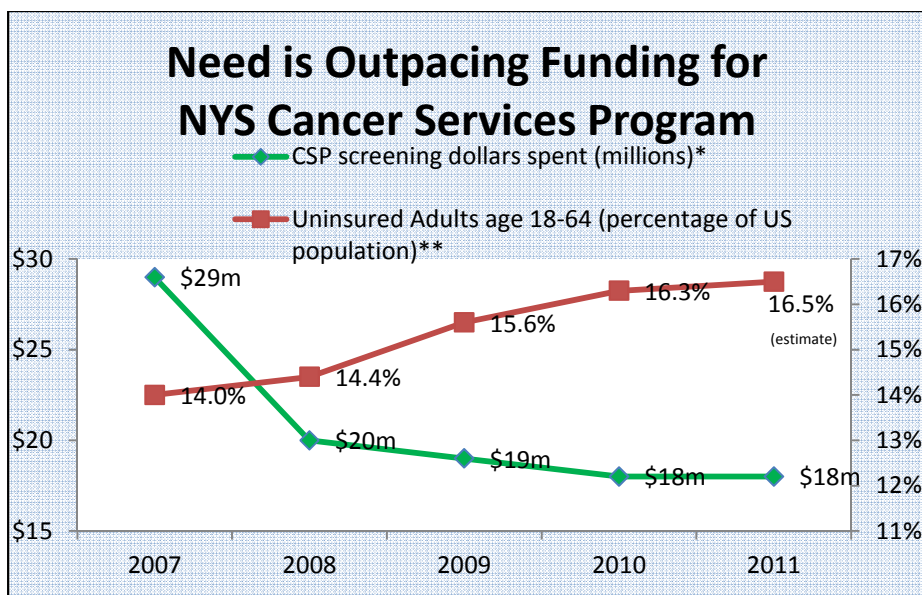




Support \$26.7 Million for New York's Cancer Services Program

This memorandum supports the investment of \$26.7 Million in the 2012-13 Executive Budget Proposal¹ for New York's Cancer Services Program (CSP).

In previous fiscal years, the Cancer Services Program received as much as \$29 million to conduct outreach and screenings for cancer. Combined cuts to the Cancer Services Program (CSP) in recent years have reduced overall spending for this lifesaving screening to \$26.7 million in FY 2011-12, of which about \$19 million directly supports the screening services. Although we understand that these are difficult economic times, the Cancer Services Program has suffered more than its fair share.



The CSP works diligently in every community across the state to provide screening and early detection of breast, cervical and colorectal cancer to women and men who are under- and uninsured.

For those who qualify, the CSP provides clinical breast exams, mammograms, pap tests, pelvic examinations, colorectal cancer screening, surgical consultation and diagnostic testing to people without health coverage in every county of New York State. And while the program has screened tens of thousands of people, at current funding levels, for example, the New York State Cancer Services Program is able to help fewer than 20% of the women who don't have insurance and can't afford a mammogram.

CSP also provides a direct entry to Medicaid for those diagnosed thanks to the Medicaid Cancer Treatment Program. This federal law allows New Yorkers diagnosed through the program to receive immediate Medicaid coverage. It behooves the Medicaid program to simultaneously consider the important role this program plays in optimizing federal dollars to care for New Yorkers diagnosed with cancer. Those who continue to fall through the cracks are not only diagnosed with later-stage cancers, they often come into the Medicaid Program through a more traditional door, relying on state funding to finance their care.

Cancer screening saves lives. Detecting cancer early increases the chances of successful treatment, improves survival rates, and saves New York in overall medical costs. For example, research shows that the earlier breast cancer is detected and treated, the better the survival rate. When breast cancer is diagnosed at an early stage while still confined to the breast, the 5-year survival rate is 98%.

Published research on the success of the National Breast and Cervical Cancer Early Detection Program, which partially funds and guides the state screening program, demonstrates a substantial impact on reducing mortality from breast cancer in medically uninsured, low income women.ⁱⁱ These evidence-based findings justify the state's investment in the early detection of breast cancer. In 2009, the NYS Department of Health estimates that the cost of the Cancer Services Program was offset by \$46 million in savings due to early detection.

Even with the enactment of the Patient Protection and Affordable Care Act, a significant number of New Yorkers will remain uninsured. To serve these individuals, we will need to preserve this network of high quality cancer screening, diagnostic and treatment services if we are to continue to have an impact on the high burden of cancer in our state.

We respectfully request that the Cancer Services program funding be maintained at \$26.7 million so that local program can adequately serve their existing clients and outreach to the eligible population to the extent possible. Your support, through the budgetary process, means the difference between life and death for New Yorkers impacted by cancer.

If we can be of further assistance, please call Anita McFarlane of Komen at 212-461-6189 or Sherry Tomasky of the American Cancer Society at 518-449-5438 x13.

ⁱ Aid to localities budget, p345, lines 61-62 and p 346, line 1-2: 9,006,750; p. 349, lines 34-38: 17,767,000.

ⁱⁱ Hoerger, Thomas J., PhD, et al. Estimated Effects of the National Breast and Cervical Cancer Early Detection Program on Breast Cancer Mortality. *Am J Prev Med* 2011;40(4):397– 404.

*Clinical screening and infrastructure dollars spent based on estimates provided by the new York State Cancer Services Program. Note the program is appropriated additional dollars for professional development and related initiatives in addition to clinical screening and infrastructure dollars.

**People Without Health Insurance Coverage by Selected Characteristics: 2009 and 2010, US Census Bureau.

http://www.census.gov/hhes/www/hlthins/data/incpovhlth/2008/p60no236_table7.pdf

<http://www.census.gov/hhes/www/hlthins/data/incpovhlth/2010/table8.pdf>