



Missouri Report Card

Tobacco Prevention and Control Spending **F**

FY2012 State Funding for Tobacco Control Programs:	\$58,693
FY2012 Federal Funding for State Tobacco Control Programs:	\$5,578,569*
FY2012 Total Funding for State Tobacco Control Programs:	\$5,637,262
CDC Best Practices State Spending Recommendation:	\$73,200,000
Percentage of CDC Recommended Level:	7.7%



Thumbs down for Missouri for spending little state money on tobacco control programs despite smoking costing the state over \$4.7 billion in economic costs every year.

*Includes regular funding from the Centers for Disease Control and Prevention as well as tobacco-related grants to states and communities from federal stimulus and health care reform funds.

Smokefree Air: **F**

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government Worksites:	Restricted
Private Worksites:	Restricted
Schools:	Prohibited (public schools only)
Child Care Facilities:	Prohibited
Restaurants:	Restricted
Casinos/Gaming Establishments:	No provision
Bars:	No provision
Retail Stores:	Restricted
Recreational/Cultural Facilities:	Restricted
Penalties:	Yes
Enforcement:	Yes
Preemption:	No

Citation: MO. REV. STAT. §§ 191.765 to 191.777 (1992).

The Smokefree Air grade only examines state tobacco control law and does not reflect local smokefree ordinances. Missouri has made great strides at protecting people from secondhand smoke by passing strong local smokefree ordinances.

Cigarette Tax: **F**

Tax Rate per pack of 20: \$0.17



Thumbs down for Missouri for having the lowest cigarette tax in the country at 17 cents per pack.

Cessation Coverage: **F**

OVERVIEW OF STATE CESSATION COVERAGE:

STATE MEDICAID PROGRAM:

Medications: **Covers all 7 recommended cessation medications***

Counseling: **Covers individual counseling**

Barriers to Coverage: **Limits on duration, lifetime limit on quit attempts and prior authorization required**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **Covers NRT Gum, NRT Patch, NRT Lozenge, Bupropion (Zyban) and Varenicline (Chantix)**

Counseling: **Covers individual, phone and online counseling**

Barriers to Coverage: **Limits on duration and counseling required to get medications**

STATE QUITLINE:

Investment Per Smoker: **\$0.53; CDC recommends an investment of \$10.53/smoker**

OTHER CESSATION PROVISIONS:

Private Insurance Mandate: **No provision**

Citation: See Missouri Tobacco Cessation Coverage page for specific sources.



Thumbs up for Missouri for expanding their tobacco cessation benefit under Medicaid to all enrollees.

*The 7 recommended cessation medications are: NRT Gum, NRT Patch, NRT Nasal Spray, NRT Inhaler, NRT Lozenge, Varenicline (Chantix) and Bupropion (Zyban).

Missouri State Highlights:



The American Lung Association in Missouri continues to be a part of health organizations and coalitions advocating for tobacco control throughout the state of Missouri.

Joining forces with grassroots organizations at the state and local level has strengthened the Lung Association's tobacco education, prevention, cessation, and advocacy efforts statewide.

In April 2011, smokefree ordinance ballot initiatives in O'Fallon (largest city in St. Charles County), Cape Girardeau (largest city in southeast Missouri), Springfield (largest city in southwest Missouri) and Webb City (a suburb of Joplin) were held. Initiatives in O'Fallon and Springfield were approved with great support from voters. Unfortunately, the initiative in Cape Girardeau was defeated, and although the initiative in Webb City passed it was non-binding, so the city council needed to pass an ordinance to fulfill the will of the voters. Unfortunately, the city council chose to ignore voters and declined to move ahead with a smokefree ordinance.

In addition, the city council in Rolla (city in south central Missouri) approved a smokefree ordinance in July 2011. The St. Charles County Council also voted four to two to place their comprehensive smoke-free ordinance on the ballot in November 2012. However, the County Executive vetoed the legislation. Advocates are still working diligently to try and move a comprehensive bill forward there.

Multiple cases of preemptive language were caught in lengthy Senate and House bills last legislative session, thanks to the watchful eyes of our board members and partners who work in the Capitol. The preemptive language allowed for individual businesses to apply to be exempted from any smokefree law that may exist in their municipality. This would have turned back years of hard work in Missouri on passing local smokefree ordinance. Thanks to our partners and advocates, we were able to stop such language from moving forward. However, this issue is likely to occur again in 2012, so we must remain vigilant and remember to make our voices heard.

During the 2012 legislative session, the American Lung Association in Missouri will continue to focus on lung health and work with partners to ensure successful passage of a comprehensive statewide smokefree law. We will also advocate for essential tobacco prevention funding and comprehensive

cessation coverage for those trying to quit using tobacco products. A diverse group of organizations, including the Lung Association, and individual Missourians have also filed a ballot initiative to increase cigarette and tobacco taxes in Missouri. Passage of this initiative will help drive down youth and adult smoking in Missouri and provide desperately needed funding for public education, higher education and tobacco prevention and cessation programs in Missouri. If the requirements to place an initiative on the ballot are met, the initiative will be voted on in the fall 2012 election.

Missouri State Facts

Economic Costs Due to Smoking:	\$4,755,871,000
Adult Smoking Rate:	21.1%
High School Smoking Rate:	18.9%
Middle School Smoking Rate:	5.7%
Smoking Attributable Deaths:	9,584
Smoking Attributable Lung Cancer Deaths:	3,121
Smoking Attributable Respiratory Disease Deaths:	2,454

Adult smoking rate is taken from CDC's Behavioral Risk Factor Surveillance System, 2010 Prevalence Data. High school smoking rate is taken from the 2009 Youth Risk Behavioral Surveillance System. Middle school smoking rate is taken from the 2009 Missouri Youth Tobacco Survey.

Health impact information is taken from the Smoking Attributable Mortality, Morbidity and Economic Costs (SAMMEC) software. Smoking attributable deaths reflect average annual estimates for the period 2000-2004 and are calculated for persons aged 35 years and older. They do not take into account deaths from burns or secondhand smoke. Respiratory diseases include pneumonia, influenza, bronchitis, emphysema and chronic airway obstruction. The estimated economic impact of smoking is based on smoking-attributable health care expenditures in 2004 and the average annual productivity losses for the period 2000-2004.

To get involved with your American Lung Association, please contact:

American Lung Association in Missouri

1118 Hampton Avenue
 St. Louis, MO 63139-3196
 (314) 645-5505
www.lung.org/missouri