

Oregon Report Card

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

FY2022 State Funding for Tobacco Control Programs:	\$36,900,000**
FY2022 Federal Funding for State Tobacco Control Programs:	\$1,556,750*
FY2022 Total Funding for State Tobacco Control Programs:	\$38,456,750
CDC Best Practices State Spending Recommendation:	\$39,300,000
Percentage of CDC Recommended Level:	97.9%
State Tobacco-Related Revenue:	\$468,600,000

*Includes tobacco prevention and cessation funding provided to states from the Centers for Disease Control and Prevention.

**Oregon's state funding includes unspent dedicated revenue collected from January 1 to June 30, 2021, and funding is expected to decrease in the next biennial budget starting with fiscal year 2024.



Thumbs up for Oregon for substantially increasing funding for its state tobacco control program getting the state close to the CDC-recommended funding level.

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 cigar bars)
Casinos/Gaming Establishments: Prohibited (tribal establishments not subject to state law)
Retail Stores: Prohibited (allowed in smoke shops)
Recreational/Cultural Facilities: Prohibited
E-Cigarettes Included: Yes
Penalties: Yes
Enforcement: Yes
Preemption/Local Opt-Out: No
Citation: OR. REV. STAT. §§ 433.835 to 433.990 (2020).

Tobacco Taxes: **C**

CIGARETTE TAX:

Tax Rate per pack of 20: **\$3.33**

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: No; Weight-Based: Yes**

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

Tax on e-cigarettes: **Equalized: Yes; Weight-Based: No**

Access to Cessation Services: **I***

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **All 7 medications are covered**

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

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

Medicaid Expansion: **Yes**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **No data provided**

Counseling: **No data provided**

Barriers to Coverage: **No data provided**

STATE QUITLINE:

Investment per Smoker: **No data provided; the median investment per smoker is \$2.41**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **Yes**

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

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



Thumbs up for Oregon for providing comprehensive coverage for all tobacco cessation medications and types of counseling with minimal barriers to Medicaid enrollees.

*Oregon has earned an I for "Incomplete" in the Access to Cessation Services category for not being able to provide data for several areas of this grade. The state earned a "C" grade in this category in last year's report when all requested information was provided.

Flavored Tobacco Products: **F**

Restrictions on Flavored Tobacco Products:

No state law or regulation

Oregon State Highlights:



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

1. Restrict the sale of flavored tobacco products, including menthol cigarettes; and
2. Defend Oregon’s strong clean indoor air law.

Senate Bill 587B proposed the introduction of a statewide tobacco retail licensure system for the state. Oregon had been one of very few states that does not require tobacco retailers to obtain a license or permit, a policy shown to reduce youth access to tobacco products. Senator Taylor championed this legislation which passed the Senate on a 20 to 8 vote and passed the House on a 43 to 15 vote. The Governor signed the bill into law on July 19, 2021. Momentum for this effort was provided by several counties who passed local ordinances to licensing. The one downside to the legislation was that it preempts local communities from prohibiting tobacco sales in pharmacies.

Counties are once again leading the way for additional measures to protect youth from tobacco through the introduction of flavor restriction policies. Washington county, outside the city of Portland voted on October 19, 2021, to put in place a comprehensive policy that prohibits the sale of all flavored tobacco products, including menthol cigarettes and all flavored e-cigarettes. Multnomah County, which includes the city of Portland, is also considering a comprehensive flavors policy.

Funding for the state’s tobacco prevention and control program was \$36.9 million for the fiscal year 2022 portion of the two-year state budget passed in 2021. Due to additional dedicated revenue from the \$2.00 cigarette tax increase that took effect January 1, 2021, this funding amount is significantly higher than previous years, and gets Oregon very close to the level of funding recommended by the Centers for Disease Control and Prevention. State funding in fiscal years 2022 and 2023 does include unspent dedicated revenue that was collected from January 1, 2021, to June 30, 2021, so state funding is expected to decrease in the next biennial budget. However, this substantial and much needed funding increase is a significant achievement.

Oregon’s 2022 session is a short 35-day session. The American Lung Association will join together with

partners to provide education and build support for a statewide policy to restrict the sale of all flavored tobacco products.

Oregon State Facts

Healthcare Costs Due to Smoking:	\$1,547,762,592
Adult Smoking Rate:	13.3%
Adult Tobacco Use Rate:	N/A
High School Smoking Rate:	4.9%
High School Tobacco Use Rate:	23.1%
Middle School Smoking Rate:	2.6%
Smoking Attributable Deaths:	5,470

Adult smoking data come from CDC’s 2020 Behavioral Risk Factor Surveillance System. High school (11th grade only) smoking and tobacco use, and middle school (8th grade only) smoking rates are taken from the 2019 Oregon Healthy Teens Survey. High school tobacco use includes cigarettes, cigars, smokeless tobacco, and electronic vapor products, as well as hookah, making it incomparable to other states.

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 healthcare expenditures are based on 2004 smoking-attributable fractions and 2009 personal healthcare expenditure data. Deaths and expenditures should not be compared by state.

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