June 17, 2025

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

**Re: Iowa Health and Wellness Plan Section 1115 Demonstration Extension Fast Track Application**

Dear Administrator Oz:

The American Cancer Society Cancer Action Network (ACS CAN) appreciates the opportunity to comment on the Department of Health and Human Services' Iowa Health and Wellness Plan Extension Request submitted on July 9, 2024 and re-opened for public comment on May 22, 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 continues to strongly oppose several proposals in the current application and we urge CMS to not approve the following provisions.**

**Premiums and Healthy Behaviors**

Iowa proposes to continue imposing monthly premiums on adults with incomes at or above 50 percent of the federal poverty level ($1,076 per month for a family of three) if they do not complete certain healthy behavior requirements after the first year of coverage, as well as terminating coverage for individuals with incomes above 100 percent of the federal poverty level who do not pay these premiums.

ACS CAN opposes these policies, which will create confusion and jeopardize access to care instead of incentivizing healthy behaviors. Research indicates that penalizing enrollees for non-compliance or failing to meet outcomes dictated by the state will not likely generate cost savings or improve the health of low-income Medicaid enrollees.[1] We believe state residents would be better served by a comprehensive, evidence-based participatory wellness initiative based on incentives that provides adequate and comprehensive coverage of preventive services (including tobacco cessation, weight loss, and cancer screenings) and that emphasize evidence-based interventions to educate, promote, and encourage patients to participate in prevention, early detection, and wellness. Evidence shows that unhealthy behaviors can be changed or modified by modest incentives, rather than penalties, as long as they are combined with adequate medical services and health promotion programs.[2] Providing enrollees incentives could lead to a change in behavior whereas penalties do little to improve health and could reduce access to necessary health care services.

Furthermore, the evidence is clear that premiums make it harder for individuals to obtain or keep healthcare

coverage through the Medicaid program.[3] An analysis Michigan's Medicaid demonstration found that premiums made it more likely that healthy enrollees would leave the program, leaving those with greater medical needs in the risk pool.[4] The inclusion of premiums can also exacerbate existing disparities in access to healthcare, as they have been shown to lead to lower enrollments for Black enrollees and lower-income enrollees, compared to their white and higher-income counterparts, respectively.[5]

ACS CAN urges CMS to reject this proposal.

**Copayments for Non-Emergency Use of the Emergency Department**

The Department requests to continue to charge a copay for non-emergent use of the Emergency Department (ED).

ACS CAN opposes this policy, as it increases costs for cancer patients and deters them from seeking care. Cancer patients undergoing chemotherapy and/or radiation often have adverse drug reactions or other related health problems that require immediate care during evenings or weekends. If primary care settings and other facilities are not available, these patients are often directed to the ED. One study estimates there are 4 million adult cancer–related ED visits each year in the US.[6] The most frequent reasons cancer patients receive care in the ED are pain, fever, and weakness[7] – symptoms that are understandably alarming for patients undergoing invasive or toxic treatments like chemotherapy. This study also found that 77% of cancer patients did not make the decision to go to the ED alone: healthcare providers (40%, most commonly oncologists) and caregivers (36%) were the other reported decision-makers in these cases.[8]

Low-income cancer patients should not be financially penalized for seeking care through the ED, regardless of their eventual diagnosis or how their visit was ultimately coded by the ED. Imposing this surcharge may dissuade an individual from seeking any care from an ED setting – even when it is appropriate for them to go to an ED. Penalizing enrollees, such as cancer patients, by requiring a surcharge for non-emergent use of the ED could become a significant financial hardship for these low-income patients. We urge the state to remove this provision/Department to reject this provision of the waiver.

ACS CAN urges CMS to reject this proposal.

**Waiver of Non-Emergency Medical Transportation**

The Department proposes to continue its waiver of non-emergency medical transportation (NEMT).

ACS CAN opposes the elimination of NEMT benefits. NEMT is a critical service for many low-income Medicaid enrollees who do not have the financial means or access to needed transportation services.[9] The American Community Survey estimates that 5.6 percent of occupied housing units in Iowa report having no access to a vehicle, and 29.6 percent report having access to only one vehicle.[10] 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.[11,12]

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.

ACS CAN urges CMS to reject this proposal and require Iowa to reinstate its NEMT program, as it will ensure individuals can receive transportation to and from preventative screenings, cancer treatments, and survivorship care.

**Waiver of Retroactive Coverage**

The Department proposes to continue its waiver of 90-day retroactive eligibility for most individuals in Iowa's Medicaid program.

ACS CAN opposes the waiver of this policy. Many uninsured or underinsured individuals who are newly diagnosed with a chronic condition already do not receive recommended services and follow-up care because of cost.[13,14] In 2019, three in ten uninsured adults went without care because of cost.[15] Waiving retroactive eligibility could mean even more people are unable to afford care and forgo necessary care due to cost.

Safety net hospitals and providers also rely on retroactive eligibility for reimbursement of provided services, allowing these facilities to keep the doors open. For example, the Emergency Medical Treatment and Labor Act (EMTALA) requires hospitals to stabilize and treat individuals in their emergency room, regardless of their insurance status or ability to pay.[16] Retroactive eligibility allows hospitals to be reimbursed if the individual treated is eligible for Medicaid coverage. Likewise, Federally Qualified Health Centers (FQHCs) offer services to all persons, regardless of that person's ability to pay or insurance status.[17] Community health centers also play a large role in ensuring low-income individuals receive cancer screenings, helping to save the state of Iowa from the high costs of later stage cancer diagnosis and treatment. For these reasons, we urge CMS to reject this proposal.

**Conclusion**

The goals of the Medicaid and CHP+ programs are 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 elements of the proposal discussed above. 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

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[2] Consensus statement of the Health Enhancement Research Organization, American College of Occupational and Environmental Medicine, American Cancer Society and American Cancer Society Cancer Action network, American Diabetes Association, and American Heart Association. Guidance for a reasonably designed, employer-sponsored wellness program using outcomes-based incentives. JOEM. 2012; 54(7): 889-96.
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