



American Cancer Society Cancer Action Network (ACS CAN) Statement for the Record

House Budget Committee

Consideration of Concurrent Resolution on the Budget for Fiscal Year 2025

February 13, 2025

The American Cancer Society Cancer Action (ACS CAN) advocates for evidence-based public policies to reduce the cancer burden for everyone. As the American Cancer Society’s nonprofit, nonpartisan advocacy affiliate, ACS CAN is making cancer a top priority for public officials and candidates at the federal, state, and local levels. By engaging advocates across the country to make their voices heard, ACS CAN influences legislative and regulatory solutions that will end cancer as we know it. As the House Budget Committee deliberates on the Concurrent Budget Resolution for FY 2025, we urge the committee to make cancer a top national priority by keeping cancer patients and survivors and those who are at risk of developing cancer at the core of every health policy decision.

Cancer is a non-partisan issue. Most Americans know someone – a friend, family member or coworker who has received a cancer diagnosis. Having comprehensive and affordable health insurance coverage is a key determinant for surviving the disease. Research from the American Cancer Society 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.¹ This not only impacts the more than two million Americans who will be diagnosed with cancer this year, but also the more than 18 million Americans living today who have a history of cancer.² Public policies that make health coverage more affordable are vital to ensuring people receive the cancer care they need.

Protect Medicaid

Medicaid is the critical state–federal health insurance program that serves millions of the most economically vulnerable Americans – including over 37 million children – many undergoing cancer treatment and cancer survivors. In fact, in 2023, 10% of adults in America with a history of cancer

¹ Zhao, J., Han, X., Nogueira, L., Fedewa, S.A., Jemal, A., Halpern, M.T. and Yabroff, K.R. (2022), Health insurance status and cancer stage at diagnosis and survival in the United States. *CA A Cancer J Clin.* <https://doi.org/10.3322/caac.21732>.

² American Cancer Society. *Cancer Facts & Figures 2025*. Atlanta: American Cancer Society; 2025.



relied on Medicaid for their health care³– and this rate is double (20%) among those with a history of cancer in rural areas.⁴ One-in-three childhood cancer patients rely on the program to access essential treatments.⁵

ACS CAN opposes cuts that sever the lifeline Medicaid provides for cancer patients and those at risk for cancer. It is imperative for cancer patients and millions more at risk that this valuable health insurance program be protected. For decades, ACS CAN has advocated in support of Medicaid and will continue to advocate at the federal and state levels in support of Medicaid expansion and against policies that jeopardize individuals’ access to life-saving health insurance coverage.

Increasing access to Medicaid has proven to improve cancer outcomes in many ways:

- **Cancer Screenings:** Low-income people who have access to Medicaid services have a higher uptake of cancer screenings and preventive services so that cancer is caught earlier when it is easier to treat, and cancer risk factors and comorbidities can be better managed.⁶ For example, after Kentucky expanded Medicaid, fewer breast cancer patients were uninsured, and more breast cancers were caught in early stages (I and II).⁷
- **Cancer Treatments:** Having access to Medicaid has been shown to increase the likelihood that cancer patients receive timely treatment according to guidelines. Medicaid expansion was associated with an increase in the 2-year survival rate for patients with HR-negative, HER2-positive breast cancer, an aggressive cancer type for which prognosis largely depends on access to effective treatment.⁸
- **Cancer Survival:** Having access to Medicaid has been shown to improve cancer survival rates and reduce cancer mortality. Medicaid expansion was associated with an increase in survival from cancer at 2 years post diagnosis, and the increase was most prominent

³ 2023 National Health Interview Survey data. Analysis performed by American Cancer Society Health Research Services, December 2024 – 10% of adults with a history of cancer have Medicaid.

⁴ ACS CAN. The Costs of Cancer in Rural Communities. 2022. The Costs of Cancer in Rural Communities

⁵ Analysis provided to ACS CAN by Avalere Health. Funding for Medicaid patients with cancer under BCRA Discussion Draft. Analysis performed June 2017.

⁶ Fedewa SA, Yabroff KR, Smith RA, Goding Sauer A, Han X, Jemal A. Changes in Breast and Colorectal Cancer Screening After Medicaid Expansion Under the Affordable Care Act. *Am J Prev Med.* 2019 Jul;57(1):3-12. doi: 10.1016/j.amepre.2019.02.015. Epub 2019 May 22. PMID: 31128952.

⁷ Ajkay N, Bhutiani N, Huang B, Chen Q, Howard JD, Tucker TC, Scoggins CR, McMasters KM, Polk HC, Early Impact of Medicaid Expansion and Quality of Breast Cancer Care in Kentucky, *J Am Coll Sur.* 2018; 226(4): 498-504. doi.org/10.1016/j.jamcollsurg.2017.12.041.

⁸ Shi KS, Ji X, Jiang C, Ruddy KJ, Castellino SM, Yabroff KR, Han X. Association of Medicaid Expansion With Timely Receive of Treatment and Survival Among Patients With HR-Negative, HER2-Positive Breast Cancer. *J Natl Compr Canc Netw* 2024;22(9):593-599. doi:10.6004/jnccn.2024.7041.

among non-Hispanic Blacks in rural areas, highlighting how expanding Medicaid can reduce health disparities.⁹



As the Budget Committee considers instructions to the Energy and Commerce Committee to enact policies that result in savings of at least \$880 billion over ten years, we are concerned that such cuts could harm access to the Medicaid program.

Reductions in federal payment rates, block grants or caps in federal spending would mean states would have to pay a greater share of program funding from their already tight budgets or make cuts to Medicaid. Faced with funding shortfalls, states would likely cap overall enrollment, cut coverage for people in certain eligibility groups (including those with cancer), increase cost sharing, and/or reduce health benefits.

Similarly, imposing a work requirement would harm access to Medicaid. Most adults enrolled in Medicaid already work. In 2021, 42% of adult Medicaid enrollees aged 19–64 were employed full-time, working an average of 34 hours per week. Another 23% were not working due to caregiving responsibilities, illness or disability or school attendance.¹⁰ Evidence shows that work requirements add a huge burden of tracking, record keeping and paperwork to Medicaid offices and enrollees – and result in people inappropriately losing their Medicaid coverage. For example, when Arkansas implemented a Medicaid work requirement in 2018, evidence shows that about 25% of those subject to the requirement lost coverage.¹¹ Enrollees in Arkansas were unaware of or confused by the new requirements, and research showed they did not provide an additional incentive to work. After legal challenges and high administrative costs, the state opted to stop their work requirements.

Enact Policies to Extend the Enhanced ACA Tax Credits

The Affordable Care Act (ACA) established state marketplaces where individuals could purchase comprehensive health insurance, and which provide tax credits for low- and moderate-income individuals to purchase this coverage. As part of the American Rescue Plan Act in 2021 and subsequently through the Inflation Reduction Act of 2022, Congress extended these tax credits. Enhanced ACA tax credits have directly lowered premiums and made coverage possible for millions of low- and moderate-income individuals and families.

⁹ Han X, Zhao J, Yabroff KR, Johnson CJ, Jemal A. Association Between Medicaid Expansion Under the Affordable Care Act and Survival Among Newly Diagnosed Cancer Patients. *J Natl Cancer Inst.* 2022 Aug 8;114(8):1176-1185. doi: 10.1093/jnci/djac077. PMID: 35583373; PMCID: PMC9360456.

¹⁰ Lee A, Ruhter J, Peters C, De Lew N, Sommers BD. Medicaid Enrollees Who are Employed: Implications for Unwinding the Medicaid Continuous Enrollment Provision: Issue Brief [Internet]. Washington (DC): Office of the Assistant Secretary for Planning and Evaluation (ASPE); 2023 Apr. Report No.: HP-2023-11. PMID: 38913815.

¹¹ Sommers BD, Chen L, Blendon RJ, Orav EJ, Epstein AM. Medicaid Work Requirements In Arkansas: Two-Year Impacts On Coverage, Employment, And Affordability Of Care. *Health Aff (Millwood).* 2020 Sep;39(9):1522-1530. doi: 10.1377/hlthaff.2020.00538. PMID: 32897784; PMCID: PMC7497731.



These enhanced ACA tax credits contributed to a record 24 million Americans choosing to enroll in Marketplace coverage in 2024.¹² Marketplace enrollment for 2025 is on track to exceed 2024 enrollment.¹³ The enhanced tax credits allow more people to purchase comprehensive health insurance coverage that covers Essential Health Benefits (including doctor’s visits, prescription drugs, hospitalizations, and preventive services), caps annual out-of-pocket costs, and prohibits plans from denying coverage or charging more based on pre-existing conditions, such as cancer history. Marketplace plans are required to cover cancer screenings, which has helped to increase screening rates among enrollees. The enhanced ACA tax credits have helped to increase enrollment of the healthiest cohort (those between 18–34) who will be most likely to drop coverage if their premiums were to increase as a result of the expiration of the enhanced ACA tax credits.

If the enhanced ACA tax credits were allowed to expire, as many as 5 million people would become uninsured.¹⁴ It is estimated that 300,000 individuals with a history of cancer and roughly 2 million individuals with at least one chronic condition would lose coverage if the enhanced ACA tax credits were not extended.¹⁵

¹² Centers for Medicare and Medicaid Services. Health Insurance Marketplaces 2024 Open Enrollment Report. Available from <https://www.cms.gov/files/document/health-insurance-exchanges-2024-open-enrollment-report-final.pdf>.

¹³ Centers for Medicare and Medicaid Services. Over 24 Million Consumers Selected Affordable Health Coverage in ACA Marketplace for 2025. Press release. Jan 17, 2025.

¹⁴ Hale J, Hong N, Hopkins B, Lyons S, Molloy E. Health Insurance Coverage Projections for the US Population and Sources of Coverage, by Age, 2024-34. Health Affairs. June 18, 2024. doi.org/10.1377/hlthaff.2024.00460

¹⁵ Schultz, R., Rienstra, J., Kaczmarek, P., & Bao, J. (2024, September 23). How ACA tax credits impact patients with chronic conditions. Oliver Wyman - Impact-Driven Strategy Advisors. <https://www.oliverwyman.com/our-expertise/insights/2024/sep/premium-tax-credit-ending-chronic-conditions-at-risk.html>.