



# **CANCER ADVOCACY:**

Leading a Movement to Promote and Preserve Progress

**2017 ADVOCACY ACCOMPLISHMENTS**



# Dear Friends,

In 2017, volunteers and staff of the American Cancer Society Cancer Action Network (ACS CAN), the nonprofit, nonpartisan advocacy affiliate of the American Cancer Society, secured legislative and regulatory victories in Washington, D.C., and state capitals nationwide, securing public policy advancements critical to our cancer mission.

Two short years ago, ACS CAN launched the One Degree Campaign, which successfully reshaped the landscape for federal biomedical research funding on Capitol Hill. At the end of 2016, our efforts to garner bipartisan support for the 21st Century Cures Act helped result in the bill's passage.

In 2017, ACS CAN worked to build on the momentum of the previous two years and celebrated a \$2 billion increase in medical research funding for the National Institutes of Health, including \$475 million for the National Cancer Institute within the larger \$1 trillion-plus federal government funding bill.

Even with these significant victories, proposed cuts to the fiscal year 2018 budget would compromise past advances in biomedical research and jeopardize future discovery. That is why ACS CAN will continue to urge legislators to prioritize federal investment in lifesaving, innovative cancer research and prevention in 2018.

In 2017, ACS CAN staff and volunteers also urged Congress to maintain critical patient protections in the health care law and ensure access to meaningful health insurance. Scientific evidence shows that cancer patients with health insurance have improved outcomes because they are more likely to be diagnosed and enter treatment at earlier stages.

While Congress ultimately overturned the requirement that all Americans have insurance – a critical piece of the puzzle that keeps costs down for those with chronic diseases like cancer – ACS CAN mobilized and led the broader patient community to defeat more comprehensive and damaging proposals that would have caused greater harm to cancer patients, survivors and their loved ones. In 2018, we will

continue to urge lawmakers to work in a bipartisan fashion to ensure those families are not burdened by further barriers to care.

On the state level, ACS CAN continues to lead efforts to advance access to palliative care. ACS CAN's quality of life model legislation passed in Arkansas, Minnesota, Montana, Nebraska, Nevada, Tennessee and Wyoming in 2017. The legislation, which is now law in 20 states, empowers an advisory task force of palliative care experts to make recommendations related to increasing the awareness, availability and use of a state's palliative care services.

Notable progress was also made to reduce the incidence of cancer and other diseases that result from tobacco use. Several municipalities in Alaska joined Aspen, Colorado, and New York City in passing legislation to increase taxes on tobacco products. Aspen increased taxes by \$3 per pack on cigarettes and implemented a 40 percent retail tax on other tobacco products including e-cigarettes. New York City raised the minimum price of cigarettes from \$10.50 to \$13 and established minimum prices for all other tobacco products.

These public policy advancements at the federal, state and local levels were made possible because of the work of a community-based grassroots volunteer network of cancer patients, cancer survivors and caregivers. More than one million strong, this network of volunteers, whose lives have been changed by cancer, have joined with ACS CAN to make their voices heard in state capitals and in the U.S. Capitol. ACS CAN staff collaborated with health professionals, public health organizations and other partner organizations as we continued to expand our diverse partnerships and strategic alliances to significantly strengthen our ability to make progress in this fight.

Together, we have built a movement of citizens united in a mission to fight cancer through advocacy. Thank you for joining us in this fight.



Christopher W. Hansen  
President, ACS CAN

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# ACS CAN Board of Directors

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

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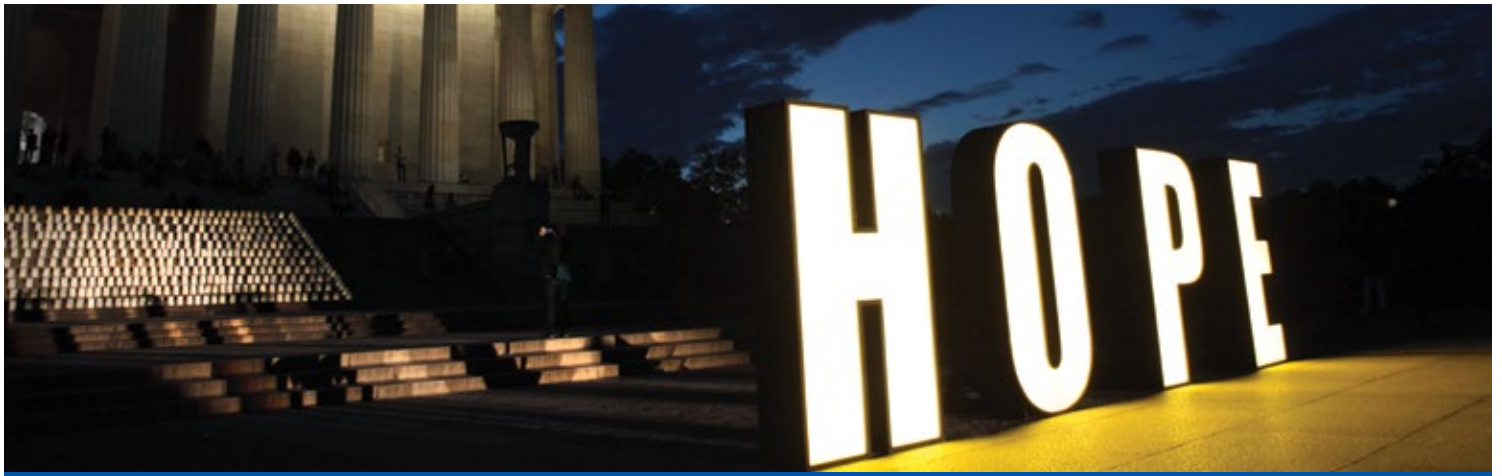
Robert E. Youle



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 public policymakers, 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's mission is to save lives, celebrate lives, and lead the fight for a world without cancer.





## What is ACS CAN?

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

Eliminating cancer as a major health problem relies as much on public policy as it does on proven medical research. Lawmakers and policymakers at all levels of government can help impact the cancer burden by supporting cancer-fighting public policies such as sustained investments in cancer research, stronger tobacco control efforts, improved access to care and better quality of life for patients.

### Involvement

ACS CAN provides a platform for cancer patients, survivors, their families and other experts on the disease and other related areas to amplify their voices on public policy matters that are relevant to the cancer community at all levels of government. We mobilize our large, powerful grassroots network of cancer advocacy volunteers to bring awareness to lawmakers on cancer issues that matter to their constituents.

ACS CAN staff work closely with the American Cancer Society's research and cancer control leadership to identify and develop key public policies firmly rooted in scientific evidence that promote access to prevention and early detection, treatment and follow-up care. ACS CAN uses our expert lobbying, policy, grassroots and communications capacity to advance evidence-based solutions that reduce death and suffering from cancer.

### Influence

Like the American Cancer Society, ACS CAN is an evidence-based organization. Working toward the same mission as the American Cancer Society, ACS CAN frequently convenes 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 considered a trusted source of health policy information by legislators, policymakers and opinion leaders. The only side ACS CAN takes is the side of cancer patients.

# 2017 Impact

**More than  
2.7 million  
people will be covered by  
new local smoke-free laws,**

including restaurants and bars, once all ordinances passed in 2017 are fully implemented.



ACS CAN helped secure

**more than  
\$2.4 billion  
in appropriations**

at the state and local level.



ACS CAN gained  
more than

**35,000  
new members.**



**25,000  
Lights of HOPE**

illuminated the reflecting pool in front of the Lincoln Memorial as part of ACS CAN's National Leadership Summit and Lobby Day.

**68  
fundraising events**

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



More than

**650  
cancer patients,  
survivors, caregivers and staff**

met with members of Congress and their staff during ACS CAN's National Leadership Summit and Lobby Day.



Congress approved a

# \$2 billion increase

**in medical research funding for  
the National Institutes of Health,**

including \$475 million for the National Cancer Institute.



## 7 states

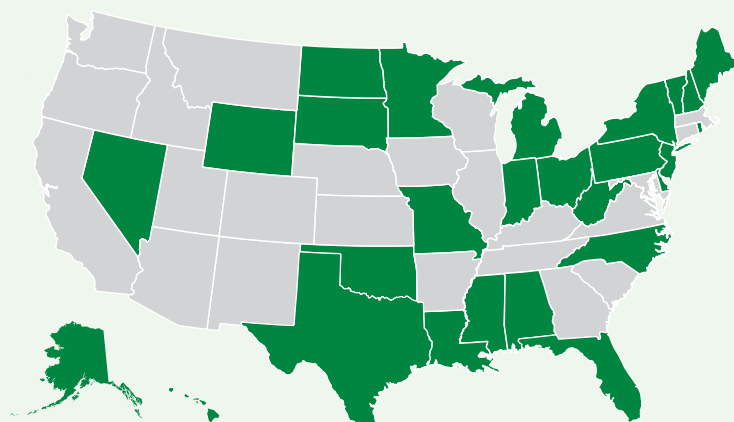
**passed ACS CAN's model  
quality of life legislation,**  
bringing the total to 20.



## 4,000

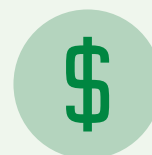
**ACS CAN volunteers  
and staff attended  
Day at the Capitol events**

in all 50 states, Guam and  
Washington, D.C.



## 27 states

protected funding for their breast and  
cervical cancer screening programs.





## Bringing Leaders Together in the Fight against Cancer

ACS CAN held our sixth annual National Forum on the Future of Health Care in April 2017 at the National Press Club in Washington, D.C. The forum convened leaders from government, private and nonprofit organizations to discuss the changes occurring in the health care market and what cancer patients need from a health care system. Keynote speakers, including Dr. John McDonough with the Harvard T.H. Chan School of Public Health and Kelly Brantley with Avalere Health, explored changes in the health insurance market that will impact cancer patients, survivors and others with chronic illness, while examining the need to maintain insurance market stability.

In addition, ACS CAN hosted 68 events in 48 states to educate the public and elected officials about our work and raised funds to support our mission. These events brought together thousands of leaders from the business, education, government and research communities and covered a wide variety of topics including cancer research, quality of life, access to care, immunotherapy, clinical trials, personalized medicine, healthy eating and active living and more. We were honored to have more than 300 prestigious speakers present at these events, including Dr. Kathleen W. Scotto, vice chancellor of research and dean of the Graduate School of Biomedical Sciences at



*Partnerships with organizations like the National Black Justice Coalition (left) and Delta Sigma Theta Sorority, Inc. (right) help ACS CAN build an organization that represents all Americans and the communities we serve.*



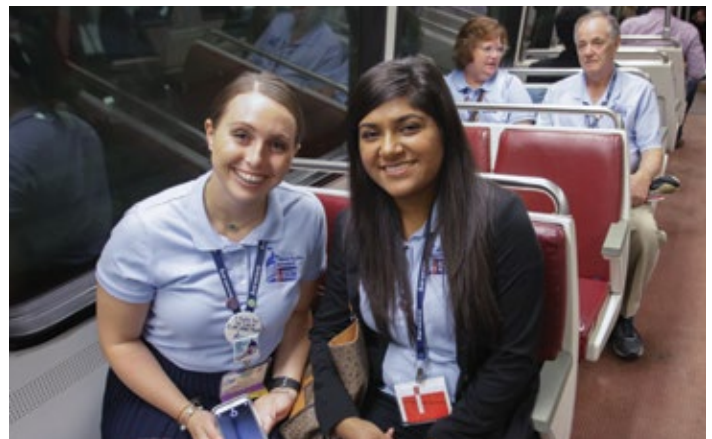
the University of Medicine and Dentistry of New Jersey; Dr. Joe Putnam from Baptist MD Anderson Cancer Center; U.S. Senator Jack Reed (D-RI); and Dr. William Nelson from John Hopkins Kimmel Cancer Center.

Partnerships also help ACS CAN further our goal of building a diverse and inclusive organization that represents all Americans. 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, Native American 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 fourth year in a row, six GMSP scholars were invited to join ACS CAN at our National Leadership Summit and Lobby Day, where they attended training breakouts, listened to an array of general session speakers and met with their federal lawmakers on Capitol Hill, alongside ACS CAN Ambassador Constituent Team Leaders and State Lead Ambassadors.

In 2017, the American Cancer Society and ACS CAN jointly entered into a new partnership with the National Black Justice Coalition (NBBC). NBBC is a civil rights organization dedicated to empowering the black lesbian, gay, bisexual and transgender (LGBT) community through health

and wellness initiatives and ensuring these issues are part of the national health care dialogue. Through this collaboration, ACS CAN, the American Cancer Society and NBBC will raise awareness about cancer issues in the black LGBT community through educational initiatives, and through ACS CAN, will advocate on issues that address disparities and expand access to health care and cancer prevention efforts in the black LGBT community.

The partnership with NBBC is one of several, including those with Delta Sigma Theta Sorority, Inc., which was expanded in 2017 from a regional to a national partnership, and Phi Beta Sigma Fraternity, Inc., that help us reach communities representing diverse constituencies impacted by cancer.



## ***The Costs of Cancer***

At ACS CAN's annual National Forum on the Future of Health Care in 2017, we released *The Costs of Cancer*, our first report examining the costs of treating cancer, and specifically the out-of-pocket expenses patients face. The report found that U.S. cancer patients paid nearly \$4 billion in out-of-pocket costs in 2014 and the disease cost the country \$87.8 billion in cancer-related health care spending. It also looked at costs for three of the most common cancers – breast, lung and colorectal – under three types of insurance – employer-sponsored, Medicare and an individual health care marketplace plan. Finally, the report recommended state and federal policies that could address patient costs.



# Volunteers: The Heart of ACS CAN

We would not be able to complete our mission without the more than one million remarkable individuals across the country who volunteer their time and skills on behalf of those in the cancer community. Our volunteers are cancer patients, survivors, caregivers, family members and others who have been affected by the disease and are committed to eliminating cancer as a major health problem. They are truly the heart of ACS CAN. As advocates, they engage their elected officials through phone calls, emails, letters and face-to-face meetings. They speak out to their networks, their 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 policymakers. ACS CAN prioritizes building a volunteer base that reflects the nation's diverse population.

A major component to ACS CAN's success is a volunteer structure that is sophisticated, innovative and effective. In every congressional district, Ambassador Constituent Team (ACT) Leads work closely with ACS CAN staff partners to develop and execute advocacy campaigns. There are 51 State Lead Ambassadors – one for each state and the

District of Columbia – who are ACS CAN's top advocacy volunteers, facilitating ACT activities and providing leadership to other volunteers. Together, this dedicated and powerful volunteer team recruits and supports other volunteers in key elements of successful advocacy campaigns: grassroots mobilization, media outreach, fundraising and integrating advocacy into the American Cancer Society Relay For Life®, Colleges Against Cancer®, Coaches vs. Cancer® and Making Strides Against Breast Cancer® signature programs and events.

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. In 2017, JAI attorneys helped ACS CAN participate in critical tobacco control litigation, understand key issues around access to pharmaceuticals and advocate for patients in regulatory developments affecting access to health coverage. These donated services allow ACS CAN to work with greater understanding of the relevant legal background while preserving precious resources.

## Better Together

Together, ACS CAN and the American Cancer Society have the most powerful cancer-focused grassroots network in the world. In 2017, ACS CAN's Power of the Purse campaign gave American Cancer Society Making Strides Against Breast Cancer participants an opportunity to connect the mission of breast cancer education, treatment and research to ACS CAN's priority of federal cancer research and prevention funding. They urged lawmakers to put the Power of the Purse behind cancer research and prevention to help save lives. The results led to nearly 5,000 new ACS CAN members and thousands of petitions being signed and delivered to lawmakers urging them to take action. ACS CAN also integrated with American Cancer Society Relay For Life events across the country, with an emphasis on cancer research funding. Throughout the year, more than 20,000 people joined ACS CAN through Relay For Life events.





## Cancer Votes

Cancer Votes is ACS CAN's nationwide candidate and voter education campaign. It is an opportunity for the organization and our volunteers to educate the public and candidates about steps they should take to make cancer a national priority. Through Cancer Votes, volunteers across the country work to inform the public and talk to candidates of all political parties about cancer issues, and encourage them to complete questionnaires stating their position on cancer policies. ACS CAN does not advocate for or against the election of particular candidates or otherwise attempt to influence the outcome of any elections.

In 2017, Cancer Votes focused its efforts on off-year elections in the gubernatorial races in Virginia and New Jersey and the mayoral and city council races in Atlanta, Georgia. Volunteers attended six debates and candidate forums in the three states.

Volunteers and staff held meetings with the gubernatorial campaigns to discuss ACS CAN priorities. In Virginia and New Jersey, all four gubernatorial candidates responded to the ACS CAN candidate questionnaire. The main

areas of focus in New Jersey were patient access to pain medications, tobacco control program funding, state cancer research funding and state quality of life legislation. In Virginia, ACS CAN areas of focus were tobacco taxes, funding for prevention screenings and state cancer research funding. Volunteers from Virginia were interviewed on television and radio and had an opinion editorial published.

In Atlanta, seven of the eight mayoral candidates, and all three city council president candidates responded to the questionnaire focusing on making bars, restaurants and the airport smoke-free. In addition, ACS CAN sponsored one of the only televised mayoral debates. During an online forum, each candidate was asked to present their stance on making Atlanta bars, restaurants and the airport smoke-free.

ACS CAN also used the campaign in Atlanta to recruit new volunteers and give more exposure to the organization's voter guides. Volunteers also distributed the voter guides at public events.





## National Leadership Summit and Lobby Day

ACS CAN's 11th Annual National Leadership Summit and Lobby Day took place in September 2017.

More than 650 cancer patients, survivors, volunteers and staff from all 50 states, the District of Columbia, Guam and Puerto Rico gathered in Washington, D.C., and urged members of Congress to make cancer a top national priority.

Volunteers participated in nearly 500 congressional meetings, visiting every Senate office and nearly all House offices. ACS CAN advocates urged lawmakers to increase funding for research at the National Institutes of Health to \$36 billion, support the Palliative Care and Hospice Education Training Act (PCHETA) and close a loophole in Medicare that currently results in unexpected financial costs for seniors undergoing a routine colonoscopy. These meetings resulted in a total of 40 House cosponsors and eight Senate cosponsors for PCHETA and 63 new House cosponsors and 11 Senate cosponsors for the Removing Barriers to Colorectal Screening Act.

Furthermore, four members from the Coaches vs. Cancer initiative, a nationwide collaboration between the American Cancer Society and the National Association of Basketball Coaches that empowers coaches, teams and communities to help save more lives from cancer, participated in National Leadership Summit and Lobby Day. They were: Coach John Gallagher of the University of Hartford, Coach Jeff Jones of Old Dominion University, Coach Jack Murphy of Northern Arizona University and Coach Josh Pastner of Georgia Tech University. Each coach gave remarks motivating cancer advocates to continue to share their stories, especially with their representatives, and to be the voice of families affected by this disease. The coaches also participated in media interviews, attended Capitol Hill meetings and shared their personal cancer stories with ACS CAN volunteers.

National Leadership Summit and Lobby Day also included Lights of HOPE, where 25,000 lights circled the reflecting pool in front of the Lincoln Memorial to represent a loved one impacted by cancer. Celgene was the presenting



sponsor for the 2017 event. Celgene Executive Vice President Richard Bagger spoke eloquently about the collective activism and engagement of cancer advocates in shaping policies that promote cancer research and expand access to lifesaving therapies. The Lights of HOPE event is a critical fundraiser for ACS CAN, raising \$250,000 in 2017 to help save lives from cancer.



## #CancerLobbyDay

Social media activity by volunteers, staff, lawmakers and others during the 11th Annual National Leadership Summit and Lobby Day broke ACS CAN social media records. Activity on social media around the event generated more than 69 million impressions on Facebook, Twitter and Instagram, a 65 percent increase from 2016. The event hashtag #CancerLobbyDay was shared nearly 5,500 times during the week of the event. New to

ACS CAN's social media efforts in 2017 was a video series featuring ACS CAN's Indiana State Lead Ambassador Maudra Bradley, who gave viewers a behind-the-scenes look at trainings, meetings on Capitol Hill, the Lights of HOPE event and more from a volunteer's perspective. Social media for the Lights of HOPE event was also successful, with the hashtag #LightsofHope generating an additional 8 million impressions.



## 2017 Advocacy Award Recipients

ACS CAN recognizes exceptional volunteers and elected officials at our annual National Advocacy Leadership Awards Dinner, held in conjunction with our National Leadership Summit and Lobby Day.

**The National Distinguished Advocacy Award, which is ACS CAN's most prestigious advocacy honor, is awarded for leadership in the movement to end cancer as a public health problem. The 2017 recipients were:**

### **U.S. Senator Roy Blunt (R-MO)**

Senator Roy Blunt, a three-time cancer survivor and chairman of the Senate Labor, Health and Human Services, Education and Related Agencies subcommittee, has been a strong supporter of several ACS CAN priorities, most notably, cancer research funding. He also has been involved in several of our grassroots and advocacy efforts at the federal, state and local levels, championing cancer prevention and research.

### **U.S. Senator Patty Murray (D-WA)**

Senator Patty Murray sits on the Appropriations Committee where she has used her voice to ensure access to care and is a strong supporter of National Institutes of Health funding, including supporting the 21st Century Cures Act. She has been a champion of ACS CAN, urging congressional members to invite advocacy groups to health law discussions.

### **San Francisco Supervisor Malia Cohen**

Supervisor Malia Cohen played an integral role in the passage of legislation that would prohibit the sale of all flavored tobacco products, including menthol cigarettes in the City and County of San Francisco – the first city in the country to have a citywide prohibition on the sale of all flavored tobacco, including menthol products. Her bold leadership has led to an important public health policy, influencing thousands of lives.

### **Speaker of the Guam Legislature Benjamin Cruz**

In 1981, Speaker Benjamin Cruz served as president of the Guam Chapter of the American Cancer Society, serving on the advisory board. He has spent his entire political career in the fight against tobacco. In 2017, after an intense two-year effort, the speaker played an integral role in the passage of a bill to increase the age of tobacco sales to 21.

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## Volunteer Awards:

### **Volunteer Award for Excellence in Advocacy:**

#### **Sandra Cassese, RN, MSN, CNS, New York**

Sandra Cassese has previously served as a State Lead Ambassador in New York and assisted in planning and implementing several statewide advocacy events. In 2017, she served as the ACS CAN Board Treasurer. Her tireless efforts ranged from meeting with lawmakers at all levels of government to media advocacy, completely immersing herself in ACS CAN's advocacy efforts.

### **State Lead Ambassador of the Year:**

#### **Eunice Hostetter, Washington**

Eunice Hostetter has shown great enthusiasm across all efforts to advance ACS CAN's mission, including fundraising events, volunteer recruitment and state campaign work. She consistently brings a can-do attitude to all advocacy efforts, including her participation in media interviews.

### **Ambassador Constituent Team Leads of the Year:**

#### **Juanita Taylor, North Carolina**

Juanita Taylor has participated in numerous activities at her state capitol and has made a huge impact by meeting with legislators and presenting campaign literature to participating in press conferences.

#### **Martha Cox, Colorado**

Martha Cox has directly recruited hundreds of ACS CAN members through her speaking engagements, helped create the annual Hops and Hope event and consistently grew a great relationship with her U.S. representative.

#### **Kathy Goss PhD, Illinois**

Kathy Goss is a scientist, a formerly funded American Cancer Society cancer researcher, volunteer leader, fundraiser and a tireless cancer advocate.

### **Emerging Leader \*:**

#### **Ian Lock, Wisconsin**

Ian Lock, a six-year survivor, is doing pediatric sarcoma research at the Huntsman Cancer Institute in Utah. He continues to share his story with lawmakers and motivates others to join the fight against cancer.

### **State Advocacy Team of the Year:**

#### **California**

The California state advocacy team played a key role in getting five impactful bills signed into law that significantly strengthen tobacco laws in their state. They were able to achieve this and many more wins through continuous and powerful lobbying, media advocacy, coalition building and nonstop grassroots pressure.

### **Judicial Advocacy Initiative:**

#### **Scott Lewis of Anderson Kreiger**

This award recognizes attorneys who generously donate their services to the cancer fight. Scott Lewis is lead counsel for ACS CAN's lawsuit against the U.S. Food and Drug Administration to compel the agency to issue a rule requiring graphic warning labels on all cigarette packages and advertising as required by the Tobacco Control Act.







The California state advocacy team received their award at the 11th Annual National Leadership Summit and Lobby Day.

## Staff Awards:

### Field Government Relations Professional of the Year:

**Ellie Beaver, Minnesota**, worked tirelessly to: get a palliative care advisory council bill passed into law, secure \$35 million in funding for a healthy communities fund and convince the legislature to introduce bipartisan bills on a range of issues including raising the age of tobacco sales to 21.

### Field Grassroots Professional of the Year:

**Ann Vaughn, Virginia**, made tremendous strides in expanding the ranks of volunteers in her state and keeping existing volunteers engaged, all while helping to elevate the state legislative agenda through critical events including state Lobby Day, Cancer Caucus Lobby Day and a gubernatorial bill signing.

### American Cancer Society Partner of the Year:

**Vivienne Stearns-Elliott, Maryland**, is an American Cancer Society employee who continues to elevate ACS CAN legislative priorities with her media contacts, offering on-site media support at ACS CAN events, as well as throughout the year.

### Regional Professional of the Year:

**Patricia Bossert, North Carolina**, has been lauded by colleagues for her incredible support of grassroots staff across the country, from training new colleagues and offering technical support to establishing materials and best practices that benefit numerous colleagues nationwide.

### Alan Mills Award\*\*:

Over her two-decade tenure with ACS CAN, **Ruth Parriott, Minnesota**, has created a culture of success and has led her team to help secure countless legislative victories, including Medicaid expansion in seven states, passage of palliative care legislation in six states and enactment of laws prohibiting indoor tanning use for minors in five states.

\* In 2017, ACS CAN added a new volunteer award. The Emerging Leader Award is presented to a state volunteer who has demonstrated an exciting promise in their start with ACS CAN by taking advantage of new opportunities to advocate for cancer patients.

\*\* 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 American Cancer Society staff lobbyist and one of the founders of their National Government Relations department.



# 2017 Advocacy Accomplishments

## Sustained Investments in Cancer Research

Today, advances in cancer research are saving more lives than ever. Without consistent increases in federal research funding, new treatments and tests may not reach cancer patients who need them the most. With one in three people expected to be diagnosed with cancer in their lifetime, we can't afford to let promising research remain idle in labs across the country due to lack of resources. It's critical that we keep this momentum going forward as millions of Americans from every state across the country are counting on lawmakers to take action.

In 2017, ACS CAN advocated for strong congressional support for cancer research and prevention funding to build on the funding increases secured after the significant passage of the 21st Century Cures Act in late 2016. Two years after ACS CAN launched its One Degree Campaign, which was designed to change the current landscape in Congress for federal research funding, we continue to play an integral role in making cancer a top national priority. With strong bipartisan support, the House and the Senate passed a \$1 trillion-plus spending bill in 2017 to fund the government through the end of fiscal year (FY) 2017. The bill included a \$2 billion increase in medical research funding for the National Institutes of Health including \$475 million for the National Cancer Institute (NCI). The

\$475 million in funding for NCI includes \$175 million above the commitment for the first year of the National Cancer Moonshot initiative.

While congressional approval of the FY 2017 budget was a significant victory for the cancer community, ACS CAN continued to stress the importance of prioritizing federal investments in lifesaving, innovative cancer research and prevention in the FY 2018 budget.

Released in March 2017, the administration's FY 2018 budget called for historic cuts to the cancer control programs at the National Institutes of Health (NIH), NCI and the Centers for Disease Control and Prevention (CDC) and eliminated funding entirely for several of our priorities, including colorectal, skin, ovarian and prostate cancer. ACS CAN advocated for at least a \$2 billion increase for the NIH with a proportional increase for NCI and that Congress continue to protect funding for the cancer control programs at the CDC in the FY 2018 budget. Thanks in part to the work of ACS CAN volunteers and staff, both the House and Senate Appropriations Committees rejected the administration's proposed cuts. The Senate Appropriations Committee approved a bipartisan bill that would increase overall funding for the NIH by \$2 billion, including almost \$170 million in additional funding for NCI. The House Appropriations Committee proposed an increase of \$1.1 billion, including more than \$81 million in additional funding for NCI. Both committees rejected the administration's proposed cuts at the CDC.

As of press time, the final FY 2018 federal funding process was not complete. However, Congress passed a bipartisan deal to increase federal funding on February 9, 2018, that recognizes the NIH as a critical national priority and acknowledges the importance of reliable funding growth for medical research at the organization. ACS CAN urges members of Congress to work together to continue the



ACS CAN Florida volunteer Cynthia Lau shared her cancer story during One Voice Against Cancer Lobby Day.

progress in cancer research at the NIH for both FY 2018 and FY 2019 by appropriating at least \$2 billion per year.

ACS CAN also led partner organizations in the One Voice Against Cancer Coalition to bring the cancer community together for its annual Capitol Hill lobby day. Nearly 120 cancer advocates, representing over 50 cancer organizations, participated in 183 scheduled meetings with members of Congress and their staff to help secure funding for research in the FY 2018 appropriations bill.

ACS CAN also continues to advocate for cancer research funding at the state level. In 2017, our volunteers and staff were successful in convincing lawmakers to maintain funding

for the Cancer Prevention and Research Institute of **Texas**, as well as maintain funding for cancer research in **Virginia**. In **New Jersey**, ACS CAN volunteer and staff efforts resulted in lawmakers approving a \$1 million increase in funding for the New Jersey Commission on Cancer Research. In **Florida**, ACS CAN volunteers and staff were successful in convincing state lawmakers to include \$22 million for the James and Esther King Biomedical Research Program and the Bankhead-Coley Cancer Research Program, a \$2 million increase in funding from the previous year. **North Carolina** passed legislation that provided \$8 million in state appropriations for cancer research funding to go to the University of North Carolina Cancer Research Fund, thanks in part to ACS CAN's work.

## Research and Drug Development

### Patient Engagement at the FDA

Throughout the year, ACS CAN advocated for the creation of an Office of Patient Affairs within the U.S. Food and Drug Administration (FDA), with the goal of elevating the role of patients at the FDA. Through meetings with the FDA and a collaborative letter that included over 80 patient and provider organizations, ACS CAN made the case for the establishment of an office that would be charged to coordinate patient activities within the FDA, as well as make it easier for patients to engage in the drug and medical device development process at the FDA, and provide them with a voice in the process. By the end of 2017, the FDA announced the creation of this office, as well as the FDA Patient Engagement Collaborative, which will provide an opportunity for patients, caregivers and representatives from patient groups to discuss how to achieve greater patient engagement in medical product development.

### Congress Passes FDA User Fee Reauthorization

Much of the funding for the FDA comes from a series of user fee agreements that are renewed every five years. These agreements are negotiated

between the FDA and the pharmaceutical industry. However, Congress is required to introduce and pass final user fee legislation, as well as provide an opportunity for stakeholder groups, including patient advocacy groups, to provide input. These agreements also often involve policy changes in addition to simply funding FDA operations. ACS CAN engaged in stakeholder meetings throughout the year-long discussions leading up to the agreement and advocated on behalf of passage of the U.S. Food and Drug Administration Reauthorization Act (FDARA). Important policy provisions supported by ACS CAN that were incorporated into FDARA include increased incorporation of patient perspectives into the medical product development and approval processes at the FDA, efforts to make clinical trials more inclusive and requirements for drug sponsors to have more transparent policies on how patients access investigational drugs outside of clinical trials. The Research to Accelerate Cures and Equity for Children Act was also incorporated into the final FDARA legislation.

## Childhood Cancer

ACS CAN provided critical support to the Research to Accelerate Cures and Equity (RACE) for Children Act, bipartisan legislation that promotes increased childhood cancer research. The RACE for Children Act modifies a decades-old law known as the Pediatric Research Equity Act (PREA). PREA was intended to increase the number of drugs available to treat pediatric illnesses, but exemptions in the law prevented it from ever applying to cancer drug development. Policy changes included in the RACE for Children Act are designed to ensure targeted adult cancer drugs will be tested in appropriate childhood cancers. ACS CAN's advocacy, in collaboration with the Alliance for Childhood Cancer, ensured that the RACE for Children Act was included in the U.S. Food and Drug Administration Reauthorization Act and became law. ACS CAN will continue to work actively to ensure that the law is implemented as planned.

In addition to work on the RACE for Children Act, ACS CAN continues to advocate for the Childhood Cancer Survivorship, Treatment, Access and Research Act, legislation that would enhance pediatric cancer research and survivorship.

ACS CAN sponsored a Capitol Hill briefing during Childhood Cancer Awareness Month in September, which was held in the Capitol Visitors Center for congressional staff and partner groups. The panel discussion addressed issues affecting childhood cancer patients and survivors, including how they access coverage and receive treatment. Perspectives were provided from providers, researchers and ACS CAN volunteer Melissa Horn, who is a childhood cancer survivor.



ACS CAN Wisconsin volunteers Heather Adler and her daughter Abby, a cancer survivor, traveled to Washington, D.C., to participate in Childhood Cancer Action Day in May 2017.



## Rallies for Research

ACS CAN volunteers mobilized throughout the year to advocate for strong congressional support for cancer research and prevention funding. Most notably, during the month of August, they worked with our partners through American Cancer Society Relay For Life events to fight proposed cuts to the fiscal year 2018 budget. In several states across the nation, ACS CAN organized Rallies for Research events, bringing together cancer survivors, caregivers, researchers and advocates to show support for federal cancer research funding.

Volunteers asked participants to sign petitions encouraging their lawmakers to make cancer a top national priority by funding the fight against the disease. At least a dozen Rallies for Research events were held during the month of August to raise awareness and stand in support of cancer research. Approximately 200 people attended the Minnesota Rallies for Research event, including numerous researchers and the director of the Masonic Cancer Center at the University of Minnesota. In Connecticut, ACS CAN was joined by New Haven Mayor Toni Harp and Connecticut State Representative Josh Elliot.



## Prevention and Early Detection

### Breast and Cervical Cancer Prevention and Early Detection

The Centers for Disease Control and Prevention's (CDC) National Breast and Cervical Cancer Early Detection Program (NBCCEDP) is critical to increasing access to and awareness of potentially lifesaving cancer screenings for breast and cervical cancer for medically underserved women, including low-income, uninsured and underinsured women. ACS CAN continues to make funding for the NBCCEDP a priority and will work to maintain federal funding for the program in the next year.

ACS CAN continues to make strides in protecting and increasing state funding for the breast and cervical cancer early detection program. In 2017, 16 states increased the amount of state funding invested in the BCCEDP. Meanwhile 27 states protected funding for their breast and cervical cancer screening programs. For the first time in the 20-year history of the program, the **Nevada** Legislature unanimously passed legislation, resulting in \$1 million in state funds to support the Nevada Women's Health Connect program for the fiscal year (FY) 2018-2019 biennial budget. An estimated

1,200 women will gain access to a broad range of potentially lifesaving breast and cervical cancer services, including screenings, diagnostic testing and patient navigation services.

**27 states protected funding for their breast and cervical cancer screening programs in 2017.**



### Colorectal Cancer Prevention

The National Colorectal Cancer Roundtable (NCCRT), established in 1997 by the American Cancer Society and the CDC, is a national coalition of public, private and voluntary organizations, as well as invited individuals, dedicated to reducing the incidence of and mortality from colorectal cancer in the U.S. The NCCRT is working toward the shared goal of screening 80 percent of adults 50 and older for colorectal cancer.

ACS CAN has committed to the 80% Pledge goal, along with more than 1,500 other organizations. Colorectal cancer screening is a proven method to prevent cancer







and save lives; however, cost sharing has become a barrier for many wanting to get screened. For seniors who rely on Medicare to cover health costs, the potential for cost sharing in screening colonoscopy can be a barrier.

In 2017, ACS CAN worked with champions in the House of Representatives, Charles W. Dent (R-PA) and Donald M. Payne (D-NJ), and in the Senate, Sherrod Brown (D-OH) and Roger Wicker (R-MS), to reintroduce the Removing Barriers to Colorectal Cancer Screening Act. The legislation garnered widespread bipartisan support in 2017, with 240 cosponsors in the House of Representatives and 40 cosponsors in the Senate. It fixes the loophole in Medicare that leads to surprise bills for seniors when a polyp is found and removed during a free screening colonoscopy. With proposed cuts to the CDC's successful Colorectal Cancer Control Program (CRCCP) in FY 2018, ACS CAN continues to advocate to protect the program.

At the state level, ACS CAN continues to support state and local efforts in support of the 80% Pledge goal by encouraging state policymakers to help make colorectal cancer screening a priority by working across all sectors to increase screening rates in their states. Through collaborative

efforts with state policymakers, health care providers, health systems, community members and business leaders, we can reach this challenging, yet achievable, goal.

**Arkansas, Nebraska, North Dakota, South Carolina** and **Washington** state were able to maintain funding for their colorectal screening programs in 2017.

### **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. Reducing exposure to ultraviolet (UV) radiation through indoor tanning devices is one of the most avoidable risk factors for skin cancer. Yet, one in nine high school girls has used a tanning device despite the health risks. At the state level, ACS CAN has worked to pass laws restricting the use of indoor tanning devices for those under the age of 18.

**Oklahoma** and **West Virginia** passed such laws in 2017. ACS CAN will continue this work until young people in every state are protected from the harmful effects of indoor tanning.

### **Cancer Prevention and Control**

In addition to proposed federal funding cuts for the CRCCP, the president's FY 2018 budget proposed eliminating federal funding for critically needed cancer prevention and early detection initiatives at the CDC, including colorectal, ovarian, prostate and skin cancer, and tobacco prevention and cessation initiatives. Without a continued, dedicated federal investment in these initiatives, the U.S. could experience a reduction in awareness, prevention and screening, leading to increases in cancer cases and deaths. ACS CAN opposes any cuts to these effective, evidence-based initiatives, which could have devastating consequences on our progress in awareness, prevention, early detection, screening and treatment of these cancers. During the consideration of appropriations funding for these programs at the committee level, both Senate and House committees rejected these proposed cuts. As of press time the final FY 2018 federal funding process was not complete. ACS CAN will continue to monitor these programs until a final FY 2018 funding proposal is passed by Congress.

## Improving Quality of Life for Cancer Patients

Palliative care supports patients and their families from the point of diagnosis, through treatment and beyond. It provides personalized care through a team of clinicians and specialists that works with the patient's regular physicians to provide an extra layer of support throughout a patient's cancer journey. It is appropriate at any age and any stage of cancer beginning at diagnosis, helping to prevent and relieve pain and suffering.

Palliative care can help treat the whole patient, not just the disease, improving outcomes and lessening the burden of cancer. ACS CAN is committed to improving the quality of life for those with cancer and works with federal and state lawmakers to enact laws and make regulatory changes to policy that expand patient access to such care.

At the federal level, the Palliative Care and Hospice Education Training Act (PCHETA) was reintroduced in 2017 in the House of Representatives by U.S. Representatives Eliot L. Engel (D-NY) and Tom Reed (R-NY). A companion bill in the Senate was introduced by U.S. Senators Tammy Baldwin (D-WI) and Shelly Moore Capito (R-WV). If passed,

it would ensure health professionals are better trained in palliative care, establish a national campaign to inform patients, families and providers about the benefits of palliative care and increase National Institutes of Health research funding of palliative care.

In addition to the ACS CAN volunteer meetings held during National Leadership Summit and Lobby Day, ACS CAN also participated in the Patient Quality of Life Coalition's (PQLC) fourth annual Capitol Hill Lobby Day. PQLC is a group of more than 40 national organizations led by ACS CAN with a shared goal of advancing the interests of patients and families facing serious illness such as cancer, and providing greater patient access to palliative care services. There were nearly 90 volunteers from all over the country, including patients, providers and researchers, who participated in over 90 meetings, including 25 member-level meetings. Volunteers called on their members of Congress and senators to cosponsor PCHETA. Thanks in part to ACS CAN and PQLC, the House version of the bill gained 249 bipartisan cosponsors by the

### Medication synchronization

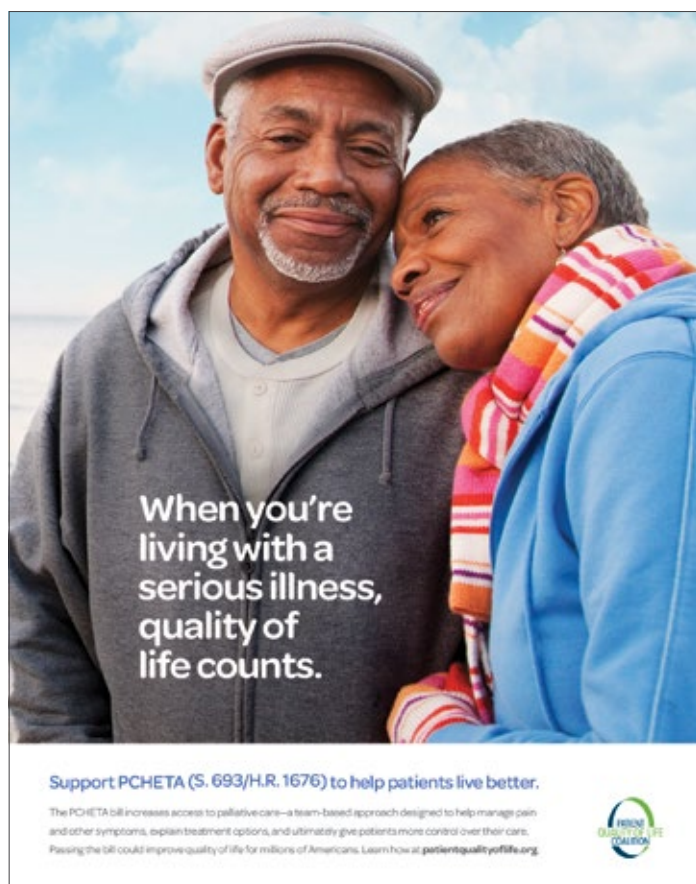
Medication synchronization allows pharmacists to coordinate all of a patient's maintenance prescription medications to be filled on the same date every month. This will promote better patient outcomes by improving how much a patient adheres to taking medication, enhancing patient access, increasing understanding of prescription drug use and providing greater pharmacist oversight. ACS CAN successfully advocated for the passage of medication synchronization legislation in three states – **Illinois, Idaho and Texas.**



end of 2017, while the Senate version of the bill gained 27 bipartisan cosponsors.

State-level palliative care legislative efforts made great strides in 2017, with ACS CAN's model quality of life legislation passing in **Arkansas, Minnesota, Montana, Nebraska, Nevada, Tennessee** and **Wyoming**. The legislation empowers an advisory task force made up of palliative care experts in a state to come together and make recommendations. These recommendations relate to increasing the awareness, availability and use of palliative care services in a given state. The model legislation also tasks the state health department with creating and updating a palliative care information section as part of its website.

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 federal and state palliative care legislation and educate the public on key policy issues.



## Increasing Access to Health Coverage

Scientific breakthroughs are leading to better outcomes through cancer prevention, early detection and treatment methods. However, the American Cancer 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, when

the disease is deadlier. With nearly half of all cancer deaths being preventable, ACS CAN strongly advocates for cancer patients' ability to access and maintain quality, affordable health insurance coverage, while continuing to urge lawmakers to improve current protections for patients at the federal and state level.



### Preserving Patient Protections

Throughout 2017, ACS CAN actively engaged in the health law debate to safeguard the patient protections and Medicaid expansions that millions of cancer patients and survivors have come to rely on under the health care law that was enacted in 2010. ACS CAN believes that Congress should not vote to repeal the health care law before an effective replacement that provides equal or better coverage for cancer patients and survivors is available





*ACS CAN Ohio volunteer Laurie Merges-Jett shared her cancer journey at the patient fly-in and press conference on Capitol Hill in June 2017.*

and can be voted on at the same time. The key patient protections that must be included in any replacement bills include: no preexisting condition exclusions, prohibition on lifetime and annual caps and the preservation of the Essential Health Benefits, which ensure adequate, affordable coverage for cancer patients.

Over the course of the debate, ACS CAN successfully worked to stop three attempted health care repeal and replace bills: the House-passed American Health Care Act (AHCA), the Senate Better Care Reconciliation Act (BCRA) and the Senate “Graham-Cassidy” proposal.

While AHCA would have kept some patient protections, the bill would have shifted health insurance costs to low- and middle-income patients, resulting in loss of health insurance for millions of Americans. It also would have significantly reduced the standards of what constitutes quality insurance, curtailed expansion of the Medicaid program and over time substantially reduced overall Medicaid funding. In response, ACS CAN executed a campaign of direct lobbying, grassroots volunteer mobilization, media advocacy and coalition work through the Keep Us Covered campaign. The campaign’s goal during this and other repeal and replace efforts throughout the year was to keep those affected by cancer adequately

covered under the current health law. While the House passed this legislation, it was not taken up in the Senate.

In June, our patient protection preservation efforts continued with the Senate’s BCRA. ACS CAN led a patient fly-in, with a dozen health groups bringing in patients from 14 target states to make lawmakers aware of the opposition to the bill under consideration by the Senate. During the fly-in, patients shared their stories with national and local media outlets, explaining how disastrous the proposed changes would be to the cancer community. By the end of July, the Senate fell short of the votes needed to pass the legislation that would have resulted in millions losing health insurance and patients paying more for less coverage.

In September, ACS CAN and coalition partners held a press conference focused on the patient perspective of the “Graham-Cassidy” legislation. The event, which took place a few hours before the Senate Finance committee hearing about the bill, featured ACS CAN volunteer and three-time cancer survivor Steve Taylor, from Anchorage, Alaska, who shared his concerns about the possible return of annual and lifetime coverage limits.

Dick Woodruff, then senior vice president of federal advocacy for ACS CAN, testified later at the hearing, the only hearing on the “Graham-Cassidy” legislation. As a representative from the only patient organization invited to testify, he represented the critical patient voice, emphasizing how the legislation could harm people living with cancer and other serious illness, and urged senators to reject it in favor of resuming the bipartisan work to improve the current health care law.

In late 2017, ACS CAN advocated against a provision in the final tax reform bill that repeals the individual mandate requiring Americans to buy health care coverage. According to the Congressional Budget Office, eliminating the coverage requirement will result in 13 million more Americans being uninsured by 2027 and will increase premiums by 10 percent annually. It is speculated that it



will also lead to instability in the health insurance market. ACS CAN sent a letter to Senate and House leadership opposing the problematic provision. In the letter, ACS CAN noted our support of two bipartisan insurance market stabilization bills authored by U.S. Senators Lamar Alexander (R-TN) and Patty Murray (D-WA) and U.S. Senators Susan Collins (R-ME) and Bill Nelson (D-FL) while also addressing concerns that the enactment of the bills would not be enough to restore the market if the mandate was repealed in the tax bill. Ultimately, the House and Senate passed the tax reform bill with the provision included. The two stabilization bills were not included. Thanks in part to the efforts of ACS CAN, the bill, which was signed into law by the president in December 2017, also preserves and expands for two years the availability of the medical expense deduction by allowing deductions of expenses in excess of 7.5 percent of adjusted gross income. Abolishing the medical expense deduction could have negatively impacted patients with significant debt from out-of-pocket treatment costs.

Throughout the year, ACS CAN was the leading voice from the patient advocacy community opposing the repeal attempts that would negatively impact cancer patients, and strategically worked to carry the patient advocacy



ACS CAN Maryland volunteer Julieanne Edwards and ACS CAN West Virginia volunteer Lora Wilkerson participated in the press conference on Capitol Hill in September 2017 to give the patient perspective of the "Graham-Cassidy" legislation.

message and voice to Capitol Hill. Throughout the entire Keep Us Covered campaign, ACS CAN volunteers completed over 36,000 calls to targeted members of the House and Senate and sent more than 90,000 emails to Capitol Hill. ACS CAN secured nearly 60,000 signatures on a petition asking Congress to work together in a bipartisan manner to improve the nation's health care system. In the social media stratosphere, there were more than 20,000 uses of the #KeepUsCovered hashtag, which obtained over 66 million impressions. To further influence members of Congress, ACS CAN focused on holding impactful events back home in congressional members' districts, including rallies, stakeholder dialogues with key members, participation in town hall meetings and coalition media events in targeted states. Ultimately, ACS CAN recruited almost 22,000 new volunteers through this campaign, which has helped the organization continue to advance our mission and protect cancer patients.

### Increasing Access to Medicaid

Expanding access to care via Medicaid under the health care law is a key opportunity states have to use federal funds to help many disabled and low-income Americans access health coverage. Providing people with comprehensive health coverage based on income level plays a major role in eliminating health and cancer disparities.

In November 2017, **Maine** voters approved a referendum to expand Medicaid, providing a lifeline to thousands of residents who need access to affordable health coverage. This brings the total to 33 states providing coverage for millions of people. ACS CAN is committed to working with Maine lawmakers to support the effective implementation of this vote.

### Regulatory Issues

ACS CAN also works on regulatory issues affecting access to quality care. In 2017, ACS CAN filed comments in response to the market stabilization proposed rule in which the organization urged the Department of Health and Human

Services (HHS) to refrain from limiting consumers access to coverage through special enrollment periods, to withdraw its proposed changes to the actuarial value of plans so as not to weaken the value of plans offered to consumers and urged HHS to retain the six-week open enrollment period for coverage in the individual market so that consumers have time to choose a plan that best meets their needs.

In July, ACS CAN filed comments in response to HHS' request for information about ways to reduce the regulatory burden of the health care law. The comments urged HHS to provide greater transparency of information to consumers, impose more stringent network adequacy requirements, provide permanent funding for cost-sharing reduction subsidies – which enable people to purchase affordable coverage, provide extensive resources for education and outreach related to the open enrollment period and retain the essential health benefits requirements.

HHS affords states the opportunity to test innovative or alternative approaches to health care coverage for their Medicaid populations through Section 1115 Research and Demonstration Waivers. ACS CAN has been actively involved in the review of these waivers, working with our state staff to provide formal public comments at both the state and federal levels. We sought to influence the impact of demonstration projects on enrollees fighting cancer, cancer survivors and those individuals who might face a cancer

diagnosis. ACS CAN emphasized that alternative approaches to coverage and care delivery should preserve access to care without creating barriers to coverage for Medicaid enrollees, especially cancer patients and survivors.

## Medicare

ACS CAN filed supportive comments to the Centers for Medicare and Medicaid Services (CMS) on several proposed changes to the Medicare program, including the Medicare Hospital Outpatient Prospective Payment System, which could will result in cancer patients receiving more timely access to laboratory services.

ACS CAN also expressed support for the Medicare Physician Fee Schedule, which would allow federally qualified health centers to provide more care coordination, and urged CMS to provide even more flexibility than proposed.

## Biosimilars

In 2010 the Biologics Price Competition and Innovation Act was passed as part of the health care law and created an abbreviated approval pathway for developers to create copies of biologic drugs once they are off patent, or no longer subject to patent restrictions. These copies, known as biosimilars, can be prescribed to patients if they produce the same clinical result as the original biologic drug. Biosimilars have the potential to increase price competition on older biologic drugs, and result in lower



During the health care debate, ACS CAN launched a new advertising campaign to ensure the cancer patient perspective was front and center as Congress considered the repeal of critical patient protections in the health care law. The ad ran in Washington, D.C., and in targeted states across the country at critical moments in the debate alongside more than 1,000 media clips nationwide featuring ACS CAN staff and volunteers and mention of organization efforts in media outlets, including The Associated Press, *The Washington Post*, *The New York Times*, *The Los Angeles Times*, CNN and MSNBC.

cost burdens for cancer patients. The development of biologic drugs has provided cancer patients and their physicians with access to improved treatment options.

In 2017, during the comment period on reimbursement for biosimilar drugs, ACS CAN urged CMS not to adopt any policy that would unintentionally result in prescribing practices inconsistent with the approval status of a biosimilar drug.

ACS CAN works to pass state biosimilar legislation that requires both provider and patient notification of any substitution along with entry, within five business days, into the patient's official medical record. Ten states – **Iowa**,

**Kansas, Minnesota, Nebraska, Montana, Nevada, New Mexico, New York, South Carolina and Wyoming** – passed biosimilars substitution legislation in 2017, bringing the total to 36 states.

### Oral Chemotherapy Fairness

ACS CAN supports legislation at the state level that requires health plans to cover oral chemotherapy medication at a cost no greater than what a patient would pay for intravenous chemotherapy. In 2017, **Arkansas** passed oral chemotherapy fairness legislation, bringing the total to 44 states, including the District of Columbia.

## Reducing Tobacco's Toll

Tobacco use claims the lives of more than 480,000 people in the U.S. every year, and remains the leading cause of preventable death nationwide. Currently, more than 16 million people are suffering from a tobacco-related illness. In fact, if current trends continue, 5.6 million of today's youth will die prematurely from smoking. ACS CAN works at the federal, state and local levels to pass strong tobacco control legislation that reduces exposure to secondhand smoke, encourages existing tobacco users to quit and prevents people from starting to use tobacco.



### Corrective Statements on the Dangers of Smoking

After nearly two decades of litigation, the case of *USA v. Philip Morris* finally resulted in the major U.S. tobacco companies publishing a series of court-mandated "corrective statements" advertisements saying that smoking kills and that the companies intentionally made cigarettes more addictive. In 1999, the U.S. Department of Justice sued the nation's largest cigarette manufacturers and tobacco trade organizations claiming civil fraud and racketeering violations under the Racketeer Influenced and Corrupt Organizations. The American Cancer Society, the American Heart Association, the American Lung Association, the Americans for Nonsmokers' Rights and the National African American Tobacco Prevention Network joined the case as intervenors in 2005, and have worked to keep the industry accountable ever since. The corrective statements began appearing in television and newspaper ads in late November 2017, and will continue for a full year. The statements will also appear in package inserts and on industry websites in 2018. Whether and how the statements will appear at the point of sale is still to be determined.

## The tobacco industry must use court-mandated language for five broad topics:

- The adverse health effects of smoking
- The addictiveness of smoking and nicotine
- The lack of significant health benefit from smoking “low tar,” “light,” “ultra light,” “mild” and “natural” cigarettes (products that have been deceptively marketed as less harmful than regular cigarettes)
- The manipulation of cigarette design and composition to ensure optimum nicotine delivery
- The adverse health effects of exposure to secondhand smoke

The statements appeared in such major publications as *The New York Times*, *The Washington Post*, *The Atlanta Journal-Constitution* and the *Los Angeles Times*. ACS CAN worked closely with the American Cancer Society throughout the litigation, and conducted a major media effort to amplify use of the statements in tobacco control campaigns across the nation. These efforts resulted in coverage in outlets such as *NBC Nightly News*, *The Associated Press* and *CNN*.

Considering the changing demographics of television viewing and media consumption, particularly for the youth population, ACS CAN, along with the efforts of fellow plaintiffs in the lawsuit, amplified the message of this campaign online via our social media channels and website. This digital campaign allowed the critical messages to reach people online who might not have otherwise seen the print or television advertisements.

There was a coordinated, strategic social media campaign that launched on ACS CAN’s Facebook, Twitter, Instagram and YouTube accounts, which resulted in thousands of views of the video ads and more than 16.7 million impressions on social media content for the #LiesBigTobaccoTold campaign.



## FDA Regulation of Tobacco Products

Since 2009, the U.S. Food and Drug Administration (FDA) has had the ability to regulate the sale, marketing and manufacturing of tobacco products under the Family Smoking Prevention and Tobacco Control Act. Aggressive and deceptive marketing of tobacco products, especially smokeless tobacco products, entices the nation’s youth to engage in unhealthy behavior and risk developing cancer.

ACS CAN applauded the FDA’s efforts to issue its first tobacco product standard proposed rule. The FDA is proposing to limit the amount of N-nitrosornicotine, a cancer-causing agent in smokeless tobacco products. The FDA estimates that 12,700 new oral cancers could be prevented in the first 20 years of implementation of this rule. ACS CAN provided comments to the FDA in support of the interim rule and requested swift finalization of the rule.

ACS CAN worked to keep Congress from passing provisions that would exempt many cigars from FDA regulation, including some that are cheap and flavored and attractive to youth, and provisions that would allow many cigar and e-cigarette products to remain on the market without a critical FDA public health review required by current law.

ACS CAN also took an active role in litigation surrounding the FDA’s authority over e-cigarettes and cigars in the “deeming rule,” filing an amicus brief and petitions to intervene in three cases to ensure the products are appropriately regulated.



## Supporting State Tobacco Control, Prevention and Cessation Programs

Comprehensive, adequately funded statewide tobacco control programs reduce tobacco use and related diseases, resulting in lower health care costs. ACS CAN efforts played a role in protecting and increasing state investments in tobacco control, prevention and cessation programs.

In 2017, **Alaska** and **Colorado** increased funding for their respective tobacco control programs, while **Pennsylvania** increased tobacco control program funding by \$1.8 million. **Indiana** also saw an increase of \$2.5 million in funding for its tobacco prevention and cessation program.

**Arkansas, California, Connecticut, Delaware, Florida, Idaho, Illinois, Kansas, Kentucky, Missouri, Michigan, Massachusetts, Montana, New Mexico** and **Wisconsin** all protected their tobacco prevention, control and cessation program funding.

**North Carolina** secured funding for the next two fiscal years to provide youth tobacco prevention program funding, focusing on e-cigarettes and emerging tobacco products; the state also secured \$500,000 in funding for tobacco cessation programs to include You Quit, Two Quit and QuitlineNC.

**New York** expanded Medicaid coverage of smoking cessation products.

## Working toward a Smoke-free Nation

Each year in the United States, secondhand smoke causes nearly 42,000 deaths, and can cause or worsen health outcomes in children and adults. There is no safe level of exposure to secondhand smoke, which contains more than 7,000 chemicals when released into the air, 70 of which are known to cause cancer. Secondhand smoke is responsible for more than 7,000 deaths from lung cancer and over 30,000 deaths from heart disease each year. The only way to fully protect the public from exposure to secondhand smoke is the implementation of comprehensive smoke-free laws that include all workplaces, restaurants and bars. ACS CAN is committed to protecting everyone's right to breath smoke-free air.

**New York** state passed a bill to add e-cigarettes to its Clean Indoor Air Act in 2017. **Nevada** also included vapor products in its Clean Indoor Air Act, prohibiting the use of those products wherever smoking is prohibited.

In 2017, comprehensive smoke-free laws that cover all workplaces, including restaurants and bars, were implemented in 42 municipalities in states without statewide smoke-free workplace laws including restaurants and bars. Twenty-five of these municipalities were in **Texas**.

Five additional municipalities enacted comprehensive smoke-free workplace laws, including restaurants and bars that are scheduled to be fully implemented in 2018.

More than **2.7 million people** will be covered by new local smoke-free workplace laws, including restaurants and bars, once all ordinances passed in 2017 are fully implemented.



## Increasing Tobacco Taxes

Research clearly shows that regularly and significantly increasing taxes on cigarettes, cigars, smokeless tobacco and all other tobacco products is one of the most effective ways to reduce tobacco use, save lives and reduce health care costs. ACS CAN is working with states across the country to pass regular and significant tax increases on all tobacco products, including smokeless tobacco products.

In **Colorado**, the city of Aspen passed a tobacco tax increase including \$3 per pack for cigarettes and a 40 percent retail tax on other tobacco products including e-cigarettes, all taking effect January 1, 2018. **New York City** passed legislation to increase the minimum price of cigarettes from \$10.50 to \$13, establishing minimum prices for all other tobacco products. In addition, several municipalities in **Alaska** passed tax increases on tobacco products of \$1 or more.

## Healthy Eating and Active Living Environments

Over the past 30 years, excess weight and obesity rates have more than doubled for adults and tripled for youth. Given that one-fifth of all cancers are tied to poor nutrition, physical inactivity, excess weight and excess alcohol consumption, it's important for youth and adults to lead a healthy lifestyle and maintain a healthy body weight to help reduce the risk of cancer and other chronic diseases. ACS CAN supports evidence-based public policies that help foster a healthy lifestyle.

In 2016, the federal government released the Dietary Guidelines for Americans, 2015-2020, which provide evidence-based guidelines on diet to improve health and serve as the basis for all federal nutrition programs, policies and communications. In 2017, implementation of the final regulations on menu labeling requirements and for nutrition facts labeling on packaged foods – which were released in 2016 by the U.S. Food and Drug Administration (FDA) – were delayed until the middle of 2018. ACS CAN opposed these delays in implementation and will oppose any changes to weaken the requirements. We work to ensure people have access to information that is easy to understand and will



help them make healthy choices, which is why delaying the implementation of these guidelines is not beneficial, especially for vulnerable populations.

ACS CAN and the American Cancer Society provided joint comments to influence the proposed changes to the Physical Activity Guidelines for Americans to ensure that the guidelines reflect the current science regarding physical activity and cancer risk and are effective in increasing physical activity across the population.



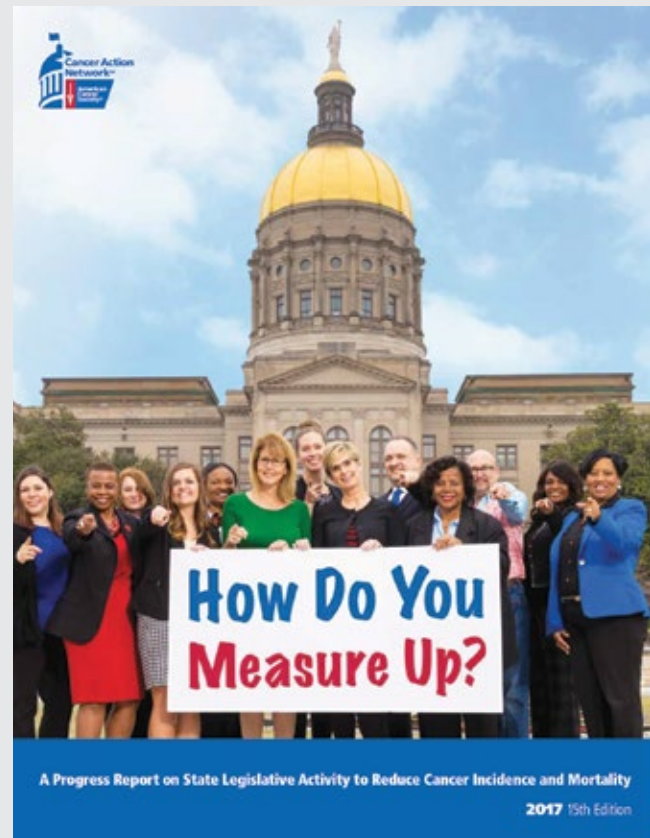
ACS CAN continues to work at the state and local levels to implement policies to improve nutrition and increase physical activity among children and adults. In 2017, we played a role in the passage of a number of state and local measures.

**Florida** passed legislation to upgrade physical education (PE) standards in elementary schools, improving the quality of PE. **New York City** maintained \$30.6 million in funding for PE programs in schools and secured an additional \$380,000 in funding to expand physical education facilities. **Washington** passed a bill to assess PE requirements that sets the groundwork for future policy. **North Carolina** maintained \$250,000 in funding for the Healthy Food Small Retailer program that offers state grants to small-sized retailers to provide nutrient-dense foods for stores located

in food deserts. **Michigan** secured \$375,000 in funding to provide incentives for schools to serve meals with local farm produce. **Minnesota** maintained \$17.5 million in funding for its State Health Improvement Program, which expands opportunities for active living, healthy eating and tobacco-free living. **California** passed legislation that requires the California Transportation Commission to establish an advisory committee to address disproportionate social and health impacts of transportation funding decisions. **Columbia, South Carolina**, passed the Healthy Vending and Food Service Policy in which the city has one year to create healthier options for vending machines and three years to create healthier options for catering in parks, buildings and public spaces.

## How Do You Measure Up?

In 2017, ACS CAN released the 15th edition of *How Do You Measure Up?*, which uses a color-coded system to evaluate states in nine specific areas of public policy that can help fight cancer. Green represents the benchmark position, showing that a state has adopted evidence-based policies and best practices; yellow indicates moderate movement toward the benchmark; and red shows where a state is falling short. An annual snapshot of key state policies, the report indicates that as the nation is looking toward more state-driven solutions to address chronic disease prevention and access to health coverage, many states are actually falling behind in this area. Twenty states reach benchmarks in two or fewer of the nine legislative priority areas measured by ACS CAN. Twenty-nine states and the District of Columbia measure up in just three to five of the nine areas. Only two states – **California** and **Massachusetts** – meet benchmarks in six or more of the nine categories. Fortunately, the report also offers a blueprint for how states can improve their efforts to reduce the cancer burden and save more lives from cancer.





# Global Advocacy

Cancer and other noncommunicable diseases (NCDs) have become more prevalent in low- and middle-income countries (LMICs) across the globe, with more than half of new cancer cases and about two-thirds of cancer deaths occurring in those areas. Unfortunately, only five percent of global cancer resources are spent in these countries and less than one percent of development assistance for health is focused on cancer.

In recent years, both the American Cancer Society and ACS CAN have expanded work in global cancer control. With more than 100 years of achievement in cancer diagnosis and treatment here in the U.S., the American Cancer Society is compelled to share its successes and lessons learned on a global level to help save more lives from this disease.

In 2017, ACS CAN launched a global campaign to end cervical cancer deaths by integrating cervical cancer prevention, screening and treatment into existing U.S. global health programs. Deaths from cervical cancer can be eliminated in girls and women through increased access to human papillomavirus (HPV) vaccinations, screening and treatment in developing countries where

U.S. global health programs are already assisting countries in need and addressing other health challenges.

ACS CAN also led 28 other health organizations in an effort to urge select members of Congress to strengthen U.S. international health assistance programs. With the support of those determining foreign aid spending and to the United States Agency for International Development (USAID), there is a greater opportunity to address the devastating impact cervical cancer continues to have on women and families, especially in LMICs.

In addition, ACS CAN and 11 other organizations participated in a Capitol Hill Day, visiting 25 congressional offices and raising awareness about the devastation of cervical cancer. Participants also helped educate members of Congress and their staffs about the disease and its unique ability to be prevented and treated even in low-resource settings.

ACS CAN, working with the American Cancer Society, hopes to inspire countries, donors and the public that progress is possible and that cancer prevention, control and treatment should be integrated into national and global health programs to help eliminate cancer as a major health problem.

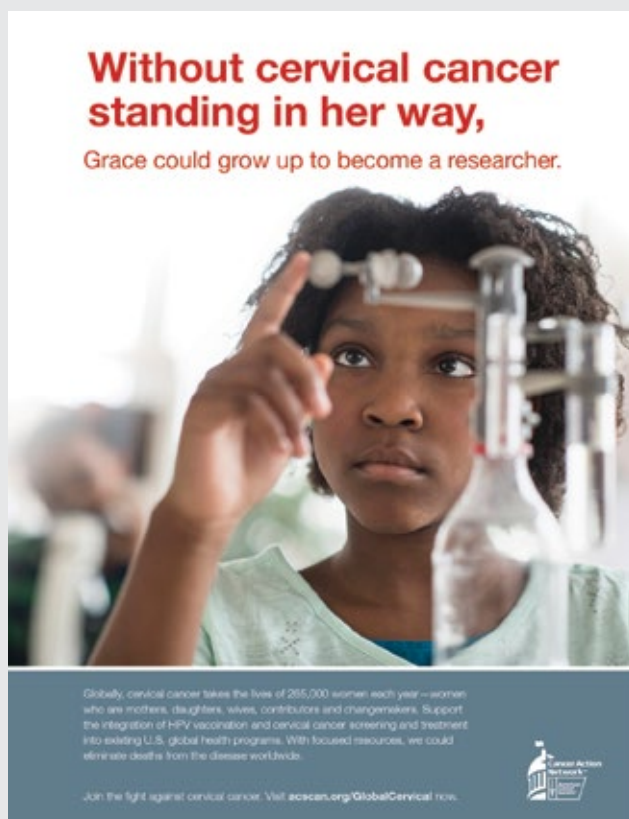




## Conquering Cervical Cancer Worldwide

In October 2017, ACS CAN organized a Capitol Hill briefing, “Conquering Cervical Cancer Worldwide,” which brought together health experts, cancer advocates and congressional staff for a panel discussion to examine the global burden of cervical cancer. U.S. Representatives Debbie Wasserman Schultz (D-FL) and Nita Lowey (D-NY) discussed their support for integrating cervical cancer prevention, screening and treatment services into existing U.S. global health initiatives, specifically by incorporating language in the fiscal year (FY) 2018 State and Foreign Operations appropriations bill. ACS CAN held more than 60 cervical cancer-focused meetings with House and Senate staff to garner bipartisan support to integrate cervical cancer prevention, screening and treatment into existing U.S. global health programs. Because of these efforts, both the House and Senate have included language in their respective FY 2018 State and Foreign Operations appropriations reports that would require the United States Agency for International Development to examine ways to use a low-cost HPV vaccine to significantly reduce mortality from cervical cancer in high-prevalence, low-income

countries. As the bill moves through the appropriations process, ACS CAN has urged members of Congress to support this language in the final appropriations bill.



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