



April 24, 2023

The Honorable Kevin McCarthy
Speaker
U.S. House of Representatives
Washington, DC 20515

The Honorable Hakeem Jeffries
Democratic Leader
U.S. House of Representatives
Washington, DC 20515

Dear Speaker McCarthy and Leader Jeffries:

The American Cancer Society Cancer Action Network (ACS CAN) is making cancer a top priority for public officials and candidates at the federal, state, and local levels. ACS CAN empowers advocates across the country to make their voices heard and influence evidence-based public policy change, as well as legislative and regulatory solutions, which 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.

To that end, we have some serious concerns about the impact of the recently released Limit, Save, Grow Act of 2023 on cancer patients, survivors, and those at risk of cancer. We offer the following comments on specific provisions:

Section 321 (Medicaid Work Requirements):

ACS CAN opposes this provision. Most adults enrolled in Medicaid are already employed: a 2020 population survey showed that 63 percent of adult Medicaid enrollees were working full-or part-time — and another 29 percent were not working due to caregiving responsibilities, illness or disability, or school attendance. Requiring these Medicaid-eligible adults aged 19–55 to work, do community service, or participate in a work training program for at least 80 hours per month in order for their Medicaid coverage to remain eligible for federal funding will lead to diminished health outcomes and increased costs. Evidence shows that the Medicaid “community engagement requirements,” otherwise known as work requirements, included in the proposal will limit Americans’ access to Medicaid health care coverage. The impact is likely to be especially harmful for those facing chronic conditions such as cancer and will roll back the gains we have made in fighting this debilitating disease. Simply put, this approach does not work.

Medicaid work requirements have been tried before and failed: In 2018, Arkansas imposed this paperwork requirement on people enrolled in Medicaid. Prior to the Supreme Court ruling halting the state’s efforts, thousands of individuals who were otherwise eligible for Medicaid lost

their healthcare due to additional and burdensome bureaucracy and red tape. Further, the Medicaid work requirements resulted in paperwork, undue administrative burden, as well as those eligible for Medicaid not being able to have access to health insurance through the program.

Additionally, the House bill proposes a national mandate to check work requirement compliance for every single individual enrolled in Medicaid (even children and the elderly) — a massive administrative undertaking for state Medicaid programs. These systems are already overstressed by the unwinding of Medicaid continuous coverage, and the bill provides no additional funding to create or implement this process. This is, by definition, an unfunded mandate. It is likely to result in many individuals — even those who should be exempt from the requirements (like a cancer patient who is too sick to work), or who are working — losing coverage because they are unable to navigate the system to report work hours or exemptions or are unaware that they must do so to keep their coverage.

Medicaid supports employment: Research shows that being in poor health is associated with risk of job loss, while access to affordable health insurance has a positive effect on the ability to obtain and maintain employment.¹ Medicaid coverage is, therefore, important to helping low-wage workers access healthcare that enables them to remain healthy enough to work.

Access to Medicaid should be expanded, not limited: Medicaid provides quality and affordable healthcare coverage. Research shows that expanding access to Medicaid increases insurance coverage rates among cancer patients and survivors, increases early-stage cancer diagnoses, increases access to timely cancer treatment, and increases uptake of cancer screenings and preventive services.² States that have expanded Medicaid have seen an increase in early stage cancer diagnoses, when cancer is more treatable.³ Protecting Medicaid is critical in the fight to end suffering and death from cancer.

¹ Antonisse, L., & Garfield, R. (2018, August 7). *The relationship between work and Health: Findings from a literature review*. KFF. Retrieved April 21, 2023, from <https://www.kff.org/medicaid/issue-brief/the-relationship-between-work-and-health-findings-from-a-literature-review/>

² Guth, M., & Ammula, M. (2021, May 6). *Building on the evidence base: Studies on the effects of Medicaid expansion, February 2020 to March 2021 - report*. KFF. Retrieved April 21, 2023, from <https://www.kff.org/report-section/building-on-the-evidence-base-studies-on-the-effects-of-medicaid-expansion-february-2020-to-march-2021-report/>

³ Soni, A., Simon, K., Cawley, J., & Sabik, L. (2017, September 28). *Effect of Medicaid expansions of 2014 on overall and early-stage cancer ...* AJPH. Retrieved April 21, 2023, from <https://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2017.304166>

Section 101 (Spending Caps):

ACS CAN strongly urges lawmakers to reject austere and arbitrary caps that would cut spending back to FY2022 levels, effectively cutting nondefense programs and risking cuts to vital cancer research, prevention, screening, diagnostics, treatments, and cures. Returning to FY2022 funding levels would result in a 22 percent cut in funding to the National Institutes of Health, resulting in a devastating reduction of an estimated 5,000 grants. These are resources that are provided to every state in the nation and will have a significant impact on cancer centers nationwide.

Congress should instead build on investments made in FY2023, prioritizing the fight against cancer by ensuring funding for cancer research and prevention is increased and not jeopardized by steep cuts in discretionary spending.

Beyond these specific provisions, ACS CAN is also concerned about other proposed restrictions and limitations on programs that are important to individual and public health. Refraining from enacting policies that will reverse the significant progress made by Congress over the past years in the fight against cancer will benefit our entire nation. As you debate the path forward, we strongly encourage you to approach these conversations through the lens of reducing the cancer burden and improving public health.

Thank you for the opportunity to share our views. Please feel free to reach out to me directly or have your staff contact Tammy Boyd, Vice President, Federal Advocacy & Strategic Alliances at Tammy.Boyd@cancer.org.

Sincerely,

A handwritten signature in black ink, appearing to read "Lisa A. Lacasse". The signature is fluid and cursive, with a long horizontal stroke at the end.

Lisa A. Lacasse, MBA
President, ACS CAN