

April 15, 2026

Jay Bhattacharya, M.D., Ph.D.
Acting Director, U.S. Centers for Disease Control and Prevention
Director, National Institutes of Health
1600 Clifton Road
Atlanta, GA 30329

Dear Dr. Bhattacharya:

On behalf of organizations representing millions of patients with serious health conditions, health care professionals, and advocates, we thank you for your leadership at the Centers for Disease Control and Prevention (CDC). We are eager to work with you and the agency to reduce chronic diseases caused by tobacco and prevent and reduce tobacco use among adults and youth. Congress reaffirmed the importance of this work by allocating \$246.5 million for CDC's tobacco prevention and cessation programs in the bipartisan FY 2026 appropriations package. Fully reinstating staff in CDC's Office on Smoking and Health (OSH) will be critical to achieving our shared goal of chronic disease prevention—especially among children—and to ensure these funds are spent effectively and efficiently.

While the agency worked under difficult circumstances to issue FY 2025 state tobacco control grants, we remain deeply concerned that the loss of staffing and operational capacity of OSH and CDC has jeopardized the nation's ability to eliminate the top causes of preventable death in the United States, including cancer, heart disease, COPD, type 2 diabetes, and lung disease.ⁱ CDC must ensure that OSH has the staff and expertise necessary to carry out its mission to prevent and reduce tobacco use and address serious threats to public health.

For 40 years, CDC, largely through OSH and its staff, has provided the nation's tobacco control infrastructure, leadership and coordination with state and local health departments, health care systems, public health professionals, and researchers around the country to help people quit, prevent youth initiation, and reduce exposure to secondhand smoke. OSH's work has been especially critical for those populations with higher rates of tobacco use, including rural communities, veterans, and people with behavioral health conditions.

These key OSH programs include:

- The **National Tobacco Control Program (NTCP)**, which is the sole federally designated funding source for tobacco prevention and cessation programs in the states, Washington, D.C., 26 Tribes, and 8 territories.
- **Tobacco cessation quitlines**, which are effective, evidence-based tobacco cessation services that can be provided on the phone and in some cases, provide cessation medication. OSH has historically provided funding to all 50 states, two territories and Washington, D.C.
- The ***Tips from Former Smokers* media campaign**, which has led more than one million individuals to quit smoking and has resulted in an estimated \$7.3 billion in health care cost savings.ⁱⁱ

In addition, OSH has been a pillar of the tobacco control research infrastructure, including the **National Youth Tobacco Survey (NYTS), Surgeon General's reports, and Morbidity and Mortality Weekly Report (MMWR) publications**. These and other resources ensured policymakers, grantees, researchers, and the public receive timely data-driven guidance on youth tobacco use and addiction, tobacco use rates among all populations, the health effects of tobacco use and exposure to secondhand smoke, the costs associated with tobacco-related disease, and savings from fact-based tobacco control programs. The absence of consistent, scientific and evidence-based public health analyses provided by OSH has allowed tobacco industry-driven narratives to fill the void.

Of immediate concern, the current budget cycle for states, tribes, and territories who receive OSH funding for prevention and cessation programming ends on April 28, with the new cycle beginning April 29. Any delay in funding allocations, this year or in future years, will interrupt services and disrupt the continuity of evidence-based programs nationwide. The dismantling of OSH has created severe uncertainty, undermining states' and communities' abilities to retain staff, sustain core activities, and access the technical assistance and data essential to effective tobacco prevention and cessation program implementation.

Fully staffing and resourcing OSH is essential to preventing premature deaths, reducing health care costs, and countering youth tobacco use. Without adequate staff and infrastructure, it is particularly difficult for CDC to provide states with funding,

technical expertise, and national coordination in implementing best practices for tobacco control.

We appreciate your attention to this critical matter and your efforts to strengthen CDC's capacity to carry out these life-saving programs. We urge the immediate restoration of OSH's full operations —including its staff — and evidence-based programs to address the devastating and preventable health and economic burden of tobacco use nationwide. We would welcome the opportunity to meet with you and your team to discuss these priorities further and to offer our assistance in supporting these actions.

Sincerely,

American Academy of Pediatrics

American Cancer Society Cancer Action Network

American Heart Association

American Lung Association

Campaign for Tobacco-Free Kids

Truth Initiative

ⁱ [Health Risks of Smoking Tobacco | American Cancer Society](#)

ⁱⁱ [Cost Effectiveness of the Tips From Former Smokers® Campaign—U.S., 2012–2018 - PMC](#)