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Health Budget Testimony
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NY at a glance:

Estimated new cancer cases in
2025: **123,430**
Estimated cancer death in
2025: **31,190**

Senate Finance Chair Krueger, Assembly Ways and Means Chair Pretlow, and distinguished Members of the Senate and Assembly, my name is Michael Davoli and I am the Senior Government Relations Director for the American Cancer Society Cancer Action Network (ACS CAN).

Thank you for the opportunity to testify today regarding the health proposals in the Executive Budget and several proposals we believe are missing from the budget that are critical to improving patient outcomes and reducing health care costs.

Cancer remains the second leading killer in New York. The six leading **cancer types** are **prostate, breast, Lung & Bronchus, colorectal, urinary bladder, and Non-Hodgkin lymphoma**. The six leading cancer types resulting in **death** are **lung & bronchus, pancreas, colorectal, breast, prostate, and liver & bile cancer**. Many of these cancers are preventable or can be treated if caught early. To help save more lives from cancer ACS CAN is asking for the legislature's support of the following priorities in the 2025-2026 New York State Budget:

- ✓ Restore **\$2.5 million** to the NYS Cancer Services Program bringing the budget to \$26.8 million in FY 2025-2026;
- ✓ Restore **\$7.5 Million** to the NYS Tobacco Control Program bringing the budget to \$46.658 million in FY 2025-2026;
- ✓ Add **\$3 million** for patient navigation services in communities hardest hit by cancer
- ✓ Add language ensuring that all tobacco products are taxed at the same rate as cigarettes; and
- ✓ Add language ensuring that all working cancer patients, survivors, and caregivers have access to paid family and medical leave.

NYS Cancer Services Program

ACS CAN is asking that you restore \$2.5 million in funding to the NYS Cancer Services Program (CSP) bringing its budget \$22.325 million in FY 2025-2026. The CSP, the state's breast, cervical and colorectal cancer screening and treatment program for low-income uninsured and underinsured women and men, had its budget increased by \$2.5 million in the enacted 2023-2024 budget after receiving flat funding since 2017. Unfortunately, neither the FY 2024-2025 enacted budget nor the FY 2025-2026 Executive Budget included the additional funding. Additional funding is needed to ensure that the CSP can address the large unmet need for access to cancer screening and treatment in New York State.

Funding programs like the CSP not only improve patient outcomes but also save health care dollars by increasing the likelihood of a cancer being detected at an early stage when treatment is less invasive and less costly.

Studies have shown that average expenses in the first year after diagnosis are significantly higher for people diagnosed with later-stage colorectal cancer than with earlier-stage disease. The average net one-year costs associated with colon cancer in individuals younger than 65 years were \$29,200 for stage 1 and \$80,200 for stage.

Similar findings hold true for breast and cervical cancer. The average net one-year costs associated with breast cancer in women younger than 65 years were \$29,100 for stage 1 and \$87,500 for stage IV according to one study and another showed that diagnosing breast cancer earlier would save \$11,434 per patient diagnosed and more than \$2 billion across all patients over their lifetime.

Investing in cancer screening and early detection programs like the CSP has a proven return on investment and therefore must be included in the 2025-2026 budget.

NYS Tobacco Control Program

ACS CAN is asking that you restore \$7.5 Million in funding to the NYS Tobacco Control Program (TCP) bringing its budget to \$46.658 million in FY 2025-2026. The TCP had its budget increased by \$7.5 million in the enacted 2023-2024 budget after receiving flat funding for over a decade. Unfortunately, neither the FY 2024-2025 enacted budget nor the FY 2025-2026 Executive Budget included the additional funding.

Additional funding is needed to continue the fight to keep youth from becoming adults who use tobacco, and help adults quit using these deadly products. Despite years of progress reducing smoking rates, tobacco use continues to be the leading cause of preventable deaths in New York State, claiming between 26,000 and 28,200 lives annually according to the New York State Department of Health.

Funding for tobacco control will not only save lives but also reduce New York State's overall health care spending. Studies have shown that overall, for every \$1 spent on comprehensive tobacco control programs, states receive up to \$55 in savings from averted tobacco-related health care costs.

A 2024 study found that New York's tobacco control program saved \$13.2 billion from 2001 to 2019 in smoking-attributable health care expenditures, and combined with the economic benefits of lives saved, the total return on investment for the program in this time frame was nearly 160-to-1.

Expand Access to Patient Navigation Services

ACS CAN is asking that you include \$3 million in the FY 2025-2026 budget for patient navigation services conducted by Federally Qualified Health Centers, cancer centers or other nonprofit organizations working in communities hardest hit by cancer as determined by the New York State Department of Health, the New York State Cancer Consortium and other stakeholders. Patient navigation services can help eliminate health disparities and reduce costs

across the cancer care continuum by addressing the needs of people who have been historically marginalized and excluded as well as those living in under resourced communities.

Patient navigators have been shown to help increase cancer screenings rates, help patients better understand treatment options after diagnosis and help ensure patients receive the post treatment care they need in survivorship.

Patient navigation offers tailored patient-centered cancer care and the opportunity to prioritize unique patient needs. Patient navigation also has a proven return on investment and can help identify diagnosis at earlier stages when less invasive and less costly treatment options are available to patients, often resulting in better outcomes and reduced overall costs.

A recent survey of cancer patients by the American Cancer Society showed that while nearly all (91%) of patients surveyed agree that it is important for cancer patients to have access to a patient navigator, only fifty-five percent say their primary oncology provider has a patient navigator available on staff.

By including \$3,000,000 in the FY 2025-2026 budget for patient navigation services, New York State could build upon the work being done by programs like the NYS Cancer Services Program and the many incredible cancer centers in New York State and take a significant step toward ensuring better outcomes for many cancer patients in communities facing the highest cancer burden.

Improving Paid Medical Leave System

ACS CAN is asking you to ensure that the FY 2025-2026 budget includes strong language ensuring that all working cancer patients, survivors, and caregivers have access to paid family and medical leave that allows them to take time off work to attend to their own or a loved one's care without losing their job or income.

We were incredibly disappointed that the FY 2025-2026 Executive budget did not include reforms to New York State's paid medical leave system.

Battling cancer is hard. Continuing to work full or even part time while undergoing cancer treatment is almost impossible. Nearly 3 out of 4 cancer patients and survivors say they missed work due to their illness and 2 out of 3 missed more than a month of work. Making matters worse, more than a third of those who missed work did not receive any pay for the time missed.

Studies show that cancer patients who have paid leave have higher rates of job retention and lower rates of financial burden. Yet not all cancer patients, survivors and caregivers who work have access to paid leave, and without it they risk losing employment or not getting the care they need.

New York's paid medical leave system is woefully inadequate for those workers who need time off to care for themselves, not just their loved ones. The result is that many cancer patients are forced to decide between keeping up with their cancer treatment regimen and putting food on their table.

Making matters worse, is the inability for workers to take time off intermittently to care for themselves or a loved one. While New York's Paid Family Leave (PFL) and Temporary

Disability Insurance (TDI) programs ensure that a patient can take time for theirs or a loved one's treatment it does not cover any intermittent leave.

For many cancer patients this is problematic. Conditions like cancer (or treatment of cancer) are often sporadic or intermittent lasting weeks or months. That's why it is so important to give employees the right to take a few days of leave at a time, if necessary, for their own serious health conditions or to care for family members with serious health conditions.

ACS CAN strongly supports the comprehensive reforms to New York State's paid medical leave system included in A84 / S172 and ask you to include this language in the FY 2025-2026 State Budget.

Tobacco Tax Parity

ACS CAN is asking you to ensure that the FY 2025-2026 budget taxes all tobacco products at the same rate as cigarettes. While the 2023 increase in the cigarette tax was one of the best things that New York State could do to help reduce tobacco use, it is important that tax increases apply to all tobacco products at an equivalent rate to encourage people to quit rather than switch to a cheaper product as well as to prevent youth from starting to use any tobacco product.

In New York State other tobacco products, products including but not limited to moist snuff, nasal snuff, loose-leaf and plug chewing tobacco, snus, nicotine pouches, dissolvable tobacco products, cigars, pipe tobacco, roll-your-own tobacco, hookah, and electronic cigarettes, are taxed at a lower rate than cigarettes, making them an appealing alternative for price-sensitive consumers including youth. The FY 2025-2026 budget should establish tax parity for all tobacco products and dedicate any additional revenue generated to the NYS Tobacco Control Program.

To conclude, on behalf of the 123,430 New Yorkers who will hear the words 'you have cancer' this year and the 31,190 New Yorkers who will lose their lives to the disease, I ask you to ensure that the FY 2025-2026 State Budget prioritizes programs that are proven to improve patient outcomes and reduce health care costs. Once again, I want to thank you for the opportunity to testify today. I would be happy to answer any questions.
