



## PRIORITIES OF THE CAMPAIGN FOR TOBACCO-FREE KIDS

### Health Policy Priorities/Goals in the Short Term

#### ***Top Priority for Immediate Action: FDA Regulation of Tobacco Products and Their Marketing.***

Legislation to grant FDA such authority (H.R.1108) passed the House of Representatives by a 326-109 vote, and the parallel Senate bill (S.625) passed the HELP Committee with 60 bipartisan cosponsors and several other Senators also publicly confirming their support. More than 700 national, state and local organizations support the FDA legislation, and we urge its enactment early in 2009.

***Raise Federal Tax Rates On All Tobacco Products.*** Tobacco tax increases are one of the most effective ways to reduce smoking and other tobacco use, especially among youth. This saves lives and also reduces health care costs. The Campaign strongly supports using substantial increases in federal tobacco tax rates to fund the SCHIP program expansion, and additional increases as part of any health care reform package. To produce significant public health benefits and related cost savings, the rate increases must be substantial and not phased in over multiple years.

***Expand Federal Assistance for Tobacco Users Who Want to Quit*** An increase in the federal tax as part of SCHIP should be accompanied by an increase in funding for quitline services and other programs to help smokers quit. Quitlines are a cost-effective and efficient way to reach a large number of smokers with counseling services and medications. The Public Health Service's recently updated Clinical Practice Guideline found that quitline counseling combined with medication can more than triple a smoker's chances of quitting. Every state now has a tobacco cessation quitline, but programs are severely underfunded. At least a nickel's worth of new revenues from a federal tobacco tax increase should be allocated to enable the State quitlines and other programs to assist many more smokers to quit.

***Increase Funding for CDC's Office on Smoking and Health.*** OSH is the federal government's primary tobacco prevention agency, providing grants and technical assistance to the states. Annual funding for OSH, currently at \$106 million, is grossly inadequate and OSH's funding has remained relatively flat over the past eight years. At a minimum, OSH's core funding should be restored to inflation-adjusted Clinton-era levels through a two-stage funding increase in FY09 and FY10 to at least \$160 million per year (not including any additional funding for new OSH initiatives, such as expanded quitline support described above or community programs described below).

### Health Policy Priorities/Goals in the Longer Term

Tobacco is the leading cause of preventable death and a significant and unnecessary financial drain on our health care system. We have the tools to reduce tobacco use and they are low cost, proven to reduce cancer and heart disease and save billions of dollars in health care costs. The Administration should tackle tobacco broadly and as part of health care reform. Reform should include the methods proven to reduce tobacco use including tobacco tax increases, funding for nationwide public education campaigns as well as state and community based programs, and expanded access to clinical treatments for addiction.

***Expand Access to Proven, Effective Treatments for Tobacco Addiction.*** The U.S. Preventive Services Task Force recommends that all adults be screened and counseled for tobacco use and offered medication to help them quit, and the Public Health Service's Clinical Practice Guideline identifies the effective and appropriate scope of benefits for tobacco cessation treatment. Currently, cessation services are not adequately covered in either public or private health plans. Few Medicaid programs provide adequate coverage, and Medicare coverage is limited. Only 1 in 50 employers in the U.S. offer coverage for all evidence-based treatments, and one out of every five employers does not cover any of the effective treatments. In the Administration's health care reform plan, all Americans should be ensured access to



the benefits recommended in the PHS Clinical Practice Guideline, *Treating Tobacco Use and Dependence: 2008 Update – Clinical Practice Guideline*.

***Adequate Funding For Comprehensive Tobacco Prevention And Cessation Programs At The State And Community Level and for a National Public Education Program to Encourage Quitting.*** Research has demonstrated conclusively that investments in state tobacco prevention programs reduce smoking and produce substantial health care cost savings. Since 2000, for example, with sustained funding, Washington State has reduced youth smoking rates by more than 40% and adult rates by 25%, saving lives and health care dollars. California's program has dramatically reduced cancer rates. Nonetheless, the states are not making nearly the investment in tobacco control recommended by the CDC. In FY09 the states will spend only \$671 million on tobacco prevention, less than 20% of the CDC's recommended \$3.7 billion. The tobacco companies spend more than \$13 billion annually on the marketing and promotion of their products, much of it targeting children. We urge the incoming Administration to use its bully pulpit to combat tobacco marketing and smoking in the movies and to commit significant new federal funds to conduct a national public education program to encourage people to quit and to provide funding to states to bring tobacco prevention funding to CDC recommended levels. If funding is provided through a broad grant program for prevention, funds must be explicitly dedicated for tobacco prevention given the political power of the tobacco industry to divert funds away from tobacco prevention.

### **The Mechanisms for Achieving The Goals (i.e., Executive Order, Regulation, Guidelines, Policy Change or Legislation)**

Each of the above proposals requires legislation.

### **Budgetary or Appropriations Concerns or Impact**

- TFK urges the President's FY2010 budget to assume enactment of FDA legislation in 2009.
- We urge a portion of any tobacco tax increase be used to expand programs to encourage and help tobacco users quit, including quit line services.
- We urge a down payment on prevention by increasing the OSH budget to inflation adjusted Clinton-era levels in two-stage funding increase in FY09 and FY10 to a total of at least \$160 million per year and a much larger investment in community-based programs with a permanent source of funding.
- Expanding access to cessation services through Medicaid and private health plans will help orient the health care system toward wellness and save health care resources.

### **Other HHS Related Issues**

- Key appointments at CDC, FDA, NIH and other agencies committed to reducing toll of tobacco.
- Status of the Office on Smoking and Health at CDC should be elevated and new National Institute for Tobacco Prevention should be created, reporting directly to the Office of the Director.
- Institutes at NIH should increase tobacco prevention and tobacco product research. An increased commitment by NIH would help build the scientific foundation for future FDA decisions and increase the number of scientists, outside the tobacco industry, who understand product design issues.
- HHS should encourage the President to issue an Executive Order establishing strong, comprehensive smoke-free rules for all federal agencies and buildings.
- HHS should support ratification of the WHO Framework Convention on Tobacco Control and seek to have HHS be the lead federal agency.