



**Testimony of Chuck Bell, Programs Director,
Consumer Reports
to the
New York Joint Legislative Budget Hearing on Health
2022-23 Executive Budget Proposal
February 8, 2021 (revised)**

Thank you for the opportunity to submit testimony to the Joint Legislative Budget Hearing on Health. I represent Consumer Reports, an independent nonprofit member organization that works side by side with consumers for truth, transparency, and fairness in the marketplace.

1) “The Slow Moving Pandemic” – The Serious Public Health Threat of Antibiotic-Resistant Superbugs

The COVID-19 pandemic has graphically brought home to all of us how a previously unknown disease can wreak havoc not just on our lives in New York, but on human life around the world. One of the key lessons of the pandemic is the importance of early intervention with public health measures to prevent and control the outbreak of disease.

With this in mind, we urge New York state to increase its efforts to address the growing threat to public health from strains of antibiotic-resistant bacteria (aka “superbugs”), which are bacteria that are immune to life-saving antibiotics. The troubling rise in antibiotic resistance is fueled by the overuse and misuse of antibiotics in medical and agricultural settings, and it is robbing the world of its most important tools for fighting against infectious disease.

The growth of antibiotic-resistant superbugs has been aptly described as a slow-moving pandemic by the US Department of Health and Human Services and the Centers for Disease Control (CDC). The CDC currently estimates that antibiotic-resistant bacteria are responsible for at least 2.8 million infections in the U.S. and at least 35,000 deaths annually, though experts believe the actual numbers are much higher. Worldwide, it is estimated that more than a million people die from antibiotic-resistant infections every year. A U.K. government-sponsored study predicted 10 million deaths per year worldwide by 2050 – more than from cancer – if immediate action is not taken.

The World Health Organization, the United Nations General Assembly, the CDC, the New York State Department of Health, and many other public health organizations have identified antibiotic-resistant infections as a grave threat to human health.

The COVID-19 pandemic, during which desperate doctors around the globe liberally dispensed broad-spectrum antibiotics under the assumption that sick COVID-19 patients were highly susceptible to secondary bacterial infections, has exacerbated the problem. While it turned out that only a small fraction of COVID-19 patients got secondary bacterial infections, experts believe this widespread use of broad-spectrum antibiotics has likely spurred the development of more antibiotic-resistant bacteria. Unchecked, the growing threat of antibiotic resistance will lead to a world where strep throat, tuberculosis, childbirth, UTIs, tooth infections, skin scrapes, and routine surgery will once again come with a high mortality rate, as they did before the discovery of antibiotics 100 years ago.

Controlling resistance requires both strong antibiotic stewardship measures in medicine and reducing antibiotic use in animals. New York took an important step last year when it passed a law requiring every hospital and nursing home to establish an antibiotic stewardship program. But since two thirds of all antibiotics are sold for use in livestock production, it is imperative from a public health perspective to also address the overuse and misuse of antibiotics in the agricultural sector.

We urge New York state to take the comprehensive “One Health” approach to antibiotic resistance advocated by the World Health Organization and the CDC. The One Health approach includes both curbing medical overuse of antibiotics and eliminating the misuse and overuse of medically important antibiotics in animal agriculture.

The state should establish goals of reducing health-care associated resistant infections by 20%, community acquired resistant infections by 10% by 2025, and medically important antibiotic use in food animals by 50% within a few years after that. The first two goals were established by the federal National Action Plan 2020–2025 on antibiotic resistance. The third goal can be achieved by eliminating use of medically important antibiotics in food animals for disease prevention, which currently accounts for a majority of food animal antibiotic usage. The state should also create an Antibiotic Resistance Control Board consisting of the heads of the relevant state departments, a public member and an advisory board consisting of stakeholders and experts, to provide comprehensive leadership and oversight for stemming the threat of antimicrobial resistance.

While doctors, hospitals and nursing homes have been taking the lead in efforts to reduce overuse of antibiotics, the agricultural sector has lagged behind. In the U.S., approximately 65 percent of medically important antibiotics, i.e., those that are important for human medicine, are also sold for use in food animals – cattle, pigs, turkeys, chickens – typically raised in large-scale industrialized operations, but on smaller farms, too. Surprisingly, most of the animals getting antibiotics aren’t actually sick. Instead, antibiotics are routinely administered to the animals at subtherapeutic levels, mixed into their food and/or water, so that they can survive often unsanitary, overcrowded living conditions and unnatural diets. Moreover, despite increasing awareness of the antibiotic-resistance crisis, recent FDA reports show the sale of medically important antibiotics for use in food-producing animals has increased since 2017, despite certain limits imposed by FDA starting that year.

While antibiotic resistance is a naturally occurring phenomenon, the speed of its evolution is pushed into hyperdrive when bacteria are repeatedly exposed to antibiotics. The antibiotics kill off the bacteria that don’t have resistance, but the bacteria that already have a mutation or gene that makes them resistant will survive, multiply, spread, and ultimately threaten people.

Antibiotic-resistant superbugs travel easily from farms to people. They can be carried by air, water, farm workers, and on meat and produce. This is a significant problem for public health. CDC estimates that approximately 661,000 Americans get sick each year by eating food contaminated with antibiotic-resistant bacteria and that 24% of all antibiotic-resistant infections come from food and animals. Superbugs can spread easily between people in hospitals and nursing homes, but also via direct contact, poor hygiene, sharing of personal items, and failure to wash cooking utensils. Antibiotic-resistant bacteria can also transfer their resistance to other bacteria, e.g., those in the human gut, making gut bacteria resistant to medically important antibiotics, too.

Given these high stakes – and the lack of effective regulation at the federal level – it’s up to states to help save antibiotics for humans now and in the future and mitigate another looming public health crisis. We’ve already seen what federal government inaction in the face of a pandemic leads to.

California and Maryland recently passed laws restricting the routine use of antibiotics in farm animals. The European Union has banned all routine use of antibiotics on farms, including prophylactic group treatments as of February 2022.

For all these reasons, New York should lead the U.S. in fighting against antibiotic resistance by establishing an Office of Antibiotic Resistance Control in the Department of Health to oversee development and implementation of a comprehensive One Health approach to the problem, monitoring antibiotic stewardship in medical settings and limiting the use of antibiotics in food-producing animals to treatment of sick animals, (e.g., dairy cows with mastitis), control of the outbreak of disease from a contagious animal(s), or in relation to certain medical procedures (e.g., surgery, castration).

New York State must be a leader in helping to keep medically important antibiotics working for people. The song goes, “God gave Noah the rainbow sign, No more water, the fire next time.” Applied to our current circumstance, we could say “No more COVID – it’s bacteria next time”. But we have a chance to avert that disaster, and a critical part of that is to end use of antibiotics for blanket disease prevention in food animals.

2) Ending the Scourge of Unfair Medical Debt Collection Practices

As documented by the Community Service Society of New York, the burden of medical debt in New York state has resulted in over 52,000 lawsuits filed against patients by the state’s charitable hospitals in the past five years, including 4,000 filed during the pandemic.¹ Further, some of the patients being sued are low- and middle-income workers who have become unemployed or ill during the pandemic.² This is occurring for several reasons. Healthcare prices are skyrocketing at a faster pace than inflation—especially inpatient prices, which grew twice as much in New York (32%) as nationally (16%).³ New Yorkers’ wages and benefits cannot keep up. Desperate to control costs, both employers and consumers are buying high deductible plans, further shifting the costs of healthcare to consumers who cannot afford it. To make matters worse, patients are bombarded with confusing and conflicting bills.

Lawsuits are just the most extreme outcome New Yorkers face when they cannot afford medical care. A 2019 poll found that 16 percent of New York adults surveyed had to take out loans or racked up credit card debt to pay for medical care, 15 percent had used up all or most of their savings, and 12 percent had been put into collections.⁴ People of color are disproportionately impacted by affordability burdens and their negative repercussions.⁵ Consumers are increasingly frustrated with medical stakeholders—holding hospitals, insurance carriers and pharmaceutical companies responsible for out-of-control

¹ Elisabeth Benjamin and Amanda Dunker, “Discharged Into Debt: New York’s Non Profit Hospitals Are Suing Patients, Community Service Society of New York, March 2020, <https://www.cssny.org/publications/entry/discharged-into-debt> and “Discharged Into Debt: A Pandemic Update,” January 2021, <https://www.cssny.org/publications/entry/discharged-into-debt-a-pandemic-update>

² Brian Rosenthal, “One Hospital System Sued 2,500 Patients After Pandemic Hit,” The New York Times, January 5, 2021, <https://www.nytimes.com/2021/01/05/nyregion/coronavirus-medical-debt-hospitals.html>

³ Health Care Cost Institute and New York State Health Foundation, “Health Care Spending, Prices, and Utilization for Employer-Sponsored Insurance in New York,” July 2019, available at <https://nyshealthfoundation.org/2019/07/30/health-care-spending-in-new-york-growing-faster-than-rest-of-u-s/>

⁴ Altarum Healthcare Value Hub, “New Yorkers Struggle to Afford High Healthcare Costs; Support a Range of Government Solutions Across Party Lines,” Data Brief No. 37, March 2019, <https://www.healthcarevaluehub.org/advocate-resources/publications/new-yorkers-struggle-afford-high-healthcare-costs-support-range-government-solutions-across-party-lines/>

⁵ Elisabeth Benjamin and Amanda Dunker, “How Structural Inequalities in New York’s Health Care System Exacerbate Health Disparities During the COVID-19 Pandemic: A Call for Equitable Reform,” Community Service Society of New York, June 2020, <https://www.cssny.org/publications/entry/how-structural-inequalities-in-new-yorks-health-care-system-exacerbate-heal>

costs.⁶

In an investigative report on confusing medical billing practices and surprise billing published in 2018, Consumer Reports similarly found that “hospital, doctor and insurance bills are riddled with incorrect or unexpected charges are surprisingly common.” The report noted that because medical bills themselves are so confusing—filled with specialized terms and lacking clarity about whether patients or their insurer is responsible for payment—millions of Americans actually give up trying to fight them.

According to the CR survey, more than one-third of respondents said they paid bills they weren’t sure they owed—20 percent of that group paid more than \$1,000. Among the reasons they gave for doing this: The bill was too confusing, they were uncertain their efforts would make a difference, and they were concerned not paying would hurt their credit record.

In our 2018 report, CR called for a Patient Bill of Financial Rights to reduce unfair billing practices, which can result in the imposition of medical debts that are reported to credit bureaus and sent to collection. To improve patient rights against unfair medical debt collection, CR joins with Health Care for All New York in urging the Assembly and Senate to:

- Enact S7625/A8441 to make it easier for patients to find out about, apply for, and qualify for financial assistance with hospital bills. Among other provisions, the bill would require all hospitals to use one uniform application, increase eligibility to 600% of the FPL from 300%, and remove an asset test that is only required for the lowest-income patients.
- Pass S6522/A7363 to prohibit hospitals and medical providers from placing liens on patients’ homes or garnishing their wages to recoup a medical debt judgment.
- Pass S2521B/A3470B to require providers to notify patients ahead of time if the provider they add facility fees to bills and prohibit providers from charging facility fees that insurers will not pay for, or for preventive care.

Thank you very much for the opportunity to present our views. We look forward to working with you on these issues and would be happy to respond to any questions.

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⁶ Altarum Healthcare Value Hub, “New Yorkers Struggle to Afford High Healthcare Costs; Support a Range of Government Solutions Across Party Lines,” Data Brief No. 37, March 2019, <https://www.healthcarevaluehub.org/advocate-resources/publications/new-yorkers-struggle-afford-high-healthcare-costs-support-range-government-solutions-across-party-lines/>