



December 7, 2023

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

Re: Maryland HealthChoice Program 1115 Waiver Amendment

Dear Administrator Brooks-LaSure:

The American Cancer Society Cancer Action Network (ACS CAN) appreciates the opportunity to comment on the request to amend the Maryland HealthChoice Section 1115 Demonstration Waiver, submitted to the Centers for Medicare and Medicaid Services (CMS) on October 25, 2023. 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 strongly supports Maryland's proposal to permanently establish 'express lane eligibility' (ELE) for adults who receive Supplemental Nutrition Assistance Program (SNAP) benefits. We encourage CMS to approve this waiver request without delay.

As noted in the application, the state is already conducting Medicaid renewals for this population using ELE with CMS approval of a temporary waiver related to the unwinding of the public health emergency-related continuous coverage provisions. Under this authority, the State renews Medicaid eligibility for SNAP participants using gross income as determined by SNAP without conducting a separate income determination. As instructed via state legislation, Maryland intends to continue this process for adults through this waiver amendment, and for children via a State Plan Amendment.

Making the redetermination process as smooth as possible will prevent some Medicaid enrollees from experiencing gaps in coverage or "churn" In 2018, 1 in 10 Medicaid or CHIP beneficiaries disenrolled and re-enrolled in less than one year.¹ Such churning is associated with disruptions in physician care and medication adherence;^{2,3} increased administrative costs for providers, Medicaid managed care organizations, and states;⁴ and in some cases higher health care costs when delayed care results in more expensive health care needs.⁵

Gaps in coverage can be detrimental to a person undergoing cancer treatment. Having health insurance coverage makes surviving cancer more likely particularly for those in disadvantaged communities.⁶ Gaps in insurance coverage cause treatment delays. Evidence-based protocols for chemotherapy and other cancer treatments often require a proscribed timeline and any interruption can affect the treatment outcome. A gap in coverage can also cause delay in initiation of a treatment protocol. For example, research shows that delays in the initiation of chemotherapy for breast cancer patients result in adverse health outcomes.⁷

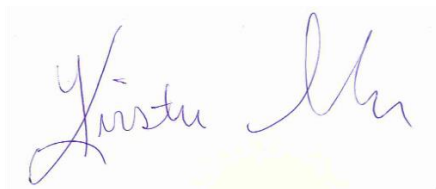
Research also shows the detrimental impact of coverage gaps on Medicaid enrollees who have a history of cancer: individuals who had coverage disruptions in the previous year were less likely to report that they used preventive services, and more likely to report problems with care affordability and any cost-related medication nonadherence.⁸ 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.⁹

We agree with the state that this amendment will “facilitate streamlined and efficient Medicaid renewals, by allowing qualifying adult participants to maintain Medicaid coverage more easily without disruption, improving their health care access, and ultimately their health.” We believe this is a particularly critical time for states to review and improve their eligibility determination and redetermination processes, as unwinding from continuous coverage provisions test the system and leave many vulnerable to being dropped from coverage. We applaud Maryland for moving forward with this waiver request and encourage CMS to approve it. We also encourage CMS to do whatever it can to facilitate other states making these policy changes.

Conclusion

The goal of the Medicaid program is to provide health coverage and access to care for people who need it. ACS CAN supports this amendment as it will allow eligible individuals to more easily keep their Medicaid coverage, which means maintaining critical access to cancer and other care. If you have any questions, please feel free to contact Jennifer Hoque, Associate Policy Principal for Access to Care, at jennifer.hoque@cancer.org.

Sincerely,

A handwritten signature in blue ink, appearing to read "Kirsten Sloan", is centered on a white rectangular background.

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

¹ Xuesong Han, PhD, Jingxuan Zhao, MPH, K Robin Yabroff, PhD, Christopher J Johnson, MPH, Ahmedin Jemal, DVM, PhD, Association Between Medicaid Expansion Under the Affordable Care Act and Survival Among Newly Diagnosed Cancer Patients, *JNCI: Journal of the National Cancer Institute*, Volume 114, Issue 8, August 2022, Pages 1176–1185, <https://doi.org/10.1093/jnci/djac077>

² Ben Sommers et al., “Insurance Churning Rates for Low-Income Adults Under Health Reform: Lower than Expected But Still Harmful for Many,” *Health Affairs*, Vol. 35, No. 10 (2016): 1816–1824, <https://www.healthaffairs.org/doi/pdf/10.1377/hlthaff.2016.0455>.

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- ³ Yabroff KR, Zhao J, Halpern MT, et al. Health Insurance Disruptions and Care Access and Affordability in the U.S. *American Journal of Preventive Medicine*. 2021;0(0). doi:10.1016/j.amepre.2021.02.014
- ⁴ Katherine Swartz et al., “Evaluating State Options for Reducing Medicaid Churning,” *Health Affairs*, July 2015, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4664196/>.
- ⁵ Anthem Public Policy Institute, “Continuity of Medicaid Coverage Improves Outcomes for Beneficiaries and States,” June 2018, https://www.communityplans.net/wp-content/uploads/2019/04/13_Report_Continuity-of-Medicaid-Coverage-Improves-Outcomes-for-Beneficiaries-and-States.pdf.
- ⁶ Abdelsattar ZM, Hendren S, Wong SL. The impact of health insurance on cancer care in disadvantaged communities. *Cancer*. November 14, 2016. <https://onlinelibrary.wiley.com/doi/full/10.1002/cncr.30431>
- ⁷ Chavez-MacGregor M, Clarke CA, Lichtensztajn DY, Giordano SH. Delayed Initiation of Adjuvant Chemotherapy Among Patients With Breast Cancer. *JAMA Oncol*. 2016;2(3):322-329. doi:10.1001/jamaoncol.2015.3856.
- ⁸ Jingxuan Zhao, Xuesong Han, Leticia Nogueira, Zhiyuan Zheng, Ahmedin Jemal, K. Robin Yabroff; Health Insurance Coverage Disruptions and Access to Care and Affordability among Cancer Survivors in the United States. *Cancer Epidemiol Biomarkers Prev* 1 November 2020; 29 (11): 2134–2140. <https://doi.org/10.1158/1055-9965.EPI-20-0518>
- ⁹ K Robin Yabroff, PhD, Katherine Reeder-Hayes, MD, Jingxuan Zhao, MPH, Michael T Halpern, MD, PhD, Ana Maria Lopez, MD, Leon Bernal-Mizrachi, MD, Anderson B Collier, MD, Joan Neuner, MD, Jonathan Phillips, MPH, William Blackstock, MD, Manali Patel, MD, Health Insurance Coverage Disruptions and Cancer Care and Outcomes: Systematic Review of Published Research, *JNCI: Journal of the National Cancer Institute*, Volume 112, Issue 7, July 2020, Pages 671–687, <https://doi.org/10.1093/jnci/djaa048>