



July 14, 2010

The Honorable Tom Harkin  
Chairman  
Labor, Health, and Human Services, Education, and Related Agencies Subcommittee  
United States Senate Committee on Appropriations  
SD-131 Dirksen Senate Office Building  
Washington, DC 20510

Dear Chairman Harkin,

First, we want to thank you for your great leadership and long-time dedication to giving greater priority to prevention and wellness and to combating tobacco use. The changes you have made possible in the last year are historic achievements in public health and we look forward to continuing to work with you on these crucial issues.

We are also writing to urge that \$225 million of the FY 2011 funds in the Prevention and Public Health Fund in the Patient Protection and Affordable Care Act be dedicated to the activities which combat tobacco use. Tobacco control received more than 30 percent of the prevention funds made available in the American Recovery and Reinvestment Act and we believe it is essential that the same appropriate funding priority be applied to the prevention funding in health reform. Such targeted funding of tobacco prevention and cessation programs is sensible because of their track record of saving lives and creating healthier communities.

Tobacco use remains the leading cause of preventable death in this country and imposes \$96 billion in health care costs. Fortunately, we know how to reduce tobacco use. The primary challenge is finding the resources to implement these effective strategies. In order for the Prevention and Public Health Fund to obtain your goal of reducing chronic disease rates significant funding must be devoted to reducing tobacco use.

Three types of tobacco prevention and cessation activities should receive the bulk of this \$225 million:

- public education media campaigns to discourage initiation as well as motivate and provide information to people who want to quit;
- quitlines; and
- existing state and community-based tobacco control programs.

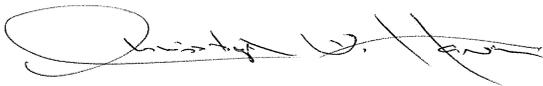
These three interventions – public education campaigns, quitlines, and state and community based programs – make up the Centers for Disease Control and Prevention’s (CDC) Best Practices for Comprehensive Tobacco Control Programs. They are based on the best scientific evidence and have been shown repeatedly, especially when conducted in concert, to reduce tobacco use. Experience in individual states such as Maine, New York, and Washington demonstrates their impact, and rigorous studies that examine the

impact of these programs across states, while controlling for a multitude of other factors confirm that investment in tobacco control works to reduce tobacco use among both youth and adults, saving lives and money.

Currently, tobacco prevention programs are severely underfunded across the country. Even with federal assistance, only one state (North Dakota) funds these programs at the level recommended by the CDC. Taken together, the states are spending less than 20 percent of what the CDC recommends for these programs.

The toll tobacco takes on our nation's health is large, and we need to fight it with all possible resources. We know that there are proven, evidence-based interventions in tobacco control that if brought to national scale would have a profound impact on reducing the prevalence of tobacco use in our country. Once again, we greatly appreciate your time and your long-time leadership on this important issue.

Sincerely,



Christopher W. Hansen  
President  
American Cancer Society Cancer Action Network



Charles D. Connor  
President and Chief Executive Officer  
American Lung Association



Matthew L. Myers  
President  
Campaign for Tobacco-Free Kids



Rob Gould  
President and Chief Executive Officer  
Partnership for Prevention