

September 30, 2025

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Comments before the House Committee on Behavioral Health and Health Care

RE: The Federal Budget Reconciliation Bill, its impacts on cancer services; including Medicaid eligibility and Access to Care

I'm Jane Leo, Oregon Government Relations Director for the American Cancer Society Cancer Action Network (ACS CAN). ACS CAN, the nonprofit, non-partisan advocacy affiliate of the American Cancer Society, advocates for fact-based public policies that reduce death and suffering from cancer for everyone, including policies and funding for programs which create and strengthen access to cancer screenings and care.

Thank you for this opportunity to share concerns on the impact of the recently passed budget reconciliation bill by Congress. ACS CAN believes everyone should have a fair and just opportunity to prevent, detect, treat, and survive cancer.

We opposed many of the health care provisions found in the budget reconciliation bill. In the months and years to come, we encourage state lawmakers to do everything in your power to:

- · Protect access to Medicaid
- Look for opportunities to limit the harm to Oregonians faced with new work reporting requirements

Individuals undergoing treatment for cancer—surgery, chemotherapy, radiation—are often not able to meet the work requirements set out in HR 1. They should not have to endure the additional stress of losing health coverage. Attesting for an exemption should be easy, simple, and accessible so as not to create a burden.

- Protect against Marketplace coverage losses if enhanced Federal health care tax credits are not extended this year
- Ensure that individuals in rural, non-urbanized areas of the State have access to health clinics and cancer screening services

A new study led by researchers at the American Cancer Society (ACS) found that the overall five-year cancer survival rates for each stage of cancer were lower in non-metropolitan areas for Black and White individuals in the United States. The results also find that survival rates are lower for Black persons compared to White persons across various cancer types and in several stages and categories of urbanicity, especially for breast and colorectal cancers.<sup>1</sup>

Having adequate and affordable health insurance coverage is a key determinant for surviving cancer. Research shows that uninsured people are less likely to get screened for cancer and thus are more likely to have their cancer diagnosed at an advanced stage when survival is less likely and the cost of care more expensive.<sup>2</sup> Access to health care coverage ensures that serious diseases like cancer can be detected and treated earlier leading to the potential for better patient outcomes, decreases in the reliance on emergency services, and reductions in uncompensated care costs for hospitals.

Rolling back Medicaid eligibility or services, for the 100,000 Oregonians at risk of losing coverage, could reverse these gains, leading to poorer health outcomes and increased financial strain on the health care system. This is particularly concerning when we consider that approximately 27,000 Oregonians will be diagnosed with cancer this year; highlighting that anyone can be diagnosed with cancer at any time. More than 8,700 Oregonians are estimated to die in 2025 due to cancer. Without health insurance coverage, this number will undoubtedly increase.

We must protect Medicaid in Oregon in order to give those battling cancer now the best chance of survival.

As additional clarity is provided by the federal government on implementation of H.R. 1, ACS CAN welcomes the opportunity to partner with the Oregon Legislature to ensure cancer patients, survivors, and all Oregonians, are protected from any potential loss of coverage or services.

Thank you for consideration of these comments.

<sup>&</sup>lt;sup>1</sup> Cancer, An International Interdisciplinary Journal of the American Cancer Society, Sept 24, 2025, https://acsjournals.onlinelibrary.wiley.com/doi/abs/10.1002/cncr.70073

<sup>&</sup>lt;sup>2</sup> E Ward et al, "Association of Insurance with Cancer Care Utilization and Outcomes," CA: A Cancer Journal for Clinicians 58:1 (Jan./Feb. 2008), <a href="http://www.cancer.org/cancer/news/report-links-health-insurance-status-withcancer-care">http://www.cancer.org/cancer/news/report-links-health-insurance-status-withcancer-care</a>

<sup>&</sup>lt;sup>3</sup> American Cancer Society. Cancer Facts and Figures 2025. Atlanta, Georgia. 2025.