December 27, 2019

The Honorable Seema Verma
Administrator
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

RE: TennCare II - Amendment 42: Block Grant

Dear Administrator Verma,

On behalf of the Tennessee Oncology Practice Society (TOPS) and the American Society of Clinical Oncology (ASCO) we write to express our strong concerns about TennCare Demonstration Amendment 42 (Medicaid Block Grant Proposal). TOPS is a community of oncologists, nurse practitioners, physician assistants, and other allied health professionals who provide a powerful voice for multidisciplinary cancer care teams and the patients they serve. ASCO is the national organization representing nearly 45,000 physicians and other health care professionals specializing in cancer treatment, diagnosis, and prevention. With the well-being of thousands of Tennessee cancer patients and survivors in mind, we are deeply concerned about the effects that this block grant proposal could have on meaningful access to care for the Medicaid population in Tennessee.

ASCO released guiding principles on Medicaid Reform in 2014, including recommendations intended to help state Medicaid programs innovate while maintaining access to high-quality cancer care. We call on all programs to ensure that enrollees with cancer:

- have access to cancer care delivered by a cancer specialist;
- have access to cancer screening and diagnostic follow up without copays;
- do not face insurance barriers to clinical trial participation; and
- receive the same timely and high-quality cancer care as patients with private insurance.

Additionally, reimbursements should be sufficient to ensure that Medicaid beneficiaries have access to quality cancer care. Unfortunately, provisions in the Medicaid Block Grant Proposal run counter to these basic principles of access to cancer care. We acknowledge the efforts TennCare has made to respond to such feedback. However, we remain concerned this proposal will result in an unresponsive funding limit that drives Medicaid toward rationing of care for the most vulnerable. Specifically, TOPS and ASCO are concerned that implementation of the following flexibility requests would have a harmful impact on TennCare’s special patient populations:

**Re-Enrollment Lock-outs (Proposal: Waive Section 1902(a)(8); Section 1902(a)(10))**

TOPS and ASCO do not support waiver policies that have the potential to restrict or otherwise hinder access to Medicaid for individuals with a cancer diagnosis, or who are at increased risk of cancer. The proposed lockout would result in disruptions in care, unanticipated treatment delays, and is likely to lead to delays in screening for patients at an increased cancer risk. When patients are no longer able to access screening or other preventative care, they may (knowingly or not) delay seeking treatment until their disease is at an advanced stage. Such delays are linked to worse cancer care outcomes. Allowing patients to have continued access to early detection, screening, and care would improve patient health outcomes.

**Restrictive Formulary (Proposal: Waive Section 1902(a)(54), insofar as it incorporates Section 1927)**

The proposal to implement a restrictive formulary with as few as a single drug per therapeutic class is a significant concern for continued access and potential health outcomes for TennCare cancer patients. We are encouraged by
the addition of an exceptions process for medically necessary drugs, but this policy could delay care, prevent access to the most appropriate treatment for a patient’s disease, and jeopardize chances of a successful outcome. Prescription drugs have different indications, different mechanisms of action, and different side effects, depending on the diagnosis and comorbidities of an individual patient. Restricting TennCare’s drug benefits to such a tightly restricted formulary would limit the ability of providers to make the best medical decisions for the care of their patients. Cancer patients represent a special population that should be largely exempt from regulations intended to restrict access or limit doses, in recognition of the unique nature of the disease, its treatment, and potentially lifelong sequelae. Cancer is very heterogeneous, with some diseases experiencing high rates of mortality and others having an indolent biology extending over many years. Patients suffering from chronic, life-threatening conditions need a guarantee of access to the appropriate prescription drugs critical to treating their disease.

**Provider Reimbursement Changes Under Block Grants (Proposal: Operate a managed care program that does not comply with the requirements of 42 CFR Part 438.)**

Medicaid reimbursements should be sufficient to ensure that Medicaid patients can have access to quality cancer care. The proposal’s inclusion of a transition from traditional Medicaid to a block grant approach that exempts the state from CMS’ reimbursement rate requirements for Medicaid managed care has the potential to leave already struggling practices and providers that accept TennCare at greater disadvantage. Despite an acknowledgement that it is “not the state’s intention to reduce the benefits received by TennCare members,” we are concerned about what this could mean for access and network adequacy in a largely rural state like Tennessee. TennCare should institute network adequacy standards appropriate for ensuring that enrollees who are cancer patients or cancer survivors are able to access high quality cancer care in a timely fashion. Recognizing that states need flexibility to establish standards that are specific to the needs of their populations (even diverse populations within their states), TOPS and ASCO could support these network adequacy standards if they promote access based on specific patient needs, availability of care and providers, and appropriate utilization of services.

**Targeting Benefits to Certain Populations (Proposal: Section 1902(a)(10)(B))**

TOPS and ASCO oppose the inclusion of state waivers for essential health benefit coverage and are therefore concerned by Demonstration Amendment 42’s proposal to remove the requirement of comparability and vary benefits packages. As cancer care providers, we know the critical importance of screening and preventative services. These coverage losses may lead to individuals with cancer being diagnosed later or not at all, negatively impacting lives and driving up costs to the health care system. Cancer patients represent a special population that should be largely exempt from regulations intended to restrict access or limit therapy options, in recognition of the unique nature of the disease, its treatment, and its potentially lifelong impact. Should Demonstration Amendment 42 move forward, we urge you to ensure cancer patients are protected and accounted for into the design of TennCare’s benefits.

TOPS and ASCO welcome the opportunity to be a resource for you. For a more detailed understanding of our policy recommendations on this issue, we invite you to read the [ASCO Position Statement: Addressing Medicaid Waivers & Their Impact on Cancer Care](#) and the [ASCO Policy Statement: Medicaid Reform](#). Please contact Aaron Segel at aaron.segel@asco.org or Dr. Jack Erter at jerter@tnonc.com if you have any questions or if we can be of assistance.

Sincerely,

Jack W. Erter, III, MD  
President  
Tennessee Oncology Practice Society

Howard “Skip” Burris, MD, FASCO  
President  
American Society of Clinical Oncology