



March 13th, 2026

The Honorable Robert F. Kennedy  
Secretary  
U.S. Department of Health and Human Services

The Honorable Mehmet Oz, MD  
Administrator  
Centers for Medicare and Medicaid Services  
U.S. Department of Health and Human Services

Attention: CMS-9883-P, Mail Stop C4-26-05  
7500 Security Boulevard  
Baltimore, MD 21244-1850

**RE: RIN 0938-AV62, CMS-9883-P Patient Protection and Affordable Care Act, HHS Notice of Benefit and Payment Parameters for 2027; and Basic Health Program**

Dear Secretary Kennedy and Administrator Oz:

The American Parkinson Disease Association<sup>1</sup> (APDA) appreciates the opportunity to provide public comment on the Centers for Medicare and Medicaid Services' (CMS) Notice of Benefit and Payment Parameters (NBPP) for 2027 (CMS-9883-P).<sup>1</sup>

APDA supports the Administration's priorities to increase affordability, consumer choice, and value-based insurance designs. In alignment with these priorities, APDA is providing recommendations for following proposals: 1) Eliminating Standardized Plan Options for the Federally Facilitated Marketplace and Lifting Limits on Non-Standardized Plans 2) Modifications to Network Adequacy Standards and Oversight and 3) New Standards for Defrayment of State-Mandated Benefits.

**Healthcare Affordability for the PD Population**

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<sup>1</sup> <https://www.federalregister.gov/documents/2026/02/11/2026-02769/patient-protection-and-affordable-care-act-hhs-notice-of-benefit-and-payment-parameters-for-2027-and>

In 2024, the PD and atypical parkinsonism population incurred an estimated \$23.8 billion in excess direct medical costs and \$5.7 billion in out-of-pocket medical costs not covered by insurance.<sup>2</sup> APDA is concerned that several proposals within this proposed rule will exacerbate concerns of healthcare affordability for the PD population, including the proposal to expand eligibility for catastrophic plans, the proposal to allow insurers to disregard maximum out of pocket requirements for bronze and catastrophic plans under certain circumstances, and other proposals.

In this proposed rule, expanding eligibility for catastrophic plans will likely result in adverse selection, as individuals without chronic conditions shift to catastrophic plans. Disability and chronic condition populations that remain on higher tier qualified health plans will experience increased premiums due to disequilibrium in the risk pool and increased risk to the insurer; the PD population and others that must regularly utilize healthcare services to manage chronic conditions will disproportionately bare the economic burden associated with this proposal through increased premiums.

In lieu of value-based insurance designs for the PD population through the proposed multi-year catastrophic plans, APDA welcomes the opportunity to collaborate with HHS on alternative approaches to value-based care for the PD population, such as expanding upon the CMMI Guiding an Improved Dementia Experience Model.<sup>3</sup>

APDA urges CMS to not finalize the proposal to expand eligibility for catastrophic plans to avoid marketplace destabilization, ensure risk diversification, and control costs of care for all populations, including those with chronic conditions like PD. If CMS proceeds with this proposal, APDA recommends CMS provide estimates of the impact of this specific proposal on premium costs to ensure the public understands the costs and benefits associated with this proposal.

### **Eliminating Standardized Plan Options for the Federally Facilitated Marketplace (FFM) and Lifting Limits on Non-Standardized Plans**

Standardized plans enable meaningful comparisons across plans by consumers, allowing an individual to select an optimal plan based on their individual financial and health care needs, priorities, and preferences. Given the type and frequency of services required to effectively manage PD symptoms, slight plan modifications, such as changes to premiums, deductibles, coinsurance, copayments, provider networks, and formularies can result in significant impacts on access and costs of care for a person with PD.

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<sup>2</sup> The Lewin Group, Inc. (forthcoming). Economic Burden of Parkinson's and Atypical Parkinsonism in the United States Full Study Report. The Lewin Group, Inc.

<sup>3</sup> <https://www.cms.gov/priorities/innovation/innovation-models/guide>

APDA is concerned that both the elimination of standardized plan options and removing the limit on the number of non-standardized plans an insurer may offer will lead to choice overload, exacerbate choice complexity, and result in sub-optimal plan choice by consumers, including people with PD.<sup>4</sup>

We urge HHS to not finalize the proposal to eliminate standardized plan options currently available through the FFM and to not lift insurer limits on offering non-standardized plans. Instead of the proposed changes, the Administration should support consumer choice by developing tools to assist consumers with plan selection.<sup>5</sup> For example, development of a tool to assist a patient with PD in plan selection may simulate the total out of pocket costs from each plan based on factors relevant to their individualized care plan.

### **Network Adequacy Standards and Oversight**

APDA is concerned about the proposed elimination of CMS' current requirement that State-based marketplaces (SBMs) and SBMs that use the Federal Platform maintain network adequacy standards at least as stringent as the FFM standards. APDA is concerned this proposed change will exacerbate existing barriers to high quality care experienced by the PD population, particularly rural residents with PD. For optimal disease management, PD patients seek specialists, such as Neurologists, or subspecialists such as Movement Disorder Specialists. The PD population, compared to other neurological conditions, experiences the greatest mean travel distance of 52 miles one way to visit a neurologist, with 21.3% of the PD study population driving over 50 miles one way to visit a neurologist.<sup>6</sup> Under existing network adequacy standards, a PD patient still experiences significant time and distance to access care that may influence care seeking behavior, impact disease-management, and impact overall quality of life. Furthermore, the Government Accountability Office reports that in the 2023 plan year, 243 of 375 plan issuers on the FFM did not comply with existing network adequacy standards.<sup>7</sup>

APDA urges the Administration to not finalize the current proposal to modify network adequacy standards and oversight for Marketplace plans. At a minimum, APDA recommends the Administration delay implementation of this proposal to further develop and detail compliance mechanisms to ensure accountability and oversight of the Effective Provider Access Review Program.

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<sup>4</sup> chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://aspe.hhs.gov/sites/default/files/documents/222751d8ae7f56738f2f4128d819846b/Standardized-Plans-in-Health-Insurance-Marketplaces.pdf

<sup>5</sup> [https://www.rand.org/pubs/research\\_reports/RR1567.html](https://www.rand.org/pubs/research_reports/RR1567.html)

<sup>6</sup> <https://pubmed.ncbi.nlm.nih.gov/articles/PMC10634641/>

<sup>7</sup> chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.gao.gov/assets/gao-23-105642.pdf

## **New Standards for Defrayal of State-Mandated Benefits**

APDA is concerned that the proposal to require states to defray or repeal the cost of certain state mandated benefits, including those that were previously approved through the state essential health benefit benchmark plan process by CMS, would leave critical service coverage gaps and increased financial risk for people with PD and their families.

APDA urges CMS to not finalize this proposal as it will result in decreased coverage of critical services and increase costs to patients for this care. If the Administration proceeds with implementation of this proposal, at a minimum, APDA strongly urges the Administration to delay implementation by two years to ensure states have sufficient time to both engage stakeholders on potential repeal or defrayal of benefits or plan for the costs associated with maintaining the benefits.

### **Conclusion**

We urge HHS not to finalize the proposed rule due to the potential impact on the PD population. Instead, we encourage HHS to consider the policy alternatives discussed herein. We also urge HHS to consider allowing more time for public engagement on the proposed rule, particularly with chronic conditions and disability populations that may be disproportionately impacted by the rule. As HHS continues to finalize this rule, APDA remains eager to partner with HHS to improve coverage and access to critical health care services for the PD community. If you have any questions about APDA comments or require additional information please contact Emma Plourde, APDA Director of Health Policy, at [eplourde@apdaparkinson.org](mailto:eplourde@apdaparkinson.org) or 202-763-6801.

Sincerely,



Leslie A. Chambers  
President and Chief Executive Officer  
American Parkinson Disease Association

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<sup>i</sup> [The American Parkinson Disease Association](https://www.apdaparkinson.org/) is a nationwide grassroots network dedicated to fighting Parkinson's disease (PD) and works tirelessly to help the approximately one million people with PD in the United States live life to the fullest in the face of this chronic, neurological disorder. Founded in 1961, APDA has raised and invested more than \$313 million to provide outstanding patient services and educational

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programs, elevate public awareness about the disease, and support research designed to unlock the mysteries of PD and ultimately put an end to this disease.