Eliminating CDC's Tobacco Control Funding will Undercut State Programs and Increase Tobacco-Caused Death and Disease

Eliminating funding for CDC's tobacco prevention and cessation program would have serious consequences for the nation's health. It would cut funding to states, reduce effective programs and services, and increase the number of people who become ill and die from a tobacco-caused disease. With our nation spending $241 billion annually treating tobacco-caused disease, the majority of which is paid by government, backtracking on efforts to protect kids from tobacco and to help adults to quit is shortsighted and will cost lives and health care dollars.[1]

Eliminating funding for CDC's tobacco work, which has traditionally been carried out by its Office on Smoking and Health (OSH), would:

Eliminate the Only Dedicated Source of Federal Funding for State Tobacco Control Programs

CDC's National and State Tobacco Control Program provides funding to state and territorial health departments to reduce tobacco-related death and disease. These efforts have helped save millions of lives. Comprehensive tobacco control programs have been found to be effective and generate health care cost savings.[2]

- State tobacco control programs are typically significantly underfunded. In FY 2026, states spent less than one quarter (22%) of what CDC recommends they spend on tobacco prevention and cessation programs. Just nine states provided at least half of the CDC-recommended funding.[3]
- Without funding from CDC, states would lose over $65 million in funding for their tobacco control programs. Currently, states receive funding from OSH each year, ranging from $343,000 to $2.3 million, based on population size, rates of tobacco use, and other state-specific factors.[4]
- 14 states would lose at least 30% of their funding for tobacco control programs (Alabama, Delaware, Kansas, Michigan, Nevada, New Hampshire, North Carolina, Rhode Island, South Dakota, Texas, Vermont, Washington, West Virginia and Wyoming) if CDC funding were eliminated.[5]
- Eliminating CDC funding would weaken states' already underfunded tobacco prevention efforts, resulting in more young people using tobacco products, fewer adult tobacco users quitting, more people with tobacco-caused disease, more premature deaths, and higher future health care costs for treating tobacco-caused disease.

Reduce Services to Help Tobacco Users to Quit

CDC helps fund state quitlines, which provide tobacco cessation counseling and, in most states, tobacco cessation medications. Smokers who use quitlines are at least two to three times more likely to succeed in quitting compared to those who try to quit on their own.[6]

- Without funding from CDC, states would lose approximately $15 million in annual funding for their state quitlines. About $1 in $7 spent

on quitline services nationwide comes from CDC OSH.[7]

- 5 state and 2 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.[8] These quitlines would likely be unable to continue operations without the funding they receive from CDC.
- An additional 18 state quitline programs (Alaska, Alabama, Florida, Georgia, Iowa, Kansas, Louisiana, Michigan, Missouri, Mississippi, Montana, Nebraska, New Hampshire, Nevada, Rhode Island, Texas, Washington, Wyoming) relied on CDC for between 24% and 74% of their funding in FY 2024.[9]
- Eliminating CDC tobacco funding would have severe consequences for state quitlines. Many quitlines would likely need to reduce the level and type of services they provide, including the availability of free nicotine replacement therapy, and scale back or eliminate the promotion of quitline services, which would reduce the number of tobacco users who quit.

End an Effective, Cost-Saving Media Campaign

CDC runs a national public education campaign, called *Tips from Former Smokers (TIPS)*, that has proven successful at helping smokers to quit. Every year the campaign is on air there is an immediate, sustained, and dramatic spike in calls to the national quitline, 1-800-QUIT-NOW, and in visits to the campaign website. From 2012 through 2018, CDC estimates that more than 16.4 million people who smoke attempted to quit and approximately one million smokers quit because of the *Tips* campaign, preventing an estimated 129,100 smoking-related deaths and saving approximately $7.3 billion in health care costs.[10]

- The Administration has already failed to take steps to ensure that the *Tips* campaign ads will run in 2026. If CDC tobacco funding was eliminated, this highly effective campaign would end. Given *Tips'* past success helping smokers to quit, eliminating *Tips* would likely mean hundreds of thousands of fewer quitters over the next seven years, more tobacco-caused disease and death, and higher tobacco-caused health care costs.

Eliminate Scientific Expertise, Technical Assistance, Training and Support to States

Until recently, CDC's tobacco prevention and cessation program has been carried out by its Office on Smoking and Health. But OSH was effectively shut down last year as part of the Trump Administration's reorganization of HHS.

- Without OSH, CDC can no longer provide the considerable technical assistance, training, and support that states previously relied on to help them plan, develop, implement, and evaluate their state comprehensive tobacco control programs. There are no longer staff at OSH to help states incorporate science-based recommendations into their program planning or provide states with technical assistance and support to ensure effective media campaigns, surveillance, and evaluation activities related to tobacco.
- With the loss of OSH, there has also been a substantial loss of scientific expertise on tobacco issues. CDC no longer has experts who evaluate the state of the science on emerging issues, such as e-cigarettes and nicotine pouches, and provide timely and relevant information and guidance to states, key stakeholders, and the public.

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