



April 11, 2017

The Honorable Thad Cochran
Chairman
Senate Committee on Appropriations
United States Senate
Washington, DC 20510

The Honorable Patrick Leahy
Vice Chairman
Senate Committee on Appropriations
United States Senate
Washington, DC 20510

The Honorable Rodney Frelinghuysen
Chairman
House Committee on Appropriations
United States House of Representatives
Washington, DC 20515

The Honorable Nita Lowey
Ranking Member
House Committee on Appropriations
United States House of Representatives
Washington, DC 20515

Dear Chairmen Cochran and Frelinghuysen and Ranking Members Leahy and Lowey:

As negotiations continue on the fiscal year 2017 appropriations bills, we urge you to oppose inclusion of either of two policy riders originally included in a House Appropriations Committee's bill that would weaken FDA's authority to oversee tobacco products. We further request that you reject the House Appropriations Committee's more than 50% cut to the Centers for Disease Control and Prevention's (CDC) Office on Smoking and Health (OSH) and ensure the office is funded at least at its fiscal year 2016 funding level of \$210 million.

Tobacco use remains the leading preventable cause of death in the United States. Every year, it kills more than 480,000 Americans and is responsible for an estimated \$170 billion in health care costs. Nearly 60 percent of these health care costs are paid by government programs such as Medicare and Medicaid.

Last year, FDA took an important step to protect public health by issuing a final rule that will enable the agency to begin to oversee cigars, e-cigarettes, and other tobacco products that had

previously been outside of FDA's authority. The need for FDA oversight of these products could not be clearer. In December 2016, a report by the Surgeon General concluded that e-cigarette use by young people is a public health concern, noting youth use of e-cigarettes has surpassed use of regular cigarettes. In addition, high school boys now smoke cigars at a slightly higher rate than cigarettes – 14 percent for cigars and 11.8 percent for cigarettes. The final rule will enable FDA, for the first time, to oversee the manufacturing, marketing, and sale of these products, providing the agency with new tools to address the problem of three million middle and high school students using e-cigarettes and 1.4 million using cigars.

One of the House riders seeks to completely exclude what the industry terms “large and premium cigars” from FDA oversight. During consideration of the rule, FDA specifically examined whether these so-called premium cigars should be excluded from FDA oversight and concluded that there was no appropriate public health justification for doing so. FDA's scientific review found that all cigars pose serious negative health risks, including about 9,000 premature deaths a year, and that all cigars are potentially addictive. We are also concerned that the rider defines “large and premium cigars” so broadly that it invites tobacco companies to modify their products to qualify for this exemption – a loophole that tobacco companies will surely exploit to exempt some cheap, machine-made, flavored cigars that appeal to youth.

The second House provision would change the so-called “grandfather date” in order to exempt many e-cigarettes, cigars, and other tobacco products now on the market from an important FDA product review requirement. It would change current law so that manufacturers of these products are no longer required to provide information to the FDA and undergo a scientific review of the risks to public health of new tobacco products, which are defined as products introduced to the market after February 15, 2007. Changing this date would significantly weaken FDA's ability to take prompt action to protect children from thousands of fruit- and candy-flavored e-cigarettes and cigars, including products in flavors such as cotton candy, gummy bear and fruit punch that clearly appeal to kids.

In addition to FDA oversight of tobacco products, the CDC Office on Smoking and Health plays a critical role in preventing young people from using tobacco products and helping current smokers quit. The \$110 million funding cut for OSH included in a House appropriations bill is misguided and would lead to more young people using tobacco products, fewer adult tobacco users quitting, and higher future health care costs for treating tobacco-caused disease.

OSH funds the highly successful national media campaign, Tips from Former Smokers, which has motivated about five million smokers to make a quit attempt, helped approximately 500,000 smokers to successfully quit, and saved at least 50,000 people from premature death since its inception in 2012. The campaign is highly cost-effective with a cost of just \$393 per year of life saved, far below the \$50,000 cost-effectiveness standard commonly applied to public health programs. The House's proposed funding cut would make it virtually impossible for CDC to continue this vital campaign. This funding cut would also likely mean reduced funding to states for quitlines, which provide telephone-based counseling to help tobacco users quit and, in some states, provide tobacco cessation medications, as well as funding to health departments in all states to help maintain and enhance tobacco prevention and cessation programs at the state and community level.

As you finalize appropriations legislation for fiscal year 2017, we urge you to reduce tobacco-caused disease by rejecting efforts to weaken FDA's final rule on e-cigarettes and cigars and funding CDC's Office on Smoking and Health at least at its current \$210 million funding level.

Sincerely,

Action on Smoking and Health	Association of Women's Health, Obstetric and Neonatal Nurses
American Academy of Family Physicians	Big Cities Health Coalition
American Academy of Oral and Maxillofacial Pathology	Campaign for Tobacco-Free Kids
American Academy of Otolaryngology—Head and Neck Surgery	ClearWay Minnesota
American Academy of Pediatrics	Community Anti-Drug Coalitions of America
American Association for Cancer Research	Eta Sigma Gamma - National Health Education Honorary
American Association for Dental Research	March of Dimes
American Association for Respiratory Care	National African American Tobacco Prevention Network
American Cancer Society Cancer Action Network	National Association of County and City Health Officials
American College of Cardiology	National Association of Pediatric Nurse Practitioners
American College of Occupational and Environmental Medicine	National Association of Social Workers
American College of Physicians	National Center for Health Research
American College of Preventive Medicine	National Hispanic Medical Association
American Congress of Obstetricians and Gynecologists	North American Quitline Consortium
American Dental Association	Oncology Nursing Society
American Heart Association	Oral Health America
American Lung Association	Prevention Institute
American Medical Student Association	Public Health Solutions
American Psychological Association	Society for Cardiovascular Angiography and Interventions
American Public Health Association	Society for Public Health Education
American School Health Association	Society for Research on Nicotine & Tobacco
American Society of Addiction Medicine	Students Against Destructive Decisions
American Society of Clinical Oncology	The Society of State Leaders of Health and Physical Education
American Thoracic Society	The Society of Thoracic Surgeons
Americans for Nonsmokers' Rights	Trust for American's Health
Association of State and Territorial Health Officials	

CC: United States Senate Committee on Appropriations Members

CC: United States House Committee on Appropriations Members