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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. 5044 - AN ACT MAKING ADJUSTMENTS TO STATE EXPENDITURES FOR THE FISCAL YEAR ENDING JUNE 30, 2017.**

The American Cancer Society Cancer Action Network (ACS CAN) is pleased to provide comments on H.B. No. 5044 - AN ACT MAKING ADJUSTMENTS TO STATE EXPENDITURES FOR THE FISCAL YEAR ENDING JUNE 30, 2017. 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 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 actions may have. In 2016 it is estimated that approximately 21,700 Connecticut residents will be diagnosed with cancer while 6,780 will die from the disease<sup>1</sup>.

- **Tobacco Control and Prevention Funding**

We are disappointed the Governor's proposal does not provide for any any funding to the Tobacco and Health Trust Fund for tobacco control and prevention programs in Connecticut for FY '17. Existing funds are essentially depleted and our ability to control the ever-increasing toll tobacco use costs our health and economy is already severely impacted. Equally alarming, because the Budget is also a statement of policy, this proposal continues to send a dangerous message to our kids, 4,300 of whom will try tobacco for the first time this year.

*We recognize and acknowledge the fiscal difficulties enveloping every aspect of the budget, nevertheless, we strongly urge the committee to restore funding to FY '15 levels at a minimum.*

Despite significant progress since the first Surgeon General's report, issued 50 years ago, 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.

The good news is that state and local governments can reduce tobacco use, save lives and save money by implementing three proven solutions to the problem: 1) Implementing smoke-free laws 2) Regular and significant increases in tobacco taxes and 3) Fully funding evidence based tobacco

prevention and cessation programs. Separately each approach can help, but putting into place all three of these strategies will maximize the benefits to the states.

A 2013 study published in the *American Journal of Public Health* found that between 2002 and 2008, each of these measures separately contributed to declines in youth smoking and together they reduced the number of youth smokers by about 220,000. The study also found that states could achieve far greater gains if they more fully implemented these proven strategies<sup>ii</sup>.

2015 CDC Statistics indicate 4,900 people will die in Connecticut this year while 4,300 people-- 90% of whom are under 18-- will try tobacco for the first time<sup>iii</sup>. 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 tobacco for the first time during course of this hearing as well.

Connecticut receives \$487 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, for 2014 and 2015 that number was cut in half. However for FY '16 and now FY '17, that number is zero. *Our children are worth more than zero.*

It gets worse. Since it's inception in 2000, the Tobacco and Health Trust fund has been raided or had funds redirected 67 times. Of the total deposits into the THTF since 2000, only \$29.7 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<sup>iv</sup>. Three times now in the last 8 years, the state spent \$0 on tobacco control and once again this budget proposes we spend \$0.

The CDC recommends \$32 million be spent on tobacco control programs in Connecticut *per year*. To put it starkly, we have dedicated a cumulative total of \$29.7 million for tobacco control during those 16 years-- *\$3.5 million less than the CDC recommends we spend annually*. While the state has continually underfunded programs with proven results and now has eliminated funding them altogether, *Connecticut incurs \$2.03 billion in annual health care costs*.

We can, should and need to do more. 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."<sup>v</sup> 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<sup>vi</sup>.
- 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 6.9% in 2015 from a high of 10.5% in 2006<sup>vii</sup>.

- In California, lung cancer rates declined by a third between 1988 and 2011<sup>viii</sup>.
- 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<sup>ix</sup>.
- Maine reduced its youth smoking rates by two thirds between 1997-2013<sup>x</sup>.

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.

- **Breast and Cervical Cancer Early Detection Program**

ACS CAN applauds the Governor for fully funding, at the FY '16 level of \$2.145 million, the state Breast and Cervical Early Detection Program (BCCEDP) through the Insurance Fund.

The Affordable Care Act is helping to improve insurance coverage, raise awareness, and reduce the costs of breast and cervical cancer screenings for women, by requiring private insurers, Medicare, and Medicaid expansion programs to cover routine preventive services at no cost to the patient. However, millions of underinsured and uninsured women across the country still do not have access to these lifesaving screenings. Low-income women, particularly minorities, often face later stage cancer diagnoses; have less access to diagnostic and treatment services; and lower survival rates.

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.

Maintaining funding of \$2.145 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 need is clear-- 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, in FY '15, 4692 women received 4050 clinical breast exams, 2719 mammograms, and 2,550 Pap tests with 1,607 HPV co-testing through BCCEDP funding. With program funding, 28 women were diagnosed with breast cancers and

referred for treatment. An additional 31 women had precancerous cervical lesions removed before developing cervical cancer.

The 4,692 women screened represent only 5.5% of the target population ages for 19-64 to receive early detection and prevention services, however. To determine the needs and barriers of implementing the program post ACA, in 2015, the Department of Public Health produced a Needs Assessment report, which included various recommendations based on feedback from program providers<sup>x1</sup>:

- **Funding** to support staff, advertising, outreach efforts, screening additional patients, and expanding the scope of services offered.
- **Educational Awareness** to keep elected officials educated on the importance of the Early Detection Program amidst the changes associated with the ACA to maintain their commitment to supporting the program and thereby securing funding.
- **Marketing** in the form of a statewide campaign about the Early Detection Program (including a Public Service Announcement and signs on buses).
- **Communication and Technical Assistance** to support program efforts and encourage sharing best practices across programs.
- **Professional Development** including providing regular updates of algorithms and screening guidelines, as well as education on outreach strategies and cultural sensitivity.

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 \$2.145 million for FY '17 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.

- **Consolidate Agency Operating Funds – Block Grants**
- **Reduce Agency Operating Funds 5.75%**

As we expressed in earlier testimony regarding the Governor's budget proposal for Social Services/Medicaid, we are concerned the Governor's budget proposal creates block grants for agencies shifting responsibility over spending from the legislature to the Office of Policy Management and Agency Commissioners, Such a proposal gives far more power and influence to fewer people.

*The lack of line items makes it very difficult to track funding levels as well as expenditures. As an example, over the last 16 years, tobacco control funds have been redirected, reduced and eliminated dozens of times—in part because tobacco control does not have a line item in the budget. ACS CAN Strongly urges the committee to add a tobacco control line-item into the budget.*

Additionally, the proposal does not clarify to what extent non-governmental experts such as doctors and nurses as well as the public itself, would have any opportunity to provide input and influence the funding of a given program.

Finally, without the safety of legislative oversight, the public may not even be aware of a program cut until after it has already been made.

At a time when collaboration, innovation and coordination between programs should be encouraged to ensure greater savings and more positive outcomes, this proposal would essentially require internal agency programs as well as external organizations that traditionally or typically receive state budget funds to have to compete with each other for funding.

- **Impact of State Employee Reductions**

The strain placed on the Department of Public Health from increasing responsibilities to be accomplished within existing resources have been well documented and continue to be a concern. ACS CAN urges the Appropriations committee to consider the potential impact on DPH program outcomes when considering the breadth of proposed state employee workforce reductions.

Thank you for your consideration of our comments.

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<sup>i</sup> American Cancer Society Cancer Facts and Figures - 2016

<http://www.cancer.org/acs/groups/content/@research/documents/document/acspc-047079.pdf>

<sup>ii</sup> Matthew C. Farrelly, Brett R. Loomis, Beth Han, Joe Gfroerer, Nicole Kuiper, G. Lance Couzens, Shanta Dube, and Ralph S. Caraballo. A Comprehensive Examination of the Influence of State Tobacco Control Programs and Policies on Youth Smoking. *American Journal of Public Health*: March 2013, Vol. 103, No. 3, pp. 549-555. doi: 10.2105/AJPH.2012.300948

<sup>iii</sup> 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/).

<sup>iv</sup> Tobacco and Health Trust Fund Annual Report, 2014 -

[http://www.ct.gov/opm/lib/opm/secretary/tobacco/2014\\_tobacco\\_&\\_health\\_trust\\_fund\\_report.pdf](http://www.ct.gov/opm/lib/opm/secretary/tobacco/2014_tobacco_&_health_trust_fund_report.pdf)

<sup>v</sup> U.S. Department of Health and Human Services. *The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014.

<sup>vi</sup> Washington State Department of Health, Tobacco Prevention and Control Program, *Progress Report*, March 2011

<sup>vii</sup> Florida Department of Health. Bureau of Epidemiology, Division of Disease Control and Health Protection. Florida Youth Tobacco Survey, 2015, [http://www.floridahealth.gov/statistics-and-data/survey-data/fl-youth-tobacco-survey/\\_documents/2015-state/index.html](http://www.floridahealth.gov/statistics-and-data/survey-data/fl-youth-tobacco-survey/_documents/2015-state/index.html)

<sup>viii</sup> California Department of Public Health, California Tobacco Control Program, California Tobacco Facts and Figures 2015, Sacramento, CA 2015,

<https://www.cdph.ca.gov/programs/tobacco/Documents/Resources/Fact%20Sheets/2015FactsFigures-web2.pdf>

<sup>ix</sup> Alaska Tobacco Prevention and Control Program Annual report

<http://dhss.alaska.gov/dph/Chronic/Documents/Tobacco/PDF/TobaccoARFY13.pdf> Alaska Department of Health and Social Services, “2015 Youth Risk Behavior Survey Results,” November 2015,

[http://dhss.alaska.gov/dph/Chronic/Documents/yrbs/2015AKTradHS\\_YRBS\\_SummaryTables.pdf](http://dhss.alaska.gov/dph/Chronic/Documents/yrbs/2015AKTradHS_YRBS_SummaryTables.pdf).

<sup>x</sup> National Youth Risk Behavior Survey, 1997 and 2013.

<sup>xi</sup> CT Breast and Cervical Cancer Early Detection Program Needs Assessment Report, July, 2015. Department of Public Health/The Consultation Center

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