

2026 Rhode Island CANCER ACTION DAY



Cancer Action Day 2026



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Access Action Day

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Welcome to Cancer Action Day



Dear Rhode Island Advocates,

Thank you for your willingness to participate in our 2026 Cancer Action Day!

As a leading health advocacy organization, we work every day to encourage elected officials to make cancer a top priority. We support evidence-based solutions designed to eliminate major health problems. Together, we bring ordinary people with extraordinary power to fight cancer with the training and tools they need to make their voices heard.

We want our Cancer Action Day to be an opportunity for all of our volunteers to come together with united voices, to ask our elected officials to actively support the fight against cancer. We hope you will find our event energizing, exciting, and personally rewarding.

Included in this packet and your folder are all the resources needed to effectively influence your lawmakers. We truly appreciate your commitment to advocacy and look forward to the great accomplishments we'll achieve together.

Thank you for all you do to help us fight cancer.

Keep fighting!

Let's get started!

Agenda: Timeline of Events



2:30 p.m. Check-In & Networking

Location: State House Library, 2nd Floor, Room 208

3:00 p.m. Speaking Program

Location: State House Library, 2nd Floor, Room 208

3:30 p.m. Meetings with Lawmakers

Location: House and Senate Chambers, 2nd Floor

4:15 p.m. Report Back Forms & 'Thank You' Notes

Location: State House Library, 2nd Floor, Room 208

Getting to the State House



DRIVING:

The Rhode Island State House is located at 82 Smith Street, Providence, RI 02903.

From 95 South:

Take I-95 North to Exit 23 (State Offices Exit). Bear towards RI-7/State Offices Exit. At light, continue straight onto State Street and take a right at the next light onto Smith Street. The State House will be directly on your left.

From 95 North:

Take I-95 North to the State Offices Exit (Exit 23) and stay to the right. At second light, turn right onto Smith Street. The State House will be on your left.

PARKING:

There is free street parking available around the State House and surrounding state office buildings. Paid parking is available in the Providence Place Mall garage.

Handicapped parking is available in the small parking lot on the east side of the building.

ENTERING THE STATE HOUSE:

Enter the State House from Smith Street. Visitors unable to use stairs may enter through the staff entrance accessed from the small parking lot on the east side of the building. Once inside, you will go through a security check. Look for the ACS CAN signs. The State Library is located on the second floor.

STATE HOUSE SECURITY PROCEDURES:

Please note that there are metal detectors at the State House entrance. You will need to go through these when you enter the State House. Please allow some extra time for the screening process.

#RICancerActionDay

Rhode Island State House: Visitor Directions



1. Enter the State House on the north side of the building.

2. When you enter the building, you will reach the security checkpoint.

For security checkpoint:

- No firearms or weapons are allowed.

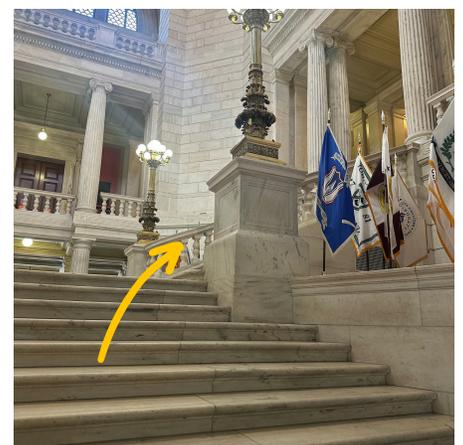
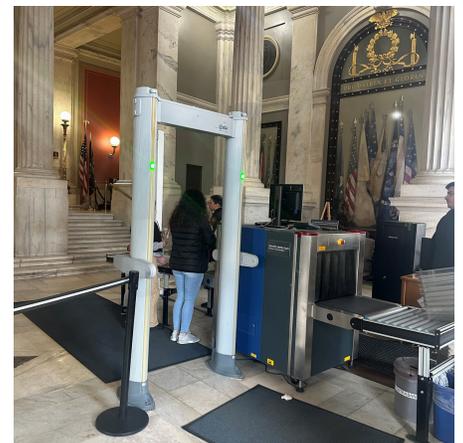
3. Walk up the stairs straight ahead to the second floor.

- Elevators are available just past security.

4. At the top of the stairs, head to the north side of the building.

- The State Library is located on the second floor, Room 208.

You'll see our smiling faces when you get there!



#RICancerActionDay

2026 Rhode Island Cancer Action Day

Legislative Priorities – ACS CAN

March 26, 2026

Together, we will ensure all Rhode Islanders can access and afford the critical screenings and medications they need to detect, treat, and survive cancer.

Please pass legislation to provide:

1

No-Cost Follow-Up Breast Exams

S2032 (Zurier) / H7276 (Fogarty)

- Despite the effectiveness of breast cancer screening, the full benefit of screening has not been achieved because **barriers, like cost, still exist.**
- When patients face high out-of-pocket costs associated with follow-up imaging, they are less likely to receive their medically recommended imaging. As a result, individuals delay treatment and risk their cancer spreading – making it deadlier and costlier to treat.
- **H7276/S2032 will ease the costly burden of breast cancer screening on Rhode Islanders by eliminating out-of-pocket costs for diagnostic and supplemental breast exams.**



[MORE INFO](#)

2

No-Cost Follow-Up Lung Cancer Screenings

S3023 (Vargas) / H8246 (Bennett)

- Lung cancer remains the leading cause of cancer deaths in Rhode Island, while new cases (59.1 per 100,000) continue to outpace the national average (52.8).
- Detecting lung cancer early can have a dramatic effect on survival. For non-small cell lung cancer, the most common lung cancer, the 5-year survival rate is 65% when found at a localized stage but only 9% when found at a distant stage.
- Treating lung cancer at a later stage (Stage 4) is 254% more expensive than treating Lung cancer at an early stage.
- **This legislation will help lower health care costs for insurers and ease the costly burden of lung cancer screenings on Rhode Islanders by eliminating out-of-pocket costs for follow-up exams.**



[MORE INFO](#)

3

Lower Costs for Prescription Drugs

S2253 (Britto) / H7947 (Furtado)

- Many patients have difficulty affording the cost of their prescription drugs, especially those without a cheaper generic alternative available.
- Copay assistance programs provide much needed financial relief to Rhode Islanders who rely on costly medications they may not otherwise be able to afford – **then insurers step in.**
- Now, some insurers in Rhode Island block patient assistance from counting towards a patients' deductible or out-of-pocket maximum – hurting patients and costing them more.
- **S2253 / H7947 will help protect patients' access to critical financial assistance and put money back in the pockets of Rhode Islanders.**



[MORE INFO](#)

DIAGNOSTIC AND SUPPLEMENTAL BREAST IMAGING

January 2026

Breast cancer has the highest treatment cost of any cancer - making early detection critical in reducing long term health care costs. Early detection of breast cancer is not possible without the medically necessary diagnostic and supplemental imaging required to determine the need for a biopsy or rule out breast cancer.

IMPORTANCE OF DIAGNOSTIC AND SUPPLEMENTAL IMAGING

- More than 1,160 individuals are estimated to be diagnosed with breast cancer and nearly 120 will die from the disease in Rhode Island in 2026 alone.
- Despite significant advancements in breast cancer screening and diagnosis over the past 30 years, disparities persist across some demographics.
- Studies show that individuals facing high out-of-pocket costs associated with diagnostic and supplemental imaging are less likely to receive their medically recommended imaging. This can mean that the individual will delay care until the cancer has spread to other parts of the body, making it more deadly and much costlier to treat.

FINANCIAL IMPACT OF DELAYED OR MISSED CARE

- A recent KFF study found that 6 in 10 adults say they are either very or somewhat worried about being able to afford the cost of health care services, with 23% saying their health got worse due to skipped or postponed care.
- According to a study published in Radiology, 1 in 5 patients said they would not go in for recommended follow-up imaging if they had to pay a deductible, with 18% of patients sharing they would skip the initial screening mammogram if they knew they would have to pay a deductible for the follow-up testing.
- Delayed or missed breast imaging can result in later stage diagnosis leading to significantly higher health care costs, extended employment absences, higher disability claims, increased staffing costs and greater retention risks, ultimately straining the workforce.
- By eliminating burdensome financial barriers to comprehensive preventive care, we can drive earlier detection, improve outcomes, reduce the overall costs to the health care system and create a healthier more productive workforce.

States Where Patients Have Access to Needed Breast Imaging Without Out-of-Pocket Costs

Rhode Island Should be Next, Support SB2032/HB7276



DIAGNOSTIC AND SUPPLEMENTAL BREAST IMAGING

Questions? Contact AngelicaKatzatAkatz@Komen.org

(Senate Bill 3023 / House Bill 8246)

Eliminating Cost Sharing for Follow-up Lung Cancer Screening

Despite the effectiveness of lung cancer screening, uptake has been low, with only about 6.5% of the 8.5 million eligible individuals getting screened.¹ Research shows that required cost sharing – including co-pays, co-insurance, and deductibles – can be a significant barrier for individuals who need preventive services.^{2,3} This can be especially true among people with limited incomes for whom these payments can represent a significant percentage of their income.

Out-of-pocket costs for individuals lead to delayed or missed lung cancer screenings. Delayed or missed screenings can lead to delays in follow-up testing and treatment, which ultimately impacts a person's survival. The ability to detect lung cancer early can have a dramatic effect on survival. For non-small cell lung cancer, the most common lung cancer, the 5-year survival rate is 65% when found at a localized stage but only 9% when found at a distant stage.⁴

Removing cost sharing for preventive services has proven to increase the use of these lifesaving services. For example, research shows that the Affordable Care Act provisions that remove cost sharing for preventive services increased utilization of these services.⁵

The Importance of Screening

In the U.S., lung cancer is the most common cause of cancer death and the second most common cancer diagnosed. More than 238,000 people will be diagnosed and 127,070 will die from lung cancer in 2023.⁹ Clinical trials on the effectiveness of lung cancer screening resulted in a 20% reduction in lung cancer mortality.¹⁰ As a result, the American Cancer Society and U.S. Preventive Services Task Force started recommending lung cancer screening for high-risk individuals starting in 2013.

Current Insurance Coverage & Cost Requirements

Federal law requires all Affordable Care Act compliant private insurance plans to cover recommended lung cancer screening services for high-risk individuals without cost sharing, removing a key barrier to these services – especially for individuals with limited incomes. This provision of the federal law has increased access and utilization of these life-saving services.⁶

¹ American Cancer Society. Cancer Facts & Figures 2023. Atlanta: American Cancer Society; 2023. The Clinical Practice Guideline Treating Tobacco Use and Dependence 2008 Update Panel, Liaisons, and Staff. (2008). A Clinical Practice

² Guideline for Treating Tobacco Use and Dependence: 2008 Update: A U.S. Public Health Service Report. American Journal of Preventive Medicine, 35(2), 158–176. <http://doi.org/10.1016/j.amepre.2008.04.009>

³ Han X, Robin Yabroff K, Guy GP, Zheng Z, Jemal A. Has recommended preventive service use increased after elimination of cost-sharing as part of the Affordable Care Act in the United States? Prev Med. 2015 Sep;78:85-91. doi: 10.1016/j.jpmed.2015.07.012.

⁴ The American Cancer Society. Lung Cancer Survival Rates. Accessed October 13, 2023. <https://www.cancer.org/cancer/types/lung-cancer/detection-diagnosis-staging/survival-rates.html>

⁵ Skopec, L. Banthin, J. Free Preventive Services Improve Access to Care, July 2022. Accessed October 20, 2023. <https://www.urban.org/sites/default/files/2022-07/Free%20Preventive%20Services%20Improve%20Access%20to%20Care.pdf>

While the law is clear that cost sharing should not apply to preventive services, without federal or state laws defining what constitutes screening, payers are determining what is or is not a no-cost preventive service. As a result, individuals are being charged when additional screening tests are recommended, such as after an abnormal screening or if supplemental screening is recommended for people who are above average risk.

For a person being screened for lung cancer, this can include a charge for testing after an initial abnormal scan, such as needle biopsy, cytology, or bronchoscopy. One study found that the out-of-pocket costs for follow-up screening tests among individuals whose insurance covered lung cancer screening averaged \$424.05 per individual with a range of \$0 to \$7,498.74.⁷ The costs associated with follow-up testing as part of screening undermine the benefit of screening in reducing death from lung cancer, leaving people unscreened for cancer, having the potential to delay a diagnosis of cancer.

ACS CAN Position

ACS' "Position Statement on the Elimination of Patient Cost-Sharing Associated with Cancer Screening and Follow-up Testing"⁸ states that screening is a "continuum of testing rather than a single recommended screening test, and that irrespective of individual risk, screening is a process that includes a recommended screening test and all follow-up tests described as diagnostic and judged to be integral and necessary to resolve the question of whether an adult undergoing screening has cancer." The statement makes clear that these "tests should be covered without any patient cost-sharing."

ACS CAN supports comprehensive insurance coverage and the elimination of cost sharing for recommended lung cancer screening and follow-up testing for asymptomatic individuals by all payers.

Please support
Senate Bill 3023 / House Bill 8246
to eliminate costs for follow-up lung cancer screenings

⁶ Office of Health Policy: Assistant Secretary for Planning and Evaluation, Access to Preventive Services without Cost-Sharing: Evidence from the Affordable Care Act, U.S. Dep't of Health and Hum. Serv., at 8 (Jan. 11, 2022),

<https://aspe.hhs.gov/sites/default/files/documents/786fa55a84e7e3833961933124d70dd2/preventive-services-ib-2022.pdf>

⁷ Tailor TD, Bell S, Fendrick AM, Carlos RC. Total and out-of-pocket costs of procedures after lung cancer screening in a national commercially insured population: estimating an episode of care. J. American College of Radiology VOLUME 19, ISSUE 1, P35-46, JANUARY 2022

⁸ American Cancer Society. Position Statement on the Elimination of Patient Cost-Sharing Associated with Cancer Screening and Follow-up Tests. 2023. Accessed October 20, 2023. <https://www.cancer.org/health-care-professionals/american-cancer-society-prevention-early-detection-guidelines/overview/acs-position-on-cost-sharing-for-screening-and-follow-up.html>

⁹ American Cancer Society. Cancer Facts & Figures 2023. Atlanta: American Cancer Society; 2023.

¹⁰ National Lung Screening Trial Research T, Aberle DR, Adams AM, et al. Reduced lung-cancer mortality with low-dose computed tomographic screening. N Engl J Med. Aug 4 2011;365(5):395-409. doi:10.1056/NEJMoa1102873. de Koning HJ, van der Aalst CM, de Jong PA, et al. Reduced Lung-Cancer Mortality with Volume CT Screening in a Randomized Trial. N Engl J Med. Feb 6 2020;382(6):503-513. doi:10.1056/NEJMoa1911793.

Protecting Access to Patient Assistance:

Helping Rhode Islanders Afford the Medications They Need
March 2026



What are Patient/Copay Assistance Programs?

- Many patients have difficulty affording the cost of their prescription drugs, especially those without a cheaper generic alternative available. **Copay assistance programs can provide much needed financial relief to cancer patients and those with chronic illnesses who rely on costly medications.**
- In many cases, a cancer patient needs a drug that does not yet have a modestly-priced generic or other alternative to taking the specific medication their provider has prescribed.
- These programs, offered by manufacturers, charitable organizations, and other third parties, help offset the burden of high-cost drugs and give patients access to life-saving drugs they otherwise could not afford.

The Problem

- In recent years, insurers have implemented so-called 'Copay Accumulator Adjustment Programs', a tool which allows an individual to use copay assistance, but doesn't count the amount of the support used towards the individual's deductible or max out-of-pocket amount (MOOP).
- Even as patient assistance is being paid to the insurer on behalf of the patient, only the funds spent directly by the individual count, meaning patients see greater out-of-pocket costs and take longer to reach their required deductibles and out-of-pocket maximums.
 - **Copay Accumulator Adjustment Programs put patients and their families in an impossible situation of having to choose between their health and other financial obligations.**
- A May 2022 survey conducted by the American Cancer Society Cancer Action Network (ACS CAN) found that over a quarter of those who enrolled in patient assistance programs report that the assistance they received was not applied to their deductible or other out-of-pocket cost requirements and another 22% were unsure.
 - Most people enrolled in copay assistance programs agree that this assistance provides access to medication that they otherwise couldn't afford.
- **28 states, Washington, DC and Puerto Rico have already taken action to restrict discriminatory accumulator policies through legislation or regulatory action.**

Patient Assistance & Health Equity

Prescription drug costs are a challenge for nearly one-third of cancer patients and survivors, with one-in-five individuals skipping or delaying taking prescribed medications due to costs. The negative impacts of not being able to benefit from a copay assistance program are even greater among some patient populations, with many Black, Hispanic, and Asian cancer patients and survivors reporting they have declined treatment due to cost after finding they were unable to enroll in a copay assistance program.

Please Support S2253 / H7947 to Protect Patient Access to Copay Assistance and Help Rhode Islanders Afford the Medications They Need

Please Support S2253 / H7947 to Protect Patient Access to Copay Assistance and Help Rhode Islanders Afford the Medications They Need

Impact on Rhode Islanders

“I rely on my copay assistance card to help me afford the drugs I need to live a life free from the pain and discomfort caused by my condition. When my insurance stepped-in and told me that any assistance I get to help me afford my medications would not be credited toward my deductible, I was devastated.

I believe it is wrong for insurance companies to make it more difficult for patients to afford the drugs they need. It is time for Rhode Island to join other states that have put an end to these harmful insurance company tactics.”

Paul A. – Woonsocket, RI



Supporters in the Ocean State:



For more information please contact:

Ryan Timothy Strik,

Rhode Island Government Relations Director, ACS CAN

Ryan.Strik@cancer.org | (401) 259-1052

Hook, Line, & Sinker



The hook, line and sinker strategy will help ensure you cover key messages and conduct an effective and successful meeting with your lawmaker.

Hook: Who You Are

Tell them who you are. Remember, you are a voter, a survivor/caregiver/advocate and their constituent. Make sure everyone in the group introduces themselves.

State why you are here by introducing the asks.

Line: Share Your Stories & Statistics

Be informative, be thorough and be concise. Provide your lawmaker with personal stories. They'll appreciate real-life examples that put a human face on the issue. Discuss how the legislation will directly affect you, your friends and your family. Personal stories truly make an impact and achieve results.

Sinker: The Request

Ask your legislator their position on the issues. Be polite, direct, and specific. Wait for their response. It is important to get a clear answer to provide on your report back form.

Answer any questions to the best of your ability. If you don't know the answer, it's OK to say, *"That's a good question, I'm not positive on the answer, and I'll need to get back to you."* Don't answer any questions you're not 100% sure you know the answer to – make sure to list them on your report back forms. This is an excellent opportunity for staff to follow-up with the lawmaker after CAD!

Leave on a positive note. As you wrap up the conversation, repeat one last time what action you hope the lawmaker will support. Make sure your lawmaker and/or their staff member receives a copy of the leave-behind materials. Thank them for their time and state that you'd be happy to serve as a continued resource.

#RICancerActionDay

Hook, Line, & Sinker Continued



Hook

- Leader states who they are where they are from.
- The rest of the group is introduced.
- *“We are here today to ask for...”*

Line

- What is the problem we are trying to solve?
- What is the proposed policy solution?
- What is a data point to back up that solution?
- Share your cancer connection and how it relates to the ask.
- Add your personal story
 - Why are you passionate about the fight against cancer?
 - How can you find a connection to the asks?

Sinker

- *“In conclusion...”*
 - *Will you support [specific bill/proposal] to help cancer patients by [state ask]?*

**Don't forget the, “Thank you!”
Feel free to ask for a picture/ selfie AFTER your
meeting.**

#RICancerActionDay

Lawmaker Meetings: Suggested Script



"Thank you, Representative/Senator [Name] for taking the time to meet with your cancer-fighting constituents today."

"My name is [Your Name], and I am an ACS CAN volunteer. With me are constituents and advocates from around your district to talk about their cancer stories."

- Introduce constituent(s) in the room with you.

During this meeting we would like to discuss:

- H7276 & S20232, which would prohibit cost-sharing for diagnostic and supplemental breast exams necessary after an initial mammography;
- S2864 & H####, which would help lower health care costs for insurers and ease the costly burden of lung cancer screenings on Rhode Islanders; and
- S2253 & H7947, which would protect patient access to critical prescription drug assistance programs and help make medications more affordable for Rhode Islanders.
- "These issues are important to me because..."
 - Share your personal story and connect it to the importance of affordability and access to care. If another volunteer has a personal story that has a strong connection, please introduce them and have them speak.

The ASKS:

- **Will you support S2032 and H7276 that will eliminate out-of-pocket costs for diagnostic and supplemental breast exams?**
-
- **Will you support S3023 and H8246 that will eliminate out-of-pocket costs for follow-up lung cancer screenings?**
- **Will you support S2253 and H7947 that will protect access to critical patient assistance programs and help make medications more affordable?**

Remember, we want to hear a yes or no answer.

- If your elected official answers yes to this question, that is great! Thank him/her for their support.
- If your member answers no, ask why and if there is further information you can provide after the meeting. Include that information on your report back form.
- If your member doesn't give a direct yes or no answer, ask for clarification.
- You should plan to follow-up with your lawmakers 1-2 weeks after your meeting (by phone or email) to ensure their questions are answered and check on their level of support.

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Lawmaker Meeting: Best Practices



Do:

Look and act professional.

Introduce yourself and tell the legislator where you are from.

Stay on message.

Be prepared to wait.

Know and understand the asks.

Be efficient and articulate; the meeting should be brief and concise.

Ask for your legislator's support for the issues.

Stop discussing the issue if you get a "Yes".

Leave a one-pager about the issue.

Turn off your cell phone.

Thank the lawmaker.

Don't:

Attempt to answer questions you don't know the answer to or commit to anything you aren't certain of.

Get angry or hostile.

Get distracted by small talk.

Mention your political affiliation.

Leave behind materials that aren't provided in this packet.

Lobby on other issues.

Get defensive if an elected official doesn't support our legislation.

Lawmaker Meetings: Notes



Keep track of your meetings:

Chamber	Name	Meeting Time	Meeting Notes	Do they support or oppose?	Do they have a cancer story?
House					
Senate					

Meeting Outline:

Hook: Leader makes introduction.

Line: Explain the need.

Sinker: Make the ask.

Remember:

Be polite and professional to lawmakers and staff.

It is okay to look at your notes!

Your personal story matters more than anything else.

Your legislators work for you and your voice matters.

#RICancerActionDay

Report Back Form



HOW WAS YOUR MEETING?

Report back and let us know how your meeting went!

Your feedback helps our staff provide additional information to lawmakers and make strategic decisions in successful campaigns. Share with us what you heard from your lawmaker during your recent visit.

Remember, one report back form should be completed for each lawmaker meeting.



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Before Event

- Draft 3 social media posts that you can later copy and paste.
 - Who do you want to reach?
 - What story are you trying to tell?
 - What is one fact you want people to know?
- Share your personal story related to our asks at Cancer Action Day the night before.
- Follow your lawmakers on social media.

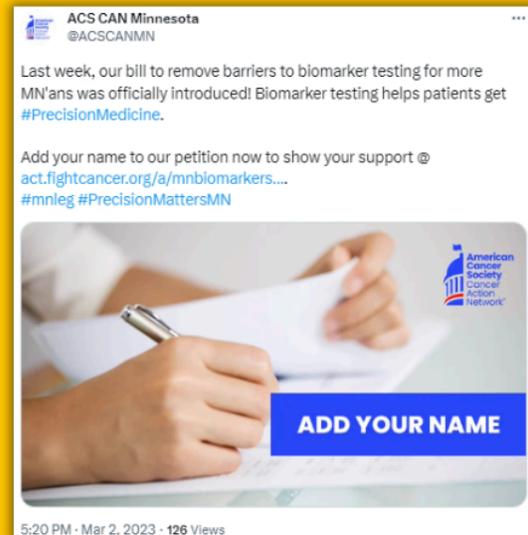
During Event

- Don't forget to post about what's happening in real time!
- Use #RICancerActionDay in every post.
- Post updates, pictures, and tag lawmakers who volunteers are visiting.
- Tell lawmakers and their staff about our hashtag and handle and encourage them to use it.
- Thank lawmakers for meeting with us in a post and tag them in it. If possible, include a photo with the lawmaker for better engagement.
- Post an accompanying action alert for your campaign on your social media channels.

After Event

- Post pictures of lawmaker meetings and tag their handles. Remember to mention the legislation or campaign discussed and include the event hashtag.
 - Also, please send those pictures to your ACS CAN staff partner!
- Like, share, and comment on volunteers' posts.
- Share ACS CAN Rhode Island posts on social media.

Social Media Continued



Sample Posts

- Next week I'll be heading to Providence for the #RICancerActionDay to ask lawmakers to support legislation to reduce the burden of cancer. Will you join me? Sign up at: <https://www.fightcancer.org/events/rhode-island-2026-cancer-action-day>
- Today I'm in Providence for the #RICancerActionDay to meet with [[@LAWMAKERHANDLE](#)] and [[@LAWMAKERHANDLE](#)] to support legislation to help cancer patients access the screenings and medications they need.
- Yesterday/last week, I met with [[@LAWMAKERHANDLE](#)] at #RICancerActionDay to ask for [[his/her/their](#)] support on legislation to help cancer patients access the screenings and medications they need.

Post-Event



Congratulations!

Cancer Action Day is completed! You should feel proud of the effort and the impact of your meetings.

Please complete the following steps to finalize your experience.

Social Media Posts:

Thank you @[legislator handle] for meeting with @ACSCANRI volunteers today to hear our stories and policy priorities. Together we can #FightCancer!
#RICancerActionDay

Sorry we missed you, @[Legislator handle], during @ACSCANRI Cancer Action Day. We hope you will prioritize cancer patients in your policy positions this session.
#RICancerActionDay

Hand-Written Notes:

Use the cards in your packet and write:

- “Sorry we missed you!” to any legislator that you were unable to speak with.
- A brief “thank you” to all the legislators who took the time to meet with you.

*Return your notes to Nikki Neifeld

Stay Involved:

Follow us on social media @ACSCANRI.

Visit [FightCancer.org/RI](https://fightcancer.org/RI).

Sign up to volunteer! [FightCancer.org/RIVolunteer](https://fightcancer.org/RIVolunteer).

Remember:

Cancer Action Day supports our continuous efforts to advance our priorities.

Consider how to continue our life-saving work using what you learned from this event.

What do I wear?

Dress in your blue ACS CAN shirt or business casual attire. Don't forget to wear comfortable walking shoes. Please let staff know ahead of time if you do not have a blue shirt.

What time do I need to be at the State House? When are we done?

The speaking program will begin at 3:00 PM. We recommend you arrive early to allow yourself time to park, get through security, and walk to the State Library, Room 208.

After the speaking program concludes at 3:40 PM, you will have the opportunity to go into the House & Senate chambers to meet with your lawmakers.

Who should I contact with questions?

Nikki Neifeld, Grassroots Manager

- Phone: 804-721-2411
- Email: Nicole.Neifeld@cancer.org

Ryan Strik, Government Relations Director

- Phone: 401-259-1052
- Email: Ryan.Strik@cancer.org

What should I bring with me?

Bring this packet of information, a watch or cell phone to keep track of time, and a notebook to take additional notes during lawmaker meetings, if needed.

Contact:

For questions about this information, please email
Nicole Neifeld, Grassroots Manager
Nicole.Neifeld@cancer.org
804-721-2411

