December 19, 2019

Seema Verma
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244

Re: TennCare II Demonstration Amendment 42

Dear Administrator Verma:

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 Tennessee Division of TennCare’s 1115 waiver application. Our comments address our concerns with the proposal to convert the funding structure of the TennCare program to a block grant that will ultimately limit access to care for low-income individuals in Tennessee living with cancer. For the reasons outlined in this letter, we have serious concerns with Tennessee’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 $50 million in free, personalized services each year to individuals and families affected by cancer nationwide and internationally.

CSC is also 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.

Additionally, the CSC Cancer Policy Institute (CPI) brings together patient advocates and policy experts to ensure that the voices of cancer patients and their loved ones play a central role in federal and state legislative, regulatory, and executive policy making. We work in partnership with patient advocates, the CSC affiliate network and RTI, and numerous allied health care and oncology organizations to work towards a future where 15.5 million cancer survivors have access to comprehensive, high-quality, timely, and affordable medical, social, and emotional care.
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 nearly 900 patients surveyed in the Access to Care in Cancer 2016 study conducted by CSC, 4.8% had health insurance 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. While Medicaid expansion was intended to provide health coverage to millions more adults nationally, there are 19 states that did not expand their programs, including Tennessee, leading to a coverage gap for 3 million low-income Americans (Kaiser Family Foundation, 2016). Any additional barriers in access to care for cancer patients will only serve to 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. Block Grant Structure

CSC opposes Tennessee’s proposal to change the financing structure for its Medicaid program to a block grant, as we have concerns that the state will cut coverage for certain treatments completely or impose additional barriers to important services, making it more difficult for cancer patients to access the care that they need. Additionally, Tennessee may choose to cut payments to providers to help keep spending under the new block grant. As the gap between the block grant and actual costs of care increases over time, the pressure on Tennessee to limit enrollment, reduce benefits or increase cost-sharing for patients will only increase. These cuts are unacceptable.

II. Prescription Drug Access

CSC opposes the proposal to create a closed formulary with as few as one drug per class and exclude prescription drugs approved through the Food and Drug Administration’s (FDA) accelerated approval process. CSC is concerned that the creation of a closed formulary will severely limit the ability of providers to make the best medical decisions for their patients, based on the patient’s individual needs.

A formulary that may only cover one or two drugs in a class could harm patients and potentially raise medical costs as patients do not react, or react poorly, to the limited medications that can be prescribed to them. This is particularly true for cancer patients who often receive personalized or combination therapy. Rather, providers should be prescribing based on clinical guidelines and a shared decision-making process with the patient. The closed formulary has the potential to create delays in appropriate care, cause patients to forgo care completely, increase patient distress, and ultimately even contributing to higher health care costs. In the CSC Access study (2016) referenced above, we found that 25% of patients experience delays in accessing needed care (due to policy barriers such as prior authorization or step therapy), with Medicaid patients experiencing the greatest care delivery delays. We are concerned that the proposed exceptions
process outlined in the waiver amendment simply cannot ensure uninterrupted access to needed drugs, particularly for patients living with cancer or other life-threatening diseases.

Additionally, allowing TennCare the flexibility to exclude prescription drugs approved through FDA’s accelerated processes has the potential to harm cancer patients by restricting access to novel and lifesaving therapies.

III. State Flexibilities

Tennessee is asking to be exempt from federal standards and requirements for its managed care program, including the Managed Care Rule. This important safeguard ensures Medicaid Managed Care Organizations (MCOs) have to meet certain requirements related to patient care. For example, the managed care rule sets standards related to adequate networks, so patients can see the appropriate providers and receive the care they need. The managed care rule requires MCOs to comply with standards of time and distance to measure this network adequacy, helping patients access both primary care providers and specialists they need.

Tennessee is asking to change the “amount, duration, and scope” of benefits, which could allow the state to put caps on services or only cover critical services for certain individuals. The Medicaid population by definition is a population with limited resources, and allowing Tennessee to change the “amount, duration, and scope” of benefits could impact negatively impact the care for patients with the fewest resources.

IV. Fiscal Sustainability

If Tennessee is concerned about the fiscal sustainability of its Medicaid program, the state could submit a state plan amendment to fully expand Medicaid to 138 percent of the federal poverty level and receive a 90 percent match from the federal government for all expenses for the adult expansion population. This policy would both benefit the state financially and extend access to care to more low-income individuals in need of coverage, a core objective of the Medicaid program.

V. Conclusion

The core objective of the Medicaid program is to furnish healthcare to people living with limited incomes and this waiver does not further this goal. Access to quality, comprehensive, and affordable healthcare is critically important for Tennesseans living with cancer, and this waiver proposal to convert the funding structure of the TennCare program to a block grant will jeopardize beneficiaries’ access to care.

We appreciate the opportunity to provide comments on the waiver proposal. For the reasons above, we urge that the state withdraw this proposal, to ensure that vulnerable populations retain access to necessary and affordable healthcare. 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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Executive Director, Cancer Policy Institute  Executive Director
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References
