

Massachusetts Report Card

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

FY2024 State Funding for Tobacco Control Programs:	\$6,294,468
FY2024 Federal Funding for State Tobacco Control Programs:	\$1,902,654*
FY2024 Total Funding for State Tobacco Control Programs:	\$8,197,122
CDC Best Practices State Spending Recommendation:	\$66,900,000
Percentage of CDC Recommended Level:	12.3%
State Tobacco-Related Revenue:	\$692,600,000

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

Smokefree Air: **A**

OVERVIEW OF STATE SMOKING RESTRICTIONS

Government work sites:	Prohibited
Private work sites:	Prohibited
Schools:	Prohibited
Child care facilities:	Prohibited
Restaurants:	Prohibited
Bars:	Prohibited (allowed in smoking bars)
Casinos/Gaming Establishments:	Prohibited
Retail stores:	Prohibited
E-Cigarettes Included:	Yes
Preemption/Local Opt-Out:	No
Citation:	MASS. GEN. LAWS ch. 270, § 22 (2018).

Tobacco Taxes: **B**

CIGARETTE TAX:	
Tax Rate per pack of 20:	\$3.51
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: No; Weight-Based: No
Tax on E-cigarettes:	Equalized: Yes; Weight-Based: No
For more information on tobacco taxes, go to: www.lung.org/slati	

Access to Cessation Services: **B**

OVERVIEW OF STATE CESSATION COVERAGE

STATE MEDICAID PROGRAM:	
Medicaid Medications:	All 7 medications are covered
Medicaid Counseling:	All 3 types of counseling are covered
Medicaid Barriers to Coverage:	Minimal barriers exist to access care
Medicaid Expansion:	Yes
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:	\$1.55; the median investment per smoker is \$1.93
OTHER CESSATION PROVISIONS:	
Private Insurance Mandate:	Yes
Tobacco Surcharge:	Prohibits tobacco surcharges
Citation: See Massachusetts Tobacco Cessation Coverage page for coverage details.	

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

Flavored Tobacco Products: **A**

Restrictions on Flavored Tobacco Products: **All flavored tobacco products prohibited in virtually all locations.**

Massachusetts State Highlights:



Tobacco use remains the leading cause of preventable death and disease in the United States and in Massachusetts.

To address this enormous toll, the American Lung Association calls for the following actions to be taken by Massachusetts’s elected officials:

1. Increase comprehensive tobacco control program funding for prevention and cessation to the level recommended by the U.S. Centers for Disease Control and Prevention (CDC).
2. Increase the tobacco tax by a minimum of \$1.00 per pack and tax non-cigarette tobacco products at a comparable rate; and
3. Prevent rollbacks to tobacco control funding, smokefree and tobacco prevention laws.

Massachusetts continues to be a leader nationwide in tobacco control efforts. Four years have passed since laws making the Bay State the first in the nation to end the sale of all flavored tobacco products went into full effect. Fortunately, there were no successful legislative efforts in 2023 to rollback this comprehensive measure. Although, communities across the Commonwealth have experienced an increase in sales of “non-menthol” products that have the properties and characteristics of menthol products. Local Boards of Health and community advocates are working to address these illegal product sales through increased compliance checks and retailer education. The industry continues to push back with claims that these products are not included in the Massachusetts flavor restriction.

Upon first introduction, the Governor’s Budget did not specifically earmark funding to the Massachusetts Tobacco Control Program (MTCP). Thanks to advocacy from the Lung Association and our state partners, Senator Keenan introduced an amendment that restored and increased the MTCP budget to \$6.2 million, roughly \$90,000 up from the prior fiscal year and a 67% increased from fiscal year 2018. Even with this budget increase, the Commonwealth of Massachusetts severely underfunds the MTCP based on the recommendations of the CDC.

Massachusetts last raised the cigarette excise tax in 2013, at that time becoming the highest in the Northeast. However, the state has now fallen behind other Northeast states and this policy is one of the most effective in prompting current tobacco users to make a quit attempt and preventing youth from

initiating tobacco use. While legislation has been introduced to increase the tobacco tax in the state, the legislature has been dormant in taking further action, including in 2023.

The American Lung Association will continue to work with our state coalition partners to advance tobacco control and prevention efforts and defend our successful programs and smokefree policies against rollbacks. As the Massachusetts Legislature begins its work in 2024, the Lung Association and tobacco control partners will continue to grow our coalition to educate policymakers, business leaders and the media of the importance of the American Lung Association’s goals to reduce tobacco use and protect public health.

Massachusetts State Facts

Health Care Cost Due to Smoking:	\$4,080,690,302
Adult Smoking Rate:	10.4%
High School Smoking Rate:	3.5%
High School Tobacco Use Rate:	N/A
Middle School Smoking Rate:	0.8%
Smoking Attributable Deaths:	9,300

Adult smoking data come from CDC’s 2022 Behavioral Risk Factor Surveillance System. High school smoking data comes from CDC’s 2021 Youth Risk Behavior Surveillance System. Middle school smoking rate is taken from the 2017 Massachusetts Youth Health 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 healthcare expenditures based on 2004 smoking-attributable fractions and 2009 personal healthcare expenditure data. Deaths and expenditures should not be compared by state.