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February 3, 2021

The Honorable Norris Cochran
Acting Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Re: Arizona Health Care Cost Containment System - Extension Request Demonstration

Dear Acting Secretary Cochran:

The American Cancer Society Cancer Action Network (ACS CAN) appreciates the opportunity to comment on the Proposed Extension of Arizona Health Care Cost Containment Section 1115 Demonstration. ACS CAN is making cancer a top priority for public officials and candidates at the federal, state, and local levels. ACS CAN empowers advocates across the country to make their voices heard and influence evidence-based public policy change, as well as legislative and regulatory solutions that will reduce the cancer burden. As the American Cancer Society's nonprofit, nonpartisan advocacy affiliate, ACS CAN is critical to the fight for a world without cancer.

ACS CAN supports the Arizona Health Care Cost Containment System (AHCCCS) goals of providing quality healthcare to members and ensuring access to care. We commend Arizona's decision to discontinue AHCCCS Choice, Accountability, Responsibility, Engagement (CARE) cost sharing provisions. However, the proposed implementation of AHCCCS Works and elimination of retroactive eligibility (waiver of priority quarter coverage) could limit – rather than ensure – access to care for some of the most vulnerable Arizonians, including those with cancer, cancer survivors, and those who will be diagnosed with the disease. Further, we think moving forward with these proposals in the midst of the pandemic and economic recession is especially burdensome and could jeopardize the health and well-being of countless Arizonans. We strongly urge CMS to address the concerns that we and other stakeholders have before moving forward with the waiver process.

More than 39,000 Arizona residents are expected to be diagnosed with cancer this year,[1] and there are more than 392,000 cancer survivors in the state[2] – many of whom rely on the AHCCCS program. ACS CAN wants to ensure that AHCCCS enrollees have adequate access and coverage under the Medicaid program, and that specific requirements do not create barriers to care for cancer patients, survivors, and those who will be diagnosed with cancer.

Following are our specific comments on Arizona's 1115 waiver application:

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[1] American Cancer Society. *Cancer Facts & Figures 2021*. Atlanta, GA: American Cancer Society; 2021.
[2] American Cancer Society. *Cancer Treatment & Survivorship Facts & Figures 2019-2021*. Atlanta, GA: American Cancer Society; 2019.

Community Engagement Activities

ACS CAN opposes tying access to affordable health care for lower income persons to employment or community engagement requirements, because cancer patients and survivors – as well as those with other complex chronic conditions – could be seriously disadvantaged and find themselves without Medicaid coverage because they are physically unable to comply. Many cancer patients in active treatment are often unable to work or require significant work modifications due to their treatment.[3,4,5] Research suggests that between 40 and 85 percent of cancer patients stop working while receiving cancer treatment, with absences from work ranging from 45 days to six months depending on the treatment.[6] Recent cancer survivors often require frequent follow-up visits[7] and suffer from multiple comorbidities linked to their cancer treatments.[8,9] Cancer survivors are often unable to work or are limited in the amount or kind of work they can participate in because of health problems related to their cancer diagnosis.[10,11] If work and community engagement is required as a condition of eligibility, many newly diagnosed and recent cancer survivors, as well as those with other chronic illnesses could find that they are ineligible for the lifesaving care and treatment services provided through the state's Medicaid program. We also note that imposing work or community engagement requirements on lower income individuals as a condition of coverage could impede individuals' access to prevention and early detection care, including cancer screenings and diagnostic testing.

We appreciate the State's acknowledgement that not all people are able to work and the decision to include several exemption categories from the community engagement/work requirement and

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[3] Whitney RL, Bell JF, Reed SC, Lash R, Bold RJ, Kim KK, et al. Predictors of financial difficulties and work modifications among cancer survivors in the United States. *J Cancer Surviv.* 2016; 10:241. doi: 10.1007/s11764-015-0470-y.

[4] de Boer AG, Taskila T, Tamminga SJ, et al. Interventions to enhance return to work for cancer patients. *Cochrane Database Syst Rev.* 2011; 16(2): CD007569. doi: 10.1002/14651858.CD007569.pub2.

[5] Stergiou-Kita M, Pritlove C, van Eerd D, Holness LD, Kirsh B, Duncan A, Jones J. The provision of workplace accommodations following cancer: survivor, provider, and employer perspectives. *J Cancer Surviv*. 2016; 10:480. doi:10.1007/s11764-015-0492-5.

[6] Ramsey SD, Blough DK, Kirchhoff AC, et al. Washington State Cancer Patients Found to be at Greater Risk for Bankruptcy then People Without a Cancer Diagnosis," Health Affairs, 32, no. 6, (2013): 1143-1152.

[7] National Cancer Institute. *Coping with cancer: Survivorship, follow-up medical care*. Accessed October 2019. https://www.cancer.gov/about-cancer/coping/survivorship/follow-up-care.

[8] Mehta LS, Watson KE, Barac A, Beckie TM, Bittner V, Cruz-Flores S, et al. Cardiovascular disease and breast cancer: Where these entities intersect: A scientific statement from the American Heart Association. *Circulation*. 2018; 137(7): CIR.0000000000000556.

[9] Dowling E, Yabroff R, Mariotto A, et al. Burden of illness in adult survivors of childhood cancers: Findings from a population-based national sample. *Cancer.* 2010; 116:3712-21.

[10] Id.

[11] Guy GP Jr, Berkowitz Z, Ekwueme DU, Rim SH, Yabroff R. Annual economic burden of productivity losses among adult survivors of childhood cancers. *Pediatrics*. 2016; 138(s1):e20154268; Zheng Z, Yabroff KR, Guy GP Jr, et al. Annual medical expenditures and productivity loss among colorectal, female breast, and prostate cancer survivors in the United States. *JNCI J Natl Cancer Inst.* 2016; 108(5):djv382; and Kent EE, Davidoff A, de Moor JS, et al. Impact of sociodemographic characteristics on underemployment in a longitudinal, nationally representative study of cancer survivors: Evidence for the importance of gender and marital status. *J Psychosoc Oncol*. 2018; 36(3):287-303.

associated lock-out period. However, the waiver still does not go far enough to protect vulnerable individuals, including recent cancer survivors and others living with debilitating side effects as a result of their cancer treatment.[12,13] Increased administrative reporting requirements for enrollees to attest to their work or exemption status would likely further decrease the number of individuals with Medicaid coverage, regardless of whether they are exempt.[14,15] While we appreciate the state using as many automated tools as possible to determine compliance with and exemptions from the community engagement/work requirements, Arizona cannot ensure that the automated tools will prevent unnecessary disenrollments and coverage losses.

Given the experience with Arkansas' community engagement/work requirement, where uninsured rates were driven up and employment actually declined in the state after the requirement went into effect,[16] Arizona must consider the number of state residents whose health could be negatively impacted, and coverage lost due to this proposal. Additionally, it is clear from the data from Arkansas that the community engagement/work requirements did not meeting the state's goal of incentivizing employment and increasing the number of employed Arkansas Works enrollees.[17]

We are also concerned with the proposal to phase-in the community engagement requirements, starting with urban counties. Even a phased-in approach will add to enrollee confusion. If an enrollee moves from a Phase I county that has implemented community engagement requirements to a Phase III county that has yet to implement the requirements, it is unclear what mechanisms would be in place for the system to be alerted to the fact that the enrollee is no longer subject to the reporting requirements.

While the waiver does suggest that the State will assess areas with high rates of unemployment to determine whether additional mitigation strategies are needed to alleviate enrollee burden, the economic crisis caused by the pandemic and state's current 7.5 percent unemployment rate should prompt the Department to reconsider seeking reauthorization for AHCCCS Works.[18] We would urge the State to not even consider implementing community engagement requirements until the unemployment rate in any county reverted to rates lower than existed pre-pandemic.

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[12] Mehta LS, Watson KE, Barac A, Beckie TM, Bittner V, Cruz-Flores S, et al. Cardiovascular disease and breast cancer: Where these entities intersect: A scientific statement from the American Heart Association. *Circulation*. 2018; 137(7): CIR.0000000000000556.

[13] Dowling E, Yabroff R, Mariotto A, et al. Burden of illness in adult survivors of childhood cancers: Findings from a population-based national sample. *Cancer.* 2010; 116:3712-21.

[14] Garfield R, Rudowitz R, Musumeci M. Implications of a Medicaid work requirements: National estimates of potential coverage losses. Kaiser Family Foundation. Published June 2018. Accessed October 2019. http://files.kff.org/attachment/Issue-Brief-Implications-of-a-Medicaid-Work-Requirement-National-Estimates-of-Potential-Coverage-Losses.

[15] Sommers BD, Goldman AL, Blendon RJ, et al. Medicaid work requirements – Results from the first year in Arkansas. *NEJM*. 2019. DOI: 10.1056/NEJMsr1901772.

[16] Sommers BD, Chen L, Blendon RJ, et al. Medicaid Work Requirements In Arkansas: Two-Year Impacts On Coverage, Employment, And Affordability Of Care. *Health Affairs.* 2020. DOI: 10.1377/hlthaff.2020.00538

[17] Id.

[18] U.S. Bureau of Labor Statistics. Economy at a Glance: Arizona. December. 2020. Available at https://www.bls.gov/eag/eag.az.htm#eag_az.f.2.

Penalties for Non-Compliance
We oppose the proposed disenrollment from coverage and two-month penalty for non-compliance with the workforce engagement requirement. Arizona offers individuals who have failed to participate in the requirement "good cause" exemptions, but it is unclear if an appeal process would be offered, how long the appeal process could take, and whether the beneficiary would lose health coverage during that process.

Those with acute and chronic health care conditions who apply for an exemption to avoid the disenrollment and one-month penalty period will still have to verify their exemption and undertake a burdensome documentation process. This could lead to instances where those who should be able to maintain coverage are disenrolled, jeopardizing access to life-saving treatment. If individuals are suspended from coverage, they will likely have no access to affordable health care coverage, making it difficult or impossible for a cancer patient or recent survivor to continue treatment or pay for their maintenance medication until they come into compliance with the requirement or they are determined to be exempt. This is particularly problematic for cancer survivors who require frequent follow-up visits and maintenance medications as part of their survivorship care plan to prevent recurrence[19] and who suffer from multiple comorbidities linked to their cancer treatments.[20] It may also be a problem for individuals in active cancer treatment who may not realize they are exempt. Being denied access to one's cancer care team could be a matter of life or death for a cancer patient or survivor and the financial toll that the penalty period would have on individuals and their families could be devastating.

Waiving Retroactive Eligibility
Medicaid currently allows retroactive coverage if: 1) an individual was unaware of his or her eligibility for coverage at the time a service was delivered; or 2) during the period prospective enrollees were preparing the required documentation and Medicaid enrollment application. Policies that would reduce or eliminate retroactive eligibility could place a substantial financial burden on enrollees and cause significant disruptions in care, particularly for individuals battling cancer. Therefore, we are concerned about Arizona's request to continue to waive retroactive eligibility, as it applies to non-expansion populations, including women who gain access to Medicaid through the Breast and Cervical Cancer Treatment Program via the state's Well Woman Health Check Program.

Many uninsured or underinsured individuals who are newly diagnosed with a chronic condition already do not receive recommended services and follow-up care because of cost.[21,22] In 2017, one in five

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[19] National Cancer Institute. *Coping with cancer: Survivorship, follow-up medical care*. Accessed October 2019. https://www.cancer.gov/about-cancer/coping/survivorship/follow-up-care.
[20] Mehta LS, Watson KE, Barac A, Beckie TM, Bittner V, Cruz-Flores S, et al. Cardiovascular disease and breast cancer: Where these entities intersect: A scientific statement from the American Heart Association. *Circulation*. 2018; 137(7): CIR.0000000000000556.
[21] Hadley J. Insurance coverage, medical care use, and short-term health changes following an unintentional injury or the onset of a chronic condition. *JAMA*. 2007; 297(10): 1073-84.
[22] Foutz J, Damico A, Squires E, Garfield R. The uninsured: A primer – Key facts about health insurance and the uninsured under the Affordable Care Act. *The Henry J Kaiser Family Foundation*. Published January 25, 2019. Accessed November 2019. https://www.kff.org/report-section/the-uninsured-a-primer-key-facts-about-health-insurance-and-the-uninsured-under-the-affordable-care-act-how-does-lack-of-insurance-affect-access-to-health-care/.

uninsured adults went without care because of cost.[23] Waiving retroactive eligibility could mean even more people are unable to afford care and forgo necessary care due to cost.

Safety net hospitals and providers also rely on retroactive eligibility for reimbursement of provided services, allowing these facilities to keep the doors open. For example, the Emergency Medical Treatment and Labor Act (EMTALA) requires hospitals to stabilize and treat individuals in their emergency room, regardless of their insurance status or ability to pay.[24] Retroactive eligibility allows hospitals to be reimbursed if the individual treated is eligible for Medicaid coverage. Likewise, Federally Qualified Health Centers (FQHCs) offer services to all persons, regardless of that person's ability to pay or insurance status.[25] Community health centers also play a large role in ensuring low-income individuals receive cancer screenings, helping to save the state of Arizona from the high costs of later stage cancer diagnosis and treatment. Therefore, we urge CMS to consider these providers and their contribution to Arizona's safety net, as well as the patients who rely on Medicaid for health care coverage, when considering Arizona's request to waive retroactive eligibility for its Medicaid beneficiaries.

Discontinuation of Cost Sharing

ACS CAN commends the Arizona's decision to discontinue AHCCCS CARE. Cost sharing can create financial burdens for enrollees, and cause significant disruptions in care, especially for cancer patients and survivors. Studies have shown that imposing even modest premiums on low-income individuals is likely to deter enrollment in the Medicaid program.[26,27,28] Imposing copayments or out-of-pocket costs on low-income populations has been shown to decrease the likelihood that they will seek health care services, including preventive screenings.[29,30,31] Cancers that are found at an early stage through screening are less expensive to treat and lead to greater survival.[32] Uninsured and underinsured

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[23] The Henry J. Kaiser Family Foundation. Key facts about the uninsured population. Updated December 7, 2018. Accessed November 2019. https://www.kff.org/uninsured/fact-sheet/key-facts-about-the-uninsured-population/.
[24] Centers for Medicare & Medicaid Services. Emergency medical treatment & labor act (EMTALA). Updated March 2012. Accessed October 2019. https://www.cms.gov/regulations-and-guidance/legislation/emtala/.
[25] National Association of Community Health Centers. Maine health center fact sheet. Published March 2017. Accessed November 2019. http://www.nachc.org/wp-content/uploads/2016/03/ME_17.pdf.
[26] Hendryx M, Onizuka R, Wilson V, Ahern M. Effects of a Cost-Sharing Policy on Disenrollment from a State Health Insurance Program. *Soc Work Public Health*. 2012; 27(7): 671-86.
[27] Wright BJ, Carlson MJ, Allen H, Holmgren AL, Rustvold DL. Raising Premiums and Other Costs for Oregon Health Plan Enrollees Drove Many to Drop Out. *Health Affairs*. 2010; 29(12):2311-16.
[28] Office of the Assistant Secretary for Planning and Evaluation. Financial Condition and Health Care Burdens of People in Deep Poverty. Published July 16, 2015. Accessed April 21, 2016. http://aspe.hhs.gov/basic-report/financial-condition-and-health-care-burdens-people-deep-poverty.
[29] Solanki G, Schauffler HH, Miller LS. The direct and indirect effects of cost-sharing on the use of preventive services. *Health Services Research.* 2000; 34: 1331-50.
[30] Wharam JF, Graves AJ, Landon BE, Zhang F, Soumerai SB, Ross-Degnan D. Two-year trends in colorectal cancer screening after switch to a high-deductible health plan. *Med Care.* 2011; 49: 865-71.
[31] Trivedi AN, Rakowsi W, Ayanian JA. Effect of cost sharing on screening mammography in Medicare health plans. *N Eng J Med.* 2008; 358: 375-83.
[32] American Cancer Society. *Cancer Prevention & Early Detection Facts & Figures 2016-2017*. Atlanta: American Cancer Society; 2017.

individuals already have lower cancer screening rates resulting in a greater risk of being diagnosed at a later, more advanced stage of disease.[33]

Cancer patients undergoing an active course of treatment for a life-threatening health condition need uninterrupted access to the providers and facilities from whom they receive treatment. Disruptions in primary cancer treatment care, as well as longer-term adjuvant therapy, such as hormone therapy, can result in negative health outcomes. Additionally, recent cancer survivors often require frequent follow-up visits and maintenance medications as part of their survivorship care plan to prevent recurrence,[34] and suffer from multiple comorbidities linked to their cancer treatments.[35] Ensuring both cancer patients and recent survivors receive the care they need is critical to positive health outcomes.

Conclusion

We appreciate the opportunity to provide comments on the Proposed Extension of Arizona Health Care Cost Containment Section 1115 Demonstration. The preservation of eligibility, coverage, and access to AHCCCS remains critically important for many low-income state residents who depend on the program for cancer and chronic disease prevention, early detection, diagnostic, and treatment services. We ask CMS to weigh the impact of these proposals on low-income Arizonans access to lifesaving health care coverage, particularly those individuals with cancer, cancer survivors, and those who will be diagnosed with cancer during their lifetime.

Maintaining access to quality, affordable, accessible, and comprehensive health care coverage and services is a matter of life and survivorship for thousands of low-income cancer patients and survivors. We look forward to working with you to ensure that ensure that coverage through AHCCCS meets the health care needs of eligible individuals and families and reduces the burden of cancer for lower income Arizonans. If you have any questions, please feel free to contact me or have your staff contact Anna Schwamlein Howard, Policy Principal, Access and Quality of Care at Anna.Howard@cancer.org.

Sincerely,

Carter Steger
Vice President, State and Local Campaigns
American Cancer Society Cancer Action Network

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[33] Id.
[34] National Cancer Institute. *Coping with cancer: Survivorship, follow-up medical care*. Accessed October 2018. https://www.cancer.gov/about-cancer/coping/survivorship/follow-up-care.
[35] Mehta LS, Watson KE, Barac A, Beckie TM, Bittner V, Cruz-Flores S, et al. Cardiovascular disease and breast cancer: Where these entities intersect: A scientific statement from the American Heart Association. *Circulation*. 2018; 137(7): CIR.0000000000000556.