
Welcome!

**We will begin shortly.
In the meantime please follow us on
Twitter and Facebook!**



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#HICancerActionDay



2025 Hawaii Cancer Action Day Pre-Event Training

18 MARCH, 2025

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Welcome & Agenda

- 1 **Cancer Action Day Schedule/Location**
- 2 **Overview of Legislative Priorities**
- 3 **The Flow of a Lawmaker Meeting**
- 4 **Meeting Roleplay**
- 5 **Questions and Housekeeping**

Where, When, How

Cancer Action Day Schedule

9:00 a.m. - 9:30 a.m.

Check-In Hawaii State Capitol RM 437

9:30 a.m. - 10:00 a.m.

Welcome and Cancer Action Day Overview

- Welcome
- Logistics / Overview of Day - Cynthia Au Government Relations Director
- 2025 Legislative Priorities
- Representative Cory Chun Remarks
- Representative Tyson Miyake

10:00 a.m. - 3:00 pm

Lawmaker Meetings

11:30 a.m.

Senate Chamber

12:00 p.m.

Group Photo

12:30 p.m.

House Chamber

Lunch

- Writing a Letter to the Editor - Alex Wiles, ACS CAN Senior Regional Media Advocacy Manager

3:00 p.m.

Adjourn

- Thank you cards
- Report Back Forms- Online

Cancer Action Day Location



**Park & Carpool from ACS Office:
8:45 AM – 9:00 AM
2370 Nu'uuanu Avenue**



**Event: Hawaii State Capitol
415 S Beretania St. – RM 437**

***Please bring a photo ID**

How: Navigating the Capitol

Event: Hawaii State Capitol
415 S Beretania St. – RM 437

1. Entrance to the State Capitol is on the Street level on Beretani or Chamber level (underground parking).

- The capitol is under construction, you will see large murals surrounding the capitol. Find the stairs on Beretania side or from Iolani Palace side.

Security checkpoint:

- – No firearms or weapons are allowed.
- – If you have a purse, keep your keys and phone in it.
- – If you do not have a purse, security will provide a container to put these in.
- BRING YOUR ID or you will not be able to enter.



2. Once through the checkpoint, take the elevator up to the 4th floor, and look for Room 437.

- We will provide coffee and very light pastries, however if you would like any additional food/drink, there is a snack shop on the chamber level or eateries in downtown.

Look for the group in blue shirts! You'll see our smiling faces when you get there!

Why we advocate



Vision: End cancer as we know it, for everyone.

Mission: Improve the lives of people with cancer and their families through advocacy, research, and patient support, to ensure everyone has an opportunity to prevent, detect, treat, and survive cancer.

**Patient
Support**



**Action
through
advocacy**



**Advancing
discovery**



What we advocate for

Access to Care



Accelerating Cures



Prevention, including Tobacco Control



Eliminating Disparities + Building Health Equity



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Scope of our advocacy

Recent Hawaii Wins

ACCESS

**Biomarker
Testing
Resolution
HCR53**

ACCESS

**Emergency
Prescriptions
ACT 100**

TOBACCO PREVENTION & CONTROL

**AG Tobacco
Enforcement
Unit Funding
Increase
ACT 59**

RESEARCH & HEALTH EQUITY

**\$2.3 million
Maui Fire
cohort study
& registry**

Tobacco Prevention & Control:

Exempt Cigar shipments by mail (SB2109) – Opposed, Died
Legalization of Cannabis (SB3335) – Opposed, Died

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...And volunteers make all the difference



State Legislative Priorities

State Priorities

**Ensure Access:
Biomarker
Testing
Coverage**

**Ensure
Access:
Colorectal
Cancer
Screenings**

**Tobacco
Taxes &
Cancer
Research**

Hawaii wins would mean

ACCESS

More patients can get the right treatment at the right time

ACCESS

More Hawai'i residents will have access to colorectal cancer screening

ACCESS

Healthier Hawai'i and supporting cancer research

...Because of our volunteers



Legislative Asks

Michael's Story



Ensure Access to Biomarker Testing: HCR 35 and SCR29

Ensure Access: Biomarker Testing Coverage

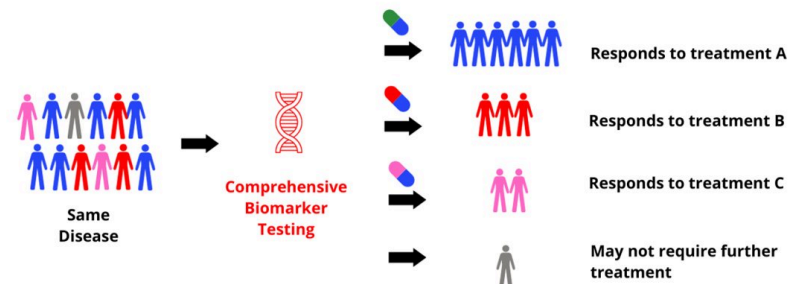
Biomarker testing is often used to help determine the best treatment for a patient.

- It is the analysis of a patient's tissue, blood, or other biospecimen for the presence of a biomarker, in a patient who has already developed cancer or other disease.
- Biomarker testing is applicable to other conditions beyond oncology including heart disease, Alzheimer's disease, and other neurological conditions, rare disease, infectious disease and respiratory illness.

Conventional Approach – Trial and Error



Precision Medicine with Biomarker-Informed Treatment Selection



**Ensure Access:
Biomarker
Testing
Coverage**

Ensure Access to Biomarker Testing: HCR 35 and SCR29

Insurance coverage for biomarker testing is failing to keep pace with innovation and advancement in treatment.

Twenty states have recently passed legislation to expand coverage of comprehensive biomarker testing.

Access to appropriate biomarker testing can help to achieve better health outcomes, improved quality of life, and reduced costs.

The ASK: Will you support an auditor's study to assess the effects of health insurance coverage for biomarker testing, SCR29 and HCR 35?

Ensure Access: Colorectal Screening

Ensure Access to Colorectal Cancer Screenings: HCR 36 and SCR 28

Preventable: Most colorectal cancer (CRC) deaths in the U.S. are attributable to not getting screened. CRC is the second leading cause of cancer death in the U.S for men and women combined.

Disparities in screening: Screening rates are lowest among ages 45–49, Asian Americans, Native Hawaiians and Pacific Islanders, the uninsured, and recent immigrants.

Barriers to screening:

- Affordability – financial barriers, such as cost sharing or lack of health coverage
- Lack of a family history or symptoms
- Feelings of embarrassment or fear
- No recommendation from a health professional
- Transportation

Ensure Access to Quality Care: Colorectal Screenings

AANHPI Facts & Figures 2024 – 2026



Most Common Cancer Types Among Asian American, Native Hawaiian, and Other Pacific Islander Males by Ethnic Group, US, 2016–2020

Cancer cases								
	First	%	Second	%	Third	%	Fourth	%
Males								
Asian American								
Chinese	Lung & bronchus	18%	Prostate	16%	★ Colon & rectum	12%	Liver & intrahepatic bile duct	7%
Japanese	Prostate	27%	★ Colon & rectum	12%	Lung & bronchus	12%	Urinary bladder	6%
Filipino	Prostate	23%	Lung & bronchus	16%	★ Colon & rectum	12%	Non-Hodgkin lymphoma	6%
Korean	★ Colon & rectum	14%	Lung & bronchus	14%	Prostate	14%	Stomach	10%
Vietnamese	Lung & bronchus	20%	Liver & intrahepatic bile duct	15%	★ Colon & rectum	12%	Prostate	12%
Laotian	Lung & bronchus	18%	★ Colon & rectum	17%	Liver & intrahepatic bile duct	16%	Prostate	8%
Hmong	★ Colon & rectum	15%	Liver & intrahepatic bile duct	12%	Lung & bronchus	10%	Oral cavity & pharynx	9%
Cambodian	★ Colon & rectum	19%	Liver & intrahepatic bile duct	15%	Lung & bronchus	14%	Prostate	8%
Thai	Prostate	18%	Lung & bronchus	13%	★ Colon & rectum	13%	Non-Hodgkin lymphoma	8%
Asian Indian	Prostate	20%	★ Colon & rectum	10%	Lung & bronchus	8%	Oral cavity & pharynx	7%
Pakistani	Prostate	16%	Lung & bronchus	10%	★ Colon & rectum	9%	Liver & intrahepatic bile duct	8%
NHPI								
Native Hawaiian	Prostate	22%	Lung & bronchus	13%	★ Colon & rectum	10%	Kidney & renal pelvis	5%
Chamorro/Guamanian	Lung & bronchus	19%	Prostate	13%	★ Colon & rectum	10%	Melanoma of the skin	6%
Samoan	Prostate	18%	Lung & bronchus	17%	★ Colon & rectum	13%	Stomach	7%
Tongan	Prostate	18%	Lung & bronchus	18%	★ Colon & rectum	11%	Liver & intrahepatic bile duct	8%
Fijian	Prostate	18%	★ Colon & rectum	10%	Urinary bladder	9%	Lung & bronchus	8%

Note: All percentages exclude individuals of Hispanic ethnicity. Colon & rectum excludes appendix. Excludes ethnic groups with fewer than 50 cases.

Source: North American Association of Central Cancer Registries, 2023.

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Ensure Access to Quality Care: Colorectal Screenings

AANHPI Facts & Figures 2024 – 2026



Most Common Cancer Types Among Asian American, Native Hawaiian, and Other Pacific Islander Females by Ethnic Group, US, 2016–2020

Cancer cases									
		First	%	Second	%	Third	%	Fourth	%
Females									
Asian American									
Chinese	Breast	32%		Lung & bronchus	13%	★ Colon & rectum	8%	Thyroid	6%
Japanese	Breast	35%		Lung & bronchus	11%	★ Colon & rectum	10%	Uterine corpus	6%
Filipino	Breast	38%		Uterine corpus	9%	Lung & bronchus	9%	★ Colon & rectum	7%
Korean	Breast	32%		Lung & bronchus	10%	★ Colon & rectum	10%	Thyroid	6%
Vietnamese	Breast	30%		Lung & bronchus	13%	★ Colon & rectum	9%	Thyroid	7%
Laotian	Breast	25%	★	Colon & rectum	12%	Lung & bronchus	9%	Liver & intrahepatic bile duct	6%
Hmong	Breast	17%	★	Colon & rectum	10%	Uterine corpus	9%	Lung & bronchus	9%
Cambodian	Breast	28%	★	Colon & rectum	13%	Lung & bronchus	10%	Liver & intrahepatic bile duct	6%
Thai	Breast	35%		Lung & bronchus	13%	★ Colon & rectum	8%	Uterine corpus	6%
Asian Indian	Breast	39%		Uterine corpus	8%	Thyroid	8%	★ Colon & rectum	5%
Pakistani	Breast	41%		Uterine corpus	8%	Thyroid	6%	★ Colon & rectum	5%
NHPI									
Native Hawaiian	Breast	34%		Uterine corpus	12%	Lung & bronchus	10%	★ Colon & rectum	7%
Chamorro/Guamanian	Breast	31%		Lung & bronchus	13%	Uterine corpus	9%	★ Colon & rectum	9%
Samoan	Breast	25%		Uterine corpus	23%	Lung & bronchus	9%	★ Colon & rectum	5%
Tongan	Breast	33%		Uterine corpus	22%	Lung & bronchus	5%	Liver & intrahepatic bile duct	5%
Fijian	Breast	44%		Uterine corpus	11%	★ Colon & rectum	7%	Lung & bronchus	5%

Note: All percentages exclude individuals of Hispanic ethnicity. Colon & rectum excludes appendix. Excludes ethnic groups with fewer than 50 cases.
Source: North American Association of Central Cancer Registries, 2023.

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Ensure Access to Colorectal Cancer Screenings: HCR 36 and SCR 28

**Ensure
Access:
Colorectal
Cancer
Screening**

Hawaii statistics:

- It's estimated that 820 residents will be newly diagnosed with CRC and 250 will die from the disease in 2025.
- Hawaii ranks 12th highest rate of NEW CRC cases in the US between 2019 to 2023.
- Colorectal cancer is the 3rd most diagnosed and deadliest cancer in Hawaii and the U.S. among men and women.

The ASK: Will you support an auditor's study of requiring Medicaid to cover colorectal cancer screenings, including the colonoscopy required after a positive non-invasive stool test, without cost sharing for uninsured and underinsured patients (HCR 36 and SCR 28)?

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**Tobacco
Control &
Cancer
Research**

Tobacco Taxes & Cancer Research: HB 441

ACS CAN supports increasing the cigarette tax by \$1.00 per pack, or 5 cents per stick, to support the Hawai'i cancer research special fund which supports the University of Hawai'i Cancer Center (UH Cancer Center).

Tobacco use is the # 1 preventable cause of cancer.

Cancer is the second leading cause of death in Hawaii.

Increasing the cigarette tax would give additional funding for the UH Cancer Center while improving the health of our state by reducing tobacco use.

Tobacco Taxes & Cancer Research: HB 441

**Tobacco
Control:
Smoke-Free
Air**

Increasing cigarette taxes by \$1.00 per pack, or 5 cents per stick would...

- Generate \$10.84 million in new annual revenue
- Reduce youth smoking by 6.9%

Consider impact of health care cost savings :

- Medicaid program savings for the state over the next 5 years: \$990,000
- Long-term health care cost savings from adult & youth smoking declines: \$31.80 million

The ASK: Will you support a healthier Hawaii and increase cigarette taxes by \$1 per pack and support the UH Cancer Center, HB441?

Questions?

Lawmaker Meetings

Hook, Line, Sinker

Hook

Who You Are

Line

**What Is Your
Story**

Sinker

The Request

Thank You

Appreciation

Hook

Introductions

Meeting leader introduces the group (name + geography).

Who you are, where you're from

Who else is in your group

Line

Craft your story:

- You know your passion
- You know your cancer connection
- You know the ASK
- You have your talking points

Tell your personal story:

- Connect your story to the importance of the ASKS
- Explain the need: why this is needed/impact on state/why important for cancer etc.)

The Sinker

Make the ASK/s

Secure a response from the lawmaker

Today we are asking if you would support the following priorities:

- Will you support an auditor's study to assess the effects of health insurance coverage for biomarker testing, SCR29 and HCR 35?
- Will you support an auditor's study of requiring Medicaid to cover colorectal cancer screenings, including the colonoscopy required after a positive non-invasive stool test, without cost sharing for uninsured and underinsured patients (HCR 36 and SCR 28)?
- Will you support a healthier Hawaii and increase cigarette taxes by \$1 per pack and support the UH Cancer Center, HB441?

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Hook, Line, Sinker

Hook

Meeting leader starts their introduction, then everyone else in group introduces themselves (name + where you live).

I am here as a volunteer for ACS CAN. We are meeting with nearly every Member of the [State] Legislature.

We would like your support on the passage of [Insert Ask]?

Line

Explain the need: (INSERT why this is needed/impact on state/why important for cancer etc.)

Tell your personal story: Connect your personal story to the importance of the ask/issue.

Sinker

Make the ask!

Wrapping it up!

Response options depending on response lawmaker gives to your asks:

- If answer is YES: "Thank you so much for your support and for meeting with us today."
- If answer is UNSURE: "Can we get you any more information on the issue to gain your support? Can I leave my contact information in case you have further questions when deciding how you will vote?"
- If answer is NO: "Thank you for your time and consideration today, please don't hesitate to contact me if you have further questions prior to your final vote on this important issue."

Close

- Direct questions about asks
- If you don't know the answer to a question, let them know you will follow up
- Ask to take a photo!

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Lawmaker Meeting Roleplay

Kellen King, ACT Lead 1

Uri Martos, ACT Lead 2

Report Back



Report back and let us know how your meeting went

Your feed back helps our staff provide additional information to lawmakers and make strategic decisions in successful campaigns.

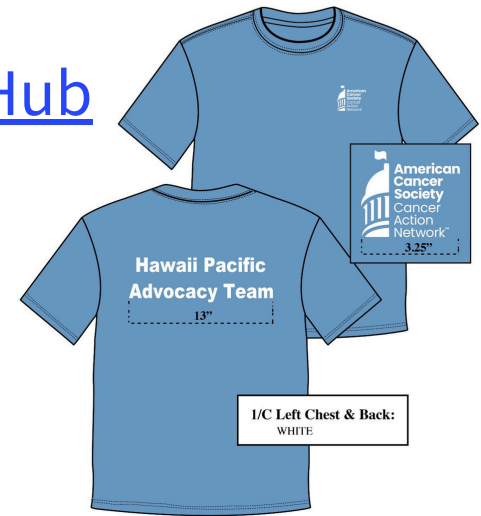
Remember: One report back form should be completed for each lawmaker meeting.



Scan the QR code or visit:
www.fightcancer.org/reportback

Housekeeping

- Representing ACS CAN
- What to wear, masks (?), capitol protocol - ID to enter the capitol
- Event website: [2025 Cancer Action Day Hub](#)
- Who is my legislator?
- Parking and meet up point
- Cynthia Au:
 - Cynthia.Au@cancer.org
 - 808.392.3229



Lawmaker Meeting Do's

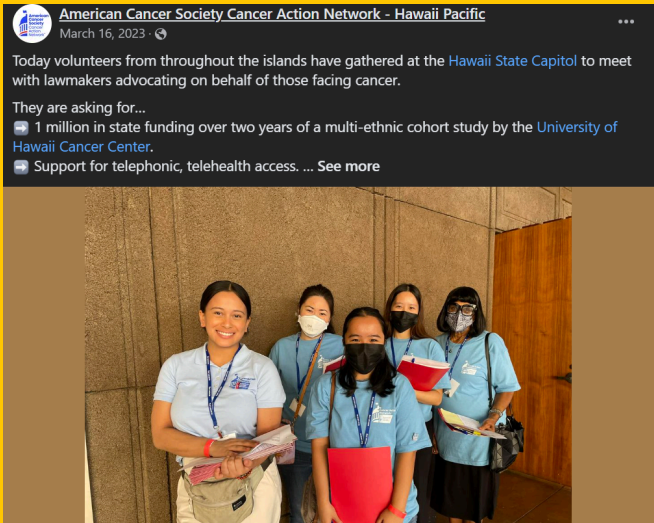
- Do arrive a few minutes early
- Be prepared to wait as most lawmakers are not able to be on time
- Introduce yourself and tell the legislator where you are from
- Stay on message
- Know the “asks” and use a fact to back it up
- Be efficient and articulate; the meeting should be brief and concise
- Ask for your legislator’s support for the issue
- Stop discussing the issue if you get a “Yes”
- Thank the lawmaker (be sure to also send a thank-you note)
- Get excited!

Lawmaker Meeting Don'ts

- Do not attempt to answer questions you don't know the answer or commit to anything you aren't certain of
- Silence your phones
- Do not get angry or hostile
- Do not get distracted by small talk
- Do not mention your political affiliation – fighting cancer is bi-partisan!
- Do not send materials that aren't provided in your packet
- Do not lobby on other issues
- Do not get defensive if an elected official doesn't support our legislation

This is the beginning of a relationship; make a plan for ongoing advocacy engagement.

Let's Takeover Social Media



@ACSCANHI **@acscanhi**

- **Tag your lawmaker**
- **#HICancerActionDay**
- **Share your experience & the Ask**
- **Don't forget to engage with others**



THANK YOU

SEE YOU SOON