



April 7, 2025

The Honorable Robert F. Kennedy  
Secretary  
U.S. Department of Health and Human Services  
200 Independence Ave, SW  
Washington, DC 20201

**Re: Ohio 1115 Waiver Demonstration**

Dear Secretary Kennedy:

The American Cancer Society Cancer Action Network (ACS CAN) appreciates the opportunity to comment on the Ohio Department of Health and Human Services' Group VIII 1115 Demonstration Waiver Request submitted on February 28, 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 Ohio's proposal to implement work requirements in its Medicaid program, and we urge the Centers for Medicare and Medicaid Services (CMS) to reject this waiver.**

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.<sup>1,2,3,4,5</sup> 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.<sup>6,7</sup> Recent cancer survivors often require frequent follow-up visits<sup>8</sup> and suffer from multiple comorbidities linked to their cancer treatments.<sup>9,10</sup> 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.<sup>11,12,13,14,15</sup>

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 Ohio'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.

We appreciate the State's proposal including an exemption for individuals with a serious physical or mental health condition – but this exemption will not cover everyone impacted by cancer, and will not be as simple to administer as the proposal assumes. The state intends to rely on data matching to determine eligibility for exemptions or compliance with the work requirement, but 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 47% of enrollees in Ohio were automatically re-enrolled, demonstrating the significant gaps in data matching and the increased administrative burden many people will face.<sup>16</sup> Furthermore, the proposal does not specify how individuals can demonstrate compliance or address inaccuracies when data sources fail to verify their eligibility.

Furthermore, the program's proposed exemptions still do not go far enough to protect vulnerable individuals, including recent cancer survivors and others living with debilitating side effects as a result of their cancer treatment.<sup>17,18</sup> The proposal does not clearly define what qualifies as "intensive physical health care needs or serious mental illness" and fails to account for individuals with chronic conditions who have some capacity to work but may still face substantial health challenges. 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.

In response to comments calling for clarification of eligibility requirements, the state notes "The Special Terms and Conditions of an approved waiver would further define details of waiver components, including eligibility requirements." These are details that will determine coverage losses or other impacts of the work requirement – crucial details that the public must have to adequately provide public comment, and that CMS must have in order to determine the correct action to take on this waiver request. CMS should require the state to provide these details and open another public comment period on the request.

Work requirements would likely further decrease the number of individuals with Medicaid coverage, regardless of whether they are or should be exempt.<sup>19,20</sup> 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.<sup>21</sup> 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.<sup>22</sup>

Ohio estimates that approximately 61,826 currently eligible enrollees may lose eligibility under this policy change,<sup>23</sup> as well as many otherwise eligible individuals being denied coverage when applying in the future. This policy contradicts the goals of the Medicaid program and jeopardizes access to care for thousands of Ohioans.

Lastly, ACS CAN is concerned by the cost of this waiver's implementation. A similar work reporting requirements proposal in Michigan had estimated administrative costs between \$17.5 million and \$70 million.<sup>24</sup> In Georgia, over \$26 million has been spent within a year of implementing the Georgia Pathways to Coverage Program, despite the low enrollment, and it is estimated that 90% of this was for administrative and consulting costs.<sup>25</sup> Perhaps anticipating these high costs, the Ohio requests federal matching funds for third-party verification vendors to implement a large piece of this work requirement. Federal and state Medicaid dollars should support healthcare coverage, not fund extraneous and unnecessary processes designed to terminate coverage. The funding should focus on maintaining coverage and addressing barriers to eligibility, ensuring equitable access to healthcare for all eligible individuals. This request for federal matching funds is inappropriate and should be denied.

## **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 it.

Please note we have included numerous citations to supporting research, including direct links to the research, below. We direct HHS to each of the materials we have cited and made available through active links, and we request that the full text of each of the studies and articles cited, along with the full text of our comment, be considered part of the formal administrative record for purposes of the Administrative Procedure Act.

If you have any questions, please feel free to contact Jennifer Hoque at [jennifer.hoque@cancer.org](mailto:jennifer.hoque@cancer.org)

Sincerely,

A handwritten signature in blue ink, appearing to read "Kirsten Sloan", is placed over a yellow rectangular background.

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

---

<sup>1</sup> Blinder VS, Gany FM. Impact of Cancer on Employment. *J Clin Oncol*. 2020;38(4):302-309. doi:10.1200/JCO.19.01856.

<sup>2</sup> 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.

<sup>3</sup> 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.

<sup>4</sup> 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.

<sup>5</sup> 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.

<sup>6</sup> 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.

<sup>7</sup> Short PF, Vasey JJ, Tunceli K. Employment pathways in a large cohort of adult cancer survivors. *Cancer*. 2005 Mar 15; 103(6):1292-301.

<sup>8</sup> 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>.

<sup>9</sup> 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.

<sup>10</sup> 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.

<sup>11</sup> Blinder VS, Gany FM. Impact of Cancer on Employment. *J Clin Oncol*. 2020;38(4):302-309. doi:10.1200/JCO.19.01856

<sup>12</sup> 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

<sup>13</sup> 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

<sup>14</sup> 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

<sup>15</sup> 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.

<sup>16</sup> “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/>

<sup>17</sup> 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.

<sup>18</sup> 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.

<sup>19</sup> 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>.

<sup>20</sup> Sommers BD, Goldman AL, Blendon RJ, et al. Medicaid work requirements – Results from the first year in Arkansas. *NEJM*. 2019. DOI: 10.1056/NEJMs1901772.

<sup>21</sup> 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](http://d31hzhk6di2h5.cloudfront.net/20190115/88/f6/04/2d/3480592f7fbd6c891d9bacb6/011519_AWReport.pdf)

<sup>22</sup> 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/>

<sup>23</sup> Ohio Department of Medicaid. Group VIII 1115 Demonstration Waiver. [Ohio Department of Medicaid](#)

<sup>24</sup> Healthy Michigan Plan Work Requirements and Premium Payment Requirements. Michigan House Fiscal Agency. June 6, 2018. Available at: <https://www.legislature.mi.gov/documents/2017-2018/billanalysis/House/pdf/2017-HLA-0897-5CEEF80A.pdf>

<sup>25</sup> Miller, Andy and Rayasam, Renuka. “Georgia’s Medicaid Work Requirements Costing Taxpayers Millions Despite Low Enrollment,” KFF Health News. March 20, 2024. Available at: <https://kffhealthnews.org/news/article/georgia-medicaid-work-requirements-experiment-high-cost-low-enrollment/>