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8 *Counsel for Plaintiffs African American Tobacco*
9 *Control Leadership Council, Action on Smoking and*
10 *Health, American Medical Association, and*
11 *National Medical Association*

12 UNITED STATES DISTRICT COURT
13 NORTHERN DISTRICT OF CALIFORNIA
14 OAKLAND DIVISION

15 AFRICAN AMERICAN TOBACCO)
16 CONTROL LEADERSHIP COUNCIL,)
17 ACTION ON SMOKING AND HEALTH,)
18 AMERICAN MEDICAL ASSOCIATION,)
19 and NATIONAL MEDICAL)
20 ASSOCIATION,)

21 Plaintiffs,)

22 vs.)

23 U.S. DEPARTMENT OF HEALTH AND)
24 HUMAN SERVICES; XAVIER BECERRA,)
25 in his official capacity as Secretary of the U.S.)
26 Department of Health and Human Services;)
27 U.S. FOOD AND DRUG)
28 ADMINISTRATION; JANET)
WOODCOCK, in her official capacity as)
Acting Commissioner of the U.S. Food and)
Drug Administration; CENTER FOR)
TOBACCO PRODUCTS; MITCH)
ZELLER in his official capacity as the Center)
for Tobacco Products, Director,)

Defendants.)

Case No.: 4:20-cv-4012-KAW

SECOND AMENDED COMPLAINT
(FIRST SUPPLEMENT)
(Administrative Procedure Act Case)

1 1. Plaintiffs African American Tobacco Control Leadership Council
2 (“AATCLC”), Action on Smoking on Health (“ASH”), American Medical Association
3 (“AMA”), and National Medical Association (“NMA”) allege, upon knowledge as to
4 themselves, and upon information and belief as to all other matters, as follows:

5 **INTRODUCTION**

6 2. In 2009, Congress passed—and President Obama signed into law—the Family
7 Smoking Prevention and Tobacco Control Act, Pub. L. No. 111-31, 123 Stat. 1776 (codified,
8 in relevant part, at 15 U.S.C. §§ 1333–34 and 21 U.S.C. § 301 *et seq.*) (2009) (“Tobacco
9 Control Act”). This Act authorized the U.S. Food & Drug Administration (“FDA”) to regulate
10 tobacco products, 21 U.S.C. § 387a, and prohibited all flavors in cigarettes, save for tobacco
11 and menthol (i.e., the “flavor ban”), *id.* § 387g(a)(1).

12 3. Although it did not ban menthol at that time, Congress recognized that
13 menthol cigarettes “may pose unique health risks to those who smoke them.”¹ Congress was
14 “especially concerned about proportionately higher rates of menthol cigarette use among
15 African American smokers”; “the historic targeting of African Americans for menthol cigarette
16 use by tobacco companies”; “the high rates of [menthol cigarette] use among ... African
17 American youth”; as well as the “higher rates of lung cancer documented among African
18 American smokers as compared to non-African American smokers[.]”²

19 4. Congress therefore took steps to ensure that the issue of menthol in cigarettes
20 would be “an early focus” for FDA and that FDA would have “the authority to deal with these
21 and other products.”³ It specifically directed FDA to (1) create a Tobacco Products Scientific
22

23 ¹ H. Rept. 111-58, Part 1, Tobacco Control Act, 111th Congress (2009–10), 38 (Energy and
24 Commerce Comm.) (“H. Rept., Part 1”). Available at
<https://www.congress.gov/111/crpt/hrpt58/CRPT-111hrpt58-pt1.pdf>.

25 ² *Id.*

26 ³ Cong. Rec.—House, H4318, H4339 (Vol. 155, No. 55) (Apr. 1, 2009); Cong. Rec.—House,
27 H6630, H6652 (Vol. 155, No. 88) (June 12, 2009). Available at
<https://www.congress.gov/congressional-record/2009/04/01/house-section/article/H4318-2>.

1 Advisory Committee (“TPSAC” or “Committee”); (2) refer “[i]mmediately” to this Committee
2 the issue of menthol in cigarettes and its effect on public health;⁴ and (3) reevaluate periodically
3 the flavor ban (which had omitted menthol) “to determine whether such standard[] should be
4 changed to reflect new medical, scientific, or other technological data,” including with respect
5 to menthol. *See* 21 U.S.C. § 387g(a)(5).

6 5. Congress repeatedly highlighted the urgent nature of the menthol inquiry,
7 “urg[ing] the Secretary [of the U.S. Department of Health and Human Services (“HHS”)] to
8 address these issues **as quickly as practicable.**” H. Rept., Part 1 at 38 (emphasis added).
9 Indeed, Congress believed that it would be “**critical** for the Secretary **to move quickly** to
10 address the unique public health issues posed by menthol cigarettes.” *Id.* at 38–39 (emphasis
11 added).

12 6. Following the Act’s passage, FDA formed the Tobacco Products Scientific
13 Advisory Committee, which conducted an extensive survey assessing the scientific evidence
14 concerning the public health impacts of menthol in cigarettes and concluded in a 2011 report
15 that the “**Removal of menthol cigarettes from the marketplace would benefit**
16 **public health in the United States.**” 2011 TPSAC Menthol Rept., at 225 (emphasis in
17 original).

18 7. The Committee’s Report further concluded that if menthol cigarettes had been
19 removed from the marketplace in 2010, then (a) by 2020, roughly 17,000 premature deaths
20 would have been avoided, and about 2.3 million people would not have started smoking; and
21 (b) by 2050, the cumulative gains would have resulted in over 327,000 premature deaths
22 avoided, and over 9.1 million people that would not have started smoking.

23 8. For the African American community, this would have meant that (a) by 2020,
24 roughly 4,700 premature deaths would have been avoided, and about 461,000 African
25 Americans would not have started smoking; and (b) by 2050, over 66,000 premature deaths
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27 ⁴ *See* 21 U.S.C. § 387q(a); *id.* § 387g(e)(1).
28

1 would have been avoided, and over 1.6 million African Americans would not have started
2 smoking.

3 9. FDA then conducted a peer-reviewed investigation in 2013, which reached a
4 similar conclusion: menthol cigarettes (a) were associated with youth smoking initiation and
5 greater addiction, and (b) posed “a public health risk above that seen with nonmenthol
6 cigarettes.”

7 10. And yet, despite the findings of the TPSAC Report and FDA’s own
8 investigation, reflecting new medical and scientific data, FDA did nothing until five years later
9 in 2018, when then-FDA Commissioner Scott Gottlieb finally announced that FDA would
10 advance a “Notice of Proposed Rulemaking that would seek to ban menthol in combustible
11 tobacco products, including cigarettes and cigars.” FDA, Statement from FDA Commissioner
12 Scott Gottlieb, M.D. (Nov. 15, 2018).⁵ “Now, armed with the additional years of data,
13 comments from the public ... and the perspective of [the FDA’s] Comprehensive Plan and its
14 implementation,” FDA stated its intent to “accelerate the proposed rulemaking process to
15 ensure that our policies on flavored tobacco products protect public health[.]” *Id.*

16 11. But instead—without engaging in any reasoned decision-making or providing
17 any coherent explanation for its decision—FDA reversed course in or around June 2019 and
18 allowed menthol to remain on the market:

- 19 a. On June 24, 2019, the HHS published its Spring 2019 inventory of rulemaking
20 actions under development. *See* Regulatory Agenda, Ofc. of the Secretary,

21
22
23 ⁵ FDA, Statement from FDA Commission Scott Gottlieb, M.D., on proposed new steps to
24 protect youth by preventing access to flavored tobacco products and banning menthol in
25 cigarettes (Nov. 15, 2018). *Available at* [https://www.fda.gov/news-events/press-
26 announcements/statement-fda-commissioner-scott-gottlieb-md-proposed-new-steps-protect-
27 youth-preventing-
28 access?utm_campaign=111518_Statement_FDA%20Commissioner%20statement%20on%20proposals%20to%20address%20youth%20tobacco%20use&utm_medium=email&utm_source=El
oqua.](https://www.fda.gov/news-events/press-announcements/statement-fda-commissioner-scott-gottlieb-md-proposed-new-steps-protect-youth-preventing-access?utm_campaign=111518_Statement_FDA%20Commissioner%20statement%20on%20proposals%20to%20address%20youth%20tobacco%20use&utm_medium=email&utm_source=El)

1 HHS, 84 Fed. Reg. 29623 (June 24, 2019).⁶ This Agenda presented “the
2 regulatory activities that the Department [i.e., HHS, FDA, and the defendant
3 Center for Tobacco Products] expect[ed] to undertake in the foreseeable
4 future,” *id.* at 29624 (citing various proposed rules, final rules, and long-term
5 actions). Absent from HHS’s Spring inventory, however, was any plan by
6 defendants to address menthol in cigarettes, much less any explanation as to
7 why defendants’ about-face reflected new medical, scientific, or other
8 technological data. *See* HHS Regulatory Agenda, *generally*.

- 9 b. HHS’s Fall 2019 inventory of rulemaking actions also failed to include any
10 reference or plan to address menthol in cigarettes, or else any explanation of
11 defendants’ decision-making process on this important public health issue. *See*
12 HHS, Agency Rule List – Fall 2019 (Dec. 26, 2019).⁷

13 12. Defendants’ arbitrary and capricious actions are contrary to what the law
14 requires, and harm the public health. And, defendants’ years of inaction and unreasonable
15 refusal to act on this issue have almost certainly contributed to the increasing harms associated
16 with menthol in cigarettes:

- 17 a. In 2009—at the time the Tobacco Control Act was enacted—menthol
18 cigarettes represented over 25% of all cigarettes smoked in the United States.
19 *See* H. Rept., Part 1 at 39. Today, the most recent data shows that figure has
20 increased to 36%.⁸

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23 ⁶ Available at <https://www.federalregister.gov/documents/2019/06/24/2019-12004/regulatory-agenda>.

24 ⁷ Available at
25 https://www.reginfo.gov/public/do/eAgendaMain?operation=OPERATION_GET_AGENCY_RULE_LIST¤tPub=true&agencyCode=&showStage=active&agencyCd=0900.

26 ⁸ *See* Fed. Trade Commission, Cigarette Rept. for 2017, Table 7B (issued 2019). Available at
27 https://www.ftc.gov/system/files/documents/reports/federal-trade-commission-cigarette-report-2017-federal-trade-commission-smokeless-tobacco-report/ftc_cigarette_report_2017.pdf.

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