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March 13, 2026

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-9883-P
P.O. Box 8016
Baltimore, MD 21244-8016

Delivered via electronic mail for file code CMS-9883-P

RE: Patient Protection and Affordable Care Act, HHS Notice of Benefit and Payment Parameters for 2027; and Basic Health Program

To Whom It May Concern:

The ADAP Advocacy Association is submitting public comments on CMS-9883-P, the Proposed Notice of Benefits and Payment Parameters Rule for 2027. ADAP Advocacy has several concerns that it feels must be addressed before this rule becomes final.

About ADAP Advocacy
ADAP Advocacy's mission is to promote and enhance the AIDS Drug Assistance Programs (ADAPs) and improve access to care for persons living with HIV/AIDS. ADAP Advocacy works with advocates, community members, health care providers, government officials, patients, pharmaceutical companies, and other stakeholders to raise awareness, offer patient education programs, and foster greater community collaboration. This mission includes addressing issues related to commercial insurance, as 88% of ADAP clients in 2024, the most recent year for which data are available, rely upon commercial insurance paid for in part or wholly by Ryan White Part B funds (National Alliance of State and Territorial AIDS Directors, 2026).

ADAP Advocacy has three primary concerns related to the proposed rule:

1) The proposed rule continues to allow health insurance companies and Pharmacy Benefits Managers (PBMs) to profit from manufacturer and private co-pay assistance programs designed to defray out-of-pocket costs for patients by allowing insurers and PBMs to implement "Co-Pay Accumulators/Maximizers."

These accumulators/maximizers allow insurers and PBMs to refuse to count co-pay assistance toward patients' deductibles or out-of-pocket maximums (OPMs), thereby increasing their profits by forcing patients to continue paying for prescription medications long after their deductibles or OPMs would have otherwise been met. This practice was deemed by a federal court to be in violation of federal rules, determining that "copay assistance would be required to be included as part of 'cost-sharing' since the regulation states that cost-sharing is 'any expenditure required by or on behalf of an enrollee'" (HIV+Hepatitis Policy Institute, 2023).

ADAP Advocacy insists that clarification be included in CMS-9883-P that establishes immutably that co-pay accumulator programs are illegal, and that all forms of payment, including co-pay assistance cards, vouchers, coupons, or any other type of assistance, are required to be counted toward a patient's deductibles and OPMs.

2) The proposed rule also loosens requirements for Affordable Care Act (ACA) Marketplace plans to contract with a certain number of providers to ensure comprehensive access for plan enrollees. The government contends that these requirements are too onerous and lack discernible access benefits for enrollees.

The primary issue with these changes is the removal of time and distance standards for state-based marketplace (SBM) states—22 states and the District of Columbia. The removal of these standards could create an unacceptable barrier to accessing care and treatment, particularly for rural patients who must already travel significant distances to reach providers. Without this federal standard in place, states may choose to eliminate these standards at the state level, leading to significant losses of access to healthcare and services for rural patients and those without reliable transportation or access to reliable public transportation.

3) Finally, ADAP Advocacy vehemently opposes the removal of requirements that states offer a set of standardized plans and the limits on the number of non-standardized plan options an insurer can offer. This will severely hinder patients' ability to easily understand the differences between plans during the decision-making process. Additionally, the inclusion of standardized plans makes it easier for patients to select plans that provide upfront certainty about specific benefits and cost-sharing provisions for various services. This will also subject certain beneficiaries with chronic illnesses or rare diseases to significantly higher costs.

Thank you for taking the time to consider our request. For additional information, please do not hesitate to contact me by email at brandon@macsata.org or phone at (305) 519-4256. Thank you.

Sincerely,

Brandon M. Macsata
CEO

cc: Marcus J. Hopkins, Health Policy Lead Consultant