

# Missouri Report Card

## Tobacco Prevention and Control Spending **F**

FY2010 Tobacco Control Program Funding:	\$2,356,691*
CDC Best Practices State Spending Recommendation:	\$73,200,000
Percentage of CDC Recommendation:	3.2%

\*Includes FY2010 funding from the Centers for Disease Control and Prevention

## Smokefree Air **F**

### OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government Worksites:	<b>Restricted</b>
Private Worksites:	<b>Restricted</b>
Schools:	<b>Prohibited (public schools only)</b>
Child Care Facilities:	<b>Prohibited</b>
Restaurants:	<b>Restricted</b>
Bars:	<b>No provision</b>
Casinos/Gaming Establishments:	<b>No provision</b>
Retail Stores:	<b>Restricted</b>
Recreational/Cultural Facilities:	<b>Restricted</b>
Penalties:	<b>Yes</b>
Enforcement:	<b>Yes</b>
Preemption:	<b>No</b>
Citation:	MO REV. STAT. §§ 191.765 to 191.777

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
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## Cessation Coverage **F**

### OVERVIEW OF STATE CESSATION COVERAGE:

#### STATE MEDICAID PROGRAM:

Medications:	<b>No coverage</b>
Counseling:	<b>No coverage</b>
Barriers to Coverage:	<b>N/A</b>

#### STATE EMPLOYEE HEALTH PLAN(S):

Medications:	<b>NRT Nasal spray, Chantix and Zyban covered by one health plan</b>
Counseling:	<b>Online counseling covered by one health plan</b>
Barriers to Coverage:	<b>Prior authorization and co-payments required</b>

#### PRIVATE INSURANCE MANDATE: NO PROVISION

Citation: See [Missouri Tobacco Cessation Coverage](#) page for specific sources



Thumbs down for Missouri for providing no coverage for tobacco cessation services for its Medicaid population.

## Missouri Behind the Scenes



The American Lung Association in Missouri is a leader in advocating for stronger tobacco control policies. Together with our volunteers, e-Advocates and partner health organizations, we are working toward reducing the burden that tobacco imposes on Missourians.

There was a lot of local activity on smokefree ordinances in Missouri during 2009. The Missouri Court of Appeals, Western District, thankfully upheld Kansas City's smokefree ordinance, which had been approved by voters back in 2008. The city of Clayton, county seat of St. Louis County, adopted a strong smokefree ordinance in July 2009, effective in July 2010. Through ballot initiatives in November 2009, voters in the cities of Liberty and Kirkwood passed comprehensive smokefree laws; St. Louis County passed an initiative prohibiting smoking except on casino floors and in small bars, effective January 2011. Passage by St. Louis County triggered a similar ordinance in St. Louis City also effective in January 2011.

Also, many college campuses in Missouri are moving toward implementing smokefree and tobacco-free campus policies, including: Northwest Missouri State University, effective August 2010; University of Missouri-Columbia, with a phase-in beginning in January 2010, continuing through 2014; and Washington University in St. Louis, which will become tobacco-free in July 2010.

The 2009 legislature appropriated \$1 million in funds for youth tobacco prevention programs. This \$1 million is in addition to \$200,000 Missouri's Department of Health and Senior Services will award for a media education program in tobacco use prevention. The \$1.2 million is not coming from tobacco settlement funds, but from federal stimulus funds. The department was further appropriated \$18,350,000 for chronic disease prevention and management, and the department recommended allocating \$8 million of these funds to address smoking cessation, including nicotine replacement therapy and/or medications to assist with tobacco cessation. In addition, the legislature passed a bill requiring that all cigarettes in Missouri burn out automatically if someone is not smoking them. It will take effect January 1, 2011.

The Missouri Foundation For Health (MFFH)'s grant to the Department of Health and Senior Services to enhance the state tobacco quitline is in its second year. The grant provides \$1 million per year

over three years. The quitline served 8,662 callers in fiscal year 2009; of that number, 6,363 tobacco users participated in at least one coaching call, and 5,071 tobacco users received nicotine replacement therapy. The department also has targeted using \$117,500 of Centers for Disease Control and Prevention funds for the quitline for fiscal year 2010.

In 2009, the American Lung Association in Missouri will continue its leadership role to advocate for policies to reduce the impact of tobacco use. The Lung Association is active with the statewide tobacco control coalition, Tobacco Free Missouri, serving on the board and on the public policy committee. Our legislative priorities for 2010 include securing dedicated funding from the Master Settlement Agreement revenue stream for comprehensive tobacco control programs; state licensure of all retail tobacco outlets; continued local control of tobacco policies; and funding of the Missouri HealthNet drug formulary to include tobacco cessation pharmaceuticals and services.

### Missouri State Facts

Economic Costs Due to Smoking:	\$4,755,871,000
Adult Smoking Rate:	25.0%
High School Smoking Rate:	19.4%
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, 2008 Prevalence Data. High school and middle school smoking rates are 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

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