

March 9, 2026

Dr. Mehmet Oz
Administrator, Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244

Submitted electronically to www.regulations.gov

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

Dear Administrator Oz,

The American Nurses Association (ANA) appreciates the opportunity to comment on the Centers for Medicare & Medicaid Services (CMS) Notice of Benefit and Payment Parameters for 2027 proposed rule. ANA looks forward to working with CMS on its proposals and in ensuring that nurses are recognized and patients have access to trusted providers. As the agency works to finalize the proposed provisions, ANA urges CMS to:

- Ensure network adequacy; and
- Ensure that comprehensive, affordable care is available to all Americans.

Additionally, ANA urges CMS to implement provisions in the One Big Beautiful Bill Act (OBBA) related to the advanced premium tax credits (APTC) so that nurses and patients retain access to support from these vital tax credits to purchase affordable, comprehensive healthcare coverage.

ANA represents the interests of the nation's over 5 million registered nurses (RNs) through its individual members, organizational affiliates, and state and constituent member associations. ANA advances the nursing profession by championing nurses, fostering rigorous standards of nursing practice, promoting safe and ethical work environments, bolstering nurses' health and wellness, and advocating on the healthcare issues that impact both nurses and their patients. ANA seeks to ensure that nurses' voices, interests, and perspectives are represented and heard in policymaking discussions. Our membership consists of both registered nurses (RNs) and Advanced Practice Registered Nurses (APRNs)—nurse practitioners (NPs), clinical nurse specialists (CNSs), certified nurse-midwives (CNMs), and certified registered nurse anesthetists (CRNAs).

Nurses form the backbone of the American healthcare system, and RNs serve across the full spectrum of healthcare settings in multiple direct care, care coordination, research, and administrative leadership roles. Nurses provide and coordinate patient care, educate patients and the public about self-care and various health conditions, and offer counsel and emotional support

to patients and their family members. As the most trusted profession, nurses play a critical role in treating patients and influencing health behaviors.¹

1. CMS must ensure that network adequacy requirements safeguard access to APRN practitioners.

ANA remains concerned that network adequacy requirements for the Qualified Health Plans (QHPs) do not adequately and explicitly ensure access to the health care services provided by APRNs. APRNs provide safe and cost-effective care and are often the providers that patients prefer—but all too often APRNs find themselves excluded from health plan provider networks. That exclusion only further compounds access barriers for patients in states with outdated licensing rules that unnecessarily restrict APRN practice. However, even in states that grant full practice authority for APRNs, patient access can be hampered. Unfortunately, ANA can share numerous accounts from our APRN members with firsthand experience of how plans discriminate against them, and the adverse impacts that discrimination has on patients. Excluding APRNs from plans has led to delayed care, inaccurate patient follow-up, and dissatisfaction. We also know that patients often must pay out of pocket when APRN claims are denied, which could lead them to look for another clinician who will be covered. This creates unnecessary barriers to access to care for patients, especially the most vulnerable. Moreover, a physician may not be available or accessible, especially in rural and underserved areas. Patients are left without meaningful choices, even though APRNs stand ready to provide primary care and other services within their scope of practice. ANA believes that CMS can use QHP oversight to provide the leadership needed to address APRN exclusion in health plan networks.

In addition, ANA continues to call on the Department of Health and Human Services (HHS) to take real action to comprehensively address restrictions on access to APRN care. HHS must lead through regulatory action for all health care programs under their purview to remove unnecessary, antiquated practice barriers. For instance, HHS must promulgate strong regulations implementing the federal provider nondiscrimination law, enacted by the Affordable Care Act—commonly known as Section 2706. ANA also urges the agency to act expeditiously to finalize an enforceable rule that allows APRNs to practice at the top of their license across all types of plans. These and any other related regulations must explicitly bar all forms of discrimination, including in contracting, payment, value-based incentives, and unnecessary requirements such as physician supervision and prior authorization.

Ensuring the inclusion of APRNs, allowed to practice at the top of their license, is imperative to addressing barriers to care faced by patients purchasing QHPs on the federal and state-based marketplaces. **As such, CMS must ensure APRNs are included when determining whether a QHP meets network adequacy requirements across all settings and geographic areas.**

2. CMS must ensure consumers have access to affordable, comprehensive healthcare coverage.

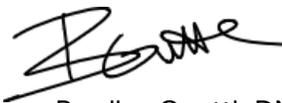
¹ American Nurses Association. (2026, January 12). *Nurses ranked most trusted profession for 24th consecutive year* [Press release]. <https://www.nursingworld.org/news/news-releases/2025/nurses-ranked-most-trusted-professionals-for-24th-consecutive-year/>

ANA strongly believes that all Americans should have access to affordable and comprehensive healthcare coverage. Ensuring that everyone has access to this care is a cornerstone of healthcare. Not only does access to affordable and comprehensive care lead to a healthier public, but it also results in significant cost savings to the healthcare delivery system. Studies consistently show that patients are more likely to receive annual physical exams and other preventative care when they have access to comprehensive and affordable healthcare coverage—which costs significantly less than treating patients after they are sick.^{2,3} Patients do not want to worry about whether they can afford to visit their practitioners when they require care. Preserving access to coverage that is comprehensive and affordable makes it so consumers do not have to make the untenable choice of paying for needed healthcare services over other everyday essentials.

Furthermore, comprehensive coverage fulfills the Administration’s burden reduction goals.⁴ Comprehensive plans are already in statute,⁵ and creating more plans only requires regulatory action at both the federal and state levels. Specific to the APTC provisions in the OBBA, ANA urges CMS to approach implementation that preserves the availability of this critical support for nurses and their patients who purchase healthcare coverage on the insurance exchanges. **ANA urges CMS to ensure that provisions related to obtaining coverage on the health insurance exchanges safeguard access to affordable, comprehensive coverage.**

ANA appreciates the opportunity to have this discussion and looks forward to continued engagement with CMS on shared priorities. Please contact Tim Nanof, ANA’s Executive Vice President, Policy & Government Affairs at (301) 628-5166 or tim.nanof@ana.org with any questions.

Sincerely,



Bradley Goettl, DNP, DHA, RN, FAAN, FACHE
Chief Nursing Officer

cc: Jennifer Mensik Kennedy, PhD, MBA, RN, NEA-BC, FAAN, ANA President
Angela Beddoe, ANA Chief Executive Officer

² Office of the Assistant Secretary for Planning and Evaluation. (2022). Access to preventive services without cost-sharing: Evidence from the Affordable Care Act (Issue Brief). U.S. Department of Health and Human Services.

<https://aspe.hhs.gov/sites/default/files/documents/786fa55a84e7e3833961933124d70dd2/preventive-services-ib-2022.pdf>

³ Office of Disease Prevention and Health Promotion. (n.d.). Access to primary care. Healthy People 2030, U.S. Department of Health and Human Services. <https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/access-primary-care>

⁴ An example would be Centers for Medicare and Medicaid Services (n.d.). Burden Reduction. Retrieved March 3, 2026, from <https://www.cms.gov/data-research/monitoring-programs/medicare-fee-service-compliance-programs/simplifying-documentation-requirements/burden-reduction>

⁵ See 42 USC 1207.