

April 15, 2026

Re: SF4612, Omnibus HHS Budget Bill

Dear Chair Wiklund and Members of the Senate Health and Human Services Committee:

The American Cancer Society Cancer Action Network (ACS CAN) is the nonprofit, nonpartisan advocacy affiliate of the American Cancer Society. We support evidence-based policy and legislative solutions designed to eliminate cancer as a major health problem. I'm writing to share the priorities and perspectives of ACS CAN as Minnesota begins to implement new Medicaid requirements mandated in the federal budget reconciliation bill.

Medicaid is essential for people with cancer. In Minnesota, nearly 40,000 people will be diagnosed with cancer this year. Some of them rely on Medicaid to access cancer screenings, treatment, and/or survivorship care – or will need to in the future. We are concerned that without coverage, these individuals will be unable to obtain the preventive care, cancer screenings, ongoing monitoring, and essential life-saving treatment they may need.

We want to thank this committee for its careful consideration of retroactive Medicaid coverage and cost-sharing. We support maintaining current retroactive coverage. We recognize that Minnesota will need to make changes to cost-sharing in the future to align with the 2028 implementation, we appreciate the opportunity to have further conversations with the legislature on the issue.

ACS CAN broadly opposes community engagement requirements, also known as work requirements. While these policies often include exemptions for people with serious or complex illnesses, including cancer, qualifying for and maintaining an exemption can be confusing and onerous. Often, exemptions do not cover all situations in which an enrollee is impacted by cancer. However, we acknowledge that our state must implement these requirements beginning January 1, 2027.

ACS CAN would request the committee consider adopting the following recommendations to ensure our state complies with federal law while minimizing harms and coverage loss:

- Reduce administrative complexity as much as possible for enrollees and potential enrollees, and make the process to request, approve, and receive a hardship waiver clear and timely.
- Expand and define exemptions (such as “medically frail”) to ensure people with serious and complex medical conditions, including cancer and individuals who are unable to work because they must take care of a family member, are included in exemptions to community engagement requirements.
- Allow for initial self-attestation of information if data cannot be obtained automatically. Any verification paperwork is an additional burden for cancer patients, survivors, and families.

- Ensure the process to apply for these exemptions is not a barrier by establishing an integrated process that will screen new or renewing enrollees for medical frailty.
- Establish approved durations of medical exemptions for the period of time that each particular exemption warrants (e.g.: someone with a permanent condition should not have to re-verify).
- Take steps to educate the public on exemptions options and publicize the definitions and availability of these exemptions with enrollees, providers, and the general public. Ensure these communications are in formats enrollees and potential enrollees use and in language they can understand.
- Allow individuals who lose Medical Assistance coverage due to work requirements to access MinnesotaCare for coverage.

While it is impossible to entirely shield patients, survivors and caregivers from the impact of devastating federal Medicaid cuts, ACS CAN urges state lawmakers to adopt the least restrictive and burdensome language to protect patients' access to Medical Assistance and affordable, accessible health care coverage.

Sincerely,



Emily Myatt
Minnesota Government Relations Director
American Cancer Society Cancer Action Network