July 31, 2026

Dr. Mehmet Oz
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
200 Independence Ave SW
Washington, DC 20001

Submitted electronically at www.regulations.gov

Re: Medicaid Program; Community Engagement Requirement for Certain Individuals (CMS-2454-IFC) [RIN 0938-AV98]

Dear Administrator Oz,

I am pleased to submit these comments on behalf of the Association for Clinical Oncology (ASCO) in response to the Medicaid Community Engagement Requirement interim final rule that was posted in the Federal Register on June 1, 2026.

ASCO is a national organization representing more than 50,000 physicians and other health care professionals specializing in cancer treatment, diagnosis, and prevention. We are also dedicated to conducting research that leads to improved patient outcomes, and we are committed to ensuring that evidence-based practices for the prevention, diagnosis, and treatment of cancer are available to all Americans.

ASCO has long standing policy opposed to Medicaid community engagement requirements for people with cancer due to the significant barriers to life-saving care that such requirements can create for patients and survivors. With H.R. 1 mandating community engagement requirements in 42 states and the District of Columbia, ASCO's affiliate, the American Society of Clinical Oncology (the Society), recently released a position statement – *Implications for Cancer Care in a New Medicaid Era,*[1] to reflect the new landscape. As CMS and the states implement H.R.

[1] https://cdn.bfldr.com/KOIHB2Q3/as/hs3j3rxr3ccjt44cmvpq96/2026-ASCO-Medicaid-Position-Statement

1, it is essential to preserve sufficient clinical capacity in Medicaid to avoid unintended consequences that jeopardize access for patients with cancer. **To reduce burden on patients, providers, and states, ASCO strongly urges CMS to release further rulemaking or guidance rescinding the medically frail exemption policies discussed below**.

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Medically Frail Exemption

H.R. 1 significantly restructures eligibility, renewal, and accountability requirements in the Medicaid program, with important implications for individuals with cancer. Central among these changes are mandatory community engagement requirements for adult beneficiaries aged 19-64 with incomes below 138% of the federal poverty level. Beginning January 1, 2027, all states that have expanded Medicaid, along with Georgia and Wisconsin that have implemented partial expansion waivers, must implement community engagement requirements whereby individuals must demonstrate compliance with work, education, or volunteer activities to be eligible for Medicaid coverage. Included in the legislation is an exemption for individuals that are "medically frail" or who have a "complex medical condition."

In the interim final rule (IFR), CMS adopts a two-part definition of "medically frail" and outlines how states must determine the medically frail exemption. For a state to deem an enrollee medically frail, thus exempt from community engagement requirements, the state must first identify medically frail individuals through medical diagnosis. Second, for those with a qualifying diagnosis, states must then confirm an individual's ability or inability to work. Only those individuals with a qualifying diagnosis, as determined by each state, and confirmation of inability to work will be exempt from community engagement requirements. CMS does not specifically list conditions, diseases, or disabilities that would classify as medically frail.

States are directed to determine medical frailty from medical claims data and the presence of diagnosis codes and/or other reliable data readily available in the states. However, diagnosis codes and other claims data do not necessarily convey information about an individual's ability to work; therefore, states will also need to establish new standards, documentation requirements, or data to link the severity of an enrollee's condition to their ability to work.

In 2027, Medicaid enrollees may self-attest to the presence of a diagnosis or the ability to work. In 2028, however, absent available data sources to confirm ability to work, states may require individuals to obtain attestations from their provider or other forms of verification documenting how a specific condition limits their ability to work. States, providers, and enrollees will face

increased administrative complexity, and eligible individuals may lose coverage if they cannot quickly and easily obtain the required documentation. ASCO is concerned that requiring states to confirm an individual's functional status as part of the medically frail exemption will create disruption and potential loss of coverage for individuals with cancer.

To promote consistent access to care and protect Americans with a cancer diagnosis, CMS should rescind the requirement that states confirm an individual's ability to work. Having a cancer diagnosis should be sufficient to exempt an individual from Medicaid community engagement requirements.

Unpredictability of Cancer

When an individual is diagnosed with cancer, their health does not follow a predictable, linear path that easily aligns with exemption from or compliance with community engagement requirements as CMS proposes. An individual with cancer may be deemed able to work during the (re)verification period, however, without warning, their disease may progress or they may experience sudden treatment toxicities, infections, or acute complications making it impossible to return to daily activities. Patients with a cancer diagnosis should be automatically exempt from community engagement requirements to account for the unpredictability of the disease. Requiring patients with a cancer diagnosis to prove their ability to work fails to account for the non-linearity and clinical reality of oncology care and progression of the disease.

If a patient deemed able to work suddenly experiences a decline in health at the end of a reporting period and falls short of the required 80 hours, the process to appeal or retroactively apply for an exemption takes time. If a patient loses coverage, even for just a few weeks, it triggers a dangerous ripple effect. It means delayed chemotherapy rounds, skipped prescriptions, or postponed surgeries. For an oncology patient, these administrative delays aren't just inconvenient; they can lead to irreversible disease progression and directly impact whether a patient survives. Administrative systems cannot react at the speed of a clinical emergency. To ensure this does not happen, CMS should automatically exempt individuals with a cancer diagnosis.

When a patient's functional capacity plummets, they rarely have the stamina required to navigate the exemption process for community engagement. This again leaves them vulnerable to losing coverage when they need it most. Securing physician or another form of verification takes energy and time that an individual experiencing a decline in health does not have, creating a paperwork gap where the patient falls out of compliance because they cannot physically comply with the administrative requirements.

Congressional Intent

Preserving access to cancer care under Medicaid is paramount: CMS should not seek to implement requirements that are more stringent than statutorily required by H.R. 1.

ASCO believes that CMS is imposing regulatory requirements that exceed the Congressional intent of the medically frail exemption. The legislation clearly states that states "would be required to streamline and simplify processes to verify compliance to reduce burdens on individuals…"[2] The "ability to work" is subjective, depends on the specific circumstance of each individual, and is not easily streamlined or simplified through readily available data. Confirming functional capacity will likely require physician or another form of attestation, creating additional burdens on Medicaid enrollees, states, and physicians, which contradicts the legislative language and the goals of this Administration to reduce paperwork burden. Furthermore, the legislation does not state or imply that states should verify an individual's ability to work.

During the legislative process, lawmakers stated that cancer is a "serious or complex" medical condition that should be exempt from Medicaid community engagement requirements. House Energy and Commerce Chairman Representative Guthrie stated, "you're exempt if you're medically frail, which includes anyone who's blind, disabled, battling a chronic substance-use disorder or living with a serious and complex medical condition like cancer."[3] Senator Hyde-Smith from Mississippi stated that a cancer diagnosis would be a reasonable exemption from Medicaid community engagement requirements.[4] There was no expectation that states would require an individual with cancer, or any other serious medical condition, to prove their ability to work; the expectation was an automatic exemption.

To ensure uninterrupted access to life-saving care, ASCO strongly urges CMS to issue further guidance explicitly exempting cancer patients from community engagement requirements. CMS guidance on exemptions for "medical frailty" or "complex medical conditions" should include:

- Individuals undergoing testing for cancer diagnosis;

[2] https://d1dth6e84htgma.cloudfront.net/05_13_2025_FCMU_Memorandum_UPDATED_55a74a132a.pdf
[3] https://energycommerce.house.gov/posts/chairman-guthrie-op-ed-don-t-fall-for-the-lies-about-the-gop-s-plan-for-medicaid-we-re-actually-strengthening-it
[4] https://www.hydesmith.senate.gov/one-big-beautiful-bill

- Patients undergoing active treatment for cancer;
- Cancer survivors undergoing active surveillance for long-term disease or treatment-related side effects; and
- Caregivers of patients receiving testing or treatment for cancer or who are under long-term surveillance for their cancer.

Physician Attestation

Requiring clinical providers to formally attest to a patient's ability (or inability) to work introduces ethical, clinical, and administrative challenges. Physician attestation to the ability to work attaches the highest possible stakes—whether an individual with cancer retains the health insurance they need to battle their disease—to an administrative task outside the scope of clinical cancer care.

Physicians, nurses, and oncologists are trained to diagnose, stage, and treat cancer, not to perform occupational capacity assessments. Oncology clinicians may refer patients to a primary care doctor or a physical medicine and rehabilitation clinician for functional assessments, as they are not trained to administer them. If this provision stands, providers will be asked to translate complex, fluctuating clinical symptoms (like neuropathy, cognitive fog, or severe fatigue) into a simple yes or no designation. The side effects of cancer treatment are unpredictable and vary significantly among each individual. When attesting to a patient's ability to work, a provider may have to attempt to predict the types and severity of side effects a patient will experience, which opens them up to potential liability and audit risks if physician attestation and patient functional capacity do not align.

Many patients enrolled in clinical trials are unable to work given the complexity of treatment regimens, necessary recovery time, and travel to the clinical trial site. For a patient with cancer to participate in the clinical trial and keep their Medicaid coverage, the physician would have to determine they are *unable* to work. The Eastern Cooperative Oncology Group (ECOG) Score is a standardized 0-to-6 scale used by doctors and researchers to assess how a patient's disease impacts their daily living abilities and overall physical fitness, primarily in oncology and palliative care. To successfully enroll a patient in a clinical trial, the patient's ECOG status must be 0-1, which indicates they are fully active or able to do light work. In this situation, a physician who attests to a patient's ability to work is forced to choose between enrolling their patient in a

clinical trial—which could be their best treatment option—or keeping their patient enrolled in health care coverage, a decision no patient or physician should ever be forced to make.

Physician attestation to the ability to work may create ethical issues as well as tension between a physician and their patient. If a clinician believes a patient is capable of light or modified work but the patient feels unable to comply with the 80 hours a month requirement, the provider is forced to either deny the attestation—risking the patient's loss of insurance—or sign off on a determination they may not clinically support—putting themselves as risk for audit or noncompliance. Physicians are well positioned and trained to attest to or certify a patient *diagnosis*, not the ability to work.

The oncology workforce faces unrelenting levels of administrative burnout. Requiring oncology practices to manage community engagement paperwork compounds this strain. Reviewing state-specific forms and conducting functional assessments requires significant clinical time that is uncompensated by Medicaid, which already lags behind other payers. Requiring oncologists to spend precious clinical hours filling out non-clinical compliance paperwork takes time away from face-to-face patient care.

ASCO strongly opposes CMS's requirement that a physician attest to an individual's ability to work when a state cannot verify ability to work through readily available data. CMS should require states to adopt automatic, claims-driven exemptions for patients with cancer and their caregivers to minimize reliance on manual physician documentation.

Caregiver Exemption

Caregivers are an essential piece of cancer care. Caregivers coordinate and transport patients to appointments, administer treatments and manage complex medical tasks, communicate with the cancer care team, and provide emotional and daily living support that enables patients to recover at home. Cancer caregivers spend an average of nearly 33 hours per week delivering care, with roughly one in three devoting over 40 hours weekly—the equivalent of a full-time job.[5]

CMS states that a Medicaid enrollee is excluded from community engagement requirements if they meet the definition of a parent, guardian, caretaker relative, or family caregiver of a dependent child (age 13 or under) or a disabled individual. CMS is adopting the Americans with Disabilities Act (ADA) definition of disabled, which encompasses individuals with cancer. CMS defines a Family Caregiver as someone who lives with, a relative not living with, or an individual

[5] https://pmc.ncbi.nlm.nih.gov/articles/PMC10785947/

not living with the child or disabled individual and who provides care at least 80 hours per month.

ASCO appreciates and supports CMS's definition of "disabled" as this clearly includes individuals with cancer. Adoption of this definition ensures that family members caring for someone with cancer are exempt from community engagement requirements.

ASCO is concerned, however, that caregivers who are not related to the patient and who do not live with the patient need to meet the 80 hour per month threshold to be exempt. As discussed above, cancer is an unpredictable disease, and a caregiver's responsibilities can drastically change from one day or week to the next. Any caregiver, regardless of the family connection or living arrangement, should be exempt. **ASCO urges CMS to require states automatically exempt caregivers of patients receiving testing or treatment for cancer or who are under long-term surveillance for their cancer from community engagement requirements.**

Hardship Exemptions

States have the option to adopt four hardship exemptions outlined in the rule—inpatient care, medical travel, a national emergency, and high unemployment rates. States must either forgo or adopt all four hardship exemptions. ASCO appreciates that CMS has offered states the flexibility to exempt individuals traveling for medical care from community engagement requirements.

People facing a cancer diagnosis often need to travel for cancer care, especially those that live in rural areas. Additionally, clinical trials are often the best treatment option for cancer patients, and participating in trials demands travel, rigid schedules, and significant time commitments. **ASCO appreciates that CMS recognizes medical travel and clinical trial participation as grounds for a community engagement hardship exemption.**

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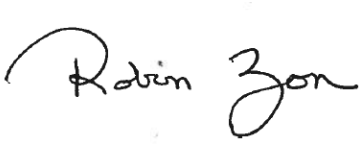
Medicaid covers 1 in 5 non-elderly adults newly diagnosed with cancer and 2 million individuals with a history of cancer. Disruptions will directly impact thousands of patients nationwide. Independent policy estimates project that over 2 million Americans could lose their health insurance coverage within the first year purely due to administrative complexities. ASCO understands that community engagement requirements will be in effect beginning in 2027 and that states will have to implement the program; however, CMS has the power to implement policies that are more likely to prevent large coverage losses and to protect individuals with cancer. **To reduce burden on patients, providers, and states, we strongly urge CMS to release**

further rulemaking or guidance rescinding the medically frail exemption policies discussed above.

Thank you for the opportunity to comment on the Medicaid Community Engagement Requirements interim final rule. Please contact Gina Hoxie (gina.hoxie@asco.org) with any questions or for further information.

Sincerely,



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