May 16, 2024

Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
200 Independence Avenue, SW
Washington, DC 20201

Re: Substance Use Demonstration Amendment Request; Demonstration Project No. 11-W-00336/8

Dear Administrator Brooks-LaSure:

The American Cancer Society Cancer Action Network (ACS CAN) appreciates the opportunity to comment on the Colorado Department of Health Care Policy & Financing’s section 1115 amendment submitted April 1, 2024. 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 supports this amendment and urges the Centers for Medicare and Medicaid Services (CMS) to approve the request.**

**Continuous Eligibility**

The Department is requesting authority to provide continuous eligibility for children in Medicaid CHP+ through age 3. The Department is also proposing to extend 12 months of continuous eligibility for adults ages 19-65 leaving incarceration from a Department of Corrections facility.

ACS CAN strongly supports both proposals. As the draft proposal notes, approximately 20 percent of children who would be impacted by this policy experience Medicaid or CHP+ coverage gaps over a 2-year period. On average the state estimates that 31,000 young children will receive continuous coverage through this initiative.¹ For the adult post-incarceration population, the proposal estimates that 4,070-5,295 individuals released from incarceration per year are eligible for Medicaid and would benefit from this policy change.

Providing continuous eligibility as proposed will minimize disruptions and remove administrative hassle for the state. It will also improve continuity of care for low-income cancer patients, survivors, and those who will be diagnosed with cancer. When individuals and families who do not have continuous eligibility lose coverage due to small – often temporary – fluctuations in income, it results in loss of access to health care coverage, making it difficult or impossible for those with cancer to continue treatment. For cancer patients who are

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mid-treatment, a loss of health care coverage could seriously jeopardize their chance of survival. Research also shows the detrimental impact of coverage gaps on Medicaid enrollees who have a history of cancer. Individuals who had coverage disruptions in the previous year were less likely to report that they used preventive services, and more likely to report problems with care affordability and any cost-related medication nonadherence. A 2020 systematic review of evidence found that among patients with cancer, those with Medicaid disruptions were statistically significantly more likely to have advanced stage and worse survival than patients without disruptions.

Our country’s recent experience with continuous Medicaid eligibility during the COVID-related public health emergency showed the value of this type of policy – both to individual Medicaid enrollees who used this critical safety net and did not have to fear coverage disruptions; and to the whole country by reducing the overall uninsured rate.

Pre-Release Services for Adults and Youth Transitioning from Correctional Facilities
The Department is requesting waiver authority to implement a re-entry initiative that provides pre-release services to adults and youth transitioning from correctional facilities. The program will include: 1) Medicaid coverage for individuals exiting correctional facilities who are eligible based on all the existing eligibility categories; 2) a targeted benefit package to these individuals including case management services, a 30-day supply of medications upon release, and other supportive services; and 3) 90 days of Medicaid coverage immediately prior to release from the correctional system.

ACS CAN supports these proposals, which will support continuity of care and access to care for individuals who are transitioning back into society from incarceration. Research shows that uninsured Americans are less likely to get screened for cancer and thus are more likely to have their cancer diagnosed at an advanced stage when survival is less likely and the cost of care more expensive. A recent study showed that individuals with incarceration history were more likely to be uninsured and to experience longer periods of uninsurance, and that targeted programs to improve health insurance coverage in this population may reduce disparities associated with incarceration. Cancer is the leading cause of mortality in incarcerated individuals older than 45 years and the fourth leading cause of mortality in the overall incarcerated population. Individuals who have been incarcerated are more than twice as likely to have a history of cancer than general populations.

References:


ACS CAN supports extending affordable, quality insurance coverage to more Coloradans and taking steps to prevent coverage gaps to help ensure all individuals have access to the care they need, including preventive services, cancer screenings and cancer treatment that can be lifesaving.

**Conclusion**
The goals of the Medicaid and CHP+ programs are to provide health coverage and access to care for people who need it. This proposal meets this goal, and we support the Department’s amendment request because it will improve access to and continuity of care for multiple populations in Colorado with cancer. If you have any questions, please feel free to contact Jennifer Hoque at [jennifer.hoque@cancer.org](mailto:jennifer.hoque@cancer.org).

Sincerely,

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