

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.

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 2018.

WILL SUPPORT PREVENTION AND CESSATION EFFORTS.

SMOKE-FREE LAWS

SMOKE-FREE LAWS ARE ONE OF THE BEST WAYS TO:

REDUCE EXPOSURE TO SECONDHAND SMOKE.

ENCOURAGE AND INCREASE QUITTING AMONG PEOPLE WHO SMOKE.

REDUCE HEALTH CARE, CLEANING AND LOST PRODUCTIVITY COSTS.

25 STATES

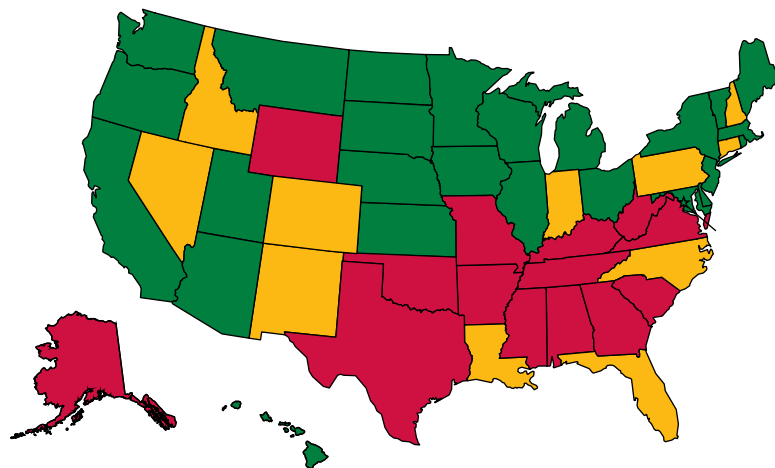
HAVE A STATEWIDE SMOKE-FREE LAW COVERING ALL NON-HOSPITALITY WORKPLACES, RESTAURANTS AND BARS.

11 STATES

HAVE A STATEWIDE SMOKE-FREE LAW COVERING ONE OR TWO TYPES OF WORKPLACES (AS OF 11/18).

14 STATES

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



CIGARETTE EXCISE TAXES

THE AVERAGE
STATE CIGARETTE
EXCISE TAX IS

\$1.78
PER PACK
(AS OF 11/18).

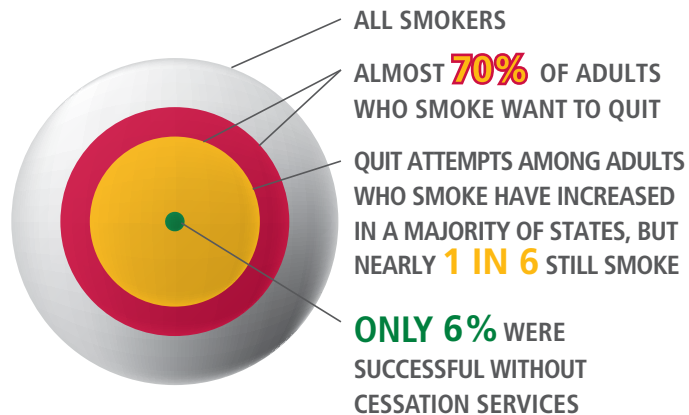


LOWER TAXES =
HIGHER
SMOKING RATES

Cigarette taxes in 12 states with highest adult smoking rates are nearly \$2 less per pack than in 12 states with the lowest adult smoking rates.

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

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 **18%** 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 AND IMPROVE NUTRITION STANDARDS IN SCHOOLS.



INCREASE ACCESS TO HEALTHY AND AFFORDABLE FOODS IN PUBLIC PLACES AND UNDER-SERVED AREAS.



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.

17 states + Washington, D.C. have laws prohibiting tanning for those under age 18, with no exemptions.

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 FUNDING FOR BREAST AND CERVICAL CANCER EARLY DETECTION AND TREATMENT PROGRAMS
- + HEALTH PLAN NETWORK ADEQUACY
- + PRESCRIPTION DRUG COVERAGE TRANSPARENCY
- + PROTECTING ACCESS TO QUALITY, AFFORDABLE HEALTH INSURANCE
- + ACCESS TO PRESCRIPTION DRUGS

MEDICAID: PRESERVE AND INCREASE ACCESS TO HEALTH COVERAGE

17 STATES ARE DENYING MORE THAN 4 MILLION AMERICANS ACCESS TO HEALTH CARE COVERAGE. MORE THAN 2 MILLION OF THESE INDIVIDUALS FALL INTO THE

COVERAGE GAP

EARNING TOO LITTLE TO RECEIVE FEDERAL TAX CREDITS AND TOO MUCH TO QUALIFY FOR MEDICAID.

INCREASING ACCESS TO MEDICAID WILL PROVIDE LOW-INCOME INDIVIDUALS AND FAMILIES ACCESS TO COMPREHENSIVE CARE, INCLUDING 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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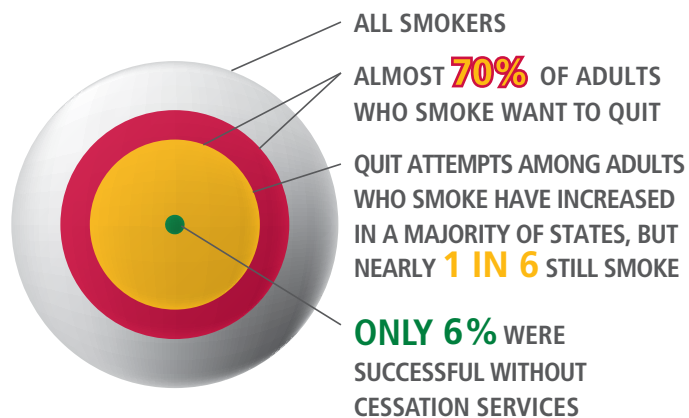


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