November 12, 2025

Mehmet Oz, M.D., M.B.A.
Administrator
Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Dear Administrator Oz:

I write today to share the priorities and perspectives of the American Cancer Society Cancer Action Network (ACS CAN) as the Department of Health and Human Services (HHS), Centers for Medicare and Medicaid Services (CMS), and states across the country implement the 2025 budget reconciliation legislation (Public Law 199-21) – in particular, the addition of the Medicaid community engagement requirements. ACS CAN is making cancer a top priority for public officials and candidates at the federal, state, and local levels. We empower 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.

One of the biggest predictors of surviving a cancer diagnosis is whether someone has health insurance. 1 in 3 children diagnosed with the disease[1] and 1 in 10 people with a history of cancer currently count on Medicaid coverage to access their medical care.[2] Furthermore, research has long shown that people who have health insurance coverage are more likely to receive appropriate cancer screenings and timely follow-up care that leads to a diagnosis, which improves cancer outcomes by preventing cancer or catching it earlier when it is easier to treat and survive.[3] The Congressional Budget Office estimated that 5.3 million individuals may lose health coverage due to these community engagement and work requirements in Medicaid.[4] We are concerned that without coverage, these individuals will be unable to obtain the preventive care, cancer screenings, ongoing monitoring, and essential life-saving treatment they may need.

As CMS begins its critical work implementing this law, we strongly encourage you to take steps to ensure eligible people can access and maintain health coverage – because everyone needs health care to prevent, diagnose, treat, and survive cancer. **This means ensuring that individuals who are subject to these new requirements can successfully meet them and those who qualify for exemptions are effectively and efficiently exempted**, **consistent with the goals of the law.**

I know we share a commitment to ensuring that paperwork burdens do not result in Medicaid beneficiaries losing access to needed coverage. As you know, administrative and paperwork barriers to Medicaid could lead people who are eligible and otherwise meet the criteria to become uninsured, including working adults and those who qualify for an exemption, some of whom could have cancer or are at risk of developing it. Most adults to whom work requirements will apply will be eligible for important cancer screenings and preventive services – like mammograms and colorectal cancer

screenings – and most people who are diagnosed with cancer didn't know they were going to receive that diagnosis when they enrolled in health insurance. **Ending cancer as we know it for everyone means making sure every person can successfully navigate these new requirements so they can enroll in Medicaid and keep their coverage under the new requirements.**

Implementing Exemptions from Community Engagement and Work Requirements

We appreciate the law's important exemptions for people who are medically frail or have special medical needs, as well as family caregivers for certain individuals. We understand that CMS – as well as state Medicaid programs across the country – are working on defining terms and creating processes to implement these exemptions. **As part of this process, we encourage CMS to ensure individuals receiving testing or treatment for serious or complex medical conditions, including cancer, as well as the loved ones providing care for their family members, are able to stay covered, consistent with statutory text and goals**.

Many cancer patients in active treatment are often unable to work or require significant work modifications due to their treatment.[5,6,7,8,9] 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.[10,11] Recent cancer survivors often require frequent follow-up visits[12] and suffer from multiple comorbidities linked to their cancer treatments.[13,14] A cancer survivor's ability to work is highly variable based on many factors, but some are 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.[15,16,17,18,19]

As it implements these new requirements in conjunction with states, we encourage CMS to ensure the following individuals can appropriately maintain coverage:

- Individuals actively undergoing testing for a possible cancer diagnosis
  Once cancer is suspected based on a screening test or symptoms present, it is often an urgent and intense process to arrive at a diagnosis, frequently including multiple scans and procedures to take samples (some of which are surgeries), as well as meetings with clinicians for evaluation and to discuss results and possible treatment plans. This process interrupts an individual's ability to work their normal hours or their normal job – even before they have received a formal diagnosis.
- Individuals in active treatment for cancer
  Cancer treatment is often intense in every sense of the word, and individuals undergoing treatment are frequently physically unable to work, experiencing cognitive or emotional impacts that hinder working, and/or are required to undergo treatments during their normal work hours, and/or in locations far from their workplace/home. All of these factors may make an individual unable to work while receiving treatment.
- Cancer survivors in active treatment for late-term cancer effects or cancer treatment-related side effects
  The impacts of cancer and its intense treatment do not stop when active treatment stops. Many survivors are left with long-term or permanent physical or cognitive impairments due to their cancer or the toxicity of its treatment, as well as persistent symptoms like pain and neuropathy that impact their ability to return to work. Furthermore, some cancer patients must continue active treatment indefinitely to keep their cancer from growing or returning, and this impacts their ability to work sometimes years after their diagnosis.

- Individuals providing care to a family member who is being actively tested or treated for cancer or cancer-related effects
  Cancer caregivers often provide essential medical care to patients at home or while traveling for treatment, as well as assist patients with physically getting to appointments and procedures. These caregiving responsibilities – which are essential to the patient being able to receive treatment and survive their cancer – make maintaining a normal work schedule extremely challenging if not impossible.

Actions HHS and CMS Can Take to Ensure Individuals Successfully Maintain Coverage
Given these priorities, we respectfully request that HHS and CMS do the following regarding implementation of Medicaid community engagement and work requirements:

1. **Ensure states are ready before work requirements go into effect to prevent coverage losses due to operational and administrative errors, including by granting good faith waivers to states who request them.** The law gives the Secretary of HHS the authority to grant waivers to delay implementation of these requirements to states that apply and are making a good faith effort to implement the policies. This essential provision gives HHS the ability to ensure states begin work requirements when they are ready, appreciating that these requirements are a major change for Medicaid and require complex operational changes for states, their vendors, and managed care organizations, as applicable. The consequences of rushed implementation are dire – erroneous coverage losses can have life-or-death consequences for enrollees and applicants and generate significant administrative costs and inefficiencies for the state. We urge HHS to carefully consider any applications it receives for "good faith waivers" and grant flexibility to states who are trying to comply with federal law but unable to achieve the law's goals as intended at such a quick pace.

   To operationalize this, we encourage CMS to replicate the readiness review process required for states newly implementing managed care and require states to demonstrate readiness *prior to* terminating coverage under the new requirements. Specifically, after a state has begun implementing the community engagement requirements, the state should operationalize the policy and CMS should review their operational workflows, systems interfaces, and system functionality prior to any coverage terminations.

2. **Establish minimum standards for the exemption for medical frailty, and ensure states have the flexibility to further refine their definitions in a way that meets their residents' needs.** The statute requires states to exempt individuals who are medically frail or have special medical needs, including those with a serious or complex medical condition, from community engagement and work requirements. We encourage CMS to establish a definition of medical frailty that includes people impacted by cancer or other serious illnesses as a minimum for this exemption. We encourage CMS to ensure states can define these exemptions to protect people receiving testing or treatment for serious medical conditions, including and not limited to cancer, as well as the related effects tied to such conditions or treatment. We strongly recommend against any exhaustive list of exempt conditions, appreciating that medical conditions are often complex and evolving. If any list of conditions is used, states must have a pathway for individuals with conditions not on the list to be identified, apply for and obtain (as appropriate) an exemption.

3. **Give states tools and flexibility to reduce administrative complexity.** ACS CAN remains concerned that administrative complexity will cause many eligible people to lose Medicaid coverage, while also creating unnecessary costs and burden for state Medicaid offices. We strongly urge CMS to give states as many tools and as much flexibility as possible to use existing data sources and processes to automatically determine compliance or eligibility for an exemption from community engagement requirements. This should include:
    - ensuring that individuals can indicate as easily and efficiently as possible that they qualify for an exemption,
    - establishing an expectation that states will screen new or renewing enrollees for medical frailty,
    - clarifying that the duration of a medical exemptions extends at least until the next renewal, with the option for states to extend the exemption for cause, and
    - establishing the expectation that conditions that cause long-term medical disruptions or effects will be exempted on a long-term or permanent basis, as appropriate.

4. **Require and enable states to implement automatic verification processes for community engagement and work reporting and exemptions – while still having a process for reporting/applying when automatic processes fail.** The law requires states to use automatic verification (known as *ex parte* verification) to the maximum extent possible. For example, states should be using reliable information available to the state such as payroll data to determine if a person meets the work requirement or claims or encounter data to determine if a person meets one of the exemptions. The goal is to determine if an individual is complying with the requirements or is exempt from the requirements without that individual submitting additional information to the state. The law allows the Secretary of HHS to establish "standards" for state use of *ex parte* verification.

    Regarding implementation of the medical frailty exemption, there are some cases where individuals eligible for an exemption can be identified automatically. Once an individual has enrolled in Medicaid, if they are being treated for cancer, it will be readily apparent in their claims history. It may also be possible to identify individuals who are being tested for cancer based on claims history. And if a cancer survivor was treated for their cancer while enrolled in Medicaid, their claims history could identify them as a cancer survivor. However, these automatic processes will not be possible if the testing or cancer treatment occurred before the individual enrolled in Medicaid – and in fact, it is quite common that an individual's need and eligibility for Medicaid is created by job loss due to cancer diagnosis and treatment. For these individuals who cannot be identified automatically, there must be a process established for them, in conjunction with their providers, to apply for an exemption. This process must be as easy to navigate as possible, taking into account the unique needs of the Medicaid population and the challenging circumstances a medically frail person is already attempting to overcome.

5. **Exempt individuals who are unable to work because they must take care of a family member with cancer.** Cancer caregivers provide essential care to loved ones going through cancer. Caregivers provide a multitude of supportive functions for cancer patients, including emotional, informational, and functional support as well as, increasingly, practical assistance

with skilled care activities (e.g., tube feeding, wound dressing changes). Caregiver well-being has both direct and indirect effects on the quality of cancer care, including care received from the health care team, from the caregiver themselves, and in relation to patients' own self-management.[20] Many cancer caregivers must reduce their work hours, take leave, or quit their jobs in order to care for their loved ones with cancer. Congress recognized the essential role that caregivers play by providing an optional exemption for individuals whose dependents are traveling to receive care.

ACS CAN is deeply concerned that community engagement and work requirements will force cancer caregivers to sacrifice either their own Medicaid coverage or their caregiving responsibilities. We urge CMS to ensure these caregivers are included in the law's exemption for family caregivers by ensuring the exemption includes caregiving for those with a serious or complex illness and is not limited to caregiving for an individual with a formal disability status.

6. **Allow maximum state flexibility in implementing short-term hardship exemptions.** The statute gives states the option to offer Medicaid enrollees and applicants short-term hardship exemptions from community engagement and work requirements. Many people impacted by cancer in the categories identified above would likely benefit from the exemptions created in the law for individuals receiving inpatient hospital care or for individuals traveling outside their community for an extended period of time to receive care. We encourage CMS to make it as easy as possible for states to adopt and implement these exemptions, and give states maximum flexibility to define terms in these exemptions to include as many people whose ability to work has been impacted by cancer. This should clarify that individuals who are eligible for an exemption at the point of application are not subject to the lookback period.

7. **Require states to collect and publicly report implementation data.** During the unwinding of pandemic-related Medicaid continuous eligibility requirements, it was essential that states collected and publicly reported monthly enrollment and disenrollment data by population, so that the public could understand how these policies were affecting individuals with Medicaid coverage and states could learn best practices from each other. We urge CMS to replicate this process and require states to collect and publicly report monthly data in similar categories.

Conclusion

Medicaid provides an essential lifeline to millions of Americans, and we know CMS will be providing critical support to states in the months ahead. As you work to implement this new law, please consider ACS CAN a partner in protecting Medicaid coverage for enrollees with cancer and their loved ones. We welcome the opportunity to be a constructive resource as the Agency navigates the range of important operational decisions you will confront, including the chance for our team to meet directly with the Center for Medicaid and CHIP Services to discuss our perspective in greater detail. If you have any questions or would like to discuss further, please feel free to contact Elizabeth Darnall, Senior Director for Federal Advocacy, at Elizabeth.Darnall@cancer.org.

Sincerely,

Lisa A. Lacasse, MBA
President
American Cancer Society Cancer Action Network

Cc: Dan Brillman, Deputy Administrator, Director of the Medicaid and the Children's Health Insurance Program

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[1] Ji X, Hu X, Castellino SM, Mertens AC, Yabroff KR, Han X. Narrowing Insurance Disparities Among Children and Adolescents With Cancer Following the Affordable Care Act. JNCI Cancer Spectr. 2022 Jan 5;6(1):pkac006. doi: 10.1093/jncics/pkac006. PMID: 35699500; PMCID: PMC8877169.

[2] 2023 National Health Interview Survey data. Analysis performed by American Cancer Society Health Research Services, December 2024.

[3] 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, 72: 542-560. https://doi.org/10.3322/caac.21732

[4] Congressional Budget Office, Estimate of Annual Changes in the Number of People Without Health Insurance Under Title VII, P.L. 119-21 (Aug. 11, 2025).

[5] Blinder VS, Gany FM. Impact of Cancer on Employment. J Clin Oncol. 2020;38(4):302-309. doi:10.1200/JCO.19.01856.

[6] 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.

[7] 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.

[8] 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.

[9] 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.

[10] 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.

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

[12] 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.

[13] 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.

[14] 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.

[15] Blinder VS, Gany FM. Impact of Cancer on Employment. J Clin Oncol. 2020;38(4):302-309. doi:10.1200/JCO.19.01856

[16] 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

[17] 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

[18] 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

[19] 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.

[20] Litzelman K. Caregiver Well-being and the Quality of Cancer Care. Semin Oncol Nurs. 2019 Aug;35(4):348-353. doi: 10.1016/j.soncn.2019.06.006. Epub 2019 Jun 20. PMID: 31229346; PMCID: PMC6728914.