

August 8, 2025



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

Re: MaineCare 1115 Demonstration Whole Person Care Waiver Application

Dear Administrator Oz:

The American Cancer Society Cancer Action Network (ACS CAN) appreciates the opportunity to comment on Maine's application for an 1115 demonstration waiver, submitted on July 9, 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 supports this demonstration application and urges the Centers for Medicare and Medicaid Services to approve it.

Pre-Release Medicaid Services for Justice-Involved Individuals

Maine requests waiver authority to extend Medicaid coverage for a set of targeted Medicaid services up to 90 days pre-release for individuals transitioning from jails, prisons, and youth correctional facilities. This waiver will provide healthcare access, including mental health and substance use treatment, to improve re-entry outcomes and support community reintegration.

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.¹ People in the U.S. who are incarcerated, or have a history of incarceration, face worse access to cancer care, leading to poorer outcomes.² 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.³ 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

¹ Ward EM, Fedewa SA, Cokkinides V, Virgo K. The association of insurance and stage at diagnosis among patients aged 55 to 74 years in the national cancer database. *Cancer J*. 2010 Nov-Dec;16(6):614-21. doi: 10.1097/PPO.0b013e3181ff2aec. PMID: 21131794.

² Jingxuan Zhao, Cathy J. Bradley, Ya-Chen Tina Shih, K. Robin Yabroff. Incarceration and cancer care disparities in the USA. *Nature Reviews Cancer*. Comment. July 17, 2025. <https://www.nature.com/articles/s41568-025-00855-2>

³ Jingxuan Zhao, Xuesong Han, Zhiyuan Zheng, Qinjin Fan, Kewei Shi, Stacey Fedewa, K. Robin Yabroff, Leticia Nogueira, Incarceration History and Health Insurance and Coverage Changes in the U.S., *American Journal of Preventive Medicine*, Volume 64, Issue 3, 2023, Pages 334-342, ISSN 0749-3797, <https://doi.org/10.1016/j.amepre.2022.09.023>.

incarcerated are more than twice as likely to have a history of cancer than general populations.⁴ ACS CAN supports extending affordable, quality insurance coverage to more Mainers 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.

HRSN Pilot 5a: Proposed Food is Medicine

Maine is requesting expenditure authority for federal matching funds to start Food is Medicine pilot programs. Pilots may include the following: food pharmacy/fruit and vegetable prescriptions, nutrition counseling/education, case management for nutrition benefits, and medically tailored meals. Enrollees eligible for these programs will include those identified as being food insecure and having a chronic health condition such as cancer.

ACS CAN supports demonstration projects that increase access to Food is Medicine interventions intended to prevent, treat, or manage chronic diseases and/or address food and nutrition insecurity; including produce prescriptions, medically tailored groceries and medically tailored meals.

Patients with cancer may benefit from Food is Medicine programs, which have been shown to decrease food and nutrition insecurity, improve quality of life, and provide nutrition support for cancer treatment. Among program participants, some of these initiatives have also reduced hospital admissions and readmissions, lowered medical costs, and improved medication adherence.⁵ Studies have shown the value of these initiatives for cancer patients and their families, including as part of palliative care,⁶ and in improving quality of life and treatment completion among medically underserved, food-insecure patients with cancer who were at risk of impaired nutritional status.⁷ A cancer diagnosis is associated with substantial economic burden among cancer survivors and their families.

Some families impacted by cancer must make sacrifices that adversely affect their food security or nutrition to offset high out-of-pocket medical expenses. One recent study found that among cancer survivors, 27% of age 18 to 39-year olds, 15% of age 40-64 years, and 6% of age over 65 years experienced severe or moderate food insecurity. Cancer survivors who had lower incomes or higher comorbidities were more likely to

⁴ Aziz H, Ackah RL, Whitson A, et al. Cancer Care in the Incarcerated Population: Barriers to Quality Care and Opportunities for Improvement. *JAMA Surg.* 2021;156(10):964–973. doi:10.1001/jamasurg.2021.3754.

⁵ Downer S, Clippinger E, Kummer C. Food is Medicine Research Action Plan. Published Jan. 27, 2022. Retrieved at https://www.aspeninstitute.org/wp-content/uploads/2022/01/Food-is-Medicine-Action-Plan-Final_012722.pdf.

⁶ Ishaq, O., Mailhot Vega, R., Zullig, L., Wassung, A., Walters, D., Berland, N., Du, K. L., Ahn, J., Leichman, C. G., Jill Cohen, D., Gu, P., Chachoua, A., Leichman, L. P., Pearl, K., & Schiff, P. B. (2016). Food as medicine: A randomized controlled trial (RCT) of home delivered, medically tailored meals (HDMTM) on quality of life (QoL) in metastatic lung and non-colorectal GI cancer patients. *Journal of Clinical Oncology*, 34(26_suppl), 155–155. https://doi.org/10.1200/jco.2016.34.26_suppl.155.

⁷ Gany, F., Melnic, I., Wu, M., Li, Y., Finik, J., Ramirez, J., Blinder, V., Kemeny, M., Guevara, E., Hwang, C., & Leng, J. (2022). Food to Overcome Outcomes Disparities: A Randomized Controlled Trial of Food Insecurity Interventions to Improve Cancer Outcomes. *Journal of Clinical Oncology*, 40(31), 3603–3612. <https://doi.org/10.1200/JCO.21.02400>.

August 8, 2025



experience this food insecurity.⁸ Cancer survivors who are Hispanic,⁹ uninsured,¹⁰ and/or identify as LGBTQ+¹¹ are also more likely to experience food insecurity. Cancer survivors with minor children also may be particularly vulnerable to financial hardship, even years after diagnosis. A 2022 study showed that children of cancer survivors were more likely to live in families that experience shortages in basic economic needs, including the inability to afford balanced meals (16.9% of children of cancer survivors vs. 13.3% of children without a parental cancer history).¹²

Conclusion

The goal of the Medicaid program is to provide health coverage and access to care for people who need it. This proposal meets this goal, and we support the state's application because it will improve access to and continuity of care for multiple populations in Maine with cancer. If you have any questions, please feel free to contact Jennifer Hoque at jennifer.hoque@cancer.org.

Sincerely,

A handwritten signature in blue ink, appearing to read "Kirsten Sloan", on a light blue background.

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

⁸ Zheng Z, Jemal A, Tucker-Seeley R, et al. Worry About Daily Financial Needs and Food Insecurity Among Cancer Survivors in the United States. *Journal of the National Comprehensive Cancer Network*. 2020;18(3):315-327. doi:<https://doi.org/10.6004/jnccn.2019.7359>

⁹ American Cancer Society Cancer Action Network. This Costs of Cancer in the Hispanic/Latino Community. 2022. <https://www.fightcancer.org/policy-resources/costs-cancer-hispaniclatino-community-0>

¹⁰ American Cancer Society Cancer Action Network. The Costs of Cancer Among Uninsured People. 2022. <https://www.fightcancer.org/policy-resources/costs-cancer-among-uninsured-people-0>

¹¹ American Cancer Society Cancer Action Network. The Costs of Cancer in the LGBTQ+ Community. 2023. <https://www.fightcancer.org/policy-resources/costs-cancer-lgbtq-community>

¹² [Zhiyuan Zheng et al.](#), Association of parental cancer and minor child's unmet economic needs in food, housing, and transportation.. *JCO* **40**, 12014-12014(2022).

DOI:[10.1200/JCO.2022.40.16_suppl.12014](https://doi.org/10.1200/JCO.2022.40.16_suppl.12014)
