

NYPIRG CLOSE UP: THE EXECUTIVE'S HEALTH BUDGET

Below is a summary of NYPIRG's views on the executive budget. A more detailed reaction is contained in our testimony delivered to the legislative fiscal committees. New York's SFY 2021-2022 budget contains a myriad of proposals for important health programs but needs strengthening revisions prior to final passage of the budget.

Demand quality improvements in hospital and nursing care

The recent New York State Attorney General report identified serious quality of care problems in nursing homes that led to additional COVID-19 illnesses.¹ Quality of care problems appear to exist in other health facilities too. The U.S. Department of Health and Human Services publishes an annual Medicare.gov/Hospital Compare, which reports the quality of the nation's hospitals to the public. It gives each hospital one, two, three, four, or five quality stars, with one star-hospitals being the worst and five stars-hospitals the best. NYPIRG's review of this data found that New York overall had lower quality star ratings than all the 49 other states.²

Good hospital care costs less than poor quality. Urge greater public accountability of the Department's oversight of nursing homes *and* hospitals, ensure adequate staffing ratios, and greater adhere to best infection control protocols in both hospitals and nursing homes.

Restore Funding to Tobacco Control Program

The leading cause of lung cancer is tobacco use. Today nearly nine out of ten lung cancers are caused by smoking cigarettes. Not only are smokers at risk, but even non-smokers can be afflicted by exposure to tobacco smoke. In the U.S., more than 7,300 nonsmoking lung cancer patients die each year from exposure to secondhand smoke alone.

The executive budget adds no new revenues to the state's program designed to combat tobacco use. Indeed, the state's tobacco control 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 U.S. CDC. New York State has slashed its investment in the best way to reduce lung cancer incidence and mortality. *New York State, once ranked 5th in the nation in funding its anti-smoking efforts, has slipped to 23rd.*³

Funding reductions are indefensible considering the amount of money that tobacco use generates for the state's coffers. NYPIRG urges you to fully fund tobacco control and other cancer-prevention programs.

¹ Office of the Attorney General, "Nursing Home Response to COVID-19 Pandemic," <https://ag.ny.gov/sites/default/files/2021-nursinghomesreport.pdf>.

² NYPIRG, "Code Blue," December 2019, https://www.nypirg.org/pubs/201912/Code_Blue_report.pdf.

³ Campaign for Tobacco-Free Kids, "A State-by-State Look at the 1998 Tobacco Settlement 22 Years Later," 2021, https://www.tobaccofreekids.org/assets/content/what_we_do/state_local_issues/settlement/FY2021/1_FY2021_Rankings_Funding_for_State_Tobacco_Prevention_Programs.pdf.

POSITIONS

New York hospitals rank poorly in federal quality rankings, demand improvements.

Reverse the staggering cuts to the state's tobacco control programs. In the last eight years, the program has been cut by over 50%. And ban all flavored tobacco.

At least 2.8 million people get an antibiotic-resistant infection, and more than 35,000 people die.

Provide universal health insurance coverage.

Dramatically improve the state's lead prevention program.

Better regulate prescription drug pricing.



Expand the Fight Against Antibiotics Resistance Coverage

The Governor's proposed budget does little to attack a growing public health menace – the increasing resistance that infections are having to antibiotics. The World Health Organization considers antibiotic resistance to be one of the biggest threats to global health, food security, and international development today.⁴ The CDC has stated that fighting this threat is a public health priority and estimates that each year, at least 2.8 million people get an antibiotic-resistant infection, and more than 35,000 people die.⁵

Nearly two-thirds of antibiotics that are important for human medicine are currently sold for use in livestock, not people and 20 percent of antibiotic-resistant infection originate on farms.⁶ These drugs are routinely given as poor compensation for inappropriate diets and the stressful, crowded, and unsanitary conditions on industrial feedlots. This practice hastens the spread of antibiotic resistance in bacteria and increases the risk of drug-resistant infections in people. **The final budget must be expanded to prohibit the use of antibiotics on healthy farm animals.**

Provide Universal Health Insurance Coverage

Despite the successes of the implementation of the Affordable Care Act in New York, the numbers of New Yorkers who lack health insurance, is still considerable. Roughly 4.9 percent of New Yorkers still lack health insurance. While this represents both the lowest percentage and number of New Yorkers who lacked health insurance since 1999, more must be done.⁷

Fight Lead Poisoning

Lead poisoning is a longstanding national problem with long-term health, social and economic effects, including developmental delays, cognitive damage, reproductive health problems, cardiovascular issues, reduced earning potential, greater social service costs and lifelong behavioral issues. In New York, childhood lead poisoning is and has been at epidemic levels, with thousands of children newly identified as having dangerous levels of lead in their blood, indicating repeated exposure to lead in their lives.

Better Regulate Prescription Drug Prices

Pharmacy Benefit Managers (PBMs), the pharmaceutical “middlemen,” arrange sales programs between drug manufacturers and health care plan providers (such as state health benefit programs, large businesses, and HMOs) ostensibly to reduce the cost of their prescription drug plans. PBMs provide pharmacy coverage to more than 266 million American consumers; three PBMs— ExpressScripts, CVSHealth (also referred to as “CVS Caremark”) and OptumRx— control approximately 80% of the lucrative market.⁸ Despite the impact of PBMs on health care spending, tremendous secrecy surrounds how PBMs conduct business. Investigations by both the federal and state governments charge that PBMs exploit their ability to negotiate secret deals and increase their revenues without passing cost savings on to clients.

The problem with PBMs is that they are not the impartial third parties they present themselves as. Many PBMs have relationships with pharmaceutical companies that give them incentives to sell certain drugs in exchange for rebates. They are also perpetually looking to cut costs, often regardless of the effect such programs will have on the health of their customers. Regulation is desperately needed to oversee these relationships.

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⁴ World Health Organization, “Antibiotics Resistance,” <https://www.who.int/news-room/fact-sheets/detail/antibiotic-resistance>

⁵ U.S. Centers for Disease Control and Prevention, “Antibiotic/Antimicrobial Resistance,” <https://www.cdc.gov/drugresistance/index.html>.

⁶ U.S. Centers for Disease Control and Prevention see: <https://www.cdc.gov/foodsafety/pdfs/ar-infographic-508c.pdf>.

⁷ Kaiser Family Foundation, “Health Insurance Coverage of the Total Population; New York,” 2019, <https://www.kff.org/other/state-indicator/total-population/?dataView=1¤tTimeframe=0&selectedRows=%7B%22states%22:%7B%22new-york%22:%7B%7D%7D%7D&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>.

⁸ Dayen, D., “The Hidden Monopolies That Raise Drug Prices: How pharmacy benefit managers morphed from processors to predators,” The American Prospect, March 28, 2017, <https://prospect.org/article/hidden-monopolies-raise-drug-prices>.