

Ohio Report Card



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

FY2017 State Funding for Tobacco Control Programs:	\$13,540,000
FY2017 Federal Funding for State Tobacco Control Programs:	\$1,986,656*
FY2017 Total Funding for State Tobacco Control Programs:	\$15,526,656
CDC Best Practices State Spending Recommendation:	\$132,000,000
Percentage of CDC Recommended Level:	11.8%
State Tobacco-Related Revenue:	\$1,300,000,000

*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: **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**

Retail Stores: **Prohibited**

Recreational/Cultural Facilities: **Prohibited**

Penalties: **Yes**

Enforcement: **Yes**

Preemption: **No**

Citation: OHIO REV. CODE ANN §§ 3794.01 to 3794.09 (2006).

Tobacco Taxes: **F**

CIGARETTE TAX:

Tax Rate per pack of 20: **\$1.60**

OTHER TOBACCO PRODUCT TAXES:

Tax on little cigars: **Equalized: No; Weight-Based: No**

Tax on large cigars: **Equalized: No; Weight-Based: No**

Tax on smokeless tobacco: **Equalized: No; Weight-Based: No**

Tax on pipe/RYO tobacco: **Equalized: No; Weight-Based: No**

Tax on Dissolvable tobacco: **Equalized: No; Weight-Based: No**

For more information on tobacco taxes, go to:

<http://slati.lung.org/slati/states.php>

Access to Cessation Services: **F**

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **All 7 medications are covered**

Counseling: **All 3 forms of counseling are covered**

Barriers to Coverage: **Some barriers exist to access care**

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **Some medications are covered**

Counseling: **Some counseling is covered**

Barriers to Coverage: **Some barriers exist to access care**

STATE QUITLINE:

Investment per Smoker: **\$0.42; the average investment per smoker is \$3.46**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

Tobacco Surcharge: **No prohibition or limitation on tobacco surcharges**

Citation: See [Ohio Tobacco Cessation Coverage page](#) for coverage details.



Thumbs up for Ohio for providing comprehensive coverage for all tobacco cessation medications and types of counseling to Medicaid enrollees.

Minimum Age: **F**

Minimum Age of Sale for Tobacco Products: **18**

Ohio State Highlights:



Tobacco use remains the leading cause of preventable death and disease in the United States and in Ohio. To address this enormous toll, the American Lung Association in Ohio calls for the following three actions to be taken by our elected officials:

1. Match the tax on non-cigarette forms of tobacco like spit tobacco, cigars and hookah to the cigarette tax;
2. Increase funding for tobacco prevention and cessation programs; and
3. Pass Tobacco 21 laws to increase the minimum age of sale for tobacco products to 21 in additional cities in the state.

During the 2016 legislative session, a bill was introduced that would have allowed exemptions for a wide range of businesses under Ohio's Smoke-Free Workplace Act. The American Lung Association in Ohio and partners spoke with legislators and worked to obtain negative media stories about the legislation. Ultimately, the legislation did not get a hearing and made no progress during the legislative session.

The Lung Association worked with coalitions and other interested parties around the state to help move their cities closer to passing laws to increase the minimum sales age for tobacco products to 21 often referred to as Tobacco 21 laws. In 2016, groups in over a dozen cities began working toward passing a Tobacco 21 ordinance in their city. By the end of 2016, seven cities in Ohio, including the cities of Cleveland and Columbus, had passed Tobacco 21 laws. Columbus set up a local licensing system in conjunction with passage of its Tobacco 21 law, which should help with enforcement, and could serve as a good model for other cities to use.

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The 2016 Ohio Health Issues Poll sponsored by Interact for Health found that 53 percent of Ohio adults favored increasing the minimum purchase age for tobacco to 21, including about half of current smokers (51 percent), previous smokers (54 percent), and adults who had never smoked (54 percent). The poll also found high support



for the law that prohibited smoking in any public place or place of employment. More than 8 in 10 Ohio adults (82 percent) were in favor of the law. Additionally, the survey found that 2 in 10 Ohio adults (19 percent) reported that they had ever used an e-cigarette. Those who used e-cigarettes included 51 percent of current smokers, 18 percent of former smokers, and 7 percent of adults who have never smoked.

As we look to 2017, the American Lung Association in Ohio will continue to work with a broad coalition of stakeholders to raise the tax on other tobacco products, fully fund evidence-based tobacco prevention and cessation programs, and pass Tobacco 21 laws in Ohio's cities.

Ohio State Facts

Health Care Costs Due to Smoking:	\$5,647,310,236
Adult Smoking Rate:	21.6%
Adult Tobacco Use Rate:	24.6%
High School Smoking Rate:	15.1%
High School Tobacco Use Rate:	N/A
Middle School Smoking Rate:	2.6%
Smoking Attributable Deaths:	20,180

Adult smoking and tobacco use data come from CDC's 2015 Behavioral Risk Factor Surveillance System. High school smoking rate is taken from the 2013 Youth Risk Behavior Surveillance System. Middle school smoking rate is taken from the 2014 Youth Tobacco Survey. A current high school tobacco use rate is not available for this state.

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 Ohio

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www.lung.org/ohio