

# Minnesota Report Card

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

FY2012 State Funding for Tobacco Control Programs:	\$19,500,000
FY2012 Federal Funding for State Tobacco Control Programs:	\$1,634,198*
FY2012 Total Funding for State Tobacco Control Programs:	\$21,134,198
CDC Best Practices State Spending Recommendation:	\$58,400,000
Percentage of CDC Recommended Level:	36.2%

\*Includes regular funding from the Centers for Disease Control and Prevention as well as tobacco-related grants to states and communities from federal stimulus and health care reform funds.

## Smokefree Air: **A**

### OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government Worksites: **Prohibited (workplaces with two or fewer employees exempt)**

Private Worksites: **Prohibited (workplaces with two or fewer employees exempt)**

Schools: **Prohibited**

Child Care Facilities: **Prohibited**

Restaurants: **Prohibited**

Casinos/Gaming Establishments: **Prohibited (tribal establishments exempt)**

Bars: **Prohibited**

Retail Stores: **Prohibited**

Recreational/Cultural Facilities: **Prohibited**

Penalties: **Yes**

Enforcement: **Yes**

Preemption: **No**

Citation: MINN. STAT. §§ 144.411 to 144.417 (2007).

## Cigarette Tax: **C**

Tax Rate per pack of 20: \$1.586

\*Tax rate changes annually on August 1, increased by 1 cent this year.

## Cessation Coverage: **D**

### OVERVIEW OF STATE CESSATION COVERAGE:

#### STATE MEDICAID PROGRAM:

Medications: **Covers all 7 recommended cessation medications\***

Counseling: **Covers individual and group counseling**

Barriers to Coverage: **Minimal co-payments required**

#### STATE EMPLOYEE HEALTH PLAN(S):

Medications: **Covers all 7 recommended cessation medications\***

Counseling: **Covers phone and online counseling**

Barriers to Coverage: **Limits on duration, annual limit on quit attempts and use of counseling required to get medications**

#### STATE QUITLINE:

Investment Per Smoker: **\$1.73; CDC recommends an investment of \$10.53/smoker**

#### OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

Citation: See [Minnesota Tobacco Cessation Coverage](#) page for specific sources.

\*The 7 recommended cessation medications are: NRT Gum, NRT Patch, NRT Nasal Spray, NRT Inhaler, NRT Lozenge, Chantix and Zyban.

## Minnesota State Highlights:



The American Lung Association in Minnesota continues the fight to assure that “best practices” in tobacco control are followed, including high cigarette/ tobacco taxes, sustained tobacco

control program funding, and limiting exposure to secondhand smoke. Joining with 31 leading health and nonprofit organizations in the Raise it for Health coalition, we agreed to focus on a tobacco tax increase during the 2011 legislative session.

The November 2010 election resulted in a dramatic change in Minnesota’s legislature, with the House and the Senate changing party control, as well as a large influx of freshmen legislators. Faced with that, a new governor and a looming budget deficit, the coalition decided to delay discussion of the tobacco tax until late in the session.

During the ebb and flow of the budget debate, support for a cigarette tax increase was brought forward both from the Governor’s office and an outside advisory committee. The state budget shutdown due to the state not passing a two-year budget on time and the special legislative session to pass a budget left many Minnesotans with mixed feelings. Ultimately, the agreed upon solution resulted in the sale of tobacco bonds that “cash in” future funds from Minnesota’s tobacco settlement for a one-time lump sum to help balance the budget. Selling future revenues for potentially as little as 40 cents on the dollar removes this money from future state budgets and delays underlying budget problems. Although we did not get the tobacco tax increase, the work to educate lawmakers helps to position the issue for future legislative sessions.

Several other notable tobacco-related challenges and successes also came out of the 2011 session:

Four bills were proposed and defeated that would have weakened our smokefree law, Freedom to Breathe, and returned Minnesota to the days of smoking in bars and restaurants.

Advocates successfully defeated a bill that would have eased penalties on licensed cigarette retailers who repeatedly sell tobacco to minors if the sale was deemed a “sincere mistake.”

Despite the budget deficit, the minimal \$3.2 million dedicated to tobacco control along with a reduced Statewide Health Improvement Program were preserved.

Advocates gained support for the “little cigar” bill, working to define them in law for what they really are—cigarettes, which would result in significant price increases. There was strong bipartisan support and positive hearings in both the House and Senate.

A November 2010 report from Blue Cross and Blue Shield of Minnesota, Health Care Costs and Smoking in Minnesota, found that smoking causes 5,135 deaths in Minnesota, and costs Minnesotans \$2.87 billion in excess medical costs.

The American Lung Association in Minnesota will continue to work together as part of the Raise it for Health coalition to press for passage of a cigarette tax increase to prevent kids from starting to smoke and to support the many smokers trying to quit.

### Minnesota State Facts

Economic Costs Due to Smoking:	\$3,207,071,000
Adult Smoking Rate:	14.9%
High School Smoking Rate:	19.1%
Middle School Smoking Rate:	3.4%
Smoking Attributable Deaths:	5,536
Smoking Attributable Lung Cancer Deaths:	1,805
Smoking Attributable Respiratory Disease Deaths:	1,531

Adult smoking rate is taken from CDC’s Behavioral Risk Factor Surveillance System, 2010 Prevalence Data. High school and middle school smoking rates are taken from the 2008 Minnesota Youth Tobacco and Asthma 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 2000-2004 and are calculated for persons aged 35 years and older. They do not take into account deaths from burns or secondhand smoke. Respiratory diseases include pneumonia, influenza, bronchitis, emphysema and chronic airway obstruction. The estimated economic impact of smoking is based on smoking-attributable health care expenditures in 2004 and the average annual productivity losses for the period 2000-2004.

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

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