American Association on Health & Disability

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LAKESHORE

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Department of Health and Human Services
Attention: CMS-9884-P
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Submitted via: www.regulations.gov

Attention: CMS-9883-P; 2027 Notice of Benefit and Payment Parameters

The American Association on Health and Disability and the Lakeshore Foundation appreciate the opportunity to provide comments on your 2027 Notice of Benefit and Payment Parameters.

The American Association on Health & Disability (www.aahd.us) is a national cross-disability organization that conducts research, engages the community, and facilitates the development and implementation of programs to advance public health and healthcare policy for the health and wellness of people with disabilities. Through these actions, AAHD is committed to eliminating systemic barriers to healthcare and drive health equity for people across all disabilities, valuing the diverse and intersecting identities within the disability community. AAHD connects people with disabilities, disability advocates, health practitioners, researchers, and policy makers to accessible cross-disability health data and resources—creating a more inclusive society where data-driven healthcare leads to more equitable health outcomes.

The Lakeshore Foundation (www.lakeshore.org) mission is to enable people with physical disability and chronic health conditions to lead healthy, active, and independent lifestyles through physical activity, sport, recreation and research. Lakeshore is a U.S. Olympic and Paralympic Training Site; the UAB/Lakeshore Research Collaborative is a world-class research program in physical activity, health promotion and disability linking Lakeshore's programs with the University of Alabama, Birmingham's research expertise.

1. <u>Expansion Of Catastrophic Plans</u>

We oppose the expansion of catastrophic plans as we believe that this approach goes against the intention of these plans as set forth in the Affordable Care Act (ACA). Additionally, we believe that extending these types of plans will erode accessibility and consumer protections which people with disabilities rely on for comprehensive coverage.

The rule proposes expanding eligibility for catastrophic plans to more individuals and allowing much longer terms for these plans. These plans feature high deductibles and limited benefits. There is a concern that expanding these types of plans will have the effect of unbalancing the risk pool as healthier individuals will leave comprehensive ACA-compliant plans for cheaper catastrophic coverage which does not provide the same type of coverage. However, people with disabilities will still need to maintain coverage in ACA-compliant plans in order to access the essential health benefits which they require for their healthcare. If healthy individuals do leave the marketplace for catastrophic coverage, this could have the unintended consequence of creating a de facto high-risk pool for those still receiving coverage with ACA compliant plans. The cost of these plans will increase substantially and will make affordability for people with disabilities for this coverage out of reach.

Additionally, if people with disabilities do decide to seek out coverage through catastrophic plans because they are cheaper, this could create huge gaps in coverage which will not meet their needs. Even if they do at the time of enrollment, people with disabilities have health needs which change unpredictably over time and those individuals could become locked into structurally inadequate plans that fail to cover medically necessary services. By expanding the length of catastrophic plans, this could risk trapping people with disabilities in high-cost plans that become inappropriate as health conditions evolve. All of these outcomes would undermine the ACA's core intent of guaranteeing comprehensive coverage for those with significant health needs such as the disability population.

2. <u>Narrowing the Flexibility of Essential Health Benefits</u>

The proposed rule includes significant changes to Essential Health Benefits (EHB) by reducing state flexibility in determining their EHBs for plans in their state. The EHB were included in the ACA to ensure that coverage would meet the needs of all those who were enrolling in coverage through the marketplace. These include many benefits which help people with disabilities meet their healthcare needs. People with disabilities rely heavily on EHB for services such as durable medical equipment, rehabilitative therapies, behavioral health care, and specialty providers.

The proposed rule would require states to help in covering the cost of additional benefits added to the EHB benchmark plans if those benefits were added by the state after 2011. This will put states in the untenable position of trying to decide between absorbing the additional costs or reducing the benefits outlined in their EHB benchmark plan. For states in difficult budget situations, it will most likely mean that coverage gains that have been made in those states will have to be rolled back and this will significantly impact people with disabilities.

3. <u>Allowance of Non-Network Plans</u>

The proposed rules would allow certification of plans without a network. Without some standards on provider networks, insurers could avoid the ACA requirements that plans on the marketplace provide sufficient choice of providers. In fact, insurers could eliminate specialists if those providers refuse to accept the reimbursement rates being paid. This goes directly against the original intent of the ACA which was intended to increase access for enrollees and provide comprehensive coverage. Non-network plans place a tremendous burden on enrollees to shop around for the right provider and compare prices for needed services.

This is especially true for people with disabilities as those with chronic conditions and unique medical needs will be required to shop around even more to ensure that the plan will meet their needs and cover the specialists they require. Given the fact that many will not even know to do this, it could become an excessive burden and barrier to accessing healthcare which they require. It may also pose a challenge for people to navigate this process independently depending on their disability or current health challenge. As this is currently outlined, there appears to be no guarantee that plans would cover the full cost of billed services from a set range of providers, further penalizing enrollees who utilize specialists and have higher healthcare costs.

4. <u>Elimination of Non-Pediatric Dental Services as EHB</u>

The proposal to prohibit routine non-pediatric dental services from being classified as an EHB threatens access to basic dental care for adults with disabilities, who already face disproportionate oral-health disparities. CMS explicitly proposes to bar issuers from including these services as EHB, reversing policy that would have allowed expanded coverage in 2027.

Individuals with disabilities depend on preventive dental care to avoid serious medical complications. Removing this coverage category will impose out-of-pocket costs onto people with disabilities who many times are the least able to absorb them. Additionally, this could increase medical risks, including infection and worsened chronic disease which could then shift costs as people are forced to seek care for these issues in hospitals and emergency rooms. We urge CMS to not move forward with this proposal and maintain routine dental services as an EHB.

5. <u>Estimated Coverage Losses</u>

In the rule, your agency estimates the proposed rule could lower enrollment in the exchanges by up to 2 million people in 2027 with those losses disproportionately coming from “healthier” enrollees choosing to leave. As set forth above, we have strong concerns about this as it will most definitely lead to premium increases for those who remain in the exchange. People with disabilities generally do not have a choice and must remain enrolled regardless of cost due to their medical needs. The results of these coverage losses will most likely mean people with

disabilities will face higher premiums as healthier populations exit markets and fewer plan choices due to destabilized risk pools.

Conclusion

The ACA is meant to promote eligibility, affordability, and access to health insurance coverage. For the reasons stated above, we are opposed to the changes in the proposed rules and urge that CMS does not adopt them as we believe they would stand in opposition to the goals of the ACA. Additionally, we have signed on to comments jointly submitted by the Coalition to Preserve Rehabilitation and Habilitation Benefits Coalition which raise many of these same issues.

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