

# ENGAGE. MOBILIZE. ACT.

## ADVANCING CANCER-FIGHTING PUBLIC POLICY

2015 ADVOCACY ACCOMPLISHMENTS





## DEAR FRIENDS,

I am delighted to present **ENGAGE. MOBILIZE. ACT.** *Advancing Cancer-fighting Public Policy*, the annual accomplishments report of the American Cancer Society Cancer Action Network (ACS CAN), the American Cancer Society's nonprofit, nonpartisan advocacy affiliate. The report highlights the legislative achievements of ACS CAN's tireless staff and volunteer advocates to make cancer a national priority.

On the national front, fighting for investments in lifesaving research has remained an ACS CAN priority – and what a difference a year makes. In March, ACS CAN mounted the One Degree campaign, a two-year movement to restore federal funding to cancer research lost through sequestration. The campaign attracted extensive media coverage and set off an expanding network which generated nearly 150,000 signed petitions, millions of social media impressions, an event partnership with Minor League Baseball and hundreds of other events hosted by ACS CAN across the country. As a result, Congress ceased debating whether to increase federal investment in cancer research and moved with bipartisan cooperation to determine how much could be invested. As the year's end grew near, Congress passed a budget deal that included a \$2 billion increase for medical research at the National Institutes of Health (NIH) – the largest sustainable funding boost for medical research in 12 years.

We and our coalition partners were also successful in getting essential quality of life legislation introduced in the U.S. House of Representatives. As we work to secure more co-sponsors for the Palliative Care Hospice Education and Training Act, we are also pressing for a companion bill to be introduced in the Senate.

We were elated when, in January, the New Orleans City Council passed an historic smoke-free ordinance by unanimous vote – a bold step in favor of protecting the health of the city's employees and an example of what can be accomplished with coordinated advocacy. The ordinance makes all workplaces, including bars and gaming establishments in the "Big Easy," smoke-free. Determined efforts by ACS CAN staff, volunteers and partners were critical to the "Smoke-free NOLA" victory.

This progress, combined with advances on numerous other fronts, is a direct result of the commitment of more than one million dauntless ACS CAN volunteers and staff. I am confident we will only build on this success in 2016. Thank you for all you do to advance the fight against cancer.

A handwritten signature in blue ink, reading "Christopher W. Hansen". The signature is fluid and cursive, with a large initial "C" and "H".

Christopher W. Hansen  
President, ACS CAN

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## THIS REPORT IS DEDICATED TO JOYCE COOKE.

Joyce was a dear friend and colleague who worked tirelessly for ACS CAN. She followed in the footsteps of her big sister, the late Carole Granderson. Like her sister, Joyce was the every day embodiment of why ACS CAN's work is so important. She was well-known for her brilliant smile and positive spirit among ACS CAN staff and volunteers. One of her 2015 highlights was participating in Lights of HOPE – another was attending her daughter Ninya's wedding. Joyce passed away from cancer on November 11, 2015. She continues to be a source of inspiration for the entire ACS CAN community, as we work together in support of public policies that help save lives from cancer.

## ACS CAN BOARD OF DIRECTORS

The ACS CAN Board of Directors is comprised of volunteers who lead the organization in partnership with ACS CAN Chief Executive Officer Gary M. Reedy and President Christopher W. Hansen.

In 2015, the Board was chaired by Christy Russell, MD. Members included: William H. Boykin, Jr., MD; Sandra Cassese, MSN, RN, CNS (secretary); William "Ed" E. Coulter, EdD; Kristi DeLaurentiis; Richard L. Deming, MD; The Honorable Dan Glickman; Joel T.S. Greer; John Hamilton, DDS (vice chair); Daniel P. Heist, CPA; Bernard Jackvony, JD; Allison Jones Thomson; Sherry Lansing; Maureen G. Mann, MS, MBA, FACHE; John J. Manna, Jr.; Michael T. Marquardt; William J. Mayer, MD, MPH (treasurer); Rick Q. Ngo, MD, FACS; Ken Scherer; William P. Underriner and Robert E. Youle.

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ACS CAN, the nonprofit, nonpartisan advocacy affiliate of the American Cancer Society headquartered in Washington, D.C., supports evidence-based policy and legislative solutions designed to eliminate cancer as a major health problem. ACS CAN works to encourage elected officials and candidates to make cancer a top national priority. ACS CAN gives ordinary people extraordinary power to fight cancer with the training and tools they need to make their voices heard.

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.





# WHAT IS ACS CAN?

The American Cancer Society Cancer Action Network (ACS CAN) is the nation's leading advocacy organization working to save more lives from cancer through involvement, influence and impact. Created in 2001 as the nonprofit, nonpartisan advocacy affiliate of the American Cancer Society (the Society), ACS CAN educates the public, elected officials and candidates about cancer's devastating impact on public health and encourages them to make cancer a top national priority.

Defeating cancer relies as much on public policy as it does on science, and lawmakers and policy makers play a critical role in decisions that could save lives from cancer. By supporting laws and policies, such as sustained investments in cancer research, stronger tobacco control efforts, improved access to care and better quality of life for patients, lawmakers and policy makers at every level of government can get involved and stay involved in the fight against cancer. ACS CAN strives to protect and increase government investments in groundbreaking biomedical research and works to improve access to the latest lifesaving preventive measures, early detection tools, treatments and follow-up care.

## Involvement

ACS CAN ensures the voices of patients, survivors and caregivers are heard in every state and every community. We mobilize our powerful, nationwide grassroots network of more than one million cancer advocacy volunteers to make sure lawmakers at all levels of government are aware of cancer issues that matter to their constituents. ACS CAN staff work closely with the Society's leadership team, as well as its research and cancer control leadership, to identify and develop strong policies firmly rooted in scientific evidence that promote access to prevention and early detection, treatment and follow-up care. Utilizing our expert lobbying, policy, grassroots and communications capacity, ACS CAN advances evidence-based solutions designed to eliminate cancer as a major health problem.

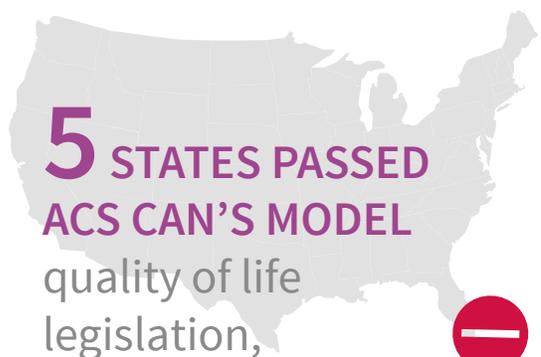
## Influence

Like the Society, ACS CAN is a science-based organization, and we frequently convene scientists, researchers, medical providers, advocates and patients to examine critical public health policies.

ACS CAN is strictly nonpartisan and does not endorse, oppose or contribute to candidates or political parties. As a result, we are a trusted source of information on health policy among legislators, policy makers and opinion leaders. The only side ACS CAN takes is the side of cancer patients.

# IMPACT

ACS CAN's comprehensive advocacy efforts in 2015 resulted in numerous achievements benefitting people with cancer and their families. Highlights include:



**5 STATES PASSED ACS CAN'S MODEL** quality of life legislation, bringing the overall **TOTAL TO 10**



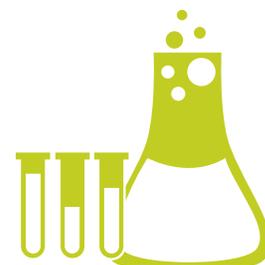
**2 STATES RESTRICTED THE USE OF INDOOR TANNING** devices for those **under 18** years of age

**6 STATES PASSED, EXTENDED OR ENHANCED ORAL CHEMOTHERAPY FAIRNESS BILLS**, ensuring patients who receive chemotherapy orally are paying the same amount or a similar amount as patients who receive chemotherapy intravenously



**63** municipalities implemented comprehensive **SMOKE-FREE WORKPLACE, RESTAURANT AND BAR LAWS**

**70 EVENTS** across the country highlighted cancer research, access to care and the importance of patient quality of life

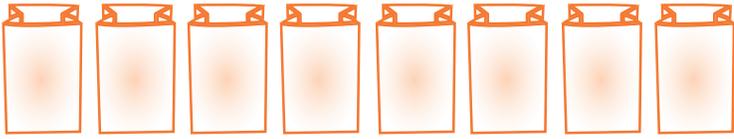


More than **750** **CANCER SURVIVORS, CAREGIVERS AND STAFF MET WITH MEMBERS OF CONGRESS** and their staff during the most-attended National Leadership Summit and Lobby Day in ACS CAN history



**3 STATES INCREASED ACCESS TO CARE THROUGH MEDICAID**, bringing the **TOTAL TO 30 STATES** and the District of Columbia and resulting in nearly **9 million people** who will have access to health coverage through Medicaid

MORE THAN **20,000** LIGHTS OF HOPE ILLUMINATED THE U.S. CAPITOL REFLECTING POOL at the end of this year's National Leadership Summit and Lobby Day



**12** STATES INCREASED FUNDING for cancer research, prevention and screening programs

**50** DAY AT THE CAPITOL events were held and engaged MORE THAN 3,000 ACS CAN VOLUNTEERS AND STAFF

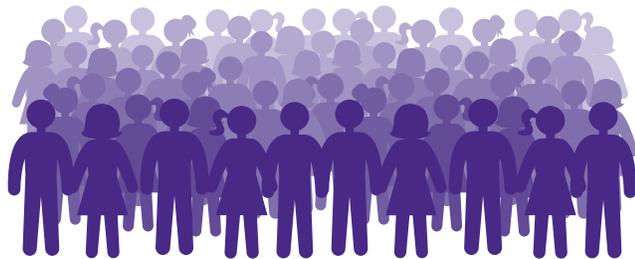


**\$2** BILLION IN RESEARCH FUNDS were restored to the federal budget, thanks in part to nearly 150,000 signed One Degree petitions



**26,000** PEOPLE JOINED ACS CAN THROUGH American Cancer Society RELAY FOR LIFE® events, with nearly 200 Relays being recognized as ACS CAN Club events for recruiting more than 40 members each

**337** CO-SPONSORS were secured for federal legislation REMOVING BARRIERS TO COLORECTAL CANCER SCREENINGS AND SUPPORTING QUALITY OF LIFE AND PALLIATIVE CARE



**20** STATES HOSTED SUITS AND SNEAKERS® EVENTS AT THEIR CAPITOLS

Suits and Sneakers events are part of the Coaches vs. Cancer® program, a nationwide collaboration between the American Cancer Society and the National Association of Basketball Coaches that leverages the personal experiences, community leadership and professional excellence of coaches nationwide to increase cancer awareness and promote healthy living through year-round awareness efforts, fundraising activities and advocacy programs.



## BRINGING TOGETHER LEADERS IN THE FIGHT AGAINST CANCER

ACS CAN held its fourth annual National Forum on the Future of Health Care at the National Press Club in April 2015. The forum, titled *Transforming Delivery and Payment of Cancer Care – Breaking Down Barriers*, convened leaders from government, private and nonprofit organizations in a focused discussion on care delivery needs and challenges, as well as ways to measure improvement and success.

Personalized medicine is another ACS CAN focus issue that is gaining momentum. In June, ACS CAN co-hosted with AdvaMedDx, the Association of Community Cancer Centers and the Ovarian Cancer National Alliance a panel discussion and networking reception at the American Society of Clinical Oncology (ASCO) Annual Meeting to focus on opportunities for patients, physicians, the diagnostics industry and others to work together to give health care providers the tools and information they need to make personalized treatment decisions for their patients and improve public health. In 2015, we also convened five Personalized Medicine Roundtable events across the country sponsored by AdvaMedDx, AstraZeneca and Boehringer Ingelheim.

## In 2015, we continued our Regulatory Roundtable series to:

- Raise awareness of the regulatory engagement process.
- Educate advocates on how to better activate around key issue areas of interest.
- Train volunteers and leaders on how to effectively raise their voices and participate appropriately.
- Hear about best practices from experts and leaders in the field.

The 2015 series included three events focused on the need for interoperability of health IT, quality measurement for cancer care and understanding the National Association of Insurance Commissioners' Network Adequacy Model. More than 45 organizations have participated in our Regulatory Roundtables to date.

In November 2015, ACS CAN hosted its first-ever National Summit on Health Equity. More than 140 leading experts in business, technology, academia, public policy, community organizing and patient advocacy came together in St. Louis, Missouri to discuss potential public policy solutions to reduce inequities in cancer prevention, diagnosis, treatment and care. Research shows that ethnic minorities and other medically underserved groups have higher cancer rates and are less likely to be diagnosed early or receive optimal treatment. Moving forward, ACS CAN plans to continue the critical dialogue on potential strategies and public policies that help achieve health equity, in addition to its ongoing efforts to support legislation and public policies that help reduce cancer disparities and improve access to quality care for all Americans.

For Americans who do not use tobacco products, diet, weight and physical activity are the leading risk factors for cancer. There is also growing



evidence that a healthy weight, good nutrition and regular exercise can improve health outcomes and quality of life for those undergoing cancer treatments and reduce the risk of cancer recurrence for post-treatment cancer survivors. With this in mind, ACS CAN convened a Roundtable in December showcasing evidence-based community and health care system initiatives and policies to reduce cancer risk and recurrence, increase quality of life and improve cancer outcomes and overall health throughout the survivorship journey.

Partnerships also help ACS CAN further its goal of building a diverse and inclusive organization that represents all Americans with cancer. Since 2014, ACS CAN has partnered with the Gates Millennium Scholars Program (GMSP), which offers good-through-graduation full scholarships to qualified students from the African American, Hispanic/Latino, American Indian and Asian Pacific Islander communities. These future leaders are invited to take action with ACS CAN, join us at state lobby days and join volunteer ambassador teams throughout the country. For the second year in a row, six scholars were also invited to join ACS CAN at its National Leadership Summit and Lobby Day, where they attended training breakouts, listened to an array of general session speakers and met with their lawmakers on Capitol Hill, side-by-side with ACS CAN's Ambassador Constituent Team (ACT) Leads and Ambassadors. The GMSP is one of several partnerships, including those with Delta Sigma Theta Sorority, Inc. and Phi Beta Sigma Fraternity, Inc. that help us reach audiences that represent significant constituencies who are impacted by cancer.



## VOLUNTEERS: THE HEART OF ACS CAN

We would not be able to accomplish our mission without the more than one million remarkable individuals across the country who volunteer their time and skills on behalf of the cancer community nationwide. Our volunteers are cancer patients, survivors, caregivers, family members and others who have been affected by the disease and are committed to defeating it. They are truly the heart of ACS CAN. The organization's volunteer advocates engage their elected officials throughout the year through phone calls, emails, letters and face-to-face meetings. They speak out to their networks, communities, the media and the public at large in support of policies that help save lives from cancer, knowing their voices are the ones that most influence lawmakers and policy makers. ACS CAN always welcomes new volunteer advocates and places a priority on building a volunteer base that reflects the nation's diverse population.

Central to ACS CAN's success is a sophisticated and effective volunteer structure. Across the country, ACTs in every congressional district work closely with ACS CAN staff partners to organize and execute advocacy campaigns. Fifty-one State Lead Ambassadors

(SLAs) – one for each state and the District of Columbia – serve as ACS CAN's top advocacy volunteers in their states, facilitating ACT activities and providing leadership to other volunteers. Together, these committed volunteers recruit and support other volunteers dedicated to the most critical components of successful advocacy campaigns: grassroots mobilization, media outreach, fundraising and integrating advocacy into the Society's Relay For Life, Colleges Against Cancer®, Coaches vs. Cancer and Making Strides Against Breast Cancer® signature programs and events.

### Judicial Advocacy Initiative

ACS CAN's efforts are also supported by the work of attorneys who provide specialized expertise as part of the Judicial Advocacy Initiative (JAI). Participating lawyers and law firms donate their time on a broad range of cancer-related issues, from helping defend health care tax credits in federal court, to assisting in drafting comments to regulatory agencies that will protect billions of dollars of government-funded research. These donated services allow ACS CAN to engage more actively in regulatory and court proceedings, while preserving precious resources.



# GLOBAL ADVOCACY

Cancer and other non-communicable diseases (NCDs) represent a global public health emergency. The NCD epidemic, driven largely by tobacco use, unhealthy diets, physical inactivity and excessive use of alcohol, causes 36 million deaths globally each year. Of those, 14.2 million deaths occur between the ages of 30 and 70, the most productive years of life. Most of these deaths can be prevented.

In recent years, both the Society and ACS CAN have expanded programs in global cancer control. With more than 100 years of achievement here in the U.S., we are compelled to share our successes and lessons learned on a global level.

Thus, in 2015, ACS CAN joined other non-governmental organizations from around the world in celebrating the inclusion of cancer and other NCDs in the United Nations Sustainable Development Goals (SDG) for the first time. With this significant milestone, ACS CAN is working to hold the U.S. and other stakeholders accountable for the commitments they have made and for delivering resources to make implementation of the SDG a reality.

Together, ACS CAN and the Society have the most powerful cancer-focused grassroots network in the world. In 2015, ACS CAN's Power of the Purse campaign gave the Society's Making Strides Against Breast Cancer participants an opportunity to connect breast cancer early detection and treatment to federal cancer research funding, resulting in a 29 percent increase in ACS CAN membership among Making Strides participants.

In addition, ACS CAN integrated into more than 4,000 of the Society's Relay For Life events nationwide, giving participants a venue to be heard on important issues, such as patient quality of life and funding for cancer research. The CAN café, featuring interactive activities and involvement opportunities, was the highlight of many Relay events. Also, an award-winning smartphone app enabled volunteers to join ACS CAN, send messages to their members of Congress and share their advocacy activities with friends on social media.



The Society's Global Cancer Control team continues to implement programs to prevent cancer, diminish suffering and enhance the capacity of local organizations to deliver critical health care services. Through public forums, advocacy training workshops and collaborations with advocacy partners, ACS CAN is complementing the Society's global work, helping to enhance the capacity of local organizations to be effective advocates for global cancer control and elevate cancer on the global health agenda. Two areas of particular focus are preventing cervical cancer, through expanded access to human papillomavirus (HPV) vaccination and "screen and treat" services, and integrating tobacco control, one of the world's most cost effective health interventions, into mainstream global health programs.

## Tobacco and International Trade

Globally, tobacco products killed 100 million people in the 20th century, and will kill one billion people in the 21st century unless governments take urgent action.

There is widespread agreement on the actions governments should take to address tobacco consumption. Many of these actions are included in the world's first public health treaty, the Framework Convention on Tobacco Control, under which 179 countries have made binding commitments to enact effective tobacco control measures.

Despite this consensus, trade and investment agreements have been subverted to allow the tobacco industry to thwart the best efforts of sovereign governments and the public health community to stop the spread of tobacco use. The tobacco industry sometimes uses these agreements to generate, or threaten, costly disputes to undermine labeling and packaging requirements and other tobacco control measures. Several countries, fearing similar tobacco industry initiated trade disputes, have abandoned consideration or implementation of such policies.

ACS CAN pressed the Obama administration to protect tobacco control measures by restricting the right of the tobacco industry to challenge them through international trade agreements. Thanks in large part to ACS CAN's efforts, the United States Trade Representative proposed such a provision in the Trans-Pacific Partnership (TPP) trade and investment agreement negotiated by the United States and 11 other Pacific Rim countries. If approved by Congress, the TPP would represent the first agreement to carve out an exception which would restrict the ability of tobacco companies to use this trade agreement to undermine lifesaving tobacco control laws, moving beyond the traditional trade agreement treatment of tobacco as any other product and the tobacco industry as any other business.



# NATIONAL LEADERSHIP SUMMIT AND LOBBY DAY

In late September 2015, more than 750 ACS CAN volunteers and staff from all 50 states and nearly every congressional district met in Washington, D.C., for ACS CAN's annual National Leadership Summit and Lobby Day. This impressive group of cancer patients, survivors, caregivers and their loved ones gathered together for skills training, issue briefings, planning sessions and in-person meetings with members of Congress and their staff.

Volunteers attended more than 500 meetings in House and Senate offices, where they urged lawmakers to support a \$6 billion increase for the National Institutes of Health (NIH), including a \$1 billion increase for the National Cancer Institute (NCI) over the next two years; co-sponsor legislation that supports patient quality of life by increasing access to palliative care; and close a loophole in Medicare that often results in surprise costs for seniors when a polyp is found during a routine colonoscopy. These meetings resulted in a total of 40 bipartisan House co-sponsors for the Palliative Care and Hospice Education and Training Act. The House version of the Removing Barriers to Colorectal Screening Act gained 22 bipartisan co-sponsors, and five U.S. Senators signed on to the companion Senate bill. Both versions of the bill were ahead of the 2014 number of total co-sponsors, thanks to our volunteers' efforts.

Additionally, NCAA Division I college basketball coaches Mike Brey of the University of Notre Dame, Mitch Henderson of Princeton University, Lon Kruger of the University of Oklahoma and Fran McCaffery of the University of Iowa put aside their on-court rivalries in a unified stance to ask Congress to make cancer issues a national priority. These coaches are all members of the Society's Coaches vs. Cancer initiative.

The inspiring Lights of HOPE ceremony is a signature event marking the conclusion of the National Leadership Summit and Lobby Day. In 2015, ACS CAN celebrated the fifth anniversary of this powerful display of lights along the U.S. Capitol Reflecting Pool. Each light is placed in a decorated bag and represents loved ones affected by cancer. A powerful rain storm proved no match for the dedication of hundreds of ACS CAN volunteer advocates, who huddled under



The 2015 ACS CAN National Leadership Summit and Lobby Day sparked significant conversation on social media. Overall, the hashtag #CancerLobbyDay resulted in 27.5 million impressions on Facebook and Twitter. Several lawmakers, actress Marcia Cross, former NFL player Chris Draft and thousands of advocates shared messages of support.

ACS CAN also launched the first-ever Lights of HOPE digital experience in collaboration with Politico, a major source of daily political news for lawmakers and staff. For those unable to attend the Lights of HOPE event in person, the digital experience provided an opportunity to light a virtual Light of HOPE and gave additional voices to ACS CAN's call for Congress to increase federal cancer research funding. In total, there were more than 3,500 visits to the digital experience and 405 virtual candles lit. Post event, the site also featured a time-lapse video of the ceremony, which was viewed more than 15,000 times.



A RECORD BREAKING 20,000 LIGHTS OF HOPE ILLUMINATED THE U.S. CAPITOL REFLECTING POOL IN 2015.

umbrellas alongside actress Marcia Cross, former NFL player Chris Draft, childhood cancer survivor turned cancer researcher Brittany Avin, Representatives Michael McCaul (R-TX) and Mike Fitzpatrick (R-PA), ACS CAN President Chris Hansen and Society and ACS CAN CEO Gary Reedy to call on Congress to take action. Celgene sponsored the Lights of HOPE event for the second consecutive year, and Celgene CEO Bob Hugin's remarks emphasized the importance of private medical research and innovation, public policy and federal funding coming together to result in advancements in the detection and treatment of cancer.

## 2015 Advocacy Award Recipients

Each year, ACS CAN recognizes outstanding advocacy volunteers at its National Advocacy Leadership Awards Dinner. The 2015 recipients included:

- **State Lead Ambassador of the Year** – Amber Stevens, Louisiana
- **Ambassador Constituent Team Leads of the Year** – Kirby Davidson, Wisconsin; Jennifer Varner, Michigan; and Lillian Villareal, Texas
- **Volunteer Team of the Year** – Mississippi
- **Volunteer Award for Excellence in Advocacy** – Richard L. Deming, MD, Iowa

In addition, ACS CAN recognized the following advocacy staff for outstanding work:

- **Grassroots Professional Award** – Sister Maggie Lopez, New Jersey and Matt Phelan, Michigan
- **Government Relations Professional Award** – Hilary Schneider, Maine
- **Alan Mills Award\*** – Dave Woodmansee, ACS CAN National
- **Government Relations Team Award** – Wisconsin
- **Non-Advocacy Professional Award** – Fran Miley, Missouri

Additionally, ACS CAN awarded its annual National Distinguished Advocacy Award to U.S. Senator Jack Reed (D-RI), U.S. Senator Roger F. Wicker (R-MS), Michigan Governor Rick Snyder and New Orleans City Councilmember LaToya Cantrell. The National Distinguished Advocacy Award is ACS CAN's most prestigious advocacy honor and is awarded for leadership in the fight against cancer.

Rebecca J. Merrill, managing associate for Dentons, received the Judicial Advocacy Award for her tremendous commitment to ACS CAN's work by helping us understand medical privacy through numerous projects surrounding the Health Insurance Portability and Accountability Act (HIPAA) and cancer research rules and regulations.

*\*The Alan Mills Award, which is ACS CAN's highest honor for advocacy staff, is presented to the individual who best embodies the passion and dedication of the late Alan Mills, a former Society staff lobbyist and one of the founders of the Society's National Government Relations department.*



# 2015 ADVOCACY ACCOMPLISHMENTS

## Sustained Investments in Cancer Research and Prevention

Thanks to past federal investment in cancer research, we've seen major scientific breakthroughs that have us on the verge of dramatic improvements in how we treat some of the most vexing forms of cancer. However, without sustained and increased funding, new treatments and preventive tests may not reach the patients who need them most. With 1 in 2 men and 1 in 3 women expected to be diagnosed with cancer in their lifetime, and cancer costing the U.S. economy an estimated \$216 billion per year, we can't afford to let promising research go to waste.

In 2015, ACS CAN launched the One Degree campaign, an effort designed to change the landscape in Congress for federal cancer research funding by emphasizing that we're all just One Degree from cancer – whether it's a relative, a friend, a coworker or a personal diagnosis. The purpose of this campaign is to finally put an end to years of stagnant funding for the NIH and the NCI, and to identify and support new champions in Congress who will push for increased funding for the NIH and the NCI. Basketball legend Kareem Abdul-Jabbar, actor Pierce Brosnan and actress Marcia Cross each shared their One Degree at the campaign launch event, sponsored by Merck, in March. The event brought together bipartisan leaders from both the House and Senate. Thanks in large part to the campaign's efforts, which included the delivery of nearly 150,000 signed petitions, numerous field events, significant media coverage, rallies and direct lobbying by volunteers, the debate in Congress shifted from whether to increase cancer research funding to how much of an increase to provide. In the final major legislative action for 2015, Congress passed a budget deal that included a \$2 billion increase for medical research at the NIH and a \$264 million increase for cancer research at the NCI. This is the largest sustainable funding boost for medical research in 12 years and will help put lifesaving research back on track after years of flat or decreased funding.



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The One Degree campaign was not only a legislative success, but also an organizational success. ACS CAN volunteers collected nearly 150,000 petition signatures, covering every single congressional district in the U.S., and 75 percent of those who signed were individuals new to the organization. The #OneDegree hashtag garnered nearly 31.8 million social media impressions and helped ACS CAN increase its Facebook following by more than 67 percent in 2015.

In addition, over the summer, volunteers took the One Degree campaign "out to the ballgame," featuring the campaign at more than 30 Minor League Baseball games and one Major League Baseball game. Volunteers collected petition signatures, spoke to local media, were often featured in radio broadcasts of the game and, in many cases, cancer survivors threw out the first pitch – all in the name of increasing funding for cancer research.

## Funding for the CDC's State-based Cancer Programs

The CDC's state-based cancer programs are vital to increasing access to and awareness of potentially lifesaving cancer screenings. In addition to providing direct screenings for some cancers, these programs provide much needed resources for evidence-based education and outreach, research and cancer monitoring and surveillance. Unfortunately, funding for the National Breast and Cervical Cancer Early Detection Program (NBCCEDP), the Colorectal Cancer Control Program (CRCCP) and prostate cancer activities at the CDC are at risk.

The NBCCEDP has been an effective delivery model for cancer care in this country since Congress established it in 1990. The program was created to provide potentially lifesaving breast and cervical cancer screenings, information and follow-up services to women at the highest risk for disease – especially poor, low-income, and racial and ethnic minority women. Since its inception, the NBCCEDP has provided more than 11.6 million screening exams to more than 4.6 million women, detecting more than 64,500 breast cancers, 3,500 cervical cancers and 167,000 premalignant cervical lesions. Due to chronic underfunding, many eligible women are

unable to be screened even at the level of funding provided today. In 2015, the program was only reaching 1 in 10 eligible women.

Thanks to programs like the CRCCP, over the past 10 years, colorectal cancer incidence rates have dropped 30 percent in the U.S. among adults 50 and older. Despite the good news, colorectal cancer remains the second-leading cause of cancer death for men and women combined in the U.S. because millions of Americans are still not getting screened. The CRCCP works by reaching out to those most at risk to encourage screening.

Finally, prostate cancer strikes 1 in 6 men and accounts for 33 percent of all cancer cases. More than 220,000 men were expected to be newly diagnosed with prostate cancer in 2015 alone, and more than 27,500 men were expected to die from it. Continued funding for these programs will enhance prostate cancer data in cancer registries, especially information about the stage of disease at the time of diagnosis, quality of care and the race and ethnicity of men with prostate cancer.

ACS CAN made congressional funding of these programs a priority in 2015 and worked with partners in Congress to restore funding for these vital programs.



Thanks in large part to the work of ACS CAN, proposed budget cuts for the NBCCEDP and other CDC cancer programs were rejected and level funding was maintained.

We worked closely with partners in the One Voice Against Cancer coalition to bring the cancer community together for two Capitol Hill lobby days, one for staff and one for grassroots volunteers. These events were held at strategically significant points in the appropriations process and helped support our efforts to significantly increase cancer research funding and protect funding for the CDC's cancer programs.

## Childhood Cancer

ACS CAN is committed to improving outcomes for children with cancer and their families. In 2015, we worked closely with our partners in the Alliance for Childhood Cancer to support a new childhood cancer bill, which was introduced in the House and Senate during the summer. The Childhood Cancer STAR Act would improve efforts to identify and track childhood cancer incidences; improve the quality of life for

childhood cancer survivors; ensure publicly accessible expanded access policies that provide hope for patients who have run out of options; and identify opportunities to expand the research to develop new treatments for children living with cancer. To support this bill and advocate for increased funding for childhood cancer research, ACS CAN volunteers participated in the annual Alliance for Childhood Cancer lobby day in June.



Congress reauthorized the Breast Cancer Research Semipostal Stamp Reauthorization Act of 2015. The bipartisan legislation renewed congressional approval for the breast cancer research postage stamp, which has raised \$80.4 million for breast cancer research since its creation in 1998.

Costing 60 cents, 11 cents above the current letter rate, the special stamp provides first-class postage for letters in the U.S. The additional revenue helps fund breast cancer research at the NIH and the Medical Research Program at the Department of Defense. This legislation reauthorizes the stamp through 2019 with proceeds funding federal breast cancer research in areas such as early detection and prevention, as well as research into the biomarkers that precede the development of breast cancer.

ACS CAN coordinated with the sponsoring offices to pressure House leadership to bring the bill to a vote before Congress adjourned for the year. ACS CAN volunteers mobilized by sending emails, tweets and Facebook posts to members of Congress urging them to support the bill.

# Prevention and Early Detection

## Colorectal Cancer Prevention

ACS CAN has united with more than 500 organizations in the goal of screening 80 percent of adults aged 50 and older for colorectal cancer by 2018. Colonoscopies are proven to prevent colon cancer and save lives, but any cost-sharing can be an impediment to getting screened. For seniors relying on Medicare for their health coverage, this copay acts as a serious deterrent.

In order to reach the 80 by 2018 goal, any financial disincentives for colorectal cancer screening must be removed. In partnership with the Society and the National Colorectal Cancer Roundtable, ACS CAN has made progress in efforts to close loopholes in colorectal cancer screening coverage that were leading to unexpected patient costs.

However, significant barriers remain and Congress has a role to play. In 2015, ACS CAN endorsed the Removing Barriers to Colorectal Cancer Screening Act (HR 1220 / S 624), introduced by U.S. Representative Charlie Dent (R-PA) and U.S. Senator Sherrod Brown (D-OH) and supported by bipartisan members of Congress, which would eliminate out-of-pocket costs for seniors on Medicare for a screening colonoscopy when a polyp is removed. Both bills have widespread bipartisan support and are currently pending before Congress.

## Dense Breast Legislation

Given the potential limitation of mammography to detect breast cancer in some women with dense breasts, it is important women are provided with useful, evidence-based information about breast density, and that research addresses the gaps in knowledge around breast density. For this reason, ACS CAN has endorsed the Breast Density and Mammography Act of 2015 (HR 716 / S 370), introduced in Congress by U.S. Representative Rosa DeLauro (D-CT) and U.S. Senator Dianne Feinstein (D-CA) and supported by bipartisan members of Congress.

This legislation will ensure women understand the masking effect of dense breast tissue in mammography and have a better understanding of their health. It will also help to empower women and their doctors to make more informed decisions by directing an evidence-based process to inform women of the facts about breast density and risk. The legislation recommends that women who are found to have dense breast tissue have a follow-up conversation about next steps directly with their doctors.

## Skin Cancer Prevention

Skin cancer is the most commonly diagnosed cancer in the U.S., and rates have been rising for the past 30 years. An estimated 73,870 cases of melanoma were diagnosed in 2015, in addition to millions of basal and squamous cell skin cancers. In total, an estimated 13,300 men and women died of skin cancer in 2015, and 9,940 of those deaths were from melanoma.

Exposure to UV radiation through sunlight and indoor tanning devices is one of the most avoidable risk factors for skin cancer. Yet in the past year, 1 in 5 high school girls have used a tanning device despite the health risks. This is especially worrisome since studies have shown using an indoor tanning device before the age of 35 increases the risk of melanoma by 59 percent, squamous cell carcinoma by 67 percent and basal cell carcinoma by 29 percent.

At the state level, ACS CAN advocates work tirelessly to pass laws restricting the use of indoor tanning devices for those under the age of 18. New Hampshire and North Carolina passed such laws in 2015, joining nine other states and the District of Columbia. ACS CAN will continue this work until young people in every state are protected from the harmful effects of indoor tanning.

# Improving Quality of Life for Cancer Patients

Palliative care supports the best possible quality of life for cancer patients and their families, and can help prevent and relieve pain and suffering. Provided by a team of clinicians and specialists, who work with the patient's regular physicians to provide an extra layer of support, palliative care is appropriate at any age and any stage of cancer beginning at diagnosis. ACS CAN is committed to improved quality of life for those with cancer, and collaborates with federal legislators to enact laws that expand patient access to coordinated palliative care, alleviate patient pain and suffering and improve symptom management.

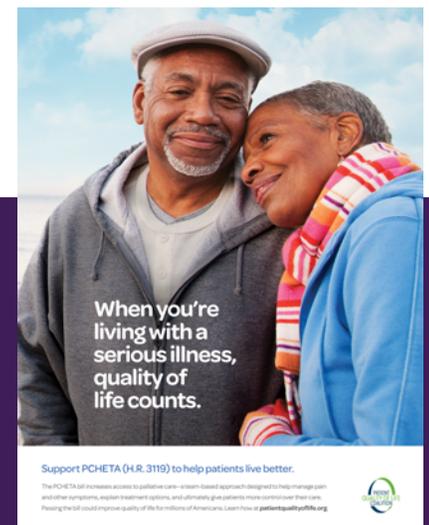
The Palliative Care Hospice Education and Training Act (PCHETA), HR 3119, was introduced in July in the House of Representatives by U.S. Representatives Elliott Engel (D-NY) and Tom Reed (R-NY). The new legislation combines provisions from the PCHETA legislation from the 113th Congress, as well as the Patient Centered Quality Care for Life Act. The legislation would expand training opportunities for doctors and other health professionals in the medical subspecialty of palliative care; educate the public and providers on the delivery model of palliative care; and expand and intensify research on palliative care at the NIH. ACS CAN is working with champions in the Senate to introduce a Senate companion bill. At the end of 2015, the legislation had 97 bipartisan co-sponsors, and ACS CAN volunteers were actively involved in reaching out to their members of Congress to get support for the legislation during the ACS CAN National Leadership Summit and Lobby Day and congressional recess periods.

Thirty-four organizations representing patient advocacy organizations, provider organizations and health systems have endorsed the legislation.

ACS CAN, together with the Center to Advance Palliative Care at Mt. Sinai Hospital in New York – a Patient Quality of Life Coalition partner organization – successfully hosted a briefing in the U.S. House of Representatives to release the Center to Advance Palliative Care's report, *America's Care of Serious Illness: 2015 State By State Report Card On Access To Palliative Care In Our Nation's Hospitals*. Diane Meier, MD, of the Center to Advance Palliative Care at Mt. Sinai Hospital in New York; Sean Morrison, PhD, of the National Palliative Care Research Center at Mt. Sinai Hospital; and Cristina Savasta, a non-Hodgkin lymphoma cancer survivor, presented at the briefing.

Throughout the year, many states held forums, briefings and events focused on palliative care and quality of life issues, bringing together state experts and stakeholders to discuss ACS CAN federal and state palliative care legislation and educate providers and the public on important public policy issues that need to be addressed to ensure patients have better access to palliative care. These events presented the challenges and opportunities in each individual state and created buy-in from various stakeholders to work together to enhance awareness and utilization of palliative care services.

The Patient Quality of Life Coalition (PQLC), a group of more than 30 national organizations focusing on quality of life and led by ACS CAN, held its second annual lobby day on July 22. The event was attended by more than 70 people representing over 25 patient, provider and health system organizations. Coalition members participated in more than 70 meetings with members of the House and Senate and their staff to ask members to co-sponsor the newly introduced palliative care legislation. A new coalition ad ran in Capitol Hill publications to support the lobby day activities.



# painter

Palliative care sees the person beyond the cancer treatment. It gives the patient control. It brings trained specialists together with doctors and nurses in a team-based approach to improve quality of life during serious illness, explain treatment options, and manage symptoms like pain, nausea, and fatigue. Palliative care is all about treating the patient as well as the disease. It's a big shift in focus for health care delivery—and it works.

Support palliative care legislation (H.R. 3119).  
Bring quality of life and care together for the millions of families facing cancer.



In October, ACS CAN launched the next phase of its grassroots campaign emphasizing quality of life for cancer patients and survivors. The theme, *What Brings You Joy?*, invites volunteers to share the things in life that make them happy – reading a book to a child, taking a walk with a loved one or sharing a laugh with a friend. It builds on the concept of ACS CAN’s ongoing advertising campaign that emphasizes patients are more than their disease. Palliative care is about helping patients get well and lead better lives. It helps patients continue to find joy from all of the big and little things that make life fulfilling for us all. ACS CAN collected these stories of joy and created an online mural that is being shared with media, lawmakers and other volunteers, as we work to build support of quality of life bills at the federal and state levels.

## Improving Access to Care: Implementing Major Provisions of the Affordable Care Act

Roughly half of all cancer deaths in the U.S. are preventable, and scientific breakthroughs are leading to better prevention, early detection and treatment methods. Unfortunately, the Society’s own scientific studies show that people without health insurance are more likely than those with health coverage to be diagnosed with cancer at advanced stages, and to die from the disease.

The Patient Protection and Affordable Care Act (ACA), signed into law in 2010, contains numerous provisions that improve access to quality, affordable health care for people with cancer and their families. ACS CAN fought to include patient protections in the law that directly improve access to care, and we continue efforts to implement and protect them.

These provisions:

- Ban preexisting condition exclusions.
- Eliminate annual and lifetime benefit limits.
- Guarantee health coverage to all applicants.
- Prohibit insurance companies from charging people more for coverage because of their health status.
- Provide subsidies so individuals with limited incomes can afford their health insurance coverage.
- Allow states to broaden access to health coverage through Medicaid for low-income adults.
- Refocus the health care system on disease prevention and early detection.
- Close the Medicare prescription drug gap in coverage so older people have better access to the drugs they need.

In 2015, ACS CAN debuted the latest iteration of its successful advertising campaign promoting palliative care legislation. These ads emphasize the person beyond his or her cancer treatment – whether they are a dancer, mother, dad or painter. The newest ad appeared in print and online news outlets around the time of the ACS CAN National Leadership Summit and Lobby Day, and was widely viewed by members of Congress and their staff.



## Increasing Access to Medicaid

Under the ACA, states have the option to use federal funds to make many low-income people eligible for health coverage through Medicaid for the first time. As of December 2015, 30 states and the District of Columbia had taken this opportunity to cover more uninsured people.

Providing low-income Americans access to comprehensive health care coverage will greatly contribute to eliminating health and cancer disparities. In 2015, ACS CAN and coalition partners successfully advocated for states to broaden access to health care coverage, with Alaska, Indiana and Montana accepting the federal funds to increase access to Medicaid for eligible low-income adults.

However, 20 states are denying a total of more than five million low-income Americans access to health care coverage and turning down billions of dollars in federal funds. We continue to make great strides toward providing low-income individuals and families access to meaningful health care coverage in these 20 states, and our efforts will continue in 2016 and beyond.

## Protecting and Upholding Key Provisions of the Affordable Care Act

In 2015, a major challenge to the availability of premium tax credits for coverage purchased on federal exchanges was heard by the U.S. Supreme Court. The challenge would have denied credits to help make insurance affordable to 12.5 million low- and middle-income Americans. The Supreme Court upheld the credits in a landmark decision issued in June, allowing millions of patients to keep their health insurance in place.

The Society and ACS CAN, along with the American Diabetes Association, the American Heart Association, and the National Multiple Sclerosis Society, filed a friend-of-the-court brief at the Supreme Court. Our brief provided the justices with critical information about the scientific link between health insurance coverage and medical outcomes. Citing numerous studies for all four chronic conditions, we helped educate the court on how access to affordable health insurance saves lives.

## Oral Chemotherapy Parity

ACS CAN supports the Cancer Treatment Parity Act of 2015, bipartisan federal legislation that would help to equalize patient out-of-pocket costs for cancer drugs taken orally and cancer treatments delivered intravenously. Many new and innovative chemotherapies, such as those in pill form, can be easier for patients to tolerate and can enable them to have a better quality of life. This legislation would require health insurance plans that cover traditional chemotherapy to provide equally favorable coverage for orally-administered medications.

## Advancing Our Mission

ACS CAN, in collaboration with the Society, developed a tool in 2015 to help cancer patients and survivors evaluate their health insurance options so they can determine the best and most affordable health plan for them. The workbook, *Know Your Coverage and Costs*, is a valuable resource intended to enable consumers to compare health plans by listing the costs they may be required to pay. ACS CAN also worked in collaboration with the Society to develop posters and postcards to inform the public about provisions of the ACA that provide greater access to prevention and early detection

services, including potentially lifesaving cancer screening tests.

The Society also continues to offer its consumer-friendly guide to the ACA, which explains the law in simple terms to people affected by the disease, and other educational materials. ACS CAN has also created a health plan cost comparison worksheet that will help consumers compare their coverage choices.

Moving forward, the Society and ACS CAN will continue to represent the voice of cancer patients and survivors in support of proven methods to improve access to care.

## Reducing Tobacco's Toll

Tobacco use remains the number one preventable cause of death nationwide. Tobacco products claim the lives of more than 480,000 people in the U.S. annually. In fact, nearly 171,000 of the estimated 589,430 cancer deaths nationwide in 2015 were caused by tobacco.

In 2009, Congress passed the Family Smoking Prevention and Tobacco Control Act, granting the U.S. Food and Drug Administration (FDA) the authority to regulate tobacco products and the marketing of those products. ACS CAN continues to ensure the FDA hears the concerns of the public health community about the tobacco industry's continued marketing of tobacco products, such as cigars, e-cigarettes, hookah and smokeless tobacco products, to kids with enticing flavors and savvy, deceptive marketing. In October, volunteers were asked to help us cross the finish line as the Obama administration works to finalize regulations around cigars and e-cigarettes. Hundreds of volunteers swamped the switchboard at the White House, asking for action. Volunteers were also invited to take a light-hearted online quiz on a serious topic: the unregulated nature of e-cigarettes.

**WHAT DO THESE FLAVORS HAVE IN COMMON?**

**GUMMY BEAR**      **BUBBLE GUM**

**BUTTERSCOTCH**

**A. THEY'RE GREAT TREATS**      **B. THEY'LL SEND YOU TO THE DENTIST**      **C. THEY'RE FLAVORS OF CIGARS & E-CIGARETTES**

**TAKE THE QUIZ AND FIND OUT!**

@acscan      fb/acscan

Cancer Action Network  
American Cancer Society

ACS CAN has continuously worked at the local, state and federal levels to pass strong tobacco control policies, including comprehensive smoke-free laws, regular and significant tobacco tax increases and well-funded tobacco prevention and cessation programs that prevent youths from becoming addicted and help tobacco users to quit. Like a three-legged stool, each component works in conjunction with the others, and all three



are necessary to overcome this country's tobacco epidemic. ACS CAN works in partnership with state and local policy makers across the country to ensure tobacco use is addressed comprehensively in each community.

### **Supporting State Tobacco Control Programs**

Comprehensive statewide and community tobacco control programs "... prevent initiation of tobacco use and reduce the prevalence of tobacco use among youth and adults," according to the 2014 U.S. Surgeon General's report on tobacco. The report called for fully funding these programs at levels recommended by the CDC as part of a comprehensive strategy to accelerate progress in eliminating death and disease caused by tobacco. The level of funding and the emphasis states place on proven prevention and cessation programs over time directly influence the health and economic gains from their tobacco control interventions. Comprehensive, adequately funded tobacco control programs reduce tobacco use by preventing youths from starting to use tobacco and helping adults quit, thus reducing tobacco-related health care costs. Unfortunately, states currently spend only a small percentage of the revenues from tobacco taxes and Master Settlement Agreement (MSA) payments – billions of dollars in yearly installments the tobacco companies agreed to pay states and territories as compensation for costs associated with tobacco-related diseases – on tobacco control programs. In fiscal year 2015, states budgeted a total of \$490.4 million for tobacco prevention and cessation programs, similar to the \$481.2 million

budgeted in 2014 and more than 30 percent shy of the \$717.2 million dedicated to tobacco control funding seven years ago. Although states were estimated to collect \$25.6 billion in tobacco revenue in 2015, they will devote less than two percent of it to support prevention and cessation efforts.

### **Working toward a Smoke-free Nation**

According to the U.S. Surgeon General, there is no safe level of exposure to secondhand smoke. It contains approximately 70 known or probable carcinogens and more than 7,000 substances, including formaldehyde, arsenic, cyanide and carbon monoxide. Each year in the U.S., secondhand smoke causes approximately 42,000 deaths among nonsmokers, including up to 7,300 lung cancer deaths, and can also cause or exacerbate a wide range of other adverse health issues, including cardiovascular disease, stroke, respiratory infections and asthma. Twenty-four states, Puerto Rico, the U.S. Virgin Islands, Washington, D.C. and 802 municipalities across the country have laws in effect requiring 100 percent smoke-free workplaces, including restaurants and bars. Combined, these laws protect 49.8 percent of the U.S. population.

On January 22, 2015, the New Orleans City Council unanimously voted to pass a citywide smoke-free ordinance covering all workplaces and public spaces, including bars and casinos. This historic vote, and subsequent implementation of the law on April 22, 2015, is a significant victory in the fight against cancer and ensures that no worker in New Orleans will have to choose between their health and their job and



that residents and tourists will be protected from the cancer-causing toxins found in secondhand smoke. ACS CAN staff and volunteers, together with coalition partners and New Orleans residents who have been touched by cancer, are celebrating this decision, and public health advocates nationwide are calling on elected officials in other municipalities and states with casinos and gaming facilities to follow New Orleans' lead and protect everyone's right to breathe smoke-free air.

### **Increasing Tobacco Taxes**

States can save lives, reduce health care costs and generate much-needed revenue by increasing taxes on cigarettes, regular cigars, little cigars, smokeless tobacco and all other tobacco products (OTP). Evidence clearly shows that raising tobacco prices through regular and significant tobacco tax increases encourages tobacco users to quit or reduce their usage and helps prevent youths from ever starting to use tobacco. In fact, for every 10 percent increase in the retail price of a pack of cigarettes, youth smoking rates drop by 6.5

percent and overall cigarette consumption declines by 4 percent. While the average state cigarette excise tax is \$1.60 per pack, state cigarette excise tax rates vary widely, from a high of \$4.35 per pack in New York to a low of 17 cents per pack in Missouri.

In 2015, Nevada passed a historic \$1 per pack increase – more than doubling its previous tax. The measure took effect July 1 and raised the state cigarette tax to \$1.80 per pack. ACS CAN staff and volunteers in Nevada staged a major campaign that involved meetings with lawmakers, writing letters to the editor for local newspapers and placing print ads and radio spots in Nevada's major media markets. ACS CAN's annual Nevada Day at the Capitol event proved to be a key point in the legislative session, with volunteers traveling from all corners of the state to urge their lawmakers to support this lifesaving measure. Thanks to their efforts, by the end of the session, both chambers of the Nevada legislature passed the cigarette tax by a supermajority of lawmakers. As is the case with any policy, there remains work to be done. Nevada missed an opportunity to raise tobacco taxes on non-cigarette tobacco products, and the state also has large unmet needs in terms of cancer and tobacco-related prevention programs and services. Additionally, Kansas increased its tobacco tax to a total of \$1.29 per pack and Louisiana increased its tobacco tax to a total of 87 cents per pack. While these increases are still below recommended levels, they could have some public health impact. For example, this year, Ohio increased their tax by 35 cents per pack. While this increase does not provide any significant health impact, part of the revenue will be used to increase tobacco prevention and cessation funding to \$24 million per biennium, representing a positive step in the right direction.

## Healthy Eating and Active Living

Between one-quarter and one-third of all cancers are tied to poor nutrition, physical inactivity and excess weight. Over the past 30 years, excess weight and obesity rates have more than doubled for adults and tripled for youth. The high rates of overweight and obesity in children are particularly alarming, because children who are overweight or obese are much more likely to be so as adults, increasing their risk for cancer and other chronic diseases. Maintaining a healthy body weight throughout life is key to reducing one's cancer risk.

ACS CAN is dedicated to evidence-based public policies that facilitate good nutrition, an active lifestyle and a healthy weight. ACS CAN was pleased that the 2015 Dietary Guidelines Advisory Committee, a committee of experts created to advise the federal government on the development of the 2015 Dietary Guidelines, for the first time made recommendations for a healthy diet based on science linking diet with the risk of two common cancer types. ACS CAN actively opposed congressional attempts to limit the type of evidence that could be considered in developing the scope of the federal Dietary Guidelines for Americans, which form the basis of all federal food and nutrition-related policies, programs and educational messaging.

ACS CAN also remains focused on implementing the nutrition and wellness provisions of the Healthy, Hunger-Free Kids Act of 2010. We have also advocated that progress in improving the nutritional quality of school meals and snacks not be rolled back, as Congress reauthorizes the child nutrition programs. We supported the development and implementation of science-based national nutrition standards, known as Smart Snacks, for snack foods and beverages sold in schools outside of meals (also called competitive foods). Ninety-seven percent of school districts are now serving healthy meals as a result of these policy changes.

In addition, ACS CAN supports policies that help consumers make healthy choices. In 2015, we opposed legislation that would weaken the requirements for menu labeling in chain restaurants and other food retailers, and provided input on draft FDA guidance for implementing the menu labeling regulations, which will take effect in 2016. We also provided input on FDA proposed regulations to update the format, content and serving-size requirements for the Nutrition Facts Label, which appears on the back of packaged foods and beverages, on a 2015 supplemental proposal to make additional updates to the label.

To promote physical activity, ACS CAN advocated for funding in the federal transportation bill for the Transportation Alternatives Program, which would provide funding for local bicycle and pedestrian infrastructure projects, and the Safe Routes to Schools Program, which facilitates safely walking and biking to school. ACS CAN also advocated at the state and local levels for funding for the Safe Routes to Schools Program, bicycle and pedestrian infrastructure projects and complete streets policies that require streets to be safe and accessible for all users.

ACS CAN is also working at the state and local levels to implement policies to improve nutrition and increase physical activity and provide children with the information and skills they need to be physically active for life. Physical education should be required for all students in grades K-12 and supplemented with additional school-based physical activity, such as recess, classroom physical activity, intramural sports and walk-to-school programs. These programs should include knowledge and fitness assessments to ensure it is having the intended health benefits.

ACS CAN also supports increasing funding, at all levels of government, for research and evidence-based interventions to help people improve nutrition, increase activity and achieve a healthy weight.

# STATE AND LOCAL HIGHLIGHTS

**In 2015, ACS CAN conducted advocacy campaigns nationwide to advance and carry out our mission at the state and local level.**

## Alabama

Secured passage of legislation to enhance palliative care in the state

Supported implementation of a smoke-free workplace, restaurant and bar ordinance that also prohibits the use of e-cigarettes in workplaces, restaurants, bars and gaming facilities in Gadsden (population 36,936)

Protected funding for the state's Breast and Cervical Cancer Early Detection Program

## Alaska

Protected \$400,000 in state appropriations for childhood obesity prevention efforts; \$10 million for tobacco prevention and cessation; \$250,000 for the Breast and Cervical Health Check Program; and \$179,000 for the Alaska Cancer Registry

Successfully advocated for an executive action by the governor to increase access to care via Medicaid

Increased taxes on cigarettes, other tobacco products and/or e-cigarettes in five local communities, covering 143,000 residents

## Arizona

Secured passage of legislation to allow consumers, upon request, to have synchronization of their medication refills (same day of the month for all prescriptions) with no gap in prescription drug coverage under their health insurance policy

Helped secure public policy that will make public housing facilities smoke-free in Phoenix (population 1.5 million)

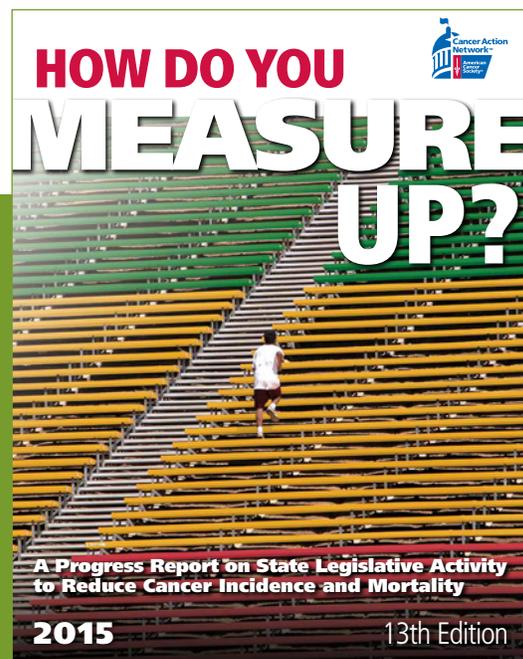
Protected \$1.3 million in funding for the state's Breast and Cervical Cancer Early Detection Program

## Arkansas

Preserved the Private Option for increasing access to care via Medicaid

Protected funding for the state's Breast and Cervical Cancer Early Detection Program

In 2015, ACS CAN released its 13th annual *How Do You Measure Up?* report, which uses a color-coded system to evaluate a state's activity on issues crucial to winning the fight against cancer. Green represents the benchmark position, showing a state has adopted evidence-based policies and best practices; yellow indicates moderate movement toward the benchmark; and red shows where states are falling short. The 2015 edition finds that more work remains to be done, with 25 states having reached benchmarks in only two or fewer of the nine legislative priority areas measured by ACS CAN. Fortunately, the report also outlines for state legislators several opportunities for improvement that can reduce the cancer burden and save more lives from cancer.





## California

Secured passage of legislation to provide patients access to lower-cost, lifesaving biosimilars

Secured passage of legislation to prohibit consumption of chewing tobacco on the playing fields of California's five Major League Baseball ballparks

Secured an ordinance in Santa Clara County (population 1.9 million) to raise the minimum age for sales of tobacco products (including e-cigarettes) to 21

## Colorado

Secured passage of an amendment to include e-cigarettes in the existing smoke-free ordinance in Greeley (population 92,000)

Secured legislation that removed some barriers to the full and effective implementation of Colorado's Cancer Prescription Drug Repository law

Protected \$5 million in funding for the state's Breast and Cervical Cancer Early Detection Program and \$36.8 million for Amendment 35 to support tobacco tax-funded cancer prevention and tobacco control grant programs

## Connecticut

Defeated attempts to significantly cut the state's Breast and Cervical Cancer Early Detection Program

Defeated the establishment of a stand-alone e-cigarette tax with poor definitions that would have undermined the comprehensive statewide smoke-free law

Helped secure \$18.5 million in bond funding for statewide expansion of bike trails and pedestrian walkways

## District of Columbia

Secured \$1.36 million in funding for tobacco prevention and cessation programs

## Delaware

Established a multi-disciplinary Palliative Care Advisory Council for the state, comprised of palliative care and health care experts

Secured passage of legislation to include e-cigarettes in the Clean Indoor Air law

Secured funding for a new Lung Cancer Screening Program in the state

## Florida

Defeated attempts to remove funding for the state's Breast and Cervical Cancer Early Detection Program, and instead obtained additional funds for a total of \$2.1 million for the new fiscal year

Secured a \$3 million increase in funding for the James and Esther King Biomedical Research Program and a \$5 million increase in funding for the Bankhead-Coley Cancer Research Program

Secured \$67.7 million in funding for the state's tobacco prevention and cessation program

## Georgia

Passed biosimilar legislation that requires patient and provider notification if an approved interchangeable substitution is made

Secured \$2.23 million in funding for the state's Breast and Cervical Cancer Screening Program and \$1.3 million in funding for the state's tobacco prevention and cessation program

## Hawaii

Secured passage of legislation to increase transparency for prescription drug formularies, including a requirement that health plans disclose all cost-sharing in a dollar amount

Successfully advocated for legislation to prohibit the use of e-cigarettes in all public spaces and workplaces statewide and eliminate smoking and e-cigarette use in state parks

Supported successful legislation to raise the age of sale for tobacco products and e-cigarettes to 21

## **Idaho**

Secured a Millennium Fund grant to increase breast and cervical cancer screening rates among Idaho women

Secured \$2.7 million in continued funding for Project Filter, Idaho's tobacco prevention and control program

## **Illinois**

Restored funding to the tobacco quitline, which the governor had eliminated via executive action

Passed biosimilar legislation that requires patient and provider notification if an approved interchangeable substitution is made

Defeated legislation that would have weakened the state's physical education requirements for K-12 schools

## **Indiana**

Supported increasing access to care via Medicaid, which culminated in federal approval of a waiver to build on the existing Healthy Indiana Plan

Protected current funding of \$5 million for the state's tobacco prevention and cessation program, despite widespread budget cuts to other state programs

Protected funding for the state's Breast and Cervical Cancer Screening Program, which had endured budget cuts in each of the last three budget cycles and faced calls for elimination after the state increased access to care via Medicaid

## **Iowa**

Protected current funding of \$5.25 million for the state's tobacco prevention and cessation program, despite a proposed 13 percent cut, and successfully removed prescriptive spending requirements for the program

Secured passage of legislation that will ensure prior authorization requests for prescription drugs are approved in 72 hours for urgent requests and five days for all others

Supported successful legislation to encourage shared use of school recreation facilities by eliminating school liability for loss or injury arising from such use

## **Kansas**

Led a comprehensive statewide campaign to increase the tobacco tax by \$1.50 which, despite strong support by the public, various partners and many lawmakers, only culminated in a 50 cent per pack increase; while the increase is below recommended levels, it could have some public health impact

Expanded Topeka's local smoke-free ordinance to prohibit the use of e-cigarettes in public spaces and workplaces

Supported implementation of a smoke-free workplace, restaurant and bar ordinance in Park City (population 7,500) that also prohibits the use of e-cigarettes wherever smoking is prohibited

## **Kentucky**

Secured passage of legislation to allow consumers, upon request, to have synchronization of their medication refills (same day of the month for all prescriptions) with no gap in prescription drug coverage under their health insurance policy

Secured passage of a state Reducing Barriers to Colon Cancer Screening bill

## **Louisiana**

Secured passage of a smoke-free bar and casino ordinance, including e-cigarettes, in New Orleans (population 378,000)

Secured implementation of a smoke-free workplace, restaurant and bar ordinance that also prohibits the use of e-cigarettes in workplaces, restaurants, bars and gaming facilities in Abbeville (population 11,667)

Protected funding for the state's Breast and Cervical Cancer Early Detection Program and tumor registry

## **Maine**

Secured passage of model palliative care legislation and secured votes to override the governor's veto

Defeated a cigar bar bill that would have weakened the state smoke-free law

Secured passage of a bill to include e-cigarettes in the state smoke-free law, prohibiting use of electronic smoking devices in any public place where smoking is prohibited

## **Maryland**

Secured \$10 million for tobacco prevention and cessation programs and preserved funding for other state cancer programs

Secured passage of legislation in Montgomery County to include e-cigarettes in Youth Access and Smoke Free Air laws

## **Massachusetts**

Secured \$500,000 for a prostate cancer education, awareness and research grant program

Preserved level funding for the state's tobacco prevention and cessation program

## **Michigan**

Secured a \$100,000 increase for the state tobacco control program for a total of \$1.6 million, the first increase in more than 10 years

Defeated e-cigarette industry legislation to exempt their products from tobacco taxes and other tobacco control policies

Defended against efforts to eliminate state funding for the state's Cancer Prevention Program, and maintained level funding for the program

## **Minnesota**

Protected current biennial funding of \$35 million for the State Health Improvement Program (SHIP), which awards grants to local communities for tobacco prevention and obesity prevention activities

Defeated attempts to roll back tobacco taxes passed in 2013

Expanded local smoke-free ordinances to prohibit the use of e-cigarettes in public spaces and workplaces in seven jurisdictions, including Hennepin County, and supported a successful ordinance in Minneapolis to limit sales of flavored tobacco products (except menthol) to adult-only tobacco shops and require a minimum price of \$2.60 on cigars

## **Mississippi**

Preserved funding for the state's Breast and Cervical Cancer Early Detection Program

Defeated legislation to redefine e-cigarettes in a way that would undermine the ability to regulate these products, as recommended by ACS CAN

## **Missouri**

Successfully advocated for first-time state funding of \$100,000 for the state's tobacco prevention and cessation program

Protected current state funding of \$500,000 for the state's Breast and Cervical Cancer Screening Program

Supported a successful ordinance to prohibit smoking in all public spaces and workplaces in Clinton (includes e-cigarettes) and Kearney, which have a combined population of 18,000

## **Montana**

Passed compromise legislation that will increase access to care for over 70,000 Montanans via Medicaid

Defended the statewide smoke-free law when the Montana State Supreme Court reversed district court orders that allowed casinos to construct enclosed smoking rooms

Secured a \$300,000 increase in funding for the state colorectal cancer screening program; a \$200,000 increase for the state obesity prevention program; and a \$2 million increase for the state tobacco control program

## **Nebraska**

Extended state funding of \$1.8 million for pediatric cancer research at the University of Nebraska Medical Center

Successfully advocated for increased funding of \$200,000 for the state's tobacco prevention and cessation program, bringing total funding to \$2.6 million annually

Defeated efforts to weaken the state's comprehensive smoke-free air law

## **Nevada**

Secured passage of a \$1 per pack cigarette tax increase, bringing the state excise tax to \$1.80 per pack

Protected \$2 million in funding for the state tobacco prevention and cessation program for the next biennium

Supported regulations through the Nevada Division of Insurance to protect consumers when insurers make drug formulary changes during a given plan year

## **New Hampshire**

Secured passage of legislation to prohibit the use of indoor tanning devices by persons under the age of 18

Secured passage of oral chemotherapy legislation that requires insurance companies to cover oral chemotherapy at the same rate as intravenous chemotherapy

Preserved funding for the state's Breast and Cervical Cancer Screening Program

## **New Jersey**

Defended the state's cancer screening programs and cancer control plan against cuts, securing \$9.5 million and \$1.2 million respectively

Restored \$1 million in funding for the NJ Commission on Cancer Research

Passed biosimilar legislation that requires patient and provider notification if an approved interchangeable substitution is made

## **New Mexico**

Secured agreement from the Office of the Superintendent of Insurance to require all health insurance plans to maintain working web links to searchable formularies

Defeated a bill that would have made detrimental changes to the state's Pain Control Act by creating barriers for prescribers of pain medications

Protected funding for all cancer prevention, screening and treatment programs

## **New York**

Successfully fought a 25 percent budget cut in the governor's budget to maintain level funding for cancer screenings

Passed amendments to include e-cigarettes in the existing smoke-free ordinances of four counties, with a combined population of 2.3 million

Increased tobacco control funding in New York City by 25 percent (\$1.5 million) and secured \$5 million in funding to hire additional physical education teachers in New York City

## **North Carolina**

Secured passage of legislation to prohibit the use of indoor tanning devices by persons under the age of 18

Secured \$1.2 million in recurring state funding for tobacco prevention and cessation programs

Secured \$1.5 million in recurring state funding for the state's Breast and Cervical Cancer Early Detection Program

## **North Dakota**

Supported successful legislation to equalize out-of-pocket costs for intravenous and oral chemotherapy drugs

Protected nearly all funding for the state's Breast and Cervical Cancer Early Detection Program

Protected state funding for the North Dakota Colorectal Cancer Initiative

## **Ohio**

Increased funding for the state's tobacco prevention and cessation program to \$24 million over the biennium, which is an increase of \$14 million over the last biennium

Maintained funding for the state's Breast and Cervical Cancer Screening Program

Defended Medicaid eligibility for treatment of women diagnosed with breast or cervical cancer

## **Oklahoma**

Secured passage of legislation to expand an existing state advisory council to include a focus on improving palliative care delivery and to add two additional members with related expertise

Negotiated compromise language to create a prescription drug monitoring program that balances the needs of patients with efforts to prevent abuse

Defeated attempts to raid tobacco prevention and cessation funds within the state's Tobacco Settlement Endowment Trust

## **Oregon**

Secured passage of model palliative care legislation to increase the awareness and utilization of palliative care services in the state via a statewide expert advisory task force and enhanced partnership with the state health department

Secured \$4.12 million for the state tobacco prevention and cessation program, an increase over last year's allocation

Secured passage of legislation that expands options for colorectal cancer screening

## **Pennsylvania**

Successfully advocated for an increase in access to care through Medicaid for all Pennsylvanians

## **Rhode Island**

Protected funding for the state's Breast and Cervical Cancer Screening Program

Implemented palliative care into the state's Medicaid plan

Prevented a new business definition that would have weakened the state's smoke-free law

## **South Carolina**

Continued smoke-free community efforts with the passage of three new ordinances

Protected \$5 million in funding from cigarette tax revenue for state tobacco prevention and cessation programs

Secured \$475,000 in funding for the state's Breast and Cervical Cancer Early Detection Program (Best Chance Network) and \$200,000 in funding for the Center for Colon Cancer Research at the University of South Carolina for cancer screenings

## **South Dakota**

Supported successful legislation to equalize out-of-pocket costs for intravenous and oral chemotherapy drugs

## **Tennessee**

Preserved funding for the state's Breast and Cervical Cancer Early Detection Program

Defeated a bill to redefine e-cigarettes in a way that would undermine the ability to regulate these products, as recommended by ACS CAN

## **Texas**

Protected \$600 million in funding for the Cancer Prevention Research Institute of Texas, and supported successful efforts to pass or strengthen smoke-free air laws in Denton, DeSoto, Port Lavaca and Waco

Supported successful legislation to increase transparency for prescription drug formularies, including a requirement that health plans disclose all cost-sharing in a dollar amount

Advocated for successful legislation to create the Palliative Care Interdisciplinary Advisory Council, which will assess the availability of patient-centered and family-focused palliative care in Texas; establish a palliative care consumer and professional information and education program; and secure \$277,000 over two years to implement the program

## **Utah**

Helped implement the state appropriation for the American Cancer Society Hope Lodge® in Salt Lake City, which opened this year

## **Vermont**

Strengthened the state's cancer registry law by standardizing cancer data collection and supporting confidentiality agreements in order to assist with cancer prevention programs

Mitigated proposed cuts by the governor to secure virtually level funding of \$3.9 million for the state's tobacco prevention and cessation program

## Virginia

Secured a nine percent increase in state cancer research funding (a \$2 million increase for 2016)

Secured passage of the Prescription Prior Authorization Bill, which eliminates the long approval times some patients had to wait before getting approval for certain medications from their insurance providers

Protected \$405,200 in funding for the state's Breast and Cervical Cancer Early Detection Program; \$505,200 for the Medical College of Virginia Palliative Care Partnership; and \$18 million for the Virginia Foundation for Healthy Youth Funding (over two years)

## Washington

Secured \$14.5 million in funding for tobacco and marijuana prevention and education, an increase over the previous budget

Defeated an attempt to add an exemption for cigar bars under the state's clean indoor air law

Protected the state breast, cervical and colon health program against funding cuts

## West Virginia

Protected local smoke-free efforts, while defeating statewide preemption legislation

Secured passage of oral chemotherapy legislation that requires insurance companies to cover oral chemotherapy at the same rate as intravenous chemotherapy

Protected cancer-related state funding for the tobacco control and screening program

## Wisconsin

Secured an additional \$100,000 in funding for the state's Breast and Cervical Cancer Early Detection Program

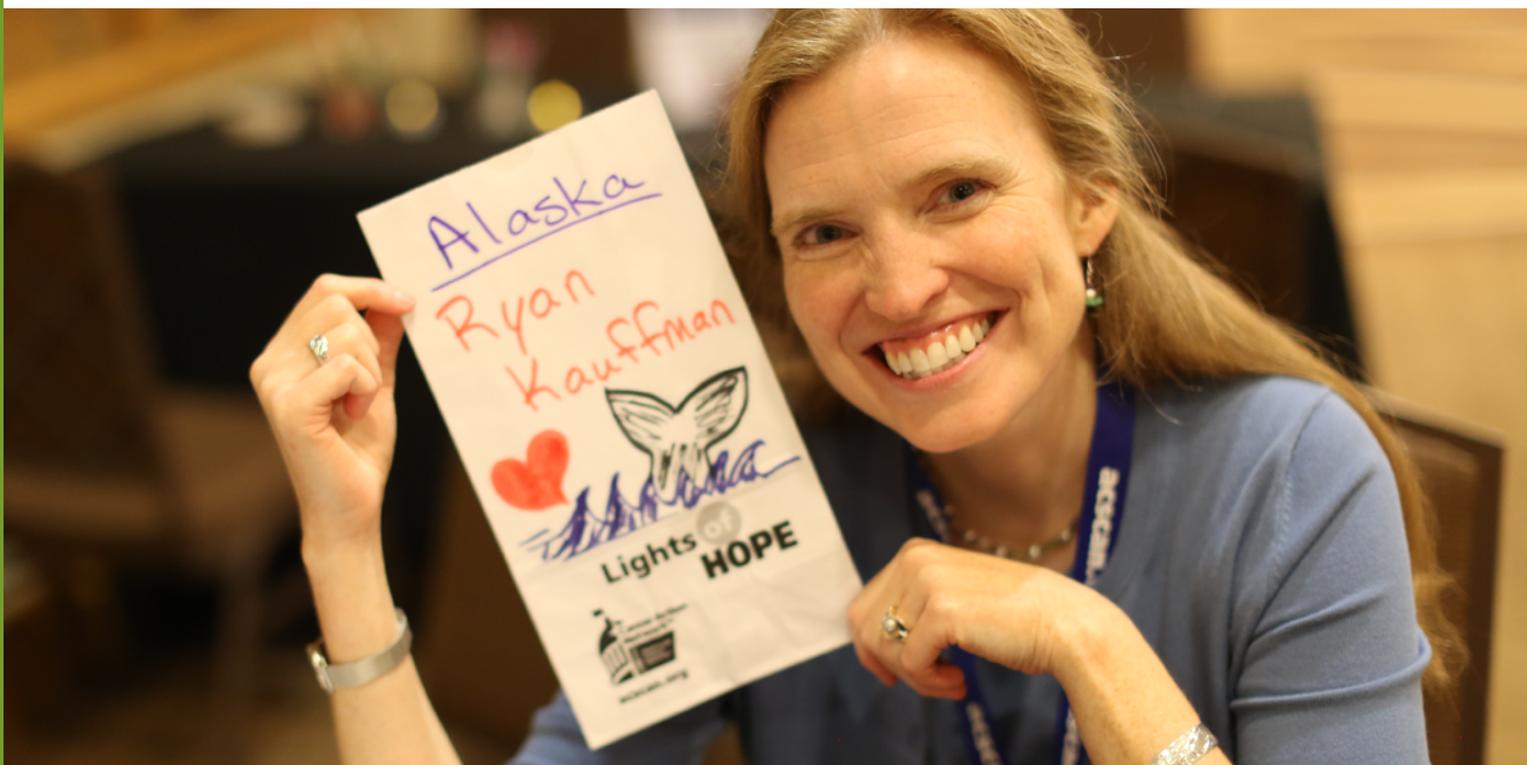
Successfully expanded smoke-free ordinances to restrict the use of e-cigarettes in public places in 20 jurisdictions, including Madison and Dane County

## Wyoming

Secured passage of oral chemotherapy legislation that requires insurance companies to cover oral chemotherapy at the same rate as intravenous chemotherapy

Secured passage of a comprehensive smoke-free ordinance in Casper (population 60,000)

Maintained level funding for all state-funded cancer prevention and control programs



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