



December 14, 2023

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

**Re: North Carolina Medicaid Reform Section 1115 Demonstration Renewal Application**

Dear Administrator Brooks-LaSure:

The American Cancer Society Cancer Action Network (ACS CAN) appreciates the opportunity to comment on the request to renew the North Carolina Medicaid Reform Section 1115 Demonstration Waiver, submitted to the Centers for Medicare and Medicaid Services (CMS) on October 31, 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.

At a time when North Carolina is successfully enrolling individuals in its recent Medicaid expansion, the state has proposed several other policies that expand access to Medicaid and improve enrollees' access to care. **ACS CAN strongly supports several of the policies in this renewal request, and we encourage CMS to approve it.**

Multi-Year Continuous Eligibility for Children

ACS CAN strongly supports North Carolina's proposal to provide multi-year continuous coverage to children through age 5, and 2-year continuous coverage for all enrollees ages 6-18. ACS CAN wants to ensure that cancer patients and survivors in North Carolina will have coverage under the Medicaid program, and that program requirements do not create barriers to care for low-income cancer patients, survivors, and those who will be diagnosed with cancer. This large, proposed expansion of the use of continuous eligibility will reduce barriers and requirements for enrollees, allowing more patients to access essential health care, including cancer prevention and treatment.

Without continuous eligibility, individuals can lose coverage due to small – often temporary – fluctuations in income. They can also lose coverage when they are still eligible for it because they missed a letter in the mail requiring them to submit new paperwork to prove their eligibility. The application includes data showing that around 25% of children who lose Medicaid coverage in North Carolina reenroll within the year. Losing access to health care coverage makes 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. Since loss of coverage can be devastating to cancer patients and their families, we applaud this proposal to prevent such coverage gaps, and we urge CMS to approve this expansion of continuous eligibility.

### Providing Pre-Release Medicaid Services to Justice-Involved Individuals

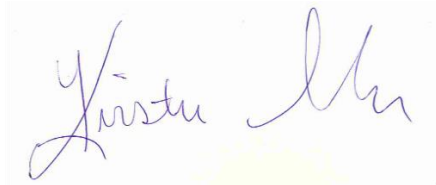
North Carolina proposes providing certain Medicaid covered services (including case management and a 30-day supply of medications) for the 90 days prior to release to most justice-involved individuals (adults and youth) who are otherwise eligible for Medicaid. Other services, including lab and radiology services and tobacco cessation treatments, would be phased in to the program based on facility readiness.

ACS CAN supports this proposal. 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.<sup>1</sup> 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 incarcerated are more than twice as likely to have a history of cancer than general populations.<sup>2</sup> ACS CAN supports taking steps like this one 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. We encourage the Department to include this proposal in its demonstration amendment request.

### **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 renewal request 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](mailto:jennifer.hoque@cancer.org).

Sincerely,



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

---

<sup>1</sup> 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.

<sup>2</sup> 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.