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July 8, 2019

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

**Re: South Carolina Medicaid Community Engagement Section 1115 Demonstration Waiver Application**

Dear Secretary Azar:

The American Cancer Society Cancer Action Network (ACS CAN) appreciates the opportunity to comment on South Carolina's Medicaid Section 1115 Demonstration 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.

Over 29,800 South Carolinians are expected to be diagnosed with cancer in 2019<sup>1</sup> and there are nearly 280,900 cancer survivors in the state<sup>2</sup> – many of whom are receiving health care coverage through the South Carolina Department of Health and Human Services' (SCDHHS) Health Connections Medicaid program. ACS CAN wants to ensure that cancer patients and survivors in South Carolina 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 community engagement requirement could limit eligibility and access to care for some of the most vulnerable South Carolinians, 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 that we and other stakeholders have or reject this waiver in its current form.

The following are our specific recommendations for the South Carolina Medicaid Community Engagement 1115 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.

### **South Carolina Medicaid Community Engagement**

South Carolina's waiver application would require all non-pregnant, non-disabled, non-elderly adults enrolled in South Carolina's parent/caretaker relative (PCR) eligibility category or those who are receiving Transitional Medicaid Assistance (TMA) to be employed 80 hours per month per quarter 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.<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 and maintenance medications to prevent recurrence,<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 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.

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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 July 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.

We appreciate the State's acknowledgement that not all people are able to work and the decision to include several exemption categories from the community engagement requirement and associated lock-out period, including individuals receiving treatment for cancer and those receiving treatment through the Breast and Cervical Cancer program. 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 increase in administrative requirements for enrollees to attest to their working status on an unspecified basis would likely decrease the number of individuals with Medicaid coverage, regardless of whether they are exempt.<sup>16,17</sup>

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,<sup>18</sup> CMS must take into consideration the number of South Carolinians 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 South Carolina also states in their waiver.

#### *Suspension of Benefits*

We oppose the proposed 3-month suspension of benefits period for non-compliance with the work or community engagement requirement or suspension of coverage until the work requirement is met. According to the Department's estimates, approximately 83,461 South Carolinians would be required to either provide additional 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 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<sup>19</sup> and who suffer from multiple comorbidities

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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 July 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.

<sup>19</sup> National Cancer Institute. *Coping with cancer: Survivorship, follow-up medical care*. Accessed July 2019. <https://www.cancer.gov/about-cancer/coping/survivorship/follow-up-care>.

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 lock-out would have on individuals and their families could be devastating.

#### *Workforce and Community Engagement Requirement Does Not Meet CMS Criteria*

South Carolina's proposed waiver does not appear to meet the criteria established by CMS for approval of work and community engagement proposals under the guidance that CMS sent to state Medicaid Directors on January 11, 2018. The guidance specifically states that "...states will need to link these community engagement requirements to those outcomes and ultimately *assess the effectiveness of the demonstration in furthering the health and wellness objectives* of the Medicaid program [emphasis added]."<sup>21</sup> Although the State proports that the purpose of the demonstration is to improve the health and wellbeing of residents in the State, the reported goal of the community engagement activities is moving beneficiaries from Medicaid to private insurance, loosely implying that this will result in improvement in health and wellbeing. The hypotheses focus on transitioning individuals to other health insurance and increasing the number of individuals gaining employment in South Carolina, rather than assessing how the community engagement requirements will meaningfully improve health and wellbeing.

#### **Creation of New TMA Premium Assistance Option**

The application states it will seek the necessary waivers to align the TMA eligibility group with the new income threshold for the PCR eligibility category (i.e., 100 percent FPL). The State also reports to seek the appropriate waivers to provide financial assistance to TMA enrollees to purchase Marketplace plans for up to 24 months. We believe that South Carolina would be better served by expanding its Medicaid program to 138 percent of the federal poverty level to make coverage available to 240,000 low-income individuals and families in the State. Additionally, it is unclear from the TMA proposal, which is not fully fleshed out in the waiver application, whether TMA enrollees would be protected from the higher cost sharing required in Marketplace plans. ACS CAN urges CMS to require the State to provide more details with regards to this proposal before approving this proposed change.

#### **Conclusion**

We appreciate the opportunity to provide comments on South Carolina's 1115 waiver demonstration proposal. The preservation of eligibility and coverage through Medicaid remains critically important for many low-income South Carolinians 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 South Carolinians' access to lifesaving health care coverage, particularly those individuals with cancer, cancer survivors, and those who will be diagnosed with cancer during their lifetime.

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<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.

<sup>21</sup> Centers for Medicare & Medicaid Services. Opportunities to promote work and community engagement among Medicaid beneficiaries. Baltimore, MD. Department of Health and Human Services. SMD: 18-002. Published January 11, 2018. Accessed July 2019.

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](mailto:Michelle.DelFavero@cancer.org) or 202-585-3266.

Sincerely,

A handwritten signature in black ink, reading "Lisa A. Lacasse". The signature is fluid and cursive, with the first name "Lisa" being the most prominent.

Lisa A. Lacasse, MBA  
President