



August 8, 2025

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

Re: Utah Community Engagement Amendment

Dear Administrator Oz:

The American Cancer Society Cancer Action Network (ACS CAN) appreciates the opportunity to comment on the Utah Section 1115 Demonstration Amendment submitted on July 3, 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 Utah's proposal to implement work requirements in its Medicaid program, and we urge CMS to reject the amendment request.

Utah proposes to impose work reporting requirements on Adult Expansion Medicaid (AEM) members. Non-exempt enrollees would be required to complete four activities: register for work, complete employment training assessments, finish relevant job training modules, and apply to at least 48 potential employers within a three-month period. Non-compliant members would face a three-month eligibility suspension and potentially loss of eligibility until the end of their eligibility period. If approved, the state plans to implement this policy as soon as possible after approval, following at least six months of operational readiness preparation.

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.^{1,2,3,4,5} 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.^{6,7} Recent cancer survivors often require frequent follow-up visits⁸ and suffer from multiple comorbidities linked to their cancer treatments.^{9,10} 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.^{11,12,13,14,15}

If 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 Utah'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.

For individuals who are not working at least 30 hours per week or meeting one of the listed exemptions, the demonstration would require community engagement in the form of registering for work, completing an evaluation, finishing job training modules and applying to 48 potential employers within three months. This requirement is an unrealistic expectation for enrollees, who may struggle to meet these requirements due to other factors, such as limited transportation, caregiving responsibilities, or as a result of a medical condition. For example, someone may become unable to work 30 hours per week because they are experiencing cancer symptoms and pursuing a diagnosis. They would not yet be diagnosed, but would also be very challenged to complete all of these requirements to keep their health coverage – which they desperately need to diagnosis and treat their cancer.

Utah'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 requirements, it will suspend coverage for three months, after which they will lose eligibility until their certification period ends. The state projects that 3,948 individuals could lose coverage due to these requirements.

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. For cancer patients who are mid-treatment, a loss of health care coverage could seriously jeopardize their chance of survival. The loss of coverage can be devastating to cancer patients and their families. 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,¹⁶ and poorer survival.¹⁷

Exemptions to work requirements don't provide enough protection.

We acknowledge that the state has included exemption criteria in its proposal, but it is very likely that the criteria will not capture all individuals who have cancer, have a history of cancer, or need cancer screenings. While the demonstration has an exemption for individuals who are 'physically or mentally unable to meet the requirements,' the state does not clearly define what that means. 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 ongoing health needs. Exemption processes inherently create greater opportunities for administrative error and risk disenrolling vulnerable populations from coverage.

The proposed process for compliance verification, including tracking job applications, monitoring exemption status, and handling appeals, is not clearly outlined in the demonstration. Additional processes to determine patient eligibility and participation in program requirements inherently create opportunities for administrative errors that jeopardize access to care. 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 21% of enrollees in Utah were automatically re-enrolled, demonstrating the significant gaps in existing data and the increased administrative burden many people will face.¹⁸ The proposal fails to address how data will be integrated across Medicaid and workforce

systems to ensure accuracy. Furthermore, the waiver is unclear on how individuals will be able to demonstrate compliance or address inaccuracies if data sources fail to verify their eligibility.

Work requirements would likely further decrease the number of individuals with Medicaid coverage, regardless of whether they are or should be exempt.^{19,20} 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.²¹ 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.²²

Work requirements are costly to implement.

Lastly, ACS CAN is concerned by the cost to implement this waiver. There will likely be large administrative costs to the state given the complexity of tracking work activities, building a data-sharing infrastructure across programs, and having a system in place to identify and track exemptions. For example, a GAO study of work reporting requirements estimated that the administrative costs could be up to \$272 million.²³ In Georgia, the state spent over \$86 million within a year of implementing the Georgia Pathways to Coverage Program,²⁴ despite the low enrollment, and it is estimated that 90% of this was for administrative and consulting costs.²⁵ Furthermore, the aforementioned changes in coverage status are likely to lead to increased churn, placing greater administrative burden on Utah's Medicaid program. The administrative cost of churn is estimated to be between \$400 and \$600 per person.²⁶ Utah's Medicaid program is unprepared for the cost and administrative disruption of the proposed requirements.

Conclusion

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.²⁷ 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).²⁸ 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.²⁹ Terminating individuals' Medicaid coverage for non-compliance with these requirements will hurt rather than help Utahns search for and obtain employment.

Finally, Utah's proposal does not align with the work reporting requirements specified by Public Law 119-21, and the Secretary does not have the authority to waive these specifications. States may only use Section 1115 demonstrations to enact work reporting requirements earlier than 2027 if those demonstrations comply with the provisions of the law. If the state wants to implement work reporting requirements before the statutory effective date of January 1, 2027, the Secretary should require that the state revise its amendment to comply with P.L. 119-21 and seek comment on the revised application at the state level (consistent with 42 C.F.R. 431.408) prior to resubmitting to CMS. However, even if Utah does go through this process, the issues outlined above related to coverage losses, confusion for enrollees, administrative burden to patients and the state, and implementation costs will only be exacerbated if Utah rushes implementation and has to change key details of its work reporting requirements program as CMS releases guidance on implementation of P.L. 119-21.

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 the state to withdraw it. 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

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