

New York

2014 Legislative Agenda



2014-15 Budget Priorities:

Tobacco Control Program Funding: Lung cancer is the number one cancer killer. The vast majority of cases are caused by smoking, yet New York has slashed its tobacco control budget in half since 2007. During that time, New York has dropped from 5th to 21st among states' per capita spending on tobacco control. The state must reverse this decline. The Centers for Disease Control and Prevention recommends that New York spend \$254 million annually. The state collects over \$2 billion in tobacco revenues. An independent evaluator of the state's Tobacco Control Program recommended that the program be boosted to \$127 million, with subsequent steps to meet the CDC standard.

Request: Increase tobacco control funding back to \$85 million.

Breast, Cervical and Colorectal Cancer Screening Program: Uninsured New Yorkers have nowhere to turn to get potentially life-saving cancer screenings other than this important program. Women 40 and older receive screenings for breast and cervical cancer and all persons 50 and older receive colorectal screenings. Even with the Affordable Care Act being implemented there will still be over one million low income New Yorkers in need of health coverage and preventive services. Funding for this program has been reduced to \$25.4 million from \$29 million.

Request: Restore funding for New York State's Cancer Services Program to \$29 Million.

Pain Management and Palliative Care: Promoting quality of life and preventing suffering for every patient, in every care setting, and for every type of illness, are essential aspects of delivering high quality and patient-centered care. But today's health system often falls short in addressing pain, physical symptoms, emotional concerns, and other chronic care needs. These concerns are increasingly becoming the norm for more patients, survivors and their family caregivers facing serious illness like cancer – quality of life care needs that can now span over many years or even decades. Although the reasons for inadequate quality of life care of the seriously ill are many, most stem from a medical culture that is focused on curing individual diseases and a health system that is designed to reimburse disease-specific care.

Request: Take action to integrate palliative care earlier in the course of illness as an essential element of providing quality patient-centered care, including, managing physical and psychosocial symptoms; and ensuring adequate pain treatment knowledge and capacity. Appropriate \$4.6 million for undergraduate and graduate level palliative care training programs.

2013 Policy Priorities:

Flavored Tobacco Restrictions: Federal law prohibits the use of flavors other than menthol in cigarettes, but other tobacco products, including snuff and cigars are exempted. Manufacturers of snuff and cigars have long regarded flavored merchandise as "starter" products from which teenage experimenters will "graduate" to adult brands. An important function of flavorings is to mask from young users the harsh, toxic properties of tobacco.

Request: Reduce children's access to flavored tobacco products, by restricting their sale to adult-only tobacco shops.

“Surprise Medical Bills”: In 2012 the Cuomo Administration issued a report examining the issue of “surprise medical bills.” A surprise medical bill is a bill from a specialist or other provider who the consumer did not or could not know was out-of-network. Related complaints of undisclosed and excessive charges are particularly pronounced in the emergency care setting. Unexpected and, sometimes, excessive medical bills from out-of-network providers contribute to the growing problem of consumer medical debt, which continues to be a significant cause of personal bankruptcy.

Request: Prohibit consumers from being held financially responsible for “surprise medical bills.”

Electronic cigarettes – There has been a significant increase in the sale of electronic cigarettes and usage among high school students has doubled within a recent one year period. Manufacturers of these products promote them not just to help persons addicted to combustible cigarettes but also are attempting to glamourize smoking again. These products are not subject to existing smoking laws and taxes and persons are using them in public places including restaurants, bars and workplaces. While electronic cigarettes do not burn tobacco, they still contain nicotine which is vaporized. Use of these products by current smokers maintains the nicotine addiction while also enticing nonsmoking youth to think that the products are harmless. More research into the impact of the ingredients of these products is needed.

Request: Until there is adequate scientific evidence regarding the safety of the ingredients in electronic cigarettes, legislation must be enacted subjecting them to the same existing smoking restrictions

Tenant “Right to Know” About Smoking Policy: This proposal provides residents and prospective residents of apartments, cooperative apartment corporations and condominiums information regarding the risk that they and their family will be exposed to second hand smoke in their living space, this proposal requires owners of multiple dwelling properties to develop implement and distribute smoking policies to current and prospective tenants. The nature of the policy is at the discretion of the owner, within the scope of existing law.

Request: Require landlords to develop smoking policies and disclose those policies to tenants.

Tobacco Free State University: Late in session, the State University of New York Board of Trustees passed a resolution to support a “Tobacco-Free SUNY” policy and the development of New York State legislation that bans the use of tobacco on grounds and facilities and in vehicles owned, leased, or controlled by SUNY. Under current law, smoking is banned on SUNY campuses in indoor areas, including residence halls, and in vehicles owned or leased by the State University.

Request: Prohibit tobacco use on SUNY’s campuses.

Nutrition: There is a growing body of scientific evidence linking poor nutrition and a sedentary lifestyle with increased cancer risks. Indeed, research suggests that – outside of tobacco use – such behaviors are a leading cause of cancer incidence.

Request: Support legislation that promotes healthier diets and encourages a more active lifestyle.

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