2017 Legislative Review Continued

Continued from front page

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ACS CAN feels strongly that everyone should have access to affordable and adequate health care, including cancer screenings and treatment. In Wyoming, there are more than 20,000 people who fall in the “gap” based on income and do not have medical coverage for prevention, screenings or treatment.

Despite our efforts, the legislative session ended with the funding cuts to programs we care about deeply. A total of $2.1 million in prevention dollars were eliminated. This eliminated the Quitline-Quitnet, an online and telephone resource to help users quit tobacco.

Adding to the drama this legislative session, in an unexpected turn of events, there was a tobacco tax increase bill that passed. The amazing support for this issue made a huge difference with legislators. Without the outpouring of grassroots support, the bill would likely not have passed. The increase would not be a significant enough amount to make a real impact.

We were very fortunate to have two new members of our ACS CAN team join forces with us in time for the legislative session. Dawn Scott started as our Grassroots Manager in November, and has been such a great addition. She has been on the phone, calling you all and asking you to take action. As a result we’ve seen record-breaking numbers of people contacting legislators. Meredith Asay started as our contract lobbyist shortly before Dawn came on board. Meredith came to us with lots of public health experience in the Wyoming Department of Health and at the Governor’s office, as well as lobbying experience. Both of these women were instrumental in our success this legislative session.

We did it! Thanks to the efforts of ACS CAN and our volunteer cancer fighters, we were on hand earlier this month as Governor Mead signed into law the bill creating an advisory council to study palliative care across the state. That bill passed the Senate on a vote of 20-10 and the House on a vote of 35-25. We want to sincerely thank everyone who filled out postcards in person or online, testified at a hearing, or wrote emails to legislators in support of this bill. The amazing support for this issue made a huge difference with legislators.

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Advocates attending our Day at the Capitol listened to an outstanding panel of speakers who shared valuable information and perspectives around the importance of palliative care to improve quality of life for cancer patients and their caregivers. Following the panel and sharing of tips to help our cancer fighters – including a great group from Youth for Justice – effectively share their stories and message with lawmakers, advocates met with legislators to urge them to make cancer issues, including palliative care, a top priority. Hundreds of palliative care post cards with stories and personal messages were also shared with legislators.

Each year, ACS CAN organizes a citizen lobby day at the state capitol, providing ACS CAN members and coalition members an opportunity to learn about key cancer-related issues and to speak with their elected lawmakers about legislation that will impact cancer patients and survivors or help prevent or reduce cancer in Wyoming. This year, ACS CAN started out the legislative session with three main policy objectives: 1) Passing a bill to create an advisory council to study palliative care in Wyoming; 2) Expanding Medicaid to provide health care coverage to more low income residents; and 3) Keeping funds from being cut from cancer control and tobacco prevention programs in the Department of Health.

Story continues on back page

Take a close look at the people in this photo. They may be smiling and looking very professional as they posed for this picture, but make no mistake – this is a group of fiercely passionate CANCER WARRIORS! They were some of the 75 participants at the American Cancer Society Cancer Action Network (ACS CAN) annual Day at the Capitol in Cheyenne on January 27, 2017, in partnership with the Wyoming Cancer Coalition. Most of those pictured above are volunteers joining our Wyoming ACS CAN Government Relations Director, Jason Mincer (second from left) and Grassroots Manager, Dawn Scott (fourth from left).
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We know what you are saying, why a newsletter?

Welcome to ACS CAN Wyoming’s first quarterly newsletter! We are so pleased to bring you this publication to update you on the advocacy work we are doing at the local, state and federal levels. We plan to publish newsletters quarterly to keep everyone up to date on our work and how volunteers can help. ACS A bit about us and our volunteer and staff structure:

State Lead Ambassador: This is our lead volunteer in Wyoming and the position is currently vacant. We are seeking an individual who is passionate about the connection between politics and cancer prevention. You can be from anywhere in the state and we hope you have some time to volunteer to help us train volunteers and to help us pass legislation that will prevent cancer and help those who have been diagnosed. If you would be interested in talking more about this volunteer opportunity please reach out to Dawn Scott, dawn.scott@cancer.org.

Beth Walker—Congressional District Lead: As a third-generation, two-time BRCA1 breast cancer survivor, I feel very fortunate to be alive. (Yes, BRCA1—just like Angelina Jolie. Unfortunately, that’s where the similarity ends!) I am on my “third life” and feel the need to give back. I believe the best way to fight cancer is to work to improve the quality of life for cancer survivors through policy change and increased research funding. We achieve this through advocating and telling our stories to legislators to enact changes on the local, state, and federal level. Ironically, although I have always been politically active on social and quality of life issues, this is not how I first came to be a volunteer for the American Cancer Society. I started on this evolving advocacy journey. I live in Gillette and work at Gillette College as the Director of Advising, Testing, and Career Services and adjunct professor. I love to travel and spend time with my three children and grandchildren.

Dawn Scott—ACS CAN Wyoming Grassroots Manager: As a 19-year cancer survivor and thriver (diagnosed at 20), I am committed to encouraging individuals just like you to share their stories with legislators. I strongly believe that is the way we enact change at all levels. I live in Cody with my husband, foster child and our cats and dogs. Jason is not a cat lover, so I keep promising to give him one to help overcome his distaste! Please contact me to learn more about how you can volunteer. We have all kinds of opportunities available!

dawn.scott@cancer.org—307-761-2040

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jason.mincer@cancer.org—307-287-1401

We talk a lot about the Ambassador Constituent Team (ACT) at ACS CAN, but it may not be clear what that term means to folks. Simply stated, the ACT Team in Wyoming is our lead group of volunteers from around the state that help plan and participate in ACS CAN activities. As Grassroots Manager, I work directly with our ACT Team to accomplish our legislative goals. Levels of commitment vary by the individual, we have volunteers who take the lead in submitting letters to the editor (LTE for short), others that contribute Opinion Editorials (Op-Eds), folks that direct email and/or call their legislators on important issues and still others whose busy schedules may only permit them to respond to the Action Alerts they receive by email or that they see on our ACS CAN WY Facebook page.

To be successful, ACS CAN needs volunteers who are committed to change and as ACS CAN Grassroots Manager, I am totally willing to meet you wherever you are in terms of time and availability to participate. No matter whether you have a little bit of time to a lot, what is most important is building out a team that contains individuals who are passionate about joining.

We are looking for energetic volunteers

We also hold a Silent Auction shock full of great items from local businesses with the proceeds benefiting ACS CAN WY. Past auction items have included framed prints from popular artists, Lululeo clothing, Dinner & Date night packages with gift certificates to a local restaurant with an overnight stay at an upscale motel, gift certificates for pampering facials and manucures/pedicures and a variety of themed gift baskets overflowing with fabulous coffee, wine and beauty products. HH4H are not only fun and upbeat, but they provide opportunities for communities to learn about the mission of ACS CAN, meet staff and volunteers and score fantastic items, all for a good cause. In 2017, we plan to host HH4H events in Cody, Gillette, Casper, Jackson, Rock Springs, and Cheyenne and are considering Sheridan and Laramie as additional sites.

Do you know of a place that would be fantastic to hold an HH4H and/or a business that may be interested in contributing to our Silent Auction? Would you be willing to help organize the event? Well then, I want to hear from you! You can reach me at dawn.scott@cancer.org or on my cell phone at (307)761-2040.

Your gift is critical to putting an end to Cancer

In 2015, ACS CAN Wyoming began hosting Happy Hours for Hope in key communities around the state. These functions, affectionately coined HH4H, operate as both fundraisers and membership recruitment events. HH4H are held at popular local eateries or bars that have agreed to offer a drink “special” for those attending the event and appetizers (either paid for by a private sponsor or at a discounted rate) are provided for free. Attendees pay a minimum $10 cover charge, which pays their membership fee into CAN and entitles them to receive the available drink special and appetizers.

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Volunteer Spotlight

I relocated to Cody to work as a manager at Cody Laboratories in 2013. I had just purchased a new home in the winter of 2014/2015 when I was diagnosed with Papillary Thyroid cancer in January of 2015.

Within a couple of weeks, a local surgeon performed a total thyroidectomy and removal of many of the lymph nodes in my neck. Once the final results from the biopsy returned, it was determined that the cancer had already begun to metastasize.

This meant that I would need to undergo Radioactive Iodine treatment. The surgeon referred me to an Endocrinologist in Billings for the treatment.

Upon contacting the Endocrinologist, I discovered that I would not be able to schedule an appointment with the doctor for three months. Since this was an unacceptable option to me I sought treatment at the MD Anderson Cancer Center in Houston. I was able to have my initial consultation and the Radioactive Iodine treatment within one and a half months.

My hope is that the palliative care bill (see article on page 1) will be able to alleviate the costs of traveling for treatment.

What I describe above are some of the logistics of being treated for Papillary Thyroid cancer. What I haven’t described are the weeks following my surgery, with my Thyroid levels crashing down, not being able to get in to see a primary care doctor. I walked into my surgeon’s office crying because I could barely function.

I was seeking someone, anyone, to help me. I also went to a local Oncologist with some concerns and was told that she didn’t treat Thyroid cancer and that I would need to go see an Endocrinologist. I was referred again to an Endocrinologist in Billings and was finally able to establish a check-up schedule with him.

The time it took to maneuver through all of the doctors’ appointments, blood work, and scans was not insignificant. The problem was that I had a job; a full-time job and I also still needed to be raising a four-year-old son.

I had very little support, outside of a couple fellow cancer survivor’s, who encouraged me to keep up the fight and helped me find some financial resources to alleviate the costs of traveling for treatment.

Amber Lane and her son regularly celebrate her status as a cancer survivor!
What does repealing and replacing the Affordable Care Act mean for cancer patients and their families?

ACA provisions protected cancer patients

At age 20, I was diagnosed with metastatic soft tissue sarcoma and have more than 20 tumors in my lungs, requiring frequent CT scans to monitor growth. Against all odds, I’ve survived. Health coverage is my lifeline. Without it, I don’t know how I would pay for the medical care needed to monitor my cancer and manage ongoing health complications.

Thanks to the Affordable Care Act (ACA), cancer survivors like myself cannot be denied health insurance because of our pre-existing condition—a cancer diagnosis. We cannot be dropped from our insurance if we get sick again. We don’t have to worry about lifetime or annual dollar limits on our coverage.

Cancer and its lasting side effects will be with me for the rest of my life, so I desperately need these protections. I take 10 medications daily, three designed to prevent life-threatening blood clots. Prior to ACA protections, I paid $1,200 per month for ONE of those anti-coagulants.

My medical costs have far surpassed the $1 million lifetime dollar limit that most insurers had in place prior to the ACA. I am deeply concerned about what will happen to myself and my family if this protection is yanked away and insurers can again impose limits on our coverage.

American Cancer Society research shows that those without insurance are less likely to get screened for cancer, more likely to be diagnosed at an advanced stage and less likely to survive their cancer. That’s why having access to comprehensive health insurance was critical for the nearly 3,000 people in Wyoming expected to be diagnosed with cancer in 2017 and the estimated 30,370 Wyoming residents who are cancer survivors.

As the ACS CAN Wyoming grassroots member, I want our members of Congress to consider how the current law protects cancer patients and survivors. Any changes to the ACA must ensure patient protections remain the same or improve, while preventing any gaps in coverage for cancer patients, survivors.

Since the ACA passed in 2010, many changes to health insurance have protected patients, and more people have health coverage than ever before. Any changes to the health care law should at least sustain, if not expand, the number of Americans with health insurance.

The ACA is not perfect, but it’s been a lifeline for millions of Americans who have enrolled in coverage.

Before the ACA, 196,000 Wyoming residents were enrolled in health plans that imposed lifetime limits on their health benefits. It’s estimated that in 2015, 94,000 Wyomingites had a pre-existing condition like cancer that could have denied them coverage without ACA. Cancer patients, survivors and those at risk for cancer cannot afford to return to the health care system we had before the current law. It’s critical that cancer patients get access to adequate insurance they can afford.

The ACA is not perfect, but it’s been a lifeline for millions of Americans who have enrolled in coverage. If Congress changes the current law without ensuring that health coverage is affordable and adequate for people like myself, those of us who need care the most will have gaps in coverage. That outcome will be deadly.

I urge Sens. Mike Enzi and John Barrasso and Rep. Liz Cheney to think about cancer patients and survivors in Wyoming when they consider any replacement to the health care law. We’re counting on you to preserve critical patient protections and also ensure we have continuous access to affordable, meaningful health coverage.

Dawn Scott is a survivor of Epithelioid Hemangioendothelioma, a rare and currently incurable soft tissue sarcoma. She lives in Cody with her husband Dr. Brent Benson.

ACS CAN is deeply concerned that cancer patients, survivors and those at risk of cancer who long faced barriers to adequate, affordable coverage may again find themselves unable to access coverage necessary to prevent and treat a disease that is expected to kill more than 600,000 people in America this year.

While we acknowledge the current federal law could be improved, the recent House proposal would have taken us in the opposite direction — threatening to eliminate the safety net coverage Medicaid provides for hard-working individuals who face an unexpected illness and reducing financial assistance for low- and middle-income families who may otherwise be unable to afford coverage. Proposed changes to coverage requirements known as essential health benefits could also result in increased cost-sharing and deductibles for many compared with current law.

It isn’t just about having access to health coverage, it’s critical that cancer patients get access to adequate insurance they can afford.

American Cancer Society research shows the uninsured and underinsured are more likely to get cancer at its more advanced stages when treatment is more expensive and patients are more likely to die from the disease.

While we are in favor of strengthening and improving the current law, any changes should maintain those protections while providing equal or better coverage of cancer prevention, treatment, and follow-up care. Cancer patients cannot lose the important patient coverage and protections under the current law, including:

- No coverage exclusions on pre-existing condition exclusions.
- Lifetime and annual caps
- Access to lifesaving preventive screenings at no cost
- Guarantees patients can’t be dropped if they get sick coverage may again find themselves unable to access coverage necessary to prevent and treat a disease that is expected to kill more than 600,000 people in America this year.
- Allow young adults to stay on parents’ health plan until age 26.
- Consistent and affordable prescription drug coverage for seniors so they get the medications they need.

Keep an eye on your email and in future newsletters for more information on what is happening with health care reform at the federal level and for other issues we are working on that will improve the lives of cancer patients or reduce the likelihood of folds ever being diagnosed.

“Keep us covered.”
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Brent Benson and Dawn Scott have traveled to Washington DC to lobby Wyoming’s federal delegation for several years. Last year they were successful in garnering Representative Cynthia Lummis’ support for closing a loophole in Medicare that costs patients. (Yes this is the Dawn Scott who become Wyoming ACS CAN’s Grassroots Manager. She started as a great volunteer!)

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We want your photo here in our next newsletter
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My hope is that the Palliative Care bill (see article on page 1) will be able to alleviate the costs of traveling for cancer care in rural Wyoming.

Amber Lane is an ACS CAN volunteer, a mom and thyroid cancer survivor from Cody, Wyoming.

Membership—A vehicle for change

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

We like to say that ACS CAN is the voice of cancer patients and their families in the halls of government. ACS CAN is committed to the mission of eliminating cancer as a major health problem. Ending cancer as we know it in this country is as much a matter of public policy as it is medical science and discovery. Many important decisions about cancer are made not just in the doctor’s office, but also in the Wyoming state legislature, in Congress and the White House.

Join the organization online, here, or contact me, Dawn, at dawn.scott@cancer.org to sign up offline. Either process takes mere minutes, yet has a positive and lasting impact for fighters, survivors and caregivers.

A sincere thank you to members who renew their memberships each year!

Amber Lane and her son regularly celebrate her status as a cancer survivor!

Sign up today to be an ACS CAN member at http://acscan.org/Wyoming. Just click on the “Donate” button in the top-right portion of the page.

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Cancer and its lasting side effects will be with me for the rest of my life, so I desperately need these protections. I take 10 medications daily, three designed to prevent life-threatening blood clots. Prior to ACA protections, I paid $1,200 per month for ONE of those anti-coagulants.

My medical costs have far surpassed the $1 million lifetime dollar limit that most insurers had in place prior to the ACA. I am deeply concerned about what will happen to myself and my family if this protection is removed. It’s critical that cancer patients get access to affordable insurance they can afford.

Dawn Scott is a survivor of Epithelioid Hemangioendothelioma, a rare and currently incurable soft tissue sarcoma. She lives in Cody with her husband Dr. Brent Benson.

The ACA is not perfect, but it’s been a lifeline for millions of Americans who have enrolled in coverage.

The ACA is deeply concerned that cancer patients, survivors and those at risk of cancer who long faced barriers to adequate, affordable coverage may again find themselves unable to access coverage necessary to prevent and treat a disease that is expected to kill more than 600,000 Americans this year. While we acknowledge the current federal law could be improved, the recent House proposal would have taken us in the opposite direction—threating to eliminate the safety net coverage Medicaid provides for hard-working individuals who face an unexpected illness and reducing financial assistance for low- and middle-income families who may otherwise be unable to afford coverage. Proposed changes to coverage requirements known as essential health benefits could also result in increased cost-sharing and deductibles for millions compared with current law.

It isn’t just about having access to health coverage, it’s critical that cancer patients get access to affordable insurance they can afford. American Cancer Society research shows the uninsured and underinsured are more likely to get cancer at its more advanced stages when treatment is more expensive and patients are more likely to die from the disease.

While we are in favor of strengthening and improving the current law, any changes should maintain those protections while providing equal or better coverage of cancer prevention, treatment, and follow-up care. Cancer patients cannot lose the important patient coverage and protections under the current law, including:

- No coverage exclusions on pre-existing condition exclusions.
- Lifetime and annual caps
- Access to lifesaving preventive screenings at no cost (i.e., mammograms and colonoscopies)
- Guarantee patients can’t be dropped if they get sick
- Allow young adults to stay on parents’ health plan until age 26.
- Consistent and affordable prescription drug coverage for seniors so they get the medications they need.

Keep an eye on your email and in future newsletters for more information on what is happening with health care reform at the federal level and for other issues we are working on that will improve the lives of cancer patients or reduce the likelihood of folds ever being diagnosed.