Alexandria, Va. – The American Society of Clinical Oncology (ASCO) released a position statement, “Block Grants in Medicaid & Their Impact on Cancer Care,” summarizing the Society’s concerns about the potential negative impact that recent proposals to establish annual limits on federal funding for Medicaid—or block grants—could have on patients with cancer. The statement urges state and federal policymakers not to enact, apply for, or advance any proposals to establish block grants for Medicaid programs.

“A transition to block grants could transform Medicaid from a safety net program, designed to meet basic health needs for low-income Americans, to a program with funding limits that drive care rationing for the most vulnerable,” said ASCO President Howard A. “Skip” Burris, III, MD, FACP, FASCO. “ASCO supports Medicaid reform, but such efforts—whether at the national, state, or local levels—must allow individuals to have access to high-quality cancer care without interruption.”

Under a block grant funding structure, states anticipate having more flexibility to change their Medicaid programs in ways that reduce its budgetary impact. ASCO is concerned, however, that such changes would limit access to care and services for beneficiaries. States currently have wide latitude to shape their Medicaid programs—but they must be in accordance with federal minimum standards.

Block grants could allow states to reinterpret or remove important federal guardrails and
accountability measures such as: prohibitions against provider discrimination, beneficiary support systems, network adequacy standards, grievance and appeals processes, and program integrity safeguards, among others. ASCO has long supported efforts to expand and strengthen Medicaid in ways that may not be supported by states in a block grant funding structure.

ASCO offers the following recommendations to state and federal policymakers regarding Medicaid block grants:

- Congress should not enact a block grant structure for the Medicaid program, either as an optional demonstration program or a permanent change to the program.
- CMS should not allow for states to apply for block grants through any of its existing regulatory authority and should not approve state waivers to establish block grants, enact lockout periods, lifetime limits, the elimination of retroactive eligibility or mandatory work requirements on beneficiaries.
- States should not seek waivers or other proposals that would establish federal block grant funding structures for their Medicaid programs, or otherwise seek to circumvent statutory obligations under the Social Security Act. Instead, states should seek to take advantage of full Medicaid program expansion.

“ASCO recognizes that state and federal budgets are facing mounting financial pressures—including the rising cost of cancer care—but transforming Medicaid into a block grant program would jeopardize health and outcomes for people with cancer,” said Dr. Burris. “Furthermore, reducing access to care such as recommended cancer screenings could actually end up increasing the cost of care when patients present to providers with more complex, late-stage illnesses.”

ASCO has long advocated for Medicaid beneficiary access to high-quality cancer care. Since the program covers more than 72 million Americans (more than 20% of the U.S. population) it is a crucial path to early cancer detection, optimal treatment availability, and more favorable cancer outcomes for low-income individuals. States that chose to expand Medicaid under the Affordable Care Act have seen improved access to cancer care, including improved early-stage cancer diagnosis, increased utilization of certain types of cancer surgery, and reduced health disparities.[1] [2]

The Society's position statement on block grants in Medicaid follows ASCO's 2017 Principles for Patient-Centered Health Care Reform—which states that all Americans should have access
to affordable and sufficient health care coverage regardless of their income—and its 2014 policy statement on Medicaid reform which calls for major changes to the program to ensure access to high-quality cancer care for all low-income individuals.

Read the American Society of Clinical Oncology Position Statement “Block Grants in Medicaid & Their Impact on Cancer Care.”


About ASCO:

Founded in 1964, the American Society of Clinical Oncology, Inc. (ASCO®) is committed to making a world of difference in cancer care. As the world’s leading organization of its kind, ASCO represents nearly 45,000 oncology professionals who care for people living with cancer. Through research, education, and promotion of the highest-quality patient care, ASCO works to conquer cancer and create a world where cancer is prevented or cured, and every survivor is healthy. ASCO is supported by its affiliate organization, the Conquer Cancer Foundation. Learn more at www.ASCO.org, explore patient education resources at www.Cancer.Net, and follow us on Facebook, Twitter, LinkedIn, and YouTube.