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April 30, 2025

The Honorable Shelley Moore Capito Chair Subcommittee on Labor, Health and Human Services, Education, and Related Agencies Committee on Appropriations United States Senate Washington, DC 20510 The Honorable Tammy Baldwin Ranking Member Subcommittee on Labor, Health and Human Services, Education, and Related Agencies Committee on Appropriations United States Senate Washington, DC 20510

Dear Chair Capito and Ranking Member Baldwin:

As your Subcommittee moves forward with the FY 2026 Senate Labor, Health and Human Services, Education and Related Agencies Appropriations bill, we urge you to recognize the important role that the Centers for Disease Control and Prevention (CDC) plays in protecting Americans from a wide array of health threats and to provide \$310 million for its Office on Smoking and Health (OSH). We are deeply concerned by the recent mass layoffs at the Department of Health and Human Services (HHS), including the elimination of CDC OSH. At a time when there is renewed focus on preventing chronic disease and protecting children's health, it is essential that Congress provide CDC with resources to reduce the death and disease caused by tobacco use as well as other risks to public health.

As you know, the CDC helps Americans live longer, healthier lives by collecting health data, providing funding and support to state and local health programs, conducting public education campaigns, and developing best practices. The agency works to reduce chronic diseases, which are some of the leading causes of death in the U.S. and are a significant driver of health care costs. Its programs to reduce tobacco use help to prevent youth nicotine addiction and aid tobacco users who want to quit, saving lives and money.

Tobacco use has long been the leading preventable cause of death in the United States. Each year, our nation loses nearly 500,000 Americans to tobacco use and spends \$241 billion treating tobacco-related disease, with more than 60 percent of these costs paid for by government programs like Medicare and Medicaid. Nearly one in three heart disease deaths and cancer deaths and nearly eight in 10 chronic obstructive pulmonary disease (COPD) deaths are caused by tobacco use. Tobacco use almost always begins during adolescence, and most adults who smoke want to quit, but overcoming an addiction to nicotine is difficult and often requires multiple quit attempts.

Youth use of e-cigarettes is a serious public health concern. CDC and the Food and Drug Administration's (FDA) most recent National Youth Tobacco Survey showed that more than 1.6 million youth, including 7.8 percent of high schoolers, reported using e-cigarettes last year. Alarmingly, 42.1 percent of high school e-cigarette users reported use on 20 days or more a month, including nearly 30 percent who reported daily use, a sign that youth are becoming addicted. According to the CDC, e-cigarettes expose users to nicotine and other potentially harmful substances and are not safe. A more robust public health response is needed to prevent e-cigarettes and other new tobacco products from placing a new generation at risk for nicotine addiction and tobacco use.

While smoking rates overall have declined, more than 26 million people in the U.S. currently smoke, and more than 16 million Americans are living with a tobacco-caused disease. Progress in reducing smoking has been uneven. For example, smoking rates are higher in the South and Midwest than other parts of the country and higher among people with lower levels of income than those with higher incomes. There is a need to enhance tobacco prevention and cessation programs where the need is greatest so that every person has an opportunity to avoid nicotine addiction and the health consequences of tobacco use.

The elimination of CDC's Office on Smoking and Health would have a profoundly negative impact on our nation's efforts to reduce the death and disease caused by tobacco. Backsliding on efforts to prevent kids from using tobacco products or to help adult tobacco users to quit will cost additional lives and increase healthcare expenditures. If CDC OSH funding is eliminated, all its programs may end, including vital funding to states and its highly successful national media campaign.

- OSH has provided grants to all 50 states and territories to support tobacco prevention and cessation programs. Comprehensive state and local tobacco control programs are effective at preventing youth tobacco use and helping adults to quit, but they are typically underfunded. Funding from CDC helps states and territories to enhance their programs. Thirteen states (Alabama, Connecticut, Georgia, Kansas, Michigan, Missouri, Nevada, New Hampshire, Rhode Island, Tennessee, Texas, Vermont, and West Virginia) would lose at least 30% of their funding for tobacco control programs if CDC funding is eliminated.
- OSH has run a highly successful national media campaign called Tips from Former Smokers (Tips). The campaign features stories of people living with a tobacco-caused disease and shares information about where to receive tobacco cessation services. CDC estimates that more than 16.4 million people attempted to quit and approximately one million people quit for good from 2012 through 2018 because of the Tips campaign. Over this time period, Tips has prevented an estimated 129,100 smoking-related deaths and saved an estimated \$7.3 billion in health care costs.
- OSH has provided funding to state quitlines, which provide telephone-based counseling services and, in most states, tobacco cessation medications to help people who would like to quit. Tobacco users who use state quitlines are two to three times more likely to quit than those who try to quit on their own. Five states and two territorial quitline programs (Connecticut, Guam, New Jersey, Puerto Rico, Tennessee, Virginia, and West Virginia) relied on CDC for at least 75% of their funding in FY 2024. These quitlines would likely be unable to continue operating without the funding they receive from CDC. Eliminating funding would likewise have a significant impact on other state quitlines, including forcing them to reduce and limit the services they provide, which would reduce the number of tobacco users who quit.

CDC's focus on public education, surveillance, and state, local, and national programs to reduce tobacco use is uniquely important. Resources for OSH are especially critical, as they will allow CDC to enhance efforts to reduce youth and young adult tobacco use, including e-cigarette use; expand the Tips media campaign so that it runs more weeks each year; and strengthen efforts to reduce tobacco use where smoking rates and tobacco-caused disease are greatest.

Investments in tobacco prevention and cessation will protect kids, save lives, and reduce the cost of treating tobacco-caused disease. We urge you to reject the Administration's elimination of CDC OSH and appropriate funds for CDC to continue its work to reduce tobacco use. With \$310 million, CDC will be able to address the challenges posed by e-cigarettes and continue to make progress reducing the death and disease caused by other tobacco products, especially those most at risk for tobacco-caused disease.

Sincerely,

100 Black Men of America, Inc.	American Indian Cancer Foundation
Academy of General Dentistry	American Lung Association
African American Tobacco Control Leadership	American School Health Association
Council	American Society of Addiction Medicine
American Academy of Family Physicians	American Thoracic Society
American Academy of Otolaryngology - Head and Neck Surgery	Americans for Nonsmokers' Rights
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American Association for Cancer Research	Association for Clinical Oncology (ASCO)
American Association for Dental, Oral, and Craniofacial Research	Association for the Treatment of Tobacco Use & Dependence
American Association for Respiratory Care	Association of Black Cardiologists
American Cancer Society Cancer Action Network	Association of Black Women Physicians
American College Health Association	Association of State and Territorial Health Officials
American College of Cardiology	Asthma and Allergy Foundation of America
American College of Chest Physicians (CHEST)	Big Cities Health Coalition
American College of Physicians	BlackDoctor.org
American College of Preventive Medicine	Breathe Southern California
American Dental Association	CADCA
American Dental Education Association	Campaign for Tobacco-Free Kids
American Heart Association	CATCH Global Foundation

Catholic Health Association of the United States **COPD** Foundation Counter Tools Dana-Farber Cancer Institute **Emphysema Foundation of America Families USA** Family, Career and Community Leaders of America, Inc. First Focus Campaign for Children GLMA: Health Professionals Advancing LGBTQ+ Equality IntelliQuit Jack and Jill of America, Inc. Leadership Council for Healthy Communities LUNGevity Foundation NAACP National Association of Elementary School Principals National Association of Hispanic Nurses National Association of Pediatric Nurse Practitioners National Association of School Nurses National Association of Secondary School Principals National Association of Social Workers National Coalition for Cancer Survivorship National Coalition for LGBTQ Health National Comprehensive Cancer Network (NCCN) National Council of Asian Pacific Islander Physicians National Council of Negro Women, Inc.

National Hispanic Council on Aging (NHCOA) National Hispanic Health Foundation National Hispanic Medical Association (NHMA) National League for Nursing National LGBTQI+ Cancer Network National Medical Association National Network of Public Health Institutes North American Quitline Consortium Oncology Nursing Society Parents Against Vaping Prevent Cancer Foundation Preventive Cardiovascular Nurses Association **Respiratory Health Association Right 2 Breathe** Save A Girl Save A World Society for Cardiovascular Angiography and Interventions Society for Public Health Education Society for Research on Nicotine & Tobacco Swedish Hospital The Center for Black Health & Equity The National Alliance to Advance Adolescent Health/Got Transition The Society of State Leaders of Health and **Physical Education** The Society of Thoracic Surgeons Tobacco Free Michigan **Trinity Health** Trust for America's Health UW-Center for Tobacco Research and Intervention

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The Honorable Robert Aderholt Chairman Subcommittee on Labor, Health and Human Services, Education, and Related Agencies Committee on Appropriations United States House of Representatives Washington, DC 20515 The Honorable Rosa DeLauro Ranking Member Subcommittee on Labor, Health and Human Services, Education, and Related Agencies Committee on Appropriations United States House of Representatives Washington, DC 20515

Dear Chairman Aderholt and Ranking Member DeLauro:

As your Subcommittee moves forward with the FY 2026 House Labor, Health and Human Services, Education and Related Agencies Appropriations bill, we urge you to recognize the important role that the Centers for Disease Control and Prevention (CDC) plays in protecting Americans from a wide array of health threats and to provide \$310 million for its Office on Smoking and Health (OSH). We are deeply concerned by the recent mass layoffs at the Department of Health and Human Services (HHS), including the elimination of CDC OSH. At a time when there is renewed focus on preventing chronic disease and protecting children's health, it is essential that Congress provide CDC with resources to reduce the death and disease caused by tobacco use as well as other risks to public health.

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