

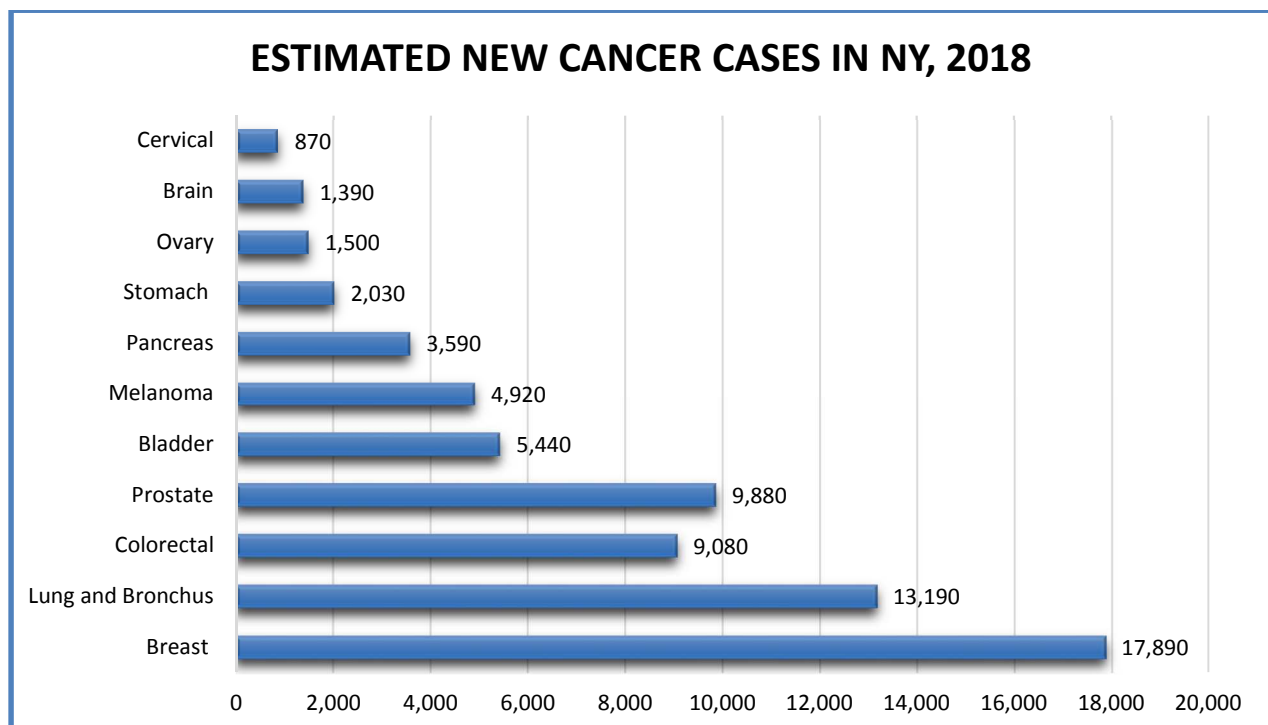
Health Budget Testimony
Julie Hart, NYS Government Relations Director
American Cancer Society Cancer Action Network
February 12, 2018

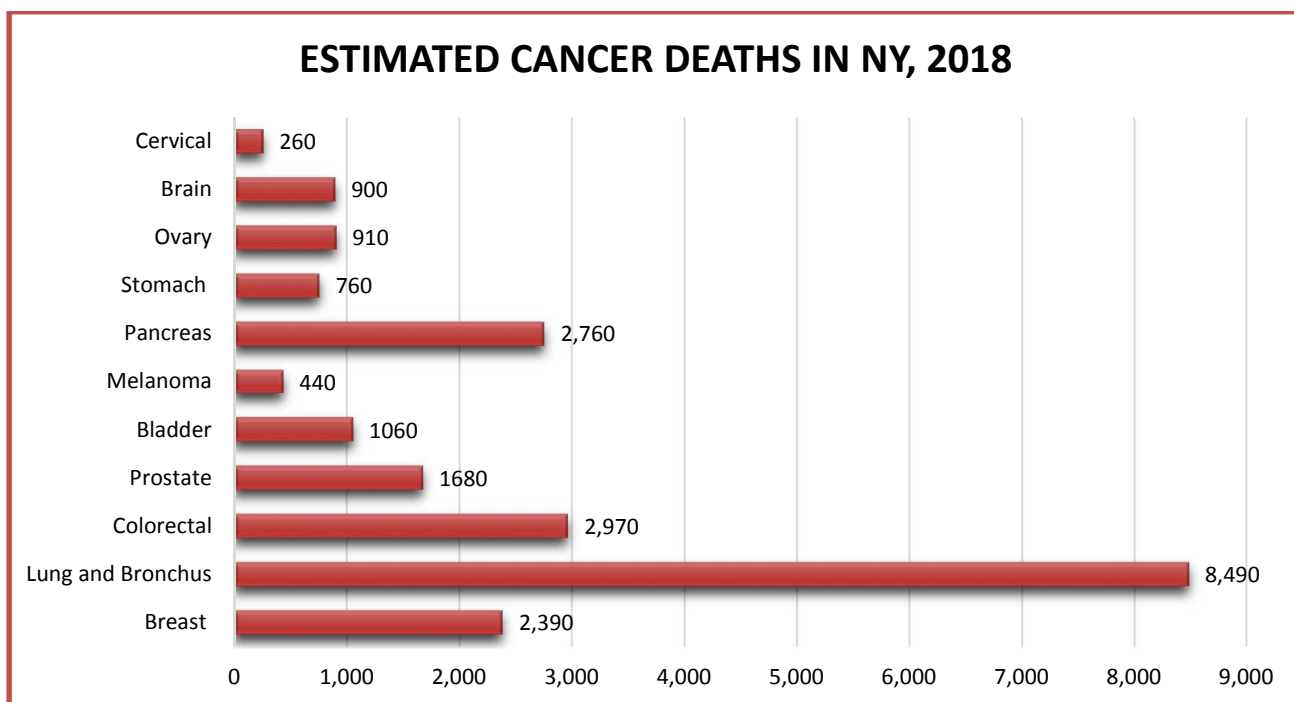
Senate Finance Chair Young, Assembly Ways and Means Chair Weinstein, and distinguished Members of the Senate and Assembly, my name is Julie Hart and I am the New York State Government Relations Director for the American Cancer Society Cancer Action Network (ACS CAN). ACS CAN, the nonprofit, nonpartisan advocacy affiliate of the American Cancer Society, supports

evidence-based policy and legislative solutions designed to eliminate cancer as a major health problem. Thank you for the opportunity to testify today regarding the health proposals in the Executive Budget.

NY at a glance:
Estimated new cancer cases, 2018
110,800
Estimated cancer deaths, 2018
35,350

Cancer remains the second leading killer in New York. As evidenced by the following charts, cancer takes a tremendous toll on the health of our residents.





Source: American Cancer Society. Cancer Facts & Figures 2018 Atlanta: American Cancer Society; 2018

I would like to address several issues in the Governor’s budget proposal that are important to our mission to save lives, celebrate lives, and lead the fight for a world without cancer.

New York State Cancer Services Program (CSP)

Recommendation: Restore funding of \$25,281,000

The New York State CSP provides breast, cervical, and colorectal cancer screenings to low-income women and men who do not have health insurance, or who have health insurance that does not cover the cost of these cancer screenings. According to the latest census data, approximately 6 percent of New Yorkers remain uninsured.¹

Cancer screenings can detect cancer in people who do not have any symptoms. Detecting cancer at its earlier, more treatable stage can save lives as well as health care dollars.

Cervical cancer is preventable. It begins as a precancerous lesion that if detected and removed early can prevent cancer from developing. Regular screening for cervical cancer – using the Pap test and HPV DNA test – is the single most important factor in preventing cervical cancer, by identifying precancerous lesions and/or catching cervical cancer early when survival rates are the highest.²

¹ Barnett, Jessica C. and Edward R. Berchick, Current Population Reports, P60-260, Health Insurance Coverage in the United States: 2016, U.S. Government Printing Office, Washington, DC, 2017.

² American Cancer Society. *Cancer Facts & Figures 2017*. Atlanta: American Cancer Society; 2017.

Screening for colorectal cancer is one of the most effective ways to prevent this deadly cancer. Using one of several evidence-based screening tests, precancerous polyps can be detected before they become cancerous. Evidence shows that uninsured adults are significantly less likely to receive recommended colorectal cancer screenings than insured adults. Only 37 percent of uninsured New Yorkers have been screened for colorectal cancer compared to 64 percent of insured individuals³. If colorectal cancer is caught at a localized stage through screening, 5-year survival rates for the disease are 90 percent. Unfortunately, only 39 percent of individuals are diagnosed at this stage, partly due to the underuse of screening.

In state fiscal year 2015-2016, the **CSP provided cancer screenings to 28,510 New York residents**⁴. Unfortunately, in the current fiscal year, the CSP received a cut of \$5.4 million. As a result, clinical services, legal services and community breast cancer survivorship programs have been reduced or eliminated. The American Cancer Society Cancer Action Network strongly supports full funding of \$25.3 million annually for the Cancer Services Program to improve outcomes for the 17,890 new cases of breast cancer, 870 new cases of cervical cancer, and 9,080 new cases of colorectal cancer this year⁵.

Tobacco Control

Recommendations:

- **Increase Tobacco Control Program (TCP) funding by a minimum of \$1 million.**
- **Require E-cigarette retailer registration to improve enforcement of access laws.**
- **Provide tax parity for cigarettes and other tobacco products, including electronic cigarettes.**

The New York State TCP works to help New York adults quit smoking and to keep kids from beginning this deadly addiction. However, more funding is needed to help ensure the program can reach most vulnerable New Yorkers. The TCP program aims to advance Tobacco-Free Communities, promote smoking cessation services within health systems, promote the New York State Smokers' Quitline and to counter the messages of the tobacco industry through statewide media prevention and cessation campaigns.

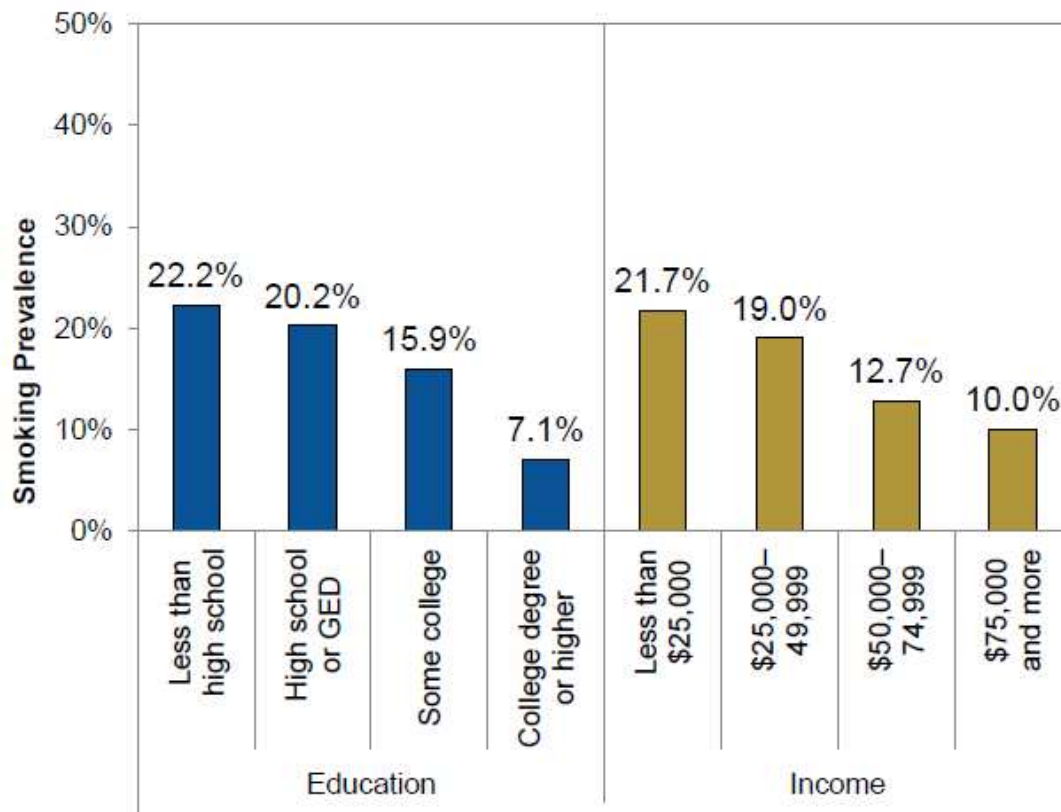
Sadly, tobacco companies are still making a killing off New Yorkers as **smoking kills 28,200 adults** each year. Lung cancer is the number one cancer killer in New York for both men and women. In 2018 an estimated **13,190 New Yorkers will be diagnosed with lung cancer** and an estimated 8,490 will die from

3 American Cancer Society. Cancer Prevention & Early Detection Facts & Figures 2017-2018. Atlanta: American Cancer Society; 2017.

⁴ Source: Cancer Services Program statistics for the April 1, 2015- March 31, 2016 program year.

⁵ American Cancer Society. Cancer Facts and Figures 2018. Atlanta: American Cancer Society; 2018.

the disease⁶. We have seen a small decrease in the adult smoking rate in the past year and currently, **14.2% of New York adults smoke**.⁷ However, disturbing disparities in smoking prevalence remain among New York Adults as noted on the following chart.⁸



In addition to the massive toll tobacco has on the health of our state, it causes a large financial burden. The annual health care costs in New York directly caused by smoking total \$10.39 billion, with \$6.62 billion covered by the state Medicaid program.⁹

The tobacco industry Influence in New York is also staggering.

- Annual tobacco industry marketing expenditures nationwide \$8.9 billion
- Estimated portion spent for New York marketing each year \$193.1 million

New York has slashed its tobacco control budget in half since 2007. During that time, New York has dropped from 5th to 22nd among states' per capita spending on tobacco control. The Executive budget proposal provides \$39.76 million however this falls far short of the Centers for Disease Control and

⁶ American Cancer Society. Cancer Facts and Figures 2016.

⁷ New York Behavioral Risk Factor Surveillance System 2015

⁸ New York State Behavioral Risk Factor Surveillance System, 2015

⁹Smoking-caused healthcare costs. CDC, Best Practices for Comprehensive Tobacco Control Programs—2014, http://www.cdc.gov/tobacco/stateandcommunity/best_practices/.

Prevention (CDC) recommendation that New York spend \$203 million annually on tobacco prevention and cessation programs.

ACS CAN understands the fiscal constraints in the current economic environment. Therefore, we request funding for the tobacco control program be increased by a minimum of \$1 million for a total of \$40.76 million as the first step in a multi-year effort to increase to the CDC recommended funding level. This step will help save lives and save health care costs.

Youth use of Other Tobacco Products Including Electronic Cigarettes

Electronic smoking devices, or e-cigarettes, commonly refer to the category of battery-operated products that are designed to deliver a heated aerosol often containing nicotine and other chemicals to the user. We congratulate lawmakers for acting last session to include these devices in the state's Clean Indoor Air Act. With the proliferation in usage of electronic cigarettes, it has become clear that these devices must be subject to the same restrictions as other tobacco products, including taxation and vendor registration. New York has made tremendous progress in lowering youth smoking rates (4.3% of high school age youth report smoking cigarettes), however this progress is undercut by the proliferation of other tobacco products including electronic cigarettes.¹⁰

In New York State, the prevalence of e-cigarette use among high school students and young adults is twice as high as the prevalence of e-cigarette use among adults.

After years of progress, the tobacco use rate among New York high school students is now increasing.

- **25.4 % of high school students use tobacco products.**
- **20.6% of high school students report using electronic cigarettes.**

In addition, a December 2016 Report of the US Surgeon General found:

- E-cigarette use among youth and young adults has become a public health concern.
- E-cigarettes are now the most commonly used tobacco product among youth, surpassing conventional cigarettes in 2014. E-cigarette use is strongly associated with the use of other tobacco products among youth and young adults, including combustible tobacco products.
- The use of products containing nicotine poses dangers to youth, pregnant women, and fetuses.
- The use of products containing nicotine in any form among youth is unsafe.

Providing Tax Parity with Cigarettes and Other Tobacco Products, Including Electronic Cigarettes

The increasing use of tobacco products among youth is troubling but not surprising given the price differentials. In addition, such products are enticing to youth with sweet flavors and attractive packaging.

¹⁰ New York State Youth Tobacco Survey 2000-2016.

ACS CAN supports providing tax parity with cigarettes and other tobacco products, including electronic cigarettes. We urge the e-cigarette tax to be in the form of an ad valorem tax (based on the value of the product rather than by weight as proposed), assessed on the final product at a rate that is on parity with other tobacco products. By taxing based on wholesale price, revenue for the state continues to increase year after year as prices increase. As proposed the e-cigarette tax could be undermined in future years should the industry increase the concentration of the fluid.

When implementing a tax on electronic cigarettes, the state must also address the high rate of other tobacco products and increase the taxes on these products at the same time. Currently, our tax on tobacco products has not been raised since 2010. To achieve tax parity with cigarettes, the tax on other tobacco products should be raised to 97% (currently 75%) and the moist snuff rate would be \$3.63 per ounce (currently \$2). According to the Campaign for Tobacco Free Kids, an increase in the tax on other tobacco products would generate \$25 million in new revenue.

HPV: The Cancer Vaccination

Recommendation: Provide \$500,000 for HPV education and outreach

HPV Vaccine = Cancer Vaccine

According to the CDC, the HPV vaccine could prevent 28,500 new cancers per year.

Human papilloma virus (HPV) is a group of more than 150 related viruses. Some types of HPV are known for causing cancer. HPV causes most cases of cervical cancer, as well as many vaginal, vulvar, anal, penile, and oropharyngeal cancers (cancers of the throat and tongue). On average, 2,375 New York State residents are diagnosed with an HPV-related cancer each year, nearly two-thirds of whom are women. Yet, vaccine is readily available.

The American Cancer Society recommends HPV vaccination for girls and boys be started at age 11 or 12. The vaccination series can be started as early as age 9. Despite the lifesaving potential, vaccination rates among the state's youth and young adult population remain too low.

Current HPV vaccination coverage in New York¹¹:

- HPV vaccination coverage, boys 13-17 years, 2016: 50.3%
- HPV vaccination coverage, girls 13-17 years, 2016: 61.3%
- HPV vaccination coverage, overall, 13-17 years, 2016: 55.7%

Unfortunately, one-third of parents/guardians of girls and over half of parents/guardians of boys did not receive an HPV vaccination recommendation from their provider.¹² Research indicates that having a

¹¹ National Immunization Survey-Teen (NIS-Teen), 2016:

¹² National Vaccine Advisory Committee. Overcoming barriers to low HPV vaccine uptake in the United States: Recommendations from the National Vaccine Advisory Committee. Public Health Reports. January-February 2016; 131.

strong, quality provider recommendation is crucial to parental acceptance of vaccinations for their children.¹³¹⁴ To increase HPV vaccination rates, we strongly recommend providing \$500,000 for HPV provider education and community outreach.

Childhood Cancer Research

Recommendation: Provide \$5 million in dedicated funding for childhood cancer research and treatment efforts across the state, including appropriate resources to allow the state to administer and effectively utilize such funds.

Approximately 1,000 children across the state are diagnosed with cancer each year.

For these children and their families, research provides hope for cures and improving their lives, yet the state does not have funding dedicated specifically for childhood cancer research. The average age of cancer diagnosis for children is 6. After accidents, cancer is the second leading cause of death in children ages 1 to 14. About 1,250 children younger than 15 years old died from cancer in 2016.

Many research doctors agree that children can provide so many answers to our cancer questions because they are not taking the many other drugs adults are taking which can skew research in a negative way. We may be missing a critical tool to help our youngest victims of this terrible disease.

Thanks to major advancements, more than 80% of children with cancer now survive 5 years or more. But we can, and must do more to address this heartbreaking issue.

Obesity Prevention

Recommendation: Reject consolidation of public health programs and restore \$5,970,000 for obesity & diabetes programs

In an effort to achieve savings, the Governor has proposed to consolidate numerous health care programs, including the obesity and diabetes prevention program. Consolidation of programs means a lack of transparency, making it difficult to determine how much goes to each program, and provides no guarantees of funding going to any specific area. The proposed budget recommends consolidating 30 public health appropriations into 4 pools and reducing funding by 20 percent. We urge this proposal to be rejected and funding restored to these public health programs.

Obesity, physical inactivity, and poor nutrition are major risk factors for cancer, second only to tobacco use. The World Cancer Research Fund estimates about 20% of all cancers diagnosed in the U.S. are

¹³ Rosenthal SL, Weiss TW, Zimet GD, Ma L, Good MB, Vichnin MD. Predictors of HPV vaccine uptake among women aged 19-26: Importance of a physician's recommendation. *Vaccine*. 2011; 29(5): 890-95. doi: 10.1016/j.vaccine.2009.12.063

¹⁴ Dempsey AF, Pyrzanowski J, Lockhart S, Campagna E, Barnard J, O'Leary ST. Parents' perceptions of provider communication regarding adolescent vaccines. *Human Vaccines & Immunotherapeutics*. 2016; 12(6): 1469-75.

related to poor nutrition, physical inactivity, excess weight and alcohol use and thus could be prevented. Excess weight is associated with increased risk for several common cancers, including colon, esophageal, kidney, pancreatic, endometrial, and postmenopausal breast cancer.

Eating healthy is a challenge for New Yorkers. One in three adults (34.5%) consume fruit less than one time per day, while 22% consume vegetables less than one time daily. Daily consumption of fruits and vegetables is lower in adults who are male, 18-24 years old, Hispanic, earn a household income of less than \$15,000, or have less than a high school degree.¹⁵

New York should be taking steps to help the **8.9 million adult residents considered overweight or obese**. The rate of obesity is higher among adults who are non-Hispanic black and Hispanic (34.2% and 30%, respectively), earn an annual household income less than \$25,000 (31.9%), have less than a college education (29.0%), or are currently living with a disability (38.4%).¹⁶ Towards this end, we again urge rejection of consolidation of public health programs and full restoration of the Obesity and Diabetes Program funds.

In closing we are asking you to support:

- \$25.3 million for the state's Cancer Services Program
- Curbing youth initiation of other tobacco products, including e-cigarettes, by taxing at the same rates as cigarettes
- \$1 million increase for the state's Tobacco Control Program
- Vendor registration for e-cigarette retailers
- \$1 million for HPV vaccine education and outreach
- \$5 million for childhood cancer research
- Rejection of consolidation of public health programs
- \$5,970,000 for Obesity prevention/diabetes programs

We thank you for your support of these programs in the past. We are now at a crucial point for health care in New York State. On behalf of the over 100,000 ACS CAN volunteers across the state, we ask you to fully support these programs at our requested levels to save lives and to reduce the toll of cancer on New York State's families and our health care system.

Thank you for the opportunity to testify today. I would be happy to answer any questions.

¹⁵ BRFSS, "Fruit and Vegetable Consumption among New York State Adults, 2013

¹⁶ BRFSS, "Overweight and Obesity among New York State Adults, 2013