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October 31, 2019

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

**Re: Idaho Medicaid Reform Waiver**

Dear Secretary Azar:

The American Cancer Society Cancer Action Network (ACS CAN) appreciates the opportunity to comment on Idaho's Medicaid reform waiver application. 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.

We strongly support Idaho's expansion of their Medicaid program. Access to health care is paramount for persons with cancer and survivors. An estimated 8,390 Idahoans are expected to be diagnosed with cancer this year,<sup>1</sup> and there are nearly 77,900 cancer survivors in the state<sup>2</sup> – 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 Idaho 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.

The proposed work/community engagement requirement for the expansion adult group could limit eligibility and access to care for some of the most vulnerable Idahoans, including those with cancer, cancer survivors, and those who will be diagnosed with the disease. We strongly urge the Centers for Medicare and Medicaid Service (CMS or "the Department") to deny Idaho's request to impose work/community engagement requirements.

The following are our specific concerns with the Idaho Medicaid section 1115 demonstration waiver application:

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<sup>1</sup> American Cancer Society. *Cancer Facts & Figures 2019*. Atlanta, GA: American Cancer Society; 2019.

<sup>2</sup> American Cancer Society. *Cancer Treatment & Survivorship Facts & Figures 2019-2021*. Atlanta, GA: American Cancer Society; 2019.

### Work or Community Engagement Requirement

Idaho's waiver application would require all expansion adult enrollees between ages 19 and 59 with incomes up to 138 percent of the federal poverty level (FPL) to be employed, volunteer 20 hours per week, or meet an exemption in order to maintain eligibility or enrollment in the Medicaid program. This policy could unintentionally disadvantage Medicaid enrollees with complex chronic conditions, including cancer patients and recent survivors. Many cancer patients in active treatment are often unable to work or require significant work modifications due to their treatment.<sup>3,4,5</sup>

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.<sup>6</sup> Recent cancer survivors often require frequent follow-up visits<sup>7</sup> and suffer from multiple comorbidities linked to their cancer treatments.<sup>8,9</sup> 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.<sup>10,11,12,13</sup> If work and community engagement is required as a condition of eligibility, many recent cancer survivors and 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

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<sup>3</sup> 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.

<sup>4</sup> 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.

<sup>5</sup> 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.

<sup>6</sup> 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*, 32, no. 6, (2013): 1143-1152.

<sup>7</sup> 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>.

<sup>8</sup> 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.

<sup>9</sup> 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.

<sup>10</sup> Ibid.

<sup>11</sup> 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.

<sup>12</sup> 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.

<sup>13</sup> 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.

that imposing work or community engagement requirements on lower income individuals as a condition of coverage could impede individuals' access to preventive care, including cancer screenings.

We appreciate that Idaho acknowledged that not all people are able to work and the decision to include several exemption categories from the work requirement and associated penalty period. However, the waiver does not go far enough to protect vulnerable individuals, including recent cancer survivors and other serious chronic diseases often linked to cancer treatments.<sup>14,15</sup> The state estimates in the waiver application that 16,300 enrollees could be disenrolled from health coverage. The increase in administrative requirements for enrollees to attest to their work or exemption status on a monthly basis would likely further decrease the number of individuals with Medicaid coverage, regardless of whether they are exempt.<sup>16,17</sup> While we appreciate the state using as many automated tools as possible to determine compliance and exemptions for the work requirements, individuals will likely fall through the cracks and lose coverage due to the reality that the Department cannot ensure that automated tools will identify all eligible enrollees.

The recent experience with Arkansas' work requirement shows clearly that the objectives were not reached with a work requirement, but resulted in uninsured rates being driven up and employment actually declining in the state after the work requirement went into effect.<sup>18</sup> Idaho 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 this preliminary data from Arkansas that the work requirements are not meeting the state's goal of incentivizing employment and increasing the number of employed Arkansas Works beneficiaries. A goal that Idaho also states in their waiver.

#### *Penalty Period*

We oppose the proposed 2-month suspension of coverage or "penalty period" for non-compliance with the work or community engagement requirement or suspension of coverage until the work requirement or exemption has been met. According to the states' estimates, approximately 91,000 Idahoans would be required to provide evidence of a qualifying exemption or comply with the community engagement program.

Those with acute and chronic health care conditions who apply for an exemption to avoid the suspension 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

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<sup>14</sup> 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.

<sup>15</sup> 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.

<sup>16</sup> 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>.

<sup>17</sup> Sommers BD, Goldman AL, Blendon RJ, et al. Medicaid work requirements – Results from the first year in Arkansas. *NEJM*. 2019. DOI: 10.1056/NEJMSr1901772.

<sup>18</sup> Ibid.

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<sup>19</sup> and who suffer from multiple comorbidities linked to their cancer treatments.<sup>20</sup> 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.

### Conclusion

We appreciate the opportunity to provide comments on Idaho's Medicaid 1115 waiver application. The preservation of eligibility and coverage through Medicaid remains critically important for many low-income Idahoans who depend on the program for cancer and chronic disease prevention, early detection, diagnostic, and treatment services. We ask CMS to weigh the potential impact this proposal could have on low-income Idahoans' 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 are a matter of life and survivorship for thousands of low-income cancer patients and survivors, and we look forward to working with the Department to ensure that all Idahoans 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](mailto:Michelle.DelFavero@cancer.org) or 202-585-3266.

Sincerely,



Lisa A. Lacasse, MBA  
President  
American Cancer Society Cancer Action Network

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<sup>19</sup> 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>.

<sup>20</sup> 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.