



February 24, 2021

Opponent Testimony – SB 17

Ohio Senate Government Oversight & Reform Committee

Bryan Hannon, Director, Ohio Government Relations

Chair Roegner, Ranking Member Craig and Members of the Committee:

On behalf of the 73,000 Ohioans who will be diagnosed with cancer in 2021, the American Cancer Society Cancer Action Network (ACS CAN) appreciates the opportunity to share our concerns about the effect Senate Bill (SB) 17 could have on cancer patients and survivors. The Medicaid expansion program provides countless low-income Ohioans access to life changing health insurance coverage and lifesaving therapies, including cancer treatment and survivorship care. Multiple provisions included in SB 17 would jeopardize thousands of cancer patients and survivors' eligibility for or access to the state's Medicaid program.

### **Work Requirements and Proposed Changes**

Requiring individuals to comply with work requirements as a condition of Medicaid eligibility fails to recognize the complex, chronic conditions that thousands of cancer patients and survivors struggle to manage on a daily basis. Cancer patients in active treatment are often unable to work or require significant work modifications due to multiple physical, cognitive, and psychological effects of their treatment.<sup>1,2,3</sup> Including work requirements as a condition of eligibility for Medicaid coverage could result in cancer patients or survivors being ineligible for coverage and deny them access to lifesaving cancer treatment and survivorship care.

The exemptions included in SB 17 are especially problematic for cancer patients, survivors, caregivers and countless Ohioans managing complex, chronic conditions. Under the proposal, enrollees would be subject to the work requirement until the age of 65, instead of age 55. Cancer is a disease of age, occurring most commonly in individuals over the age of 50. According to data from the National Cancer Institute, nearly 25 percent of all cancer diagnoses occur in individuals aged 55-64.<sup>4</sup>

Worse, it is unclear that cancer patients or recent survivors would be exempt from the work requirements. Though the legislation would exempt individuals with "intensive health care needs," it is unclear that cancer patients or recent survivors would meet the arbitrary definition and be classified as exempt. This uncertainty extends to individuals who are enrolled in Ohio's Breast and Cervical Cancer Project (BCCP) Medicaid – a special Medicaid eligibility program for lower income women who are diagnosed with breast or cervical cancer through the BCCP – the state's cancer screening and early detection program.

Given the experience with Arkansas' community engagement/work requirement, where uninsured rates were driven up and employment actually declined in the state after the requirement went into effect, we urge this committee to consider the number of state residents whose health could be negatively

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<sup>1</sup> Whitney RL, Bell JF, Reed SC, Lash R, Bold RJ, Kim KK, et al. Predictors of financial difficulties and work modifications among cancer survivors in the United States. *J Cancer Surviv.* 2016; 10:241. doi: 10.1007/s11764-015-0470-y.

<sup>2</sup> de Boer AG, Taskila T, Tamminga SJ, et al. Interventions to enhance return to work for cancer patients. *Cochrane Database Syst Rev.* 2011; 16(2): CD007569. doi: 10.1002/14651858.CD007569.pub2.

<sup>3</sup> Stergiou-Kita M, Pritlove C, van Eerd D, Holness LD, Kirsh B, Duncan A, Jones J. The provision of workplace accommodations following cancer: survivor, provider, and employer perspectives. *J Cancer Surviv.* 2016; 10:480. doi: 10.1007/s11764-015-0492-5.

<sup>4</sup> NCI Surveillance, Epidemiology and End Results program. <https://seer.cancer.gov/>

impacted, and coverage lost due to this proposal.<sup>5</sup> Additionally, it is clear from the data from Arkansas that the community engagement/work requirement did not meet the state's goal of incentivizing employment and increasing the number of employed Medicaid enrollees.<sup>6</sup>

### **Presumptive Eligibility Changes**

Low-income, Medicaid-eligible individuals rely on presumptive eligibility to receive affordable health care, particularly if they did not realize they were eligible for affordable coverage through Medicaid. Safety net hospitals and providers also rely on presumptive eligibility for reimbursement of provided services, allowing these facilities to keep the doors open.<sup>7</sup> Waiving presumptive eligibility for individuals enrolled in Medicaid could result in either an individual facing significant out-of-pocket expenses for care that they believed would be covered by their presumed eligibility or a provider being responsible for the cost of the provided services should the patient be unable to pay for them. This could be particularly true for those women who are screened through the Breast & Cervical Cancer Project, who are presumed eligible for the program and may not have a direct path to other insurance coverage for treatment of their breast or cervical cancer diagnosis.

Presumptive eligibility is also critical during public health emergencies and economic downturns like we are experiencing now with COVID-19, by ensuring individuals have an uninterrupted and expedited path to enrollment and coverage.

### **Benefit Suspension**

SB 17 would make Group VIII adults ineligible for Medicaid benefits for a period of six months if they fail to report qualifying changes to their circumstances. Subjecting enrollees to a lockout – especially without exception or appeal – could place a substantial economic burdens on enrollees and significant disruptions to care. During the proposed lock-out period, low-income cancer patients or survivors would likely have no access to affordable health care coverage, making it difficult or impossible to continue treatment or pay for their maintenance medication.

A state analysis of Group VIII patients in 2018 revealed that Medicaid coverage for this population facilitated new or continued employment, lessened financial hardship, reduced unhealthy behaviors such as tobacco use, and better enabled enrollees to act as caregivers to their family members.<sup>8</sup> These beneficial outcomes would be undermined by burdensome reporting requirements and lockout periods proposed in SB 17.

We urge the members of the committee to reconsider this request and how it could negatively impact patients, hospitals, and providers in the state.

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<sup>5</sup> Sommers BD, Chen L, Blendon RJ, et al. Medicaid Work Requirements In Arkansas: Two-Year Impacts On Coverage, Employment, And Affordability Of Care. Health Affairs. 2020. DOI: 10.1377/hlthaff.2020.00538

<sup>6</sup> Sommers BD, Chen L, Blendon RJ, et al. Medicaid Work Requirements In Arkansas: Two-Year Impacts On Coverage, Employment, And Affordability Of Care. Health Affairs. 2020. DOI: 10.1377/hlthaff.2020.00538

<sup>7</sup> National Association of Community Health Centers. Maine health center fact sheet. Published March 2017. Accessed April 2020. [http://www.nachc.org/wp-content/uploads/2016/03/ME\\_17.pdf](http://www.nachc.org/wp-content/uploads/2016/03/ME_17.pdf).

<sup>8</sup>Group VIII Final Report. 8.20.2018. Ohio Department of Medicaid.

<https://www.medicaid.ohio.gov/Portals/0/Resources/Reports/Annual/Group-VIII-Final-Report.pdf>