



May 30, 2025

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

**Re: Georgia Pathways to Coverage Demonstration Extension Request**

Dear Administrator Oz:

The American Cancer Society Cancer Action Network (ACS CAN) appreciates the opportunity to comment on the request to extend Georgia's Pathways to Coverage 1115 Demonstration Extension Request submitted on April 28, 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 extending the Georgia Pathways waiver, which includes a work requirement for low-income individuals and has failed to provide coverage to many who need it. We urge the Centers for Medicare and Medicaid Services (CMS) to reject this waiver extension request.**

ACS CAN opposes work requirements in Medicaid.

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.<sup>1,2,3, 4, 5</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>6,7</sup> Recent cancer survivors often require frequent follow-up visits<sup>8</sup> and suffer from multiple comorbidities linked to their cancer treatments.<sup>9,10</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>11,12,13,14,15</sup>

When 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 Georgia's 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>16,17</sup> For example, 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.<sup>18</sup> Work requirements do not accomplish the goal of the Medicaid program, which is to provide access to health care for people who need it, including people with cancer.

ACS CAN opposes the extension of the failed Georgia Pathways program.

Since the Pathways program launched in July 2023, it has failed to accomplish its stated goals or enroll anywhere near the number of people eligible for the program and in need of health coverage. The hallmarks of this program to date include:

- **Low Enrollment:** By mid-December 2023, only 2,344 of the estimated 345,000 individuals eligible were actively enrolled in the program, far short of the state's goal of 100,000 participants in its first year.<sup>19</sup> The Pathways to Coverage Program is still only reaching a small fraction of the estimated 359,000 Georgians who could potentially be eligible for coverage under Medicaid expansion.<sup>20</sup> As of May 2025, the program has only enrolled 7,000 individuals.<sup>21</sup> Georgia's new projected enrollment estimate of 30,271 enrollees by demonstration year 10 represents only about 17% of the potentially eligible population under the poverty line.
- **High Administrative Costs:** Georgia has spent over \$86 million within a year of implementing the Georgia Pathways to Coverage Program, despite the low enrollment, and it is estimated that three quarters of this was for administrative and consulting costs.<sup>22</sup> These costs divert resources from direct health care services. ACS CAN urges CMS to evaluate the disproportionate allocation of resources to administrative costs relative to enrollment outcomes.
- **Barriers to Access:** Participants face substantial challenges navigating the enrollment process, including technical glitches, non-functional websites, and unclear guidance on documentation. These hurdles discourage many from applying or maintaining their benefits.

While the Department is proposing to remove some aspects of some of the barriers to accessing healthcare in Pathways, the changes in the proposed extension request are not likely to fully solve these problems, and are nowhere near enough to justify extending the program. Additionally, the state proposes to continue to restrict Medicaid enrollment to a small sub-section of adults earning up to 138% of the Federal Poverty Level (FPL) – leaving many individuals still in the Medicaid coverage gap.

ACS CAN supports full Medicaid expansion in Georgia.

Each year, thousands of Georgians may hear the words 'you have cancer' when they are uninsured. In fact, a 2024 American Cancer Society study revealed that Georgia has the third highest rate of people that are uninsured at the time of their cancer diagnosis in the nation.

For the 66,210 Georgians who will be diagnosed with cancer in 2025, access to affordable, comprehensive care is essential to detecting, treating, and surviving the disease. In Georgia, cancer is the second leading cause of death and accounts for more than 18,000 deaths a year, many of which are preventable and premature.

Fully expanding Medicaid eligibility up to 138% of the FPL – without erecting barriers to coverage like work requirements – will help hundreds of thousands of Georgians receive the screenings, preventive care, and cancer treatments they need. The Pathways to Coverage Program is only reaching a small fraction of the estimated 359,000 individuals who could potentially be eligible for coverage under Medicaid expansion.<sup>23</sup>

ACS CAN Opposes Waiving Non-Emergency Medical Transportation (NEMT) Coverage

Georgia proposes to continue waiving NEMT for the entire adult Medicaid population as part of this request. ACS CAN strongly opposes the exclusion of this benefit for any Medicaid enrollee. NEMT is a critical service for many low-income Medicaid enrollees who do not have the financial means or access to needed transportation services.<sup>24</sup> The American Community Survey estimates that six percent of occupied housing units in Georgia report having no access to a vehicle, and 33 percent report having access to only one vehicle.<sup>25</sup> Without transportation benefits, chronically ill Medicaid enrollees may go without the lifesaving health services they need, leading to delayed care, an increase in avoidable hospitalizations, and poorer health outcomes.<sup>26,27</sup>

NEMT is used by individuals to access preventative services and cancer screenings – especially colon cancer screenings and mammograms. Early detection of cancer results in less expensive treatments and better health outcomes, which could help offset some short-term Medicaid program costs. In addition, some cancer screenings can prevent cancer from developing (such as colonoscopies and Pap tests) by detecting and removing pre-cancerous polyps or lesions. However, lack of transportation to screening services hinders an individual's ability to obtain the necessary screening and, for some individuals, could result in detection of tumors at a later stage.

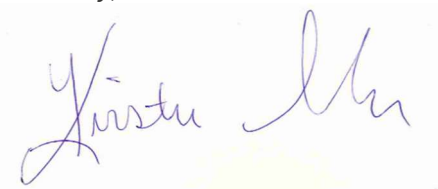
**Conclusion**

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", is written over a light yellow rectangular background.

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

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<sup>1</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>2</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.

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- <sup>3</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>4</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>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> 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.
- <sup>7</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>8</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>9</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>10</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>11</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>12</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>13</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>14</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>15</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>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 October 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> 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>19</sup> *Id.*
- <sup>20</sup> Drake, Patrick et al. “How Many Uninsured Are in the Coverage Gap and How Many Could be Eligible if All States Adopted the Medicaid Expansion?” KFF. February 26, 2024. Available at: <https://www.kff.org/medicaid/issue-brief/how-many-uninsured-are-in-the-coverage-gap-and-how-many-could-be-eligible-if-all-states-adopted-the-medicaid-expansion/>
- <sup>21</sup> Hinton, Elizabeth et al. “Implementing Work Requirements on a National Scale: What We Know from State Waiver Experience.” KFF. May 20, 2025. Available at: <https://www.kff.org/policy-watch/implementing-work-requirements-on-a-national-scale-what-we-know-from-state-waiver-experience/>
- <sup>22</sup> Coker, Margaret. “Georgia Touts its Medicaid Experiment as a Success. The Numbers Tell a Different Story. ProPublica. February 19, 2025. Available at: <https://www.propublica.org/article/georgia-medicaid-work-requirement-pathways-to-coverage-hurdles>

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<sup>23</sup> Drake, Patrick et al. “How Many Uninsured Are in the Coverage Gap and How Many Could be Eligible if All States Adopted the Medicaid Expansion?” KFF. February 26, 2024. Available at: <https://www.kff.org/medicaid/issue-brief/how-many-uninsured-are-in-the-coverage-gap-and-how-many-could-be-eligible-if-all-states-adopted-the-medicaid-expansion/>

<sup>24</sup> Rosenbaum S, Lopez N, Morris MJ, Simon M. Medicaid’s medical transportation assurance: Origins, evolution, current trends, and implications for health reform. Washington, D.C.: Department of Health Policy, School of Public Health and Health Services, The George Washington University, 2009.

<sup>25</sup> United States Census Bureau. *American Community Survey: Vehicles Available*. Accessed May 2021. <https://www.census.gov/acs/www/about/why-we-ask-each-question/vehicles/>

<sup>26</sup> Thomas LV, Wedel KR. Nonemergency medical transportation and health care visits among chronically ill urban and rural Medicaid beneficiaries. *Soc Work Public Health*. 2014;29(6):629-639. doi:10.1080/19371918.2013.865292.

<sup>27</sup> Kim J, Norton EC, Strearns SC, Transportation Brokerage Services and Medicaid Beneficiaries’ Access to Care. *Health Serv Res*. 2009. 44(1):145-61.