

Medicaid Work or Community Engagement Requirements Could Harm People with Cancer and Cancer Survivors

Medicaid is a joint federal-state program that provides comprehensive health coverage for certain individuals, including those with limited incomes and disabilities. Most adults enrolled in Medicaid work: a 2021 population survey showed that 61% of adult Medicaid enrollees (15.2 million) were working full-or part-time – and another 30% were not working due to caregiving responsibilities, illness or disability, or school attendance.¹

Despite these facts, some policymakers support conditioning Medicaid enrollment on working or volunteering a certain number of hours per week. While these proposals often include exemptions for people with cancer, qualifying for and maintaining an exemption can be confusing and onerous; and exemptions often do not cover all situations in which an enrollee is impacted by cancer.

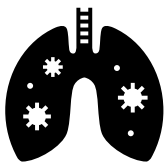
The American Cancer Society Cancer Action Network (ACS CAN) strongly opposes any attempt by the federal government or states to condition Medicaid coverage on work or community engagement because:



People impacted by cancer could be locked out of coverage.

In 2021, almost 15% of working-age Americans with a history cancer relied on Medicaid for their health care.² Many of these individuals impacted by cancer are physically unable to hold a job or engage in a job search – and while some may be exempt from work requirements, the administrative complexity of constantly reporting work or health status could still lead to them being locked out of coverage.

A 2018 analysis suggests that if all states were to implement Medicaid work requirements, between 1.4 and 4.0 million Medicaid adults could lose coverage, with the majority of disenrollment occurring among individuals who comply with the requirements (i.e., are working enough hours to satisfy requirements) and remain eligible but lose coverage due to new administrative reporting burdens or red tape.³



People who need cancer screenings could be locked out of coverage.

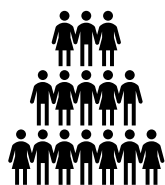
Many individuals who fail to meet a work requirement and are locked out of coverage will become uninsured – and most of these individuals will likely need cancer screenings or preventive services. American Cancer Society research shows that individuals without health insurance are diagnosed with cancer at later stages when the disease is more expensive to treat, and survival is less likely.



Work requirements are already a failed experiment.

Most adults enrolled in Medicaid already work (61%), or have caregiving responsibilities, school, or serious illness/disabilities that legitimately prevent them from working (30%)⁴ – so work requirements are not likely to increase employment or punish individuals who are deliberately ‘gaming the system.’

Only one state – Arkansas – has fully implemented a Medicaid work requirement, from June 2018 to March 2019. Evidence shows that about 25% of those subject to the requirement lost coverage in 2018. Research indicates that enrollees in Arkansas were unaware of or confused by the new work and reporting requirements, and they did not provide an additional incentive to work.⁵ After legal challenges and high administrative costs, the state opted to stop their work requirements. Several courts have ruled that Medicaid work requirements are unlawful because they decrease access to Medicaid coverage.



Access to Medicaid should be expanded, not limited.

Research consistently shows that expanding access to Medicaid increases insurance coverage rates among cancer patients and survivors, increases in early-stage cancer diagnoses, access to timely cancer treatment, and receipt of cancer screenings and preventive services.⁶ For example, a recent study showed that Medicaid expansion was associated with an increase in survival from cancer at 2 years post diagnosis, and the increase was most prominent among non-Hispanic Blacks in rural areas, highlighting how expanding Medicaid can reduce health disparities.⁷

ACS CAN is a leader in advocating for Medicaid expansion in the 11 states that have failed to expand this coverage. We also strongly support other policies that make it easier for eligible individuals to become aware of Medicaid, apply for it, and maintain their coverage.

As our country continues to be deeply impacted by the Covid-19 public health emergency, a challenging labor market, and record inflation, now is the time to expand Medicaid – not limit it with work requirements.

References:

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- ¹ Kaiser Family Foundation. Understanding the Intersection of Medicaid & Work: A Look at What the Data Say. April 24, 2023. <https://www.kff.org/medicaid/issue-brief/understanding-the-intersection-of-medicaid-work-a-look-at-what-the-data-say/>.
- ² 2021 National Health Interview Survey data. Analysis performed by American Cancer Society Health Research Services, December 2022.
- ³ Kaiser Family Foundation. Implications of a Medicaid Work Requirement: National Estimates of Potential Coverage Losses. June 27, 2018. <https://www.kff.org/medicaid/issue-brief/implications-of-a-medicaid-work-requirement-national-estimates-of-potential-coverage-losses/>
- ⁴ Kaiser Family Foundation, 2023. *Ibid*.
- ⁵ Sommers, Benjamin, et al. Medicaid Work Requirements in Arkansas: Two-Year Impacts on Coverage, Employment, and Affordability of Care. *Health Affairs*. 2020 Sep;39(9):1522-1530. doi: 10.1377/hlthaff.2020.00538
- ⁶ Building on the Evidence Base: Studies on the Effects of Medicaid Expansion, February 2020 to March 2021. Published May 6, 2021. <https://www.kff.org/report-section/building-on-the-evidence-base-studies-on-the-effects-of-medicaid-expansion-february-2020-to-march-2021-report/>
- ⁷ Han, Xuesong, et al. Association Between Medicaid Expansion Under the Affordable Care Act and Survival Among Newly Diagnosed Cancer Patients. *Journal of the National Cancer Institute*. 2022 Aug 8;114(8):1176-1185. doi: 10.1093/jnci/djac077.