



October 17, 2025

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

**Re: Montana Health and Economic Livelihood Partnership Section 1115 Demonstration
Waiver Application**

Dear Administrator Oz:

The American Cancer Society Cancer Action Network (ACS CAN) appreciates the opportunity to comment on the Montana Section 1115 Demonstration Waiver Application submitted on September 2, 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 Montana's proposal to implement work requirements and charge premiums in its Medicaid program, and we urge CMS to reject the waiver request.

Montana is seeking a new Section 1115 demonstration, "Health and Economic Livelihood Partnership (HELP)", which would impose work reporting requirements on Medicaid expansion adults ages 19-64 with incomes up to 138% of the Federal Poverty Level (FPL). Individuals subject to the work requirement would have to participate in community engagement activities for at least 80 hours per month, including work, community service, work programs, and educational programs. Exemptions would include those stated in the 2025 Budget Reconciliation Bill,¹ including pregnant individuals, parents or caregivers of dependent children under age 13 or of individuals with disabilities, and, as requested by the state, foster parents of children under 19. Enrollees and potential enrollees would be assessed for compliance at the time of application and at least every six months, with non-compliant individuals facing disenrollment, with an option to reinstate back within 30 days in the case of meeting the requirements.

Medicaid work requirements don't help more people work – they cause people to lose coverage.

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.^{2,3,4,5,6} 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.^{7,8} Recent cancer survivors often require frequent follow-up visits⁹ and suffer from multiple comorbidities linked to their cancer treatments.^{10,11} 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.^{12,13,14,15,16}

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 Montana's Medicaid program. We also note that imposing work requirements on lower income individuals as a condition of coverage could impede individuals' access to prevention and early detection care, including cancer screenings and diagnostic testing.

Montana's demonstration will lead to significant loss of coverage, which is in direct opposition of the purpose of the Medicaid program. If the state believes that individuals have not met these work reporting requirements, it will give enrollees 30 days to prove otherwise before terminating coverage. The state estimates that by 2030, approximately 16,578 individuals will lose coverage as a result of being unable to meet work reporting requirements or pay premiums.

Suspension of benefits and loss of coverage create gaps in care for patients and disrupt access to critical and often lifesaving services. When individuals lose coverage – even if they only lose it for a short time while their paperwork is sorted out – it makes it difficult or impossible for those with cancer to continue treatment. Loss of coverage can be particularly devastating to cancer patients and their families. For cancer patients who are mid-treatment, a loss of health care coverage could seriously jeopardize their chance of survival. Most recently, the link between disruptions in Medicaid coverage and worsened health outcomes was established among Medicaid-insured children and adolescents with blood cancers: lack of continuous Medicaid coverage was associated with advanced-stage diagnosis of lymphoma,¹⁷ and poorer survival.¹⁸

Additionally, the state intends to rely on both data-sharing agreements with other state agencies and direct verification with beneficiaries to determine eligibility and compliance with the work reporting requirements. There will undoubtedly be individuals whose data is incomplete, outdated, or not accurately captured by the systems in use. For example, during the unwinding of the Medicaid continuous coverage requirements, only 16% of enrollees in Montana were automatically re-enrolled, demonstrating the significant gaps in existing data and the increased administrative burden many people will face.¹⁹

Exemptions to work requirements don't provide enough protection.

We acknowledge that the state has included exemption criteria in its proposal, but many of these exemptions lack specific definitions or other operational details. This information will presumably be provided by the federal government as it implements the 2025 Budget Reconciliation legislation, but is not yet available. Therefore it is impossible to know whether cancer patients would be exempted from the work requirement – let alone individuals who have survived cancer but are still experiencing symptoms or side effects that impact work; or individuals who are undergoing intense diagnostic testing, but have not yet received an official diagnosis. Without explicit criteria or a defined process for identifying health conditions, individuals with certain chronic conditions will improperly lose coverage despite their crucial and ongoing health needs. Exemption processes inherently create greater opportunities for administrative error and risk disenrolling vulnerable populations from coverage.

Work requirements would likely further decrease the number of individuals with Medicaid coverage, regardless of whether they are or should be exempt.^{20,21} 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.²² Similarly, Georgia's Pathways to Coverage Program, which includes work requirements, enrolled less than 5,000 individuals in its first year, instead of the projected 31,000-100,000 beneficiaries originally estimated to be eligible.²³

Enrollees will be harmed by rushing to implement Medicaid work requirements early.

The issues outlined above related to coverage losses, confusion for enrollees, and administrative burden to patients and the state will only be exacerbated if Montana rushes implementation. Montana would be one of the first states in the U.S. to implement work requirements. This rushed implementation of Montana's waiver would likely mean the state would have to make changes once federal rules are released – including changes that potentially make particular enrollees eligible or not eligible for coverage. This will cause confusion for the Medicaid program and enrollees, and will greatly impact the lives of people who are dropped from coverage. Rushing implementation is very likely to cause errors and oversights that negatively impact enrollees and potential enrollees.

When implementing the work requirements called for in the 2025 budget reconciliation legislation, ACS CAN urges CMS to do so in a way that minimizes coverage loss as much as possible. Anyone who loses health insurance coverage is more likely to skip cancer screenings, not receive preventive services, and have many more barriers to accessing medical care – resulting in worse cancer outcomes.²⁴

Ultimately, work reporting requirements do not further the goals of the Medicaid program or help low-income individuals find work. The vast majority of those with Medicaid who can work already do so; nationally, 92% of individuals with Medicaid coverage under age 65 who do not receive Social Security disability benefits are either workers, caregivers, students, or unable to work due to illness.²⁵ Continuous Medicaid coverage can actually help people find and sustain employment. In a report looking at the impact of Medicaid expansion in Ohio, the majority of enrollees reported that being enrolled in Medicaid made it easier to work or look for work (83.5 percent and 60 percent, respectively).²⁶ That report also found that many enrollees were able to get treatment for previously untreated health conditions, which made finding work easier. Additionally, a study in The New England Journal of Medicine found that Arkansas's work requirement was associated with a significant loss of Medicaid coverage, but no corresponding increase in employment.²⁷ Terminating individuals' Medicaid coverage for non-compliance with these requirements will hurt rather than help Montanans search for and obtain employment.

Requiring cost sharing will burden enrollees and create barriers to care.

Montana's HELP Demonstration proposes to impose graduated premiums on the Medicaid expansion population starting at two percent of household income for the first two years and increasing by half a percentage point annually up to a maximum of four percent, with exemptions matching those for work reporting requirements. If enrollees do not pay overdue premiums within 90 days of notification, they will be disenrolled.

Cost sharing can create financial burdens for Medicaid enrollees, and cause significant disruptions in care, especially for cancer patients and survivors. Studies have shown that imposing even modest premiums on low-income individuals is likely to deter enrollment in the Medicaid program.^{28,29,30,31}

Cancer patients undergoing an active course of treatment for a life-threatening health condition need uninterrupted access to the providers and facilities from whom they receive treatment. Disruptions in primary cancer treatment care, as well as longer-term adjuvant therapy, such as hormone therapy, can result in negative health outcomes. Additionally, recent cancer survivors often require frequent follow-up visits and maintenance medications as part of their survivorship care plan to prevent recurrence,³² and suffer from multiple comorbidities linked to their cancer treatments.^{33,34} Ensuring both cancer patients and survivors receive the care they need is critical to positive health outcomes.

When Montana previously charged premiums to Medicaid enrollees, only 43% of current enrollees and 34% of

those disenrolled for nonpayment knew about the 90-day grace period, and even fewer knew that they could re-enroll after 90 days.³⁵ Enrollees struggled with several hour-long wait times to receive assistance with understanding premium policies, demonstrating the greater administrative burden that premiums will place on both enrollees and the program.

Finally, federal law generally does not permit premiums for Medicaid enrollees with low-incomes, and P.L. 119-21 includes additional prohibitions on premiums for the Medicaid expansion population beginning in 2028. Waiving the prohibition on premiums in current law, or as amended by P.L. 119-21, is unlawful because it will likely inhibit Medicaid enrollment³⁶ and therefore does not further the objectives of the Medicaid program. For these reasons and the barriers to care the policy will create, ACS CAN strongly urges CMS to reject this waiver request.

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 the waiver request. 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", is written over a light blue rectangular background.

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

¹ Public Law 119-21. <https://www.congress.gov/bill/119th-congress/house-bill/1/text>

² Blinder VS, Gany FM. Impact of Cancer on Employment. *J Clin Oncol*. 2020;38(4):302-309. doi:10.1200/JCO.19.01856.

³ 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.

⁴ 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.

⁵ 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.

⁶ 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.

⁷ 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.

⁸ Short PF, Vasey JJ, Tunceli K. Employment pathways in a large cohort of adult cancer survivors. *Cancer*. 2005 Mar 15; 103(6):1292-301.

⁹ 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>.

-
- ¹⁰ 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.
- ¹¹ 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.
- ¹² Blinder VS, Gany FM. Impact of Cancer on Employment. *J Clin Oncol*. 2020;38(4):302-309. doi:10.1200/JCO.19.01856
- ¹³ 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
- ¹⁴ 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
- ¹⁵ 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
- ¹⁶ 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.
- ¹⁷ Xinyue Zhang, Sharon M. Castellino, K. Robin Yabroff, Wendy Stock, Shasha Bai, Ann C. Mertens, Joseph Lipscomb, Xu Ji, Health Insurance Continuity Is Associated with Stage at Diagnosis Among Children, Adolescents, and Young Adults Newly Diagnosed with Lymphoma, *Blood*, Volume 142, Supplement 1, 2023, Page 2390, ISSN 0006-4971, <https://doi.org/10.1182/blood-2023-179559>.
- ¹⁸ Ji X, et al. Lacking Health Insurance Continuity Is Associated with Worse Survival Among Children, Adolescents, and Young Adults Newly Diagnosed with Blood Cancer. Abstract presented at AcademyHealth Annual Research Meeting, June 25, 2023. <https://academyhealth.confex.com/academyhealth/2023arm/meetingapp.cgi/Paper/58242>
- ¹⁹ “What is happening with Medicaid renewals in each state?” Georgetown University McCourt School of Public Policy, Center for Children and Families. Accessed 8 January 2025. Available at: <https://ccf.georgetown.edu/2023/07/14/whats-happening-with-medicaid-renewals/>
- ²⁰ 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>.
- ²¹ Sommers BD, Goldman AL, Blendon RJ, et al. Medicaid work requirements – Results from the first year in Arkansas. *NEJM*. 2019. DOI: 10.1056/NEJMSr1901772.
- ²² 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
- ²³ Chan, Leah. “One-Year Anniversary of Georgia’s Pathways to Coverage Program Highlights Need for Reform,” Georgia Budget and Policy Institute. July 2, 2024. Available at: <https://gbpi.org/one-year-anniversary-of-georgias-pathways-to-coverage-program-highlights-need-for-reform/>
- ²⁴ Zhao, J., Han, X., Nogueira, L., Fedewa, S.A., Jemal, A., Halpern, M.T. and Yabroff, K.R. (2022), Health insurance status and cancer stage at diagnosis and survival in the United States. *CA A Cancer J Clin*, 72: 542-560. <https://doi.org/10.3322/caac.21732>
- ²⁵ Tolbert, Jennifer et al. Understanding the Intersection of Medicaid & Work: An Update. KFF. February 4, 2025. Available at: <https://www.kff.org/medicaid/issue-brief/understanding-the-intersection-of-medicaid-and-work-an-update/>
- ²⁶ Ohio Department of Medicaid, 2018 Ohio Medicaid Group VII Assessment: Follow-Up to the 2016 Ohio Medicaid Group VIII Assessment, August 2018. Accessed at: <http://medicaid.ohio.gov/Portals/0/Resources/Reports/Annual/Group-VIII-Final-Report.pdf>
- ²⁷ Benjamin D. Sommers, MD, et al. “Medicaid Work Requirements—Results from the First Year in Arkansas,” *New England Journal of Medicine*. Published online June 18, 2019. Available at: https://cdf.nejm.org/register/reg_multistep.aspx?promo=ONFGMM02&cpc=FMAAALLV0818B

²⁸ Dague L. The effect of Medicaid premiums on enrollment: a regression discontinuity approach. *J Health Econ*. 2014;37:1-12. doi:10.1016/j.jhealeco.2014.05.001.

²⁹ Hendryx M, Onizuka R, Wilson V, Ahern M. Effects of a Cost-Sharing Policy on Disenrollment from a State Health Insurance Program. *Soc Work Public Health*. 2012; 27(7): 671-86.

³⁰ Wright BJ, Carlson MJ, Allen H, Holmgren AL, Rustvold DL. Raising Premiums and Other Costs for Oregon Health Plan Enrollees Drove Many to Drop Out. *Health Affairs*. 2010; 29(12):2311-16.

³¹ Office of the Assistant Secretary for Planning and Evaluation. Financial Condition and Health Care Burdens of People in Deep Poverty. Published July 16, 2015. Accessed April 21, 2016. <http://aspe.hhs.gov/basic-report/financial-condition-and-health-care-burdens-people-deep-poverty>.

³² 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>.

³³ 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.

³⁴ Xiao Y, Wang H, Tang Y, et al. Increased risk of diabetes in cancer survivors: a pooled analysis of 13 population-based cohort studies. *ESMO Open*. 2021;6(4):100218. doi:10.1016/j.esmoop.2021.100218.

³⁵ Guth, Madeline et al. Understanding the Impact of Medicaid Premiums & Cost-Sharing: Updated Evidence from the Literature and Section 1115 Waivers. KFF. September 9, 2021. Available at: https://www.kff.org/report-section/understanding-the-impact-of-medicaid-premiums-cost-sharing-updated-evidence-from-the-literature-and-section-1115-waivers-issue-brief/#endnote_link_531835-45

³⁶ KFF. Understanding the Impact of Medicaid Premiums & Cost-Sharing: Updated Evidence from the Literature and Section 1115 Waivers. September 9, 2021. Accessed August 12, 2025. <https://www.kff.org/medicaid/issue-brief/understanding-the-impact-of-medicaid-premiums-cost-sharing-updated-evidence-from-the-literature-and-section-1115-waivers/>