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Health Budget Testimony
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American Cancer Society Cancer Action Network
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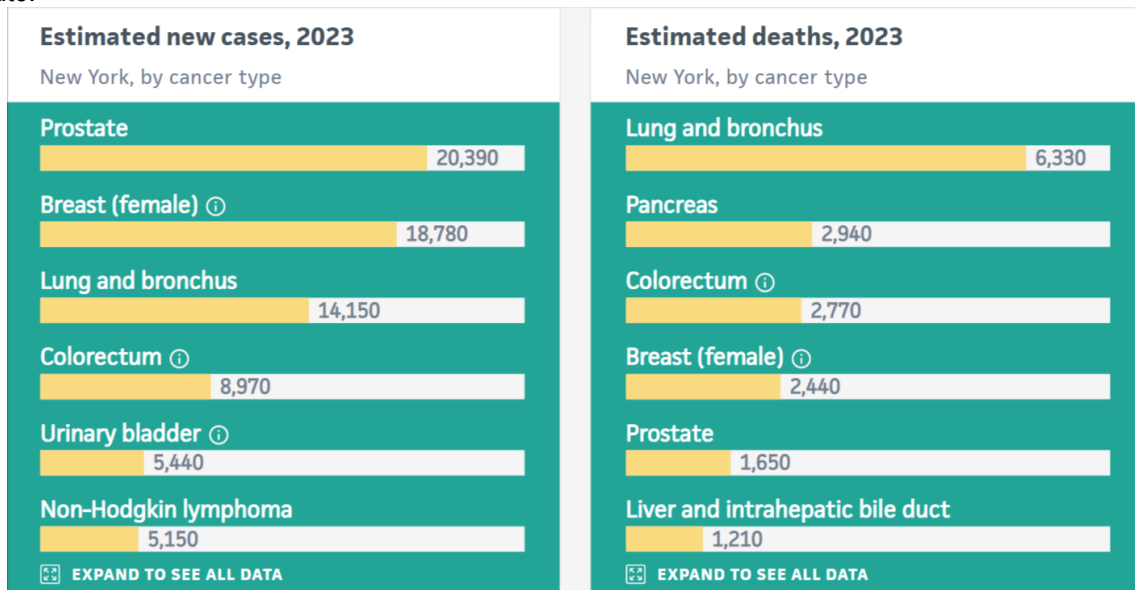
NY at a glance:
 Estimated new cancer cases in
 2023: **123,810**
 Estimated cancer deaths in
 2023: **31,320**

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 four requests:

- ✓ Restore funding for the NYS Cancer Services Program to \$26.8 million in FY 2023-2024.
- ✓ Increase the cigarette tax by \$1 per pack and an equivalent increase in the tax on all other tobacco products like cigars, smokeless tobacco, and electronic cigarettes.
- ✓ Dedicate at least \$13 million from the new tax revenue to the NYS Tobacco Control Program, increasing its budget to \$52 million in FY 2023-2024; and
- ✓ End the sale of menthol cigarettes and all other flavored tobacco products

Cancer remains the second leading killer in New York. As evidenced by the following chartsⁱ which show the six leading cancer types and cancer types resulting in death, cancer takes a tremendous toll on the health of residents of our state.



Cancer Screenings Save Lives

In 2023 an estimated:

- 18,780 women will be diagnosed with breast cancer
- 850 women will be diagnosed with cervical cancer: and
- 8,970 men and women will be diagnosed with colorectal cancer.

Approximately 5,400 New Yorkers will die from these three cancers alone. What all these cancers have in common is that they can be detected at an early stage when the survival rate is highest through timely screening. The New York State Cancer Services Program (CSP) provides free breast, colorectal and cervical cancer screening to uninsured and underinsured men and women with limited income.

According to the National Health Interview Survey, approximately 4.7 percent of New Yorkers remain uninsured.ⁱⁱ In the past year, approximately **20,000** New York residents received a cancer screening, thanks to the CSP.ⁱⁱⁱ Annually, the CSP provides approximately:

- 29,400 Breast cancer screening servicesⁱⁱⁱ (*includes mammograms & clinical breast exams*)
- 7,700 Cervical cancer screening servicesⁱⁱⁱ (*includes Pap tests & HPV tests*)
- 4,300 Colorectal cancer screening servicesⁱⁱⁱ (*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 fifty 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.^{iv}

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 crucial factor in preventing cervical cancer, by identifying precancerous lesions and/or catching cervical cancer early when survival rates are the highest.^v

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.**^{vi} With nearly one million New Yorkers lacking health insurance, programs like the CSP are critical to improving patient outcomes.

Large Unmet Need— Despite its record of success, the CSP is currently able to reach only 18% of the entire eligible population in New York—a result of its limited budget and resources. This includes Black and Hispanic/Latino cancer patients—two groups which are more likely to be diagnosed at later stages than Whites for breast, colorectal and cervical cancers due, in part, to lower screening rates.

Based on 2019 U.S. Census data^{vii}:

- 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 greatest disparities in cancer outcomes are among Black and Latino/Hispanic cancer patients, those living in rural areas of the state, people without health insurance and in those with lower incomes.

Compounding the challenges faced by the CSP, the COVID-19 pandemic has caused a decline in potential lifesaving cancer screenings, resulting in increased cancer incidence and death.

For instance, the decrease in colonoscopies and biopsies caused by the pandemic are projected to result in 4,500 excess deaths from colorectal cancer and an excess of 2,500 breast cancer deaths alone by 2030 nationwide according to recent National Cancer Institute (NCI) studies.

In 2017, Governor Andrew Cuomo reduced the annual CSP budget by 20%, from \$25.6 to \$19.8 million, where it has remained. State funding for the CSP has been supplemented in part each year by two grants from the federal government by way of the National Breast & Cervical Cancer Early Detection Program and the National Comprehensive Cancer Control Program. In 2022 those grants were reduced by a total of more than \$1.34 million resulting in a further challenge to screening in New York.

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 2022-2023 state budget maintained flat level state funding for CSP at \$19.825 million. Despite the increased need, Governor Hochul's proposed 2023-24 budget continues flat level funding.

To ensure that every New Yorker has access to breast, cervical and colorectal cancer screening, we are calling on the state to recommit the 20% lost in 2017 and dedicate \$25.6 million to the CSP, expanding the availability of screening to low-income, under-, and uninsured residents. Additionally, New York State should establish a specific budget line item for operating expenses needed to implement the CSP and allocate \$1.2 million in Fiscal Year 2023-24 bringing its total funding to \$26.8 million.

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. Restoring funding to the CSP would help it serve their existing patients and expand outreach to those in need.

Tobacco Control

Despite progress and additional policy efforts, tobacco companies are still making a large profit off New Yorkers as **smoking kills over 22,200 adults** each year. Lung cancer is the number one cancer killer in New York for both men and women. In 2023 an estimated **14,150 New Yorkers will be diagnosed with lung cancer** and an estimated 6,330 will die from the disease.^{viii} There are widespread disparities in who will develop certain cancers and who will die from certain cancers. Lung cancer is the leading cause of cancer death in Black men and the second-leading cause in Black women. Tobacco-related cancer mortality is higher among Black people than White people because of historically higher smoking prevalence. 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).

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

End the Sale of Menthol Cigarettes and All Other Flavored Tobacco Products

ACS CAN strongly supports the proposal to end the sale of menthol cigarettes and all flavored tobacco. Flavors are a marketing weapon used by tobacco manufacturers to target youth and young people to a lifetime of addiction. Altering tobacco product ingredients and design, like adding flavors, can improve the ease of use of a product by masking harsh effects, facilitating nicotine uptake, and increasing a product's overall appeal. Mint, Menthol and other candy, and fruit flavored tobacco products are a promotional tool to lure new, young users, and are aggressively marketed with creative campaigns by tobacco companies.

Products with flavors like cherry, grape, cotton candy, mint and gummy bear are clearly not aimed at established, adult tobacco users and years of tobacco industry documents confirm the intended use of flavors to target youth. Furthermore, youth report flavors as a leading reason they use tobacco products and perceive flavored products as less harmful.

No other flavored product has been linked to more tobacco related deaths than menthol cigarettes. Yet repeatedly they continue to be allowed to remain on the market. Tobacco manufacturers have aggressively targeted communities of color, women, and LGBTQ+ communities with menthol products, leading to an unequal burden of death and disease. The overwhelming majority of all African Americans who smoke (85.5 percent) report smoking menthol cigarettes compared to less than a third of whites who smoke (28.7 percent). Almost half of youth who smoked cigarettes used menthol cigarettes (46.7 percent).

Over 80% of kids who have used tobacco, started with a flavored product.

The bottom line is that flavors hook kids and tobacco will kill over 22,000 New Yorkers this year. Ending the sale of menthol cigarettes and all flavored tobacco will help prevent another generation of kids from getting hooked on deadly tobacco.

Do not Believe Big Tobacco's Lies

Tobacco industry backed opponents of ending the sale of menthol cigarettes and flavored tobacco have made an art of promoting fearmongering and misinformation that capitalizes on the very real concerns about

discriminatory targeting of communities of color by police to preserve the ability of the tobacco companies to continue to profit off of the lives of New Yorkers.

To be clear, this proposal does **not prohibit or criminalize the individual purchase, use, or possession of flavored tobacco products in any way.** I encourage you to read the bill language and ignore misleading characterizations being made by opponents. You will find that it specifically describes what constitutes a “dealer” or “seller” and includes the following:

“Nothing in this section shall be construed to penalize the purchase, use, or possession of a tobacco product or vapor product by any person not engaged as a vapor products dealer, retail dealer, tobacco or vapor seller, or any agent or employee of a vapor products dealer, retail dealer, or tobacco or vapor seller.” (Page 319 of HMM Art. VII)

The exclusive focus is on prohibiting the sale of these products **with enforcement only on licensed retailers like grocery stores and bodegas, by state and local health departments.**

The truth is that this proposal will save countless lives, primarily people of color, and will not result in police actions, as opponents falsely claim. If New York is to ever succeed in ending the cycle of addiction to tobacco, it is imperative that state lawmakers end the sale of menthol cigarettes and all flavored tobacco.

Additionally, the tobacco industry and their retailers would like state lawmakers to believe that this proposal will lead New York tobacco retailers, convenience stores and bodegas to close as people will go to neighboring states for their flavored products. The truth is that opponents always over-estimate the impacts on business of effective tobacco control policies. This doomsday scenario for retailers has not proven to be true in the two states (Massachusetts and California) and hundreds of municipalities that have enacted these measures. This is likely due to the fact that the majority of menthol smokers will simply switch to non-flavored products that are easy to access from the same retailers in their communities.

In fact, in Massachusetts, the number of both convenience stores and retail tobacco licenses have increased since the law took effect there. The primary goal of this proposal is to take away the appeal of flavors in tobacco, so they are no longer attractive to children. This policy is primarily about (and effective in) making sure young people never starting on these highly addictive, deadly products.

Furthermore, opponents of ending the sale of menthol cigarettes and all flavored tobacco products like to argue that doing so while legalizing flavored cannabis is a contradiction. However, there is no comparison between the mortality and morbidity caused by tobacco versus adult use cannabis. Tobacco products are responsible for millions of deaths over the last several decades, which is not true of cannabis. Tobacco contains highly addictive nicotine, while cannabis does not. New York is currently in the process of developing its adult use cannabis law and regulations. If people are concerned about flavored marijuana, they should raise that with state leaders. But let’s not get distracted from the fact that 22,000 lives will be lost to tobacco use in New York State this year alone.

Increase Tobacco Taxes

ACS CAN strongly endorses the proposal to increase the cigarette tax by \$1 per pack. In addition to saving New York State over \$727 million dollars in smoking-related long term health care costs, and generating over \$51 million in new revenue, increasing the cigarette tax by \$1 per pack will result in over 15,300 lives saved, prevent 14,400 youth under age 18 from becoming adults who smoke, and result in 44,800 adults who currently smoke quitting among other health benefits.

Projected New Annual Revenue from Increasing the Cigarette Tax by \$1.00 Per Pack: \$51.66 million

Projected Public Health Benefits for New York from the Cigarette Tax Rate Increase

<i>Percent decrease in youth (under age 18) smoking:</i>	8.2%
<i>Youth under age 18 kept from becoming adult smokers:</i>	14,400
<i>Reduction in young adult (18-24 years old) smokers:</i>	3,000
<i>Current adult smokers who would quit:</i>	44,800
<i>Premature smoking-caused deaths prevented:</i>	15,300
<i>5-Year reduction in the number of smoking-affected pregnancies and births:</i>	4,200
<i>5-Year health care cost savings from fewer smoking-caused lung cancer cases:</i>	\$7.61 million
<i>5-Year health care cost savings from fewer smoking-affected pregnancies and births:</i>	\$9.37 million
<i>5-Year health care cost savings from fewer smoking-caused heart attacks & strokes:</i>	\$5.28 million
<i>5-Year Medicaid program savings for the state:</i>	\$35.37 million
<i>Long-term health care cost savings from adult & youth smoking declines:</i>	\$727.35 million

Along with the cigarette tax, New York State should increase the tax on all other tobacco products (OTP's) like cigars, smokeless tobacco and electronic cigarettes, to parallel the new cigarette tax rate. Increasing the price of cigarettes and all other tobacco products through regular and significant tobacco tax increases helps prevent kids from starting to use tobacco and motivates people who already use tobacco products to quit.

Other tobacco products (OTPs), vary widely in their structure and packaging, unlike cigarette packs. This lack of uniformity makes an effective per-pack tax difficult to assess and collect on these types of products.

When OTPs are taxed at a much lower rate than cigarettes, people who smoke may switch to another lower-priced tobacco product instead of quitting altogether. Youth are particularly price sensitive, so they are most likely to be impacted by this price differential.

It is also imperative that New York State invest at least \$13 million of the new revenue generated by the new tobacco tax rate into sustaining fact-based, statewide tobacco prevention and cessation programs bringing the budget for the NYS Tobacco Control Program to \$52 million in FY 2023-2024.

Increase Tobacco Prevention and Cessation Funding

Increasing state funding from the current \$39.8 million to at least **\$52 million** in Fiscal Year 2023-2024 will allow the program to increase outreach to communities where tobacco use continues to have a troubling impact. 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 22,200 New Yorkers losing their lives to tobacco related illness 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 youth who being targeted by the tobacco industry. 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. While the 2023-2024 Executive budget proposal maintains flat funding for the TCP at \$39.8 million, ACS CAN is asking state leaders to increase funding to **\$52 million** in Fiscal Year 2023-2024.

More funding is needed to help ensure the program can reach New Yorkers who are marginalized and **reach the alarming number of youths 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.

The 2023-2024 Executive budget proposal maintains flat funding for the Tobacco Control Program at \$39.8 million. 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 recommends that New York State invest at least \$13 million of the new revenue generated by the new tobacco tax rate into the NYS Tobacco Control Program, bringing its budget to \$52 million in FY 2023-2024.

In closing, we recommend New York State:

- ✓ Restore funding for the NYS Cancer Services Program to \$26.8 million in FY 2023-2024.
- ✓ Increase the cigarette tax by \$1 per pack and an equivalent increase in the tax on all other tobacco products like cigars, smokeless tobacco and electronic cigarettes.
- ✓ Dedicate at least \$13 million from the new tax revenue to the NYS Tobacco Control Program, increasing its budget to \$52 million in FY 2023-2024; and
- ✓ End the sale of menthol cigarettes and all other flavored tobacco products

We thank you for considering these recommendations. 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 adopt a budget that priorities cancer prevention and early detection 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.

ⁱ American Cancer Society. Cancer Facts & Figures 2022 Atlanta: American Cancer Society; 2022

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

ⁱⁱⁱ Source: Cancer Services Program statistics for October 1, 2019 – September 30, 2020

^{iv} New York State Department of Health, 2022 <https://www.health.ny.gov/diseases/cancer/breast/index.htm>

^v American Cancer Society. Cancer Facts & Figures, American Cancer Society; 2021

^{vi} Colorectal Cancer Screening in New York State, Progress Report 2019

https://www.health.ny.gov/diseases/cancer/colorectal/docs/2019_progress_report.pdf

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

^{viii} American Cancer Society. Cancer Facts & Figures 2022Atlanta: American Cancer Society; 2022