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June 16, 2023

Chiquita Brooks-LaSure
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: Clarifying Eligibility for a Qualified Health Plan through an Exchange, Advance Payments of the Premium Tax Credit, Cost-Sharing Reductions, a Basic Health Program, and for Some Medicaid and Children’s Health Insurance Programs (CMS–9894–P)

Dear Administrator Brooks-LaSure,

I am pleased to submit these comments on behalf of the Association for Clinical Oncology (ASCO) in response to proposed rule (CMS–9894–P) that would extend health coverage to DACA-Recipients published in the Federal Register on April 24, 2023.

ASCO is a national organization representing more than 45,000 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.

We are pleased to offer our comments below.

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CMS’ proposed rule would expand access to health care by reducing barriers to Medicaid, the Children’s Health Insurance Plan (CHIP), the Basic Health Program (BHP), and Affordable Care Act Marketplace (Marketplace) coverage for Deferred Action for Childhood Arrivals (DACA) recipients. DACA recipients would need to meet all other eligibility requirements to qualify for coverage. Additionally, DACA recipients would be eligible for financial assistance through the Marketplace, such as advance payments of the premium tax credit and cost-sharing reductions if they meet all other eligibility requirements. CMS proposes an implementation date of November 1, 2023, to ensure the

provisions are effective during the Open Enrollment Period for individual market Exchanges.

ASCO strongly supports CMS' proposal to extend coverage to DACA recipients, to adopt a 60-day special Enrollment Period to facilitate enrollment, and to effectuate these changes on November 1, 2023, to align with the Open Enrollment Period.

We applaud CMS for this proposal, which if finalized, could extend coverage and improved access to cancer care to approximately 120,000 previously uninsured DACA recipients.

Although many factors influence access to cancer care, lack of adequate health insurance poses a major barrier to quality and length of life for patients with cancer. Enrollment restrictions result in disruptions in care, unanticipated treatment delay, and delays in screening and care, all of which are linked to worse cancer care outcomes.¹ When patients do not have access screening or other preventative care services, they may (knowingly or not) delay seeking cancer treatment until their disease is at an advanced stage.²

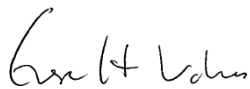
Cancer patients without adequate insurance receive less care, receive it later, and have worse outcomes than those with better insurance coverage. Uninsured and under-insured families facing a diagnosis of cancer report that they are unable to meet their out-of-pocket financial responsibilities and often must forgo cancer care to pay other bills. The ultimate result is that such patients unnecessarily experience worse outcomes themselves.³

Individuals with DACA, who do not have employer-sponsored insurance, would continue to have limited options for health insurance coverage if CMS does not finalize this proposal. To ensure access to care for those with a cancer diagnosis, to promote screening and preventative cancer services, and to advance health equity we urge CMS to finalize the changes as proposed.

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We appreciate the opportunity to comment on the proposed rule. Please contact Gina Hoxie (gina.hoxie@asco.org) or Karen Hagerty (karen.hagerty@asco.com) with any questions or for further information.

Sincerely,



Everett Vokes, MD, FASCO
Chair of the Board
Association for Clinical Oncology

¹ <https://www.kff.org/uninsured/issue-brief/key-facts-about-the-uninsured-population/>

² Amini A, Jones BL, Yeh N, et al: Disparities in disease presentation in the four screenable cancers according to health insurance status. *Public Health*, 138, 50-56, 2016

³ <https://www.asco.org/sites/new-www.asco.org/files/content-files/2017-ASCO-Principles-Healthcare-Reform.pdf>