STATE AND LOCAL LEGISLATIVE PRIORITIES

PREVENTION

TOBACCO CONTROL

ACS CAN WORKS IN PARTNERSHIP WITH STATE AND LOCAL POLICY MAKERS ACROSS THE COUNTRY TO ENSURE TOBACCO USE IS ADDRESSED COMPREHENSIVELY IN EACH COMMUNITY. ACS CAN SUPPORTS A COMPREHENSIVE APPROACH TO TACKLING TOBACCO USE THROUGH POLICIES THAT:

1. INCREASE THE PRICE OF ALL TOBACCO PRODUCTS THROUGH REGULAR AND SIGNIFICANT TOBACCO TAX INCREASES.
2. IMPLEMENT COMPREHENSIVE SMOKE-FREE AND TOBACCO-FREE POLICIES.
3. FULLY FUND AND SUSTAIN EVIDENCE-BASED, STATEWIDE TOBACCO USE PREVENTION AND CESSATION PROGRAMS.

LIKE A THREE-LEGGED STOOL, EACH COMPONENT WORKS IN CONJUNCTION WITH THE OTHERS, AND ALL THREE ARE NECESSARY TO OVERCOME THIS COUNTRY'S TOBACCO EPIDEMIC.

CIGARETTE EXCISE TAXES

THE AVERAGE STATE CIGARETTE EXCISE TAX IS

$1.65 PER PACK (AS OF 8/26/16).

ONLY **22*** STATES HAVE TAX RATES ABOVE THE NATIONAL AVERAGE

*plus DC, Puerto Rico and Guam

ACS CAN RECOMMENDS **INCREASING CIGARETTE TAXES BY A MINIMUM OF $1 PER PACK** TO HAVE A MEANINGFUL PUBLIC HEALTH IMPACT.

SMOKE-FREE LAWS

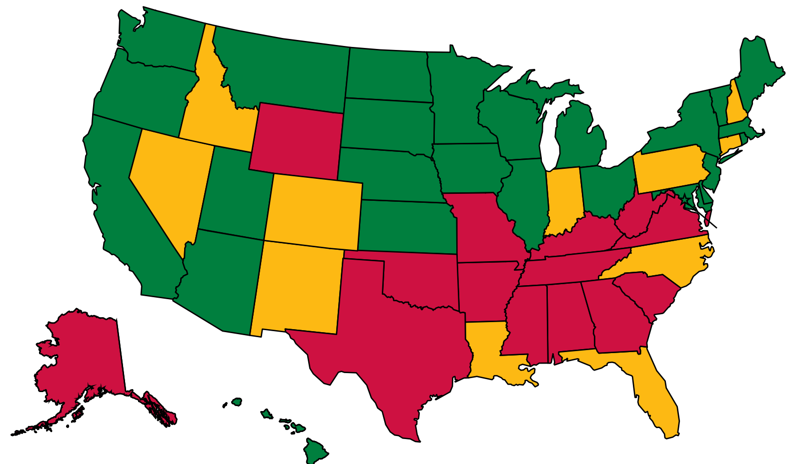
SMOKE-FREE LAWS ARE THE BEST WAY TO:

- REDUCE EXPOSURE TO SECONDHAND SMOKE.
- ENCOURAGE AND INCREASE QUITTING AMONG SMOKERS.
- REDUCE HEALTH CARE, CLEANING AND LOST PRODUCTIVITY COSTS.

25 STATES HAVE A STATEWIDE SMOKE-FREE LAW COVERING ALL NON-HOSPITALITY WORKPLACES, INCLUDING RESTAURANTS AND BARS.

11 STATES HAVE A STATEWIDE SMOKE-FREE LAW COVERING ONE OR TWO TYPES OF WORKPLACES (AS OF 07/16).

14 STATES DO NOT HAVE ANY TYPE OF STATEWIDE SMOKE-FREE LAW.



TOBACCO CONTROL PROGRAM FUNDING

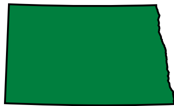
COMPREHENSIVE, ADEQUATELY FUNDED STATEWIDE PROGRAMS WILL RESULT IN FEWER TOBACCO USERS AND MORE LIVES SAVED FROM PREMATURE TOBACCO-RELATED DEATHS.

STATES WILL COLLECT

IN TOBACCO REVENUE FROM TOBACCO SETTLEMENT FUNDS AND TOBACCO TAXES IN FISCAL YEAR 2016.

WILL SUPPORT PREVENTION AND CESSATION EFFORTS.

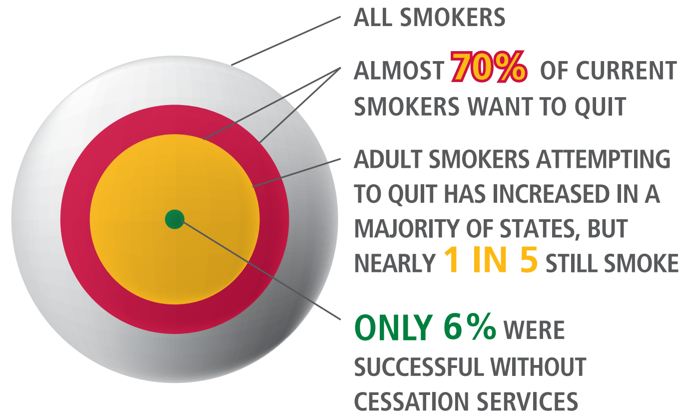
CURRENTLY, ONLY



NORTH DAKOTA

FUNDS TOBACCO CONTROL PROGRAMS AT THE CDC RECOMMENDED LEVEL.

CESSATION SERVICES



STATES WITH COMPREHENSIVE TOBACCO PREVENTION AND CESSATION PROGRAMS THAT INCLUDE SERVICES FOR A WIDE SCOPE OF THEIR POPULATION EXPERIENCE **FASTER DECLINES** IN

CIGARETTE SALES,

SMOKING PREVALENCE AND

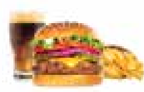
LUNG CANCER INCIDENCE

THAN STATES THAT DO NOT INVEST IN THESE PROGRAMS.

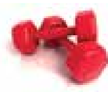
HEALTHY EATING ACTIVE LIVING

20% OF ALL CANCERS ARE TIED TO

EXCESS WEIGHT



POOR NUTRITION



PHYSICAL INACTIVITY

ACS CAN'S POLICY PRIORITIES ARE TO

INCREASE THE QUALITY AND QUANTITY OF PHYSICAL EDUCATION IN K-12 SCHOOLS, SUPPLEMENTED BY ADDITIONAL SCHOOL-BASED PHYSICAL ACTIVITY.

ESTABLISH STRONG NUTRITION STANDARDS FOR ALL FOODS AND BEVERAGES SOLD OR SERVED IN SCHOOLS.

ADVOCATE FOR FUNDING FOR RESEARCH AND INTERVENTIONS TO REDUCE OBESITY, IMPROVE NUTRITION, AND INCREASE PHYSICAL ACTIVITY.

INDOOR TANNING

STUDIES HAVE SHOWN USING AN INDOOR TANNING DEVICE BEFORE THE AGE OF 35 INCREASES THE RISK OF MELANOMA BY 59%.

SKIN CANCER IS THE MOST COMMONLY DIAGNOSED CANCER IN THE US, AND RATES HAVE BEEN RISING FOR THE PAST 30 YEARS.

ACS CAN SUPPORTS STATE LAWS THAT PROHIBIT THE USE OF INDOOR TANNING DEVICES FOR EVERYONE UNDER AGE 18.

13* STATES HAVE LAWS PROHIBITING TANNING FOR THOSE UNDER AGE 18, WITH NO EXEMPTIONS. *including DC

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ACCESS TO CARE

INDIVIDUALS WITHOUT HEALTH INSURANCE ARE MORE LIKELY TO BE DIAGNOSED WITH CANCER AT A LATER STAGE AND MORE LIKELY TO DIE FROM THE DISEASE. ACS CAN BELIEVES ALL AMERICANS SHOULD HAVE ACCESS TO AFFORDABLE, QUALITY HEALTH CARE COVERAGE.

ACS CAN PROPOSES THE FOLLOWING POLICY SOLUTIONS TO IMPROVE ACCESS TO CARE:

- INCREASING ACCESS TO HEALTH CARE COVERAGE THROUGH MEDICAID
- PRESERVING MEDICAID BREAST AND CERVICAL CANCER TREATMENT PROGRAMS
- HEALTH PLAN NETWORK ADEQUACY
- PRESCRIPTION DRUG COVERAGE TRANSPARENCY
- ELIMINATING THE TOBACCO RATING
- ACCESS TO PRESCRIPTION DRUGS
- ORAL CHEMOTHERAPY FAIRNESS

INCREASE ACCESS TO HEALTH COVERAGE THROUGH MEDICAID

19 STATES ARE DENYING NEARLY 5 MILLION AMERICANS ACCESS TO HEALTH CARE COVERAGE. THESE INDIVIDUALS FALL INTO THE

COVERAGE GAP

UNABLE TO QUALIFY FOR MEDICAID OR FEDERAL TAX CREDITS.

INCREASING ACCESS TO HEALTH CARE COVERAGE THROUGH MEDICAID WILL ENSURE ALL AMERICANS LIVING IN POVERTY WHO QUALIFY FOR MEDICAID WILL HAVE ROUTINE ACCESS TO CANCER PREVENTION, EARLY DETECTION AND TREATMENT SERVICES.

CANCER PAIN

STATES MUST PLAY A STRONG ROLE IN ENSURING PATIENTS HAVE ACCESS TO PAIN MANAGEMENT.

CANCER PAIN CAN BE RELIEVED.

STATE POLICIES GOVERNING THE PRACTICE OF HEALTH CARE PROFESSIONALS, INCLUDING THE LEGITIMATE USE OF PAIN MEDICATIONS, ARE CRITICAL TO CREATING AN ENVIRONMENT WHERE THE RISK OF ILLICIT DRUG USE IS BALANCED WITH ACCESS TO APPROPRIATE MEDICATIONS FOR PATIENTS SUFFERING FROM PAIN.

MEDICAID BREAST AND CERVICAL CANCER TREATMENT PROGRAMS

ACS CAN STRONGLY OPPOSES PROPOSALS TO ELIMINATE ACCESS TO POTENTIALLY LIFESAVING BREAST AND CERVICAL CANCER SCREENING AND TREATMENT PROGRAMS. ACS CAN STRONGLY ENCOURAGES STATES TO MONITOR AND EVALUATE THE DEMAND AND CONTINUED NEED FOR THEIR SCREENING AND TREATMENT PROGRAMS PRIOR TO CONSIDERING ANY PROPOSALS TO ELIMINATE ELIGIBILITY FOR THESE PROGRAMS.

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ACCESS TO COLORECTAL CANCER SCREENING

ACS CAN CHALLENGES POLICY MAKERS TO MAKE COLORECTAL CANCER SCREENING A PRIORITY AND TO SUPPORT POLICIES THAT WILL REMOVE BARRIERS AND IMPROVE ACCESS TO SCREENING SERVICES.

COLORECTAL CANCER IS

THE SECOND LEADING CAUSE OF CANCER DEATH IN MEN AND WOMEN WHEN COMBINED.

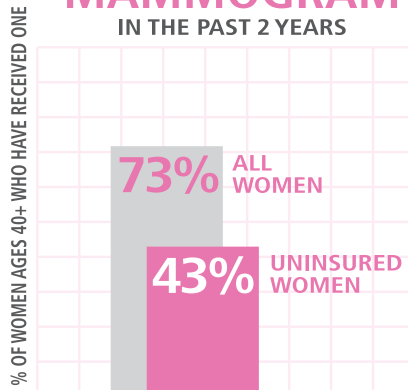
MORE THAN **50,000** PEOPLE IN THE US ARE EXPECTED TO DIE THIS YEAR.

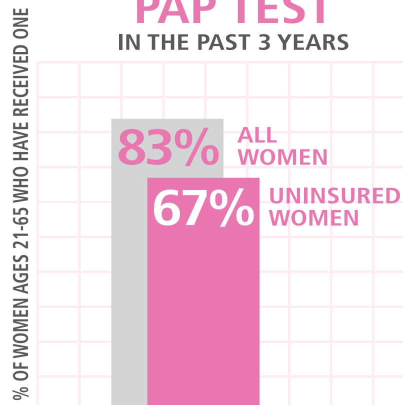
THE THIRD MOST COMMONLY DIAGNOSED CANCER AMONG MEN AND WOMEN.

APPROXIMATELY **134,900** PEOPLE IN THE US ARE EXPECTED TO BE DIAGNOSED THIS YEAR.

CURRENTLY, ONLY 59% OF ADULTS (50+) ARE BEING SCREENED FOR COLORECTAL CANCER. HELP US INCREASE SCREENING RATES TO 80% BY 2018.

ACCESS TO BREAST AND CERVICAL CANCER SCREENING





ONE OF THE MOST IMPORTANT FACTORS FOR ENSURING ACCESS TO BREAST AND CERVICAL CANCER SCREENINGS IS **ADEQUATE FUNDING** OF STATE SCREENING PROGRAMS.

THE NATIONAL BREAST AND CERVICAL CANCER EARLY DETECTION PROGRAM (NBCCEDP) WILL REMAIN A LIFELINE FOR LOW-INCOME, UNINSURED AND UNDERINSURED WOMEN, ESPECIALLY THOSE WHO RESIDE IN STATES THAT HAVE NOT INCREASED ACCESS TO MEDICAID.

PALLIATIVE CARE

PALLIATIVE CARE IS SPECIALIZED MEDICAL CARE FOCUSED ON PROVIDING THE BEST POSSIBLE QUALITY OF LIFE FOR A PATIENT, AT ANY AGE AND ANY STAGE, AND THEIR FAMILY BY OFFERING RELIEF FROM PAIN, STRESS AND OTHER SYMPTOMS OF A SERIOUS CHRONIC ILLNESS.

ACS CAN HAS CREATED MODEL PALLIATIVE CARE LEGISLATION FOCUSED ON PUBLIC EDUCATION AND ACCESS AND URGES LAWMAKERS TO ADOPT THIS, OR SIMILAR LEGISLATION, IN THEIR STATE.