July 31, 2026

The Honorable Mehmet Oz, MD
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244

Re: CMS-2454-IFR, Medicaid Community Engagement Requirement for Certain Individuals Interim Final Rule

Dear Dr. Oz:

LUNGevity Foundation appreciates the opportunity to submit comments on Interim Final Rule (IFR) CMS-2454-IFR regarding Medicaid community engagement requirements. Our organization represents patients, caregivers, clinicians, researchers, and advocates committed to reducing the burden of lung cancer through prevention, screening, early detection, innovative treatments, survivorship research, and equitable access to high-quality care.

LUNGevity respectfully urges the Centers for Medicare & Medicaid Services (CMS) to revise the IFR to ensure that eligible Medicaid beneficiaries with serious medical conditions, including individuals living with or at elevated risk of lung cancer, do not lose coverage because of avoidable administrative barriers.

LUNGevity recognizes CMS's responsibility to implement the Medicaid community engagement provisions enacted in the One Big Beautiful Bill Act (OBBBA). At the same time, CMS has discretion in determining how these requirements are implemented. We are concerned that certain provisions of the IFR may create administrative burdens beyond what Congress required and could unintentionally cause eligible individuals to lose coverage because of procedural challenges rather than no longer qualifying for Medicaid.

Importance of Continuous Coverage for Lung Cancer Care

Lung cancer remains the leading cause of cancer death in the United States.[1] Advances in screening, diagnostics, biomarker testing, surgery, radiation therapy, immunotherapy, and targeted treatments have transformed lung cancer care, but these advances can only improve outcomes when patients have reliable access to healthcare.

Cancer care is continuous and highly coordinated. Patients with lung cancer often require imaging, pathology services, specialty consultations, medications, treatment monitoring, and supportive services over extended periods. Even short disruptions in coverage can interrupt care at critical points.

Research demonstrates that delays in cancer care are associated with worse outcomes. Hanna and colleagues found that each four-week delay in cancer treatment was associated with increased mortality across several common cancers.[2] While the impact varies by cancer type and treatment approach, the evidence underscores the importance of timely access to cancer care services.

For individuals with lung cancer, delays in diagnosis, biomarker testing, or treatment initiation can allow disease progression and reduce opportunities for potentially curative treatment. Maintaining continuous coverage is therefore an essential component of improving lung cancer outcomes.

CMS's Prior Experience Demonstrates the Risks of Unnecessary Administrative Burden

CMS has recognized that continuous coverage supports access to preventive services, management of serious medical conditions, and improved health outcomes. The agency has also taken steps to simplify eligibility and renewal processes and reduce procedural barriers that can unnecessarily interrupt coverage.

CMS's experience with prior Medicaid community engagement demonstrations provides important lessons. Evaluations of the Arkansas Works Section 1115 demonstration identified challenges related to beneficiary awareness, reporting obligations, and compliance processes.[3] Subsequent analysis found that the demonstration resulted in significant coverage losses among affected adults without meaningful increases in employment.[4]

These findings demonstrate that administrative requirements can unintentionally create coverage losses among eligible individuals. CMS should consider these lessons when revising the IFR.

Individuals With Serious Illnesses Face Unique Challenges

Patients living with lung cancer may face significant challenges complying with additional reporting requirements because of the effects of their disease and treatment.

Lung cancer can cause fatigue, shortness of breath, pain, frequent medical appointments, hospitalizations, and periods of reduced physical functioning, and many patients face physical limitations due to side effects from their treatment. Patients undergoing evaluation for suspected cancer may also face urgent diagnostic timelines during which administrative requirements could create unnecessary distractions or delays.

Although medical exemptions may be available, the process for obtaining and documenting exemptions must be simple, accessible, and timely. The question is not only whether protections exist, but whether patients can successfully access those protections before experiencing a lapse in coverage.

Protecting Access to Prevention and Early Detection

LUNGevity's concerns also extend to individuals who have not yet been diagnosed with lung cancer.

Medicaid provides access to many essential prevention and early detection services, including annual low-dose CT screening for eligible individuals at high risk for lung cancer. However, screening is effective only when individuals can access it, receive follow-up testing for abnormal findings, and obtain timely treatment when cancer is detected. Coverage disruptions may interrupt this continuum of care and delay diagnosis until cancer is more advanced and treatment options are more limited.

Administrative Efficiency and Responsible Stewardship of Medicaid Resources

Reducing avoidable coverage interruptions is also consistent with the responsible administration of Medicaid resources.

When eligible beneficiaries lose coverage because of procedural barriers, states, providers, and patients must often devote additional time and resources to resolving eligibility issues, completing reenrollment processes, and addressing delayed care. These administrative burdens divert resources that could otherwise support direct patient care.

Coverage disruptions may also increase costs when delayed preventive care or interrupted treatment results in more advanced disease, emergency care, hospitalization, or more intensive treatment.

Recommendations

Before requiring states to implement Medicaid community engagement requirements, CMS should revise the IFR to ensure that implementation reflects congressional intent while minimizing unnecessary burdens on beneficiaries, providers, and states.

LUNGevity recommends that CMS:

- Delay state implementation until CMS completes revisions that provide appropriate beneficiary protections.
- Establish streamlined or automatic exemptions for individuals receiving active cancer treatment, undergoing evaluation for suspected cancer, or experiencing other serious medical conditions.
- Maximize automated verification of community engagement activities whenever possible using available federal and state data sources.
- Provide multiple notices and meaningful opportunities to correct administrative deficiencies before terminating coverage.
- Ensure reporting systems are accessible through multiple methods, including telephone, mail, and in-person assistance.
- Provide clear guidance to beneficiaries and providers regarding exemptions, reporting requirements, and appeal rights.
- Monitor implementation closely for evidence of inappropriate coverage losses, delayed diagnoses, interrupted treatment, and other unintended consequences.

Conclusion

LUNGevity Foundation recognizes CMS's responsibility to implement the Medicaid community engagement provisions enacted by Congress. At the same time, it is critical to ensure that administrative processes do not unintentionally prevent eligible individuals from maintaining coverage.

CMS's prior experience with Medicaid community engagement demonstrations illustrates how complex reporting and verification requirements can result in eligible beneficiaries losing coverage because of procedural challenges rather than ineligibility. For individuals living with lung cancer, a loss of Medicaid coverage is not simply an administrative inconvenience. It can delay diagnosis, interrupt treatment, limit access to life-saving therapies, and increase costs for patients, providers, and the healthcare system.

Accordingly, LUNGevity respectfully urges CMS to delay implementation while revising the IFR to strengthen beneficiary protections, reduce unnecessary administrative burdens, and ensure that implementation reflects both statutory requirements and congressional intent.

A revised rule should include streamlined medical exemptions, maximize automated verification, simplify reporting requirements, provide meaningful opportunities to correct administrative deficiencies, and include robust monitoring to identify and address unintended consequences.

Thank you for considering our comments. We appreciate the opportunity to provide input and look forward to continuing to work with CMS to strengthen Medicaid and improve health outcomes for the patients and communities we serve.

Respectfully,

Andrea Stern Ferris
President and CEO
LUNGevity Foundation

References

1. Siegel RL, Giaquinto AN, Jemal A. Cancer statistics, 2024. *CA: A Cancer Journal for Clinicians*. 2024;74(1):12-49.
2. Hanna TP, King WD, Thibodeau S, et al. Mortality due to cancer treatment delay: systematic review and meta-analysis. *BMJ*. 2020;371:m4087.
3. Centers for Medicare & Medicaid Services. Section 1115 Demonstration Monitoring & Evaluation resources. CMS Medicaid.
4. Sommers BD, Goldman AL, Blendon RJ, Orav EJ, Epstein AM. Medicaid Work Requirements — Results from the First Year in Arkansas. *New England Journal of Medicine*. 2019;381:1073-1082. doi:10.1056/NEJMsr1901772.