



March 20, 2024

Representative Landwehr
Chair, House Health and Human Services Committee

RE: HB 2556 / Neutral Testimony

Madame Chair and Members of the Committee,

The American Cancer Society Cancer Action Network (ACS CAN) is the nonprofit, nonpartisan advocacy affiliate of the American Cancer Society. Our mission is to "Advocate for evidence-based public policies to reduce the cancer burden for everyone." To that end, ACS CAN will continue to prioritize policies that help every Kansan prevent, find, treat and survive cancer.

"If you are uninsured, and you are diagnosed with cancer, you have a 60% greater chance of dying from cancer than if you were insured and diagnosed with cancer."ⁱ In 2024, the American Cancer Society projects a total of 16,640 new cancer diagnoses for Kansans; many of which are preventable.

Whether it is access to primary health care through which cancer risks and prevention tools are learned, vaccine and screening education is taught and accessible, or diagnostic tools, treatment guidance and support are provided; meaningful cancer prevention relies on consistent access to health care and comprehensive health insurance. HB 2556 provides that access to an estimated 150,000 low-income Kansans by expanding Medicaid eligibility. **ACS CAN supports expanding Medicaid eligibility** and in so doing, ensuring all Kansans have access to comprehensive health insurance without restrictions. The connection between increased access and improved cancer outcomes is well established:

- Medicaid expansion was associated with improved rates of colorectalⁱⁱ prostate, and cervical cancer screenings.ⁱⁱⁱ
- Individuals enrolled in Medicaid prior to their cancer diagnosis have better survival rates than those who enroll after their diagnosis.^{iv}
- Medicaid expansion led to an increase in both total and earlier-stage cancer diagnoses in expansion states, while the gap in diagnoses between expansion and non-expansion states widened.^v
- Maternal and infant health outcomes are more favorable in states that have expanded Medicaid. Medicaid expansion increases access to health care before, during, and after pregnancy and has contributed to decreased maternal and infant mortality rates.^{vi}
- Medicaid expansion extends survival for patients in all racial and ethnic groups but has the greatest survival benefit for those in medically underserved minority groups.^{vii}
- The health coverage provided by Medicaid helps to improve outcomes and reduce the burden of cancer by offering access to prevention services; timely cancer screening and early detection services; as well as affordable treatment services and care.

- Medicaid expansion is associated with an increase in survival from cancer at 2 years post diagnosis, and the increase was most prominent among non-Hispanic Blacks in rural areas, highlighting how expanding Medicaid can reduce health disparities^{viii}.

While HB 2556 expands Medicaid eligibility to low-income Kansans, it does so with requirements that do not work for cancer patients and their caregivers. ACS CAN opposes any attempt to condition Medicaid coverage on work requirements because:

- People impacted by cancer can be locked out of coverage. The reality of cancer treatment, survivorship and caregiving is that there are times when holding a job or engaging in a job search is physically unworkable – and while some may be exempt from work requirements, the administrative complexity of constantly reporting work or health status could still lead to them being locked out of coverage.^{ix}
- Several courts have ruled that Medicaid work requirements are unlawful because they decrease access to Medicaid coverage. Most adults enrolled in Medicaid already work (61%), or have caregiving responsibilities, school, or serious illness/disabilities that legitimately prevent them from working (30%) – so work requirements are not likely to increase employment or punish individuals who are deliberately ‘gaming the system.’
- Work requirements “fail to promote the intended objectives of the Medicaid program...(and) directly inhibit access to high-quality cancer care.” Further, conditioning health insurance on work requirements can create numerous consequences for enrollees including but not limited to “disruptions in care, delays in treatment, dis-enrollment in coverage – all of these gaps in care delivery that have been shown to directly adversely impact cancer care outcomes.”^x

Further, HB 2556 imposes cost share requirements that have been shown to deter enrollment; ACS CAN has concerns about such policies for several reasons:

- Studies have shown that imposing even modest premiums on low-income individuals is likely to deter enrollment in the Medicaid program.^{xi}
- Imposing cost sharing on low-income populations has been shown to decrease the likelihood that they will seek health care services, including preventive screenings.^{xii}
- Cancers that are found at an early stage through screening are less expensive to treat and lead to greater survival.

ACS CAN continues working to ensure every Kansan has access to affordable health care. For the 150,000 Kansans who are stuck in the coverage gap, access to KanCare should be expanded, not restricted. Due to the concerns we have referenced above, ACS CAN is neutral on HB 2556 as currently written; we stand ready to help the committee address these concerns at any time. Thank you for the opportunity to share our testimony and concerns, please do not hesitate to contact me with any questions.

Megan Word
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 American Cancer Society Cancer Action Network

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- ⁱ Dr. Otis Brawley, former Chief Medical Officer, American Cancer Society
- ⁱⁱ Aparna Soni, Kosali Simon, John Cawley, Lindsay Sabik, "Effect of Medicaid Expansions of 2014 on Overall and Early-Stage Cancer Diagnoses", *American Journal of Public Health* 108, no. 2 (February 1, 2018): pp. 216-218.
- ⁱⁱⁱ Dehkordy, SF, Hall, K, West, B, et al. "Medicaid Expansion Improves Breast Cancer Screening for Low Income Women." November 30, 2015. https://www2.rsna.org/timssnet/Media/pressreleases/14_pr_target.cfm?id=1849
- ^{iv} Ungar, Laura. "More KY Medicaid Patients Get Preventative Care." *Courier Journal*. August 7, 2015. Web www.courier-journal.com/story/life/wellness/2015/08/05/preventive-care-r...
- ^v Soni A, Cawley J, Sabik L, & Simon K. Effect of Medicaid Expansions of 2014 on Overall and Early-Stage Cancer Diagnoses. *The American Journal of Public Health*, 108(2), 216–218. doi:10.2105/AJPH.2017.304166.
- ^{vi} ACS CAN *Cancer and Closing the Health Insurance Coverage Gap, Feb. 2024*
- ^{vii} *Medicaid expansion increases survival for patients with cancer*, CA: A Cancer Journal for Clinicians, <https://doi.org/10.3322/caac.21751>
- ^{viii} Han, Xuesong, et al. Association Between Medicaid Expansion Under the Affordable Care Act and Survival Among Newly Diagnosed Cancer Patients. *Journal of the National Cancer Institute*. 2022 Aug 8;114(8):1176-1185. doi: 10.1093/jnci/djac077.
- ^{ix} ACS CAN, *Medicaid Work Requirements*, June 2023 – a 2018 analysis suggests that if all states were to implement Medicaid work requirements, between 1.4 and 4.0 million Medicaid adults could lose coverage, with the majority of disenrollment occurring among individuals who comply with the requirements (i.e., are working enough hours to satisfy requirements) and remain eligible but lose coverage due to new administrative reporting burdens or red tape.
- ^x Medicaid Work Requirements: A Conversation With Dr. Manali Patel, Clifford A. Hudis, MD, FASCO, FACP, October 3, 2018
- ^{xi} Hendryx M, Onizuka R, Wilson V, Ahern M. Effects of a Cost-Sharing Policy on Disenrollment from a State Health Insurance Program. *Soc Work Public Health*. 2012; 27(7): 671-86. - Wright BJ, Carlson MJ, Allen H, Holmgren AL, Rustvold DL. Raising Premiums and Other Costs for Oregon Health Plan Enrollees Drove Many to Drop Out. *Health Affairs*. 2010; 29(12):2311-16. - Office of the Assistant Secretary for Planning and Evaluation. *Financial Condition and Health Care Burdens of People in Deep Poverty*. Published July 16, 2015. Accessed October 2019. <http://aspe.hhs.gov/basic-report/financial-condition-and-health-care-burdens-people-deep-poverty>.
- ^{xii} Solanki G, Schauffler HH, Miller LS. The direct and indirect effects of cost-sharing on the use of preventive services. *Health Services Research*. 2000; 34: 1331-50. - Wharam JF, Graves AJ, Landon BE, Zhang F, Soumerai SB, Ross-Degnan D. Two-year trends in colorectal cancer screening after switch to a high-deductible health plan. *Med Care*. 2011; 49: 865-71. - Trivedi AN, Rakowski W, Ayanian JA. Effect of cost sharing on screening mammography in Medicare health plans. *N Eng J Med*. 2008; 358: 375-83