



BOARD OF HEALTH

Danielle Pettit-Majewski, BS, MPH, Director

Joni Bosch, PhD, ARNP
Vice Chair, Zachary J. Pollock, PharmD, MS
Peter D. Wallace, MD, MS
Chair, Melanie Wellington, MD, PhD
Michelle Weckmann, MS, MD

Johnson County Board of Health Position Statement on Tobacco Taxes

The Johnson County Board of Health (JCBOH) supports increasing the tax on cigarettes by \$1.50 per pack and a 50% tax on all other tobacco products, including e-cigarettes/vapes and nicotine pouches. For tobacco tax increases to work they must be large enough to significantly impact the prices for consumers. The Centers for Disease Control and Prevention (CDC) and World Health Organization (WHO) identify increasing the unit price of tobacco products as one of the most effective evidence-based policy interventions to reduce tobacco use. These taxes will decrease youth addiction; increase quitting; lower healthcare costs; and reduce cancer, other tobacco-related diseases, and death. In fact, some of our most vulnerable lowans, youth and those with low incomes, stand to gain the most in improved health, lower health care costs, and access to more disposable income. These groups are especially responsive to price increases.

Iowa's tobacco tax has not been updated since 2007 which means inflation and industry discounting have not been considered for 19 years. Most of Iowa's surrounding states have higher tax rates. Iowa has the 33rd lowest tax in the nation on cigarettes at \$1.36/pack. The \$1.50 per pack increase would bring the total tax to \$2.86 per pack. Currently, there is no tax imposed on e-cigarettes/vapes or pouches, unlike most states.

Iowa's smoking rates among all demographics are higher than the national average. In 2024, 12.9% of adult lowans were current cigarette smokers, and an estimated 8.9% of adult lowans reported that they used e-cigarettes, which is the highest percentage reported to date in Iowa. As of 2022, 11.6% of U.S. adults smoked cigarettes. Among 18–24-year-old lowans, 23.7% used e-cigarettes in 2024, which is up from 10.6% in 2017. Use is significantly higher among adults in Iowa who identify as LGBTQ+ at 22.8% compared to non-LGBTQ+ adults at 7.8%. Use is also higher among adults with disabilities (13.2%) than adults without disabilities (7.4%) in Iowa. In 2022 in Johnson County, 13% of adults were current cigarette smokers.

Preventing youth tobacco use is an urgent public health concern. In 2021 the youth vaping rate in Iowa was 16.4% and the youth smoking rate was 4.7%. According to the 2024 Annual National Youth Tobacco Survey, 5.9% of middle and high school students reported using e-cigarettes and 1.4% smoking cigarettes. In 2021 in Johnson County 11% of 11th graders reported ever using an e-cigarette/vape. In addition, the number of Johnson County 11th graders who said they had smoked tobacco or used any tobacco products (not including e-cigarettes) was 6%.

Iowa's cancer rates are rising, and lung cancer is the leading cause of cancer deaths both in Iowa and nationally. Tobacco use causes 80% of lung cancer cases. Each year 5,100 lowans die due to tobacco. Smoking costs Medicaid \$391.9M, and \$1.28 billion in annual health care costs are directly related to tobacco use. The long-term health care cost savings from smoking declines due to raising cigarette tax to \$1.50/pack are projected to be \$167.27 million. The five-year state Medicaid cost savings could be 2.86M. Up to 2,500 youth could be prevented from becoming adults who smoke. An estimated 9,400 adults could quit smoking in the first year. Additionally, 3,000 smoking-caused deaths could be prevented.

Tobacco tax revenue in Iowa goes into the Health Care Trust Fund. Those funds are appropriated each year to the Department of Health and Human Services for Medicaid. Medicaid costs are rising sharply. The total annual state revenue from tobacco taxes in FY2025 was \$129.9M. However, that money does not finance tobacco prevention or cessation. Tobacco prevention spending for FY2026 is \$3 million. CDC's recommended funding level for Iowa is over \$30M. The Iowa Tobacco Prevention Alliance (ITPA), comprised of The American Cancer Society Cancer Action Network, The American Lung Association, the American Heart Association, Americans

A community where all can achieve optimal health

for Non-Smokers' Rights, Clean Air for Everyone (CAFÉ), and Campaign for Tobacco-Free Kids, recommends \$12.8 million of tobacco tax revenue go to further strengthening Iowa's tobacco prevention and cessation program. Evidence shows investments in tobacco prevention and cessation reduce tobacco use, lower long-term healthcare costs, and improve population health.

For these reasons, the JCBOH supports increasing the tax on cigarettes by \$1.50 per pack, a 50% tax on all other tobacco products, including e-cigarettes/vapes and nicotine pouches, and \$12.8M of the state's tobacco tax revenue fund tobacco prevention and cessation programming.

Reviewed and Approved: February 18, 2026

ACS CAN, TFK, Economics for Health. New Revenues, Public Health Benefits & Cost Savings from \$1.50 Cigarette Tax Increase in Iowa. 2025.

<https://www.fightcancer.org/policy-resources/state-tobacco-tax-increases-explanations-and-sources-projections-new-revenues>

Campaign for Tobacco-Free Kids – State Cigarette Tax Rates and Rank, Date of Last Increase, Annual Pack Sales and Revenues, and Related Data

<https://www.tobaccofreekids.org/fact-sheets/tobacco-taxes/tobacco-taxes>

Centers for Disease Control and Prevention. Best Practices for Comprehensive Tobacco Control Programs — 2014. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014.

CDC, *Best Practices User Guide: Health Equity in Tobacco Prevention and Control*, Atlanta: U.S. Department of Health and Human Services (HHS), CDC, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2015, <https://stacks.cdc.gov/view/cdc/42355>

Chaloupka FJ, Yurekli A, Fong GT. Tobacco taxes as a tobacco control strategy. *Tobacco Control* 2012;21:172-180.

County Health Rankings & Roadmaps

<https://www.countyhealthrankings.org/health-data/community-conditions/health-infrastructure/health-promotion-and-harm-reduction/adult-smoking?year=2025&county=19103>

Huang, J & Chaloupka, FJ, *The Impact of the 2009 Federal Tobacco Excise Tax Increase on Youth Tobacco Use*, National Bureau of Economic Research Working Paper 18026, April 2012, <http://www.nber.org/papers/w18026>.

[Iowa Health and Human Services](#)

Iowa Department of Health and Human Services, Division of Compliance and Administration, Performance and Operations. *Iowa BRFSS Brief: 2024 Survey Findings*. Des Moines: Iowa Department of Health and Human Services. Published October 2025. Web. <https://hhs.iowa.gov/brfss>

[National Center for Chronic Disease Prevention and Health Promotion; Division of Cancer Prevention and Control](#)

New Revenues, Public Health Benefits & Cost Savings from a \$1.50 Cigarette Tax Increase In Each State
<https://www.tobaccofreekids.org/what-we-do/us/statereport/>

State Cigarette Excise Tax Rates and Rankings – December 2025

<https://www.tobaccofreekids.org/ru/fact-sheet/state-cigarette-excise-tax-rates-amp-rankings>

The Toll of Tobacco in Iowa

[Campaign for Tobacco-Free Kids](#)

U.S. Department of Health and Human Services. *The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General*. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Coordinating Center for Health Promotion, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2006.