February 7, 2020

The Honorable Seema Verma
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Hubert H. Humphrey Building
200 Independence Avenue, SW
Washington, DC 20201

RE: Healthy Adult Opportunity

Dear Administrator Verma:

The National Comprehensive Cancer Network® (NCCN®) writes to comment with concern on the recent Medicaid memo to states regarding the “Healthy Adult Opportunity” (HAO) Medicaid block grant. NCCN’s mission is to improve and facilitate quality, effective, efficient, and accessible cancer care. NCCN is concerned that the model as proposed will impede patient access to high-quality cancer care and reduce the gains America has made in early detection of cancer, particularly among low-income adults. NCCN appreciates the opportunity to respond and will comment on the proposal’s potential impact on access to screening and preventive care, access to appropriate cancer treatment, and the overall impact to patients and providers in oncology.

As an alliance of 28 leading academic cancer centers in the United States that treat hundreds of thousands of patients with cancer annually, NCCN is a developer of authoritative information regarding cancer prevention, screening, diagnosis, treatment, and supportive care that is widely used by clinical professionals and payers alike. The NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) are a comprehensive set of guidelines detailing the sequential management decisions and interventions that apply to over 97 percent of cancers affecting patients in the United States. Since 2008, CMS has recognized the NCCN Drugs & Biologics Compendium (NCCN Compendium®) as a mandated reference for establishment of coverage policy and coverage decisions regarding the use of drugs and biologics in cancer care. The NCCN Guidelines are transparent, continuously updated, available free of charge online for non-commercial use and available through a multitude of HIT vendors. NCCN Guidelines and Library of Compendia products are utilized by commercial payers that represent more than 85 percent of covered lives in the United States.
Screening and Early Detection Concerns

A variety of studies have been published demonstrating the impact of Medicaid expansion on the prevention and early detection of cancer. The implementation of Medicaid expansion under the Affordable Care Act (ACA) has resulted in insurance coverage for more than 17 million Americans as of 2017.\(^1\) In 2019, the *American Journal of Preventive Medicine* published a study finding that the 5 states and District of Columbia that were early adopters of Medicaid expansion saw significantly larger increases in rates of colorectal cancer (CRC) screening than states that did not expand Medicaid. Between 2012 and 2016, the proportion of low-income adults ages 50 to 64 who were up-to-date with CRC screening grew by 8.8 percentage points in very early adopters of expansion (from 42.3% to 51.1%) compared to just 3.8 percentage points in non-expansion states (from 44.2% to 48.0%).\(^2\) Studies examining rates of breast and cervical cancer screening among low-income adults find similar gains in Medicaid expansion states compared to non-expansion states.\(^3\) Additionally, studies analyzing rates of cancer surgery have concluded that low-income adults in expansion states are more likely to have access to necessary cancer surgery than those in non-expansion states.\(^4\)

Medicaid is an essential program for low-income adults in need of cancer screening and treatment. The HAO as outlined by CMS includes several provisions that threaten the recent gains in cancer screening, early identification, and treatment under Medicaid expansion. In particular, NCCN is concerned that the increased cost-sharing provisions may impact a patient’s ability to access needed health services. NCCN appreciates that CMS maintains the annual cost-sharing limit at no greater than 5% of an individual’s income. However, for low-income Americans, day to day costs have a much greater impact on health purchasing behavior than annual costs. Americans in this income bracket are frequently living paycheck to paycheck and a difference in co-pay of $5 rather than $1 will likely have a significant impact on enrollees’ ability to meet their basic needs that day. NCCN urges CMS not to grant states flexibility in out of pocket cost sharing. This is particularly important for maintaining gains in access to cancer screening and treatment.

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Potential Impact on Benefit Design and Overall Enrollment

NCCN has significant concern about the HAO’s impact on the overall benefit design of Medicaid including medical transportation, beneficiary access to clinically appropriate cancer drugs and biologics, and access to appropriate specialist providers. Numerous studies have found transportation is a significant barrier to access for cancer care in the United States.5 This is a particular concern for Medicaid beneficiaries residing in rural areas across the country and for patients with rare, advanced, or complex cancers that require care at a specialized high-quality academic cancer center.6 The HAO would allow states to completely eliminate non-emergency medical transportation, thereby exacerbating this barrier to treatment. NCCN urges CMS not to approve state applications to eliminate this vital program.

Under the HAO, CMS would allow states to cover just one drug per class for a variety of conditions. Notably, CMS protects treatments for mental health and HIV/AIDS noting their status among the Medicare Part D protected classes. Unfortunately, HAO does not also provide similar protections for other Medicare Part D protected classes of drugs including anti-cancer drugs. Drugs belonging to the protected classes receive protected status due to the importance of timely access to highly individualized treatment. This is particularly important in a complex specialty like oncology wherein unnecessary delays in care can have grave consequences for patients. NCCN has significant concern that the HAO program does not include necessary protections for cancer treatments that are vital to the health and well-being of Americans.

The HAO as outlined by CMS puts significant financial pressure on participating states to reduce Medicaid expenditures in order to share in any savings and avoid exceeding their cap on federally matched funds. The HAO also allows states significant flexibility in provider rate-setting, hospital payments, and network adequacy requirements. Access to a robust provider network, including academic cancer centers, is a critical component of high quality cancer care. NCCN is concerned that the enhanced allowances outlined in the HAO will impact patient access to oncology specialists and academic cancer centers which are of particular importance to patients with complex or rare cancers. Reducing network adequacy protections will likely result in providers shouldering a large share of the financial burden of this proposal which will ultimately impact patient access to cancer care.

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Impact on Enrollment and Coverage Gains

The HAO as written includes an aggregate cap model that includes financial disincentives from growing or even maintaining enrollment. The HAO also allows states to implement additional cost-sharing and eligibility requirements including work requirements. NCCN has significant concern that these allowances will lead to reductions in enrollment based on outcomes from similar state initiatives. In Arkansas, when work requirements were implemented for their Medicaid expansion population, 18,000 or nearly 1 in 4 beneficiaries in this category lost coverage prior to court intervention to halt the program. Patients qualifying for exemptions, including cancer exemptions, reported significant paperwork barriers resulting in inappropriate termination from the program. NCCN is concerned that the wide adoption of additional eligibility requirements paired with increased cost-sharing for low-income Americans will lead to a sharp reduction in insurance coverage and ultimately patient access to high-quality cancer care.

NCCN appreciates the opportunity to share our perspective on the impact of the HAO to Americans with cancer. Following review of the HAO and its impact on Medicaid beneficiaries with cancer, NCCN has concluded this proposal will harm gains made in screening and early detection of cancer, will reduce patient’s timely access to appropriate and individualized treatment, and will reduce patient access to oncology providers. As such, NCCN urges CMS not to pursue the HAO as written. We welcome the opportunity to discuss our comments further and look forward to working together to ensure timely access to high-quality cancer care.

Sincerely,

[Signature]

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