

May 9, 2025



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

**Re: ARHOME 1115 Demonstration Amendment**

Dear Director Pitman:

The American Cancer Society Cancer Action Network (ACS CAN) appreciates the opportunity to comment on the request to amend the ARHOME Pathway to Prosperity Amendment submitted on March 26, 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 has serious concerns about the state's proposal to implement the Pathways to Prosperity demonstration and strongly urges CMS to reject the amendment request.** Access to health care is essential for people with cancer and hundreds of thousands of Arkansans rely on Medicaid for their coverage. Yet, based on the information in this request and past experience in the state, access to cancer screenings and treatment in Arkansas could actually be diminished if this waiver is approved. Arkansas' previous implementation of work requirements resulted in confusion, endless red tape, and coverage terminations for over 18,000 Arkansans – many of whom remained eligible but could not successfully navigate the system to report their work or prove their exemption.<sup>1</sup>

Why Medicaid Work Requirements Are Not Successful

The ARHOME Demonstration seeks to implement complex new requirements for adults and parents enrolled in Medicaid expansion with incomes up to 138% of the federal poverty level (FPL). Unfortunately, these requirements don't promote work but instead add another layer of red tape or required interactions that jeopardizes patients' access to care. 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.<sup>2</sup>

Under Arkansas's proposal, individuals with very low incomes or that have been on Medicaid for a specified number of months would be assigned a success coach. These coaches would create personal development plans, and those who are not on track toward identified goals, based on the assessment of the success coach, would be at risk of having their health plan benefits suspended. The proposal also makes it clear that refusal to "cooperate" with this process, or maintain contact with one's coach, is an indication of the individual not

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being “on track,” and at risk of suspension. While the proposal states that suspended individuals would not be disenrolled, payments to Qualified Health Plans (QHPs) for that individual would stop and the individual would not be able to use their QHP coverage. Functionally, this is a loss of health coverage and access to care. The state estimates that one in four enrollees would have their coverage benefits suspended.<sup>3</sup>

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 at a time they need it most. Many cancer patients in active treatment are often unable to work or require significant work modifications due to their treatment.<sup>4,5,6,7,8</sup> 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>9,10</sup> Recent cancer survivors often require frequent follow-up visits<sup>11</sup> and suffer from multiple comorbidities linked to their cancer treatments.<sup>12,13</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 and treatment.<sup>14,15,16,17,18</sup>

When work is required as a condition of eligibility for needed health care coverage, 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 Arkansas’ Medicaid program. We also note that imposing work requirements on lower income individuals as a condition of coverage impedes individuals’ access to prevention and early detection care, including cancer screenings and diagnostic testing. Work requirements further decrease the number of individuals with Medicaid coverage, regardless of whether they are or should be exempt.<sup>19,20</sup>

Additional processes to determine patient eligibility and participation in program requirements inherently create opportunities for administrative errors that jeopardize access to care. The detrimental effects that these requirements have on patients are not consistent with the goals of the Medicaid program.

#### Time Limits on Medicaid Jeopardize Coverage

The state proposes to identify the individuals to be assigned to success coaches based on the length of time they have been enrolled in the program, targeting those at 21-80% of the FPL who have been enrolled in Medicaid for 24 months or more and those at 81-138% of the FPL enrolled for 36 months or more. An Arkansas resident with one dependent working a full-time, minimum wage job (\$11/ hour) would still be under 138% of the FPL.

ACS CAN opposes limiting the amount of time an eligible individual can be enrolled in Medicaid. If individuals are suspended from coverage, they would 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. 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>21</sup> and who suffer from multiple comorbidities linked to their cancer treatments.<sup>22</sup> It would also be a problem for individuals in active cancer treatment if they are not exempted – or do 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 of this gap in coverage would have on individuals and their families could be devastating.

When individuals lose coverage, even for a short amount of time, it is 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,<sup>23</sup> and poorer survival.<sup>24</sup>

#### ACS CAN Anticipates Implementation Challenges

ACS CAN is concerned that implementation of the proposed requirements would pose challenges for the program and enrollees. The proposed activities of success coaches are complex and time-consuming. The proposal would require significant infrastructure and investment to be implemented as proposed, including enhancing data sources and hiring and training staff. Furthermore, it is unlikely that the state has sufficient resources to support a three-person panel to review all success coach recommendations. Arkansas is likely unprepared for the cost and administrative disruption of implementing a new infrastructure to this extent.

Further, while the state does not intend to solely rely on data matching, it does not specify what other assessments would be used. Arkansas’s previous attempt to implement work requirements in 2018 revealed significant flaws in the state’s ability to use data to identify exemptions, ultimately leading to 18,000 individuals losing coverage largely as a result of bureaucracy and additional paperwork.<sup>25</sup> During Arkansas’s recent Medicaid renewal process, only 42% of enrollees were successfully renewed through automated data matching, with an additional 18% renewed through submitted renewal forms,<sup>26</sup> demonstrating the limitations of data matching.

There would undoubtedly be individuals whose data is incomplete, outdated, or not accurately captured by the systems in use. For example, data on disability status does not always provide a complete picture of whether individuals with chronic conditions are able to work. Additionally, because of lags in claims data, it is unlikely that information for those with recent or upcoming cancer diagnoses that prevent them from working would be accurately captured by data matching – individuals with an abnormal cancer screening often must undergo intense testing, including surgery, to determine whether they have cancer and what their treatment plan is. This high-touch process can seriously interfere with one’s ability to work – and yet it is absolutely crucial to determine and start a treatment plan as soon as possible to save the person’s life.

For an enrollee who is identified as not being ‘on track,’ we also anticipate many challenges in maintaining

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their coverage and access to care. The proposal implies that preventing suspension would involve staying 'engaged' with their success coach and their QHP. Would the success coaches be available for engagement outside of the enrollee's working hours, or take into account other enrollee responsibilities like caregiving? Would the coaches be guaranteed to speak a language that the enrollee speaks? How would the state ensure that the assessment of the coaches – which, again, determine whether a person has access to health care – is unbiased, fair and consistently applied?

The state notes that additional details that operationalize their proposal would be included in the "Special Terms and Conditions negotiated with CMS and any state manuals that may be necessary to meet the objectives of the amendment" and goes on to imply that these details do not need to be presented in the waiver request document available for public comment. ACS CAN believes that all pertinent details must be included in such a proposal in order for public commenters – and CMS – to fully evaluate the proposal. We encourage CMS to require the state to re-submit their proposal with these details provided and engage in another public comment period in order to comply with federal law.

### **Conclusion**

The goal 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 it.

Please note we have included numerous citations to supporting research, including direct links to the research, below. We provide HHS with each of the materials we have cited and made available through active links, and we request that the full text of each of the studies and articles cited, along with the full text of our comment, be considered part of the formal administrative record for purposes of the Administrative Procedure Act.

If you have any questions, please feel free to contact Jennifer Hoque at [jennifer.hoque@cancer.org](mailto:jennifer.hoque@cancer.org).

Sincerely,

A handwritten signature in blue ink, appearing to read "Kirsten Sloan", written over a yellow rectangular background.

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

- <sup>1</sup> Sommers, Benjamin, et al. Medicaid Work Requirements in Arkansas: Two-Year Impacts on Coverage, Employment, and Affordability of Care. *Health Affairs*. 2020 Sep;39(9):1522-1530. doi: 10.1377/hlthaff.2020.00538
- <sup>2</sup> 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/>
- <sup>3</sup> State of Arkansas Department of Human Services. Request to Amend the ARHOME Section 1115 Demonstration Project Project No. 11-W-00365/4. January 28, 2025. [Pathway-to-Prosperity-1115-Waiver-Amendment\\_DHS-Final\\_1.28.2025.pdf](#)
- <sup>4</sup> Blinder VS, Gany FM. Impact of Cancer on Employment. *J Clin Oncol*. 2020;38(4):302-309. doi:10.1200/JCO.19.01856.
- <sup>5</sup> 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.
- <sup>6</sup> 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.
- <sup>7</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>8</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>9</sup> de Boer AG, Taskila T, Ojajarvi A, van Dijk FJ, Verbeek JH. Cancer survivors and unemployment: a meta-analysis and meta-regression. *JAMA*. 2009 Feb 18; 301(7):753-62.
- <sup>10</sup> Short PF, Vasey JJ, Tunceli K. Employment pathways in a large cohort of adult cancer survivors. *Cancer*. 2005 Mar 15; 103(6):1292-301.
- <sup>11</sup> 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>.
- <sup>12</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>13</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>14</sup> Blinder VS, Gany FM. Impact of Cancer on Employment. *J Clin Oncol*. 2020;38(4):302-309. doi:10.1200/JCO.19.01856
- <sup>15</sup> 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
- <sup>16</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>17</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>18</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.
- <sup>19</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>20</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>21</sup> 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>.
- <sup>22</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.

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<sup>23</sup> Xinyue Elyse Zhang, Sharon M. Castellino, K. Robin Yabroff, Wendy Stock, Patricia Cornwell, Shasha Bai, Ann C. Mertens, Joseph Lipscomb, Xu Ji; Medicaid coverage continuity is associated with lymphoma stage among children and adolescents/young adults. *Blood Adv* 2025; 9 (2): 280–290. doi: <https://doi.org/10.1182/bloodadvances.2024013532>

<sup>24</sup> 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>

<sup>25</sup> 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](http://d31hzhk6di2h5.cloudfront.net/20190115/88/f6/04/2d/3480592f7fbd6c891d9bacb6/011519_AWReport.pdf)

<sup>26</sup> What is Happening with Medicaid Renewals in Each State? Center for Children and Families, Georgetown University McCourt School of Public Policy. Accessed February 2025. Available at: <https://ccf.georgetown.edu/2023/07/14/whats-happening-with-medicaid-renewals/>