July 3, 2024

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

Re: Rhode Island Comprehensive Section 1115 Demonstration Waiver Extension Request Addendum

Dear Administrator Brooks-LaSure:

The American Cancer Society Cancer Action Network (ACS CAN) appreciates the opportunity to comment on the Rhode Island Department of Health and Human Services' request for a Section 1115 demonstration waiver extension addendum. 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 addendum request and urges the Centers for Medicare and Medicaid Services (CMS) to approve it for the reasons detailed below.

Providing Food and Nutrition Services

Rhode Island seeks to address the risks associated with rising hunger and inadequate nutrition in certain populations by providing a Healthy Food Prescription service and Medically Tailored Meals. The Healthy Food Prescription services will be provided as nutrition vouchers or food boxes and will contain general groceries or therapeutic groceries based on a particular nutritional need. The service will be available for 6 months with an option to reauthorized, and the beneficiary must meet certain criteria – experiencing cancer is one way a member would qualify. Medically Tailored Meals are home-delivered meals tailored for a specific disease or condition and involve evaluation by a Licensed Dietitian. Members may also become eligible for this program if they are diagnosed with cancer.

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.[1] Fruit and vegetables are complex foods, containing vitamins, minerals, fiber, and other substances that may both help prevent cancer and improve cancer outcomes.[2]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.[3]

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.[4] Cancer survivors who are Hispanic,[5] uninsured,[6] and/or identify as LGBTQ+[7] 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).[8]

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.[9] Studies have shown the value of these initiatives for cancer patients and their families, including as part of palliative care,[10] and in improving quality of life and treatment completion among medically underserved, food-insecure patients with cancer who were

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[1] 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.

[2] Rock, CL, Thomson, CA, Sullivan, KR, Howe, CL, Kushi, LH, Caan, BJ, Neuhouser, 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.

[3] 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. PMID: 35679041; PMCID: PMC9185183.

[4] 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

[5] 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

[6] 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

[7] 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

[8] 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

[9] 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.

[10] 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 (HDMTM) 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.

at risk of impaired nutritional status.[11] ACS CAN supports this provision and encourages CMS to approve it.

Pre-release Supports for Incarcerated Individuals

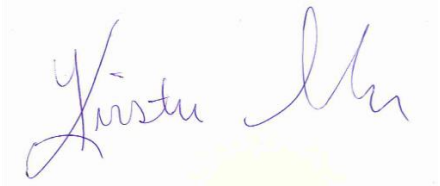
Rhode Island requests to amend a previous application to provide these services to extend the pre-release coverage of incarcerated individuals from 30 days to 90 days. The state also requests to extend these services to more individuals experiencing re-entry, and to expand the list of covered services to include a wide range of treatments including laboratory and radiology services, medications and medication administration, and physical and behavioral health clinical consultation services.

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.[12] A recent study showed that individuals with incarceration history were more likely to be uninsured and to experience longer periods of uninsurance.[13] 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.[14] 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 Rhode Island's requested addendum because it will improve access to and continuity of care for people in Rhode Island with cancer. If you have any questions, please feel free to contact Jennifer Hoque at jennifer.hoque@cancer.org.

Sincerely,



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

[11] 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.

[12] 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.

[13] 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.

[14] 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.