



May 16, 2024

Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
200 Independence Avenue, SW
Washington, DC 20201

Re: Substance Use Demonstration Amendment Request; Demonstration Project No. 11-W-00336/8

Dear Administrator Brooks-LaSure:

The American Cancer Society Cancer Action Network (ACS CAN) appreciates the opportunity to comment on the Colorado Department of Health Care Policy & Financing's section 1115 amendment submitted April 1, 2024. 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 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.

ACS CAN supports this amendment and urges the Centers for Medicare and Medicaid Services (CMS) to approve the request.

Continuous Eligibility

The Department is requesting authority to provide continuous eligibility for children in Medicaid CHP+ through age 3. The Department is also proposing to extend 12 months of continuous eligibility for adults ages 19-65 leaving incarceration from a Department of Corrections facility.

ACS CAN strongly supports both proposals. As the draft proposal notes, approximately 20 percent of children who would be impacted by this policy experience Medicaid or CHP+ coverage gaps over a 2-year period. On average the state estimates that 31,000 young children will receive continuous coverage through this initiative.¹ For the adult post-incarceration population, the proposal estimates that 4,070-5,295 individuals released from incarceration per year are eligible for Medicaid and would benefit from this policy change.

Providing continuous eligibility as proposed will minimize disruptions and remove administrative hassle for the state. It will also improve continuity of care for low-income cancer patients, survivors, and those who will be diagnosed with cancer. When individuals and families who do not have continuous eligibility lose coverage due to small – often temporary – fluctuations in income, it results in loss of access to health care coverage, making it difficult or impossible for those with cancer to continue treatment. For cancer patients who are

¹ Colorado Department of Health Care Policy & Financing. Colorado Medicaid Coverage for Justice-Involved Population Re-entry, Severe Mental Illness, and Continuous Eligibility. Substance Use Demonstration Amendment Request Demonstration Project No. 11-W-00336/8. April 1, 2024. [co-continuum-care-pa.pdf \(medicaid.gov\)](#)

mid-treatment, a loss of health care coverage could seriously jeopardize their chance of survival. Research also shows the detrimental impact of coverage gaps on Medicaid enrollees who have a history of cancer. Individuals who had coverage disruptions in the previous year were less likely to report that they used preventive services, and more likely to report problems with care affordability and any cost-related medication nonadherence.² A 2020 systematic review of evidence found that among patients with cancer, those with Medicaid disruptions were statistically significantly more likely to have advanced stage and worse survival than patients without disruptions.³

Our country's recent experience with continuous Medicaid eligibility during the COVID-related public health emergency showed the value of this type of policy – both to individual Medicaid enrollees who used this critical safety net and did not have to fear coverage disruptions; and to the whole country by reducing the overall uninsured rate.⁴

Pre-Release Services for Adults and Youth Transitioning from Correctional Facilities

The Department is requesting waiver authority to implement a re-entry initiative that provides pre-release services to adults and youth transitioning from correctional facilities. The program will include: 1) Medicaid coverage for individuals exiting correctional facilities who are eligible based on all the existing eligibility categories; 2) a targeted benefit package to these individuals including case management services, a 30-day supply of medications upon release, and other supportive services; and 3) 90 days of Medicaid coverage immediately prior to release from the correctional system.

ACS CAN supports these proposals, which will support continuity of care and access to care for individuals who are transitioning back into society from incarceration. Research 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.⁵ A recent study showed that individuals with incarceration history were more likely to be uninsured and to experience longer periods of uninsurance, and that targeted programs to improve health insurance coverage in this population may reduce disparities associated with incarceration.⁶ Cancer is the leading cause of mortality in incarcerated individuals older than 45 years and the fourth leading cause of mortality in the overall incarcerated population. Individuals who have been incarcerated are more than twice as likely to have a history of cancer than general populations.⁷

² Jingxuan Zhao, Xuesong Han, Leticia Nogueira, Zhiyuan Zheng, Ahmedin Jemal, K. Robin Yabroff; Health Insurance Coverage Disruptions and Access to Care and Affordability among Cancer Survivors in the United States. *Cancer Epidemiol Biomarkers Prev* 1 November 2020; 29 (11): 2134–2140. <https://doi.org/10.1158/1055-9965.EPI-20-0518>

³ K Robin Yabroff, PhD, Katherine Reeder-Hayes, MD, Jingxuan Zhao, MPH, Michael T Halpern, MD, PhD, Ana Maria Lopez, MD, Leon Bernal-Mizrachi, MD, Anderson B Collier, MD, Joan Neuner, MD, Jonathan Phillips, MPH, William Blackstock, MD, Manali Patel, MD, Health Insurance Coverage Disruptions and Cancer Care and Outcomes: Systematic Review of Published Research, *JNCI: Journal of the National Cancer Institute*, Volume 112, Issue 7, July 2020, Pages 671–687, <https://doi.org/10.1093/jnci/djaa048>

⁴ U.S. Census Bureau. Health Insurance Coverage Status and Type by Geography: 2019 and 2021. American Community Survey Briefs. September 2022. [Health Insurance Coverage Status and Type by Geography: 2019 and 2021 \(census.gov\)](https://www.census.gov/programs-surveys/acs/briefs/2022/health-insurance-coverage-status-and-type-by-geography-2019-and-2021.html)

⁵ Ward EM, Fedewa SA, Cokkinides V, Virgo K. The association of insurance and stage at diagnosis among patients aged 55 to 74 years in the national cancer database. *Cancer J*. 2010 Nov-Dec;16(6):614-21. doi: 10.1097/PPO.0b013e3181ff2aec. PMID: 21131794.

⁶ Jingxuan Zhao, Xuesong Han, Zhiyuan Zheng, Qinjin Fan, Kewei Shi, Stacey Fedewa, K. Robin Yabroff, Leticia Nogueira, Incarceration History and Health Insurance and Coverage Changes in the U.S., *American Journal of Preventive Medicine*, Volume 64, Issue 3, 2023, Pages 334-342, ISSN 0749-3797, <https://doi.org/10.1016/j.amepre.2022.09.023>.

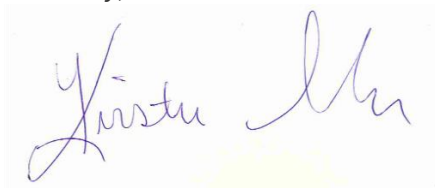
⁷ Aziz H, Ackah RL, Whitson A, et al. Cancer Care in the Incarcerated Population: Barriers to Quality Care and Opportunities for Improvement. *JAMA Surg*. 2021;156(10):964–973. doi:10.1001/jamasurg.2021.3754.

ACS CAN supports extending affordable, quality insurance coverage to more Coloradans and taking steps to prevent coverage gaps to help ensure all individuals have access to the care they need, including preventive services, cancer screenings and cancer treatment that can be lifesaving.

Conclusion

The goals of the Medicaid and CHP+ programs are to provide health coverage and access to care for people who need it. This proposal meets this goal, and we support the Department's amendment request because it will improve access to and continuity of care for multiple populations in Colorado with cancer. If you have any questions, please feel free to contact Jennifer Hoque at jennifer.hoque@cancer.org.

Sincerely,

A handwritten signature in blue ink that reads "Kirsten Sloan". The signature is written in a cursive style and is positioned above a light yellow rectangular background.

Kirsten Sloan
Managing Director, Public Policy
American Cancer Society Cancer Action Network