



American Cancer Society  
Cancer Action Network  
555 11th Street, NW  
Suite 300  
Washington, DC 20004  
202.661.5700  
[www.acscan.org](http://www.acscan.org)

February 5, 2018

Alex Azar  
Secretary  
Department of Health and Human Services  
Hubert H. Humphrey Building  
200 Independence Avenue, SW  
Washington, D.C. 20201

**Re: Arizona Section 1115 Waiver Amendment Request – AHCCCS Works Waiver**

Dear Secretary Azar:

The American Cancer Society Cancer Action Network (ACS CAN) appreciates the opportunity to comment on Arizona's Section 1115 Waiver Amendment, which proposes to amend the requirements for "able-bodied adults" receiving Medicaid services. ACS CAN, the nonprofit, nonpartisan advocacy affiliate of the American Cancer Society, supports evidence-based policy and legislative solutions designed to eliminate cancer as a major health problem. As the nation's leading advocate for public policies that help to defeat cancer, ACS CAN ensures that cancer patients, survivors, and their families have a voice in public policy matters at all levels of government.

Nearly 35,000 Arizonans are expected to be diagnosed with cancer this year<sup>1</sup> – many of whom are receiving health care coverage through the Arizona Medicaid program. The proposed Arizona Health Care Cost Containment System (AHCCCS) Works waiver could limit eligibility and access to care for some of the most vulnerable Arizonans, including those with cancer and cancer survivors. We strongly urge the Centers for Medicare and Medicaid Services ("CMS" or "the Department") to address the concerns we and other stakeholders have below or reject this waiver in its current form.

The following are ACS CAN's specific concerns with the AHCCCS demonstration waiver amendment:

**Work Requirements**

The proposal requires that all "able-bodied" working age adults become employed, actively seek employment, attend school, or participate in a job training program to maintain eligibility or enrollment in AHCCCS. While we understand the intent of the proposal is to encourage employment, many cancer patients in active treatment are often unable to work or require significant work modifications due to

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<sup>1</sup> American Cancer Society. *Cancer Facts & Figures: 2018*. Atlanta: American Cancer Society, 2018.

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their treatment.<sup>2,3,4</sup> If this requirement is included as a condition of eligibility for coverage, many cancer patients and recent survivors could find that they are ineligible for the lifesaving cancer treatment services provided through Arizona's Medicaid program.

We appreciate the state of Arizona's acknowledgement that not all people are able to work and the decision to include several exemption categories from the work requirement and associated eligibility time limit and lock-out period. We particularly appreciate the State proposing to exclude from the work requirements individuals who are determined to be medically frail, but it is unclear what definition of medically frail the State will use and if cancer patients in active treatment, recent survivors, and individuals with other chronic conditions are included in this definition. 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>5</sup>

If CMS were to approve this provision, we urge the Department to require the State to implement the "medically frail" designation as defined in 42 CFR §440.315(f), which allows certain individuals with serious and complex medical conditions be exempt from specific provisions. With respect to cancer, the definition of medically frail should explicitly include individuals who are currently undergoing active cancer treatment –including chemotherapy, radiation, immunotherapy, and/or related surgical procedures – as well as new cancer survivors who may need additional time following treatment to transition back into the workplace.

Additionally, Arizona's proposed waiver does not meet the criteria established by CMS for approval of work and community engagement proposals under the guidance that CMS sent to state Medicaid Directors on January 11, 2018. Specifically, the State's reported goal of the AHCCCS Works requirement and life time coverage limit is "to increase employment opportunities and reduce individual reliance on public assistance," *not* to improve health and well-being of its residents, which is laid out in the guidance: "...states will need to link these community engagement requirements to those outcomes [producing improved health and well-being] and ultimately assess the effectiveness of the demonstration in *furthering the health and wellness objectives of the Medicaid program* [emphasis added]."<sup>6</sup> The State's objectives for the waiver are to increase "the number of beneficiaries with earned income and/or the capacity to earn income, reduce enrollment, and reduce the amount of "churn" as a result of greater access to employment...." None of stated objectives or hypotheses proposed by the State address health and wellness objectives. The guidance goes on to say that "CMS is also committed

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<sup>2</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>3</sup> de Boer AG, Taskila T, Tamminga SJ, et al. Interventions to enhance return to work for cancer patients. *Cochrane Database Syst Rev.* 2011; 16(2): CD007569. doi: 10.1002/14651858.CD007569.pub2.

<sup>4</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>5</sup> Ramsey SD, Blough DK, Kirchhoff AC, et al. Washington State Cancer Patients Found to be at Greater Risk for Bankruptcy than People Without a Cancer Diagnosis. *Health Affairs.* 2013; 32(6): 1143-1152.

<sup>6</sup> Centers for Medicare & Medicaid Services. Opportunities to promote work and community engagement among Medicaid beneficiaries. Baltimore, MD. Department of Health and Human Services. SMD: 18-002. Published January 11, 2018. Accessed January 2018.

to ensuring state accountability for the health outcomes produced by the program, and demonstration projects approved consistent with this guidance will be required to conduct outcomes-based evaluations, based on evaluation designs subject to CMS approval.”<sup>7</sup> Therefore, to stay consistent with CMS guidance, we urge CMS not to approve the waiver until improvements in the evaluation design are made.

#### **Five-Year Lifetime Limit**

ACS CAN is opposed to the proposed five-year lifetime limit for coverage of able-bodied adults. Imposing lifetime limits on enrollees is arbitrary and could cause additional disruption in care for individuals managing serious and complex chronic conditions, like cancer. Current federal requirements prohibit most insurance plans from limiting the annual and/or lifetime dollar value of benefits and we urge this important patient protection be applicable to AHCCCS enrollees as well. Individuals are diagnosed with cancer at various stages and, depending on the type of cancer, the stage, and the necessary course of treatment, the patient could easily reach the proposed five-year lifetime limit. Similarly, cancer survivors often experience long-term side effects as a result of their treatment, often requiring maintenance medication and frequent follow-up visits. Denying these individuals and others with complex, chronic medical conditions access to health care coverage through AHCCCS would be devastating to the enrollee and their family and could significantly reduce their chances of surviving the disease.

Cancer patients undergoing an active course of treatment for a life-threatening health condition need uninterrupted access to the providers and facilities from whom they receive treatment. Disruptions in primary cancer treatment care, as well as longer-term adjuvant therapy, can result in negative health outcomes. Failure to consider the care delivery and/or treatment regimen of patients and the effects that a 5-year lifetime limit could have on their continued care, especially those individuals managing a complex, chronic condition like cancer, could have devastating effects on patients, their families, and providers.

Additionally, this proposal fails to acknowledge that many low-income working individuals on Medicaid have low paying jobs that do not offer health insurance coverage<sup>8</sup> and prevent them from being able to afford comprehensive health care coverage through the private insurance market. Therefore, we urge CMS to reject the five-year lifetime limit Medicaid coverage provision.

#### **Lock-Out Period**

We are deeply concerned about the proposed AHCCCS enrollment termination or lock-out period for individuals who do not comply with the work requirement and urge CMS to reject the provision. Although we appreciate the State’s decision to provide a six-month grace period, subjecting enrollees to the proposed termination or lock-out until they comply with the work requirement for 30 days could place a substantial financial burden on enrollees and cause significant disruptions in care, particularly for cancer survivors (who require frequent follow-up visits) and individuals battling cancer. As previously mentioned, 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

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<sup>7</sup> Ibid.

<sup>8</sup> Garfield R, Rudowitz R, Damico A. *Understanding the intersection of Medicaid and work*. February 2017. Washington, DC: Kaiser Family Foundation. <https://www.kff.org/medicaid/issue-brief/understanding-the-intersection-of-medicaid-and-work/>.

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the treatment.<sup>9</sup> If low-income cancer patients or recent survivors are subject to the proposed lock-out period, they will likely have no access to health care coverage, making it potentially difficult or impossible to continue treatment or pay for their maintenance medication until they can comply with the requirements. For those cancer patients who are mid-treatment, a loss of health care coverage could seriously jeopardize their chance of survival. Being denied access to one's cancer care team could be a matter of life or death for a cancer patient and the financial toll that the lock-out would have on individuals and their families could be devastating. Therefore, we urge CMS to reject the proposal to terminate or lock-out individuals from the Medicaid program due to non-compliance with the work requirement.

### **Request to Leverage Medicaid Funding**

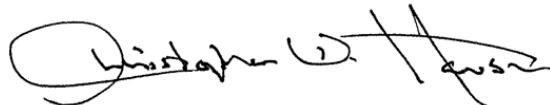
ACS CAN is concerned with the State's request to leverage Medicaid funding to support the "enhancements" required to scale existing programs and infrastructure to be able to administer the work and community engagement requirements. Federal funds should be directed towards the medical care of Medicaid beneficiaries, not the administrative costs of a work and community engagement requirement. We urge CMS not to allow federal funds to be used for work and community engagement requirements.

### **Conclusion**

We appreciate the opportunity to provide comments on Arizona's AHCCCS Works waiver amendment application. The preservation of eligibility and coverage through Medicaid remains critically important for many low-income Arizonans who depend on the program for cancer prevention, early detection, diagnostic, and treatment services. We ask CMS to weigh the impact these policy proposals may have on access to lifesaving health care coverage, particularly for those individuals with cancer, cancer survivors, and those who will be diagnosed with cancer during their lifetime.

Maintaining access to quality, affordable, accessible, and comprehensive health care coverage and services is a matter of life and survivorship for thousands of low-income cancer patients and survivors, and we look forward to working with the Administration to ensure that all Americans are positioned to win the fight against cancer. If you have any questions, please feel free to contact me or have your staff contact Michelle Delfavero of our policy team at [Michelle.Delfavero@cancer.org](mailto:Michelle.Delfavero@cancer.org) or 202-585-3266.

Sincerely,



Christopher W. Hansen  
President

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<sup>9</sup> Ramsey SD, Blough DK, Kirchhoff AC, et al. Washington State Cancer Patients Found to be at Greater Risk for Bankruptcy than People Without a Cancer Diagnosis. *Health Affairs*. 2013; 32(6): 1143-1152.