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**Testimony of the American Cancer Society Cancer Action Network  
on Governor Cuomo's Proposed Budget  
Julie Hart, NYS Government Relations Director  
February 16, 2017**

Senate Finance Chair Young, Assembly Ways and Means Chair Farrell, and distinguished Members of the Senate and Assembly, my name is Julie Hart and I am the New York State Government Relations Director 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. ACS CAN works to encourage elected officials and candidates to make cancer a top national and state priority.

Cancer is the second leading killer in New York. This year approximately, 107,530 New Yorkers will learn they have cancer. Sadly, 35,960 New Yorkers will lose their battle to cancer this year. As evidenced by the following charts, the toll cancer takes on New York is devastating.

**Estimated number of new cases in New York for selected cancers**

Female breast: 16,310	Melanoma: 4,900
Lung and Bronchus: 12,700	Non-Hodgkin Lymphoma: 4,760
Prostate: 10,060	Uterine Corpus: 4,420
Colon and rectum: 8,490	Leukemia: 4,320
Urinary Bladder: 5,410	Uterine cervix: 810

**Estimated number of deaths in New York for selected cancers**

Lung and Brochus: 8,660	Prostate: 1,560
Colon and rectum: 2,870	Leukemia: 1,470
Pancreas: 2,750	Non-Hodgkin Lymphoma: 1,210
Female breast: 2,410	Ovary: 910
Liver: 1,680	Brain: 910

Source: American Cancer Society. Cancer Facts & Figures 2017. Atlanta: American Cancer Society; 2017

I would like to address several 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.

### **Reject Consolidation of Public health programs:**

This year the Governor is again proposing to consolidate numerous health care programs under the guise of achieving savings. Consolidation of programs means a lack of transparency, making it difficult to determine how much goes to each program, and provides no guarantees of funding going to any specific area. The proposed budget recommends consolidating 39 public health appropriations into 4 pools and reducing funding by 20 percent. We strongly urge this proposal to be rejected and funding restored to these public health programs. Decisions on where to spend these important state funds should rest with the state legislature.

### **New York State Cancer Services Program (CSP)**

#### **Recommendation: Reject consolidation of public health programs and restore funding of \$25,281,000**

Sadly, the Governor’s proposed budget would consolidate numerous public health programs and apply a 20 percent funding reduction to these programs. This means a potential cut to evidence based cancer services, including the Cancer Services Program, of approximately \$5 million. This could be devastating as 28,510 New Yorkers relied on the program in the past year for a cancer screening.

The New York State CSP provides breast, cervical, and colorectal cancer screenings to low-income women and men who do not have health insurance, or who have health insurance that does not cover the cost of these cancer screenings. According to the latest census data, approximately 7 percent of New Yorkers remain uninsured.<sup>1</sup>

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.

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>2</sup>

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 that uninsured adults are significantly less likely to receive

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<sup>1</sup> U.S. Census Bureau, 2013, 2014, and 2015 1-Year American Community Surveys

<sup>2</sup> American Cancer Society. *Cancer Facts & Figures 2017*. Atlanta: American Cancer Society; 2017.

recommended colorectal cancer screenings than insured adults. Only 37 percent of uninsured New Yorkers have been screened for colorectal cancer compared to 69 percent of insured individuals<sup>3</sup>. If colorectal cancer is caught at a localized stage through screening, 5-year survival rates for the disease are 90 percent. Unfortunately, only 39 percent of individuals are diagnosed at this stage, partly due to the underuse of screening.

In state fiscal year 2014-2015, the **CSP provided cancer screenings to 28,510 New York residents**<sup>4</sup>. The American Cancer Society Cancer Action Network strongly supports full funding of \$25.3 million annually for the Cancer Services Program to improve outcomes for the 16,310 new cases of breast cancer, 810 new cases of cervical cancer, and 8,490 new cases of colorectal cancer this year<sup>5</sup>.

## Tobacco Control

### **Recommendation: Increase Tobacco Control Program (TCP) funding to \$52 M**

The New York State 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 most vulnerable New Yorkers.

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.

Sadly, tobacco companies are still making a killing off New Yorkers as **smoking kills 28,200 adults** each year. Lung cancer is the number one cancer killer in New York for both men and women. In 2017 an estimated **12,700 New Yorkers will be diagnosed with lung cancer** and an estimated 8,660 will die from the disease<sup>6</sup>. We have seen a decrease in the number of youth smokers; the adult smoking rate increased in the past year and currently, **15.2% of New York adults smoke**<sup>7</sup>. More disturbing are the disparities in smoking prevalence among New York Adults as noted on the following chart<sup>8</sup>.

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<sup>3</sup> American Cancer Society. Cancer Prevention & Early Detection Facts & Figures. Atlanta, GA: American Cancer Society. 2016.

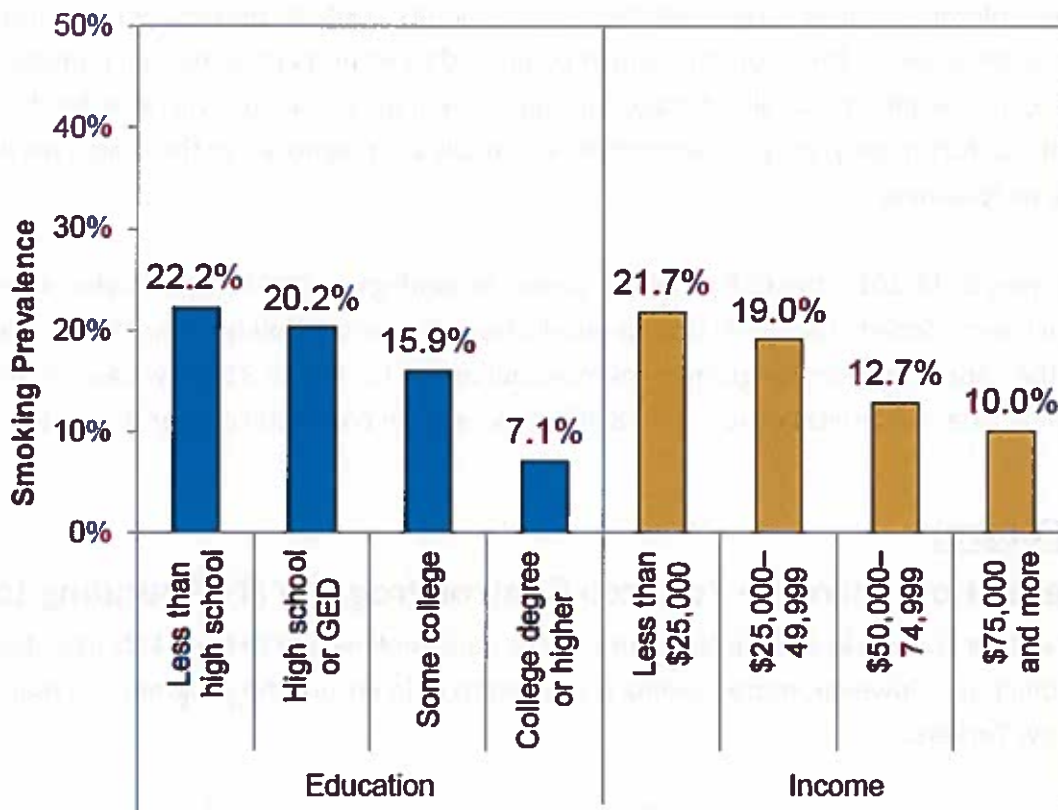
<sup>4</sup> Source: Cancer Services Program statistics for the April 1, 2015- March 31, 2016 program year.

<sup>5</sup> American Cancer Society. Cancer Facts and Figures 2016.

<sup>6</sup> American Cancer Society. Cancer Facts and Figures 2016.

<sup>7</sup> New York Behavioral Risk Factor Surveillance System 2015

<sup>8</sup> New York State Behavioral Risk Factor Surveillance System, 2015



In addition to the massive toll tobacco has on the health of our state, it causes a large financial burden. The annual health care costs in New York directly caused by smoking total \$10.39 billion, with \$6.62 billion covered by the state Medicaid program<sup>9</sup>.

The tobacco industry Influence in New York is also staggering.

- Annual tobacco industry marketing expenditures nationwide \$9.6 billion
- Estimated portion spent for New York marketing each year \$235.1 million

New York has slashed its tobacco control budget in half since 2007. During that time, New York has dropped from 5<sup>th</sup> to 20<sup>th</sup> among states' per capita spending on tobacco control. The Executive budget proposal maintains funding at \$39.3 million however 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 understands the fiscal constraints in the current economic environment. Therefore, we request funding for the tobacco control program be increased by \$13 million, for a total of \$52 million as the first step in a multi-year effort to increase to the CDC recommended funding level. This step will help save lives and save health care costs.

<sup>9</sup>Smoking-caused healthcare costs. CDC, Best Practices for Comprehensive Tobacco Control Programs—2014, [http://www.cdc.gov/tobacco/stateandcommunity/best\\_practices/](http://www.cdc.gov/tobacco/stateandcommunity/best_practices/).

## **Electronic Cigarettes**

### **Recommendation:**

- **Support including e-cigarettes in the state's Clean Indoor Air Act and requiring retailer registration**
- **Tax electronic cigarettes, device and paraphernalia at a rate to create tax parity with combustible cigarettes.**

Electronic smoking devices, or e-cigarettes, commonly refer to the category of battery-operated products that are designed to deliver a heated aerosol often containing nicotine and other chemicals to the user. With the proliferation in usage of electronic cigarettes, it has become clear that these devices must be subject to the same restrictions and included in the state's Clean Indoor Air Act. Currently e-cigarettes can be used in all public places and workplaces, including schools, malls, playgrounds, hospitals, restaurants and bars though combustible cigarettes and cigars are prohibited under the Clean Indoor Air Act.

In New York State, the prevalence of e-cigarette use among high school students and young adults is twice as high as the prevalence of e-cigarette use among adults.

### **A December 2016 Report of the US Surgeon General found:**

- E-cigarette use among youth and young adults has become a public health concern
- E-cigarettes are now the most commonly used tobacco product among youth, surpassing conventional cigarettes in 2014. E-cigarette use is strongly associated with the use of other tobacco products among youth and young adults, including combustible tobacco products.
- The use of products containing nicotine poses dangers to youth, pregnant women, and fetuses. The use of products containing nicotine in any form among youth, including in e-cigarettes, is unsafe.
- E-cigarette aerosol is not harmless. It can contain harmful and potentially harmful constituents, including nicotine. Nicotine exposure during adolescence can cause addiction and can harm the developing adolescent brain.

### **E-cigarette Aerosol**

A growing number of studies have examined the contents of e-cigarette aerosol. Unlike vapor, aerosols contain fine liquid particles, solid particles, or both. Propylene glycol, nicotine, and flavorings were most commonly found in e-cigarette aerosol. Other studies have found the aerosol to contain heavy metals, volatile organic compounds, and tobacco-specific nitrosamines, among other potentially harmful chemicals.<sup>10</sup>

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<sup>10</sup> Cheng, T. Chemical evaluation of electronic cigarettes. *Tobacco Control* 2014; 23: ii11-ii17.

A 2009 study by the FDA found cancer-causing substances in several of the e-cigarette samples tested.<sup>11</sup> Additionally, the FDA found nicotine in some e-cigarettes that claimed to contain no nicotine. A recent study of the flavoring chemicals in e-cigarettes indicates 75% of the flavors tested contained diacetyl. Diacetyl is associated with bronchiolitis obliterans and other severe respiratory diseases known as “popcorn lung”.<sup>12</sup>

### **FDA regulation**

The Family Smoking Prevention and Tobacco Control Act (TCA) – signed into law 2009 - granted the FDA authority to regulate the manufacture, marketing, and sale of tobacco products. On May 5, 2016, the FDA released its final rule and is **bringing all categories of tobacco products, including e-cigarettes and all future tobacco products under its authority.**

For these reasons, we strongly support treating e-cigarettes the same as other tobacco products and including them within the state’s Clean Indoor Air Act and registration laws.

### **Taxing electronic cigarettes and Other Tobacco Products**

New York has made great progress in lowering youth smoking rates (7.3% of high school age youth report smoking cigarettes), however this progress is undercut by the high prevalence of other tobacco products and electronic cigarettes. Currently 28.8 % of high school students report using any tobacco products, and 10.5% report using electronic cigarettes.

ACS CAN urges the e-cigarette tax to be in the form of an ad valorem tax (based on the value of the product rather than by weight as proposed), assessed on the final product at a rate that is on parity with other tobacco products. By taxing based on wholesale price, revenue for the state continues to increase year after year as prices increase.

When implementing a tax on electronic cigarettes, the state must also raise taxes for other tobacco products at the same time. Currently, our tax on tobacco products has not been raised since 2010. To achieve tax parity with cigarettes, the tax on other tobacco products should be raised to 101% (currently 75%) and the moist snuff rate would be \$3.63 per ounce (currently \$2). **According to the Campaign for Tobacco Free Kids, this increase would also generate \$24 million in new revenue.**

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<sup>11</sup> U.S. Food and Drug Administration. Summary of Results: Laboratory Analysis of Electronic Cigarettes Conducted by FDA. July 22, 2009. Available online at <http://www.fda.gov/NewsEvents/PublicHealthFocus/ucm173146.htm>.

<sup>12</sup> Source - Source: Allen JG, Flanigan SS, LeBlanc M, Vallarino J, MacNaughton P, Stewart JH, Christiani DC. Flavoring chemicals in e-cigarettes: Diacetyl, 2, 3-pentanedione, and acetoin in a sample of 51 products, including fruit-, candy-, and cocktail-flavored e-cigarettes. Environmental Health Perspectives DOI: 10.1289/ehp.150185.

## **Obesity Prevention**

### **Recommendations**

- **Reject consolidation of public health programs and restore \$7.463m for obesity & diabetes programs**
- **Line out \$1m funding for Food Desert Elimination Program**

Obesity, physical inactivity, and poor nutrition are major risk factors for cancer, second only to tobacco use. The World Cancer Research Fund estimates about 20% of all cancers diagnosed in the U.S. are related to poor nutrition, physical inactivity, excess weight and alcohol use and thus could be prevented. Excess weight is associated with increased risk for several common cancers, including colon, esophageal, kidney, pancreatic, endometrial, and postmenopausal breast cancer.

New York should be taking steps to help the **8.9 million adults considered overweight or obese**. The rate of obesity is higher among adults who are non-Hispanic black and Hispanic (34.2% and 30%, respectively), earn an annual household income less than \$25,000 (31.9%), have less than a college education (29.0%), or are currently living with a disability (38.4%).<sup>13</sup> Towards this end, we again urge rejection of consolidation of public health programs and full restoration of the Obesity and Diabetes Program funds.

Eating healthy is a challenge for New Yorkers. One in three adults (34.5%) consume fruit less than one time per day, while 22% consume vegetables less than one time daily. Daily consumption of fruits and vegetables is lower in adults who are male, 18-24 years old, Hispanic, earn a household income of less than \$15,000, or have less than a high school degree.<sup>14</sup> While the Governor's state of the state called for a \$1m investment in a food desert elimination program, the program did not receive a specific line item in the budget and we urge transparency and for lawmakers to provide a specific appropriation.

### **In closing we are asking you to support:**

- Rejecting consolidation of public health programs
- Maintaining funding for the Cancer Services Program at \$25.3 million
- Maintaining funding for Obesity prevention/diabetes programs at \$7.463 million
- Treating electronic cigarettes in the same manner as other tobacco products
- Increasing the tax on Other Tobacco Products
- Increasing funding for the State's Tobacco Control Program to \$52 million
- Ensuring \$1million for food desert elimination program receives separate appropriation.

We thank you for your support of these programs in the past. We are now at a crucial point for health care in New York State. On behalf of the over 100,000 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>13</sup> BRFSS, "Overweight and Obesity among New York State Adults, 2013

<sup>14</sup> BRFSS, "Fruit and Vegetable Consumption among New York State Adults, 2013

