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October 17, 2018

The Honorable Alex Azar
Secretary
Department of Health and Human Services
Hubert H. Humphrey Building
200 Independence Avenue, SW
Washington, D.C. 20201

Re: Alabama Medicaid Workforce Initiative Section 1115 Demonstration Application

Dear Secretary Azar:

The American Cancer Society Cancer Action Network (ACS CAN) appreciates the opportunity to comment on Alabama's Medicaid Workforce Initiative Section 1115 demonstration waiver application. ACS CAN, the nonprofit, nonpartisan advocacy affiliate of the American Cancer Society, supports evidence-based policy and legislative solutions designed to eliminate cancer as a major health problem. As the nation's leading advocate for public policies that are helping to defeat cancer, ACS CAN ensures that cancer patients, survivors, and their families have a voice in public policy matters at all levels of government.

ACS CAN supports Alabama's goal to improve health outcomes for the category of Parent or Caretaker Relative (POCR) Medicaid beneficiaries, but we believe the proposed workforce initiative could negatively impact the adult Medicaid POCR population, particularly cancer patients, survivors, and those who will be diagnosed with cancer in their lifetime. Over 27,800 Alabamians are expected to be diagnosed with cancer this year¹ – many of whom are receiving health care coverage through the Alabama Medicaid program. ACS CAN wants to ensure that cancer patients and survivors in Alabama will have adequate access and coverage under the Medicaid program, and that specific requirements do not create barriers.

Unfortunately, the proposed Medicaid workforce initiative could limit eligibility and access to care for some of the most vulnerable Alabamians, including those with cancer, cancer survivors, and those who will be diagnosed with the disease. We strongly urge the Centers for Medicare and Medicaid Services ("CMS") to address the concerns we and other stakeholders have identified or reject this waiver in its current form.

The following are our specific comments on the State's revised Medicaid workforce initiative 1115 waiver application:

¹ American Cancer Society. *Cancer Facts & Figures 2018*. Atlanta, GA: American Cancer Society; 2018.

Workforce Initiative

Alabama's waiver includes the requirement that all "able-bodied" adults covered under Alabama's Medicaid POCH eligibility group must be gainfully employed or participate in training opportunities for 35 hours-per-week to maintain eligibility or enrollment in the Medicaid program. Parents and caretaker relatives with a child under age 6 years must participate in 20 hours of employment-related activities a week to maintain eligibility. We are concerned this policy could unintentionally disadvantage patients with serious illnesses, such as cancer. While we understand the intent of the proposal is to "improve the economic growth and stability [through employment] of the State," many cancer patients in active treatment are often unable to work or require significant work modifications due to their treatment.^{2,3,4}

ACS CAN opposes tying access to affordable health care for lower income persons to work or community engagement requirements, because cancer patients, survivors, and those who will be diagnosed with the disease – 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. 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.⁵ Recent cancer survivors often require frequent follow-up visits and maintenance medications to prevent recurrence,⁶ and suffer from multiple comorbidities linked to their cancer treatments.^{7,8} 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.^{9,10,11,12} If work and community engagement is required as a condition of eligibility, many cancer patients, recent survivors, and those with other chronic illnesses could become ineligible for the lifesaving treatment services provided through Medicaid. We also note that imposing work or community engagement requirements on lower

² 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.

³ 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.

⁴ 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.

⁵ Ramsey SD, Blough DK, Kirchoff AC, et al. Washington State Cancer Patients Found to be at Greater Risk for Bankruptcy than People Without a Cancer Diagnosis," *Health Affairs*, 32, no. 6, (2013): 1143-1152.

⁶ 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>.

⁷ 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.

⁸ 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.

⁹ Ibid.

¹⁰ 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.

¹¹ 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.

¹² 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.

income individuals as a condition of coverage could impede individuals' access to preventive care, including cancer screenings.

We appreciate the State's acknowledgement that not all people are able to work and the decision to include several exemption categories from the work requirement and associated termination from the program. However, we are concerned that the waiver does not go far enough to protect vulnerable individuals, including cancer patients, women being treated for breast or cervical cancer after being diagnosed through the Alabama Breast and Cervical Cancer Early Detection Program (ABCCEDP), recent cancer survivors, those with conditions that put them at risk for cancer, and other serious chronic diseases often linked to cancer treatments.¹³

The Alabama Medicaid Agency estimates that approximately 75,000 Medicaid-eligible parents could be subject to the work or community engagement requirement, and analysis of the state's estimates finds that 8,700 parents could lose Medicaid coverage in the first year alone.¹⁴ They also report that the State will save over \$35.2 million due to enrollee non-compliance with the requirement. Alabama's POCR eligibility is restricted to parents or close relatives of a child under age 19 in the home with incomes at or below 13 percent of the poverty line with a five percent disregard, or \$247 per month for a single parent with one child.¹⁵ By requiring these low-income parents to work 20 to 35 hours a week, likely at minimum wage, they would no longer qualify for Medicaid in the State (nor would they qualify for subsidies for insurance coverage through the individual insurance marketplace). While we appreciate the State's extension of Transitional Medicaid Assistance (TMA) coverage for up to 18 months, we still believe this to be inadequate given that TMA is time-limited and low-income parents could still lose lifesaving health care coverage.

Additionally, the Alabama Medicaid Agency neglected to specify how often enrollees would be required to verify either their exemption to the employment requirement or that they are meeting the work requirement. The increase in administrative requirements for enrollees to "periodically" attest to their working status would likely decrease the number of individuals with Medicaid coverage, regardless of whether they are exempt. For example, in the fourth month of implementation of the *Arkansas Works* work requirement (September 2018) eight percent of the nearly 18,300 Medicaid enrollees, who did not declare an exemption, were able to navigate the complex reporting system and satisfy the state's reporting requirement.¹⁶ As of October 8, 2018, an additional 4,109 *Arkansas Works* enrollees have been locked out of coverage through the end of the calendar year due to noncompliance with the work

¹³ 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.

¹⁴ Alker J, Jordan P, Pham O, Wagnerman K. The impact of Alabama's proposed Medicaid work requirement on low-income families with children. Georgetown University Health Policy Institute Center for Children and Families. Published March 20, 2018. Accessed October 2018. <https://ccf.georgetown.edu/2018/03/20/the-impact-of-alabamas-proposed-medicaid-work-requirement-on-low-income-families-with-children-brief/>.

¹⁵ State of Alabama. Medicaid workforce initiative: Section 1115 demonstration application. July 31, 2018. Accessed August 2018. http://www.medicaid.alabama.gov/documents/2.0_Newsroom/2.7_Special_Initiatives/2.7.5_Work_Requirements/2.7.5_Revised_Work_Requirements_Waiver_7-31-18.pdf.

¹⁶ Arkansas Department of Human Services. Arkansas Works Program: September 2018 Report. Accessed October 2018. https://d31hzhk6di2h5.cloudfront.net/20181015/d9/50/39/04/d3b5bd23a6cef7ccec3e4716/101518_AWreport.pdf.

requirement.¹⁷ The number is in addition to the 4,353 individuals the state removed from the program last month, totaling 8,462 Arkansans losing coverage in the last two months. Some of these individuals may have been eligible for an exemption but did not realize they were exempt or were unable to successfully navigate Arkansas' reporting system. Given the experience with Arkansas' work requirement, CMS should consider the number of Alabamians whose health could be negatively impacted and the coverage losses that could occur due to this proposal.

Termination from Medicaid Program

We are deeply concerned about the proposed Medicaid coverage termination period for non-compliance with the work requirement. We appreciate that the Alabama Medicaid Agency offers a compliance grace period of 90 days for enrollees before terminating coverage, but it is unclear whether enrollees would be able to return to the Medicaid program after termination once they have complied with the work requirement or if the State will require additional requirements for re-entry. The only information provided indicates that the enrollee will be given full appeal rights and may request a "good cause exemption," similar to the ones provided in the Temporary Assistance for Needy Families (TANF) Job Opportunities and Basic Skills (JOBS) Program. It is unclear how long the Alabama Medicaid Agency will take to determine "good cause" for not meeting the requirement, and if the beneficiary would lose health coverage during the evaluation process. If the individual's coverage is terminated, this could place a substantial financial burden on enrollees and cause significant disruptions in care, particularly for cancer survivors (who require frequent follow-up visits) and individuals in active cancer treatment.

As previously mentioned, a significant number of cancer patients stop working while receiving cancer treatment. Individuals in the POQR eligibility group have a family income at or below 13 percent of the federal poverty level (18 percent with the 5 percent disregard). If they are subject to the proposed termination from the program, they will likely have no access to affordable health care coverage, making it difficult or impossible to continue treatment or pay for their maintenance medication until it is determined that they have "good cause." For those cancer patients who are mid-treatment, a loss of health care coverage could seriously jeopardize their chance of survival. 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 coverage termination would have on individuals and their families could be devastating.

Conclusion

We appreciate the opportunity to provide comments on Alabama's Medicaid Workforce Initiative Section 1115 demonstration waiver application. The preservation of eligibility and coverage through Medicaid remains critically important for many low-income Alabamians who depend on the program for cancer prevention, early detection, diagnostic, and treatment services. We ask CMS to weigh the impact that this policy proposal may have on access to lifesaving health care coverage, particularly for those individuals with cancer, cancer survivors, and those who will be diagnosed with cancer during their lifetime.

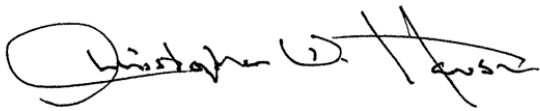
Our comments include numerous citations to supporting research, including direct links to the research for the benefit of CMS in reviewing our comments. We direct CMS to each of the studies cited (please see attached addendum) and we request that the full text of each of the studies cited, along with the

¹⁷ Ibid.

full text of our comments be considered part of the administrative record in this matter for purposes of the Administrative Procedure Act.

Maintaining access to quality, affordable, accessible, and comprehensive health care coverage and services are a matter of life and survivorship for thousands of low-income cancer patients and survivors, and we look forward to working with the Administration to ensure that all Americans are positioned to win the fight against cancer. If you have any questions, please feel free to contact me or have your staff contact Michelle DeFavero of our policy team at Michelle.DeFavero@cancer.org or 202-585-3266.

Sincerely,

A handwritten signature in black ink, appearing to read "Christopher W. Hansen". The signature is fluid and cursive, with a large initial "C" and a distinct "H" at the end.

Christopher W. Hansen
President