



March 15, 2024

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

Re: Bridges to Success: Keystones of Health for Pennsylvania Medicaid Section 1115 Demonstration Application

Dear Administrator Brooks-LaSure:

The American Cancer Society Cancer Action Network (ACS CAN) appreciates the opportunity to comment on the Pennsylvania Department of Human Service's application for a 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 application and urges the Centers for Medicare and Medicaid Services (CMS) to approve it for the reasons detailed below.

Providing Continuous Coverage to Children

Pennsylvania is requesting new authority to provide continuous Medicaid coverage for children from birth, or when the child first receives Medicaid, through the last day of the month in which they turn 6 years of age.

ACS CAN strongly supports this proposal. As the proposal notes, providing continuous eligibility as proposed will minimize coverage or access to care disruptions for the indicated population of children and remove administrative hassle for the state. It will also 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

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>

to have advanced stage and worse survival than patients without disruptions.² Mostly 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,³ and poorer survival.⁴

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.⁵ We urge CMS to approve this proposal.

Improving Transitions to the Community for Beneficiaries Reentering Society from Correctional Facilities

Pennsylvania requests new authority to provide transition services to individuals preparing for or already released from a correctional facility aimed to ease their reentry into the community. Services include Medicaid coverage and limited benefits 90 days prior to release, and reentry supports once released to include case management services, a 30-day supply of all prescription medications upon release, and housing and tenancy supports for up to 6 months.

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.⁶ A recent study showed that individuals with incarceration history were more likely to be uninsured and to experience longer periods of uninsurance.⁷ 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.⁸ 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 CMS to approve this proposal.

Providing Housing Supports

Pennsylvania requests to add new Medicaid services to help beneficiaries without stable housing find and keep a place to live, focusing on enrollees with behavioral health issues and chronic conditions where health outcomes are greatly impacted by improved consistency of care and medication access. Planned housing

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, 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 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>.

⁴ 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>

⁵ 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/health/2022/health-insurance-coverage-status-and-type-by-geography-2019-and-2021)

⁶ 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.

⁷ 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>.

⁸ 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.

supports include pre-tenancy and transition navigation and case management, one-time transition start-up services (like moving costs, initial furnishings), rental subsidies for up to 6 months, and tenancy sustaining services.

ACS CAN supports demonstration projects that use Medicaid funds to reduce housing insecurity and homelessness as part of efforts to address health-related social needs among Medicaid enrollees. Housing insecurity is associated with individuals lacking a usual source of health care.⁹ More directly, an individual who is insecure regarding their housing is less likely to be up-to-date on their cancer screenings,^{10,11} and, for people with cancer, less likely to receive timely treatment¹² and less likely to survive their cancer.¹³ Research from the American Cancer Society shows how differences in social determinants of health—including housing—are associated with profound inequities in cancer incidence, care delivery, and patient outcomes, including stark disparities in survival.¹⁴

A cancer diagnosis and its management can also increase housing insecurity. The financial toxicity of cancer treatment is well documented. Medical and nonmedical financial hardships associated with cancer can negatively impact housing insecurity,¹⁵ including having to refinance homes, risking foreclosure or eviction to afford medical treatment, and moving in with family or friends to save money.¹⁶ These issues can be compounded for low-income households, without a financial cushion to absorb even small, unexpected expenses or income declines.^{17,18} Cancer survivors with minor children may be particularly vulnerable to financial hardship, including parental worries about housing costs (35.7% of families with children and parental history of cancer vs. 30.7% of families with children and no parental cancer history worry about housing costs).¹⁹

ACS CAN supports Pennsylvania's proposal to provide housing supports to certain Medicaid enrollees, and encourages CMS to approve this provision.

⁹ Martin P, Liaw W, Bazemore A, Jetty A, Petterson S, Kushel M. Adults with housing insecurity have worse access to primary and preventive care. *J Am Board Fam Med.* 2019;32(4):521-530. doi:10.3122/jabfm.2019.04.180374.

¹⁰ Asgary R, Garland V, Sckell B. Breast cancer screening among homeless women of New York City shelter-based clinics. *Womens Health Issues.* 2014;24(5):529-534. doi:10.1016/j.whi.2014.06.002.

¹¹ Asgary R, Garland V, Jakubowski A, Sckell B. Colorectal cancer screening among the homeless population of New York City shelter-based clinics. *Am J Public Health.* 2014;104(7):1307-1313. doi:10.2105/AJPH.2013.301792.

¹² Costas-Muniz R, Leng J, Aragonés A, et al. Association of socioeconomic and practical unmet needs with self-reported nonadherence to cancer treatment appointments in low-income Latino and Black cancer patients. *Ethn Health.* 2016;21(2):118-128. doi:10.1080/13557858.2015.1034658.

¹³ Banegas MP, Dickerson JF, Zheng Z, Murphy C, Tucker-Seeley R, Yabroff KR. Assessing the influence of social risks on health and health care outcomes among patients with cancer. *American Public Health Association 2021 Annual Meeting & Expo; October 24-27, 2021; Denver, CO. Abstract nr 493838.*

¹⁴ Bona, K., & Keating, N. (2022). Addressing Social Determinants of Health: Now Is the Time. *JNCI: Journal of the National Cancer Institute*, Volume 114, Issue 12, December 2022, Pages 1561–1563, <https://doi.org/10.1093/jnci/djac137>

¹⁵ Abrams HR, Durbin S, Huang CX, et al. Financial toxicity in cancer care: origins, impact, and solutions. *Transl Behav Med.* 2021;11(11):2043-2054. doi:10.1093/tbm/ibab091.

¹⁶ Carroll A, Corman H, Curtis MA, Noonan K, Reichman NE. Housing instability and children's health insurance gaps. *Acad Pediatr.* 2017;17(7):732-738. doi:10.1016/j.acap.2017.02.007.

¹⁷ Keene DE, Lynch JF, Baker AC. Fragile health and fragile wealth: mortgage strain among African American homeowners. *Soc Sci Med.* 2014;118(C):119-126. doi:10.1016/j.socscimed.2014.07.063.

¹⁸ Houle JN, Keene DE. Getting sick and falling behind: health and the risk of mortgage default and home foreclosure. *J Epidemiol Community Health.* 2015;69(4):382-387. doi:10.1136/jech-2014-204637.

¹⁹ Zheng Z, Han X, Zhao J, Fan Q, Yabroff KR. Parental Cancer History and Its Association With Minor Children's Unmet Food, Housing, and Transportation Economic Needs. *JAMA Netw Open.* 2023 Jun 1;6(6):e2319359. doi: 10.1001/jamanetworkopen.2023.19359. PMID: 37347484; PMCID: PMC10288335.

Providing Food and Nutrition Services

Pennsylvania proposes to provide food and nutrition services to specific Medicaid populations facing food insecurity, including pregnant beneficiaries and beneficiaries with diet-sensitive conditions. Services would include direct food support such as medically tailored meals or groceries with a goal of also connecting eligible beneficiaries to long-term food assistance, like the Supplemental Nutrition Assistance Program (SNAP).

ACS CAN supports demonstration projects that advance health equity by addressing food and nutrition insecurity by improving access to nutritious food. Specifically, we support increasing access to tailored food-based nutrition interventions, including produce prescriptions, medically tailored groceries and medically tailored meals, that are specifically linked to the health care system and intended to prevent, treat, or manage chronic diseases and often address food and nutrition insecurity, and what we define as “food is medicine” initiatives. We also encourage providing nutrition education, such as cooking classes or a referral for a dietitian, as part of the intervention to support the patient’s nutritional needs.

Access to, affordability of, and consumption of nutritious food is a social determinant of health and an immediate social need that plays an important role in addressing health disparities. Research has found that food insecurity can be associated with poor diet quality, obesity, and reduced fruit and vegetable intake.²⁰ Fruit and vegetables are complex foods, containing vitamins, minerals, fiber, and other substances that may both help prevent cancer and improve cancer outcomes.²¹ However, evidence consistently shows that individual factors – like race, ethnicity, health insurance status, income, and where a person lives – strongly impact regular access to healthy food. For instance, living in a rural area, living in a community without stores that offer healthy foods, being American Indian or Alaska Native or Black, having limited income and limited education have all been shown to be independently associated with poor diet quality.²²

A cancer diagnosis is associated with substantial economic burden among cancer survivors and their families. Some families must make sacrifices that adversely affect their access to nutritious foods, including fruits and vegetables, 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 experience this food insecurity.²³ Cancer survivors who are Hispanic,²⁴ uninsured,²⁵ and/or identify as LGBTQ+²⁶ are also more likely to experience food insecurity. Cancer survivors with minor children

²⁰ Morales ME, Berkowitz SA. The Relationship between Food Insecurity, Dietary Patterns, and Obesity. *Curr Nutr Rep.* 2016 Mar;5(1):54-60. doi: 10.1007/s13668-016-0153-y. Epub 2016 Jan 25. PMID: 29955440; PMCID: PMC6019322.

²¹ Rock, CL, Thomson, CA, Sullivan, KR, Howe, CL, Kushi, LH, Caan, BJ, Neuhauser, ML, Bandera, EV, Wang, Y, Robien, K, Basen-Engquist, KM, Brown, JC, Courneya, KS, Crane, TE, Garcia, DO, Grant, BL, Hamilton, KK, Hartman, SJ, Kenfield, SA, Martinez, ME, Meyerhardt, JA, Nekhlyudov, L, Overholser, L, Patel, AV, Pinto, BM, Platek, ME, Rees-Punia, E, Spees, CK, Gapstur, SM, McCullough, ML. American Cancer Society nutrition and physical activity guideline for cancer survivors. *CA Cancer J Clin.* 2022. <https://doi.org/10.3322/caac.21719>.

²² McCullough ML, Chantaprasopsuk S, Islami F, Rees-Punia E, Um CY, Wang Y, Leach CR, Sullivan KR, Patel AV. Association of Socioeconomic and Geographic Factors With Diet Quality in US Adults. *JAMA Netw Open.* 2022 Jun 1;5(6):e2216406. doi: 10.1001/jamanetworkopen.2022.16406. PMID: 35679041; PMCID: PMC9185183.

²³ 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

²⁴ 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>

²⁵ 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>

²⁶ 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>

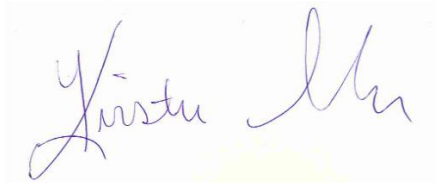
also may be particularly vulnerable to financial hardship, even years after diagnosis. A 2022 study showed that children of cancer survivors were more likely to live in families that experience shortages in basic economic needs, including the inability to afford balanced meals (16.9% of children of cancer survivors vs. 13.3% of children without a parental cancer history).²⁷

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.²⁸ Studies have shown the value of these initiatives for cancer patients and their families, including as part of palliative care,²⁹ 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.³⁰ ACS CAN supports this provision and encourages CMS to approve it.

Conclusion

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

Sincerely,



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

²⁷ [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)

²⁸ 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.

²⁹ 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 (HDMM) 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.

³⁰ 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>.