

March 13, 2026

[Submitted electronically via regulations.gov]

Dr. Mehmet Oz
Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244-1850

RE: Docket No. CMS-9883-P “Patient Protection and Affordable Care Act, HHS Notice of Benefit and Payment Parameters for 2027; and Basic Health Program”

Dear Administrator Oz,

On behalf of the undersigned organizations, we share comments to the Centers for Medicare and Medicaid Services (CMS) regarding the proposed rule, “Patient Protection and Affordable Care Act, HHS Notice of Benefit and Payment Parameters for 2027; and Basic Health Program” (the “proposed rule”). Our organizations represent pharmacists, pharmacy technicians, and student pharmacists committed to increasing access to and optimizing medication use across all settings of care.

We appreciate the opportunity to provide our input on the proposed rule. We share the agency’s ongoing commitment to shaping implementation of the Patient Protection and Affordable Care Act (ACA). We are particularly committed to ensuring access to preventative health services, including vaccines, without cost-sharing or medical management (e.g. prior authorization requirements). We urge you to consider the following as the rule is finalized:

- **Maintain Access to Immunizations Without Patient Cost Sharing**
Recent changes to the U.S. Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP) have raised concerns regarding vaccine access and increased patient cost-sharing for immunizations. We believe decisions about appropriate immunizations should be made by patients and their caregivers with the advice of medical professionals, including pharmacists. Should a patient consent to immunization(s), we believe that immunization(s) should be covered without cost sharing and medical management.
- **Maintain Access to Preventative Health Services Without Patient Cost Sharing**
Coverage requirements for preventive health services under the ACA are directly linked to recommendations issued by the U.S. Preventive Services Task Force (USPSTF). We are concerned that interruptions in USPSTF activity could disrupt the timely updating of preventive care coverage. Without formal USPSTF action, emerging evidence may not be reflected in coverage requirements, potentially delaying access to updated preventive services and creating ambiguity when evolving clinical guidance diverges from the ACA’s established coverage framework and statutory language. We believe decisions related to preventative health services should be made by patients and their caregivers with the advice of medical professionals, including pharmacists. Should a patient consent to a preventative health service normally

within USPSTF key focus areas and high-priority topics, we believe that service should be covered without cost sharing or medical management.

Thank you for your consideration of our comments. As noted above, we urge you to protect insurance beneficiaries and our patients by maintaining preventative services and immunization coverage and access without increased patient cost-sharing or medical management requirements. Information related to coverage decisions must be readily available and transparent to patients. Please do not hesitate to contact, Jillanne Schulte Wall, ASHP Senior Director, Health & Regulatory Policy, at 301-664-8698 or jschulte@ashp.org for further information or assistance.

Sincerely,

American Society of Health-System Pharmacists
American Pharmacists Association
American Association of Colleges of Pharmacy
American Association of Psychiatric Pharmacists
National Association of Specialty Pharmacy
National Community Pharmacists Association
National Pharmaceutical Association
Society of Infectious Diseases Pharmacists (SIDP)
The Pediatric Pharmacy Association