

Oklahoma Report Card

Tobacco Prevention and Control Spending

F

FY2010 Tobacco Control Program Funding:	\$21,125,574*
CDC Best Practices State Spending Recommendation:	\$45,000,000
Percentage of CDC Recommendation:	46.9%



Thumbs up for Oklahoma for continuing to gradually increase funding for its state tobacco control program.

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

Smokefree Air

D

OVERVIEW OF STATE SMOKING RESTRICTIONS:

Government Worksites:	Restricted
Private Worksites:	Restricted
Schools:	Prohibited
Child Care Facilities:	Prohibited
Restaurants:	Restricted
Bars:	No provision
Casinos/Gaming Establishments:	Restricted (tribal establishments exempt)
Retail Stores:	Prohibited
Recreational/Cultural Facilities:	Prohibited
Penalties:	Yes
Enforcement:	Yes
Preemption:	Yes
Citation:	OK STAT. ANN. tit. 63 §§ 1-1521 et seq. & tit. 21 § 1247

Cigarette Tax

D

Tax Rate per pack of 20:	\$1.03
--------------------------	--------

Cessation Coverage

D

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, annual limit on quit attempts, prior authorization required for 2nd quit attempt, minimal co-payments required and combination therapy required for 2nd quit attempt**

STATE EMPLOYEE HEALTH PLAN(S):

Medications: **Some health plans cover NRT Nasal spray, NRT inhaler, Zyban and Chantix**

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

Barriers to Coverage: **Some health plans have limits on duration, annual limits on quit attempts or require co-payments**

PRIVATE INSURANCE MANDATE: NO PROVISION

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

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

Oklahoma Behind the Scenes



The American Lung Association in Oklahoma continues to partner with an alliance of statewide health organizations to pass a comprehensive law to make Oklahoma smokefree in public places and workplaces. Oklahoma was an early state (for the middle America region) to adopt a public smoking law, however there are several problems with this law that need to be corrected. They include state preemption of stronger local laws, the allowance of smoking rooms in many public places and workplaces and an exemption for bars.

During the 2009 legislative session, bills were introduced in both the state House of Representatives and Senate to close the loopholes in our current smokefree law. The Senate bill was introduced and heard in the Public Health Committee, where a substitute was made and passed to create a task force to study the impact of smokefree laws. This substitute passed in the Senate and the House Public Health Committee, but it was not heard on the House floor. The original House and Senate bills are expected to be reintroduced for the 2010 session.

A 2009 poll conducted by the Campaign for a Smoke-Free Oklahoma shows that 68 percent of Oklahoma voters believe the rights of customers and employees to breathe clean air is more important than the rights of smokers to smoke and of business owners to allow smoking. Fifty-nine percent of Oklahomans support a smoke-free environment for Oklahoma workers and families. The Campaign is part of the Oklahoma Alliance on Health or Tobacco.

By virtue of a voter-approved constitutional amendment in 2000, Master Settlement Agreement payments are distributed between the state legislature which receives 25 percent of each payment and the Tobacco Settlement Endowment Trust (TSET) which receives 75 percent of each payment. Only the interest and dividend earnings on the endowment's investments may be spent by its independent board of directors on a wide variety of programs to improve health. To date, the TSET Board of Directors has dedicated 95 percent of all earnings to tobacco control programs. In partnership with the Oklahoma State Department of Health (OSDH) and its state appropriated and CDC funding, TSET's funding is used to help fulfill the Oklahoma State Plan for Tobacco Use Prevention and Cessation. This unique approach results in just over \$21 million available for Oklahoma's comprehensive tobacco control program

for fiscal year 2010.

Funded initiatives include: the Oklahoma Tobacco Helpline at 1-800-QUIT-NOW, cessation systems grants, community-based programs covering over 70 percent of the state's population, ethnic tobacco education networks and grants to address tobacco among specific populations, a statewide media campaign "Tobacco Stops with Me" intended to change the social norms around tobacco use, a rigorous evaluation of each initiative, ongoing surveillance, and administration.

Unfortunately, Oklahoma has high rates of smoking: 25 percent among adults, which includes about a third of Medicaid beneficiaries, and a high number of youth tobacco users too. The American Lung Association in Oklahoma and partners in the Oklahoma Alliance on Health or Tobacco continue aggressive work to create a social climate conducive to tobacco control policy change. The ultimate goal is a smoke-free Oklahoma.

Oklahoma State Facts

Economic Costs Due to Smoking:	\$2,816,758,000
Adult Smoking Rate:	24.7%
High School Smoking Rate:	20.2%
Middle School Smoking Rate:	6.5%
Smoking Attributable Deaths:	6,212
Smoking Attributable Lung Cancer Deaths:	1,898
Smoking Attributable Respiratory Disease Deaths:	1,677

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 Oklahoma 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 Oklahoma
 11212 N. May Avenue, Suite 405
 Oklahoma City, OK 73120
 (405) 748-6474
www.lungusa.org/oklahoma