LUNG CANCER ALLIANCE

SAVING LIVES AND ADVANCING RESEARCH BY EMPOWERING THOSE LIVING WITH AND AT RISK FOR LUNG CANCER.

LungCancerAlliance.org

1700 K Street NW, Ste 660
Washington, DC 20006

August 17, 2018

The Honorable Alex Azar
Secretary
Department of Health and Human Services
200 Independence Ave., SW
Washington, DC 20201

Re: Kentucky HEALTH 1115 Waiver Online Comments

Dear Secretary Azar,

Lung Cancer Alliance (LCA) appreciates the opportunity to submit comments to the Centers for Medicare and Medicaid Services on the Kentucky HEALTH 1115 waiver during the open comment period. As a leading lung cancer advocacy organization, Lung Cancer Alliance fights to support patients by advancing research, elevating awareness and advocating for improvements in our health care system that increase access to treatment and preventive services for all those living with and at risk of lung cancer. As advocates for the additional access to care furnished by Medicaid, we strongly believe that this Kentucky HEALTH 1115 waiver would deter access to care due to new eligibility requirements.

Lung cancer is the leading cause of cancer death in the United States. It is estimated that in 2018, more than 154,000 Americans will die from lung cancer. That is more than breast cancer, colon cancer, and prostate cancer combined[1]. Even further, in Kentucky alone, the Center for Disease Control estimates that more than 5,000 people will be diagnosed with lung cancer in 2018. In the last few years, annual low dose CT screenings for lung cancer has been officially recommended by the U.S. Preventive Services Task Force (USPSTF) for adults aged 55 to 80 who smoke or have smoked in the last 15 years. In addition, these screenings have become an essential covered health benefit under Medicare. However, even with increased access, estimated figures show that less than two percent of all eligible nationwide, obtain screening for lung cancer[2]. By advocating for increased access to treatments and preventive services such as low dose CT screenings, LCA thrives for a vision to triple the number of survivors in the next

[1] Cronin, J Joseph. Florida Transportation Disadvantaged Programs Return On Investment Study. Florida State University, Mar. 2008,
[2] PHAM et al. [http://abstracts.asco.org/214/AbstView_214_221571.html]

decade. LCA remains concerned that Kentucky Medicaid enrollees, including lung cancer survivors and those at high risk, will lose access to health coverage and won't receive vital early detection, treatment and care due to the implementation of work requirements, lock-out periods, and the removal of non-emergency medical transportation (NEMT) coverage embedded in the Kentucky HEALTH 1115 waiver.

Work requirements

Neither threats nor actual loss of health insurance will effectively promote work. Rather, work requirements, its associated paperwork and the resulting loss of coverage will counterproductively deter employment opportunities. In fact, a comprehensive assessment of Ohio's Medicaid expansion program reveals that 52.1 percent of enrollees found that having access to Medicaid made it easier for them to get and keep employment[3]. Even further, among surveys of unemployed Medicaid expansion enrollees in Ohio and Michigan, the majority said having Medicaid coverage made it easier for them to look for work[4].

According to the U.S. Department of Labor, the unemployment rate in Kentucky prior to the implementation of Medicaid expansion in 2013 was more than 8 percent, but as of 2018, that rate nearly dropped by half with a state unemployment rate of 4 percent[5].

Like all insurance, Medicaid helps protect people from medical costs and debt, and that helps improve enrollee's financial security. An assessment of Ohio's Medicaid expansion found that nearly 23 percent of expanded enrollees reported improvements to their financial situations; 58 percent said coverage made it easier to purchase food and 48 percent reported that coverage made rent and mortgage payments easier[6]. Other studies as well have concluded that Medicaid expansion is associated with a significant reduction in unpaid medical bills and a decline in credit card debt[7]. By cutting off Medicaid access to so many through complex, burdensome employment and paperwork/reporting requirements, Kentucky will be damaging the very financial security that could help Medicaid recipients seek and maintain employment.

When states add paperwork requirements to Medicaid, enrollment falls. Because low-wage work frequently comes with highly variable schedules and inconsistent working hours, Kentucky's 20-hours per week (80 hours per month) work/community engagement

[3] "The Return on Investment of Medicaid Expansion: Supporting Work and Health in Rural Ohio." Center For Children and Families, 30 May 2017,

[4] Gehr, Jessica, and Suzanne Wikle. "The Evidence Builds: Access to Medicaid Helps People Work." CLASP Policy Solutions That Work For Low Income People, Dec. 2017,

[5] "Kentucky Economy at a Glance." U.S. Bureau of Labor Statistics, U.S. Bureau of Labor Statistics,

[6] "The Return on Investment of Medicaid Expansion: Supporting Work and Health in Rural Ohio." Center For Children and Families, 30 May 2017,

[7] Dussault, Nicole, et al. "Is Health Insurance Good for Your Financial Health? Liberty Street Economics." Liberty Street Economics,

requirement and cumbersome, inflexible reporting requirements for changes in income or employment status will lead to many being "locked-out" due to inadequate working hours, reporting errors or missed deadlines[8]. Enrollment will necessarily fall across the board—for working adults, people with medical conditions who cannot work but do not qualify for SSI disability, and family caregivers.

In contrast, voluntary referrals to work programs put people back to work without taking their health care away**.** As part of its Medicaid expansion, Montana incorporated a voluntary referral to a state job counseling program with no disenrollment penalty. With the combined Medicaid expansion/job referral program, the state has seen employment gains among the Medicaid expansion population that are above the US average for that income group and above the gains for higher income groups in the state[9].

Lock-outs and Retroactive coverage

Medicaid is the only type of health insurance that requires annual documentation for redetermination of eligibility. This, in turn, results in "churning," where beneficiaries enter, exit, and re-enter as their income and eligibility changes[10]. Reports state that as much as 50 percent of enrollees will shortly lose coverage during the renewal process every year. With many enrollees earning an income below 100 percent the poverty line, a loss in Medicaid means a high chance they will lose access to health coverage entirely, as they cannot afford marketplace coverage.

Removing retroactive coverage will exacerbate churning. Studies show retroactive coverage helps individuals get out of poverty and leads to less uncompensated care, which in turn helps Kentucky's health system. When churning is accompanied by lock-out periods, people who may be facing many different circumstances that lead to "churn" are left without coverage. For many low-income residents, challenges may include difficulty receiving mail, a lack of a fixed address, and chronic or intermittent homelessness. Medicaid is likely to be all the more important during a time in which someone has difficulty completing redetermination paperwork. Lock-outs are punitive policies with the main goal of cutting people off Medicaid, and they make it even more difficult for the vulnerable to get back on their feet. The resulting disruptions in care will lead to poor health outcomes and increased costs for Kentucky residents.

[8] Sanger-katz, Margot. "Hate Paperwork? Medicaid Recipients Will Be Drowning in It." The New York Times, The New York Times, 18 Jan. 2018,

[9] "The Economic Impact of Medicaid Expansion in Montana." The University of Montana, Apr. 2018,

[10] Swartz, Katherine, et al. Advances in Pediatrics., U.S. National Library of Medicine, July 2015,

Regular and ongoing care is very important for lung cancer patients; studies show that preventable hospitalizations decline when there aren't disruptions in care –disruptions like those produced by the removal of retroactive coverage. The direct, foreseeable consequence of this policy will be worse health for Kentucky's lowest-income residents.

Eliminating non-emergency medical transportation

Eliminating NEMT will make it harder for Medicaid enrollees to get appropriate care at the appropriate time. For Medicaid enrollees, lack of transportation is a major barrier to timely access to care[11]. Many do not have cars and, particularly in rural areas, do not have access to public transportation NEMT helps lower-income Kentucky residents, including lung cancer patients, get the health care they need before it becomes a more expensive emergency. The cost-effectiveness of reliable NEMT is demonstrated by a strong correlation with fewer emergency visits. For many cancer patients, reliable transportation to all appointments leads to better care, increased access to treatment, and improved outcomes. Providing Medicaid enrollees with transportation to non-emergency care results in fewer missed appointments, shorter hospital stays, and fewer emergency room visits. Alternatively, poor access to transportation is related to lower use of preventive and primary care and increased use of emergency department services[12].

Furthermore, research from the Federal Transit Administration shows that NEMT services directly save states money for some medical conditions, reducing the total cost of treating those conditions[13]. Even when NEMT does not produce immediate savings, it produces savings in the long term through decreased future health care costs and improved quality of life. A study conducted by Florida State University concluded that if only 1 percent of NEMT trips prevented a hospital stay, the return on investment to the state would be 1,108 percent**.** In other words, the state would save an estimated $11.08 for each $1 invested in non-emergency transportation[14].

Lung Cancer Alliance (LCA) asks you to reject the current 1115 Kentucky HEALTH Medicaid waiver as these new eligibility requirements under consideration will only harm Medicaid enrollees in Kentucky and impact their access to care. As an organization fighting to ensure

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[11] National Study of Barriers to Timely Primary Care and Emergency Department Utilization Among Medicaid Beneficiaries, Cheung, Paul T. et al., Annals of Emergency Medicine, Volume 60, Issue 1, 4 - 10.e2

[12] Rosenbaum, Sara, et al. "Medicaid's Medical Transportation Assurance: Origins, Evolution, Current Trends, and Implications for Health Reform." The George Washington University, George Washington University School of Public Health and Health Services, July 2009,

[13] "Cost-Benefit Analysis of Providing Non-Emergency Medical Transportation." Transit-Oriented Development and Joint Development in the United States: A Literature Review | Blurbs New | Blurbs | Publications,

[14] Cronin, J Joseph. Florida Transportation Disadvantaged Programs Return On Investment Study. Florida State University, Mar. 2008,

that all Americans fighting lung cancer are ensured access to care and treatments, we strongly believe that this waiver will only make access to treatments and proper care even more difficult. Thank you for this opportunity to provide feedback. If you have any questions, please contact Randy Kane at rkane@lungcanceralliance.org or 202-742-1889.

Sincerely,

Laurie Fenton Ambrose

President & CEO
Lung Cancer Alliance