation to end the sale of flavored tobacco products was introduced in the 2023 legislative session and fell victim to a lawmaker walk-out which curtailed much of the state's business. No legislation was introduced during Oregon's short 2024 legislative session. Funding for the state tobacco control program was set for two years in 2023, and is approximately $28.8 million in fiscal years 2024 and 2025. This is among the top 10 states in terms of funding in comparison to the Centers for Disease Control and Prevention (CDC)-recommended level.

The American Lung Association joined with other stakeholders in the Flavors Hook Oregon Kids campaign. Activities in the past year grew the statewide coalition to more than 60 organizations. Building on the momentum created when Multnomah and Washington counties passed ordinances ending the sale of flavored tobacco products in 2021 and 2022, the coalition has actively worked with other counties, cities and school districts across Oregon to urge the state legislature to take action.

There was also an important court decision in the Oregon Court of Appeals in May 2024 upholding Washington County's ability to pass its flavored tobacco ordinance. The decision has been appealed to the Oregon Supreme Court and a decision on whether that court will hear or dismiss the case is pending. The Multnomah County flavored tobacco ordinance has also been challenged in court and has been put on hold by the Oregon Court of Appeals pending a ruling in the case.

Polling released in October 2024 found Oregon voters overwhelmingly support ending the sale of flavored tobacco products that are appealing to youth. Sixty-one percent of those polled supported statewide action on this issue. Flavored products include fruit and candy-flavored e-cigarettes, menthol flavored cigarettes and other flavored tobacco products.

Efforts continue to grow the Flavors Hook Kids coalition and work with constituents around the state to grow support for policies to reduce tobacco use. This work will continue during the 2025 legislative session.

Oregon State Facts

Health Care Cost Due to Smoking:	$1,547,762,592
Adult Smoking Rate:	10.6%
Adult Tobacco Use Rate:	18.8%
High School Smoking Rate:	3.2%
High School Tobacco Use Rate:	20.6%
Middle School Smoking Rate:	1.3%
Smoking Attributable Deaths:	5,470

Adult smoking and tobacco use data come from CDC's 2023 Behavioral Risk Factor Surveillance System; adult tobacco use includes cigarettes, smokeless tobacco and e-cigarettes. High school (11th grade only) smoking and tobacco use, and middle school (8th grade only) smoking rates are taken from the 2022 Oregon Student Health Survey. High school tobacco use includes cigarettes, cigars, smokeless tobacco, and electronic vapor products, as well as hookah, making it incomparable to other states.

Health impact information is taken from the Smoking Attributable Mortality, Morbidity and Economic Costs (SAMMEC) software. Smoking attributable deaths reflect average annual estimates for the period 2005-2009 and are calculated for persons aged 35 years and older. Smoking-attributable healthcare expenditures are based on 2004 smoking-attributable fractions and 2009 personal healthcare expenditure data. Deaths and expenditures should not be compared by state.

Pennsylvania Report Card

American Lung Association.
State of Tobacco Control
2025

PENNSYLVANIA

Tobacco Prevention and Control Program Funding: F

FY2025 State Funding for Tobacco Control Programs:	$18,375,994
FY2025 Federal Funding for State Tobacco Control Programs:	$2,399,303*
FY2025 Total Funding for State Tobacco Control Programs:	$20,775,297
CDC Best Practices State Spending Recommendation:	$140,000,000
Percentage of CDC Recommended Level:	14.8%
State Tobacco-Related Revenue:	$1,339,100,000

* Includes tobacco prevention and cessation funding provided to states from the Centers for Disease Control and Prevention.

Smokefree Air: D

OVERVIEW OF STATE SMOKING RESTRICTIONS

Government work sites: **Prohibited**

Private work sites: **Prohibited**

Schools: **Prohibited**

Child care facilities: **Prohibited**

Restaurants: **Restricted**

Bars: **No provision**

Casinos/Gaming Establishments: **Restricted**

Retail stores: **Prohibited**

E-Cigarettes Included: **No**

Preemption/Local Opt-Out: **Yes**

Citation: 35 PA. STAT §§ 637.1 to 637.11 (2008).

Tobacco Taxes: F

CIGARETTE TAX:

Tax Rate per pack of 20: **$2.60**

OTHER TOBACCO PRODUCT TAXES:

Tax on Little Cigars: **Equalized: Yes; Weight-Based: No**

Tax on Large Cigars: **Equalized: No; Weight-Based: N/A**

Tax on Smokeless Tobacco: **Equalized: No; Weight-Based: Yes**

Tax on Pipe/RYO Tobacco: **Equalized: No; Weight-Based: Yes**

Tax on E-cigarettes: **Equalized: Yes; Weight-Based: No**

For more information on tobacco taxes, go to: www.lung.org/slati

Access to Cessation Services: D

OVERVIEW OF STATE CESSATION COVERAGE

STATE MEDICAID PROGRAM:

Medicaid Medications: **All 7 medications are covered**

Medicaid Counseling: **Some types of counseling are covered**

Medicaid Barriers to Coverage: **Minimal barriers exist to access care**

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

Counseling: **Minimal types of counseling is covered**

Barriers to Coverage: **Minimal barriers exist to access care**

STATE QUITLINE:

Investment per Smoker: **$1.52*; the median investment per smoker is $2.26**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

Tobacco Surcharge: **No prohibition or limitation on tobacco surcharges**

Citation: See Pennsylvania Tobacco Cessation Coverage page for coverage details.

* Investment per smoker was calculated based on the 2022 BRFSS smoking data because Pennsylvania did not report 2023 BRFSS data.

Flavored Tobacco Products: F

Restrictions on Flavored Tobacco Products: **No state law or regulation**

Pennsylvania State Highlights:

Tobacco use remains the leading cause of preventable death and disease in the United States and in Pennsylvania. To address this enormous toll, the American Lung Association calls for the following actions to be taken by Pennsylvania's elected officials:

1. Preserve state funding for comprehensive tobacco prevention and control programs;
2. Close loopholes in Pennsylvania's Clean Indoor Air Act; and
3. End the sale of all flavored tobacco products, including menthol.

During the 2024 legislative session, the Lung Association and partners continued a comprehensive statewide effort to educate legislators and the public on the importance of tobacco control programs and their necessity to further reduce tobacco use. A successful day at the Capitol was held with over 500 participants across the Commonwealth discussing the necessity of sustaining robust funding for Pennsylvania's tobacco prevention program and closing loopholes in the Clean Indoor Air Act. Thanks to the efficacy of our advocates, lawmakers continued funding the program at previous levels with no reductions in fiscal year 2025.

Efforts to close loopholes in the Clean Indoor Air Act, which would prohibit smoking in virtually all Pennsylvania workplaces, including bars and casinos, incrementally advanced in 2024. Legislators met to hear public comment on the bill and the impact that it would have on Pennsylvania workers and families. During that public hearing, casino workers, leaders of the statewide Veterans of Foreign Wars (VFW), engineers from the American Society of Heating, Refrigerating, and Airconditioning Engineers (ASHRAE), and our own Lung Association Chief Mission Officer Deb Brown told lawmakers what we have long known; that there is no safe exposure to secondhand smoke or aerosol, that there is no ventilation system that can remove the dangers of secondhand smoke, and that no one should have to choose between their health and their paycheck. The Lung Association and its partners were successful in moving the legislation out of the House Health Committee. The coalition will continue to work with lawmakers and workers to advance this legislation in 2025.

Another policy priority for the Lung Association is increasing tobacco taxes and equalizing rates across all tobacco products – a proven policy to reduce tobacco use. If the cigarette tax alone was raised, not only would Pennsylvania's projected annual revenue increase, but thousands of lives would be saved. Furthermore, more funds could be generated, and additional lives could be protected if tobacco tax rates were equalized across all tobacco products, including non-cigarette tobacco products such as cigars and e-cigarettes. This would also help prevent youth from initiating or switching use due to an uneven tobacco tax regime.

The American Lung Association will continue to work with our partners in 2025 to educate lawmakers and the public on the importance of enacting proven policies to prevent and reduce tobacco use such as properly funding tobacco prevention and cessation programs, removing exemptions from the state Clean Indoor Air Act, and increasing tobacco taxes and equalizing rates across all tobacco products.

Pennsylvania State Facts

Health Care Cost Due to Smoking:	$6,383,194,368
Adult Smoking Rate:	14.9%
Adult Tobacco Use Rate:	N/A
High School Smoking Rate:	4.2%
High School Tobacco Use Rate:	19.7%
Middle School Smoking Rate:	N/A
Smoking Attributable Deaths:	22,010

Adult smoking data come from CDC's 2022 Behavioral Risk Factor Surveillance System. A current adult tobacco use rate is not available for this state. High school smoking and tobacco use data come from the 2021 Youth Risk Behavior Surveillance System. A current middle school smoking rate is not available for this state.

Health impact information is taken from the Smoking Attributable Mortality, Morbidity and Economic Costs (SAMMEC) software. Smoking attributable deaths reflect average annual estimates for the period 2005-2009 and are calculated for persons aged 35 years and older. Smoking-attributable healthcare expenditures are based on 2004 smoking-attributable fractions and 2009 personal healthcare expenditure data. Deaths and expenditures should not be compared by state.

Rhode Island Report Card

American Lung Association.
State of Tobacco Control
2025

Tobacco Prevention and Control Program Funding: F

FY2025 State Funding for Tobacco Control Programs:	$779,828
FY2025 Federal Funding for State Tobacco Control Programs:	$1,383,858*
FY2025 Total Funding for State Tobacco Control Programs:	$2,163,686
CDC Best Practices State Spending Recommendation:	$12,800,000
Percentage of CDC Recommended Level:	16.9%
State Tobacco-Related Revenue:	$157,900,000

* Includes tobacco prevention and cessation funding provided to states from the Centers for Disease Control and Prevention.

Smokefree Air: C

OVERVIEW OF STATE SMOKING RESTRICTIONS

Government work sites: **Prohibited**

Private work sites: **Prohibited**

Schools: **Prohibited**

Child care facilities: **Prohibited**

Restaurants: **Prohibited**

Bars: **Prohibited (allowed in smoking bars)**

Casinos/Gaming Establishments: **Allowed in designated areas**

Retail stores: **Prohibited**

E-Cigarettes Included: **Yes**

Preemption/Local Opt-Out: **Yes**

Citation: R.I. GEN. LAWS §§ 23-20.10-1 et seq. (2018).

Thumbs down for Rhode Island for failing to pass legislation to close the loophole for casinos in its smokefree air law.

Tobacco Taxes: B

CIGARETTE TAX:

Tax Rate per pack of 20: **$4.50***

* On July 1, 2024, the cigarette tax increased from $4.25 to $4.50 per pack.

OTHER TOBACCO PRODUCT TAXES:

Tax on Little Cigars: **Equalized: Yes; Weight-Based: No**

Tax on Large Cigars: **Equalized: No; Weight-Based: No**

Tax on Smokeless Tobacco: **Equalized: No; Weight-Based: Yes**

Tax on Pipe/RYO Tobacco: **Equalized: Yes; Weight-Based: No**

Tax on E-cigarettes: **Equalized: No; Weight-Based: Yes**

For more information on tobacco taxes, go to: www.lung.org/slati

Access to Cessation Services: B

OVERVIEW OF STATE CESSATION COVERAGE

STATE MEDICAID PROGRAM:

Medicaid Medications: **All 7 medications are covered**

Medicaid Counseling: **All 3 types of counseling are covered**

Medicaid Barriers to Coverage: **Some barriers exist to access care**

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

Counseling: **All 3 types of counseling are covered**

Barriers to Coverage: **No barriers exist to access care**

STATE QUITLINE:

Investment per Smoker: **$2.26; the median investment per smoker is $2.26**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **Partial mandate**

Tobacco Surcharge: **Prohibits tobacco surcharges**

Citation: See Rhode Island Tobacco Cessation Coverage page for coverage details.

Flavored Tobacco Products: F

Restrictions on Flavored Tobacco Products: **Flavored e-cigarettes except menthol prohibited in all locations.**

Thumbs down for Rhode Island for the legislature weakening state flavored e-cigarette restrictions to exclude menthol.

Rhode Island State Highlights:

Tobacco use remains the leading cause of preventable death and disease in the United States and in Rhode Island. To address this enormous toll, the American Lung Association calls for the following actions to be taken by Rhode Island's elected officials:

1. Ensure all Rhode Islanders have a smokefree workplace by establishing smokefree casinos;
2. Establish tax parity for all tobacco products and fund tobacco control programs at the Centers for Disease Control and Prevention (CDC)-recommended level; and
3. Establish pharmacists prescribing authority for U.S. Food and Drug Administration (FDA)-approved cessation medication.

During the 2024 Rhode Island legislative session the American Lung Association weighed in on several tobacco-related bills. The General Assembly passed a fiscal year 2025 state budget that allowed menthol e-cigarettes to once again be for sale in Rhode Island after four years of being off the market. The budget provisions related to tobacco also included a $0.25 increase to the cigarette excise tax with no additional investment to tobacco control and prevention (bringing the cigarette tax to $4.50 per pack). It moved the regulatory authority of ENDS from the Rhode Island Dept. of Health to the Dept. of Revenue (DOR), including licensing, the weakened flavor restriction, and funded enforcement. It created a centralized tobacco licensing and enforcement structure at DOR as well as created a two-tiered ENDS excise tax that equates to far less than parity with other tobacco products. This disappointing move was fueled by tobacco industry interference in the form of misinformation and intense lobbying of members of the General Assembly. On the final day of session, the House Finance Committee voted favorably on the smokefree casinos legislation; albeit too late in session to make any more progress before session adjourned later that day.

Tobacco Free Rhode Island (TFRI), a grant funded through the Department of Health and administered by the Lung Association, led Rhode Island's statewide youth tobacco movement by empowering individuals aged 12-21 to become Tobacco Free Ambassadors. In 2024, TFRI co-hosted a statewide vaping conference for educators and school administrators to focus on evidence-based prevention and policy solutions to address nicotine use in RI schools. TFRI also helped launch a new 'menthol and health disparities' workgroup that meets monthly, working to build capacity to address tobacco-related health disparities.

In May 2024, the Lung Association led a Day of Action alongside state partners at the Rhode Island State House. The day started with a day-long training of youth advocates and ended with more than 60 advocates gathering at the State House for a press conference with medical professionals, legislator champions, and youth speakers. Following the press conference, advocates found their legislators on the House and Senate floor to educate them on the importance of smokefree casinos and adequately funding tobacco control and prevention.

Looking ahead to 2025, the American Lung Association calls on Rhode Island policy makers now more than ever, to adequately fund tobacco control efforts at or above the CDC-recommended level to ensure all Rhode Islanders are protected from a lifetime of tobacco dependence and disease.

Rhode Island State Facts

Health Care Cost Due to Smoking:	$639,604,224
Adult Smoking Rate:	9.5%
Adult Tobacco Use Rate:	15.2%
High School Smoking Rate:	3%
High School Tobacco Use Rate:	17.5%
Middle School Smoking Rate:	1.6%
Smoking Attributable Deaths:	1,780

Adult smoking and tobacco use data come from CDC's 2023 Behavioral Risk Factor Surveillance System; adult tobacco use includes cigarettes, smokeless tobacco and e-cigarettes. High school smoking and tobacco use data come from the 2021 Youth Risk Behavior Surveillance System. Middle school smoking rate is taken from the 2019 Rhode Island Youth Risk Behavior Survey.

Health impact information is taken from the Smoking Attributable Mortality, Morbidity and Economic Costs (SAMMEC) software. Smoking attributable deaths reflect average annual estimates for the period 2005-2009 and are calculated for persons aged 35 years and older. Smoking-attributable healthcare expenditures are based on 2004 smoking-attributable fractions and 2009 personal healthcare expenditure data. Deaths and expenditures should not be compared by state.

South Carolina Report Card

American Lung Association.
State of Tobacco Control
2025

Tobacco Prevention and Control Program Funding: F

FY2025 State Funding for Tobacco Control Programs:	$6,000,000
FY2025 Federal Funding for State Tobacco Control Programs:	$1,720,878*
FY2025 Total Funding for State Tobacco Control Programs:	$7,720,878
CDC Best Practices State Spending Recommendation:	$51,000,000
Percentage of CDC Recommended Level:	15.1%
State Tobacco-Related Revenue:	$187,200,000

* Includes tobacco prevention and cessation funding provided to states from the Centers for Disease Control and Prevention.

Thumbs up for South Carolina for increasing funding for its state tobacco control program by $1 million this fiscal year.

Smokefree Air: F

OVERVIEW OF STATE SMOKING RESTRICTIONS

Government work sites: **Restricted**

Private work sites: **No provision**

Schools: **Restricted**

Child care facilities: **Prohibited**

Restaurants: **No provision**

Bars: **No provision**

Casinos/Gaming Establishments: **N/A**

Retail stores: **No provision**

E-Cigarettes Included: **Only in K-12 Schools and on School Property**

Preemption/Local Opt-Out: **No**

Citation: S.C. CODE ANN. §§ 44-95-10 et seq. & 59-1-380 (2023).

Note: The Smokefree Air grade only examines state law and does not reflect local smokefree ordinances. South Carolina has made great strides in protecting people from secondhand smoke by passing comprehensive local smokefree ordinances that cover 31.9% of the state's population.

Tobacco Taxes: F

CIGARETTE TAX:

Tax Rate per pack of 20: **$0.57**

OTHER TOBACCO PRODUCT TAXES:

Tax on Little Cigars: **Equalized: No; Weight-Based: No**

Tax on Large Cigars: **Equalized: No; Weight-Based: No**

Tax on Smokeless Tobacco: **Equalized: No; Weight-Based: No**

Tax on Pipe/RYO Tobacco: **Equalized: No; Weight-Based: No**

Tax on E-cigarettes: **Equalized: N/A; Weight-Based: N/A**

For more information on tobacco taxes, go to: www.lung.org/slati

Access to Cessation Services: B

OVERVIEW OF STATE CESSATION COVERAGE

STATE MEDICAID PROGRAM:

Medicaid Medications: **All 7 medications are covered**

Medicaid Counseling: **All 3 types counseling are covered**

Medicaid Barriers to Coverage: **Minimal barriers exist to access care**

Medicaid Expansion: **No**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **Most medications are covered**

Counseling: **Most types of counseling are covered**

Barriers to Coverage: **No barriers exist to access care**

STATE QUITLINE:

Investment per Smoker: **$6.23; the median investment per smoker is $2.26**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

Tobacco Surcharge: **No prohibition or limitation on tobacco surcharges**

Citation: See South Carolina Tobacco Cessation Coverage page for coverage details.

Flavored Tobacco Products: F

Restrictions on Flavored Tobacco Products: **No state law or regulation**

South Carolina State Highlights:

Tobacco use remains the leading cause of preventable death and disease in the United States and in South Carolina. To address this enormous toll, the American Lung Association calls for the following actions to be taken by South Carolina's elected officials:

1. Pass comprehensive local smokefree ordinances that protect all workers and patrons from secondhand smoke;
2. Strengthen tobacco retail licensing laws, including electronic cigarette retailers; and
3. Increase the cigarette tax by a $1.00 per pack or more and equalize taxes for all tobacco products, including e-cigarettes.

During the 2024 legislative session the American Lung Association and partners were successful in getting $1 million appropriated to Smokefree SC, a statewide organization dedicated to amplifying the work of tobacco prevention and control stakeholders throughout South Carolina. This was in addition to the $5 million in state funding dedicated to the state tobacco prevention and cessation program from state cigarette tax revenue.

Big tobacco companies attempted to establish an e-cigarette registry based on U.S. Food and Drug Administration pre-market tobacco application status in Senate Bill 994, but it did not pass. Big tobacco companies introduced similar legislation in most states that had a state legislative session in 2024. The American Lung Association and partners continue to educate policymakers on evidence-based tobacco prevention and control policies.

In 2025, the Lung Association will continue to educate state legislators about the health and economic benefits of strong tobacco control policies, including the state policy goals highlighted above.

South Carolina State Facts

Health Care Cost Due to Smoking:	$1,906,984,487
Adult Smoking Rate:	12.1%
Adult Tobacco Use Rate:	19.8%
High School Smoking Rate:	3.3%
High School Tobacco Use Rate:	N/A
Middle School Smoking Rate:	N/A
Smoking Attributable Deaths:	7,230

Adult smoking and tobacco use data come from CDC's 2023 Behavioral Risk Factor Surveillance System; adult tobacco use includes cigarettes, smokeless tobacco and e-cigarettes. High school smoking data come from the 2021 Youth Risk Behavior Surveillance System. A current high school tobacco use rate and middle school smoking rate are not available for this state.

Health impact information is taken from the Smoking Attributable Mortality, Morbidity and Economic Costs (SAMMEC) software. Smoking attributable deaths reflect average annual estimates for the period 2005-2009 and are calculated for persons aged 35 years and older. Smoking-attributable healthcare expenditures are based on 2004 smoking-attributable fractions and 2009 personal healthcare expenditure data. Deaths and expenditures should not be compared by state.

South Dakota Report Card

American Lung Association.
State of Tobacco Control
2025

SOUTH DAKOTA

Tobacco Prevention and Control Program Funding: F

FY2025 State Funding for Tobacco Control Programs:	$4,500,000
FY2025 Federal Funding for State Tobacco Control Programs:	$1,046,792*
FY2025 Total Funding for State Tobacco Control Programs:	$5,546,792
CDC Best Practices State Spending Recommendation:	$11,700,000
Percentage of CDC Recommended Level:	47.4%
State Tobacco-Related Revenue:	$69,300,000

* Includes tobacco prevention and cessation funding provided to states from the Centers for Disease Control and Prevention.

Smokefree Air: B*

OVERVIEW OF STATE SMOKING RESTRICTIONS

Government work sites: **Prohibited**

Private work sites: **Prohibited**

Schools: **Prohibited**

Child care facilities: **Prohibited**

Restaurants: **Prohibited**

Bars: **Prohibited (smoking of certain tobacco products allowed in certain bars)**

Casinos/Gaming Establishments: **Prohibited (tribal establishments not subject to state law)**

Retail stores: **Prohibited**

E-Cigarettes Included: **Yes**

Preemption/Local Opt-Out: **Yes**

Citation: S.D. CODIFIED LAWS §§ 34-46-1 & 34-46-13 to 34-46-19 (2019).

* If South Dakota repealed preemption of stronger local smokefree ordinances, the state's grade would be an "A."

Tobacco Taxes: F

CIGARETTE TAX:

Tax Rate per pack of 20: **$1.53**

OTHER TOBACCO PRODUCT TAXES:

Tax on Little Cigars: **Equalized: Yes; Weight-Based: No**

Tax on Large Cigars: **Equalized: Yes; Weight-Based: No**

Tax on Smokeless Tobacco: **Equalized: Yes; Weight-Based: No**

Tax on Pipe/RYO Tobacco: **Equalized: Yes; Weight-Based: No**

Tax on E-cigarettes: **Equalized: N/A; Weight-Based: N/A**

For more information on tobacco taxes, go to: www.lung.org/slati

Access to Cessation Services: C

OVERVIEW OF STATE CESSATION COVERAGE

STATE MEDICAID PROGRAM:

Medicaid Medications: **Minimal medications are covered**

Medicaid Counseling: **Minimal counseling is covered**

Medicaid Barriers to Coverage: **No barriers exist to access care**

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **Covers all 7 medications**

Counseling: **Some counseling is covered**

Barriers to Coverage: **Some barriers exist to access care**

STATE QUITLINE:

Investment per Smoker: **$18.10; the median investment per smoker is $2.26**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

Tobacco Surcharge: **No prohibition or limitation on tobacco surcharges**

Citation: See South Dakota Tobacco Cessation Coverage page for coverage details.

Thumbs down for South Dakota for providing the worst cessation coverage for standard Medicaid enrollees in the country.

Flavored Tobacco Products: F

Restrictions on Flavored Tobacco Products: **No state law or regulation**

South Dakota State Highlights:

Commercial tobacco use remains the leading cause of preventable death and disease in the United States and in South Dakota. To address this enormous toll, the American Lung Association calls for the following actions to be taken by South Dakota's elected officials:

1. Increase the tax on cigarettes and other commercial tobacco products, including e-cigarettes;
2. Fully fund South Dakota's tobacco control program; and
3. Amend the state law that prevents the state Medicaid program from covering all tobacco cessation medications.

During the 2024 legislative session, funding for the state's tobacco control program was set at $4.5 million from tobacco tax revenues, the same level as the past few years. Protecting this funding is important to be able to serve the priority populations in the state strategic plan and to fund quit smoking services.

Medicaid coverage of quit smoking treatments in South Dakota is also far from comprehensive, and one of the main reasons is a state law that prevents the state Medicaid program from buying nicotine. Unfortunately, without an exception this has the unintended consequence of preventing the state from buying FDA-approved nicotine replacement therapy (NRT). The Lung Association encourages legislators to address this issue in 2025 by creating an exception for FDA-approved tobacco cessation medications, so Medicaid enrollees who smoke at higher rates can gain access to a fuller range of quit smoking treatment options.

During the past year, the South Dakota Tobacco Control Program has been working on finding new ways to connect with people in South Dakota who use tobacco and get them to the South Dakota Quitline, as well as preventing young people from ever starting to use tobacco products.

The coalition in South Dakota has tremendous reach across the state and is working together to support tobacco control best practices and to implement the strategic plan to reduce the harm from commercial tobacco in South Dakota in 2025. With your help, tobacco control advocates, including the American Lung Association will ensure that our leaders pay attention to lung health as we advocate for action to pass laws and put in place programs that will save lives.

South Dakota State Facts

Health Care Cost Due to Smoking:	$373,112,273
Adult Smoking Rate:	15.2%
Adult Tobacco Use Rate:	23.4%
High School Smoking Rate:	5.5%
High School Tobacco Use Rate:	16.5%
Middle School Smoking Rate:	2%
Smoking Attributable Deaths:	1,250

Adult smoking and tobacco use data come from CDC's 2023 Behavioral Risk Factor Surveillance System; adult tobacco use includes cigarettes, smokeless tobacco and e-cigarettes. High school smoking and tobacco use data come from the 2021 Youth Risk Behavior Surveillance System. Middle school smoking rate is taken from the 2017 Youth Tobacco Survey.

Health impact information is taken from the Smoking Attributable Mortality, Morbidity and Economic Costs (SAMMEC) software. Smoking attributable deaths reflect average annual estimates for the period 2005-2009 and are calculated for persons aged 35 years and older. Smoking-attributable healthcare expenditures are based on 2004 smoking-attributable fractions and 2009 personal healthcare expenditure data. Deaths and expenditures should not be compared by state.

Tennessee Report Card

American Lung Association.
State of Tobacco Control
2025

TENNESSEE

Tobacco Prevention and Control Program Funding: F

FY2025 State Funding for Tobacco Control Programs:	$2,000,000
FY2025 Federal Funding for State Tobacco Control Programs:	$1,664,198*
FY2025 Total Funding for State Tobacco Control Programs:	$3,664,198
CDC Best Practices State Spending Recommendation:	$75,600,000
Percentage of CDC Recommended Level:	4.8%
State Tobacco-Related Revenue:	$334,900,000

* Includes tobacco prevention and cessation funding provided to states from the Centers for Disease Control and Prevention.

Smokefree Air: D

OVERVIEW OF STATE SMOKING RESTRICTIONS

Government work sites: **Prohibited**

Private work sites: **Prohibited (non-public workplaces with three or fewer employees exempt)**

Schools: **Prohibited**

Child care facilities: **Prohibited**

Restaurants: **Restricted***

Bars: **Restricted***

Casinos/Gaming Establishments: **N/A**

Retail stores: **Prohibited**

E-Cigarettes Included: **Yes**

Preemption/Local Opt-Out: **Yes**

Citation: TENN. CODE ANN. §§ 39-17-1801 to 39-17-1810 (2021).

* Smoking is allowed in restaurants and bars that do not allow persons under 21 to enter at any time.

Note: Under a law passed in 2023, Tennessee communities are allowed to regulate smoking and vaping in age-restricted venues such as bars.

Tobacco Taxes: F

CIGARETTE TAX:

Tax Rate per pack of 20: **$0.62**

OTHER TOBACCO PRODUCT TAXES:

Tax on Little Cigars: **Equalized: Yes; Weight-Based: No**

Tax on Large Cigars: **Equalized: No; Weight-Based: No**

Tax on Smokeless Tobacco: **Equalized: No; Weight-Based: No**

Tax on Pipe/RYO Tobacco: **Equalized: No; Weight-Based: No**

Tax on E-cigarettes: **Equalized: N/A; Weight-Based: N/A**

For more information on tobacco taxes, go to: www.lung.org/slati

Access to Cessation Services: F

OVERVIEW OF STATE CESSATION COVERAGE

STATE MEDICAID PROGRAM:

Medicaid Medications: **All 7 medications are covered**

Medicaid Counseling: **Some types of counseling are covered**

Medicaid Barriers to Coverage: **Some barriers exist to access care**

Medicaid Expansion: **No**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

Counseling: **Some types of counseling are covered**

Barriers to Coverage: **Some barriers exist to access care**

STATE QUITLINE:

Investment per Smoker: **$0.48; the median investment per smoker is $2.26**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

Tobacco Surcharge: **No prohibition or limitation on tobacco surcharges**

Citation: See Tennessee Tobacco Cessation Coverage page for coverage details.

Flavored Tobacco Products: F

Restrictions on Flavored Tobacco Products: **No state law or regulation**

Tennessee State Highlights:

Tobacco use remains the leading cause of preventable death and disease in the United States and in Tennessee. To address this enormous toll, the American Lung Association calls for the following actions to be taken by Tennessee's elected officials:

1. Increase funding for the state tobacco prevention and cessation program, allocate the Juul settlement funds to the state program and ensure that funding is spent according to the Centers for Disease Control and Prevention best practices;
2. Increase the cigarette tax by $1.00 and tax all vapor products at parity; and
3. Require all tobacco retail businesses to obtain licenses, provide for and fund specific enforcement measures and establish a meaningful penalty structure for underage sales violations.

In response to the request of the General Assembly and strongly supported by the Lung Association and its partner organizations, the Tennessee Advisory Commission on Intergovernmental Relations (TACIR) conducted a youth vaping study in September 2024. The study will help inform the direction of myriad policies related to nicotine products in upcoming sessions of the legislature.

TACIR inquiries included information on the initiation of vapor product usage, the prevalence of vaping, demographic and use trends, health outcomes, enforcement of underage sales, best practices to address usage on school grounds, taxation, and access to cessation products and services. The Lung Association provided extensive background and information in preparation for the hearing and its resources and programs were specifically highlighted during the commission's discussion.

Separately, in an April 2024 communication, the Tennessee Department of Health confirmed state Attorney General Jonathan Skrmetti's intent to direct JUUL settlement funds as follows: $1.6 million per year for five years for a youth tobacco vaping prevention program and $1 million per year for three to five years (pending evaluation of success in the third year) to expand the mission of the state Tobacco Use Prevention and Control Program. The Lung Association and partner organizations strongly advocated in support of this action. Formalizing this commitment may require legislation directing the funds to the Department of Health in the 2025 session.

It is the department's intent that the five-year commitment would fund a youth tobacco vaping prevention program that expands the TNSTRONG youth program and summit, including increasing training and outreach partnerships, expanding regional positive youth development trainings, providing TNSTRONG Ambassador scholarships, creating a TNSTRONG Ambassador Alumni program to target higher education, conducting parent education, expanding grants to increase the number of smokefree schools, and expanding grants for youth-focused cessation and intervention education. Subsequent funding would expand the mission of the Tobacco Use Prevention and Control Program (TUPCP), which uses evidence-based strategies to reduce tobacco use and tobacco-related disease.

The Lung Association and partner organizations were also successful in 2024 in defeating an industry-led proposal that would have created preferential tax treatment for certain nicotine products.

In 2025, the American Lung Association and its partners will continue working to close loopholes in the state's smokefree law. The Lung Association will also continue its efforts to educate policymakers, business leaders and media on the importance of the Lung Association's goals to prevent and reduce all tobacco use, including e-cigarettes, and to protect public health.

Tennessee State Facts

Health Care Cost Due to Smoking:	$2,672,824,085
Adult Smoking Rate:	17%
Adult Tobacco Use Rate:	27.9%
High School Smoking Rate:	4.9%
High School Tobacco Use Rate:	20.7%
Middle School Smoking Rate:	N/A
Smoking Attributable Deaths:	11,380

Adult smoking and tobacco use data come from CDC's 2023 Behavioral Risk Factor Surveillance System; adult tobacco use includes cigarettes, smokeless tobacco and e-cigarettes. High school smoking and tobacco use rates are taken from the 2021 Youth Risk Behavior Surveillance System. A current middle school smoking rate is not available for this state.

Health impact information is taken from the Smoking Attributable Mortality, Morbidity and Economic Costs (SAMMEC) software. Smoking attributable deaths reflect average annual estimates for the period 2005-2009 and are calculated for persons aged 35 years and older. Smoking-attributable healthcare expenditures are based on 2004 smoking-attributable fractions and 2009 personal healthcare expenditure data. Deaths and expenditures should not be compared by state.

Texas Report Card

American Lung Association.
State of Tobacco Control
2025

TEXAS

Tobacco Prevention and Control Program Funding: F

FY2025 State Funding for Tobacco Control Programs:	$6,078,392
FY2025 Federal Funding for State Tobacco Control Programs:	$3,349,957*
FY2025 Total Funding for State Tobacco Control Programs:	$9,428,349
CDC Best Practices State Spending Recommendation:	$264,100,000
Percentage of CDC Recommended Level:	3.6%
State Tobacco-Related Revenue:	$1,530,300,000

* Includes tobacco prevention and cessation funding provided to states from the Centers for Disease Control and Prevention.

Thumbs up for Texas for increasing funding for its state tobacco control program by over $2.5 million each of the last two fiscal years.

Smokefree Air: F

OVERVIEW OF STATE SMOKING RESTRICTIONS

Government work sites: **No provision**

Private work sites: **No provision**

Schools: **Restricted**

Child care facilities: **Prohibited**

Restaurants: **No provision**

Bars: **No provision**

Casinos/Gaming Establishments: **No provision**

Retail stores: **No provision**

E-Cigarettes Included: **Yes**

Preemption/Local Opt-Out: **No**

Citation: TEX. PENAL CODE ANN. § 48.01 (2015); TX EDUC. CODE § 38.006 (2015); and TX ADMIN. CODE tit. 40, Part 19, Subchapter S, Div. 1 §§ 746.3703(d) (1995) & 747.3503(d) (1990).

Note: The Smokefree Air grade only examines state tobacco control law and does not reflect local smokefree ordinances. Texas has made great strides in protecting people from secondhand smoke by passing comprehensive local smokefree ordinances that cover 44.3% of the state's population.

Tobacco Taxes: F

CIGARETTE TAX:

Tax Rate per pack of 20: **$1.41**

OTHER TOBACCO PRODUCT TAXES:

Tax on Little Cigars: **Equalized: No; Weight-Based: Yes**

Tax on Large Cigars: **Equalized: No; Weight-Based: Yes**

Tax on Smokeless Tobacco: **Equalized: Yes; Weight-Based: Yes**

Tax on Pipe/RYO Tobacco: **Equalized: Yes; Weight-Based: Yes**

Tax on E-cigarettes: **Equalized: N/A; Weight-Based: N/A**

For more information on tobacco taxes, go to: www.lung.org/slati

Access to Cessation Services: F

OVERVIEW OF STATE CESSATION COVERAGE

STATE MEDICAID PROGRAM:

Medicaid Medications: **All 7 medications are covered**

Medicaid Counseling: **All 3 types of counseling are covered**

Medicaid Barriers to Coverage: **Some barriers exist to access care**

Medicaid Expansion: **No**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **Most medications are covered**

Counseling: **Most types of counseling are covered**

Barriers to Coverage: **Minimal barriers exist to access care**

STATE QUITLINE:

Investment per Smoker: **$1.05; the median investment per smoker is $2.26**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

Tobacco Surcharge: **No prohibition or limitation on tobacco surcharges**

Citation: See Texas Tobacco Cessation Coverage page for coverage details.

Flavored Tobacco Products: F

Restrictions on Flavored Tobacco Products: **No state law or regulation**

Texas State Highlights:

Tobacco use remains the leading cause of preventable death and disease in the United States and in Texas. To address this enormous toll, the American Lung Association calls for the following actions to be taken by Texas's elected officials:

1. Increase funding for tobacco prevention and cessation programs;
2. Improve the state's surveillance of tobacco retailers; and
3. Remove mandatory disciplinary penalties for youth caught with e-cigarettes on school campus.

The Texas legislature did not meet in 2024, but work continued across the state. After receiving an increase in funding for the Texas Tobacco Quitline in 2023, advocates worked to spread awareness of the expanded Quitline access and lobby the Department of State Health Services to continue to ask for increased funds to meet the needs of Texans. The state also launched its new "Vapes Down" campaign: a youth-focused public awareness initiative focused on e-cigarettes, thanks to increased funding from the legislature.

2023's House Bill 114 continued to cause headaches for schools and families across the state. The law's mandate that any student caught on campus with an e-cigarette be sent to disciplinary alternative education program gathered strong media attention, and the Lung Association received numerous calls from schools and parents eager for more educational resources. In an effort to skirt the law's required punishment, many school districts attained "District of Innovation" status, receiving an exemption from the law's mandatory nature. The Lung Association strongly believes that students caught with e-cigarettes need education and cessation resources; removing them from classrooms does not address the issue and may lead to worse outcomes.

There was also local action, as multiple cities, including Dallas and San Antonio passed ordinances to add e-cigarettes to their local indoor smoking ordinances. Other smaller cities also passed ordinances prohibiting new e-cigarette and vape retailers, a recognition of the explosion of e-cigarette retailers across the state.

There are 37 tobacco industry lobbyists registered in Texas, 7th most in the nation. In the 2023 legislative session, the tobacco industry worked hard to support both a near-zero e-cigarette tax as well as bills to cut the tax on "non-tobacco" nicotine products like Zyn.

One bill would have cut the taxes on these products by up to 80%. These products are currently taxed by the state, though there is a pending state supreme court case from the industry arguing their nicotine products should not be treated as tobacco products.

Despite an estimated budget surplus of $20 billion going into 2025, Texas continues to significantly underfund programs that are proven to reduce tobacco use, the leading cause of preventable death, disease and disability. Lawmakers must build on their momentum from 2023 by significantly increasing funding for tobacco prevention and cessation programs as well as funding for retailer compliance with existing laws. A potential source of funding would be increasing the cigarette tax, which has not been raised since 2006. Additionally, the Lung Association calls on lawmakers to revisit efforts to pass a comprehensive statewide indoor smoking law.

Texas State Facts

Health Care Cost Due to Smoking:	$8,855,602,443
Adult Smoking Rate:	11.3%
Adult Tobacco Use Rate:	18.6%
High School Smoking Rate:	3.6%
High School Tobacco Use Rate:	10.6%
Middle School Smoking Rate:	0.7%
Smoking Attributable Deaths:	28,030

Adult smoking and tobacco use data come from CDC's 2023 Behavioral Risk Factor Surveillance System; adult tobacco use includes cigarettes, smokeless tobacco and e-cigarettes. High school smoking and tobacco use (11th grade only) and middle school smoking (8th grade only) data come from the 2023 Texas School Survey.

Health impact information is taken from the Smoking Attributable Mortality, Morbidity and Economic Costs (SAMMEC) software. Smoking attributable deaths reflect average annual estimates for the period 2005-2009 and are calculated for persons aged 35 years and older. Smoking-attributable healthcare expenditures are based on 2004 smoking-attributable fractions and 2009 personal healthcare expenditure data. Deaths and expenditures should not be compared by state.

Utah Report Card

American Lung Association.
State of Tobacco Control
2025

UTAH

Tobacco Prevention and Control Program Funding: A

FY2025 State Funding for Tobacco Control Programs:	$16,147,400
FY2025 Federal Funding for State Tobacco Control Programs:	$1,256,406*
FY2025 Total Funding for State Tobacco Control Programs:	$17,403,806
CDC Best Practices State Spending Recommendation:	$19,300,000
Percentage of CDC Recommended Level:	90.2%
State Tobacco-Related Revenue:	$124,700,000

* Includes tobacco prevention and cessation funding provided to states from the Centers for Disease Control and Prevention.

Smokefree Air: B

OVERVIEW OF STATE SMOKING RESTRICTIONS

Government work sites: **Prohibited**

Private work sites: **Prohibited**

Schools: **Prohibited**

Child care facilities: **Prohibited**

Restaurants: **Prohibited**

Bars: **Prohibited**

Casinos/Gaming Establishments: **N/A**

Retail stores: **Prohibited**

E-Cigarettes Included: **Yes**

Preemption/Local Opt-Out: **Yes**

Citation: UTAH CODE ANN. §§ 26-38-1 et seq. (2020).

Tobacco Taxes: F

CIGARETTE TAX:

Tax Rate per pack of 20: **$1.70**

OTHER TOBACCO PRODUCT TAXES:

Tax on Little Cigars: **Equalized: Yes; Weight-Based: No**

Tax on Large Cigars: **Equalized: Yes; Weight-Based: No**

Tax on Smokeless Tobacco: **Equalized: Yes; Weight-Based: Yes**

Tax on Pipe/RYO Tobacco: **Equalized: Yes; Weight-Based: No**

Tax on E-cigarettes: **Equalized: Yes; Weight-Based: No**

For more information on tobacco taxes, go to: www.lung.org/slati

Access to Cessation Services: A

OVERVIEW OF STATE CESSATION COVERAGE

STATE MEDICAID PROGRAM:

Medicaid Medications: **All 7 medications are covered**

Medicaid Counseling: **Some counseling is covered**

Medicaid Barriers to Coverage: **Minimal barriers exist to access care**

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

Counseling: **Some counseling is covered**

Barriers to Coverage: **Some barriers exist to access care**

STATE QUITLINE:

Investment per Smoker: **$7.71; the median investment per smoker is $2.26**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **Insurance Commissioner bulletin**

Tobacco Surcharge: **No prohibition or limitation on tobacco surcharges**

Citation: See Utah Tobacco Cessation Coverage page for coverage details.

Flavored Tobacco Products: F

Restrictions on Flavored Tobacco Products: **Sale of flavored e-cigarettes except menthol prohibited.**

Utah State Highlights:

Tobacco use remains the leading cause of preventable death and disease in the United States and in Utah. To address this enormous toll, the American Lung Association in Utah calls for the following actions to be taken by our elected officials:

1. Increase the cigarette tax by $1.00 per pack, with parity across all tobacco products; and
2. Eliminate the sale of all flavored tobacco products.

The American Lung Association in Utah supports evidence-based policy interventions to reduce tobacco use rates and prevent youth initiation. Together with our partners, the Lung Association works to ensure tobacco control and prevention remains a priority for state legislators and local decisionmakers.

The Lung Association continued to educate elected officials and the general public about the negative public health impacts of tobacco use in Utah, and the ongoing importance of providing adequately funded tobacco prevention and cessation programs. In 2024, the legislature passed and Governor Cox signed into law House Bill 128, which allows individuals under age 18 to offer their own consent for tobacco cessation services. Utah also passed controversial legislation making it illegal to sell flavored e-cigarettes. Under the law, tobacco and menthol flavors are still permitted. The law also creates a registry of e-cigarette products that may be sold in the state based on U.S. Food and Drug Administration (FDA) pre-market tobacco application status. Products with pending pre-market tobacco applications would be allowed to be sold, which FDA considers on the market illegally, undermining FDA authority. Tobacco manufacturers actively pursued similar legislation in many states.

In fiscal year 2025, Utah maintains its standing among the top states in the country for tobacco prevention and cessation funding. The program is funded by a combination of tobacco Master Settlement Agreement dollars, tobacco tax revenue and e-cigarette tax revenue.

In 2025, the American Lung Association in Utah will continue to educate policymakers about the dangers of tobacco use and the importance of a well-funded tobacco prevention and cessation program. A significant increase on taxes for all tobacco products remains the top tobacco control policy goal in Utah. Raising the price of tobacco products, including through higher taxes, remains one of the most effective ways to discourage youth initiation and encourage people who use tobacco products to quit. Utah's legislature last raised the cigarette tax in 2010.

Utah State Facts

Health Care Cost Due to Smoking:	$542,335,526
Adult Smoking Rate:	6%
Adult Tobacco Use Rate:	12.6%
High School Smoking Rate:	1.9%
High School Tobacco Use Rate:	9.5%
Middle School Smoking Rate:	N/A
Smoking Attributable Deaths:	1,340

Adult smoking and tobacco use data come from CDC's 2023 Behavioral Risk Factor Surveillance System; adult tobacco use includes cigarettes, smokeless tobacco and e-cigarettes. High school smoking and tobacco use rates are taken from the 2021 Youth Risk Behavior Surveillance System. A current middle school smoking rate is not available for this state.

Health impact information is taken from the Smoking Attributable Mortality, Morbidity and Economic Costs (SAMMEC) software. Smoking attributable deaths reflect average annual estimates for the period 2005-2009 and are calculated for persons aged 35 years and older. Smoking-attributable healthcare expenditures are based on 2004 smoking-attributable fractions and 2009 personal healthcare expenditure data. Deaths and expenditures should not be compared by state.

Vermont Report Card

American Lung Association.
State of Tobacco Control
2025

VERMONT

Tobacco Prevention and Control Program Funding: F

FY2025 State Funding for Tobacco Control Programs:	$2,692,021
FY2025 Federal Funding for State Tobacco Control Programs:	$1,101,504*
FY2025 Total Funding for State Tobacco Control Programs:	$3,793,525
CDC Best Practices State Spending Recommendation:	$8,400,000
Percentage of CDC Recommended Level:	45.2%
State Tobacco-Related Revenue:	$93,900,000

* Includes tobacco prevention and cessation funding provided to states from the Centers for Disease Control and Prevention.

Smokefree Air: A

OVERVIEW OF STATE SMOKING RESTRICTIONS

Government work sites: **Prohibited**

Private work sites: **Prohibited**

Schools: **Prohibited**

Child care facilities: **Prohibited**

Restaurants: **Prohibited**

Bars: **Prohibited**

Casinos/Gaming Establishments: **N/A**

Retail stores: **Prohibited**

E-Cigarettes Included: **Yes**

Preemption/Local Opt-Out: **No**

Citation: VT STAT. ANN. tit. 18, §§ 28-1421 to 28-1428 (2016) & 37-1741 et seq. (2018).

Tobacco Taxes: B

CIGARETTE TAX:

Tax Rate per pack of 20: **$3.08**

OTHER TOBACCO PRODUCT TAXES:

Tax on Little Cigars: **Equalized: Yes; Weight-Based: No**

Tax on Large Cigars: **Equalized: Yes; Weight-Based: No**

Tax on Smokeless Tobacco: **Equalized: Yes; Weight-Based: Yes**

Tax on Pipe/RYO Tobacco: **Equalized: Yes; Weight-Based: No**

Tax on E-cigarettes: **Equalized: Yes; Weight-Based: No**

For more information on tobacco taxes, go to: www.lung.org/slati

Access to Cessation Services: A

OVERVIEW OF STATE CESSATION COVERAGE

STATE MEDICAID PROGRAM:

Medicaid Medications: **All 7 medications are covered**

Medicaid Counseling: **All 3 types of counseling are covered**

Medicaid Barriers to Coverage: **Minimal barriers exist to access care**

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **Minimal medications are covered**

Counseling: **Some types of counseling are covered**

Barriers to Coverage: **Some barriers exist to access care**

STATE QUITLINE:

Investment per Smoker: **$8.73; the median investment per smoker is $2.26**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **Yes**

Tobacco Surcharge: **Prohibits tobacco surcharges**

Citation: See Vermont Tobacco Cessation Coverage page for coverage details.

Flavored Tobacco Products: F

Restrictions on Flavored Tobacco Products: **No state law or regulation**

Thumbs down for Vermont for Governor Scott vetoing legislation to end the sale of menthol cigarettes and some other flavored tobacco products in the state.

Vermont State Highlights:

Tobacco use remains the leading cause of preventable death and disease in the United States and in Vermont. To address this enormous toll, the American Lung Association calls for the following actions to be taken by Vermont's elected officials:

1. End the sale of all menthol cigarettes and all flavored tobacco products;
2. Increase funding for comprehensive tobacco prevention and cessation programs; and
3. Increase the cigarette tax by at least $1.00 per pack.

The 2024 legislative session saw the Vermont House of Representatives pass legislation to end the sale of menthol cigarettes and some other flavored tobacco products by a vote of 83-53. The measure had previously been passed in the Senate and headed to the Governor. Unfortunately, Governor Scott vetoed the measure and there were not enough votes to override his action.

The Lung Association will continue to build on the initial groundwork and work to increase support to address the use of flavored tobacco products in 2025. Enticed by kid-friendly flavors that also mask the harshness that comes with inhalation, Vermont's youth are being set up for a lifetime of nicotine addiction. State leaders must act to end all sales of flavored tobacco products.

Despite the Vermont Tobacco Prevention program being underfunded at only approximately 45% of the level recommended by the U.S. Centers for Disease Control and Prevention, the level of state funding remained flat in 2024. Significantly increasing funding for Vermont's tobacco prevention and treatment efforts remains a key way to reduce tobacco use in the state.

The state is fortunate to have a strong advocate for youth health in Attorney General Charity Clark who has made addressing the youth vaping crisis a priority. In addition to her strong support for ending the sale of flavored tobacco products in Vermont and at the federal level, Attorney General Clark announced in September of 2024 a settlement with Amazon for not preventing third-party sellers from violating Vermont's delivery sales law which prohibits shipping any tobacco product directly to Vermont consumers. In addition to a $400,000 settlement, Amazon will improve controls to prevent illegal sales.

The American Lung Association in Vermont will continue to work with our coalition partners including the American Heart Association, American Cancer Society Cancer Action Network, Campaign for Tobacco Free Kids and others to advance tobacco control and prevention efforts. As the legislature begins its work in 2025, we will continue to educate policymakers, residents, business leaders and the media of the importance of advancing strong tobacco and prevention efforts to build upon our past successes in the Green Mountain State.

Vermont State Facts

Health Care Cost Due to Smoking:	$348,112,248
Adult Smoking Rate:	11.3%
Adult Tobacco Use Rate:	16.2%
High School Smoking Rate:	6.0%
High School Tobacco Use Rate:	18.0%
Middle School Smoking Rate:	2%
Smoking Attributable Deaths:	960

Adult smoking and tobacco use data come from CDC's 2023 Behavioral Risk Factor Surveillance System; adult tobacco use includes cigarettes, smokeless tobacco and e-cigarettes. High school smoking and tobacco use and middle school smoking data come from the 2023 Vermont Youth Risk Behavior Survey and are rounded to the nearest whole number.

Health impact information is taken from the Smoking Attributable Mortality, Morbidity and Economic Costs (SAMMEC) software. Smoking attributable deaths reflect average annual estimates for the period 2005-2009 and are calculated for persons aged 35 years and older. Smoking-attributable healthcare expenditures are based on 2004 smoking-attributable fractions and 2009 personal healthcare expenditure data. Deaths and expenditures should not be compared by state.

Virginia Report Card

American Lung Association.
State of Tobacco Control
2025

VIRGINIA

Tobacco Prevention and Control Program Funding: F

FY2025 State Funding for Tobacco Control Programs:	$9,409,276
FY2025 Federal Funding for State Tobacco Control Programs:	$1,847,658*
FY2025 Total Funding for State Tobacco Control Programs:	$11,256,934
CDC Best Practices State Spending Recommendation:	$91,600,000
Percentage of CDC Recommended Level:	12.3%
State Tobacco-Related Revenue:	$339,800,000

* Includes tobacco prevention and cessation funding provided to states from the Centers for Disease Control and Prevention.

Smokefree Air: F

OVERVIEW OF STATE SMOKING RESTRICTIONS

Government work sites: **Restricted**

Private work sites: **No provision**

Schools: **Prohibited (public schools only)**

Child care facilities: **Prohibited (excludes home-based childcare providers)**

Restaurants: **Restricted**

Bars: **Restricted**

Casinos/Gaming Establishments: **No provision**

Retail stores: **Restricted**

E-Cigarettes Included: **Only in K-12 Schools and on School Property**

Preemption/Local Opt-Out: **Yes**

Citation: VA. CODE ANN. §§ 15.2-2820 to 15.2-2828 (2009) & 22.1-79.5 & 22.1-279.6(H) (2014).

Tobacco Taxes: F

CIGARETTE TAX:

Tax Rate per pack of 20: **$0.60**

OTHER TOBACCO PRODUCT TAXES:

Tax on Little Cigars: **Equalized: Yes; Weight-Based: No**

Tax on Large Cigars: **Equalized: Yes; Weight-Based: No**

Tax on Smokeless Tobacco: **Equalized: No; Weight-Based: Yes**

Tax on Pipe/RYO Tobacco: **Equalized: Yes; Weight-Based: No**

Tax on E-cigarettes: **Equalized: No; Weight-Based: Yes**

For more information on tobacco taxes, go to: www.lung.org/slati

Access to Cessation Services: C

OVERVIEW OF STATE CESSATION COVERAGE

STATE MEDICAID PROGRAM:

Medicaid Medications: **All 7 medications are covered**

Medicaid Counseling: **All 3 types of counseling is covered**

Medicaid Barriers to Coverage: **Some barriers exist to access care**

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

Counseling: **Most types of counseling are covered**

Barriers to Coverage: **Some barriers exist to access care**

STATE QUITLINE:

Investment per Smoker: **$0.90; the median investment per smoker is $2.26**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **Yes**

Tobacco Surcharge: **Prohibits the tobacco surcharge**

Citation: See Virginia Tobacco Cessation Coverage page for coverage details.

Flavored Tobacco Products: F

Restrictions on Flavored Tobacco Products: **No state law or regulation**

Virginia State Highlights:

Tobacco use remains the leading cause of preventable death and disease in the United States and in Virginia. To address this enormous toll, the American Lung Association calls for the following actions to be taken by Virginia's elected officials:

1. Close loopholes in the Virginia Clean Indoor Air act to protect more residents from secondhand smoke;
2. Ensure the tobacco surcharge repeal is permanent; and
3. Increase the cigarette tax by at least $1.00 per pack and create parity between the tax on cigarettes and other tobacco products.

During the 2024 legislative session, the Lung Association and public health partners successfully advocated passage of a bill that would give localities the ability to regulate the location of tobacco retailers in proximity to schools and child day centers. Passage of this type of bill which allows for local tobacco control is critically important in a state like Virginia which has strong preemption and tobacco industry presence evident by the passage of an industry supported bill requiring manufacturers of liquid nicotine or nicotine vapor products to register in the state based on U.S. Food and Drug Administration pre-market tobacco application status. Registry bills are unnecessary, have no proven public health impacts and are an industry way to divert attention away from proven public health policies.

Virginia also passed in 2024 a bill which takes steps to implement a retail licensing program. The bill was not as comprehensive as the Lung Association would have liked as it did not include licensure provisions for all tobacco retailers and did include a low weight-based e-cigarette tax. However, the bill was a first step towards a comprehensive retail licensing program in the future, including requiring all vape shops to obtain a retail license and to require the Tax Administration to establish and maintain a list of all tobacco retailers in the state.

During the 2023 legislative session, the Lung Association and public health partners successfully advocated for passage of a bill that would repeal Virginia's tobacco surcharge. Tobacco surcharges have not been proven effective in encouraging smokers to quit and can cause tobacco users to opt out of health coverage altogether. However, the bill included a provision that the repeal would expire in 2026, and the Lung Association will advocate for it to remain permanent.

Recently in Virginia, a number of new casinos have opened across the Commonwealth which have highlighted the loopholes that exist in Virginia's Clean Indoor Air Act. Protecting casino workers and patrons is a priority for the Lung Association and its partners in the coming year as no amount of exposure to secondhand smoke is safe.

The Virginia Foundation for Healthy Youth, established in 1999 by the Virginia General Assembly using MSA funding has a mission that empowers Virginia's youth to make healthy choices by reducing and preventing tobacco and nicotine use, substance use and childhood obesity. VFHY has used this funding to conduct sustained prevention messaging which includes award-winning and fully evaluated marketing campaigns to children annually.

In 2025, the American Lung Association will continue to educate lawmakers on the ongoing fight against tobacco to advance our goals of addressing loopholes in Virginia's Clean Indoor Air Act and repealing the tobacco surcharge permanently.

Virginia State Facts

Health Care Cost Due to Smoking:	$3,113,009,298
Adult Smoking Rate:	10.9%
Adult Tobacco Use Rate:	17.8%
High School Smoking Rate:	2.0%
High School Tobacco Use Rate:	8.5%
Middle School Smoking Rate:	0.6%
Smoking Attributable Deaths:	10,310

Adult smoking and tobacco use data come from CDC's 2023 Behavioral Risk Factor Surveillance System; adult tobacco use includes cigarettes, smokeless tobacco and e-cigarettes. High school smoking and tobacco use and middle school smoking data come from the 2023 Virginia Youth Risk Behavior Survey.

Health impact information is taken from the Smoking Attributable Mortality, Morbidity and Economic Costs (SAMMEC) software. Smoking attributable deaths reflect average annual estimates for the period 2005-2009 and are calculated for persons aged 35 years and older. Smoking-attributable healthcare expenditures are based on 2004 smoking-attributable fractions and 2009 personal healthcare expenditure data. Deaths and expenditures should not be compared by state.

Washington Report Card

American Lung Association.
State of Tobacco Control
2025

Tobacco Prevention and Control Program Funding: F

FY2025 State Funding for Tobacco Control Programs:	$4,913,000
FY2025 Federal Funding for State Tobacco Control Programs:	$1,828,532*
FY2025 Total Funding for State Tobacco Control Programs:	$6,741,532
CDC Best Practices State Spending Recommendation:	$63,600,000
Percentage of CDC Recommended Level:	10.6%
State Tobacco-Related Revenue:	$404,900,000

* Includes tobacco prevention and cessation funding provided to states from the Centers for Disease Control and Prevention.

Smokefree Air: C

OVERVIEW OF STATE SMOKING RESTRICTIONS

Government work sites: **Prohibited**

Private work sites: **Prohibited**

Schools: **Prohibited**

Child care facilities: **Prohibited**

Restaurants: **Prohibited**

Bars: **Prohibited**

Casinos/Gaming Establishments: **Prohibited (tribal establishments not subject to state law)**

Retail stores: **Prohibited**

E-Cigarettes Included: **Only in a few specific public places and workplaces**

Preemption/Local Opt-Out: **Yes**

Citation: WASH. REV. CODE § 70.345.150 (2016).

Tobacco Taxes: C

CIGARETTE TAX:

Tax Rate per pack of 20: **$3.025**

OTHER TOBACCO PRODUCT TAXES:

Tax on Little Cigars: **Equalized: Yes; Weight-Based: No**

Tax on Large Cigars: **Equalized: No; Weight-Based: No**

Tax on Smokeless Tobacco: **Equalized: No; Weight-Based: Yes**

Tax on Pipe/RYO Tobacco: **Equalized: Yes; Weight-Based: No**

Tax on E-cigarettes: **Equalized: No; Weight-Based: Yes**

For more information on tobacco taxes, go to: www.lung.org/slati

Access to Cessation Services: F

OVERVIEW OF STATE CESSATION COVERAGE

STATE MEDICAID PROGRAM:

Medicaid Medications: **All 7 medications are covered**

Medicaid Counseling: **Minimal counseling is covered**

Medicaid Barriers to Coverage: **Minimal barriers exist to access care**

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **Most medications are covered**

Counseling: **Most counseling is covered**

Barriers to Coverage: **Minimal barriers exist to access care**

STATE QUITLINE:

Investment per Smoker: **$0.72; the median investment per smoker is $2.26**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **Yes**

Tobacco Surcharge: **No prohibition or limitation on tobacco surcharges**

Citation: See Washington Tobacco Cessation Coverage page for coverage details.

Flavored Tobacco Products: F

Restrictions on Flavored Tobacco Products: **No state law or regulation**

Washington State Highlights:

Tobacco use remains the leading cause of preventable death and disease in the United States and in Washington. To address this enormous toll, the American Lung Association calls for the following actions to be taken by Washington's elected officials:

1. Secure additional funding for Washington's Commercial Tobacco Prevention Programs;
2. Restrict the sale of all flavored tobacco products; and
3. Ensure the promotion of evidence-based public policies.

Washington's 2024 Legislative Session saw several bills introduced that lacked broad public health support. Senate Bill 6118 proposed the creation of a directory for vapor products based on U.S. Food and Drug Administration pre-market tobacco application status. Similar legislation was introduced in over 20 states around the nation and was pushed by industry giants Altria and JUUL. The bill passed out of the Senate Committee on Labor & Commerce and died at the fiscal cut off. Acknowledgement of the enforcement challenges and conflicts between small manufacturers and large industry contributed to the bill's demise.

House Bill 1922 would have established a grant program for the purchase and installation of vape detectors in public schools. The bill passed out of the House Committee on Education and died at the fiscal cut off. HB 1922's introduction demonstrated many legislators acknowledge youth vaping in schools is a concerning issue and provides an opportunity for the American Lung Association and others to provide evidence-based solutions to reduce youth use of these addicting products.

One bill, House Bill 2181 received unanimous support on the House Floor. HB 2181 proposed creating a data dashboard to track the use of tobacco, cannabis and alcohol. This legislation was supported and pushed by the cannabis industry and died at the policy cut off in the Senate.

House Bill 2181 proposed reducing the tax on pipe tobacco and Senate Bill 5239 proposed regulating flavors and nicotine levels in tobacco products. Neither of these bills received a hearing.

One small victory was a one-time appropriation of $500,000 for the state tobacco prevention program. Though this small appropriation was disappointing, the American Lung Association and others will continue to provide education to elected officials for the need for additional funding to reduce tobacco use in Washington. Through our engagement with Washington Breathes, a statewide coalition working to eliminate the harmful use of commercial tobacco and other nicotine products, we continue to grow supporters who can provide this education to elected officials.

The American Lung Association is a proud coalition partner of Flavors Hook Kids Washington, a coalition dedicated to supporting efforts to end the sale of all flavored tobacco products in our state. This campaign held a successful kick off in September 2024 and continues to grow as a coalition with state legislation expected to be introduced in 2025.

Washington State Facts

Health Care Cost Due to Smoking:	$2,811,911,987
Adult Smoking Rate:	9%
Adult Tobacco Use Rate:	15.9%
High School Smoking Rate:	2.2%
High School Tobacco Use Rate:	N/A
Middle School Smoking Rate:	1.5%
Smoking Attributable Deaths:	8,290

Adult smoking and tobacco use data come from CDC's 2023 Behavioral Risk Factor Surveillance System; adult tobacco use includes cigarettes, smokeless tobacco and e-cigarettes. High school (10th grade only) and middle school (8th grade only) smoking rates are taken from the 2023 Washington State Healthy Youth Survey. A current high school tobacco use rate is not available for this state.

Health impact information is taken from the Smoking Attributable Mortality, Morbidity and Economic Costs (SAMMEC) software. Smoking attributable deaths reflect average annual estimates for the period 2005-2009 and are calculated for persons aged 35 years and older. Smoking-attributable healthcare expenditures are based on 2004 smoking-attributable fractions and 2009 personal healthcare expenditure data. Deaths and expenditures should not be compared by state.

West Virginia Report Card

American Lung Association.
State of Tobacco Control
2025

Tobacco Prevention and Control Program Funding: F

FY2025 State Funding for Tobacco Control Programs:	$451,404
FY2025 Federal Funding for State Tobacco Control Programs:	$1,229,006*
FY2025 Total Funding for State Tobacco Control Programs:	$1,680,410
CDC Best Practices State Spending Recommendation:	$27,400,000
Percentage of CDC Recommended Level:	6.1%
State Tobacco-Related Revenue:	$194,900,000

* Includes tobacco prevention and cessation funding provided to states from the Centers for Disease Control and Prevention.

Smokefree Air: D

OVERVIEW OF STATE SMOKING RESTRICTIONS

Government work sites: **Restricted**

Private work sites: **No provision**

Schools: **Prohibited (public schools only)**

Child care facilities: **Restricted**

Restaurants: **No provision**

Bars: **No provision**

Casinos/Gaming Establishments: **No provision**

Retail stores: **No provision**

E-Cigarettes Included: **Only in Most Parts of K-12 Schools and School Property**

Preemption/Local Opt-Out: **No**

Citation: W. VA. CODE §§ 16-9A-4 (1987) & 31-20-5b (1997); WV Div. of Personnel Policy, Smoking Restrictions in the Workplace (2004); WV CSR §§ 64-21-10 (1997), 64-21-20 (1997) & 126-66-1 et seq. (1998).

Note: West Virginia has 59.6% of the state's population covered by comprehensive local smokefree workplace regulations. If a state has more than 50% of its population covered by local smokefree ordinances/regulations, the state is graded based on population covered by those local ordinances/regulations rather than the statewide law.

Tobacco Taxes: F

CIGARETTE TAX:

Tax Rate per pack of 20: **$1.20**

OTHER TOBACCO PRODUCT TAXES:

Tax on Little Cigars: **Equalized: No; Weight-Based: No**

Tax on Large Cigars: **Equalized: No; Weight-Based: No**

Tax on Smokeless Tobacco: **Equalized: No; Weight-Based: No**

Tax on Pipe/RYO Tobacco: **Equalized: No; Weight-Based: No**

Tax on E-cigarettes: **Equalized: No; Weight-Based: Yes**

For more information on tobacco taxes, go to: www.lung.org/slati

Access to Cessation Services: D

OVERVIEW OF STATE CESSATION COVERAGE

STATE MEDICAID PROGRAM:

Medicaid Medications: **All 7 medications covered**

Medicaid Counseling: **Some counseling is covered**

Medicaid Barriers to Coverage: **Some barriers exist to access care**

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

Counseling: **Some counseling is covered**

Barriers to Coverage: **Minimal barriers exist to access care**

STATE QUITLINE:

Investment per Smoker: **$2.16; the median investment per smoker is $2.26**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

Tobacco Surcharge: **No prohibition or limitation on tobacco surcharges**

Citation: See West Virginia Tobacco Cessation Coverage page for coverage details.

Flavored Tobacco Products: F

Restrictions on Flavored Tobacco Products: **No state law or regulation**

West Virginia State Highlights:

Tobacco use remains the leading cause of preventable death and disease in the United States and in West Virginia. To address this enormous toll, the American Lung Association calls for the following actions to be taken by West Virginia's elected officials:

1. Increase funding for tobacco prevention and cessation programs aligned with the Centers for Disease Control and Prevention (CDC)-recommended level;
2. Preserve local control of smokefree laws throughout the state; and
3. Enact a significant tobacco tax increase and equalize taxes for all tobacco products, including e-cigarettes, with the cigarette tax.

The 2024 legislative session in West Virginia did see some small steps forward when it comes to policies to prevent and reduce tobacco use. Legislation to increase the state age of sale of 21 and repeal youth purchase, use and possession penalties outside of K-12 school grounds was approved. Legislation by Senate Majority Leader Tom Takubo to prohibit smoking in vehicles if a child under age 16 is present in a vehicle was also passed.

Public health advocates continue to be on alert in the 2025 legislative session following passage of legislation several years ago that prevented local boards of health from passing stronger smokefree regulations without county council approval. Fortunately, a strong coalition which includes the Lung Association has been able to fight off further attempts to preempt stronger local smokefree laws. Smokefree regulations currently protect over one million West Virginians from the dangers of secondhand smoke; the Lung Association along with the dedication of partner organizations will continue to oppose state preemption and protect local, comprehensive smokefree air laws.

The Lung Association and West Virginia's youth tobacco prevention group, Raze, have worked tirelessly to address the high rates of tobacco use in the state along with the skyrocketing e-cigarette use rates among young people. Through ongoing education, local and statewide events, youth continue to fight the disproportionately high burden of tobacco across West Virginia. Additional state funding for tobacco control programs could help with these efforts. West Virginia's state funding of $461,000 is too low given the scale of the problem in the state, and woefully short of the CDC-recommended level of funding. To further prevent youth from starting tobacco or switching products, the Lung Association will also continue to recommend evidenced-based polices to reduce youth tobacco use such as increasing the cigarette tax and equalizing the rates across all tobacco products, including e-cigarettes.

The American Lung Association in West Virginia will continue to work with our partners in 2025 to educate lawmakers and the public on the ongoing fight against tobacco through proven policies such as increasing funding for tobacco prevention and control programs, protecting local control of smokefree air laws, and increasing taxes on tobacco products.

West Virginia State Facts

Health Care Cost Due to Smoking:	$1,008,474,499
Adult Smoking Rate:	20.4%
Adult Tobacco Use Rate:	32.9%
High School Smoking Rate:	7.6%
High School Tobacco Use Rate:	27%
Middle School Smoking Rate:	4.5%
Smoking Attributable Deaths:	4,280

Adult smoking and tobacco use data come from CDC's 2023 Behavioral Risk Factor Surveillance System; adult tobacco use includes cigarettes, smokeless tobacco and e-cigarettes. High school smoking and tobacco use rates are taken from the 2021 Youth Risk Behavior Surveillance System. Middle school smoking rate is taken from the 2017 Youth Tobacco Survey.

Health impact information is taken from the Smoking Attributable Mortality, Morbidity and Economic Costs (SAMMEC) software. Smoking attributable deaths reflect average annual estimates for the period 2005-2009 and are calculated for persons aged 35 years and older. Smoking-attributable healthcare expenditures are based on 2004 smoking-attributable fractions and 2009 personal healthcare expenditure data. Deaths and expenditures should not be compared by state.

Wisconsin Report Card

American Lung Association.
State of Tobacco Control
2025

WISCONSIN

Tobacco Prevention and Control Program Funding: F

FY2025 State Funding for Tobacco Control Programs:	$6,702,756
FY2025 Federal Funding for State Tobacco Control Programs:	$1,588,681*
FY2025 Total Funding for State Tobacco Control Programs:	$8,291,437
CDC Best Practices State Spending Recommendation:	$57,500,000
Percentage of CDC Recommended Level:	14.4%
State Tobacco-Related Revenue:	$604,900,000

* Includes tobacco prevention and cessation funding provided to states from the Centers for Disease Control and Prevention.

Thumbs up for Wisconsin for increasing funding for its state tobacco control program by close to $1.4 million from Juul settlement funds each of the last two fiscal years.

Smokefree Air: B

OVERVIEW OF STATE SMOKING RESTRICTIONS

Government work sites: **Prohibited**

Private work sites: **Prohibited**

Schools: **Prohibited**

Child care facilities: **Prohibited**

Restaurants: **Prohibited**

Bars: **Prohibited (allowed in existing tobacco bars)**

Casinos/Gaming Establishments: **Prohibited (tribal establishments not subject to state law)**

Retail stores: **Prohibited**

E-Cigarettes Included: **No**

Preemption/Local Opt-Out: **Limited**

Citation: WI STAT. ANN. § 101.123 (2010).

Tobacco Taxes: D

CIGARETTE TAX:

Tax Rate per pack of 20: **$2.52**

OTHER TOBACCO PRODUCT TAXES:

Tax on Little Cigars: **Equalized: No; Weight-Based: No**

Tax on Large Cigars: **Equalized: No; Weight-Based: No**

Tax on Smokeless Tobacco: **Equalized: Yes; Weight-Based: No**

Tax on Pipe/RYO Tobacco: **Equalized: Yes; Weight-Based: No**

Tax on E-cigarettes: **Equalized: No; Weight-Based: Yes**

For more information on tobacco taxes, go to: www.lung.org/slati

Access to Cessation Services: F

OVERVIEW OF STATE CESSATION COVERAGE

STATE MEDICAID PROGRAM:

Medicaid Medications: **All 7 medications are covered**

Medicaid Counseling: **All 3 types of counseling are covered**

Medicaid Barriers to Coverage: **No barriers exist to access care**

Medicaid Expansion: **No**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

Counseling: **Most counseling is covered**

Barriers to Coverage: **Some barriers exist to access care**

STATE QUITLINE:

Investment per Smoker: **$1.10; the median investment per smoker is $2.26**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

Tobacco Surcharge: **Medicaid enrollees are subject to a tobacco surcharge**

Citation: See Wisconsin Tobacco Cessation Coverage page for coverage details.

Flavored Tobacco Products: F

Restrictions on Flavored Tobacco Products: **No state law or regulation**

Wisconsin State Highlights:

Commercial tobacco use remains the leading cause of preventable death and disease in the United States and in Wisconsin. To address this enormous toll, the American Lung Association calls for the following actions to be taken by Wisconsin's elected officials:

1. Raise Wisconsin's legal age of sale for tobacco products to 21;
2. Protect the statewide smokefree air law; and
3. Create tax parity between e-cigarettes and cigarettes.

In 2024, tobacco control advocates worked with partners and volunteers to defeat a bill that would have opened a loophole in Wisconsin's clean indoor air law that prevents people from smoking tobacco indoors. Wisconsin has been a leader in protecting all of its citizens from the known, indisputable hazards of secondhand smoke in the workplace and public places since 2009. Advocates also provided input into a new law that placed e-cigarette shops into the existing tobacco retail licensing structure.

A new legislative session will begin in 2025, and we hope to see the reintroduction of the bill to raise Wisconsin's legal age of sale for tobacco products to 21 to match the federal law. This will help eliminate confusion from retailers about who they can legally sell to, and is an important component of a comprehensive public health approach to reducing tobacco use.

There was an important local victory in Superior, which passed a zoning ordinance that restricts where new tobacco retailers can open, prohibiting them from locating within 1,000 feet of a school, park, playground, library, or childcare facility, and within 500 feet of another tobacco retailer. This ordinance went a step further than a similar one passed in Milwaukee in 2023, capping the total number of retail licenses available in the municipality.

In the coming months, the Lung Association will work with our local volunteers and coalition partners on our 2025 legislative priorities, including strategizing to garner additional support for Tobacco 21. Advocates hope to send a message to Big Tobacco that Wisconsinites are not softening their stance, understand the detrimental impact of commercial tobacco products, and will continue to fight against these harmful products.

A September 2024 research paper by UW-Center for Tobacco Research and Intervention and the Wisconsin African American Tobacco Prevention Network addresses how Wisconsin has had the worst disparity in tobacco use between Black and White residents in the nation, a rate that still stands at 20.2% for Black residents and 13.7% for white residents. The paper, published in the Wisconsin Medical Journal, calls on clinicians to make a more concerted effort to help Black patients address their tobacco use.

Tobacco industry lobbyists for Altria are among the top 25 groups spending time in the Wisconsin State Capitol, paying their lobbyists almost $200,000 in the first half of the 2023-24 legislative session. They were able to sneak an ineffective e-cigarette registry bill into a larger bill that updated other licensing rules. These types of bills are a tactic by RJ Reynolds, Altria and Juul to cut out their competitors that manufacture other types of e-cigarettes.

With your help, the American Lung Association will ensure that our leaders pay attention to lung health as we advocate for action to pass laws and put in place programs that will reduce commercial tobacco use and save lives in 2025.

Wisconsin State Facts

Health Care Cost Due to Smoking:	$2,663,227,988
Adult Smoking Rate:	12%
Adult Tobacco Use Rate:	19%
High School Smoking Rate:	3.4%
High School Tobacco Use Rate:	16.5%
Middle School Smoking Rate:	N/A
Smoking Attributable Deaths:	7,850

Adult smoking and tobacco use data come from CDC's 2023 Behavioral Risk Factor Surveillance System; adult tobacco use includes cigarettes, smokeless tobacco and e-cigarettes. High school smoking and tobacco use data come from the 2023 Wisconsin Youth Risk Behavior Survey. A current middle school smoking rate is not available for this state.

Health impact information is taken from the Smoking Attributable Mortality, Morbidity and Economic Costs (SAMMEC) software. Smoking attributable deaths reflect average annual estimates for the period 2005-2009 and are calculated for persons aged 35 years and older. Smoking-attributable healthcare expenditures are based on 2004 smoking-attributable fractions and 2009 personal healthcare expenditure data. Deaths and expenditures should not be compared by state.

Wyoming Report Card

American Lung Association.
State of Tobacco Control
2025

WYOMING

Tobacco Prevention and Control Program Funding: F

3FY2025 State Funding for Tobacco Control Programs:	$2,609,665
FY2025 Federal Funding for State Tobacco Control Programs:	$1,020,771*
FY2025 Total Funding for State Tobacco Control Programs:	$3,630,436
CDC Best Practices State Spending Recommendation:	$8,500,000
Percentage of CDC Recommended Level:	42.7%
State Tobacco-Related Revenue:	$32,600,000

* Includes tobacco prevention and cessation funding provided to states from the Centers for Disease Control and Prevention.

Smokefree Air: F

OVERVIEW OF STATE SMOKING RESTRICTIONS

Government work sites: **Restricted**

Private work sites: **No provision**

Schools: **No provision**

Child care facilities: **No provision**

Restaurants: **No provision**

Bars: **No provision**

Casinos/Gaming Establishments: **No provision**

Retail stores: **No provision**

E-Cigarettes Included: **N/A**

Preemption/Local Opt-Out: **No**

Citation: Wyoming State Govt. Non-Smoking Policy (1989).

Tobacco Taxes: F

CIGARETTE TAX:

Tax Rate per pack of 20: **$0.60**

OTHER TOBACCO PRODUCT TAXES:

Tax on Little Cigars: **Equalized: Yes; Weight-Based: No**

Tax on Large Cigars: **Equalized: Yes; Weight-Based: No**

Tax on Smokeless Tobacco: **Equalized: Yes; Weight-Based: Yes**

Tax on Pipe/RYO Tobacco: **Equalized: Yes; Weight-Based: No**

Tax on E-cigarettes: **Equalized: Yes; Weight-Based: No**

For more information on tobacco taxes, go to: www.lung.org/slati

Access to Cessation Services: D

OVERVIEW OF STATE CESSATION COVERAGE

STATE MEDICAID PROGRAM:

Medicaid Medications: **All 7 medications are covered**

Medicaid Counseling: **Some counseling is covered**

Medicaid Barriers to Coverage: **Some barriers exist to access care**

Medicaid Expansion: **No**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **Few medications are covered**

Counseling: **Some counseling is covered**

Barriers to Coverage: **No barriers exist to access care**

STATE QUITLINE:

Investment per Smoker: **$13.34; the median investment per smoker is $2.26**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

Tobacco Surcharge: **No prohibition or limitation on tobacco surcharges**

Citation: See Wyoming Tobacco Cessation Coverage page for coverage details.

Flavored Tobacco Products: F

Restrictions on Flavored Tobacco Products: **No state law or regulation**

Wyoming State Highlights:

Tobacco use remains the leading cause of preventable death and disease in the United States and in Wyoming. To address this enormous toll, the American Lung Association calls for the following actions to be taken by Wyoming's elected officials:

1. Increase the cigarette tax by $1.00 per pack, with parity across all tobacco products;
2. Support state and/or local smokefree workplace laws; and
3. Increase funding for tobacco prevention and cessation programs.

The American Lung Association in Wyoming supports evidence-based policy interventions to reduce tobacco use rates and prevent youth initiation. Together with our partners, the Lung Association works to ensure tobacco control and prevention remains a priority for state legislators and local decisionmakers.

The Lung Association continues to educate elected officials and the general public about the negative public health impacts of tobacco use in Wyoming, and the ongoing importance of providing adequately funded tobacco prevention and cessation programs. The most important tobacco control measure that Wyoming policymakers can pursue is raising the cigarette tax by at least $1.00 per pack and ensuring parity for tax rates among all tobacco products.

Wyoming legislators should be applauded for voting down a proposal in 2024 to create a state registry of e-cigarette products based on U.S. Food and Drug Administration (FDA) pre-market tobacco application status that could allow some products to be marketed and sold in Wyoming without FDA authorization. Tobacco manufacturers pushed for similar legislation across the country.

It has been over 20 years since the last time Wyoming legislators raised the cigarette tax. At $0.60 per pack, it remains among the lowest in the country. The Lung Association will continue working with partners to support a significant increase in taxes on cigarettes and all tobacco products. Raising tobacco taxes is one of the most effective ways to drive down smoking rates and prevent many young people from ever smoking at all. Additionally, funding generated from raising tobacco taxes provides a steady source of revenue for tobacco prevention and cessation programs, and other crucial public health needs.

Wyoming State Fact

Health Care Cost Due to Smoking:	$257,674,019
Adult Smoking Rate:	14%
Adult Tobacco Use Rate:	24.1%
High School Smoking Rate:	4%
High School Tobacco Use Rate:	N/A
Middle School Smoking Rate:	1.3%
Smoking Attributable Deaths:	800

Adult smoking and tobacco use data come from CDC's 2023 Behavioral Risk Factor Surveillance System; adult tobacco use includes cigarettes, smokeless tobacco and e-cigarettes. High school (10th and 12th grade only) and middle school (6th and 8th grade only) smoking rates are taken from the 2022 Wyoming Prevention Needs Assessment Survey. A current high school tobacco use rate is not available for this state.

Health impact information is taken from the Smoking Attributable Mortality, Morbidity and Economic Costs (SAMMEC) software. Smoking attributable deaths reflect average annual estimates for the period 2005-2009 and are calculated for persons aged 35 years and older. Smoking-attributable healthcare expenditures are based on 2004 smoking-attributable fractions and 2009 personal healthcare expenditure data. Deaths and expenditures should not be compared by state.

About the American Lung Association

The American Lung Association is the leading organization working to save lives by improving lung health and preventing lung disease through education, advocacy and research. The work of the American Lung Association is focused on four strategic imperatives: to defeat lung cancer; to champion clean air for all; to improve the quality of life for those with lung disease and their families; and to create a tobacco-free future. For more information about the American Lung Association, a holder of the coveted 4-star rating from Charity Navigator and a Gold-Level GuideStar Member, or to support the work it does, call 1-800-LUNGUSA (1-800-586-4872) or visit: Lung.org.