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H. RES. 979

Expressing the sense of the House of Representatives that public health authorities and tobacco control advocates should encourage American innovation and embrace harm reduction as part of the comprehensive United States approach to tobacco control.

IN THE HOUSE OF REPRESENTATIVES

JANUARY 29, 2024

Mr. RESCHENTHALER (for himself and Mr. DAVIS of North Carolina) submitted the following resolution; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Foreign Affairs, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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RESOLUTION

Expressing the sense of the House of Representatives that public health authorities and tobacco control advocates should encourage American innovation and embrace harm reduction as part of the comprehensive United States approach to tobacco control.

Whereas cigarette smoking remains one of the most preventable forms of noncommunicable disease in the United States;

Whereas, according to the Centers for Disease Control and Prevention—

(1) approximately 28,300,000 Americans smoke cigarettes on a regular basis and more than 16,000,000 Americans live with a smoking-related disease;

(2) approximately 27 of every 100 American Indian/Alaska Native adults, approximately 12 of every 100 non-Hispanic African-American adults, approximately 8 of every 100 Hispanic adults, and approximately 5 of every 100 non-Hispanic Asian adults are current cigarette smokers;

(3) approximately 20 of every 100 adults with a household income less than $35,000 a year and approximately 14 of every 100 adults with a household income between $35,000 and $74,999.99 are current smokers; and

(4) approximately 3 in 10 United States military veterans used some form of tobacco product during their service, and smoking amongst United States veterans is more than double the national average;

Whereas the best health outcome for current smokers is to quit altogether; however the Centers for Disease Control and Prevention estimates less than 10 percent of adult smokers will successfully stop smoking cigarettes in a given year;

Whereas the bipartisan Family Smoking Prevention and Tobacco Control Act (P.L. 111–31), enacted in 2009, provided the Food and Drug Administration (FDA) authority to regulate the tobacco industry and develop regulatory pathways to bring scientifically substantiated less harmful alternatives to the market for adult consumers who will otherwise continue smoking cigarettes;

Whereas the FDA has adopted an unduly narrow interpretation of the ''Appropriate for the Protection of Public

Health'' standard set forth in such Act, which contemplated FDA authorizing proven reduced-harm alternatives for adult smokers and using FDA's substantial post-market regulatory controls to protect against future population risks;

Whereas, in 2017, the FDA announced a comprehensive approach to tobacco control based on cessation, prevention, and harm reduction, and recognized a continuum of risk in nicotine-containing products with combustible cigarettes on one end of the spectrum and noncombustible products such as heated tobacco, vapor, and oral nicotine-containing products on other end;

Whereas, as part of the scientific evaluation to assess whether a product is appropriate for the protection or promotion of public health, the FDA assesses various criteria, including the potential health effects, nicotine levels, flavor variants, and potential appeal to and likelihood of use by youth and nonsmokers, and imposes postmarket surveillance requirements;

Whereas the United States approach to tobacco control requires the FDA to evaluate all available data and make decisions based on science with interested parties allowed to engage the agency in an open and transparent manner;

Whereas, since 2009, more than 26,000,000 tobacco product applications have been submitted to the FDA, yet fewer than 50 applications have been authorized;

Whereas there is now a rapidly growing market in flagrantly illegal e-vapor products that lack FDA oversight and are contributing significantly to underage e-vapor use;

Whereas staffing at the FDA's Center for Tobacco Products has more than doubled in the last 10 years and user fees collected by the Center have increased to over $700,000,000 annually;

Whereas a report published in December 2022 by the independent Reagan Udall Foundation found the FDA is struggling as a regulator and should develop ''a more clear and predictable framework'' for tobacco product applications;

Whereas other governments have embraced similar approaches to harm reduction, including Great Britain which provides adult smokers with information about and access to alternative products as part of its strategy to become a smoke-free nation by 2030;

Whereas the Framework Convention on Tobacco Control, negotiated and implemented under the auspices of the World Health Organization, includes harm reduction as one of the main pillars of tobacco control; and

Whereas the World Health Organization and public health advocates around the world have yet to adopt harm reduction or embrace innovation and technological advancements as a means of accelerating the decline of cigarette smoking and reducing noncommunicable diseases associated with smoking: Now, therefore, be it

Resolved, That it is the sense of the House of Representatives that—

(1) the Food and Drug Administration should implement a coherent regulatory process that fully embraces the promising science that smoke causes most tobacco-related death and disease, encourages

American innovation in smoke-free alternatives proven to reduce harm, promotes a comprehensive approach to tobacco control that ensures science-based decision making, and prioritizes the authorization of less harmful smoke-free products as alternatives for adults who continue smoking;

(2) public health authorities, including the Centers for Disease Control and Prevention, should educate adult consumers and health care professionals regarding harm reduction and begin educational campaigns to improve adult consumers' understanding of nicotine and alternative products available; and

(3) the Secretary of State and the Secretary of Health and Human Services should engage the World Health Organization to promote a comprehensive approach to tobacco control, and recognition of harm reduction as a key pillar of the Framework Convention on Tobacco Control for combating noncommunicable disease associated with cigarette smoking around the world.

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