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Testimony to Joint Legislative Public Hearing on 2026 Executive Budget Proposal:

Topic Health/Medicaid

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NY at a glance:

Estimated new cancer cases in

2026: **125,860**

Estimated cancer death in

2026: **31,140**

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 2026-2027 New York State Budget:

- ✓ Reject the proposal to roll back biomarker testing coverage for Medicaid patients
- ✓ Increase funding to the NYS Cancer Services Program by \$2.5 million bringing the budget to \$22.235 million in FY 2026-2027;
- ✓ Increase funding to the NYS Tobacco Control Program by \$7.5 million bringing the budget to \$46.734 million in FY 2026-2027;
- ✓ Support the proposed excise tax on alternative nicotine products and direct a portion of the revenue generated from the tax to the NYS Tobacco Control Program;
- ✓ Establish true tax parity across all tobacco products;
- ✓ Ensure that all working cancer patients, survivors, and caregivers have access to paid family and medical leave by reforming the Temporary Disability Insurance Program; and
- ✓ Support the proposal to streamline prior authorization processes

Biomarker Testing

ACS CAN strongly opposes the proposal to eliminate the coverage criteria for Medicaid enrollees to access biomarker testing. Biomarker testing is key to matching some patients with the most effective treatment for cancer and other diseases. The legislature passed this legislation with overwhelming, bipartisan support – ensuring equitable access to proven biomarker testing for both Medicaid and state-regulated private plans.

The governor's proposal would reverse this gain for health equity by taking established coverage criteria away from Medicaid enrollees, while people with private insurance are not impacted. Consistent coverage criteria across Medicaid and private plans allow providers to understand what is covered and provide equitable treatment for patients across payors.

This is a shortsighted effort to save money that hurts patients – and could potentially cost Medicaid more. As the state grapples with federal funding cuts, it is more important than ever to spend Medicaid dollars efficiently – and upfront spending on biomarker testing can allow patients to avoid costly treatments that will be unnecessary or ineffective.

We look forward to working with the department to understand any challenges they may be facing with implementing existing policy and develop equitable solutions that protect patient access to these critical tests while also addressing any concerns about existing law.

ACS CAN strongly opposes efforts to roll back evidence-based testing that is needed to guide treatment and urges you to not include these cuts in the one-house and final budgets.

NYS Cancer Services Program

We urge you to include in the one-house and final budgets an increase funding for the New York State Cancer Services Program (NYS CSP) by \$2.5 million in the FY 2026–2027 budget, bringing total funding to \$22.325 million.

Introduction: The Growing Need for Screening

With federal policy changes and reductions to the New York State Essential Plan and Medicaid, more uninsured and underinsured New Yorkers will rely on state supported early detection services. For many, the NYS CSP is their only access point for lifesaving screening, diagnostic follow up, treatment and patient navigation.

The Value of Early Detection

Cancer remains one of the leading causes of death in New York. Early detection dramatically improves survivorship:

- Breast cancer: 5-year survival is 91%, rising to over 99% when found early.
- Colorectal cancer: 65% overall survival, increasing to 91% for localized cases.
- Cervical cancer: 67% overall survival, rising to 91% when detected early.

These outcomes show the lifesaving impact of timely screening and treatment.

Stagnant Funding and Rising Demand

NYS CSP funding has been flat since 2017 except for a one-time boost in 2023. As more New Yorkers lose coverage, demand for CSP services—including screenings, diagnostic follow up, patient navigation, and community outreach—will grow significantly. Without additional

resources, the program cannot meet rising needs and prevent as many later stage, costlier diagnoses as possible.

Equity and Public Health Leadership

Strengthening the CSP is both a public health and equity imperative. Rural communities, low-income residents, and communities of color—those already facing barriers to care—are at the greatest risk of preventable late-stage diagnoses. Adequate funding aligns with New York’s commitment to eliminating health disparities.

A \$2.5 million increase for the NYS CSP is a responsible, evidence-based investment that will save lives, reduce long term healthcare costs, and ensure every New Yorker has access to early cancer detection, regardless of income or insurance status.

Comprehensive Tobacco Control

We urge you to include in the one-house and final budgets Governor Hochul’s proposal to expand the excise tax to alternative nicotine products, including nicotine pouches. This proposal is necessary and long overdue. But it is not sufficient on its own.

Tobacco use remains the leading cause of preventable death in New York State, killing more than 28,000 New Yorkers each year and exacting a disproportionate toll on youth, low-income communities, and communities of color. If the Legislature is serious about protecting public health and preventing the next generation from tobacco addiction, the one-house and final budgets must include a comprehensive tobacco control strategy—not piecemeal measures.

New York State Tobacco Control Program

We ask you to dedicate a portion of the estimated \$54 million in new revenue generated by the alternative nicotine product tax to the New York State Tobacco Control Program (TCP). Specifically, the one-house and final budgets must increase TCP funding to at least \$46.734 million, a \$7.5 million increase, to ensure the state has the resources necessary to help people quit and prevent young people from starting.

Even at \$46.7 million, New York’s investment would pale in comparison to the \$162.6 million the tobacco industry spends every year marketing its products in this state. At a time when federal public health funding is uncertain and prevention programs are under threat; New York cannot afford to fall behind. Failing to strengthen state-level tobacco prevention and cessation efforts will reverse decades of progress and leave communities unprotected.

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.

Tobacco Tax Parity

In addition, we urge the Legislature to establish true tax parity across all tobacco products, including cigarettes, cigars, smokeless tobacco, e-cigarettes, and nicotine pouches, in the one-house and final budgets. Unequal tax treatment undermines public health policy by steering consumers, especially youth, toward cheaper, less-taxed products.

Currently, e-cigarettes, snuff, and other tobacco products are taxed at significantly lower rates than cigarettes, and some products, such as e-cigarette devices and nicotine pouches, are untaxed altogether. This price gap makes these products more accessible and appealing to young people and cost-conscious users. While the Executive Budget takes an important step by taxing alternative nicotine products like pouches, it leaves major loopholes intact. New York State should tax e-cigarettes at 36% of the retail price and other tobacco products at 75% of the wholesale price.

Without full tax parity, youth initiation will continue, and the state will forgo substantial revenue that could be reinvested in prevention and cessation.

Taking it together, fully funding the Tobacco Control Program, expanding the excise tax to all nicotine products, and establishing tax parity represent a proven, evidence-based strategy to reduce tobacco use, lower health care costs, and save lives. We urge you to include this comprehensive approach in the one-house and final budgets.

Improving Paid Medical Leave System

ACS CAN is asking you to include in the one-house and final budgets 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 2026-2027 Executive budget did not include reforms to New York State's Temporary Disability Insurance Program.

Battling cancer is hard. Continuing to work full or even part time while undergoing cancer treatment can be impossible for many patients. 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 Temporary Disability Insurance program included in A9571 / S172 and ask you to include this language in the one-house and final budgets

Prior Authorization

ACS CAN supports legislation to streamline prior authorization processes, so they are timelier and more transparent for cancer patients and caregivers. Therefore, we support policies that require health insurers to respond promptly. We support the reform proposals included in the Executive Budget and ask you to include them in the one-house and final budgets.

To conclude, on behalf of the 125,860 New Yorkers who will hear the words 'you have cancer' this year and the 31,140 New Yorkers who will lose their lives to the disease, I ask you to ensure that the Fiscal Year 2026-2027 one-house and final budgets 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.
