CDC Funding Critical to Reducing the Leading Cause of Preventable Death in [STATE]

Smoking is the leading cause of preventable death in [STATE] and is a huge economic burden.[1]

- XX percent of [STATE] adults is a current smoker, and each year X,XXX adults in [STATE] die from tobacco use.[2] XX% of cancer deaths in [STATE] are attributable to smoking.[3]
- Each year, X,XXX [STATE] youth try cigarette smoking for the first time, and XX% of high schoolers currently use e-cigarettes.[4]
- Smoking is responsible for $XX million/billion in health care costs in [STATE] annually, including XXX million in Medicaid spending.[5] Cost-effective efforts to reduce smoking significantly reduce the prevalence of cancer, heart disease, chronic obstructive pulmonary disease (COPD), and other serious and costly diseases.

  (find state-specific data here https://www.tobaccofreekids.org/problem/toll-us)

CDC funding supports vital [STATE] tobacco prevention and cessation efforts.

- In Fiscal Year 2025, [STATE] received $XXX in tobacco prevention funding from the Centers for Disease Control and Prevention's (CDC). [6] The state spent an additional $XX on the state tobacco prevention and cessation program in Fiscal Year 2025. **CDC's funds are critical to the state's tobacco prevention and cessation efforts and account for XX% of total funding for these efforts**.[7]
- State quitlines provide telephone-based counseling services to help tobacco users to quit and, in [STATE], access to 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. **[STATE] reports that it relies on OSH funding for about XX% of its total quitline budget.**[8]

[STATE] programs are successful in helping current smokers to quit and preventing youth from starting to smoke.

- [STATE] has leveraged CDC funding to: [describe how CDC funding has been used in your state either by providing direct programming or allowing the state to enhance existing programming]
- Nearly 70% of adult cigarette smokers want to quit, and more than half (53.3%) report having made a quit attempt in the past year.[9] The State Quitline offers free telephone counseling with trained cessation coaches to smokers trying to quit, combination nicotine replacement therapy for eligible populations, and web-based cessation resources and self-help tools. Since its inception, the state quitline has received over XXXX calls and helped XXX tobacco users to quit.

Reductions to CDC funding would result in significant cuts to services and programming provided by [STATE] Tobacco Control Program.

- A reduction in federal CDC funding would significantly impact the state's 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.
- More specifically, a cut to CDC funding would mean: (provide specific examples of the consequences of the elimination of CDC funding.)

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[1] CDC, BRFSS 2024 online data: https://www.cdc.gov/brfss/brfssprevalence/index.html; HHS, *The Health Consequences of Smoking – 50 Years of Progress A Report of the Surgeon General,* 2014. https://www.surgeongeneral.gov/library/reports/50-years-of-progress/.

[2] CDC, *Best Practices for Comprehensive Tobacco Control Programs—2014,* http://www.cdc.gov/tobacco/stateandcommunity/best_practices/.

[3] American Cancer Society Cancer Action Network, "Smoking-Related Cancer Deaths by State, 2020," February 2024.

[4] Insert Citation for youth survey. Estimate based on U.S. Dept of Health & Human Services (HHS), *"Results from the 2024 National Survey of Drug Use and Health: Summary of National Findings and Detailed Tables*," with the state share of the national number estimated proportionally based on the projected number of youth smokers ages 0-17 reported in U.S.

[5] CDC, Best Practices for Comprehensive Tobacco Control Programs 2014, http://www.cdc.gov/tobacco/stateandcommunity/best_practices/index.htm; CDC, Smoking Attributable Mortality, Morbidity and Economic Costs, SAMMEC, http://apps.nccd.cdc.gov/sammec/; CDC, *State Data Highlights 2006* [and underlying CDC data/estimates], http://www.cdc.gov/tobacco/data_statistics/state_data/data_highlights/2006/index.htm. The listed Medicaid program expenditure includes the state and federal portions. State Medicaid program expenditures may be conservative because they do not reflect the effects of Medicaid expansion under the Affordable Care Act.

[6] CDC Office on Smoking and Health, "National Tobacco Control Program Funding." November 18, 2024, https://www.cdc.gov/tobacco/php/tobacco-control-programs/program-funding.html;.(FY24 and FY25 funding levels are the same)

[7] Campaign for Tobacco-Free Kids, et al*., Broken Promises to Our Children: A State-by-State Look at the1998 State Tobacco Settlement 26 Years Later,* December 18, 2024. https://www.tobaccofreekids.org/what-we-do/us/statereport/

[8] North American Quitline Consortium, 2024 Annual Survey of Quitlines.

[9] VanFrank B, et al. Adult Smoking Cessation — United States, 2022. MMWR Morb Mortal Wkly Rep 2024;73:633–641. DOI: http://dx.doi.org/10.15585/mmwr.mm7329a1