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Coalition of State Rheumatology Organizations

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555 E. Wells Street, Suite 1100
Milwaukee, WI 53202-3823
Phone: 414.918.9825
Email: info@csro.info
Website: www.csro.info

March 13, 2026

Mehmet C. Oz, MD, MBA
Administrator
Centers for Medicare and Medicaid Services
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Baltimore, Maryland 21244-8016

Submitted electronically via www.regulations.gov

RE: *Patient Protection and Affordable Care Act (ACA), HHS Notice of Benefit and Payment Parameters (NBPP) for 2027; and Basic Health Program* Proposed Rule (CMS-9883-P)

Dear Administrator Oz:

On behalf of the Coalition of State Rheumatology Organizations (CSRO), we appreciate the opportunity to comment on the Centers for Medicare & Medicaid Services (CMS) 2027 Notice of Benefit and Payment Parameters (NBPP) proposed rule. CSRO serves the practicing rheumatologist and is comprised of over 40 state rheumatology societies nationwide with a mission of advocating for excellence in the field of rheumatology and ensuring access to the highest quality of care for the management of rheumatologic and musculoskeletal disease.

Rheumatologic diseases, such as rheumatoid arthritis, psoriatic arthritis and lupus, are systemic and incurable, but innovations in medicine over the last several decades have enabled rheumatologists to better manage these conditions. With access to the right treatment early in the disease, patients can generally delay or even avoid damage to their bones and joints, as well as reduce reliance on pain medications and other ancillary services, thus improving their quality of life.

Enforcement of Copay Accumulator Policy

CSRO is deeply concerned that the proposed 2027 rule once again fails to address copay accumulator policies, prolonging years of regulatory uncertainty for patients. This oversight persists despite the 2023 federal court ruling in *HIV and Hepatitis Policy Institute et al. v. U.S. Department of Health and Human Services et al*, which ordered the Department of Health and Human Services (HHS) and the Centers for Medicare & Medicaid Services (CMS) to vacate the copay accumulator policy in the 2021 Notice of Benefit and Payment Parameters (NBPP) rule and reinstate the 2020 NBPP rule.[1] Regrettably, the agencies have yet to enforce the original policy or fulfill their commitment to advance new rulemaking, as outlined in last year's proposed rule.[2]

[1] *HIV & Hepatitis Pol'y Inst. v. U.S. Dep't of Health & Hum. Servs., Civ. A. No. 22-2604 (JDB), ECF No. 42 (D.D.C. Sept. 29, 2023).*
[2] *Patient Protection and Affordable Care Act; HHS Notice of Benefit and Payment Parameters for 2026; and Basic Health Program, 89 Fed. Reg. 82,308*

CSRO urges HHS and CMS to enforce the original 2020 NBPP policy, which prohibits health plans from employing copay accumulator adjustment programs for prescription drugs, unless there is a medically appropriate generic equivalent. The ongoing exclusion of this critical policy from the annual NBPP rulemaking is not only disappointing but also detrimental, leaving patients exposed to exorbitant out-of-pocket costs while health plans and pharmacy benefit managers (PBMs) reap significant profits. There is already a federal precedent for this approach: in 2025, the U.S. Office of Personnel Management prohibited health plans and PBMs from using copay accumulator and copay maximizer programs for Federal Employees Health Benefit (FEHB) Program.[3] Patients enrolled in the ACA Marketplaces deserve the same protection.

Many rheumatologic patients are prescribed specialty drugs for chronic conditions after trying and failing all available lower-cost alternatives and are often prescribed multiple medications for several conditions. Alarmingly, the use of copay accumulator adjustment programs is escalating; nearly 40% of individual marketplace plans reviewed incorporate these harmful policies[4] This trend raises serious concerns about health plans and PBMs implementing "copay adjustment programs," which allow patients to use their copay cards but do not count the assistance toward the patient's deductible or maximum out-of-pocket limit. Consequently, this drives up patient costs. Through these accumulator programs, health plans and PBMs pocket the value of copay assistance while demanding the full deductible amount from the patient. In many cases, copay cards reach an annual limit, after which the patient is often responsible for the full copay for their medication if they have not met their plan's deductible or maximum out-of-pocket limit. Some patients may have cost-sharing responsibilities of $5,000 a month or higher for their specialty medications or to cover multiple medications to treat their chronic conditions. The burden of these high out-of-pocket expenses often forces patients to skip doses, extend medication intervals, or entirely abandon their treatment plans, leading to adverse health outcomes.

We encourage HHS and CMS to prioritize the interests of patients and make prescription drugs more affordable by ensuring that all copay assistance amounts are counted toward the patient's annual cost-sharing requirements.

Catastrophic & High-Deductible Plans

CSRO is hearing from rheumatologists that large employers in their states and local communities may be responding to rising specialty drug costs by terminating employees with high medical expenditures, particularly those requiring high-cost medications, and subsequently rehiring them as independent contractors. When this occurs, responsibility for obtaining health insurance shifts from the employer to the individual, forcing patients to seek health coverage on their own and often in the Health Insurance Marketplace.

For individuals with chronic conditions such as rheumatoid arthritis or psoriatic arthritis, this transition can be disruptive to their established treatment plan, causing disease progression and higher long-term costs. Indeed, patients who were previously covered through employer-sponsored insurance may find that the only affordable options available on the Marketplace are catastrophic or other high-deductible plans. While these plans technically provide "coverage," the level of cost sharing can put specialty medications and ongoing care out of reach.

As the Department considers policies affecting catastrophic plan design and enrollment, CSRO urges the Department to examine whether emerging employment practices are contributing to the movement of

[3] U.S. Office of Pers. Mgmt., FEHB Program Carrier Letter 2025-07: Consolidated Pharmacy Benefits Guidance for the FEHB Program 19 (Apr. 25, 2025)
[4] The AIDS Institute, Shortchanged: The Patient Impact of Copay Accumulator Policies in 2026 (Feb. 2026)

medically complex patients into Marketplace coverage, where catastrophic plans may be the only affordable option. CSRO also encourages the Department to coordinate with the Department of Labor, the Internal Revenue Service, and relevant state agencies to better understand the scope of this issue and whether employment classification practices are contributing to the loss of employer-sponsored coverage for patients with serious chronic conditions.

Defrayal for State-Mandated Benefits

CSRO is concerned about the proposal to adjust states' financial responsibilities for state-required benefits that took effect after 2011 and extend beyond the federally recognized Essential Health Benefits (EHB). The Coalition fears that reallocating the financial burden of these state-mandated benefits for qualified health plan (QHP) enrollees may create an incentive for states to eliminate vital benefits essential to patient access to necessary healthcare services.

Rheumatology patients, for example, benefit from state-mandated services such as biomarker testing. This testing allows healthcare providers to match patients with the most effective treatments, avoid ineffective therapies, and ultimately achieve cost savings. Identifying and implementing early and effective treatment is vital not only because it reduces patient suffering and slows disease progression—thereby improving patients' quality of life—but also because it lowers costs by preserving productivity. This approach also diminishes the need for surgeries, reduces the use of corticosteroids, and decreases hospital admissions and reliance on social services.[5]

Conclusion

On behalf of rheumatologists practicing across the United States, we appreciate your attention to our concerns. While we recognize that the proposed rulemaking seeks to enhance plan flexibility, we have significant concerns that the policies within the rule may increase healthcare costs for patients, undermine patient protections, and restrict access to quality care—particularly for those with chronic conditions. We appreciate your consideration and encourage you to reach out to CSRO with any additional questions.

Respectfully,

Aaron Broadwell, MD, FACR
President
Board of Directors

Madelaine A. Feldman, MD, FACR
VP, Advocacy & Government Affairs
Board of Directors

[5] Joint Bone Spine. "Rheumatoid arthritis: direct and indirect costs." November 2004.