July 15, 2026

RE: CMS-9874-NC – Essential Health Benefits Request for Information

Dear Secretary Kennedy and Administrator Oz,

Consumers for Quality Care (CQC) appreciates the opportunity to submit comments in response to the Center for Medicare & Medicaid Services' Request for Information (RFI) regarding the Essential Health Benefits (EHBs) Framework and Typical Employer Plan Standard.

Consumers for Quality Care is a coalition of patient advocates and former policymakers dedicated to ensuring that healthcare policy puts patients – not special interests – first. We urge CMS to preserve and strengthen the Essential Health Benefits (EHB) framework. At a time when Americans face rising healthcare costs, increasing medical debt, and growing barriers to accessing care, EHBs remain of the Affordable Care Act's most important consumer protections. Weakening these standards would make coverage less meaningful, increase financial risks for families, and allow insurers to compete by limiting benefits rather than delivering better value.

The Current Healthcare Environment Demands Strong Consumer Protections

Consumers today face an increasingly difficult healthcare marketplace. Costs continue to outpace inflation, hospital prices remain opaque, and deductibles and out-of-pocket costs continue to climb. Even patients with insurance frequently struggle to access timely, affordable care.

At the same time, insurers continue to employ practices that delay or restrict medically necessary treatment. Prior authorization, step therapy requirements, narrow provider networks, and copay adjustment programs all create additional barriers for patients seeking care. These burdens fall most heavily on people with chronic illnesses, seniors, individuals with disabilities, and low-income families, many of whom rely on Marketplace plans for affordable health insurance.

Consumers are also increasingly vulnerable to insurer market power. Consolidation and vertical integration throughout the healthcare system have provided insurers with new opportunities to maximize profits while reducing competition and consumer choice. These trends underscore why meaningful federal standards governing health insurance coverage remain essential.

The answer to rising healthcare costs is not allowing insurers greater flexibility to reduce covered benefits. Instead, policymakers should focus on strengthening consumer protections and ensuring that Americans receive the comprehensive coverage they are promised when they purchase health insurance.

Essential Health Benefits are Fundamental Consumer Protections

Prior to enactment of the Affordable Care Act (ACA), millions of Americans were paying for health insurance plans that failed to cover many of the services they ultimately needed. Nearly 10% of Americans lacked prescription drug coverage, more than 60% didn't have maternity care, and almost 20% didn't have any coverage for mental healthcare. Consumers often discovered these coverage gaps only after becoming sick or injured.

The Affordable Care Act corrected these market failures by requiring individual and small-group health plans to cover ten categories of Essential Health Benefits. These standards established a nationwide baseline for meaningful health insurance and helped ensure that consumers purchasing coverage could rely on their plans when they needed care.

The EHB framework serves several critical purposes. First, it guarantees that health insurance covers medically necessary services rather than allowing plans to omit expensive categories of care. Second, it protects individuals with chronic conditions and preexisting medical needs from discriminatory benefit designs. Third, EHBs promote transparency and meaningful consumer choice. Health insurance markets function best when consumers can compare plans that provide a common baseline of comprehensive coverage. Without standardized benefits, consumers cannot effectively compare products because lower premiums may simply reflect fewer covered services.

Finally, EHBs improve affordability in the way that matters most to patients – not merely through monthly premiums, but by ensuring access to medically necessary care without catastrophic financial exposure. Coverage that excludes essential services may appear less expensive initially, but it ultimately shifts costs onto patients through higher out-of-pocket expenses, delayed treatment, worsening health outcomes, and increased medical debt.

Weakening EHBs Would Harm Patients

As CMS evaluates potential modifications to the EHB framework, it is important to recognize that today's health insurance market already provides insurers with numerous mechanisms for managing costs and profitability. Plans routinely employ utilization management techniques such as prior authorization and step therapy, design provider networks, and use increasingly sophisticated cost-sharing structures.

Providing insurers with additional flexibility to reduce covered benefits would not solve the underlying drivers of healthcare costs. Instead, it would increase the number of underinsured individuals while exposing patients to greater financial and medical risk.

Consumers should not have to worry that the health insurance they purchase will fail to cover essential medical services when they become sick. Weakening EHB requirements would increase uncertainty for families, make it more difficult for consumers to compare

plans, and disproportionately harm individuals managing chronic illnesses or complex medical conditions. These consequences would be especially severe for vulnerable populations, including lower-income Americans, people living with disabilities, rural communities, and individuals requiring ongoing specialty care. For these patients, comprehensive coverage is not a luxury, it is a necessity.

Recommendations

As CMS considers future review and updates to the EHB framework, CQC respectfully recommends that the agency:

- Preserve the existing EHB categories established under the ACA;
- Ensure that plans continue to provide comprehensive, meaningful coverage for medically necessary services;
- Evaluate any proposed changes not only for their impact on premiums, but also for their effects on out-of-pocket costs, access to care, continuity of treatment, and overall consumer financial well-being; and
- Continue prioritizing protections for patients with chronic illness, disabilities, and other significant healthcare needs.

Conclusion

Americans deserve health insurance that provides meaningful protection, not coverage that leaves them vulnerable when illness strikes. Today's consumers are already facing rising premiums, increasing deductibles, opaque pricing, and unnecessary barriers to care. Weakening EHBs would shift even greater financial risk onto patients while reducing the value of the coverage they purchase.

EHBs remain one of the ACA's most important consumer protections because they ensure that health insurance is comprehensive, predictable, and meaningful, and provide access to medically necessary care when Americans need it most.

CQC appreciates CMS's consideration of these comments and respectfully urges the agency to preserve and strengthen the EHB framework so that America's health insurance system puts patients first.