



July 28, 2021

Chiquita Brooks-LaSure, Secretary
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-9906-P
PO Box 8016
Baltimore, MD 21244-8016
Submitted electronically via [Regulations.gov](https://www.regulations.gov)

RE: Patient Protection and Affordable Care Act; Updating Payment Parameters, Section 1332 Waiver Implementing Regulations, and Improving Health Insurance Markets for 2022 and Beyond Proposed Rules (CMS-9906-P)

Dear Secretary Brooks-LaSure:

On behalf of the Texas Medical Association and the undersigned specialty societies, which together represent more than 55,000 physicians and medical students, we are writing to convey strong support for specific provisions within the proposed rules, *Patient Protection and Affordable Care Act; Updating Payment Parameters, Section 1332 Waiver Implementing Regulations, and Improving Health Insurance Markets*, issued by the Centers for Medicare & Medicaid Services (CMS) on June 28, 2021. If enacted, the rules will help boost health care coverage by expanding opportunities for patients to enroll in Health Insurance Marketplace coverage, among other reforms.

Texas is the uninsured capitol of the country, home to more than 5 million uninsured residents – one in six of the nation’s 30 million uninsured. In 2019, the U.S. Census Bureau reported Texas’ number of uninsured increased by more than 230,000 – a number predating the COVID-19 pandemic. Over the past 18 months, this number most likely grew due to pandemic-induced job losses. With the current trajectory, more than 6 million Texans will be uninsured within the next two years – equivalent to the populations of New Mexico and Oklahoma combined.

As organizations committed to improving the health of all Texans, we know this trend is not sustainable. A plethora of literature clearly documents that people without health insurance have poorer health outcomes and shorter lives. And new analyses of COVID-19 mortality rates also found that uninsurance contributed to premature death.¹ Moreover, uninsurance harms people’s economic prosperity and opportunities. Uninsured parents miss more work and thus income, impacting their ability to save for the future. Parents who are uninsured also are more likely to have uninsured children, who miss more school, undermining their academic achievement and thus future economic opportunities. People with employer-sponsored health care coverage often fear changing jobs, starting a new business, or returning to school because they will not be able to obtain affordable coverage. The high number of uninsured also harms the financial viability of the health care safety net, including physician practices, by increasing uncompensated care, which fewer practices can now absorb due to continuing pandemic-induced financial pressures, such as higher costs for labor, overhead, and personal protective equipment.

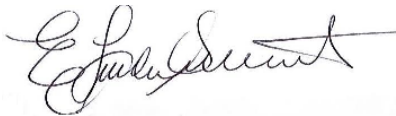
At home, our organizations have strongly advocated for measures to increase both private- and public-sector health care coverage, including use of federal Medicaid funds to extend meaningful coverage to low-income working-age adults. In addition, we continue to support other pragmatic strategies to reduce the uninsured, including the reforms articulated within the proposed rules.

To that end, we support the following specific proposed federal reforms:

- Extend the annual open enrollment period by an additional 30 days beginning with the 2022 plan year (for that year, people will be allowed to up Nov. 1, 2021, through Jan. 15, 2022).
- Establish a permanent special enrollment period for individuals who are eligible for advanced premium tax credits and have an income below 150% of the federal poverty limit. Many low-income, uninsured patients frequently change jobs, potentially losing coverage in the process, or do not realize they are eligible for marketplace coverage until they need health care services. This provision will help more vulnerable Texans get covered without waiting up to a year. Per the rules, people who meet these criteria would have access to a 94% cost-sharing reduction plan if they enroll in a silver plan.
- Reestablish pragmatic guardrails for federal Section 1332 waivers that allow states to pursue innovative policies to advance affordable, meaningful coverage. Specifically, states would be required to maintain important patient protections, including preserving access to comprehensive coverage and reasonable cost-sharing standards, while also considering inclusion of measures to address social determinants of health and to reduce health care disparities.
- Restore the ability of marketplace navigators to help patients with post-enrollment questions, including how to research a health plan's drug formulary and the provider network.

Our organizations commend CMS for its efforts to make meaningful health insurance coverage available to more Texans and our fellow Americans. Thank you again the opportunity to comment. Should you have any questions, please contact Helen Kent Davis, associate vice president, governmental affairs, Texas Medical Association, at helen.davis@texmed.org.

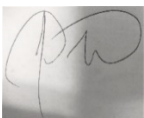
Sincerely,



E. Linda Villarreal, MD, President
Texas Medical Association



Eugene Toy, MD, Chair
American College of Obstetricians &
Gynecologists District XI (Texas)



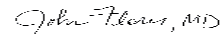
John Thoppil, MD, President
Texas Association of Obstetricians & Gynecologists



Amer Shakil, MD, MBA
Texas Academy of Family Physicians



Seth Kaplan, MD, President
Texas Pediatric Society



John Flores, MD, President
Texas Chapter, American College of
Physicians Services

¹ [Estimated Mortality Increases During The COVID-19 Pandemic by Socioeconomic Status, Race and Ethnicity](#),
Health Affairs, Aug. 2021