Tobacco Control:

At the Federal, State and Local Levels

The use of tobacco products remains the nation's number one cause of preventable death, killing more than 480,000 Americans and costing more than $300 billion in direct medical costs and lost productivity each year.[i] That is why the American Cancer Society Cancer Action Network (ACS CAN) and the American Cancer Society (ACS) have long engaged in the fight against tobacco use.

Although tobacco-related cancer incidence and mortality have declined in the U.S., we continue to see disparities by socioeconomic status (SES), race and ethnicity, educational level, gender, sexual orientation, and geographic location, in large part due to tobacco industry marketing strategies.[ii] In order to reduce tobacco-related cancer in the U.S., tobacco control strategies that help achieve health equity will need to be implemented.

Excise Taxes

One of the most effective ways to deter and reduce tobacco consumption - particularly among youth - is to raise the price of tobacco products.[iii] **ACS CAN strongly advocates for increases in federal, state, and local taxes on all tobacco products.** We advocate for a tax rate of at least $1 per pack of cigarettes and for parity among taxes on cigarettes and other tobacco products. Since 2002, 48 states, the District of Columbia and several U.S. territories have raised their cigarette tax.

- 22 states – Alaska, Arizona, California, Connecticut, Delaware, Hawaii, Illinois, Maine, Maryland, Massachusetts, Michigan, Minnesota, New Jersey, New Mexico, New York, Oklahoma, Oregon*, Pennsylvania, Rhode Island, Washington, Wisconsin, and Vermont – the District of Columbia, Puerto Rico, and Guam have taxes of $2.00 or more per pack.
- 9 states – Connecticut, Hawaii, Massachusetts, Minnesota, New York, Oregon†, Rhode Island, Vermont, Washington – the District of Columbia, Puerto Rico, and Guam have taxes of $3.00 or more a pack. The District of Columbia has the highest cigarette tax rate at $4.50 per pack. Puerto Rico's tax is $5.10 per pack.
- As of January 1, 2021, the national average of states and the District of Columbia is $1.88 per pack and the federal tax rate is $1.01.

Tobacco Control Program Funding

Comprehensive, well-funded tobacco control programs help prevent youth from starting to use tobacco products and promote cessation for current users of tobacco.[iv] **ACS CAN advocates for tobacco control program funding at the federal level through the Office of Smoking and Health (OSH) at the Centers for Disease Control and Prevention (CDC) and at the state level for state programs.** Federal funding supports surveys to measure who is using tobacco products, mass-media campaigns to encourage quitting, research on effective interventions, and direct support to state tobacco control programs.

The CDC's *Best Practices for Comprehensive Tobacco Control Programs* provides evidence-based recommendations to help states plan and establish comprehensive tobacco control programs along with funding recommendations to implement these programs.[v] Unfortunately, most states are not even close to meeting CDC funding recommendation levels.

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* As of 1/1/21

† As of 1/1/21

- The CDC's mass-media campaign *Tips from Former Smokers* has led to 16.4 million people who smoke have attempted to quit and approximately one million have successfully quit from 2012-2018, even in its limited airtime due to funding levels.[vi]
- In Fiscal Year 2020, states are expected to collect $27.2 billion in tobacco tax and settlement revenue. However, states only budgeted 2.7 percent of this amount – $739.7 million – for tobacco control programs this year.
- No state met CDC recommendations for funding cessation programs in Fiscal Year 2020, and only three states – Alaska, California, and Maine – provide more than 70 percent of recommended funds.

Insurance Coverage for Tobacco Cessation

Evidence shows that insurance coverage for tobacco cessation services help people quit smoking and that quit rates are higher when health insurance covers the benefit. **ACS CAN advocates for all public and private health insurance coverage to include a comprehensive tobacco cessation benefit with access to both counseling and FDA-approved medications, at no cost to the patient and without other barriers.** While federal law has been effective at increasing coverage of tobacco cessation services for pregnant women on Medicaid and enrollees in most private insurance and Medicaid expansion plans, there are still gaps in coverage, particularly in traditional Medicaid plans.

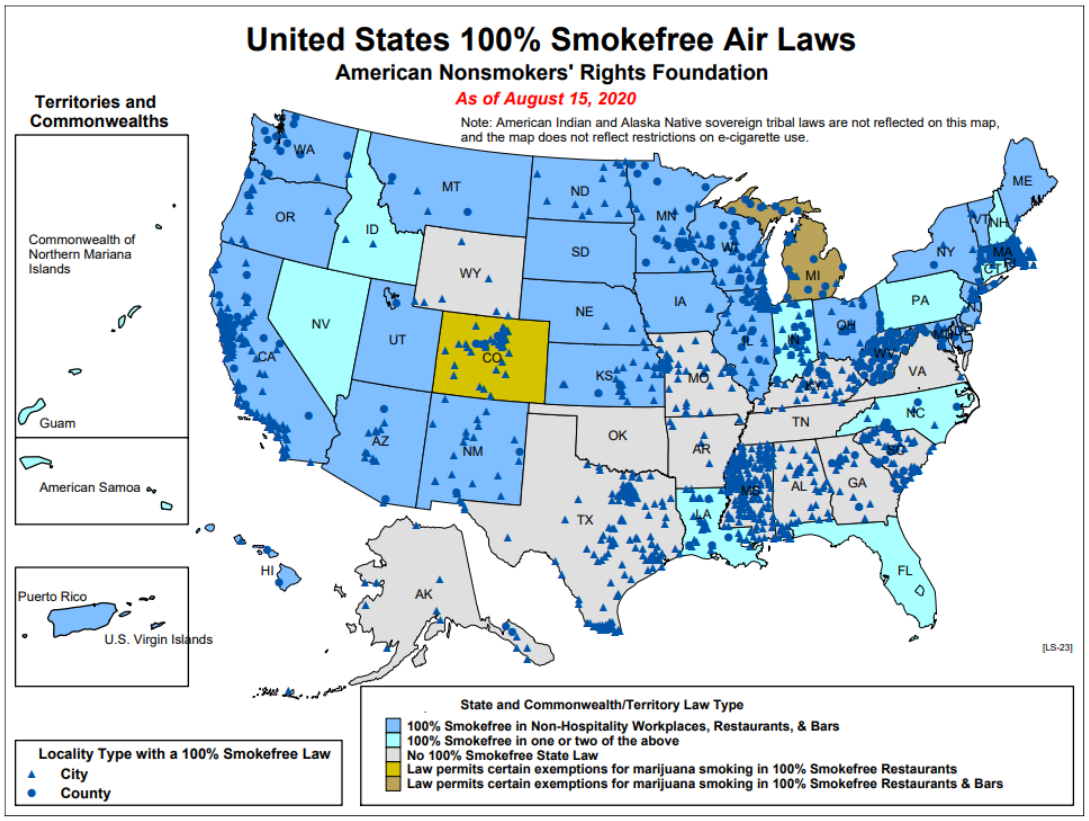
- Providing cessation benefits to Medicaid enrollees is essential to reduce tobacco use disparities. In 2019, individuals who relied on Medicaid for their health care had a higher smoking rate (24.9%) than the overall adult population (14%) and more than double that of individuals with private insurance (10.7%).[vii]
- Medicaid cessation benefits vary significantly by state, and even within states, by plan. Twelve states provide a comprehensive tobacco cessation benefit that includes coverage for all individual, group, and phone counseling and all seven types of medication for all enrollees. Conversely, enrollees in nine states do not have access to even one type of medication or one type of counseling.[viii]
- Only two states – Kentucky and Missouri - offered comprehensive barrier-free access to cessation services. Barriers can include a requirement of copayment, requirement of prior authorization, requirement of counseling for medications, stepped care therapy, limits on duration, annual limit on number of covered quit attempts, and lifetime limit on number of covered quit attempts.

Smoke-free Laws

Secondhand smoke is harmful, killing an estimated 41,000 non-smoking Americans each year, including more than 7,300 from lung cancer.[ix] **ACS CAN is committed to the advancement of 100 percent smoke-free communities, including workplaces, restaurants, bars, and gaming facilities.**

- 27 states, the District of Columbia, the U.S. Virgin Islands, and Puerto Rico have smoke-free laws in effect that require 100 percent smoke-free workplaces, restaurants, and bars.
- More than 1,129 municipalities have 100 percent smoke-free workplace, restaurant, and bar laws in effect.
- In total 61.1 percent of the U.S. population is covered by a state or local 100 percent comprehensive smoke-free law.

- Disparities remain in workplace exposure to secondhand smoke based on geography as well as by occupation. Employees in the hospitality service industry are the most exposed, including gaming facilities which can also include convention facilities, hotels, and shopping districts all within one indoor shared air space. Many people are also exposed in blue collar work settings like warehouses and in a wide range of public places such as airports, hotels, and at sporting events.



Food and Drug Administration Regulation of Tobacco Products

The U.S. Food and Drug Administration (FDA) has significant authority over the manufacture, sale, and marketing of tobacco products as of 2009. FDA has prohibited free samples of tobacco products, use of candy and fruit flavorings in cigarettes, sales to underage persons, and the use of unsubstantiated health claims by tobacco product manufacturers. FDA actions could greatly impact tobacco-related disparities by, for example, ending tobacco industry marketing practices that target specific communities.

FDA has delayed using its authority on key priorities identified by the tobacco control community. ACS CAN and its tobacco control partners successfully sued the FDA to require implementation of graphic warnings on cigarettes and enforcement of the premarket review process as statutorily required. FDA has yet to issue rulemaking to prohibit all flavors in other tobacco products and menthol in cigarettes or crack down on other tobacco industry marketing that is aimed at youth. In addition, FDA has not issued rulemaking to reduce the nicotine levels in tobacco products to make them non-addictive, which could prevent a whole new generation from becoming addicted and help current users quit.

ACS CAN will continue to advocate for full implementation of FDA's authority and fight Congressional and court challenges to it to ensure that tobacco products are regulated appropriately for the protection of public health.

[i] U.S. Department of Health and Human Services. The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General. Washington, DC: US Department of Health and Human Services, CDC; 2014. Available at http://www.surgeongeneral.gov/library/reports/50-years-ofprogress/full-report.pdf.

[ii] U.S. National Cancer Institute. A Socioecological Approach to Addressing Tobacco-Related Health Disparities. National Cancer Institute Tobacco Control Monograph 22. NIH Publication No. 17-CA-8035A. Bethesda, MD: U.S. Department of Health and Human Services, National Institutes of Health, National Cancer Institute; 2017.

[iii] U.S. National Cancer Institute and World Health Organization. The Economics of Tobacco and Tobacco Control. National Cancer Institute Tobacco Control Monograph 21. NIH Publication No. 16-CA-8029A. Bethesda, MD: U.S. Department of Health and Human Services, National Institutes of Health, National Cancer Institute; and Geneva, CH: World Health Organization; 2016.

[iv] U.S. Department of Health and Human Services, 2014.

[v] Centers for Disease Control and Prevention. Best Practices for Comprehensive Tobacco Control Programs—2014. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014.

[vi] Murphy-Hoefer R, Davis KC, King BA, Beistle D, Rodes R, Graffunder C. Association between the Tips From Former Smokers Campaign and Smoking Cessation Among Adults, United States, 2012–2018. Preventing Chronic Disease 2020;17:200052.

[vii] Cornelius ME, Wang TW, Jamal A, Loretan CG, Neff LJ. Tobacco Products Use Among Adults – United States, 2019. MMWR Morb Mortal Wkly Rep 2020; 69: 1736-1742.

[viii] American Lung Association. https://www.lung.org/policy-advocacy/tobacco/cessation/state-tobacco-cessation-coverage-database/states

[ix] U.S. Department of Health and Human Services, 2014.