

# The American Cancer Society Cancer Action Network (ACS CAN) calls on Congress to reject proposed cuts to Medicaid.

The projected savings from these cuts will be paid for on the back of individuals who often have no other option for affordable health insurance, including those with cancer. The result will be devastating – lives will be lost, and state economies will suffer greatly.

## Reject work requirements

**92% of working age people with Medicaid coverage already work** or are students, caregivers, or unable to work due to illness.<sup>1</sup>

**Work requirements create waste.** They add a huge burden of tracking, recording and paperwork. In the Georgia Pathways to Coverage program, 90% of funding is spent on administrative expenses, including work requirement verification, cutting into funding that could be used toward patient care.<sup>2</sup>

**Work requirements result in people inappropriately losing coverage** or not gaining coverage they actually qualify for because of paperwork mistakes or red tape.<sup>3</sup> People with cancer or cancer survivors could have trouble navigating the process to prove they are working or deserve an exemption.

**Work requirements will make it harder for people to get and stay healthy enough to work.** In order to work, you have to be healthy enough to show up. Punishing people fighting cancer and other serious chronic diseases, gig workers and freelancers, caregivers, and people who get laid off – by terminating their health care and taking away their ability to prevent cancer and catch it early – will only make them sicker and less able to work and will do nothing to lower the cost of health care.

## Reject more frequent eligibility checks

**Checking eligibility more frequently will increase the amount of churn** – people being disenrolled and re-enrolled in coverage over missing paperwork – which has proven to worsen cancer outcomes.<sup>5,6</sup> It will also increase government bureaucracy and costs to states by, once again, dropping people from coverage who qualify but cannot navigate that bureaucracy.

## Reject cost sharing

**Imposing cost sharing on very low-income individuals will severely limit access to care** and force working families to choose between health care and other bills.<sup>4</sup> Cost sharing on services like prescription drugs, doctor's visits, diagnostic tests, chemotherapy and radiation treatments will limit access to timely cancer diagnosis and treatment for many people.

**Families have enough bills to pay.** This proposal would increase their health care costs and would result in delayed care.

**Cost sharing will be very costly and difficult for states to implement,** in some cases requiring states to put new systems in place. States and providers will have to spend money and staff resources to charge copays to people who cannot afford them.

## Reject reductions to retroactive coverage

**Retroactive coverage helps prevent people with Medicaid from drowning in medical debt, including those who gain coverage after a catastrophic cancer diagnosis.**<sup>7</sup> Reducing retroactive eligibility from three months to one month will result in more people who are unable to afford care and forgo care due to cost, which could cause significant disruptions in treatment for people battling cancer. It will also hurt hospitals by reducing the amount of care they are able to get reimbursed.<sup>8</sup> Financial threats like this could lead to hospitals closing – leaving patients with less access to care, especially in rural areas.



- 1 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/>
- 2 Musumeci, M., Leiser, E., & Douglas, M. (2024, September 11). Few Georgians are enrolled in the state's Medicaid work requirement program. The Commonwealth Fund. Retrieved from <https://www.commonwealthfund.org/blog/2024/few-georgians-are-enrolled-states-medicaid-work-requirement-program>
- 3 Rayasam, Renuka and Whitehead, Sam. KFF Health News. The First Year of Georgia's Medicaid Work Requirement is Mired in Red Tape. September 13, 2024. <https://kffhealthnews.org/news/article/georgia-medicaid-work-requirement-red-tape/>
- 4 Solanki G, Schauffler HH, Miller LS. The direct and indirect effects of cost-sharing on the use of preventive services. *Health Services Research*. 2000; 34: 1331-50.
- 5 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>
- 6 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>
- 7 Harris Meyer, New Medicaid Barrier: Waivers ending retrospective eligibility shift costs to providers, patients, Modern Healthcare (Feb. 9, 2019), [modernhealthcare.com/article/20190209/NEWS/190209936/new-medicaid-barrier-waiversending-retrospective-eligibility-shift-costs-to-providers-patients](https://www.modernhealthcare.com/article/20190209/NEWS/190209936/new-medicaid-barrier-waiversending-retrospective-eligibility-shift-costs-to-providers-patients)
- 8 Virgil Dickson, Ohio Medicaid Waiver Could Cost Hospitals \$2.5 Billion, Modern Healthcare (Apr. 22, 2016), <http://www.modernhealthcare.com/article/20160422/NEWS/160429965>