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Testimony of Michael Seilback

Vice President, Public Policy & Communications

Before the Joint Legislative Public Hearing on Executive Budget:
Health / Medicaid
February 8, 2012

Good afternoon. My name is Michael Seilback and I am the Vice President of Public Policy & Communications for the American Lung Association in New York. It is my pleasure to be here to offer testimony on behalf of the Lung Association and its volunteer board in response to the Governor's Executive Budget.

Our focus at the American Lung Association is on healthy air, tobacco control and all issues with the potential to affect lung health. Our work focuses on all lung diseases, including asthma, COPD and lung cancer. Our mission is to save lives by improving lung health and preventing lung disease and we do that through education, research and advocacy.

One issue in the proposed Budget which we are happy to support is the proposal to close the loophole on the sale of loose tobacco. Besides raising a projected \$18m in revenue, this action would narrow the price disparity that now exists between loose tobacco and cigarettes. This will lead to decreases in the number of people seeking out a cheaper alternative to traditional cigarettes. And it will also help encourage more smokers to quit.

However, the major reason we are here today is to urge rejection of the Governor's proposed \$5 million cut to the state's Tobacco Use Prevention and Control Program (TCP). The Governor's 2012-13 Executive Budget proposes cutting funding by \$5m, which would reduce funding to \$36.4m.

Despite the fact that smoking remains the #1 cause of preventable death and disease, recent actions have decreased the efficacy of New York's efforts, which has led to New York beginning to lose its national leadership role in tobacco control. Just last month, New York earned an "F" grade in the American Lung Association's State of Tobacco Control report for the level at which it funds its tobacco control program. In this tough fiscal climate, we recognize that reaching the recommended spending level for tobacco control as recommended by the federal CDC is difficult; however, the state's tobacco control program has been forced to shoulder an overwhelming burden of cuts. In fact, the TCP has seen its funding cut by more than 50% in just three years.

When more than 25,000 New Yorkers continue to die each year from tobacco-caused illness, this funding is essential. There currently remain over 2.3 million adult smokers. The direct medical costs associated with treating tobacco-caused illnesses in New York totaled more than \$8 billion (\$3 billion in Medicaid alone) or \$3,026 for every adult smoker. New York also brings in over \$2 billion in cigarette taxes and payments from the Master Settlement Agreement, yet invests less than 4% of that money in tobacco control programs. New York must invest some of that revenue in the very program which helps smokers quit and prevents kids from starting to smoke.

New York's Tobacco Control Program is an evidence-based program composed of various initiatives, which work in tandem to comprehensively battle tobacco. The program achieves its goal through Community Action via their Community Partnerships. These partnerships work on-the-ground in communities across the state to educate the public and decisionmakers on tobacco control. Reality Check, a program to empower youth, is also part of the program. The TCP engages in robust communications using mass media, public relations and media advocacy to motivate tobacco users to quit, promote smokefree policies, and reduce the social acceptability of tobacco use. Lastly, the TCP works with health care systems, insurers and employers to increase provision of - and coverage for - tobacco dependence treatment. The TCP also provides direct cessation support and services through the New York State Smokers' Quitline.

New York has made great progress in the last decade to reduce smoking rates. Despite past successes, some communities in the state have not seen as much progress. While the average smoking rate for the adult population is 15.5%; the average smoking rate in the Medicaid community is 30%. The largest healthcare burden is falling on the very population of people who are least able to bear that burden. Increased funding for the tobacco control program is needed to reduce these inequities; further reduce tobacco use across the state; & reduce tobacco-related health care costs. The legislature must ensure that the Tobacco Control Program has adequate resources to reach these people.

We ask the Legislature to use the projected revenue (\$18m) from the governor's proposed new tax on loose tobacco to begin restoring the effectiveness of this life-saving program by funding the program at \$54m.

One other issue that we care deeply about - and briefly want to mention - is asthma. Asthma is a disease that also exacts a huge toll on New Yorkers and costs the state millions of dollars from indirect and direct medical expenses. It is estimated that there are 1.5 million adults and 428,000 kids with asthma in New York State. It is the most common chronic disease among school-aged children and it is a leading cause of school absenteeism. While there still is much work to be done, we are encouraged that the Governor has proposed fully funding the state's Asthma Control Program. We urge the legislature to support his request.

Thank you for the opportunity to testify today.