July 15, 2026

The Honorable Robert Kennedy
Secretary
Department of Health and Human Services
200 Independence Avenue SW
Washington, DC 20201

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

Re: Request for Information; Comprehensive Review of the Essential Health Benefits Framework and Typical Employer Plan Standard (CMS–9874–NC)

Dear Secretary Kennedy and Administrator Oz:

The undersigned organizations represent millions of patients and consumers facing serious, acute and chronic health conditions across the country, including individuals who rely on the patient protections provided under the Affordable Care Act (ACA). Our organizations have a unique perspective on what patients need to prevent disease, cure illness and manage chronic health conditions. Our breadth

enables us to draw upon a wealth of knowledge and expertise that can be an invaluable resource in this discussion.

In March of 2017, our organizations agreed upon three overarching principles[1] to guide any work to reform and improve the nation's healthcare system. These principles state that: (1) healthcare should be accessible, meaning that coverage should be easy to understand and not pose a barrier to care; (2) healthcare should be affordable, enabling patients to access the treatments they need to live healthy and productive lives; and (3) healthcare must be adequate, meaning healthcare coverage should cover treatments patients need, including all the services in the essential health benefit (EHB) package.

On June 15, 2026, the Centers for Medicare and Medicaid Services (CMS) published a request for information (RFI) regarding the EHB framework. The ACA's standards obligating insurers to cover all essential health benefits are of fundamental importance to the patients we represent. Our organizations have long urged CMS to monitor the provision of EHB and to update and strengthen benefit standards, as necessary, to ensure all plans subject to these protections cover all of the benefits and services patients need.

Our organizations thank the Department for issuing this RFI. We believe it is an important first step in what must be a multipart effort: to better understand insurer compliance with current benefit standards; to review existing benefit packages for gaps in access; to learn how medical evidence has changed; and to assess how any coverage gaps and medical evidence changes must, under statute, be incorporated into the EHB framework. We offer the following additional comments in response to the issues raised in the RFI.

State Benchmark Process

The RFI seeks feedback regarding the existing EHB framework, under which states may partially define the scope of EHB for their residents through the selection of a benchmark reference plan. This state benchmark selection process has been in place since the EHB provisions of the ACA were first implemented for the 2014 plan year. The approach was intended to offer states flexibility to determine, within federal guardrails, the specific items and services to be covered as EHB in a manner that could reflect the specific needs of their populations. The benchmark updates adopted by a growing number of states demonstrate that the framework serves that purpose well. Since 2020, a dozen states have followed a benchmark plan update process to modernize the scope of EHB. For example, states have increased access to treatment for opioid use disorder, covered hearing aids, and closed other gaps in coverage identified by their own consumers. As the Department knows, five more states had invested time and resources to update their benchmarks: to add benefits including infertility services, treatment for autism, and antibiotic therapy for Lyme disease, among others, only to have CMS put their efforts on indefinite hold. Our organizations are deeply disappointed by CMS's decision to indefinitely block these updates as it undermines states' significant investments of time and resources and delays access to important, evidence-based benefits for individuals and families who need them. These state-led improvements demonstrate that the benchmark process, when supported with federal technical assistance, can respond to evolving public health needs and standards of care.

[1] Partnership to Protect Coverage, *Consensus Healthcare Reform Principles*, https://www.protectcoverage.org/ppc-consensus-healthcare-reform-principles. Mar. 2017.

Patient Affordability

The Department includes as one topic within the RFI considerations of affordability and cost. Our organizations appreciate the attention to these issues. Consumers, including the patients we represent, continue to face significant affordability and access challenges. Within the EHB framework, the Department can help address these barriers by identifying gaps in covered benefits and taking steps to ensure the benefit package more fully meets consumers' health care needs, building on the stakeholder input it has already received, including detailed comments submitted in response to the 2023 RFI.[2] At the same time, we urge the Department to avoid equating affordability with reduction in coverage of essential services. Affordability encompasses not only premiums but also cost-sharing and the out-of-pocket costs to patients of the services their plan does not cover. Reducing the scope of EHB does not reduce the cost of care; it simply shifts those costs onto patients, particularly those with preexisting conditions.

Indeed, under federal law, removing a benefit from the EHB package carries specific and severe consequences. A benefit no longer treated as essential is once again subject to annual and lifetime dollar limits. Cost sharing for services that are no longer EHB are no longer constrained by the federal cap on annual out-of-pocket spending. And should a plan decide to exclude coverage of a formerly essential benefit altogether, any enrollees who need that benefit will have to bear the full, and potentially prohibitive cost of the service on their own or go without care. It is neither in interest of patient affordability, nor is it consistent with the statute, to update the EHB framework in a manner that permits or requires a reduction in the scope of benefits, unless doing so reflects changes in medical evidence or scientific advancement.

Administration and Oversight

As the Department begins its review and assessment of the EHB framework, our organizations suggest devoting greater focus and resources to the oversight and enforcement of the benefit standards already in place. Federal benefit requirements protect patients only to the extent that they are enforced. We therefore ask the Department to ensure timely oversight in the states in which it directly enforces ACA protections, and to increase its support for the states that serve as primary regulators. We also caution the Department against treating an absence of consumer complaints as evidence that improper exclusions and denials are not occurring. Few consumers know how to report a problem with their coverage to a state department of insurance or to the Department, and fewer still take the steps to do so. The Department should more fully realize a "no wrong door" approach by working with state partners to make it easier for consumers to determine whom to contact, and providing smooth transfers from one agency to another for those who initially seek help in the wrong place. Strengthening the enforcement of existing standards should precede, not follow, any more wide-ranging alterations to the benefit framework.

Periodic Review and Updates

Our organizations strongly support efforts by the Department to fulfill its statutory obligation to periodically review EHB and to update benefit requirements "to address any gaps in access to coverage or changes in the [medical] evidence base" revealed by its review. Eventually, we believe it would be best for such reviews and updates to occur on a regular schedule. States, stakeholders, and the patients

[2] See the Partnership to Protect Coverage's comments on the 2023 EHB RFI, discussing examples of existing gaps in EHB coverage and their impact on patients. Available at: 01 30 23 PPC EHB RFI Comments FINAL.pdf

for whom these protections were crafted would all benefit from a process that is predictable and transparent.

At the same time, it is our understanding that in the 12 years since the EHB protections became effective, this statutory process has never yet occurred. Under these circumstances, we ask the Department to proceed deliberately and not materially alter the current framework without first conducting a thorough assessment of how it is working for states, stakeholders, and the patients for whom these protections were crafted. The RFI is a welcome start to that inquiry, albeit a limited one. The 30-day comment period is inadequate in light of the scope of issues it raises, and our organizations urge CMS to extend the comment period for any future RFIs or rulemaking on these issues. We hope CMS will treat this RFI as the beginning of a process that, with additional study and opportunities for public engagement and input, can help produce policies that ensure federal EHB protections well serve the patients who depend on them.

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Thank you for the opportunity to provide these comments. Please contact Theresa Alban with the Cystic Fibrosis Foundation at talban@cff.org with any questions.

Sincerely,

AiArthritis
ALS Association
American Cancer Society Cancer Action Network
American Diabetes Association
American Heart Association
American Kidney Fund
American Liver Foundation
American Lung Association
Arthritis Foundation
Asthma and Allergy Foundation of America
Blood Cancer United
Cancer Nation
Cancer Support Community
Cancer*Care*
Crohn's & Colitis Foundation
Cystic Fibrosis Foundation
Diabetes Patient Advocacy Coalition
Epilepsy Foundation of America
Family Voices National
Hypertrophic Cardiomyopathy Association
Legal Action Center
Lupus Foundation of America
Muscular Dystrophy Association
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