



February 8, 2022

Representative Scott Krug, Chairman  
Assembly Committee on Public Benefit Reform  
Re: Opposition Testimony on AB 934

Dear Chairman Krug and Members of the Committee:

On behalf of the 102 people diagnosed with cancer every day in Wisconsin and more than 285,000 survivors we represent, the American Cancer Society Cancer Action Network (ACS CAN) opposes AB 934 - a bill that would require Medicaid enrollees prove eligibility and re-apply every six months. Cancer patients and survivors – as well as those with other complex chronic conditions – could be seriously disadvantaged and find themselves without Medicaid coverage due to changes to continuous eligibility and an increase in red tape to maintain enrollment.

Eliminating continuous eligibility will create additional barriers and requirements for enrollees, very likely reducing the number of Wisconsinites who can access essential health care, including cancer prevention and treatment. Requiring such frequent re-application and re-determinations of Medicaid eligibility is burdensome on enrollees as well as the Department. Terminating individuals' eligibility if they are not able to keep up with these onerous requirements could place a substantial financial burden on enrollees and cause significant disruptions in care, particularly for individuals in active cancer treatment.

Federal Medicaid rules require that states attempt to renew members' coverage using other available data sources<sup>2</sup> because this is one of the most efficient and cost-effective ways to keep people covered. Where the state already has information on file about an enrollee's qualifications, requiring more frequent redetermination is an unnecessary waste of taxpayer resources. Just as this data can be used to determine that someone is now ineligible for a means tested program, it should also be trusted to confirm eligibility.

Frequent re-determinations could result in loss of access to health care coverage due to small – often temporary – fluctuations in income, making it difficult or impossible for those with cancer to continue treatment. The American Cancer Society Cancer Action Network urges the members of the state legislature to reject this legislation and instead, increase income eligibility for our BadgerCare program. The most cost-effective solution to the issue of minor income fluctuations that interrupt Medicaid eligibility is to fully expand income eligibility for our state's Medicaid program.

ACS CAN wants to ensure that cancer patients and survivors in Wisconsin will have coverage under BadgerCare program, and that program requirements do not create barriers to care for low-income cancer patients, survivors, and those who will be diagnosed with cancer. For cancer patients who are mid-treatment, a loss of health care coverage could seriously jeopardize their chance of survival.

The American Cancer Society Cancer Action Network urges the members of the state legislature to reject this legislation and instead, increase income eligibility for our state's Medicaid program. The most cost-effective solution to the issue of minor income fluctuations that interrupt Medicaid eligibility is full expansion of Medicaid up to 138% FPL.

Sincerely,

Sara Sahli  
Wisconsin Government Relations Director  
American Cancer Society Cancer Action Network

2 435.916(a)(2) Renewal on basis of information available to agency. The agency must make a redetermination of eligibility without requiring information from the individual if able to do so based on reliable information contained in the individual's account or other more current information available to the agency, including but not limited to information accessed through any data bases accessed by the agency under §§ 435.948, 435.949 and 435.956.