

This indicates that flavored cigar preferences strongest among youth and young adults.

Flavored Cigars Encourage Experimentation and Continued Use In addition to enticing young people to initiate cigar use, flavored cigars also increase the likelihood that users will continue to experiment and progress to regular tobacco use. As the FDA explains in the proposed rule, "The process of becoming a regular cigar smoker includes stages of experimentation, development of potitine dependence, and progression to regular use." Characterizing flavors contribute to this process by making cigar smoking a more enjoyable experience and facilitating repeat experimentation.

Flavors also appear to enhance dependence nicotine. For example, youth who use flavored tobacco products are more likely toreport strong cravings and a desire to use tobacco within 30 minutes of waking – both sign of nicotine dependence – compared to use of a non-flavored tobacco product. Similarly, flavored cigar use among adults is associated with greater odds of daily cigar smoking and smoking within 30 minutes of waking. Research has also shown that flavors "active the brain's reward circuit and produce rewarding effects on their own." This suggests that flavor and nicotine interact to reinforce nicotine's effects.

Flavored cigar smokers are also more likely continue use and become frequent, regular users. According to an analysis of Populan Assessment of Tobaco and Health (PATH) data, youth and young adults wb initiate cigar use with a flavored cigar have greater odds of continuing cigar use in the future compared to those who initiate with a non-flavored version.²⁰ The analysis found that youth who starwith a flavored cigar are 72% (menthol or mint) and 47% (other flavor) more likely to continue to use at follow-up one year or more later. Among young adults, the increased likelood of continued use was 71% (menthol or mint) and 52% (other flavor) higher than adults who start with non-flavored cigars.

Taken together, this shows that flavored cigar users exhibit signs of greater nicotine dependence and are more likely togontinue tobacco use.

¹⁵ 87 FRat 26406.

¹⁶ GomezY, et al. Patternsof TobaccdUseand Nicotine Dependence Among Youth, United States 2017–2018. Preventative Medicine, 141:1062842020. https://doi.org/10.1016/j.ypmed.2020.106284.

¹⁷ OdaniS,et al. FlavoredTobacco 1 Tf 3.515 0 TD 0 Tc <0003>Tj /TT8 1 Tf .2275 0 .001b 8T7 1 T2 Tc [(St)55 0255.66 48

Flavored Cigars Have a Disproportionate Impact on Certain Population Groups

Cigar Useis Highest Among Vulnerable Population Groups
Cigar use varies by a number of factors, incling age, race and ethnicity, income, education, gender identity, and disability status. However, cigar use is most prevalent among youth, young adults, communities of color, and vulnerable or marginalized population groups.

Cigar smoking in the U.S. was traditionally a

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racial and ethnic groups³² Almost half of Black youth ad 70% of Black young adult cigar smokers use flavored cigars^{3,34}

Disparities are also seen in the LGBTQ popular. According to 2020 NYTS data, youth who identify as lesbian, gay, or bisexual are nearlywice as likely (6.0%) to use cigars compared to heterosexual youth (3.1%)³⁵ Ever or current cigar use is also higher among adults who

discusses in the proposed rulean analysis of proprietary sals data suggests that flavored cigars are generally priced lower than tobacco-flavored cigars.

Flavored cigars are also marketed heavily incommunities of color. Retailers in Black, Hispanic, Korean, and low-income communities are more likely to carry and advertise inexpensive tobacco products, such as alfored cigars, little cigars, and 99-cent cigarillos. 47,48,49,50,51,52

The disparities are most evident among Black toacco users. Research has shown that Black Americans are more likely to initiate cigar use at earlier age, smoke igars more regularly, and have lower odds of discontinuing cigar use. In addition, the prevalence of cigar use among Black smokers has, depeired on the study, remained stady or increased over time, despite decreasing in other racial and ethnic group. This means that Black cigar smokers may be exposed to harmful tobacco postituents for a longer period of time, increasing their risk for tobacco-related death and disease.

Black communities already suffer some of the greatest burden of tobacco-related death of any racial or ethnic group in the U.S. Tobacco use is a major contributor to three of the leading causes of death among Black Ameains: heart disease, cancer, and stroke. Tobacco use is an independent risk factor for heart disease and is linked to nearly one-half of all premature deaths due tocardiovascular disease. Black adults are 30% more likely to die from heart disease, and 50% more likely to die from stroke. Smoking is also responsible for one-third of all cancer deaths and approximately 85% of all lung cancer death. Tobacco use also increases the of developing diabetes, another leading cause of death in Black Americans, by 30-40% compared to non-smokers.

Black children and adults are also more likely to be exposed to secondhand smoke than any other racial and ethnic groups In 2013-2014, 66.1% of all Back children aged 3-11 years,

⁵⁷ ChenB, et al. Ageof Initiation of CigarillosFilteredCigarsand/or TraditionalCigarsAmongYouth:Findingsfrom the PopulationAssessment TobacccandHealth(PATHStudy,2013–2017.'PLoSONE,15(12):e02433722020. https://doi.org/10.1371/journal.pone.0243372.

⁵⁸ Kaszak. A, et al. Correlates of Tobacco Product Cessation Among Youthand Adults in the USA Findings from the PATHS tudy Waves 1–3 (2013–2016) Tobacco Control, 29:s203–s215, 2020. https://doi.org/10.1136/tobaccocontrol 2019 055255.

⁵⁹ WeinbergerAH, et al. Trendsin CigarUsein the United States 2002–2016 Diverging Trendsby Race/Ethnicity.' Nicotine & Tobacco Research 22(4):583–587 2020. https://doi.org/10.1093/ntr/ntz060.

⁶⁰ RostronBL,et al. CigarSmokingPrevalenceandMorbidity AmongUSAdults,2000–2015.PreventiveMedicine Reports,14:100821,2019.https://doi.org/10.1016/j.pmedr.2019.100821.

⁶¹ U.S.Departmentof Healthand HumanServicesTobaccdUseAmongU.S.Racial/EthnidMinority

55.3% of Black adolescents 12-19 years, and \$5% of Black adults aged 20 and older were exposed to secondhand smoke. Exposure to secondhand moke can have devastating health effects. Children get sick more frequently, including more severe asthma attacks, respiratory infections, ear infections and sudden infant death syndrom. Secondhand smoke also causes cardiovascal disease and lung cance. It is important to note that large cigars may produce even more smoke than cigattes because large cigars typically contain more tobacco, as much as a whole pack of cigaret.

Benefits of Removing Flavored Cigars

ReduceInitiation and Use,Increase Cessation

AHA agrees with the FDA's assessment that optibiling characterizing flavors in cigars (other than tobacco) would reduce initiation and use. As discussed in this letter and the proposed rule, flavors significantly increase the appeal of cigars to youth and young adults, make cigars easier to use, and increase the dilhood that young cigar users will continue to experiment and progress to regular use. Removing flavors from these products will decrease cigars' appeal.

We also agree that prohibiting characterizing flavors would increase the number of smokers who stop using cigars. Real-world evidence uggests that many flavored tobacco product users do attempt to quit in response to flavor estrictions. For example, after Canada banned menthol cigarettes, many smokers attempted to quit. Similarly, after flavor restrictions were implemented in several U. Scities and states, sales of the flavored and non-flavored cigars declined.

We expect that an FDA ban on characterizing vors would have an even more significant impact. One study that examined the population ealth benefits of a nationwide flavored cigar ban estimated that it would result in 780 fewer cigar-smoking attributable premature deaths in the U.S. each year. This is a conservative estimate as the study's authors limited

https://www.cdc.gov/tobacco/data satistics/fact sheets/secondhandmoke/health effects/index.htm

⁶⁹ Ibid

⁷⁰ Centersfor DiseaseControl& Prevention.

their mortality calculations to exclusive cigarsmokers; they did not examine the impact that a flavored cigar ban may have oindividuals who practice dual use. The study also found that a flavored cigar ban would keep 112,000 peple in each cohort of 18 year-olds from initiating cigar use or progressing to regular cigar use.

These data add to the evidence base in support of a flavored cigar ban.

Improve Public Health

If flavored cigars are removed from the market it will have a substantial impact on public health, reducing tobacco-related morbidity and metality. As the Agency is well aware, cigar smoking causes cancer of the at cavity, larynx, esophagus, achlung; and increases risk for heart disease, chronic obstructive pulmary disease, and aortic aneurysm. Simply being exposed to secondhand cigar smoke, whichontains the same harmful substances as cigarette smoke, increases risk for heart disease cancer, and stroke, as well as a number of serious health conditions in children and addescents. Each year, 9,000 premature deaths are attributed to regular cigar smoking, including 5,200 in cigar smokers who did not also use cigarettes. In addition, the average cigar smoker loses approximately 15 life years.

The good news is that quitting cigarettesmoking has "immediate as well as long-term benefits, reducing risks for diseases caused smoking and improving health in general;81

Lower Health Care Costs

A reduction in flavored cigar use would also leatb lower health care costs. As described in the proposed rule, cigar smoking results inan estimated \$1.75 billion in health care expenditures each year, with \$284 million attributed to exclusive cigar smoking and \$1.5 billion attributed to dual use.⁸⁴ This same study found that exclusive cigar smoking results in "72,137 excess nights in the hospital, 3248 excess ED visits, and 420,118 excess homecare visits.'85

While AHA is unable to quantifythe specific cost spings that would result from a flavored cigar ban during this comment period, it is exident that fewer cigar smokers would result in lower health care costs.

Advance Health Equity

AHA agrees with the Agency that removing flavred cigars from the market is an important step to advance health equity. Flavored cigar initiation and use is higher in underserved and vulnerable populations, including youth, communities of color, the LGBTQ community, and communities with lower income or rates of educational attainment. This has resulted in tobacco-related health disparities within those communities.

One of the best ways to address these disparities to eliminate flavored cigars because they are intentionally and aggressively marketed to these populations. Because flavored cigar use is higher in these communities, this policy's expected to have the greatest impact in these same population subgroups? Flavored cigar use and adverse to bacco-related health effects in these populations would kely decrease significantly.

Scope of the Proposed Product Standard

All Cigars Should Be Subject to the Product Standard

Under the proposed rule, all tobacco products that neet the definition of a "cigar" would be subject to the new product standard prohibiting the use of characterizing flavors other than

report not knowing the type of cigar they use (21.8%)? (It is important to note that the NYTS does not ask respondents how frequentthey use "premium" cigars). We also know that flavored cigars of all types are particularlyappealing to youth. More than one-third of all youth traditional cigar smokers (33.9%), 46% of youth cigarlio smokers, and one-half of youth filtered cigar smokers (50.2%) report smoking flavored versions? Accordingly, there is no reason to exempt any subset of grars from the proposed product standard.

If any cigars were exempt from the productsandard, youth and youh adults would simply migrate to those flavored versions. As the Agency is aware, that is what occurred after flavored cigarettes (other than menthol) were removed from the market in 2009. The tobacco industry started producing different types of flavored tobacco products that were not subject to the prohibition, including flavored cigars. As a result, we saw a significant increase in both the number of flavored cigars in the market and thenumber of youth using them. If the FDA were to limit characterizing flavor ban tocertain types of cigars, we are likely to see the same product migration happengain. Both the tobacco industry and youth would adjust to the ban by moving cigars where flavors are still allowed. We urge the FDA not to make that mistake. We also encournighthe Agency to take immediate action against flavored cigarettes that are masqerading as "little cigars or "cigarillos" simply to circumvent the flavored cigarette ban.

We understand that the proposed product standard will not impact "premium" cigars to the extent that they meet the court's definition asstablished in Cigar Association of America, et al v. Food and Drug Administration, et al. According to that definition, "premium" cigars do not have a characterizing flavor other than tbacco. We urge the FDA to carefully monitor the cigar market to ensure that manufacturers do not attempt to claim that they are "premium" cigars and are somehow nosubject to the product standard.

All Combustible Products Should be Subject to the Product Standard According to the proposed rule, the:

FDA is proposing to limit the scope of this proposed standard to cigars, given their well-documented harms and the facthat flavored cigars clearly appeal to youth and young adults in large numbers, while undertaking aditional efforts to evaluate and determine whether to prohibit or otherwise limit characterizing flavors in other tobacco products.

⁸⁷ ParmsTA, et al. Characteristics f Past30 DayCigarSmoking J.S.Adolescents 2020. American Journal of Preventive Medicine, 62(1): e39–e44 2022. https://doi.org/10.1016/j.amepre.2021.06.011.

⁸⁸ PATHStudyDataTablesandFigures2021.

^{89 87} FRat 26434.

The Agency then requests comments on whethehe product standard should be extended to other combustible tobacco products, specifically waterpipe and pipe tobacco.

AHA strongly supports extending the product sandard to all combustible tobacco products; there is <u>no</u> public health benefit to allowing characterizing flavors in combusted tobacco. Combustible products present the highest level

had ever used hookah used flavored hookah the first time they used the product According to the same study, use of flavored tobacco is higher for uses of hookah than for any other tobacco product. In addition, youth hookahusers overwhelmingly report (78.9%) using hookah "because they come in flavors I like."

Hookah use is particularly concerning becase many users are unaware of the dangers associated with it. One study of adolescentound that 33% believe smoking hookah is less harmful than cigarettes, 38% believe hookah is less addione, and almost half (48%) reported that hookah is socially acceptableamong friends⁹⁶

According to the proposed rule, the FDA is hetaint to prohibit characterizing flavors in hookah because of limited data on how hookahobacco might be used in the absence of characterizing flavors. While we understand the Agency's preference for additional data, we encourage the FDA to consider the informate that is currently available. We already know that hookah presents significant healthrisks for users; that hookah is used by hundreds of thousands of young people; and that

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Allowing flavored pipe tobacco to remain on the market would also provide tobacco companies with an opportunity to evade the flavor restriction. As we've already described, the tobacco industry has a history of taking dvantage of loopholes, such as rebranding

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history of exploiting any loophdes. Therefore, we strongly encourage the FDA to consider ways to strengthen and apply the proposed fact

Any cigar that uses this type of flavor descript in their labeling, packaging, or advertising should be considered a flavored cigar and prohibited under the proposed product standard. We recommend that FDA explicity prohibit the use of this type of flavor descriptor.

Pathways to Market

Substantial Equivalence Pathway

It is unlikely that a large illicit market of flavored cigars would develop in the U.S. because the product standard would prohibit the manufacture, distribution, or sale of these products. Cigar manufacturers would no longer be producig flavored cigars for a U.S. market, and it is unlikely that manufacturers would be willing to engagein large scale manufacturing of illegal products. In addition, because the product standard would apply nationwide, would-be participants in an illicit market would not be able to obtain flavored cigars simply by crossing state lines. Therefore; would be difficult for entities to secure large quantities of flavored cigars to distribute and sell in an illicit market.

In addition, we are unaware of any evidence that other flavor restrictions have led to a significant increase in illicit tobacco. For example, after flavored organites (other than menthol) were removed from the market in 2009 as directed by the Tobacco Control Act, there was no surge in illicit flavored cigatettes. Instead, youth cigarette smoking decreased There is additional real-world evidence from other U.S. cities that have implemented flavor restrictions, as well as evidence from Canada and England. For example, after the Canadian province of Nova Scottmanned menthol cigarettes a study found "there was no surge in illicit cigarettes after 2015 ban on menthol cigarette sales of And, as the National Research Council and Institute Medicine concluded in their 2015 report "Understanding the U.S. Illicit Tobacco Mark," if tobacco products are modified by regulation, such as eliminating flavors or reducing nicotine content, "the demand for illicit versions of them is likely to be modest."

The FDA and other enforcement ægncies also have tools to crobat an illicit market and minimize its effects. A recent letter from 23 Attorneys General in support of a menthol cigarette ban described several of those tools, which would also apply to flavored cigars, such as preventing the importation of prohibited products (U.S. Customs æghBorder Protection), inspecting cigarette manufacturers (Alcoholand Tobacco Tax and Trade Bureau), and inspecting tobacco retailers (FDA). The FDA could also implement a track-and-trace system, as required by the Thoacco Control Act. A track-and-trace system would allow the FDA to track tobacco products from their manufæture or importation to the point of retail

¹⁰²87 FRat 2647026471.

¹⁰³ StoklosaM. No surgein illicit cigarettesafter implementationof menthol ban in NovaScotia. Tobacco Control 2019; 28:702704.

¹⁰⁴ NationalResearchCouncil2015.Understandinghe U.S.Illicit TobaccdMarket: CharacteristicsPolicyContext, and Lessonsfrom InternationalExperiencesWashington DC:TheNationalAcademiesPress. https://doi.org/10.17226/19016.

¹⁰⁵ Attorney Generalof Connecticutet al. Commentson DocketNo. FDA2013 P 0435. CitizenPetition to the FederalFood, DrugAdministrationRelated to ProhibitingMenthol as a Characterizin Flavorin Cigarettes Jan22, 2021.

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industry aggressively pushes this talking poit, while it continues to target these same communities with products that kill almost half-a-million people in the U.S. each year.

The tobacco industry has enlisted the help of community groups, influential leaders, social media influencers, politicians, and political organizations in itsefforts to boost sales and fight tobacco restrictions. For decdes, tobacco companies have aligned themselves with Black and Hispanic leaders and provided financia support that is meant to promote name recognition and engender goodwill among members of these communities and encourage trusted community figures to support the tobaccondustry's position on tobacco regulation, such as opposing flavor restrictions.^{09,110} The tobacco industry has, for example, recruited civil rights activists and other prominent Black leaders to host town halls on flavor bans and increased criminalization,¹¹¹ hosted events at law enforcement conferences, hired lobbyists to fight tobacco restrictions without acknowledging the source of their funding, and paid protestors to attend rallies.¹¹² The tobacco industry has also used television and social media ads to oppose local flavord tobacco restrictions, claiming that it will increase racial profiling by law enforcement.¹¹³ Most recently, the industry has tried to associate itself with the Black Lives Matter movement and concerns abut police brutality. While much of this work to date has focused on menthol cigarettes impact is widespread and has affected perceptions of a flavored cigar ban.

However, the proposed rule is specifically designed not to increase law enforcement interactions with the community. The FDA is clear that the rule will only apply to manufacturers, distributors, wholesalers, importers, and retailers; it will <u>not</u> include a prohibition of individual consumer possession or use. According to the Agency, FDA cannot and will not enforce against individual consumers for possession or use of flavored cigars. In addition, the FDA has clarified that and local law enforcement entities do not and cannot take enforcement ation on FDA's behalf for violations of this restriction. Therefore, a federal ban on flavored cigars should not increase the risk of police abuse or racial discrimination within particular communities.

The important public health benefits of removing flavored tobacco products from the market have also been recognized by many members the Black community. For example, the

¹⁰⁹ U.S.Departmentof Healthand Human Services Tobacco Use Among U.S.Racial/Ethni Minority Groups: A Report of the Surgeon General Atlanta, 1998.

¹¹⁰ NationalCanceInstitute. TheRoleof the Media in Promotingand ReducingTobaccdUse. TobaccdControl MonographNo. 19. Bethesda12 23e016 197.04 (M c <000commun Tw [(GD22752(:/TT8 1 Tf .2275 0D -.0001 Tc (Control)T

African American Tobacco Control Leadership Qocil, Association ofBlack Cardiologists, Black Women's Health Imperative, Center foBlack Health and Equity, NAACP, National Black Nurses Association, National Caucus a Quenter on Black Aging, and National Medical Association, among others have all voiced resting support for removing menthol cigarettes from the market. In a letter to HHS Secret received become a property of the industry's successful campaign to hook Black/African Americans on a more addictive cigarette hashad devastating consequences" and noted that:

The tobacco industry's spokespeople have attempted to stoke fears that prohibiting menthol cigarettes is discriminatory, but this could not be further from the truth. The industry has mischaracterized a prohibition on menthol cigarettes as criminalizing Black/African American smokes when the tobacco industry is directly responsible for this disparity in menthol use. Theein lies the true injustice. There are

Effective Date

Proposed Effective Date

According to the proposed rule, the new tobacoproduct standard would take effect one year after a final rule is published. AHA agrees the one year is an appropriate timeline. A one-year effective date would be consistent with the statute, and would give flavored cigar smokers time to access cessation services chrattempt to quit. We know that smoking cessation can be very difficult, and, for many, it takes multiple attempts to permanently quit. We believe one year strikes the appropriate balance between giving current smokers an opportunity to quit and not delaying the effective date for too long and increasing the number of new youth and young adults who starusing flavored cigars. We would strongly oppose extending the effective date beyond one year.

One year would also give the FDA and other deral and state agencies sufficient time to expand cessation resources and to educate the pluc about the types of services available. To provide flavored cigar smokers with adequateessation support, the Agency should work with other departments within HHS to:

- x Expand the FDA's "The Real Cost" camgai to educate youth about the health consequences and risks of smoking cigars
- x Expand the 1-800-QUIT-NOW quit lines ath include new options for smokers to access cessation resources, such its sluding online cessation services
- x Expand and adapt the CDC's Tips from Froer Smokers campaignto maximize its impact on the populations mostaffected by flavored cigars
- x Expand coverage of tobacco cessation treaents and ensure that non-grandfathered

Regulatory Impact Analysis

Consumer Surplus

AHA is disappointed that the Regulatory ImpactAnalysis (RIA) contains a discussion of "consumer surplus" or what isloosely defined as how much aconsumer values or benefits from a product. As we haveexpressed to FDA previously, wello not believe that "consumer surplus" should be applied to tobacco use.

The concept of lost consumer suplus should only be considered when individuals are able to make fully rational and fully informed decisions. However, nearly nine out of 10 smokers start smoking before age 18 and 99% start before age 25.18 Adolescents are not fully aware of the health consequences of tobacco use, whealittle concept of their own mortality, and heavily discount the threat of addiction, making their decisions neither fully informed nor rational. It is this premise – that youth maynot be able to make fully rational decisions – that led policymakers to create and later raise the minimum sales age for tobacco products.

In addition, tobacco isaddictive and once arindividual becomes addicted, the decision to continue buying tobacco products is no longer rational. Addiction is not a pleasurable experience. Instead, addiction to a deadle roduct can lead to frustration and anger as individuals find it very difficult to quit using tobacco. Surveys have found that nearly 70% of adult smokers want to sop smoking and 56% have make a serious quit attempt; 19 most wish they had never started.

By applying consumer surplus, the Agency is so ignoring the role that decades of targeted marketing have played in enticing people to use flavored cigars. The tobacco industry has gone to great effort and expense to develop poducts that appeal to young people and other targeted populations and are designed to maximize addictiveness. That means that smoking "is not as personal a 'choice' as some assume."

According to the RIA, the FDA recognizes somes the challenges of applying consumer surplus to cigar smoking, noting "it is difficult to disentangle consumption driven by addiction from that which may be driven by rational demand" and "some argue that most consumers do not experience losses from desced use because they derive little to no pleasure from consumption," yet the Agency still considers consumer surplus as

¹¹⁸ U.S.Departmentof Healthand HumanServicesPreventingTobaccdUseAmongYouthandYoungAdults:A Reportof the SurgeorGeneral 2012.

¹¹⁹Babb,S.,et al. Quitting SmokingAmongAdults—UnitedStates 2000 2015. Morbidity and Mortality Weekly Report,65(52):1457/1464.2017.

¹²⁰ PublicHealthLawCenter.Menthol Ban:Highlightingthe Factsand RebuttingTobaccdndustryMisinformation. ¹²¹ Ibid.

"appropriate impact to consider." We disagree and we urge the Agency to remove the concept of consumer surplus or consmer utility change from the RIA.

Conclusion

In closing, we reiterate our strong support forthe proposed rule. Prolibiting characterizing flavors in cigars is appropriate for the protection of public health. Removing flavored cigars from the market would reduce initiation, increase cessation, and lower rates of tobaccorelated death and disease. This product standardould also lower health care costs, reduce health disparities, and advance health equity. Importantly, it would also eliminate one of the tobacco industry's tools to attract and addit new smokers, especially among youth, communities of color, and othe underserved populations. Weapplaud the FDA for taking this important step.

To keep the rule strong and maximize its pholic health benefit, we urge the FDA to:

- x Apply the product standard to all combustible tobacco products, including all cigars, hookah, and pipe tobacco
- x Apply the product standard to all cigar,hookah, and pipe tobacco components and parts, including those that are sold separately to consumers
- x Strengthen the factors used to identify a 'hoaracterizing flavor" to eliminate loopholes
- x Clarify how the FDA will distinguish betweenprohibited characterizing flavors and flavor additives allowed in "tobacco-flavored" products
- x Prohibit the use of flavor descriptors suchas chocolate, spie, and coffee in the labeling, packaging, or advertising of "tbacco-flavored" cigars, hookah, and pipe tobacco
- x Work with federal and state agencies o expand cession resources
- x Launch a public education campaign
- x Establish a one-year effective de with no sell-off period

AHA also encourages the Agency twork as expeditiously as possible to release the final rule. Six years have passed size FDA first announced that it would issue a product standard to eliminate flavored cigars. During that time, the market sharefor flavored cigars continued to increase and the number of youth, young audits, and people of color using these products remained high. We fear that any delay with have real, and continuing, public health consequences. Therefore, we urge you to releast final rule by the end of this calendar year.

¹²² FDA.TobacccProductStandardfor Menthol in CigarettesPreliminaryRegulatoryImpactAnalysisInitial RegulatoryFlexibilityAnalysisandUnfundedMandatesReformActAnalysis.2022.

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