American Diabetes Association®

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November 18, 2026

The Honorable Mehmet Oz
Centers for Medicare & Medicaid Services (CMS)
Department of Health and Human Services
7500 Security Blvd
Baltimore, MD 21244-1850

Submitted electronically via *www.regulations.gov*

Re: CMS-9873-P, Patient Protection and Affordable Care Act, Exchange Pre-Eligibility Verification Proposed Rule

Dear Administrator Oz:

The American Diabetes Association (ADA) appreciates the opportunity to comment on the proposed rule implementing the Exchange eligibility and verification requirements in section 71303 of the Working Families Tax Cut (WFTC) legislation.[1]

About ADA

The ADA is a nationwide, nonprofit, voluntary health organization founded in 1940 and made up of individuals with diabetes, healthcare professionals who treat people with diabetes, research scientists, and other concerned individuals. The ADA's mission is to prevent and cure diabetes and to improve the lives of all people affected by diabetes. The ADA, the largest non-governmental organization that deals with the treatment and impact of diabetes, represents the 136 million individuals living with diabetes and prediabetes. The ADA also reviews and authors the most authoritative and widely followed clinical practice recommendations, guidelines, and standards for the treatment of diabetes[2] and publishes the most influential professional journals concerning diabetes research and treatment.

Access to affordable, uninterrupted coverage is essential to managing diabetes and avoiding costly complications. The ADA therefore has a strong interest in how this WFTC provision is implemented.

Rule Comments

The ADA is concerned that several provisions of the proposed rule could cause eligible people to lose coverage or experience coverage gaps. The ADA has already projected that as many as 654,000 people living with diabetes enrolled in ACA individual market plans could lose coverage due to the recent ACA individual marketplace changes—most notably the expiration of

[1] Patient Protection and Affordable Care Act, Exchange Pre-Eligibility Verification Proposed Rule. Fed Reg. Vol. 91 (October 27, 2026) 67656.
[2] American Diabetes Association: Standards of Care in Diabetes 2026, Diabetes Care 49: Supp. 1 (January 2026) https://diabetesjournals.org/care/issue/49/Supplement_1

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enhanced premium tax credits.[3] People with diabetes and other chronic conditions cannot safely go without coverage. Even a short gap can lead to insulin rationing, missed supplies, or skipped medical visits, increasing the risk of dangerous and costly complications, emergency department visits, and hospitalizations.[4]

We are particularly concerned about the following:

- **Withholding APTC and cost-sharing reductions (CSRs) during inconsistency periods.** Under the proposed rule, consumers with certain data matching issues (DMIs) would not receive APTC or CSRs until those issues are resolved. CMS acknowledges that few consumers can afford full-price coverage while verification is pending and that many enrollees would receive financial assistance for fewer months. For someone managing diabetes, waiting weeks or months for affordable coverage can interrupt treatment, lead to urgent or emergent care, and even death that could otherwise be avoided. The ADA can point to many examples including Diani, a woman living with type 1 diabetes, who passed away after being unable to access insulin in between health insurance coverage.[5]
- **Ending passive annual re-enrollment with financial assistance.** The proposal would require enrollees to provide or confirm eligibility information each year to retain APTC and CSRs. CMS estimates that millions of enrollees who previously did not need to take action would now have to return to the Exchange to provide or confirm that information.[6] CMS also acknowledges that some would lose financial assistance simply because they are unaware of the change.
- **Documentation burdens and processing delays.** CMS projects substantial increases in DMIs and anticipates document review backlogs, particularly near the end of open enrollment. Delays outside a consumer's control should not result in a loss of coverage.

To mitigate these risks, the ADA urges CMS to:

- Maximize the use of trusted electronic data sources to verify eligible individuals without requiring them to submit documents.

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[3] American Diabetes Association, Impact of Recent Medicaid and Affordable Care Act Policy Changes on Health Insurance Coverage and Cost-Sharing for Americans with Diabetes (August 2026) https://diabetes.org/sites/default/files/2026-07/Affordable%20Care%20White%20Paper%20FINAL.pdf

[4] Interruptions In Private Health Insurance And Outcomes In Adults With Type 1 Diabetes: A Longitudinal Study
Mary A. M. Rogers, Joyce M. Lee, Renuka Tipirneni, Tanima Banerjee, and Catherine Kim
Health Affairs 2018 37:7, 1024-1032 10.1377/hlthaff.2018.0204

[5] American Diabetes Association, Remembering Diani: A Mother's Fight to Help Others with Type 1 Diabetes (February 2026) https://diabetes.org/blog/remembering-diani-mothers-fight-help-others-type-1-diabetes

[6] CMS estimates that “estimate that an additional 3,969,403 consumers in Exchanges on the Federal platform and an additional 1,703,494 consumers in State Exchanges who previously would not have been required to contact the Exchange to be re-enrolled with APTC and CSRs for the subsequent plan year, after being determined eligible under an Exchange's procedures, would instead have to return to Exchanges to provide or confirm the specified eligibility information under the proposed policy” (Fed Reg. Vol. 91, 67698).

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- Provide clear, timely, plain-language notices explaining the new annual confirmation requirements, with multiple reminders before open enrollment.
- Provide adequate staffing and funding for Exchange document review and consumer assistance to resolve DMIs promptly.
- Finalize the proposed consumer protections, including allowing plan selections to remain pending during verification, providing retroactive APTC and CSRs upon verification, and waiving the family size requirement for the special enrollment period.
- Ensure that administrative processing time does not cause avoidable coverage gaps or delay coverage effective dates for consumers who resolve a DMI.

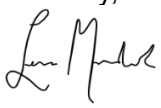
Given the uncertainty about how these changes would affect enrollment in practice, the ADA also respectfully asks CMS to closely monitor the rule's effects after implementation. CMS projects that the rule would reduce Exchange enrollment by approximately 332,500 people annually[7] and acknowledges that the actual impact could fall outside its estimates. We recommend that CMS:

- Regularly track changes in enrollment, disenrollment, and loss of APTC and CSRs attributable to the new verification and annual redetermination requirements, along with DMI volumes, resolution rates, and processing times.
- Monitor for large or unexpected changes in enrollment or coverage loss, including by state and Exchange type, and determine whether eligible individuals are losing coverage because of procedural requirements rather than a lack of eligibility.
- Assess whether people with chronic conditions such as diabetes, older adults, people with low incomes, and other vulnerable populations are disproportionately affected.
- Take prompt action if monitoring identifies these adverse effects. Such action could include extending inconsistency periods, expanding exceptions, providing additional special enrollment opportunities, or enhancing outreach.

Conclusion

The ADA shares CMS's goal of an accurate, efficient Exchange program. We urge CMS to pursue that goal while preserving continuous, affordable coverage for eligible people, especially those living with diabetes and other chronic conditions who depend on uninterrupted access to healthcare coverage. Thank you for considering these comments. If you have questions, please contact Jennifer Sherman, Director of Government Affairs and Advocacy at jsherman@diabetes.org.

Sincerely,



Lisa Murdock
Chief Advocacy Officer
American Diabetes Association

[7] Fed Reg. Vol. 91, 67707.