



July 23, 2024

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

**Re: District of Columbia Section 1115 Medicaid Demonstration Renewal Request**

Dear Administrator Brooks-LaSure:

The American Cancer Society Cancer Action Network (ACS CAN) appreciates the opportunity to comment on the District of Columbia (DC) Section 1115 Medicaid Demonstration Renewal Request submitted on June 6, 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 renewal request and urges the Centers for Medicare and Medicaid Services (CMS) to approve it for the reasons detailed below.**

Providing Food and Nutrition Services

DC proposes to extend nutrition services and supports to beneficiaries with certain health risks, nutrition-sensitive health conditions, and/or children or pregnant or postpartum beneficiaries and their households. These services will include nutrition counseling and education; home delivered meals or pantry stocking; fresh produce prescriptions, protein boxes and/or grocery provisions; and cooking supplies when necessary.

ACS CAN supports demonstration projects that advance health equity by addressing food and nutrition insecurity by improving access to nutritious food. Specifically, we support increasing access to tailored food-based nutrition interventions, including produce prescriptions, medically tailored groceries and medically tailored meals, that are specifically linked to the health care system and intended to prevent, treat, or manage chronic diseases and often address food and nutrition insecurity, and what we define as "food is medicine" initiatives. We also encourage providing nutrition education, such as cooking classes or a referral for a dietitian, as part of the intervention to support the patient's nutritional needs.

Access to, affordability of, and consumption of nutritious food is a social determinant of health and an immediate social need that plays an important role in addressing health disparities. Research has found that food insecurity can be associated with poor diet quality, obesity, and reduced fruit and vegetable intake.<sup>1</sup> Fruit and vegetables are complex foods, containing vitamins, minerals, fiber, and other substances that may

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<sup>1</sup> Morales ME, Berkowitz SA. The Relationship between Food Insecurity, Dietary Patterns, and Obesity. *Curr Nutr Rep*. 2016 Mar;5(1):54-60. doi: 10.1007/s13668-016-0153-y. Epub 2016 Jan 25. PMID: 29955440; PMCID: PMC6019322.

both help prevent cancer and improve cancer outcomes.<sup>2</sup> However, evidence consistently shows that individual factors – like race, ethnicity, health insurance status, income, and where a person lives – strongly impact regular access to healthy food. For instance, living in a rural area, living in a community without stores that offer healthy foods, being American Indian or Alaska Native or Black, having limited income and limited education have all been shown to be independently associated with poor diet quality.<sup>3</sup>

A cancer diagnosis is associated with substantial economic burden among cancer survivors and their families. Some families must make sacrifices that adversely affect their access to nutritious foods, including fruits and vegetables, to offset high out-of-pocket medical expenses. One recent study found that among cancer survivors, 27% of age 18 to 39-year olds, 15% of age 40-64 years, and 6% of age over 65 years experienced severe or moderate food insecurity. Cancer survivors who had lower incomes or higher comorbidities were more likely to experience this food insecurity.<sup>4</sup> Cancer survivors who are Hispanic,<sup>5</sup> uninsured,<sup>6</sup> and/or identify as LGBTQ+<sup>7</sup> are also more likely to experience food insecurity. Cancer survivors with minor children also may be particularly vulnerable to financial hardship, even years after diagnosis. A 2022 study showed that children of cancer survivors were more likely to live in families that experience shortages in basic economic needs, including the inability to afford balanced meals (16.9% of children of cancer survivors vs. 13.3% of children without a parental cancer history).<sup>8</sup>

Patients with cancer may benefit from Food is Medicine programs, which have been shown to decrease food and nutrition insecurity, improve quality of life, and provide nutrition support for cancer treatment. Among program participants, some of these initiatives have also reduced hospital admissions and readmissions, lowered medical costs, and improved medication adherence.<sup>9</sup> Studies have shown the value of these initiatives for cancer patients and their families, including as part of palliative care,<sup>10</sup> and in improving quality of life and treatment completion among medically underserved, food-insecure patients with cancer who were at risk of impaired nutritional status.<sup>11</sup> ACS CAN supports this provision and encourages CMS to approve it.

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<sup>2</sup> Rock, CL, Thomson, CA, Sullivan, KR, Howe, CL, Kushi, LH, Caan, BJ, Neuhauser, ML, Bandera, EV, Wang, Y, Robien, K, Basen-Engquist, KM, Brown, JC, Courneya, KS, Crane, TE, Garcia, DO, Grant, BL, Hamilton, KK, Hartman, SJ, Kenfield, SA, Martinez, ME, Meyerhardt, JA, Nekhlyudov, L, Overholser, L, Patel, AV, Pinto, BM, Platek, ME, Rees-Punia, E, Spees, CK, Gapstur, SM, McCullough, ML. American Cancer Society nutrition and physical activity guideline for cancer survivors. *CA Cancer J Clin*. 2022. <https://doi.org/10.3322/caac.21719>.

<sup>3</sup> McCullough ML, Chantaprasopsuk S, Islami F, Rees-Punia E, Um CY, Wang Y, Leach CR, Sullivan KR, Patel AV. Association of Socioeconomic and Geographic Factors With Diet Quality in US Adults. *JAMA Netw Open*. 2022 Jun 1;5(6):e2216406. doi: [10.1001/jamanetworkopen.2022.16406](https://doi.org/10.1001/jamanetworkopen.2022.16406). PMID: 35679041; PMCID: PMC9185183.

<sup>4</sup> Zheng Z, Jemal A, Tucker-Seeley R, et al. Worry About Daily Financial Needs and Food Insecurity Among Cancer Survivors in the United States. *Journal of the National Comprehensive Cancer Network*. 2020;18(3):315-327. doi:<https://doi.org/10.6004/jnccn.2019.7359>

<sup>5</sup> American Cancer Society Cancer Action Network. This Costs of Cancer in the Hispanic/Latino Community. 2022. <https://www.fightcancer.org/policy-resources/costs-cancer-hispaniclatino-community-0>

<sup>6</sup> American Cancer Society Cancer Action Network. The Costs of Cancer Among Uninsured People. 2022. <https://www.fightcancer.org/policy-resources/costs-cancer-among-uninsured-people-0>

<sup>7</sup> American Cancer Society Cancer Action Network. The Costs of Cancer in the LGBTQ+ Community. 2023. <https://www.fightcancer.org/policy-resources/costs-cancer-lgbtq-community>

<sup>8</sup> Zhiyuan Zheng et al., Association of parental cancer and minor child's unmet economic needs in food, housing, and transportation. *JCO* **40**, 12014-12014(2022). DOI:[10.1200/JCO.2022.40.16\\_suppl.12014](https://doi.org/10.1200/JCO.2022.40.16_suppl.12014)

<sup>9</sup> Downer S, Clippinger E, Kummer C. Food is Medicine Research Action Plan. Published Jan. 27, 2022. Retrieved at [https://www.aspeninstitute.org/wp-content/uploads/2022/01/Food-is-Medicine-Action-Plan-Final\\_012722.pdf](https://www.aspeninstitute.org/wp-content/uploads/2022/01/Food-is-Medicine-Action-Plan-Final_012722.pdf).

<sup>10</sup> Ishaq, O., Mailhot Vega, R., Zullig, L., Wassung, A., Walters, D., Berland, N., Du, K. L., Ahn, J., Leichman, C. G., Jill Cohen, D., Gu, P., Chachoua, A., Leichman, L. P., Pearl, K., & Schiff, P. B. (2016). Food as medicine: A randomized controlled trial (RCT) of home delivered, medically tailored meals (HDMM) on quality of life (QoL) in metastatic lung and non-colorectal GI cancer patients. *Journal of Clinical Oncology*, 34(26\_suppl), 155–155. [https://doi.org/10.1200/jco.2016.34.26\\_suppl.155](https://doi.org/10.1200/jco.2016.34.26_suppl.155).

<sup>11</sup> Gany, F., Melnic, I., Wu, M., Li, Y., Finik, J., Ramirez, J., Blinder, V., Kemeny, M., Guevara, E., Hwang, C., & Leng, J. (2022). Food to Overcome Outcomes Disparities: A Randomized Controlled Trial of Food Insecurity Interventions to Improve Cancer Outcomes. *Journal of Clinical Oncology*, 40(31), 3603–3612. <https://doi.org/10.1200/JCO.21.02400>.

### Support for Justice-Involved Individuals

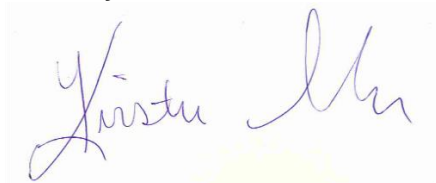
DC requests authority to provide select services to justice-involved Medicaid beneficiaries 90 days prior to their return to the community setting. These services include case management/care coordination, 30-day supply of medications, and comprehensive behavioral and physical health screenings.

ACS CAN supports this proposal. 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.<sup>12</sup> A recent study showed that individuals with incarceration history were more likely to be uninsured and to experience longer periods of uninsurance.<sup>13</sup> 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.<sup>14</sup> ACS CAN supports taking steps like this one 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. We encourage CMS to approve this proposal.

### **Conclusion**

The goal of the Medicaid program is to provide health coverage and access to care for people who need it. These proposals meet this goal, and we support DC's renewal request because it will improve access to and continuity of care for people in DC with cancer. If you have any questions, please feel free to contact Jennifer Hoque at [jennifer.hoque@cancer.org](mailto: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 yellow rectangular highlight.

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

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<sup>12</sup> 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.

<sup>13</sup> 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>.

<sup>14</sup> 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.