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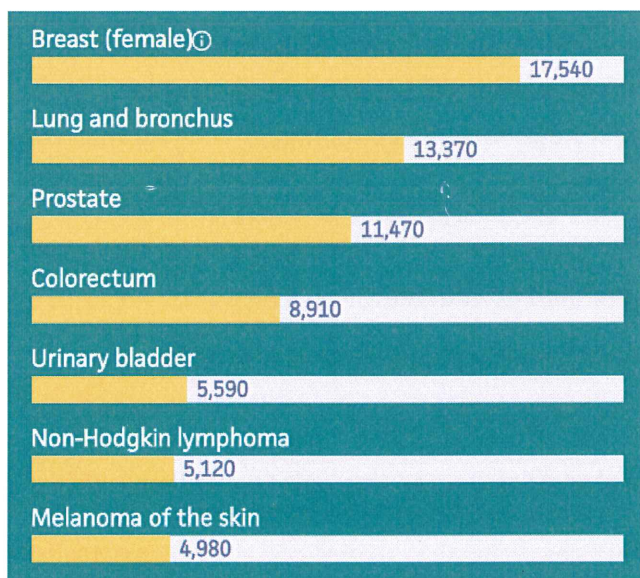
**Health Budget Testimony**  
**Julie Hart, Senior Director, Government Relations - NY**  
**American Cancer Society Cancer Action Network**  
**January 29, 2020**

Senate Finance Chair Krueger, 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 Senior Director of Government Relations 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.

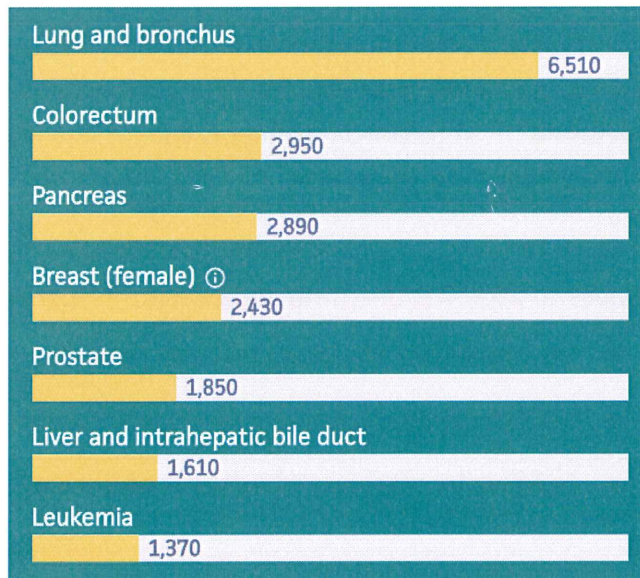
**NY at a glance:**  
**Estimated new cancer cases, 2020**  
**117,910**  
**Estimated cancer deaths, 2020**  
**34,710**

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.

**New cancer cases by cancer type**



**Cancer deaths by cancer type**



Source: American Cancer Society. Cancer Facts & Figures 2020 Atlanta: American Cancer Society; 2020

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.

## Evidence Based Cancer Services

### **Recommendation: Restore funding of \$25.3 M**

The New York State Cancer Services Program 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 5.4 percent of New Yorkers remain uninsured.<sup>1</sup>

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.<sup>2</sup>

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. **Yet only 70.5 percent of New York State adults ages 50 to 75 years were screened for colorectal cancer in 2017**, far below the National Colorectal Cancer Roundtable's goal of 80 percent screened for colorectal cancer.<sup>3</sup> Evidence shows uninsured adults are significantly less likely to receive recommended colorectal cancer screenings than insured adults. In fact, **only 50.9 percent of uninsured New Yorkers have been screened for colorectal cancer compared to 71.5 percent of insured individuals**<sup>4</sup>. If colorectal cancer is caught at a localized stage through screening, 5-year survival rates for the disease are 90 percent.

Between October 1, 2018 – September 30, 2019, the CSP provided cancer screening and/or diagnostic services to **26,398 uninsured/underinsured New Yorkers**<sup>5</sup> and conducted:

- 40,105 breast screening services (includes mammograms and clinical breast exams)
- 10,389 cervical screening services (includes Pap tests and HPV tests)
- 6,243 colorectal screening services (includes fecal tests and screening colonoscopies)

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<sup>1</sup>. <https://www2.census.gov/programs-surveys/demo/tables/p60/267/table6.pdf>

<sup>2</sup> American Cancer Society. *Cancer Facts & Figures 2019*. Atlanta: American Cancer Society; 2019.

<sup>3</sup> Colorectal Cancer Screening New York State Adults, 2017

<sup>4</sup> Colorectal Cancer Screening New York State Adults, 2017

<sup>5</sup> Source: Cancer Services Program statistics for October 2018 – September 2019.

In addition, the state's Community Cancer Prevention in Action Program (CPiA) program works with communities, empowering them to make changes that can reduce the burden of cancer where we live, work, go to school, and play. The CPiA provides education and technical assistance to help communities to:

- Adopt sun safety policies and practices that focus on protecting children, young adults, and outdoor workers from harmful ultraviolet radiation
- Adopt worksite policies that establish paid time off benefits for employees to get screened
- Promote the HPV vaccine as cancer prevention

Due to funding limitations, the state currently only funds the CPiA in twelve counties in the state, therefore HPV education efforts are only occurring in a small portion of the state.

*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 (NYS Cancer Registry). Yet, there is vaccine is readily available.

The HPV vaccine is safe and effective. The American Cancer Society recommends HPV vaccination for girls and boys should 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 completion rates in New York**<sup>6</sup>

HPV vaccination coverage, boys 13-17 years, 2016: 58.1%

HPV vaccination coverage, girls 13-17 years, 2016: 56.4%

HPV vaccination coverage, overall, 13-17 years, 2016: 57.3%

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.<sup>7</sup> Research indicates that having a strong, quality provider recommendation is crucial to parental acceptance of vaccinations for their children.<sup>8,9</sup>

<sup>6</sup> National Immunization Survey-Teen (NIS-Teen), 2018:

<sup>7</sup> 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.

<sup>8</sup> 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

<sup>9</sup> 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.

In the 2017-2018 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 Evidence Based Cancer Services to improve outcomes for the 17,540 new cases of breast cancer, 930 new cases of cervical cancer, and 8,910 new cases of colorectal cancer this year<sup>10</sup> and to improve community outreach including HPV education efforts.

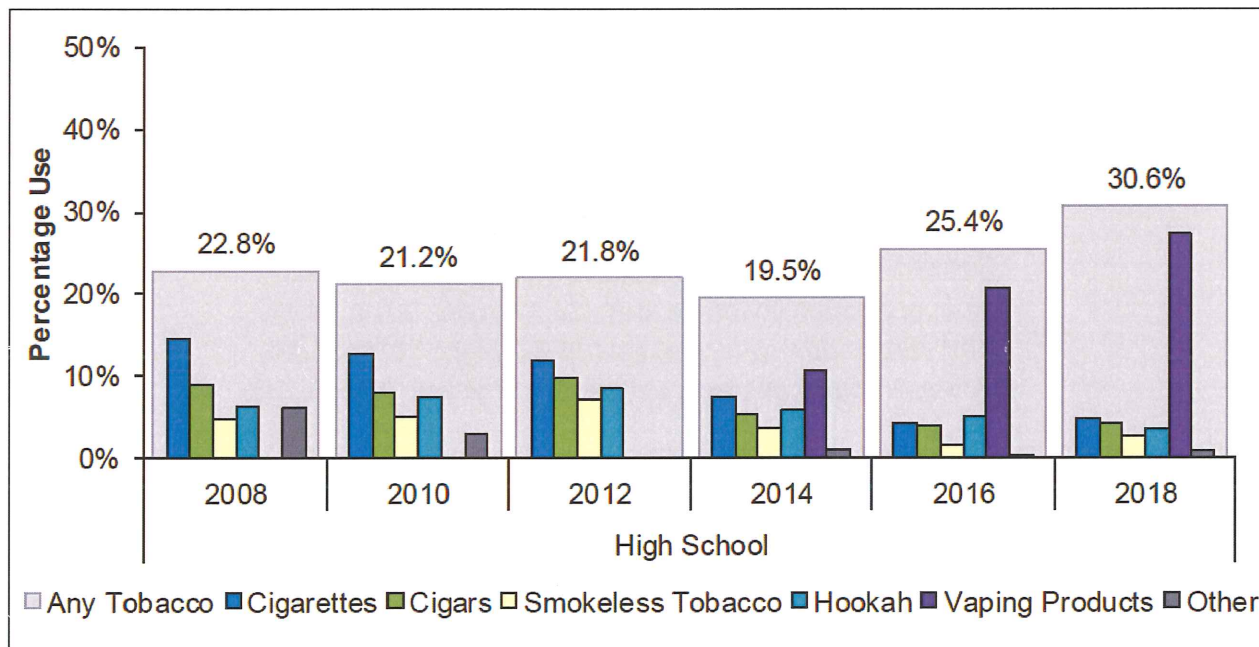
## Tobacco Control

**Recommendations: Support a comprehensive effort that includes:**

- **A minimum of \$60 million for the state’s Tobacco Control Program (TCP).**
- **Restricting the sale of ALL flavored tobacco products, including menthol.**
- **Prohibiting the sale of tobacco products in pharmacies.**
- **Prohibit coupon redemption and establish a minimum price on all tobacco products.**
- **Increasing the cigarette tax by \$1.50 per pack and providing tax parity for other tobacco products.**

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 and **reach the increasing number of children using tobacco products.**

Percentage of NY High School Students Reporting Current Tobacco Use, NY YTS, 2008-2018

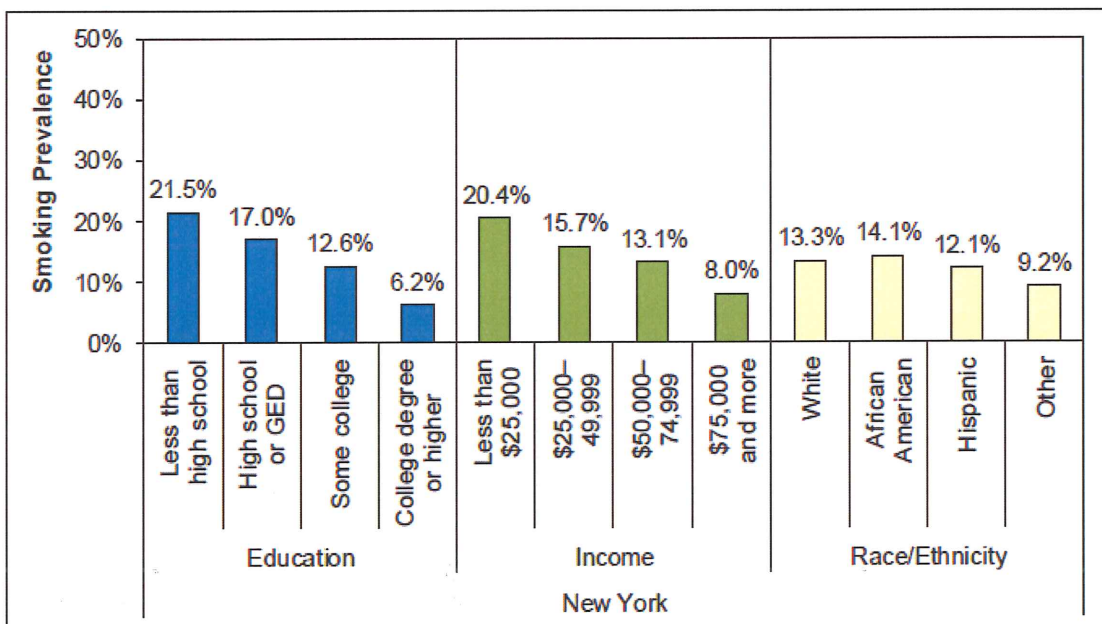


<sup>10</sup> American Cancer Society. *Cancer Facts and Figures 2020*. Atlanta: American Cancer Society; 2020.

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 nearly 23,000 adults** each year. Lung cancer is the number one cancer killer in New York for both men and women. In 2020 an estimated **13,370 New Yorkers will be diagnosed with lung cancer** and an estimated 6,510 will die from the disease<sup>11</sup>. We have seen a small decrease in the adult smoking rate in the past year and currently, **12.8% of New York adults smoke**.<sup>12</sup> However, disparities remain in smoking prevalence remain among New York Adults as noted on the following chart.<sup>13</sup>

Percentage of New York Adults Who Currently Smoke, by Income, Education, and Race/Ethnicity, Behavioral Risk Factor Surveillance System, 2018



The Executive budget proposal provides \$39.76 million however this falls far short of the Centers for Disease Control and 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 to \$60 million as the first step in a multi-year effort to increase to the CDC recommended funding level.

<sup>11</sup> American Cancer Society. Cancer Facts and Figures 2019.

<sup>12</sup> New York Behavioral Risk Factor Surveillance System 2018

<sup>13</sup> New York State Behavioral Risk Factor Surveillance System, 2015

## **Restricting the sale of ALL flavored tobacco products**

While the Governor’s Budget restricts the sale of flavored electronic cigarettes, the proposal must be expanded to include all tobacco products including menthol cigarettes. Evidence shows flavors entice kids to begin using tobacco. Eliminating one type of flavored tobacco without eliminating all flavored tobacco could result in kids shifting to other flavored tobacco products. **81 percent of youth who had ever used a tobacco product started with a flavored product.**<sup>14</sup> Flavors improve the taste and reduce the harshness of tobacco products, making them more appealing and easier for beginners – often kids – to try the product and ultimately become addicted.

***Menthol cigarettes create a cooling effect, suppress coughing and make it easier for new smokers to start smoking.***

**Why should menthol be included?** The anesthetizing effect of menthol makes the smoke easier to inhale and masks the harsh taste of tobacco, making it more appealing to new users. Menthol also makes it harder to quit smoking. Studies show significantly reduced rates of quitting among African-American and Hispanic menthol smokers compared with non-menthol smokers.<sup>15 16</sup>

**Tobacco companies have targeted specific communities, particularly African-Americans, with intense advertising and promotional efforts.** A wealth of research indicates African-American neighborhoods have a disproportionate number of tobacco retailers, pervasive tobacco marketing, and more marketing of menthol products. As a result, approximately 85 percent of all black smokers use menthol cigarettes, a rate nearly three times higher than white smokers.

## **Youth smokers are the age group most likely to use menthol cigarettes**

Youth are more likely to smoke menthol cigarettes than any other age group. Compared with nonmenthol cigarette use, menthol cigarette use was associated with smoking more frequently as well as the intention to continue smoking among middle school and high school students.<sup>17</sup> More than 54% of youth ages 12-17 year who smoke use menthol cigarettes. Among African American youth, seven out of 10 smokers use menthol cigarettes.<sup>18</sup> Menthol cigarette smoking is also more prevalent among smokers who are female,<sup>19</sup> identify as LGBTQ,<sup>20</sup> part of a racial or ethnic minority<sup>21,22</sup> or reporting mental health conditions.<sup>23</sup>

<sup>14</sup> 2013-2014 Population Assessment of Tobacco and Health (PATH) study

<sup>15</sup> Stahre M, Okuyemi KS, Joseph AM, Fu SS. Racial/ethnic differences in menthol cigarette smoking, population quit ratios and utilization of evidence-based tobacco cessation treatments. *Addiction* 2010;105: 75-83

<sup>16</sup> Trinidad DR, Pérez-Stable EJ, Messer K, White MM, Pierce JP. Menthol cigarettes and smoking cessation among racial/ ethnic groups in the United States. *Addiction*. 2010;105:8494

<sup>17</sup> Cigarette Smoking Behavior Among Menthol and Nonmenthol Adolescent Smokers Sunday Azagba Ph.D., Jessica King Ph.D, Lingpeng Shan M.S., Lauren Manzione M.P.H.

<sup>18</sup> [https://www.cdc.gov/tobacco/basic\\_information/tobacco\\_industry/menthol-cigarettes/index.html](https://www.cdc.gov/tobacco/basic_information/tobacco_industry/menthol-cigarettes/index.html)

<sup>19</sup> Caraballo RS, Asman K. Epidemiology of menthol cigarette use in the United States. *Tobacco induced diseases*. 2011;9 Suppl 1:S1.

<sup>20</sup> Fallin A, Goodin AJ, King BA. Menthol cigarette smoking among lesbian, gay, bisexual, and transgender adults. *American journal of preventive medicine*. 2015;48(1):93-97

<sup>21</sup> *Ibid*, Giovino

<sup>22</sup> *Ibid* Stahre

<sup>23</sup> Cohn AM, Johnson AL, Hair E, Rath JM, Villanti AC. Menthol tobacco use is correlated with mental health symptoms in a national sample of young adults: implications for future health risks and policy recommendations. *Tobacco induced diseases*. 2016;14:1.

## 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 a type of 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.

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

## Obesity Prevention

**Recommendation: Provide \$10,000,000 for Obesity & Diabetes 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 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.<sup>24</sup>

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%).<sup>25</sup>

<sup>24</sup> BRFSS, "Fruit and Vegetable Consumption among New York State Adults, 2013

<sup>25</sup> BRFSS, "Overweight and Obesity among New York State Adults, 2013

**In closing we are asking you to support:**

- \$25.3 million for the state’s Cancer Services Program
- Adopting a comprehensive tobacco control package that includes:
  - Increased funding for the state’s Tobacco Control Program to \$60 million
  - Restricting the sale of ALL flavored tobacco products, including menthol
  - Prohibiting the sale of tobacco products in pharmacies
  - Prohibit coupon redemption and establish a minimum price on all tobacco products
  - Increasing the state’s cigarette tax by \$1.50 per pack and providing tax parity with other tobacco products
- \$5 million for childhood cancer research
- \$10 million 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.