

Wisconsin Report Card



WISCONSIN

Tobacco Prevention and Control Program Funding:		F
FY2019 State Funding for Tobacco Control Programs:	\$5,300,000	
FY2019 Federal Funding for State Tobacco Control Programs:	\$2,687,204*	
FY2019 Total Funding for State Tobacco Control Programs:	\$7,987,204	
CDC Best Practices State Spending Recommendation:	\$57,500,000	
Percentage of CDC Recommended Level:	13.9%	
State Tobacco-Related Revenue:	\$757,800,000	

*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 (allowed in existing tobacco bars)
Casinos/Gaming Establishments:	Prohibited (tribal establishments exempt)
Retail Stores:	Prohibited
Recreational/Cultural Facilities:	Prohibited
E-Cigarettes Included:	No
Penalties:	Yes
Enforcement:	Yes
Preemption:	Limited
Citation:	WI STAT. ANN. § 101.123 (2010).

Tobacco Taxes: D

CIGARETTE TAX:

Tax Rate per pack of 20: **\$2.52**

OTHER TOBACCO PRODUCT TAXES:

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

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

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

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

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

For more information on tobacco taxes, go to: www.lung.org/slati

Access to Cessation Services: F

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **All 7 medications are covered**

Counseling: **Some counseling is covered**

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

Medicaid Expansion: **No**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All 7 medications are covered**

Counseling: **Most counseling is covered**

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

STATE QUITLINE:

Investment per Smoker: **\$1.43; the median investment per smoker is \$2.21**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

Tobacco Surcharge: **Medicaid enrollees are subject to a tobacco surcharge**

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

Minimum Age: F

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

Wisconsin State Highlights:



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

1. Protect and increase funding for the Tobacco Prevention and Control Program;
2. Equalize the tax on little cigars (brown cigarettes) with regular cigarettes; and
3. Pass legislation that places ALL tobacco products behind the counter or in a locked cabinet.

Meaningful tobacco control policy advancement continued to be stymied on the state level in 2018. Assembly Bill 159, a bill that would have required all Wisconsin schools to adopt a strong policy prohibiting e-cigarette use on school property passed the Assembly Committee on Education, 14-1 but then was denied a full floor vote in the Assembly.

Even more disappointing, Senate Bill 307/Assembly Bill 225, which would have required all tobacco products to be placed behind the counter or in a locked cabinet, did not pass. The bill had strong, bi-partisan co-sponsorship in both house and overwhelming support from numerous statewide health organizations. After a hearing before the Senate Committee on Agriculture, Small Business, and Tourism, it was passed 9-0 and moved to the Senate floor where it passed on a voice vote. The Assembly Committee on State Affairs also held a public hearing where numerous individuals testified in support and none against, but then stalled. Subsequently, the bill did not advance before the end of the session.

Work continued on the local level with several major e-cigarette victories in 2018. The City of Milwaukee passed an ordinance that prohibits the use of e-cigarettes anywhere that smoking isn’t allowed. That city was joined by the cities of Oak Creek, Beaver Dam, Neenah and Grant County. Other communities, such as Appleton and Juneau made advances in clean outdoor air by passing laws limiting the use of cigarettes, e-cigarettes and other tobacco products in parks and recreational areas.

Due to the skyrocketing rise in e-cigarette and other tobacco products use, particularly flavored products, Wisconsin has created an awareness campaign aimed at parents, Tobacco is Changing, with a tagline that says, “Tobacco is Changing, parents. We’ve got to keep up.” The campaign includes paid advertising and on-line videos, social media and a website that familiarizes parents and adults with the new products and the issues

surrounding them, provides opportunities to take action, and connects viewers with resources available through the state Tobacco Prevention and Control Program.

While the American Lung Association in Wisconsin will continue to work with local tobacco control coalitions to strengthen community tobacco control ordinances, the most sweeping progress is still made at the state level. The Lung Association will continue to focus on passing legislation that requires that ALL tobacco sales be clerk assisted, create tax parity between cigarettes and little cigars and advocate to increase funding for the state Tobacco Prevention and Control Program. The Lung Association hopes that new governor Tony Evers and the legislature can work together to make positive advancements in tobacco control in 2019.

Wisconsin State Facts	
Health Care Costs Due to Smoking:	\$2,663,227,988
Adult Smoking Rate:	16.0%
Adult Tobacco Use Rate:	20.9%
High School Smoking Rate:	7.8%
High School Tobacco Use Rate:	17.3%
Middle School Smoking Rate:	1.3%
Smoking Attributable Deaths:	7,850

Adult smoking and tobacco use data come from CDC’s 2017 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use rates are taken from the 2017 Youth Risk Behavior Surveillance System. Middle school smoking rate is taken from the 2016 Youth Tobacco 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 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 Wisconsin
(262) 703-4200
www.lung.org/wisconsin

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