



EMPOWERING ADVOCATES:

Leading the Fight to Conquer Cancer



2018 ADVOCACY ACCOMPLISHMENTS



Dear Friends,

Throughout 2018, the volunteers and staff of the American Cancer Society Cancer Action Network (ACS CAN) advanced our goal of eliminating death and suffering from cancer. In the midst of challenging political environments, ACS CAN continues to empower advocates to make an impact on the cancer burden with numerous hard-fought legislative victories in the nation's capital, in state capitols and in city halls nationwide.

ACS CAN launched our One Degree Campaign in 2015 to challenge lawmakers to elevate cancer research funding as a national priority. We called on Congress to increase medical research funding at the National Institutes of Health (NIH) by \$6 billion, including \$1 billion for the National Cancer Institute (NCI). After a historic \$3 billion boost by Congress in March 2018 and an additional \$2 billion in September 2018, the budget has grown by \$9 billion for NIH and by \$1 billion for NCI since 2015 – well exceeding our campaign goal. ACS CAN volunteers played an integral role in these tremendous accomplishments by communicating the importance of cancer research funding to their lawmakers, which will have a lasting impact by fueling future scientific discovery so critical to our mission.

Virginia became the 33rd state, in addition to Washington, D.C., to expand access to care through Medicaid, and in November 2018 voters in Idaho, Nebraska and Utah approved ballot measures to increase access to health care through Medicaid for low-income residents in their states. Again, ACS CAN volunteers and staff worked tirelessly to support these policy advancements, which will significantly improve access to health care for underserved populations and help address long-existing health disparities.

Meaningful progress was also made to reduce the incidence of cancer resulting from tobacco use. To date, ACS CAN initiatives at the state and local levels have resulted in more than 58% of the U.S. population being covered by comprehensive smoke-free laws in 25 states, Washington, D.C., Puerto Rico and the U.S. Virgin Islands. The average state cigarette tax is now \$1.79, thanks to successful state and local initiatives to significantly and regularly increase taxes on all tobacco products.

On the global front, ACS CAN volunteers engaged members of Congress during ACS CAN's annual Leadership Summit & Lobby Day about the global cervical cancer burden and what the U.S. can do to reduce cancer incidence and death in low- and middle-income countries.

These public policy advancements were made possible by our grassroots volunteer network of those impacted by cancer, including cancer patients, survivors and caregivers who have joined ACS CAN to bring the fight to all levels of government. ACS CAN staff collaborated with a wide variety of people and organizations as we continued to expand our diverse partnerships, collaborations and strategic alliances, significantly strengthening our ability to make progress in our fight.

Since I joined ACS CAN in 2008, I've been continually impressed by the dedication and skill of volunteers and staff who devote themselves to influencing policymakers in order to reduce the cancer burden. As I begin my new leadership role, I am both proud and excited to lead ACS CAN into our next successful chapter. Our mission remains unwavering, nonpartisan and achievable. Thank you for your steadfast commitment to our shared goal of making cancer a national priority, and for leading the fight to conquer cancer.



A white handwritten signature of Lisa A. Lacasse on a dark blue background.

Lisa A. Lacasse, MBA
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 M. Reedy and President Lisa A. Lacasse.

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In Memoriam: Len Yordon



The American Cancer Society Cancer Action Network (ACS CAN) family lost one of its titans in December

2018. Len Yordon passed away at the age of 94 in Daytona Beach, Florida.

Since ACS CAN was founded in 2001, Len and his wife, Anne, have been among the organization's most active volunteers. They were recognized for their outstanding volunteer service in 2016 with the American Cancer Society St. George National Award. While the Yordon name will forever be linked to

our annual Lights of HOPE ceremony, Len and Anne's contributions to ACS CAN go far beyond that. They have been active participants at our annual Leadership Summit & Lobby Day, meeting with members of Florida's congressional delegation for more than a decade. They also have been involved in nearly every Florida Advocacy Day event for almost two decades, tirelessly promoting the ACS CAN state legislative agenda.

ACS CAN will never forget the tremendous contributions that Len made to the organization's mission to eliminate cancer as a major public health issue.

"Each year, ACS CAN volunteers take our advocacy movement to new, innovative heights. They are the voices for the millions of Americans whose lives have been touched by cancer, and it is their determination that drives our mission. It is an honor to join these dedicated advocates in the fight against cancer, and the ACS CAN Board of Directors thanks our volunteers for another year of hard-fought accomplishments and lifesaving progress."

Richard L. Deming, MD
Chair, ACS CAN Board of Directors



What is ACS CAN?

The American Cancer Society Cancer Action Network (ACS CAN) is making cancer a top priority for public officials and candidates at the federal, state and local levels. ACS CAN empowers advocates across the country to make their voices heard and influence evidence-based public policy

change as well as legislative and regulatory solutions that will reduce the cancer burden. As the American Cancer Society's nonprofit, nonpartisan advocacy affiliate, ACS CAN is critical to the fight for a world without cancer.

Involvement

ACS CAN is an empowering vehicle for cancer patients, survivors, their families and other experts on the disease to amplify their voice in 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 health policies firmly rooted in scientific evidence that promote access to prevention and early detection services, 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. ACS CAN is looked to in the public health community as a leader, engaging scientists, researchers, medical providers, advocates and patients to influence critical public health policies important to our cancer mission.

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.

2018 Impact

More than
500,000
people gained access to
affordable, quality health care

when 4 states increased access to Medicaid.



ACS CAN helped secure more than

\$5.9 billion
in appropriations

at the state and local level.



ACS CAN gained nearly

32,000
new members
nationwide.



33,000
Lights of HOPE

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

62
public policy forums

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



Convincing legislators
to join our cancer fight
through cosponsorship,
ACS CAN advocated for

3 of the top 5 bills
with the most cosponsors in the 115th Congress.



Congress approved a

\$5 billion increase in medical research funding at the National Institutes of Health,

including \$465 million for the National Cancer Institute,
well exceeding ACS CAN's One Degree campaign goal.



ACS CAN helped secure and protect more than

\$218 million



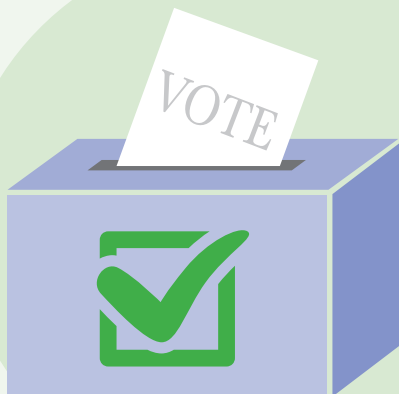
in state funding
for tobacco
prevention and
cessation programs.



More than

3,700

ACS CAN volunteers
and staff attended Day
at the Capitol events
across the country.



Voters approved

11 of the 15

ballot measures that ACS CAN supported throughout 2018,
resulting in expanded access to health insurance for low-
income Americans and stronger tobacco control policies.

2018 Advocacy Accomplishments

This report includes key accomplishments from 2018. However, it is not an exhaustive list of all of the advocacy work that ACS CAN staff and volunteers did across the country. For more information on ACS CAN's advocacy efforts, visit our website at fightcancer.org.

Sustained Investments in Cancer Research

Cancer research is essential to saving lives and making continued advancements against the disease. Without consistent increases in federal research funding, new treatments and tests may not reach cancer patients who need them most. Because 1 in 3 Americans will be diagnosed with cancer in their lifetime, it's critical to continue the progress in treating cancer with strong, sustained investments in federal funding for cancer research.

One Degree Goal Achieved

Three years ago, ACS CAN recognized the need to bring all members of Congress together to prioritize federal investment in research. To accomplish that task, we launched our One Degree Campaign, with the message that everyone is one degree from cancer, whether you know a loved one, friend or coworker who has fought the disease, or you have received a diagnosis yourself. The campaign aimed to change the current landscape for federal research funding by calling on Congress to increase their investment in the National Institutes of Health (NIH) by \$6 billion, including \$1 billion at the National Cancer Institute (NCI).

After three years of dedicated advocacy and hard work by our volunteers, that ambitious goal was achieved. On March 23, 2018, Congress passed the fiscal year 2018 (FY18) federal budget, which included a \$3 billion increase for medical research at the NIH (the largest such funding increase in 15 years); a \$275 million increase for the NCI; a \$10 million increase for cancer prevention programs at the Centers for Disease Control and Prevention (CDC) and first-time funding of \$15 million for the Oncology Center of Excellence at the Food and Drug Administration (FDA). The budget also increased funding for the CDC

Office of Smoking and Health and preserved the FDA's full regulatory authority over tobacco products.

Combined with growth in funding over the past several years, this most recent increase made our One Degree Campaign goal a reality and ensures that cancer researchers will have the resources they need to maintain momentum on research breakthroughs. This is a tremendous accomplishment for the cancer community, one in which ACS CAN volunteers played an integral role by communicating to their lawmakers about the importance of sustained funding for cancer research.

One Voice Against Cancer

In May 2018, ACS CAN led the 19th annual One Voice Against Cancer (OVAC) Lobby Day, which brought more than 100 cancer patients, survivors, caregivers, physicians and researchers representing over 50 cancer organizations and 31 states together on Capitol Hill. ACS CAN is the founder and leading member of OVAC. Our volunteers and staff joined other advocates in urging federal legislators to support a robust and sustained federal investment in research at the NCI and the NIH, as well as preserve cancer prevention funding at the CDC.

On Capitol Hill, volunteers shared results of a poll commissioned by OVAC. The poll found that nearly 70 percent of voters favor continued significant budget increases for the NIH and that 73 percent of respondents supported Congress's decision to increase NIH funding by \$3 billion in the FY18 omnibus bill (a bill that packages several appropriations bills into one larger piece of legislation). Additionally, 68 percent of all voters oppose significant proposed budget cuts to the NIH, and

60 percent of respondents say Congress should continue to increase investments in medical research, even in light of increasing national debt.

Investment at All Levels of Government

Throughout 2018, ACS CAN continued to advocate for sustained investments in cancer research. In September, Congress passed H.R. 6157, a bill that combined funding for the Departments of Defense, Labor, Health and Human Services and Education for fiscal year 2019 (FY19). The bill received strong bipartisan support in both the House and the Senate, with influential leaders in both chambers working together to prioritize cancer research and prevention. The bill was signed into law in late September, and featured several key funding increases, including:

- A \$2 billion funding increase for the NIH
- A \$190 million funding boost for the NCI
- An additional \$2 million for cancer registries to help track pediatric cancer cases as part of the Childhood Cancer Survivorship, Treatment, Access and Research (STAR) Act
- A \$1 million funding increase for ovarian cancer programs at the CDC, along with \$875,000 for skin cancer programs

- Preservation of funding levels for CDC cancer screening and early detection programs and programs at the Office on Smoking and Health

ACS CAN volunteers and staff continue to advocate for cancer research funding at the state level as well. **Kentucky** volunteers fought hard to secure \$5 million in new funding dedicated to pediatric cancer research. In **Iowa**, we worked with key partners to help secure a \$150,000 funding increase for melanoma research at the University of Iowa. The **New Jersey** team advocated to restore \$2 million in cancer research funding after it was eliminated from the state budget. **Alabama** increased state investment in research funding by \$265,000 in 2018, and ACS CAN continued its advocacy for sustained investment through the Andy Hill Cancer Research Endowment Fund in **Washington**.

Childhood Cancer Research

ACS CAN has prioritized investment in childhood cancer research and program support through active engagement as a leader with the childhood cancer community to advance issues of critical importance on behalf of pediatric cancer. In January 2018, Congress included funding to reauthorize the Children's Health Insurance Program (CHIP) for six years as part of a short-term extension in the FY18 spending bill. In doing so, Congress prioritized access to quality, affordable and comprehensive health care coverage to nearly 9 million

Focusing on Opportunities, Challenges of Cancer Research

One Voice Against Cancer (OVAC) hosted a congressional briefing in October on Capitol Hill titled "On the Horizon: Opportunities & Challenges in Cancer Research." The briefing featured Dr. Ned Sharpless, director of the National Cancer Institute (NCI) and ACS CAN Maryland ACT Lead Brittany Avin, a cancer survivor and PhD student at Johns Hopkins University. Caroline Powers, ACS CAN director of Federal Relations, served as moderator at this well-attended event.



Brittany Avin, an ACS CAN Maryland ACT Lead and cancer survivor, presented at the OVAC briefing.

low-income children, some of whom have been affected by cancer. The CHIP program is an integral part of the safety net for lower-income children and their families who depend on care through the program. ACS CAN urged Congress to approve funding for the CHIP program to ensure low-income childhood cancer patients have access to preventive and treatment services. Additionally, the short-term extension in the FY18 spending bill also included two years of funding for Federally Qualified Health Centers (FQHCs), which provide access to primary care and cancer prevention services for millions of low-income families and children.

In April 2018, ACS CAN joined forces with the Alliance for Childhood Cancer for its 7th annual Childhood Cancer Action Day on Capitol Hill. ACS CAN volunteers were among the more than 230 participants who met with members of Congress and their staff to support the passage of the STAR Act. The most comprehensive childhood cancer bill ever passed by Congress, the act increases funding for childhood cancer research, improves data collection so pediatric oncologists can better learn from one another and expands research on the long-term effects of childhood cancer treatments.

The STAR Act is the most comprehensive childhood cancer bill ever passed by Congress.

Volunteers of all ages and backgrounds shared their stories with lawmakers, urging them to make pediatric cancer research a priority issue in Congress. In total, participants engaged in 175 meetings during their day on the Hill. Just one month after Childhood Cancer Action Day, the STAR Act was unanimously passed by the House of Representatives, having received unanimous support earlier in the year in the Senate, and was signed into law in September. ACS CAN volunteers continue to advocate to ensure the STAR Act is appropriately funded through the next several years.

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 in increasing access to and awareness of potentially lifesaving cancer screenings for breast and cervical cancer for low-income, uninsured and underinsured women. Protecting funding for the NBCCEDP remains a top priority for ACS CAN, as maintaining adequate funding at both the state and federal levels is vital to ensuring women have access to cancer screening, as well as diagnostic and treatment services.

ACS CAN volunteers and staff continue to make an impact in protecting and increasing state funding for breast and cervical cancer early detection programs. From fiscal year 2017 to fiscal year 2018, funding for the **Tennessee** Breast and Cervical Cancer Screening Program increased by over \$940,000, and **Massachusetts** secured an additional \$500,000 in funding for the state BCCEDP compared to the previous year. The breast and cervical cancer screening programs in **Alabama** and **Vermont** also saw funding increases in 2018. The **Florida** legislature approved state funding of \$1.83 million for the Mary Brogan Breast and Cervical Cancer Early Detection Program, marking the seventh year in a row state funds were invested in the program. Funding for **Oregon's** Breast and Cervical Cancer Program was approved at over \$691 million, a significant increase from the previous year. Twenty-four states – **Alaska, Arkansas, Arizona, California, Colorado, Connecticut, Georgia, Illinois, Kansas, Louisiana, Maine, Maryland, Missouri, Nebraska, New Jersey, New Mexico, New York, North Carolina, Oklahoma, Pennsylvania, South Carolina, Virginia, West Virginia** and **Wisconsin** – convinced lawmakers to maintain or protect funding for breast and/or cervical cancer screening programs.

States took steps to reduce barriers to screening and prevention programs for cervical cancer. State funding in

Connecticut will provide access to the human papillomavirus (HPV) vaccine for all 11- and 12-year-olds. **New York City** secured \$252,000 in city funding to support an HPV education campaign for parents and health care providers, and **Illinois** lawmakers updated legislation to ensure that the Department of Public Health provides both male and female students and their parents and guardians with information about the availability of the HPV vaccine.

Colorectal Cancer Prevention

Nearly all colorectal cancers are preventable or treatable when detected at an early stage. However, out-of-pocket costs create financial barriers that discourage the use of recommended screening services, particularly for Medicare beneficiaries. The Removing Barriers to Colorectal Cancer Screening Act (H.R. 1017/S.479) continued to gain momentum in the 115th Congress. Currently, if a polyp is found and removed during a screening colonoscopy, Medicare patients can wake up to a surprise bill of as much as \$350, as the procedure is reclassified as a diagnostic procedure. Polyp removal is considered preventive, and those with private insurance receive the service free of charge. This legislation would fix the loophole in Medicare and remove this cost-sharing requirement for screening colonoscopies.



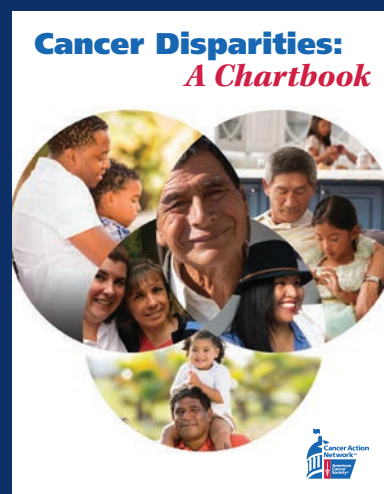
The ACS CAN **North Dakota** team met with Governor Doug Burgum as he proclaimed March 2018 Colorectal Cancer Awareness Month.

ACS CAN worked with champions in the House of Representatives – Leonard Lance (R-NJ) and Donald M. Payne Jr. (D-NJ) – and in the Senate – Sherrod Brown (D-OH) and Roger Wicker (R-MS) – to garner support for the legislation. With over 60 Senate cosponsors and over 300 cosponsors in the House, a wide bipartisan majority of Congress supports closing the colorectal cancer screening loophole in Medicare.

Following a guidelines update by the American Cancer Society in May 2018 that recommends testing begin at age 45 for people at average risk of colorectal cancer instead of starting at age 50, ACS CAN joined 22 public health and patient advocacy groups in requesting that the United States Preventive Services Task Force (USPSTF) reconsider

Examining U.S. Cancer Disparities

In October 2018, ACS CAN released *Cancer Disparities: A Chartbook*, illustrating the scope of cancer disparities that exist in the U.S., including cancer incidence, mortality and survival rates. The report finds that while non-Hispanic white females have higher incidence rates for breast cancer, non-Hispanic black females have higher mortality rates. The chartbook will serve as a valuable tool for policymakers and advocates as they evaluate policies to address gaps in health outcomes and better prevent, detect and cure cancers that disproportionately affect medically underserved populations.



its 2016 colorectal cancer screening recommendation before its currently scheduled review in 2021. The American Cancer Society's updated guidelines are based on recent data showing increasing rates of colorectal cancer in younger populations. The national health care law references USPSTF screening guidelines for insurance coverage requirements, and the letter stressed the importance of expanding insurance coverage for screening for the 45-49 age group. We are pleased to report that the USPSTF will grant an off-cycle review and reconsider its colorectal cancer screening recommendation in 2019.

Reducing barriers to colorectal cancer screening is also a priority for ACS CAN at the state level. The University of **South Carolina** Center for Colon Cancer Prevention Network maintained its state funding for its colorectal cancer screening program. The **Arkansas** Minority Health Commission's appropriation included \$850,000 to increase colon cancer awareness and screening.

Skin Cancer Prevention

Skin cancer is the most commonly diagnosed cancer in the U.S., resulting in more than 11,000 deaths per year. One of the most avoidable risks of skin cancer is exposure to ultraviolet (UV) radiation, yet 1 in 9 high school girls has used an indoor tanning device. ACS CAN advocates for laws restricting the use of indoor tanning devices for those under 18 years of age to reduce this increased risk of skin cancer. The science shows that this policy intervention reduces this risk by



In New York, ACS CAN volunteers supported a law restricting the use of indoor tanning devices by minors.

as much as 59 percent of melanoma cases, 67 percent of squamous cell carcinoma cases and 29 percent of basal cell carcinoma cases. In 2018, **New York** and **Rhode Island** passed laws restricting minors from using indoor tanning devices, with no exceptions. In **Maryland**, Charles County passed legislation prohibiting the use of indoor tanning devices by minors.

Healthy Eating and Active Living Environments

For people who don't use tobacco, the greatest behavioral risk factors for cancer are diet, levels of physical activity, amount of alcohol consumption and weight. ACS CAN works with policymakers to lower these cancer risks by making information more accessible for healthy choices and building healthy communities and schools.

Iowa increased funding for childhood obesity programs by \$300,000 in 2018, which more than doubled the programs' capacity from 2017 to offer grants to communities to address, decrease and prevent childhood obesity. **New York City** maintained \$380 million in funding to expand physical education facilities in city schools.

Michigan expanded an initiative that provides incentive funding, up to 10 cents per meal, to encourage schools to offer local fresh fruits and vegetables. In **North Carolina**, ACS CAN successfully secured the continuation of the Healthy Corner Store Initiative, which provides grants in areas with high poverty and high mortality rates to offer greater healthy food accessibility. Beginning in the next school year, high-needs schools in **Washington** will offer Breakfast After the Bell programs.

Improving Quality of Life for Cancer Patients

Cancer patients and survivors deserve the best quality of life possible, and ACS CAN works with federal and state lawmakers to support policies that expand access to and understanding of palliative care to help prevent and relieve pain and suffering. A team of specialists coordinates with

the patient's oncology team to offer an extra layer of support and personalized care that addresses pain and symptoms that are often associated with cancer treatment. Palliative care is appropriate at any age and any stage of a cancer journey, beginning at diagnosis and continuing through survivorship. It focuses on treating the whole patient as well as the disease, ultimately improving health outcomes and reducing health care spending.

At the federal level, the Palliative Care and Hospice Education and Training Act (PCHETA) saw significant progress in both the House of Representatives and the Senate in the 115th Congress. When passed, PCHETA will increase funding at the National Institutes of Health (NIH) for federal research of palliative care, including symptom and pain management; ensure doctors, nurses and other health professionals are properly trained and educated in palliative care and create a national campaign to educate patients and families on the benefits of palliative care.

ACS CAN is the founder and a leading member of the Patient Quality of Life Coalition (PQLC), a coalition of more than 40 patient, provider and health system organizations with the shared goal of advocating for patients and families facing serious illnesses. In addition to the meetings held during our Leadership Summit & Lobby Day during which ACS CAN volunteers spoke with lawmakers about the importance of PCHETA, ACS CAN also participated in PQLC's fifth annual Capitol Hill Lobby Day. Seventy volunteers from across the country visited over 100 congressional offices, where they spoke directly to members of Congress and their staff to garner support for PCHETA.

ACS CAN volunteers and staff were also busy contacting key lawmakers back home, dropping by their district offices with important information about this legislation including copies of ACS CAN's palliative care advertising campaign. Recognizing that the opportunity to connect with lawmakers is essential to PCHETA's progress, volunteers and staff secured critical media coverage through interviews and letters to the editor and executed a social media day of action, which resulted in 1,307 tweets in a single day urging action from



South Carolina ACT Leads Cassie Odahowski (middle) and Jeff Criminger (right) held a successful meeting with a staff member from Representative Joe Wilson's office during Leadership Summit & Lobby Day.

the U.S. Senate Health, Education, Labor and Pensions (HELP) committee leadership. After the social media effort and a key television interview in his home state of **Tennessee**, U.S. Senate Committee HELP Chairman Senator Lamar Alexander's office requested a meeting with ACS CAN to discuss opportunities to make progress on the bill in the Senate.

Thanks in part to the efforts of ACS CAN and PQLC volunteers, the House unanimously passed PCHETA in July 2018 with over 280 bipartisan cosponsors. The Senate concluded its 115th session with 56 PCHETA cosponsors. ACS CAN will work to get this legislation over the finish line in the 116th Congress by continuing to call on all lawmakers to pass PCHETA and significantly improve quality of life for millions of cancer patients and survivors.

At the state level, ACS CAN has created model legislation that establishes a Palliative Care Advisory Council comprised of state experts that encourages the state health department to provide palliative care information to medical professionals, patients and caregivers and improves access to palliative care services. ACS CAN was instrumental in state-level palliative care legislative advances in 2018, with **Kansas, Ohio, Tennessee, South Carolina** and **West Virginia** passing ACS CAN's model quality of life legislation, bringing the total to 23 states plus the District of Columbia. **Hawaii** passed a model quality of life resolution, set to become law in 2019.

Maintaining Access to Pain Treatment

In 2018, lawmakers in Congress and state capitols nationwide introduced a flood of legislation aimed at addressing opioid abuse and misuse across the country.

ACS CAN shares the goal of ensuring safe and appropriate use of opioids; however, it is critical that these policies do not cause unintended consequences for cancer patients and survivors who rely on prescription medication to alleviate legitimate pain needs both during and after active cancer treatment. ACS CAN advocates for policies, legislation and regulations that take a reasonable, balanced approach to addressing the opioid epidemic while maintaining access to pain medication for individuals with cancer and other serious illnesses who need them to maintain quality of life.

Members of Congress worked for several months to pass a bipartisan, comprehensive legislative package to address the country's opioid crisis. ACS CAN engaged in policy discussions throughout the process to ensure that the final legislation offered a balanced approach and that legislators heard the cancer patient perspective. As Congress considered proposals to address opioid abuse, ACS CAN and PQLC released data showing that in the past two years – since the Centers for Disease Control and Prevention (CDC)

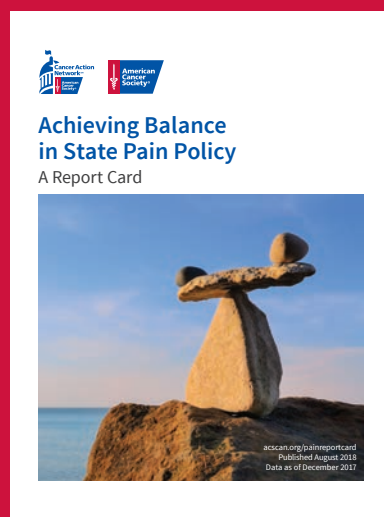
finalized new opioid-prescribing guidelines – cancer patients, survivors and others suffering from chronic illnesses have experienced greater difficulty accessing their pain medication. After considering more than 100 proposals, both the House and the Senate passed a bipartisan comprehensive bill – the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act, which was signed into law in October 2018.

ACS CAN's advocacy efforts influenced the final legislation into a more balanced package. The SUPPORT Act includes federal support of state-run prescription drug monitoring programs, funding for innovative research on pain treatment and safe disposal of unused opioid medications by medical professionals and hospice workers. The law also includes an important provision that requires the Department of Health and Human Services, in conjunction with the U.S. Department of Justice, to conduct a study on the effects of federal and state opioid prescribing limits on patients.

Assessing States' Pain Policies

In 2018, ACS CAN, the American Cancer Society and the University of Wisconsin released *Achieving Balance in State Pain Policy: A Report Card*. Using new methodology that reflects current trends in opioid and pain policy, the report evaluates state public policies related to pain management. From 2015 to 2018, the number of state legislative

proposals related to pain management and opioid issues rose from fewer than 80 proposals to more than 470 – a six-fold increase. Currently, only six states have passed balanced pain policies that preserve legitimate access to pain management for cancer patients and survivors while helping combat opioid abuse. The report features recent ACS CAN research showing that 48 percent of cancer patients surveyed were told by their doctors that their pain treatment options were limited by laws, guidelines or insurance coverage. Additionally, 30 percent of cancer patients and survivors surveyed reported being unable to get their prescription pain treatment because their insurance would not cover it, a 19 percent increase from 2016. The report details how ACS CAN works with federal and state government leaders to institute balanced pain policies that do not harm cancer patients and survivors, and highlights examples of model balanced policies that ensure access to legitimate treatment.





Addressing Health Disparities in Massachusetts

With the passage of the 2019 state budget, a decade-long partnership between ACS CAN and the Disparities Action network resulted in the creation of the **Massachusetts** Office of Health Equity. Included in the budget was a policy provision seeking to reduce racial and ethnic health disparities across the state, an essential step toward improving health outcomes for all individuals.

ACS CAN is pleased this provision was included in the final legislation, as nearly half of cancer patients and more than half of those with a serious illness have experienced barriers to accessing much-needed pain treatment due to changes to prescribing requirements.

ACS CAN was also able to advocate for exemptions for those receiving hospice or palliative care or cancer treatment, and will monitor implementation of these policy changes across the country.

Medication Synchronization

Allowing pharmacists to coordinate all of a patient's maintenance prescription medications so they are filled on the same date every month can promote better patient outcomes by enhancing patient access. This coordination

also provides greater pharmacist oversight and improves patient adherence to their medication regimen. ACS CAN successfully advocated for the passage of medication synchronization legislation in **Hawaii** and **New Hampshire**.

Increasing Access to Health Coverage

Research studies by the American Cancer Society 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 and more expensive to treat. ACS CAN strongly advocates for maintaining cancer patients' access to quality, affordable health insurance coverage, and continues to urge lawmakers to improve current protections for patients at both the state and federal level.

Preserving Patient Protections

Twenty states led by the Texas attorney general filed a lawsuit, *Texas v. United States*, challenging the Affordable Care Act (ACA) in federal court in Texas by arguing that because Congress repealed the individual mandate's tax penalty as part of tax reform legislation passed at the end of 2017, the entire law is invalid and must be struck down.

In June 2018, ACS CAN led five other patient groups representing millions of Americans with pre-existing conditions to file an *amicus curiae*, or "friend of the court," brief in the lawsuit, citing the devastating impact patients would face should the court side with plaintiffs and move to invalidate the current health care law.

The groups, which include the American Cancer Society, ACS CAN, the American Diabetes Association, the American Heart Association, the American Lung Association and the National Multiple Sclerosis Society, argue the law was intended to help patients and Congress' decision not to repeal the law without a replacement reinforces that intent.

While several bills and resolutions have been introduced in the House and Senate to provide protections for people with

pre-existing conditions should the Texas case ultimately be successful in striking down the health care law, none provide the complete array of protections found in the Affordable Care Act. ACS CAN will continue to advocate that the current health care law stay in place unless an effective replacement that provides equal or better coverage for cancer patients and survivors becomes new law.

Association Health Plans

In June 2018, the Department of Labor issued a final rule governing the creation of association health plans (AHPs). ACS CAN actively opposed this final rule, which would expand access to AHPs, due to the fact that the plans are exempt from current critical benefit and cost-sharing requirements that protect cancer patients. In addition, while the final rule prohibits AHPs from denying coverage based on pre-existing conditions, it does allow such plans to impose different rates based on the age, gender, group size and location of enrollees. These changes could result in discriminatory tactics and could have the same effect as considering someone's health history.

Short-Term Limited-Duration Plans

In February 2018, the Department of Health and Human Services (HHS), the Department of Labor and the Department of the Treasury proposed a new rule allowing the extension of short-term limited-duration (STLD) health insurance plans. Under the rule, insurers can issue new short-term plans that can be extended for up to 36 months, compared to the previous maximum duration of three months. These new, expanded short-term plans can deny or charge people more for coverage based on their health status, such as cancer, and are exempt from covering essential health services, like prescription drugs or hospitalization. The new plans can also charge older people more than three times what they charge a younger person for the same coverage.

ACS CAN strongly opposed this rule and joined with other patient advocacy organizations in asking the

administration to rescind it. Despite these efforts, the rule was finalized on August 1, 2018.

A lawsuit was filed in September 2018 in federal court to stop the rule. ACS CAN, along with 11 other patient advocacy organizations, filed an *amicus curiae* brief in support of the court challenge. The brief explained the devastating impact patients could face under the final rule implementing changes to STLD insurance plans, arguing that allowing expanded access to these plans will destabilize the insurance market by attracting younger and healthier people to these lower-cost barebones plans while forcing those who need comprehensive coverage to pay more in premiums or be unable to obtain insurance entirely. The brief also provided the court with scientific data linking health insurance status with medical outcomes. The American Cancer Society and ACS CAN led the American Heart Association, the American Lung Association, the Cystic Fibrosis Foundation, the Epilepsy Foundation, the Global Healthy Living Foundation, the Hemophilia Federation of America, the Leukemia and Lymphoma Society, the March of Dimes, the National Coalition for Cancer Survivorship and the National Multiple Sclerosis Society in drafting and filing the brief.

ACS CAN also led efforts at the state level to curtail the extension of STLD insurance plans. When the **Virginia** legislature passed legislation to extend short-term plans up to 364 days, ACS CAN volunteers sent more than 130 emails to the governor detailing the negative impact the plans could have on cancer patients; the governor ultimately vetoed the legislation.

Research shows that people without health insurance are more likely than those with health coverage to be diagnosed with cancer at advanced stages.

Funding for Patient Navigators

On July 10, 2018, the administration announced plans to eliminate most funding for “navigators,” or organizations that assist Americans in accessing health coverage through the individual insurance exchanges, reducing funding from \$36.8 million to \$10 million. The proposal also urged navigators to promote short-term health plans and association health plans, which do not offer protections for people with pre-existing conditions like cancer. This action jeopardizes access to affordable, adequate health insurance coverage for people with cancer and other serious and chronic conditions.

On July 23, 2018, ACS CAN joined 189 patient, consumer and provider organizations in a letter urging the administration to restore this funding, noting that the Department of Health and Human Services (HHS) has cut funding for outreach and enrollment activities by more than 80 percent since 2016, making it harder for many to access coverage, and contributing to the destabilization of insurance markets, which results in higher premiums for many enrollees. Access to information about coverage options and costs obtained through outreach and navigators positively impacts enrollment and helps families select a plan that meets their health care needs.

Prescription Drug Affordability

Early in 2018, the administration released its plan to lower prescription drug prices and costs for patients called American Patients First: The Trump Administration Blueprint to Lower Drug Prices and Reduce Out-of-Pocket Costs (Blueprint). In response, ACS CAN submitted comments urging HHS to adopt policies that would ensure that individuals continue to have access to medically necessary drugs. ACS CAN expressed concerns about the administration’s proposal to move some drugs that are currently covered under the Medicare Part B program (physician-administered drugs) to the Medicare Part D program (outpatient drugs), which could result in increased out-of-pocket costs for many beneficiaries who would likely face higher premiums and co-insurance to access their medications.



Heather Hall, three-time cancer survivor and Michigan ACT Lead, advocated at the state capitol for legislation that would equalize out-of-pocket costs for oral and intravenous chemotherapy.

ACS CAN also voiced concerns regarding the administration’s suggested changes to Medicare Part D’s six categories of clinical concern, commonly referred to as “six protected classes.” In their current form, the proposed changes – including excluding drugs from formularies – as well as allowing greater use of prior authorization and a utilization management strategy known as step therapy – could impede many beneficiaries’ access to their medication. If beneficiaries are unable to access the prescription drugs that are the most medically appropriate for their condition, they will likely incur higher costs such as additional physician services or emergency room utilization.

The Blueprint also outlined proposals that could be very beneficial to cancer patients, including capping Medicare Part D out-of-pocket costs, a patient protection that currently exists for many individuals who are enrolled in private insurance.

After the release of the Blueprint, the administration announced that it would allow Medicare Advantage plans to implement step therapy for physician-administered drugs. The use of step therapy could negatively impact patients who rely on drug therapies to treat their diseases, maintain their quality of life, prevent comorbidities and often prevent recurrence or progression of their disease. For many of these patients, there are few drug therapies available to treat their specific conditions. Therefore, asking these patients to take a drug that is not designed to treat their specific health circumstances could negatively impact care.



Focusing on Access to Care, Drug Affordability

In response to American Patients First: The Trump Administration Blueprint to Lower Drug Prices and Reduce Out-of-Pocket Costs (Blueprint), ACS CAN launched a new advertising campaign to position the topic of access to care and drug affordability through the cancer lens; specifically, highlighting the Blueprint's proposal to cap out-of-pocket costs for beneficiaries in Medicare Part D. The campaign ran in Washington, D.C., media outlets including *The Washington Post*, *The Hill*, *The New York Times* and CNN, targeting members of the Department of Health and Human Services (HHS) and urging HHS Secretary Alex Azar and Congress to cap out-of-pocket costs in Medicare Part D.

In response to this announcement, ACS CAN, along with 90 organizations that represent Americans living with serious chronic conditions, sent a letter to HHS Secretary Alex Azar urging him to protect vulnerable patient populations as the administration moves forward with the implementation of this policy. The letter raised specific concerns about the use of step therapy and outlined patient protections that should accompany the policy, such as requiring step therapy protocols to follow clinical practice guidelines and best practices; protection for mid-treatment patients; and full transparency and oversight.

ACS CAN met with Secretary Azar to discuss the decision to allow Medicare Advantage plans to use step therapy. We advised the secretary to put in place “guardrails” for the step therapy program to ensure that beneficiaries are protected from unintended problems that could potentially arise from the decision.

Increasing Access to Medicaid

Expanding access to care through Medicaid under current health care law represents a key opportunity for states to use federal funds to help disabled and low-income Americans access health coverage. The ability to eliminate health and cancer disparities is dependent on providing people with comprehensive health coverage that is affordable regardless of income level.

In April 2018, the American Cancer Society announced a partnership with the Robert Wood Johnson Foundation (RWJF), the nation's largest philanthropic organization focused on health, to address issues critical to the fight against cancer. As part of the broader partnership, RWJF is providing an 18-month grant to the American Cancer Society so that the organization, in collaboration with ACS CAN, may develop and execute a research-based, multimedia public education campaign to illustrate the critical role the Medicaid program has in providing low-income Americans access to comprehensive, affordable health coverage.

In June 2018, **Virginia** became the 33rd state, in addition to Washington, D.C., to increase access to health coverage through Medicaid, resulting in an estimated 400,000 low-income Virginians having access to affordable health insurance. Additionally, during the 2018 midterm elections, voters in **Idaho**, **Nebraska** and **Utah** approved ballot measures to increase access to health coverage through Medicaid. Across these three states, people will gain access to affordable, quality health care including potentially lifesaving screenings. Leading up to the elections, ACS CAN advocates worked hard to educate voters about the importance of expanding access to affordable health care for cancer patients.

An increasing number of states have sought flexibility in administering the Medicaid program by using the 1115 Research and Demonstration Waivers. ACS CAN evaluates these waivers to determine their impact on cancer patients' and survivors' access to preventive services and treatment, as many waivers include provisions that could adversely affect enrollees, such as work requirements that limit or restrict eligibility. In 2018, we successfully defeated the implementation of work requirements for Medicaid beneficiaries in **Colorado, Louisiana, Minnesota** and **Pennsylvania** based upon the impact these requirements would have on a cancer patient's ability to comply, thus putting their access to care at risk.

ACS CAN worked to reduce barriers to care for cancer patients and Medicaid enrollees in **Puerto Rico** after the island suffered through Hurricane Maria in late 2017. We successfully advocated for \$4.9 billion to increase the funding cap for Puerto Rico's Medicaid program for two years and secured a waiver for the requirement for the territory to produce matching dollars for the program.

Biosimilars

The development of biologic drugs has enhanced access to improved treatment options for cancer patients. In 2010, the Biologics Price Competition and Innovation Act was passed as part of the Affordable Care Act and created an abbreviated approval pathway for developers to create copies of biologic drugs once they are no longer subject to patent restrictions. These copies, or biosimilars, produce the same clinical result as the original biologic drug and have the potential to result in lower cost burdens for cancer patients by increasing price competition.

In 2018, ACS CAN developed materials to educate cancer patients, lawmakers and advocates on the benefits of biosimilars and our continued work to increase access to treatment options. At the state level, ACS CAN works to ensure patient safety and education by passing biosimilar legislation that requires both provider and patient notification of any substitution, along with entry into

the patient's official medical record, within five business days. Six states – **Alaska, Connecticut, New Hampshire, South Dakota, Wisconsin** and **Wyoming** – passed biosimilars substitution legislation in 2018, bringing the total to 42 states.

Oral Chemotherapy Fairness

ACS CAN supports legislation at the state level that requires health plans to cover oral chemotherapy medication at a cost to patients that would be no greater than they would pay for intravenous chemotherapy. A bill in **California** removed the sunset provision – which renders legislation ineffective after a specific date – for a law that equalizes out-of-pocket costs for oral chemotherapy and intravenous chemotherapy, protecting cancer patients' access to affordable treatment.

Reducing Tobacco's Toll

Tobacco continues to represent a significant burden on our nation's health. Almost one-third (28.8%) of cancer deaths in the U.S. are still caused by smoking, and tobacco use remains the leading cause of preventable death nationwide. ACS CAN works at the federal, state and local levels to pass strong tobacco control legislation that reduces exposure to secondhand smoke, encourages current tobacco users to quit and prevents people, especially youth, from starting to use tobacco.

Almost one-third of cancer deaths in the U.S. are still caused by smoking.

FDA Regulation of Tobacco Products

In September 2018, the FDA acknowledged that youth use of electronic cigarettes (e-cigarettes) has "reached an epidemic proportion," and gave several leading electronic

cigarette manufacturers 60 days to produce a plan to reduce youth sales. Rather than relying on e-cigarette manufacturers to self-regulate, ACS CAN urged the FDA to exercise its full regulatory authority over tobacco products by requiring premarket review of all new tobacco products and to prohibit the sale of all flavored tobacco products, including e-cigarettes, unless those products undergo full premarket review (see Premarket Review of Tobacco Products section).

FDA Commissioner Scott Gottlieb formally announced intentions in November 2018 to prohibit menthol flavoring in combustible cigarettes and flavors in cigars, and to restrict the sale of some flavored electronic cigarettes. ACS CAN commended the FDA for advancing plans to reduce the attractiveness of menthol cigarettes and flavored cigars to youth. However, we called on the FDA to exercise its full authority over tobacco products by conducting full premarket review of e-cigarettes and cigars, not just implementing partial sales restrictions as an attempt to curb youth tobacco use.

Earlier in 2018, the FDA issued an advance notice of proposed rulemaking aimed at reducing nicotine levels in cigarettes to levels that no longer cause or sustain addiction. While ACS CAN applauded the FDA's deliberate action to address tobacco addiction, we strongly

advocated that maximum nicotine limits be set for all combustible tobacco products, not just cigarettes.

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, as well as opposing 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.

Public Health Victory in Graphic Warnings Lawsuit

A lawsuit filed by the American Cancer Society, ACS CAN and other public health partners in 2016 resulted in a major victory in September 2018 when a federal court ordered the FDA to issue a final rule requiring graphic health warnings on cigarette packaging and advertising. The lawsuit alleged the agency had failed to comply with the Tobacco Control Act, in which Congress mandated the FDA to require such warnings. The judge ruled in favor of the groups, finding that the FDA has both “unlawfully withheld” and “unreasonably delayed” agency action on the graphic warnings.

The FDA has indicated it will not appeal the decision, but said it needs over two years for completion of outstanding studies, publication of the proposed rule for public comment, review of the comments and issuance of final graphic warnings rule. The public health groups maintain it should be finished by January 2020. ACS CAN, the American Cancer Society, the American Academy of Pediatrics and its Massachusetts chapter, the American Heart Association, the American Lung Association, the Campaign for Tobacco-Free Kids, Truth Initiative and several individual pediatricians all joined the action.

Premarket Review of Tobacco Products

ACS CAN, along with other public health and medical groups and several individual pediatricians, filed a lawsuit against the FDA in late March 2018 challenging the agency's decision to allow e-cigarettes and cigars – including candy-flavored products that appeal to children – to stay on the market for years without being reviewed by the agency.



During dozens of Day at the Capitol events in 2018, ACS CAN volunteers advocated for policies that reduce youth consumption of tobacco, including raising the minimum age of sale of tobacco products to 21 and restricting the sale of flavored tobacco.

The litigation was brought by ACS CAN, the American Academy of Pediatrics and its Maryland chapter, the American Heart Association, the American Lung Association, the Campaign for Tobacco-Free Kids, Truth Initiative and five individual pediatricians in response to an FDA announcement in August 2017 indicating the agency would delay key provisions of a new rule (known as the “deeming rule”) that extends its jurisdiction to e-cigarettes, cigars and other previously unregulated tobacco products. Specifically, the FDA delayed the provision that required manufacturers of products then on the market to provide critical information to the agency about each product and undergo an FDA review of the product’s impact on public health, including whether it appeals to youth before it can enter the market.

The lawsuit contends that the FDA’s decision leaves tobacco products on the market that appeal to children and relieves manufacturers of the burden to produce scientific evidence that their products have a public health benefit. The litigation underscores the need for the FDA to review e-cigarettes already on the market in response to evidence the agency itself says demonstrates an epidemic of e-cigarette use by teenagers.

Corrective Statements on the Dangers of Smoking

Tobacco companies are publishing “corrective statements” on their websites and cigarette package “onserts” that tell the American public the truth about their deadly and addictive products. The American Cancer Society and other public health groups are parties along with the U.S. Department of Justice in a decades-long lawsuit against the tobacco industry compelling these statements. Under the court order issued in May 2018, the statements – paid for by the tobacco industry – began appearing on industry websites in June 2018 and on cigarette packages in late November 2018. The statements will remain on industry websites indefinitely and be attached as onserts to cigarette packs for a total of 12 weeks over two years. Corrective statements are an important step in holding the tobacco companies accountable for decades of deception and wrongdoing and ensuring the public knows

the facts about the deadly consequences of smoking and secondhand smoke.

Six public health organizations – the American Cancer Society, the American Heart Association, the American Lung Association, Americans for Nonsmokers’ Rights, the National African American Tobacco Prevention Network and the Tobacco-Free Kids Action Fund – joined the case as intervenors in 2005 to ensure that public health interests were effectively presented to the court.

Supporting State Tobacco Control, Prevention and Cessation Programs

Comprehensive, sustained and evidence-based statewide tobacco control programs are proven to reduce tobacco-related diseases and deaths. ACS CAN plays an important role in efforts to protect and increase state investments in tobacco prevention and cessation programs.

The **Vermont** ACS CAN team collaborated with other public health partners to urge lawmakers to protect a \$1 million increase for the state’s tobacco control program. **Illinois** maintained funding for the statewide Quitline, a tobacco cessation program available to all residents regardless of location or socioeconomic status, as well as funding for cessation programs at local health departments. **Massachusetts** allotted an additional \$500,000 in funding for tobacco control programs – bringing the total to the highest funding level for the program since 2010. **Colorado, Florida, Missouri** and **Pennsylvania** all maintained state funding for tobacco control, prevention and cessation programs in 2018.

Working toward a Smoke-free Nation

Secondhand smoke causes more than 41,000 deaths in the United States each year. ACS CAN works to protect everyone’s right to breathe clean air and to protect all workers from the dangers of secondhand smoke. To date, our initiatives to pass smoke-free ordinances have contributed to more than 58 percent of the country’s population being protected by state and local laws.

ACS CAN volunteers and staff in **Alaska** successfully worked to educate voters who prevented the city and borough of Sitka from opting out of the state's recently passed smoke-free law, ensuring that the entire state is protected from secondhand smoke. We supported comprehensive tobacco-free legislation to make all 10 University of **Hawaii** (UH) campuses tobacco-free, including e-cigarettes. This new law will protect 51,000 UH students, 10,000 faculty and staff and an estimated 450,000 people who visit and spend time at the campuses.

New Jersey expanded its current smoke-free legislation to protect all public beaches and parks. Ten **Texas** localities, in addition to two counties and four municipalities in **Mississippi**, passed comprehensive smoke-free ordinances. Seventeen smoke-free ordinances were either created, strengthened or protected across **California** throughout 2018.

Equally important to establishing smoke-free laws is protecting or strengthening current legislation. ACS CAN advocates in **Michigan** defeated attempts to weaken the state's smoke-free law. The passage of Amendment 9 in **Florida** during the 2018 midterm elections updated the state's Clean Indoor Air Act to include e-cigarettes in the current smoke-free law. Four localities in **Wisconsin** and three in **Montana** added e-cigarettes to existing smoke-free legislation. The **Maine** legislature defeated a bill that would have weakened the state's smoke-free law to allow marijuana smoking in certain public places.

Increasing Tobacco Taxes

Research shows that regular and significant increases of taxes on cigarettes and other tobacco products are an effective tool to reduce tobacco use and to save lives. ACS CAN engages with state and local policymakers to pass regular and significant tax increases on all tobacco products, working to save lives and reduce health care costs.

ACS CAN persevered in **Oklahoma** by helping to convince lawmakers to pass a \$1 per pack cigarette tax increase, legislation that is projected to save the state more than

\$767 million in long-term health care savings. **Washington, D.C.**, passed a bill to increase the cigarette tax by \$2 per pack, with a portion of the revenue dedicated to tobacco prevention and cessation programs.

In **Colorado**, the towns of Avon and Basalt passed a \$3 per pack and \$2 per pack tax increase, respectively, on cigarettes, as well as a 40 percent retail tax on other tobacco products including e-cigarettes. As part of the fiscal year 2019 budget law enacted in 2018, **Guam** included a \$1 per pack tax increase on cigarettes and other tobacco products.

Protecting Youth from the Dangers of Tobacco

As part of our comprehensive strategy to reduce youth initiation of tobacco use, ACS CAN supports raising the minimum age of sale for all tobacco products to 21, restricting the sale of flavored tobacco products and limiting the quantity and location of tobacco retailers. In **Minnesota** alone in 2018, 19 local ordinances passed across the state to increase the minimum age of sale, along with four counties in **New York**. Hartford, **Connecticut**, was the first city in the state to pass a local ordinance raising the minimum age of sale to 21, and **Massachusetts** became the sixth state in the country to increase the statewide age of sale for tobacco products. In December 2018, **Cincinnati** joined 15 other communities in **Ohio** to pass an ordinance raising the minimum age of sale.



ACS CAN **California** Government Relations Director Cassie Ray and **California** Managing Director Jim Knox educated San Francisco voters as they approved Proposition E, preserving a local ordinance that prohibits the sale of flavored tobacco products, including menthol cigarettes.

California achieved a major public health victory in June 2018 when voters in San Francisco approved Proposition E, an ordinance to prohibit the sale of flavored tobacco products, including menthol cigarettes, by a significant 68 percent to 32 percent margin.

Colorado, Georgia and **Illinois** each defeated tobacco industry-sponsored bills that would have allowed for the proliferation of tobacco retailers statewide.

Preemption over Local Public Health Policies

Preemption can serve as an effective tool in public health policy by establishing a minimum standard for local communities to ensure everyone receives equal protection. However, when a higher level of government revokes local authority, preemption can restrict local lawmakers' ability to pass proactive policies. While states can and should set a minimum standard for public health protections, local governments should be able to set policies that go above and beyond the minimum standard.

Preemption bills are a popular strategy among industries like Big Tobacco to prevent future laws that could impact

the sale of their products. In **Georgia**, ACS CAN advocates testified to defeat a bill that would have overridden local smoke-free laws and exposed special event workers and participants to secondhand smoke. A similar effort was successful in **West Virginia** in protecting local smoke-free policies by defeating preemption efforts.

Global Advocacy

Cervical cancer kills as many women each year as all causes of maternal mortality – with nearly 90 percent of deaths from cervical cancer occurring in low- and middle-income countries (LMICs) – despite being one of the most successfully treatable cancers if detected early. Cervical cancer is preventable with cost-effective interventions, and yet is not addressed in most global health programs. The maternal mortality rate has dropped 44 percent in 25 years thanks to consistent political commitment and sustained funding for maternal health programs, and similar efforts are needed to address cervical cancer. The disease is preventable through cost-effective human papillomavirus (HPV) vaccinations and screenings and preventive treatment of precancerous lesions.

Putting States to the Test

In 2018, ACS CAN released the 16th 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 these areas. Eighteen states reached benchmarks in two or fewer of the nine legislative priority areas measured by ACS CAN. Thirty states and the District of Columbia measured up in just three to five of the nine areas. Only two states – **Massachusetts** and **California** – met benchmarks in six or more of the nine categories.



We know how to conquer cervical cancer; prevention programs must be an integral part of comprehensive women's and adolescents' health programs globally.

In the United States, cervical cancer incidence and mortality have declined by more than 50 percent in the past 30 years. This type of success can also be achieved with appropriate strategies in LMICs, demonstrating that a cancer diagnosis in a developing country need not be a fatal diagnosis. According to the World Health Organization, the HPV vaccine is one of the most cost-effective cancer prevention methods and a woman can receive lifesaving screening and treatment for as little as \$25.

In the United States, the cervical cancer incidence and mortality rates have declined by more than 50 percent in the past 30 years.

Progress on Capitol Hill

As part of the FY2018 omnibus appropriations bill, ACS CAN lobbied for Congress to include language directing the United States Agency for International Development to develop a report examining leading causes of morbidity and mortality of women in low-income countries, including cervical cancer. This report will inform future decision-making for funding of cervical cancer screening and treatment, as well as HPV vaccination programs. ACS CAN worked with lawmakers in both the House and the Senate to ensure that members understood the importance of this effort going forward.

A Call to Action

Since an early 2018 meeting at which the director general of the World Health Organization called for the global elimination of cervical cancer, ACS CAN has built international and domestic advocacy collaborations to help advance this ambitious but achievable public health goal. In September, we cohosted a panel discussion, Accelerating Global Elimination of Cervical Cancer: A Call to Action, in New York City to discuss ways to accelerate the global elimination of cervical cancer through vaccination, screening and treatment. Cohosted by the American Cancer Society, ACS CAN, the Advanced Medical Technology Association, the Noncommunicable Disease Alliance, TogetHER and the Union for International Cancer Control, the meeting brought together key international and domestic stakeholders, diplomats and public health leaders including U.S. Health and Human Services Deputy Secretary Eric Hargan, who gave remarks, and Burkina Faso's First Lady Sika Bella Kaboré. The event was strategically timed around the United Nations High Level Meeting on Noncommunicable Diseases and served as an opportunity to put the spotlight on a cancer that can be eliminated globally.

Participants engaged in a robust discussion demonstrating the need for a strong cross-sector approach to address cervical cancer, which must include whole-of-government leadership, civil society, the private sector and currently active and successful health programs in the countries with the highest cervical cancer incidence and death rates.

Volunteers and Global Cervical Cancer

Early in 2018, ACS CAN volunteers began outreach to members of Congress, educating them on the global cervical cancer burden and what the U.S. can do to reduce incidence and death in low-income countries. For the first time, volunteers at our Leadership Summit & Lobby Day spoke with members of Congress about the issue; dozens of congressional offices expressed a strong interest in supporting the campaign.



Bringing Leaders Together in the Fight against Cancer

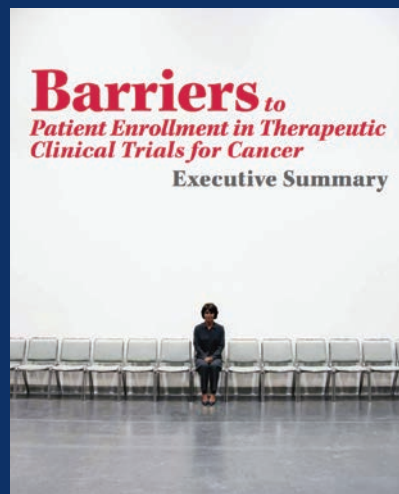
ACS CAN frequently convenes researchers, medical providers, patient advocates and public officials to foster discussion and examine policies that are critical in the fight against cancer. We held our 7th annual National Forum on the Future of Health Care in April 2018 at the National Press Club in Washington, D.C., where leaders from government, private and nonprofit organizations gathered to discuss the barriers that keep willing patients from participating in cancer clinical trials, and how these challenges prevent faster progress in creating better cancer treatments. Speakers, many of whom had contributed to ACS CAN's

Barriers to Patient Enrollment in Therapeutic Clinical Trials for Cancer landscape report released at the forum, detailed barriers and what could be done to overcome them.

Throughout the country, ACS CAN hosted events to educate the public and elected officials about our work and to raise 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, clinical trials and more.

Examining Access to Clinical Trials

At ACS CAN's annual National Forum on the Future of Health Care in 2018, we released *Barriers to Patient Enrollment in Therapeutic Clinical Trials for Cancer*, a landscape report examining the most common barriers standing in the way of patients enrolling in cancer clinical trials. The report found that only about one in four (27 percent) patients has access to clinical trials where they are being treated; yet, if asked to enroll in an available trial, over half of eligible patients typically agree to do so. The report synthesized existing research on the problem and detailed how barriers occur throughout the clinical trial ecosystem, including providers, institutions, patients and the way in which trials are designed. The report, which is available at fightcancer.org/clinicaltrialbarriers, was accompanied by a set of public policy recommendations for reducing barriers in each of these categories as well as suggestions for addressing enrollment disparities.



In addition to convening health policy experts and public officials to focus on key public policy issues important to our mission, ACS CAN collaborates with other public health and advocacy organizations on initiatives important to the cancer community. As a founding member of coalitions including the Patient Quality of Life Coalition (PQLC) and One Voice Against Cancer (OVAC), ACS CAN leads lobby days on Capitol Hill, works jointly to analyze and address policy proposals and cultivates relationships with partners to expand our ability to impact the cancer burden.

Partnerships also help ACS CAN further our goal of building a diverse and inclusive organization that represents communities across America. Since 2014, ACS CAN has collaborated with the Gates Millennium Scholars Program (GMSP), which offers 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 lobby days at state capitols and collaborate with volunteer ambassador teams throughout the country. For the fifth year in a row, six GMSP scholars joined ACS CAN at our Leadership Summit & 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 our volunteers and staff.

ACS CAN's partnership with Delta Sigma Theta Sorority, Inc. continued in 2018, with ACS CAN advocates joining regional Delta Days at the Capitol events to meet with state lawmakers. In March 2018, we participated in the 29th annual Delta Days in the Nation's Capital and presented an overview of our federal priorities at an advocacy strategy session.

ACS CAN and the American Cancer Society participated as sponsors of the UnidosUS Latino Family Expo at the 50th annual UnidosUS conference in July 2018. UnidosUS is the largest Latino civil rights and advocacy organization in the nation, and ACS CAN volunteers and staff invited members

of the Hispanic/Latino community at the conference to share their cancer journeys and learn about issues surrounding access to care and cancer prevention.

At the Congressional Black Caucus Foundation's 48th Annual Legislative Conference, ACS CAN was proud to participate as a sponsor of the Health and Wellness Luncheon: Protecting the Health, Safety and Security of African-American Communities and engage with a panel of health experts on addressing disparities in health outcomes.

ACS CAN partnered with the National African American Tobacco Prevention Network to sponsor in part the State of Black Health National Conference, which convened more than 350 public health professionals, social justice leaders and community advocates in pursuit of health equity for African Americans. This inaugural annual event, which took place in Atlanta, examined the core influences on health including economic, institutional, and social inequalities and developed a cohesive policy platform to address chronic disease and other health challenges in the African American community.



At the 2018 UnidosUS Conference, ACS CAN staff and volunteers invited guests to honor their loved ones affected by cancer on a traditional Día de Los Muertos ofrenda.

Volunteers: The Heart of ACS CAN

We would not be able to complete our mission without the hundreds of thousands of remarkable individuals across the country who volunteer their time and skills on behalf of those impacted by cancer. 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 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 of our 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 implement 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). In 2018, we marked the 10-year anniversary of JAI firms donating their time and services – approximately \$3 million in services to date – to help advance our mission to reduce the cancer burden. In the past two years alone, JAI attorneys have represented ACS CAN as a plaintiff in influential tobacco control court cases and as *amicus curiae* in cases related to health care law. The generosity and commitment of participating JAI firms provide specialized support to our advocacy efforts and have been crucial in our mission of fighting cancer.

Fighting Cancer Together

Together, ACS CAN and the American Cancer Society have a powerful cancer-focused grassroots network. In 2018, 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. Making Strides participants urged lawmakers to put the Power of the Purse behind cancer research and prevention to help save lives. The results led to thousands of petitions being signed urging lawmakers to take action and over 3,000 new ACS CAN members. 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 11,000 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 our organization and volunteers to educate the public and candidates about steps they should take to make cancer policy a national priority. Through Cancer Votes, volunteers across the country work to inform the public by talking to candidates of all political parties about cancer issues and encouraging them to complete questionnaires stating their position on cancer policies. ACS CAN does not advocate for or against the election of particular candidates or political parties or otherwise attempt to influence the outcome of any elections.

In 2018, ACS CAN conducted Cancer Votes work in 12 states, focusing on six high-profile races. Cancer Votes questionnaires were sent to 14 candidates, 12 of whom responded, putting themselves on the record about key policy issues important to our cancer fight.

In two states, **California** and **New Mexico**, we focused on priority issues rather than specific races. In both states, we asked candidates to “Snuff Tobacco Money out of state politics” by declining any contributions from tobacco companies. Between the two states, more than 100 candidates accepted the challenge to refuse any tobacco money. Even after candidates had accepted the challenge, ACS CAN staff and volunteers kept an eye on campaign finance reports. When we saw that a candidate who had accepted the challenge received a subsequent donation from Big Tobacco, we asked her to return the money – and she did! ACS CAN volunteers also asked candidates in California to sign the Medi-Cal promise, which urged them to oppose any legislation that would cut Medicaid. At least one candidate signed the Promise in each of the 10 most competitive House seats, including several winners in those races.

ACS CAN sponsored nine candidate debates, and encouraged moderators at 13 separate debates and

forums to ask important questions about cancer health policy. We also organized four “Eat and Greet” events where candidates and their staff were invited to break bread with ACS CAN volunteers and discuss cancer issues.

Volunteers all over the country pressed candidates for their position on important issues, asking them to go on the record about cancer-related policies. Questions for state candidates varied, but federal candidates were asked their positions on cancer research funding, access to health care and funding for global cervical cancer programs.

While much of these Cancer Votes efforts took place on social media, ACS CAN staff and volunteers engaged in an unprecedented number of face-to-face interactions with candidates in 2018. Volunteers spoke personally to seven of the 14 candidates in the selected races, some of them multiple times. Staff and volunteers held in-person meetings with staff and/or candidates in five out of six target races to discuss ACS CAN priorities and the goals of Cancer Votes. These meetings were not only pivotal in our Cancer Votes education success, but also laid the groundwork for closer relationships with soon-to-be legislators and their staff. The newly elected governor of **Minnesota**, Tim Walz, got to know our volunteers so well that he mentioned one of them by name during his health care answer in a televised debate.

Volunteers mailed and displayed Cancer Votes voter guides in neighborhoods to educate voters about cancer issues. In addition to the ones that were mailed or dropped at doors, our voter guides were viewed online more than 18,000 times.

Cancer Votes recruited more than 15,000 new volunteers online in 2018, many of whom signed our petitions asking candidates to protect research funding or access to care. The petitions were delivered to candidates in a number of key states right before Election Day.



Leadership Summit & Lobby Day

ACS CAN's 12th annual Leadership Summit & Lobby Day took place September 23-26, 2018.

Approximately 700 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 100 Senate offices and 397 House offices. ACS CAN advocates urged lawmakers to increase funding for research at the National Institutes of Health by at least \$2 billion, support the Palliative Care and Hospice Education Training Act and close a loophole in Medicare that currently results in unexpected out-of-pocket costs for seniors if a polyp is removed during a routine screening colonoscopy. These meetings resulted in 13 new House cosponsors and four new Senate cosponsors for the Removing Barriers to Colorectal Screening Act. Just one day after ACS CAN advocates met with lawmakers, the House of Representatives approved a \$2 billion funding increase for medical research at the National Institutes of Health.

Furthermore, five 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 Leadership Summit & Lobby Day. The 2018 members were Coach John Gallagher of the University of Hartford, Coach Chris Holtmann of Ohio State University, Coach Jeff Jones of Old Dominion University, Coach Steve Donahue of the University of Pennsylvania and former NCAA and NBA coach P.J. Carlesimo. Each coach motivated cancer advocates to share their stories with lawmakers 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.

Leadership Summit & Lobby Day also included the Lights of HOPE ceremony, where 33,000 lights circled the reflecting pool in front of the Lincoln Memorial to represent a loved one impacted by cancer. Celgene was the presenting sponsor of the event. Speakers including Rep. Donald Payne, Jr. (D-PA) and Celgene Chairman and CEO Mark Alles amplified the event theme, "Every bag tells a story," by sharing powerful stories that reflected the hope and determination that motivates so many cancer advocates. The Lights of HOPE event is a critical fundraiser for ACS CAN, raising \$480,000 in 2018 to help save lives from cancer.



#CancerLobbyDay

From thanking lawmakers for meetings and building relationships with their staff to powerful messages about the poignant Lights of HOPE event, social media activity by volunteers, staff, lawmakers and others during the 12th annual Leadership Summit & Lobby Day highlighted the important and exciting work ACS CAN volunteers and staff were doing in Washington, D.C. The event hashtag **#CancerLobbyDay** was shared nearly 3,355 times during the week. As a new feature in 2018, ACS CAN shared videos from volunteers from Ohio, Maine, Illinois and Florida (including videos from a volunteer in English and Spanish), sharing experiences throughout volunteers' day on Capitol Hill. Social media for the Lights of HOPE event was also successful and included a video that gave viewers a look at the ceremony from setup to sundown, and the hashtag **#LightsofHope** generated 8 million impressions.





2018 Advocacy Award Recipients

ACS CAN recognizes exceptional volunteers, staff members and elected officials throughout Leadership Summit & 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 2018 recipients were:

U.S. Representative Mike McCaul (R-TX)

Congressman Mike McCaul, founder and co-chair of the Congressional Childhood Cancer Caucus, demonstrated his commitment to fighting pediatric cancer by championing the Childhood Cancer Survivorship, Treatment, Access and Research (STAR) Act, elevating the legislation to increase funding for pediatric drug development and treatment options. The STAR Act was passed unanimously by the House and became the most comprehensive childhood cancer bill ever signed into law.

U.S. Representative Nita Lowey (D-NY)

Congresswoman Nita Lowey led New York's delegation in support of bipartisan legislation increasing cancer research funding for three years in a row. She has been a champion of the Breast Cancer and Environmental Research Act, which will save lives by specifically increasing research examining the correlation between breast cancer incidence and the environment.

Virginia State Senator Emmett Hanger (R)

Senator Emmett Hanger played a pivotal role in expanding access to affordable health care through Medicaid to 400,000 low-income Virginians. The senator's steadfast support of the bipartisan budget compromise that brought Medicaid to thousands of state residents demonstrated his commitment to his constituents and their health.

Virginia Governor Ralph Northam (D)

Governor Ralph Northam persevered through legislative resistance to make affordable health coverage for 400,000 Virginians a reality by increasing access through Medicaid. The governor's longtime support of public health issues demonstrates his dedication to improving the health of his state.

Volunteer Awards:

Volunteer Award for Excellence in Advocacy:

Maureen G. Mann, ACS CAN Board Treasurer

Maureen Mann has served on the ACS CAN Board of Directors since 2013 as the income development chair, Board secretary, and currently as the Board treasurer and Chair of the Audit and Finance Committee. She has been an active Florida volunteer for nearly two decades and was involved in the passage of many mission priority policies, including smoke-free workplaces, a \$1 per pack cigarette tax increase and protecting funding for the state's tobacco control program.

State Lead Ambassador of the Year:

Jacqueline Beale, Maryland

Jacqueline Beale has served as a skilled and extremely effective American Cancer Society and ACS CAN volunteer for the past decade. As Maryland's leading volunteer, she has garnered support from members of Congress for top legislative priorities, including cancer research funding, early detection programs and a palliative care bill.

Ambassador Constituent Team Leads of the Year:

Ashley Watts, Oklahoma

Ashley Watts led the fight to ban all indoor tanning devices from minors in Oklahoma and implement sun-safe initiatives in cities all over the state, while simultaneously working to grow her state team and participate in local American Cancer Society and ACS CAN events.

CJ Heisler, Michigan

CJ Heisler dedicates many weekends to attending American Cancer Society events and growing ACS CAN membership. CJ's determination to develop a strong relationship with his member of Congress contributed heavily to the cosponsorship of several pieces of ACS CAN's mission priority legislation.

Lorna Hill, Ohio

Lorna Hill cultivated a strong, positive relationship with a state representative by testifying on behalf of and spreading awareness about Ohio's palliative care bill, helping to secure cosponsorship on key priority legislation.

Emerging Leader:

Emily Fain, Georgia

Emily Fain has supported the fight against cancer as an ACS CAN intern, Georgia ACT Lead and decade-long supporter of the American Cancer Society Relay For Life movement. In each position, Emily has supported and led her team with passion and determination.

State Advocacy Team of the Year:

Oklahoma

The Oklahoma team prevailed against a challenging political backdrop to secure a \$1 per pack tax increase on cigarettes and protected state funding for tobacco prevention and cessation programs. The team of staff and volunteers used coalition-building, lobbying, grassroots and media efforts to quickly respond to multiple attempts to block implementation of the tax.

Judicial Advocacy Initiative:

Kelly Dunbar of WilmerHale

This award recognizes attorneys who generously donate their services to the cancer fight. Kelly Dunbar led the legal team that filed a lawsuit against the U.S. Food and Drug Administration in order to compel the agency to regulate e-cigarettes and cigars as required by Congress.



Cathy Callaway, ACS CAN director of State and Local Campaigns and recipient of the 2018 Alan Mills Award, posed alongside American Cancer Society and ACS CAN CEO Gary Reedy (left), former ACS CAN President Chris Hansen and ACS CAN Vice President of Advocacy Administration, Training and Operations Jeff Martin.



*The **Oklahoma** state advocacy team was recognized for advocating for a \$1 per pack tax increase on cigarettes and protecting state funding for tobacco prevention and cessation programs.*

Staff Awards:

Field Government Relations Professional of the Year:

Heather Youmans, Florida Senior Government Relations Director

Heather Youmans has championed efforts year after year to increase state funding for early detection programs, and last year led the Florida team and a partner coalition to protect state funding for tobacco prevention programs.

Field Grassroots Professional of the Year:

Alyss Patel, Arizona Grassroots Manager

Alyss Patel has strengthened the Arizona state team by hosting annual advocacy trainings and recruiting a diverse group of dedicated volunteers from every congressional district in Arizona.

American Cancer Society Partner of the Year:

Coleen McKinstry, Senior Manager of Community Development

Coleen McKinstry has served as a senior manager with her Making Strides Against Breast Cancer event for five years, taking every opportunity to promote ACS CAN's legislative priorities at community events and attending Day at the Capitol events in Phoenix every year.

National Professional of the Year:

Brian Rubenstein, Senior Director of Digital Strategy

Brian Rubenstein guides the strategy and training for ACS CAN's digital grassroots efforts, and was instrumental in developing the Ambassador Action Center, a multiyear project that advances our mission and further integrates our volunteer structure.

Alan Mills Award*:

Cathy Callaway, Director of State and Local Campaigns

Cathy Callaway has spent her 15 years with ACS CAN navigating state and local legislative landscapes to guide, strengthen and champion ACS CAN's tobacco prevention policy program. During her tenure leading our tobacco control strategy, numerous communities have adopted comprehensive smoke-free laws and tobacco tax increases.

** The Alan Mills Award, 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.*

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The following are some of the individuals and organizations that helped make 2018 such a successful year for ACS CAN. We extend a sincere thank-you to those not specifically mentioned here, as this list is by no means exhaustive. Please know your contributions did not go unnoticed.

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Mark Alles, Chairman and CEO of Celgene
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Matt Iseman, cancer survivor and speaker at ACS CAN's 12th annual Leadership Summit & Lobby Day

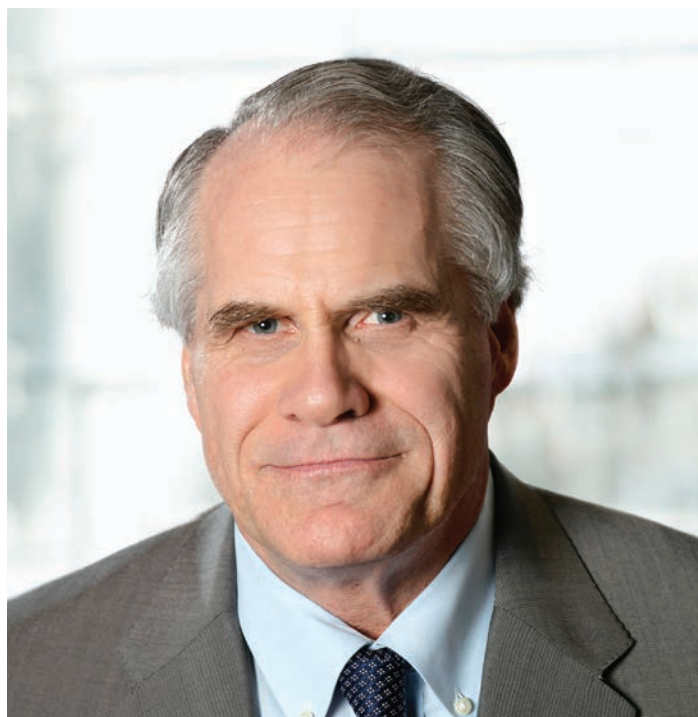
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Chris Hansen

ACS CAN volunteers and staff sincerely thank Chris Hansen for serving as ACS CAN president for the past nine years. Under his leadership, ACS CAN has dramatically expanded its grassroots network, strengthened its influence in Congress and state legislatures nationwide and ensured the voices of cancer patients are heard and recognized at all levels of government. Chris leaves a lasting impact on ACS CAN that will be felt for years to come.



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