

Rhode Island Report Card

Tobacco Prevention and Control Program Funding: **F**

FY2013 State Funding for Tobacco Control Programs:	\$376,437
FY2013 Federal Funding for State Tobacco Control Programs:	\$1,847,143*
FY2013 Total Funding for State Tobacco Control Programs:	\$2,223,580
CDC Best Practices State Spending Recommendation:	\$15,200,000
Percentage of CDC Recommended Level:	14.6%



Thumbs down for Rhode Island for spending little state money on tobacco prevention and cessation programs despite smoking costing the state close to \$870 million in economic costs each year.

*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: **A**

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government Worksites:	Prohibited
Private Worksites:	Prohibited
Schools:	Prohibited
Child Care Facilities:	Prohibited
Restaurants:	Prohibited
Casinos/Gaming Establishments:	Restricted
Bars:	Prohibited (allowed in smoking bars)
Retail Stores:	Prohibited
Recreational/Cultural Facilities:	Prohibited
Penalties:	Yes
Enforcement:	Yes
Preemption:	No
Citation:	R.I. GEN. LAWS §§ 23-20.10-1 et seq.

Cigarette Tax: **A**

Tax Rate per pack of 20:	\$3.50*
On July 1, 2012, the cigarette tax increased from \$3.46 to \$3.50 per pack.	

Cessation Coverage: **D**

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

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

Counseling: **All health plans cover individual counseling; some plans cover group counseling**

Barriers to Coverage: **Limits on duration, annual limit on quit attempts, prior authorization required, use of certain treatments required before using others and use of counseling required to get medications**

STATE EMPLOYEE HEALTH PLAN(S):

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

Counseling: **Covers group, individual and phone counseling**

Barriers to Coverage: **Limits on duration, co-payments required and use of counseling required to get medications**

STATE QUITLINE:

Investment per Smoker: **\$0.92; CDC recommends an investment of \$10.53/smoker**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **Yes**

Citation: See Rhode Island Tobacco Cessation Coverage page for specific sources.

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

Rhode Island State Highlights:



The American Lung Association in Rhode Island works with more than 50 partner organizations of the Rhode Island Tobacco Control Network to enact and defend strong laws to protect Rhode Islanders from secondhand smoke, to make it more difficult for retailers to sell tobacco to minors and to fight for an effective, well-funded comprehensive state tobacco control program.

In 2012, the Network's policy priorities were to (1) increase the Rhode Island cigarette excise tax by 90 cents, to \$4.36 per pack, matching the highest rate in the nation, (2) increase state funding for the Rhode Island Department of Health's Tobacco Control Program budget to \$3.1 million for Fiscal Year 2013, restoring it to its highest level of funding, (3) reclassify "little cigars" as cigarettes to achieve price equity and protect our youth from being targeted with cheap and sweet tobacco products and (4) improve the tobacco enforcement system to reduce tax evasion and black market sales.

The Lung Association and our Network partners had both successes and challenges this year. Legislation to increase the tobacco tax by 90 cents did not move forward and ultimately, the General Assembly included a four cent tobacco tax increase in the final state budget. That level of increase will have no public health impact.

State funding to the Rhode Island Department of Health's Tobacco Control Program did not increase for Fiscal Year 2013. However, the Network achieved success with legislation that adjusted the definition of cigarettes to capture little cigars. As a result, little cigars weighing up to four pounds per 1,000 will now be taxed at the same rates as cigarettes. Our advocacy efforts also resulted in Governor Chafee including four additional tobacco enforcement agents in his budget proposal, a major move forward from the previous situation of only one enforcement agent for the entire state. The Rhode Island General Assembly agreed with the governor's proposal and kept these positions in the final 2013 budget.

We were also successful in stopping a number of measures that would be counterproductive to reducing tobacco use in Rhode Island. The Rhode Island Tobacco Control Network secured a gubernatorial veto of a tobacco industry effort to divert tobacco control funding to penalize youth caught using

tobacco products. We also successfully rallied against a bill that would have preempted stronger tobacco control laws at the local level and stopped a measure to roll back the state tobacco tax by 10 cents per pack.

In the coming year, the American Lung Association in Rhode Island will continue working to secure needed funding for state tobacco control efforts, increase the price of tobacco products, expand smoke-free environments and further limit the availability of tobacco products in our communities.

Rhode Island State Facts

Economic Costs Due to Smoking:	\$869,938,000
Adult Smoking Rate:	19.9%
High School Smoking Rate:	11.4%
Middle School Smoking Rate:	5.0%
Smoking Attributable Deaths:	1,696
Smoking Attributable Lung Cancer Deaths:	540
Smoking Attributable Respiratory Disease Deaths:	435

Adult smoking rate is taken from CDC's 2011 Behavioral Risk Factor Surveillance System. High school and middle school smoking rates are taken from the 2011 and 2009 Youth Risk Behavioral Surveillance System, respectively.

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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