

Submitting Testimony



TESTIMONY OF THE NEW YORK PUBLIC INTEREST RESEARCH GROUP BEFORE THE JOINT HEARING OF THE SENATE FINANCE AND ASSEMBLY WAYS & MEANS COMMITTEES REGARDING THE FISCAL YEAR 2016-2017 EXECUTIVE HEALTH BUDGET PROPOSAL January 25, 2016 Albany, N.Y.

Good afternoon, my name is Blair Horner and I am executive director of the New York Public Interest Research Group (NYPIRG). NYPIRG is a non-partisan, not-for-profit, research and advocacy organization. Consumer protection, environmental preservation, health care, higher education, and governmental reforms are our principal areas of concern. We appreciate the opportunity to testify on the governor's executive budget on health. The focus of our testimony is on the executive's cancer-fighting agenda.

In his executive budget, the governor proposes to spend \$91 million on a statewide campaign to boost the availability of breast and prostate cancer services. Virtually all New Yorkers have had an experience with cancer. According to the U.S. Centers for Disease Control and Prevention (CDC), cancer is the second leading cause of death in America. Below are the American Cancer Society's 2016 estimated numbers of cancer cases and deaths for New York State. As you can see, the top five cancer killers account for more than half of all the estimated cancer deaths.

Estimated Number of New Cancer Cases and Deaths Exceeding 1,000, 2016

Table with 3 columns: Type of Cancer, New Cases, Deaths. Rows include Total, all sites; Lung & Bronchus; Colon & Rectum; Pancreas; Female Breast; Prostate; Leukemia; Liver & IBD; Non-Hodgkin Lymphoma; Urinary Bladder.

Breast cancer is the leading form of cancer affecting women. Yet, it is not the leading cause of cancer deaths for women. Prostate cancer is a leading cause of cancer in men, but it is not the leading cause of

1 U.S. Centers for Disease Control and Prevention, "Leading Causes of Death," available at: http://www.cdc.gov/nchs/fastats/leading-causes-of-death.htm.

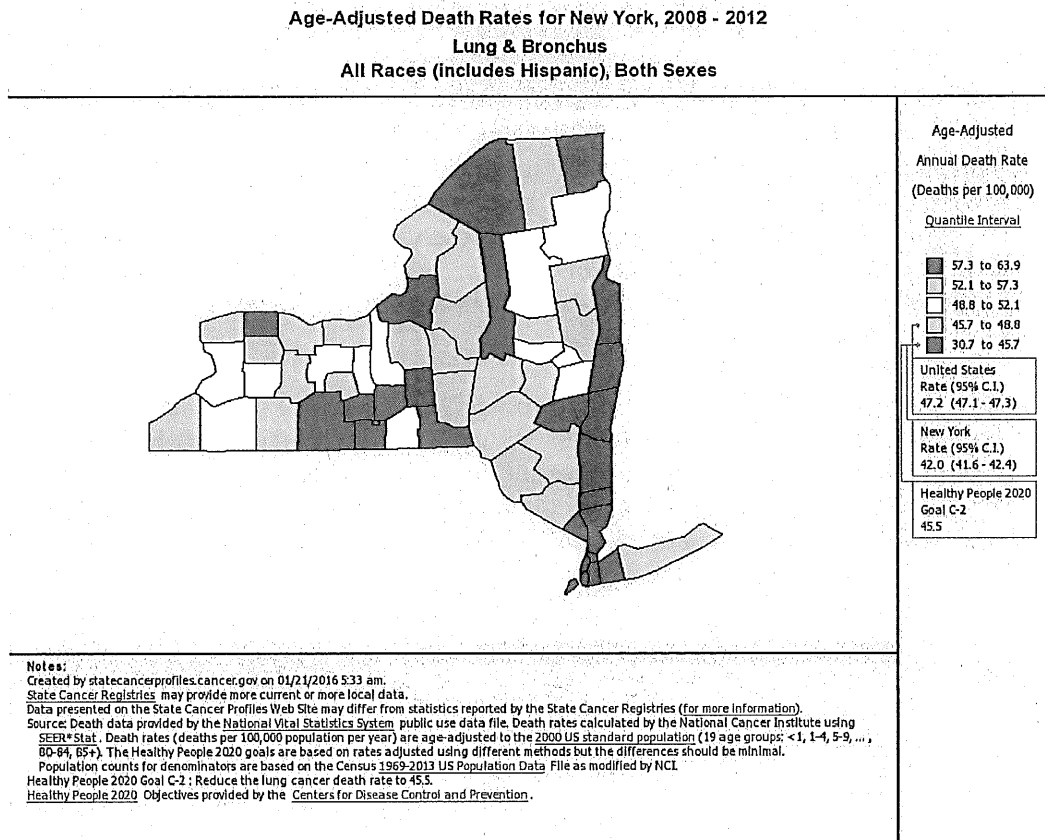
2 American Cancer Society, "Cancer Facts and Figures, 2016." Ranked in terms of estimated number of deaths.

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cancer deaths in men. That terrible distinction belongs to lung cancer. And the leading cause of lung cancer is tobacco use.³

Yet, the governor's executive budget adds no new revenues to the state's program designed to combat tobacco use. Unfortunately, funding for the state's tobacco control program is *now less than 50 percent of the funding it received a few years ago, and less than 20 percent of the amount recommended by the national experts at the CDC.*⁴

The carnage caused by lung cancer does *not* impact New York uniformly. As seen below, lung cancer mortality rates tend to be highest in upstate.⁵



As seen below, given the casual relationship between lung cancer and smoking, it is not surprising that the smoking rates tend to be higher in upstate New York than downstate.⁶

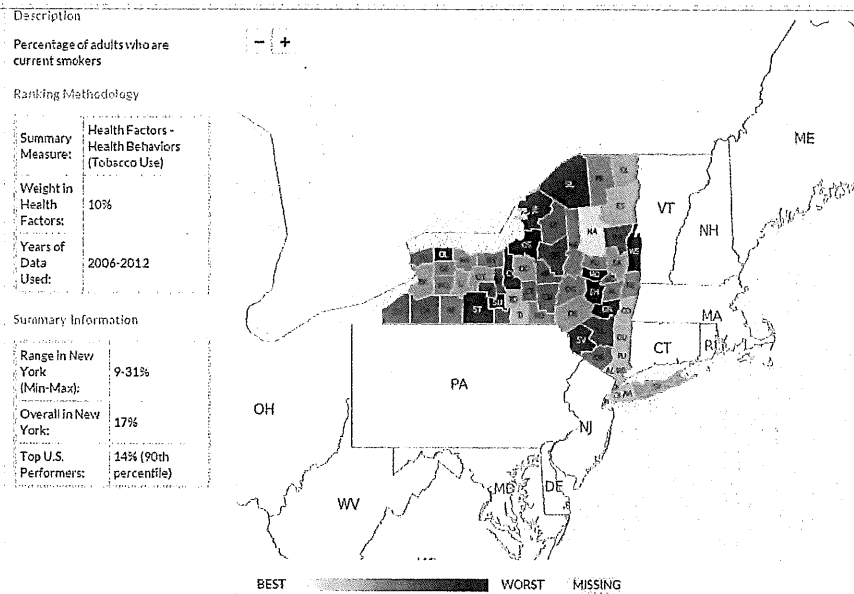
³ There are other cancers that are associated with tobacco use as well: See list developed by the U.S. Center for Disease Control and Prevention, available at: <http://www.cdc.gov/tobacco/campaign/tips/diseases/cancer.html>.

⁴ U.S. Centers for Disease Control and Prevention, "Best Practices for Tobacco Control Programs, 2014."

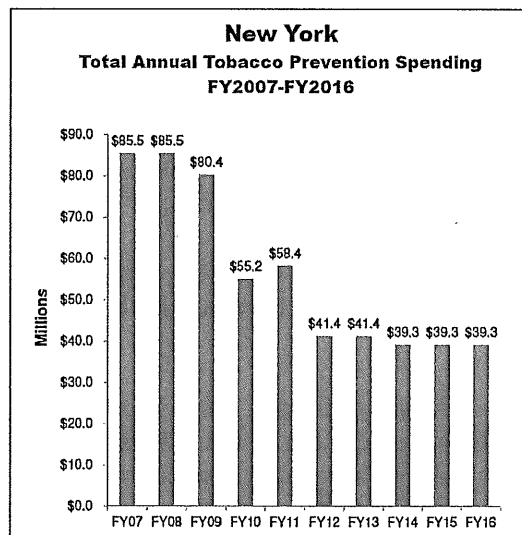
⁵ Source: National Cancer Institute, available at: <http://statecancerprofiles.cancer.gov/map/map.withimage.php?36&001&047&00&0&01&0&1&5&0#results>.

⁶ Source: County Health Rankings, available at: <http://www.countyhealthrankings.org/app/new-york/2015/measure/factors/9/data>.

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Unfortunately, the governor’s executive budget does nothing new to combat the leading cause of cancer deaths in women – and men.⁷ The executive budget adds no new revenues to the state’s program designed to combat tobacco use. Indeed, as mentioned earlier, the program now has less than 50 percent of the funding it received a few years ago and less than 20 percent of the amount recommended by the CDC.



CDC Recommended Spending: \$203.0 million

Not only has the state reduced its investment in the best way to reduce lung cancer incidence and mortality, relative to the nation it is still ranked in the middle. New York State, once ranked fifth in the nation in funding its anti-smoking efforts, has slipped to 20th as cuts to the program were approved.

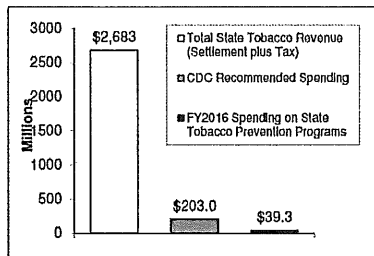
⁷ Report issued jointly by the American Cancer Society, American Heart Association, American Lung Association and the Campaign for Tobacco Free Kids, et al, “Broken Promises to Our Children: A State-by-State Look at the 1998 State Tobacco Settlement Agreement, 17 Years Later,” 2015.

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Analyses have documented that the tobacco industry continues to pour hundreds of millions of dollars into advertising its products in New York and that spending, as seen below, dwarfs the state's investment in pro-health efforts.⁸

New York

State Spending Summary	FY2016	FY2015
State Ranking	20	20
State Spending On Tobacco Prevention	\$39.3 million	\$39.3 million
% of CDC Recommended Spending (\$203.0 million)	19.4%	19.4%



Tobacco Industry Marketing in New York	
Estimated annual tobacco industry marketing in state	\$235.1 million
Ratio of industry marketing to state tobacco prevention spending	6.0 to 1

In addition to the erosion in state support for combating tobacco use, there have been proposals that have put at risk other cancer services programs.

New York State offers a Cancer Services Program (CSP), which provides breast, cervical and colorectal cancer screenings and diagnostic services at no cost to women and men, typically those that lack health insurance. If the screening test finds something abnormal, diagnostic (testing) services are available for eligible women and men at no cost. The CSP will also provide a case manager who will guide someone with cancer through their follow-up diagnostic appointments.

If breast, cervical or colorectal cancer is found, eligible women and men may be able to enroll in the special cancer treatment program to receive full Medicaid health insurance coverage for the entire time they are being treated for cancer.

But that program has never been adequately funded, with experts stating that it only historically offered help to about 20 percent of the eligible population. Even with the expansion of health insurance under the Affordable Care Act, the CSP is still not adequately funded to meet the needs of the uninsured. In his executive budget, the governor's executive budget proposes no new funding for this program.

The governor does, to his credit, propose \$91 million to expand the state's breast and prostate cancer services. And he proposes more money for Roswell Park Cancer Institute. Yet, his budget does not propose any new funding for the CSP.

Ironically, cancer prevention experts will state that colon cancer screening is a much more scientifically useful cancer-fighting tool than other cancer screenings. The national experts at the federal government's

⁸ *Ibid.*

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U.S. Preventive Services Task Force regularly issue guidelines documenting the best available science to direct medical practice.

In the case of cancer screenings, they rank the efficacy of the effort with a letter grade, an “A” being the service that provides the most benefits with the smallest risks. According to the USPSTF, colon cancer screening ranks an “A,” grades breast cancer screening with a “B” and prostate cancer screening a “D.”⁹ That does not mean that breast cancer screenings are untrustworthy; it means that the expert assessment is that there is less benefit and greater risks with that type of screening compared to colon cancer screenings.

Yet, unless the governor and Legislature agree, there will be no additional resources for colon cancer screenings. And, unless there is an agreement, there will be no additional funding for anti-smoking programs, which are the best way to combat the biggest cancer killer.

Does this mean that the Legislature should reject the governor’s cancer services program proposals? Absolutely not. It *does* mean that other cancers, some of which are more dangerous and some of which are better candidates for screening deserve additional funding as well.

Support Funding For The New York State Health Exchange. As you know, the numbers of New Yorkers who lack health insurance is considerable. According to the US Census Bureau, in 2014 roughly 1.7 million New York residents were uninsured (8.7 percent of the population). This represents both the lowest percentage and number of New Yorkers who lack health insurance since 1999.¹⁰

What has happened to drive down the number of uninsured? Nationally, the percentage of Americans without health insurance is at the lowest since 2009,¹¹ but given the fact that many states have been slow to embrace reforms, the national impact is hard to assess. However, the drop in the percentage of the uninsured has followed the timeline of the implementation of the federal health care law. Starting in the Fall of 2010, coverage under the law started to kick in. Thus, it seems reasonable to conclude that the changes brought about by the Affordable Care Act (ACA) contributed to New York’s decline.

It is estimated that roughly half of the state’s uninsured will obtain coverage after the ACA is fully implemented.¹² While that will require the continuation of many of the state’s programs to help the uninsured, it is quite clear that New York must continue its implementation of the ACA in order to provide coverage to the million plus New Yorkers who will ultimately obtain coverage.

In addition, as mentioned earlier, when it comes to important health programs for the uninsured, such as the Cancer Services Program, funding continues to be enhanced to provide services to those in need.

Thank you.

⁹ For more information on the USPSTF and its rankings, go to:
<http://www.uspreventiveservicestaskforce.org/Page/Name/recommendations>.

¹⁰ United State Census Bureau, available at:
<http://www.census.gov/hhes/www/hlthins/data/incpovhlth/2014/acs-tables.html> accessed 1/24/16, Table HI06, “Health Insurance Coverage Status by State for All People: 2014.”

¹¹ *Ibid.*

¹² Various sources, including, “Implementing Federal Health Care Reform: A Roadmap for New York State,” New York Health Foundation, August 2010, available at:
http://www.healthcarereform.ny.gov/research_and_resources/docs/roadmap_for_nys.pdf.

