

Blood Cancer United

April 14, 2026

The Honorable Melissa Wiklund
Chair, Senate Health and Human Services Committee
2107 Minnesota Senate Bldg.
St. Paul, MN 55155

Re: Senate File 4612 and implementation of H.R. 1-related Medicaid provisions

Dear Chair Wiklund and members of the Committee:

Blood Cancer United, formerly known as The Leukemia & Lymphoma Society, appreciates the opportunity to comment on the provisions of SF 4612 drafted in response to the One Big Beautiful Bill Act, also known as H.R. 1. While the testimony provided by our partners in the *This Is Medicaid* coalition covers most of our views on SF 4612, we wish to add context on the stakes for blood cancer patients as Minnesota navigates compliance with the requirements of H.R. 1.

The mission of Blood Cancer United is to cure blood cancer and improve the quality of life of all patients and their families. For people living with cancer, high-quality coverage is what makes it possible to pursue life-saving medical care while protecting themselves and their family members from profound financial risk. For those who have survived cancer, coverage is vital for managing the lasting or late-onset health effects of both their disease and their treatment(s). Coverage disruptions interrupt urgently needed care and worsen health complications for both people undergoing active treatment as well as cancer survivors.

H.R. 1 implementation poses several challenges to Minnesota's Medicaid population. A prominent example of these challenges concerns the definition of medical frailty and whether individuals with a current or prior blood cancer diagnosis qualify as medically frail for purposes of H.R. 1's community engagement requirements.

Surviving cancer is sometimes thought of as a linear event of diagnosis, treatment, and post-treatment. But many survivors continue to experience lasting, fluctuating, or late-emerging health conditions related to their disease or to their treatment, including immune compromise, cardiovascular disease, pulmonary dysfunction, neuropathy and chronic pain, cognitive impairment, secondary malignancies, and post-transplant complications such as graft-versus-host disease. Many of these conditions are chronic, episodic, or progressive in nature and can meaningfully interfere with daily activities even when an individual is no longer receiving active cancer treatment. These comorbidities and treatment-related toxicities can emerge months or years after treatment concludes. In other words, just because a patient's primary cancer treatment has ended does not mean that the ongoing challenges of survivorship, including long-term survivorship, are not, themselves, a form of medical frailty.

Given these dynamics, Minnesota should strive to adopt a clear, robust, and comprehensive definition of medical frailty that meets the needs of blood cancer patients and survivors and ensures that programmatic exemptions apply to patients before, during, and after active cancer treatment. This can include, but should not be limited to, adopting comprehensive lists of medical and diagnostic codes to identify people who qualify.

Thank you for considering our views as you work to help Minnesota comply with H.R. 1. We hope these comments will be helpful as a complement to the guidance provided in *This Is Medicaid's* written remarks on SF 4612.

Sincerely,



Dana Bacon
Senior Director, State Government Affairs
Blood Cancer United