

## Nebraska Report Card

### Tobacco Prevention and Control Spending

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FY2010 Tobacco Control Program Funding:	\$4,765,792*
CDC Best Practices State Spending Recommendation:	\$21,500,000
Percentage of CDC Recommendation:	22.2%

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

### Smokefree Air

**A**

#### OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government Worksites:	<b>Prohibited</b>
Private Worksites:	<b>Prohibited</b>
Schools:	<b>Prohibited</b>
Child Care Facilities:	<b>Prohibited</b>
Restaurants:	<b>Prohibited</b>
Bars:	<b>Prohibited (allowed in cigar bars)</b>
Casinos/Gaming Establishments:	<b>Prohibited</b>
Retail Stores:	<b>Prohibited</b>
Recreational/Cultural Facilities:	<b>Prohibited</b>
Penalties:	<b>Yes</b>
Enforcement:	<b>Yes</b>
Preemption:	<b>Limited</b>
Citation:	NEB. REV. STAT. §§ 71-5716 to 71-5734



Thumbs up for Nebraska for its law prohibiting smoking in virtually all public places and workplaces taking effect June 1, 2009, earning the state an "A" grade for the first time.

### Cigarette Tax

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Tax Rate per pack of 20:	\$0.64
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### Cessation Coverage

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#### OVERVIEW OF STATE CESSATION COVERAGE:

##### STATE MEDICAID PROGRAM:

Medications: **Covers NRT Gum, NRT Patch, Chantix and Zyban**

Counseling: **Covers individual counseling**

Barriers to Coverage: **Limits on duration, annual limit on quit attempts, prior authorization required for medications, minimal co-payments and combination therapy required**

##### STATE EMPLOYEE HEALTH PLAN(S):

Medications: **No coverage**

Counseling: **No coverage**

Barriers to Coverage: **N/A**

##### PRIVATE INSURANCE MANDATE: NO PROVISION

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

## Nebraska Behind the Scenes



The American Lung Association in Nebraska is proud to celebrate a comprehensive smokefree worksite law that took effect June 1 after passage during the 2008 legislative session. Major challenges were posed to the legislation during the 2009 session, including requests for exemptions for so-called cigar bars and pool halls. In addition, Legislative Bill 611 would have allowed local communities to “opt out” of the smoke-free law; thankfully the bill failed to make it out of committee.

To date, the new smokefree worksite law has won widespread public acceptance. The Department of Health and Human Services, which enforces the law, reported only a handful of violation complaints.

Legislative Bill 355, the cigar bar exemption, won passage and was signed by the Governor in 2009 despite strenuous objections by the Lung Association and its advocacy partners. The partners were successful, however, in limiting the scope of the bill through amendments that narrowly defined the definition of a cigar bar. Establishments qualifying for the cigar bar exemption may not: prepare and serve food on the premises; allow smoking of cigarettes; or consider cigarette sales in the 10 percent minimum of tobacco and tobacco product sales threshold. These establishments must also have a walk-in humidior. An attempt was made to have the bill take effect immediately, and it was defeated.

Legislative Bill 600, the pool hall exemption bill, failed, fortunately, to make it out of committee.

Other legislation approved by the Unicameral and signed into law during the 2009 session included Legislative Bill 198, requiring that all cigarettes sold in the state be “fire-safe” to help prevent cigarette-caused fires.

The Transportation Committee postponed indefinitely Legislative Bill 93, to prohibit smoking in a motor vehicle if a person under 16 years old is present. The postponement effectively killed the bill.

In 2010, the American Lung Association in Nebraska will continue to fight against efforts to further weaken the smokefree worksite law.

### Nebraska State Facts

Economic Costs Due to Smoking:	\$1,091,897,000
Adult Smoking Rate:	18.4%
High School Smoking Rate:	18.5%
Middle School Smoking Rate:	5.4%
Smoking Attributable Deaths:	2,274
Smoking Attributable Lung Cancer Deaths:	700
Smoking Attributable Respiratory Disease Deaths:	696

Adult smoking rate is taken from CDC's Behavioral Risk Factor Surveillance System, 2008 Prevalence Data. High school smoking rate is taken from the 2009 Nebraska Youth Risk Behavior Survey (data/smoking rate is unweighted due to a low response rate). Middle school smoking rate is taken from the 2006 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:

#### American Lung Association in Nebraska

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