

Tobacco Prevention and Control Program Funding:		F
FY2020 State Funding for Tobacco Control Programs:		\$5,300,000
FY2020 Federal Funding for State Tobacco Control Programs:		\$2,827,190*
FY2020 Total Funding for State Tobacco Control Programs:		\$8,127,190
CDC Best Practices State Spending Recommendation:		\$57,500,000
Percentage of CDC Recommended Level:		14.1%
State Tobacco-Related Revenue:		\$757,800,000

*Includes tobacco prevention and cessation funding provided to states from the Centers for Disease Control and Prevention and U.S. Food and Drug Administration.

Smokefree Air:

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OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government Worksites: Prohibited
Private Worksites: Prohibited
Schools: Prohibited
Child Care Facilities: Prohibited
Restaurants: Prohibited
Bars: Prohibited (allowed in existing tobacco bars)
Casinos/Gaming Establishments: Prohibited (tribal establishments exempt)
Retail Stores: Prohibited
Recreational/Cultural Facilities: Prohibited
E-Cigarettes Included: No
Penalties: Yes
Enforcement: Yes
Preemption/Local Opt-Out: Limited
Citation: WI STAT. ANN. § 101.123 (2010).

Tobacco Taxes:

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CIGARETTE TAX:

Tax Rate per pack of 20:	\$2.52
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OTHER TOBACCO PRODUCT TAXES:

Tax on little cigars: Equalized: Yes; Weight-Based: No
Tax on large cigars: Equalized: No; Weight-Based: No
Tax on smokeless tobacco: Equalized: Yes; Weight-Based: No
Tax on pipe/RYO tobacco: Equalized: Yes; Weight-Based: No
Tax on e-cigarettes: Equalized: No; Weight-Based: Yes

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

Access to Cessation Services:

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OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: All 7 medications are covered

Counseling: Limited counseling is covered
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Barriers to Coverage: No barriers exist to access coverage

Medicaid Expansion: No

STATE EMPLOYEE HEALTH PLAN(S):

Medications: All 7 medications are covered

Counseling: Most counseling is covered

Barriers to Coverage: Some barriers exist to access coverage

STATE QUITLINE:

Investment per Smoker: \$2.14; the median investment per smoker is \$2.14
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OTHER CESSATION PROVISIONS:

Private Insurance Mandate: No provision
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Tobacco Surcharge: Medicaid enrollees are subject to a tobacco surcharge

Citation: See Wisconsin Tobacco Cessation Coverage page for specific sources.

Minimum Age:

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Minimum Age of Sale for Tobacco Products:

18

Wisconsin State Highlights:



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. Ensure enforcement of the federal law that raises the legal age of sale for tobacco products to 21;
2. Add e-cigarettes to the smokefree air law; and
3. Require all tobacco products to be placed behind the counter or in a locked cabinet.

Despite a Democratic governor assuming office at the beginning of 2019, both houses of Wisconsin's legislature continue to be controlled by Republicans ushering in an era of divided government. Several bills have been introduced that would have a dramatic impact on reducing youth consumption of e-cigarettes, but despite their positive benefits in the face of a clear public health crisis, all faced stiff opposition in the legislature.

In his first budget, the new Governor included an increase in funding for the Tobacco Prevention and Control Program and an e-cigarette tax that would have been equal to the tax on regular cigarettes. Unfortunately, the program increase was stricken from the final version of the budget and the tax reduced to a measly \$.05/mL of "juice" or about 3.5 cents per pod of JUUL. Wisconsin's cigarette tax, in contrast, is \$2.52/pack.

The American Lung Association in Wisconsin is proud to be associated with Children's Hospital of Wisconsin, the health organization that first uncovered the link between severe lung damage and vaping. Their discovery opened the floodgates to thousands of other, previously undocumented cases and national attention by the Centers for Disease Control and Prevention and state health departments to the dangers of vaping. This has led to swift action on the part of the federal government and numerous states and municipalities to restrict or prohibit the sale of e-cigarettes and flavorings. Despite nationwide recognition of the dangers of vaping, Wisconsin's legislature has yet to take any strong action to control vaping within the state.

The good news is, that where the state refuses to take action, local municipalities have stepped up efforts to strengthen their smoke free air laws by including e-cigarettes. Over 40 municipalities, comprising nearly one-third of the state's population now protect residents from secondhand aerosol from e-cigarettes. Unfortunately, state law preempts those same municipalities from passing Tobacco 21 laws, restricting flavors, or requiring

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tobacco products to be removed from the store aisles and placed behind the counter or locked up, as cigarettes are required to be.

For the immediate future, it appears that Wisconsinites will have to rely on their local municipal governments and the federal government to respond to the ever-evolving tobacco and vaping crisis. The American Lung Association in Wisconsin and other public health advocates will continue to work with state officials at every opportunity to educate elected officials on the benefits of strong tobacco control laws and convince them that such laws are critical to the present and future health and well-being of our citizens.

Wisconsin State Facts

Health Care Costs Due to Smoking:	\$2,663,227,988
Adult Smoking Rate:	16.4%
Adult Tobacco Use Rate:	23.3%
High School Smoking Rate:	4.7%
High School Tobacco Use Rate:	17.3%
Middle School Smoking Rate:	1.4%
Smoking Attributable Deaths:	7,850

Adult smoking and tobacco use data come from CDC's 2018 Behavioral Risk Factor Surveillance System. High school and middle school smoking rates are taken from the 2018 Wisconsin Youth Tobacco Survey. High school tobacco use rate is taken from the 2017 Youth Risk Behavior Surveillance System.

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

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

American Lung Association in Wisconsin
 (262) 703-4200
www.lung.org/wisconsin