Effective Policies Known to Prevent Tobacco Use and Address Tobacco-Related Disparities

Despite decades of decline, tobacco use and exposure to secondhand smoke is responsible for 480,000 deaths each year in the U.S.[i] and cigarette smoking causes about 30 percent of all cancer deaths,[ii] and as much as 40 percent in parts of the South and Appalachia.[iii] **Tobacco use has been found to be one of the primary drivers of cancer-related health disparities** because its use disproportionately impacts people based on race, ethnicity, sexual orientation, gender identity, disability status, mental health, income level, education level, and geographic location.[iv,v,vi] Achieving health equity relies heavily on eliminating tobacco use.

Our ability to continue to make progress against cancer relies heavily on eliminating the inequities that exist in cancer prevention and care. ACS CAN is pursuing fact-based tobacco control policies at the local, state and federal levels that aim to reduce disparities and improve health outcomes for everyone including:

- Adequately funding tobacco prevention and cessation programs in accordance with recommendations from the Centers for Disease Control and Prevention's (CDC) *Best Practices for Comprehensive Tobacco Control Programs (2014)*;
- Enacting comprehensive smoke-free laws that cover all workplaces, including restaurants, bars and gaming facilities;
- Regularly and significantly increasing tobacco excise taxes on all tobacco products;
- Increasing access to state Medicaid coverage of tobacco cessation;
- Ending the sale of flavored tobacco products;
- Supporting federal regulation of tobacco products by the Food and Drug Administration (FDA); and
- Preserving local control of public health policies.

The tobacco industry has a history of using litigation to avoid and delay laws and regulations enacted to safeguard the public. ACS CAN is pursuing fact-based policies at the local, state, and federal levels that aim to reduce disparities and improve health outcomes for all individuals.

Adequately Fund Tobacco Prevention & Cessation Programs in Accordance with CDC Recommendations

Tobacco is still the number one cause of preventable death nationwide yet the current funding levels for tobacco control programs are not sufficient to prevent and address tobacco-related disparities. Fully funding federal and state tobacco control programs is necessary to prevent initiation of tobacco products, monitor tobacco product use, identify tobacco related disparities, and promote effective strategies to help individuals who use tobacco products to successfully quit.

The CDC recommends specific funding levels that states should spend annually on their tobacco control programs.[vii] In fiscal year 2024, despite states receiving nearly $26 billion from the tobacco settlement and tobacco taxes this year, only 2.8% of it – $728.6 million – will be spent on tobacco prevention and cessation programs. This is only 22% of the total CDC recommended funding levels with state spending varied

widely.[viii] Historically, states that have continually invested in their comprehensive tobacco control programs have experienced reduced cigarette sales, as well as declining smoking rates among youth and young adults, and smoking-attributable health care expenditure savings. **For every $1 spent on comprehensive tobacco control programs, states realize up to $55 in savings from averted tobacco-related health care costs**.[ix] Preventing youth and young adults from becoming addicted to tobacco products and helping individuals who currently use these products quit requires sustained and increased funding in comprehensive tobacco control programs.[x]

ACS CAN's Position: ACS CAN challenges states to combat tobacco-related illness and death by sufficiently funding comprehensive tobacco control programs at CDC recommended levels or higher; implementing strategies to continue that funding over time; and applying the specific components delineated in the CDC's best practices guide.[xi]

Enacting Comprehensive Smoke-free Laws That Cover All Workplaces Including Restaurants, Bars and Gaming Facilities

According to the U.S. Surgeon General[xii,xiii] there is no safe level of exposure to secondhand smoke, which contains approximately 70 known or probable carcinogens[xiv] and more than 7,000 other toxic chemicals, including formaldehyde, arsenic, cyanide and carbon monoxide.[xv] Each year in the United States, secondhand smoke causes nearly 42,000 deaths among people who do not smoke, including up to 7,300 lung cancer deaths.[xvi,xvii] It can also cause or exacerbate a wide range of other health issues, including cardiovascular disease, stroke, respiratory infections and asthma. The lack of comprehensive tobacco control laws in a locality or state can contribute to disparities in tobacco use.

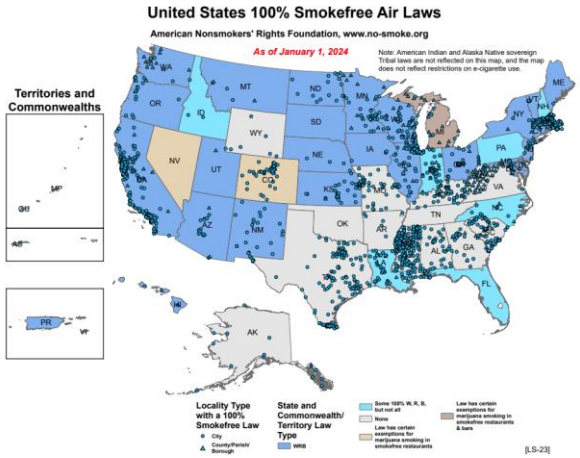


Image source: American Nonsmokers' Rights Foundation. Overview List – Number of Smokefree and Other Tobacco-Related Laws. January 1, 2024. Available Overview List – Number of Smokefree and Other Tobacco-Related Laws, accessed January 17, 2024, from https://no-smoke.org/wp-content/uploads/pdf/100Map.pdf.

About **38%** of the U.S. population is not protected by comprehensive smoke-free policies.[xviii] Disparities remain in workplace exposure to secondhand smoke based on geography as well as by occupation. Employees in the hospitality service industry at workplaces that allow smoking are especially exposed to secondhand smoke – including gaming facilities which can also include convention facilities, hotels, and shopping districts all within one indoor shared air space.[xix,xx]

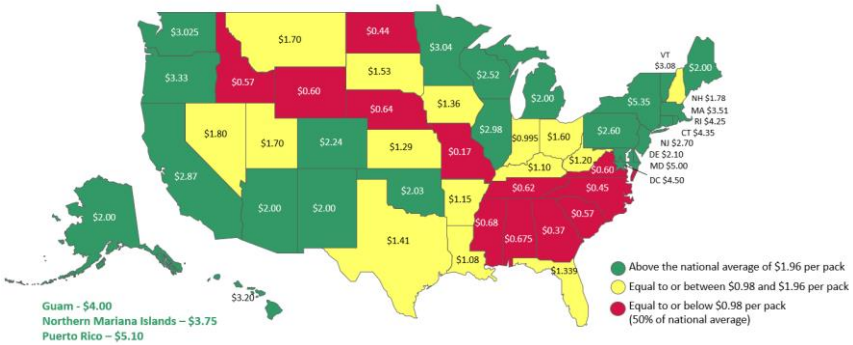
ACS CAN's Position: Everyone has the right to breathe clean, smoke-free air regardless of where they live, work or play. And no one should have to choose between their health and a good paycheck. Implementing comprehensive smoke-free policies that include all workplaces, including restaurants, bars, and gaming facilities, is necessary to achieve health equity by protecting everyone from the harmful effects of secondhand smoke.

Regularly and Significantly Increasing Tobacco Excise Taxes on All Tobacco Products

Significant tobacco excise tax increases are one of the most effective ways to prevent kids from starting to use tobacco and help adults quit.[xxi] Increasing tobacco excise taxes saves lives, generates revenue, and reduces health care costs. As of July 1, 2024, the average state cigarette excise tax is $1.96 per pack, but state cigarette excise taxes vary significantly, from a low of 17 cents per pack in Missouri to a high of $5.35 per pack in New York. Additionally, Puerto Rico taxes cigarettes at $5.10 per pack.

When considering tax increases on cigarettes and other tobacco products, states should always dedicate a portion of the funds to state tobacco control programs. The cost to fully fund state tobacco control programs is tiny compared to the cost of tobacco-caused diseases and the potential tobacco-caused health care cost savings states stand to gain in the long-term.[xxii,xxiii,xxiv]

Cigarette Excise Tax Rates in the United States, District of Columbia & U.S. Territories as of July 1, 2024*



*Average calculated for tax rates currently in effect and does not include Puerto Rico or other U.S. territories.

ACS CAN's Position: ACS CAN advocates for regular and significant increases in federal, state, and local excise taxes that will increase the price of all tobacco products. To ensure a meaningful reduction in tobacco consumption and tobacco-related disease and death, tobacco excise tax increases should include a minimum increase of $1.00 per pack of cigarettes with a parallel excise tax on all other tobacco products, including e-cigarettes.

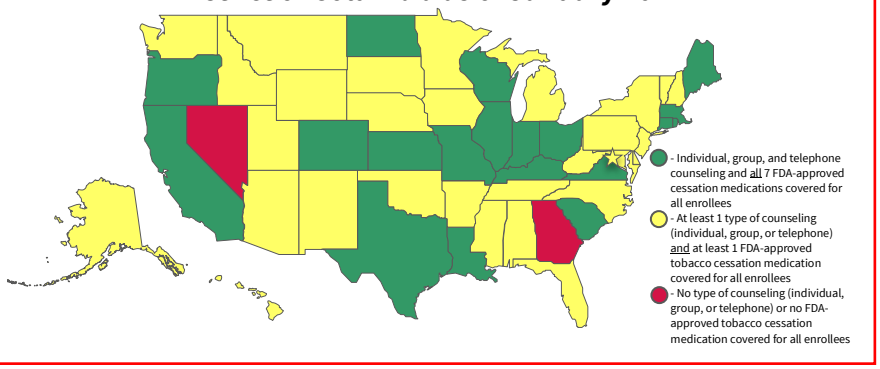
Increasing Access to State Medicaid Coverage of Tobacco Cessation

The smoking rates for adults on Medicaid is **22.7%**, which is more than double the **9.2%** of individuals who smoke with private insurance or the overall **12.5%** of adults who smoke.[xxv] Many individuals on Medicaid have limited incomes and studies have identified that they are unable to pay out-of-pocket for this lifesaving treatment.[xxvi]

Evidence shows that insurance coverage for tobacco cessation services help people quit smoking and that quit rates are higher when health insurance covers the benefit. People respond differently to cessation interventions; therefore, coverage for a range of counseling types and medications is essential. Throughout the 50 states and District of Columbia, Medicaid cessation benefits vary significantly by state, and even within states, by plan. Medicaid programs should cover a comprehensive tobacco cessation benefit that includes access to all three types of counseling and all seven FDA-approved medications, without enrollee cost-sharing or other barriers. As of January 2024, **nineteen states** provide a comprehensive tobacco

cessation benefit that includes coverage for all three types of counseling and seven types of medication for all enrollees. Conversely, enrollees in two **states** do not have access to even one type of counseling. Changes in coverage are needed to ensure Medicaid enrollees in all states have access to a comprehensive tobacco cessation benefit.

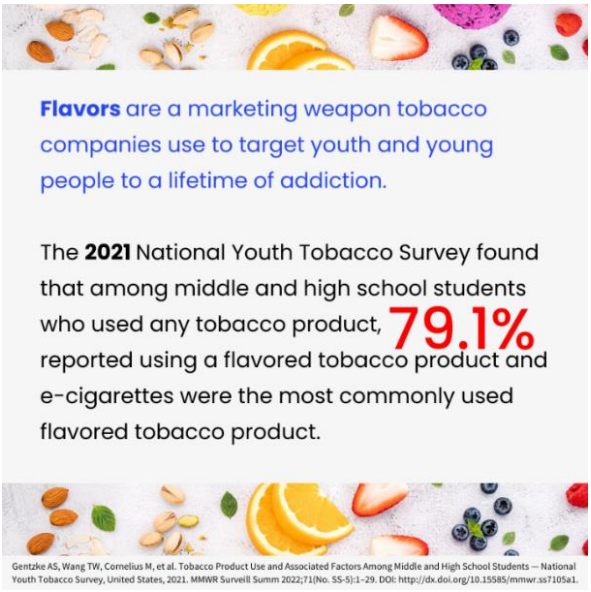
Traditional Medicaid Cessation Coverage in the United States and District of Columbia as of January 2024



ACS CAN's Position: ACS CAN advocates for all public and private health insurance coverage to include a comprehensive tobacco cessation benefit that includes access to all three types of counseling and all seven FDA-approved medications, without enrollee cost-sharing or other barriers. To achieve health equity, it is especially essential Medicaid enrollees are not left behind while individuals on other forms of insurance have comprehensive tobacco cessation coverage.

Ending the Sale of Flavored Tobacco Products

For decades, tobacco companies have used flavors, in cigarettes, cigars, e-cigarettes, and hookah, to lure and target youth and young people and expose them to a lifetime of nicotine addiction, disease, and premature death. Flavors, especially menthol, are known to improve the ease and use of a product by masking the tobacco's harsh effects. Tobacco industry documents confirm the intended use of flavors has been to target new youth users. According to the 2021 National Youth Tobacco Survey, among middle and high school students who used tobacco products, 79.1% reported using a flavored tobacco product.[xxvii] Eliminating the sale of all flavored tobacco products is the only way to maximize the public health impact by preventing the industry from luring children into a lifetime of addiction.



ACS CAN's Position: Comprehensive policies to end the sale of flavored tobacco products must include all tobacco products, all flavors, and all tobacco retailers. Effective policies to end the sale of flavored tobacco products cannot exempt or exclude any flavors. ACS CAN believes no flavored tobacco product can meet the standard of "appropriate for the protection of the public health" and therefore any flavored tobacco product should be denied premarket review by the FDA.

Supporting Federal Regulation of Tobacco Products

The Family Smoking Prevention and Tobacco Control Act (TCA) of 2009 granted the FDA the authority to regulate tobacco products for the first time. The agency has authority to regulate the manufacture, marketing, sale, and distribution of tobacco products – including e-cigarettes, cigars, and hookah. All new tobacco products are required to undergo premarket review by the FDA to determine if they are "appropriate for the protection of the public health," otherwise known as the public health standard. All tobacco products must receive a marketing order from FDA before the product can be sold legally. In addition, the TCA granted FDA the authority to establish tobacco product standards, such as prohibiting menthol in cigarettes, and regulate the tobacco industry's use of marketing claims.

> **ACS CAN's Position:** ACS CAN advocates for the FDA to use its full authority to regulate all tobacco products. ACS CAN urges the FDA to complete and enforce the premarket review process for all products currently on the market. Additionally, FDA should deny any premarket and modified risk applications that are incomplete and do not meet the standards required by the TCA, including denying applications for all flavored products. ACS CAN urges the FDA to finalize their rules to prohibit menthol flavoring in cigarettes and all flavors in cigars.

Preserve Local Control of Public Health Policies

Many important public health policies are often developed and passed at the local level. Communities are also able to advance health equity when they can pass specific public health policies aimed at addressing local health disparities. But preemption—when a higher level of government revokes local authority — restricts local policymakers' ability to pass, implement, and enforce innovative and proactive public health policies. In fact, Big Tobacco has labeled preemption its "first priority."[xxviii]

> **ACS CAN's Position:** ACS CAN supports each level of government's ability to implement policies to protect the public's health. To reduce suffering and death from cancer effectively, ACS CAN believes we must preserve the right of local governments to pass public health policies that are stronger than state and federal laws.

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