Judy Stewart
Director, State Government Relations
American Cancer Society Cancer Action Network
FUND THE WAR ON CANCER
Advocacy In Action

“The ultimate conquest of cancer is as much a public policy aspiration as it is a scientific and medical challenge.”

John R. Seffrin, Ph.D.
CEO, American Cancer Society
Cancer Action Network (ACS CAN)
Cancer Prevention Funding
The Healthy Michigan Fund

- Created in 1994 as part of Proposal A – school finance reform. Increased tobacco tax.

- Revised Constitution creating Article IX Section 36
  - 6% of proceeds of the tax on tobacco products shall be dedicated to improving the quality of health care of the residents of this state.
The Healthy Michigan Fund

- Public Act 121 of 1995 created the Healthy Michigan Fund to receive proceeds under Article IX. The act states that the HMF shall be used to “improve the health of the citizens of the state.”

- Prior to 2002, most funds were directed to programs focused on prevention. Due to fiscal crises of 2002, about $16 million was redirected to Medicaid match.
Healthy Michigan Fund

- Chronic Disease
  - Cancer
  - Cardiovascular Disease
  - Diabetes and Kidney Disease
  - Smoking prevention
  - Obesity Prevention
Healthy Michigan/Health & Wellness Fund

- 1995-2001: HMF invested $41 million per year on prevention programs.
- 2002-2009: Each year the legislature diverted money to balance the state budget reducing the fund to $25 million per year.
- 2010-2011: Millions more raided from the HMF bringing it to $10.9 million.
- 2011-2012: Prevention programs suffered yet some more with a reduction to $8 million with $3 million of that misleadingly labeled as “one time funding”.
- 2013-2014: Budget proposals diminish HMF to almost nothing.
Healthy Michigan/Health & Wellness Fund

- The Snyder Administration has proposed to eliminate $3.5 Million in funding for Health and Wellness Initiatives.
- The Legislature has proposed further reductions of these Initiatives by another $1.5 Million.
Impact to Cancer Control

- The inability to draw down federal funds because of the loss of state matching funds.
- More than 8,200 low income women will lose access to breast screening services and follow-up diagnostic tests.
- Nearly 1,400 of these women would need diagnostic follow-up services but will not have ready access to these services.
- Breast cancer would have been diagnosed in 97 women. By not receiving a mammogram, many of these 97 women will have their cancer eventually diagnosed but at a much later stage, decreasing their odds for survival.
Impact to Tobacco Control

- Scaling back or not implementing crucial projects that engage Medicaid clients including those with mental illness.
- Further reductions in essential community-based and technical assistance programs that work with local partners to support youth, pregnant women, poor, and other populations disparately affected by tobacco.
Impact to Obesity Control

- Cuts to the Michigan Model for Health, the state’s nationally recognized, evidence-based school health curriculum that is part of comprehensive school health and wellness mean fewer children will be exposed to education about their health and healthy lifestyles.

- Elimination of the 4x4 Wellness Program will eliminate support for community coalitions. The new “MI Healthier Tomorrow” media campaign also will be eliminated.
Budget Status

The Conference Committee Report:

- Reduced Health & Wellness funding by $3.96 million.
- Eliminated “one time funding”, including $900,000 for cancer prevention.
- Reductions to smoking and obesity prevention programs.
Prevention

- Prevention is critical to reducing treatment expenditures.
- Prevention focuses on promoting lifelong health among individuals and populations. It prevents illness and chronic disease by improving nutrition and physical activity, and preventing tobacco use and other risk behaviors.
- Prevention programs teach individuals how to be personally responsible for their health and develops environments in which health is the easiest option to choose.
You can make a difference!

- Communicate with your state legislators
  - Educate
  - Email is good but in person is better.
  - Build a relationship.
  - Make it personal and local
    - Stories
    - Local impact
Improving Access to Health Care Coverage Through Medicaid
Why Medicaid?

- Women diagnosed through BCCCP gain eligibility for Medicaid and receive treatment services.
- Provides access to preventative cancer screenings, diagnostic and treatment services.
- Individuals enrolled in Medicaid have higher rate of cancer screenings versus uninsured, close to private insurance rates.
- ACS CAN Priority: Protect, defend and improve access to Medicaid.
Why Michigan?

- 57,560 new cases of cancer and 20,570 cancer deaths
- 1.2 million Michiganders who did not have health insurance in 2011 (12.5% of the state population)
- Uninsured are less likely to get recommended cancer screenings; more likely to receive late stage diagnosis
- 10% of cancer patients are uninsured at the time of diagnosis
- Opportunity to expand to 400,000 individuals to access to comprehensive health care coverage
- Governor Snyder indicates that Medicaid expansion will create jobs, improve economy, save state money and reduce uncompensated care
Medicaid Under the ACA

- Expanding eligibility to individuals up to 133% FPL
  - $14,856 individual / $30,657 family of three
- Expansion financed 100 – 90% by federal government
- States can opt in / out
Strong Public Support

- Public opinion polling conducted by the ACS CAN shows that registered voters in Michigan – by a 40-point margin - are decidedly in favor of the state accepting federal funds that are available to expand access to health coverage through Medicaid (63% vs. 23%).

  • After hearing arguments from both sides, Michigan voters are more likely to agree with reasons to accept federal funds (62%) than reasons to turn down the funds (29%).

  • Fifty-four percent of voters have a close friend or family member who is uninsured.
Governor Snyder’s Budget Proposal

- Accepts the federal funds
- Creates a health savings account where 50 percent of estimated $351 million savings in healthcare costs would be deposited for the first seven years, through 2020.
HB 4714

- ACS CAN supports the goal to extend coverage to all eligible adults up to 133% of the federal poverty level (FPL)
- ACS CAN strongly opposes the 48-month limit on coverage through the medical assistance program. This limit assumes an individual will gain access to another form of coverage in that time frame, which often will not happen.
Decisions before the MI Legislature

• If expansion does not pass, state turns its back on hundreds of thousands of state residents who live below poverty level

• Increase fiscal pressure on community hospitals, clinics and providers who provide charity / uncompensated care

• Leave millions of dollars on the table that could create jobs, boost economy and reduce healthcare costs in the state
ACS CAN believes that every eligible American deserves the right to adequate, affordable health coverage.

Access to care for our nation’s most vulnerable populations is essential to the fight against cancer.

Comprehensive access to health care coverage including: cancer screenings, diagnostic and treatment services.

More screenings, earlier diagnosis, comprehensive treatment services = more lives saved!
You can make a difference!

- Talk to your legislators about how expanding coverage would benefit cancer patients
- Ask them to support the full expansion and reject the 48 month cap
- Make it personal and local
  - stories
Resources

- www.acscan.org
- www.expandmedicaid.com
Questions? Comments?

Thank you!