



July 11, 2025

Dr. Mehmet Oz
Administrator
Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Re: Iowa Health and Wellness Plan (IHAWP) Section 1115 Demonstration Amendment

Dear Administrator Oz:

The American Cancer Society Cancer Action Network (ACS CAN) appreciates the opportunity to comment on the Iowa Health and Wellness Plan Section 1115 Demonstration Amendment submitted on June 6, 2025. 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 more determined than ever to end cancer as we know it, for everyone.

ACS CAN opposes Iowa's proposal to implement work requirements in its Medicaid program, and we urge CMS to reject the proposal.

Iowa proposes to require enrollees aged 19-64 to work 100 hours per month, earn wages equal to state minimum wage for 100 hours, enroll in education/job skills programs, comply with Iowa's TANF or SNAP work requirements, or qualify for SNAP work requirement exemptions. Several groups would be exempt from these requirements, including individuals under 19 or over 65, those with high-risk pregnancies, individuals determined disabled by the Social Security Administration, those "medically exempt under Medicaid" (the application does not specify what this means), caretakers of children under age 6, individuals receiving unemployment compensation, those in substance use disorder treatment (for up to 6 consecutive months), and individuals with approved "good cause" exemptions.

ACS CAN opposes tying access to affordable health care for lower income persons to employment or income as a proxy for employment, because cancer patients and survivors – as well as those with other complex chronic conditions – could be unable to comply and find themselves without Medicaid coverage. Many cancer patients in active treatment are often unable to work or require significant work modifications due to their treatment.^{1,2,3, 4, 5} 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.^{6,7} Recent cancer survivors often require frequent follow-up visits⁸ and suffer from multiple comorbidities linked to their cancer treatments.^{9,10} 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 and treatment.^{11,12,13,14,15}

If work is required as a condition of eligibility, many newly diagnosed and recent cancer survivors, as well as those with other chronic illnesses could find that they are ineligible for the lifesaving care and treatment

services provided through Iowa's Medicaid program. We also note that imposing work requirements on lower income individuals as a condition of coverage could impede individuals' access to prevention and early detection care, including cancer screenings and diagnostic testing.

We acknowledge that the state has included exemption criteria in its proposal, but it is very likely that the criteria will not capture all individuals who have cancer, have a history of cancer, or need cancer screenings. Most concerning, the proposal does not specify how those who are 'medically exempt under Medicaid' would be identified. The state intends to rely on data matching to determine eligibility for exemptions or compliance with the work requirement, but there will undoubtedly be individuals whose data is incomplete, outdated, or not accurately captured by the systems in use. For example, during the unwinding of the Medicaid continuous coverage requirements, only 32% of enrollees in Iowa were automatically re-enrolled, demonstrating the significant gaps in existing data and the increased administrative burden many people will face.¹⁶ Furthermore, the waiver is unclear on how individuals will be able to demonstrate compliance or address inaccuracies if data sources fail to verify their eligibility.

Without explicit criteria or a defined process for identifying health conditions, individuals with certain chronic conditions will improperly lose coverage despite their ongoing health needs. Exemption processes inherently create greater opportunities for administrative error and risk disenrolling vulnerable populations from coverage.

Iowa's demonstration will lead to significant loss of coverage, which is in direct opposition to the purpose of the Medicaid program. If the state believes that individuals have not met the work requirements, it will suspend coverage for six months, after which the state will terminate coverage at their annual renewal. The state's estimates indicate an overall enrollment loss of over 50,000 individuals over five years. Suspension of benefits and loss of coverage create gaps in care for patients and disrupt access to critical and often lifesaving services.

When individuals lose coverage – even if they only lose it for a short time while their paperwork is sorted out – it makes it difficult or impossible for those with cancer to continue treatment. For cancer patients who are mid-treatment, a loss of health care coverage could seriously jeopardize their chance of survival. The loss of coverage can be devastating to cancer patients and their families. Mostly recently, the link between disruptions in Medicaid coverage and worsened health outcomes was established among Medicaid-insured children and adolescents with blood cancers: lack of continuous Medicaid coverage was associated with advanced-stage diagnosis of lymphoma,¹ and poorer survival.²

Work requirements would likely further decrease the number of individuals with Medicaid coverage, regardless of whether they are or should be exempt.^{17,18} When Arkansas implemented a similar policy requiring Medicaid enrollees to report their hours worked or their exemption, the state terminated coverage for over 18,000 individuals before a federal court halted the policy.¹⁹ Similarly, Georgia's Pathways to Coverage Program, which includes work requirements, enrolled less than 5,000 individuals in its first year, instead of the projected 31,000-100,000 beneficiaries originally estimated to be eligible.²⁰

¹ Xinyue Zhang, Sharon M. Castellino, K. Robin Yabroff, Wendy Stock, Shasha Bai, Ann C. Mertens, Joseph Lipscomb, Xu Ji, Health Insurance Continuity Is Associated with Stage at Diagnosis Among Children, Adolescents, and Young Adults Newly Diagnosed with Lymphoma, Blood, Volume 142, Supplement 1, 2023, Page 2390, ISSN 0006-4971, <https://doi.org/10.1182/blood-2023-179559>.

² Ji X, et al. Lacking Health Insurance Continuity Is Associated with Worse Survival Among Children, Adolescents, and Young Adults Newly Diagnosed with Blood Cancer. Abstract presented at AcademyHealth Annual Research Meeting, June 25, 2023. <https://academyhealth.confex.com/academyhealth/2023arm/meetingapp.cgi/Paper/58242>

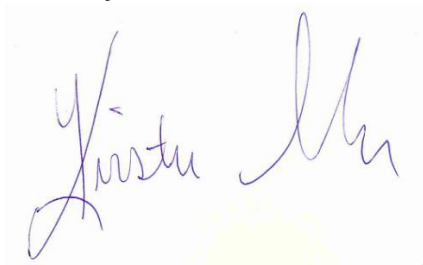
Ultimately, work reporting requirements do not further the goals of the Medicaid program or help low-income individuals find work. The vast majority of those with Medicaid who can work already do so; nationally, 92% of individuals with Medicaid coverage under age 65 who do not receive Social Security disability benefits are either workers, caregivers, students, or unable to work due to illness.²¹ Continuous Medicaid coverage can actually help people find and sustain employment. In a report looking at the impact of Medicaid expansion in Ohio, the majority of enrollees reported that being enrolled in Medicaid made it easier to work or look for work (83.5 percent and 60 percent, respectively).²² That report also found that many enrollees were able to get treatment for previously untreated health conditions, which made finding work easier. Additionally, a study in The New England Journal of Medicine found that Arkansas's work requirement was associated with a significant loss of Medicaid coverage, but no corresponding increase in employment.²³ Terminating individuals' Medicaid coverage for non-compliance with these requirements will hurt rather than help Iowans search for and obtain employment.

Finally, while recently-passed federal law (Pub. Law No. 119-021)²⁴ includes new provisions related to work reporting requirements, the Secretary does not have the authority to approve a waiver that does not comply with the parameters in subsection XX of Section 1902 of the Social Security Act. Iowa's current waiver proposal differs from these specifications in numerous ways. For example, federal law will exempt caretakers of children 13 years and under from work reporting requirements, as opposed to Iowa's proposed exclusion of caretakers of children aged 6 and under. Additionally, federal law identifies individuals who are pregnant or entitled to postpartum medical assistance as specified excluded individuals, whereas Iowa's proposal only exempts those with high-risk pregnancies. Under the new federal law, states may only use Section 1115 demonstrations to enact work reporting requirements earlier than 2027 if those demonstrations comply with the provisions of the law. Iowa's proposal does not align with the provisions and therefore cannot be approved. If Iowa makes any additional changes to its proposal, the state and CMS must restart the public comment process so that stakeholders have the opportunity to provide meaningful input.

Conclusion

The goals of the Medicaid program is to provide health coverage and access to care for people who need it. We do not believe this proposal meets this goal, and we urge CMS to reject the proposed demonstration. If you have any questions, please feel free to contact Jennifer Hoque at jennifer.hoque@cancer.org.

Sincerely,



Kirsten Sloan
Managing Director, Public Policy
American Cancer Society Cancer Action Network

¹ Blinder VS, Gany FM. Impact of Cancer on Employment. J Clin Oncol. 2020;38(4):302-309. doi:10.1200/JCO.19.01856.

² Tracy JK, Adetunji F, Al Kibria GM, Swanberg JE. Cancer-work management: Hourly and salaried wage women's

experiences managing the cancer-work interface following new breast cancer diagnosis. *PLoS One*. 2020;15(11):e0241795. Published 2020 Nov 5. doi:10.1371/journal.pone.0241795.

³ Dumas A, Vaz Luis I, Bovagnet T, et al. Impact of Breast Cancer Treatment on Employment: Results of a Multicenter Prospective Cohort Study (CANTO). *JCO*. 2020;38(7):734-743. doi:10.1200/JCO.19.01726.

⁴ 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.

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 de Boer AG, Taskila T, Ojajärvi A, van Dijk FJ, Verbeek JH. Cancer survivors and unemployment: a meta-analysis and meta-regression. *JAMA*. 2009 Feb 18; 301(7):753-62.

⁷ Short PF, Vasey JJ, Tunceli K. Employment pathways in a large cohort of adult cancer survivors. *Cancer*. 2005 Mar 15; 103(6):1292-301.

⁸ National Cancer Institute. *Coping with cancer: Survivorship, follow-up medical care*. Accessed August 2021. <https://www.cancer.gov/about-cancer/coping/survivorship/follow-up-care>.

⁹ 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.

¹⁰ 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.

¹¹ Blinder VS, Gany FM. Impact of Cancer on Employment. *J Clin Oncol*. 2020;38(4):302-309. doi:10.1200/JCO.19.01856

¹² Dumas A, Vaz Luis I, Bovagnet T, et al. Impact of Breast Cancer Treatment on Employment: Results of a Multicenter Prospective Cohort Study (CANTO). *JCO*. 2020;38(7):734-743. doi:10.1200/JCO.19.01726

¹³ 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

¹⁴ 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

¹⁵ 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.

¹⁶ “What is happening with Medicaid renewals in each state?” Georgetown University McCourt School of Public Policy, Center for Children and Families. Accessed 8 January 2025. Available at: <https://ccf.georgetown.edu/2023/07/14/whats-happening-with-medicaid-renewals/>

¹⁷ 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>.

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¹⁹ Robin Rudowitz, MaryBeth Musumeci, and Cornelia Hall, “A Look at November State Data for Medicaid Work Requirements in Arkansas,” Kaiser Family Foundation, December 18, 2018. Available at: <https://www.kff.org/medicaid/issue-brief/a-look-at-november-state-data-for-medicaid-work-requirements-in-arkansas/>; Arkansas Department of Health and Human Services, Arkansas Works Program, December 2018. Available at: http://d31hzhk6di2h5.cloudfront.net/20190115/88/f6/04/2d/3480592f7fbd6c891d9bacb6/011519_AWReport.pdf

²⁰ Chan, Leah. “One-Year Anniversary of Georgia’s Pathways to Coverage Program Highlights Need for Reform,” Georgia Budget and Policy Institute. July 2, 2024. Available at: <https://gbpi.org/one-year-anniversary-of-georgias-pathways-to-coverage-program-highlights-need-for-reform/>

²¹ Tolbert, Jennifer et al. Understanding the Intersection of Medicaid & Work: An Update. KFF. February 4, 2025. Available at: <https://www.kff.org/medicaid/issue-brief/understanding-the-intersection-of-medicaid-and-work-an-update/>

²² Ohio Department of Medicaid, 2018 Ohio Medicaid Group VII Assessment: Follow-Up to the 2016 Ohio Medicaid Group

VIII Assessment, August 2018. Accessed at: <http://medicaid.ohio.gov/Portals/0/Resources/Reports/Annual/Group-VIII-Final-Report.pdf>.

²³ Benjamin D. Sommers, MD, et al. "Medicaid Work Requirements—Results from the First Year in Arkansas," *New England Journal of Medicine*. Published online June 18, 2019. Available at:

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²⁴ <https://www.congress.gov/bill/119th-congress/house-bill/1>