American Lung Association.

State of Tobacco Control

2026 Report

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American Lung Association.
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2026

"State of Tobacco Control" 2026: Federal Government Largely Ends its Efforts to Prevent and Reduce Tobacco Use; Tobacco Industry Will Fill the Void

The American Lung Association's annual "State of Tobacco Control" report evaluates states and the federal government's actions to eliminate the nearly 500,000 lives lost to tobacco use each year. 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 state and federal policies based on their effectiveness to prevent and reduce tobacco use.

"State of Tobacco Control" 2026 finds that just over one year into the Trump Administration, the tobacco prevention and control landscape has been fundamentally altered. On April 1, 2025, the main agency responsible for the federal government's efforts to prevent and reduce tobacco use was effectively dismantled. Nearly all staff were terminated at the Centers for Disease Control and Prevention (CDC)'s Office on Smoking and Health (OSH), halting the highly successful Tips from Former Smokers media campaign, critical national coordination and assistance to state tobacco control programs, and key public health research and reports on tobacco use. This unprecedented loss of federal capacity marked one of the most significant setbacks in tobacco prevention and control in decades. It creates an opening for the tobacco industry to expand its reach and target new users, which will have consequences on tobacco use rates in the U.S.

New Administration Takes Several Actions in 2025 that Will Weaken Tobacco Prevention Efforts in the U.S.

The country's efforts to reduce the 490,000 lives lost to tobacco each year have seen significant success over the past 25 years. Adult cigarette smoking rates declined from 23.3% in 2000 to a record low of 9.9%, according to the 2024 National Health Interview Survey.[1] Overall, adult tobacco use decreased from 19.3% in 2022 to 16.4% in 2023 after increasing in previous years.[2] Youth cigarette smoking rates dropped even more dramatically, from 28.5% in 2001 to 3.5% in 2023.[3] These reductions translate into millions of lives and billions of dollars in healthcare costs saved.

However, past performance is not an indicator of future success, especially when there is a predatory tobacco industry working relentlessly to keep smoking and tobacco use rates as high as possible to maintain their profits. In 2025, the Trump Administration took a series of unprecedented actions that have weakened the federal government's role in tobacco prevention and cessation, jeopardizing decades of progress. These actions included:

- Firing virtually all staff and contractors associated with CDC's Office on Smoking and Health on April 1, 2025. The Office on Smoking and Health was the federal government's primary mechanism for meeting its obligations to prevent and reduce tobacco by educating the public about the dangers of smoking and tobacco use under two laws passed by Congress: the Comprehensive Smoking Education Act of 1984 and the Comprehensive Smokeless Tobacco Education Act of 1986.
- Delaying the distribution of funds for grants to state programs to prevent and reduce tobacco use in all 50 states and the District of Columbia until the very end of the federal fiscal year in September 2025. These grants are usually issued by CDC in April each year, and the delay in 2025 caused extensive damage to several state tobacco control programs, including reductions in quitline or phone counseling services for tobacco users.
- Firing or otherwise removing a significant number of staff at the U.S. Food

and Drug Administration (FDA) Center for Tobacco Products on April 1, 2025, including most top leadership. This did not save a dime in taxpayer dollars, as the Center is entirely funded by tobacco industry user fees. Some staff were eventually hired back, but it caused significant disruption to operations, and the Center is still not operating with full staff as of the release of this report.

- Terminating the Tips from Former Smokers campaign, one of the most successful public health media campaigns ever implemented. This campaign has helped over one million people quit smoking for good, saved lives and reduced healthcare costs by billions of dollars. The termination left at least $65 million in congressionally directed tobacco prevention and cessation funding unused in 2025—ceding ground to a tobacco industry that aggressively markets addictive products.

Top 5 Threats to Federal Tobacco Reduction Efforts

1. Elimination of CDC's Office on Smoking and Health
2. Tobacco Industry Attempts to Introduce New Products Without FDA Authorization
3. FDA's Ongoing Authorization of Flavored E-Cigarettes and Nicotine Pouches
4. Delayed Federal Grants to States Causing Significant Disruption
5. End of CDC's Tips from Former Smokers Campaign

FDA's Center for Tobacco Products also took several concerning policy actions that will make tobacco products more available across the U.S. These include: 1) authorizing the sale of 20 different Zyn products, including flavored products, and setting up a fast track review process for premarket tobacco applications for nicotine pouches, which appears to be designed to authorize a wider variety of products for sale regardless of whether the products are appealing to kids, and 2) authorizing additional menthol flavored e-cigarettes for sale, including Juul menthol, reinvigorating the company largely responsible for starting the youth e-cigarette use epidemic.

All of these actions, combined with significant cuts to Medicaid and the Affordable Care Act in the reconciliation bill signed into law in July 2025, make a resurgence in tobacco use more likely. They also coincide with the tobacco industry's strategy of promoting some of these tobacco products as "reduced harm" products, which is designed to: 1) keep people addicted; 2) encourage use of more than one tobacco product at once ("dual use"); and 3) entice new youth or young adult users. At the same time, the industry is also running a disinformation campaign to reframe nicotine as less harmful on its own. The truth is that nicotine is not harmless on its own; it is the addictive chemical that makes the other harms from tobacco products possible.

The federal government did take several enforcement actions against illegal e-cigarette products during 2025, including FDA collaborations with U.S. Customs and Border Protection (CBP) to seize more illegal e-cigarettes entering the U.S. However, both large and small tobacco companies continue to introduce and sell illegal flavored e-cigarette and nicotine pouch products across the country without obtaining the required marketing granted order from FDA. Earlier in 2025, major tobacco companies Altria and Reynolds American announced publicly that they intended to sell unauthorized tobacco products without FDA authorization, in clear violation of the federal law giving FDA the authority to regulate tobacco products. However, they backed off from these threats for now after FDA sent them letters regarding these announcements.

These deplorable industry actions contribute to the 2.25 million middle and high school students who continued to use tobacco products in 2024, according to the 2024 National Youth Tobacco Survey (NYTS). In the survey, e-cigarettes remained the most used tobacco product among kids, but nicotine pouches were the second most used in 2024.[4] Separate data from the CDC Foundation found that nicotine pouch use among youth ages 13-20 increased by nearly fourfold from 2022 to 2025. Alarmingly, close to 80%

(78.5%) of these youth used at least one other tobacco product in addition to using nicotine pouches.[5] Given these increases in use, continued close monitoring of nicotine pouch use among kids is required.

"State of Tobacco Control" 2026 Federal Grades

Grading Category	Grade
Federal Regulation of Tobacco Products	C
Federal Quit Smoking Coverage	D
Federal Tobacco Taxes	F
Federal Mass Media Campaigns	I*
Federal Funding for Tobacco Prevention and Control	B

* The federal government gets an I for Incomplete in this category due to data not being able to be obtained about the duration, reach and frequency of the Real Cost campaign in 2025.

There were several other noteworthy developments from 2025 at the federal level:

- In April 2025, the U.S. Supreme Court unanimously upheld FDA's authority under the Family Smoking Prevention and Tobacco Control Act to deny marketing orders for two flavored e-cigarettes, overturning a previous decision by the 5th Circuit Court of Appeals.
- The comment period closed in September 2025 for a proposed rule from FDA that would significantly reduce nicotine levels in cigarettes and some other combusted tobacco products. The Lung Association submitted comments with several other organizations calling for the rule to be expanded to include all tobacco products, including e-cigarettes and nicotine pouches.
- Graphic warning labels on cigarettes remain stalled due to multiple court decisions. In August 2025, a U.S. District Court judge in Georgia vacated FDA's rule requiring graphic warning labels on cigarettes because FDA did not share raw data from the studies it used with the plaintiff tobacco companies. This followed an earlier ruling in Texas that vacated the rule on different procedural grounds. Both cases have been appealed to the U.S. Court of Appeals for the 11th Circuit and 5th Circuit respectively.

Despite Federal Chaos, States Enact Several Long-Overdue Tobacco Tax Increases

During 2025, state legislative sessions proved to be significantly more productive to tobacco prevention efforts than the federal level. Two states—Indiana and Maine—passed large and long overdue cigarette tax increases. Many state tobacco prevention and reduction programs did experience significant disruption from the delay in receiving federal funds, and in some cases had to furlough or lay off staff. Tobacco companies also continued their efforts to get taxes reduced on specific tobacco products and create state e-cigarette directories based on FDA pre-market tobacco application (PMTA) status with limited success.

- Twelve states—Arizona, Colorado, Connecticut, Florida, Illinois, Minnesota, Missouri, Montana, New Mexico, Oklahoma, South Carolina and Tennessee—registered funding increases for programs to prevent and reduce tobacco use of close to $1 million and in some cases significantly

more in fiscal year 2026. Monies from the recent state settlements with Juul contributed to the funding increases in some of these states. However, funding did get virtually zeroed out or decreased by $1 million or more in eleven other states—Alaska, California, Iowa, Maryland, New Hampshire, North Carolina, Ohio, Oregon, South Dakota, Washington and Wyoming almost canceling out the gains. Five states received "A" grades in this category in "State of Tobacco Control" 2026 while 39 states and the District of Columbia received "F" grades.

- Indiana increased its cigarette tax by $2.00 per pack and Maine increased its cigarette tax by $1.50 per pack, bringing their state cigarette taxes to $2.995 and $3.50 per pack, respectively. Hawaii and New Jersey also passed small increases in their state cigarette taxes. Alabama did pass a reduction in its tax on heated tobacco products. This is a policy that has been pushed by Philip Morris International in a number of states to help it sell more of its IQOS brand of products as it re-enters the U.S. market. Only the District of Columbia received an "A" grade in Tobacco Taxes in "State of Tobacco Control" 2026, while 35 states received "F" grades.
- No states passed laws eliminating smoking in public places and workplaces in 2025. This marks the 13th straight year where no state has passed a comprehensive smokefree law. Rhode Island did pass a law that originally would have prohibited smoking in casinos, but was weakened at the last minute to only limit smoking to designated areas. New Jersey also failed for the fourth year running to pass a proposed law prohibiting smoking in casinos. Thirteen states and the District of Columbia received "A" grades in this category in "State of Tobacco Control" 2026 for their existing comprehensive smokefree laws while 12 states received "F" grades.
- Despite vigorous campaigns in several states, including Oregon and Washington, no state approved laws ending the sale of flavored tobacco products in 2025. Opponents of Denver's law ending the sale of flavored tobacco products put the measure up for a ballot referendum in November 2026, but voters overwhelmingly upheld the law with 70% support. Massachusetts and the District of Columbia received "A" grades in this category in "State of Tobacco Control" 2026, while 46 states received "F" grades.
- 2025 was a challenging year for access to tobacco use treatment. Some states reduced or suspended quitline services due to the pause in federal funding. Provisions in the 2025 budget reconciliation bill signed into law in July 2025, including work reporting requirements and cost-sharing for Medicaid programs, will kick people off Medicaid and make it more difficult to access treatment. Additionally, no state expanded Medicaid coverage in 2025. Georgia's House of Representatives did pass a bill that would have required all Medicaid plans to cover comprehensive tobacco cessation treatment with few barriers, but the bill did not make it through the Senate in time. Eleven states received "A" grades in this category in "State of Tobacco Control" 2026, while eight states received "F" grades.

The Lung Association urges Congress and the Administration to restore federal efforts to prevent and reduce tobacco use in fiscal year 2026, including reestablishing CDC's Office on Smoking and Health and ensuring grants to all 50 states and the District of Columbia are allocated on time. It is also imperative that state lawmakers continue to pass the proven public policies called for in "State of Tobacco Control" 2026 despite the uncertainty

at the federal level. Preventing and reducing tobacco use is one of the most effective ways to reduce chronic disease in this country, and strong action is especially needed to combat youth use. The country has made important progress and cannot go back to the bad old days when tobacco industry profits were prioritized over the public's health.

The Destruction of CDC's Office on Smoking and Health is a Major Setback for Public Health

The CDC's Office on Smoking and Health (OSH) has played a large role in the progress the country has made toward reducing cigarette smoking rates to near-record lows in the U.S. and stopping the worst of the impacts of the youth vaping epidemic that was ignited by the e-cigarette company Juul. OSH is responsible for the Tips from Former Smokers media campaign, which helped over one million people quit smoking in its first six years on the air,[6] as well as other activities that significantly contributed to reductions in tobacco use:

- Providing grants to all 50 states, the District of Columbia and U.S. territories to aid in state and local efforts to reduce tobacco use as part of its National Tobacco Control Program;
- Establishing best practices for running tobacco prevention and control programs and providing technical assistance and expertise to states;
- Ensuring that the country had an accurate picture of how many people in the U.S. used tobacco products by coordinating a comprehensive tobacco use surveillance system to collect information on adult and youth tobacco use as well as exposure to secondhand smoke;
- Helping to write Surgeon General's reports on tobacco use and otherwise contribute to and synthesize scientific findings on tobacco use and exposure to secondhand smoke.

The dismantling of OSH is devastating for public health. No other agency or organization inside or outside the federal government will be able to fully fill this void. Unless reversed, this will degrade the country's efforts to fight tobacco use and lead to a resurgence of tobacco use in the U.S.

FDA Center for Tobacco Products Shifts Focus to Authorizing New Products with Seemingly Little Regard for Impact on Kids

Throughout 2025, FDA's Center for Tobacco Products (CTP) allowed new tobacco products on the market and granted more modified risk or modified exposure orders for tobacco products. They issued marketing granted orders for multiple new e-cigarette products, including several brands of menthol e-cigarettes and 20 Zyn nicotine pouch products, many of which were flavored products. Then, CTP announced an accelerated review process for premarket tobacco applications for nicotine pouches with almost no details about how the process will work. Finally, they seem poised to continue a modified exposure order for the IQOS heated tobacco product, and they scheduled an initial meeting of the Tobacco Products Scientific Advisory Committee for January 22, 2026, for a modified risk tobacco product application for many types of Zyn nicotine pouches.

Prior to 2025, CTP had only authorized one type of menthol flavored e-cigarette for sale, demonstrating how much has changed in the course

of a year. The tobacco industry has already noticed this shift and more applications for new tobacco products and modified risk orders will likely be forthcoming in 2026. Recent decisions seem to have ignored the potential impact on kids from authorizing these new tobacco products, particularly flavored products. This is especially true of nicotine pouches given the increasing use by kids seen in the 2025 Monitoring the Future Survey released in December 2025.[7]

The Lung Association will continue to advocate for FDA to follow the public health standard in the Tobacco Control Act and still maintains that flavored tobacco products should not be able to meet that standard given the impact on youth use.

"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."

Congress Places Requirements on and Gives Additional Authorities to FDA Center for Tobacco Products in FY2026 Budget; Yet to Act on E-Cigarette User Fees

In November 2025, as part of the legislation that ended the 43-day government shutdown, Congress passed, and President Trump signed into law, the fiscal year 2026 Agriculture-FDA bill that includes funding for FDA's CTP. The bill maintains level funding for CTP through September 30, 2026, but for the first time places requirements on how CTP must spend the funds. CTP is required to spend not less than $200 million in enforcement against illicit e-cigarettes, including at least $2 million to support the federal multi-agency taskforce created in 2024. The bill also granted CTP destruction authority for illegal tobacco products seized at the border, allowing them to be disposed of rather than returned. FDA possesses similar authority for drugs and devices, and this authority will hopefully serve as an additional disincentive to illegal sales.

One related issue that Congress has yet to act on is giving CTP the authority to collect user fees on e-cigarettes. CTP currently collects $712 million in user fees from tobacco products; however, due to provisions in the Tobacco Control Act, cannot collect such user fees from e-cigarettes. Given the new Congressional requirements in the fiscal year 2026 budget involving enforcement against illicit e-cigarettes, now would be the perfect time for Congress to allow FDA to collect these user fees.

H.R. 1 Threatens Access to Tobacco Cessation Treatment; Future Independence of U.S. Preventive Services Task Force in Doubt

Over the past 13 years, access to tobacco cessation treatment has increased due to expansion of state Medicaid programs and the availability of healthcare coverage through the Affordable Care Act (ACA). Unfortunately, in July 2025, Congress passed legislation with devastating cuts to healthcare coverage, thereby impacting access to tobacco cessation treatment. The Congressional Budget Office (CBO) estimates that 10 million people will lose their healthcare coverage as a result of H.R. 1.[8] Congress also failed – in H.R. 1 and other legislation throughout the year—to extend enhanced healthcare tax credits that help millions of people afford quality, affordable coverage through the ACA marketplace. This will result in an additional four million people losing coverage, with premiums skyrocketing for millions more.

The Supreme Court upheld the ACA's requirement that most insurers cover any service that receives an A or B from the United States Preventive Services Task Force (USPSTF) without cost sharing in the Braidwood case. However, the Court also reaffirmed that the Secretary of Health and Human Services has the authority to accept or deny any recommendations received, and to appoint, supervise and remove USPSTF members, leaving open the possibility of future changes to preventive services by the Secretary. Press reports during 2025 speculated that the current members of USPSTF would be replaced,[9] but that had not occurred at the time the content for this report was finalized. Tobacco cessation currently has an A grade from USPSTF.

Graphic Cigarette Warning Labels Delayed Indefinitely; FDA Proposes Rule to Reduce Nicotine Levels in Cigarettes and Some Other Tobacco Products

Congress required FDA to implement graphic warning labels on cigarettes as part of the Tobacco Control Act over 15 years ago. In November 2024, after the U.S. Supreme Court declined to hear an appeal of an earlier Fifth Circuit Court of Appeals decision that upheld FDA's graphic warning labels on cigarettes on constitutional grounds, it seemed likely that the warning labels might finally become a reality.

However, graphic cigarette warning labels now look far less likely to move forward, with two adverse decisions by District Court judges in the 5th and 11th Circuit on different procedural grounds in 2025. The decision in the 5th Circuit in a lawsuit filed by the tobacco company Reynolds American was based on FDA putting forward a different number of warnings in its final graphic cigarette warning rule (11) than outlined in the Tobacco Control Act (9). The decision in the 11th Circuit in a case filed by the tobacco company Altria was based on FDA not providing the raw data in the studies used to support the graphic cigarette warnings rule to the tobacco company plaintiffs. The Department of Justice has appealed both decisions to the 5th and 11th Circuit Court of Appeals, but no decisions had been issued in either case when the content for this report was finalized.

In January 2025, FDA issued a proposed rule to 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 to nonaddictive levels could prevent many youth from becoming addicted and make it easier for tobacco users to quit. In September 2025, the Lung Association filed comments supporting the rule with 76 other public health, medical and civil rights organizations, as well as additional comments with the American Academy of Pediatrics and the American Thoracic Society calling for the rule to be expanded to include all tobacco products, including e-cigarettes and nicotine pouches. We do not anticipate action on the proposed rule in the next few years.

States Make Some Forward Progress on Tobacco Taxes, Adding E-Cigarettes to Smokefree Laws; Make Little Progress in Other Areas

In 2025, Indiana and Maine passed large tobacco tax increases, and Maine and Montana fully added e-cigarettes to their smokefree laws. Despite a more challenging environment for state budgets, funding for state tobacco prevention programs stayed steady or increased in most states in fiscal year 2026 as well. On the negative side, no states passed statewide comprehensive smokefree workplace laws or comprehensive flavored tobacco product laws. No states expanded their state Medicaid programs in 2025, and new, costly policies in H.R. 1 that will reduce access to care in state Medicaid programs could begin to impact state budgets in 2026.

- Funding for State Tobacco Prevention and Cessation Programs: Funding for tobacco prevention and cessation programs is one of the most cost-effective investments states can make. One study of California's long-running tobacco control program found the state saved an estimated $155 in healthcare costs for every $1 invested.[10] In fiscal year 2026, 12 states—Arizona, Colorado, Connecticut, Florida, Illinois, Minnesota, Missouri, Montana, New Mexico, Oklahoma, South Carolina and Tennessee—registered funding increases of close to $1 million or more, while funding got virtually zeroed out or declined by $1 million or more in 11 states—Alaska, California, Iowa, Maryland, New Hampshire, North Carolina, Ohio, Oregon, South Dakota, Washington and Wyoming. Adequately funding state tobacco control programs is especially critical now given the uncertainty of federal funding for states going forward. It can also bring crucial focus and resources to alleviate differences in who uses tobacco products, as the November 2024 Surgeon General's report on tobacco details.[11] In the current fiscal year, 2026, only one state—Maine—funded its state tobacco control program at or above the level recommended by CDC.
- Eliminating Sales of Flavored Tobacco Products: With federal action restricting the sale of flavored tobacco products unlikely in the near future, 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 2025. In November 2025, Denver voters upheld their law restricting the sale of flavored tobacco products that was approved in December 2024 with approximately 70% support. Smaller communities in Colorado and Minnesota also passed comprehensive flavored tobacco product ordinances. 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. Two states—Indiana and Maine—passed cigarette tax increases of $2.00 and $1.50 per pack respectively. Hawaii and New Jersey approved smaller cigarette tax increases. 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 the highest at $5.35 per pack. The current state cigarette tax average is $2.05 per pack, surpassing $2.00 per pack for the first time.

- Smokefree Public Places and Workplaces: Disappointingly, for the 13th year running, no state approved a comprehensive law eliminating smoking in public places and workplaces, including restaurants, bars and casinos. New Jersey and Rhode Island failed once again to completely close loopholes in their smokefree laws that allow smoking in casinos. Maine and Montana did fully add e-cigarettes to their comprehensive smokefree laws in 2025. This troubling lack of progress on smokefree laws means millions of people are still exposed to the harms caused by secondhand smoke and aerosol.
- Medicaid and Tobacco Cessation Coverage: No state expanded its Medicaid program in 2025. The Affordable Care Act expanded Medicaid coverage to individuals with incomes below 138% of the federal poverty level ($36,777 per year for a family of three). Individuals with low incomes smoke at rate of 29.9%, significantly higher than the general population (11.3%).[12] Research shows Medicaid quit attempts in expansion states increased by over 20%.[13]
- Reducing the Availability and Accessibility of Tobacco Products. Tobacco retailers are extensive in the U.S., 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.[14] Communities in a number of states, including Colorado, Iowa, Texas and Virginia, continued to enact ordinances to reduce the number of new tobacco product retailers and/or prohibit them from being clustered together or near youth-focused locations like schools and childcare facilities. Maine also passed legislation that prohibits the sale of tobacco products in pharmacies and retail stores with pharmacies.

Tobacco Industry Continues its Efforts to Stop Stronger Local Tobacco Control Policies; Reduce Taxes on Specific Tobacco Products

In 2025, 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. However, they were less successful than in previous years, with no new states passing preemption of stronger laws. In Ohio, a state appeals court upheld a state District Court decision from 2024 that overturned preemption that was passed by the state legislature based on home rule provisions in the state constitution. The decision was in a lawsuit filed by Columbus and several other communities. The state appeals court decision has been appealed to Ohio's state Supreme Court.

The tobacco company Philip Morris International continued to introduce bills in multiple states in 2025 to reduce excise taxes on heated cigarettes, including the brand they sell, IQOS. They were successful in passing legislation in one state, Alabama, after passage of similar legislation in Mississippi in 2024.

Big tobacco companies, including Reynolds American and Altria, also continued to introduce costly and unnecessary legislation to establish e-cigarette directories based on FDA premarket tobacco application (PMTA) status. By proposing that states create directories that include products with

More About "State of Tobacco Control"

"State of Tobacco Control" 2026 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 by FDA of the Family Smoking Prevention and Tobacco Control Act; and
- Hard-hitting federal media campaigns to encourage smokers to quit and prevent young people from starting to use tobacco.

The report assigns grades based on laws and regulations designed to prevent and reduce tobacco use, including e-cigarettes, in effect as of January 2026. 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.

pending PMTA applications, Reynolds American and Altria seek to legitimize the sale of their own illegal products that do not have marketing orders. In total, 12 states have passed these e-cigarette directories based on PMTA status.

"State of Tobacco Control" 2026 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 fund tobacco prevention and control programs and take the actions needed in 2026 to continue reducing tobacco use in the U.S.?**

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Tobacco Prevention and Cessation Funding Overview

State Name	Settlement Expenditures	Tobacco Tax Expenditures	Other State Expenditures	Total State Expenditures	CDC Fund Expenditures	Total Expenditures	CDC-Recommended Spending Level	Percentage of CDC-Recommended Level	State Tobacco Related Revenue	Grade
Alabama	$953,238	$0	$860,987	$1,814,225	$1,682,740	$3,496,965	$55,900,000	6.3%	$220,200,000	F
Alaska	$4,397,600	$0	$807,800	$5,205,400	$1,284,919	$6,490,319	$10,200,000	63.6%	$59,200,000	C
Arizona	$0	$22,135,000	$0	$22,135,000	$1,708,792	$23,843,792	$64,400,000	37.0%	$320,700,000	F
Arkansas	$11,436,405	$0	$0	$11,436,405	$1,522,930	$12,959,335	$36,700,000	35.3%	$235,600,000	F
California	$7,780,000	$159,717,000	$3,708,333	$171,205,333	$3,552,129	$174,757,462	$347,900,000	50.2%	$1,969,100,000	D
Colorado	$0	$41,436,973	$1,645,726	$43,082,699	$1,692,350	$44,775,049	$52,900,000	84.6%	$421,400,000	A
Connecticut	$13,125,000	$0	$513,279	$13,638,279	$1,177,808	$14,816,087	$32,000,000	46.3%	$345,000,000	F
Delaware	$9,941,680	$0	$0	$9,941,680	$991,511	$10,933,191	$13,000,000	84.1%	$111,800,000	A
District of Columbia	$853,785	$800,000	$590,280	$2,244,065	$1,031,660	$3,275,725	$10,700,000	30.6%	$44,100,000	F
Florida	$89,610,308	$0	$414,880	$90,025,188	$2,883,131	$92,908,319	$194,200,000	47.8%	$1,162,200,000	F
Georgia	$2,075,885	$0	$0	$2,075,885	$0	$2,075,885	$106,000,000	2.0%	$357,400,000	F
Hawaii	$7,767,700	$0	$916,133	$8,683,833	$1,156,607	$9,840,440	$13,700,000	71.8%	$112,400,000	B
Idaho	$4,506,000	$138,700	$0	$4,644,700	$1,171,888	$5,816,588	$15,600,000	37.3%	$56,900,000	F
Illinois	$10,100,000	$5,000,000	$0	$15,100,000	$2,241,976	$17,341,976	$136,700,000	12.7%	$915,600,000	F
Indiana	$9,112,152	$0	$0	$9,112,152	$1,832,809	$10,944,961	$73,500,000	14.9%	$757,100,000	F
Iowa	$0	$0	$3,005,916	$3,005,916	$1,137,971	$4,143,887	$30,100,000	13.8%	$202,500,000	F
Kansas	$2,319,655	$0	$0	$2,319,655	$1,516,090	$3,835,745	$27,900,000	13.7%	$142,900,000	F
Kentucky	$4,219,449	$0	$0	$4,219,449	$1,656,354	$5,875,803	$56,400,000	10.4%	$383,800,000	F
Louisiana	$500,000	$3,745,609	$375,000	$4,620,609	$1,635,696	$6,256,305	$59,600,000	10.5%	$362,900,000	F
Maine	$11,805,577	$4,100,000	$0	$15,905,577	$1,169,002	$17,074,579	$15,900,000	107.4%	$183,600,000	A
Maryland	$11,331,410	$3,254,431	$1,800,000	$16,385,841	$1,694,510	$18,080,351	$48,000,000	37.7%	$546,400,000	F
Massachusetts	$4,750,000	$0	$6,367,745	$11,117,745	$1,902,654	$13,020,399	$66,900,000	19.5%	$551,300,000	F
Michigan	$0	$4,618,600	$0	$4,618,600	$2,347,639	$6,966,239	$110,600,000	6.3%	$867,200,000	F
Minnesota	$4,606,133	$0	$9,121,000	$13,727,133	$1,596,128	$15,323,261	$52,900,000	29.0%	$597,100,000	F
Mississippi	$8,695,000	$0	$0	$8,695,000	$1,341,100	$10,036,100	$36,500,000	27.5%	$202,100,000	F
Missouri	$0	$5,125,000	$300,000	$5,425,000	$1,949,182	$7,374,182	$72,900,000	10.1%	$217,900,000	F
Montana	$7,014,105	$0	$0	$7,014,105	$1,356,206	$8,370,311	$14,600,000	57.3%	$80,900,000	D
Nebraska	$2,570,000	$0	$0	$2,570,000	$439,313	$3,009,313	$20,800,000	14.5%	$102,000,000	F
Nevada	$966,805	$0	$0	$966,805	$1,384,475	$2,351,280	$30,000,000	7.8%	$175,700,000	F
New Hampshire	$0	$0	$1	$1	$1,144,210	$1,144,211	$16,500,000	6.9%	$211,300,000	F
New Jersey	$478,275	$4,839,178	$1,848,068	$7,165,521	$1,855,458	$9,020,979	$103,300,000	8.7%	$667,100,000	F
New Mexico	$5,684,500	$0	$3,500,000	$9,184,500	$1,142,861	$10,327,361	$22,800,000	45.3%	$110,400,000	F
New York	$0	$0	$39,233,600	$39,233,600	$2,905,769	$42,139,369	$203,000,000	20.8%	$1,512,100,000	F
North Carolina	$0	$0	$2,138,503	$2,138,503	$2,353,231	$4,491,734	$99,300,000	4.5%	$385,900,000	F
North Dakota	$5,799,849	$0	$109,500	$5,909,349	$1,055,244	$6,964,593	$9,800,000	71.1%	$41,200,000	B
Ohio	$0	$0	$6,000,000	$6,000,000	$2,464,914	$8,464,914	$132,000,000	6.4%	$997,200,000	F
Oklahoma	$37,509,527	$1,003,702	$0	$38,513,229	$0	$38,513,229	$42,300,000	91.0%	$401,700,000	A
Oregon	$0	$22,700,000	$0	$22,700,000	$1,556,750	$24,256,750	$39,300,000	61.7%	$399,800,000	C
Pennsylvania	$13,991,000	$0	$3,902,000	$17,893,000	$2,399,303	$20,292,303	$140,000,000	14.5%	$1,264,300,000	F
Rhode Island	$350,000	$0	$443,114	$793,114	$1,383,858	$2,176,972	$12,800,000	17.0%	$156,300,000	F
South Carolina	$1,946,505	$5,000,000	$0	$6,946,505	$1,720,878	$8,667,383	$51,000,000	17.0%	$181,900,000	F
South Dakota	$0	$2,000,000	$0	$2,000,000	$1,046,792	$3,046,792	$11,700,000	26.0%	$66,500,000	F
Tennessee	$2,600,000	$0	$4,500,000	$7,100,000	$1,664,198	$8,764,198	$75,600,000	11.6%	$322,900,000	F
Texas	$0	$0	$6,078,392	$6,078,392	$3,349,957	$9,428,349	$264,100,000	3.6%	$1,484,700,000	F
Utah	$4,056,900	$3,150,000	$9,196,000	$16,402,900	$1,256,406	$17,659,306	$19,300,000	91.5%	$115,900,000	A
Vermont	$1,088,918	$0	$1,500,000	$2,588,918	$1,101,504	$3,690,422	$8,400,000	43.9%	$90,100,000	F
Virginia	$9,874,433	$0	$0	$9,874,433	$1,847,658	$11,722,091	$91,600,000	12.8%	$323,500,000	F
Washington	$0	$0	$3,806,500	$3,806,500	$1,828,532	$5,635,032	$63,600,000	8.9%	$450,100,000	F
West Virginia	$0	$0	$306,209	$306,209	$1,229,006	$1,535,215	$27,400,000	5.6%	$184,500,000	F
Wisconsin	$2,081,635	$0	$5,315,000	$7,396,635	$1,588,681	$8,985,316	$57,500,000	15.6%	$576,300,000	F
Wyoming	$1,709,624	$0	$0	$1,709,624	$1,020,771	$2,730,395	$8,500,000	32.1%	$31,900,000	F

American Lung Association.
State of Tobacco Control
2026

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 some communities 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	Yes	A
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
Missouri	Restricted	Restricted	Prohibited (public schools only)	Prohibited	Restricted	No provision	No provision	Restricted	No	F

Smokefree Air Grading Chart (cont.)

State	Government Workplaces	Private Workplaces	Schools	Childcare Facilities	Restaurants	Bars	Gaming Establishments*	Retail stores	E-Cigarettes Included	Grade
Montana	Prohibited	Prohibited	Prohibited	Prohibited	Prohibited	Prohibited	Prohibited (tribal establishments not subject to state law)	Prohibited	Yes	A
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) to state law)	Prohibited (tribal establishments not subject	Prohibited (allowed in smoke shops)	Yes	A
Pennsylvania	Prohibited	Prohibited	Prohibited	Prohibited	Restricted	No provision	Restricted	Prohibited	No	D
Rhode Island	Prohibited	Prohibited	Prohibited	Prohibited	Prohibited	Prohibited (allowed in smoking bars)	Allowed in designated areas	Prohibited	Yes	C
South Carolina	Restricted	No provision	Restricted	Prohibited	No provision	No provision	N/A	No provision	Only in K-12 Schools and on School Property	F
South Dakota	Prohibited	Prohibited	Prohibited	Prohibited	Prohibited	Prohibited (smoking of certain tobacco products allowed in certain bars)	Prohibited (tribal establishments not subject to state law)	Prohibited	Yes	B
Tennessee	Prohibited	Prohibited (non-public workplaces with three or fewer employees exempt)	Prohibited	Prohibited	Restricted*	Restricted*	N/A	Prohibited	Yes	D
Texas	No provision	No provision	Restricted	Prohibited	No provision	No provision	No provision	No provision	Yes	F
Utah	Prohibited	Prohibited	Prohibited	Prohibited	Prohibited	Prohibited	N/A	Prohibited	Yes	B
Vermont	Prohibited	Prohibited	Prohibited	Prohibited	Prohibited	Prohibited	N/A	Prohibited	Yes	A
Virginia	Restricted	No provision	Prohibited (public schools only)	Prohibited (excludes home-based childcare providers)	Restricted	Restricted	No provision	Restricted	Only in K-12 Schools and on School Property	F
Washington	Prohibited	Prohibited	Prohibited	Prohibited	Prohibited	Prohibited	Prohibited (tribal establishments not subject to state law)	Prohibited	Only in a few specific public places and workplaces	C
West Virginia	Restricted	No provision	Prohibited (public schools only)	Restricted	No provision	No provision	No provision	No provision	Only in Most Parts of K-12 Schools and School Property	D
Wisconsin	Prohibited	Prohibited	Prohibited	Prohibited	Prohibited	Prohibited (allowed in existing tobacco bars)	Prohibited (tribal establishments not subject to state law)	Prohibited	No	B
Wyoming	Restricted	No provision	No provision	No provision	No provision	No provision	No provision	No provision	N/A	F

* I = Incomplete

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	12	2	2	2	2	0	20	F
Arizona	12	1	1	0	0	0	14	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	2	2	0	2	0	24	D
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	2	2	2	2	34	B
Idaho	6	2	2	2	2	0	14	F
Illinois	18	2	2	2	2	2	28	C
Indiana	18	1	1	0	1	1	22	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	24	2	2	2	2	2	34	B
Maryland	30	1	1	1	1	1	35	B
Massachusetts	24	2	1	2	1	2	32	B
Michigan	12	1	1	2	2	0	18	F
Minnesota	18	2	1	2	2	2	27	D
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	2	1	2	2	2	21	F
New Hampshire	12	2	0	2	2	0	18	F
New Jersey	18	1	1	0	1	0	21	F
New Mexico	12	2	1	1	1	1	18	F
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	12	2	1	2	2	0	19	F
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	2	13	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	18	2	1	0	2	0	23	F
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	4	9	0	4	3	2	20	0	0	56	B
Arizona	14	10	11	0	4	3	1	5	0	0	48	D
Arkansas	14	8	11	0	2	2	2	10	0	1	50	C
California	14	12	14	0	3	2	1	15	3	2	66	A
Colorado	12	12	14	0	3	2	1	20	3	1	68	A
Connecticut	10	8	14	0	4	4	1	10	2	1	54	C
Delaware	14	12	12	0	4	3	2	20	3	0	70	A
District of Columbia	12	8	10	0	DNA	DNA	DNA	10	3	2	45	C*
Florida	12	8	13	-8	3	3	2	20	0	0	53	C
Georgia	12	6	9	-8	4	3	1	0	0	-2	25	F
Hawaii	8	6	13	0	3	3	2	15	0	0	50	C
Idaho	14	8	11	0	4	3	1	15	0	0	56	B
Illinois	14	12	13	0	4	4	0	15	3	0	65	A
Indiana	14	12	13	0	4	4	2	10	0	-2	57	B
Iowa	14	8	11	0	4	4	2	5	0	0	48	D
Kansas	14	6	14	-8	4	4	2	0	0	0	36	F
Kentucky	14	12	14	0	4	4	1	0	3	1	53	C
Louisiana	14	8	14	0	4	2	2	5	1	0	50	C
Maine	14	12	12	0	4	2	2	20	3	0	69	A
Maryland	14	8	12	0	4	2	1	15	3	0	59	B
Massachusetts	14	12	14	0	4	4	2	0	3	2	55	C
Michigan	14	10	14	0	4	1	2	0	0	0	45	D
Minnesota	13	12	14	0	4	4	2	20	3	0	72	A
Mississippi	14	6	12	-8	4	2	1	5	0	0	36	F
Missouri	14	12	14	0	4	2	2	0	0	0	48	D
Montana	14	8	12	0	4	4	2	20	0	0	64	A
Nebraska	14	8	14	0	4	4	2	0	0	0	46	D
Nevada	13	6	13	0	4	1	1	0	2	0	40	F
New Hampshire	14	4	12	0	4	3	1	5	0	0	43	D
New Jersey	14	10	13	0	4	2	1	0	3	2	49	C
New Mexico	14	12	14	0	4	3	0	20	3	0	70	A
New York	14	12	12	0	DNA	DNA	DNA	10	3	2	53	B*
North Carolina	14	8	12	0	4	2	2	5	0	1	48	D
North Dakota	14	4	13	0	2	3	2	20	1	0	59	B
Ohio	14	12	14	0	4	4	2	0	0	0	50	C
Oklahoma	14	12	14	0	DNA	DNA	DNA	20	0	0	60	A*
Oregon	13	6	13	0	4	3	1	5	3	0	48	D
Pennsylvania	14	8	10	0	4	2	2	5	0	0	45	D
Rhode Island	10	10	12	0	4	4	2	5	1	2	50	C
South Carolina	14	12	14	-8	3	4	2	20	0	0	61	B
South Dakota	4	8	13	0	4	2	1	20	0	0	52	C
Tennessee	14	8	7	-8	4	2	2	0	0	0	29	F
Texas	14	8	10	-8	4	2	2	0	0	0	32	F
Utah	14	8	13	0	4	2	1	20	1	0	63	A
Vermont	14	12	14	0	2	4	1	20	3	2	72	A
Virginia	13	12	11	0	4	3	2	0	3	2	50	C
Washington	DNA	DNA	DNA	0	4	2	2	DNA	3	0	11	I
West Virginia	14	12	10	0	4	2	2	0	0	0	44	D
Wisconsin	14	12	14	-8	4	3	2	0	0	-2	39	F
Wyoming	14	8	12	-8	2	2	2	20	0	0	52	C

I = Incomplete; DNA = Data not Available
* These states were graded on two out of three Access to Cessation Services categories

Flavored Tobacco Product Laws Grading Chart

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

American Lung Association.
State of Tobacco Control
2026

"State of Tobacco Control" 2026 Methodology

The American Lung Association's "State of Tobacco Control" 2026 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 funding for tobacco prevention and control. The sources for the targets and the basis of the evaluation criteria for each category are described below:

Federal Regulation of Tobacco Products

In June 2009, 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. The grading system for the Federal Regulation of Tobacco Products category is based on how the federal government is implementing this authority.

The American Lung Association has identified three important items that FDA was required by the Tobacco Control Act to implement and/or that would significantly reduce tobacco use: 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, such as removal of flavored tobacco products from the marketplace or reducing nicotine levels in tobacco products. Points were awarded based on how the federal government has implemented these three items.

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

Grade	Points Earned
A	11 or 12 Total Points
B	10 Total Points
C	9 Total Points
D	8 Total Points
F	Under 8 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 Labls (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 (4 points)

Target is FDA takes action to reduce the toxicity, addictiveness and/or appeal of tobacco products, such as removing flavored tobacco products from the marketplace or reducing nicotine levels in tobacco products.

- +4 points: Strong product standard is finalized that will be appropriate for the protection of public health, such as eliminating all flavored tobacco products or reducing nicotine levels in all tobacco products.
- +3 points: Strong product standard is finalized, such as removing some but not all flavored tobacco products or reducing nicotine levels in some tobacco products.
- +2 points: Strong product standard is proposed that will be appropriate for the protection of public health, such as eliminating all flavored tobacco products or reducing nicotine levels in all tobacco products.
- +1 points: Product standard is proposed, such as removing some but not all flavored tobacco products from the marketplace or reducing nicotine levels in some tobacco products.
- +0 points: No product standard is proposed or issued.

Federal Cessation Treatment Coverage

The federal cessation treatment coverage criteria used in the American Lung Association's "State of Tobacco Control" 2026 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

C1riteria 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. 27.

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 were scheduled to run different mass media campaigns for part of 2025 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 Cost campaign, which targets youth ages 12 to 17 with tobacco prevention messages. It is unclear if either mass media campaign will continue to run in 2026.

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 Funding for Tobacco Prevention and Control

Federal leadership and funding for tobacco prevention and control is essential. In SOTC 2026, the Lung Association is introducing a new Federal Funding for Tobacco Prevention and Control grade. The new grade will track whether Congress provides full funding without harmful policy riders to FDA's Center for Tobacco Products and CDC's Office on Smoking and Health. This grade replaces the previous Federal Minimum Age of Sale for Tobacco Products grade, which has been accomplished by the federal government after rules to implement the law were finalized by FDA in 2024.

A grade was awarded in this category based on whether Congress provided funding in its annual appropriations bills or by continuing resolution to CDC's Office on Smoking and Health and FDA's Center for Tobacco Products.

The Federal Funding for Tobacco Prevention and Control grade breaks down as follows:

Grade	Points Earned
A	8 points
B	7 points
C	6 points
D	5 points
F	Under 5 points

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 including limiting policy riders.

- +4 points: Congress provides full funding without including 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.

Funding for CDC Office on Smoking and Health (4 points)

Target is Congress provides full funding ($310 million for FY26) to CDC's Office on Smoking Health without including limiting policy riders.

- +4 points: Congress provides full ($310 million) funding and no limiting policy riders.
- +3 points: Congress provides level ($246.5 million) funding with no limiting policy riders.
- +2 points: Congress provides less than level funding without limiting policy riders or level funding but with limiting policy riders.
- +1 points: Congress provides less than level funding with limiting policy riders.
- +0 points: No funding at all is provided.

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.[3]

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.[4] 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 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.[5] 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.[6] Secondhand marijuana smoke contains many of the same toxins and carcinogens found in directly-inhaled cigarette smoke, in similar amounts if not more.[7] 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.[8]

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.[9]

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."[10]

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.[11] 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 in January 2026 was $2.05 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	$4.10 and over
24 points	$3.075 to $4.099
18 points	$2.05 to $3.074
12 points	$1.025 to $2.049
6 points	Under $1.025

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.[12] 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.[13]" 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."[14] 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.[15] 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.

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.

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)[16]: 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 was calculated based on data received as of December 19, 2025. In fiscal year 2026 the median investment per smoker was $2.62 per smoker. Points are awarded based on the scale below:

$$/smoker > $5.24	20 points
$$/smoker $3.93 - $5.23	15 points
$$/smoker $2.62 - $3.92	10 points
$$/smoker $1.31 - $2.61	5 points
$$/smoker < $1.31	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;[17]

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.[18] According to the 2023 NYTS, 86.9% of youth who use tobacco used a flavored product.[19]

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."[20] Black Americans are disproportionately impacted with close to 80% of Black persons who smoke using menthol cigarettes.[21] Menthol cigarette use is also elevated among LGBTQ+ individuals, women and persons with lower incomes.[22] 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.[23]

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) for 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 2023 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.

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United States Report Card

American Lung Association.
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UNITED STATES

Food and Drug Administration Regulation of Tobacco Products — D

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 standard to reduce nicotine levels in cigarettes and some other tobacco products proposed**

* FDA has finalized graphic warning labels for cigarettes, but a court order has stopped implementation of the rule until legal challenges are resolved.

Thumbs down for FDA for authorizing Juul's menthol e-cigarette and Zyn flavored nicotine pouches for sale.

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**

Thumbs down for Congress for passage of H.R. 1 and the discontinuation of the enhanced healthcare tax credits, leading people to lose healthcare coverage, including access to tobacco cessation treatment.

Federal Funding for Tobacco Prevention and Control — B

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

Funding for CDC's Office on Smoking and Health: **Level funding without harmful policy riders**

Thumbs down for the Trump Administration for virtually eliminating CDC's Office on Smoking and Health and leaving millions in tobacco prevention and control funding unspent, despite funding being authorized by Congress.

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**

Mass Media Campaigns — I*

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: **Data not reported**

Duration: **Data not reported**

Frequency: **Data not reported**

Promotion of Services: **Data not reported**

* The federal government gets an I for Incomplete in this category due to data not being able to be obtained about the duration, reach and frequency of the Real Cost campaign in 2025.

Thumbs down for HHS for ending CDC's Tips from Former Smokers media campaign starting in 2026.

Federal Highlights:

Federal leadership to prevent and reduce tobacco use is essential. The American Lung Association has identified five key actions for the Trump administration and Congress to take in 2026 that will reduce the death and disease caused by tobacco use:

1. Congress and the U.S. Department of Health and Human Services (HHS) must restore and fully staff the Centers for Disease Control and Prevention (CDC)'s Office on Smoking and Health (OSH) to ensure that states receive tobacco prevention and cessation funding, that comprehensive federal surveillance and evaluation of tobacco can continue, and that the nation regains a functioning federal tobacco control and prevention infrastructure to reduce tobacco-related chronic disease;
2. Congress and HHS must reestablish and adequately fund the Tips from Former Smokers campaign so CDC can once again deliver proven, life-saving tobacco prevention and cessation messages to people across the country;
3. Congress and HHS must protect the independence of the United States Preventive Services Task Force (USPSTF) to ensure access to evidence-based services, including quit tobacco treatments and lung cancer screening with no cost-sharing;
4. Congress must pass legislation requiring e-cigarette

manufacturers to pay user fees to provide the U.S. Food and Drug Administration (FDA) with the resources needed for robust oversight and enforcement. With these resources, FDA, the U.S. Department of Justice (DOJ), and other members of the multi-agency taskforce must act decisively to remove illegal e-cigarettes from the marketplace; and

5. FDA must maintain a strong, science-based public health standard when reviewing and authorizing tobacco products, ensuring decisions protect kids and public health rather than expanding access to addictive products.

Key highlights from 2025:

2025 was a tumultuous year for federal tobacco control.

- In January and July, FDA authorized the marketing of 20 Zyn nicotine pouch products and of tobacco- and menthol-flavored JUUL e-cigarette products, respectively, raising serious concerns about how the agency is applying the "appropriate for the protection of the public health" standard required under the Family Smoking Prevention and Tobacco Control Act.
- In January, May and September, FDA and other federal agencies took several significant enforcement actions that resulted in multiple seizures ranging from $7 million to $86.5 million worth of illegal e-cigarettes. These actions reflect growing federal attention to the illicit market, though illegal products remain pervasive and widely accessible to youth.
- In April, nearly all staff at CDC's OSH were eliminated, and staffing at FDA's Center for Tobacco Products (CTP) was significantly reduced. While some CTP staff were eventually reinstated, the disruption affected operations, and CDC's OSH remains unable to carry out its core tobacco prevention and cessation functions.
- In April, states expected to receive their fiscal year 2025 tobacco control funding awards from CDC, but no awards were issued for nearly five months. This unprecedented funding freeze left state programs in limbo and caused disruptions to state and local tobacco control efforts until funding began to be released in late September.
- In April, the U.S. Supreme Court unanimously upheld FDA's authority under the Family Smoking Prevention and Tobacco Control Act to deny marketing orders for two flavored e-cigarettes, overturning a previous decision by the 5th Circuit Court of Appeals. This decision strengthened the agency's authority to enforce premarket review requirements.
- In July, the Senate Appropriations Committee advanced a bill preserving CDC's OSH and added guardrails to mitigate funding disruptions and maintain more oversight over agency reorganizations. However, in September, the House Appropriations Committee advanced a funding bill that would eliminate CDC's Office on Smoking and Health, putting critical tobacco prevention and cessation efforts at risk. Neither had been passed into law when the content for this report was finalized, leaving future CDC OSH funding undecided.
- In November, Congress passed a fiscal year 2026 Agriculture-FDA funding bill that maintained full funding for FDA's CTP and also directed CTP to spend not less than $200 million in enforcement against illicit e-cigarettes. The bill also required at least $2 million to support the federal multi-agency taskforce created in 2024 and granted FDA destruction authority of illicit tobacco products .
- In November, the federal government terminated CDC's Tips from Former Smokers campaign, abruptly halting one of the nation's most effective public health campaigns and eliminating a critical tool shown to help people quit smoking and reduce chronic disease. As a result, HHS failed to spend at least $65 million on tobacco control and prevention as intended by Congress.

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.

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

Alabama Report Card

American Lung Association.
State of Tobacco Control
2026

Tobacco Prevention and Control Program Funding: F

FY2026 State Funding for Tobacco Control Programs:	$1,814,225
FY2026 Federal Funding for State Tobacco Control Programs:	$1,682,740*
FY2026 Total Funding for State Tobacco Control Programs:	$3,496,965
CDC Best Practices State Spending Recommendation:	$55,900,000
Percentage of CDC Recommended Level:	6.3%
State Tobacco-Related Revenue:	$220,200,000

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

Smokefree Air: F

OVERVIEW OF STATE SMOKING RESTRICTIONS

Government work sites: **Restricted**

Private work sites: **No provision**

Schools: **Restricted**

Child care facilities: **Restricted**

Restaurants: **No provision**

Bars: **No provision**

Casinos/Gaming Establishments: **No provision**

Retail stores: **Restricted**

E-Cigarettes Included: **No**

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

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

Tobacco Taxes: F

CIGARETTE TAX:

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

OTHER TOBACCO PRODUCT TAXES:

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

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

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

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

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

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: **Substantial 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 $2.62**

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**

American Lung Association.
State of Tobacco Control
2026

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 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 2025 legislative session was a busy one for tobacco prevention and control issues. The Lung Association and other public health partners engaged in various pieces of legislation that made good and bad changes to our tobacco control laws. After many years, Representative Drummond was successful in passing legislation to further regulate tobacco products in the state. House Bill 8 instituted additional accountability for tobacco retailers through the establishment of a retail licensing fee and adjusted the youth penalty structure for purchase, use and possession of tobacco products, including e-cigarettes. The legislation also made changes to the e-cigarette directory that was established in 2021 and requires the State Board of Education to adopt a model policy for tobacco and vaping awareness that could be used in local public-school districts. The legislation passed; however, parts of it are facing legal challenges by the tobacco industry.

The Alabama Legislature considered and passed House Bill 357 by Representative Hollis which creates a new definition for heated tobacco products and allows these products to be taxed at 50% the rate of cigarettes. The Lung Association actively opposed this legislation led by Phillip Morris International. We will continue to monitor these products when they are available in Alabama.

House Bill 529 was also passed to enact a 10 cents per milliliter tax on e-cigarettes. The legislation allowed local municipalities to pass local e-cigarette tax ordinances before October 1, 2025. A number of municipalities, including Montgomery, Birmingham, Orange Beach, and Mobile, passed local ordinances to enact a similar tax on e-cigarettes before the deadline. The tax does not go into effect until October 1, 2026.

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. The Lung Association is grateful to the 33 municipalities that continue to protect their residents from exposure to secondhand smoke and continues to engage as appropriate.

In 2026, the American Lung Association will advocate for access to comprehensive quit tobacco coverage for Medicaid recipients and will be monitoring the implementation of the new tobacco retail licensing program that will ensure enforcement and compliance with tobacco control statutes. The Lung Association will continue educating state legislators on 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
2026

Tobacco Prevention and Control Program Funding: C

FY2026 State Funding for Tobacco Control Programs:	$5,205,400
FY2026 Federal Funding for State Tobacco Control Programs:	$1,284,919*
FY2026 Total Funding for State Tobacco Control Programs:	$6,490,319
CDC Best Practices State Spending Recommendation:	$10,200,000
Percentage of CDC Recommended Level:	63.6%
State Tobacco-Related Revenue:	$59,200,000

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

Smokefree Air: B

OVERVIEW OF STATE SMOKING RESTRICTIONS

Government work sites: **Prohibited**

Private work sites: **Prohibited**

Schools: **Prohibited**

Child care facilities: **Prohibited**

Restaurants: **Prohibited**

Bars: **Prohibited**

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

Retail stores: **Prohibited**

E-Cigarettes Included: **Yes**

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

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

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

Tobacco Taxes: F

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**

Access to Cessation Services: B

OVERVIEW OF STATE CESSATION COVERAGE

STATE MEDICAID PROGRAM:

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

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

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

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

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

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

STATE QUITLINE:

Investment per Smoker: **$7.34; the median investment per smoker is $2.62**

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**

American Lung Association.
State of Tobacco Control
2026

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. Tax e-cigarettes and achieve tax parity for all tobacco products;
2. Protect funding for state's tobacco prevention and cessation programs; and
3. Protect comprehensive clean indoor air laws.

Two bills were introduced in Alaska's 2025 Legislative Session to address youth use of tobacco, specifically e-cigarettes. Senator Gary Stevens continued his ten-year quest to raise the state legal age to purchase tobacco products from 19 to 21 and initiate a tax on electronic devices.

Steven's bill, Senate Bill 24, proposes raising the legal sales age, reducing penalties for youth purchase, use and possession of tobacco products and taxing electronic devices at 25% of the retail sales price. This legislation was passed out of Senate Labor and Commerce and Senate Finance. SB 24 was voted on and passed on the Senate Floor with a 15-5 vote.

Representative Sara Hannan led efforts in supporting the House version by sponsoring House Bill 49. This legislation passed out of the House Labor and Commerce Committee with a 6-1 vote and was referred to House Finance. Both bills are now in House Finance, and will carry over to 2026.

In 2026, the American Lung Association will continue to support the two bills in House Finance and continue supporting efforts to reduce the impact of tobacco on Alaskans.

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:	6.5%
High School Tobacco Use Rate:	19.7%
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 and tobacco use data comes from CDC's 2023 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.

Arizona Report Card

American Lung Association.
State of Tobacco Control
2026

ARIZONA

Tobacco Prevention and Control Program Funding: F

FY2026 State Funding for Tobacco Control Programs:	$22,135,000
FY2026 Federal Funding for State Tobacco Control Programs:	$1,708,792*
FY2026 Total Funding for State Tobacco Control Programs:	$23,843,792
CDC Best Practices State Spending Recommendation:	$64,400,000
Percentage of CDC Recommended Level:	37%
State Tobacco-Related Revenue:	$320,700,000

* 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: **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**

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: **Some 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: **$2.55; the median investment per smoker is $2.62**

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**

American Lung Association.
State of Tobacco Control
2026

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

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 2025, funding for Arizona's tobacco control program, Tobacco Free Arizona, went from $18.6 million in fiscal year 2025 to $22.135 million in fiscal year 2026. 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 short of Centers for Disease Control and Prevention recommended levels.

During the 2025 legislative session, the Lung Association worked on legislation that would raise the age of sale for tobacco products to 21 to be consistent with federal law. The bill would also update the definition of tobacco products. Unfortunately, the bill was modified to only raise the sales age and an amendment was added that would exempt members of the military. The federal tobacco 21 law does not exempt members of the military, so the exemption will thankfully have limited impact. The Lung Association did not support the bill, but it was signed into law by Governor Hobbs.

There was also a bill introduced by the tobacco industry that 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. The Lung Association opposed the bill and ultimately it did not advance through the legislature.

On the local front, the Lung Association along with a coalition of partners worked with city councilmembers in Scottsdale to add e-cigarettes to their smokefree ordinance and we continue to work on the local level with the City of Mesa and Pima County.

During the 2026 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 additional revenue to support tobacco control programs 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
2026

Tobacco Prevention and Control Program Funding: F

FY2026 State Funding for Tobacco Control Programs:	$11,436,405
FY2026 Federal Funding for State Tobacco Control Programs:	$1,522,930*
FY2026 Total Funding for State Tobacco Control Programs:	$12,959,335
CDC Best Practices State Spending Recommendation:	$36,700,000
Percentage of CDC Recommended Level:	35.3%
State Tobacco-Related Revenue:	$235,600,000

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

Note: The Arkansas Legislature appropriated $14,697,089 to the Arkansas Tobacco Prevention and Cessation Program; however, only $11,436,405 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**

Access to Cessation Services: C

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: **Some medications are covered**

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

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

STATE QUITLINE:

Investment per Smoker: **$3.75; the median investment per smoker is $2.62**

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**

American Lung Association.
State of Tobacco Control
2026

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 2025 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 $14,697,089 in funding for Arkansas's Tobacco Prevention and Cessation Program, which was passed in House Bill 1094. However, a portion was required to be used for purposes other than the tobacco control program this year leaving only $11.4 million total for tobacco prevention and reduction activities.

One piece of legislation was passed that would establish a statewide tobacco product registry. Another bill passed that would grant civil immunity for e-cigarette confiscation on school property. Other legislation introduced included a bill that would fine parents if their children were caught vaping in school and a bill that would add a military exemption to the state's Tobacco 21 law. Both measures failed.

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. This summer, (ARTPCP) held a Health Showcase, at which different health organizations came and helped get families ready for school. One of the services provided was low-dose CT scans.

During the 2026 fiscal session of the legislature, the Lung Association will work to ensure funding for Medicaid expansion and Arkansas' Tobacco Prevention and Cessation Program are included in the state's constitutionally required balanced budget. The Lung Association and its partner health organizations will continue to lay the groundwork for a campaign to repeal the state law that prohibits local governments from passing tobacco control ordinances in their communities. 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. Alongside this effort, the Lung Association will engage community partners to support local tobacco policies, such as the current Smoke Free Jonesboro effort, that are not preempted by state law.

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:	7.4%
High School Tobacco Use Rate:	23.9%
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 CDC's 2023 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
2026

CALIFORNIA

Tobacco Prevention and Control Program Funding: D

FY2026 State Funding for Tobacco Control Programs:	$171,205,333
FY2026 Federal Funding for State Tobacco Control Programs:	$3,552,129*
FY2026 Total Funding for State Tobacco Control Programs:	$174,757,462
CDC Best Practices State Spending Recommendation:	$347,900,000
Percentage of CDC Recommended Level:	50.2%
State Tobacco-Related Revenue:	$1,969,100,000

* 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).

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**

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: **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: **$4.08; the median investment per smoker is $2.62**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **Yes**

Tobacco Surcharge: **Prohibits tobacco surcharges**

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

Thumbs up to California for covering a comprehensive cessation benefit for Medicaid enrollees with minimal barriers.

Flavored Tobacco Products: B

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

California State Highlights:

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

1. Fund tobacco prevention and cessation programs at the Centers for Disease Control and Prevention (CDC) recommended levels.
2. Enact smokefree laws, particularly limitations on secondhand smoke exposure.

During the 2025 legislative session, the American Lung Association in California aligned with coalitions and public health partners to continue to protect the public and youth from harmful tobacco products. Assembly Bill 573 (Rogers) was passed, which increases retailers' annual tobacco license fee from $265 to $450, to provide additional funding for enforcement of tobacco product sales laws, including the law restricting the sale of flavored tobacco. The bill also requires the Legislative Analyst's Office, the Department of Tax and Fee Administration, and the Office of Youth Tobacco Education to submit a report to the Legislature on the adequacy of funding for the tobacco retailer licensing program and the rate of retailer inspections.

A broad coalition, including advocates, researchers, pharmacists and pharmacy school students worked tirelessly to educate lawmakers on Assembly Bill 957, which would prohibit pharmacies from selling tobacco products. Although the bill was held in committee, it will be reconsidered in 2026. The Lung Association will continue to work with partners to advance the bill.

Assembly Bill 455 (Ortega) was signed into law, making California the first state to require sellers of residential properties to disclose known tobacco or nicotine residue and any history of smoking or vaping on the property. The new law adds information on thirdhand smoke to the environmental hazards chapter of homebuyer materials.

Assembly Bill 988 (Hadwick) would classify vape pens confiscated in schools as household hazardous waste to ensure proper handling and disposal. This bill was held in committee and will be reconsidered in 2026.

In addition to state laws enacted, localities continued to adopt tobacco control policies addressing tobacco product waste, retailer density, smoke-free multi-unit housing, smoke-free outdoor spaces, and smoke shops. These efforts at the local level collectively move California closer to the state's goal of ending the tobacco epidemic by 2035.

Notably, Marin County became the first county in the state to prohibit the sale of heated tobacco products and established a minimum price of $12 per pack for most tobacco products, with scheduled increases every two years. The towns of Ross and Tiburon joined Beverly Hills and Manhattan Beach in implementing a prohibition on the sale of almost all tobacco products. Santa Cruz County will become the first in the state to prohibit the sale of filtered cigarettes beginning in 2027.

As California continues to be a leader in passing tobacco control policies at the local level, we continue to see tobacco industry interference and misinformation about nicotine harm reduction.

In 2026, the American Lung Association and its partners will continue educating lawmakers, advocating for sustainable funding for the California Tobacco Control Program, and advancing policies that protect public health and move the state closer to ending the commercial tobacco epidemic by 2035.

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
2026

COLORADO

Tobacco Prevention and Control Program Funding: A

FY2026 State Funding for Tobacco Control Programs:	$43,082,699
FY2026 Federal Funding for State Tobacco Control Programs:	$1,692,350*
FY2026 Total Funding for State Tobacco Control Programs:	$44,775,049
CDC Best Practices State Spending Recommendation:	$52,900,000
Percentage of CDC Recommended Level:	84.6%
State Tobacco-Related Revenue:	$421,400,000

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

Thumbs up for Colorado for increasing funding for its tobacco prevention and control program by close to $3.5 million this fiscal year.

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**

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**

Access to Cessation Services: A

OVERVIEW OF STATE CESSATION COVERAGE

STATE MEDICAID PROGRAM:

Medicaid Medications: **Most 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: **Most medications are covered**

Counseling: **Some counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$6.63; the median investment per smoker is $2.62**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **Yes**

Tobacco Surcharge: **Limits tobacco surcharges**

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

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

Flavored Tobacco Products: F

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

Colorado State Highlights:

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

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

The American Lung Association in Colorado supports evidence-based policy interventions to reduce tobacco use rates and prevent youth initiation. Together with our partners, the Lung Association works to ensure tobacco control and prevention remains a priority for state legislators and local decisionmakers.

There were several tobacco policy developments in Colorado in 2025. The state legislature defeated three bills that would have given tax breaks to the tobacco industry and severely limited local government's ability to tax tobacco products. In Denver, a coalition of vape shops and Big Tobacco unsuccessfully attempted to repeal Denver's new law that prohibits the sale of flavored tobacco products. More than 70% of voters supported the Yes position on ballot measure 310, rejecting the tobacco industry's efforts and keeping the law in place. In Longmont, the city council rejected an ordinance that would have weakened the city's smokefree air law by permitting indoor marijuana smoking in certain businesses. Voters in the Town of Silt approved a ballot measure establishing a new local sales tax on all tobacco products. Starting in 2026, a pack of cigarettes will be taxed an additional $3.80, which will increase to $4.00 per pack in 2028. Other tobacco products and all nicotine products will be taxed an additional 40%.

The Department of Revenue (DOR) also made changes to administrative rules on tobacco, specifically related to tobacco festivals and tobacco deliveries. Despite advocacy from the Lung Association and other health partners for stronger regulations to safeguard against youth access to tobacco products, DOR adopted rules that leave significant loopholes in place.

Several localities had success in enacting stronger tobacco control policies in 2025:

- Aspen: Strengthened smokefree air protections;
- Breckenridge: Flavored tobacco sales prohibition;
- Dillon: Flavored tobacco sales prohibition;
- Eagle: Flavored tobacco sales prohibition;
- Frisco: Flavored tobacco sales prohibition;
- Keystone: Flavored tobacco sales prohibition;
- Lake County Tobacco retail licensure (Dec. 2024);
- Leadville Tobacco retail licensure (Dec. 2024);
- Pueblo County: Tobacco retail licensure;
- Silt: Tobacco retail licensure; and
- Silverthorne: Flavored tobacco sales prohibition.

In 2026, the Lung Association will continue to advocate for Colorado policymakers to exercise their authority at both the state and local levels to enact policies that reduce the burden of tobacco 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 CDCs 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
2026

CONNECTICUT

Tobacco Prevention and Control Program Funding: F

FY2026 State Funding for Tobacco Control Programs:	$13,638,279
FY2026 Federal Funding for State Tobacco Control Programs:	$1,177,808*
FY2026 Total Funding for State Tobacco Control Programs:	$14,816,087
CDC Best Practices State Spending Recommendation:	$32,000,000
Percentage of CDC Recommended Level:	46.3%
State Tobacco-Related Revenue:	$345,000,000

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

Smokefree Air: B

OVERVIEW OF STATE SMOKING RESTRICTIONS

Government work sites: **Prohibited**

Private work sites: **Prohibited**

Schools: **Prohibited**

Child care facilities: **Prohibited**

Restaurants: **Prohibited**

Bars: **Prohibited (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).

Note: 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**

Access to Cessation Services: C

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

STATE QUITLINE:

Investment per Smoker: **$2.65; the median investment per smoker is $2.62**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **Yes**

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

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

Flavored Tobacco Products: F

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

Connecticut State Highlights:

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

1. Protect funding for tobacco prevention and cessation programs;
2. Defend tobacco control coverage and access to healthcare in HUSKY and other state regulated insurance plans; and
3. Reduce youth access to tobacco through local flavor ordinances and zoning regulations in cities and towns.

The 2025 Connecticut legislative session was decent for tobacco prevention and cessation policies. Advocates prioritized reinstating annual funding to the Tobacco and Health Trust Fund after seeing a suspension of those funds for fiscal year 2025. Legislators initially passed legislation to fund these programs at CDC levels ($32 million annually) out of both the Public Health and Finance Committees but ended up settling at $12 million annually for both years in the biennial state budget.

In addition, the Attorney General took the lead with the legislature in clarifying the identification laws for tobacco sales as well as the rules for shipping tobacco products directly to consumers with stronger penalties for violating these rules. These efforts passed the legislature with some compromises and were signed into law. Advocates and policy leaders also tried to clean up definitions of tobacco products in current law to ensure they all can be appropriately regulated and taxed, especially in light of the rising popularity of nicotine pouches and synthetic nicotine products amongst youth. These efforts were unsuccessful. However, advocates will be looking for opportunities in the 2026 legislative session to protect youth from the very nimble tobacco industry's attempts to hook the next generation on new products.

In addition to the activities at the legislature, a number of cities and towns have taken the initiative to address the significant increase in tobacco retailers and smoke shops in many communities. Close to ten municipalities have passed local laws to limit the presence of these retailers to help reduce access to these addictive products for youth. The Lung Association and our community partners will help support local efforts to address tobacco retail density and look to the state legislature to take broad action as well.

Finally, this state work cannot be done without acknowledging the deep cuts and policy changes we are seeing to federal tobacco control efforts. For almost a decade, Connecticut relied entirely on CDC funds for the state's tobacco control program. Funding from the state to continue this work will be more important than ever, as this year we saw just how fragile the CDC Office on Smoking and Health's funding to states is. In addition, HUSKY, the state's Medicaid program, provides tobacco cessation coverage for its members. The state must do all it can to protect these efforts while also helping ensure everyone in Connecticut has access to affordable healthcare. The Lung Association and our partners will continue to advance proven tobacco control policies with heightened efforts to protect public health in Connecticut in 2026.

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:	12.2%
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 CDC's 2023 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.

Delaware Report Card

American Lung Association.
State of Tobacco Control
2026

DELAWARE

Tobacco Prevention and Control Program Funding: A

FY2026 State Funding for Tobacco Control Programs:	$9,941,680
FY2026 Federal Funding for State Tobacco Control Programs:	$991,511*
FY2026 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:	$111,800,000

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

Smokefree Air: A

OVERVIEW OF STATE SMOKING RESTRICTIONS

Government work sites: **Prohibited**

Private work sites: **Prohibited**

Schools: **Prohibited**

Child care facilities: **Prohibited**

Restaurants: **Prohibited**

Bars: **Prohibited**

Casinos/Gaming Establishments: **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: D

CIGARETTE TAX:

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

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**

Access to Cessation Services: A

OVERVIEW OF STATE CESSATION COVERAGE

STATE MEDICAID PROGRAM:

Medicaid Medications: **Most medications are covered**

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

Medicaid Barriers to Coverage: **Few 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: **$14.42; the median investment per smoker is $2.62**

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**

American Lung Association.
State of Tobacco Control
2026

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. Increase the cigarette tax by at least $1.50 per pack and create greater parity between the tax on cigarettes and other tobacco products;
2. Fund tobacco prevention and cessation programs at the Centers for Disease Control and Prevention (CDC) recommended level and protect recent increases in funding; and
3. Protect Delaware's tobacco tax structure and defend any attempted rollbacks on specific products.

The 2025 legislative session was the first year of the 153rd General Assembly of Delaware's two-year session. In 2025, 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 2025 session House Bill 215 was introduced which would increase the cigarette tax by $1.50 per pack and increase the tax on other tobacco products including nicotine pouches and electronic cigarettes. The American Lung Association strongly supported this bill and it will continue to be a priority as we move through the 2026 session.

Also, during the 2025 session, a bill was introduced which would create an electronic smoking device registry in Delaware. The Lung Association opposed this bill as these bills create an unnecessary burden on the state, have no proven public health impacts and are an industry way to divert attention away from proven public health policies. The Lung Association encouraged focus on evidence-based tactics such as funding for tobacco prevention and cessation and increasing the tobacco tax. The registry bill did not receive the required hearing due to advocacy from the Lung Association and its 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 1998 tobacco Master Settlement Agreement (MSA) dollars received by the state have been directed since soon after the MSA was settled. 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 2026. 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 that are entering the market.

In 2026, the American Lung Association in Delaware will continue to educate lawmakers and identify champions in the legislature and at the grassroots level to fight tobacco and advance our goals which include increasing the current tobacco tax, creating greater parity among other tobacco products and protecting 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:	2.2%
High School Tobacco Use Rate:	18.5%
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 data come from CDC's 2023 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.

District of Columbia Report Card

American Lung Association. State of Tobacco Control 2026

DISTRICT OF COLUMBIA

Tobacco Prevention and Control Program Funding: F

FY2026 City Funding for Tobacco Control Programs:	$2,244,065
FY2026 Federal Funding for City Tobacco Control Programs:	$1,031,660*
FY2026 Total Funding for City Tobacco Control Programs:	$3,275,725
CDC Best Practices City Spending Recommendation:	$10,700,000
Percentage of CDC Recommended Level:	30.6%
City Tobacco-Related Revenue:	$44,100,000

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

Smokefree Air: A

OVERVIEW OF CITY SMOKING RESTRICTIONS

Government work sites: **Prohibited**

Private work sites: **Prohibited**

Schools: **Prohibited**

Child care facilities: **Prohibited**

Restaurants: **Prohibited**

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

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

Retail stores: **Prohibited**

E-Cigarettes Included: **Yes**

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

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

Tobacco Taxes: A

CIGARETTE TAX:

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

OTHER TOBACCO PRODUCT TAXES:

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

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

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

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

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

Access to Cessation Services: C*

OVERVIEW OF CITY CESSATION COVERAGE

CITY 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**

CITY EMPLOYEE HEALTH PLAN(S):

Medications: **Data not available**

Counseling: **Data not available**

Barriers to Coverage: **Data not available**

STATE QUITLINE:

Investment per Smoker: **$3.88; the median investment per smoker is $2.62**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **Yes**

Tobacco Surcharge: **Prohibits tobacco surcharges**

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

* Current data on tobacco cessation coverage for state employees was not provided this year, therefore the District of Columbia was graded based on only two out of three Access to Cessation Services categories, Medicaid coverage and Investment per Smoker in the city quitline.

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. Protect the District's Clean Indoor Air Act to ensure the city's smokefree laws are not undermined.

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 enforcement of tobacco related laws currently resides in various departments within DC Government and may not be enforced at the same level. Moving forward, advocates will encourage enforcement for all tobacco related issues be consolidated to ensure they are enforced in the most effective and consistent way. Advocates are also recommending all revenue associated with the fines be directed to enforcement efforts and to tobacco control and prevention programming.

Funding for the District's tobacco control program decreased for fiscal year 2026, while the fact that funding for the tobacco control program is recurring due to earlier year's cigarette tax increase is a good thing, the amount remains far short of the CDC-recommended level. We will continue to remain focused on assessing the District's current tobacco tax structure as a way to address tobacco use and raise important revenue for tobacco prevention and cessation efforts in DC.

The District of Columbia has a history of strong clean indoor air laws protecting residents from exposure to secondhand smoke. The American Lung Association will work with District agencies to ensure that the laws are enforced, and the District does not experience an increased number of establishments that allow smoking onsite and undermine the strong protections in place.

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 2026 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:	3.1%
High School Tobacco Use Rate:	12%
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 CDC's 2023 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
2026

FLORIDA

Tobacco Prevention and Control Program Funding: F

FY2026 State Funding for Tobacco Control Programs:	$90,025,188
FY2026 Federal Funding for State Tobacco Control Programs:	$2,883,131*
FY2026 Total Funding for State Tobacco Control Programs:	$92,908,319
CDC Best Practices State Spending Recommendation:	$194,200,000
Percentage of CDC Recommended Level:	47.8%
State Tobacco-Related Revenue:	$1,162,200,000

* 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**

Access to Cessation Services: C

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: **Few barriers exist to access care**

Medicaid Expansion: **No**

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: **$7.51; the median investment per smoker is $2.62**

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 2025 legislative session, the Florida Legislature had several tobacco and vaping bills filed for consideration. The most notable action was on heated tobacco products. Representative Chase Tramont and Senator Nick DiCeglie filed House Bill 785 and Senate Bill 1418, respectively, to add a new category of products to the state tobacco control statute that would have been exempt from tobacco taxes. Prior to the bills moving in committee, the Florida Department of Business and Professional Regulations issued a declaratory statement supporting that heated tobacco products do not meet the current classification of products that would be subject to tobacco taxes. The legislation did not move; however, heated tobacco products will not be subject to state tobacco taxes when marketed in Florida due to the agency's declaration.

Senator Gruters sponsored Senate Bill 226 intended to update the definition of smoking in Florida's Clean Air Act to prohibit the smoking of marijuana in public places. This legislation would have also weakened the existing public health protections in the law by exempting the smoking of unfiltered cigars. The legislation did not pass.

Several Florida lawmakers also filed a few bills related to non-approved disposable nicotine dispensing devices. These bills appeared to be in response to federal regulations of e-cigarettes as well as the state's implementation of the nicotine dispensing devices directory. These bills did not pass.

The American Lung Association was able to protect funding for Tobacco Free Florida and ensure the total Fiscal Year 2026 program budget of $89.6 million. The Tobacco Free Florida program is committed to providing a variety of free services to assist individuals with smoking cessation. In addition to the $13.6 million allocated for quitline services, the program dedicates an additional $9.8 million for in-person cessation counseling.

In 2026, 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
2026

GEORGIA

Tobacco Prevention and Control Program Funding: F

FY2026 State Funding for Tobacco Control Programs:	$2,075,885
FY2026 Federal Funding for State Tobacco Control Programs:	$0
FY2026 Total Funding for State Tobacco Control Programs:	$2,075,885
CDC Best Practices State Spending Recommendation:	$106,000,000
Percentage of CDC Recommended Level:	2%
State Tobacco-Related Revenue:	$357,400,000

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**

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: **$0.79; the median investment per smoker is $2.62**

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 $1.50 per pack or more and equalize taxes for all tobacco products, including e-cigarette;
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.

The 2025 legislative session in Georgia was the start of a new biennium and saw several pieces of legislation related to tobacco prevention and control policy. House Bill 506 removes barriers for Medicaid patients seeking tobacco cessation treatment. This bill passed the House and advocacy efforts continue for Senate passage in 2026.

Once again, a tobacco and retail industry backed bill, House Bill 577, was introduced aiming to create a nicotine vapor products directory based on U.S. Food and Drug Administration pre-market tobacco application status. While this bill passed the House, it failed to get a committee hearing in the Senate. On the final day of session, the bill sponsor snuck the vape directory language into another unrelated bill, but the American Lung Association was successful in educating Senate leadership on the issue and it did not get a vote.

The legislature established several legislative study committees during the 2025 session—including those focused on cancer care access, smoking-related costs and effects, and public health funding. These committees are laying the groundwork for future policy improvements that will directly impact tobacco-related harm, and public health infrastructure.

The American Lung Association began a new partnership with the Georgia Department of Public Health, whereby we are implementing a statewide youth vaping education initiative. The campaign aims to provide schools with resources and education and prevent early exposure to vaping.

Due to federal funding cuts, the entire Georgia Tobacco Prevention and Control staff was eliminated, making state funding a top priority for 2026. We will continue to work with our tobacco control partners to educate public officials on the health and economic benefits of strong tobacco control policies, including 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
2026

Tobacco Prevention and Control Program Funding: B

FY2026 State Funding for Tobacco Control Programs:	$8,683,833
FY2026 Federal Funding for State Tobacco Control Programs:	$1,156,607*
FY2026 Total Funding for State Tobacco Control Programs:	$9,840,440
CDC Best Practices State Spending Recommendation:	$13,700,000
Percentage of CDC Recommended Level:	71.8%
State Tobacco-Related Revenue:	$112,400,000

* 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: **$3.60***

* On December 31, 2025, the state cigarette tax increased from $3.20 to $3.60 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**

Access to Cessation Services: C

OVERVIEW OF STATE CESSATION COVERAGE

STATE MEDICAID PROGRAM:

Medicaid Medications: **Some medications are covered**

Medicaid Counseling: **Some counseling is covered**

Medicaid Barriers to Coverage: **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: **$4.81; the median investment per smoker is $2.62**

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 tobacco Master Settlement Agreement funds.

The 2025 legislative session in Hawai'i started on January 15 against a backdrop of significant federal uncertainty, including funding freezes and threats to social services, which fostered a reactive and challenging environment for advancing public health measures. This climate resulted in a mixed outcome for tobacco control, marked by disappointing setbacks but also demonstrating a resilient commitment at the local level.

A primary focus of advocacy efforts was addressing the dramatic shift in nicotine use, particularly the surge in e-cigarette, or "vape," popularity among youth. Progress on this front remains stalled by a 2018 state law that preempted counties authority to regulate tobacco products, stripping local governments of a critical tool to protect their communities. A key legislative priority, House Bill 380, which would have restored this local control, unfortunately failed to pass.

Equally concerning was the failure of House Bill 756. This vital legislation sought to prohibit the sale of all flavored tobacco products statewide, a measure aimed squarely at curbing the industry's strategy of using flavors to attract and addict young people. The defeat of these two bills represents a significant missed opportunity to protect the health of Hawai'i's youth and reduce the burden of tobacco-related disease.

House Bill 441 did successfully increase the state cigarette tax from $0.16 to $0.18 per cigarette or 40 cents per pack of 20. While the increase will likely have a minimal impact on smoking levels, it will provide much-needed revenue for the University of Hawai'i Cancer Center, which has been impacted by declining cigarette tax revenues over the years.

In response to the state's inaction on flavored tobacco, Hawai'i's counties have boldly stepped forward. On December 23, 2024, Maui County joined the City and County of Honolulu and Hawai'i County in passing a "trigger law" (Bill 156) that will end the sale of flavored tobacco products as soon as the state's preemption law is repealed. The unanimous passage of this bill, championed by youth advocates and community partners, signals a powerful, unified local movement ready to act decisively once granted the authority.

Looking ahead to 2026, the American Lung Association in Hawai'i and its partners will continue to champion comprehensive tobacco prevention policies. Our key priorities remain clear: restoring the authority of counties to regulate tobacco sales, eliminating all flavored tobacco products from the market, and advocating for increased, stable funding for prevention and cessation programs. We are committed to highlighting the profound health and economic benefits of these proven policies to build a healthier, tobacco-free future for all of Hawai'i.

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 CDC's 2023 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
2026

Tobacco Prevention and Control Program Funding: F

FY2026 State Funding for Tobacco Control Programs:	$4,644,700
FY2026 Federal Funding for State Tobacco Control Programs:	$1,171,888*
FY2026 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:	$56,900,000

* 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: 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**

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: **Some 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: **$4.63; the median investment per smoker is $2.62**

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**

American Lung Association.
State of Tobacco Control
2026

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 and emerging tobacco and nicotine products 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 the 2025 legislative session, 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 substance use generally but continued to acknowledge the harm of youth tobacco use and youth vaping in particular. Tobacco control partners and youth advocates 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 the hands of youth.

Idaho's 2025 legislative session saw additional activity from the tobacco industry as they worked to establish a nicotine vapor product "registry" in Idaho, a tobacco industry priority. Similar proposals have been advanced in many states by major tobacco companies to reduce competition from small businesses and international markets, specifically e-cigarette production in China.

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 2026 legislative session, partners will advocate for increased investment in evidence-based tobacco prevention policies and programs to keep youth from picking up their first nicotine product and help those already addicted to quit, support adults in their quit attempts and reduce exposure to secondhand smoke and e-cigarette aerosol.

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 2026 towards these goals and to support local communities in passing policies that protect residents from the negative effects of tobacco and e-cigarette use and from breathing secondhand smoke and e-cigarette aerosol.

Idaho State Facts

Health Care Cost Due to Smoking:	$508,053,436
Adult Smoking Rate:	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
2026

ILLINOIS

Tobacco Prevention and Control Program Funding: F

FY2026 State Funding for Tobacco Control Programs:	$15,100,000
FY2026 Federal Funding for State Tobacco Control Programs:	$2,241,976*
FY2026 Total Funding for State Tobacco Control Programs:	$17,341,976
CDC Best Practices State Spending Recommendation:	$136,700,000
Percentage of CDC Recommended Level:	12.7%
State Tobacco-Related Revenue:	$915,600,000

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

Thumbs up for Illinois for increasing tobacco prevention and control program funding by $5 million this fiscal year.

Smokefree Air: A

OVERVIEW OF STATE SMOKING RESTRICTIONS

Government work sites: **Prohibited**

Private work sites: **Prohibited**

Schools: **Prohibited**

Child care facilities: **Prohibited**

Restaurants: **Prohibited**

Bars: **Prohibited**

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: 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**

Thumbs up for Illinois for making all its other tobacco product taxes equivalent to the cigarette tax.

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

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

STATE QUITLINE:

Investment per Smoker: **$5.04; the median investment per smoker is $2.62**

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 to Illinois for covering a comprehensive cessation benefit for 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. Protect funding for state tobacco control programs;
2. Reduce tobacco retailer density near schools and daycare centers; and
3. Protect the Smoke-Free Illinois Act.

During the 104th Illinois General Assembly, legislators demonstrated strong leadership in tobacco control by increasing the cost of tobacco products to reduce their appeal—particularly among youth and other price-sensitive users—and by increasing funding for the state's tobacco control program by 50 percent. Working in partnership with the American Lung Association and health advocacy organizations across the state, lawmakers raised taxes on e-cigarettes, cigars, and other tobacco products (OTP) to align with the cigarette tax; added nicotine pouches to the definition of tobacco products; and doubled the annual tobacco retailer licensure fee. These actions marked the first increase to OTP taxes in 12 years and the first increase to the e-cigarette tax in six years. These policy wins represent a major step forward in protecting public health and reducing the burden of tobacco use in Illinois.

Legislation to amend the Preventing Youth Vaping Act to establish an e-cigarette certification directory was also reintroduced. Health advocates worked to inform state representatives about the potential harms of passing such legislation given it would endorse products deemed illegal by the U.S. Food and Drug Administration (FDA) as legal in the state of Illinois. This bill passed out of its House committee but did not advance further.

Looking ahead to 2026, it is critical that Illinois builds on this momentum to further strengthen tobacco control policies and protect the progress made. Advocates will continue working to ensure that recent funding increases are sustained and effectively implemented to support prevention, cessation, and health equity efforts across the state. As new threats emerge—such as legislation that could undermine FDA authority or legitimize unauthorized tobacco products—ongoing vigilance and advocacy will be essential. By prioritizing public health and maintaining strong state investment, Illinois can continue to lead in reducing tobacco use and protecting 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:	3.6%
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 data come from CDC's 2023 Youth Risk Behavior Survey. High school tobacco use data comes from CDC's 2021 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.

Indiana Report Card

American Lung Association.
State of Tobacco Control
2026

Tobacco Prevention and Control Program Funding: F

FY2026 State Funding for Tobacco Control Programs:	$9,112,152
FY2026 Federal Funding for State Tobacco Control Programs:	$1,832,809*
FY2026 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:	$757,100,000

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

Smokefree Air: C

OVERVIEW OF STATE SMOKING RESTRICTIONS

Government work sites: **Prohibited**

Private work sites: **Prohibited**

Schools: **Prohibited**

Child care facilities: **Prohibited**

Restaurants: **Prohibited**

Bars: **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. (2024).

* 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 32.2% of the state's population.

Tobacco Taxes: F

CIGARETTE TAX:

Tax Rate per pack of 20: **$2.995***

* On July 1, 2025, the state cigarette tax increased from $0.995 to $2.995 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: Yes**

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

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

Thumbs up for Indiana for increasing its cigarette tax by $2.00 to $2.995 per pack.

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: **Few 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: **$2.62; the median investment per smoker is $2.62**

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.

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

Flavored Tobacco Products: F

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

American Lung Association.
State of Tobacco Control
2026

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 the number of Hoosiers protected from secondhand smoke and vapor where they work and play; and
2. Protect Hoosiers from tobacco industry related legislation.

The American Lung Association lead, Tobacco-Free Indiana coalition successfully advocated for and secured a historic $2.00 per-pack increase in Indiana's cigarette tax with increases in taxes on all other tobacco products, including e-cigarettes. This evidence based public health strategy is proven to reduce youth initiation and increase adult cessation.

This comprehensive approach not only reduced the affordability of cigarettes but also closed loopholes that previously allowed lower taxes on cigars, smokeless tobacco and e-cigarettes. The tobacco tax increases will also increase state revenue and reinforce Indiana's commitment to reducing tobacco use and preventing youth addiction. Based on national evidence from similar cigarette tax increases in other states, Indiana's $2.00 increase is expected to lead to a meaningful decline in cigarette sales and smoking rates.

During the 2025 Indiana legislative session House Bill 1468 was passed, allowing temporary cigar sales at events through a supplemental cigar certificate. The bill includes a provision allowing proprietors to establish separate cigar rooms if allowed by local authorities. This type of provision provides the tobacco industry with more avenues for tobacco sales and consumption. It also adds even more confusion to Indiana's weak statewide smokefree workplace law.

Indiana can reach the above listed goals by expanding Indiana's current smokefree law to include all workplaces, casinos, multi-unit housing, bars, and outdoor public areas. The updated law should also include e-cigarettes and other vapor products to protect against secondhand aerosol exposure. Local governments should also continue to be allowed to adopt stronger clean indoor air ordinances as well.

Although Indiana has seen some recent success related to current tobacco use rates, there is still work to be done. The 2024 Indiana Youth Tobacco Survey shows current tobacco use declined in 2024 among both middle and high school youth. The overall decline in tobacco use can be attributed to the decrease in e-cigarette use; however, the use of cigarettes, smokeless tobacco and cigars have also decreased in recent years. Indiana's current high school tobacco use rate is 5.8% down from 23% in 2012. Our current middle tobacco use rate is down to 3.4% from 6.6% back in 2012.

Public health should be protected from tobacco industry interference. Legislators must support evidence-based policies that prioritize health over industry interests. Cross sectional coalitions- health, education, business, and faith must continue to advocate collectively for public health first legislation. Indiana must continue to invest in tobacco prevention and cessation programs by expanding Quitline services and community-based programs.

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:	6.1%
High School Tobacco Use Rate:	N/A
Middle School Smoking Rate:	N/A
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 CDC's 2023 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.

Iowa Report Card

American Lung Association.
State of Tobacco Control
2026

Tobacco Prevention and Control Program Funding: F

FY2026 State Funding for Tobacco Control Programs:	$3,005,916
FY2026 Federal Funding for State Tobacco Control Programs:	$1,137,971*
FY2026 Total Funding for State Tobacco Control Programs:	$4,143,887
CDC Best Practices State Spending Recommendation:	$30,100,000
Percentage of CDC Recommended Level:	13.8%
State Tobacco-Related Revenue:	$202,500,000

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

Smokefree Air: B

OVERVIEW OF STATE SMOKING RESTRICTIONS

Government work sites: **Prohibited**

Private work sites: **Prohibited**

Schools: **Prohibited**

Child care facilities: **Prohibited**

Restaurants: **Prohibited**

Bars: **Prohibited**

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

Retail stores: **Prohibited**

E-Cigarettes Included: **No**

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

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

Tobacco Taxes: F

CIGARETTE TAX:

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

OTHER TOBACCO PRODUCT TAXES:

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

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

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

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

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

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: **Few 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: **$1.52; the median investment per smoker is $2.62**

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**

American Lung Association.
State of Tobacco Control
2026

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 the tax on cigarettes by $1.50 per pack;
2. Establish a tax on e-cigarettes (vapor products) equal to other tobacco product taxes; and
3. Close the casino loophole in the Smokefree Air Act.

Within the Iowa General Assembly, legislation (House File 781) to close the longstanding casino loophole in the Smokefree Air Act gained momentum and successfully passed out of the House Commerce Committee. In addition, a Senate committee advanced a bill that would establish a tax on e-cigarettes (vapor products) in Iowa. Health advocates urged lawmakers to include an increase to the cigarette tax—which has not been raised since 2007—but unfortunately, it was not added to the bill.

Advocates actively opposed legislation (House File 1035) that would have exempted smoke-less tobacco products from tobacco taxes, which failed to pass out of its second committee in the House. With growing legislative interest in strengthening tobacco control policies, including HF781 and the proposed e-cigarette tax, the coming year presents a critical opportunity to advance Iowa's tobacco prevention efforts and further public health protections.

The landscape of tobacco prevention in Iowa has shifted significantly over the past year, presenting both challenges and opportunities for public health advocates. As of July 1, 2025, the longstanding Iowa Tobacco Use Prevention and Control Commission, along with the state's standalone tobacco prevention program, were eliminated as part of a broader reorganization of the Iowa Department of Health and Human Services. In response, the Iowa Tobacco Prevention Alliance—of which the American Lung Association is an active member—has regularly engaged partners to strategize around sustaining and advancing tobacco prevention efforts in Iowa communities. These efforts aim to ensure that the reorganization does not undermine the decades of progress made in reducing tobacco use and protecting public health across the state.

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
2026

Tobacco Prevention and Control Program Funding: F

FY2026 State Funding for Tobacco Control Programs:	$2,319,655
FY2026 Federal Funding for State Tobacco Control Programs:	$1,516,090*
FY2026 Total Funding for State Tobacco Control Programs:	$3,835,745
CDC Best Practices State Spending Recommendation:	$27,900,000
Percentage of CDC Recommended Level:	13.7%
State Tobacco-Related Revenue:	$142,900,000

* 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**

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: **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: **$0.79; the median investment per smoker is $2.62**

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; and
3. Oppose all forms of preemption of local tobacco control authority.

While the 2025 session of the Kansas legislature was very active regarding healthcare access legislation, for example, just two bills regarding tobacco were introduced. One bill would have added e-cigarettes to products available in tobacco vending machines in Kansas. The bill was heard in the House Federal and State Committee, but no vote was taken to move the bill. The second bill removes the exemption for casinos in the Kansas Indoor Clean Air Act. The House bill was assigned to the Health and Human Services Committee, but no hearing was held. The Senate Federal and State Committee held a hearing, but no vote was taken to move the bill.

With federal funding from CDC withheld from the state for several months, the budget process became an essential avenue for continuing support for the state's Tobacco Use Prevention Program. Kansas is part of the JUUL settlement and those dollars are considered part of the core funding for the Kansas Department of Health and Environment (KDHE). The Lung Association and tobacco coalition partners testified to the House and Senate subcommittees asking the state to maintain the redirect of JUUL settlement dollars from the General Fund to Smoking Prevention Grants within KDHE and increase the overall funding for these programs. The funding was maintained in the final FY2025 and FY2026 budgets signed by the Governor.

When the 2026 Kansas Legislature convenes for a new session, the 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 for increases in state funding for tobacco control and prevention activities while also ensuring that all future payments of the Juul settlement be specifically directed to the same purpose.

Further, the Lung Association anticipates ongoing efforts by the tobacco industry and its allies to pass preemptive legislation that stops local communities from passing stronger tobacco prevention policies. We will continue to work to preserve local control, protecting the ability of cities and counties to establish tobacco control policies that fit 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 2026

KENTUCKY

Tobacco Prevention and Control Program Funding: F

FY2026 State Funding for Tobacco Control Programs:	$4,219,449
FY2026 Federal Funding for State Tobacco Control Programs:	$1,656,354*
FY2026 Total Funding for State Tobacco Control Programs:	$5,875,803
CDC Best Practices State Spending Recommendation:	$56,400,000
Percentage of CDC Recommended Level:	10.4%
State Tobacco-Related Revenue:	$383,800,000

* 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 (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 39% 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**

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: **$0.92; the median investment per smoker is $2.62**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **Yes**

Tobacco Surcharge: **Limits tobacco surcharges**

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

Thumbs up to Kentucky for covering a comprehensive cessation benefit for Medicaid enrollees with minimal 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. Increase funding for the state tobacco prevention and cessation program to $4 million and ensure funding is spent according to Centers for Disease Control and Prevention Best Practices;
2. Allocate $1.2 million per year in Juul settlement funds over the next 3-6 years for youth prevention and cessation; and
3. Support and defend local comprehensive smokefree laws, including e-cigarettes.

During Kentucky's 2025 legislative session, the Lung Association and partner organizations were successful in passing tobacco retail licensing (TRL) legislation. Inspired by an authentically youth-led education campaign calling for retailer licensing, Kentucky Senator Jimmy Higdon introduced Senate Bill 100. The bill passed both the Senate and the House on nearly unanimous bipartisan votes and was signed into law by Governor Andy Beshear on March 24, 2025.

Senator Higdon, a former retailer himself, recognized the critical importance of licensure as a tool to assist agencies charged with enforcement of the law against nicotine product sales to youth under the age of 21. SB 100 requires all Kentucky retailers that sell any nicotine products to be licensed, subject to regular compliance checks and responsible for escalating penalties up to and including license revocation for repeat violations.

Subsequently, the governor filed a lawsuit challenging the constitutionality of House Bill 6, another bill that limits the administration's authority to implement regulations with "significant economic impact," defined as greater than $500,000 over any two-year period. Although licensing fees and fines are expected to make the new TRL program self-sustaining, the TRL enforcing agency estimates the stand-up costs to be $2.4 million. This had stalled implementation of Kentucky's new TRL law, but on November 4, 2025, the Kentucky Department of Alcoholic Beverage Control (ABC) promulgated proposed regulations to implement the new law. A hearing was held on the regulations on December 22, 2025, but they had not been finalized yet when this report was finalized.

Separately, partner organizations were successful in defeating a bill that would have preempted local governments from passing comprehensive smokefree ordinances including cigar bars. However, a cigar bar exemption from Louisville's smokefree law was adopted.

As the legislature begins its work in 2026, the American Lung Association will continue its collaboration with partner organizations, Kentucky's youth-led education program and the media 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:	5.3%
High School Tobacco Use Rate:	20.5%
Middle School Smoking Rate:	N/A
Smoking-Attributable Deaths:	8,860

Adult smoking data come from CDC's 2022 Behavioral Risk Factor Surveillance System. An adult tobacco use rate is not available for this state. High school smoking and tobacco use data come from CDC's 2023 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
2026

LOUISIANA

Tobacco Prevention and Control Program Funding: F

FY2026 State Funding for Tobacco Control Programs:	$4,620,609
FY2026 Federal Funding for State Tobacco Control Programs:	$1,635,696*
FY2026 Total Funding for State Tobacco Control Programs:	$6,256,305
CDC Best Practices State Spending Recommendation:	$59,600,000
Percentage of CDC Recommended Level:	10.5%
State Tobacco-Related Revenue:	$362,900,000

* 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: **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 33.1% 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**

Access to Cessation Services: C

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: **Some counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$1.43; the median investment per smoker is $2.62**

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 tobacco prevention and quit tobacco funding to account for uncertainty at the federal level;
2. Increase retail license fees and provide funding for increased tobacco prevention and control to ensure enforcement of regulations to stop the illegal sale of tobacco and nicotine to youth; and
3. Strengthen the existing statewide smokefree law to include bar and casino worker protections.

The 2025 Louisiana legislative session was eventful. House Bill 325 imposed a tax cut on premium cigars. The Lung Association advocated strongly against the legislation but was ultimately unsuccessful.

House Bill 412 allows synthetic nicotine products to be sold in Louisiana in accordance with the e-cigarette directory passed in 2023. The bill was amended in committee to increase tobacco retail license fees and forbid the sale of vapor and alternative nicotine products directly to the consumer via mail or the internet. The Lung Association supported the aspects of the bill that promoted increased tobacco control and prevention but the bill was ultimately amended to remove the positive provisions and approved by the legislature.

House Bills 398 and 517 were sponsored by champion Ken Brass who worked with the Lung Association and partners within the Tobacco-Free Louisiana Coalition. Both bills dealt with increasing taxes on vapor and alternative nicotine products and a dedication of those funds to proven cessation and control programs already working in Louisiana. Unfortunately, both bills failed to make it through the legislative process. However, Representative Brass introduced House Resolution 374, which created the Youth Tobacco and Nicotine Cessation Task Force to study the effects and impacts of nicotine use by persons under 21 years of age and to recommend policy solutions to the nicotine epidemic in Louisiana.

The influence of the tobacco industry was very apparent in many of the bills during the 2025 legislative session, especially House Bill 669. The bill would have defined heat-not-burn tobacco products and reduced the tax on them by 33% before they even were sold on the market. Thankfully, at the last moment, a Senate floor amendment, supported by the Lung Association and partners, stripped the bill of its tax cut and now allows the products to be sold in Louisiana under our current cigarette tax.

There continues to be support within local municipalities for public health protections from secondhand smoke. The towns of Winnfield and Gibson passed comprehensive smokefree air ordinances since our last State of Tobacco Control report. Bar workers in these communities are now protected from the dangers of secondhand smoke exposure.

In 2026, the American Lung Association will join our tobacco control partners to educate state legislators about the health and economic benefits of strong tobacco control policies, including well-funded tobacco prevention and control programs. 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
2026

MAINE

Tobacco Prevention and Control Program Funding: A

FY2026 State Funding for Tobacco Control Programs:	$15,905,577
FY2026 Federal Funding for State Tobacco Control Programs:	$1,169,002*
FY2026 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:	$183,600,000

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

Retail stores: **Prohibited**

E-Cigarettes Included: **Yes**

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).

Thumbs up for Maine for adding e-cigarettes to its law prohibiting smoking in private workplaces.

Tobacco Taxes: B

CIGARETTE TAX:

Tax Rate per pack of 20: **$3.50***

* On January 5, 2026, the state cigarette tax increased from $2.00 to $3.50 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: Yes**

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

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

Thumbs up for Maine for increasing its cigarette tax by $1.50 to $3.50 per pack.

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 types of counseling are covered**

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

STATE QUITLINE:

Investment per Smoker: **$15.72; the median investment per smoker is $2.62**

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.

Flavored Tobacco Products: F

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

American Lung Association.
State of Tobacco Control
2026

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. Preserve full funding of Maine's tobacco prevention and control program;
2. Defend rollbacks to Maine's smokefree air policies; and
3. Prevent rollbacks to legislation ending the sale of tobacco products in pharmacies.

The 2025 Maine legislative session was very successful for tobacco prevention policies. The highlight of the session was enactment of the first cigarette tax increase in the state in 20 years. During the budget process, Governor Mills proposed increasing the cigarette tax by $1.00 and in the final package, the cigarette tax was increased to $1.50 per pack beginning in January 2026. Since Maine passed equalization in 2019, the price of other tobacco products also was increased by an equivalent amount. This long overdue measure will yield significant health benefits prompting current tobacco users to make a quit attempt and discourage youth initiation of tobacco products.

Another significant legislative victory was realized through the passage of LD 166, which ended the sale of tobacco products in all Maine pharmacies. The Lung Association was a strong supporter of the measure introduced by Representative Matt Moonen and signed into law by Governor Mills in July. The measure goes into effect April 1, 2026.

2025 also saw the Maine Legislature pass, and the Governor sign a measure addressing several provisions in the state's tobacco-related statutes. The measure finally closes a lingering loophole in our smokefree law by prohibiting electronic cigarette use in all private workplaces. Also included in the legislation was ending the sale of tobacco products through vending machines and prohibiting a tobacco retailer or distributor from giving away tobacco products.

Lastly, the Lung Association and partners were successful in defeating a measure that would have reduced the tax on synthetic nicotine pouches. 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 repeal the law in 2025, LD 278 failed to pass the Maine Legislature and the tax remains in effect.

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 2026, 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:	5.1%
High School Tobacco Use Rate:	15.1%
Middle School Smoking Rate:	1.6%
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 and middle school smoking and high school tobacco use data come from the 2025 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
2026

MARYLAND

Tobacco Prevention and Control Program Funding: F

FY2026 State Funding for Tobacco Control Programs:	$16,385,841
FY2026 Federal Funding for State Tobacco Control Programs:	$1,694,510*
FY2026 Total Funding for State Tobacco Control Programs:	$18,080,351
CDC Best Practices State Spending Recommendation:	$48,000,000
Percentage of CDC Recommended Level:	37.7%
State Tobacco-Related Revenue:	$546,400,000

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

Thumbs down for Maryland for decreasing funding for its tobacco prevention and control program by close to $5 million this fiscal year.

Smokefree Air: A

OVERVIEW OF STATE SMOKING RESTRICTIONS

Government work sites: **Prohibited**

Private work sites: **Prohibited**

Schools: **Prohibited**

Child care facilities: **Prohibited**

Restaurants: **Prohibited**

Bars: **Prohibited**

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 (2024) & MD. CODE ANN., LAB. & EMPLOY. §§ 5-101 (2008) & 5-608 (2024).

Tobacco Taxes: B

CIGARETTE TAX:

Tax Rate per pack of 20: **$5.00**

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: No**

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

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

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: **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: **$4.11; the median investment per smoker is $2.62**

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. Protect Maryland's Clean Indoor Air Act from exemptions;
2. Defend and preserve the much-needed funding increase for tobacco prevention and cessation of $8.25 million; and
3. Restore local control by overturning preemption in the state via legislation.

During the 2025 legislative session, the American Lung Association in Maryland partnered with other public health partners to advance a bill that closed a loophole and gave authority for the Alcohol, Tobacco and Cannibals Commission (ATCC) to seize other tobacco products. The Lung Association and its partners also defeated an attempt to undermine Maryland's Clean Indoor Air Act by expanding cigar bars across the state, as well as attempts to divert Cigarette Restitution funding from the 1998 tobacco Master Settlement Agreement to other programs outside of tobacco control and prevention efforts.

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, bringing funding to a dedicated $18.25 million. During the 2025 legislative session through the budget process, the state determined that the allocation could be a mix of state and federal funding. The Lung Association and its partners expressed concern with including federal funding in the projections due to future federal tobacco prevention funding uncertainty. We will continue to voice this concern in 2026.

In 2024, the Clean Indoor Air Act was updated to include e-cigarettes. An amendment to the bill added a provision that a work group would be convened to determine the feasibility of permitting cigar lounges. The work group includes legislators, the Maryland Department of Health, and representatives 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 second-hand smoke.

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.

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 protecting Maryland's strong Clean Indoor Air Act and funding for tobacco prevention and cessation.

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:	3.2%
High School Tobacco Use Rate:	15.9%
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 CDC's 2023 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
2026

Tobacco Prevention and Control Program Funding: F

FY2026 State Funding for Tobacco Control Programs:	$11,117,745
FY2026 Federal Funding for State Tobacco Control Programs:	$1,902,654*
FY2026 Total Funding for State Tobacco Control Programs:	$13,020,399
CDC Best Practices State Spending Recommendation:	$66,900,000
Percentage of CDC Recommended Level:	19.5%
State Tobacco-Related Revenue:	$551,300,000

* 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**

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: **$1.06; the median investment per smoker is $2.62**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **Yes**

Tobacco Surcharge: **Prohibits tobacco surcharges**

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

Thumbs up to Massachusetts for covering a comprehensive cessation benefit for Medicaid enrollees with minimal barriers.

Flavored Tobacco Products: A

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

American Lung Association.
State of Tobacco Control
2026

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, smokefree and tobacco prevention laws.

Massachusetts continues to be a leader nationwide in tobacco control efforts. Six 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 2025 to roll back this comprehensive measure. 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, amendments to the budget included an earmark, successfully increasing the MTCP budget to over $6.2 million, up roughly $18,000 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. In April, the 84 Movement, Massachusetts' premier youth tobacco prevention program, held their annual advocacy day urging their elected officials to close the synthetic nicotine pouch tax loophole and increase funding.

In 2025, communities across the Commonwealth continued to gain momentum passing 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. To date, 17 municipalities have followed Brookline's lead passing similar legislation and many more are in the process of doing the same and are experiencing tobacco industry intimidation.

During the 2025 state legislative session, a statewide 'nicotine-free generation' bill was introduced and had its first committee hearing in July. However, separate legislation that received a committee hearing in October would specifically preempt local communities from passing nicotine-free generation policies and set the state tobacco sales age at 21.

As the Massachusetts Legislature begins its work in 2026, 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 policies against rollbacks.

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:	3.4%
High School Tobacco Use Rate:	N/A
Middle School Smoking Rate:	N/A
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 CDC's 2023 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.

Michigan Report Card

American Lung Association.
State of Tobacco Control
2026

MICHIGAN

Tobacco Prevention and Control Program Funding: F

FY2026 State Funding for Tobacco Control Programs:	$4,618,600
FY2026 Federal Funding for State Tobacco Control Programs:	$2,347,639*
FY2026 Total Funding for State Tobacco Control Programs:	$6,966,239
CDC Best Practices State Spending Recommendation:	$110,600,000
Percentage of CDC Recommended Level:	6.3%
State Tobacco-Related Revenue:	$867,200,000

* 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: 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: 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**

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: **Few types of counseling are covered**

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

STATE QUITLINE:

Investment per Smoker: **$0.38; the median investment per smoker is $2.62**

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**

American Lung Association.
State of Tobacco Control
2026

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. Pass an e-cigarette tax to establish a tax parity across all tobacco products.

In the 2025 legislative session, Governor Gretchen Whitmer included several tobacco prevention priorities in her proposed budget, including a new tax on e-cigarette and other nicotine products that would have made the tax on such products the same as on other tobacco products like cigars and smokeless tobacco. However, the legislature removed the proposed 32% wholesale tax on e-cigarettes and alternative nicotine products in the budget that was ultimately approved.

In 2025, the Lung Association also supported a package of bills in the state legislature, introduced to further advance tobacco reduction efforts in Michigan. These bills include establishing tobacco retail licensure and repealing youth purchase, use and possession laws. Thankfully, the 2025 legislative session ended with a passage of the tobacco retail licensure bills, Senate Bill 462 and 465 in the Senate. The bills will be sent over to the House with hope for passage in 2026. We will continue working with our partners to ensure the bills' passage in the 2026 legislative session.

Additionally, there have been growing developments and successful passage of tobacco prevention ordinances at the local level. In March 2025, the Detroit City Council unanimously passed a law to restrict marijuana and vaping ads near schools and playgrounds. This ordinance was many years in the making because they had to ensure that it met U.S. Supreme Court standards for advertising and the First Amendment.

In October 2025, the city council also approved an ordinance that prohibits the use of smokeless tobacco, including nicotine pouches in the Detroit Tigers stadium, Comerica Park. This is the 18th out of 30 Major League Baseball stadiums to prohibit smokeless tobacco or tobacco product use, and aims to set the right example for America's kids and protect the health of the players. With our local partners, we are keeping a close eye on any developments on the requests for proposal by the Wayne County Airport Authority to establish a cigar bar in Detroit Metropolitan Airport.

Tobacco prevention work in Michigan remains at risk due to federal funding cuts to the CDC's Office of Smoking and Health. Michigan continues to spend only 6.3% of the CDC's recommended amount for tobacco control. While there was a small but encouraging increase in funding in the state budget for fiscal year 2026, Michigan needs to continue to increase spending on tobacco control and prevention. Increasing tobacco taxes and ensuring parity for all forms of tobacco would help raise the revenue to increase funding.

The American Lung Association remains committed to working with coalition partners to advance tobacco control policies. As the legislature prepares for the 2026 session, the Lung Association will continue to educate policymakers, business leaders, and the media on the importance of reducing tobacco use and protecting 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:	2.1%
High School Tobacco Use Rate:	16.5%
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 CDC's 2023 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
2026

MINNESOTA

Tobacco Prevention and Control Program Funding: F

FY2026 State Funding for Tobacco Control Programs:	$13,727,133
FY2026 Federal Funding for State Tobacco Control Programs:	$1,596,128*
FY2026 Total Funding for State Tobacco Control Programs:	$15,323,261
CDC Best Practices State Spending Recommendation:	$52,900,000
Percentage of CDC Recommended Level:	29%
State Tobacco-Related Revenue:	$597,100,000

* 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 (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: D

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**

Access to Cessation Services: A

OVERVIEW OF STATE CESSATION COVERAGE

STATE MEDICAID PROGRAM:

Medicaid Medications: **Most 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 $2.62**

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. Restrict access to all flavored commercial tobacco products;
2. Preserve funding for commercial tobacco prevention and treatment programs; and
3. Maintain a high price for all commercial tobacco products.

Minnesota's legislative session convened on January 14th under unusual circumstances with a partisan power-sharing agreement in the Senate and a split House. The focus of the session was the state's biennial budget.

The American Lung Association – as part of the Minnesotans for a Smoke-Free Generation statewide coalition of more than 60 organizations focus was continuing to educate decision makers on the health effects of vaping among our youth and the need to restrict access to all flavored commercial tobacco products. One of the highlights was the Lung Association's Day at the Capitol that featured a compelling display of 'youth voices' stories of the impacts of commercial tobacco on youth from around the state. Because it was a budget session, we also worked to ensure that the funding for the commercial tobacco prevention and control program was preserved.

On May 19th, both the House and Senate adjourned with several budget-related bills needing to be finalized. Working groups were instructed by leadership to finalize budget negotiations by May 21st. In a one-day special legislative session, the Legislature passed a two-year state budget that preserved commercial tobacco prevention and control funding levels.

The American Lung Association will continue to work together at the state level with coalition partners in 2026 as part of the Smoke Free Generation coalition to eliminate access to all flavored commercial tobacco products. We will also continue to work at the local level to pass more policies that restrict access to all flavored tobacco products. Currently, over 34 communities have policies covering about 25% of Minnesotans. More work needs to be done across Minnesota to raise awareness of the health risks of vaping, and what resources are available to help address nicotine addiction.

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%
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
2026

MISSISSIPPI

Tobacco Prevention and Control Program Funding: F

FY2026 State Funding for Tobacco Control Programs:	$8,695,000
FY2026 Federal Funding for State Tobacco Control Programs:	$1,341,100*
FY2026 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:	$202,100,000

* 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**

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: **Some types of counseling are covered**

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

STATE QUITLINE:

Investment per Smoker: **$2.17; the median investment per smoker is $2.62**

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**

American Lung Association.
State of Tobacco Control
2026

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 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 2025. 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. There were also two bills introduced that would have increased the e-cigarette and vapor product tax by 15%. While the filed tax bills died early in committee, there was also increased legislative activity to secure tobacco industry priorities such as the two U.S. Food and Drug Administration premarket tobacco application e-cigarette registry-related bills.

House Bill 916, also known as the Mississippi E-Cigarette Registry Bill, was approved by the Governor in May 2025. Lawmakers claimed the bill would address the youth e-cigarette epidemic. "Directory bills" like HB916 are being introduced across the country by major tobacco companies as a way to cut out competitors and increase market share while distracting legislators from enacting policies with proven public health benefits, such as higher tobacco taxes, statewide comprehensive smokefree air law, and restricting flavored tobacco products. The American Lung Association and partners continue to support proven tobacco control policies that provide public health benefits for our youth.

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 2026, 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. 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 in 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:	5.1%
High School Tobacco Use Rate:	18.5%
Middle School Smoking Rate:	N/A
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 CDC's 2023 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.

Missouri Report Card

American Lung Association.
State of Tobacco Control
2026

Tobacco Prevention and Control Program Funding: F

FY2026 State Funding for Tobacco Control Programs:	$5,425,000
FY2026 Federal Funding for State Tobacco Control Programs:	$1,949,182*
FY2026 Total Funding for State Tobacco Control Programs:	$7,374,182
CDC Best Practices State Spending Recommendation:	$72,900,000
Percentage of CDC Recommended Level:	10.1%
State Tobacco-Related Revenue:	$217,900,000

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

Thumbs Up for Missouri for increasing funding for its tobacco prevention and control program by over $2.3 million this fiscal year

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 31% 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**

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

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

STATE QUITLINE:

Investment per Smoker: **$1.04; the median investment per smoker is $2.62**

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 to Missouri for covering a comprehensive cessation benefit for Medicaid enrollees with no barriers.

Flavored Tobacco Products: F

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

American Lung Association.
State of Tobacco Control
2026

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. Protect and sustain funding for evidence-based tobacco prevention and cessation programs;
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 2025 legislative session, Missouri lawmakers passed an appropriations bill that funded the tobacco prevention and control program at $5.2 million, which is a 72% increase from last year's funding level. This is due in no small part to the efforts of legislative champions in the House and the Senate who advocated for a funding increase to the tobacco use prevention program.

Three 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 with a carveout to allow existing local Tobacco 21 ordinances to be enforced by local authorities. Thanks to a coordinated effort among our health partners and key legislators, these preemptive policies did not advance further.

Additional legislation was introduced to:

- set up an e-cigarette directory based on U.S. Food and Drug Administration pre-market tobacco application status;
- repeal state preemption on local tobacco tax increases upon community voter approval;
- strengthen the Missouri Clean Indoor Air Act by removing current exemptions for casinos, bars, restaurants, etc., and add marijuana to the act.

However, none of these bills advanced this session.

During 2025, in Kansas City, a flavors ordinance was filed that would prohibit the sale of all flavored tobacco products. Despite a strong sponsor and coalition supporting the measure, there were not enough council votes to approve it.

During 2025, a smoke-free indoor air policy with narrow exemptions (Tarkio), and two smoke free park policies (Salem and Noel) were put in place.

The Missouri Department of Health and Senior Services Tobacco Prevention and Control Program (MO TPCP) provided training, technical assistance, and resources to 324 schools/districts to help enhance their current tobacco-free campus policies.

Missouri Tobacco Quit Services provided services to 4,170 people, a significant increase from previous years.

During the 2026 legislative session, the American Lung Association in Missouri will continue to work with public health partners to sustain tobacco control funding and maintain Quitline services and other vital programs provided by the MO TPCP given the future uncertainty of federal CDC funding. The Lung Association will continue to educate state lawmakers and community members on the issue of preemption and encourage them to avoid supporting legislation that takes 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:	6.2%
High School Tobacco Use Rate:	22%
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 CDC's 2023 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
2026

MONTANA

Tobacco Prevention and Control Program Funding: D

FY2026 State Funding for Tobacco Control Programs:	$7,014,105
FY2026 Federal Funding for State Tobacco Control Programs:	$1,356,206*
FY2026 Total Funding for State Tobacco Control Programs:	$8,370,311
CDC Best Practices State Spending Recommendation:	$14,600,000
Percentage of CDC Recommended Level:	57.3%
State Tobacco-Related Revenue:	$80,900,000

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

Thumbs Up for Montana for increasing funding for its state tobacco prevention and control program by over $1.8 million for each of the next 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**

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

Retail stores: **Prohibited**

E-Cigarettes Included: **Yes**

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

Citation: MONT. CODE ANN. §§ 50-40-101 et seq. (2011).

Thumbs up for Montana for adding e-cigarettes into its comprehensive smokefree air law.

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**

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: **Few barriers exist to access care**

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

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

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

STATE QUITLINE:

Investment per Smoker: **$5.54; the median investment per smoker is $2.62**

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 tobacco taxes and achieve tax parity;
2. Increase funding for Montana's Tobacco Use Prevention Program; and
3. Protect Montana's comprehensive Clean Indoor Air Act.

The American Lung Association, volunteers and advocates realized one of the most successful legislative sessions in recent years in 2025. Positive additions were secured to Montana's 20-year-old Clean Indoor Air Act and an additional $1 million per year was secured for tobacco prevention efforts. Numerous bad bills were defeated.

Senator Willis Curdy led efforts to expand Montana's Clean Indoor Air Act by sponsoring Senate Bill 390. In this bill, definitions were updated to ensure a wider range of tobacco and cannabis-related products, including electronic cigarettes and vape pens, are subject to the same restrictions as conventional smoking. This legislation, which passed the legislature in April 2025 and was signed into law in May 2025, will promote cleaner air and reduce exposure to harmful substances.

An additional $2 million was secured for tobacco prevention funding in House Bill 2, which provides the budget for the two-year biennium starting July 1, 2025.

The American Lung Association worked to defeat several bills that would have adversely affected public health in Montana:

- Senate Bill 98 proposed lowering the tax rate on cigarettes that are heated rather than burned. This legislation missed the transmittal deadline.
- Senate Bill 150 proposed a specific endorsement for cigar bars to allow smoking cigars in businesses with an all-beverages license. This bill failed the third reading in the House of Representatives. This was the fourth attempt to exempt cigar bars from Montana's Clean Indoor Air Act and the sponsor has indicated he will introduce the legislation again in the next legislative session in 2027.
- House Bill 149 proposed revising alternative nicotine and vapor products laws to be excluded from tobacco product regulations. This proposal failed to pass second reading.
- House Bill 525 proposed establishing a vapor product (e-cigarette) directory based on FDA pre-market tobacco application status, legislation that has been introduced by big tobacco companies in states across the country. The bill was tabled in the House Appropriations Committee.

The Montana Legislature does not convene in 2026. The American Lung Association will continue to engage stakeholders and volunteers to provide education and awareness of the importance of prevention programs and the benefits of tobacco tax increases in reducing the health impacts of tobacco use.

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
2026

NEBRASKA

Tobacco Prevention and Control Program Funding: F

FY2026 State Funding for Tobacco Control Programs:	$2,570,000
FY2026 Federal Funding for State Tobacco Control Programs:	$439,313*
FY2026 Total Funding for State Tobacco Control Programs:	$3,009,313
CDC Best Practices State Spending Recommendation:	$20,800,000
Percentage of CDC Recommended Level:	14.5%
State Tobacco-Related Revenue:	$102,000,000

* 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 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**

Access to Cessation Services: D

OVERVIEW OF STATE CESSATION COVERAGE

STATE MEDICAID PROGRAM:

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

Medicaid Counseling: **Some counseling is covered**

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

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

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

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

STATE QUITLINE:

Investment per Smoker: **$0.92; the median investment per smoker is $2.62**

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**

American Lung Association.
State of Tobacco Control
2026

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.

A busy 2025 Legislative session in Nebraska included the introduction of several tobacco-related bills ranging from the prohibition of advertising for e-cigarettes, to an increase in the tax on the wholesale price of nicotine alternative products, to an effort to partially fund property tax relief with a package of tobacco-related tax increases. By the end of the 89-day session, the Legislature approved a 20% increase to the tax on the wholesale price for alternative nicotine products, such as Zyn. The Governor signed on April 29, and the new tax will go into effect on January 1, 2026. Nebraska is one of only 12 states with a cigarette tax rate under $1.00 per pack of 20 and is one of only three states that have not raised their state cigarette tax rate since 2002.

Despite the positive step forward relating to increasing tax on alternative nicotine products, the legislature also took a step backward cutting just over $1 million from the tobacco prevention and cessation budget. Fortunately, the FY25 Juul Settlement payment, allocated to the Health Care Cash Fund, will be leveraged for youth tobacco prevention efforts.

The tobacco industry's influence continues to be felt in the state. In Nebraska, lobbyists are registered by individuals and by their clients/lobbying firms. In 2025, Nebraska records indicate 14 tobacco industry lobbyists registrations. This was up from 11 tobacco industry lobbyists in 2024 and 9 in 2023.

In the 2026 legislative session in Nebraska, the American Lung Association and coalition partners anticipate another effort to increase the cigarette tax by a minimum of $1.00 per pack, as well as increase taxes on other tobacco products to equalize the amount of tax on all tobacco and nicotine products. We will continue to promote increased funding for tobacco prevention and cessation programs and cultivate tobacco control and prevention champions in the Legislature in the 2026 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
2026

NEVADA

Tobacco Prevention and Control Program Funding: F

FY2026 State Funding for Tobacco Control Programs:	$966,805
FY2026 Federal Funding for State Tobacco Control Programs:	$1,384,475*
FY2026 Total Funding for State Tobacco Control Programs:	$2,351,280
CDC Best Practices State Spending Recommendation:	$30,000,000
Percentage of CDC Recommended Level:	7.8%
State Tobacco-Related Revenue:	$175,700,000

* 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: **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: 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**

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: **Most medications are covered**

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

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

STATE QUITLINE:

Investment per Smoker: **$0.78; the median investment per smoker is $2.62**

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**

American Lung Association.
State of Tobacco Control
2026

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. Increase funding for the state's tobacco prevention and control program;
2. Protect and expand the Nevada Clean Indoor Air Act; 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 2025. Priorities of the Coalition continue to center around expansion of the Nevada Clean Indoor Air Act and proper funding for the state's tobacco prevention and control program. The Lung Association priorities continue to be building support and political will in order to advance comprehensive smokefree protections at the local level and state level.

During the 2025 legislative session, several bills were introduced by the tobacco industry including one that 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 tobacco industry in multiple states. Another bill would have created a new definition for heated tobacco products and taxed them at half the rate of conventional cigarettes. Fortunately, neither bill advanced to the governor's office, thanks in part to the Lung Association and its partners.

Funding for the state tobacco prevention and control program remained at about $950,000 per fiscal year in the two-year state budget approved in 2025. This is several million dollars less than in the recent past. If federal funding from the Centers for Disease Control and Prevention does not get allocated in future years, significant declines in services to help tobacco users quit will result.

The legislature is only scheduled to convene in odd-numbered years and is not expected to meet in 2026. The American Lung Association in Nevada will continue to build support and political will in order to advance comprehensive smokefree protections at the local and state level. Additionally, the Lung Association will work to educate lawmakers about the importance of well-funded tobacco prevention and control 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:	3%
High School Tobacco Use Rate:	N/A
Middle School Smoking Rate:	2%
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 smoking data come from CDC's 2023 Youth Risk Behavior Survey. Middle school smoking rate is taken 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 2026

NEW HAMPSHIRE

Tobacco Prevention and Control Program Funding: F

FY2026 State Funding for Tobacco Control Programs:	$1
FY2026 Federal Funding for State Tobacco Control Programs:	$1,144,210*
FY2026 Total Funding for State Tobacco Control Programs:	$1,144,211
CDC Best Practices State Spending Recommendation:	$16,500,000
Percentage of CDC Recommended Level:	6.9%
State Tobacco-Related Revenue:	$211,300,000

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

Thumbs down for New Hampshire for providing virtually no state funding for its tobacco prevention and control program this fiscal year despite tobacco use costing the state close to $730 million each year.

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 (2024).

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**

Access to Cessation Services: D

OVERVIEW OF STATE CESSATION COVERAGE

STATE MEDICAID PROGRAM:

Medicaid Medications: **Most medications are covered**

Medicaid Counseling: **Limited counseling is 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: **$2.31; the median investment per smoker is $2.62**

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**

American Lung Association.
State of Tobacco Control
2026

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.

Unfortunately, the 2025 legislative session was a major step backwards in New Hampshire. Despite the New Hampshire Tobacco Prevention program being woefully underfunded at only approximately 10.6% of the level recommended by the U.S. Centers for Disease Control and Prevention (CDC) when federal funding from CDC is included last year, the New Hampshire General Court eliminated all but $1 in state funding for tobacco prevention in 2025. When federal funding to states from CDC's Office on Smoking and Health was originally eliminated in April 2025, this would have resulted in complete elimination of the program. Federal funding was eventually restored through April 2026, but significantly increasing funding for New Hampshire's tobacco prevention and treatment efforts remains the top priority for the 2026 session.

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 2026, we will continue to educate policymakers, Granite State residents and business leaders and the media of the importance of a well-funded tobacco program 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:	3.9%
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 CDC's 2023 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
2026

Tobacco Prevention and Control Program Funding: F

FY2026 State Funding for Tobacco Control Programs:	$7,165,521
FY2026 Federal Funding for State Tobacco Control Programs:	$1,855,458*
FY2026 Total Funding for State Tobacco Control Programs:	$9,020,979
CDC Best Practices State Spending Recommendation:	$103,300,000
Percentage of CDC Recommended Level:	8.7%
State Tobacco-Related Revenue:	$667,100,000

* 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: **$3.00***

* On August 1, 2025, the state cigarette tax increased from $2.70 to $3.00 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: Yes**

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

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

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

STATE QUITLINE:

Investment per Smoker: **$0.49; the median investment per smoker is $2.62**

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**

American Lung Association.
State of Tobacco Control
2026

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. Ensure that New Jersey's Tobacco Control and Prevention Program is adequately funded, including dedicating revenue from tobacco taxes to support these efforts; and
3. Prohibit the sale of all flavored tobacco products.

In 2025, New Jersey increased its cigarette tax from $2.70 to $3.00 per pack, effective August 1, 2025. While this increase was not significant enough to have public impact, it does lead to more revenue being directed to the state's tobacco control program, a small step forward. The state also raised taxes on vaping products, including a new 20 cent per milliliter tax on liquid nicotine and a 30 percent retail tax on container e-liquids. These changes were part of former Governor Murphy's fiscal year 2026 budget and are expected to generate additional revenue for public health initiatives.

The plight of New Jersey's casino workers has become a major statewide issue and has garnered national attention. Unfortunately, despite growing public support and sustained advocacy, the legislature has failed to act on bills that would close the loophole allowing smoking in casinos. Promises have been made and broken, and each delay has only strengthened the resolve of casino workers who continue to organize and demand action.

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 exaggerating economic arguments. Smokefree casinos are flourishing nationwide, including right over the state line in Philadelphia. The industry has tried to push forward "compromise bills", which would continue to expose casino workers to secondhand smoke. These bills are non-starters, as they compromise the health of workers and fail to provide the protections the workers deserve.

As the 2025 legislative session ended, we held hope that the legislature would act during the lame duck period after the 2025 gubernatorial and legislative elections to protect casino workers from secondhand smoke. This did not occur, which is a profound disappointment to the hundreds of workers who have spent the years courageously advocating for their health and safety. However, with a new Governor and a newly elected Assembly taking office in 2026, there is renewed hope that New Jersey can finally deliver on its promise of a smokefree workplace for all and continue making progress on protecting New Jersey's residents from tobacco.

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:	2.8%
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 CDC's 2023 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
2026

NEW MEXICO

Tobacco Prevention and Control Program Funding: F

FY2026 State Funding for Tobacco Control Programs:	$9,184,500
FY2026 Federal Funding for State Tobacco Control Programs:	$1,142,861*
FY2026 Total Funding for State Tobacco Control Programs:	$10,327,361
CDC Best Practices State Spending Recommendation:	$22,800,000
Percentage of CDC Recommended Level:	45.3%
State Tobacco-Related Revenue:	$110,400,000

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

Thumbs up for New Mexico for increasing funding for its state tobacco prevention and control program by $3.5 million 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 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: F

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**

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: **No 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: **Significant barriers exist to access care**

STATE QUITLINE:

Investment per Smoker: **$8.27; the median investment per smoker is $2.62**

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.

Thumbs up to New Mexico for covering a comprehensive cessation benefit for Medicaid enrollees with no barriers.

Flavored Tobacco Products: F

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

American Lung Association.
State of Tobacco Control
2026

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 2025, 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 has seen cuts in recent years and falls well short of the Centers for Disease Control and Prevention-recommended levels.

During the 2025 legislative session, the Lung Association along with our partners continued to talk to lawmakers about the importance of tobacco excise taxes. Senate bill 20, as introduced, would have raised the excise tax on cigarettes by $1.00 per pack while also raising the excise tax on other tobacco products, including e-cigarettes. The bill was later pared back to only address taxes on other tobacco products, but ultimately did not advance through the legislature. There was also a bill introduced by the tobacco industry that 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. Due to advocacy by the Lung Association and partners, the bill never received a hearing.

Moving forward in 2026, the American Lung Association will once again make it a priority to educate our legislature and communities about the dangers of tobacco use as well as 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:	3.2%
High School Tobacco Use Rate:	18.3%
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 CDC's 2023 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
2026

NEW YORK

Tobacco Prevention and Control Program Funding: F

FY2026 State Funding for Tobacco Control Programs:	$39,233,600
FY2026 Federal Funding for State Tobacco Control Programs:	$2,905,769*
FY2026 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:	$1,512,100,000

* 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 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**

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

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

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **Data not available**

Counseling: **Data not available**

Barriers to Coverage: **Data not available**

STATE QUITLINE:

Investment per Smoker: **$3.05; the median investment per smoker is $2.62**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **Yes**

Tobacco Surcharge: **Prohibits tobacco surcharges**

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

* Current data on tobacco cessation coverage for state employees was not provided this year, therefore New York was graded based on only two out of three Access to Cessation Services categories, Medicaid coverage and Investment per Smoker in the state quitline.

Flavored Tobacco Products: D

Restrictions on Flavored Tobacco Products: **Most flavored e-cigarettes prohibited in all locations**

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. Increase funding for the New York state tobacco prevention and control program;
2. Achieve tax parity across all tobacco products; and
3. Eliminate enforcement loopholes on the sale of flavored tobacco products.

New York experienced another challenging year for statewide tobacco control policy in 2025. Following the momentum of the 2023 tobacco tax increase, advocates hoped to build on that success. However, the 2024 legislative session did not yield significant progress, and unfortunately, that trend continued into 2025.

It became clear that there was still insufficient legislative appetite to pass a comprehensive bill prohibiting the sale of flavored tobacco products. Despite strong advocacy efforts, the legislature also did not act upon a bill which would close loopholes in the flavored e-cigarette law. These loopholes continue to allow retailers to evade enforcement, distributors to sell prohibited products, and new additives to mimic banned flavors, undermining the intent of existing laws.

Compounding the challenge, the $7 million increase to the state tobacco control program two years ago was not retained in fiscal year 2025 or reinstated in fiscal year 2026. Funding reverted to just under $40 million, a level that has remained stagnant for years. Additionally, the funding and staffing cuts related to the federal government and the Office on Smoking and Health at the Centers for Disease Control and Prevention have led to major staff reductions at New York's tobacco control program.

Despite these setbacks, there were bright spots in 2025. New York began receiving funds from the Juul Labs Inc. settlement, including $4.228 million that was originally included in the fiscal year 2024 state budget, but not made available until now. These funds are being used to counter youth nicotine addiction through education, prevention, and cessation efforts. Another source of positive news is that local governments across the state continued to advance flavored tobacco sales restrictions, tobacco retailer licensing ordinances, and zoning laws to reduce tobacco use in their communities.

It is imperative that local and state officials achieve significant progress fighting tobacco during 2026. This includes cities such as Buffalo and New York City considering laws stopping the sale of all flavored tobacco products.

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 2026

NORTH CAROLINA

Tobacco Prevention and Control Program Funding: F

FY2026 State Funding for Tobacco Control Programs:	$2,138,503
FY2026 Federal Funding for State Tobacco Control Programs:	$2,353,231*
FY2026 Total Funding for State Tobacco Control Programs:	$4,491,734
CDC Best Practices State Spending Recommendation:	$99,300,000
Percentage of CDC Recommended Level:	4.5%
State Tobacco-Related Revenue:	$385,900,000

* 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 (2024), 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**

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 types of counseling are covered**

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

STATE QUITLINE:

Investment per Smoker: **$1.95; the median investment per smoker is $2.62**

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**

American Lung Association.
State of Tobacco Control
2026

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 and implement a comprehensive tobacco retail licensing system, including e-cigarette retailers;
2. Increase the cigarette tax by $1.50 per pack or more and equalize taxes for all tobacco products, including e-cigarettes; and
3. Increase funding for the North Carolina tobacco prevention and control program.

During the 2025 legislative session in North Carolina policymakers did not prioritize strong tobacco prevention and control policies.

A strong coalition was formed to pass legislation raising the age of sale for tobacco products to 21 years while codifying a comprehensive tobacco retail licensing system (TRL). The coalition is led by the North Carolina Public Health Association and has garnered support from many national and state health organizations. The American Lung Association serves on the steering committee of this coalition. The coalition was successful in getting Senate Bill 318 and House Bill 430, "Protect Youth from Harms of Vaping and Nicotine" introduced which would accomplish raising the age and strong TRL, but both bills failed to get a hearing.

Due to federal funding cuts in April 2025, a large portion of the North Carolina Tobacco Prevention and Control staff was furloughed. And despite federal funding eventually being allocated to the state in September 2025, the staff that were furloughed were ultimately lost. This makes state funding a top priority for 2026.

The American Lung Association in North Carolina will join our tobacco control partners during 2026 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 2023 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
2026

NORTH DAKOTA

Tobacco Prevention and Control Program Funding: B

FY2026 State Funding for Tobacco Control Programs:	$5,909,349
FY2026 Federal Funding for State Tobacco Control Programs:	$1,055,244*
FY2026 Total Funding for State Tobacco Control Programs:	$6,964,593
CDC Best Practices State Spending Recommendation:	$9,800,000
Percentage of CDC Recommended Level:	71.1%
State Tobacco-Related Revenue:	$41,200,000

* 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: **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**

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

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: **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: **$11.72; the median investment per smoker is $2.62**

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**

American Lung Association.
State of Tobacco Control
2026

North Dakota State Highlights:

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

1. Raise the state tobacco tax currently at $0.44 per pack;
2. Preserve funding for commercial tobacco prevention and control programs; and
3. Restrict access to all flavored commercial tobacco products.

North Dakota ranks among the lowest in the U. S. for its cigarette tax of 44 cents per pack, compared to a national average of $2.05. The tax has not been raised in over 30 years.

This year's legislative session in North Dakota two bills were introduced to raise the tax.

The American Lung Association joined "Stand Up for Youth – ND" partners in a bi-partisan effort (House Bill 1570) to increase the tax on cigarettes by $1.00 per pack, bringing the total cigarette tax to $1.53. The bill would have increased the tax on other commercial tobacco products and implemented a tax on e-cigarettes and nicotine pouches. These products fuel North Dakota's youth nicotine addiction problem with some of the highest rates of youth e-cigarette use in the country.

The other proposal (Senate Bill 2281) was a modest $0.25 cent increase. While the Lung Association supports increasing the tax on all commercial tobacco products, concerns were expressed about the amount proposed as being too low to generate the impact needed for public health impacts. The bill passed out of committee and ultimately the Senate but failed in the House. Tobacco industry activities in North Dakota were in full force in opposing any increase in tobacco taxes. Ultimately, both bills were aggressively lobbied against by the tobacco industry and both failed to pass.

A bill (House Bill 1440) that weakens the North Dakota Clean Indoor Air Act also passed amending the current cigar lounge loophole to allow pipe smoking.

On a positive note, the budget appropriations for North Dakota's tobacco prevention and control program were approved and funding to establish an e-cigarette registry was removed from the proposed Attorney General's budget.

The American Lung Association will continue to work together with "Stand Up for Youth – ND" a growing coalition of community, state and national organizations working to increase the price of all commercial tobacco products in North Dakota to protect youth, reduce smoking rates, lower healthcare costs and save lives.

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:	5.4%
High School Tobacco Use Rate:	19.6%
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 CDC's 2023 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
2026

OHIO

Tobacco Prevention and Control Program Funding: F

FY2026 State Funding for Tobacco Control Programs:	$6,000,000
FY2026 Federal Funding for State Tobacco Control Programs:	$2,464,914*
FY2026 Total Funding for State Tobacco Control Programs:	$8,464,914
CDC Best Practices State Spending Recommendation:	$132,000,000
Percentage of CDC Recommended Level:	6.4%
State Tobacco-Related Revenue:	$997,200,000

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

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**

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: **$1.11; the median investment per smoker is $2.62**

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 to Ohio for covering a comprehensive cessation benefit for Medicaid enrollees with minimal barriers

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. Establish a statewide tobacco retail licensure system, including updating the tobacco definition to include noncombustible nicotine products; 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.

In the 2025 legislative session, Governor Mike DeWine included numerous tobacco prevention priorities in his proposed budget, including a $1.50 increase in the state cigarette tax reflecting his long-standing commitment to tobacco prevention. However, the legislature removed the proposed tax increase and failed to include other key provisions such as e-cigarette distributor licensing, flavor restrictions, and restoring the Tobacco Use Prevention Fund (TUPF) to $10 million. Instead, TUPF was disappointingly reduced to $6 million. County-level cigarette and tobacco product taxes, as part of a broader "sin" tax package, were approved to fund sports facilities in Cuyahoga, Franklin, and Hamilton counties, pending voter approval.

In response to Columbus's 2022 ordinance stopping flavored tobacco sales, Governor DeWine also vetoed two legislative attempts to preempt local tobacco regulation. Unfortunately, the Ohio Senate overrode the veto in January 2024, threatening local tobacco control efforts. The Lung Association supports legal challenges from Columbus and other municipalities to this preemption provision. In July 2025, the 10th Appellate District Court ruled that Ohio Revised Code 9.681, which prohibits local tobacco regulation, is unconstitutional under Ohio's home rule provisions. The State of Ohio has appealed this decision to the Ohio Supreme Court. If upheld, municipalities will retain the authority to regulate tobacco products locally, including halting flavored tobacco sales.

Locally, progress continues. In March 2025, the Cleveland City Council passed the Smoke Shop Legislative Package, which includes tobacco retail licensure, zoning changes, and advertising regulations. In August, Euclid City Council prohibited smoking and vaping on all public property, including parks and pools, with a $150 fine for violations.

Despite these efforts, tobacco prevention work in Ohio remains at risk due to federal funding cuts to the CDC's Office of Smoking and Health. Ohio continues to spend only 6.4% of the CDC's recommended amount for tobacco control. The revenue raised by increasing taxes on tobacco products could help fund further increases in tobacco control and prevention funding.

The American Lung Association remains committed to working with coalition partners to advance tobacco control policies. As the legislature prepares for the 2026 session, the Lung Association will continue to educate policymakers, business leaders, and the media on the importance of reducing tobacco use and protecting 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:	3.6%
High School Tobacco Use Rate:	20.2%
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 CDC's 2023 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
2026

OKLAHOMA

Tobacco Prevention and Control Program Funding: A

FY2026 State Funding for Tobacco Control Programs:	$38,513,229
FY2026 Federal Funding for State Tobacco Control Programs:	$0
FY2026 Total Funding for State Tobacco Control Programs:	$38,513,229
CDC Best Practices State Spending Recommendation:	$42,300,000
Percentage of CDC Recommended Level:	91%
State Tobacco-Related Revenue:	$401,700,000

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: F

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**

Access to Cessation Services: A*

OVERVIEW OF STATE CESSATION COVERAGE

STATE MEDICAID PROGRAM:

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

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

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

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **Data not available**

Counseling: **Data not available**

Barriers to Coverage: **Data not available**

STATE QUITLINE:

Investment per Smoker: **$13.58; the median investment per smoker is $2.62**

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.

*Current data on tobacco cessation coverage for state employees was not provided this year, therefore Oklahoma was graded based on only two out of three Access to Cessation Services categories, Medicaid coverage and Investment per Smoker in the state quitline.

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. Protect the Tobacco Settlement Endowment Trust's robust funding of tobacco prevention and cessation programs;
2. Increase the tax on cigarettes and other tobacco products; and
3. Repeal preemption on local government authority to pass stronger tobacco control laws.

The 2025 Oklahoma Legislative Session was focused on defense, as the tobacco industry continued their aggressive actions to weaken Oklahoma's tobacco prevention laws. Senate Bill 680 (and its counterpart House Bill 2742) would have cut taxes on "heated tobacco products" which are not yet for sale in Oklahoma. These products currently fall under the state's definition for tobacco products, and these bills would have created a new category with a 50% lower rate than the cigarette tax. Following robust efforts to oppose, these bills did not become law. The American Lung Association and partners continue to urge lawmakers to tax all tobacco products at the same rate, including closing the loophole that leaves e-cigarettes untaxed.

The Oklahoma legislature did pass House Bill 2783, which modifies the structure of the Tobacco Settlement Endowment Trust (TSET), jeopardizing the independence of its board of directors. TSET represents one of the only states with constitutionally protected tobacco Master Settlement Agreement funds, and is instrumental to several of Oklahoma's A-grades on tobacco prevention and cessation funding. HB 2783 has been challenged in court for its constitutionality, and the American Lung Association joined partners in an amicus brief urging the law to be discarded.

The Lung Association continues to work with partners and lawmakers to pass proven tobacco control policies, and while bills were introduced to repeal local preemption and increase tobacco retail enforcement, they failed to gain traction in the legislature.

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. Members meet regularly to share resources and programs and build on the state's tobacco control work plan. Thanks to investments from both the State Department of Health and TSET, multiple public awareness campaigns were continued or launched across the state.

The American Lung Association calls on Oklahoma lawmakers to focus legislative efforts on proven tobacco control policies, rejecting the tobacco industry and focusing policies on the retailers who sell tobacco products. There remains no required permit to sell addictive e-cigarette products and the state's nicotine product registry continues to distract and confuse retailers, consuming resources with no effect. To ensure all Oklahomans have access to comprehensive proven tobacco control programs, the state must stay vigilant in protecting TSET. Finally, the state should remove local preemption laws and support a statewide law eliminating smoking in all public places and workplaces.

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:	23.4%
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 comes from CDC's 2023 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
2026

OREGON

Tobacco Prevention and Control Program Funding: C

FY2026 State Funding for Tobacco Control Programs:	$22,700,000
FY2026 Federal Funding for State Tobacco Control Programs:	$1,556,750*
FY2026 Total Funding for State Tobacco Control Programs:	$24,256,750
CDC Best Practices State Spending Recommendation:	$39,300,000
Percentage of CDC Recommended Level:	61.7%
State Tobacco-Related Revenue:	$399,800,000

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

Smokefree Air: A

OVERVIEW OF STATE SMOKING RESTRICTIONS

Government work sites: **Prohibited**

Private work sites: **Prohibited**

Schools: **Prohibited**

Child care facilities: **Prohibited**

Restaurants: **Prohibited**

Bars: **Prohibited (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**

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: **Few 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: **$1.81; the median investment per smoker is $2.62**

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**

American Lung Association.
State of Tobacco Control
2026

Oregon State Highlights:

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

1. End the sale of all flavored tobacco products; and

2. Protect Oregon's Clean Indoor Air Act.

Senator Lisa Reynolds championed Senate bill 702, legislation to end the sale of flavored tobacco products in Oregon, which the American Lung Association was pleased to lend its support to. The bill was heard in Early Childhood and Behavioral Health and was amended to limit the sale of flavored tobacco products to Oregon Liquor and Cannabis Commission (OLCC) licensed liquor stores where customers must be over the age 21 to enter. Corner stores, mini marts, vape shops and other tobacco retailers would be prohibited from selling flavored tobacco products. This amendment would have reduced the number of retailers that can sell flavored products from more than 2,800 stores to 151 OLCC-licensed liquor stores. The bill, with this amendment, was passed out of committee with a referral to Finance and Revenue. Unfortunately, the bill did not move further and died in this committee upon adjournment.

In a surprise move to provide funding for Oregon's wildfire prevention efforts, House Bill 3940 proposed a modest tax on synthetic nicotine "pouch" products, an untaxed product in the state. This proposal was approved with funding dedicated to Oregon's Landscape Resiliency Fund and Community Risk Reduction Fund. The bill passed through both chambers and was signed by Governor Kotek on July 24, 2025.

The American Lung Association will continue to explore avenues to make progress on ending the sale of flavored tobacco products, including local community activity. We continue to wait for a ruling from the Oregon Supreme Court on whether counties are preempted under state law from passing ordinances to end the sale of flavored tobacco products. The two biggest counties in the state, Multnomah and Washington, have flavored tobacco product ordinances in place that are set to take effect if the court ruling goes in their favor. It would also allow additional counties to take a fresh look at the issue.

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 2026

PENNSYLVANIA

Tobacco Prevention and Control Program Funding: F

FY2026 State Funding for Tobacco Control Programs:	$17,893,000
FY2026 Federal Funding for State Tobacco Control Programs:	$2,399,303*
FY2026 Total Funding for State Tobacco Control Programs:	$20,292,303
CDC Best Practices State Spending Recommendation:	$140,000,000
Percentage of CDC Recommended Level:	14.5%
State Tobacco-Related Revenue:	$1,264,300,000

* 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**

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: **Some types of counseling are covered**

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

STATE QUITLINE:

Investment per Smoker: **$1.42; the median investment per smoker is $2.62**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

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

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

Flavored Tobacco Products: F

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

Pennsylvania State Highlights:

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

1. Preserve state funding for comprehensive tobacco prevention and control programs;
2. Close loopholes in Pennsylvania's Clean Indoor Air Act; and
3. End the sale of all flavored tobacco products, including menthol.

During the 2025 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 700 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. *At the time of this article, Pennsylvania has yet to pass a FY 25/26 budget. The American Lung Association and advocates continue to ask lawmakers for level funding with no reductions.

Efforts to close loopholes in the Clean Indoor Air Act, which would prohibit smoking in virtually all Pennsylvania workplaces, including bars and casinos, successfully advanced in 2025. The legislation passed out of the House Health Committee with broad support. As 2025 was the first year of Pennsylvania's two-year session, the American Lung Association, health partners, advocates and casino workers continue to educate the legislature on the importance of the bill. The message is clear: there is no safe exposure to secondhand smoke or aerosol, there is no ventilation system that can remove the dangers of secondhand smoke, and no one should have to choose between their health and their paycheck. The coalition will continue to work with lawmakers and workers to advance this legislation in 2026.

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 2026 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:	3.7%
High School Tobacco Use Rate:	17%
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 CDC's 2023 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
2026

RHODE ISLAND

Tobacco Prevention and Control Program Funding: F

FY2026 State Funding for Tobacco Control Programs:	$793,114
FY2026 Federal Funding for State Tobacco Control Programs:	$1,383,858*
FY2026 Total Funding for State Tobacco Control Programs:	$2,176,972
CDC Best Practices State Spending Recommendation:	$12,800,000
Percentage of CDC Recommended Level:	17%
State Tobacco-Related Revenue:	$156,300,000

* 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 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 fully close the loophole for casinos in its smokefree air law.

Tobacco Taxes: B

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: 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**

Access to Cessation Services: C

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: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

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

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

STATE QUITLINE:

Investment per Smoker: **$1.50; the median investment per smoker is $2.62**

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.**

American Lung Association.
State of Tobacco Control
2026

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. Fund tobacco control programs at the Centers for Disease Control and Prevention (CDC)-recommended level;
2. Close the smoking lounge loophole created in the Rhode Island Smokefree Casino legislation; and
3. Defend the state's flavored e-cigarette restriction against further weakening resulting in bringing flavored products back onto the market.

During the 2025 Rhode Island legislative session, the American Lung Association weighed in on many tobacco-related bills related to cessation, funding, youth access, and more. The General Assembly passed a fiscal year 2026 state budget that provided level funding for the Tobacco Control Program, far below the CDC's recommended level. Two industry-led bills gained momentum this year, one of which would have brought flavored e-cigarettes back onto the market in Rhode Island. The other would have reduced taxes for certain tobacco products including heated tobacco products. After strong pushback both bills were successfully defeated prior to adjourning session. After tremendous effort and a multi-year campaign, the General Assembly passed smokefree casino legislation that was originally intended to make the state's two casinos fully smokefree; however, in the final days of session, the bill was passed with a detrimental amendment that allows open-air smoking lounges through the casinos.

Tobacco Free Rhode Island (TFRI), a grant previously funded through the Department of Health and administered by the Lung Association, had all grant funding eliminated in April 2025 as a result of the elimination of CDC's Office on Smoking and Health. Prior to grant funding being eliminated, the TFRI staff successfully led Rhode Island's statewide youth tobacco movement, co-hosted a statewide vaping conference for educators and school administrators, and ran a robust network of working groups focused on policy, cessation, and mitigating health disparities. TFRI also provided funding to ten Rhode Island schools as part of the Vape-free School Initiative to move forward model smokefree school policy, implement alternative to suspension programming and provide youth quit support.

In May 2025, the Lung Association led a Day of Action alongside state partners at the Rhode Island State House. The day included over 200 advocates gathering at the State House for a rally with casino employees, union representatives, medical professionals, legislator champions, and youth. Following the rally, 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 2026, 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:	3.1%
High School Tobacco Use Rate:	17.3%
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 CDC's 2023 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 2026

SOUTH CAROLINA

Tobacco Prevention and Control Program Funding: F

FY2026 State Funding for Tobacco Control Pro grams:	$6,946,505
FY2026 Federal Funding for State Tobacco Control Programs:	$1,720,878*
FY2026 Total Funding for State Tobacco Control Programs:	$8,667,383
CDC Best Practices State Spending Recommendation:	$51,000,000
Percentage of CDC Recommended Level:	17%
State Tobacco-Related Revenue:	$181,900,000

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

Smokefree Air: F

OVERVIEW OF STATE SMOKING RESTRICTIONS

Government work sites: **Restricted**

Private work sites: **No provision**

Schools: **Restricted**

Child care facilities: **Prohibited**

Restaurants: **No provision**

Bars: **No provision**

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

Retail stores: **No provision**

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

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

Citation: S.C. CODE ANN. §§ 44-95-10 et seq. & 59-1-380 (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 31.7% 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**

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: **All 3 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 $2.62**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

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

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

Thumbs up for South Carolina for covering a comprehensive cessation benefit for Medicaid enrollees with minimal barriers.

Flavored Tobacco Products: F

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

American Lung Association.
State of Tobacco Control
2026

South Carolina State Highlights:

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

1. Increase funding for South Carolina tobacco prevention and control;
2. Increase the cigarette tax by a $1.00 per pack or more and equalize taxes for all tobacco products, including e-cigarettes; and
3. Strengthen tobacco retail licensing laws, including electronic cigarette retailers.

During the 2025 legislative session, big tobacco companies once again attempted to establish an e-cigarette registry based on U.S. Food and Drug Administration pre-market tobacco application status in Senate Bill 287 and House Bill 3728. While these pieces of legislation gained more momentum than in years past, neither passed in both chambers making it eligible for the governor's signature or veto.

Newly introduced by the industry in South Carolina were bills to reduce taxes on heated tobacco products by significant amounts. House Bill 4303 and Senate Bill 519, also known as cigarettes for heating, did not see passage by both chambers making it eligible for the governor's signature or veto. The American Lung Association and partners continue to educate policymakers on evidence-based tobacco prevention and control policies, but did not see much forward progress on this front in 2025. Funding from the state settlement with the e-cigarette company Juul was allocated to the state tobacco control program supplementing the $5 million in state funding the program receives each year from cigarette tax revenue.

In 2026, the Lung Association will continue to work with partners to educate public officials on the health and economic benefits of strong tobacco control polices, 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
2026

SOUTH DAKOTA

Tobacco Prevention and Control Program Funding: F

FY2026 State Funding for Tobacco Control Programs:	$2,000,000
FY2026 Federal Funding for State Tobacco Control Programs:	$1,046,792*
FY2026 Total Funding for State Tobacco Control Programs:	$3,046,792
CDC Best Practices State Spending Recommendation:	$11,700,000
Percentage of CDC Recommended Level:	26%
State Tobacco-Related Revenue:	$66,500,000

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

Thumbs down for South Dakota for decreasing state funding for its tobacco prevention and control program by $2.5 million 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 (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**

Access to Cessation Services: C

OVERVIEW OF STATE CESSATION COVERAGE

STATE MEDICAID PROGRAM:

Medicaid Medications: **Minimal 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: **Covers all 7 medications**

Counseling: **Some counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **$9.87; the median investment per smoker is $2.62**

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**

American Lung Association.
State of Tobacco Control
2026

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 2025 legislative session, funding for the states tobacco control program was cut dramatically – the Lung Association and its tobacco control partners tried to work with legislators to find other ways to keep the program intact, and we will continue to work on this in 2026. Reinstating this funding is important to be able to serve the priority populations in the state strategic plan and to fully 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 2026 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 2026. With your help, we 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:	4.6%
High School Tobacco Use Rate:	15.2%
Middle School Smoking Rate:	N/A
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 CDC's 2023 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.

Tennessee Report Card

American Lung Association.
State of Tobacco Control
2026

TENNESSEE

Tobacco Prevention and Control Program Funding: F

FY2026 State Funding for Tobacco Control Programs:	$7,100,000
FY2026 Federal Funding for State Tobacco Control Programs:	$1,664,198*
FY2026 Total Funding for State Tobacco Control Programs:	$8,764,198
CDC Best Practices State Spending Recommendation:	$75,600,000
Percentage of CDC Recommended Level:	11.6%
State Tobacco-Related Revenue:	$322,900,000

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

Thumbs Up for Tennessee for increasing funding for its state tobacco prevention and control program by over $5 million this fiscal year.

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: Yes; Weight-Based: No**

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: **Minimal barriers exist to access care**

STATE QUITLINE:

Investment per Smoker: **$0.45; the median investment per smoker is $2.62**

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. 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;
2. Protect funding for the state tobacco prevention and cessation program and ensure that funding is spent according to Centers for Disease Control and Prevention Best Practices; and
3. Expand smokefree protections to include age-restricted venues through local ordinances.

The Lung Association and partner organizations made significant gains in tobacco prevention policy in Tennessee's 2025 legislative session, both proactively and defensively. Acting proactively, the Lung Association and partner organizations scored multiple budget victories. First, the budget directed $2.6 million in JUUL settlement funds to the Tennessee Tobacco Use Prevention and Control Program and the program also received $2.5 million in supplemental funding, both non-recurring.

Separately, the budget included $2 million recurring for lung and colorectal cancer screening and, strongly supported by the Lung Association, biomarker testing coverage legislation advanced through two committees and will be taken up again in 2026.

In February 2025, Senate bill 763 was introduced to establish a state registry of vapor products and to tax open and closed vapor products at disparate rates. At the strong defensive urging of partner organizations, the House version of the bill (House bill 968) was amended, including taxing all vapor products at parity with the current cigarette tax. Significant penalties for underage sales and registry provisions were also included in the final version. The Senate concurred with the House version and the legislation was signed into law by Governor Bill Lee. The Lung Association took no position on the bill as passed. Also acting defensively, partners successfully blocked a bill to grant heated tobacco products, including IQOS preferential tax status.

Released in 2025, the Tennessee Advisory Commission on Intergovernmental Relations (TACIR) conducted a study on the initiation of youth 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.

Leveraging the TACIR report findings, the American Lung Association and its partners will prioritize passage of tobacco retail licensing in 2026. Tennessee is one of fewer than ten states that do not require retailers to be licensed, which makes it impossible for agencies to effectively enforce Tobacco 21 laws. TRL legislation would change that by identifying the physical locations of these businesses and subjecting them to regular compliance checks and escalating penalties for repeat violations of the law.

Other 2026 priorities will include protecting funding for the state tobacco control program and continuing work to close loopholes in the state's smokefree law. The Lung Association will 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.

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:	5.4%
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 CDC's 2023 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
2026

TEXAS

Tobacco Prevention and Control Program Funding: F

FY2026 State Funding for Tobacco Control Programs:	$6,078,392
FY2026 Federal Funding for State Tobacco Control Programs:	$3,349,957*
FY2026 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:	$1,484,700,000

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

Smokefree Air: F

OVERVIEW OF STATE SMOKING RESTRICTIONS

Government work sites: **No provision**

Private work sites: **No provision**

Schools: **Restricted**

Child care facilities: **Prohibited**

Restaurants: **No provision**

Bars: **No provision**

Casinos/Gaming Establishments: **No provision**

Retail stores: **No provision**

E-Cigarettes Included: **Yes**

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

Citation: TEX. PENAL CODE ANN. § 48.01 (2015); TX EDUC. CODE § 38.006 (2015); and TX ADMIN. CODE tit. 40, Part 19, Subchapter S, Div. 1 §§ 746.3703(d) (1995) & 747.3503(d) (1990).

Note: The Smokefree Air grade only examines state tobacco control law and does not reflect local smokefree ordinances. Texas has made great strides in protecting people from secondhand smoke by passing comprehensive local smokefree ordinances that cover 44.1% of the state's population.

Tobacco Taxes: F

CIGARETTE TAX:

Tax Rate per pack of 20: **$1.41**

OTHER TOBACCO PRODUCT TAXES:

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

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

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

Tax on Pipe/RYO Tobacco: **Equalized: Yes; Weight-Based: Yes**

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

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: **Most medications are covered**

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

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

STATE QUITLINE:

Investment per Smoker: **$1.25; the median investment per smoker is $2.62**

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:

American Lung Association.
State of Tobacco Control
2026

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

1. Significantly increase funding for tobacco prevention and cessation programs through the Department of State Health Services;
2. Increase the cigarette tax and close the tax loophole on e-cigarettes and nicotine products; and
3. Provide dedicated funding and vigilant policies for enforcement of Texas tobacco control laws.

The top priority for the session was to build on 2023's success and continue to increase funding for the Department of State Health Services tobacco prevention and control programs, which saw a $2.5 million annual increase in 2023. While the final 2025 budget included 2023's increase, the legislature declined to include the health agency's request for additional funding. The nearly six-month delay in receiving federal funding from the Centers for Disease Control and Prevention's Office on Smoking and Health severely disrupted the operations of the Texas tobacco prevention and control program. One casualty was three community coalition grants to work locally on tobacco prevention. These community coalitions have a proven track record of bringing together stakeholders from across the community to work collaboratively to reduce tobacco use.

Three new laws from the legislative session include Senate Bill 1313 and Senate Bill 1316, which restrict the advertising of e-cigarettes, including images clearly aimed at kids and advertising within 1,000 feet of churches and schools. Senate Bill 2024 also became law, which prohibits the sale of a multitude of e-cigarette products, including those that look like school or office supplies, those that contain intoxicating substances and any e-cigarette that contains liquid manufactured in countries designated as foreign adversaries, including China. While none of these bills contained funding for enforcement and compliance, the Lung Association will be carefully observing their impact in retailers across the state.

There were several missed opportunities, with bills failing to advance that would have prohibited the sale of any tobacco or e-cigarette product within 1,000 feet of a school or church, and tax e-cigarette and nicotine products at the same rate as other tobacco products.

Following a lawsuit by the tobacco industry, the state's supreme court is currently deciding whether products with non-tobacco derived nicotine can be exempted from the state's tobacco tax laws. The tobacco industry continues to work to undermine Texas tobacco laws and push unproven ideas which distract from proven tobacco control policies.

Since the Texas Legislature is not scheduled to meet until 2027, the American Lung Association and partners will be closely monitoring the impact of the 2025 session. The continuation of federal funding past 2026 is uncertain, which could leave the state's already meager tobacco control budget with fewer resources to help prevent youth tobacco use and help tobacco users quit. The effectiveness of new laws without dedicated funding for enforcement remains unclear. The Lung Association continues to work to support local communities that, absent stronger state laws, continue to try to address the proliferation of e-cigarette and tobacco use through various zoning and retail density laws.

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:	3.7%
High School Tobacco Use Rate:	10.1%
Middle School Smoking Rate:	2.9%
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 and middle school smoking data come from the 2025 Texas Youth Tobacco Survey. High school tobacco use includes cigarettes, cigars, smokeless tobacco, and e-cigarettes, as well as hookah and flavored 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.

Utah Report Card

American Lung Association.
State of Tobacco Control
2026

U T A H

Tobacco Prevention and Control Program Funding: A

FY2026 State Funding for Tobacco Control Programs:	$16,402,900
FY2026 Federal Funding for State Tobacco Control Programs:	$1,256,406*
FY2026 Total Funding for State Tobacco Control Programs:	$17,659,306
CDC Best Practices State Spending Recommendation:	$19,300,000
Percentage of CDC Recommended Level:	91.5%
State Tobacco-Related Revenue:	$115,900,000

* 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. §§ 26B-7-503 (2023).

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**

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 types of counseling are covered**

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

STATE QUITLINE:

Investment per Smoker: **$7.78; the median investment per smoker is $2.62**

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 $2.00 per pack;
2. Eliminate the sale of all flavored tobacco products; and
3. Maintain funding for tobacco prevention and cessation programs.

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.

In 2025, the Lung Association continued to educate elected officials and the general public about the negative public health impacts of tobacco use in Utah, and, in particular, the ongoing importance of providing adequately funded tobacco prevention and cessation programs. The legislature defeated a bill that would have made changes to the state's controversial state law limiting sales of flavored e-cigarettes, except menthol. The Lung Association continues to advocate for ending the sale of all flavored tobacco products, particularly menthol cigarettes and flavored cigars.

In fiscal year 2026, 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. As federal grants from the Centers for Disease Control and Prevention's Office on Smoking and Health are potentially in jeopardy, maintaining strong state funding must be a priority to ensure Utah's track record of effective tobacco prevention programs continues.

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 in 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:	1.1%
High School Tobacco Use Rate:	5.9%
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 CDC's 2023 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
2026

VERMONT

Tobacco Prevention and Control Program Funding: F

FY2026 State Funding for Tobacco Control Programs:	$2,588,918
FY2026 Federal Funding for State Tobacco Control Programs:	$1,101,504*
FY2026 Total Funding for State Tobacco Control Programs:	$3,690,422
CDC Best Practices State Spending Recommendation:	$8,400,000
Percentage of CDC Recommended Level:	43.9%
State Tobacco-Related Revenue:	$90,100,000

* 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: **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**

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: **Few 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: **$7.91; the median investment per smoker is $2.62**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **Yes**

Tobacco Surcharge: **Prohibits tobacco surcharges**

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

Flavored Tobacco Products: F

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

Vermont State Highlights:

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

1. Improve tobacco retail licensure by establishing adequate license fees for enforcement and escalating fines for retailers who illegally sell to youth;
2. Ensure adequate funding for comprehensive tobacco prevention and cessation programs;
3. Eliminate purchase, use and possession laws that penalize youth and are ineffective at reducing youth tobacco use; and
4. End the sale of menthol cigarettes and all flavored tobacco products.

Following the unfortunate veto of legislation by Governor Scott in 2024 ending the sale of flavored tobacco products in Vermont, much of the 2025 session was focused on continuing to build on the initial groundwork and progress made in the legislature and work to increase support to address the use of flavored tobacco products in future sessions. 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 well below the level recommended by the U.S. Centers for Disease Control and Prevention, the amount of state funding decreased in 2025. Significantly increasing funding for Vermont's tobacco prevention and treatment efforts remains a key way to reduce tobacco use in the state.

During the 2025 legislative session, Vermont lawmakers did update the definition of other tobacco products to ensure that synthetic nicotine and nicotine analogs were included in the definition which will be key for enforcement and regulation of new and emerging tobacco products that are gaining popularity.

The American Lung Association in Vermont will continue to work with our coalition partners—the Vermont 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 2026, 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.

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%
High School Tobacco Use Rate:	18%
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
2026

VIRGINIA

Tobacco Prevention and Control Program Funding: F

FY2026 State Funding for Tobacco Control Programs:	$9,874,433
FY2026 Federal Funding for State Tobacco Control Programs:	$1,847,658*
FY2026 Total Funding for State Tobacco Control Programs:	$11,722,091
CDC Best Practices State Spending Recommendation:	$91,600,000
Percentage of CDC Recommended Level:	12.8%
State Tobacco-Related Revenue:	$323,500,000

* 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: **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**

Access to Cessation Services: C

OVERVIEW OF STATE CESSATION COVERAGE

STATE MEDICAID PROGRAM:

Medicaid Medications: **Most 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 $2.62**

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**

American Lung Association.
State of Tobacco Control
2026

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. Secure state level funding for tobacco control and prevention efforts;
2. Ensure the tobacco surcharge repeal is permanent; and
3. Protect Virginia's code from purchase, use and possession laws.

During the 2025 legislative session, the Lung Association and public health partners successfully advocated for the passage of House Bill 1639 a bill that would repeal Virginia's tobacco surcharge permanently, however the bill was vetoed by the Governor. Tobacco surcharges are increased rates that health insurers are allowed to charge participants who use tobacco. Tobacco surcharges have not been proven effective in encouraging smokers to quit and can cause tobacco users to opt out of health coverage all together.

Repealing the surcharge is an integral component in ensuring that people can get the assistance they need to help them quit and end their addiction to nicotine. In 2023, the bill to repeal the surcharge passed both chambers with overwhelming bipartisan support and was signed by Governor Youngkin. However, the bill included a provision that the repeal would expire in 2026. The Lung Association supported House Bill 1639 and will continue to work with champions in the 2026 session to permanently repeal the tobacco surcharge.

2025 also highlighted the need for Virginia to have dedicated funding for tobacco prevention and cessation efforts by the Virginia Department of Health. The Department's funding for efforts in the Commonwealth relies solely on federal funding and is woefully below the CDC's recommended funding level of $91.6 million. Amid uncertainty around the future federal tobacco and prevention funding through the CDC, VDH needs dedicated funding in order to continue to do their work without risk of interruption including operating the Quitline which provides invaluable phone counseling support to Virginians who want to quit using a tobacco product.

The Virginia Foundation for Healthy Youth, established in 1999 by the Virginia General Assembly using MSA funding, has a mission that empowers Virginia's youth to make healthy choices by reducing and preventing tobacco and nicotine use, substance use and childhood obesity. VFHY has used this funding to conduct sustained prevention messaging, which includes award-winning and fully evaluated marketing campaigns to children annually.

The American Lung Association in Virginia will continue to educate lawmakers on the ongoing fight against tobacco. Our goal is to build new champions within the legislature and a grassroots advocacy network to advance our goals of securing dedicated funding for tobacco control and prevention efforts by the Virginia Department of Health 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%
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
2026

WASHINGTON

Tobacco Prevention and Control Program Funding: F

FY2026 State Funding for Tobacco Control Programs:	$3,806,500
FY2026 Federal Funding for State Tobacco Control Programs:	$1,828,532*
FY2026 Total Funding for State Tobacco Control Programs:	$5,635,032
CDC Best Practices State Spending Recommendation:	$63,600,000
Percentage of CDC Recommended Level:	8.9%
State Tobacco-Related Revenue:	$450,100,000

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

Smokefree Air: C

OVERVIEW OF STATE SMOKING RESTRICTIONS

Government work sites: **Prohibited**

Private work sites: **Prohibited**

Schools: **Prohibited**

Child care facilities: **Prohibited**

Restaurants: **Prohibited**

Bars: **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: F

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**

Access to Cessation Services: I*

OVERVIEW OF STATE CESSATION COVERAGE

STATE MEDICAID PROGRAM:

Medicaid Medications: **Data not available**

Medicaid Counseling: **Data not available**

Medicaid Barriers to Coverage: **Data not available**

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: **Data not available; the median investment per smoker is $2.62**

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.

* Data on state Quitline funding and state Medicaid coverage was unable to be collected for Washington. As a result, Washington has an Incomplete grade in this category.

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. Identify and allocate additional funding for tobacco prevention and cessation programs;
2. End the sale of all flavored tobacco products; and
3. Increase tobacco taxes.

Washington legislators began the 2025 legislative session with a $10–12 billion budget deficit that increased throughout the legislative session to $16 billion. Governor Ferguson directed most state agencies to cut their budgets by 6%. This situation made proposals that involved allocating funding, especially challenging this year.

Two bills, House Bill 1203 (Reeves) and Senate Bill 5183 (Nobles) were introduced to end the sale of flavored tobacco products. The House bill had a hearing and was moved out of the Consumer Protection & Business committee with a vote of 8-7. It was referred to the Finance committee. SB 5183 had a hearing and no action was taken in the Health & Long-Term Care committee. These bills didn't advance further. One of the biggest challenges was the fiscal note, adding to the budget deficit.

Three House bills were introduced to increase tobacco taxes and all were referred to the Finance committee. House Bill 1416 (Reeves) proposed raising taxes on multiple tobacco and nicotine products generating around $32 million per biennium. House Bill 1417 (Reeves) proposed a small tax increase on cigarettes generating about $3 million per two-year biennium. House Bill 2033 (Stonier) proposed modifying definitions of tobacco products to include oral nicotine products and synthetic nicotine products. All of these bills were unsuccessful in passing.

Senate Bill 5814 (Frame) proposed closing the synthetic nicotine loophole in taxation – impacting oral nicotine products containing synthetic nicotine. This bill was successful. With the passage of this legislation, these products will be taxed at 95% of the taxable sales price, effective January 1, 2026. This new revenue was directed to go to the state general fund.

The state tobacco prevention program budget was reduced by $756,000 from the previous biennium's budget with $2.1 million in annual funding.

The American Lung Association will continue to pursue and support increasing funding for the state's prevention and cessation programs, increasing taxes on cigarettes and other tobacco products and ending the sale of all flavored tobacco products.

Washington State Facts

HHealth 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
2026

WEST VIRGINIA

Tobacco Prevention and Control Program Funding: F

FY2026 State Funding for Tobacco Control Programs:	$306,209
FY2026 Federal Funding for State Tobacco Control Programs:	$1,229,006*
FY2026 Total Funding for State Tobacco Control Programs:	$1,535,215
CDC Best Practices State Spending Recommendation:	$27,400,000
Percentage of CDC Recommended Level:	5.6%
State Tobacco-Related Revenue:	$184,500,000

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

Smokefree Air: D*

OVERVIEW OF STATE SMOKING RESTRICTIONS

Government work sites: **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 (2024) & 31-20-5b (1997); WV Div. of Personnel Policy, Smoking Restrictions in the Workplace (2004); WV CSR §§ 64-21-10 (1997), 64-21-20 (1997) & 126-66-1 et seq. (1998).

* West Virginia has 59.6% 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**

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

STATE QUITLINE:

Investment per Smoker: **$0.83; the median investment per smoker is $2.62**

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. Restore funding for tobacco prevention and cessation programs and align 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.

Public health advocates continue to be on alert in the 2026 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 dedicated partner organizations, will continue to oppose state preemption and protect local, comprehensive smokefree air laws and regulations.

The Lung Association and West Virginia's youth tobacco prevention group, Raze, worked tirelessly in 2025 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.

West Virginia primarily relies on federal funding for tobacco prevention and control programs. In April 2025, the Trump Administration discontinued state grant funding for tobacco prevention and control across the country when it all but eliminated CDC's Office on Smoking and Health. The grant funding was ultimately released to states in September 2025 running through April 2026. However, the capacity of the state tobacco control program was decimated in the meantime with multiple staff, including the director leaving or being laid off.

It's imperative that West Virginia self-fund tobacco prevention and control given the future federal funding uncertainty to protect its citizens from the toll of high tobacco usage of both adults and underage youth across the state. The American Lung Association, along with the Coalition for a Tobacco Free West Virginia, will continue to advocate for funding to reinstate tobacco prevention and control programing.

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 2026 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:	6.7%
High School Tobacco Use Rate:	28.5%
Middle School Smoking Rate:	N/A
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 CDC's 2023 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.

Wisconsin Report Card

American Lung Association.
State of Tobacco Control
2026

WISCONSIN

Tobacco Prevention and Control Program Funding: F

FY2026 State Funding for Tobacco Control Programs:	$7,396,635
FY2026 Federal Funding for State Tobacco Control Programs:	$1,588,681*
FY2026 Total Funding for State Tobacco Control Programs:	$8,985,316
CDC Best Practices State Spending Recommendation:	$57,500,000
Percentage of CDC Recommended Level:	15.6%
State Tobacco-Related Revenue:	$576,300,000

* 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 (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**

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: **Minimal barriers exist to access care**

STATE QUITLINE:

Investment per Smoker: **$1.21; the median investment per smoker is $2.62**

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.

Thumbs up to Wisconsin for covering a comprehensive cessation benefit for Medicaid enrollees with no barriers

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 2025, tobacco control advocates worked with partners and volunteers to fight back against a bill that would create a loophole in Wisconsin's very popular clean indoor air law that prevents people from smoking tobacco indoors. Wisconsin has been a leader in protecting all its citizens from the known, indisputable hazards of secondhand smoke in the workplace and public places. Our law protecting both workers and patrons at all indoor public places has been in place since 2009, and it's working! Unfortunately, both houses of the Wisconsin legislature passed the bill to allow taverns to become "tobacco bars" and permit smoking indoors, so it was up to Governor Tony Evers, who vetoed the bill.

A bill to raise Wisconsin's tobacco products sales age to 21 was reintroduced this session. 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.

Additionally, a bill to create a tax loophole for "heat not burn" tobacco products was introduced. These products should be taxed the same as cigarettes, and would be under current state law.

We must send a message to Big Tobacco that Wisconsinites are not softening their stance, we understand the detrimental impact of commercial tobacco products, and will continue to fight against these harmful products.

Community partners, funded by the state tobacco control program, implemented the Youth Voice Project where local coalition coordinators worked with schools to teach a lesson on vaping and nicotine and then asked students "How have vaping and nicotine impacted your life?" Partners collected over 2,200 stories from students who voiced frustration over the accessibility and normalization of vaping, their concerns about family members who vape or smoke, and how acutely aware they were of the dangers. Local coalition coordinators presented at the National Conference on Tobacco or Health and have used the information gathered to educate their communities about the impact of vaping and nicotine.

With your help, the American Lung Association will ensure that our leaders pay attention to lung health, as we advocate to pass laws and put in place programs that will reduce tobacco use and save lives.

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 CDC's 2023 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.

Wyoming Report Card

American Lung Association.
State of Tobacco Control
2026

WYOMING

Tobacco Prevention and Control Program Funding: F

FY2026 State Funding for Tobacco Control Programs:	$1,709,624
FY2026 Federal Funding for State Tobacco Control Programs:	$1,020,771*
FY2026 Total Funding for State Tobacco Control Programs:	$2,730,395
CDC Best Practices State Spending Recommendation:	$8,500,000
Percentage of CDC Recommended Level:	32.1%
State Tobacco-Related Revenue:	$31,900,000

* 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**

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: **Few barriers exist to access care**

Medicaid Expansion: **No**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **Some medications are covered**

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

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

STATE QUITLINE:

Investment per Smoker: **$8.50; the median investment per smoker is $2.62**

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. Increase funding for tobacco prevention and cessation programs; and
3. Support state and/or local smokefree workplace laws.

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 2025 that would have eliminated taxes on most tobacco products, and another bill that would have required the state to manage a registry of electronic cigarettes based on FDA premarket review of tobacco products. In recent years, the tobacco industry has supported similar bills to reduce tobacco taxes and sidestep FDA authority in states 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. As federal grants from the Centers for Disease Control and Prevention's Office on Smoking and Health are in jeopardy, strong state funding must be a priority to ensure tobacco prevention programs continue.

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.