

Minnesota Report Card

Tobacco Prevention and Control Spending **F**

FY2010 Tobacco Control Program Funding:	\$21,471,824*
CDC Best Practices State Spending Recommendation:	\$58,400,000
Percentage of CDC Recommendation:	36.8%

*Includes FY2010 funding from the Centers for Disease Control and Prevention

Smokefree Air **A**

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government Worksites:	Prohibited
Private Worksites:	Prohibited
Schools:	Prohibited
Child Care Facilities:	Prohibited
Restaurants:	Prohibited
Bars:	Prohibited
Casinos/Gaming Establishments:	Prohibited (tribal establishments exempt)
Retail Stores:	Prohibited
Recreational/Cultural Facilities:	Prohibited
Penalties:	Yes
Enforcement:	Yes
Preemption:	No
Citation:	MN STAT. ANN. §§ 144.411 to 144.417; & 16B.24(9)

Cigarette Tax **C**

Tax Rate per pack of 20: \$1.56*

*Tax rate changes annually on August 1, increased by 5.6 cents this year.

Cessation Coverage **B**

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 NRT Gum, NRT Patch, NRT Nasal spray, NRT inhaler, Chantix and Zyban
Counseling:	Covers phone and online counseling
Barriers to Coverage:	Limits on duration, annual limit on quit attempts and combination therapy required

PRIVATE INSURANCE MANDATE: NO PROVISION

Citation: See Minnesota Tobacco Cessation Coverage page for specific sources



Thumbs up for Minnesota for covering all recommended tobacco cessation medications and forms of counseling for its Medicaid population.

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

Minnesota Behind the Scenes



The American Lung Association in Minnesota continued to fight to keep Minnesota's smokefree law—Freedom to Breathe—strong during a legislative session where the state budget deficit was the focus. Together with our partners, we have continued to stress the importance of “best practices” in tobacco control, including sustained tobacco control program funding, high cigarette/tobacco taxes, and limiting exposure to secondhand smoke.

Minnesota's smokefree law (effective Oct. 1, 2007) covers most workplaces, including bars, restaurants and private clubs as well as public places. During the 2009 session, an attempt was made to weaken the law by allowing “smoking rooms” or “smoking sheds.” These amendments would have essentially gutted the law. This occurred as a last minute amendment to the Omnibus Health and Human Services bill. Both proposals were defeated by narrow margins. Advocates and supporters around the state quickly engaged with decision-makers to clarify how damaging this would have been to the law and to clarify any misunderstanding they may have had about the amendments. The law's exemption for smoking during “theatrical performances” was tested in court during 2009, including on an appeal, and in both cases the court rulings supported keeping the law strong.

The Lung Association together with the Association for Nonsmokers-MN (ANSR) supported legislation to protect children in vehicles from exposure to secondhand smoke. The bill was introduced in the Senate and passed two committee hearings. It was defeated in the transportation committee and was not introduced in the state House of Representatives.

The State Health Improvement Program (SHIP) was passed during the 2008 session. Successfully protecting the funds allocated to this effort was an important part of our 2009 advocacy. SHIP interventions are designed to address the top preventable causes of illness and death in the United States and include the goal of reducing the percentage of Minnesotans who use or are exposed to tobacco.

Efforts were also made to increase the cigarette tax and dedicate some of the funds to health issues including cancer screening and stroke prevention. Unfortunately, Minnesota's governor opposed all tax increases, and no increase was secured.

A ClearWay MinnesotaSM poll showed an overwhelming majority (72 percent) of Minnesotans support increasing state cigarette taxes. At least two-thirds of every demographic polled supported tobacco tax increases. The support came from 78 percent of Republicans, 69 percent of Democrats and 66 percent of Independents, who cited health care costs, cessation and preventing kids for smoking as their main reasons.

In 2010, the American Lung Association in Minnesota will continue to advocate for an increase in cigarette/tobacco taxes, limiting smoking in vehicles when minors are present and keeping the Freedom to Breathe Act strong.

Minnesota State Facts

Economic Costs Due to Smoking:	\$3,207,071,000
Adult Smoking Rate:	17.6%
High School Smoking Rate:	23.0%
Middle School Smoking Rate:	1.5%
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, 2008 Prevalence Data. High school (12th grade only) and middle school (6th grade only) smoking rates are taken from the 2007 Minnesota Student 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 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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