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**Appropriations Committee
Health and Hospitals - Department of Public Health
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Comments from the American Cancer Society Cancer Action Network on H.B. No. 6824 AN ACT CONCERNING THE STATE BUDGET FOR THE BIENNIUM ENDING JUNE THIRTIETH 2017, AND MAKING APPROPRIATIONS THEREFOR AND OTHER PROVISIONS RELATED TO REVENUE.

The American Cancer Society Cancer Action Network (ACS CAN) welcomes the opportunity to provide comments on H.B. No. 6824 An Act Concerning The State Budget For The Biennium Ending June Thirtieth 2017, And Making Appropriations Therefor And Other Provisions Related To Revenue. ACS CAN is the nonprofit, nonpartisan advocacy affiliate of the American Cancer Society that supports evidence-based policy and legislative solutions designed to eliminate cancer as a major health problem.

During these challenging economic conditions it is understandable that difficult choices will have to be made. These are decisions that need to be made with careful and deliberate consideration, and we recognize the efforts of the legislature in achieving that end. As careful as these decisions need to be, there also needs to be deliberation regarding the long-term effects that specific funding cuts may have. In 2015 it is estimated that approximately 21,970 Connecticut residents will hear the most horrible phrase, “you have cancer.”

Tobacco Control

ACS CAN strongly opposes the Governor’s proposal to eliminate the annual \$12 million transfer from the Tobacco Settlement Fund to the Tobacco and Health Trust Fund (THTF) for both FY ’16 and FY ’17. If enacted, this proposal would wipe out all non-Medicaid tobacco control program funding for the state of Connecticut for the next two years and would severely impact our ability to control the ever-increasing toll tobacco use costs our health and economy. Equally alarming, because the Budget is also a statement of policy, this proposal sends a dangerous message to our kids, almost 4000 of whom will start smoking this year.

Tobacco related diseases are the single most preventable cause of death in our society, yet according to DPH statistics, tobacco use continues to kill more people in Connecticut

each year than alcohol, AIDS, car crashes, illegal drugs, accidents, murders and suicides combined.

New CDC Statistics indicate 4900 people will die in Connecticut this year while 4300 people--90% of whom are under 18-- will start the habit. Statistically speaking, therefore, one or two people in Connecticut will have died from causes related to tobacco use during the course of this hearing today. Adding to the tragedy, someone in Connecticut will have tried smoking for the first time during course of this hearing as well.

Connecticut receives over \$500 million annually between the MSA funds and tobacco tax revenue. Over the years, however, less than 1% of the cumulative total has been spent in support of smoking cessation services. In 2013 we spent \$6 million on TUC, however for 2014 and now 2015, that number has been cut in half.

Furthermore, since it's inception in 2000, the Tobacco and Health Trust fund has been raided or had funds redirected 64 times. Of the total deposits into the THTF since 2000, only \$28.5 million will have been spent on tobacco control while \$195.7 million has been redirected to non -tobacco related programs, including \$134 million redirected directly into the General Fund. Twice in the last 8 years, the state spent \$0 on tobacco control and now this budget proposes we spend \$0 again for the next two years.

Just last year, recognizing the critical need for more appropriate tobacco control efforts in Connecticut, the Governor proposed and the legislature passed PA 14-76, which restored the annual \$12 million transfer and increased the THTF board's allocation authority. However, for FY '16, this budget proposes we fund tobacco control at \$0. For FY '17, this budget proposes we fund tobacco control at \$0. For FY '18 and beyond, this budget proposes only 50% of the annual funding be restored.

Newly updated recommendations from the CDC call for \$32 million to be spent on tobacco control programs in Connecticut *per year*. To put it starkly, we have dedicated a cumulative total of \$28.5 million for tobacco control during those 15 years-- *\$3.5 million less than the CDC recommends we spend annually*. While the state has continually underfunded programs with proven results and now proposes to eliminate them altogether, *Connecticut incurs \$2.03 billion in annual health care costs*.

We can, should and need to do more. The good news is we know what can be done, what has a demonstrably proven level of success and at what cost and with a reasonable expectation on return of investment.

The 2014 Surgeon General's report found, "States that have made larger investments in comprehensive tobacco control programs have seen larger declines in cigarettes sales than the nation as a whole, and the prevalence of smoking among adults and youth has declined faster, as spending for tobacco control programs has increased." The report

concluded that long-term investment is critical: “Experience also shows that the longer the states invest in comprehensive tobacco control programs, the greater and faster the impact.”

States that have funded tobacco control have indeed seen results:

- Washington State saw a 5-1 savings with their program between 2000-2009 and cut adult smoking by a third and youth smoking in half.
- Florida, which has a constitutional amendment that provides \$66 million per year, has seen their adult smoking rate plummet from 21.1% in 2007 to 16.8% in 2014 and their youth smoking rate drop to 7.5% in 2014 from a high of 10.5% in 2006.
- In California, lung cancer rates declined by a third between 1988 and 2011.
- Alaska, one of only two states to fully fund according to the CDC recommendations, has cut its high school smoking rate by 70% since 1995.
- Maine reduced its youth smoking rates by two thirds between 1997-2013.

70% of Connecticut’s smokers indicate they want to quit while 40% attempt to quit each year, however only about 5% are successful. Many fail because, in part, of a lack of access to successful cessation programs. Funding tobacco use prevention and cessation programs that alleviate this burden on our citizens and economy are not only consistent with our shared goal of insuring access to care to those in need, it is also the only fiscally responsible approach we can take.

The American Cancer Society Cancer Action Network strongly urges the Budget proposal to eliminate the annual transfer of \$12 million from the Tobacco Settlement to the THTF be rejected, and that tobacco control programs be funded at adequate and appropriate levels to better care for our state’s health and economy.

Breast and Cervical Cancer Early Detection Program

ACS CAN is also in strong opposition to the proposed \$199,827 per year cuts to the state Breast and Cervical Early Detection Program (BCCEDP) in the Governor’s 2016-2017 biennium budget.

The Affordable Care Act provides women with greater access to preventative cancer screenings and treatment. However, gaps still remain for women who continue to be uninsured or underinsured due to affordability, literacy, and language related barriers. It is estimated that 22,468 Connecticut women will continue to lack access to cervical cancer screenings, and 10,628 women will lack access to breast cancer screenings. Maintaining funding of \$2.2 million annually for the program will preserve a critical

safety net for thousands of Connecticut women, who will continue to lack access to essential screening, diagnostic, and treatment services.

The Connecticut Breast and Cervical Cancer Early Detection Program provides free pap tests to women aged 21 to 64 and mammograms to women 40 to 64 who are uninsured or underinsured and have income below 250% of the federal poverty line. These services include: routine breast and cervical cancer screenings and exams, patient navigation, care coordination, quality improvement and surveillance and monitoring of women with either a cancer diagnosis or abnormal test results, in an effort to detect cancers at its earliest stages when the chances for survival are the greatest.

BCCEDP is a program of last resort as the uninsured women who qualify for BCCEDP are not eligible for Medicaid, are unable to secure private insurance and are unable to afford Medicare Part B, despite some being eligible for Medicare Part A coverage.

Breast and cervical cancers have alarming incidence and death rates for Connecticut residents. Breast cancer is the most commonly diagnosed cancer among women in Connecticut; furthermore the state has the second- highest incidence of female breast cancer in the nation and ranks 35th in the nation for breast cancer mortality. The survival rate for cervical cancer would be over 90% if all women over the age of 18 who are sexually active had a Pap test on a regular basis. While we have the prevention screenings available, without appropriate funding for this program, the screenings will not reach significant numbers of eligible residents.

According to the Department of Public Health, 2,858 women have received 2,301 clinical breast exams, 1,681 mammograms, and 1,393 Pap tests through the BCCEDP between July 1, 2014 to date. This is less than 1% of the target population ages for 18-64 to receive early detection and prevention services.

DPH reports that a funding reduction of \$199,827 in screening dollars for FY '16 means approx. 900 mothers, daughters, sisters and wives across Connecticut will lose access to critical cancer screenings as a result. Extrapolating, this reduction could result in an increase of undiagnosed breast cancers, undiagnosed cervical cancers and undiagnosed precancerous cervical changes.

Undiagnosed breast or cervical cancer at an early stage only means far greater costs for treatment when diagnosed at a later stage—such that the cost of treatment would far exceed the savings provided by these cuts.

Past funding has been inadequate with many eligible women unable to take advantage of the program as a result. Any action other than fully funding the program will more negatively impact the effectiveness of BCCEDP. If we were able to fully fund preventative cancer screenings we could drastically reduce the number of cancer incidence and mortality rates. Cutting funds from this program reduces access to care in a time when we need to be looking for ways to increase access.

ACS CAN recognizes the enormous impact the Connecticut Breast and Cervical Cancer Early Detection Program has delivered in saving the lives of low-income, uninsured and underinsured women diagnosed with breast and cervical cancer. The proven success of this early detection program demands funding levels that will provide access to these services for all eligible women. Maintaining state funding of \$2.2 million annually for breast and cervical cancer screenings for low income, uninsured or underinsured women through the program is vital so that no woman is denied these life-saving services.

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