



**Testimony of Hilary Schneider, Regional Government Relations Director,
American Cancer Society Cancer Action Network**

In Opposition to: LD 784 “An Act to Establish Welfare Work Requirements for Able-bodied Adults Without Dependents”

and

LD 1194 “An Act to Implement Work Requirements Under the MaineCare Program”

April 7, 2023

Senator Baldacci, Representative Meyer, and members of the Health and Human Services Committee. My name is Hilary Schneider, and I am the Regional Government Relations Director of the North Atlantic Region for the American Cancer Society Cancer Action Network (ACS CAN). In this role, I serve as the lead Government Relations Director for Maine. ACS CAN, the nonprofit, nonpartisan advocacy affiliate of the American Cancer Society, supports evidence-based policy and legislative solutions designed to eliminate cancer as a major health problem. As the nation’s leading advocate for public policies that are helping to defeat cancer, ACS CAN ensures that cancer patients, survivors, and their families have a voice in public policy matters at all levels of government.

I would like to thank you for this opportunity to submit the following testimony in opposition to LD 784 and LD 1194 because ACS CAN strongly opposes any attempt to condition Medicaid coverage on work or community engagement. The American Cancer Society Cancer Action Network believes that everyone should have a fair and just opportunity to prevent, detect, treat, and survive cancer. Cancer impacts everyone and critical to eliminating disparities and ensuring health equity is to guarantee that all individuals have access to affordable health coverage.

The Affordable Care Act (ACA) expanded health insurance coverage to millions of Americans. A portion of these coverage gains are attributable to Medicaid expansion. In Maine, as of February 1, 2023, 106,509 people are currently enrolled through MaineCare expansion, including 92,884 adults without children and 13,625 parents and caretaker relatives.ⁱ According to Kaiser Family Foundation, in 2021, 260,400 Mainers were covered by Medicaid, representing 19.5% of the population.ⁱⁱ As a result of coverage expansions, Maine’s uninsured rate is the 13th lowest in the nation.ⁱⁱⁱ

Having adequate and affordable health insurance coverage is a key determinant for surviving cancer. Research from the American Cancer Society shows that uninsured people are less likely to get screened for cancer and thus are more likely to have their cancer diagnosed at an advanced stage when survival is less likely and the cost of care more expensive.^{iv} Access to health care coverage ensures that serious diseases like cancer can be detected and treated earlier but also often means better patient outcomes and less costs to the individual and the system. According to the Office of MaineCare Services, as of December 31, 2022, coverage through MaineCare expansion alone has resulted in 12,693 breast cancer screenings, and 10,882 colorectal cancer screenings.^v

Most adults enrolled in Medicaid work: a 2020 population survey showed that 63% of adult Medicaid enrollees were working full-or part-time – and another 29% were not working due to caregiving responsibilities, illness or disability, or school attendance.^{vi}

While LD 784 includes language pertaining to “able-bodied adults without dependents” and LD 1194 includes exemptions including for a member who “is medically certified as physically or mentally unfit for employment,” qualifying for and maintaining an exemption can be confusing and onerous. Exemptions often do not cover all situations in which an enrollee is impacted by a serious health condition like cancer.

Many individuals with a history of cancer rely on Medicaid for their health coverage in Maine and across the nation. Many of these individuals are physically unable to hold a job or engage in a job search. While these bills may intend to exempt them from work requirements, the administrative complexity of constantly reporting work or health status could still lead to them being locked out of coverage. 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.^{vii}

Many individuals who fail to meet a work requirement and are locked out of coverage will become uninsured – and most of these individuals will likely need cancer screenings or preventive services. As stated above, individuals without health insurance are more likely to be diagnosed with cancer at later stages when the disease is more expensive to treat, and survival is less likely.

Since most adults currently enrolled in Medicaid already work or have caregiving responsibilities, school, or serious illnesses/disabilities that prevent them from working, work requirements are not likely to increase employment and will only create bureaucratic barriers to coverage and care.

Only one state – Arkansas – has fully implemented a Medicaid work requirement, from June 2018 to March 2019. Evidence shows that about 25% of those subject to the requirement lost coverage in 2018. Research indicates that enrollees in Arkansas were unaware of or confused by the new work and reporting requirements, and they did not provide an additional incentive to work.^{viii} After legal challenges and high administrative costs, the state opted to stop their work requirements. Several courts have ruled that Medicaid work requirements are unlawful because they decrease access to Medicaid coverage.

Research consistently shows that expanding access to Medicaid increases insurance coverage rates among cancer patients and survivors, increases in early-stage cancer diagnoses, access to timely cancer treatment, and receipt of cancer screenings and preventive services.^{ix} For example, a recent study showed that Medicaid expansion was 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.^x As such, ACS CAN strongly supports policies that make it easier for eligible individuals to become aware of Medicaid, apply for it, and maintain their coverage. Instead, LDs 784 and 1194 would work to limit Medicaid coverage with work requirements, a policy that could harm people with cancer and cancer survivors.

For the above reasons, we urge you to vote “ought not to pass” on LDs 784 and 1194. We appreciate your time and consideration of our comments. I would be happy to answer any questions about this testimony.

-
- ⁱ Maine Department of Health and Human Services, Office of MaineCare Services, “MaineCare Expansion: MaineCare (Medicaid) Update: February 1, 2023, <https://www.maine.gov/dhhs/data-reports/mainecare-expansion> (accessed on April 3, 2023).
- ⁱⁱ Kaiser Family Foundation, “Health Insurance Coverage of the Total Population,” <https://www.kff.org/other/state-indicator/total-population/?dataView=0¤tTimeframe=0&sortModel=%7B%22collId%22:%22Uninsured%22,%22sort%22:%22desc%22%7D>, accessed on April 3, 2023.
- ⁱⁱⁱ Ibid.
- ^{iv} E Ward et al, “Association of Insurance with Cancer Care Utilization and Outcomes,” *CA: A Cancer Journal for Clinicians* 58:1 (Jan./Feb. 2008), <http://www.cancer.org/cancer/news/report-links-health-insurance-status-withcancer-care>.
- ^v Maine Department of Health and Human Services, Office of MaineCare Services, “MaineCare Expansion: MaineCare (Medicaid) Update: February 1, 2023, <https://www.maine.gov/dhhs/data-reports/mainecare-expansion> (accessed on April 3, 2023).
- ^{vi} Kaiser Family Foundation. Work Among Medicaid Adults: Implications of Economic Downturn and Work Requirements. February 11, 2021. <https://www.kff.org/report-section/work-among-medicaid-adults-implications-of-economic-downturn-and-work-requirements-issue-brief/#:~:text=Prior%20to%20the%20pandemic%2C%20most,working%20full%20or%20part%2Dtime>
- ^{vii} Kaiser Family Foundation. Implications of a Medicaid Work Requirement: National Estimates of Potential Coverage Losses. June 27, 2018. <https://www.kff.org/medicaid/issue-brief/implications-of-a-medicaid-work-requirement-national-estimates-of-potential-coverage-losses/>
- ^{viii} Sommers, Benjamin, et al. Medicaid Work Requirements in Arkansas: Two-Year Impacts on Coverage, Employment, and Affordability of Care. *Health Affairs*. 2020 Sep;39(9):1522-1530. doi: 10.1377/hlthaff.2020.00538
- ^{ix} Building on the Evidence Base: Studies on the Effects of Medicaid Expansion, February 2020 to March 2021. Published May 6, 2021. <https://www.kff.org/report-section/building-on-the-evidence-base-studies-on-the-effects-of-medicaid-expansion-february-2020-to-march-2021-report/>
- ^x 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