



**Testimony of Dave Momrow, MPH
Senior Vice President of Cancer Control
American Cancer Society of New York and New Jersey**

**Public Hearing on “Partnership for Coverage”
Wednesday, September 5, 2007**

Governor Eliot Spitzer, Commissioner Daines, Superintendent Dinallo, and esteemed members of the panel: Thank you for the opportunity to testify before you today on the issue of universal healthcare coverage. My name is Dave Momrow and I am the Senior Vice President of Cancer Control for the Eastern Division of the American Cancer Society.

In 1990, the American Cancer Society’s national Board of Directors set forth goals to reduce cancer incidence by 25% and cancer mortality by 50% by the year 2015. We are more than halfway toward that endpoint. Unfortunately, despite great advances in research, screening and treatment, we are not on track to meet these goals. In fact, we will **not** meet them unless everyone with the potential for a cancer diagnosis has access to preventative services and appropriate screening, and every cancer patient can obtain affordable and high quality treatment including necessary prescription medications.

Significant evidence points to the fact that chronic disease is the number one cause of death in this country and that it is responsible for roughly 75% of our nation's healthcare expenditures. By preventing and effectively managing chronic disease, we could reduce both mortality and cost associated with our healthcare system.

Yet, recent studies have shown, for example, that uninsured breast cancer patients have their disease diagnosed at later stages than those with health insurance. Disparities in screening rates for colon cancer, which claims 4,000 lives each year in New York, are even more dramatic with only 20% of the uninsured benefiting from life saving care. The inescapable fact is that insurance status stands as the single largest barrier between New Yorkers and cancer screening - more than age, race, income and education.

The magnitude and effects of lack of insurance in our country are well documented. The clinical literature overwhelmingly shows that uninsured people, children as well as adults, suffer worse health and die sooner than those with insurance. For cancer, this is a critical moment in the fight against this disease.

The American Cancer Society has therefore concluded that if we are to see an end to the suffering and death from cancer, then we must ensure universal access to healthcare.

In a background document the American Cancer Society submitted to this panel electronically, we outlined our four tenets of health insurance access: affordability, accessibility, adequacy, and administrative simplicity. We are prepared to hold up this framework against any healthcare proposal to assess its quality for cancer prevention, screening, treatment and long-term survivorship needs.

With me today is Benetta Sarro, a volunteer for the American Cancer Society and a caregiver to one of the 86,000 New Yorkers who lost their lives to cancer last year. Patrick Sarro died from lung cancer last October and Benetta is here to share her story about being denied access to recommended medical treatments, and the impact that has had on her and her family.



AMERICAN CANCER SOCIETY STATEMENT OF PRINCIPLES ON WHAT CONSTITUTES MEANINGFUL HEALTH INSURANCE

The American Cancer Society is the nationwide community based voluntary health organization dedicated to eliminating cancer as a major health problem by preventing cancer, saving lives and diminishing suffering from cancer, through research, education, advocacy, and service. The American Cancer Society has set ambitious goals for significantly reducing the rates of cancer incidence and mortality along with measurably improving the quality of life for all people with cancer.

“The ultimate conquest of cancer in America is as much a public policy aspiration as it is a scientific and medical challenge. There are many stakeholders in the cancer fight actively doing their part to defeat this disease, but it cannot be done without the sustained leadership and strong commitment of government. We are poised to make gains so substantial that we now can talk about a time when cancer is no longer a killer and is instead just a chronic condition, or even better, a disease for which a cure is a realistic, frequently achieved goal. Our nation’s current health care system is not up to this challenge. If we are to ultimately conquer cancer our system must ensure that all Americans have access to high quality care.”¹

Improving the nation’s health care system requires a new partnership for the nation that will facilitate the coverage and delivery of quality evidence-based cancer care and work to eliminate disparities and inequities in the current system. This will require a commitment from the private, public, and not-for-profit sectors and individuals. Stakeholders in the health care system, from doctors, hospitals, and insurers, to employers, and not-for-profit organizations, all have critical roles to play. All Americans have an obligation, as well, to take responsibility for their own health to the extent possible, by pursuing healthy lifestyles, and educating themselves about their health needs, including ways to prevent and detect cancer.

A critical aspect of improving the health care system is to define and ensure access to meaningful public or private insurance. This includes adequate financing. Our nation has had much conversation on the insured and uninsured and less on what it means to be meaningfully insured. Below is the statement of the American Cancer Society on what constitutes meaningful health insurance.

¹ Dr. John Seffrin, American Cancer Society CEO, Statement to ACS Board of Directors during January 2006 meeting.

Statement of Principles

It is a fundamental principle of the American Cancer Society that everyone should have meaningful public or private health insurance.

Meaningful health insurance is adequate, affordable, available and administratively simple.

Adequate health insurance means:

- ✓ *timely access and coverage of the complete continuum of quality, evidence-based healthcare services (i.e., rational, science-based, patient-centered), including prevention and early detection, diagnosis, and treatment*
- ✓ *supportive services should be available as appropriate, including access to clinical trials, chronic disease management, and palliative care*
- ✓ *coverage with sufficient annual and lifetime benefits to cover catastrophic expenditures*

Available health insurance means:

- ✓ *coverage will be available regardless of health status, or claims history*
- ✓ *policies are renewable*
- ✓ *coverage is continuous*

Affordable health insurance means:

- ✓ *costs, including premiums, deductibles, co-pays, and total out-of-pocket expenditure limits, are not excessive and are based on the family's or individual's ability to pay*
- ✓ *premium pricing is not based on health status or claims experience*

Administratively simple health insurance means:

- ✓ *clear, up-front explanations of covered benefits, financial liability, billing procedures, and processes for filing claims, grievances, and appeals are easily understood and timely, and required forms are readily comprehensible by consumers, providers and regulators*
- ✓ *consumers can reasonably compare and contrast the different health insurance plans available and can navigate health insurance transactions and transitions*



THE CASE FOR UNIVERSAL ACCESS TO HEALTH CARE THE CANCER PERSPECTIVE

A report of the American Cancer Society,
Eastern Division Access to Care Strike Force

We hold these truths to be self-evident, that all men (and women) are endowed by their Creator with certain inalienable rights, that among these are Life, Liberty, and the pursuit of Happiness

Introduction

Although not specifically mentioned, it is assumed in western civilization that health is a part of those rights. John Seffrin, CEO of the American Cancer Society, in a speech to the Society's Board of Directors in January 2006 said, "We are poised to make gains so substantial that we now can talk about a time when cancer is no longer a killer and is instead just a chronic condition, or even better, a disease for which cure is a realistic, frequently achieved goal. Our nation's current health care system is not up to this challenge. If we are to ultimately conquer cancer our system must ensure that all Americans have access to high quality care."

Our "Unequal" Health System

Consider the following actual situations which demonstrate how broken our health care system is for many of our citizens:

Elizabeth is a 54-year old woman who lives in New York. After a lung cancer diagnosis in 2005, she had surgery to remove the tumor. Unfortunately, Elizabeth didn't have health insurance coverage to assist with the expenses and quickly accumulated \$50,000 in medical bills. She applied for Medicaid and Family Health Plus, but was denied coverage based on income. She did not qualify for Healthy New York because neither she nor her husband had worked in the past year. Elizabeth investigated the potential for acquiring an individual policy, but that was not an affordable option as premiums would have been \$900 monthly. She negotiated with the hospital where she was treated to reduce her medical bills by 40% and paid off what she could, but the bills remained a

financial struggle. Her doctor prescribed follow-up PET scans and medical visits to monitor her health, but Elizabeth is unable to follow through with the recommendations because of the costs associated with the scans and the medical visits.

Jane is a middle-class woman from Long Island who lost her job after 9/11, and the associated health insurance coverage. She felt a lump in her breast at about the same time, but delayed getting it checked because she had no insurance. She lived with this terror for months, telling no one. She got another job, but was laid off again just before she qualified for benefits. Finally, in desperation, she confided in a friend who told her about New York's free breast and cervical cancer screening program for the uninsured. She was screened, diagnosed with cancer and treated. Her ultimate outcome is seriously jeopardized because her lack of insurance caused a delay in her treatment.

These stories are only the tip of the iceberg. A diagnosis, or even a potential diagnosis, of cancer is stressful enough without the additional burden of worrying about the ability to access appropriate care. As Americans we should be demanding equality of a base level of healthcare for all and be outraged that it is not currently available for over 46 million people in our country.

The magnitude and effects of lack of insurance in our country are well documented. The clinical literature overwhelmingly shows that uninsured people, children as well as adults, suffer worse health and die sooner than those with insurance. The economic strength of our nation is limited by productivity lost as a result of the poor health and premature death or disability of uninsured workers. The Institute of Medicine has estimated that economic loss to be between \$65 billion and \$130 billion annually.

AMERICAN CANCER SOCIETY

Health Insurance Coverage 2004-2005 in New York, New Jersey, United States

	NY #	NY %	NJ #	NJ %	US #	US %
Employer	10,012,430	53	5,428,020	62	156,326,430	53
Individual	744,090	4	237,940	3	14,162,970	5
Medicaid	3,464,310	18	679,580	8	37,868,010	13
Medicare	2,199,400	12	1,021,710	12	34,654,120	12
Other Public	67,660	0	34,370	0	3,358,460	1
Uninsured	2,536,450	13	1,287,840	15	46,577,440	16
TOTAL	19,024,340	100	8,689,470	100	292,947,440	100

Table 1 Sources: Urban Institute and Kaiser Commission on Medicaid and the Uninsured estimates based on the Census Bureau's March 2005 and 2006 Current Population Survey (CPS: Annual Social and Economic Supplements).

John Neiderhuber, the Director of the National Cancer Institute has said, *“We are going to find ourselves very quickly in a situation where we have made tremendous scientific advances in our ability to get at this disease (cancer). But I don’t think we have in any way the means to deliver this to the people where they live.”* He predicts that access will become a greater determinant of mortality from cancer than anything else.

The American Cancer Society has set ambitious goals for significantly reducing the rates of cancer incidence and mortality along with measurably improving the quality of life for all people with cancer. These goals cannot be realized without universal health care access.

Improved Screening Could Save Lives

Cancer screening plays an important role in cancer mortality. Many deaths from cancers of the breast, colon, rectum, and uterine cervix could be prevented by greater use of established screening tests. A conservative estimate is that at least half of all cancer deaths could in principle be avoided by the application of existing cancer control practices, programs and policies. Yet in New York and New Jersey (as well as many other areas of the U.S.), uninsured people have fewer mammograms, Pap tests and colonoscopies than do the insured. Aside from the repugnance of this omission of health care on an ethical basis, many respected and scientifically vetted studies have demonstrated that early detection and/or prevention do save billions of dollars needlessly spent for treating advanced cancers.

Cancer Treatment

There have been marked advances in cancer treatment in the last three decades. It is now possible to cure a high percentage of established childhood cancers, Hodgkin Disease and testicular cancers with chemotherapy and many of the more common cancers with combinations of surgery, radiation therapy and chemotherapy when treated early.

However, a recent national survey of families affected by cancer found that among those who did not have health insurance consistently during their illness, 27% said that they delayed or decided not to get treatment because of its cost – five times the rate reported by those who had health insurance consistently.

The Unequal Burden of Cancer

The Institute of Medicine’s 2002 report *Care Without Coverage: Too Little, Too Late* documented the serious health risks that a lack of health insurance poses for adults. The report found that “the clinical literature overwhelmingly showed that uninsured adults suffer worse health outcomes and shorter life expectancies than those adults with insurance, largely due to lack of medical home and consistent access to care.”

Uninsured cancer patients die sooner on average than insured cancer patients, largely due to delayed diagnosis. Uninsured patients admitted to hospitals are more likely to die in hospitals, and receive substandard care and resultant injury. Uninsured persons with chronic disease are less likely to receive appropriate care to manage their conditions. For the top five chronic disease conditions, including cancer, clinical outcomes for the uninsured are consistently worse.

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Coverage for Care

Timely and medically appropriate early detection, treatment and smoking cessation saves lives and health care dollars. Yet these savings are not being maximized in the Eastern Division due to gaps in health insurance among our residents.

The problem of the uninsured is particularly acute in New York City, where a large and growing number of residents lack health insurance, and often face serious health and financial consequences as a result. Citywide, 28% of working-age adults ages 18-64, or more than one million men and women, are uninsured – a rate 50% higher than that for New York State or the nation. New York City residents account for 41% of the state's population and 60% of its uninsured residents.

In New Jersey, the city of Newark has an uninsured rate nearly double (at 29%) that of the rest of the state.

Public Opinion

Popular support for the principle that Americans should have access to adequate health care has long been evident, although a consensus in support of a universal system has lagged. According to at least one recent survey, a majority of Americans now say the federal government should guarantee health insurance to every American, especially children, and are willing to pay higher taxes to do it. (New York Times/CBS News, 3/2/07). Americans showed a striking willingness in the poll to make tradeoffs to guarantee health insurance for all, including paying as much as \$500 more in taxes a year and forgoing future tax cuts.

The American Cancer Society Position

The American Cancer Society has a long history of advocating for access to the continuum of quality cancer care and the attendant health care system reforms necessary for this access. Because in this country access to regular, timely and recommended care does not happen without health insurance, the Society recognizes the urgent need to pursue new and innovative policies that address the gaps in health insurance coverage not only for cancer patients and survivors, but for all U.S. residents.

Donald Distasio, Eastern Division CEO has said, *"Access to health care is a basic human right, a moral issue, and the most urgent public health challenge facing our nation. We at the American*

Cancer Society, Eastern Division will not rest until every single person in New York and New Jersey can easily obtain regular checkups, screening tests, and prompt, quality cancer treatment."

The American Cancer Society's goal to reduce and eliminate cancer morbidity and mortality by the year 2015 cannot be realized without universal health care access.

In New York and New Jersey, the Board leadership of the Eastern Division has identified the issue of access to care as key to maximizing progress in saving more lives of people at risk for or already diagnosed with cancer. In March 2006, the Eastern Division Board of Directors adopted the following crosscutting goal: *"By 2010, demonstrate leadership through collaboration and advocacy in the promotion of universal access to comprehensive health care, including (but not limited to) prevention, early detection, and treatment of cancer."*

Principles for Progress

The American Cancer Society recognizes the urgent need to pursue new and innovative policies that address the gaps in health insurance coverage not only for cancer patients and survivors, but for all U.S. residents. In plain language, the Society believes that health insurance should take care of people when they are ill without unsupportable personal expense.

More specifically, we believe meaningful health insurance involves four essential and interrelated components. These components are (1) **adequate** health insurance must assure timely, comprehensive and complete access to the full range of evidence-based healthcare services; (2) health insurance must be **available** to all, regardless of actual or perceived health status, and regardless of employment status, income or other non health-related circumstances; (3) health insurance premiums and out of pocket costs must be **affordable** and reasonable, and cannot be based on actual or perceived health status; and (4) **administratively simple** health insurance must assure easy navigation, and unimpeded access to covered benefits.

Guaranteeing all Americans access to health care that is adequate, affordable, available and administratively simple is not just important - it is imperative. The American Cancer Society is committed to this goal and we call upon every citizen (and every elected official) to join us.

Appendix A
Potential Models for Improving Health Care Access

There are many proposals for achieving universal coverage in New York and New Jersey. At this time, the Strike Force does not recommend or advocate any particular model. However, we do offer an evidence-based framework to consider the pros and cons of these proposals, and urge our New Jersey and New York state leaders to move forward expeditiously.

Simplify and Expand Existing Public Programs

Administrative barriers make it difficult for people who are eligible for coverage in public health insurance programs to get and stay enrolled in these programs. Both New York and New Jersey could streamline their eligibility and renewal process to ensure a coordinated, comprehensive approach to care, and expand their investment in facilitated enrollment. Eligibility for these public programs could be expanded to cover all working adults with family income less than 200% FPL, with a subsidized public program buy-in to make affordable coverage available to more moderate-income persons.

Institute Mandated Insurance Coverage (for individuals and employers)

Massachusetts requires all residents to maintain health insurance through employers, public programs, or commercial non-group coverage. Persons who fail to get coverage risk losing their personal exemption on state income taxes. (California's governor has issued a similar proposal.) In Maryland, a pay or play requirement applies to employers with 10,000 or more employees who spend at least 8% of their payroll on health care, which is intended to apply solely to Wal-Mart. New laws in Massachusetts and Vermont are based on a fair share approach, where employers provide coverage or pay an assessment.

Enact Private Insurance Market Reforms

Premiums for those with insurance are rising by double digits each year, and individuals are increasingly being priced out of the direct pay market. Direct pay health insurance is clearly too expensive and is not providing individuals with adequate access to affordable, portable and quality health coverage. New Jersey recently passed a law requiring insurance companies to offer coverage to uninsured 19-30 years olds through their parents, but there is no comparable rule in New York. Massachusetts recently required its insurance companies to merge their individual and small group insurance markets in order to reduce premium costs for individuals.

Adopt a Single Payer System

In the U.S., private insurance bureaucracy and paperwork consume one-third of every health care dollar. A number of experts argue that streamlining payment through a single nonprofit payer could save more than \$350 billion per year, enough to provide comprehensive, high quality coverage for all Americans. While Medicare operates with less than 3% overhead, HMOs have 15% to 30% overhead. About 25% to 30% of hospital budgets now go to billing and administrative costs – a single-payer system could cut that percentage in half. Such a system would provide a source of guaranteed insurance for all cancer patients and survivors, regardless of health status or medical history.

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**Appendix B
Screening Rates for the Insured vs. the Uninsured**

Cancer screening plays an important role in cancer mortality. Many deaths from cancers of the breast, colon, rectum, and uterine cervix could be prevented by greater use of established screening tests. While these categories overlap and cannot simply be added to determine the total number of fatal cancers that could be prevented, a conservative estimate is that at least half of all cancer deaths could in principle be avoided by the application of existing cancer control practices, programs and policies. Yet in spite of the proven efficacy of screening to detect cancers early when they can be curable, there are serious gaps in the implementation of these life-saving measures. Lack of health insurance clearly contributes to disparities in screening rates, resulting in late stage diagnosis and worse health outcomes.

Mammography

Two very large studies in New York City and others in Sweden and the Netherlands have shown convincingly that annual screening of all women over the age of 40 can reduce breast cancer mortality by 40-50%. Yet, only 58.9% of adult women in New York State and 60.2% in New Jersey have had a mammogram within the past year. For women age 40-64 without health care coverage, that number drops to 34.8% for New York and 35.7% for New Jersey.

Pap Tests

The American Cancer Society estimates that 9,710 women will be diagnosed with and 3,700 women will die of cancer of the cervix uteri in 2006. When detected at an early stage, invasive cervical cancer is one of the most successfully treated cancers with a 5-year relative survival rate of 92% for localized cancers. Currently 85.3% of adult women in New York State and 84.3% of those in New Jersey have had a Pap test within the past three years. For women age 18-64 without health care coverage, that number drops to 76.2% for New York and 77.2% for New Jersey.

Colonoscopy

A large national study demonstrated that periodic colonoscopy with removal of adenomatous polyps reduced the incidence of colorectal cancer by 76% from the expected rate. Yet only 47.6% of New Yorkers and 49.1% of New Jersey residents over the age of 50 have had a sigmoidoscopy or a colonoscopy within the past five years. For adults age 50-64 without health care coverage, that number drops to 19.7% for New York and 26.8% for New Jersey. Of the 55,170 people expected to die of colorectal cancer in 2006, appropriate testing could save more than half.

Appendix C
Cancer Screening and Smoking Cessation: A Good Investment

There is a broad consensus among health economists that if an intervention can save one year of life for less than \$50,000, it is cost-effective. So in economic terms, screenings for breast, cervical and colorectal cancers and smoking cessation services are very cost-effective:

Breast Cancer Screening

A mammogram every 2 years for women aged 50–69 costs about \$9,000 per year of life saved. According to the California Breast Cancer Research Program, each life lost prematurely to breast cancer represents lost productivity of \$272,000 and 22.9 life years.

Cervical Cancer Screening

Pap screening every 3 years extends life at a cost of about \$5,392 per year of life saved.

Colorectal Cancer Screening

Screening for colorectal cancer extends life at a cost of \$11,890 to \$29,725 per year of life saved. There are insufficient data to determine which screening strategy is best in terms of the balance of benefits and

potential harms or cost-effectiveness. Studies reviewed by the U.S. Preventive Services Task Force (USPSTF) indicate that colorectal cancer screening is likely to be cost-effective (<\$30 000 per additional year of life gained) regardless of the strategy chosen.

Smoking Cessation

Smoking cessation intervention is regarded as the gold standard of cost-effective interventions. For a cost ranging from \$1,108 to \$4,542 for smoking cessation programs, one quality-adjusted year of life is saved. Among services recommended by the USPSTF, tobacco cessation counseling is ranked in the highest priority category with the lowest delivery rate.

Table 2: Potential Savings From Reducing Smoking By One Percentage Point

	Related 5-Year Savings from Fewer Smoking-Caused Heart Attacks & Strokes (millions)	Related 5-Year Health Savings From Fewer Smoking-Affected Births (millions)	Related Longer-Term Total Health Savings (millions)	Related Longer-Term Total Medicaid Savings (millions)
New Jersey	\$20.5	\$6.5	\$506.6	\$106.9
New York	\$44.7	\$14.6	\$1.1 billion	\$315.1

Table 2 Sources: Campaign for Tobacco Free Kids

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**Appendix D
USA Today/Kaiser Family Foundation/Harvard School of Public Health Cancer Survey
November 20, 2006**

The ability to provide effective, high quality, accessible and affordable treatment to people with cancer is an essential component of cancer control, with profound implications that can include the difference between life and death, or temporary and permanent disability.

Yet a recent national survey of families affected by cancer found that among those who did not have health insurance consistently during their illness, 27% said that they delayed or decided not to get treatment because of its cost – five times the rate reported by those who had health insurance consistently.

The USA Today/Kaiser Family Foundation/Harvard School of Public Health cancer survey of people affected by cancer provides an in-depth examination of how families cope with cancer and highlights problems of health insurance and health care costs through the lens of those who have experienced cancer.

According to the survey, 46% of respondents who were uninsured during all or part of their illness reported having used up all or most of their savings as a result of the financial cost of dealing with cancer, 41% were unable to pay for basic necessities like food, heat or housing, 35% sought the aid of charity or public assistance, 34% were contacted by a collection agency, and 30% were forced to borrow money from relatives.

**American Cancer Society,
Eastern Division, Inc.
May 9, 2007**