

Michigan Report Card

Tobacco Prevention and Control Spending

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FY2010 Tobacco Control Program Funding: \$4,266,429*

CDC Best Practices State Spending Recommendation: \$121,200,000

Percentage of CDC Recommendation: 3.5%

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

Smokefree Air

I*

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government Worksites: **Restricted**

Private Worksites: **No provision**

Schools: **Prohibited (public schools only)**

Child Care Facilities: **Prohibited**

Restaurants: **Restricted**

Bars: **No provision**

Casinos/Gaming Establishments: **No provision**

Retail Stores: **Restricted**

Recreational/Cultural Facilities: **Restricted**

Penalties: **Yes**

Enforcement: **Yes**

Preemption: **Yes**

Citation: MI COMP. LAWS §§ 289.707a; 333.12601 et seq.; 750.473; 722.111 et. seq.; 333.12905; 333.12915 & Exec. Order 1992-3



Thumbs up for Michigan for passing a law prohibiting smoking in almost all public places and workplaces, including restaurants and bars.

*Michigan passed legislation in 2009 that will prohibit smoking in almost all public places and workplaces, including restaurants and bars. However, the law does not take effect until May 1, 2010 so Michigan receives an "I" for Incomplete this year.

Cigarette Tax

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Tax Rate per pack of 20: \$2.00

Cessation Coverage

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OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **All health plans cover Zyban; coverage of NRT Gum, NRT Patch, NRT Nasal Spray, NRT Inhaler, NRT Lozenge and Chantix varies by plan**

Counseling: **No coverage**

Barriers to Coverage: **Barriers to coverage vary by health plan***

STATE EMPLOYEE HEALTH PLAN(S):

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

Counseling: **Coverage of individual, group and phone counseling varies by health plan**

Barriers to Coverage: **Barriers to coverage vary by health plan***

PRIVATE INSURANCE MANDATE: NO PROVISION

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

* 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.

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

Michigan Behind the Scenes



The American Lung Association in Michigan began the 2009-2010 legislative session re-energized and ready to continue where it left off in its fight to pass a comprehensive, statewide smokefree bill. It is with great pleasure that we can report that House bill (HB) 4377 passed both the state House of Representatives and Senate and was signed into law by Gov. Jennifer Granholm in December 2009. As of May 1, smoking will be prohibited in almost all indoor worksites, with the exception of the gaming floors of Detroit's three existing casinos and existing cigar bars and tobacco specialty shops.

The victory comes after more than ten years of the Lung Association advocating for smokefree workplaces. Sadly, the campaign in 2008 ended with the Senate and House unable to agree on whether there should be any exemptions in the bill.

Our coalition was determined not to let the stalemate happen again in 2009. A variety of bills were introduced in both chambers. Some would have prohibited smoking in all worksites; others, contained exemptions for the gaming floors of casinos, cigar bars and tobacco specialty shops.

On May 26, 2009, the House overwhelming passed HB 4377, 73 to 31, which included the exemptions for the gaming floors of casinos, cigar bars and tobacco specialty stores. The Speaker of the House, Andy Dillon, would not allow a vote on any other smokefree bills. HB 4377 moved to the Senate where it was referred to the Government Operations and Reform Committee, chaired by Senate Majority Leader Mike Bishop.

In what felt like a bad case of déjà vu, until early December, there had been no activity on HB 4377. Thankfully, after an intense 6 weeks grassroots effort from smokefree advocates, the Senate began looking at the bill and agreed to compromise with the House. State Senator Jelinek introduced a substitute bill to HB 4377, which still allowed the exemptions for the gaming floors of casinos and existing cigar bars and tobacco specialty shops, but tightened up the language. This was the bill that ultimately passed in both chambers.

This year also saw continued activity at the local level. As of November 2009, 24 counties and four cities have smokefree workplaces. However, coun-

ties and cities currently can not prohibit smoking in restaurants and bars due to a provision in state law that prevents them from doing so.

This year, the state's tobacco control program was one of many that suffered cuts due to the state's dire economic situation. In the last quarter of fiscal year 2009, the tobacco program had to cut its budget by \$272,000. For fiscal year 2010, the program will see its state funding cut from approximately \$3.7 million to \$2.6 million.

Moving into its second century, the American Lung Association in Michigan will continue to advocate that all worksites be smokefree and educate legislators about the need to fund comprehensive tobacco prevention and education programs.

Michigan State Facts

Economic Costs Due to Smoking:	\$7,259,672,000
Adult Smoking Rate:	20.5%
High School Smoking Rate:	18.0%
Middle School Smoking Rate:	N/A
Smoking Attributable Deaths:	14,522
Smoking Attributable Lung Cancer Deaths:	4,572
Smoking Attributable Respiratory Disease Deaths:	3,633

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. A current middle school smoking 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 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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