Texas Women's Healthcare Coalition
PROMOTING ACCESS TO PREVENTIVE HEALTHCARE FOR ALL TEXAS WOMEN

March 13th, 2026

Department of Health and Human Services (HHS); Centers for Medicare & Medicaid Services (CMS)

Re: Comments in Response to the Patient Protection and Affordable Care Act, HHS Notice of Benefit and Payment Parameters for 2027; and Basic Health Program (CMS-2026-0496-0002)

To Whom It May Concern,

On behalf of the Texas Women's Healthcare Coalition (TWHC), thank you for this opportunity to provide public comment on the proposed "Notice of Benefit and Payment Parameters" for the 2027 plan year (the 2027 Payment Notice proposed rule) that sets standards for the Health Insurance Exchanges, as well as for health insurance issuers, brokers, and agents.

TWHC is a group of 77 healthcare, faith, and community-based member organizations - dedicated to improving the health and wellbeing of Texas women, babies, and families by advocating for access to preventive healthcare for all Texas women. Access to preventive and preconception care – including health screenings and contraception – means healthy, planned pregnancies and the early detection of cancers and other treatable conditions.

TWHC supports the efforts of the Department of Health and Human Services (HHS) and the Centers for Medicare & Medicaid Services (CMS) to improve implementation of the Affordable Care Act (ACA).

However, TWHC has serious concerns that the proposed rule changes could create significant financial and logistical barriers for Texans that need access to healthcare. TWHC is also concerned that the complexity introduced by CMS's proposed rules will lead to more incomplete enrollments, increasing the number of uninsured people and those unable to access affordable health care.

TWHC has the following requests for HHS and CMS to eliminate and/or reduce these barriers to care:

1. **TWHC urges CMS to reconsider the proposed maximum annual cost-sharing limitations for 2027 plan years under the ACA.**

CMS proposes setting the maximum annual cost-sharing limit at $12,000 for self-only coverage and $24,000 for family coverage. This represents an approximately 13.2% increase from the 2026 cost-sharing limits of $10,600 for self-only coverage and $21,200 for family coverage.

This increase would make healthcare unaffordable, exacerbating existing cost concerns, especially for those in high-deductible ACA plans. Already, 17% of adults report delaying or skipping care due to cost in 2024, and 45% worry about paying medical bills. This change particularly harms people with chronic

conditions, who account for 90% of the nation's $4.9 trillion in annual health care spending due to their higher need for appointments and hospitalizations.[1,2]

2. TWHC urges CMS to reconsider expanding eligibility for "catastrophic" coverage plans while simultaneously increasing out-of-pocket costs for consumers to participate in them.

Catastrophic coverage plans can have lower monthly premiums but also have significantly higher annual deductibles, resulting in greater out-of-pocket costs for individuals and families.

CMS proposes expanding hardship exemption eligibility to individuals aged 30 and older in all states who are ineligible for APTC or CSRs due to projected household income below 100% or above 250% of the FPL. This exemption allows them to enroll in catastrophic coverage. Simultaneously, CMS proposes requiring catastrophic plans to provide no benefits until costs equal 130% of the maximum annual limitation on cost sharing are met. For PY 2027, this amount would be $12,000 × 1.3, or $15,400 for self-only coverage.

By promoting enrollment in high-deductible plans like catastrophic plans while also increasing out-of-pocket costs for those on them, CMS is likely to put many people in a position where they cannot afford all their medical expenses.[3,4]

3. TWHC urges CMS to continue offering routine adult dental benefits as an essential health benefit (EHB).

CMS proposes to reinstate a prohibition on categorizing adult dental benefits as an essential health benefit (EHB) for plans in the 2027 Payment Notice.

High costs and lack of coverage limit access to oral healthcare, similar to general healthcare. In 2022, over a quarter of American adults delayed care due to financial reasons. Untreated cavities are more than twice as common among working-age adults without health insurance (43%) compared to those with private coverage (18%). Periodontitis (gum disease with bone loss) was twice as common (60%) in low-income adults (aged 30 or older) as in higher-income adults (30%) in 2009–2014.

Oral health is a critical component of wellbeing. Experts have found that oral health can play a significant role in conditions such as endocarditis, cardiovascular disease, and pneumonia. For women, particularly, pregnancy may make women more prone to periodontal (gum) disease and cavities. About 60% to 75% of

[1] Rakshit, Shameek, et al. “How Does Cost Affect Access to Healthcare?” Peterson-KFF Health System Tracker, KFF, 10 Mar. 2026.
[2] Fast Facts: Health and Economic Costs of Chronic Conditions, Centers for Disease Control and Prevention (CDC), 8 Aug. 2025.
[3] Long, Michelle, et al. Policy Changes Bring Renewed Focus on High-Deductible Health Plans, KFF, 5 Jan. 2026.
[4] Patient Protection and Affordable Care Act, HHS Notice of Benefit and Payment Parameters for 2027; and Basic Health Program (Document ID CMS-2026-0496-0002). Federal Register, Vol. 91, No. 28, 11 Feb. 2026.

pregnant women have gingivitis, an early stage of periodontal disease. Periodontitis has been associated with poor pregnancy outcomes, including preterm birth and low birth weight.[5,6,7,8]

4. **TWHC urges CMS to reconsider expanding access to non-network healthcare plans for consumers.**

CMS's proposed rule for the 2027 Payment Notice would allow non-network plans to receive qualified health plan (QHP) certification beginning with plan year 2027.

Plans without provider networks typically result in consumers facing "balance bills." Unlike network plans, where providers agree to set, lower prices, non-network providers can charge more than the insurer is willing to pay. Consequently, non-network insurers apply an "allowable charge calculation" to all claims, leading to significantly higher out-of-pocket costs for enrollees.

Allowing non-network plans to become QHPs will increase their accessibility to consumers who may not understand the complexities and higher costs. Promoting a plan as flexible, yet expecting consumers to shop and compare prices for all care, could be considered unfair or deceptive. At a minimum, CMS should consider adopting strong consumer protections in the final rule that would enable enrollees on non-network plans to switch to another plan if the policy does not meet their needs.[9,10]

Additionally, while Texas administrators develop, implement, and maintain network adequacy standards across diverse coverage types, TWHC is concerned that adding another coverage type to the already vast network of coverage types and providers our state agencies monitor would strain our administration at a time when we are already stretching staff time to comply with increased state engagement with federal agencies and intra-state agencies due to policy shifts in SNAP, Medicare Savings Programs, Medicaid eligibility, and more due to the passage of H.R. 1 (2025).

5. **TWHC urges CMS to maintain the minimum percentage of Essential Community Providers (ECPs) that issuers must contract with in each plan's service area to participate in the plan's provider network. TWHC urges CMS to ensure that ECPs, particularly federally qualified health centers (FQHCs) and family planning providers, are included in issuers' provider networks, consistent with the ACA requirements.**

CMS proposes lowering the minimum network adequacy requirement for both medical QHP and SADP issuers from 35% to 20% in the 2027 Payment Notice. Issuers would need to contract with at least 20% of available ECPs in the plan's service area, including separate 20% requirements for available Federally Qualified Health Centers (FQHCs) and family planning providers that qualify as ECPs.

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[5] Barriers to Care, American Student Dental Association (ASDA).
[6] Health Disparities in Oral Health, Centers for Disease Control and Prevention (CDC), 15 May 2024.
[7] "Oral Health: A Window to Your Overall Health." Mayo Clinic, Mayo Foundation for Medical Education and Research, 14 Mar. 2024.
[8] Talking to Pregnant Women about Oral Health, Centers for Disease Control and Prevention (CDC), 15 May 2024.
[9] Goe, Christina L. Short-Term Plans: No Provider Networks Lead to Large Bills for Consumers, The Commonwealth Fund, 30 Apr. 2019.
[10] Kaur, Anupreet. Red Flags: What to Watch Out for with No-Network Health Plans, SummaCare, 13 Nov. 2025.

Limited provider networks harm people who cannot afford out-of-network care. Reducing the required number of ECPs for medical QHP and SADP issuers will force low-income and under-resourced enrollees who depend on ECPs to forgo care.

TWHC is particularly concerned because a high portion of Texas women live in maternal health deserts, lacking reasonable access to preventative healthcare, prenatal care, and labor and delivery facilities.

6. TWHC urges CMS to reconsider establishing the new optional Exchange model, known as the State Exchange Enhanced Direct Enrollment option.

CMS proposes a new State Exchange enhanced direct enrollment (SBE-EDE) option that allows State Exchanges to primarily use private-sector enrollment pathways (run by QHP issuers, web brokers, agents, and brokers) instead of, or in addition to, centralized SBE eligibility application and enrollment websites.

This is deeply concerning, as federal regulators received approximately 275,000 complaints between January and August 2024 regarding health insurance brokers improperly enrolling or switching people's marketplace coverage. Consumers were moved to plans with higher deductibles, different networks, or different drug formularies, leading to care disruptions and higher costs, including surprise bills.[11,12]

Additionally, Texans' access to health care programs already involves too much confusion, too many applications, and too many hurdles. The NBPP's allowance of states to implement multiple EDE websites to facilitate consumer enrollment into ACA-qualified health plans would undermine the clarity and authority of a single federally-branded and federally-implemented website like HealthCare.gov/CuidadoDeSalud.gov or a single state-branded and state-implemented website as is currently required for states that opt into SBEs.

The existence of multiple EDEs for consumer use in a single state will increase the likelihood that consumers could unknowingly visit a non-EDE website selling limited benefits plans, short-term plans, or other types of non-qualified health insurance plans that fail to cover consumers for pre-existing conditions, expensive types of medications or treatments, and common medical condition developments like high blood pressure, diabetes, or pregnancy.

TWHC recommends that CMS revise rules to require states to use the FFM or an SBE, remove Marketplace enrollment functions from EDEs and other Direct Enrollment platforms, and revise Marketplace agent/broker standards to require agents and brokers to operate under the same transparency and health education standards as Marketplace Certified Application Counselors (CACs) and Marketplace Navigators. TWHC also recommends that CMS improve regulations that limit the likelihood that Marketplace consumers will enroll in limited benefits plans without their knowledge, like making

[11] Giovannelli, Justin, and Stacey Pogue. Policymakers Can Protect Against Fraud in the ACA Marketplaces Without Hiking Premiums, The Commonwealth Fund, 5 Mar. 2025.
[12] Appleby, Julie. "Biden Administration Tightens Broker Access to Healthcare.Gov To Thwart Rogue Sign-Ups." KFF Health News, KFF, 19 July 2024.

notification about limited benefits clearer, requiring verbal recognition of limited benefits in plain language in multiple languages before consumers enroll, etc.

TWHC is eager to help with these issues and is happy to provide any additional information on this.

Respectfully,

Rachel Wolleben
Policy and Advocacy Coordinator, Texas Women's Healthcare Coalition (TWHC)