



July 24, 2024

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

**Re: New York State Medicaid Redesign Team Waiver – Continuous Eligibility Waiver Amendment**

Dear Administrator Brooks-LaSure:

The American Cancer Society Cancer Action Network (ACS CAN) appreciates the opportunity to comment on the New York State Department of Health's Continuous Eligibility Waiver Amendment request submitted on June 10, 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 for Children

The Department is requesting authority to provide continuous eligibility for children in Medicaid and Child Health Plus (NY's Children's Health Insurance Program) through age 6.

ACS CAN strongly supports both proposals. As the draft proposal notes, researchers estimate that, nationwide, up to 11.2 percent of children on Medicaid disenroll and subsequently re-enroll in the program;<sup>1</sup> which can disrupt important care and significantly impact later health and social outcomes. On average the state estimates that 66,177 young children will receive continuous enrollment on an annual basis as a result of this proposal.<sup>2</sup>

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,

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<sup>1</sup> Corallo, Bradley, Garfield, R, Tolbert, J, and Rudowitz, R. Medicaid Enrollment Churn and Implications for Continuous Coverage Policies, Kaiser Family Foundation, Dec. 14, 2021, available at <https://www.kff.org/medicaid/issue-brief/medicaid-enrollment-churn-and-implications-for-continuous-coverage-policies/>

<sup>2</sup> New York State Department of Health Office of Health Insurance Programs. New York State Medicaid Redesign Team (MRT) Waiver. 1115 Research and Demonstration Waiver #11-W-00114/2. June 10, 2024. [ny-medicaid-rdsgn-team-pa-06262024.pdf](https://www.health.ny.gov/medicaid-rdsgn-team-pa-06262024.pdf)

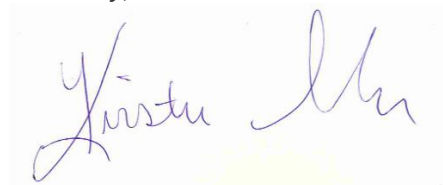
making it difficult or impossible for those with cancer to continue treatment. For cancer patients who are mid-treatment, a loss of health care coverage could seriously jeopardize their chance of survival. Research also shows the detrimental impact of coverage gaps on Medicaid enrollees who have a history 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.<sup>3</sup> 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.<sup>4</sup>

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.<sup>5</sup>

### **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 children in New York 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 horizontal line.

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

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<sup>3</sup> 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>

<sup>4</sup> 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>

<sup>5</sup> 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)