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**Health Budget Testimony**  
**Michael Davoli, Senior Director, Government Relations - NY**  
**American Cancer Society Cancer Action Network**  
**February 8, 2022**

**NY at a glance:**  
 Estimated new cancer cases in 2022:  
**118,830**  
 Estimated cancer deaths in 2022:  
**32,230**

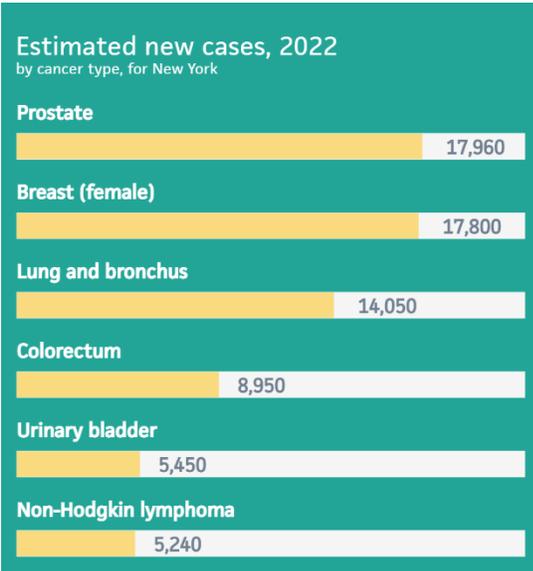
Senate Finance Chair Krueger, Assembly Ways and Means Chair Weinstein, and distinguished Members of the Senate and Assembly, my name is Michael Davoli and I am the New York State Senior Director of Government Relations for the American Cancer Society Cancer Action Network (ACS CAN). ACS CAN, the nonprofit, 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. My budget testimony today will include three requests:

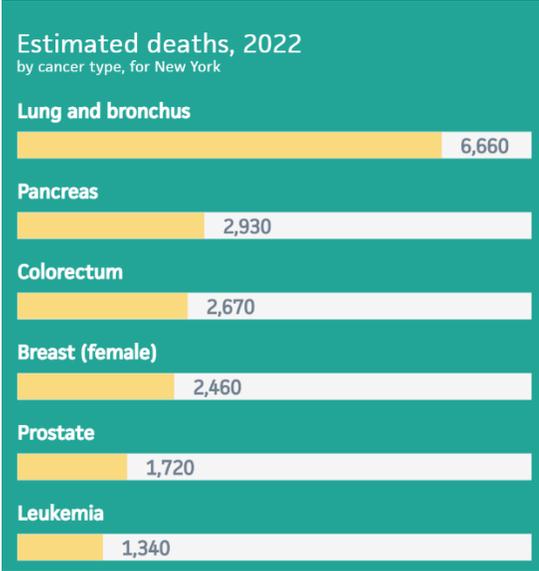
- ✓ Increase funding for the Tobacco Control Program to \$52 million
- ✓ Increase funding for the NYS Cancer Services Program to \$21.8 million
- ✓ Include language removing barriers to colorectal cancer screening

Cancer remains the second leading killer in New York. As evidenced by the following charts<sup>1</sup>, cancer takes a tremendous toll on the health of residents of our state.

**New cancer cases by cancer type**



**Cancer deaths by cancer type**



<sup>1</sup> American Cancer Society. Cancer Facts & Figures 2022 Atlanta: American Cancer Society; 2022

I would like to address two 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. Additionally we would like to request one language request be included in the budget that would remove a significant barrier to cancer prevention in New York.

### **Cancer Screenings Save Lives**

The New York State Cancer Services Program (CSP) provides uninsured New Yorkers with access to breast, cervical and colorectal cancer screenings. According to the National Health Interview Survey, approximately 4.7 percent of New Yorkers remain uninsured.<sup>2</sup> In the past year, approximately **20,000** New York residents received a cancer screening, thanks to the CSP.<sup>3</sup> Annually, the CSP provides approximately:

- 29,400 Breast cancer screening services<sup>3</sup> (*includes mammograms & clinical breast exams*)
- 7,700 Cervical cancer screening services<sup>3</sup> (*includes Pap tests & HPV tests*)
- 4,300 Colorectal cancer screening services<sup>3</sup> (*includes fecal tests & screening colonoscopies*)

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.

**Breast cancer:** is the second leading cause of cancer-related deaths among women in the United States. All women can get breast cancer. It is most often found in women ages 50 and older. Regular check-ups and screening tests can find breast cancer at an earlier stage, when it is easiest to treat. The most important action women can take is to have routine breast cancer screenings. Early detection is the key to survival.<sup>4</sup>

**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>5</sup>

**Colorectal Cancer:** 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 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>6</sup> **COVID-19'S Impact on Screening**—COVID-19 has reshaped the healthcare landscape in New York. Thousands of New Yorkers have delayed screening since the pandemic began. The impact that COVID-19 related delays had on cancer screening will be felt for decades. A nationwide survey showed that nearly half (46 percent) of cancer patients and survivors reported a change to their financial situation that affected their ability to pay for care. With nearly one million New Yorkers lacking health insurance, programs like the CSP are critical to improving patient outcomes.

**Large Unmet Need**—While the number of patients that the CSP has served has gone up after the initial impact of the pandemic, the 21 funded CSP contractors are unable to reach all of those in need given their current resources.

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<sup>2</sup> National Health Interview Survey, 2018 <https://www.cdc.gov/nchs/data/nhis/earlyrelease/insur201905.pdf>

<sup>3</sup> Source: Cancer Services Program statistics for October 1, 2019 – September 30, 2020

<sup>4</sup> New York State Department of Health, 2022 <https://www.health.ny.gov/diseases/cancer/breast/index.htm>

<sup>5</sup> American Cancer Society. Cancer Facts & Figures, American Cancer Society; 2021

<sup>6</sup> Colorectal Cancer Screening in New York State, Progress Report 2019 [https://www.health.ny.gov/diseases/cancer/colorectal/docs/2019\\_progress\\_report.pdf](https://www.health.ny.gov/diseases/cancer/colorectal/docs/2019_progress_report.pdf)

**Based on 2019 U.S. Census data<sup>7</sup>:**

- There are an estimated **87,946 females** ages 40-64 at or below 250 percent Federal Poverty Level without health insurance **who may be eligible for the CSP.**
- There are an estimated **110,765 males** ages 40-64 at or below 250 percent Federal Poverty Level without health insurance **who may be eligible for the CSP.**

The CSP funded organizations have deep roots in the communities they serve and are well equipped at reaching populations that are underserved, hard-to-reach and in need of services and connecting them to quality care.

**The impact that COVID-19 related delays had on cancer screening will be felt for decades.**

When the CSP had its state funding cut by 21 percent in 2017-18 it resulted in approximately 6,000 less patients being directly served. The final 2021-2022 state budget maintained flat level state funding for CSP at \$19.825 million. Despite the increased need, Governor Hochul's proposed 2022-23 budget continues flat level funding.

After nearly two years of patients delaying care, including accessing their doctor recommended cancer screenings, and a growing number of New Yorkers needing help getting screened, funding to CSP must increase. Health care professionals are doing their part to get people back to screening. We need state policymakers to do theirs. Let's screen New York.

**ACS CAN recommends that the CSP have its funding increased to \$21.8 million in Fiscal Year 2022-2023. This modest increase in funding would help the CSP serve their existing patients and expand outreach to those in need.**

**Removing Cost as a Barrier to Colorectal Cancer Screening**

Colorectal cancer is one of the few truly preventable cancers, making it one of the most cost-effective population-based preventive screenings. Different types of tests can be used to screen for colorectal cancer, some of which can be done at home and look for signs of cancer in a person's stool (a stool-based test). A visual exam of the inside of the colon and rectum, such as a colonoscopy can also be used for screening. The COVID-19 pandemic has made at home tests more important and more common than ever. After reviewing the results of a stool-based test, your doctor may recommend a colonoscopy when signs of cancer are present in the test results.

Increasingly, insurance plans are charging patients high out-of-pocket costs for their follow up colonoscopy. Even small out-of-pocket costs can deter individuals with limited financial resources from seeking preventive screenings. Waiving cost sharing for follow-up colonoscopy may help to close the gap in health disparities among price-sensitive beneficiaries and the medically underserved.

On Tuesday, May 18, 2021, the United States Preventative Task Force (USPSTF) released an update to their colorectal cancer (CRC) screening guidelines for average-risk populations. The finalized USPSTF guidelines, identical to the American Cancer Society guidelines, lowered the screening age for those average-risk populations from 50 to 45 and recommended continued regular screening until age 75.

The newly updated USPSTF guidelines also clearly stated that "positive results on stool-based screening tests require follow-up with colonoscopy for the screening benefits to be achieved."

<sup>7</sup> U.S. Census Bureau, Small Area Health Insurance Estimates, 2021, <https://www.census.gov/data-tools/demo/sahie/>

On January 10, 2022, the Tri-Agencies (Department of Labor, Department of Health and Human Services, Treasury) determined that private insurance plans must now cover, with no cost-sharing, follow-up colonoscopies after a positive non-invasive stool test.<sup>i</sup> This clarification is consistent with American Cancer Society's recommendation that as a part of the colorectal cancer screening process, all positive results on non-colonoscopy screening tests should be followed up with timely colonoscopy.<sup>ii</sup> The follow-up colonoscopy should not be considered a "diagnostic" colonoscopy, but rather an integral part of the preventive screening process, which is not complete until the colonoscopy is performed, and therefore covered with no cost sharing for individuals.

This determination is consistent with state legislation that has been championed in the State Senate/State Assembly (S906B sponsored by Senators Sanders and Kennedy/A2085A sponsored by Assembly Member Dinowitz), which passed the Assembly and advanced to the Senate floor in 2021. **We urge the inclusion of this language in the Senate/Assembly one house budgets and that we prioritize it for the final state budget to ensure this coverage begins right away and applies to Medicaid as well.**

### Tobacco Control

Despite progress and additional policy efforts, tobacco companies are still making a killing off New Yorkers as **smoking kills over 28,200 adults** each year. Lung cancer is the number one cancer killer in New York for both men and women. In 2022 an estimated **14,050 New Yorkers will be diagnosed with lung cancer** and an estimated 6,660 will die from the disease.<sup>8</sup> We have seen a small decrease in the adult smoking rate in the past year and currently, **12 percent of New York adults smoke**. However, significant disparities remain in smoking prevalence among New York Adults.

Statewide adult **smoking rates** vary by county, from a low of 7.0 percent in Westchester to a high of 25.3 percent in Washington.

- Counties with the **lowest smoking rates** in the state are Westchester (7.0 percent), Nassau (7.2 percent), Rockland (7.6 percent), New York (8.0 percent), and Putnam (8.2 percent).
- Counties with the **highest smoking rates** include Washington (25.3 percent), Fulton (23.3 percent), Herkimer (22.7 percent), Chemung (22.6 percent), and Wayne (22.3 percent).

### **NYS Tobacco Control Program: Improving health, reducing healthcare costs and reducing health disparities**

At this critical moment, we must do everything in our power to keep our communities healthy and safe. People who smoke or who used to smoke are at increased risk for severe illness from COVID-19. Smoking is a proven risk factor for cancer, chronic obstructive pulmonary disease (COPD) and heart disease, which put people at increased risk for severe illness from COVID-19. Regardless of any association with COVID-19, the adverse health effects of smoking are well-documented and irrefutable.

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<sup>8</sup> American Cancer Society. Cancer Facts & Figures 2022Atlanta: American Cancer Society; 2022

# Smoking remains the number one cause of preventable death and disease in New York.

A well-funded tobacco control program will not only produce long-term savings but can have an immediate benefit on the health of New Yorkers. With over 28,200 New Yorkers losing their lives to smoking each year New York needs to continue investing in tobacco control if it is to further reduce state tobacco use.

The **New York State Tobacco Control Program (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 New Yorkers who are marginalized and **reach the increasing number of children using tobacco products**. 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.

Despite its record of success and despite the enormous toll that tobacco use continues to take on New Yorkers, funding for the state's tobacco control program has been cut in half from funding levels a little over a decade ago. The 2022-2023 Executive budget proposal maintains flat funding for the Tobacco Control Program at \$39.8 million.

Tobacco's Toll in New York	
Adults who smoke <sup>9</sup>	12.0 percent
High school students who smoke <sup>10</sup>	4.2 percent
Deaths caused by smoking each year <sup>11</sup>	28,200
Residents' state & federal tax burden from smoking-caused government expenditures <sup>12</sup>	\$961 per household
Adults reporting frequent mental distress who smoke <sup>13</sup>	27.7 percent
Medicaid Recipients who smoke <sup>14</sup>	23.5 percent
Adults with a disability who smoke <sup>9</sup>	20 percent
Cancer survivors aged 18-44 who smoke <sup>15</sup>	32 percent

<sup>9</sup> NYS Behavioral Risk Factor Surveillance System (BRFSS), 2020

<sup>10</sup> New York State Youth Tobacco Survey 2000-2018

<sup>11</sup> The Health and Economic Burden of Smoking in New York, November 2020

<sup>12</sup> : Residents' state & federal tax burden from smoking-caused government expenditures. Based on data from: CDC, Best Practices for Comprehensive Tobacco Control Programs—2014; CDC, Data Highlights 2006; Xu, X et al., "Annual Healthcare Spending Attributable to Cigarette Smoking: An Update," American Journal of Preventive Medicine, 48(3): 326-333, 2015; CDC, "Medical Care Expenditures Attributable to Smoking -- United States, 1993," MMWR 43(26): 1-4, July 8, 1994.

<sup>13</sup> StatShots. (n.d.). New York State Department of Health. Retrieved February 7, 2022, from [https://www.health.ny.gov/prevention/tobacco\\_control/reports/statshots/](https://www.health.ny.gov/prevention/tobacco_control/reports/statshots/)

<sup>14</sup> StatShots. (n.d.). New York State Department of Health. Retrieved February 7, 2022, from [https://www.health.ny.gov/prevention/tobacco\\_control/reports/statshots/](https://www.health.ny.gov/prevention/tobacco_control/reports/statshots/)

<sup>15</sup> New York State Department of Health. StatShot Vol. 13, No. 1 / Oct 2020

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.

**While ACS CAN understands the fiscal constraints in the current economic environment, we cannot ignore the need for expanding the TCP. Therefore, we request funding for the tobacco control program be increased to \$52 million this year as the first step in a multi-year effort to increase to the CDC recommended funding level.**

**In closing, we recommend:**

- Increasing funding for the Tobacco Control Program to \$52 million
- Increasing funding for the NYS Cancer Services Program to \$21.8 million
- Include language removing barriers to colorectal cancer screening

We thank you for your support of these programs in the past. We are now at a crucial point for cancer prevention in New York State. On behalf of 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.

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<sup>i</sup> Tri-Agencies FAQ About ACA Implementation. Released Jan. 10, 2022, page 12. Available at [FAQs about Affordable Care Act Implementation Part 51, Families First Coronavirus Response Act and Coronavirus Aid, Relief, and Economic Security Act Implementation \(dol.gov\)](#).

<sup>ii</sup> Wolf AMD, Fontham ETH, Church TF, et al. Colorectal cancer screening for average-risk adults: 2018 guideline update from the American Cancer Society. *CA Cancer J Clin*. 2018; 68(4):250-81.