

**New York State Public Health Association
Policy and Advocacy Committee**

**2021 NYSPHA State Budgetary and Legislative Goals
January 20, 2021**

I. NYSPHA State Budgetary Goals (Transmitted to the Governor, October 2020.)

In past years, NYSPHA's budget recommendations to the Governor have included detailed recommendations for funding specific components of the public health infrastructure including topics such as supporting local health departments, chronic disease prevention, tobacco control, public water supply protection, and other issues of public health importance. Our comments have focused on the fact that public health has been underfunded traditionally, even before the current circumstances, and that opportunities to prevent disease have gone unaddressed. However, this year the challenges presented by the COVID19 pandemic will require an innovative approach to budgeting. Therefore, [NYSPHA's budget recommendations to the Governor](#) for his proposed 2021 Executive Budget focus on our recommendations to raise the revenue necessary to support the public health infrastructure in general, including support for the state and local health and mental health departments, and to avoid any funding reductions for health and public health programs.

1. Increase the cigarette and other tobacco taxes by \$1 per pack equivalent.

In its budget recommendations letter to the Governor, NYSPHA stressed the need to increase the tax. New York cannot afford to lose more lives. The use of tobacco products remains the nation's number one cause of preventable death. In fact, smoking causes an estimated 23,000 deaths per year in New York.

Increasing the tax on tobacco products is a win-win. It will help encourage smokers to quit and provide much needed revenue. Yet despite tobacco taxes being a win-win, New York hasn't raised most tobacco taxes in 10 years. It's time for New York to increase the tax on all tobacco products and use the revenue to help give smokers the tools they need to quit.

If New York raises its cigarette tax by 1.00 per pack, an estimated 29,500 youth under 18 will be kept from becoming smokers, 24,400 premature smoking-related deaths will be prevented and the state will save \$1.86 billion dollars in long-term health care costs from the declines in adult and youth smoking rates.

There are also bills currently in the state Senate and Assembly (S8330 /

A10418) to increase the tax on cigarettes. In addition, NYSPHA has signed onto a letter to Governor Cuomo from public health partners including the American Hearth Association and the American Cancer Society advocating for an increase in the tax. Read the public health partner letter on the tobacco tax increase [here](#)

2. Institute a “billionaires’ tax”. Details to be determined. To redress the health and economic challenges facing our state’s residents, NYSPHA recommends that New York must secure additional revenue from the wealthiest among us. One way to do this is to pass the Billionaire’s Mark to Market tax which would for the first-time, tax the increase in the value of stocks, bonds and other assets owned by billionaires. Currently, taxes are only paid when these assets are sold. This proposal is projected to raise more than \$5 billion in the first year.
3. Institute a Sugar Sweetened Beverage (SSB) tax. NYSPHA is participating in an American Heart Association (AHA)-led coalition to move this idea forward. AHA and NYSACHO are looking for Assembly and Senate sponsors as well as other potential stakeholders. Such a tax would have health benefits in reducing SSB consumption as well as raise revenue to avoid public health and health care cuts.

II. NYSPHA State Legislative Goals

1. Tobacco-related issues.

- a. Ban on the sale of menthol-flavored tobacco products (other flavors are already banned).

NYSPHA is working with a coalition of partners including the American Cancer Society, the American Heart Association, the Campaign for Tobacco-Free Kids and the NAACP.

Opponents say a ban would be discriminatory to African Americans; however, it is actually the tobacco industry that has historically targeted menthol cigarettes to that community and are responsible for the health disparities that this community suffers as a result.

- b. Tobacco-free college campuses in New York.

This is especially important now that it's known it's a risk for worsening COVID-19 outcomes in smokers. All CUNY campuses, NYU and perhaps others are now tobacco free.

Tobacco-free colleges are a growing trend across the country and here

in New York State. Currently five states (i.e. Arkansas, Hawaii, Illinois, Iowa and Louisiana) require 100% smoke-free campuses indoors and out, and at least 2,511 campuses nationwide are 100% smoke-free (American Nonsmokers' Rights Foundation website: <https://no-smoke.org/at-risk-places/colleges/>). Here in New York State, more than 60 colleges and universities, including all CUNY campuses have implemented a smoke-free or tobacco-free campus policy.

Demand for a tobacco-free environment has grown with the evidence that short-term exposure to secondhand smoke, even outdoors, puts people at increased health risk, especially those with pre-existing cardiac and pulmonary illness. In addition to reducing exposure to secondhand smoke, smoke-free and tobacco-free campus policies help to reduce the initiation of tobacco use among young people and support those who are trying to quit smoking.

Current bills in the NYS Assembly and Senate A08199 (Glick)/S05788A (Stavisky) would amend the public health law to prohibit smoking and vaping on the grounds or other outdoor areas of public colleges and universities.

Current list of Smoke-free and Tobacco-Free U.S. and Tribal Colleges and Universities: <http://no-smoke.org/wp-content/uploads/pdf/smokefreecollegesuniversities.pdf>)

- c. Clean Indoor Air Act amendments. NYSPHA is supporting the New York State Association of County Health Officials (NYSACHO) in seeking the following amendments:
 - i. Amend definition of indoor air spaces
 - ii. Repeal provision that forbids DOH from promulgating regulations
 - iii. Smoking ban in public places such as parks. A.2299/S.2655 (*Dinowitz/Stavisky*): AN ACT to amend the public health law, in relation to prohibiting smoking in certain outdoor areas.
 - d. NYSPHA is seeking opportunities to implement the recommendations of the report supported by a consortium of public health organizations titled [Tobacco Control Enforcement for Racial Equity: Decriminalizing Commercial Tobacco Addressing Systemic Racism in the Enforcement of Commercial Tobacco Control](#), Oct 2020 (co-authored by NYSPHA-PAC member Sean Haley) in New York State.
2. Allow pharmacists to provide all recommended immunization Governor Cuomo has included a provision in proposed executive budget to

expand pharmacists' authority to administer all immunizations recommended for adults by the Centers for Disease Control and Prevention (CDC) (Sections 3-4 of Part P of the Health and Mental Hygiene 2021-2022 proposed Executive Budget, (S.2507/A.3007), similar to A.1221 Paulin/S.2024 May). This would allow pharmacists to provide vaccines for human papilloma virus (the cause of cervical cancer), hepatitis A and B, measles, mumps and rubella, in addition to COVID-19. Pharmacists have been successfully providing vaccinations in New York for more than a decade. They receive education about vaccines as part of their training to become pharmacists. Those who vaccinate in New York must also be certified as immunizers by the State Education Department.

To provide immunizations, pharmacists must have a standing order, patient-specific or non-patient-specific, from a licensed physician or nurse practitioner. Pharmacists help ensure that the patient's primary care physician receives notification that the vaccination was given and, with the patient's consent, report the immunization to the applicable immunization registry. If a patient does not have a primary care physician, pharmacists counsel them on the importance of having one and provide a list for their area. Clearly, the public appreciates the easy access for important immunizations they receive from their pharmacists; since gaining the right to vaccinate in 2008, over 2 million vaccinations are provided to adults each year by pharmacists in New York according to the State Health Department. Expanding access to critical immunizations is essential for keeping New Yorkers safe. Additionally, there are potential cost savings to the overall health care system from a reduction of emergency room or healthcare provider office visits due to avoidable illnesses.

At this time of great stress on the healthcare system due to the COVID-19 pandemic, it is imperative to have all components of the system able to provide life-saving vaccines. We strongly urge the Legislature to pass Sections 3-4 of Part P of the Health and Mental Hygiene 2021-2022 proposed Executive Budget (S.2507/A.3007) (similar to A.1221 Paulin/S.2024 May) as part of the 2021-2022 state budget this session to proactively address this public health imperative.

3. Adult-use Regulated Marijuana Program

A.1617/S.1527 (Peoples-Stokes/Krueger) would legalize recreational

marijuana use in New York State. While criminal justice reform with regard to cannabis is urgently needed, NYSPHA has serious concerns related to the adverse impact an adult-use regulated cannabis program will have on public health. However, if this legislation is passed, it is imperative that funding from cannabis-related tax revenues should be earmarked for public health programs to address the potentially adverse impact of cannabis with public and medical education and to address health inequities that exist with regard to cannabis use. Such programs should be informed by information from the proposed cannabis research center, when available. NYSPHA supports the [APHA policy statement](#) *Regulating Commercially Legalized Marijuana as a Public Health Priority*. See NYSPHA's statement of support [here](#).

- a. The PAC is actively considering whether to officially oppose the legislation.
 - b. If the bill is moving towards passage, vigorously advocate for funding support for state and county health departments to conduct public health surveillance of adverse impacts of legalization and public education efforts should recreational cannabis be approved. California has such a program that could serve as a model.
4. Increase funding for New York's local public health and safety infrastructure.

Local health (LHDs) departments are New York State's partners and operational extensions, working in the forefront of communities, addressing public health issues and serving as the first line of defense against all public health crises by protecting communities and residents. The COVID-19 Pandemic is a prime example of this. Other emerging challenges to LHDs include threats to water quality: monitoring suspected coronavirus cases, harmful algal blooms, presence of PFOA/PFOS; opioid overdose deaths; vector borne diseases: rabies and tick-borne illnesses; the vaping epidemic in our youth; communicable disease outbreaks such as STDs which are at their highest rates ever among young people, Ebola virus and Zika virus; environmental hazards: lead in housing stock and legionella and natural disasters such as hurricanes or flooding.

Local health departments have not received an increase in core public health aid in more than six years, nor have they received adequate compensation needed to respond to emerging health issues. Now is the time for a call to action to reinvest in public health and safety infrastructure in New York State, bolstered through funding of Article 6, Public Health Law and demonstrate the State's commitment to public health preparedness and safety measures aimed to protect residents in New York State.

NYSPHA Recommends: Increase Article 6 base grants and state aid

reimbursement to ensure public health services are eligible for full reimbursement of local expenditures:

- a. From \$650,000 to \$750,000 in full services LHDs;
- b. From \$500,000 to \$550,000 in partial service LHDs;
- c. In the six largest counties, a per capita reimbursement increase from 0.65 to \$1.30;
- d. Increase the beyond-base-grant state aid reimbursement from 36% to 40%.
- e. Provide 100% reimbursement for the first full year of any new and/or significantly expanded mandates emerging from law, rule or regulation including reimbursement of salary and fringe expenses under Article 6 State Aid Appropriation.

5. Increase funding for State's public health programs.

Years of flat funding and cuts have eroded the Department of Health's ability to achieve its own goals found in a variety of state plans such as the NYS Prevention Agenda/State Health Improvement Plan and the NYS Comprehensive Cancer Control Plan. Tobacco control, for example, is currently funded at \$39 million, which is only 19% of what CDC recommends for an optimally effective, comprehensive tobacco control program (\$203M/year for New York) and it was cut from \$85 million 10 years ago. Additionally, while New York State has made significant fiscal and programmatic enhancements to assist municipalities in protecting drinking water, the same cannot be said for support for the county-level role of monitoring and regulation of drinking water supplies.

NYSPHA Recommends:

- a. Increase the Bureau of Tobacco Control's funding from \$39 to \$52 million;
- b. Target other funding increases to impact health behaviors where there is a large potential return on investment such as tobacco control, increasing HPV vaccination, and colorectal cancer screening rates;
- c. Initiate a new program in the Bureau of Occupational Health and Injury Prevention to fund research at one or more NYS Schools of Public Health on policy options to reduce gun violence.
- d. Fully restore the COLA for Department of Health programs, which was removed in the 2018-2019 State Budget.
- e. Restore drinking water enhancement grant funding to original 2007-2008 appropriation in funding at \$6M. Increase drinking water enhancement grant funding to equal 1% of Clean Water Infrastructure Act appropriation, totaling \$30M.

6. Childhood Lead Poisoning Prevention Program funding.

NYSPHA fully supports the lowering of New York's cutoff for Elevated Blood Lead Level to 5 mcg/dL. An additional \$36 million in funding is needed for local health departments to follow up on the estimated 17,000 additional EBLL cases this will generate. Funding should be in the form of grants, not increased Article 6 General Public Health Work funding since the latter does not cover fringe benefits and indirect costs.

7. The Well Campaign

A.7607-A/S.7767 ((Benedetto/Biaggi). AN ACT to amend education law to develop a New York State model school wellness policy. Invest \$21M in funding and technical assistance to support school districts—particularly high-needs districts—to improve and implement wellness policies.

- a. \$20M: Funds for New York's 205 high-needs school districts to bring strong, comprehensive wellness policies to life for our state's most vulnerable children.
- b. \$1M: Funds for the Department of Education to fill a health and wellness position and create a resource hub to provide wellness policy technical assistance to all districts that need help.

8. Items under study:

NY Health Act (Single Payer Health care system.)