



Memorandum In Opposition to HB 1133 – Delegate Taveras

Health Committee

March 12, 2026

American Cancer Society Cancer Action Network (ACS CAN) is the nonprofit, nonpartisan advocacy affiliate of the American Cancer Society (ACS). ACS CAN empowers cancer patients, survivors, their families and other experts on the disease, amplifying their voices and public policy matters that are relevant to the cancer community at all levels of government. We mobilize our powerful grassroots network of cancer advocacy volunteers to bring awareness to lawmakers like yourself on cancer issues that matter to your constituents.

This year it is estimated that 38,160 Marylanders will hear the chilling phrase “you have cancer.” Sadly, it is also estimated that over 11,000 will die from this disease.

ACS was founded in 1913 with a mission to educate the public about cancer. In 1947, ACS funded research that led to the first successful chemotherapy treatment. In the 1950s, ACS funded studies that established the link between smoking and lung cancer. Today, we continue funding research, providing patient care, and advocating policy changes so that we can end cancer as we know it, for everyone.

The work required to achieve such a mission cannot be done by one organization alone. ACS and ACS CAN and our volunteer leadership work in coalition and collaboration with numerous non-profit and for-profit organizations on mutual issues of concern. Cancer awareness and education, screenings, diagnosis, and treatment cannot happen through the efforts of one organization alone. Instead, they rely on partnerships with community groups, health systems, researchers, philanthropic organizations, and private-sector partners.

Like many organizations across the health care landscape – including hospitals, universities, and research institutions – patient advocacy organizations may receive financial support from a wide range of sources to help sustain education, outreach, and support programs. These contributions help make possible community education efforts, screening initiatives, patient navigation services, and awareness campaigns that benefit patients and families across the state.

Importantly, these partnerships are governed by clear policies that safeguard the independence and integrity of advocacy organizations. Contributions from corporate partners are **not tied to specific products, treatments, or policy positions**, and they do not determine the policy priorities or advocacy positions of ACS CAN. Our policy agenda is driven by patient needs, scientific evidence, and the expertise of clinicians, researchers, and cancer survivors—not by outside donors. HB 1133 would require significant operational and administrative activities that would effectively mandate that nonprofit patient advocacy organizations track and report information about products and services—both existing and in development—from pharmaceutical or medical device manufacturers that may have provided general support to the organization.

Patient advocacy organizations do not have visibility into the full range of products, services, or pipelines of companies that may support educational or outreach efforts. As written, the bill would require organizations to



identify and report potential connections between donations and products or services that may have no relationship to the organization's activities. This would create an **unworkable compliance obligation** and require nonprofits to speculate about matters outside their knowledge or control.

Resources that should be dedicated to improving patient outcomes, supporting cancer prevention, and educating communities would instead be diverted to administrative search, retrieval, compliance, registration, and disclosure activities.

Transparency and accountability are important values shared by patient advocacy organizations. However, nonprofit organizations already operate under a range of federal reporting and disclosure requirements that provide transparency into organizational finances and governance. Creating an additional state-level reporting regime that applies specifically to patient advocacy organizations would impose burdens without meaningfully improving public understanding.

Most importantly, patient advocacy organizations exist to elevate the voices of patients and families navigating serious illness. Policies that unnecessarily restrict or complicate the ability of these organizations to partner with others in the health care community risk undermining the very support systems that patients rely upon.

ACS CAN requests an unfavorable report on HB 1133.