July 14, 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: [CMS-9874-NC] Request for Information; Comprehensive Review of the Essential Health Benefits Framework and Typical Employer Plan Standard

Dear Administrator Oz,

The American Nurses Association (ANA) appreciates the opportunity to provide feedback to the Centers for Medicare & Medicaid Services (CMS) request for information (RFI) on essential health benefits (EHB) that qualified health plans (QHPs) are required to cover for plans offered on federal and state health insurance marketplaces. As CMS seeks to modify the EHB-benchmark plans, ANA encourages consideration of our comments, which reflects the perspective of nurses and the patients they serve.

ANA represents the interests of the nation's over 5 million registered nurses (RNs) through its constituent and state nursing associations, organizational affiliates, and individual members. 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 RNs) and Advanced Practice Registered Nurses (APRNs)—nurse practitioners (NPs), clinical nurse specialists (CNSs), certified nurse-midwives (CNMs), and certified registered nurse anesthetists (CRNAs).

Nursing is a profession grounded in critical thinking, scientific rigor, and evidence-based practice. Nurses are central to the delivery of high-quality care across many settings and serve in essential direct care, care coordination, research, and administrative leadership roles. Nurses form the backbone of the American health care system, providing and coordinating care, educating patients and the public, and offering counsel and emotional support to patients and their families. As the

most trusted profession, nurses play a critical role in treating patients and influencing health behaviors.[1]

Question 2.1 (Overall Impacts Associated with Variation Across States)
To what extent does variation in the scope of benefits included as EHB across States affect consumers, issuers, and State regulators? Please describe specific impacts on: Plan availability; Consumer education; Issuer operations; State regulation and enforcement; and Market competition.

ANA believes that variation in the scope of benefits can be beneficial to consumers, but there must be robust competition in the marketplace. Marketplace competition drives innovation as it can incentivize payers to offer more robust plans in order to enroll beneficiaries. ANA strongly supports these plans as ANA holds that the American public should have the most robust coverage possible. This coverage must include preventative care, which is classified as an EHB under the Affordable Care Act (ACA). The preventative care provided by these plans generally leads to a healthier, more productive public which also lowers costs.[2]

Question 2.2 (Benefits Associated With Variation Across States)
What are the advantages of State flexibility in defining the scope of EHB? How does State flexibility facilitate: Responsiveness to State-specific population needs; Innovation in benefit design and coverage approaches; and Alignment with State regulations and market conditions?

ANA supports state flexibility when it comes to scope of benefits. Every state is unique, and what is effective in one state may not be effective in another state. An example of this is the divide between urban and rural areas. Large, rural states have unique needs that include an increased need for telehealth based on distances and availability of practitioners. Urban areas, frequently more geographically limited, may need to rely on telehealth technologies less as patients can more easily see practitioners in person. Additionally, having coverage is only as good as having access to practitioners who can provide the covered services. Rural states also frequently have practitioner shortages[3] and while the ANA supports flexibility, it encourages states to include advanced practice registered nurses (APRNs) in their networks. APRNs are highly skilled practitioners, and insurance providers should include APRNs in their networks to ensure that beneficiaries have access to comprehensive care wherever they may live.

Question 4.2 (Factors Informing Scope of Benefits Included as EHB)
What factors should CMS consider when evaluating benefits included as EHB considering the evolution of health care delivery, clinical standards of care, and statutory requirements related to a typical employer plan? For example, should CMS consider: AV and cost-sharing

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[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/

[2] Riedel, J. E., Lynch, W., Baase, C., Hymel, P., & Peterson, K. W. (2001). *The effect of disease prevention and health promotion on workplace productivity: A literature review*. American Journal of Health Promotion, 15(3), 167–191.

[3] Pender, J. (2023, April 3). *Availability of healthcare providers in rural areas lags that of urban areas*. Retrieved June 25, 2026, from https://www.ers.usda.gov/data-products/charts-of-note/106208

levels (for example, whether the scope of benefits allows plans to meet AV requirements and how the scope of benefits affects consumer out-of-pocket costs); Breadth of covered services within each EHB category; Alignment with clinical guidelines and evidence-based practices; Consistency with employer sponsored coverage; and Impact on premium affordability?

CMS should look at factors that create the most robust plans when evaluating benefits included as EHB. Coverage should be as comprehensive as possible. Beneficiaries frequently have expectations that most, if not all of their care, will be covered under the plan's EHB requirements, and these expectations should be met by following the intent and the spirit of the law, not just by redefining words to reduce coverage. Additionally, CMS should also look at whether APRNs are included in the network as providers, since APRNs provide a growing percentage of primary care, including EHBs, in both urban and rural areas. More specifically, in rural areas, APRNs provide close to half of primary care and play an increasingly important role in the health care delivery landscape.[4] In addition to primary care, APRNs provide access to vital services provided by EHBs that are not provided by other practitioners in many areas.

Question 4.3 (Defining Scope Within Select EHB Categories)
How should CMS evaluate the appropriate scope of benefits within the 10 EHB categories, specifically with regard to behavioral health, preventive care, and chronic disease management, to ensure coverage remains clinically appropriate and consistent with statutory requirements?

CMS should ensure that the 10 EHB categories are all given robust coverage. Robust preventative care[5] not only saves money, but also ensures a healthier, and therefore more productive, workforce. The Administration is focusing on Making America Healthy Again (MAHA), and preventative care is one of the keys to health and aligns with the Administration's goal of reducing chronic disease[6] and improving behavioral health. Without preventative care, chronic diseases and behavioral health conditions become harder to manage which then leads to more costly care. While chronic disease prevention is a focus of MAHA, there should also be a focus on chronic disease management. If people receive the treatment that they need, the diseases will be managed and the beneficiaries will remain in better health.

Another important feature of EHBs is behavioral health. Behavioral health conditions can be unpredictable and limits put on the benefits can be a great detriment to the beneficiary. ANA would strongly encourage CMS to interpret the behavioral health benefit requirements broadly to ensure that beneficiaries receive all required treatments whenever they are required.

Question 4.5 (Preventive and Wellness Services, Behavioral Health Services, Chronic Disease Management, and Health Outcomes)
How do current EHB policies support coverage of preventive and wellness services, behavioral health services, and chronic disease management and how should CMS or States evaluate the

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[4] Medpac (n.d.). *Medicare and the Health Delivery System*. Retrieved June 25, 2026, from https://www.medpac.gov/wp-content/uploads/2022/06/Jun22_MedPAC_Report_to_Congress_SEC.pdf
[5] Examples include annual screenings and physicals
[6] The White House (2025, February 13). *Establishing the President's Make America Healthy Again Commission*. Retrieved June 25, 2026, from https://www.whitehouse.gov/presidential-actions/2025/02/establishing-the-presidents-make-america-healthy-again-commission/

role of such services in improving health outcomes and influencing long-term affordability when determining the scope of benefits included as EHB?

CMS should encourage states to create benchmark plans that cover the current required EHBs, and also cover more robust versions of the EHBs. Current federal law does require coverage in all plans, but the federal regulations do not detail what is required.[7] Currently, private payors can offer minimal coverage in these categories, and ANA strongly supports that these payors cover all EHBs to the fullest extent possible. Additionally, there are states where behavioral health or some chronic diseases are more prevalent than in other states.[8] ANA strongly supports that these states choose benchmark plans that provide robust coverage especially for these medical conditions. While ANA believes that everyone should have comprehensive coverage, states should decide what medical conditions are prevalent within their state. CMS should also ensure that these conditions are covered by benchmark plans, with comprehensive coverage, and therefore all plans sold in the marketplace will cover these conditions.

Question 7.3 (Consumer Access and Coverage Stability)
How might potential refinements to the EHB framework affect consumer continuity of coverage during transition periods? What safeguards could minimize consumer confusion or unintended loss of coverage for medically necessary items and services? What communication or transition protections should CMS consider?

CMS should ensure that beneficiaries do not unintentionally lose coverage for short periods of time. The most likely time for this to happen would be if an employee finds a new job. Frequently there is a short gap between when one leaves a job and starts a new job. Employees do not realize that this period might not have regular insurance coverage. Furthermore, some employer plans require an employee to be employed for a short period of time before their insurance becomes available. CMS should ensure that employees are educated about how these gaps exist and on ways to obtain short term insurance, either through Consolidated Omnibus Budget Reconciliation Act (COBRA) coverage, or through other short-term coverage options.

ANA appreciates the opportunity to have this discussion and looks forward to continued engagement with CMS on shared priorities. Please contact me, 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, RN, NEA-BC, FAAN, ANA President
Angela Beddoe, ANA Chief Executive Officer

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[7] 42 CFR 440.347
[8] An example would be asthma rates. See https://www.lung.org/research/trends-in-lung-disease/asthma-trends-brief/data-tables/asthma-current-state