



April 20, 2021

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

Re: Oklahoma SoonerCare 1115 Waiver Amendment Request

Dear Secretary Becerra:

The American Cancer Society Cancer Action Network (ACS CAN) appreciates the opportunity to comment on Oklahoma's Medicaid Section 1115 SoonerCare Waiver Amendment Request. The American Cancer Society Cancer Action Network (ACS CAN) makes cancer a top priority for policymakers at every level of government. ACS CAN empowers volunteers across the country to make their voices heard to influence evidence-based public policy change that saves lives. We believe everyone should have a fair and just opportunity to prevent, find, treat, and survive cancer. Since 2001, as the American Cancer Society's nonprofit, nonpartisan advocacy affiliate, ACS CAN has successfully advocated for billions of dollars in cancer research funding, expanded access to quality affordable health care, and made workplaces, including restaurants and bars, smoke-free. As we mark our 20th anniversary, we're more determined than ever to stand together with our volunteers and save more lives from cancer. Join the fight by visiting www.fightcancer.org.

We strongly support Oklahoma's expansion of the Medicaid program. Access to health care is paramount for persons with cancer and survivors. An estimated 22,820 Oklahomans are expected to be diagnosed with cancer this year,¹ and there are nearly 207,260 cancer survivors in the state² – many of whom rely on Medicaid or will greatly benefit from receiving their health care through the expansion of the program. ACS CAN wants to ensure that cancer patients and survivors in Oklahoma will have adequate access and coverage under the Medicaid program, and that specific requirements do not create barriers to care for low-income cancer patients, survivors, and those who will be diagnosed with cancer.

However, the proposed cost sharing requirements as well as waiver of retroactive eligibility could limit – rather than expand – eligibility and access to care for some of the most vulnerable Oklahomans, including those with cancer, cancer survivors, and those who will be diagnosed with the disease. Further, we think moving forward with these provisions in the midst of the pandemic and economic

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.



recession is especially burdensome and could jeopardize the health and well-being of countless Oklahomans. While we support the expansion of Medicaid in Oklahoma, we urge the Department of Health and Human Services (or “the Department”) to not allow the state to waive retroactive eligibility requirements. We also urge the Department to consider the impacts of charging low-income Medicaid enrollees’ cost-sharing for necessary medical services.

The following are our specific concerns with the Oklahoma’s Medicaid section 1115 demonstration waiver amendment request:

Waiver of 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 the State’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. We urge the Department not to approve this portion of the waiver.

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.^{3,4} In 2017, one in five uninsured adults went without care because of cost.⁵ 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.⁶ 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.⁷ Community health centers also play a large role in ensuring low-income individuals

³ 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.

⁴ 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/>.

⁵ 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/>.

⁶ 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/>.

⁷ 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.

receive cancer screenings, helping to save the state of Oklahoma from the high costs of later stage cancer diagnosis and treatment. For these reasons, we urge the Department not to approve Oklahoma's request to waive retroactive eligibility.

Cost Sharing

Oklahoma proposes to charge certain enrollees' cost-sharing for certain services. These services will likely include cancer treatments and other services that cancer patients receive. ACS CAN is concerned about the potential impact of cost sharing on enrollees facing cancer and other chronic health conditions. 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.^{8,9,10} 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.^{11,12,13} Cancers that are found at an early stage through screening are less expensive to treat and lead to greater survival.¹⁴ Uninsured and underinsured individuals already have lower cancer screening rates resulting in a greater risk of being diagnosed at a later, more advanced stage of disease.¹⁵

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,¹⁶

⁸ 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.

⁹ 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.

¹⁰ 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>.

¹¹ 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.

¹² 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.

¹³ Trivedi AN, Rakowski W, Ayanian JA. Effect of cost sharing on screening mammography in Medicare health plans. *N Eng J Med*. 2008; 358: 375-83.

¹⁴ American Cancer Society. *Cancer Prevention & Early Detection Facts & Figures 2016-2017*. Atlanta: American Cancer Society; 2017.

¹⁵ Ibid.

¹⁶ 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>.

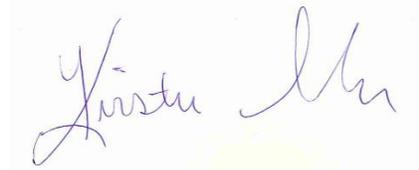
and suffer from multiple comorbidities linked to their cancer treatments.¹⁷ Ensuring both cancer patients and recent survivors receive the care they need is critical to positive health outcomes. As the Department is under new leadership and examines its efforts to help low-income individuals access critical healthcare – including cancer treatment – we encourage you to consider the impact of charging cost-sharing for necessary medical services.

Conclusion

We appreciate the opportunity to provide comments on the Oklahoma waiver amendment request. The preservation of eligibility, coverage, and access to SoonerCare 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 the Department to approve Medicaid expansion in Oklahoma, but reject the State's proposal to waive retroactive eligibility due to the impact of this proposals on low-income Oklahomans 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. If you have any questions, please feel free to contact Jennifer Hoque at Jennifer.Hoque@cancer.org.

Sincerely,

A handwritten signature in blue ink that reads "Kirsten Sloan". The signature is written in a cursive style and is positioned above a light yellow rectangular highlight.

Kirsten Sloan
Managing Director, Public Policy
American Cancer Society Cancer Action Network

¹⁷ 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.