

Hawaii Report Card

Tobacco Prevention and Control Spending

D

FY2010 Tobacco Control Program Funding:	\$8,820,755*
CDC Best Practices State Spending Recommendation:	\$15,200,000
Percentage of CDC Recommendation:	58%



Thumbs down for Hawaii for significantly decreasing funding for its state tobacco control program this year despite increasing the state cigarette tax by 60 cents per pack.

*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:	N/A
Retail Stores:	Prohibited
Recreational/Cultural Facilities:	Prohibited
Penalties:	Yes
Enforcement:	Yes
Preemption:	No
Citation:	HI REV. STAT. ANN. § 302A-142; HI Admin. Rules 8-31-1 to 8-31-6; 346-151 & 346-158

Cigarette Tax

B

Tax Rate per pack of 20: \$2.60*



Thumbs up for Hawaii for increasing its cigarette tax by 60 cents to \$2.60 per pack.

*On June 30, 2009, the cigarette tax increase from \$2.00 to \$2.60 per pack

Cessation Coverage

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OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **Coverage for the 7 recommended cessation medications* varies by health plan**

Counseling: **No coverage for individual counseling, coverage for group counseling varies by health plan**

Barriers to Coverage: **No health plans have lifetime limits on quit attempts; other barriers to coverage vary by health plan****

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **All plans cover Zyban; some plans cover NRT Gum, NRT Patch, NRT Inhaler and/or Chantix**

Counseling: **All plans cover phone counseling; some plans cover group, individual and/or online counseling**

Barriers to Coverage: **None**

PRIVATE INSURANCE MANDATE: NO PROVISION

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

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

**Barriers could include: Limits on duration, annual limits on quit attempts, requiring prior authorization, requiring co-payments, requiring using one cessation treatment before using another and/or requiring the use of counseling to receive medications.

Hawaii Behind the Scenes



The American Lung Association in Hawaii maintains its leadership role in tobacco control and prevention in Hawaii by continuing to write letters to the editor and press releases, sending e-blasts, providing testimony, making public speaking appearances, conducting prevention and cessation programs, working with the State Department of Health's Hawaii Healthy Initiative and their tobacco control and cessation efforts, and participating in task forces and in the Coalition for a Tobacco Free Hawaii.

The American Lung Association in Hawaii worked hard on several pieces of legislation in 2009. Successes included an increase in the cigarette tax from \$2.00 per pack to \$2.60 per pack, effective July 1, 2009. It will increase again by 20 cents per pack this year and in 2011. The tax on other tobacco products also was increased, and little cigars/cigarillos will now be taxed at the same rate as cigarettes. In addition, the 2009 sunset clause in the law that requires sellers of tobacco products to be licensed was also removed.

Not all of our efforts were successful, however. The tobacco settlement funds going into tobacco prevention and cessation programs were cut from 12.5 percent to 6.5 percent for six years. This is far better than what the state House of Representatives had proposed—cutting the amount dedicated to the Tobacco Prevention and Control Fund down to 2 percent. However, it is anticipated that this reduction will result in significant cuts to tobacco prevention and control spending in Hawaii. Tobacco settlement dollars were also diverted from the Department of Health to the general fund, thus reducing Hawaii's expenditures significantly below the level recommended by the U.S. Centers for Disease Control and Prevention (CDC).

After nearly three years, the administrative rules for the 2006 smokefree law received a public hearing in August 2009. It is hoped that they will be implemented by early 2010. The majority of businesses adhere to the law without these rules in place, but there are a few businesses that continue to blatantly ignore it and actually encourage staff and customers to smoke.

Finally, we are delighted to report that in all of the upcoming Medicaid managed care Quest contracts, it is planned that comprehensive tobacco cessation benefits will be included.

Hawaii's smoking rates have fallen significantly. According to CDC's Youth Risk Behavior Surveillance System, high school smoking rates have fallen from 27.9 percent in 1999 to 12.8 percent in 2007, a remarkable achievement. The adult smoking rate also dropped from 17 percent in 2007 to 15.4 percent in 2008. Smoking rates continue to be high, however, among Filipino men (25.3%) and Native Hawaiians (21.2%).

In 2010, the American Lung Association in Hawaii will work with the Coalition for a Tobacco-Free Hawaii. The major focus will be to maintain or increase tobacco prevention and cessation funding levels. With the poor economy, we anticipate the legislature will look favorably on another tax increase on cigarettes. Our efforts will be to earmark those funds for tobacco prevention and control.

Hawaii State Facts	
Economic Costs Due to Smoking:	\$686,772,000
Adult Smoking Rate:	15.4%
High School Smoking Rate:	12.8%
Middle School Smoking Rate:	4.9%
Smoking Attributable Deaths:	1,163
Smoking Attributable Lung Cancer Deaths:	372
Smoking Attributable Respiratory Disease Deaths:	226

Adult smoking rate is taken from CDC's Behavioral Risk Factor Surveillance System, 2008 Prevalence Data. High school smoking rate is taken from the 2007 Youth Risk Behavioral Surveillance System. Middle school smoking rate is taken from the 2005 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 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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