

MEMORANDUM OF SUPPORT NYS CANCER SERVICES PROGRAM

Increase funding to \$21.8 Million in 2022-2023

The New York State Cancer Services Program (CSP) provides uninsured and under insured New Yorkers with access to breast, cervical cancer, and colorectal cancer screenings. In the past year, **20,620** New York residents received a cancer screening, thanks to the CSP¹.

Between October 1, 2019 – September 30, 2020, the CSP provided:

- 29,368 Breast screening services¹ (includes mammograms & clinical breast exams)
- 7,679 Cervical screening services¹ (includes Pap tests & HPV tests)
- 4,297 Colorectal screening services¹ (includes fecal tests & screening colonoscopies)

The Cancer Services Programs Provides

- Breast Cancer Screening (Mammogram and Clinical Breast Exam)
 - Women ages 40 and older (some programs serve women ages 50 and older only)
 - Women under age 40 at high risk for breast cancer*
- Cervical Cancer Screening (Pap Test, high-risk HPV test and Pelvic Exam)
 - Women ages 40 and older
- Colorectal Cancer Screening (Fecal Occult Blood Test/Fecal Immunochemical Test Kit)
 Men and women ages 50 and older at average risk for colorectal cancer
- Colorectal Cancer Screening (Colonoscopy)
 - Men and women at increased or high risk for colorectal cancer*

Cancer Services Program—Evidence based cancer services programs like CSP are critical to improving outcomes for the 17,540 new cases of breast cancer, 920 new cases of cervical cancer, and 8,920 new cases of colorectal cancer that will be diagnosed this year².

Published research on the success of the National Breast and Cervical Cancer Early Detection Program, which partially funds and guides the CSP, demonstrates a substantial impact on reducing mortality from breast cancer in medically uninsured, women with limited incomes. These evidence-based findings justify the state's investment in CSP and the early detection of cancer.

¹ Source: Cancer Services Program statistics for October 1, 2019 – September 30, 2020

² American Cancer Society, Cancer Facts & Figures, American Cancer Society, 2021

COVID-19'S IMPACT ON SCREENING—COVID-19 has reshaped the healthcare landscape in New York in more ways than realized. Thousands of New Yorkers have delayed screening since the pandemic began. A nationwide survey showed that nearly half (46%) of cancer patients and survivors reported a change to their financial situation that affected their ability to pay for care. With more than 1 million New Yorkers lacking health insurance, programs like the CSP are critical to improving patient outcomes.

Large Unmet Need—While the number of patients that the CSP has served has gone up after the initial impact of the pandemic, the 21 funded CSP contractors are unable to reach all of those in need given their current resources.

Based on 2019 U.S. Census data:

- There are an estimated **87,946 females** ages 40-64 at or below 250% Federal Poverty Level without health insurance who may be eligible for the Cancer Services Program.
- There are an estimated **110,765 males** ages 40-64 at or below 250% Federal Poverty Level without health insurance who may be eligible for the Cancer Services Program.

The Cancer Services Program funded organizations have deep roots in the communities they serve and are well equipped at reaching populations that are underserved, hard-to-reach and in need of services and connecting them to quality care.

When the CSP had its state, funding cut by 21% in 2017-18 it resulted in approximately 6,000 less patients being directly served. The final 2021-2022 state budget maintained flat level state funding for CSP at \$19.825 million. Despite the increased need, Governor Hochul's proposed 2022-23 budget continues flat level funding.

After nearly two years of patients delaying care, including accessing their doctor recommended cancer screening, and a growing number of New Yorkers needed help getting screened, funding to CSP must increase.

ACS CAN recommends that the CSP have its funding increased to \$21.8 million in Fiscal Year 2022-2023. This modest increase in funding would help the CSP serve their existing patients and expand outreach to those in need.

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