



American Cancer Society
Cancer Action Network
555 11th Street, NW
Suite 300
Washington, DC 20004
202.661.5700
www.acscan.org

January 19, 2018

Eric D. Hargan
Acting Secretary
Department of Health and Human Services
Hubert H. Humphrey Building
200 Independence Avenue, SW
Washington, D.C. 20201

Re: KanCare 2.0 Section 1115 Demonstration Renewal Application

Dear Acting Secretary Hargan:

The American Cancer Society Cancer Action Network (ACS CAN) appreciates the opportunity to comment on Kansas' 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.

We support Kansas' goal of expanding service coordination to assist members with social determinants of health to improve health outcomes of its KanCare members. However, we are extremely concerned that this proposed waiver could negatively impact the traditional adult Medicaid population, including cancer patients, survivors, and those who will be diagnosed with cancer in their lifetime.

Over 15,000 Kansans are expected to be diagnosed with cancer this year¹ – many of whom are receiving health care coverage through the KanCare program. ACS CAN wants to ensure that cancer patients and survivors in Kansas will have adequate access and coverage under the KanCare 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. The proposed waiver, particularly the work requirement in its current form, could limit eligibility and access to care for some of the most vulnerable Kansans, including those with cancer and cancer survivors. We urge the Centers for Medicare and Medicaid Services (CMS or "the Department") to reject the waiver in its current form to ensure that low-income Kansans have access to quality, affordable, and comprehensive health insurance.

The following are our specific comments on the state's KanCare 2.0 1115 waiver application:

Work Requirements

The waiver proposes to require that all "able-bodied" adults covered under traditional Medicaid must be employed, attending school, or participating in an activity consistent with Section 407 of the Social Security Act (SSA) and the Temporary Assistance for Needy Families (TANF) program for 20 or 30 hours-

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

per-week in a one-adult household and 35 or 55 hours in two-adult households to maintain eligibility or enrollment in KanCare. Many Medicaid enrollees are already working, as evidenced by a recent Kaiser Family Foundation report that found over seven in ten adult Medicaid enrollees in Kansas are already in a working family and nearly six in ten are already working themselves.² While we understand the intent of the proposal is to further encourage employment, many cancer patients in active treatment are often unable to work or require significant work modifications due to their treatment.^{3,4,5} If this requirement is included as a condition of eligibility for coverage, many cancer patients could find that they are ineligible for the lifesaving cancer treatment services provided through KanCare.

We appreciate the state of Kansas' acknowledgement that not all people are able to work and the decision to include several exemption categories from the work requirement and associated eligibility time limit and lock-out period. We particularly appreciate the State proposing to exclude from the work requirements participants in the Breast and Cervical Cancer Program, but other cancer patients and recent survivors should also be exempt. 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

If CMS were to approve this provision, we urge the Department to require the State to implement a medically frail designation that would exempt individuals with serious, complex medical conditions from the proposed work requirement and associated eligibility time limit and lock-out – particularly those with cancer and recent survivors. Specifically, ACS CAN urges the Department to require the State to implement the “medically frail” designation as defined in 42 CFR §440.315(f), which allows certain individuals with serious and complex medical conditions be exempt from specific provisions. With respect to cancer, the definition of medically frail should explicitly include individuals who are currently undergoing active cancer treatment –including chemotherapy, radiation, immunotherapy, and/or related surgical procedures – as well as new cancer survivors who may need additional time following treatment to transition back into the workplace.

Maximum Length of KanCare Coverage

ACS CAN is opposed to the 36-month maximum length of KanCare coverage for adults subject to the work requirements. This proposal fails to acknowledge that many low-income working individuals on

² Garfield R, Rudowitz R, Damico A. *Understanding the intersection of Medicaid and work*. February 2017. Washington, DC: Kaiser Family Foundation. <https://www.kff.org/medicaid/issue-brief/understanding-the-intersection-of-medicare-and-work/>.

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 than People Without a Cancer Diagnosis. *Health Affairs*. 2013; 32(6): 1143-1152.

Medicaid have low paying jobs that do not offer health insurance coverage⁷ and prevent them from being able to afford comprehensive health care coverage through the private insurance market.

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, can result in negative health outcomes. Failure to consider the care delivery and/or treatment regimen of patients and the effects that a 36-month maximum length coverage could have on their continued care, especially those individuals managing a complex, chronic condition like cancer, could have devastating effects on patients, their families, and providers. Therefore, we urge CMS to reject the 36-month maximum length of KanCare coverage provision.

Lock-Out Period

We are deeply concerned about the proposed lock-out period for non-compliance with the work requirement and urge CMS to reject the provision. Although we appreciate the State's decision to provide a three-month grace period, subjecting enrollees to the proposed lock-out until they comply with the work requirement 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 battling cancer. As previously mentioned, 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.⁸ If low-income cancer patients or recent survivors are subject to the proposed lock-out period, they will likely have no access to health care coverage, making it potentially difficult or impossible to continue treatment or pay for their maintenance medication until they can comply with the requirements. 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 and the financial toll that the lock-out would have on individuals and their families could be devastating.

Independence Accounts for TransMed Program Members

ACS CAN appreciates that the State provides an additional 12 months of coverage for families previously eligible for Medicaid who lost financial eligibility due to increased earnings. Allowing TransMed program members to continue receiving coverage for the 12 months following Medicaid coverage helps to maintain continuity of care for cancer patients and recent survivors and we commend the Department for providing this coverage.

We note, however, that the KanCare 1115 waiver amendment prohibits adults enrolled in TransMed from re-enrolling in Medicaid for an unspecified period of time if they participate in the *Independence Account*, or health savings account, offered to its members. Prohibiting these individuals from re-enrolling in Medicaid if they fall on hard times fails to consider the care delivery and/or treatment regimen of patients, especially those individuals managing a complex, chronic condition like cancer. If

⁷ Garfield R, Rudowitz R, Damico A. *Understanding the intersection of Medicaid and work*. February 2017. Washington, DC: Kaiser Family Foundation. <https://www.kff.org/medicaid/issue-brief/understanding-the-intersection-of-medicaid-and-work/>.

⁸ 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*. 2013; 32(6): 1143-1152.

CMS were to approve this provision, we ask the Department to require the State of Kansas to add additional continuity of care provisions that would minimize disruptions in coverage and care for individuals in active treatment for life-threatening illnesses, such as cancer.

Quality Improvements

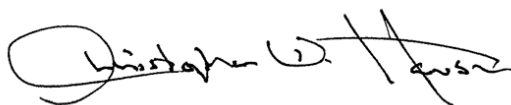
We note that the State intends to update its “Quality Strategy” to incorporate performance measures and reporting to support KanCare 2.0 initiatives. We urge CMS to ensure that the State includes all United States Preventive Services Task Force (USPSTF) A- and B-rated cancer screening services in the performance measures. We note that breast and cervical cancer screenings are included in the 2016 KanCare Evaluation Annual Report, but does not appear to include colorectal or lung cancer screenings as part of the Managed Care Organization (MCO) performance measures. Regular screening is the most effective way of detecting cancers at an earlier stage when they are more easily treated, and lead to greater survival.⁹ Educating, encouraging, and raising KanCare members’ awareness of the benefits and services provided in the program will significantly contribute to the stated goal of the program to improve health outcomes for all members. Additionally, appropriate utilization of health benefits, specifically primary and preventive care services, will help to reduce the State’s cancer burden.

Conclusion

We appreciate the opportunity to provide comments on Kansas’ KanCare 2.0 waiver amendment application. The preservation of eligibility and coverage through KanCare remains critically important for many low-income Kansans who depend on the program for cancer prevention, early detection, diagnostic, and treatment services. We ask CMS to weigh the impact these policy proposals 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.

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, 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 DelFavero of our policy team at Michelle.DelFavero@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 long horizontal stroke extending to the right.

Christopher W. Hansen
President

⁹ American Cancer Society. Cancer Facts and Figures 2018. Atlanta: American Cancer Society; 2018.