



# Legal Update



## U.S. Tobacco Control: A Decade of Achievements

The last ten years have seen significant progress in U.S. tobacco control, as well as growing public support for measures to regulate smoking and tobacco products. In a recent Centers for Disease Control and Prevention [report](#) on the ten greatest public health achievements in the U.S. over the last decade, tobacco control is singled out as a notable success. The report credits evidence-based policies and interventions by federal, state and local public health authorities in reducing tobacco use from 23.5 percent of adults and 34.8 percent of youth in 1999 to 20.6 percent of adults and 19.5 percent of youth in 2009. It also points to the proliferation of statewide comprehensive [smoke-free laws](#) (in 2000, there were none, and in 2011, there were 27, plus the “District of Columbia); increases in state and federal [cigarette taxes](#); and the impact of the 2009 federal legislation authorizing the

Food and Drug Administration to regulate tobacco products.” Under the [Family Smoking Prevention and Tobacco Control Act](#), the FDA has [outlawed flavored cigarettes](#), established [restrictions on youth access](#), and required manufacturers to place larger, more effective and [graphic warning labels](#) on cigarette packs, cartons and ads by September 2012.

Growing public support for tobacco control initiatives was confirmed this summer by the results of a [Gallup poll](#) finding that for the first time since Gallup asked this question in 2001, a majority of Americans (59 percent) now support comprehensive smoke-free laws in all public places. Ten years ago, when Gallup asked this question, only 39 percent of those polled were in favor of smoke-free laws. Despite the evident improvement in public perceptions, other [findings from the poll](#) indicate

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that 14 percent of the nonsmokers polled do not regard smoking by adults as “very harmful” and 41 percent of nonsmokers do not view adult secondhand smoke exposure as “very harmful.” What’s more, progress in reducing smoking rates among youth and adults has [appeared to level off](#) in recent years, with 2009 smoking rates including approximately 22 percent of adult Americans, and 19.5 percent of youth. This, combined with sobering news from [the CDC](#) that smoking continues to cost the U.S. approximately \$193 billion per year, including medical costs and lost productivity, is a sad reminder of the health and economic toll that tobacco still exacts, and the public health education and legislation that remains to be done.

>>[Read the CDC’s “Ten Great Health Achievements – U.S., 2001-2010.”](#)

>>[Read the Gallup poll on public attitudes toward smoke-free public places.](#)

>>[Read the Gallup poll on public perception of smoking harm.](#)

# Tobacco in the Courts

## Arguments Heard in First Challenge to Federal Tobacco Law

On July 27, a U.S. Court of Appeals for the Sixth Circuit heard oral arguments in the first major court challenge to the [Family Smoking Prevention and Tobacco Control Act of 2009](#). The plaintiff tobacco companies base their claims on constitutional free speech, due process, and takings grounds related to the federal law’s restrictions on tobacco advertising and marketing. In January 2010, a lower court federal judge in Kentucky [upheld](#) almost all of the challenged provisions in the federal law. The industry appealed the decision. The FDA also appealed the ruling since it overturned a [federal provision](#) that restricts tobacco ads to black text on a white background, without any colors or graphic imagery, subject to two limited exceptions (publications with limited youth readership, and on-premises advertising in adult-only facilities, excluding tobacco specialty shops).

In August 2010, the Consortium filed an *amicus* brief in support of the FDA. Our brief, written by Ted Mermin and Tom Bennigson of the [Public Good Law Center](#) in California, argues that the marketing provisions of the Family Smoking Prevention and Tobacco Control Act are constitutional and should be upheld because the tobacco industry’s proven history of false and misleading speech directed to consumers

justifies a heightened level of industry regulation by Congress. A ruling from the Appeals Court is not expected for several months.

- [Read the Consortium’s \*amicus\* brief in \*Discount Tobacco City & Lottery, Inc. v. U.S.\*](#)



## New York Tobacco Litigation

Two high profile cases pending in New York courts involve challenges to local tobacco regulations regarding (1) posting graphic health warning signs in retail establishments that sell tobacco products, and (2) prohibiting the sale of flavored non-cigarette tobacco products.

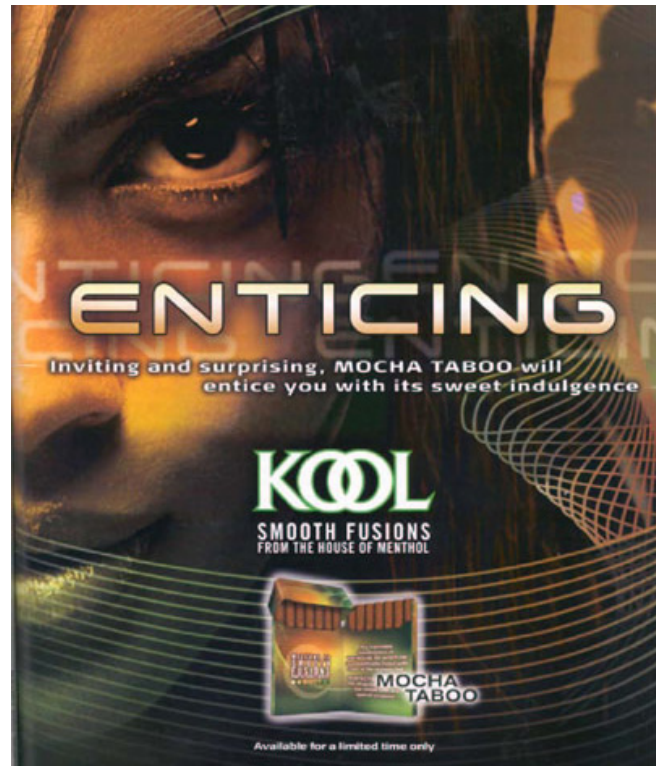
### Point-of-Sale Graphic Warning Signs

The first lawsuit, *23-34 94<sup>th</sup> St. Grocery Corp. v. New York City Board of Health*, was triggered by a 2009 [New York City rule](#) requiring that graphic signs depicting the dangers of smoking be posted in all areas where tobacco is sold in face-to-face transactions. In December 2010, a federal judge struck down the law, ruling that under the [Federal Cigarette Labeling and Advertising Act](#), only the federal government has the legal authority to regulate the advertising or promotion of cigarettes, and in his view, the signage at issue related to the promotion of cigarettes. The health department disagreed with the judge's interpretation of the federal law, and said the signs portray factual messages about the dangers of smoking and the importance of quitting.

On April 15, 2011, the Tobacco Control Legal Consortium and several other national partners filed an [amicus brief](#) in the Second Circuit Court of Appeals urging it to reverse the lower court decision against the New York law. Our brief was written by Micah Berman, director of the [Center for Public Health and Tobacco Policy](#) and filed by Sharon Eubanks, lead counsel representing the Department of Justice in the historic tobacco case, *U.S. v. Philip Morris USA*, et al. The brief argues that the federal law does not preempt the City from requiring graphic health warnings to be displayed at the point of sale, especially in light of the amendments made to the federal law in 2009 by the [Family Smoking Prevention and Tobacco Control Act](#). A final ruling in this case is not expected for several months.

>>[Read the Consortium's amicus brief in 23-34 94<sup>th</sup> St. Grocery Corp. v. New York City Board of Health.](#)

>>[Read the Consortium's fact sheet on 23-34 94<sup>th</sup> St. Grocery Corp. v. New York City Board of Health.](#)



### Sale Restrictions of Flavored Tobacco Products

The second New York lawsuit, *U.S. Smokeless Tobacco Mfg. Co. v. City of New York*, involves a legal challenge to a [New York City regulation](#) prohibiting the sale of flavored non-cigarette tobacco products, other than in a tobacco bar. In 2009, wholesalers and manufacturers of flavored smokeless tobacco ("plaintiffs") sought a preliminary injunction, claiming that the City's smokeless tobacco product restriction was preempted by the federal [Family Smoking Prevention and Tobacco Control Act](#). In March 2010, a U.S. District Court [denied the preliminary injunction request](#). The court concluded that the plaintiffs had little chance of succeeding on the merits of the case, the regulation does not conflict with the Act, and the Act clearly preserves the rights of states and municipalities to enact laws and regulations concerning the sale of tobacco products even more restrictive than those in the Act itself. The litigation is ongoing.

## FDA to Conduct Independent Review of Menthol Cigarettes

On September 22, 2009, when the Food and Drug Administration prohibited sales of flavored cigarettes, it excluded menthol cigarettes, subject to additional study. The [Family Smoking Prevention and Tobacco Control Act](#) required the FDA to prepare a report and make recommendations about the “impact of the use of menthol in cigarettes on the public health, including such use among children, African-Americans, Hispanics and other racial and ethnic minorities.”

On March 18, 2011, a blue ribbon scientific advisory committee commissioned by the FDA to study the issue, submitted its [report](#), which found that menthol has resulted in increased numbers of smokers, primarily among youth and minorities. The report concluded that the removal of menthol cigarettes from the market would benefit public health. Why? The findings were pretty explicit: Menthol cigarettes are smoked by approximately 19 million Americans, representing an estimated 33.9 percent of the U.S. cigarette market. According to a 2009 [National Survey on Drug Use and Health](#), children are particularly drawn to menthol cigarettes, with nearly 45 percent of smokers ages 12 to 17 using them. Most African American teenage smokers, and 82.7 percent of African American adult smokers, favor menthols.

This summer, the Food and Drug Administration announced that it will conduct an independent review of research on the public health impact of menthol cigarettes. The purpose of this latest review process is to determine whether the FDA should regulate menthol tobacco products, and if so, how. The Center will submit its review to an external peer review panel this summer, and make the results of the peer review and preliminary scientific assessment available for public comment in the *Federal Register* by the fall of 2011.

>>[Read the Tobacco Products Scientific Advisory Committee’s report on menthol tobacco.](#)

>>[Read the Consortium’s Federal Regulation of Menthol Tobacco Products: Frequently Asked Questions \(2011\).](#)

>>[Read the National Cancer Institute’s Bibliography of Literature on Menthol and Tobacco.](#)

>>[Visit the website of the FDA Center for Tobacco Products.](#)

## FDA Requests Comments on Harmful, Potentially Harmful Tobacco Constituents

The Food and Drug Administration (FDA) is requesting comments, including scientific and other information, concerning the harmful and potentially harmful constituents (HPHCs) in tobacco products and tobacco smoke. This information will assist the Agency in establishing a list of HPHCs in tobacco products and tobacco smoke. Submit written or electronic comments no later than October 4, 2011.

>>[Read more information about this open docket.](#)

>>[Submit an electronic comment.](#)

>>[Read the Consortium’s fact sheet on submitting comments to the FDA.](#)



Cheryl Sbarra, Senior Staff Attorney and Director of the Tobacco Cessation and Prevention Program and the Chronic Disease Prevention Program, Massachusetts Association of Health Boards

## Cheryl Sbarra: A Champion for Public Health Policy in Massachusetts

Cheryl Sbarra's wry sense of humor and love of storytelling have come in handy during the seventeen years she has served the state of Massachusetts as a public health law expert, advocate and educator. Since 2000, Cheryl has worked at the Massachusetts Association of Health Boards (MAHB) as Senior Staff Attorney and Director of the Tobacco Cessation and Prevention Program and the Chronic Disease Prevention Program. MAHB is a non-profit membership association representing board of health members from the 351 local boards of health in Massachusetts. As part of her job, Cheryl provides legal consultation, policy guidance and technical assistance to Boards of Health throughout Massachusetts, and is often asked to testify before the state legislature and local government bodies on public health issues.

Cheryl works closely with the Massachusetts Department of Public Health on tobacco control policy development, and serves as a consultant to the Boston Public Health Commission's Communities Putting Prevention to Work grant, assisting the Commission on tobacco pricing strategies and the regulation of

novel nicotine products. She also works with the Department's Division of Prevention and Wellness and with local municipalities on public health initiatives that increase physical activity and healthy eating.

During her tenure as a public health attorney in Massachusetts, Cheryl has played a key role in many statewide tobacco control initiatives, including the development of the state's smoke-free workplace law and the management of more than forty tobacco control programs in sixty cities and towns surrounding Boston. She has drafted tobacco control regulations and by-laws for, and provided policy guidance to, dozens of Massachusetts municipalities and has co-authored several *amicus curiae* ("friend-of-the-court") briefs supporting smoke-free legislation that were filed in the Massachusetts Supreme Judicial Court.

Cheryl Sbarra and other tobacco law and policy experts from around the country, including Kerry Cork of the Tobacco Control Legal Consortium, will present on smoke-free winnable battles at NALBOH's annual conference, Sept. 7 – 9, 2011, in Coeur d'Alene, Idaho.

# Ask A Lawyer

**Q “Our company would like to set up a tobacco cessation program for employees. Can you give us some pointers on legal issues we should be aware of?”**

**A** Employers know the medical expenses of tobacco users can drive up health care costs. One response is to provide a cessation benefit to promote healthy behavior, decrease health care costs and reduce absenteeism. Types of cessation programs range from clinical counseling to pharmaceutical treatment to classes and telephone quitlines. Employers may wish to use cessation programs as a voluntary benefit for employees who want to stop using tobacco or as part of a penalty for employees who don't quit using tobacco. Whether they choose the carrot or the stick approach, employers should be aware of the legal issues that affect cessation programs, including nondiscrimination regulations under the [Health Insurance Portability and Accountability Act of 1996](#) (HIPAA), Public Law 104-191, and [“smokers’ rights” laws](#).

**HIPAA Nondiscrimination.** Employers who choose to penalize tobacco users by charging them higher health insurance rates need to be careful not to run afoul of HIPAA nondiscrimination regulations. These regulations prohibit a health plan from denying an individual eligibility for health care benefits or charging more for coverage because of a health factor. For purposes of these regulations, the federal Department of Labor has declared nicotine addiction to be a health factor. Thus, employers may not simply charge tobacco users higher premiums or impose other financial penalties on smokers.

Nevertheless, the HIPAA nondiscrimination regulations also include special requirements for worksite wellness programs that provide employers with some flexibility. Programs that offer a reward to employees who meet a health goal or impose a penalty on those who fail to meet the goal must meet the following requirements:

1. The value of the reward must not exceed 20 percent of the cost of coverage. (This amount will increase to 30 percent in 2014 and may increase as high as 50 percent under the [federal health care reform act](#).)
2. The program must promote health or prevent disease.
3. Individuals must be allowed to qualify for the reward at least once a year.
4. The program must provide a “reasonable alternative” for those unable to satisfy the standard for medical reasons.
5. Plan materials must state that alternatives are available.

The key provision for employers that are considering charging tobacco users higher premiums is the requirement to provide a reasonable alternative for those unable to satisfy the standard for medical reasons. In most cases, this means providing an opportunity to participate in a cessation program. As long as an employee participates in the cessation program, the employer may not penalize the employee



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If you have a question about a tobacco law-related issue that you'd like us to address in this column, or a topic you'd like us to cover in future publications, please send us an e-mail at [tobaccolaw@wmitchell.edu](mailto:tobaccolaw@wmitchell.edu). Thank you!

for using tobacco. Only if the employee fails to participate in the cessation program can the employer increase the employee's health care premiums or impose another financial penalty. The employer may not set a deadline by which the employee must give up tobacco use.

**Smokers' Rights Laws.** Employers may also face a legal issue under state law if they attempt to require employees to give up tobacco or participate in a cessation program as a condition of employment. Twenty-nine states and the District of Columbia have [laws](#) that make it illegal for employers to impose smoking restrictions on their employees when they are off-duty, except in limited circumstances.

In [Minnesota](#), for example, an employer cannot refuse to hire, discipline or discharge employees based on their use of legal consumable products as long as these products are consumed during nonworking hours and off the employer's premises. Requiring participation in a cessation program would likely be seen as a form of discipline, although voluntary participation would not. However, the [Minnesota statute](#) and a number of [other state laws](#) include the following exceptions that allow employers to prohibit smoking off the job: (1) if the prohibition is reasonably related to the employee's work responsibilities, and (2) if the prohibition would avoid a conflict of interest or the appearance of a conflict of interest with the employee's job responsibilities. If one of those exceptions exists, the employer could likely require an employee to participate in a cessation program to avoid termination.

[Smokers' rights laws](#) may allow employers to adjust the type or cost of health insurance coverage for tobacco users, but the difference may be limited to the employer's actual difference in cost. In any event, an employer must satisfy the HIPAA nondiscrimination requirements before imposing a higher price for coverage on tobacco users. Employers should consult their own state laws to determine the specific requirements in their jurisdictions.

According to the [Institute of Medicine](#), "research shows that the best way for people to quit smoking is through evidence-based smoking cessation technologies and programs." Employers are in an excellent position to make these cessation services available and can reap the benefits of a healthier work force, lower absenteeism and decreased health care costs.

>>[Read the Public Health Law Center's series of publications on policy issues related to worksite wellness programs, including tobacco cessation services.](#)

>>[Read the Consortium's overview of recent federal legislation related to coverage of tobacco cessation benefits.](#)

## The Global Perspective

### Over One Billion People Protected by Tobacco Control Policies

Fifty-five percent of the world's population is now covered by at least one effective tobacco control policy, according to a recent [World Health Organization \(WHO\) report](#). The WHO Report on the Global Tobacco Epidemic points out that of the [MPOWER suite of effective tobacco control policies](#) (see below), the greatest gains were made in warning people about the dangers of tobacco. More than a billion people in 19 countries are covered by laws requiring large, graphic health warnings on tobacco packages, compared to 547 million people in 16 countries in 2009. Among other key findings, the report found that 739 million people are now protected by national smoke-free legislation,

up from 353 million in 2008, with much of the gain happening in [low- and middle-income countries](#).

>>[Read the WHO Report on the Global Tobacco Epidemic, 2011.](#)

The six [MPOWER](#) policies are **M**onitor tobacco use and prevention policies, **P**rotect people from tobacco smoke, **O**ffer help to quit tobacco use, **W**arn about the dangers of tobacco, **E**nforce bans on advertising, promotion and sponsorship, and **R**aise taxes on tobacco.



## The Consortium's Latest Tobacco Control Publications

Over the last several months, the Consortium has released a series of resources for communities considering tobacco control policies in the following areas. For your convenience, we've compiled our latest tobacco control publications below. All of these resources are available on our website at [www.publichealthlawcenter.org](http://www.publichealthlawcenter.org), under Publications and Resources:

### Tobacco Advertising and Promotion

- [Restricting Tobacco Advertising](#): Guidelines for communities interested in restricting the time, place or manner of tobacco advertising, and the benefits, elements and challenges of such policies.
- [Placement of Tobacco Products](#): Pointers that communities might want to keep in mind when considering policies restricting the placement of tobacco products in retail stores.
- [Content-Neutral Advertising Laws](#): An overview of ways in which communities use content-neutral advertising laws, which can affect their tobacco control efforts.
- [New York City Graphic Warning Sign Requirement & Litigation](#): A brief overview of the ongoing litigation in NYC regarding graphic tobacco warning signs at the point of sale, and the trial court decision's impact on state and local tobacco control efforts.

### Tobacco Pricing

- [Cigarette Minimum Price Laws](#): Tips and tools on state cigarette minimum price statutes and regulations, including policy benefits and considerations, potential legal challenges and select legislation.
- [Tobacco Coupon Regulations and Sampling Restrictions](#): Overview of strategies that communities might consider to regulate the price of tobacco products and combat tobacco use, such as coupon regulations and sampling restrictions, and a review of potential legal challenges.
- [Taxation of Tobacco Products: An Introduction to Key Terms & Concepts](#): Answers to frequently asked questions about tobacco taxation terminology and concepts.
- [Price-Related Promotions for Tobacco Products: An Introduction to Key Terms & Concepts](#): Answers to frequently asked questions about the terms used to describe the tobacco industry's price-related marketing strategies.

### Smoke-free and Tobacco-free Policies

- [Regulating Smoking in Multi-Unit Housing](#): Basic guidelines for communities on policies that address secondhand smoke infiltration in multi-unit housing.
- [Regulating Tobacco on Campuses](#): Tips and tools for communities on imposing and enforcing campus-wide restrictions on tobacco use.

- [Regulating Smoking Outdoors](#): Pointers for communities to consider when drafting and implementing smoke-free outdoor policies.
- [Regulating Hookah and Waterpipe Smoking](#): Guidelines for communities to consider when addressing the health concerns associated with hookah and waterpipe smoking.

### Tobacco Sales Restrictions

- [Regulating Flavored Tobacco Products](#): Pointers on drafting and implementing policies that regulate flavored tobacco products.
- [Regulating E-Cigarettes](#): Tips and tools on drafting or implementing policies that regulate e-cigarettes.
- [Federal Regulation of Menthol Tobacco Products](#): Answers to frequently asked questions about the status of menthol tobacco product regulation.

### Tobacco Retailer Restrictions

- [Using Licensing and Zoning to Regulate Retailers](#): Pointers on how state and local governments can use licensing and zoning to control the location, density, and number of tobacco retailers and increase compliance with tobacco control laws.

### Other Tobacco Law and Policy Issues

- [Tobacco Control and the Equal Protection Clause](#): Overview of common equal protection challenges to tobacco control laws and guidelines on how to draft policies to make them less vulnerable to such challenges.
- [Tobacco Control and the "Void for Vagueness" Doctrine](#): Overview of common vagueness claims in tobacco legislation, as well as pointers for drafting tobacco control policies to be as defensible as possible against such legal challenges.
- [Freedom of Information Act Requests: Frequently Asked Questions](#): Fact sheet on the rights and obligations of public health agencies to respond to requests under the federal Freedom of Information Act and corresponding state "open records" statutes.

## ANR's Updated Lists and Maps of U.S. Smoke-free Laws

Americans for Nonsmokers' Rights recently updated its lists and maps of U.S. municipalities and states with smoke-free laws now in effect. A total of **468** municipalities now have ordinances in effect for 100 percent smoke-free **non-hospitality workplaces, restaurants, and bars**, along with **23** states, Puerto Rico, the U.S. Virgin Islands, and Washington D.C. These laws now protect **48 percent** of the U.S. population. In addition, a total of **615** municipalities have a local law in effect that requires **both restaurants and bars** to be smoke-free, along with **29** states, Puerto Rico, the U.S. Virgin Islands, and Washington D.C. These laws protect **63.9 percent** of the U.S. population. One other highlight: at least 530 colleges and universities now have [smoke-free campus-wide policies](#).

>>[Check out ANR's latest smoke-free lists and maps.](#)

## Legacy Community Activist Award

Legacy is seeking nominations for the 2011 Community Activist Award recognizing an individual's outstanding contribution to tobacco prevention and cessation at the community level. Each year, Legacy presents the Community Activist Award to honor an exceptional individual who has demonstrated extraordinary commitment to creating a tobacco-free world in his or her community. The award is presented to a leader in the community with experience spearheading innovative and influential tobacco control projects, especially those that reflect Legacy's mission to build a world where young people reject tobacco and anyone can quit. The winner will receive an honorarium of \$2,500 and recognition through press releases and Legacy publications. Nominations will be accepted through Friday, September 16, 2011.

>>[Visit the Legacy website for more information.](#)



## The Latest from the Public Health Law Center

*This feature presents news and resources from the Tobacco Control Legal Consortium's parent organization, the Public Health Law Center at William Mitchell College of Law.*



### Public Health Law Center's New Policy Resources

The Consortium's parent organization, the Public Health Law Center, developed dozens of public health policy tools and resource materials as part of Minnesota's Statewide Health Improvement Program (SHIP), a cornerstone of state health reforms that the Minnesota legislature passed in 2008. Our materials include fact sheets, reference guides, and sample policies in areas ranging from tobacco control to healthy eating, physical activity and school and worksite wellness. Although this information is designed to be Minnesota-specific, much of it is applicable nationwide.

>>[Check out our library of public health policy resources.](#)

### **NALBOH Conference 2011**

Sept. 7 – 9, 2011

The National Association of Local Boards of Health will hold its 19<sup>th</sup> annual conference September 7-9, 2011, in Coeur d'Alene, Idaho. The focus of this year's conference is "Public Health: Effective Governance, Strong Leadership, Engaged Citizens." >>[Visit the event website for conference and registration information.](#)

### **Clearing the Air: An Institute for Policy Advocacy, VII**

September 25-28, 2011

The Americans for Nonsmokers' Rights Foundation is finalizing registration for its seventh national conference on smoke-free policy, Sept. 25-28, 2011 at Fallen Leaf Lake (South Lake Tahoe, CA). >>For information, contact Stephanie Shedd, [stephanie.shedd@no-smoke.org](mailto:stephanie.shedd@no-smoke.org) or call (510) 841-3060.

### **Summit on Pricing Strategies in Tobacco Control**

October 11, 2011

The Massachusetts Tobacco Cessation and Prevention Program is sponsoring an all-day conference on tobacco pricing strategies in Boston, MA. Speakers will include Kate Armstrong, J.D., Tobacco Control Legal Consortium; Kurt Ribisl, Ph.D., University of NC; and Michael Tynan, Public Health Analyst, OSH, Centers for Disease Control and Prevention. This is an invitation-only event. For more information, contact Cheryl Sbarra, [sbarra@mahb.org](mailto:sbarra@mahb.org) or call (781) 721-0183.

### **APHA Annual Meeting & Exposition**

October 29 - November 2, 2011

The American Public Health Association's 139th Annual Meeting & Exposition, the oldest and largest gathering of public health professionals in the world, will meet this year in Washington, D.C. The conference attracts more than 13,000 national and international physicians, administrators, nurses, educators, researchers, epidemiologists, and related health specialists to discuss current and emerging health science, policy, and practice issues in an effort to prevent disease and promote health. This year's theme is "Healthy Communities Promote Healthy Minds and Bodies." >>[Visit the event's website for program and registration information.](#)

## Job Postings

### **Vice President, Government Affairs**

American Legacy Foundation, Washington, D.C.

>>[Learn more about this position.](#)

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## Affiliated Legal Centers

### **California**

[California: Technical Assistance Legal Center, a project of Public Health Law & Policy](#)

### **Colorado**

[Tobacco Advocacy Resource Partnership](#)

### **Maryland**

[Legal Resource Center for Tobacco Regulation, Litigation & Advocacy](#)

### **Massachusetts**

[Public Health Advocacy Institute](#)

### **Michigan**

[Smoke-Free Environments Law Public Health Law Center](#)

### **New Jersey**

[Tobacco Control Policy and Legal Resource Center/New Jersey GASP](#)

### **New York**

[Center for Public Health and Tobacco Policy](#)

**Disclaimer:** While we make every effort to ensure the information in this newsletter is accurate and complete, the Tobacco Control Legal Consortium is unable to guarantee this information. Material is provided for informational purposes and is not intended as legal advice. We encourage readers with questions to consult an attorney familiar with the laws of their jurisdictions.

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