View metadata, citation and similar papers at core.ac.uk

brought to you by CORE

provided by ScholarWorks @ Georgia State University

CDC
CENTERS FOR DISEASE CONTROL AND PREVENTION

June 25, 1999 / Vol. 48 / No. SS-3

MMWR™
MORBIDITY AND MORTALITY
WEEKLY REPORT

CDC Surveillance Summaries

Surveillance of Work-Related Asthma in Selected U.S. States Using Surveillance Guidelines for State Health Departments — California, Massachusetts, Michigan, and New Jersey, 1993–1995

and

State Laws on Tobacco Control — United States, 1998

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Disease Control and Prevention (CDC)
Atlanta, Georgia 30333

The *MMWR* series of publications is published by the Epidemiology Program Office, Centers for Disease Control and Prevention (CDC), U.S. Department of Health and Human Services, Atlanta, GA 30333.

SUGGESTED CITATION

General: Centers for Disease Control and Prevention. *CDC Surveillance Summaries*, June 25, 1999. MMWR 1999;48(No. SS-3).

Specific: [Author(s)]. [Title of particular article]. In: *CDC Surveillance Summaries*, June 25, 1999. MMWR 1999;48(No. SS-3):[inclusive page numbers].

Centers for Disease Control and Prevention ..... Jeffrey P. Koplan, M.D., M.P.H.
Director

The production of this report as an *MMWR* serial publication was coordinated in

Epidemiology Program Office..... Stephen B. Thacker, M.D., M.Sc.
Director

Denise Koo, M.D., M.P.H.
Gibson R. Parrish, II, M.D.
*Associate Editor*s, CDC Surveillance Summaries

Office of Scientific and Health Communications ..... John W. Ward, M.D.
Director
Editor, MMWR *Series*

CDC Surveillance Summaries ..... Suzanne M. Hewitt, M.P.A.
Managing Editor

Amanda Crowell
Patricia A. McGee
Project Editors

Morie M. Higgins
Peter M. Jenkins
Visual Information Specialists

Use of trade names and commercial sources is for identification only and does not imply endorsement by the U.S. Department of Health and Human Services.

Copies can be purchased from Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402-9325. Telephone: (202) 512-1800.

Contents

Reports Published in *CDC Surveillance Summaries*
Since January 1, 1988 ii

Surveillance of Work-Related Asthma in Selected U.S. States Using Surveillance Guidelines for State Health Departments — California, Massachusetts, Michigan, and New Jersey, 1993–1995
Introduction 2
Methods 3
Results 9
Discussion 17
References 20

State Laws on Tobacco Control — United States, 1998
Introduction 22
Methods 22
Results 23
Conclusion 35
References 36

State and Territorial Epidemiologists and Laboratory Directors ..... Inside Back Cover

State Laws on Tobacco Control — United States, 1998

Julie A. Fishman, M.P.H.; Harmony Allison, M.P.H.;
Sarah B. Knowles, M.P.H.; Burke A. Fishburn, M.P.P.;
Trevor A. Woollery, Ph.D.; William T. Marx, M.L.I.S.;
Dana M. Shelton, M.P.H.; Corinne G. Husten, M.D., M.P.H.;
Michael P. Eriksen, Sc.D.
Office on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion, CDC

Abstract

Problem/Condition: State laws addressing tobacco use, the leading preventable cause of death in the United States, are summarized. Laws address smoke-free indoor air, minors' access to tobacco products, advertising of tobacco products, and excise taxes on tobacco products.

Reporting Period Covered: Legislation effective through December 31, 1998.

Description of System: CDC identified laws addressing tobacco control by using an on-line legal research database. CDC's findings were verified with the National Cancer Institute's State Cancer Legislative Database.

Results: Since a previous surveillance summary on state tobacco-control laws published in November 1995 (covering legislation effective through June 30, 1995), several states have enacted new restrictions or strengthened existing legislation that addresses smoke-free indoor air, minors' access to tobacco, tobacco advertising, and tobacco taxes. Five states strengthened their smoke-free indoor air legislation. All states and Washington, D.C., continued to prohibit the sale and distribution of tobacco products to minors; however, 21 states expanded minors' access laws by designating enforcement authorities, adding license suspension or revocation for sale to minors, or requiring signage. Since the 1995 report, eight additional states (a total of 19 states and Washington, D.C.) now ban vending machines from areas accessible to minors. Thirteen states restrict advertising of tobacco products, an increase of four states since the 1995 report. Although the number of states that tax cigarettes and smokeless tobacco did not change, 13 states increased excise taxes on cigarettes, and five states increased excise taxes on smokeless tobacco products. The average state excise tax on cigarettes is 38.9¢ per pack, an increase of 7.4¢ compared with the average tax in the 1995 report.

Interpretation: State laws addressing tobacco control vary in relation to restrictiveness, enforcement and penalties, preemptions, and exceptions.

Actions Taken: The data summarizing state tobacco-control laws are available through CDC's State Tobacco Activities Tracking and Evaluation (STATE) System*; the laws are collected and updated every quarter. The STATE System also contains state-specific data on the prevalence of tobacco use, tobacco-related deaths, and the costs of tobacco use. Information from the STATE System is available for use by policy makers at the state and local levels to plan and implement initiatives to prevent and reduce tobacco use. In addition, CDC is using this information to assess the ongoing impact of tobacco-control programs and policies on tobacco use.

*Available at CDC website <http://www.cdc.gov/tobacco>.

INTRODUCTION

Since the release of the first Surgeon General's report on tobacco in 1964, scientific knowledge about the health consequences of tobacco use has increased substantially (*1,2*). As knowledge about the health consequences of tobacco use and exposure to environmental tobacco smoke (ETS) has increased, knowledge about effective interventions to prevent and reduce tobacco use and exposure to ETS has also increased. Extensive study during the preceding 30 years has documented that reductions in tobacco use decreases the incidence of several diseases and disorders as well as decreases mortality (*2*). However, one fourth of all adults in the United States still smoke (*3*), and tobacco use continues to cause >430,000 deaths each year (*4*).

Although individually focused strategies to prevent and reduce tobacco use remain important, social change and population-based environmental interventions have become the overriding focus of tobacco-control initiatives (*5,6*). In particular, developing and implementing public health policies are a central component of tobacco-control efforts. Tobacco-control policies cover a range of topics, including minors' access to tobacco, retail tobacco licensing, smoke-free indoor air, advertising and promotion, excise taxes, warning labels, and product ingredient disclosure. Some tobacco-related policies are instituted primarily at the federal level; however, most tobacco-related policies are established at the state and local level.

Several studies have been conducted to examine the impact of tobacco-control laws on tobacco-use behaviors. Although the strongest data on the impact of policies on tobacco-use behaviors come from studies of tobacco excise taxes, data also document the impact of smoke-free indoor air, minors' access, and advertising policies (*7*). Although some studies have used a pre- and postdesign without a comparison, others have included randomized and controlled comparisons. In addition, many tobacco policy studies have used econometric analyses to assess the impact of price and nonprice variables on tobacco use. One important nonprice variable is state tobacco-control policy (e.g., laws).

In recognition of the importance of policy as a tobacco-control intervention, several national health objectives track state tobacco-control laws. These objectives include state laws on minors' access, smoke-free indoor air, tobacco vending machines, tobacco excise taxes, and preemptive tobacco-control laws (*8*). By regulating the sale and use of tobacco and increasing taxes on tobacco products, states play an important role in achievement of the year 2000 national health objectives, which ultimately will reduce the burden of diseases attributable to tobacco.

This report is an update of the 1995 surveillance summary (*9*), which examined state tobacco-control laws effective June 30, 1995. This report addresses state tobacco-control laws effective December 31, 1998, and describes changes in legislation since the 1995 report.

METHODS

This report identifies four aspects of tobacco-control laws in each state and Washington, D.C.: a) smoke-free indoor air, b) minors' access, c) advertising, and d) excise taxes. Data on the preemptive provisions of smoke-free indoor air, minors' access, and marketing laws are also provided. State laws are reported for all four topics as well as

executive orders for smoke-free indoor air in government work sites, effective December 31, 1998. States that enacted legislation that became effective after December 31, 1998, were not included in this report.

Updating Tobacco-Related State Laws

Using laws effective June 30, 1995, as a baseline, information on state laws is updated quarterly with any newly enacted legislation that is effective the last day of the quarter. CDC tracked legislation for the quarters ending March 31, June 30, September 30, and December 31, using an on-line legal research database. The legislation is coded according to matrices developed for *State Laws on Tobacco Control—United States, 1995* (*9*) with minor modifications. Coding completed by CDC is then verified with the National Cancer Institute's State Cancer Legislative Database. Legislative data are stored in CDC's State Tobacco Activities Tracking and Evaluation (STATE) System.* Although state regulations carry the same authority as law, the STATE System currently does not include regulations for tobacco control. Also, the STATE System currently does not include provisions of the individual state and multistate settlements with the tobacco industry.

Changes in Legislative Tracking

Since 1995, CDC has enhanced its legislative tracking efforts to more specifically indicate whether it is illegal for minors to purchase, possess, or use tobacco and to include more specific provisions regarding smoke-free indoor air policies in child day care centers. In addition, CDC has developed a matrix describing preemptive provisions of minors' access, smoke-free indoor air, and marketing laws. In the 1995 report, such provisions were incorporated directly into the tables for minors' access, smoke-free indoor air, and advertising. Changes in interpretation or errors in the 1995 report were corrected in CDC's legislative tracking system as they were discovered and also have been footnoted in the tables in this report.

Categorizing Locations and Restrictions

State laws vary in their definition of public places, and methods of implementing smoking restrictions in these locations also vary. Because of these variations, comparing smoke-free indoor air laws across states can be difficult. To aid in comparisons, locations included in state laws were categorized as government work sites, private-sector work sites, restaurants, child day care centers, and other sites, which include bars, shopping malls, retail stores, enclosed arenas, public transportation, hospitals, prisons, and hotels and motels.

RESULTS

Results of the legislative review summarize which states have laws concerning smoke-free indoor air, minors' access to tobacco products, advertising of tobacco products, and tobacco excise taxes (Table 1). In addition, the review summarizes which states have preemptive provisions in smoke-free indoor air, minors' access, or tobacco marketing laws.

*Available at CDC website <http://www.cdc.gov/tobacco>.

Smoke-Free Indoor Air

Because of concerns about the health effects of exposure to ETS, many state laws restrict smoking in public places. As of December 31, 1998, 46 states and Washington, D.C., restrict smoking to some extent. Alabama, Kentucky, Mississippi, and North Carolina have no restrictions on smoking in sites covered in this report.

Smoke-free indoor air restrictions (Tables 2–6) are provided in four categories. States with no restrictions on smoking in a given site are categorized as "1." States that require or allow designated smoking areas in a given site are categorized as "2." If either no smoking is allowed or designated smoking areas with separate ventilation are required, the site is categorized as "3." Sites where no smoking is allowed are categorized as "4."

Government Work Sites

Forty-one states and Washington, D.C., have laws that restrict smoking in state government work sites (Table 2). Although no change has occurred in the number of states with any restrictions since the 1995 report, state restrictions in Hawaii and Massachusetts were strengthened from limiting smoking to designated areas to prohibiting smoking. Twenty-nine state laws limit smoking to designated areas; two either ban smoking or require designated smoking areas with separate ventilation; and 11 completely ban smoking. Seven of these state laws require a minimum number of employees (i.e., 1–25 employees) for the restriction to be implemented. Nineteen states and Washington, D.C., authorize penalties against both the work site and the smoker for the first violation; four states authorize penalties to the work site only; and eight authorize penalties to the smoker only. Of state laws that restrict smoking in government work sites, 62% also designate an enforcement authority. In Kentucky, state government work sites are permitted but not required to develop policies on smoking. North Carolina's law requires all government work sites to have smoking areas; the law does not permit the establishment of smoke-free government work sites.

Private-Sector Work Sites

Twenty states and Washington, D.C., have laws that restrict smoking in private-sector work sites (Table 3); of these, only California requires either no smoking or separate ventilation for smoking areas. Since the 1995 report, no change has occurred in the number of states with smoking restrictions in private-sector work sites or in the strength of existing restrictions. Seven of the 21 laws mandate designated smoking areas only in work sites that have a minimum number of employees (i.e., 1–50 employees). Ten states and Washington, D.C., penalize both the work site and the smoker for the first violation; three penalize the work site only; and four penalize the smoker only. Sixty-seven percent of laws that restrict smoking in private-sector work sites designate an enforcement authority.

Restaurants

Thirty states and Washington, D.C., have laws that restrict smoking in restaurants (Table 4). No change has occurred in the number of states with restaurant restrictions since the 1995 report; however, Vermont strengthened its restrictions from limiting

smoking to designated areas to prohibiting smoking. Utah and Vermont are the only states that completely prohibit smoking in restaurants; California requires either no smoking or separate ventilation for smoking areas. Many state laws exempt small restaurants, generally those with a seating capacity of <50 persons, from smoke-free indoor air laws. Seventeen state laws penalize both the restaurant and the smoker for the first violation; five penalize the restaurant only; and five penalize the smoker only. Of state laws that restrict smoking in restaurants, 71% designate an enforcement authority. In Louisiana, restaurants are permitted but not required to develop policies on smoking.

Child Day Care Centers

Twenty-eight states and Washington, D.C., have laws that restrict smoking in commercial day care centers, an increase of two states (i.e., New Jersey and Tennessee) since the 1995 report. Eleven states restrict smoking in home-based day care centers, an increase of one state (i.e., Tennessee) since the 1995 report (Table 5). Eleven states ban smoking in commercial day care centers at all times; one requires either no smoking or separate ventilation for smoking areas at all times; 10 ban smoking only when children are on the premises; five states and Washington, D.C., require or allow designated smoking areas at all times; and one requires or allows designated smoking areas only when children are on the premises. Six of the states that restrict smoking in home-based day care centers ban smoking only when children are on the premises; one requires either no smoking or separate ventilation for smoking areas when children are on the premises; two require or allow designated smoking areas at all times; and two require or allow designated smoking areas only when children are on the premises. Of the 11 states that have clean indoor air restrictions for home-based day care, 10 penalize either the smoker or the business for a violation. Of the 29 states that have clean indoor air restrictions for commercial day care, 27 penalize either the business or the smoker for a violation. Laws in Michigan, New Jersey, and Ohio authorize license revocation for violations of the law. Sixty-six percent of laws restricting smoking in day care centers designate an enforcement authority.

Other Sites

Some states have laws that regulate smoking in other locations (Table 6). Forty-two states and Washington, D.C., have smoking restrictions in hospitals (an increase of one state [i.e., Tennessee] since the 1995 report); 40 states and Washington, D.C., on selected forms of public transportation; 29 states and Washington, D.C., in grocery stores; and 23 states in enclosed arenas. Fewer than 10 states have laws that restrict smoking in either bars, shopping malls, prisons, or hotels and motels. California is the only state that requires bars to be smoke-free or have separately ventilated areas; this change went into effect after the 1995 report. Laws in West Virginia and Minnesota require that certain prison facilities be smoke-free; both of these changes became effective after the 1995 report.

Minors' Access to Tobacco Products

Sale and Distribution

Because most initiation of tobacco use occurs in the teenage years, states have implemented minimum age requirements, vending machine restrictions, and retail licensure systems to limit minors' access to tobacco products. Selling tobacco products to persons under the age of 18 years is illegal in all states and Washington, D.C. (Table 7). In Alabama, Alaska, and Utah, selling tobacco products to persons under the age of 19 is illegal. Since the 1995 report, 15 states* have added an enforcement authority to their minors' access laws. More than one half of all states (32) now designate an enforcement authority within the minors' access legislation. Enforcement agencies include departments of public health, revenue, and public safety as well as alcoholic beverage-control boards and agencies. All 50 states and Washington, D.C., have some type of penalty for violation of minors' access laws. Since the 1995 report, 11 states† have added license suspension and/or revocation as a penalty for sales to minors. Nevada state law removed license suspension and revocation as a possible penalty to businesses for violation of minors' access laws. Thirty-five states and Washington, D.C., require signage indicating that selling cigarettes or tobacco products to minors is illegal, an increase of three states (i.e., Delaware, Kansas, and North Carolina) since the 1995 report.

Purchase, Possession, and Use of Tobacco by Minors

Forty-two states have laws that prohibit minors from purchasing, possessing, or using tobacco products, an increase of eight states (i.e., Alabama, Delaware, Florida, Kentucky, Mississippi, Montana, North Carolina, and Texas) since the 1995 report. Nine states prohibit all three of these provisions; 19 states prohibit two of the three provisions; and 14 states prohibit one of the provisions. The most common restriction is a prohibition on the purchase of tobacco products by minors; 33 states have such a restriction.

Vending Machines

Forty-one states and Washington, D.C., have laws that restrict minors' access to tobacco through vending machines, an increase of 10 states (i.e., California, Delaware, Illinois, Kansas, Louisiana, New Hampshire, North Carolina, Rhode Island, Texas, and Virginia) since the 1995 report (Table 8). In 1995, Louisiana and Virginia had only a signage requirement for vending machines, whereas the remaining eight states had no vending machine legislation.

Nineteen states and Washington, D.C., now ban tobacco vending machines from locations accessible to youths, an increase of eight states since the 1995 report. Four states (i.e., Minnesota, Mississippi, Montana, and South Dakota) that now ban tobacco vending machines from locations accessible to youths previously had limited placement restrictions that required either a locking device and/or supervision. Three states (i.e., California, Delaware, and Texas) had no vending machine restrictions in the 1995 report, and Louisiana had only a signage requirement.

---

*Alabama, Arkansas, Colorado, Delaware, Idaho, Illinois, Kentucky, Maine, Minnesota, Montana, Nevada, New Jersey, Rhode Island, Texas, Utah.

†Delaware, Louisiana, Maine, Minnesota, Mississippi, Montana, New Hampshire, New Jersey, Oklahoma, Texas, Utah.

Seven states added an enforcement authority since the 1995 report; 52% of laws restricting vending machines designate an enforcement authority. Thirty-three states and Washington, D.C., have laws that penalize the business for a first violation, an increase of 10 states since the 1995 report; also, since the 1995 report, three states have changed their existing penalties.

Twenty-one states require signage regarding minors' restricted access to vending machines, an increase of four states since the 1995 report. New Hampshire, New Jersey, New Mexico, and Rhode Island now require signage.

Retail Licensing

Thirty-four states and Washington, D.C., require retailers to obtain either an over-the-counter and/or a vending machine license for selling tobacco products (Table 9). Maine and Mississippi enacted over-the-counter or vending machine licensing requirements for the first time since the 1995 report. Minnesota enacted legislation requiring localities to license tobacco. In addition, two states with one type of license enacted provisions requiring the other type of license. Alabama previously had over-the-counter licensing and added vending machine licensing, and Louisiana previously had vending machine licensing and added over-the-counter licensing.

Thirty states and Washington, D.C., have laws that require retailers to obtain a license for over-the-counter sales. Three of these states (i.e., Louisiana, Maine, and Mississippi) have added this requirement since the 1995 report. Of states that require an over-the-counter license, all except Alabama, Georgia, Mississippi, and Texas require a license fee.

Thirty-one states and Washington, D.C., have laws that require retailers to obtain a license for tobacco sales through vending machines. Alabama, Maine, and Mississippi added their license requirement since the 1995 report. Of states that require a vending machine license, all except Alabama, South Carolina, and Texas require a license fee.

Two states have changed their laws regarding frequency of license renewal since the 1995 report. In Delaware, a 3-year renewal frequency for over-the-counter licenses and a 1-year renewal frequency for vending machine licenses were added. In Mississippi, a 1-year renewal frequency was added to the over-the-counter retail license. Thirty-three states and Washington, D.C., authorize penalties for businesses for violating the over-the-counter and/or vending machine licensing requirements.

Advertising

Thirteen states have laws that restrict the advertising and promotion of tobacco products (Table 10), an increase of four states since the 1995 report. California's law bans tobacco advertising on state government property and on video games; in addition, since the 1995 report, California enacted a law that requires tobacco billboards be placed >1,000 ft. away from schools or playgrounds. Since the 1995 report, Arizona, Nevada, and Tennessee have enacted bans on advertising on the backs of school buses, and Indiana law requires that tobacco billboards be placed >200 ft. away from schools. Other types of advertising restrictions include limiting advertising on public transportation and requiring health warnings on print and billboard advertising for smokeless tobacco products.

Excise Taxes

All states and Washington, D.C., have cigarette excise taxes. The average tax is 38.9¢ per pack, and taxes range from 2.5¢ in Virginia to $1.00 in Alaska and Hawaii (Table 11). Forty-two states tax smokeless tobacco products; all states except one tax these products as a percentage of the price. Since the 1995 report, 13 states* have increased cigarette excise taxes. These increases range from 12¢ in New Hampshire to 71¢ in Alaska.

Seven states have changed their tax on smokeless tobacco products since the 1995 report. In Alaska, Massachusetts, New Jersey, Oregon, and Vermont, the tax on smokeless tobacco has been increased. In California and New Hampshire, the tax on smokeless tobacco fluctuates. California's smokeless tobacco tax is set by the state Board of Equalization. This tax is equivalent to the combined rate of tax applied to cigarettes and is based on the previous year's wholesale cost of tobacco products. California lowered the smokeless tobacco tax from 34% of the wholesale price in June 1995 to 29.4% effective through December 1998. New Hampshire's smokeless tax, set by the New Hampshire Department of Revenue, is based on the tax rate for cigarettes as a percentage of the price of the pack of cigarettes. The smokeless tobacco tax has fluctuated from 20% of the wholesale price in June 1995 to a high of 33.4% in June 1997; as of December 1998, the tax was 27.1% of the wholesale price.

Preemption

Thirty states have preemptive provisions in their tobacco-control laws (Table 12). For this report, preemptive legislation was defined as legislation that prevents any local jurisdiction from enacting restrictions that are more stringent than the state law or that might vary from the state law. Six states (i.e., Delaware, Indiana, Maine, Nevada, North Carolina, and South Carolina) have passed preemptive laws since the 1995 report. Of these, Indiana and Maine did not have previous preemptive laws in any area tracked in this report. However, Maine repealed its preemptive law as of June 1997. Some preemptive provisions are very narrow. For example, in New York, the state government has precedence over local government restrictions on the free distribution of samples of tobacco products. Other provisions are broad. For example, Tennessee's minors' access law preempts local legislation in all tobacco-control areas.

DISCUSSION

Smoke-Free Indoor Air

Restrictions on smoking in public places are designed to limit the public's exposure to ETS, which causes serious health consequences among both adults and children (*10–12*). Exposure to ETS among the nonsmoking U.S. population is extensive. A study using results from the Third National Health and Nutrition Examination Survey indicated that 87.9% of nontobacco users had detectable blood levels of cotinine, a primary measure of ETS exposure (*13*). One important source of ETS exposure is the workplace. Results reported in the 1992–1993 *Current Population Survey Tobacco Use*

*Alaska, Hawaii, Illinois, Maine, Massachusetts, New Hampshire, New Jersey, Oregon, Rhode Island, Utah, Vermont, Washington, Wisconsin.

Supplement indicate that 81.6% of all indoor workers are covered by some type of smoking policy. However, less than one half of workers (46.0%) are covered by a 100% smoke-free policy (*14*). Only 21.1% of food service workers (e.g., bartenders and wait staff) reported a smoke-free workplace; health-care workers (e.g., doctors) reported the highest percentage (80.7%) of smoke-free policies. Restaurant workers have an ETS exposure level that is approximately 1.6 to 2.0 times higher than levels for office workers; ETS exposure levels for bar workers are approximately 3.9 to 6.1 times higher than levels for office workers (*15*).

According to 1992 data from the National Survey of Worksite Health Promotion Activities, 87% of companies with >50 employees have established formal smoking policies, and 59% have banned smoking (*8*). Researchers have found that work site smoking policies reduce nonsmokers' exposure and impact employees' smoking behaviors (*7,16–20*). In some cases, smoke-free policies have been associated with a decrease in consumption of cigarettes among smoking employees (*17,18,21*). One study assessed whether smoking restrictions led to self-selection, which occurs when nonsmokers are attracted to smoke-free work sites, and smokers are attracted to work sites allowing smoking. After accounting for potential self-selection among workers, the study indicated that smoking bans reduced adult smoking by 5% and reduced cigarette consumption among continuing smokers by 10% (*22*). Evidence also exists indicating that strong smoking restrictions reduce smoking prevalence and average daily cigarette consumption among youth (*23*) and young adult (*24*) smokers.

A year 2000 national health objective is for all states and Washington D.C., to prohibit smoking or limit it to separately ventilated areas in work sites, restaurants, and public places (*8*). Although 31 states and Washington, D.C., restrict smoking in restaurants, only three states either prohibit smoking entirely or limit it to separately ventilated areas. Furthermore, since the 1995 report, few state-level actions to establish additional smoke-free laws or to strengthen existing laws have been adopted; this might be because many tobacco prevention and reduction efforts in the preceding 4 years have focused on children and adolescents to the exclusion of efforts to reduce ETS exposure (*25*). In addition, public health involvement with tobacco-related lawsuits and settlements also might have diminished the attention paid to establishing state- level actions to reduce ETS exposure.

California is the only state to prohibit smoking or limit it to separately ventilated areas in bars. This law has been associated with an improvement in the health of bartenders throughout the state (*26*). Approximately 59% of bartenders reported no longer having respiratory symptoms (i.e., wheezing, shortness of breath, or coughing) during the second month after the law took effect. In addition, 78% of bartenders who had reported sensory irritation (i.e., eye, nose, or throat irritation) reported no longer having those symptoms after the ban.

Although they are not tracked in this report, state regulations and administrative agency actions are another important means for establishing smoking restrictions in work sites and other sites. For example, Maryland and Washington have implemented extensive smoking restrictions through such mechanisms. In addition to state restrictions, many local governments also have taken action to protect the public from exposure to ETS. As of March 1999, at least 259 workplace or restaurant smoking ordinances were in effect in the United States that either prohibited smoking altogether or limited it to separately ventilated areas (*27*). For example, on April 1, 1996,

New York City enacted an ordinance that prohibited smoking in many sites, including public transportation, child day care centers, and retail stores (*28*). The ordinance also has extensive restrictions on smoking in restaurants.

The federal government has taken several actions to reduce exposure to ETS. These actions include smoking bans on domestic airline flights, in federally funded facilities that provide services to children, and in federal Executive Branch buildings (*29–31*). In 1994, the Occupational Safety and Health Administration proposed standards, including restrictions on exposure to ETS, for indoor air quality in the workplace (*32*). In addition, in 1998, the U.S. Department of Transportation announced that all U.S. airline carrier flights (domestic and international airlines) are completely smoke-free; 91% of flights between the United States and foreign destinations, including those operated by foreign carriers, are smoke-free. This progress in reducing exposure to ETS on flights has been achieved through a combination of legislative actions and voluntary agreements.

In July 1998, a U.S. District Court in North Carolina ruled that the Environmental Protection Agency's (EPA's) designation of secondhand smoke as a Group A carcinogen (i.e., a known human carcinogen) was flawed because of technical and procedural problems in the agency's review of health data (*33*). However, the court did not challenge EPA's findings regarding the effects of secondhand smoke exposure on children. EPA is appealing the court ruling regarding the carcinogenicity of secondhand smoke. Despite the ruling on the EPA report, studies continue to support a causal relation between ETS exposure and cancer. For example, the 1997 California EPA report described the causal relation between exposure to ETS and several negative health effects, including cancer (*12*). And in 1998, the National Toxicology Program proposed that ETS be listed as a carcinogen in the federal government's *9th Report on Carcinogens* (*34*). As information about the health hazards of exposure to ETS continues to be collected and disseminated, action at the state and local level to eliminate ETS exposure will likely increase.

Minors' Access to Tobacco Products

Despite laws in every state that prohibit the sale of cigarettes to minors, children and adolescents continue to obtain and use tobacco products. Some of these tobacco products are obtained from social sources (e.g., friends, family, or older adults) either by borrowing (or "bumming"), theft, or giving money to an older person to buy the tobacco for them (*35*). However, a large percentage of minors who smoke purchase their own cigarettes from commercial sources (*36–38*). Small stores and gas stations are the major commercial source of cigarettes for underaged buyers. Vending machines are more popular among the youngest adolescents, and the majority of adolescents who have never smoked believe it would be easy for them to buy cigarettes (*36,37*). According to the 1997 Youth Risk Behavior Surveillance System, of the 29.8% of students who purchased their cigarettes from a gas station or store, 66.7% of them were not asked for proof of age when they bought cigarettes in the month preceding the survey (*39*).

Data indicate that when minors' access laws are actively enforced, sales to minors are reduced (*36,40–44*). Furthermore, preliminary evidence indicates that strong enforcement of minors' access laws might reduce tobacco use among youth (*41,42,44*).

Localities that have been most successful in reducing commercial sales of tobacco to minors have generally had comprehensive minors' access ordinances, which include active surveillance of illegal sales to minors by using compliance checks in which minors, working with an enforcement agency, attempt to purchase tobacco products (*40–44*).

To date, no published studies have measured the effectiveness of youth purchase, possession, or use restrictions in reducing smoking prevalence rates among youths, but several studies have questioned the motivation and appropriateness of such laws (*36,45,46*). Some states (e.g., Florida, Texas, and Utah) have programs that give youth offenders a choice of paying a fine, participating in a smoking education class, or performing community service. These programs have not yet been evaluated for their effects on youth smoking rates.

The 1992 Synar Amendment (Public Law 102-321) requires that states receiving Substance Abuse Prevention and Treatment Block Grants establish and enforce laws that prohibit the sale of tobacco products to persons under the age of 18 years (*47*). The final Synar Regulation, issued by the Substance Abuse and Mental Health Services Administration (SAMHSA) in January 1996, requires each state to annually conduct random, unannounced inspections on a representative sample of retail tobacco outlets to assess the extent of sales to minors. The states were required to determine baseline rates and negotiate with SAMHSA appropriate interim targets and a timeline to reach the goal of a 20% maximum inspection failure rate. The 1997 *Synar Regulation Implementation Report to Congress on FFY 1997 State Compliance* (*48*) indicated that sales of cigarettes to minors in state compliance checks ranged from 7.2% in Florida to 72.7% in Louisiana with a median of 40% in fiscal year 1997. Four states (i.e., Florida, Maine, New Hampshire, and Washington) met the year 2000 national health objective of ≤20% sales to minors in compliance inspections in fiscal year 1997. States that had a history of strong enforcement activities generally had lower rates of sales to minors (*48*). Although the regulation implementing the Synar Amendment requires that all states obtain the goal of a maximum failure rate of no more than 20%, recent studies conducted at the community level indicated that this target might not be optimal for changing youth smoking rates (*40–42*).

In 1996, the Food and Drug Administration (FDA) issued a regulation prohibiting the sale of tobacco products to persons under the age of 18 years and required that all persons under the age of 27 years show a photographic identification to purchase cigarettes or smokeless tobacco. The regulation also banned sales of packages with <20 cigarettes and banned vending machines and self-service displays, except in certain venues for adults only (e.g., nightclubs) (*49*). In February 1997, the minimum age of sale and identification verification provisions went into effect; however, because of a legal challenge, the remaining access provisions have not yet gone into effect.

A year 2000 national health objective is for all states and Washington, D.C., to prohibit vending machines in areas accessible to minors (*8*). As of December 31, 1998, 19 states and Washington, D.C., have met the objective. In addition to state action, many localities have also taken action to restrict vending machines. As of March 31, 1999, 265 localities had completely banned vending machines, and 87 banned them in areas accessible to minors (*50*). Retail tobacco licensure allows states to develop and maintain lists of tobacco vendors that can be used for compliance checks and enforcement actions. Some states designate a portion of licensing fees for retailer education

or minors' access law enforcement. Furthermore, some states suspend or revoke retail tobacco licenses for repeated violation of minors' access laws (*36,37,48*). As of December 31, 1998, 23 states and Washington, D.C., may suspend or revoke retail licenses for violation of minors' access laws.

Tobacco Product Advertising and Promotion

Tobacco advertising increases the social pressure on minors to use tobacco by implying that using tobacco promotes independence, adventure, and glamour (*37,38*). Such advertising diminishes awareness of the addictive nature of tobacco and its substantial health risks (*51*). Teenagers are more likely than adults to smoke the three most advertised cigarette brands (i.e., Marlboro™, Camel™, and Newport™) (*52*). Although combined sales of these brands accounted for only 35% of the overall cigarette market share, 86% of current minor smokers purchased one of these three brands (*52*). The effect of cigarette advertising expenditures on brand preferences is three times greater for teenagers than for adults (*53*)

Assessing the impact of advertising restrictions on cigarette demand is difficult, especially isolating the impact of the advertising restrictions from other key determinants on cigarette demand (*7*). Factors that increase the complexity of studies regarding the impact of advertising restrictions include a) exposure to different types of advertising and promotion; b) social, taste, and cultural differences; and c) cumulative effects of exposure to advertising.

Results from econometric studies of advertising restrictions have varied. Most studies have measured the effect of banning only one or two types of advertising, which might increase cigarette demand. This increase in cigarette demand might be partly because of the substitution of other marketing approaches. However, a few studies have indicated that comprehensive advertising bans decrease cigarette demand (*7*).

In 1996, the tobacco industry spent $5.1 billion on cigarette advertising and promotion, a 4% increase from 1995 (*54*) . The largest category of cigarette advertising and promotion is for promotional allowances, which includes money paid to retailers for shelf space (i.e., slotting allowances). In 1996, the tobacco industry spent $2.15 billion on such promotions compared with $1.87 billion in 1995 (*54*).

Although the smokeless tobacco industry spends a fraction of what the cigarette manufacturers spend on advertising and promotion, the smokeless tobacco industry has increased expenditures every year since 1987; in 1997, the smokeless tobacco industry spent $150.4 million (*55*). Cigar industry spending on media advertising increased from >$1.1 million in 1994 to approximately $4 million in the first 9 months of 1996 (*56*).

The Comprehensive Smoking Education Act of 1984 requires cigarette print advertisements, billboards, and packages to contain one of four rotating warning labels (*57*). The Comprehensive Smokeless Tobacco Health Education Act of 1986 requires smokeless tobacco advertisements (other than billboards) and packages to contain one of three rotating warning labels (*58*). Because this act exempts smokeless tobacco billboards from including warning labels, states are allowed to enact such requirements. To date, Illinois, Michigan, and West Virginia have enacted such requirements.

The 1996 FDA regulation on tobacco use among minors included several provisions on tobacco advertising. Outdoor advertising within 1,000 ft. of schools and public playgrounds was banned. Also, selling or giving away products (e.g., caps and gym bags) that bear tobacco product brand names or logos was also prohibited (*49*). However, because of a legal challenge, the advertising provisions of this regulation have not yet gone into effect.

Settlements of lawsuits brought by states against the tobacco industry include additional restrictions on tobacco advertising and promotion. Florida, Minnesota, Mississippi, and Texas have settled individual lawsuits against the tobacco industry to recover the states' tobacco-related Medicaid costs. These settlement agreements require the tobacco industry to discontinue all tobacco product billboards, transit advertisements (i.e., including advertising on public transportation and at transit waiting areas, taxi stands, airports, and similar sites), and advertisements in arenas and stadiums.

The November 1998 settlement between the tobacco industry and 46 states,* Washington, D.C., and five territories also contains certain advertising and promotional restrictions (*59*). These restrictions include a ban on tobacco product billboards and tobacco advertising on buses and other forms of public transportation. The settlement also bans merchandise bearing tobacco company brand names and the use of cartoon characters in advertising. However, companies can continue to market cigarettes through print advertising and signs in stores; indoor and outdoor retail signage that is ≤14 sq. ft. in size are also allowed. Companies may also continue to sponsor a sporting event (e.g., NASCAR racing and rodeos), which uses the brand names of tobacco products. Most of the advertising and promotion restrictions in the settlement were required to be implemented by April 1999.

Excise Taxes

Policies that affect the price of tobacco products are the single most effective means of decreasing tobacco use, especially among youths and young adults (*7,24,60*). Price increases, usually a result of increases in the excise tax on tobacco products, encourage current tobacco users to quit or reduce their consumption of tobacco products and discourage youths and young adults from initiating tobacco use.

Studies suggest that increases in cigarette prices effectively curb tobacco use among all age groups but have a greater impact on youths and young adults than on older adults (*24,60–67*). Youths (i.e., aged 12–17 years) are more responsive to cigarette price increases than adults; young adults (i.e., aged 18–24 years) are less responsive than youths but more responsive than adults. Increases in cigarette prices also exhibit differential impacts by race and ethnicity. For example, data indicate that young (i.e., aged 18–24 years) blacks and Hispanics are substantially more responsive to changes in price than young whites (*67*).

Studies also indicate that increases in smokeless tobacco taxes reduce smokeless tobacco use among both adult and adolescent males (*66,68,69*). Among adolescent males, most of the decrease in use is attributed to adolescent males quitting or not starting to use smokeless tobacco (*68*). Some studies have indicated that increases in cigarette excise taxes can increase the demand for smokeless tobacco products.

*Florida, Minnesota, Mississippi and Texas were not included because these states had previous settlements with the tobacco industry.

Specifically, as cigarette excise taxes are increased, persons who can no longer afford expensive cigarettes brands will substitute relatively cheaper smokeless tobacco products to obtain nicotine (*66,69*). Increases in smokeless tobacco tax rates might help reduce this substitution.

The federal excise tax on cigarettes currently is 24¢ per pack, and the excise tax on smokeless tobacco products translates into 2.7¢ per average tin of snuff. In 1997, Congress enacted legislation to increase the federal cigarette excise tax by 15¢ per pack, which will bring the overall tax to 39¢ by the year 2002. The legislation also raised the federal tax on other tobacco products to a level proportional to the increase in the cigarette tax. In fiscal year 1997, revenues generated from federal excise taxes totaled $5.7 billion from cigarettes and $1.3 million from other tobacco products (*70*).

As of December 1998, state excise taxes ranged from 2.5¢ to $1.00 per pack, with an average of 38.9¢ per pack. In fiscal year 1997, net collections from state cigarette excise taxes totaled $7.14 billion (*70*). Arizona, California, Massachusetts, and Oregon have enacted tax increases through voter initiatives, which specify that revenues from these tax increases must be designated for tobacco-use prevention and control programs. In addition, Maine's legislature has enacted a tax increase that allocates a portion of the revenues for tobacco-use prevention and reduction programs.

Inflation-adjusted (1997 dollars) cigarette prices increased from $1.42 per pack in 1960 to $1.95 per pack in 1997, a 37% increase during a 37-year period. In 1992, the inflation-adjusted price of a pack of cigarettes peaked at $2.10 (1997 dollars). The cigarette tax-to-price ratio is used to assess the relative contribution of total state and federal excise taxes to the full price of cigarettes. Excise taxes as a percentage of nominal cigarette prices declined from 49.8% in 1960 to 29.6% in 1997. The national health objective for the year 2000 for tax-to-price ratio is 50% (*8*). A declining tax-to-price ratio indicates that the effect of excise taxes in increasing the price of cigarettes is diminished. To sustain the public health impact of tobacco excise taxes over time, such taxes can be indexed for inflation.

The individual state settlements between the tobacco industry and Florida, Minnesota, Mississippi, and Texas and the multistate settlement between the tobacco industry and the remaining 46 states might have an impact on the retail price of cigarettes. Despite the absence of an excise tax increase in these settlements, tobacco companies have increased wholesale cigarette prices to offset the financial impact of the settlements. As a result of the individual four-state settlements, the tobacco industry raised the wholesale price of cigarettes by approximately 25¢ per pack (*71*). The multistate settlement led to a wholesale cigarette price increase of approximately 45¢ per pack (*72*). However, because of industry discounting strategies, the long-term impact of these settlements on retail cigarette prices is still unknown (*73*).

For tobacco-control purposes, the inflation-adjusted price of cigarettes impacts consumers' behaviors (*7*). Smoking rates among adolescents began increasing in the early 1990s (*39*), which was concurrent with the drop in prices after 1992. Similarly, smoking rates among adults declined until the early 1990s but have leveled off in recent years (*3*).

Preemption

In this report, preemption is defined as legislation that prevents localities from enacting more stringent laws or laws that might vary from the state law (*74–77*). Such preemption limits the ability of localities to tailor laws to address community-specific issues. In addition, preemptive laws deter debate over local ordinances; such debate can educate the community about tobacco, potentially altering social norms about tobacco use (*78*). Preemptive state laws might also discourage local enforcement because communities that are not involved in the decision-making process might be less likely to request or encourage enforcement (*79*).

During 1993–1996, the number of tobacco-control laws with preemptive provisions increased substantially (*74*). A Tobacco Institute priority for 1993 was to encourage and support statewide legislation preempting local laws, including smoking, advertising, sales, and vending restrictions (*80*). A potential reason for this strategy was the greater potential for passage of strong tobacco-control laws at the local level and the logistical difficulties of the tobacco industry investing resources to address ordinances in multiple local jurisdictions (*75–77*). Eighteen states have preemptive provisions affecting smoke-free indoor air restrictions; therefore, achievement of the year 2000 national health objective (i.e., zero states with preemptive clean indoor air provisions) is unlikely.

CONCLUSION

Since the 1995 report on state tobacco laws, several states have enacted additional provisions that address tobacco use. Twelve states have increased excise taxes on cigarettes since the 1995 report, including an increase of 71¢ in Alaska. In addition, 11 states added retail license suspension or revocation for sales to minors, and 10 placed greater restrictions on tobacco vending machines.

Although all states have some tobacco-control laws, continued progress must be made to achieve the year 2000 national health objectives. For example, substantial progress is needed to fulfill the health objective to increase the number of state laws that either prohibit or restrict smoking to separately ventilated areas in work sites, restaurants, day care centers, and other public sites. Since the 1995 report, few states have passed new indoor smoking restrictions or strengthened existing ones. Eighteen states continue to have preemptive clean indoor air laws; therefore, the United States is unlikely to achieve the year 2000 national health objective to eliminate preemptive clean indoor air laws.

In addition to the development and enactment of tobacco-control policies, enforcement and implementation of such policies are critical. Enforcement actions taken by state and local agencies might include fines, license removal, and other penalties. Implementation strategies include educational activities in support of the law, disseminating tobacco-use prevention materials to affected parties, and developing processes to ensure compliance with laws (*79*).

Tobacco-control laws are an essential part of public health efforts to reduce the harmful effects of tobacco use. Price and tax increases reduce tobacco use among youths and adults. Indoor smoking restrictions have been demonstrated to reduce consumption of tobacco products. Compliance with minors' access laws substantially

reduces illegal sales to minors and also might (if sales rates are low enough) impact the use of tobacco products by youths. A few studies have documented that comprehensive advertising bans decrease cigarette demand.

In addition to the adoption and implementation of tobacco-control laws and policies, additional public health interventions are necessary for a comprehensive approach to effectively prevent and reduce tobacco use (*5*). For example, recent reports revealed that a tax increase on tobacco products combined with an antismoking campaign are more effective in sustaining the reduction in per capita cigarette consumption than a tax increase alone (*81,82*). Such antismoking campaigns include community-based prevention and educational programs, counteradvertising initiatives, and school-related interventions. In addition, interventions by the health-care system, in particular efforts to institutionalize delivery of tobacco-use cessation services, are critical (*83*).

Substantial evidence exists regarding the impact of tobacco-control policies; however, evaluation of the impact of these policies is ongoing. CDC is continuing to evaluate state tobacco-control programs and policies to further clarify the role of different interventions and policies in the reduction of tobacco use. CDC also will monitor state tobacco-control policies to assess progress toward the year 2000 national health objectives. In addition, CDC will apply the lessons of *Healthy People 2000* in the development of the tobacco objectives for *Healthy People 2010*. Finally, as other issues emerge as critical tobacco-control priorities (e.g., legislation requiring disclosure of ingredients and legislation addressing the multistate tobacco settlement), expansion of legislative tracking activities will be considered.

Acknowledgments

The authors thank Terry F. Pechacek, PhD, Associate Director for Science, and Donald J. Sharp, MD, Medical Officer, both with the Office on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion, CDC, for scientific input; Liza A. Fues, JD, and Jessica E. Fulginiti, both with the MayaTech Corporation (a contractor with the National Cancer Institute) for review of legislative table updates; Michael D. Seserman, MPH, Public Health Prevention Service Specialist, CDC, and Scott Batchelor, MPH, TRW, for assistance with researching tobacco excise tax laws; Andrew K. Fishman, Intern, Association of Schools of Public Health, CDC, for assistance with researching advertising laws; and Paula L. Kocher, JD, and Shelley M. Langguth, JD, Office of the General Counsel, CDC, for legal review of this report.

References

1. CDC. Reducing the health consequences of smoking: 25 years of progress—report of the Surgeon General. Rockville, MD: US Department of Health and Human Services, Public Health Service, CDC, 1989; DHHS publication no. (CDC)89-8411.
2. CDC. The health benefits of smoking cessation—a report of the Surgeon General. Rockville, MD: US Department of Health and Human Services, Public Health Service, CDC, 1990; DHHS publication no. (CDC)90-8416.
3. CDC. Cigarette smoking among adults—United States, 1995. MMWR 1997;46:1217–20.
4. CDC. Smoking-attributable mortality and years of potential life lost—United States, 1984. MMWR 1997;46:444–51.
5. Pechacek TF, Asma S, Eriksen MP. Tobacco: global burden and community solutions. In: Yusuf S, Cairns JA, Camm AJ, Fallen EL, Gersh BJ, eds. Evidence based cardiology. London: BMJ Books, 1998:165–78.
6. World Health Organization. Guidelines for controlling and monitoring the tobacco epidemic. Geneva: World Health Organization, 1998.
7. Chaloupka FJ, Warner KE. The economics of smoking. In: Handbook of health economics. Newhouse J, Culyer A, eds. New York, NY: North Holland, 1999 (in press).

8. CDC. Healthy people 2000 review, 1997. Hyattsville, Maryland: US Department of Health and Human Services, CDC, National Center for Health Statistics, 1997; DHHS publication no. (PHS)98-1256.
9. Shelton DM, Alciati MH, Chang MM, et al. State laws on tobacco control—United States, 1995. In: CDC surveillance summaries (November 3). MMWR 1995;44(No. SS-6).
10. CDC. The health consequences of involuntary smoking—a report of the Surgeon General. Rockville, MD: US Department of Health and Human Services, Public Health Service, CDC, 1986; DHHS publication no. (CDC)87-8398.
11. US Environmental Protection Agency. Respiratory health effects of passive smoking: lung cancer and other disorders. Washington, DC: US Environmental Protection Agency, Office of Research and Development, 1992; publication no. EPA/600/6-90/006F.
12. California Environmental Protection Agency. Health effects of exposure to environmental tobacco smoke—final report, September 1997. Sacramento, CA: California Environmental Protection Agency, Office of Environmental Health Hazard Assessment, September 1997.
13. Pirkle JL, Flegal KM, Bernert JT, Brody DJ, Etzel RA, Maurer KR. Exposure of the US population to environmental tobacco smoke—the third National Health and Nutrition Examination Survey, 1988 to 1991. JAMA 1996;275:1233–40.
14. Gerlach KK, Shopland DR, Hartman AM, Gibson JT, Pechacek TF. Workplace smoking policies in the United States: results from a national survey of more than 100,000 workers. Tob Control 1997;6:199–206.
15. Siegel M. Involuntary smoking in the restaurant workplace—a review of employee exposure and health effects. JAMA 1993;270:490–3.
16. Longo DR, Brownson RC, Johnson JC, et al. Hospital smoking bans and employee smoking behavior: results of a national survey. JAMA 1996;275:1252–7.
17. Brownson RC, Eriksen MP, Davis RM, Warner KE. Environmental tobacco smoke: health effects and policies to reduce exposure. Annu Rev Public Health 1997;18:163–85.
18. Woodruff TJ, Rosbrook B, Pierce J, Glantz SA. Lower levels of cigarette consumption found in smoke-free workplaces in California. Arch Intern Med 1993;153:1485–93.
19. Brownson RC, Koffman DM, Novotny TE, Hughes RG, Eriksen MP. Environmental and policy interventions to control tobacco use and prevent cardiovascular disease. Health Education Quarterly 1995;22:478–98.
20. Eriksen MP, Gottlieb NH. A review of the health impact of smoking control at the workplace. Am J Health Promot 1998;13:83–104.
21. Sorsensen G, Rigotti N, Rosen A, Pinney J, Prible R. Effects of a worksite nonsmoking policy: evidence for increased cessation. Am J Public Health 1991;81:202–4.
22. Evans WW, Farelly MC, Montgomery E. Do workplace smoking bans reduce smoking? Cambridge, MA: National Bureau of Economic Research, 1996 (National Bureau of Economic Research Working Paper Series, no. 5567).
23. Chaloupka FJ, Grossman M. Price, tobacco control policies and youth smoking. Cambridge, MA: National Bureau of Economic Research, 1996 (National Bureau of Economic Research Working Paper Series, no. 5740).
24. Chaloupka FJ, Wechsler H. Price, tobacco control policies and smoking among young adults. Journal of Health Economics 1997;16:359–73.
25. Glantz SA. Editorial: preventing tobacco use—the youth access trap. Am J Public Health 1996; 86:156–7.
26. Eisner MD, Smith AK, Blanc PD. Bartenders' respiratory health after establishment of smoke-free bars and taverns. JAMA 1998;280:1909–14.
27. Americans for Nonsmokers' Rights. 100% Smokefree ordinances. Available at <http//www.-no-smoke.org/100ordlist.html>. Accessed March 25, 1999.
28. Smoke-free Air Act. New York City Code Title 17; sections 501–514; February 28, 1995.
29. Public Law 101-164. Transportation Appropriations Bill. 101st Congress, H.R. 3015, November 21, 1989. 49 USC 41706.
30. Public Law 103-227. Pro-Children Act of 1994. 103rd Congress, H.R. 1804, March 31, 1994. 20 USC 6081–6084.
31. Exec. Order No. 13,058, 3 C.F.R. 13,058; 1997.
32. US Department of Labor, Occupational Safety and Health Administration. 29 CFR Parts 1910, 1915, 1926, and 1928. Indoor air quality; proposed rule. Federal Register 1994;59:15968–6039.

33. Flue-Cured Tobacco Cooperative Stabilization Corporation, the Council for Burley Tobacco Incorporated, Universal Leaf Tobacco Company Incorporated, Philip Morris Incorporated, R.J. Reynolds Tobacco Company and Gallins Vending Company, Plaintiffs, v. United States Environmental Protection Agency and Carol Browner, Administrator, Environmental Protection Agency, Defendants. Docket No. 6:93CB00370 (Judge Osteen, US District Court Judge). July 17, 1998.
34. Public Health Service. National Toxicology Program. Call for public comments on 11 agents, substances, mixtures and exposure circumstances proposed for listing in or delisting from the report on carcinogens, ninth edition. Federal Register 1998;63:68783–5.
35. Pierce JP, Gilpin EA, Emery SL, et al. Tobacco control in California: who's winning the war? An evaluation of the Tobacco Control Program. La Jolla: University of California, San Diego, 1998.
36. Forster JL, Wolfson M. Youth access to tobacco: policies and politics. Annu Rev Public Health 1998;19:203–35.
37. CDC. Preventing tobacco use among young people—a report of the Surgeon General. Atlanta, GA: US Department of Health and Human Services, Public Health Service, CDC, 1994.
38. Lynch BS, Bonnie RJ, eds. Growing up tobacco free: preventing nicotine addiction in children and youths.Washington, DC: National Academy Press, 1994.
39. Kann L, Kinchen SA,Williams BI, et al. Youth Risk Behavior Surveillance—United States, 1997. In: CDC surveillance summaries (August 14). MMWR 1998;47(No. SS-3).
40. Rigotti NA, Difranza JR, Chang Y, Tisdale T, Kemp B, Singer DE. The effect of enforcing tobacco-sales laws on adolescents' access to tobacco and smoking behavior. N Engl J Med 1997;337:1044–51.
41. Jason LA, Ji PY, Anes MD, Birkhead SH. Active enforcement of cigarette control laws in the prevention of cigarette sales to minors. JAMA 1991;266:3159–61.
42. Difranza JR, Carlson RP, Caisse Jr RE. Reducing youth access to tobacco. Tob Control 1992;1:58.
43. Forster JL, Wolfson M, Murray DM, Wagenaar AC, Claxton AJ. Perceived and measured availability of tobacco to youths in 14 Minnesota communities: The TPOP Study. Am J Prev Med 1997;13:167–74.
44. Forster JL, Murray DM, Wolfson M, Blaine TM, Wagenaar AC, Hennrikus DJ. The effects of community policies to reduce youth access to tobacco. Am J Public Health 1998;88:1193–8.
45. Cismoski J. Blinded by the light: the folly of tobacco possession laws against minors. Wisconsin Medical Journal 1994:591–8.
46. Mosher JF. The merchants, not the customers: resisting the alcohol and tobacco industries' strategy to blame young people for illegal alcohol and tobacco sales. J Public Health Policy 1995;16:421–32.
47. Public Law 102-321. ADAMHA Reorganization Act. 102nd Congress, S 1306, July 10, 1992. 42 USC 300x-26, Section 1926.
48. Substance Abuse and Mental Health Services Administration. Synar regulation implementation: report to Congress on FFY 1997 state compliance. Rockville MD: US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention, 1998; DHHS publication no. (SMA)97-3143.
49. US Department of Health and Human Services, Food and Drug Administration. 21 CFR part 801. Regulations restricting the sale and distribution of cigarettes and smokeless tobacco to protect children and adolescents; final rule. Federal Register 1996;61:44396–5318.
50. American Nonsmokers' Rights Foundation. Local Tobacco Control Ordinance Database, March 31, 1999.
51. Pierce JP, Gilpin E, Burns DM, et al. Does tobacco advertising target young people to start smoking—evidence from California. JAMA 1991;266:3154–8.
52. CDC. Changes in the cigarette brand preferences of adolescent smokers—United States, 1989–1993. MMWR 1994;43:577–81.
53. Pollay RW, Siddarth S, Siegel M, et al. The last straw? Cigarette advertising and realized market shares among youths and adults, 1979–1993. Journal of Marketing 1996;50:1–16.
54. US Federal Trade Commission. Report to Congress for 1996 pursuant to the Federal Cigarette Labeling and Advertising Act. Washington, DC: US Federal Trade Commission, 1998.

55. US Federal Trade Commission. Report to Congress for the years 1996 and 1997 pursuant to the Comprehensive Smokeless Tobacco Health Education Act of 1986. Washington, DC: US Federal Trade Commission, 1999.
56. National Cancer Institute. Cigars: health effects and trends. Bethesda, MD: US Department of Health and Human Services, National Institutes of Health, National Cancer Institute, 1998:198, 210; NIH publication no. 98-4302. (Smoking and tobacco control monograph no. 9)
57. Public Law 98-474.– Comprehensive Smoking Education Act of 1984. 98th Congress, H.R. 3979, October 12, 1984. 15 USC 1333.
58. Public Law 99-252. Comprehensive Smokeless Tobacco Health Education Act of 1986. 99th Congress, S. 1574, February 27, 1986. 15 USC 4402.
59. Master settlement agreement between settling states and participating tobacco manufacturers. Available at <http://www.naag.org/cigmsa.rtf>. Accessed April 30, 1999.
60. Grossman M, Chaloupka FJ. Cigarette taxes: the straw to break the camel's back. Public Health Rep 1997;112:291–7.
61. Chaloupka FJ, Tauras JA, Grossman M. Public policy and youth smokeless tobacco use. Southern Economic Journal 1997;64:503–16.
62. Evans WN, Huang LX. Cigarette taxes and teen smoking: new evidence from panels of repeated cross-sections. College Park, MD: Department of Economics, University of Maryland, April 15, 1998 (Department of Economics, University of Maryland Working Paper). Available at <http://www.bsos.umd.edu/econ/evans>. Accessed April 30, 1999.
63. Wasserman J, Manning WG, Newhouse JP, Winkler JD. The effects of excise taxes and regulations on cigarette smoking. Journal of Health Economics 1991;10:43–64.
64. Chaloupka FJ, Saffer H. Clean indoor air laws and the demand for cigarettes. Contemporary Policy Issues 1992;10:72–83.
65. Evans WN, Farrelly MC. The compensating behavior of smokers: taxes, tar, and nicotine. Rand Journal of Economics 1998;29:578–95.
66. Ohsfeldt RL, Boyle RG, Capilouto E. Effects of tobacco excise taxes on the use of smokeless tobacco products in the USA. Health Econ 1997;6:525–31.
67. CDC. Response to increases in cigarette prices by race/ethnicity, income, and age groups—United States, 1976–1993. MMWR 1998;47:605–9.
68. Chaloupka FJ, Tauras JA, Grossman M. Public policy and youth smokeless tobacco use. Southern Economic Journal 1997;64:503–16.
69. Ohsfeldt RL, Boyle RG. Tobacco excise taxes and rates of smokeless tobacco use in the US: an exploratory ecological analysis. Tob Control 1994;3:316–23.
70. The Tobacco Institute. The tax burden on tobacco: historical compilation. Vol. 32. Washington, DC: The Tobacco Institute, 1997.
71. US Department of Agriculture. Tobacco: situation and outlook report. Washington, DC: US Department of Agriculture, Commodity Economics Division, Economic Research Service, April 1998; document no. TBS-241.
72. US Department of Agriculture. Tobacco: situation and outlook report. Washington, DC: US Department of Agriculture, Commodity Economics Division, Economic Research Service, April 1999; document no. TBS-243.
73. Black G. Tobacco: is dead money now bad money? Litigation, pricing risks starting to strain value proposition. February 10, 1999. Available at <http://www.tobacco.org/News/blackf/990210black.html>. Accessed April 6, 1999.
74. CDC. Preemptive state tobacco-control laws—United States, 1982–1998. MMWR 1999;47:1112–4.
75. Siegel M, Carol J, Jordan J, et al. Preemption in tobacco control: review of an emerging public health problem. JAMA 1997;278:858–63.
76. Teret SP, DeFrancesco S, Bailey LA. Gun deaths and home rule: a case for local regulation of a local public health problem. Am J Prev Med 1993;9(suppl):44–6.
77. Gorovitz E, Mosher J, Pertschuk M. Preemption or prevention?: lessons from efforts to control firearms, alcohol, and tobacco. J Public Health Policy 1998;19:36–50.
78. Conlisk E, Siegel M, Lengerich E, MacKenzie W, Malek S, Eriksen M. The status of local smoking regulations in North Carolina following a state preemption bill. JAMA 1995;273:805–7.
79. Jacobson PD, Wasserman J. Tobacco control laws: implementation and enforcement. Washington, DC: RAND, 1997.

80. The Tobacco Institute. Tobacco activity at the Federal, state, and local levels—1992: priorities for 1993. Available at <http://www.tobaccoinstitute.com>. Accessed April 30, 1999.
81. CDC. Cigarette smoking before and after an excise tax increase and an antismoking campaign. MMWR 1996;45:966–70.
82. CDC. Decline in cigarette consumption following implementation of a comprehensive tobacco prevention and education program—Oregon, 1996–1998. MMWR 1999;48:140–3.
83. US Department of Health and Human Services. Smoking cessation: clinical practice guideline number 18. Washington, DC: US Department of Health and Human Services, Public Health Service, Agency for Health Care Policy and Research, CDC, April 1996; DHHS publication no. (AHCPR)96-0692.

TABLE 1. Summary of state laws* by type of restriction and state, as of December 31, 1998

State	Smoke-free indoor air				Minor's access to tobacco products			Advertising of tobacco products	Excise taxes	
	Government work sites	Private work sites	Restaurants	Other sites†	Sales and distribution	Vending machines	Licensing		Cigarettes	Chewing tobacco and snuff
Alabama					x		x		x	x
Alaska	x		x	x	x	x	x		x	x
Arizona	x			x	x			x	x	x
Arkansas				x	x	x	x		x	x
California	x	x	x	x	x	x		x	x	x
Colorado	x			x	x	x			x	x
Connecticut	x	x	x	x	x	x	x		x	x
Delaware	x	x	x	x	x	x	x		x	x
Florida	x	x	x	x	x	x	x		x	x
Georgia				x	x	x	x		x	
Hawaii	x		x	x	x	x			x	x
Idaho	x		x	x	x	x			x	x
Illinois	x	x	x	x	x	x		x	x	x
Indiana	x			x	x	x		x	x	x
Iowa	x	x	x	x	x	x	x		x	x
Kansas	x		x	x	x	x	x		x	x
Kentucky					x	x	x	x	x	
Louisiana	x	x		x	x	x	x	x	x	
Maine	x	x	x	x	x	x	x		x	x
Maryland	x		x	x	x	x	x		x	
Massachusetts	x		x	x	x	x	x		x	x
Michigan	x		x	x	x	x	x	x	x	x
Minnesota	x	x	x	x	x	x	x		x	x
Mississippi					x	x	x		x	x
Missouri	x	x	x	x	x	x			x	x
Montana	x	x	x	x	x	x	x		x	x
Nebraska	x	x	x	x	x	x	x		x	x
Nevada	x		x	x	x	x	x	x	x	x
New Hampshire	x	x	x	x	x	x	x		x	x
New Jersey	x	x		x	x	x	x		x	x
New Mexico	x				x	x			x	x
New York	x	x	x	x	x	x	x		x	x
North Carolina					x	x			x	x
North Dakota	x		x	x	x		x		x	x
Ohio	x			x	x	x	x		x	x

TABLE 1. Summary of state laws* by type of restriction and state, as of December 31, 1998 — Continued

State	Smoke-free indoor air				Minor's access to tobacco products			Advertising of tobacco products	Excise taxes	
	Government work sites	Private work sites	Restaurants	Other sites†	Sales and distribution	Vending machines	Licensing		Cigarettes	Chewing tobacco and snuff
Oklahoma	x		x	x	x	x	x		x	x
Oregon	x		x	x	x	x			x	x
Pennsylvania	x	x	x	x	x		x	x	x	
Rhode Island	x	x	x	x	x	x	x		x	x
South Carolina	x			x	x		x		x	x
South Dakota	x			x	x	x			x	x
Tennessee				x	x	x		x	x	x
Texas				x	x	x	x	x	x	x
Utah	x	x	x	x	x	x	x	x	x	x
Vermont	x	x	x	x	x	x	x		x	x
Virginia	x		x	x	x	x			x	
Washington	x		x	x	x	x	x		x	x
Washington, DC	x	x	x	x	x	x	x		x	
West Virginia				x	x			x	x	
Wisconsin	x	x	x	x	x	x	x		x	x
Wyoming	x				x	x			x	
Total	**42**	**21**	**32**	**45**	**51**	**45**	**35**	**13**	**51**	**42**

* Laws that have restrictions and/or require signs only.
† Other sites include commercial and home-based day care centers, bars, shopping malls, grocery stores, enclosed arenas, public transportation, hospitals, prisons, and hotels and motels.

TABLE 2. States with laws on smoking in government work sites, as of December 31, 1998

State	Type of restriction*	Minimum no. of employees	Non-retaliation provision	Written policy on smoking	Local government covered	Enforcement authority	Penalties for first violation		Signage required
							To business	To smoker	
Alaska	2	No	No	No	Yes	Yes	Fine of $20–$300	Yes	Yes
Arizona	2†	No	No	No	No	No	Petty offense	Yes	No
Arkansas	1§	No	No	Yes	No	No¶	No	No	No
California	3**	6	No	No	Yes	No	Fine up to $100	Yes	Yes
Colorado	4††	No	No	No	No	Yes	Corrective action, disciplinary action, or both	Yes	Yes
Connecticut	2†	20	No	No	Yes	No	Infraction	Yes	Yes
Delaware	2	1	Yes¶	Yes	Yes	Yes	Fine of $25	Yes	Yes
Florida	2†	No	No	Yes	Yes	Yes	Fine up to $100	Yes	Yes
Hawaii	4††	No	No	Yes	Yes	Yes	Fine up to $500	No	Yes
Idaho	4††	No	No	No	No	No	No	No	No
Illinois	2	No	No	No	Yes	Yes	No	Yes	Yes
Indiana	2	No	No	No	Yes	Yes	No	Yes	Yes
Iowa	2	No	No	No	Yes	Yes	Fine of $25	Yes	Yes
Kansas	4¶††	No	No	No	Yes	No¶	No	Yes	Yes
Kentucky	1§§	No	No	No	No	No	No	No	No
Louisiana	2	25	No	Yes	No	No¶	No	No	Yes
Maine	2	No	Yes	Yes	Yes	Yes	Fine up to $100	No	No
Maryland	4	No	No	No	No	No	No	Yes	No
Massachusetts	4¶	No	No¶	No	Yes	No	No	No	Yes¶
Michigan	4¶	No	No	Yes	No	Yes	No	No	Yes
Minnesota	2	No	No	No	No	Yes	No	Yes	Yes
Missouri	2	No	No	No	No	No	Infraction	Yes	Yes
Montana	2	7	No	No	No	Yes	No	No	Yes
Nebraska	2	No	No	No	No	Yes	No	Yes	Yes
Nevada	2	No	No	No	Yes	Yes	Misdemeanor	Yes	Yes
New Hampshire	2	4	Yes	Yes	Yes	No¶	Fine of at least $100	Yes	Yes
New Jersey	2	No	No	Yes	Yes	Yes	No	Yes	Yes
New Mexico	2	15	No	Yes	Yes	Yes	Fine of $10–$25	Yes	Yes
New York	2	No	No	Yes	Yes	Yes	Fine up to $2,000¶	Yes	Yes
North Carolina	1¶¶	No	No	No	No	No	No	No	No
North Dakota	2	No	No	No	No	No¶	Fine up to $100	No	Yes
Ohio	4††	No	No	No	No	No	No	No	No
Oklahoma	2	No	No	No	Yes	Yes	No	No	Yes
Oregon	2	No	No	No¶	No	No	No	No	No
Pennsylvania	2	No	No	Yes	Yes	Yes¶	Fine up to $50	Yes	Yes

TABLE 2. States with laws on smoking in government work sites, as of December 31, 1998 — Continued

State	Type of restriction*	Minimum no. of employees	Non-retaliation provision	Written policy on smoking	Local government covered	Enforcement authority	Penalties for first violation		Signage required
							To business	To smoker	
Rhode Island	2	No	Yes	Yes	Yes	Yes	Fine of $50–$500	No	Yes
South Carolina	2	No	No	No	Yes	Yes	Misdemeanor; or fine	Yes	Yes
South Dakota	4††	No	No	No	No	No	Corrective action, disciplinary action, or both	Yes	Yes
Utah	4	No	No	No	Yes	Yes	Fine up to $100	Yes	No
Vermont	2	No	No	No	Yes	Yes¶	Fine of $100	Yes	No
Virginia	2	No	No	No	Yes	Yes	Fine up to $25	Yes	Yes
Washington	4††	No	No	No	Yes	No	No	No	No
Washington, DC	2	No	No	Yes	No	Yes	Fine up to $300	Yes	Yes
Wisconsin	2	No	No	No	Yes	No¶	No	Yes	Yes
Wyoming	3††	No	No	No	No	Yes	No	No	Yes
Total* **	**42**	**7**	**4**	**14**	**26**	**26**	**24**	**28**	**33**

* 1 = no restrictions, 2 = designated smoking areas required or allowed, 3 = no smoking allowed or designated smoking areas allowed if separately ventilated, 4 = no smoking allowed (100% smoke free).
† Legislation restricts smoking in government buildings but does not specify work sites.
§ Requires smoking policy but does not specify smoking restrictions.
¶ Correction from 1995 report.
** Whereas most state laws stipulate areas in which smoking is restricted, California's law designates places and circumstances under which smoking is allowed.
†† Smoking restricted by executive order.
§§ State government work sites are permitted but not required to develop policies on tobacco.
¶¶ Smoking areas are required; nonsmoking areas are allowed.
*** Total number of state laws that have restrictions, enforcement, penalties, or signage.

NOTE: This table summarizes only those states that have legislative restrictions on smoking in government work sites. "Minimum no. of employees" indicates whether the law requires a minimum number of employees at the work site for the law to be in effect. "Nonretaliation provision" indicates whether the law protects an employee from retaliation for enforcing or attempting to enforce the law. "Written policy on smoking" indicates whether the law requires the work site to establish written policies regarding the provisions of the law. "Local government covered" indicates whether work sites under the control of political subdivisions of the state are covered by the law. "Enforcement authority" indicates whether the law designates a specific agency, department, office, or governing body responsible for enforcing the law. "Penalties for first violation" indicates the penalty or fine imposed on a work site and whether smokers are penalized for a first infraction. "Signage required" indicates whether the law requires signs to be displayed that describe the law.

TABLE 3. States with laws on smoking in private-sector work sites, as of December 31, 1998

State	Type of restriction*	Minimum no. of employees	Nonretaliation provision	Written policy on smoking	Enforcement authority	Penalties for first violation		Signage required
						To business	To smoker	
California	3†	6	No	No	No	Fine up to $100	Yes	Yes
Connecticut	2	20	No	No	No	No	No	Yes
Delaware	2	1	Yes§	Yes	Yes	Fine of $25	Yes	Yes
Florida	2¶	No	No	Yes	Yes	Fine up to $100	Yes	Yes
Illinois	2¶	No	No	No	No	No	Yes§	Yes
Iowa	2	No	No	No	Yes	Fine of $25	Yes	Yes
Louisiana	2	25	No	Yes	No§	No	No	Yes
Maine	2	No	Yes	Yes	Yes	Fine up to $100	No	No
Minnesota	2	No	No	No	Yes	No	Yes	Yes
Missouri	2	No	No	No	No	Infraction	Yes	Yes
Montana	2	No	No	No	Yes	Fine up to $25	No	Yes
Nebraska	2	No	No	No	Yes	No	Yes	Yes
New Hampshire	2	4	Yes	Yes	No§	Fine of at least $100	Yes	Yes
New Jersey	2	50	No	Yes	Yes	No	No	Yes
New York	2	No	No	Yes	Yes	Fine up to $2,000§	Yes	Yes
Pennsylvania	2	No	No	Yes	Yes§	Fine up to $50	Yes	Yes
Rhode Island	2	No	Yes	Yes	Yes	Fine of $50–$500	No	Yes
Utah	2	No	No	No**	Yes	Fine up to $100	Yes	No
Vermont	2	10	Yes	Yes	Yes	Fine of $100	Yes	No
Washington, D.C.	2	No	No	Yes	Yes	Fine up to $300	Yes	Yes
Wisconsin	2	No	No	No	No§	No	Yes	Yes
Total††	**21**	**7**	**5**	**11**	**14**	**14**	**15**	**18**

*1 = no restrictions, 2 = designated smoking areas required or allowed, 3 = no smoking allowed or designated smoking areas allowed if separately ventilated, 4 = no smoking allowed (100% smoke free).
†Whereas most state laws stipulate areas in which smoking is restricted, California's law designates places and circumstances under which smoking is allowed.
§Correction from 1995 report.
¶Restricts smoking in work sites but does not specify private-sector work sites.
**If 10 or more employees, written policy required.
††Total number of state laws that have restrictions, enforcement, penalties, or signage (i.e., sign is posted indicating where smoking is prohibited).

NOTE: This table summarizes only those states that have legislative restrictions on smoking in private-sector work sites. "Minimum no. of employees" indicates whether the law requires a minimum number of employees at the work site for the law to be in effect. "Nonretaliation provision" indicates whether the law protects an employee from retaliation for enforcing or attempting to enforce the law. "Written policy on smoking" indicates whether the law requires the work site to establish written policies regarding the provisions of the law. "Enforcement authority" indicates whether the law designates a specific agency, department, office, or governing body responsible for enforcing the law. "Penalties for first violation" indicates the penalty or fine imposed on a work site and whether smokers are penalized for a first infraction. "Signage required" indicates whether the law requires signs to be displayed that describe the law.

TABLE 4. States with laws on smoking in restaurants, as of December 31, 1998

State	Type of restriction*	Minimum seating capacity†	Enforcement authority	Penalties for first violation		Signage required
				To business	To smoker	
Alaska	2	50	Yes	Fine of $20–$300	Yes	Yes
California	3§	No	No	Fine up to $100	Yes	Yes
Connecticut	2	75	No	Infraction¶	Yes	Yes
Delaware	2	50	Yes	Fine of $25	Yes	Yes
Florida	2	50 (35)	Yes	Fine up to $100	Yes	Yes
Hawaii	2	50	Yes	Fine up to $20	Yes	Yes
Idaho	2	30	Yes	Fine up to $50	Yes	Yes
Illinois	2	No	No	No	Yes	Yes
Iowa	2	50	Yes	Fine of $25	Yes	Yes
Kansas	2	No	No¶	No	Yes	Yes
Louisiana	1¶**	No	No	No	No	No
Maine	2	No	Yes	Fine of $100–$500	No	Yes
Maryland	2	No (60)††	No	No	No	No
Massachusetts	2	75	No¶	No	No	Yes
Michigan	2	>50 (50); <50 (25)	Yes	Misdemeanor	No	Yes
Minnesota	2	No	Yes	No	Yes	Yes
Missouri	2	50	Yes	Infraction	Yes	Yes
Montana	2	No	Yes	Fine up to $25	No	Yes
Nebraska	2	No	Yes	No	Yes	Yes
Nevada	2	50	Yes	Misdemeanor; fine up to $100	Yes	No
New Hampshire	2	50	No¶	Fine of at least $100	Yes	Yes
New York	2	50 (70)	Yes	Fine up to $2,000¶	Yes	Yes
North Dakota	2	50¶	No¶	Fine up to $100	No	Yes
Oklahoma	2	50	Yes	No	No	Yes
Oregon	2	30	Yes	Fine up to $100	No	Yes
Pennsylvania	2	75	Yes	Fine up to $50	Yes	Yes
Rhode Island	2	50	Yes	Fine of $50–$500	Yes	Yes
Utah	4	No	Yes	Fine up to $100	Yes	No
Vermont	4	No	No	No	No	No

TABLE 4. States with laws on smoking in restaurants, as of December 31, 1998 — Continued

State	Type of restriction*	Minimum seating capacity†	Enforcement authority	Penalties for first violation		Signage required
				To business	To smoker	
Virginia	2	50	Yes	Fine up to $25	Yes	Yes
Washington	1	No	Yes	No	No	Yes
Washington, D.C.	2	50 (25)	Yes	Fine up to $300	Yes	Yes
Wisconsin	2	50	No¶	No¶	Yes	Yes
Total§§	**31**	**22**	**22**	**22**	**22**	**28**

*1 = no restrictions, 2 = designated smoking areas required or allowed, 3 = no smoking allowed or designated smoking areas allowed if separately ventilated, 4 = no smoking allowed (100% smoke free).
†Minimum seating capacity required by most restrictive law; percentage of seats required to be in smoke-free area is in parentheses.
§Whereas most state laws stipulate areas in which smoking is restricted, California's law designates places and circumstances under which smoking is allowed.
¶Correction from 1995 report.
**Restaurants are permitted but not required to develop policies on smoking.
††Maryland has no minimum seating requirement but requires restaurants of any size to have 60% of seats smokefree.
§§Total number of state laws that have restrictions, enforcement, penalties, or signage (i.e., sign is posted indicating where smoking is prohibited).

NOTE: This table summarizes only those states that have legislative restrictions on smoking in restaurants. "Minimum seating capacity" indicates whether the law requires the restaurant to have a minimum number of seats for the law to be in effect and indicates in parentheses the percentage of seats required to be smoke-free. "Enforcement authority" indicates whether the law designates a specific agency, department, office, or governing body responsible for enforcing the law. "Penalties for first violation" indicates the penalty or fine imposed on a work site and whether smokers are penalized for a first infraction. "Signage required" indicates whether the law requires signs to be displayed that describe the law.

TABLE 5. States with laws on smoking in commercial and home-based daycare centers, as of December 31, 1998

State	Commercial day care type of restriction†	Home-based day care type of restriction†	Enforcement authority	Penalties for first violation*	
				To business	To smoker
Alaska	4	4§	Yes	Civil fine	Yes
Arkansas	4	1¶	Yes	No	Yes
California	4	2**	No	Infraction	Yes
Delaware	4	1	No	Fine of $25–$50	Yes
Florida	4	1¶	Yes	Fine up to $100	Yes
Georgia	4§	1	No	No	Yes
Hawaii	4§	4§**	No	No	Yes
Illinois	4§	4§**	No	No	No
Kansas	4§	1¶	Yes	Civil fine	No
Louisiana	4	1¶	Yes	Fine $25–$50	Yes
Maine	2	2§	No	Fine up to $100	No
Massachusetts	2	1¶	No	No	No
Michigan	4	4§	No	Fine $100–$1000; license revocation	Yes
Minnesota	4§	4§**	Yes	Petty misdemeanor	Yes
Missouri	4§	1¶	No	Infraction	Yes
Nevada	2	1	Yes	Misdemeanor	Yes
New Hampshire	4§	1¶	Yes	Violation	Yes
New Jersey	4††	1	Yes	License suspension/revocation	No
New York	4	1	Yes	Civil penalty	Yes
North Dakota	4§	1¶	Yes	Class B misdemeanor	Yes
Ohio	3	3§	Yes	License revocation	No
Oklahoma	4	1¶	Yes	Fine of $50	No
South Carolina	4	1¶	Yes	Fine of $10–$25	Yes
South Dakota	2	2**	No	Petty offense	Yes
Tennessee	2§	2§	Yes	Class B misdemeanor; fine of $0–$500	No
Utah	4§	4§	Yes	Fine up to $100	Yes
Virginia	2	1	Yes	Fine up to $25	Yes

TABLE 5. States with laws on smoking in commercial and home-based daycare centers, as of December 31, 1998 — Continued

State	Commercial day care type of restriction†	Home-based day care type of restriction†	Enforcement authority	Penalties for first violation*	
				To business	To smoker
Washington, D.C.	2	1¶	Yes	Fine $10–$50	Yes
Wisconsin	4§	1¶	Yes	No	Yes
Total§§	**29**	**11**	**19**	**23**	**21**

*Penalties are for both commercial day care and home-based day care where applicable.
†1 = no restrictions, 2 = designated smoking areas required or allowed, 3 = no smoking allowed or designated smoking areas allowed if separately ventilated, 4 = no smoking allowed (100% smoke free).
§Nonsmoking restrictions are in effect when children are on the premises.
¶Prohibits smoking in child care facilities; however, language does not specify home-based child day care.
**Correction from 1995 report.
††Smoking restrictions are in effect when children are on the premises only. When children are not on the premises, smoking areas must be separately ventilated.
§§Total number of state laws that have restrictions, enforcement, or penalties.

NOTE: This table summarizes only those states that have legislative restrictions on smoking in day care centers. "Enforcement authority" indicates whether the law designates a specific agency, department, office, or governing body responsible for enforcing the law. "Penalties for first violation" indicate the penalty or fine imposed on a work site and whether smokers are penalized for a first infraction.

TABLE 6. States with laws on smoking in other sites,* as of December 31, 1998

State	Bars	Shopping malls	Grocery stores[†]	Enclosed arenas	Public transportation	Hospitals	Prisons	Hotels and motels
Alaska	1	1	2	1	2	4	2	1
Arizona	1	1	1	1	2	2	1	1
Arkansas	1	1	1	1	1	2	1	1
California[§]	3	3	3	3	3	3	1	2
Colorado	1	1	1	2	2	2	1	1
Connecticut	1	1	2	1	2	2	1	1
Delaware	1	1	2	1	4	4	1	1
Florida	1	1	2	2	4	2	1	1
Georgia	1	1	1	1	4	1	1	1
Hawaii	1	1	2	1	2[¶]	2	1	1
Idaho	1	1	2	2	2**	2	1	1
Illinois	1	1	2	2	2	2	1	1
Indiana	1	1	1	1	1	2	1	1
Iowa	1	2	2	2	2	2	1	2
Kansas	1	1	2	2	4	2	1	1
Louisiana	1	1	1	1	4	2	1	1
Maine	1	2	2	2	2	2	1	1
Maryland	1	1	2	1	4	4	1	2
Massachusetts	1	1	4	1	2**	2	1	1
Michigan	1	1	2	2	2	3	1	1
Minnesota	1	1	2	2	2**	4	4[††]	2
Mississippi	1	1	1	1	1[§§]	1	1	1
Missouri	2	2	2	2[¶¶]	2	2	1	1
Montana	1	1	2	2	2**	2	1	1
Nebraska	2	1	2	2	2	2	1	1
Nevada	1	1	2	1	2	2	1	1
New Hampshire	1	2	2	2	4	4	2	2
New Jersey	1	1	4	1	4	2	1	1
New York	1	1	2	2	4	2	1	1
North Dakota	1	1	1	1	2	2	1	1
Ohio	1	1	1	1	2**	2	1	1
Oklahoma	1	1	1	2	2	2	1	1
Oregon	1	1	2	2	1	2	1	1
Pennsylvania	1	1	1	2	2	2	1	1
Rhode Island	1	1	2	1	4	2	1	1
South Carolina	1	1	1	2	4	2	1	1
South Dakota	1	1	1	1	2	2	1	1

TABLE 6. States with laws on smoking in other sites,* as of December 31, 1998 — Continued

State	Bars	Shopping malls	Grocery stores†	Enclosed arenas	Public transportation	Hospitals	Prisons	Hotels and motels
Tennessee	1	1	1	1	1	2	1	1
Texas	1	1	1	1	2	2	1	1
Utah	1	4	4	4	4	2	1	2
Vermont	2	2	2	2	2	2	1	2
Virginia	1	1	2	2	4	2	1	1
Washington	1	2	2	2	2**	2	1	1
Washington, D.C.	1	1	2	1	4	2	1	1
West Virginia	1	1	1	1	4	1	4***	1
Wisconsin	1	1	2	1	2**	4	1	1
Total†††	**4**	**8**	**30**	**23**	**41**	**43**	**4**	**7**

* 1 = no restrictions, 2 = designated smoking areas required or allowed, 3 = no smoking allowed or designated smoking areas allowed if separately ventilated, 4 = no smoking allowed (100% smoke free).
† Because law does not always explicitly refer to grocery stores, restrictions on retail stores are often included here.
§ Whereas most state laws stipulate areas in which smoking is restricted, California's law designates places and circumstances under which smoking is allowed.
¶ Taxis only.
** Prohibits smoking on certain forms of public transportation but allows designated smoking areas on others.
†† State correctional facilities only.
§§ Correction from 1995 report.
¶¶ Enclosed arenas with a capacity of >15,000 persons are exempt.
*** Applies to inmates held by regional facility authority in regional jails operated solely by the authority.
††† Total number of state laws that have restrictions.

NOTE: This table summarizes only those states that have legislative restrictions on smoking in the specific sites.

TABLE 7. States with laws on sales of tobacco products to minors, as of December 31, 1998

State	Minimum age for legal sale (years)	Includes chewing tobacco or snuff	Enforcement authority	License suspension or revocation for violation	Penalties for first violation to business owner, manager and/or clerk	Prohibits purchase, possession, and/or use by minors	Signage required
Alabama	19	Both	Yes	No	Fine of $10–$50	Purchase/Possession/Use	No
Alaska	19	Both	No	Both	Fine of at least $300	Possession*	Yes
Arizona	18	Chewing tobacco only	No	No	Petty offense; fine up to $300 for an individual and up to $1,000 for an enterprise†	Purchase/Possession	No
Arkansas	18	Both	Yes	Both	Misdemeanor; fine of $100	No	Yes
California	18	Both	No	No	Fine of $200–$300; misdemeanor	Purchase/Possession	Yes
Colorado	18	Both	Yes	No	Written warning	Purchase	Yes
Connecticut	18	Both	Yes	Both	Fine up to $200	Purchase	Yes
Delaware	18	Both	Yes	Suspension	Fine of $250	Purchase	Yes
Florida	18	Both	Yes	Both	2nd degree misdemeanor; fine of $500	Purchase/Possession	Yes
Georgia	18	Both	Yes	No	Misdemeanor	Purchase	Yes
Hawaii	18	Both	No	No	Fine of $500	Purchase	Yes
Idaho	18	Both	Yes	No	Misdemeanor; imprisonment for 6 months and/or a fine of $300	Purchase/Possession/Use	No
Illinois	18	Both	Yes	No	Petty offense; fine of $200	Purchase	No§
Indiana	18	Both	No	No	Class C infraction; fine up to $500	Purchase/Possession	Yes
Iowa	18	Both	Yes	Both	Simple misdemeanor; fine of $300	Purchase/Possession/Use	No
Kansas	18	Chewing tobacco only	No	Both	Misdemeanor; fine of $200–$1,000	Purchase/Possession	Yes
Kentucky	18	Both	Yes	No	Fine of $100–$500	Purchase	Yes
Louisiana	18	Both	Yes	Both	Fine of $50–$500	Purchase/Possession¶	Yes
Maine	18	Both	Yes	Both	Fine of $50–$1500	Purchase/Possession/Use	Yes
Maryland	18	Both	No	No	Fine up to $300	Possession/Use	No
Massachusetts	18	Both	No	No	Fine of at least $100	No	Yes
Michigan	18	Both	No	No	Misdemeanor; fine up to $50	Possession/Use**	Yes
Minnesota	18	Both	Yes	Suspension	Fine of $75	Purchase/Possession/Use	No
Mississippi	18	Both	Yes	Both	$50 and a warning letter	Purchase/Possession††	Yes
Missouri	18	Both	No	No	Fine of $25	No	Yes
Montana	18	Both	Yes	Both	Verbal notification/warning; fine of $25	Possession/Use	Yes
Nebraska	18	Both	No	Both	Class III misdemeanor	Use	No
Nevada	18	Both	Yes	No	Fine up to $500	No	No
New Hampshire	18	Both	Yes	Both	Civil Infraction; fine up to $250	Purchase/Possession/Use	Yes
New Jersey	18	Both	Yes	Both	Fine of $250	No	Yes
New Mexico	18	Both	Yes	No	Misdemeanor; fine up to $1,000	Purchase	Yes

TABLE 7. States with laws on sales of tobacco products to minors, as of December 31, 1998 — Continued

State	Minimum age for legal sale (years)	Includes chewing tobacco or snuff	Enforcement authority	License suspension or revocation for violation	Penalties for first violation to business owner, manager and/or clerk	Prohibits purchase, possession, and/or use by minors	Signage required
New York	18	Both	Yes	Suspension	Fine of $100–$300	No	Yes
North Carolina	18	Both	No	No	Class 2 misdemeanor	Purchase	Yes
North Dakota	18	Both	No	No	Class B misdemeanor; fine up to $500	Use	No
Ohio	18	Both	No	No	4th degree misdemeanor; fine up to $250	No	Yes
Oklahoma	18	Both	Yes	Suspension	Fine of $100	Purchase/Possession	Yes
Oregon	18	Both	Yes	No	Fine of $100–$500	Possession	Yes
Pennsylvania	18	Both	No	No	Fine of at least $25	Possession/Use†§§	No
Rhode Island	18	Both	Yes	Suspension	Fine of $100	Purchase/Use¶¶	Yes
South Carolina	18	Both	No	No	Misdemeanor; fine up to $25	No	No
South Dakota	18	Both	Yes	No	Class II misdemeanor	Purchase/Possession/Use	No
Tennessee	18	Both	Yes	No	Class A misdemeanor; fine up to $2,500	Purchase	Yes
Texas	18	Both	Yes	Both	Class C misdemeanor; fine of $500	Purchase/Possession/Use	Yes
Utah	19	Both	Yes	Both	Fine up to $300	Purchase/Possession	No
Vermont	18	Both	Yes	Both	Fine up to $100	Purchase/Possession	Yes
Virginia	18	Both	Yes	No	Fine up to $100	Purchase/Possession	Yes
Washington	18	Both	Yes	Both	Fine of $100	Purchase/Possession	Yes
Washington, D.C.	18	Both	No	Both	Misdemeanor; fine of $100–$500	No	Yes
West Virginia	18	Both	Yes	No	Misdemeanor; fine of $10–$25	Possession/Use	No
Wisconsin	18	Both	No	Suspension	Fine up to $500	Purchase/Possession†	Yes
Wyoming	18	Both	No	No	Misdemeanor; fine up to $50	Purchase/Possession/Use	Yes
Total***	**51**		**32**	**24**	**51**	**42**	**36**

* Except minors at adult correctional facilities.
† Correction from 1995 report.
§ Signage required for sale of tobacco accessories but not for tobacco.
¶ Except persons who are accompanied by a parent, spouse, or legal guardian aged ≥21 years, or who are in a private residence.
** A person aged <18 years may not possess or use tobacco in any form in public places.
†† A pupil may not possess tobacco on school property.
§§ A pupil may not possess or use tobacco on school property.
¶¶ A person aged <16 years may not smoke or chew in any public street, place, or resort.
*** Total number of state laws that have restrictions, enforcement, penalties, or signage (i.e., sign is posted indicating that it is illegal to sell tobacco products to persons aged <18 years).

NOTE: This table summarizes the legislative restrictions and preemption relating to sale and distribution of tobacco products to minors for all states. The table includes the minimum age for legal sale in years. "Includes chewing tobacco or snuff" indicates whether the laws also restrict sales and distribution of chewing tobacco or snuff. "Enforcement authority" indicates whether the law designates a specific agency, department, office, or governing body responsible for enforcing the law. The table also indicates whether retail licenses may be suspended or revoked for sale of tobacco products to minors; the penalties to business owners, managers, and/or clerks for first violation of the law; and whether purchase, possession, and/or use of tobacco by minors is prohibited. "Signage required" indicates whether the law requires signs to be displayed that describe the law.

TABLE 8. States with laws on youth access to tobacco products through vending machines, as of December 31, 1998

State	Restrictions on access	Banned from locations accessible to youth	Limited placement	Locking device	Supervision	Enforcement authority	Penalties to business for first violation	Signage required
Alaska	Yes	Yes	No	No	Yes	No	Fine of at least $300	No
Arkansas	Yes	No	Yes	No	Yes	Yes	Misdemeanor; fine of $100	Yes
California	Yes	Yes	No	No	No	Yes	Fine of $200–$300	No
Colorado	Yes	No	Yes	Yes	No	Yes	Written warning	Yes
Connecticut	Yes	No	Yes	No	Yes	Yes	Fine of $250	Yes
Delaware	Yes	Yes	No	No	Yes	Yes	Fine of $250	No
Florida	Yes	No	Yes	Yes	Yes	Yes	Fine up to $1,000	No
Georgia	Yes	No	Yes	No	Yes	Yes	Misdemeanor; fine up to $300	Yes
Hawaii	Yes	Yes	No	No	No	No	Fine up to $1,000	Yes
Idaho	Yes*	No	No	No	No	No	Misdemeanor; imprisonment up to 6 months or $300 or both	No
Illinois	Yes	No	Yes	Yes	Yes	No	No	No
Indiana	Yes	No	Yes	Yes	No	No	Class C infraction	Yes
Iowa	Yes*	No	No	No	No	No†	No	No
Kansas	Yes	No	Yes	Yes	No	Yes†	Misdemeanor; fine up to $1,000	No
Kentucky	Yes	No	Yes	No	Yes	Yes	Fine of $100-$500	No
Louisiana	Yes	Yes	No	No	Yes	No	Civil penalties $50–$500	Yes
Maine	Yes	No	Yes	No	Yes	Yes	Fine of $100–$500	Yes
Maryland	No	No	No	No	No	No	No	Yes
Massachusetts	No	No	No	No	No	No	No	Yes
Michigan	Yes	Yes§	No	No	Yes	Yes	Misdemeanor; fine up to $1,000	No
Minnesota	Yes	Yes	No	No	No	No	No	Yes
Mississippi	Yes	Yes	No	No	No	Yes	Misdemeanor; fine of $20–$100	No
Missouri	No	No	No	No	No	No	No	Yes
Montana	Yes	Yes¶	No	No	No	Yes	No	No
Nebraska	Yes	Yes§	No	No	No	No	Class III misdemeanor	No
Nevada	Yes	No	Yes**	No	No	No	No	No
New Hampshire	Yes	No	No	Yes	Yes	No	Fine of $100	Yes
New Jersey	Yes	No	Yes††	No	No	No	Fine of $250	Yes
New Mexico	Yes	Yes	No	No	No	Yes	Misdemeanor; fine up to $1,000†	Yes
New York	Yes	Yes	No	No	Yes	Yes	Fine of $100–$300	No
North Carolina	Yes	No	Yes	Yes	Yes	No	Class 2 misdemeanor	No
Ohio	Yes	No	Yes	No	Yes	No	4th degree misdemeanor	No
Oklahoma	Yes	No	Yes	Yes	Yes	Yes	No	No

TABLE 11. State tax on tobacco products and year most recent tax change became effective, as of December 31, 1998

State	Cigarettes		Chewing tobacco and snuff	
	Tax (cents per pack)*	Year most recent tax change became effective	Tax	Year most recent tax change became effective
Alabama	16.5	1984	¾¢ per oz. (chew) ½¢ per oz. (snuff)	1984
Alaska	100	1997	75% of WP†	1997
Arizona	58	1994	6.5¢ per oz.	1994
Arkansas	31.5§	1993	23% of MSP¶	1993
California	37	1994	29.37% of WSP**††	1998
Colorado	20	1986	20% of MLP§§	1986
Connecticut	50	1994	20% of WSP	1989
Delaware	24	1991	15% of WSP	1987
Florida	33.9	1990	25% of WSP	1985
Georgia	12	1971	None	NA¶¶
Hawaii	100	1998	40% of WSP	1965
Idaho	28	1994	40% of WSP	1994
Illinois	58	1997	18% of WSP	1995
Indiana	15.5	1987	15% of WSP	1987
Iowa	36	1991	22% of WSP	1991
Kansas	24	1985	10% of WSP	1972
Kentucky	3	1970	None	NA
Louisiana	20	1990	None	NA
Maine	74	1997	62% of WSP	1991
Maryland	36	1992	None	NA
Massachusetts	76	1996	75% of WSP	1996
Michigan	75	1994	16% of WSP	1994
Minnesota	48	1992	35% of WSP	1987
Mississippi	18	1985	15% of MLP	1985
Missouri	17	1993	10% of manufacturer's invoice price	1993
Montana	18	1993	12.5% of WSP	1993
Nebraska	34	1993	15% of purchase price***	1988
Nevada	35	1989	30% of WP	1983
New Hampshire	37	1997	27.1% of WSP†††	1998
New Jersey	80	1998	48% of WP	1998
New Mexico	21	1993	25% of product value***	1986
New York	56	1993	20% of WSP	1993
North Carolina	5	1991	2% of cost***	1991
North Dakota	44	1993	28% of WPP§§§	1993
Ohio	24	1993	17% of WSP	1993
Oklahoma	23	1987	30% of factory list price	1985
Oregon	68	1997	65% of WSP	1997
Pennsylvania	31	1991	None	NA
Rhode Island	71	1997	20% of WSP	1992
South Carolina	7	1977	5% of MP¶¶¶	1968
South Dakota	33	1995	10% of WPP	1995
Tennessee	13	1971	6% of WSP	1972
Texas	41	1990	35% of MLP	1990
Utah	51.5	1997	35% of MSP	1986
Vermont	44	1995	41% of WP	1995
Virginia	2.5	1966	None	NA
Washington	82.5	1996	74.9% of WSP	1993
Washington, D.C.	65	1993	None	NA
West Virginia	17	1978	None	NA
Wisconsin	59	1997	20% of MLP	1981
Wyoming	12	1989	None	NA

*Twenty cigarettes per pack.
†Wholesale price.
§If the state does not appropriate adequate funds for breast cancer research and control, 2.5¢ per pack is added (1997).
¶Manufacturer's selling price.
**Rates determined by the State Board of Equalization.
††Wholesale sales price.
§§Manufacturer's list price.
¶¶Not applicable.
***Definition and/or legislative language indicates that unit is equivalent to manufacturer's price.
†††Imposes tax at a rate proportional to the cigarette tax.
§§§Wholesale purchase price.
¶¶¶Manufacturer's price.

State and Territorial Epidemiologists and Laboratory Directors

State and Territorial Epidemiologists and Laboratory Directors are acknowledged for their contributions to *CDC Surveillance Summaries*. The epidemiologists and the laboratory directors listed below were in the positions shown as of May 1999.

State/Territory	Epidemiologist	Laboratory Director
Alabama	John P. Lofgren, MD	William J. Callan, PhD
Alaska	John P. Middaugh, MD	Gregory V. Hayes, DrPH
Arizona	Robert W. England, Jr, MD, MPH	Barbara J. Erickson, PhD
Arkansas	Thomas C. McChesney, DVM	Michael G. Foreman
California	Stephen H. Waterman, MD, MPH	Paul Kimsey, PhD
Colorado	Richard E. Hoffman, MD, MPH	Ronald L. Cada, DrPH
Connecticut	James L. Hadler, MD, MPH	Sanders F. Hawkins, PhD
Delaware	A. LeRoy Hathcock, PhD	Christopher Zimmerman (Acting)
District of Columbia	Martin E. Levy, MD, MPH	James B. Thomas, ScD
Florida	Richard S. Hopkins, MD, MSPH	Ming Chan, PhD (Acting)
Georgia	Kathleen E. Toomey, MD, MPH	Elizabeth A. Franko, DrPH
Hawaii	Paul V. Effler, MD, MPH	Vernon K. Miyamoto, PhD
Idaho	Christine G. Hahn, MD	Richard H. Hudson, PhD
Illinois	Byron J. Francis, MD, MPH	David F. Carpenter, PhD
Indiana	Robert Teclaw, DVM, PhD, MPH	David E. Nauth
Iowa	M. Patricia Quinlisk, MD, MPH	Mary J. R. Gilchrist, PhD
Kansas	Gianfranco Pezzino, MD, MPH	Roger H. Carlson, PhD
Kentucky	Glyn G. Caldwell, MD	Samuel Gregorio, DrPH (Acting)
Louisiana	Louise McFarland, DrPH	Henry B. Bradford, Jr, PhD
Maine	Kathleen F. Gensheimer, MD, MPH	John A. Krueger
Maryland	Diane M. Dwyer, MD, MPH	J. Mehsen Joseph, PhD
Massachusetts	Alfred DeMaria, Jr, MD	Ralph J. Timperi, MPH
Michigan	Matthew L. Boulton, MD, MPH	Frances Pouch Downes, DrPH (Acting)
Minnesota	Richard Danila, PhD, MPH (Acting)	Norman Crouch, PhD (Acting)
Mississippi	Mary Currier, MD, MPH	Joe O. Graves, PhD
Missouri	H. Denny Donnell, Jr, MD, MPH	Eric C. Blank, DrPH
Montana	Todd A. Damrow, PhD, MPH	Mike Spence, MD
Nebraska	Thomas J. Safranek, MD	Steve Hinrichs, MD
Nevada	Randall L. Todd, DrPH	L. Dee Brown, MD, MPH
New Hampshire	Jesse Greenblatt, MD, MPH	Veronica C. Malmberg, MSN
New Jersey	John H. Brook, MD, MPH	Thomas J. Domenico, PhD
New Mexico	C. Mack Sewell, DrPH, MS	David E. Mills, PhD
New York City	Benjamin A. Mojica, MD, MPH	Alex Ramon, MD, MPH
New York State	Perry F. Smith, MD	Ann Willey, PhD
North Carolina	J. Newton MacCormack, MD, MPH	Lou F. Turner, DrPH
North Dakota	Larry A. Shireley, MPH, MS	James D. Anders, MPH
Ohio	Forrest W. Smith, MD	William Becker, DO
Oklahoma	J. Michael Crutcher, MD, MPH	Jerry Kudlac, PhD, MS
Oregon	David W. Fleming, MD	Michael R. Skeels, PhD, MPH
Pennsylvania	James T. Rankin, Jr, DVM, PhD, MPH	Bruce Kleger, DrPH
Rhode Island	Utpala Bandyopadhyay, MD, MPH	Walter S. Combs, Jr, PhD
South Carolina	James J. Gibson, MD, MPH	Harold Dowda, PhD
South Dakota	Vacant	Michael Smith
Tennessee	William L. Moore, Jr, MD	Michael W. Kimberly, DrPH
Texas	Diane M. Simpson, MD, PhD	David L. Maserang, PhD
Utah	Craig R. Nichols, MPA	Charles D. Brokopp, DrPH
Vermont	Peter D. Galbraith, DMD, MPH	Burton W. Wilcke, Jr, PhD
Virginia	Robert B. Stroube, MD, MPH	James L. Pearson, DrPH
Washington	Juliet VanEenwyk, PhD (Acting)	Jon M. Counts, DrPH
West Virginia	Loretta E. Haddy, MS, MA	Frank W. Lambert, Jr, DrPH
Wisconsin	Jeffrey P. Davis, MD	Ronald H. Laessig, PhD
Wyoming	Gayle L. Miller, DVM, MPH	Garry McKee, PhD, MPH
American Samoa	Edgar C. Reid, DSM, MPH (Acting)	Joseph Tufa, DSM, MPH
Federated States of Micronesia	Jean-Paul Chaine	—
Guam	Robert L. Haddock, DVM, MPH	Florencia Nocon (Acting)
Marshall Islands	Tom D. Kijiner	—
Northern Mariana Islands	Jose L. Chong, MD	Joseph Villagomez
Palau	Jill McCready, MS, MPH	—
Puerto Rico	Carmen C. Deseda, MD, MPH	José Luis Miranda Arroyo, MD
Virgin Islands	Jose Poblete, MD (Acting)	Norbert Mantor, PhD

The *Morbidity and Mortality Weekly Report (MMWR)* Series is prepared by the Centers for Disease Control and Prevention (CDC) and is available free of charge in electronic format and on a paid subscription basis for paper copy. To receive an electronic copy on Friday of each week, send an e-mail message to *listserv@listserv.cdc.gov*. The body content should read *SUBscribe mmwr-toc*. Electronic copy also is available from CDC's World-Wide Web server at *http://www.cdc.gov/* or from CDC's file transfer protocol server at *ftp.cdc.gov*. To subscribe for paper copy, contact Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402; telephone (202) 512-1800.

Data in the weekly *MMWR* are provisional, based on weekly reports to CDC by state health departments. The reporting week concludes at close of business on Friday; compiled data on a national basis are officially released to the public on the following Friday. Address inquiries about the *MMWR* Series, including material to be considered for publication, to: Editor, *MMWR* Series, Mailstop C-08, CDC, 1600 Clifton Rd., N.E., Atlanta, GA 30333; telephone (888) 232-3228.

All material in the *MMWR* Series is in the public domain and may be used and reprinted without permission; citation as to source, however, is appreciated.

☆**U.S. Government Printing Office: 1999-733-228/08004 Region IV**