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

October 10, 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: Montana HELP (Health and Economic Livelihood Partnership) Program

Dear Secretary Azar:

The American Cancer Society Cancer Action Network (ACS CAN) appreciates the opportunity to comment on Montana's Medicaid Section 1115 demonstration amendment and extension 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 the extension of Montana's Medicaid expansion program, which covers over 89,000 Montanans as of August 2019.[1] We are particularly pleased to see that over 104,000 adults who gained coverage since expansion received preventive health care services, including 8,541 adults receiving a colorectal cancer screening (resulting in 3,098 possible cases of colorectal cancer averted) and 9,775 women receiving a breast cancer screening (resulting in the diagnosis of 152 breast cancers).[2] The prevention and early detection of cancer is critical to the fight for a world without cancer. Research has shown that individuals in expansion states are more frequently diagnosed with cancer at earlier stages than those in non-expansion states.[3,4] Additionally, individuals enrolled in Medicaid prior to their diagnosis have better survival rates than those who enroll after their diagnosis.[5]

---

[1] Montana Department of Public Health and Human Services. *Montana Medicaid Expansion Dashboard*. August 2019 enrollment. Accessed October 2019. https://dphhs.mt.gov/helpplan/medicaidexpansiondashboard.
[2] Ibid.
[3] Jemal A, Lin CC, Davidoff AJ, Han X. Changes in insurance coverage and stage at diagnosis among non-elderly patients with cancer after the Affordable Care Act. *J Clin Oncol*. 2017; 35:2906-15.
[4] Soni A, Simon K, Cawley J, Sabik L. Effect of Medicaid Expansion of 2014 on overall and early-stage cancer diagnoses. *Am J Public Health*. 2018; 108:216-18.
[5] Adams E, Chien LN, Florence CS, et al. The Breast and Cervical Cancer Prevention and Treatment Act in Georgia: effects on time to Medicaid enrollment. *Cancer.* 2009; 115(6):1300-9.

Over 5,920 Montanans are expected to be diagnosed with cancer in 2019[6] and there are nearly 60,000 cancer survivors in the state[7] – many of whom are receiving health care coverage through Montana Health and Economic Livelihood Partnership (HELP) Program. ACS CAN wants to ensure that cancer patients and survivors in Montana 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.

The proposed Medicaid work/community engagement requirement and premium increase structure could limit eligibility and access to care for some of the most vulnerable Montanans, including those with cancer, cancer survivors, and those who will be diagnosed with the disease. We strongly urge the Montana Department of Public Health and Human Services (DPHHS) to address the concerns that we and other stakeholders have before moving forward with the waiver process.

The following are our specific recommendations for the Montana Health and Economic Livelihood Partnership Program section 1115 demonstration amendment and extension application:

Montana Work/Community Engagement Requirements

Montana's waiver application would require all demonstration enrollees between ages 19 and 55 with incomes up to 138 percent of the federal poverty level (FPL) to be employed or volunteer 80 hours per month 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, recent survivors, and those facing a cancer diagnosis. Many cancer patients in active treatment are often unable to work or require significant work modifications due to their treatment.[8,9,10]

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

---

[6] American Cancer Society. *Cancer Facts & Figures 2019*. Atlanta, GA: American Cancer Society; 2019.
[7] American Cancer Society. *Cancer Treatment & Survivorship Facts & Figures 2019-2021*. Atlanta, GA: American Cancer Society; 2019.
[8] 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.
[9] 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.
[10] 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.

six months depending on the treatment.[11] Recent cancer survivors often require frequent follow-up visits and maintenance medications to prevent recurrence,[12] and suffer from multiple comorbidities linked to their cancer treatments.[13,14] 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.[15,16,17,18] 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 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 the State's acknowledgement that not all people are able to work and the decision to include several exemption categories and hardship/good cause exemptions from the community engagement requirement and associated suspension period, including individuals considered to be medically frail. 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.[19,20] The State anticipates in the waiver application that between 4,000 and 12,000 beneficiaries (roughly 4 to 12 percent of beneficiaries) will be disenrolled from health coverage due to the fact that they either fail to meet their reporting obligation or fail to meet the work requirement. We note that in its initial application at the state level, Montana estimated that 4,000 individuals would be disenrolled from coverage. The state now acknowledges that over 3 times as many enrollees could be disenrolled,[21] and the state "acknowledges that coverage losses could be

---

[11] 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.
[12] 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.
[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] 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.
[15] Ibid.
[16] 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.
[17] 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.
[18] 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.
[19] 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.
[20] 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.
[21] Montana Waiver application at 18.

higher," referencing a Center on Budget and Policy Priorities study finding that Arkansas' work requirements program resulted in 23 percent of program enrollees lost coverage.[22]

The increase in administrative requirements for enrollees to attest to their working or exemption status on an unspecified basis would likely decrease the number of individuals with Medicaid coverage even more, regardless of whether they are exempt.[23,24] While we appreciate the Department using as many automated tools as possible to determine compliance and exemptions for the work/community engagement requirements, the Department cannot ensure without a doubt that automated tools will catch all eligible enrollees; therefore, individuals will likely fall through the cracks.

Given the recent experience with Arkansas' work requirement, where uninsured rates were driven up and employment actually declined in the state since the work requirement went into effect,[25] we urge the Department to consider the number of Montanans 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 Montana also states in their waiver.

Suspension of Benefits
We oppose the proposed 180-day suspension of benefits period for non-compliance with the work or community engagement requirement or suspension of coverage until the work requirement has been met for 30 days. According to the State's estimates, approximately 25,970 Montanans (26 percent of those subject to the work requirement) would have a reporting obligation, meaning they would be required to either provide additional evidence of a qualifying exemption or comply with the community engagement program.

It is also unclear how the Department will determine the length of time an exemption applies, only stating that the time frame is "dependent on the enrollee's circumstances." For medical exemptions, will this be determined by the patient's physician? Or will the Department use some other arbitrary time frame to determine how long a person can be exempt?

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

---

[22] Ibid.
[23] 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.
[24] Sommers BD, Goldman AL, Blendon RJ, et al. Medicaid work requirements – Results from the first year in Arkansas. *NEJM*. 2019. DOI: 10.1056/NEJMsr1901772.
[25] Ibid.

coverage are disenrolled, jeopardizing access to life-saving treatment. If individuals are locked out of 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[26] and who suffer from multiple comorbidities linked to their cancer treatments.[27] 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 lock-out would have on individuals and their families could be devastating.

Premium Increase Structure Based on Coverage Duration

Montana seeks to apply a premium structure for demonstration enrollees with an income greater than 50 percent of the FPL that gradually increases based on coverage duration. Monthly premiums would be required equal to 2 percent of the enrollee's modified adjusted gross income for the first two years of participation, with premiums increasing 0.5 percent in each subsequent year the enrollee receives coverage up to a maximum of 4 percent of the enrollee's income. ACS CAN strongly opposes mandated monthly premiums – particularly for enrollees under 100 percent FPL. Cost-sharing and related penalties for non-payment have been shown to create administrative burdens for enrollees,[28] deter enrollment or result in a high number of disenrollment,[29] and could potentially cause significant disruptions in care, especially for cancer survivors and those newly diagnosed. Studies have shown that imposing even modest premiums on low-income individuals is likely to deter enrollment in the Medicaid program.[30,31,32] Proposals that place greater financial

---

[26] 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.

[27] 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.

[28] The Lewin Group. *Health Indiana Plan 2.0: POWER Account Contribution Assessment*. Published March 31, 2017. Accessed October 2019. https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/in/Healthy-Indiana-Plan-2/in-healthy-indiana-plan-support-20-POWER-acct-cont-assesmnt-03312017.pdf

[29] Artiga S, Ubri P, Zur J. *The effects of premiums and cost sharing on low-income populations: Updated review of research findings*. Kaiser Family Foundation. Published June 1, 2017. Accessed August 2019. https://www.kff.org/medicaid/issue-brief/the-effects-of-premiums-and-cost-sharing-on-low-income-populations-updated-review-of-research-findings/.

[30] 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.

[31] 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.

[32] 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.

burden on the lowest income residents, especially those under 100 percent FPL, create barriers to care and could negatively impact Montana HELP enrollees – particularly those individuals who are high service utilizers with complex medical conditions. This undermines a stated goal of the Montana HELP Program, namely – to improve the health and well-being of Montanans.

Low-income populations are more likely to have an inconsistent income throughout the calendar year. Therefore, if Montana were to move forward with this proposal, we urge the Department to base the premium contribution on monthly household income (rather than the proposed aggregate income), as it is a more accurate indicator of an individual's income and ability to consistently meet cost sharing requirements – particularly for seasonal workers or individuals who must spend down before meeting the Medicaid eligibility criteria.

Lock-Out Period
We are deeply concerned about the proposed lock-out period for non-payment of premiums until the enrollee making over 100 percent of FPL (a) pays the total amount of overdue premium payments; (b) demonstrates a standard or good cause exemption; or (c) meets a Medicaid eligibility group not subject to the Demonstration. The State reports that in 2018, 2.9 percent of beneficiaries' subject to premiums of up to 2 percent of income were disenrolled for non-payment. Increasing the premium obligation to 4 percent of income would likely cause even more individuals to lose coverage. Subjecting enrollees to the proposed lock-out, even with exemptions, 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. During the proposed lock-out period, low-income cancer patients or survivors will likely have no access to health care coverage, making it difficult or impossible to continue treatment or pay for their maintenance medication until they can pay all outstanding premiums. 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, even for a short period of time, could have a significant impact on an individual's cancer prognosis and the financial toll that the lock-out would have on individuals and their families could be devastating.

We urge Montana not to move forward with mandating premiums for individuals on HELP, whether gradually increasing or not, particularly for enrollees below 100 percent of the FPL. This will ensure the HELP beneficiaries will not be denied access to services due to an inability to pay their monthly premium.

Conclusion
We appreciate the opportunity to provide comments on Montana's 1115 waiver demonstration amendment and extension application. The preservation of eligibility and coverage through Medicaid remains critically important for many low-income Montanans who depend on the program for cancer and chronic disease prevention, early detection, diagnostic, and treatment services. We ask the Department to weigh the potential impact this proposal could have on low-

income Montanans' 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, and we look forward to working with the Department to ensure that all Montanans 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,

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