

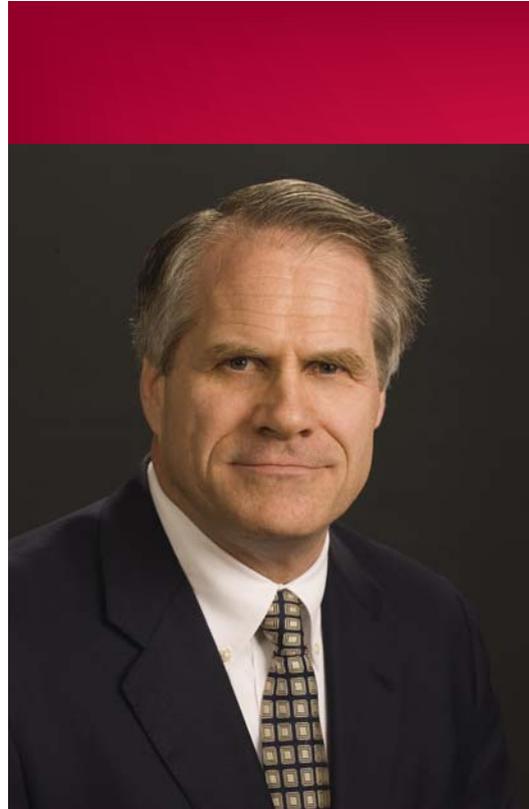


# the power of advocacy

## 2010 ADVOCACY ACCOMPLISHMENTS

*If one American CAN fight cancer, a nation CAN rise up and defeat it.*





CHRISTOPHER W. HANSEN, PRESIDENT  
American Cancer Society Cancer Action Network

Dear Friends,

The year 2010 was an extraordinary one for the advocacy efforts of the American Cancer Society and its nonprofit, nonpartisan advocacy affiliate, the American Cancer Society Cancer Action Network (ACS CAN).

In 2010, ACS CAN seized a unique opportunity to begin improving our nation's health care system, a system that has stood in the way of the Society and ACS CAN's shared mission of eliminating cancer as a major health problem. The enactment of the Patient Protection and Affordable Care Act on March 23, 2010, represented a major step forward in the Society and ACS CAN's years-long efforts to improve access to quality, affordable health care nationwide for people with cancer or at risk for cancer.

Also in 2010, the Society and ACS CAN led the way as five states implemented strong smoke-free laws that protect workers and patrons from deadly secondhand smoke. Six states raised tobacco taxes, a proven way to lower smoking rates and consumption. They included South Carolina, which raised its tobacco tax for the first time since 1977, and New York, which now has the nation's highest cigarette tax at \$4.35 per pack.

Since assuming the role of president of ACS CAN on June 1, 2010, I have been repeatedly struck by the dedication, energy, and skill of our staff and volunteers nationwide. With a background of more than 30 years in public policy, I could not think of a better mission to work for and am excited to lead ACS CAN into its next successful chapter.

Every day, Society and ACS CAN staff and volunteers across the country help save lives -- whether it's by contacting an elected official, attending an advocacy event, or standing up and speaking out for laws and policies that help people fight cancer. Thank you for all you do to make our continued success possible.

Christopher W. Hansen



## table of contents

<i>What is ACS CAN?</i>	3
<i>Advocacy's Role in the Fight Against Cancer</i>	5
<i>Volunteers: the Heart of ACS CAN</i>	7
<i>National Leadership Summit and Lobby Day</i>	8
<i>The Power of the Movement</i>	8
<i>2010 Advocacy Milestones</i>	9
<i>Increasing Access to Care and Implementing the Affordable Care Act</i>	9
<i>Reducing Tobacco's Toll</i>	13
<i>Sustained Investment in Cancer Research and Prevention</i>	17
<i>20 Years of Early Detection for Breast and Cervical Cancer</i>	18
<i>Nutrition and Physical Activity</i>	19
<i>Voter Education Program</i>	20
<i>State-By-State and Local Highlights</i>	21
<i>Awards</i>	28
<i>Donors</i>	29
<i>Special Thanks</i>	37

# WHAT IS ACS CAN?

The American Cancer Society Cancer Action Network (ACS CAN) is a nationwide grassroots movement that advances the cancer community's interests at all levels of government, ensuring that the more than 11 million Americans alive today with a history of cancer have a voice in public policy matters that impact the fight against the disease. Created in 2001 as the nonprofit, nonpartisan advocacy affiliate of the American Cancer Society (the Society), ACS CAN unites and empowers cancer patients, survivors, caregivers, and their loved ones, giving them the training and tools they need to be heard in the halls of government. With more than 500,000 advocates, ACS CAN is a powerful force behind legislative victories and policy successes that help save lives.

The Society and ACS CAN are independent organizations with a similar mission: to eliminate cancer as a major health problem. ACS CAN builds on the Society's nearly 100 years of excellence to engage in the advocacy arena, where the Society is limited in the amount and types of work it can do. With an enhanced set of tools at its disposal, ACS CAN focuses on lobbying local, state, and federal officials, leading issue campaigns for laws that fight cancer, and educating the public about candidate positions on cancer issues.

ACS CAN utilizes applied policy analysis, direct lobbying, grassroots action, and media outreach to accomplish advocacy goals, but science remains paramount. ACS CAN pursues



only policy and legislative solutions that are solidly backed by evidence. ACS CAN engages in voter education efforts to provide the public with information about candidate positions on cancer-related issues. ACS CAN does not endorse candidates, political parties, or party platforms, and it is not a political action committee (PAC).

ACS CAN also monitors court cases that could impact its mission through its Judicial Advocacy Initiative. The Judicial Advocacy Initiative is involved in everything from the employment rights of cancer patients and survivors, to the accessibility of quality medical care, to ensuring that courts consider science-based information when rendering judgment in cases that greatly impact cancer patients, survivors, and their families.



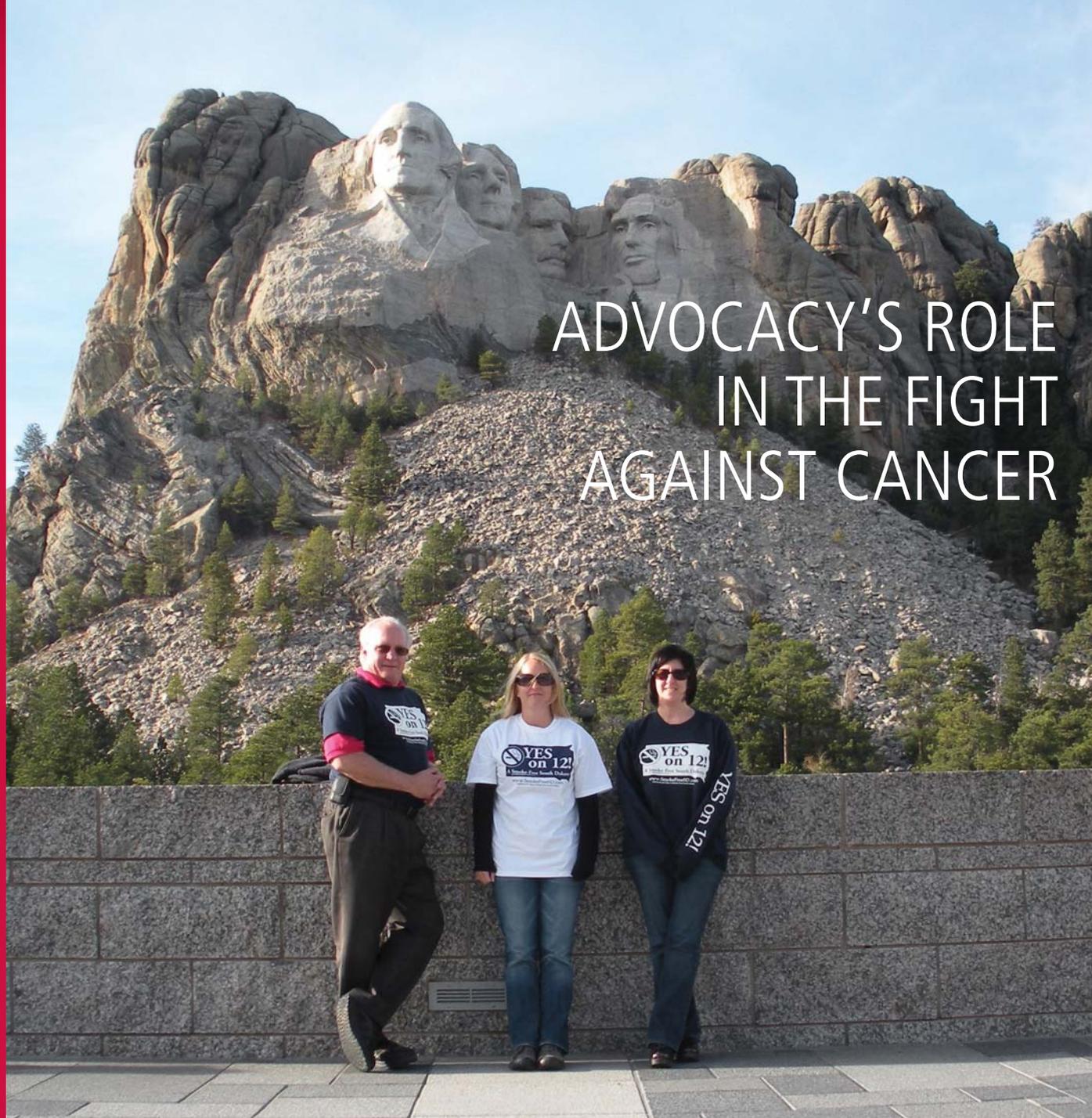
## American Cancer Society Mission Statement

*The American Cancer Society is the nationwide, community-based, voluntary health organization dedicated to eliminating cancer as a major health problem by preventing cancer, saving lives, and diminishing suffering from cancer, through research, education, advocacy and service.*

*The Society's national headquarters is in Atlanta, Georgia, and its 12 Divisions nationwide carry out the Society's mission at the state and local levels.*

## American Cancer Society Cancer Action Network Mission Statement

*ACS CAN, the nonprofit, nonpartisan advocacy affiliate headquartered in Washington, D.C., supports evidence-based policy and legislative solutions designed to eliminate cancer as a major health problem. ACS CAN works 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.*



# ADVOCACY'S ROLE IN THE FIGHT AGAINST CANCER

Winning the war on cancer is as much a public policy challenge as it is a scientific and medical challenge. From ensuring that all Americans have access to adequate, affordable health insurance, to enacting laws proven to reduce tobacco consumption, to increasing funding for cancer research and programs, interaction with local, state, and federal governments is constantly required. That's why the Society and ACS CAN work together to make cancer a top national priority by communicating with elected officials across the country through a community-based grassroots network of cancer patients, survivors, caregivers, volunteers, staff, health care professionals, public health organizations, and other partners.

The importance of advocacy is underscored by the fact that advocacy, along with the elimination of disparities, serves as a pillar supporting each of the areas where the Society has determined that it can have the most influence. These areas include: supporting high-impact research; preventing cancer and detecting it in its earliest stages; fostering better decision making through information; and improving quality of life for cancer patients, survivors, and caregivers. The nexus between such disparities and advocacy is strong. Despite notable progress, the uninsured, minorities, and other medically underserved populations still are not benefiting fully from advances in cancer prevention, screening, and treatment. The Society and ACS CAN strive to help create, change, and influence public policies that significantly reduce disparities and promote outreach to diverse communities. Advocacy efforts are targeted within all of these areas to achieve maximum results.

ACS CAN conducts federal advocacy campaigns nationwide and leads state and local advocacy campaigns in the 12 states of the Society's Great West Division. In the remaining 38 states, Society Divisions direct state and local advocacy campaigns. The Society's National Home Office grants funds in support of ACS CAN and Division advocacy efforts. ACS CAN directly raises funds for activities that the Society is not permitted to fund, including voter education activities, organization building, and fundraising.



Chief Executive Officer  
*John R. Seffrin, PhD*



Chair, Board of Directors  
*Gary M. Reedy*

## ACS CAN Board

*ACS CAN's Board of Directors is comprised of volunteers who lead ACS CAN in partnership with ACS CAN's Chief Executive Officer, John R. Seffrin, PhD, and President, Christopher W. Hansen. Each of the Society's 12 Divisions is represented on the Board.*

*In 2009-2010, the Board was chaired by Robert E. Youle, Esq. Members included: George W.P. Atkins; Kathleen M. Bond (secretary); William H. Boykin, Jr, MD; Deborah J. Cornwall; Lewis E. Foxhall, MD; Robert R. Kugler, Esq. (treasurer); Mary Maryland, PhD; Karen A. Moffitt, PhD; Gary M. Reedy; William G. Robbins; Christy A. Russell, MD; Peter S. Sheldon, Esq.; Gary Streit, Esq.; Stephen L. Swanson; Eric W. Taylor, MD; Alan G. Thorson, MD, FACS; and Phylecia Wilson.*

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*The thriving partnership between Relay For Life®, the Society's signature fundraising event, and advocacy marches on, with more Relays integrating advocacy into their events and more Relay volunteers embracing advocacy as a powerful means of fighting back against cancer than ever before.*

## Volunteers: The Heart of ACS CAN

Volunteer advocates from every corner of the country are the heart of ACS CAN's advocacy efforts. They are cancer patients, survivors, caregivers, family members, and others whose lives have been touched by the disease. They repeatedly show their willingness to call, email, and meet with elected officials, policymakers, the media, and other volunteers like them in support of policies that help fight cancer. This nationwide movement is organized under a sophisticated grassroots model that facilitates the efforts of advocates, energizes volunteers, nurtures a new generation of leaders, and inspires others to join ACS CAN in fighting cancer.

Central to the grassroots structure is the Ambassador Constituent Team, whose volunteer members work closely with ACS CAN and Society staff partners and handle critical activities in each state to support advocacy campaigns. Each team member has a clearly defined role in the area of action-taking, recruitment, fundraising, or media outreach. Overseeing the Ambassador Constituent Teams are 51 State Lead Ambassadors – one for each state and the District of Columbia – who facilitate the work of the team and serve as the main contact for their US Senators. Each congressional district has its own lead as well, who works with their State Lead Ambassador and staff partners to recruit and support volunteers. These volunteers head up functions that mirror the most critical components of successful advocacy campaigns – integrating advocacy and ACS CAN into the Society's Relay For Life® and Making Strides Against Breast Cancer® events, as well as fundraising, media outreach, and mobilization.

As constituents who care about cancer, volunteer advocates actively engage their elected officials. They write letters and send emails. They make calls and meet with legislators. They alert the media and rally for the cause. They engage in and are active in ACS CAN's ever growing social media presence. They speak out, knowing their voices are the ones that most influence governments to act.

## National Leadership Summit and Lobby Day

Each fall, hundreds of volunteer advocates from across the country convene in Washington, D.C. for the ACS CAN National Leadership Summit and Lobby Day. This year's event, which took place September 26-29, featured more than 600 advocates and ACS CAN and Society staff from all 50 states and nearly every congressional district. Volunteer advocates from ACS CAN's grassroots structure and their staff partners received advanced training on advocacy skills and briefings on ACS CAN's priority issues before meeting with members of Congress. ACS CAN advocates participated in 467 meetings on Capitol Hill, including all 100 US Senate offices, where they urged lawmakers to fund proven cancer control programs and biomedical research to help develop better early detection tools and treatments, particularly for those cancers that remain most lethal.

ACS CAN further amplified its presence with its third consecutive Lobby Day rally featuring NCAA Division I men's college basketball coaches who take part in Coaches vs. Cancer®, an effort that unites the Society and the National Association of Basketball Coaches in the fight against cancer. Minnesota Senator Amy Klobuchar, ACS CAN Chief Executive Officer John R. Seffrin, PhD, and hundreds of cancer advocates joined the coaches in a spirited call for sustained federal investments in cancer research, prevention, and early detection programs.

## The Power of the Movement

To put cancer at the top of the nation's agenda, only a movement that is organized and relentless in prompting lawmakers to act will succeed. ACS CAN is that movement, working to prove that if one American can fight cancer, a nation can rise up to defeat it. ACS CAN is welcoming new volunteer advocates every day, many of whom come from the ranks of the more than three million people who participate in the Society's Relay For Life® and Making Strides Against Breast Cancer® events each year. ACS CAN is giving a voice to millions of people across the country who have been told that they or a loved one has cancer. ACS CAN's efforts are helping to make cancer a top national priority.



# 2010 ADVOCACY MILESTONES



## Increasing Access to Care and Implementing the Affordable Care Act

Our nation is making progress in the fight against cancer. Sixty percent of cancer deaths are preventable. Scientific breakthroughs are leading to better screening tests, treatments, and prevention methods. Yet, millions of Americans are not benefiting from these advancements. Barriers in accessing the nation's health care system contribute to needless suffering and death from cancer. To meet the Society's 2015 goals of reducing cancer incidence and mortality, these barriers must be eliminated.

### Passage and Implementation of Meaningful Health Care Legislation

The Patient Protection and Affordable Care Act was signed into law in March 2010 with numerous provisions designed to increase access to quality, affordable health care for people with cancer and their families. ACS CAN strongly supported these provisions, which will help to achieve the nationwide goals adopted in 2006 by the Society's national Board of Directors that call for sweeping reductions in the number of cancer patients and survivors who are uninsured or cannot afford lifesaving care. These provisions expand access to adequate, affordable health care and reflect priorities adopted by the Society and ACS CAN long before the current health care debate began.

From the beginning of the legislative debate, ACS CAN applied the "cancer lens" in determining how to improve the health care system. ACS CAN evaluated various legislative proposals and numerous individual provisions by asking the same fundamental question: Will it help to improve the health care system for cancer patients, survivors, and their families? Out of this core consideration, ACS CAN developed three mission-based priorities for meaningful health reform legislation:

- Ensure that all Americans have access to coverage that is adequate, affordable, available, and administratively simple
- Transform our health care system into one that places a greater emphasis on disease prevention
- Emphasize patient-centered care that stresses quality of life during treatment, and follow-up care

ACS CAN worked tirelessly to ensure that a final bill would meet these patient-centered, mission-based priorities. In the end, the legislation that passed out of Congress included more than 160 provisions that will have a direct impact on cancer patients, including those that:

- Ban pre-existing condition exclusions,
- Eliminate annual and lifetime benefit limits,
- Guarantee health coverage to all applicants,
- Prohibit insurance companies from charging people more for coverage because of their health status, and
- Refocus the health care system on disease prevention and early detection.

The law is by no means perfect, and ACS CAN will support efforts to further strengthen the law for people with cancer and their families. But provisions of the law are improving a health care system that for decades did not provide adequate, affordable health coverage for many cancer patients and survivors who were denied coverage altogether, issued policies that did not cover needed treatments, or charged far more than they could afford for lifesaving care.

## Major Provisions: The Patient Protection and Affordable Care Act

More than 160 provisions within the legislation will benefit families affected by cancer. Some of the major provisions include:

### Implementation date, 2010:

- High-risk pools have been established in every state to provide coverage to individuals who have not been able to access coverage due to pre-existing conditions.
- Closing of the Medicare Part D "doughnut hole" over 10 years.
- Health plans are banned from setting lifetime dollar limits on coverage.
- Annual limits are tightly restricted for most plans and banned in 2014.
- Guaranteed coverage and the elimination of out-of-pocket costs in new insurance plans for proven preventive services, including screenings for breast, cervical, and colorectal cancer.
- Health plans are prohibited from denying coverage to people with pre-existing conditions, such as cancer, in 2014.
- Dependent children will be able to remain on their parents' insurance policy up to age 26.
- Health plans are barred from dropping people from coverage when they get sick.
- Health insurance companies are required to disclose information that should help consumers understand the value they are getting for the premiums they pay.

### Implementation date, 2011:

- Lifesaving preventive services will be free to patients in Medicare.
- Medicare beneficiaries will receive a free annual wellness visit and a personalized prevention plan.

### Implementation date, 2013:

- Health insurance will be made more administratively simple through a uniform set of rules for verifying eligibility and claims status and making payments.

### Implementation date, 2014:

- Health benefit exchanges will be created in every state by 2014 that will enable people to shop for insurance and compare health plans.
- Insurance companies will be prohibited from charging higher rates based on health status.
- A package of essential health benefits will be created that all plans sold in the exchanges will be required to offer.
- Medicaid will be expanded to cover all people with incomes up to 133 percent of the Federal Poverty Level, and subsidies to purchase insurance will be offered to those earning 133-400 percent of the FPL.
- Limits on the amount patients pay in out-of-pocket costs and deductibles will be established.



### **The “Cancer Lens”**

By viewing the health care system through the “cancer lens,” ACS CAN has helped to ensure that the voices of people with cancer have been heard in the health care debate. Every day, the Society hears from people who call its Health Insurance Assistance Service for help in accessing the care they need. The service is available 24 hours a day, seven days a week via the Society’s toll-free number: 800-ACS-2345. Trained health insurance specialists are available to answer callers’ questions about how they can get the care they and their loved ones need. Historically, the service was able to find a solution for only one out of six people who called for help. As the nation’s economic crisis worsened, the proportion of people helped fell to just one in nine.

One of the people who called was Amy Wilhite from Marblehead, Ohio. Amy’s daughter, Taylor, was diagnosed with acute myeloid leukemia (AML) in March 2007 at the age of eight. She received three rounds of chemotherapy, had a bone marrow transplant, and at one point was taking 23 pills a day in addition to IV medications. Her cancer went into remission, but the costs of her treatment bumped up against her insurance plan’s lifetime cap on benefits, leaving Taylor and her family struggling to pay for continuing care for the side effects of her treatment, which include problems with her heart and hip, short-term memory loss, steroid-induced diabetes, and a compromised immune system.

Not yet a teenager, Taylor had few, if any, options for getting the critical care she needs. However, the Affordable Care Act includes a provision that eliminates lifetime benefit limits, meaning that people like Taylor Wilhite can feel secure knowing that coverage for critical care will not suddenly end because of arbitrary insurance caps.

Amy and Taylor were invited to the White House in June to introduce the president at an event commemorating the 90-day anniversary of the law. Amy spoke about how lifetime coverage limits in their family’s plan limited the care that they could provide for Taylor, and that the provision of the law banning lifetime benefit limits will directly benefit Taylor’s care.

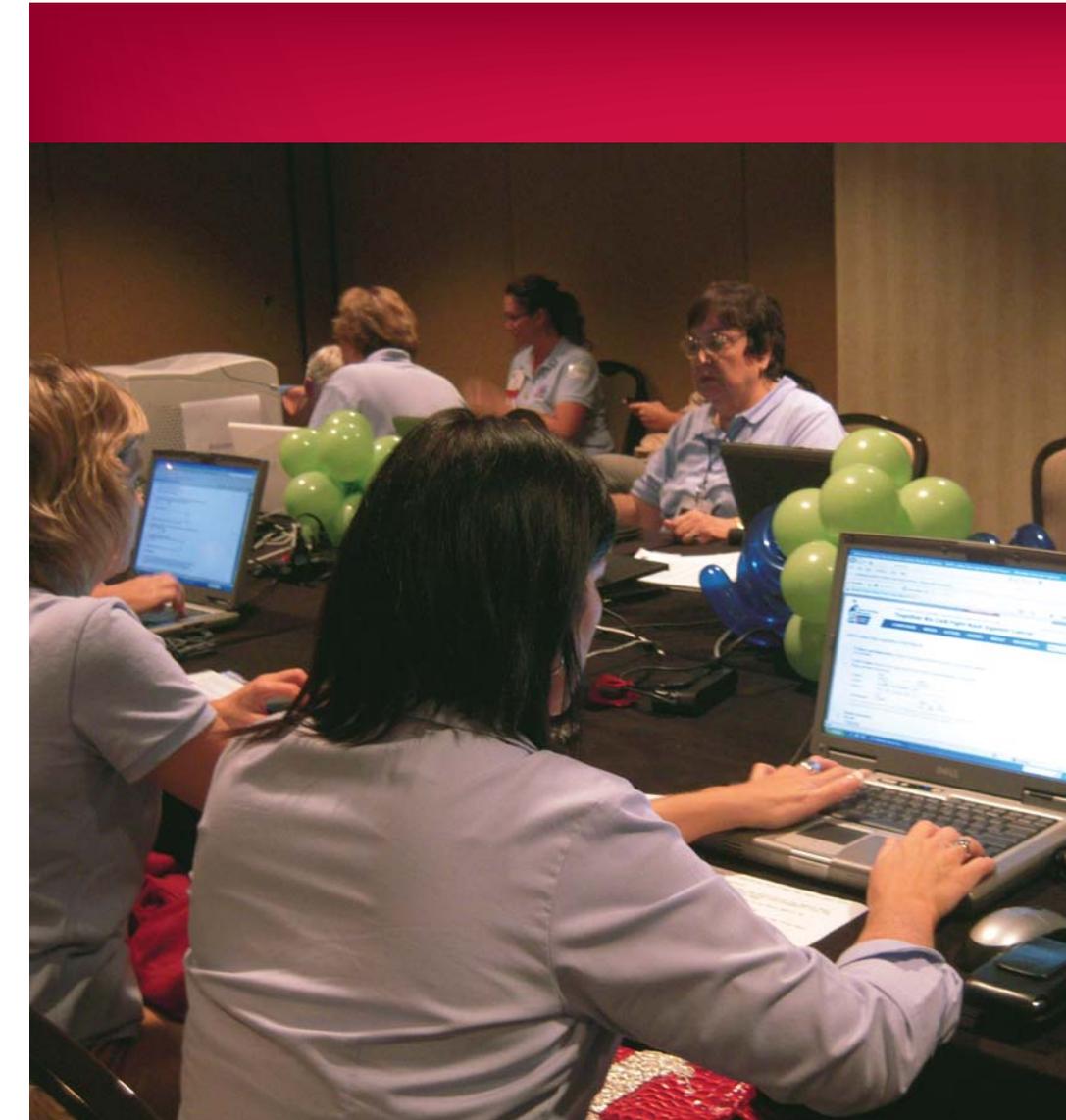
The Society and ACS CAN have heard from other people who personify the improvements being made to the health care system. One is Kathi Hansen of Wrightstown, Wisconsin, an advocacy volunteer from the Society’s Midwest Division and a breast cancer survivor. Kathi was diagnosed with stage IIB breast cancer in 2003 at age 48. It was found during a routine mammogram that was covered by the health insurance she had through her job. After her diagnosis, Kathi had eight rounds of chemotherapy, a double mastectomy, and ongoing hormonal therapy. She has been cancer free since, and she credits early detection with finding her breast cancer and saving her life.

In mid-July, Kathi was on hand for a White House event announcing regulations putting vital prevention provisions of the Affordable Care Act into effect. One of those provisions requires proven cancer screenings, such as mammograms, colonoscopies, and tobacco cessation therapies, to be covered at no cost to patients. Kathi joined First Lady Michelle Obama; Dr. Jill Biden, the wife of the vice president; and US Health and Human Services Secretary Kathleen Sebelius to emphasize the lifesaving importance of prevention and early detection.

### **Advancing the Mission**

Since the law’s passage, the Society and ACS CAN have been working to educate staff, volunteers, and the public at large about provisions of the law that help people prevent and fight cancer. ACS CAN also urged that these provisions be implemented as strongly as possible. As part of this effort, ACS CAN weighed in with letters and formal comments about regulations issued by the administration and testimony to Congress. The Society and ACS CAN will continue their work to help implement and strengthen provisions that are important to people with cancer.

Volunteers and staff of the Society and ACS CAN can be proud of the progress they helped to make in 2010 toward expanding access to health care nationwide. The passage and implementation of critical provisions of the Affordable Care Act is just one part of this effort. Moving forward, the Society and ACS CAN will continue to lead the way, to achieve results, and to make a major contribution on behalf of those fighting cancer.



## Reducing Tobacco's Toll

Tobacco kills more than 400,000 Americans each year, causes nearly 90 percent of lung cancer deaths, and is responsible for nearly one-third of all cancers. Tobacco-related illnesses are expensive and impact all of us. In the United States each year, tobacco use costs an estimated \$193 billion in direct and indirect health care costs. Meanwhile, the tobacco industry spends more than \$11 billion a year – \$34 million each day – to addict new, young smokers and keep current smokers hooked. Nearly 90 percent of adult smokers become addicted as kids, and each day, 4,100 children try smoking for the first time. ACS CAN is leading the fight to reduce suffering from tobacco-related illnesses with a nationwide strategy to pass laws proven to help smokers quit and prevent nonsmokers from ever starting.

### Implementing the Family Smoking Prevention and Tobacco Control Act

June 22, 2010 marked the first anniversary of the Family Smoking Prevention and Tobacco Control Act, historic legislation that, for the first time, granted the US Food and Drug Administration the authority to regulate the manufacture, sale, and marketing of tobacco products. Prior to the law's passage, tobacco was among the least-regulated products sold, exempt from basic consumer protections such as ingredient disclosure, product testing, and restrictions on marketing to children. ACS CAN was a leading supporter of passage of the law during the decade-long battle in Congress, and has made aggressive and effective implementation of the law a top priority.

*Prior to the law's passage, tobacco was among the least-regulated products sold, exempt from basic consumer protections such as ingredient disclosure, product testing, and restrictions on marketing to children.*

A photograph of a bouquet of cigarettes wrapped in purple and pink ribbons, standing upright on a white surface. The bouquet is made of several cigarettes, some of which are lit, with smoke rising from them. The background is white.

**A Cause to Celebrate**

It's been one year since Congress and the President granted the FDA oversight of tobacco products, and the effects are already something to celebrate. The FDA has already banned candy-flavored cigarettes. And this week they'll crack down on marketing to kids and ban misleading terms such as "light" and "low tar" — provisions that continue to put America's health above Big Tobacco's profits and will save lives.

**AMERICAN LUNG ASSOCIATION**  
Fighting for Air

**Children Make the Difference**

**Cancer Action Network**

**American Heart Association** | **American Stroke Association**  
Learn and Live.

**LEGACY**  
FOR LONGER HEALTHIER LIVES

Several major provisions took effect on or soon after the law's enactment in 2009, such as a ban on the manufacture and sale of candy- and fruit-flavored cigarettes that appeal primarily to children. On the one-year anniversary in June 2010, several important restrictions took effect, including:

- A ban on the use of misleading descriptions such as "light," "mild," and "low tar" in the marketing and packaging of cigarettes
- Larger, stronger warning labels on smokeless tobacco products
- The first-ever federal prohibition on cigarette and smokeless tobacco sales to minors
- A ban on all tobacco-brand sponsorships of sports and cultural events and virtually all free tobacco samples and giveaways of non-tobacco items, like hats and T-shirts, with purchase
- A prohibition on sales of cigarettes in packs of fewer than 20 – so-called "kiddie packs" – that have a lower price and more appeal to kids

In addition to these provisions, the Tobacco Products Scientific Advisory Committee established by the law began to meet regularly. Among the issues they began considering in 2010 were the public health impacts of menthol flavoring in tobacco and new dissolvable tobacco products that the industry has introduced into the market.

Not surprisingly, the tobacco industry has resisted complying fully with the spirit of the law, seeking to block key provisions from taking effect through legal challenges and other tactics. The Society, ACS CAN, and their partners in the public health community are working to counter the industry's litigation and ensure timely and effective implementation of the law.





### **Working Toward a Smoke-free Nation**

Each year in the United States, secondhand smoke causes nearly 49,000 deaths from heart disease and cancer in otherwise healthy nonsmokers. In addition to these deaths, secondhand smoke can cause or exacerbate a wide range of other health issues, including respiratory infections and asthma. Secondhand smoke is a serious health hazard, containing more than 60 known or probable carcinogens and more than 4,000 chemicals.

Numerous studies show that smoke-free laws encourage smokers to quit, successfully reduce the number of cigarettes continuing smokers consume, and discourage kids from starting to smoke. Strong smoke-free laws that cover all workplaces, including casinos, restaurants and bars, are the only effective way to protect all workers and the public from secondhand smoke. For example, hospitality workers experienced an 89 percent decline in workplace secondhand smoke exposure just five months after New York State's smoke-free law went into effect.

Everyone is entitled to breathe smoke-free air. That's why ACS CAN is leading a coordinated nationwide campaign with the Society to enact comprehensive statewide smoke-free laws in all 50 states by 2015, with a vigorous approach that invests in the fundamentals for success – training, grassroots mobilization, lobbying policy makers, and public education and outreach – and focuses on working with volunteers, staff, and coalition partners to execute winning campaigns.

ACS CAN's investment continues to pay dividends, with four states – Kansas, Michigan, South Dakota, and Wisconsin – implementing statewide smoke-free laws that expand coverage to all workplaces, including restaurants and bars, in 2010. In addition, North Carolina became the first tobacco-growing state to implement a smoke-free bar and restaurant law. Eighty local communities – including Savannah, Georgia – also passed or implemented strong smoke-free laws this year.

Since 2002, the Society and ACS CAN have helped 35 states, the District of Columbia, and Puerto Rico enact laws requiring that 100 percent of workplaces and/or restaurants and/or bars be smoke-free, protecting nearly 80 percent of the US population from secondhand smoke. What's more, 22 of these states, the District of Columbia, and Puerto Rico, have a statewide smoke-free law covering all three categories.

### **Tobacco Tax Increases**

By increasing taxes on cigarettes, cigars, smokeless tobacco, and all other tobacco products, states can save lives, reduce health care costs, and generate much-needed revenue. Evidence clearly shows that raising tobacco tax rates encourages tobacco users to quit or cut down their usage and prevents kids from ever starting to smoke. Research shows for every 10 percent price increase per pack of cigarettes, youth smoking is reduced by an estimated 7 percent and overall cigarette consumption by 4 percent. ACS CAN, along with the Society, is invested in supporting state and local campaigns to increase taxes on all tobacco products.

Six states – Hawaii, New Mexico, New York, South Carolina, Washington, and Utah – increased cigarette taxes in 2010. At \$4.35 a pack, New York had the highest cigarette tax in the country at the end of 2010, and was the only state with a tax in excess of \$4.00. Five states have a tax of \$3.00 and higher, and 14 states and the District of Columbia now have cigarette taxes of \$2.00 or more.

South Carolina's 50-cent increase in 2010 was also significant because it was the state's first since 1977. Missouri now has the dubious distinction of having the nation's lowest tobacco tax at 17 cents per pack.

ACS CAN has led the way in convincing state legislatures to pass more than 100 cigarette tax increases in 47 states, the District of Columbia and several US territories since the beginning of 2002. The national average is \$1.45 per pack, up from \$1.34 at the end of 2009 and 61 cents at the end of 2002.



## Sustained Investments in Cancer Research and Prevention

ACS CAN remains the driving force in the public health community advocating for sustained federal investments in cancer research and prevention programs at the National Institutes of Health (NIH), National Cancer Institute (NCI), National Center on Minority Health and Health Disparities, Centers for Disease Control and Prevention (CDC), and the Food and Drug Administration (FDA). In addition to deploying its grassroots force on the issue, ACS CAN continues to lead the One Voice Against Cancer (OVAC) coalition, which brings together national non-profit cancer advocacy organizations to deliver a unified message to Congress and the administration on the need for increased cancer-related appropriations.

In 2009, ACS CAN and OVAC advocated for the inclusion of research funding in the American Recovery and Reinvestment Act. As a result, Congress provided the National Institutes of Health with \$10.4 billion in funding above what the agency received through the annual appropriations process, much of which was spent in 2010. This included more than \$1.25 billion specifically for cancer research.

In 2010, ACS CAN and OVAC led the fight to build on recent advances in cancer research and control by advocating for continued increases in federal and state funding for cancer research, prevention, early detection, and education, and for the implementation of comprehensive state cancer control plans. In February, advocacy volunteers Barbara Burd and Tracy Elliman, a mother and daughter from Delaware and Pennsylvania, spoke to congressional staff at a briefing on the importance of cancer research. Barbara and Tracy shared stories of how their lives have

been directly impacted by federal funding for cancer research. In May, advocacy volunteer Wanda Burns testified before the House Labor-HHS Appropriations Subcommittee, which is the appropriations subcommittee responsible for funding the National Institutes of Health. Wanda talked about her sister-in-law, Cyndi, who was given 19 months to live after an ovarian cancer diagnosis. Participation in multiple NIH and NCI-sponsored clinical trials extended Cyndi's life by nearly five years, only the last days of which were spent in bed. In sharing Cyndi's story, Wanda illustrated the importance of research and sustained investments in NIH and NCI research in a tangible and relatable way.

But despite these activities and the strong urging of numerous ACS CAN and OVAC volunteers, Congress did not complete its work on the 2011 budget, instead approving a temporary spending measure that left funding for most agencies and programs stagnant at the prior year's funding levels.

On a more positive note, ACS CAN advocated for the Prevention and Public Health Fund, designed to expand and sustain the necessary infrastructure to prevent disease, detect it early, and manage conditions like cancer before they become severe. The fund will increase the national investment in prevention and public health, improve health, and enhance health care quality. This new fund will invest \$15 billion over 10 years in disease prevention and public health, leading to improved health and enhanced health care quality. The funds are being used for evidence-based programs that promote healthy eating, tobacco cessation and other community-based programs and strategies that best promote disease prevention

and control, healthy environments and health promotion within local populations. This funding also provides much needed support for the training of primary care physicians and nurse practitioners, and is also supporting the development of states' public health services.

## 20 Years of Early Detection for Breast and Cervical Cancer

2010 marked the 20th anniversary of the National Breast and Cervical Cancer Early Detection Program (NBCCEDP), which offers lifesaving cancer screenings to low income and medically underserved women and provides a gateway to treatment. Since 1990, more than nine million screening exams have been performed through the program for more than 3.7 million women, resulting in the detection of more than 44,000 cases of breast cancer and saving an untold number of lives. The Society and ACS CAN have been steadfast supporters of the program since its inception.

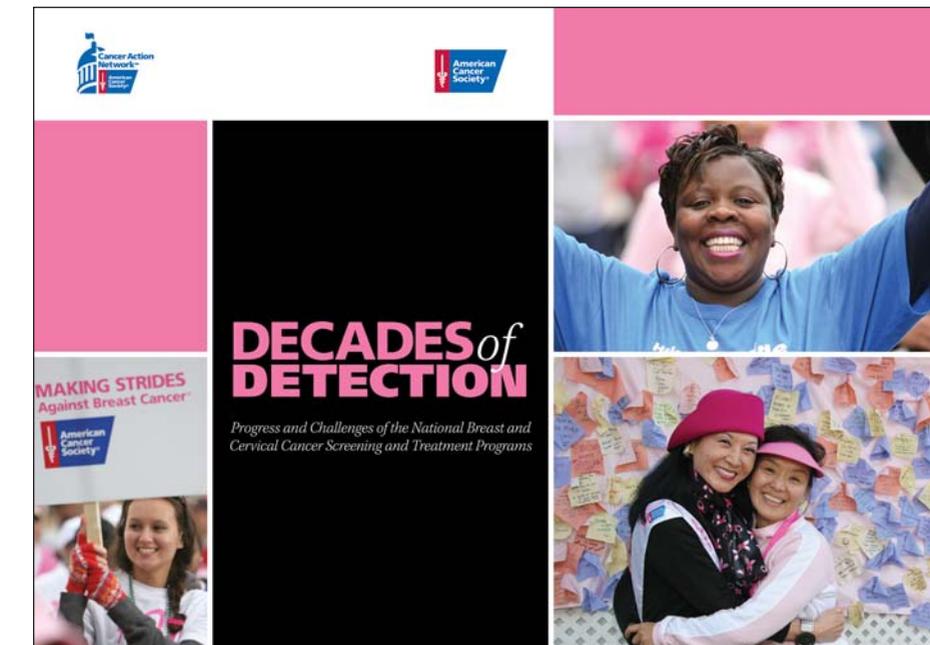
The program operates in all 50 states, the District of Columbia, five US territories and 12 American Indian/Alaska Native tribes or tribal organizations, but despite its success, fewer than one in five eligible women can be served at current funding levels. That's why ACS CAN, working with Making Strides Against Breast Cancer participants, has made it a priority to petition Congress to provide full funding for the program. In 2010, Strides participants sent tens of thousands of petitions to their members of Congress, encouraging full funding for the program.

In addition, ACS CAN and the Society continue to wage very difficult battles to protect the state share of funding for breast and cervical cancer screening and treatment programs associated with the NBCCEDP. Although the fiscal outlook for most states is dire, thanks to the work of determined ACS CAN and Society advocates and their coalition partners, losses were kept to a minimum as states maintained current funding levels or reversed proposed cuts.

Cancer advocates celebrated the 20th anniversary of the program in August at a Capitol Hill event. They were joined by Michigan Senator Debbie Stabenow; Representatives Debbie Wasserman Schultz and Sue Myrick; Dr. Marcus Plescia, director of the CDC's Cancer Prevention and Control Division; and Vonnie Uzoukwau, a breast cancer survivor and advocacy volunteer who benefited from the program.

ACS CAN also released a report to recognize the anniversary titled "Decades of Detection: Progress and Challenges of the National Breast and Cervical Cancer Screening and Treatment Program." The report highlights stories of women successfully served by the NBCCEDP and discusses the need for adequate funding of this important program.

One example of someone who embodies the program's purpose and success is Lorene Nelson of Georgetown, South Carolina. Lorene could not afford a mammogram when she discovered a lump in her breast five years ago. The program made it possible for her to get a mammogram and a referral to treatment for her stage IV breast cancer. During Breast Cancer Awareness Month in October, Lorene visited the White House to share her story with Jill Biden, EdD, the vice president's wife, and US Department of Health and Human Services Secretary Kathleen Sebelius.





### Nutrition and Physical Activity

Being overweight increases the risk for cancer recurrence and decreases the likelihood of survival for many cancers. The prevalence of obesity in the United States has more than doubled in the past 25 years, and one-third of adults – more than 72 million people – are currently obese. Obesity among adolescents has tripled over the past three decades. Because overweight and obese children are more likely to be overweight or obese as adults, efforts to establish healthy body weight patterns should begin in childhood.

A nationwide strategy to improve nutrition and physical activity in children is vitally important to ensure that future generations grow up healthy. With approximately one-third of all cancer deaths attributable to poor diet, physical inactivity, and overweight and obesity, the reauthorization of the Childhood Nutrition Act, which ACS CAN strongly supported throughout the legislative process, brought us one step closer to better addressing some of the most prevalent and severe health problems among our nation's children.

In addition to making nutrition programs more broadly available to children, the law will remove junk food from school vending machines and a la carte lines during school hours, improve nutrition standards for school meals, increase federal reimbursement rates paid for school meals, and promote farm to school programs to get locally grown nutritious foods into schools.

ACS CAN and the Society are committed to promoting disease prevention, including encouragement of good nutrition, healthy living, and increased physical activity.



### Voter Education Program

During the 2010 election cycle, ACS CAN launched its most robust and successful voter education effort in its short history. Questionnaires were sent to candidates in congressional and state election contests across the country to inform them of ACS CAN's priorities and to provide them with an opportunity to go on the record on the issues most critical to families touched by cancer, including increased federal funding for cancer research, strong tobacco control policies, and expanded access to health care through implementation of the Affordable Care Act. Candidate responses were published verbatim and posted on [acscan.org](http://acscan.org) alongside ACS CAN's evidence-based position. Candidate and ACS CAN responses were also distributed in the form of hard-copy palm cards. ACS CAN volunteers nationwide used the questionnaires to ask candidates about their positions on these issues at public forums.

In another milestone for ACS CAN's voter education program, ACS CAN co-sponsored bipartisan candidate debates for the US House and US Senate races in Delaware and the 24th congressional district race in New York. During the Delaware Senate debate, which was broadcast on CNN, co-moderator and CNN anchor Wolf Blitzer asked a multi-part question about the Affordable Care Act that mirrored the priorities and concerns of ACS CAN and people with cancer. In the New York congressional debate, the question in ACS CAN's voter guide about increased federal funding for cancer research was asked.

Thanks to these voter education activities, ACS CAN advocates have a baseline for the positions lawmakers hold as new legislative sessions get under way.





# STATE-BY-STATE AND LOCAL HIGHLIGHTS

*Twelve Divisions nationwide carry out the Society's mission at the state and local level. ACS CAN conducts federal advocacy campaigns nationwide and in the 12 states of the Society's Great West Division, in addition to its federal advocacy work. In some instances, the Society and ACS CAN work together on the state and local level.*

## Alabama

A new law requires the State Health Department to provide breast, cervical and colorectal cancer screenings to underserved and uninsured individuals throughout the state, especially those whose economic circumstances or geographic locations limit access to screening facilities.\*

The state restored \$300,000 in funding to the state's Breast and Cervical Cancer Early Detection Program after it was cut by the governor.\*

A flawed smoke-free bill, which only would have applied to restaurants, was successfully defeated.

## Alaska

Legislation was signed into law requiring insurance companies to cover routine care costs while a patient is involved in a cancer clinical trial.

Despite a difficult budget year, an additional \$400,000 in funding was secured for the state's tobacco prevention and control program.\*

The City of Anchorage raised their cigarette tax to \$2.23 per pack.

## Arizona

Funding for the state's Breast and Cervical Cancer Early Detection Program, tobacco cessation and prevention program, and colon cancer

screening program were defended in a year of record budget cuts and budget deficits.\*

The Tobacco Revenue Use Spending and Tracking Commission was reauthorized.



## Arkansas

Despite a difficult budget year, \$5 million was appropriated to the state's colon cancer program.\*

A new campaign was launched this year to educate lawmakers and other stakeholders on the decrease of state funding for the Breast and Cervical Cancer Early Detection Program and its impact on women.\*

## California

Despite a difficult budget year, an additional \$20 million in funding was allocated to the state's Breast and Cervical Cancer Early Detection Program. This additional funding allowed the state to reopen enrollment in

the program and open up mammography screenings to women starting at age 40.\*

In collaboration with coalition partners, nearly 115,000 signatures were gathered to qualify an initiative to appear on the next statewide ballot to raise the state's tobacco tax by \$1.00.

Legislation was signed into law making the state the first in the nation to create a health insurance exchange, a component of implementing the federal Affordable Care Act.\*

## Colorado

A new law ensures that health insurers cover chemotherapy drugs delivered orally or in pill form in the same way that intravenous chemotherapy drugs are covered.\*

The state extended breast cancer screening coverage to women of high and average risk between the ages of 40 and 50.\*

## Connecticut

A new law ensures that health insurers cover chemotherapy drugs delivered orally or in pill form in the same way that intravenous chemotherapy drugs are covered.\*

Funding for the state's Breast and Cervical Early Detection Program was preserved in the face of budget cuts.\*

The most comprehensive overhaul of high school graduation requirements in ten years includes health, physical education and nutrition instruction as requirements for graduation.

## Delaware

Despite a difficult budget year, the state maintained funding for its Cancer Treatment Program, which provides comprehensive health care for uninsured cancer patients for up to two years.\*

A new law prohibits health insurers from rescinding policies based on post-claims underwriting.

The state created a Prescription Monitoring Program for schedule II through IV drugs.

## District of Columbia

Access to care for District residents was increased through the expansion of Medicaid coverage to those with incomes between 200 percent and 400 percent of the Federal Poverty Level.\*

The Healthy Schools Act of 2010 was enacted. The law establishes local nutritional standards for school meals, provides for healthy vending machine options, and implements other measures to ensure that public school children receive healthy meals and an appropriate



residency slots targeted to medically underserved areas.\*

## Georgia

The state's cancer control and screening programs maintained its funding level in the face of budget cuts.\*

State health insurance plans preserved cancer screenings, while attempts to allow the sale of out-of-state health insurance policies that excluded cancer screenings were defeated.\*

amount of physical activity during the school day.

A new law ensures that health insurers cover chemotherapy drugs delivered orally or in pill form in the same way that intravenous chemotherapy drugs are covered.\*

## Florida

The state's cancer and tobacco-related illness research programs were reauthorized with a dedicated funding source of \$40 million annually.

The state budget allocated \$61.6 million for comprehensive tobacco control initiatives.

A new Physician Workforce Advisory Council was created to address the state's medical capacity challenges, with half of the new

The city of Savannah enacted a smoke-free workplace, restaurant and bar ordinance that took effect on January 1, 2011.

## Hawaii

The governor signed legislation requiring private health insurance coverage of the full range of colon cancer screenings.\*



The state raised the cigarette tax to \$3.00 per pack in 2010, with an additional increase of 20 cents scheduled for 2011.

Attempts to cut funding for cancer-related program budgets, including research and tobacco control initiatives, were defeated.\*

## Idaho

The state increased funding for its Breast and Cervical Cancer Early Detection Program by \$150,000 and expanded its reach to include low income, uninsured young women, ages 18-29, who were previously uncovered.\*

Funding for tobacco prevention and cessation programs was protected from severe cuts.\*

## Illinois

A \$4 million cut to the state's Breast and Cervical Early Detection Program was successfully rolled back.\*

Legislation to raise the state's cigarette tax by \$1.00 was passed by the Senate and House Human Services Committee.

Legislation was signed into law which expanded the state's Breast and Cervical Cancer Early Detection Program to all uninsured women between ages 25-64.\*

## Indiana

A weak smoke-free bill, which would have created exemptions for casinos, bars and private clubs, was defeated.



The Town of Lowell enacted a smoke-free law that covers all workplaces, including bars and restaurants.

Henry County passed and implemented a smoke-free workplace and restaurant law.

## Iowa

A new law requires insurance companies to cover routine care costs for patients who participate in clinical trials.



Cuts to annual funding for cervical and colon cancer screening services and the state's comprehensive cancer control program were prevented.\*

The state now requires health insurance companies to notify policyholders of premium rate increases and instructs the state insurance commissioner to hold public hearings on rate increases.

## Kansas



A comprehensive smoke-free law that covers all workplaces, including bars and restaurants, took effect on July 1, 2010.

A new law ensures that health insurers cover chemotherapy drugs delivered orally or in pill form in the same way that intravenous chemotherapy drugs are covered.\*

The governor signed legislation guaranteeing private health insurance coverage for the full range of colon cancer screenings.\*

## Kentucky

Brand new funding was provided for the Kentucky Medicaid Smoking Cessation program. Kentucky allocated \$3 million over two years (2010-2012) for the program.

After three years of trying, Kentucky enacted legislation guaranteeing private insurance coverage of routine costs for those enrolled in a clinical trial.

\$200,000 in new funding was secured for a colon cancer screening program in four eastern Kentucky counties for individuals without health insurance. Additionally, a sliding scale payment structure was added to the Kentucky Colon Cancer Program, bringing it in line with the Women's Screening Program.

## Louisiana

Despite a difficult fiscal year, the state increased funding for its colon cancer screening program and maintained the state's Breast and Cervical Cancer Early Detection Program budget.\*

## Maine

The state became the first in the nation to have a law that prohibits health insurance companies from imposing annual and lifetime limits on benefits.

Funding for the Breast and Cervical Cancer Early Detection Program and tobacco control program was protected despite a tough fiscal climate.

## Maryland

Funding for the Breast and Cervical Cancer Early Detection Program and other state cancer control initiatives was preserved.\*

A new law requires new or renovated schools to include dedicated space for physical education.

## Massachusetts

An attempt to allow casinos to receive an exemption to the state's smoke-free workplace law was defeated.

A new law provides for a major overhaul of the state's Prescription Monitoring Program, which will help ensure safe prescribing of prescription drugs.

## Michigan

A comprehensive smoke-free law that covers all workplaces, including bars and restaurants, took effect on May 1, 2010.

Cancer and tobacco program funding was preserved in the face of trying economic times.\*

In an effort to increase physical activity, legislation was signed into law creating safe places for pedestrians, cyclists, motorists and transit riders.



## Minnesota

A new law will modernize tobacco product definitions in order to tax products appropriately and prevent children from trying new products that come on the market.

Despite a difficult budget year, funding for the state's Breast and Cervical Cancer Early Detection Program and colon cancer screening program was protected.\*

A new health improvement program that provides \$47 million in grants to local communities for tobacco and obesity prevention activities was protected from budget cuts.

## Mississippi

A prohibition on smoking in any indoor public facility, and within 100 feet of any outdoor facility, when minors under 18 are engaged in an organized athletic event at the facility, took effect on July 1, 2010.

The City of Jackson passed a comprehensive smoke-free law covering all workplaces, including bars and restaurants.

## Missouri

Despite a tough fiscal environment, funding was secured to provide coverage of tobacco cessation services within the state Medicaid program.\*

Funding for the state Breast and Cervical Cancer Early Detection Program was protected despite budget cuts.\*

Comprehensive local smoke-free laws were passed in Brentwood, Clayton, Kirkwood, Lake Saint Louis, Liberty, Maryville, and Warrensburg.

A new law provides for more public education around the HPV vaccine through public school campaigns targeting the parents of age-appropriate girls.

## Montana

The state's Board of Pharmacy adopted a pharmacy pain management policy.\*

## Nebraska

Despite budget cuts, funding for priority cancer-related programs was protected.\*

Attempts to weaken the statewide smoke-free law were defeated.

## Nevada

The State Board of Pharmacy established new regulations for cancer drug donations.\*

After a bill passed allowing exemptions to the statewide smoke-free law, the right to appeal those exemptions before the state Supreme Court was granted.

\* Denotes initiative addressing disparities and/or access to care.

## New Hampshire

Legislation was signed into law increasing the tax rate of non-cigarette tobacco products, bringing the rate equal to that of cigarettes.

Despite a difficult budget year, funding was protected for the state's Catastrophic Illness Program.

## New Jersey

State funding for breast, cervical, prostate and colon cancer screening programs was preserved in a difficult budget year.\*



Legislation was introduced for the first time in both houses of the legislature to ban tanning bed use for minors under the age of 18.

September was designated "Pain Awareness Month," part of an effort to promote education about effective and appropriate pain

management, including pain associated with cancer treatments.

## New Mexico

The state's cigarette tax was increased by 75 cents to \$1.66 per pack, effective July 1, 2010.

Despite a difficult budget year, funding for the state's tobacco control program and Breast and Cervical Cancer Early Detection Program were defended against drastic cuts.\*

## New York

The state cigarette tax was raised to \$4.35 per pack, making it the highest in the nation. Taxes on cigars, snuff and other tobacco products were also increased.

Reversing two years of budget cuts, the state provided annual funding of more than \$58.4 million for state tobacco control programs, an increase of more than \$3 million from the previous year.\*

Several pieces of legislation aimed at enhancing the quality of life for cancer patients were signed into law, including new requirements for counseling on quality of life, counseling on breast reconstruction for women undergoing breast cancer surgery, and increased abilities for a family member to act as a health care proxy.\*

## North Carolina

Despite a difficult budget year, funding for the state's Breast and Cervical Cancer Early Detection Program was maintained.\*

Legislation requiring increased monitoring of physical education and activity in schools was signed into law.



The Healthful Living Honors course in state high schools was authorized to encourage more students to pursue advanced degrees in nutrition and physical fitness.

## North Dakota

The state sustained funding for tobacco control programs that meet Centers for Disease Control and Prevention-recommended levels.

Additional funding from the legislature was secured to expand a colon cancer screening pilot project in Rolette County to both rural and urban populations.\*

## Ohio

Legislation was signed into law which will help decrease and prevent childhood obesity through school-based initiatives focused on increasing physical activity and improving the nutritional value of foods offered by schools.

Legislation was passed in the House to update the reference used to determine if a drug is safe and effective for off-label prescription drug use. This will benefit cancer patients who may need different chemotherapy drugs than what are normally prescribed for their type of cancer.

## Oklahoma

A voluntary coverage agreement was reached to ensure private health insurance coverage for the full range of colon cancer screenings.\*



Despite budget cuts, funding for the state Breast and Cervical Cancer Early Detection Program was protected.\*

## Oregon

Funding for the state's tobacco prevention program received a \$2 million increase.

Legislation to repeal expanded health and dental coverage for uninsured children and low-income adults was defeated.\*

## Pennsylvania

Funding for the state tobacco prevention and cessation program was protected from budget cuts.\*

A new law ensures that health insurers cover chemotherapy drugs delivered orally or in pill form in the same way that intravenous chemotherapy drugs are covered.\*

The Philadelphia City Council passed legislation increasing penalties for illegally selling tobacco products to minors.

## Rhode Island

The state's Breast and Cervical Cancer Early Detection Program sustained its funding levels.\*

The state tobacco control program budget maintained its funding level.\*

*\* Denotes initiative addressing disparities and/or access to care.*

After pressure from public health groups, legislation was withdrawn which would have had a harmful effect on the ability of non-profit organizations to raise funds.

## South Carolina

After a 10-year campaign, the state cigarette tax was increased 50 cents for a total tax of 57 cents per pack. In addition, cigarette tax revenue allocations now include \$5 million of recurring funding for the state tobacco prevention and control program, twice the highest amount ever allotted to the program.

Seven local communities passed smoke-free ordinances, bringing the state's total to 37.

A voluntary agreement was signed between insurance companies and providers ensures cancer patients enrolled in clinical trials have continuing coverage for routine patient care costs.



The state tobacco control program budget maintained its funding level.\*

## South Dakota

The state's comprehensive smoke-free workplaces and public places law, which includes bars, restaurants, and gaming facilities, went into effect on November 10, 2010.



Legislation was enacted to improve the state's high risk pool, including a reduction in the number of coverage rejections a person must receive to be eligible for the pool.

The state's tobacco control program was protected from a nearly 50 percent funding cut.

## Tennessee

Despite a difficult budget year, funding for the Breast and Cervical Cancer Early Detection Program was maintained.\*

Legislation that would have set back progress made in the Non-Smokers Protection Act was defeated.

## Texas

Comprehensive smoke-free laws were passed in San Antonio, Conroe, and Missouri City.

The State Employee Retirement System and Teachers Retirement System began providing coverage for tobacco cessation drugs and counseling.

## Utah

The state raised the cigarette tax by \$1.05 per pack and increased the tax on other tobacco products to 88 percent of the manufacturer's price.

Legislation was signed into law repealing the weight-based taxation method for moist snuff and replacing it with a price-based tax of 88 percent of the manufacturer's price.

Despite budget cuts, full funding for tobacco control, breast, cervical, and colon cancer screening programs, and Medicaid was protected.\*

## Vermont

Despite a difficult budget year, the state sustained funding levels for its Breast and Cervical Cancer Early Detection Program.\*

Legislation was signed into law requiring restaurants with more than 20 locations to



post nutritional information on their menu boards, starting January 1, 2011.

Despite an initial call for cuts up to \$1.5 million, the state's tobacco control program was only cut by \$250,000.\*

## Virginia

Despite drastic budget cuts, some funding initially slated to be eliminated was protected for the state's youth tobacco prevention programs.

The state's Cancer Plan, which addresses cancer-related issues in five-year increments, was amended to be updated on an annual basis.

## West Virginia

Despite a difficult budget year, funding was restored to state tobacco control and end-of-life programs. In addition, funding was maintained for the state Comprehensive Cancer Coalition and the Breast and Cervical Cancer Diagnostic Fund.\*



A bill that would have prohibited municipalities from passing strong smoke-free ordinances was defeated for the 18th time.

## Washington

The state's cigarette tax was increased \$1.00 per pack and loopholes were closed in the taxing of other tobacco products.

Legislation that would have allowed out-of-state insurance plans to be sold in the state without vital patient protections was successfully defeated.\*

Despite a difficult budget year, funding for the state's Breast and Cervical Cancer Early Detection Program was maintained.\*

## Wisconsin



A new law ensures that private health insurance plans cover the full range of colon cancer screenings.\*

A comprehensive statewide smoke-free law, which includes all bars, restaurants, and workplaces, took effect on July 5, 2010 and was protected from attempts to weaken it.

A newly created farm-to-school program will promote the use of locally-grown fruits, vegetables and dairy products in school meals. Additional provisions in the law creating the program are designed to help children develop healthy eating habits.

## Wyoming

Funding for a vital position within the state's Breast and Cervical Cancer Early Detection Program was restored.\*

Funding for a vital cancer control position specific to the Wind River Indian Reservation was restored.\*

\* Denotes initiative addressing disparities and/or access to care.



# AWARDS

The ACS CAN National Distinguished Advocacy Award is presented to individuals who demonstrate outstanding leadership in the public policy arena. This year's award winners were Representative Steve Israel, D-NY; Representative Bill Young, R-FL; and Wisconsin Governor Jim Doyle.

Every year, outstanding volunteers are recognized at the National Advocacy Leadership Awards Dinner. This year's winners included:

- Volunteer Award for Excellence in Advocacy: Phylecia Wilson (Georgia)
- State Lead Ambassador of the Year: George Blough (West Virginia)
- Ambassador Constituent Team Leads of the Year: Sue Jirkovsky-Landers (Kansas); Jan Schut (Michigan); Leonard Yorden (Florida)
- Volunteer Ambassador Constituent Team of the Year: Kansas

The Judicial Advocacy Award for Excellence is presented by ACS CAN to recognize attorneys whose pro bono services support the ACS CAN Judicial Advocacy Initiative. In 2010, recognition was given to Eric Kracov of Kilpatrick Stockton, LLP and John Longstreth of K&LGates, LLP.

Along with the outstanding volunteers previously mentioned, outstanding ACS CAN and Division advocacy staff members are recognized at the National Advocacy Leadership Awards Dinner as well. This year's winners included:

- The Alan Mills Award\*: Kelly Headrick (High Plains Division)
- Government Relations Professional of the Year: Paul Hull (Florida Division)
- Grassroots Professional of the Year: Ann Goure (California Division)
- Government Relations Teams of the Year: Michigan (Great Lakes Division) and Washington (ACS CAN, Great West)
- Non-Advocacy Staff of the Year: Robert Morris (Mid-South Division)

\* 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 Society staff lobbyist and founder of the Society's National Government Relations Department.

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