



June 10, 2026

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

Re: ARHOME Section 1115 Demonstration Project Application

Dear Administrator Oz:

The American Cancer Society Cancer Action Network (ACS CAN) appreciates the opportunity to comment on the ARHOME Section 1115 Demonstration Waiver Application submitted on April 30, 2026. 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.

The ARHOME Demonstration seeks to implement work reporting requirements for adults in the Medicaid expansion population as outlined in the One Big Beautiful Bill Act¹ (OBBBA) starting January 1, 2027. Given that work reporting requirements are federally mandated and that the standards in Public Law 119-21 cannot be waived, there is no need to include this policy in the state's waiver request.

Additionally, Arkansas should not publicly implement these requirements prior to January 1, 2027 – even if they are “soft launched” and coverage terminations do not begin until after that date. This type of partial early implementation could cause confusion among enrollees and potential enrollees, who may not understand when coverage terminations or denials begin – and could lead to individuals deciding to not attempt the enrollment or renewal process. Work reporting requirements are administratively complex and burdensome, and an early or rushed implementation would undoubtedly result in inappropriate coverage loss.

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. Loss of coverage can be particularly devastating to cancer patients and their families. For cancer patients who are mid-treatment, a loss of health care coverage could seriously jeopardize their chance of survival. 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

We further urge CMS to work with the state to streamline processes related to work requirements for all medically frail individuals and individuals with serious mental illness enrolled in fee-for-service (FFS) or

¹ Public Law 119-21. <https://www.congress.gov/bill/119th-congress/house-bill/1/text>.

Provider-Led Arkansas Shared Savings Entity (PASSE). On June 1, CMS released an interim final rule implementing OBBBA, and the preamble explicitly states that some 1115(a)(2) demonstrations create a population of individuals who would be subject to work reporting requirements except they are a specified excluded individual. The FFS and PASSE populations likely fall under the medically frail specified excluded category. Streamlining Arkansas' system to automatically evaluate these groups for specified exclusions can help to reduce administrative burden and the risk of inappropriate loss of coverage.

ACS CAN supports Arkansas' adoption of the Optional Exceptions for Short-Term Hardship Events. We urge CMS to work with the state to adopt all options that reduce gaps in coverage and administrative burden for the state. For example, by opting to require demonstration of compliance for one month between renewals, rather than the currently indicated three months, the state can reduce additional administrative work and support Arkansans who have seasonal or fluctuating jobs. The state should also opt to implement broad definitions of exemption standards and minimize verification requirements for individuals. These policies would ensure that Arkansas mitigates administrative burden on its Medicaid program while protecting vulnerable individuals from dangerous gaps in coverage.

Conclusion

The goal of the Medicaid program is to provide health coverage and access to care for people who need it. We urge CMS to work with the state to ensure that Arkansas prioritizes policies that will protect access to care for people impacted by cancer during implementation of OBBBA. If you have any questions, please feel free to contact Jennifer Hoque at jennifer.hoque@cancer.org.

Sincerely,



Anna Schwamlein Howard
Vice President, Public Policy Advocacy
American Cancer Society Cancer Action Network

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>.