



March 6, 2024

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

Re: Minnesota Prepaid Medical Assistance Project Plus – Amendment Request

Dear Administrator Brooks-LaSure:

The American Cancer Society Cancer Action Network (ACS CAN) appreciates the opportunity to comment on the Minnesota Department of Human Service's request to amend its Section 1115 demonstration. 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 waiver amendment and urges the Centers for Medicare and Medicaid Services (CMS) to approve it.

The Minnesota Department of Human Services requests an amendment to its waiver to expand 12-month continuous eligibility for children to 19- and 20-year-olds, and to provide continuous eligibility for children up to age 6.

ACS CAN supports this proposal. It will 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 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.¹ 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.²

¹ 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>

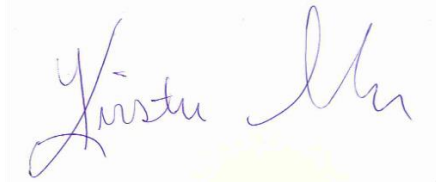
² K Robin Yabroff, PhD, Katherine Reeder-Hayes, MD, Jingxuan Zhao, MPH, Michael T Halpern, MD, PhD, Ana Maria Lopez, MD, Leon Bernal-Mizrachi, MD, Anderson B Collier, MD, Joan Neuner, MD, Jonathan Phillips, MPH, William Blackstock, MD, Manali Patel, MD,

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.³

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 Department's waiver amendment request because it will improve access to and continuity of care for people in Minnesota 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 that reads "Kirsten Sloan". The signature is written in a cursive style and is positioned above a yellow rectangular highlight.

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

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>

³ U.S. Census Bureau. Health Insurance Coverage Status and Type by Geography: 2019 and 2021. American Community Survey Briefs. September 2022. [Health Insurance Coverage Status and Type by Geography: 2019 and 2021 \(census.gov\)](https://www.census.gov/programs-surveys/acs/briefs/2022/health-insurance-coverage-status-and-type-by-geography-2019-and-2021.html)