

Centers for Disease Control and Prevention <u>Morbidity and Mortality Weekly</u> CDC 24/7: Saving Lives. Protecting People.™ <u>Report (MMWR)</u>

State Tobacco Revenues Compared with Tobacco Control Appropriations — United States, 1998–2010

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In 1999, CDC published *Best Practices for Comprehensive Tobacco Control (1)*, which outlined the elements of an evidence-based state tobacco control program and provided a recommended state funding range to substantially reduce tobacco-related disease, disability, and death. *Best Practices* recommended that states invest a combined \$1.6-\$4.2 billion annually in such programs and subsequently updated that recommendation to \$3.7 billion annually in 2007 (2). To analyze states' historical investments in tobacco control and calculate the amount of funding necessary to achieve *Best Practices* recommendations, CDC tracked data from 1998 to 2010. During this period, states collected \$243.8 billion in total tobacco revenues from tobacco industry settlement payments and cigarette excise taxes. State and federal appropriations for tobacco control totaled \$8.1 billion, whereas CDC's *Best Practices* recommended funding of at least \$29.2 billion (\$1.6 billion for 9 years plus \$3.7 billion for 4 years). For the entire study period, the ratio of state tobacco revenues to state and federal tobacco control appropriations was approximately 30 to 1 (\$243.8 billion to \$8.1 billion); in 2010, the ratio was approximately 37 to 1 (\$23.96 billion to \$0.64 billion). If states allocated funding for tobacco control at *Best Practices* levels, they could achieve larger and more rapid reductions in smoking and associated morbidity and mortality (2,3).

All 50 states and the District of Columbia (DC)* have state tobacco control programs that are funded through various revenue streams, including tobacco industry settlement payments, cigarette excise tax revenues, state general funds, the federal government, and nonprofit organizations (2,3). These programs reflect a coordinated effort to use evidence-based policies and practices that build state and local capacity and infrastructure to fully implement, support, and monitor population-based interventions that reduce tobacco use, prevent youth initiation, and eliminate secondhand smoke exposure (1,3). Evidence-based interventions include increasing the price of cigarettes, enacting comprehensive smoke-free policies, funding mass media campaigns, and making cessation services fully accessible to tobacco users (1-3).

In 1998, 46 states and DC reached an agreement, known as the Master Settlement Agreement (MSA), which resulted in the tobacco industry providing approximately \$206 billion in revenue over a 25-year period (2). The four states that did not participate in the MSA (Florida, Minnesota, Mississippi, and Texas) had settled previously for approximately \$40 billion to be paid over the same period (2). The MSA stipulated that overall state payments would be adjusted based on changes in inflation, cigarette consumption, and market share. However, although the intent of the lawsuit was to reimburse states for Medicaid costs related to tobacco use and to prevent youth initiation of smoking, the agreement did not stipulate that MSA revenues be dedicated to tobacco prevention and cessation efforts (2, 4).

For this analysis, net state cigarette excise tax revenues were obtained from *The Tax Burden on Tobacco* (5), and annual settlement revenues data[†] were obtained from the National Association of Attorneys General[§] and the Campaign for Tobacco Free Kids (6). Annual state tobacco control investments for the period 1998–2010 were obtained from the ImpacTeen Project,[¶] and include state and federal appropriations to each state for

tobacco control program efforts. To compare revenues with investments, all state and federal appropriations were adjusted to a fiscal year ending June 30 and are presented as annual dollar amounts. To compare with 2007 *Best Practices* recommendations, the 2010 appropriations also are presented as percentages of those recommendations.

From 1998 to 2010, the average state cigarette excise tax among all states increased from \$0.39 to \$1.44 per pack, resulting in a doubling of annual state excise tax revenues from \$7.4 billion to \$16.5 billion. In 2010, the excise tax ranged from \$0.17 per pack in Missouri to \$4.35 per pack in New York. During 1998–2010, annual settlement revenues increased from \$1.4 billion in 1998, peaked at \$9.3 billion in 2002, declined to \$7.5 billion in 2003, and remained level at \$7.4 billion in 2010 (Figure). Total annual state tobacco-related revenue (i.e., from excise taxes plus settlement payments) increased from \$8.8 billion in 1998 to \$24.0 billion in 2010 (Table 1).

Whereas tobacco-related revenue during the study period increased steadily, total state and federal appropriations for tobacco control increased from \$262.3 million in 1998 to \$820.9 million in 2002, but then decreased to \$735.3 million in 2009 and to \$641.1 million in 2010 (<u>Table 2</u>). Although 2002 marked the largest annual investment in tobacco control in U.S. history, state and federal appropriations that year amounted to only 51% of the 1999 minimum *Best Practices* recommendations (<u>Figure</u>). In 2010, the \$641.1 million in appropriations was only 17.3% of the 2007 *Best Practices* recommendation (<u>Table 2</u>).

Reported by

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Editorial Note

The results of this analysis show an increasing gap between state investments in tobacco control and *Best Practices* recommendations. Although all states derive revenues from cigarette excise taxes, few states have a statutory requirement requiring that a portion of these revenues be dedicated to tobacco control and prevention (2). Instead, most cigarette tax revenues are being used for general purposes. In addition, although state cigarette excise taxes have increased nationally, the Institute of Medicine has noted that recent tax increases largely have come in response to shortfalls in state budgets rather than as initiatives to increase spending on tobacco control (2).

Similarly, although the MSA ended state lawsuits to recover tobacco-related costs to Medicaid, and many state officials promised to dedicate funds to public health and tobacco control (particularly to youth smoking prevention),** states ultimately were not bound by the MSA or by Congress to allocate settlement revenues for tobacco control (3). Consequently, a very small percentage of settlement revenue has been dedicated by states for tobacco control programs and public health activities (4,7), and states increasingly have used this revenue for general purposes and to cover budget shortfalls (2,6). Additionally, approximately half of the states have securitized their settlement interests (i.e., sold the rights to future payments in exchange for an immediate smaller payment on some or all of their current and future settlement revenues); thus, future revenues are not available to be allocated to tobacco control programs in these states (7).

Today, many state programs have experienced, and are facing, substantial state government cuts to tobacco control funding, resulting in the near elimination of tobacco control programs in those states (6). By 2010, states were appropriating only 2.4% of their state tobacco revenues for tobacco control. Reaching the *Best Practices* 2007 funding goal would have required an additional 13.0% of tobacco revenues, or \$3.1 billion of

the \$24 billion collected, in 2010.

The findings in this report are subject to at least four limitations. First, the state settlement and tax revenues included in this report do not include other revenues such as excise taxes collected on smokeless tobacco products, local excise taxes, and state or local sales taxes. For state sales taxes alone, an estimated \$4.2 billion was collected in fiscal year 2010 from the sale of cigarettes (*5*). Therefore, the ratios between tobacco revenues and appropriations in this report are underestimated. Second, annual state investments in tobacco control include only state and federal appropriations and not necessarily the total dollar amount spent by tobacco control programs in a given year because of program practice and multiyear appropriations. Third, appropriations reflect initial state commitments to tobacco funding, but do not ensure that expenditures are used for *Best Practices* purposes. Finally, these data do not reflect substantial funding cuts in state programs in fiscal years 2011 and 2012.

Although reductions in adult cigarette smoking rates have been observed in recent years, the amount and direction of change in adult smoking rates have not been consistent from year to year (*B*). States that have made larger sustained investments in comprehensive tobacco control programs have seen cigarette sales drop approximately twice as much as in the United States overall, and smoking prevalence among adults and youths has declined faster as spending for tobacco control programs has increased in Arizona, California, Massachusetts, Minnesota, Maine, New York, Oregon, and Washington (*2,3,9*).

Evidence indicates that tobacco control programs are potentially cost-saving (*2,3,9,10*). For example, when California increased its state excise tax by \$0.25 per pack in 1988, approximately \$0.05 per pack was dedicated to tobacco prevention programs (*2*). In the initial years, California came close to meeting 1999 *Best Practices* recommendations and has maintained relatively stable funding since then. Adult smoking rates in California declined from 22.7% in 1988 to 13.1% in 2009, and the tobacco control program has been associated with substantial reductions in personal health-care expenditures (*10*).

Thirteen years after the MSA, approximately 3,800 U.S. children try their first cigarette each day. Of that number, an estimated 1,000 will become daily smokers, and nearly 300 eventually will die from tobacco-related illness. The more that states invest in comprehensive tobacco control programs and implement high-impact policies (e.g., cigarette excise tax increases, comprehensive smoke-free policies, and counter-marketing campaigns), the greater the reduction in youth initiation, tobacco-related disease and death, and tobacco-related health care costs and lost productivity (*3,9,10*).

Acknowledgments

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- * For this report, DC is included among the states.

[†] Settlement revenues include MSA payments and the settlement payments made to Florida, Mississippi, Minnesota, and Texas.

[§] Additional information available at <u>http://www.naag.org/backpages/naag/tobacco/msa-payment-info</u> & .

[¶]Additional information available at <u>http://www.impacteen.org</u> 🗗.

** Additional information available at <u>http://www.healthystates.csg.org/nr/rdonlyres/166be14e-eb47-4d36-</u> <u>a78f-2c2d390275d6/0/discouragingsmokinglpb.pdf</u> 🛃 🖉 .

What is already known on this topic?

CDC's *Best Practices for Comprehensive Tobacco Control* recommends that all states invest a combined \$3.7 billion annually in evidence-based, statewide tobacco control programs.

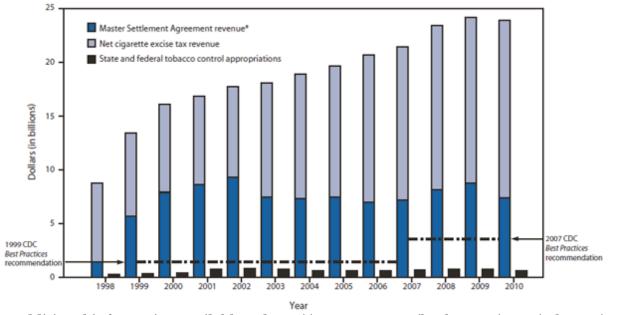
What is added by this report?

During 1998–2010, states collected \$243.8 billion in total tobacco revenues from the Master Settlement Agreement and cigarette excise taxes. State and federal appropriations for tobacco control totaled \$8.1 billion, whereas CDC's *Best Practices* recommended funding of \$29.2 billion.

What are the implications for public health practice?

If all states were to use a greater portion of future tobacco revenues to fund tobacco control and prevention programs at the levels recommended by CDC they could achieve larger and more rapid reductions in smoking and associated morbidity, mortality, and health-care costs.

FIGURE. Total state tobacco-related revenues and state and federal tobacco control appropriations compared with CDC *Best Practices for Comprehensive Tobacco Control*recommendations for tobacco control funding — United States, 1998–2010



* Additional information available at http://www.naag.org/backpages/naag/tobacco/msa-payment-info & .

Alternate Text: The figure above shows total state tobacco-related revenues and state and federal tobacco control appropriations compared with CDC Best Practices for Comprehensive Tobacco Control recommendations for tobacco control funding in the United States, during 1998-2010. From 1998 to 2010, the average state cigarette excise tax among all states and the District of Columbia increased from \$0.39 to \$1.44 per pack, resulting in a doubling of annual state excise tax revenues from \$7.4 billion to \$16.5 billion. In 2010, the excise tax ranged from \$0.17 per pack in Missouri to \$4.35 per pack in New York. During 1998-2010, annual settlement revenues increased from \$1.4 billion in 1998, peaked at \$9.3 billion in 2002, declined to \$7.5 billion in 2003, and remained level to \$7.4 billion in 2010.

State§	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	Total 1998– 2010
Alabama	68.3	65.4	227.7	167.3	176.2	153.9	166.1	252.6	245.3	243.0	247.8	252.9	229.9	2,496.3
Alaska	28.4	58.7	62.7	61.6	64.1	60.0	62.4	70.1	77.4	84.2	98.6	99.8	92.4	920.5
Arizona	166.1	163.1	308.3	247.8	264.0	299.3	366.9	376.1	379.1	440.8	504.5	489.8	427.9	4,433.7
Arkansas	83.3	81.5	79.3	222.6	134.2	131.5	180.1	179.8	176.8	172.3	183.0	207.3	251.9	2,083.7
California	612.1	1,431.6	1,856.1	1,884.2	1,977.9	1,783.7	1,823.7	1,837.8	1,771.0	1,773.6	1,787.0	1,826.6	1,601.2	21,966.3
Colorado	59.6	122.8	137.3	141.4	151.1	133.5	139.7	202.4	286.1	285.3	299.5	302.0	269.5	2,530.2
Connecticut	120.6	204.5	215.2	227.6	282.6	357.9	392.9	372.4	375.8	366.9	470.8	462.3	509.2	4,358.8
Delaware	22.7	42.5	47.1	50.3	55.2	58.1	96.2	106.4	107.8	110.5	147.4	156.2	157.0	1,157.5
District of Columbia	17.5	45.5	52.0	53.2	58.3	55.5	59.6	59.0	58.2	58.6	66.0	80.5	70.9	734.7
Florida	1,000.0	0 959.5	1,059.3	1,163.1	1,192.0	966.9	785.8	815.8	816.4	819.2	803.1	808.6	1,598.9	12,788.7
Georgia	85.1	199.1	224.2	230.8	246.5	222.3	370.5	382.9	365.5	366.8	370.6	380.1	340.4	3,784.8
Hawaii	32.4	66.7	72.5	88.3	105.6	106.0	115.4	121.5	120.8	125.3	157.6	164.8	170.8	1,447.8

TABLE 1. Total state tobacco-related revenues (in millions of dollars) — United States, 1998–2010*†

http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6120a3.htm?s_cid=mm6120a3_w

Idaho	25.0	41.0	45.3	45.4	48.6	45.3	68.6	68.3	67.4	69.4	74.7	74.9	65.5	739.3
Illinois	457.2	700.7	745.6	752.9	786.7	912.6	1,021.0	934.8	905.3	884.9	904.5	902.8	833.6	10,742.6
Indiana	118.1	210.6	230.4	233.9	251.6	456.5	458.0	458.0	458.3	477.9	653.1	655.7	583.4	5,245.6
Iowa	94.6	132.5	141.0	142.2	148.2	138.5	141.6	142.9	140.2	174.6	304.9	297.4	274.7	2,273.3
Kansas	52.6	89.5	97.5	99.5	105.6	164.6	172.7	170.9	167.7	165.7	178.9	179.8	160.5	1,805.3
Kentucky	18.1	98.9	112.0	123.5	142.0	123.3	131.2	162.2	261.6	284.4	292.9	321.1	390.6	2,462.0
Louisiana	83.5	187.0	216.1	215.5	254.3	240.7	272.1	282.8	250.4	263.0	288.6	299.3	260.4	3,113.7
Maine	71.7	112.4	119.2	121.1	147.4	139.0	141.0	141.0	196.4	199.7	202.0	201.0	190.9	1,982.7
Maryland	128.3	234.0	327.6	335.1	359.3	392.5	406.1	411.6	402.9	405.6	506.7	575.5	546.5	5,031.7
Massachusett	ts 293.1	466.2	491.2	508.7	557.8	675.6	676.6	670.2	661.2	662.8	707.2	877.2	820.3	8,068.1
Michigan	525.0	798.3	829.0	846.7	888.5	1,072.7	1,124.6	1,367.4	1,379.9	1,358.7	1,330.3	1,314.8	1,223.3	14,059.2
Minnesota	420.6	398.1	500.0	524.0	544.0	428.2	343.9	335.8	571.8	592.5	574.4	560.3	544.9	6,338.6
Mississippi	280.0	157.0	245.7	276.1	273.0	213.5	155.4	160.2	165.9	166.1	167.1	184.8	247.0	2,691.8
Missouri	106.1	105.0	104.0	487.2	251.7	229.8	242.4	244.3	232.5	235.0	250.4	262.8	231.5	2,982.6
Montana	13.5	32.4	36.5	37.5	41.1	41.2	68.9	83.7	106.5	107.9	118.9	117.1	108.4	913.6
Nebraska	46.5	74.8	77.7	75.4	84.7	94.0	105.0	104.9	100.5	102.8	113.3	113.8	101.2	1,194.7
Nevada	55.7	87.3	94.3	98.2	101.0	97.4	160.5	167.9	165.6	166.6	172.5	160.1	143.4	1,670.6
New Hampshire	74.0	102.8	129.9	127.9	130.2	134.4	141.0	135.9	180.8	179.0	209.6	243.6	273.9	2,063.0
New Jersey	302.2	409.7	793.8	621.8	659.3	815.4	991.7	1,027.7	1,014.4	999.3	1,025.7	1,014.2	978.2	10,653.4
New Mexico	22.0	48.7	54.8	56.2	60.8	55.0	97.1	98.1	95.3	97.5	105.6	107.5	96.4	995.0
New York	656.9	1,226.6	1,421.2	1,775.8	1,965.3	1,744.3	1,764.3	1,749.5	1,684.3	1,709.4	1,792.9	2,244.5	2,061.8	21,796.9
North Carolina	44.3	149.6	166.6	180.1	205.5	176.1	186.4	188.0	301.9	376.5	388.8	395.2	391.0	3,150.0
North Dakota	a 22.4	37.9	42.2	42.0	44.4	39.2	41.1	41.5	42.0	43.4	57.3	59.7	52.8	566.0
Ohio	275.0	502.0	551.3	568.8	606.2	830.9	847.3	875.8	1,286.1	1,261.0	1,245.5	1,239.1	1,145.8	11,234.9
Oklahoma	65.2	112.1	121.0	124.1	128.8	116.9	121.4	170.9	253.2	264.4	310.1	333.6	310.7	2,432.5
Oregon	183.5	226.4	225.9	227.5	237.0	289.5	312.2	290.9	299.6	309.8	312.5	313.4	284.2	3,512.5
Pennsylvania	336.5	456.9	771.2	669.4	731.0	1,166.1	1,319.0	1,395.3	1,369.2	1,362.3	1,396.8	1,403.4	1,424.9	13,801.9
Rhode Island	61.8	93.5	99.9	102.1	127.9	134.5	156.1	175.5	165.5	161.0	165.3	179.3	182.2	1,804.5
South Carolina	31.3	81.9	94.4	96.3	106.9	93.1	99.4	101.7	96.3	98.0	110.0	116.6	102.4	1,228.4
South Dakota	ı 19.9	35.6	38.7	39.8	41.6	40.6	48.2	48.6	47.0	65.2	84.8	89.9	81.8	681.6
Tennessee	80.8	78.7	334.7	224.6	244.4	246.7	263.6	267.7	257.8	275.3	417.3	463.4	422.1	3,577.0
Texas	926.9	1,543.1	1,360.6	1,455.0	1,502.0	1,195.0	966.4	990.7	1,008.0	1,518.1	1,987.2	1,687.6	1,691.3	17,832.0
Utah	42.6	67.1	71.4	69.7	77.9	75.1	81.6	82.7	83.8	82.9	97.4	95.5	90.4	1,018.0
Vermont	24.8	42.7	45.8	49.5	53.9	67.6	75.7	72.3	70.2	85.0	95.9	103.3	101.2	887.9

http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6120a3.htm?s_cid=mm6120a3_w

Virginia	15.7	109.9	133.0	139.3	156.7	133.8	144.6	241.9	291.4	295.2	298.9	315.2	280.0	2,555.7
Washington	258.5	347.0	371.6	361.4	448.8	455.3	453.4	459.3	543.6	542.2	592.9	579.6	545.5	5,959.3
West Virginia	34.2	74.3	83.4	86.0	94.0	94.3	153.6	154.5	159.4	159.9	180.9	190.0	175.1	1,639.6
Wisconsin	247.7	353.1	359.4	369.1	436.9	415.7	421.6	426.4	422.3	421.9	604.9	714.2	780.6	5,973.9
Wyoming	5.8	17.1	18.8	20.5	22.8	21.1	29.5	37.6	37.1	39.2	44.7	46.1	39.6	379.8
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Total 8,817.7 13,483.2 16,044.2 16,868.1 17,775.9 18,134.6 18,964.3 19,716.3 20,723.9 21,510.7 23,501.5 24,264.3 23,958.0 243,762.5

* Revenues include state settlement revenues and net state cigarette tax collections. Revenues not reported include excise taxes collected on smokeless tobacco products, local excise taxes, and state or local sales taxes.

[†] Adjusted to fiscal year ending June 30.

§ Includes the District of Columbia.

TABLE 2. Total state and federal tobacco control appropriations (in millions of dollars) - United States, 1998-2010*

State†	1999 <i>Best Practices</i> funding recommendation (range)	2007 Best Practices§ funding recommendation	1998	1999	2000	2001	2002	2003	; 2004	2005	; 2006	2007	2008	3 200 <u>9</u>	2010	(2010 as % of 2007 Best Practices)	Total 1998– 2010
Alabama	26.74-71.24	56.7	0.5	1.1	1.6	5.9	2.8	1.6	1.7	1.5	1.8	2.1	2.2	2.6	2.2	(3.9)	27. 7
Alaska	8.09–16.51	10.7	0.4	1.0	2.5	2.5	4.1	6.1	4.9	5.2	7.1	7.5	8.8	9.4	8.6	(80.4)	68.1
Arizona	27.79–71.10	68.1	28.4	32.7	35.3	34.8	36.8	18.6	25.8	23.3	20.5	26.0	24.0	21.7	23.4	(34.4)	351.1
Arkansas	17.91–46.45	36.4	0.4	0.9	1.2	17.3	8.1	17.7	18.7	18.7	18.8	16.7	17.0	17.2	19.8	(54.4)	172.3
California	165.10-442.40	441.9	160.6	106.0	88.5	114.9	134.9	88.7	90.3	90.1	80.3	84.2	77.9	78.9	79.0	(17.9)	1,274.4
Colorado	24.55-63.26	54.4	1.3	0.9	1.3	14.1	14.1	8.9	5.2	5.6	28.6	26.4	27.5	27.8	12.4	(22.8)	174.2
Connecticut	21.24-53.90	43.9	0.3	1.0	5.0	2.0	1.6	1.6	1.5	1.0	1.2	3.2	1.2	8.6	7.2	(16.4)	35.4
Delaware	8.63-18.46	13.9	0.3	0.7	0.8	3.6	5.8	5.8	10.8	10.0	9.9	11.0	11.4	11.4	10.8	(77.7)	92.5
District of Columbia	7.48–14.57	10.5	0.3	0.5	0.4	0.4	0.4	0.4	0.4	0.4	0.8	1.0	3.4	4.2	2.1	(20.0)	14.9
Florida	78.38-221.26	210.9	0.4	70.6	44.8	44.9	30.6	38.3	1.8	1.7	2.0	6.7	58.9	60.8	67.7	(32.1)	428.9
Georgia	42.59-114.34	116.5	0.5	1.8	1.6	17.4	22.3	20.7	14.2	12.9	3.8	3.5	3.4	3.5	3.2	(2.7)	108.9
Hawaii	10.78–23.45	15.2	0.4	0.8	4.5	10.5	1.9	11.2	9.7	9.7	6.8	10.4	11.4	11.5	8.8	(57.9)	97.6
Idaho	11.04–24.09	16.9	0.3	0.8	1.1	2.3	2.1	2.4	2.7	2.9	2.0	2.3	2.7	2.9	2.3	(13.6)	26.8
Illinois	64.91–179.05	157.0	0.7	1.6	1.7	30.2	48.4	13.7	13.7	12.7	12.4	9.8	9.8	9.9	9.7	(6.2)	174.1
Indiana	34.78–95.80	78.8	1.2	0.9	1.4	36.4	33.9	34.0	12.2	12.6	12.2	12.0	17.3	16.2	11.8	(15.0)	202.2
Iowa	19.35-48.71	36.7	0.3	0.8	0.9	10.3	10.4	6.1	6.0	5.9	6.7	7.6	13.4	11.5	11.1	(30.2)	91.2
Kansas	18.05-44.69	32.1	0.4	0.9	1.2	1.7	1.7	1.7	1.7	1.9	3.6	3.6	2.8	2.4	2.2	(6.9)	25.8
Kentucky	25.09–69.90	57.2	0.5	1.1	1.1	6.1	6.6	4.1	3.8	3.7	4.0	4.0	3.7	4.0	3.9	(6.8)	46. 7
Louisiana	27.13-71.43	53.5	0.3	1.2	5.1	1.6	1.6	9.1	11.8	12.3	9.3	9.2	9.6	8.8	8.9	(16.6)	89.0
Maine	11.19–25.35	18.5	0.9	0.6	4.4	19.7	14.7	16.2	15.4	15.0	15.3	15.8	18.0	11.9	11.8	(63.8)	159.5
Maryland	30.30-78.60	63.3	0.4	1.1	1.4	31.4	22.4	31.4	16.6	10.7	10.7	20.1	19.9	20.9	6.7	(10.6)	193.8
Massachusett	s 35.24–92.76	90.0	39.3	57.3	53.6	44.7	49.6	6.4	4.1	5.2	6.1	10.0	14.6	14.0	6.1	(6.8)	310.9
Michigan	54.80–154.56	121.2	1.6	1.2	1.7	1.7	1.7	1.8	6.6	6.7	5.8	5.5	5.4	5.5	4.5	(3.7)	49. 7

Total	1,600.04-4,241.50	3,696.6	262.	3 345.4	436.6	782.3	; 820. 9	9 736.7	7 610.8	3 625.5	5 638.	1 670.5	5 778.9	9 735.:	3 641.1	(17.3)	8,084.2
Wyoming	7.38–14.40	9.0	0.3	0.7	1.0	2.8	1.9	4.0	4.0	4.7	7.1	7.0	7.0	7.1	5.8	(64.4)	53.3
Wisconsin	31.16-82.38	64.3	1.3	0.8	3.7	24.6	16.2	16.8	11.1	11.0	11.4	11.4	16.3	16.6		(12.6)	149.4
West Virginia	14.16–35.37	27.8	0.8	0.6	1.1	7.0	6.8	7.0	7.0	6.9	7.1	6.7	7.0	7.0	6.9	(24.8)	71.8
Washington	33.34-89.38	67.3	1.3	0.9	3.8	16.9	18.9	27.7	27.6	28.4	28.8	28.8	28.7	28.8	17.2	(25.6)	258.0
Virginia	38.87-106.85	103.2	0.9	0.8	14.2	18.1	20.4	23.3	18.5	13.6	13.9	14.7	15.7	13.9	13.4	(13.0)	181.5
Vermont	7.91–15.94	10.4	0.4	0.9	1.2	7.8	7.0	6.3	5.6	5.7	6.2	6.4	6.5	6.4	5.9	(56.7)	66.3
Utah	15.23-33.38	23.6	0.3	0.9	1.2	5.2	7.2	8.3	8.2	8.3	8.6	8.6	8.6	8.5	8.3	(35.2)	82.1
Texas	103.29–284.74	266.3	0.6	0.7	8.5	10.8	13.1	13.5	9.3	9.5	10.1	8.6	12.1	13.2	13.3	(5.0)	123.2
Tennessee	32.23-89.08	71.7	0.4	1.2	1.4	1.4	1.4	1.4	1.3	1.4	1.7	1.7	11.4	6.4	1.5	(2.1)	32. 7
South Dakota	8.69–18.21	11.3	0.3	0.6	0.9	2.6	3.6	1.7	1.6	2.3	1.8	1.8	6.1	6.0	6.0	(53.1)	35.2
South Carolina	23.91–62.01	62.2	1.0	0.7	1.2	3.0	2.8	3.2	1.2	1.1	1.3	3.3	3.3	1.4	3.2	(5.1)	26.6
Rhode Island	9.89–21.91	15.2	1.0	0.7	1.7	3.4	5.4	4.4	4.1	3.5	3.5	2.4	2.3	2.2	1.9	(12.5)	36.6
Pennsylvania	65.57–184.76	155.5	0.6	1.2	1.3	1.3	42.7	53.3	52.9	47.2	34.4	31.7	33.1	33.6	19.0	(12.2)	352.2
Oregon	21.13–52.84	43.0	0.4	9.4	9.5	9.5	12.3	12.2	3.9	4.4	4.7	4.7	9.4	9.4	7.7	(17.9)	97.5
Oklahoma	21.83–56.31	45.0	0.5	1.2	1.3	3.1	2.8	6.7	7.9	6.0	10.0	11.5	15.7	19.5	21.1	(46.9)	107.3
Ohio	61.74–173.68	145.0	0.7	1.5	1.5	61.5	23.2	35.5	39.7	54.6	48.9	46.5	46.3	9.6	7.4	(5.1)	376.9
North Dakota	8.16–16.55	9.3	0.4	0.8	1.1	1.1	3.4	3.6	4.5	4.1	4.4	4.4	4.4	4.4	9.4	(101.1)	45.9
North Carolina	42.59–118.63	106.8	1.7	1.2	1.7	1.7	6.8	8.0	7.9	27.7	23.9	19.0	18.9	18.9	20.0	(18.7)	157.4
New York	95.83–269.30	254.3	1.9	8.8	31.3	34.5	42.0	42.0	41.8	42.3	56.0	87.6	86.3	79.5	67.5	(26.5)	621.5
New Mexico	13.71–31.95	23.4	0.9	0.7	1.1	3.4	6.2	6.2	7.1	6.0	7.3	9.1	10.9	10.8	10.6	(45.3)	80.3
New Jersey	45.07–121.33	119.8	0.3	0.9	19.9	31.3	31.3	31.3	11.2	12.1	12.5	12.5	12.4	10.5	8.9	(7.4)	194.9
New Hampshire	10.89–24.77	19.2	0.4	0.8	1.0	4.0	4.0	4.0	0.9	0.9	1.2	1.2	2.4	1.3	1.0	(5.2)	23.1
Nevada	13.48–32.99	32.5	0.3	0.8	4.6	3.8	5.0	5.0	5.0	5.1	5.4	4.8	2.9	4.5	3.8	(11.7)	51.1
Nebraska	13.31–31.04	21.5	0.4	1.0	8.2	8.2	8.3	8.3	1.6	4.1	4.5	4.4	3.9	4.3	4.2	(19.5)	61.4
Montana	9.36–19.68	13.9	0.4	0.7	4.4	4.4	1.4	1.3	4.1	3.3	7.9	8.0	9.6	9.5	9.4	(67.6)	64.3
Missouri	32.77-91.36	73.2	1.1	0.8	1.2	1.2	19.9	1.2	1.2	1.4	1.9	1.3	1.5	3.0	2.4	(3.3)	37.9
Mississippi	18.79–46.80	39.2	0.3	19.7	31.4	20.4	20.5	20.4	20.4	20.3	20.6	0.7	8.6	11.1	11.7	(29.8)	206.1
Minnesota	28.62-74.01	58.4	3.6	0.8	16.2	35.4	30.1	33.7	21.6	19.8	23.5	23.0	2 3.4	21.8	21.5	(36.8)	274.2

* Adjusted to fiscal year ending June 30.

[†] Includes the District of Columbia.

§ Available at <u>http://www.cdc.gov/tobacco/stateandcommunity/best_practices/index.htm</u>.

¶ Does not include time-limited funding (e.g., Communities Putting Prevention to Work).

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