

October 19, 2018



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

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

[RE: Alabama Medicaid Workforce Initiative](#)

Dear Secretary Azar,

Lung Cancer Alliance (LCA) appreciates the opportunity to submit comments to the Centers for Medicare and Medicaid Services on the Alabama Medicaid Workforce Initiative 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 Alabama 1115 waiver would prevent access to care and result in loss of health coverage due to the new eligibility requirements. Among the states that have not expanded Medicaid, including Alabama, an estimated 6.7 million individuals are projected to remain uninsured¹. This 1115 waiver will only cause further harms and increased rates in the uninsured population.

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 combined². Even further, in Alabama alone, the Center for Disease Control estimates that more than 4,190 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 in 2015. However, even with increased access, estimated figures in 2016 show that less than two percent of all eligible patients nationwide,

¹ Dorn, Stan, et al. What Is the Result of States Not Expanding Medicaid? Urban Institute, Aug. 2014.

² Rick Alteri, MD; et al., "Cancer Facts & Figures 2018", American Cancer Society, 2018

obtain screening for lung cancer³. 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 decade.

If Alabama's agenda is to use employment as a factor to produce healthier outcomes for low-income individuals, Lung Cancer Alliance believes that stripping health coverage will decrease employment opportunities and lead to negative health outcomes. While studies have revealed a positive relationship between working and health outcomes, an increasing number of studies reveal an even larger negative impact on health outcomes when individuals cannot find work, especially among lower income individuals. Unemployment has been linked to an increased risk of cardiovascular issues, depression, anxiety, and mortality. On the contrary though; having access to affordable health coverage for low-income individuals in many states have led to increased health and is associated with increased labor opportunities. In Montana for example, the labor force saw a 6 percent increase following Medicaid expansion⁴. As well a majority of Michigan Medicaid beneficiaries reported having an easier time finding employment when they had health coverage⁵. While working can have positive effects on an individual's health, taking away health coverage from an individual for not being employed will impact their health and make seeking employment even more difficult. Work may influence health, but access to coverage has an even stronger influence on health and work.

If the effort is to encourage more to work while maintaining coverage, punishment nor threat of taking away health coverage for not working will be effective. In contrast, voluntary referrals to work programs could be put into place that encourages work while maintaining health coverage. For example, 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 state⁶. Not only will the threat of losing health coverage lead to an increased barrier to employment, but many beneficiaries will lose coverage simply due to the new reporting process. In Arkansas where similar requirements were implemented earlier this year; in the first month alone, the state disenrolled more than 4,000 Medicaid beneficiaries due to noncompliance with the requirement or reporting their work in

³ PHAM et al. [http://abstracts.asco.org/214/AbstView_214_221571.html]

⁴ Bureau of Business and Economic Research, The Economic Impact of Medicaid Expansion in Montana (University of Montana Bureau of Business and Economic Research, Prepared for the Montana Healthcare Foundation and Headwaters Foundation, April 2018), https://mthcf.org/wp-content/uploads/2018/04/BBER-MT-Medicaid-Expansion-Report_4.11.18.pdf

⁵ University of Michigan Institute for Healthcare Policy & Innovation, Medicaid Expansion Helped Enrollees Do Better at Work or in Job Searches (June 2017),

⁶ "The Economic Impact of Medicaid Expansion in Montana." The University of Montana, Apr. 2018,

order to be compliant with the required hours of work. Many of which were unaware of the reporting requirement or were unaware that they were eligible to be exempt from the requirement. With similar objectives being considered in Alabama, it can be argued that similar outcomes will occur following implementation. Throwing people off Medicaid because they do not submit paperwork reporting work hours is not consistent with Medicaid's objective of furnishing medical care.

As well, imposing work requirements will lead to increased financial difficulties for beneficiaries. 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 easier⁷. 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 debt⁸. By cutting off Medicaid access to so many through complex, burdensome employment and paperwork/reporting requirements, Alabama will be damaging the very financial security that could help Medicaid recipients seek and maintain employment.

Even further, due to Alabama being a non-expanded state, imposing work requirements will put beneficiaries with some of the strictest eligibility requirements in an even tougher position to stay eligible. Because Alabama is a non-expanded state, in order to be eligible in Alabama in a family of two, a single parent with one or more dependent must make less than 247 dollars a month. But with the new work requirement, that individual would be required to work 35 hours a week; at the state's minimum wage, they would be earning more than 1,000 dollars a month, thus becoming ineligible for Medicaid. But if they don't report the 35 required hours of work, they are non-compliant and disenrolled⁹. By implementing a work requirement in a non-expansion state, the state is setting up a trap that essentially penalizes Medicaid beneficiaries for not working, and due to low-income eligibility requirements, it would penalize beneficiaries who do find work but still become ineligible due to their higher income.

While Alabama attempts to further assist individuals that fall into this 'catch-22' circumstance by extending transitional medical assistance (TMA) to allow an eighteen month grace period for

⁷ ["The Return on Investment of Medicaid Expansion: Supporting Work and Health in Rural Ohio." Center For Children and Families, 30 May 2017.](#)

⁸ [Dussault, Nicole, et al. "Is Health Insurance Good for Your Financial Health? Liberty Street Economics." Liberty Street Economics.](#)

⁹ "The Impact of Alabama's Proposed Medicaid Work Requirement on Low-Income Families with Children", Georgetown University Health Policy Institute, March. 2018

those who have recently become ineligible to find health coverage elsewhere, it still will not solve the program's inherent problem. To qualify, individuals would have to have met Medicaid eligibility requirements for three out of the last six months before their income increased, but that excludes enrollees who don't meet that requirement every month, such as examples of unstable employment. Analyses show that if these requirements are implemented in Alabama, an estimated 15,000 low-income parents will lose health coverage in the next five years¹⁰. These new requirements will reduce coverage levels and increase the number of people without health insurance due to the fact that Alabama is a non-expanded state. These requirements being considered are not in line with the overall mission of Medicaid to help promote the health of the poorest Americans and does not provide people in Alabama with the proper resources to adequately obtain and maintain health coverage.

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

¹⁰ "The Impact of Alabama's Proposed Medicaid Work Requirement on Low-Income Families with Children", Georgetown University Health Policy Institute, March. 2018