OBAMA-BIDEN TRANSITION PROJECT

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2009 Federal Tobacco Control Agenda

The failure of the United States to implement proven and effective tobacco control policies results in almost 440,000 preventable deaths and $196 billion in health care costs and lost productivity each year. Successful enactment of these policies and promotion of tobacco control must occur if any meaningful healthcare reform and chronic disease management is to succeed in reducing preventable death and healthcare costs in the U.S.

- **Passage and Enactment of Food and Drug Administration Authority over Tobacco Products**. The Family Smoking Prevention and Tobacco Control Act (S 625 Kennedy/ HR 1108 Waxman) passed the U.S. House of Representatives on a bipartisan 326 to 102 vote in July of 2008. Despite having 60 cosponsors in the U.S. Senate, there was not adequate time for the Senate to consider the legislation in 2008. Passage of this legislation and importantly, aggressive implementation by the FDA, have long been a top priority for the public health community.

- **Executive Order: All Federal Workplaces Smokefree.** In 2006, the U.S. Surgeon General released a report revealing that there is no safe level of exposure to secondhand smoke and that secondhand smoke causes premature death and disease in those who are exposed to it. However, loopholes in a 1997 executive order result in federal employees across the country being exposed to secondhand smoke while at work, including in the 23 states and the District of Columbia that have passed otherwise comprehensive smokefree workplace laws. The American Lung Association launched a campaign on November 5th asking President-Elect Obama to issue an executive order to close those loopholes and prevent smoking in all federal workplaces.

- **Increase the Federal Cigarette Excise Tax**. Increasing cigarette taxes are among the most powerful ways to reduce smoking prevalence among both youth and adults. A 10 percent increase in the price of a pack of cigarettes reduces consumption by 7 percent for youth and 4 percent for adults. In 2007, the Congress approved a 61-cent increase in the federal cigarette excise tax to fund the State Children's Health Insurance Program (SCHIP), which was vetoed by President Bush.

- **Ratification of the Framework Convention on Tobacco Control.** The Framework Convention, or FCTC**,** is the world's first global public health treaty designed to take a proactive global approach to tobacco control. It was signed by the U.S. in 2004 but has been undergoing "interagency review" since that time. As a consequence, the U.S. is not able to participate in negotiations on tobacco smuggling and other key implementation provisions. Enactment of the FDA tobacco legislation (please see above) would satisfy the ratification requirements outlined in the treaty. The FCTC is in effect in 160 nations, including most of Europe, Russia, and many developing nations.

- **Cessation Coverage for Medicare and Medicaid Patients.** The American Lung Association strongly supports enactment of the recommendations of the Interagency Committee on Smoking and Health's National Action Plan on Cessation, which would help millions of Americans quit smoking. Presently, there are over 45 million Americans who smoke, 70 percent of them who say they want to quit.

  The federal government can reduce the terrible burden – both human and financial – caused by tobacco use by covering comprehensive cessation benefits for all Medicare and Medicaid patients. **Treating Tobacco Use and Dependence: Clinical Practice Guideline**, revised by the U.S. Public Health Service in 2008, defines comprehensive benefits and the type of treatment smokers need access to in order to be most successful in quitting. Comprehensive legislation to provide such benefits to all Medicare and Medicaid recipients was introduced in 2008 (S. 3206 Durbin).

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