August 18, 2018

Centers for Medicare & Medicaid Services
Department of Health and Human Services
P.O. Box 8016
Baltimore, MD 21244-8016

Re: Comments on the Mississippi Workforce Training Initiative Section 1115 Waiver

To Whom It May Concern:

On behalf of the Cancer Support Community (CSC), an international nonprofit organization that provides support, education, and hope to cancer patients, survivors, and their loved ones, we appreciate the opportunity to provide comments on the Section 1115 Demonstration Waiver request for the Mississippi Workforce Training Initiative. Our comments address our concerns with the proposed work requirement policy that will ultimately limit access to care for low-income individuals in Mississippi living with cancer. For the reasons outlined in this letter, we are opposed to Mississippi’s 1115 waiver request and urge the Centers for Medicare and Medicaid Services (CMS) to reject it.

As the largest direct provider of social and emotional support services for people impacted by cancer, and the largest nonprofit employer of psychosocial oncology professionals in the United States, CSC has a unique understanding of the cancer patient experience. Overall, we deliver more than $40 million in free, personalized services each year to individuals and families affected by cancer nationwide and internationally. Additionally, CSC is home to the Research and Training Institute—the only entity of its kind focused solely on the experiences of cancer patients and their loved ones. The Research and Training Institute has contributed to the evidence base regarding the cancer patient experience through its Cancer Experience Registry, various publications and peer-reviewed studies on distress screening, and the psychosocial impact of cancer and cancer survivorship.

Cancer patients face a wide variety of barriers in access to quality and comprehensive care. Almost all patients report experiencing barriers in accessing care, regardless of their income-level, location, and health plan. Low-income cancer patients however are particularly at risk as they face obstacles in qualifying for, accessing, and maintaining health care coverage for essential services. Of the patients surveyed in the Access to Care in Cancer 2016 study conducted by CSC, only 4.8% had gained access to coverage through Medicaid. Of the patients who reported being uninsured, 43% said they could not afford health insurance, and 31% said
they were not eligible for Medicaid. According the proposal, approximately twenty-five percent of Mississippi’s population currently depends on Medicaid for their healthcare needs. The state has not expanded its Medicaid program and has one of the lowest eligibility income caps in the country, leaving an estimated 100,000 Mississipians in the coverage gap between Medicaid and marketplace subsidies according to a 2018 Kaiser Family Foundation report on eligibility for ACA coverage among the uninsured. Any additional barriers in access to care for cancer patients will set back progress and harm cancer patients and their families already facing significant difficulty in securing and maintaining coverage while undergoing difficult, life threatening, and time consuming treatment regimens.

I. Work Requirements do not meet the requirements for a Section 1115 Waiver

Federal law does not permit the implementation of work requirements in the Medicaid program, as the core mission of the Medicaid program is to provide comprehensive health coverage to people whose income and resources are “insufficient to meet the costs of necessary medical services.” Section 1115(a) of the Social Security Act was created to allow the Secretary of the Department of Health and Human Services to waive certain provisions of the Medicaid program as long as the initiative is “likely to assist in promoting the objectives of the program”. The Mississippi proposal does not fulfil the requirement as it will create significant access barriers for low-income Mississipians.

The state is seeking to implement work requirements to promote employment, thereby attempting to improve the overall health and long-term success of Mississipians enrolled in the Medicaid program. However, according to a 2017 study by the Kaiser Family Foundation, 8 in 10 Medicaid recipients already live in working families and a majority are working themselves. The Medicaid program is designed to provide coverage for those that are unable for a variety of reasons, to find or maintain employment that can provide for their health care needs. Medicaid enrollees who are not working most often reported that the major impediments to their ability to work included illness, disability, or caregiving responsibilities. In a study done by The Ohio Department of Medicaid, it was reported that three-quarters of Medicaid beneficiaries who were looking for work said that Medicaid made it easier for them to do so. For those who were currently working, more than half said that Medicaid made it easier to keep their jobs.

II. The waiver’s design actually impedes Mississipians ability to work

The Mississippi waiver, intended to “provide a level of health security to Medicaid members while they gain the tools necessary for them to become independent of Medicaid” will in reality be a disincentive and make it difficult for enrollees to successfully maintain gainful employment. To meet the work requirements, the proposal requires that “non-disabled adults” prove that they are employed, volunteering for unpaid, approved community service, or participating in an alcohol or drug abuse program for 20 hours per week. This requirement however, creates a serious “catch-22” as enrollees who manage to meet the work requirement will likely earn too much to qualify for Medicaid coverage. For example, an individual living in Mississippi with one dependent cannot make more than 27% FPL, or $370 per month to remain eligible for
coverage. If they were able to secure minimum-wage work at 20 hours per week (for which they are very unlikely to be offered employer-based insurance), they would earn $580 per month, thus rendering them ineligible for Medicaid coverage. The state’s revised proposal offers these individuals access to Transitional Medical Assistance (TMA) for up to 24 months if they work every single month, but this does not address the loss of coverage for those unable to comply, nor provide support to help individuals gain access to individual or employer-based insurance as the state intends. This design leaves low-income Mississippians with an impossible decision between working to provide food and housing, or restricting work to remain eligible for healthcare, if they are able to find or maintain employment and secure child care and transportation in the first place.

There are 9 listed exemption categories that are ill-defined and vague, likely leaving many patients unsure of whether they will qualify as exempt. The proposal includes an exemption for a member receiving treatment for cancer, but does not elaborate on what limitations are included, if a patient must be in active and ongoing treatment, and does not provide exemption for cancer patients and survivors still living with the effects of the disease, nor their caregivers. Many individuals living with cancer are not classified as “severe” enough by the Medicaid program to qualify for a disability exemption, but are facing significant health problems that would make it extremely difficult or impossible to fulfill this requirement. Treatment for cancer may not always produce “severe physical or mental impairments” that will easily and explicitly qualify patients for disability, but can greatly impede their health and ability to maintain steady employment. Patients often face symptoms of their disease as well as difficult side effects of medications such as extreme nausea, fatigue, diarrhea or constipation, nerve damage, heart problems, pain, etc.

### III. Conclusion

In its proposal the state itself notes that is has been consistently rated at the bottom of healthcare rankings by America’s Health Rankings, and that Medicaid is the state’s largest payer of healthcare services. As a state with one of the lowest income eligibility caps, lowest rankings in common health factors, and 25% of the state population enrolled in the program, Mississippi cannot afford to implement a program that further restricts individuals access to timely and affordable health care. Health care and the ability to maintain good health is itself critical to an individual’s ability to retain employment. A 2018 Kaiser Family Foundation study concluded that, “access to affordable health insurance has a positive effect on people’s ability to obtain and maintain employment, while lack of access to needed care, especially mental health care and substance abuse treatment, impedes employment.” It goes on to explain that low-income adult Medicaid enrollees have high rates of chronic conditions, and that these individuals are better able to hold a steady job if these conditions are treated or controlled, but work may become impossible if these conditions go untreated. Health setbacks often lead to job loss, which would lead to loss of access to health care and treatment, which would in turn make it more difficult for individuals to retain employment. The Mississippi proposal operates under the assumption that
steady employment is vital to health, but in reality, low-income residents in Mississippi, particularly those impacted by cancer, absolutely need access to health care to maintain employment.

We appreciate the opportunity to provide comments on the Mississippi Section 1115 Waiver Demonstration Request. For the reasons above, we urge the rejection of this proposal, to ensure that vulnerable populations retain access to necessary and affordable healthcare. A program that was designed provide for the health care needs of low-income individuals without other options, should never be provisional based on unattainable goals or detrimental to the health of its citizens. Please reach out to me at efranklin@cancersupportcommunity.org if you would like to discuss any of the above in more detail.

Respectfully Submitted,

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Cancer Support Community
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