

**FOR IMMEDIATE RELEASE**  
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**CONTACT:** Laura Capps/ Melissa Wagoner  
(202) 224-2633

**\*\*SUMMARY, LETTER OF SUPPORT, AND LIST OF CO-SPONSORS ATTACHED**

**REMARKS OF SENATOR EDWARD M. KENNEDY IN SUPPORT OF FDA REGULATION OF TOBACCO PRODUCTS**

*Senate Health, Education, Labor and Pensions Committee Executive Meeting*

*(As Prepared for Delivery)*

Today, the Senate is taking the first step toward passage of legislation that should have been enacted years ago – authority for the FDA to regulate tobacco products, the most lethal of all consumer products. Used as intended by the companies that manufacture and market them, cigarettes will kill one out of every three smokers. Yet, the federal agency most responsible for protecting the public health is currently powerless to deal with the enormous risks of tobacco use. Public health experts overwhelmingly believe that passage of S. 625 is the most important action Congress can take to protect children from this deadly addiction. If Congress fails to act and smoking continues at its current rate, more than six million of today's children will ultimately die from tobacco-induced disease.

Smoking is the number one preventable cause of death in America. Nationally, cigarettes kill well over four hundred thousand people each year. That is more lives lost than from automobile accidents, alcohol abuse, illegal drugs, AIDS, murder, and suicide combined. Congress cannot continue to ignore a public health problem of this magnitude.

And Congress will not ignore it. This legislation has broad bipartisan support. Fifty-two Senators have co-sponsored it, including 12 Republicans. They recognize that giving FDA authority over tobacco products is essential to effectively addressing the tobacco health crisis.

The American Cancer Society, the American Heart Association, the American Lung Association, the American Medical Association, the Campaign for Tobacco-Free Kids and dozens of other major public health organizations speak with one voice on this issue. They are all supporting S. 625 because they know it will give FDA the tools it needs to reduce youth smoking and help addicted smokers quit.

A landmark report by the Institute of Medicine, released less than two months ago, strongly urged Congress to "confer upon the FDA broad regulatory authority over the manufacture, distribution, marketing and use of tobacco products."

Opponents of this legislation argue that FDA should not be regulating such a dangerous product. I could not disagree more. It is precisely because tobacco products are so deadly that we must empower America's premier public health protector – the FDA – to combat tobacco use. For decades the federal government has stayed on the sidelines and done next to nothing to deal with this enormous health problem. The tobacco industry has been allowed to mislead consumers, to make false health claims, to conceal the lethal contents of their products, to make their products even more addictive, and worst of all – to seduce generations of children into a lifetime of addiction and early death. The alternative to FDA regulation is more of the same. Allowing this abusive conduct by the tobacco industry to go unchecked would be terribly wrong.

Under this legislation, FDA will for the first time have the needed power and resources to take on this challenge. The cost will be funded entirely by a new user fee paid by the tobacco companies in proportion to their market share. Not a single dollar will be diverted from FDA's existing responsibilities.

Giving FDA authority over tobacco products will not make the tragic toll of tobacco use disappear overnight. More than forty million people are hooked on this highly addictive product and many of them have been unable to quit despite repeated attempts. However, FDA action can play a major role in breaking the gruesome cycle that seduces millions of teenagers into a lifetime of addiction and premature death.

What can FDA regulation accomplish?

- It can reduce youth smoking by preventing tobacco advertising which targets children.
- It can help prevent the sale of tobacco products to minors.
- It can stop the tobacco industry from continuing to mislead the public about the dangers of smoking.
- It can help smokers overcome their addiction.
- It can make tobacco products less toxic and less addictive for those who continue to use them.
- And it can prohibit unsubstantiated health claims about supposedly "reduced risk" products, and encourage the development of genuinely less harmful alternative products.

Regulating the conduct of the tobacco companies is as necessary today as it has been in years past. The facts presented in the federal government's landmark lawsuit against the tobacco industry conclusively demonstrate that the misconduct is substantial and ongoing. The decision of the Court states: "The evidence in this case clearly establishes that Defendants have not ceased engaging in unlawful activity...Defendants continue to engage in conduct that is materially indistinguishable from their previous actions, activity that continues to this day." Only strong FDA regulation can force the necessary change in their corporate behavior.

We must deal firmly with tobacco company marketing practices that target children and mislead the public. The Food and Drug Administration needs broad authority to regulate the sale, distribution, and advertising of cigarettes and smokeless tobacco.

The tobacco industry currently spends over thirteen billion dollars each year to promote its products. Much of that money is spent in ways designed to tempt children to start smoking, before they are mature enough to appreciate the enormity of the health risk. Four thousand children have their first cigarette every day, and one thousand of them become daily smokers. The industry knows that nearly 90% of smokers begin as children and are addicted by the time they reach adulthood.

Documents obtained from tobacco companies prove, in the companies' own words, the magnitude of the industry's efforts to trap children into dependency on their deadly product. Studies by the Institute of Medicine and the Centers for Disease Control show the substantial role of industry advertising in decisions by young people to use tobacco products.

If we are serious about reducing youth smoking, FDA must have the power to prevent industry advertising designed to appeal to children wherever it will be seen by children. This legislation will give FDA the authority to stop tobacco advertising that glamorizes smoking to kids. It grants FDA full authority to regulate tobacco advertising "consistent with and to the full extent permitted by the First Amendment."

FDA authority must also extend to the sale of tobacco products. Nearly every state makes it illegal to sell cigarettes to children under 18, but surveys show that those laws are rarely enforced and frequently violated. FDA must have the power to limit the sale of cigarettes to face-to-face transactions in which the age of the purchaser can be verified by identification. This means an end to self-service displays and vending machine sales. There must also be serious enforcement efforts with real penalties for those caught selling tobacco products to children. This is the only way to ensure that children under 18 are not able to buy cigarettes.

The FDA conducted the longest rulemaking proceeding in its history, studying which regulations would most effectively reduce the number of children who smoke. Seven hundred

thousand public comments were received in the course of that rulemaking. At the conclusion of its proceeding, the Agency promulgated rules on the manner in which cigarettes are advertised and sold. Due to litigation, most of those regulations were never implemented. If we are serious about curbing youth smoking as much as possible, as soon as possible; it makes no sense to require FDA to reinvent the wheel by conducting a new multi-year rulemaking process on the same issues. This legislation will give the youth access and advertising restrictions already developed by FDA the force of law, as if they had been issued under the new statute. Once they are in place, FDA will have the authority to modify these rules as changing circumstances warrant.

The legislation also provides for stronger warnings on all cigarette and smokeless tobacco packages, and in all print advertisements. These warnings will be more explicit in their description of the medical problems which can result from tobacco use. The FDA is given the authority to change the text of these warning labels periodically, to keep their impact strong.

The nicotine in cigarettes is highly addictive. Medical experts say that it is as addictive as heroin or cocaine. Yet for decades, tobacco companies vehemently denied the addictiveness of their products. No one can forget the parade of tobacco executives who testified under oath before Congress that smoking cigarettes is not addictive. Overwhelming evidence in industry documents obtained through the discovery process proves that the companies not only knew of this addictiveness for decades, but actually relied on it as the basis for their marketing strategy. As we now know, cigarette manufacturers chemically manipulated the nicotine in their products to make it even more addictive.

A newly released analysis by the Harvard School of Public Health demonstrates that cigarette manufacturers are still manipulating nicotine levels. Between 1998 and 2005, they significantly increased the nicotine yield from major brand name cigarettes. The average increase in nicotine yield over the period was 11%.

The tobacco industry has a long, dishonorable history of providing misleading information about the health consequences of smoking. These companies have repeatedly sought to characterize their products as far less hazardous than they are. They made minor innovations in product design seem far more significant for the health of the user than they actually were. It is essential that FDA have clear and unambiguous authority to prevent such misrepresentations in the future. The largest disinformation campaign in the history of the corporate world must end.

Given the addictiveness of tobacco products, it is essential that the FDA regulate them for the protection of the public. Over forty million Americans are currently addicted to cigarettes. No responsible public health official believes that cigarettes should be banned. A ban would leave forty million people without a way to satisfy their drug dependency. FDA should be able to take the necessary steps to help addicted smokers overcome their addiction, and to make the product less toxic for smokers who are unable or unwilling to stop. To do so, FDA must have the authority to reduce or remove hazardous ingredients from cigarettes, to the extent that it becomes scientifically feasible. The inherent risk in smoking should not be unnecessarily compounded.

Recent statements by several tobacco companies make clear that they plan to develop what they characterize as "reduced risk" cigarettes. Some are already on the market making unsubstantiated claims. This legislation will require manufacturers to submit such "reduced risk" products to the FDA for analysis before they can be marketed. No health-related claims will be permitted until they have been verified to the FDA's satisfaction. These safeguards are essential to prevent deceptive industry marketing campaigns, which could lull the public into a false sense of health safety.

This legislation will vest FDA not only with the responsibility for regulating tobacco products, but with full authority to do the job effectively. It is long overdue.

Enacting this bill this year is the right thing to do for America's children. They are

depending on us. By passing this legislation, we can help them live longer, healthier lives.

May 11, 2007

**LEGISLATION EMPOWERING FDA TO  
REGULATE TOBACCO PRODUCTS  
By Senator Edward M. Kennedy**

This bipartisan legislation will give the FDA the legal authority it needs -- to reduce youth smoking by preventing tobacco advertising which targets children - - to prevent the sale of tobacco products to minors - - to help smokers overcome their addiction - - to make tobacco products less toxic for those who continue to use them - - and to prevent the tobacco industry from misleading the public about the dangers of smoking.

- 1) **Establishes A New Chapter on Tobacco Regulation** – It creates a new section in FDA jurisdiction for the regulation of tobacco products, with standards that allow for consideration of the unique issues raised by tobacco use. The legislation gives FDA the authority it needs in order to prevent youth smoking and to reduce addiction to this highly lethal product.
- 2) **Authority to Restrict Tobacco Advertising** – The Food and Drug Administration will have the necessary authority to regulate the sale, distribution, and advertising of cigarettes and smokeless tobacco in order to stop tobacco company marketing practices that target children and mislead the public. It grants FDA full authority to regulate tobacco advertising “consistent with and to the full extent permitted by the First Amendment.” The tobacco industry currently spends more than fifteen billion dollars a year to promote its products. Much of that money is spent in ways designed to tempt children to start smoking, before they are mature enough to appreciate the enormity of the health risk. Nearly 90% of smokers begin as children and are addicted by the time they reach adulthood. This legislation will empower FDA to prevent industry advertising designed to appeal to children wherever it will be seen by children.
- 3) **Authority to Prevent Sale to Youth** – FDA authority will extend to the sale of tobacco products. Nearly every state makes it illegal to sell cigarettes to children under 18, but surveys show that those laws are rarely enforced and frequently violated. FDA will have the power to limit the sale of cigarettes to face-to-face transactions in which the age of the purchaser can be verified by identification. This means an end to self-service displays and vending machine sales. There must also be serious enforcement efforts with real penalties for those caught selling tobacco products to children. This is the only way to ensure that children under 18 are not able to buy cigarettes.
- 4) **Preserves FDA Rule to Curb Tobacco Use by Youth** – The FDA conducted one of the longest rulemaking proceedings in its history to determine what regulations would most effectively reduce the number of children who smoke. Seven hundred thousand public comments were received in the course of that rulemaking. At the conclusion of its proceeding, the Agency promulgated rules on the manner in which cigarettes are advertised and sold. Due to litigation, most of those regulations were never implemented. It makes no sense to require FDA to reinvent the wheel by conducting a new multi-year rulemaking process on the same issues. In order to curb youth smoking as much as possible, as soon as possible, this legislation will give the youth access and advertising restrictions already developed by FDA the force of law, as if they had been issued under the new statute.
- 5) **Stronger Warning Labels** – The legislation also provides for stronger warnings on all cigarette and smokeless tobacco packages, and in all print advertisements. These

warnings will be more explicit in their description of the medical problems which can result from tobacco use. The FDA is given the authority to change the text of these warning labels periodically, to keep their impact strong.

6) **Preventing Tobacco Industry Misrepresentations** – For decades, tobacco companies have vehemently denied the addictiveness of nicotine in their products. Overwhelming evidence in industry documents obtained through the discovery process proves that the companies not only knew of this addictiveness, but actually relied on it as the basis for their marketing strategy. As we now know, cigarette manufacturers chemically manipulated the nicotine in their products to make it even more addictive. These companies have repeatedly sought to characterize their products as far less hazardous than they are. FDA will have clear and unambiguous authority to prevent such misrepresentations in the future.

7) **Authority to Order Removal of Hazardous Ingredients** – Over forty million Americans are currently addicted to cigarettes. No responsible public health official believes that cigarettes should be banned. A ban would leave forty million people without a legal way to satisfy their drug dependency. FDA must be able to take the necessary steps to help addicted smokers overcome their addiction, and to make the product less toxic for smokers who are unable or unwilling to stop. To do so, FDA will have the authority to reduce or remove hazardous ingredients from cigarettes, to the extent that it becomes scientifically feasible. The inherent risk in smoking should not be unnecessarily compounded.

8) **Setting Standards for Reduced Risk Products** – Recent statements by several tobacco companies make clear that they plan to develop what they characterize as "reduced risk" cigarettes. This legislation will require manufacturers to submit such "reduced risk" products to the FDA for analysis before they can be marketed. No health-related claims will be permitted until they have been verified to the FDA's satisfaction. These safeguards are essential to prevent deceptive industry marketing campaigns, which could lull the public into a false sense of health safety.

Cancer Action Network  
American Heart Association  
Partners for Effective Tobacco Policy  
American Lung Association  
Campaign for Tobacco-Free Kids

July 17, 2007

The Honorable **[FULL NAME]**  
United States **[SIDE OF CONGRESS]**  
Washington, DC **20515/20510**

Fax:

Dear Senator/Representative **[LAST NAME]**:

Congress has an historic opportunity to embrace responsible legislation that will help to reduce the suffering and death caused by tobacco. Bipartisan legislation has been introduced by Senator Edward M. Kennedy (D-MA) and Senator John Cornyn (R-TX), S. 625, in the U.S. Senate and by Representatives Henry Waxman (D-CA) and Tom Davis (R-VA), H.R. 1108, in the U.S. House of Representatives, to give the U.S. Food and Drug Administration (FDA) the authority to regulate the tobacco industry for the first time, ending the exceptional protection granted only to tobacco companies and to no other industry.

In 2004, the U.S. Senate voted overwhelmingly, 78-15, to grant the FDA effective authority to regulate tobacco products, but the legislation ultimately died in a conference committee.

Forty-three years have passed since the U.S. Surgeon General reported on the unquestionable dangers of smoking. Since that time, tobacco products have become the largest single preventable cause of death in America while Congress has yet to take

meaningful action.

Tobacco use kills more than 400,000 Americans each year and costs our nation more than \$96 billion in health care bills. According to the Centers for Disease Control and Prevention, tobacco use by pregnant women alone costs between \$400-500 million per year due to complications such as low birth weight, premature births and Sudden Infant Death Syndrome (SIDS). And every day Congress fails to act, another 1,000 kids become regular smokers, one-third of whom will die prematurely as a result. Yet tobacco products are virtually unregulated to protect consumers' health and safety. For decades, the tobacco companies have marketed their deadly products to our children, deceived consumers about the harm their products cause, and failed to take any meaningful action to make their products less harmful or less addictive. The Kennedy-Cornyn and Waxman-Davis bills would finally end the exceptional protection enjoyed by the tobacco industry and protect our children and the nation's health instead.

This legislation meets the standards long established by the public health community for a strong FDA tobacco regulation bill that protects the public health. It would give the FDA the necessary tools and resources to effectively regulate the manufacturing, marketing, labeling, distribution and sale of tobacco products. The FDA would have the authority to:

- Stop illegal sales of tobacco products to children and adolescents.
- Require changes in tobacco products, such as the reduction or elimination of harmful chemicals, to make them less harmful and less addictive.
- Restrict advertising and promotions that appeal to children and adolescents.
- Prohibit unsubstantiated health claims about so-called "reduced risk" tobacco products that discourage current tobacco users from quitting or encourage new users to start.
- Require the disclosure of tobacco product content and tobacco industry research about the health effects of their products.
- Require larger and more informative health warnings on tobacco products.

This much-needed bipartisan FDA legislation protects the public's health and should be enacted in this session of Congress. We remain concerned that opponents of effective FDA tobacco regulation will seek to weaken the bills. Our organizations will work vigorously to protect the bills as they currently exist and will oppose efforts to eliminate or weaken the FDA authority they provide. Please support the Kennedy-Cornyn, S 625, and Waxman-Davis, HR 1108, FDA bills and oppose any and all weakening changes.

Below is the list of 414 national, state and local organizations that have endorsed this legislation and are actively working to see it enacted into law.

Sincerely,

### **National Public Health Organizations (61)**

American Cancer Society  
American Heart Association  
American Lung Association  
Campaign for Tobacco-Free Kids  
Academy of General Dentistry  
Alliance of the American Dental Association  
American Academy of Child & Adolescent Psychiatry  
American Academy of Family Physicians  
American Academy of Nurse Practitioners American Academy of Pediatric Dentistry  
American Academy of Pediatrics  
American Academy of Periodontology  
American Association for Cancer Research

American Association of Dental Editors  
American Association of Dental Examiners  
American Association for Dental Research  
American Association of Oral & Maxillofacial Surgeons  
American Association of Orthodontists

American Association of Public Health Dentistry  
American Association for Respiratory Care  
American College of Cardiology  
American College of Chest Physicians  
American College of Clinical Oncology  
American College of Dentists  
American College of Prosthodontists  
American College of Obstetricians & Gynecologists  
American College of Occupational & Environmental Medicine  
American College of Physicians  
American College of Preventative Medicine  
American Dental Association  
American Dental Education Association  
American Dental Hygienists' Association  
American Medical Association  
American Medical Student Association  
American Psychological Association  
American Public Health Association  
American Society of Addiction Medicine  
American Society of Clinical Oncology  
American Student Dental Association.  
American Thoracic Society  
Americans For Health Care  
Association of Community Cancer Centers  
Association of Maternal & Child Health Programs  
Association of State & Territorial Dental Directors  
Association of Women's Health, Obstetric & Neonatal Nurses

Community Anti-Drug Coalitions of America  
Directors of Health Promotion and Education  
Hispanic Dental Association  
March of Dimes  
National African American Tobacco Prevention Network  
National Association of County & City Health Officials  
National Association of Health Education Centers  
National Association of Local Boards of Health  
National Dental Association  
National Hispanic Medical Association  
National Latino Council on Alcohol & Tobacco Prevention  
Oncology Nursing Society  
Oral Health America  
Partnership for Prevention  
Society for Public Health Education  
The Lance Armstrong Foundation

Trust for America's Health

### **Other National Organizations (12)**

AARP  
ASPIRA, Inc.  
Children's Defense Fund  
Family USA  
First Focus  
Hadassah – Women's Zionist Organization of America  
National Education Association  
National Partnership for Women & Families  
National Puerto Rican Coalition

National Research Center for Women & Families  
National Women's Law Center  
Service Employees International Union (SEIU)

**National/Regional Faith Organizations (32)**

American Baptist Churches of the South  
American Baptist Churches USA  
Brethren Witness/Washington Office  
Briarwood United Methodist Church, Jackson, MS  
Christian Church (Disciples of Christ)  
Catholic Conference of Kentucky  
Christian Methodist Episcopal Church  
Church Women United

Crossroads Community Church – OH

Ethics & Religious Liberty Commission, Southern Baptist Convention

Evangelical Lutheran Church in America  
General Board of Church & Society, United Methodist Church

General Commission on United Methodist Men  
Health Ministries Association  
Interfaith Center on Corporate Responsibility

International Parish Nurse Resource Center  
Interreligious Coalition on Smoking or Health

**Islamic Society of North America**

Kansas East Conference Board of Church & Society, United Methodist Church

Kansas Ecumenical Ministries Governing Board

Liberty Baptist Church, Flowood, MS  
Mt. Sinai Church - NE

National Council of Churches of Christ in the USA

National Episcopal Health Ministries  
Presbyterian Church (USA)  
Religious Action Center of Reform Judaism  
Seventh-day Adventists  
United Church of Christ

United Methodist Church  
Unitarian Universalist Association of Congregations

Women's Division, GBGM, United Methodist Church

World Sikh Council - America Region

**State/Local Organizations (309)**

AARP – Delaware Chapter  
AARP – Florida Chapter

Adagio Health – PA  
Alabama Dental Association  
Alabama Society for Respiratory Care  
Alpine County Health & Human Services – CA  
American Cancer Society, California Division, Inc.  
American Cancer Society, Eastern Division, Inc.  
American Cancer Society, Florida Division, Inc.  
American Cancer Society, Great Lakes Division, Inc.  
American Cancer Society, Great West Division, Inc.  
American Cancer Society, High Plains Division, Inc.  
American Cancer Society, Illinois Division, Inc.  
American Cancer Society, Mid-South Division, Inc.  
American Cancer Society, Midwest Division, Inc.  
American Cancer Society, New England Division, Inc.  
American Cancer Society, Ohio Division, Inc.  
American Cancer Society, Pennsylvania Division, Inc.  
American Cancer Society, South Atlantic Division, Inc.  
American Heart Association – Great Rivers Affiliate (West Virginia, Ohio, Kentucky, Pennsylvania, Delaware)  
American Heart Association – Greater Midwest Affiliate (Illinois, Indiana, Michigan, Minnesota, Wisconsin, South Dakota, North Dakota)  
American Heart Association - Greater Southeast Affiliate, (Florida, Louisiana, Alabama, Mississippi, Georgia, Tennessee)  
American Heart Association – Heartland Affiliate (Oklahoma, Nebraska, Iowa, Missouri, Kansas, Arkansas)  
American Heart Association – Heritage Affiliate (Connecticut, New Jersey, New York City)  
American Heart Association – MidAtlantic Affiliate (South Carolina, North Carolina, Virginia, Maryland, Washington, DC)  
American Heart Association – Northeast Affiliate (Maine, New Hampshire, Vermont, Rhode Island, New York State, Massachusetts)  
American Heart Association – Pacific Mountain Affiliate (Hawaii, Alaska, Washington, Oregon, Montana, Wyoming, Colorado, Idaho, Arizona, New Mexico)  
American Heart Association – Texas Affiliate (Texas)  
American Lung Association of Arizona  
American Lung Association of Arkansas  
American Lung Association of Alaska  
American Lung Association of California  
American Lung Association of Colorado  
American Lung Association of Connecticut  
American Lung Association of Delaware  
American Lung Association of Florida  
American Lung Association of Georgia  
American Lung Association of Hawaii  
American Lung Association of Idaho  
American Lung Association of Illinois  
American Lung Association of Indiana  
American Lung Association of Iowa  
American Lung Association of Kentucky  
American Lung Association of Louisiana  
American Lung Association of Maine  
American Lung Association of Maryland  
American Lung Association of Massachusetts  
American Lung Association of Michigan  
American Lung Association of Minnesota  
American Lung Association of Mississippi  
American Lung Association of Nevada  
American Lung Association of New Jersey  
American Lung Association of New Mexico  
American Lung Association of New York

American Lung Association of North Carolina  
American Lung Association of North Dakota  
American Lung Association of Ohio  
American Lung Association of Oregon  
American Lung Association of Pennsylvania  
American Lung Association of Rhode Island  
American Lung Association of South Carolina  
American Lung Association of South Dakota  
American Lung Association of Tennessee  
American Lung Association of the Central States Serving Kansas  
American Lung Association of the Central States Serving Missouri  
American Lung Association of the Central States Serving Nebraska  
American Lung Association of the Central States Serving Oklahoma  
American Lung Association of the Central States Serving Texas  
American Lung Association of the City of New York  
American Lung Association of the Northern Rockies (Montana and Wyoming)  
American Lung Association of Utah  
American Lung Association of Vermont  
American Lung Association of Virginia  
American Lung Association of Washington  
American Lung Association of Wisconsin  
American Lung Association of West Virginia  
American Lung Association serving Nebraska  
AOD Partnership of Western Michigan  
Arizona Dental Association  
Arizona Public Health Association  
Arizona Society for Respiratory Care  
Arkansas State Dental Association  
Arkansas Society for Respiratory Care  
Asian Human Services – IL  
Asthma & Allergy Foundation of America, New England Chapter  
Asthma Coalitions of Mississippi  
Athens City-County Health Department – OH  
Better Breathers Club, Jackson, MS  
Better Breathers Club, Hattiesburg, MS  
Better Breathers Club, Biloxi, MS  
Bon Secours – VA  
Bond County Health Department – IL  
Boone County Health Department – IL  
Bucyrus Community Hospital – OH  
California Academy of Family Physicians  
California Conference of Local Health Officers  
California Dental Association  
California Society for Respiratory Care  
Carroll County Health Department – IL  
Citizen Action Illinois  
Clinton County Health Department - IL  
Coalition for a Tobacco-Free Vermont  
Coalition for Smoke Free Peoria County - IL  
Colorado Academy of Family Physicians  
Colorado Dental Association  
Community Action for Capable Youth (CACY) – OH  
Comprehensive School Health Coordinators' Association - MI  
Connecticut Academy of Family Physicians  
Connecticut Association of Directors of Health, Inc.  
Connecticut State Dental Association  
CU Smokefree Alliance - IL  
Dana-Farber Cancer Institute - MA  
Delaware Dental Hygienists'

Delaware Kick Butts Generation  
District of Columbia Dental Society  
Douglas County Health Department – IL  
East Side Health District – IL  
Egyptian Health Department - IL  
EnviroCare, Inc – MS  
Erie County Tobacco Prevention Coalition – OH  
Family Guidance Center – OH  
Firelands Regional Medical Center – OH  
Florida Dental Association  
Forest County Tobacco Free Coalition - PA  
Georgia Dental Association  
Greene County Health Department – IL  
Guam American Academy of Family Physicians  
Hancock County Health Department - IL  
Hawaii Dental Association  
Health Officers Association of California  
Hempstead High Health Center - NY  
Idaho Academy of Family Physicians  
Idaho Society for Respiratory Care  
Illinois Coalition Against Tobacco  
Illini Community Hospital - IL  
Illini Rural Health Clinic - IL  
Illinois Academy of Family Physicians  
Illinois Maternal & Child Health Coalition  
Illinois Psychological Association  
Illinois Public Health Association  
Illinois Society for Respiratory Care  
Illinois State Dental Society  
Image Enterprise Group, LLC - NJ  
IMPACT Delaware Tobacco Prevention Coalition  
Indiana Dental Association  
Indiana Society for Respiratory Care  
Institute of Medicine of Chicago – IL  
Iowa Association of Local Public Health Agencies  
Iowa Dental Association  
Iowa Society for Respiratory Care  
Jackson County Substance Abuse Prevention Coalition – FL  
Jefferson County Health Department 0 IL  
Jefferson County Tobacco Control Coalition – MO  
Jefferson Davis County Schools - MS  
Jersey County Health Department – IL  
Jo Daviess County Health Department – IL  
Lake Geauga Ashtabula Tobacco Prevention Coalition – OH  
Kane County Coalition for Health & Wellness –IL  
Kansas Dental Association  
Kendall County Health Department – IL  
Kentucky Academy of Family Physicians  
Kentucky Dental Association  
Kentucky Society for Respiratory Care  
Korean Community Services of Metropolitan New York, Inc.  
Lake County Regional Office of Education – IL  
Lawrence County Health Department – OH  
Lawrence County Health Department – IL  
Learning Express Academy - DE  
Linden Oaks Hospital at Edwards – IL  
Loma Linda Univ. School of Dentistry, CA  
Loma Linda Univ. School of Public Health, CA  
Long Island Allergy & Asthma Society - NY

Long Island Lesbian Cancer Initiative - NY  
Lorain City Health Department – OH  
Louisiana Dental Association  
Louisiana Society for Respiratory Care  
Madison County Department of Health - NY  
Maine Society for Respiratory Care  
Maine Dental Association  
March of Dimes, Nevada Chapter  
Marion County Health Department – IL  
Maryland Academy of Family Physicians  
Maryland PIRG  
Maryland State Dental Association  
Mass Health Officers  
Massachusetts Academy of Family Physicians  
Massachusetts Dental Association  
Massachusetts Health Officers Association  
McComb School District – MS  
McHenry County Regional Office of Education – IL  
Medina County Tobacco Prevention Coalition – OH  
Mercer County Health Department – IL  
Metro Omaha Tobacco Action Coalition - NE  
Metropolitan Chicago Healthcare Council - IL  
Metropolitan Washington Public Health Association - DC  
Miami Valley Health Improvement Council – OH  
Michigan Dental Association  
Minnesota Dental Association  
Mississippi Dental Association  
Mississippi State Department of Health/District VIII Office  
Mississippi Thoracic Society  
Missouri Association of Local Public Health Agencies  
Missouri Dental Association  
Montana Dental Association  
Montego Bay Tanning – DE  
Nebraska Society for Respiratory Care  
Nebraska State Association of County & City Health Officials - Lincoln, NE  
Nevada Dental Association  
Nevada Public Health Foundation  
Nevada Tobacco Prevention Coalition  
New Hampshire Dental Society  
New Jersey Academy of Family Physicians  
New Jersey Dental Association  
New Mexico Dental Association  
New York City Asthma Partnership  
New York State Academy of Family Physicians  
New York State Public Health Association, Nassau-Suffolk Region  
North Carolina Academy of Family Physicians  
North Carolina Alliance for Health  
North Carolina Dental Society  
North Carolina Society for Respiratory Care  
North Mississippi Medical Center  
Office of Chronic Disease Prevention & Health Promotion, Southern Nevada Health District  
Ohio African American Communities for Optimum Health  
Ohio Dental Association  
Ohio Tobacco Foundation  
Oklahoma Dental Association  
Oklahoma Public Health Association  
Oklahoma Society for Respiratory Care  
Operation Tobacco-Free Nevada/Tobacco-Free Babies Project, The Pregnancy Center  
Oregon Coalition of Local Health Officials

Oregon Dental Association  
Panhandle Public Health District Director – NE Partnership for a Healthy Mississippi  
Partnership for a Healthy Population, Valhalla, NY  
PCC Wellness Center – IL  
Pennsylvania Academy of Family Physicians  
Pennsylvania Dental Association  
Pennsylvania Society for Respiratory Care  
Pike County Health Department – IL  
Pike County Health Department – KY  
Pitt County Memorial Hospital, NC  
Portage County Tobacco Prevention Coalition – OH  
Prevention First – IL  
Prohealth Care Associates, LLC, Lake Success, NY  
Public Health Association of Nebraska, Lincoln, NE  
Putnam Family & Community Services, Carmel, NY  
Putnam Valley Central Schools, Health Advisory Council - NY  
Rainin' 3 Leadership Academy – MS  
Regional Office of Education #10 – IL  
Regional Office of Education #11 – IL  
Regional Office of Education #46 – IL  
Regional Office of Education #2 – IL  
Regional Superintendent of Education – IL  
Rhode Island Academy of Family Physicians  
Rhode Island Dental Association  
Rock Blend County Regional Office of Education – IL  
Rockford Health System – IL  
Rockford Public Schools District 205 – IL  
Santa Cruz County Health Services Agency – CA  
Smokefree Wisconsin  
Somali Smokeout/Columbus State – OH  
South Dakota Academy of Family Physicians  
South Dakota Dental Association  
South Dakota Tobacco-Free Network  
South Dakota Tobacco-Free Kids Network  
South Shore Hospital – IL  
Southern Illinois Healthcare Foundation – IL  
Southwest Nebraska Public Health Department – NE  
St. Andrew's Mission, Inc. – MS  
Swedish American Hospital – IL  
Syracuse Center of Excellence in Environmental & Energy Systems - NY  
Tar Wars – Guam Region  
Tennessee Dental Association  
Tennessee Public Health Association  
Texas Academy of Family Physicians  
Texas Dental Association  
The Coalition for a Tobacco Free Utah  
The College of Public Health, University of Nebraska Medical Center  
The Ohio Tobacco Prevention Foundation  
The Utah Cancer Action Network  
Tobacco-Free Coalition of Lancaster County, PA Tobacco Free Mass  
Trumbull County Health Department – OH  
Tuskarawas County Health Department – OH  
Two Rivers Public Health Department – NE  
United Neighborhood Organization – IL  
University of Delaware, School of Nursing & Health Sciences  
Utah Dental Association  
Utah Society for Respiratory Care  
Vermont Public Health Association  
Vermont State Dental Society

Virginia Dental Association  
Virginia Primary Care Association  
Wabash County Health Department – IL  
WakeMed – NC  
Warren County Tobacco Free Coalition - PA  
Washington County Health Department – IL  
Washington County Tobacco Prevention – OH  
Washington County Tobacco Prevention Project –OH  
Washington State Association of Local Public Health Officials  
Washington State Dental Association  
Wayne County Health Department – IL  
West Virginia Academy of Family Physicians  
West Virginia Dental Association  
Whiteside County Health Department – IL  
Will County Health Department – IL  
Winnebago County Tobacco-Free Communities Coalition – IL  
Wisconsin Dental Association  
Woodford County Health Department – KY  
Wyoming Cancer Control Consortium  
Wyoming Dental Association  
YWCA Aurora - IL

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