EMBARGOED UNTIL 12:01 AM EST 1/25/2017 Missouri Report Card



2	Tobacco Prevention and Control Program Funding:	F
\supset	FY2017 State Funding for Tobacco Control Programs:	\$110,176
0	FY2017 Federal Funding for State Tobacco Control Programs:	\$1,517,425*
S	FY2017 Total Funding for State Tobacco Control Programs:	\$1,627,601
S	CDC Best Practices State Spending Recommendation:	\$72,900,000
	Percentage of CDC Recommended Level:	2.2%
Σ	State Tobacco-Related Revenue:	\$254,200,000

*Includes tobacco prevention and cessation funding provided to states from the Centers for Disease Control and Prevention and U.S. Food and Drug Administration.

Thumbs down for Missouri for providing little state funding for tobacco prevention and cessation programs despite smoking costing the state over \$3 billion in healthcare costs each year.

Smokefree Air:

OVERVIEW OF STATE SMOKING RESTRICTIONS:			
Government Worksites: Restricted			
Private Worksites: Restricted			
Schools: Prohibited (public schools only)			
Child Care Facilities: Prohibited			
Restaurants: Restricted			
Bars: No provision			
Casinos/Gaming Establishments: 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 in protecting people from secondhand smoke by passing comprehensive local smokefree ordinances that cover 28.8% of the state's population.

Tobacco Taxes:	F			
CIGARETTE TAX:				
Tax Rate per pack of 20:	\$0.17			
OTHER TOBACCO PRODUCT TAXES: Tax on little cigars: Equalized: Yes; Weight-Based: No Tax on large cigars: Equalized: Yes; Weight-Based: No				
Tax on smokeless tobacco: Equalized: Yes; Weight-Base				
Tax on pipe/RYO tobacco: Equalized: Yes; Weight-Base				
Tax on Dissolvable tobacco: Equalized: Yes; Weight-Based: No				
For more information on tobacco taxes, go to: http://slati.lung.org/slati/states.php				
Thumbs down for Missouri for having the lowest cigarette tax in the country at 17 cents per pack.				
Access to Cessation Services:	D			
OVERVIEW OF STATE CESSATION COVERAGE:				
STATE MEDICAID PROGRAM: Medications: Covers all 7 medications Counseling: Covers all 3 forms of counseling				
Barriers to Coverage: No barriers exist to access care				
Medicaid Expansion: No				
STATE EMPLOYEE HEALTH PLAN(S): Medications: Covers some medications				
Counseling: Covers all 3 forms of counseling	•••••			
•••••••••••••••••••••••••••••••••••••••				
Barriers to Coverage: No barriers exist to access care STATE QUITLINE:				
Investment per Smoker: \$0.41; the average investment smoker is \$3.46	per			
OTHER CESSATION PROVISIONS: Private Insurance Mandate: No provision				
Tobacco Surcharge: No prohibition or limitation on tobacco surcharges				
Citation: See Missouri Tobacco Cessation Coverage page coverage details.	e for			
Thumbs up for Missouri for providing comprehen- coverage without barriers for all tobacco cessatio medications and types of counseling to Medicaid				

Minimum Age:

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Minimum Age of Sale for Tobacco Products: 18

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Missouri State Highlights:



Tobacco use remains the leading cause of preventable death and disease in the United States and in Missouri. To address this enormous toll, the American Lung Association in Missouri calls for the

following three actions to be taken by our elected officials:

- 1. Advocate for increased funding for tobacco control;
- 2. Advocate for comprehensive smokefree policies on the statewide and local levels; and
- 3. Strengthen laws that regulate youth access to tobacco products.

The American Lung Association in Missouri teamed up with our partners to work on local ordinances to raise the legal age of sale for tobacco products from 18 to 21 often referred to as Tobacco 21. Communities that have increased the tobacco sales have seen reductions in youth smoking as a result. Evidence is clear that young people who reach the age of 21 without smoking are very likely to never start. Unfortunately, kids who can purchase tobacco products at 18 are often the source for younger teen's tobacco products. Raising the age to 21 makes it more difficult for those under 18 to get their hands on tobacco products and increases the likelihood they will never start.

Missouri now has nine Tobacco 21 communities: Columbia, Independence, Gladstone, Grandview, Kansas City, Lee's Summit, Liberty, St. Louis city and St. Louis County covering more than 31 percent of Missourians.

There was some additional progress made on smokefree ordinances and tobacco-free campus policies as well. St. Louis University and Missouri University adopted tobacco-free campus policies. The city of Hamilton, MO voted to place a comprehensive smokefree law on the November 2016 ballot.

The 2015 Missouri Behavioral Risk Factor Surveillance System shows that smokefree workplace ordinances remain very popular with the public. Local smokefree laws that prohibit smoking in all indoor workplaces, including restaurants, bars and casinos earn 75 percent support from Missourians. A statewide law earned the support of 68 percent of respondents.

During the 2017 legislative session, the American Lung Association in Missouri will continue to focus on lung health and work with partners to advocate for increased tobacco prevention funding and successful passage of youth access laws. The Lung Association will also advocate for smokefree and Tobacco 21 ordinances at the local level.





Missouri State Facts			
Health Care Costs Due to Smoking:	\$3,032,471,478		
Adult Smoking Rate:	22.3%		
Adult Tobacco Use Rate:	26.2%		
High School Smoking Rate:	11.0%		
High School Tobacco Use Rate:	32.1%		
Middle School Smoking Rate:	2.4%		
Smoking Attributable Deaths:	10,970		

Adult smoking and tobacco use data come from CDC's 2015 Behavioral Risk Factor Surveillance System. High school smoking and tobacco use data come from the 2015 Youth Risk Behavior Surveillance System. Middle school smoking rate is taken from the 2015 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 2005-2009 and are calculated for persons aged 35 years and older. Smoking-attributable health care expenditures are based on 2004 smoking-attributable fractions and 2009 personal health care expenditure data. Deaths and expenditures should not be compared by state.

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

American Lung Association in Missouri (314) 645-5505 www.lung.org/missouri \leq